

A Study on the Knowledge of the Pre-natal Care, Feeding, Weaning and Child Rearing Practices in Young Mothers of Ropar District

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ABSTRACT

Background: To assessing the knowledge about pre-natal care, feeding, weaning and child rearing practices in young mothers provide useful information especially if coupled with the self-perception of these practices that could lead to bias and personal conviction. The objective of this study was to assess the knowledge about pre-natal care, feeding, weaning and child rearing practices and its relationship with socio-economic and personal variables in a group of young mothers.

Materials and Methods: A cross-sectional study was conducted on young mothers of Ropar District during January to June 2022. Total 150 Mothers who were below 38 years of age were interviewed with a questionnaire with 48 close ended questions based on pre-natal care, feeding, weaning and child rearing.

Results and Discussion: Out of 150 women's, most of the mothers were aged less than 32 years (65.33%) and were Sikhs (70%). Most were intermediate or diploma holders (40%), majority of the respondents were housewives (83%), and majority of the respondents were multigravida (78%).

The knowledge test was conducted on the four aspects such as pre-natal care, feeding, weaning and child rearing practices. Results revealed that majority of the respondents had knowledge about pre-natal care (69%) followed by weaning (58%), child rearing practices (42%) and feeding (36%), respectively.

Conclusions: Despite higher rates of literacy in the respondents, knowledge of pre-natal care, feeding, weaning and child rearing was low. This trend indicates need to promote knowledge of pre-natal care, feeding, weaning and child rearing of the newborn.

Key Words : Pre-natal care, Breast feeding, Weaning, Child rearing practices, Morbidity

INTRODUCTION

Pre-natal care is the health care pregnant women get while she is pregnant. It includes various check-ups and pre-natal testing. Pre-natal care can help in keeping mother and baby healthy. It enables health care provider to spot health problems at the initial stage. Proper treatment at proper time can cure many problems and prevent others. The care that a pregnant woman receives from organized health services, as well as from family, relatives, and friends is known as pre-natalcare. It starts

with proper planning for pregnancy and should be perceived by those who give it as part of a process that continues through labour, delivery and into the neo-natal period. One of the most important aims of pre-natal care is advancement of maternal and fetal health, represented as a unit until the pregnancy reaches full term. Most of the pregnancies are normal and healthy, while detecting a pregnancy complication on rare accounts can be difficult for an individual. In such a case, pre-natal care is there to help. The most challenging job of the pregnancy is guessing the health of baby. To analyze baby growth from

the general lookout of the mother is very difficult task. Pre-natal care helps in accessing the baby's growth and development at every stage. Apart from the general lifestyle changes, the nutritional requirements of the body also change. Eating healthy and avoiding some foods is vital for a successful pregnancy. Doctor's provide important dietary information during pre-natal visits. The importance of pre-natal care cannot be expressed enough. When guided person takes care of growth and baby development it reduces mental stress and assures a happy and safe pregnancy. This encircles the goals of decreasing maternal and infant mortality and morbidity, disclosing initial factors that raise the pre-natal risk in both individual pregnancies and vulnerable groups, intervening to improve outcomes, educating all who provide or receive pre-natal care, and helping women make their pregnancies and birth a positive life experience.

Rearing practices are a major casual element of morbidity status of infants. Most important of these are the feeding practices. Adequate nutrition during the first 2.5 to 3 years of life, has been recognized as a revealing opportunity for nurturing optimal health and development, while also reducing the risk of non-communicable diseases later in life. The World Health Organization (WHO) recommends breastfeeding newborns within one hour after birth, exclusive breastfeeding for the first six months of life with the addition of complementary feeding at six months, and continued breast feeding until two years of age. Breastfeeding is important for the health of baby and mother. Babies who are not fed breast milk have higher risk of catching infections in the bladder or kidney, stomach and bowel illness (including diarrhea), chest infections, ear infections, allergies (including eczema and asthma), SIDS (sudden infant death syndrome), some childhood cancers, obesity, diabetes and heart disease later in life. Breastfeeding a baby is also important for mother's own health. It can help the mother's body retrovert to its pre-pregnant state faster and also decrease the chance of cancer in the ovaries or breasts. In spite of all the efforts distributed systematically and significantly as information, education or training campaigns to promote mother's milk as the best food for the infant, the preponderance of exclusive breastfeeding remains low. According to an analysis, breastfeeding was identified as the single most effective preventive intervention, which could forbid 13-16% of all childhood deaths in India. Adequate complementary feeding between the age of 6 to 24 months could stop an additional 6% of all such

deaths.

The only milk, even in sufficient quantities, can not provide all the energy and protein required for maintaining a satisfactory velocity of growth for the infant, after the six months. Enough nutrition is vital to maintain optimum health of baby at the age of 6 months. Initiation of complementary feeds too late can lead to malnutrition. Knowledge of mother about these factors can help in planning and introducing interventions and training programmes to improve feeding practices. It has been revealed in many studies that mothers in India are not able to start complementary feeding at the right time. The term 'to wean' comes from an ancient phrase that means 'to accustomed to'. Therefore, weaning refers to an act of substituting other food for the mother's milk in the diet of a child.

