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Knowledge, Attitude and Practice of weaning Amongst Working Class Women in Obubra Urban Cross River State, Nigeria.

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ABSTRACT

Weaning period is the most crucial period for child's growth and development. Maternal Knowledge, attitudes and practices plays a vital role in shaping the infants nutritional status and overall health. This study examined knowledge, attitude and practice of weaning among working class women in Obubra Urban. The objectives with corresponding research questions were formulated to guide the study considering the level of knowledge on weaning, amongst working class women in Obubra Urban. The attitude of working class women towards weaning, weaning practices employed by working class women in Obubra urban, and the factors that influence weaning among working class women in Obubra Urban was explored. A non-experimental descriptive survey design was employed and a sample size of 50 respondents were selected using a purposive sampling method. The instrument used for data collection was a self-structured questionnaire. Data was analyzed using simple percentage, frequency and presented using tables. The findings from the study revealed that majority of women 41 (82%) had high level of knowledge of weaning, while majority 48 (96%) had positive attitude towards weaning practices of weaning. Also, majority 44(88%) of women had good practices of weaning while However, on factors influencing weaning practices majority 35(70%) experienced factors such as financial constraint, lack of access to health care and low level of income. From the findings, recommendations were made that health education should be organized at regular for working class mother's to create awareness and training about weaning practices.

Key Words: Knowledge, attitude and practice, working- class women.

INTRODUCTION

Background of to the study

Weaning represents a significant milestone in an infant's life marked by the introduction of complementary foods alongside breast milk.

Therefore Maternal Knowledge and practices during this period play a vital role in shaping the infant's nutritional status and overall health (Nandan, Shanin and Kumari, 2024).

The term "weaning" is coined from an anglo-saxon expression "Wenian" which implies to become accustomed to something different.

The world health organization lays the foundation for understanding that complementary food start when exclusive breast feeding is no longer sufficient to meet an infant's nutritional needs. (WHO, 2023).

This juncture usually comes around the age of six months, marking a transition period that necessitate the introduction of other food in addition to breast milk. The need for these additional foods arises because the energy and nutrition requirement of the rapidly growing infant becomes too high to be met by breast milk alone. (Altreshidi, Gradora, Habeeb and Alrashidi, 2023).

Although WHO emphasizes that these food must be appropriate, safe and nutritious. The concept of appropriateness underlines the need for foods to be consistent with the infant's developmental stage. For instance, semi-solid foods are introduced initially, transitioning gradually to more complex textures and a wider ranges of flavors as the infant grows and their digestive system matures. (Alreshidi et al 2023)

Safety is another critical aspect of complementary feeding, as highlighted by WHO. The food must be prepared and stored hygienically to prevent contamination that cause disease such as diarrhea contributing to malnutrition and infant mortality. The utensils use for feeding should also be clean and mothers should ensure that their hands are clean during feeding process. (Alreshidi et al 2023)

Furthermore the adequately nutritious components underlines the necessity of these foods to be nutritionally rich, covering all the vital macro and micro nutrients. These foods must provide a substantial proportion of energy rich nutrient needed for the infant's rapid growth and development. (Olatona, Adenihum and Aderibigbe, 2023)

Various studies also emphasize the significance of correct complementary feeding practice, since there is substantial influence of appropriate complementary feeding on the reduction of malnutrition and the improvement of child survival rate. Malnutrition at this stage can be a long term implication on the child's physical and cognitive development, making complementary feeding a key strategy in combating global malnutrition (WHO, 2023).

Moreover, the correct complementary feeding practice can foster good dietary habit