Apart from the feeding practices, there are certain other rearing practices which also influence the health of infants and are widely prevalent among families or communities. These are oil massaging the baby before giving a bath, burping the baby, application of black carbon into the eye, trimming of nails, etc. Familiarity with these rearing practices is of considerable significance to a health worker serving the community. For advancement of infant health, the health care provider must recognize the beneficial, innocuous and harmful rearing practices. He or she must be skilful to persuade the people to abandon the harmful acts such as an oil application into the eyes or ears of the baby.

Parenting or child rearing promotes and supports the physical, emotional, social, and intellectual development of a child from infancy to adulthood. Parenting has three essential components. Firstly, care protects children from harm. Care also comprehends boosting emotional as well as physical health. Secondly, control involves setting and enforcing horizons to ensure the safety of children and others, in ever widening areas of activity. Thirdly, development involves maximizing children's potential and optimizing the opportunities for using it. A good number of infant morbidity and mortality is attributed to improper newborn care practices which depend on the knowledge, attitude, and practice of the community in addition to other factors like availability and accessibility of medical services. Hence the social beliefs and customs determining the feeding practices and rearing practices in a community are need to be understood in order to improve the nutritional and health status of infants at the primary care stage. Many other

studies already done in this field has not covered infant rearing practices comprehensively.

Review of literature:

The review of literature in any research is done to help the researcher in understanding the problem thoroughly, in formulating the methodological framework and in generalization of the findings of the research.

Mohammed *et al.* (2014) conducted a community based cross-sectional study “Knowledge, attitude, and practices of breastfeeding and weaning among mothers of children up to 2 Years old in a rural area in El-Minia Governorate, Egypt” and revealed that About 84 per cent initiated breastfeeding immediately after the delivery, and 42.7 per cent of the studied mothers offered pre-lacteal feeds to baby before lactation. About thirty quarters (74.2 %) of mothers fed colostrum. Exclusive breast-feeding was found to be associated with mother’s education ($P < 0.0001$) but not with mother’s age at birth, mother’s occupation, or place of birth.

Akhtar *et al.* (2018) in her study “Knowledge Attitude and Practice Regarding Antenatal Care among Pregnant Women in Rural Area of Lahore” revealed that 64.7 per cent pregnant women response in yes regarding knowledge about antenatal care. The attitude was shown positive somewhere as 69.6 per cent women were agreeing and as well as negative, also as 30.1 per cent respondents were disagreed and therefore 61 per cent participants have positive practices towards antenatal care. There was significant association between qualification and knowledge of expectant women about prenatal care, significant association in qualification and attitude and there was insignificant association in qualification and practices.

Appiah *et al.* (2021) conducted a study “Breastfeeding and Weaning Practices among Mothers in Ghana: A Population-based Cross-Sectional Study”. This study revealed that the prevalence of exclusive breastfeeding (EBF) was 43.7 per cent. Mothers constituting 61.1 per cent started breastfeeding within an hour of giving birth. In addition to breast milk, about 5 per cent gave fluids to their children on the first day of birth. About 66 per cent started complementary feeding at 6 months, 22 per cent breastfed for 24 months or beyond, while 40.4 per cent fed their children on-demand.

Objectives:

To assess the knowledge about pre-natal care,

feeding, weaning and child rearing practices in young mothers and to find out the relationship between personal variables of the respondents and their knowledge.

METHODOLOGY

This study was a cross-sectional study conducted in Ropar district of Punjab during the period of January 2022 to June 2022. Ropar known as Rupnagar is nearly 43 km to the northwest of Chandigarh. Ropar district is divided in 5 blocks namely Rupnagar, Sri Anandpur sahib, Sri Chamkaur sahib, Morinda and Nangal. There are 606 villages and 611 Panchayats in the district. Out of these 5 blocks Rupnagar block was selected because it has maximum number of villages and highest population in it. From Rupnagar block Shampura village was selected with a simple random sampling technique. Young mothers were taken as the respondents of the study it is the mother who takes care of children and mainly responsible for feeding, weaning and child rearing practices. A list of such women from Shampura village was prepared. Total 150 young mothers who were below 38 years of age and having one or two children were selected for the study.

To assess the knowledge of the respondents, personal interview method was used. An interview schedule consisted of 48 close ended questions related to pre-natal care, feeding/Breast feeding, weaning and child rearing practices was developed. Knowledge schedule was divided in four aspects *i.e.*, pre-natal care, feeding, weaning and child rearing practices. The 5 questions were based on pre-natal care aspect, 24 were based on feeding aspect, 8 were based on weaning aspect and 11 questions were based on the aspect of child rearing practices in the knowledge schedule. Since Punjabi is the common language of the Punjab state people, the knowledge schedule was developed in simple Punjabi language. Data was collected through personal interview method. After data collection, data compilation was done on Microsoft excelsheet and statistical analysis was also done. The entire data was statistically analysed using statistical package for social sciences (SPSS) for MS Windows. Different statistical techniques *viz.*, frequencies, percentages, standard deviation etc. were used for analysing the data depending upon the nature and objectives of the study. Relationship between respondent’s social, personal variables and knowledge were also measured.

RESULTS AND DISCUSSION

This section presents the outcomes of the study.

Profile of the respondents :

One hundred fifty (150) married women respondents were involved in this study. Table 1 reveals that the age range of the respondents was from 18 years to 38 years with mean age of 25.6 years.

Data also reveals that 40 per cent respondents were educated up to intermediate or diploma, 19.33 per cent were high school pass, 13.33 per cent were middle school pass, 12.66 per cent were educated up to primary school, 7.33 per cent were graduate, 6 per cent women have not attended any formal education and were illiterate. Only 1.33 per cent women were professional or studied up to professional degree. About 83 per cent women were unemployed and were working as housewives, and only 17 per cent were working. About 78 per cent women were multigravida and 22 per cent were primigravida. There were 8.67 per cent women whose pregnancy ended in miscarriage.

Aspect wise and overall knowledge of the respondents:

He age range of study subjects ranges from 18 to 37 years with mean age of 24.02 years. He age range of study subjects ranges from 18 to 37 years with mean age of 24.02 years.

As already mentioned, that there are four important aspects of knowledge namely, pre-natal care, feeding, weaning and child rearing practices. The knowledge of the respondents about all these aspects was studied through 48 questions. The minimum and maximum over all possible scores are 0-48. The minimum and maximum possible scores for pre-natal care are 0-5, 0-24 for feeding, 0-8 for weaning and 0-11 for child rearing practices. Since the number of items under different aspects varied so the mean percentage scores were calculated so that a clear comparison may be made among the aspect-wise knowledge. The mean knowledge percentage scores of the respondents have been presented in Table 2.

Table 2 shows that the overall mean knowledge score of the respondents was 16.46. The mean percentage knowledge score was 34.29. This indicates

Table 1 : Profile of the respondents				
Sr. No.	Personal Variables	Category	Frequency	%
1.	Age	Young Adults (18-28)	90	60.00
		Middle Adults (28-38)	60	40.00
2.	Respondent's Education	Professional	2	1.33
		Graduate	11	7.33
		Intermediate or Diploma	60	40.00
		High School	29	19.33
		Middle School	20	13.33
		Primary	19	12.67
		Illiterate	9	6.00
3.	Occupation	Unemployed/ Housewives	120	80.00
		Employed	30	20.00
4.	No. of deliveries	Primigravida	117	78.00
		Multigravida	33	22.00
5.	Miscarriage	Yes	13	8.67
		No	137	91.33

Table 2 : Aspect wise and over all mean knowledge score of the respondents						
Sr. No.	Aspects	MMPS	Mean	SD	CV	MPS
1.	Pre-natal care	0-5	3.46	1.1	31.79	69.20
2.	Feeding	0-24	5.62	3.75	66.73	23.42
3.	Weaning	0-8	2.38	1.55	65.13	29.75
4.	Child rearing practices	0-11	5	0.89	17.80	45.45
5.	Overall	0-48	16.46	5.51	33.48	34.29

that the knowledge of the respondents about these aspects was satisfactory. There was 33.48 per cent variation in the overall scores of the respondents.

Table 2 shows that of the four aspects, on one aspect pre-natal care, the knowledge of the respondents was good as their mean percentage score on this aspect was 69.20. The knowledge score was found to be significantly higher than that of the other 3 aspects. The mean knowledge score was 3.46. The variation in the scores of the respondents was found to be 31.79 (coefficient of variation). On the other aspect child rearing practices, the knowledge of the respondents was satisfactory as the mean percentage knowledge score of the respondents was 45.45. The mean knowledge score was 5 and variation in the scores was found to be 17.80. On rest of the two aspects i.e., weaning and feeding the knowledge of the respondents was poor as their mean percentage knowledge scores were 29.75 and 23.42, respectively. The mean percentage knowledge score for these two aspects was found to be below 30. It indicates that their knowledge on these aspects was poor and needs to be improved significantly. The mean knowledge score for weaning and feeding was found to be 2.38 and 5.62, coefficient of variation was 65.13 and 66.73, respectively.

Relationship of the personal variables with knowledge of the respondents:

The values of coefficient of correlation between the personal variables and knowledge of the respondents.

The Table 3 shows that the knowledge of the respondents about all aspects was found to be positively correlated with five variables. The relation of knowledge was found to be statistically significant with the respondent’s education. This indicates that as education of the respondents increases, their knowledge about pre-natal care, feeding, weaning and child rearing practices also increases.

Table 3 : Correlation coefficient between the knowledge and personal variables of the respondents

Sr. No.	Personal Variable	Correlation coefficient
1.	Age	0.019
2.	Respondent’s Education	0.234*
3.	Occupation	0.134
4.	No. of deliveries	0.082
5.	Miscarriage	0.064

*Correlation is significant at the 0.01 level

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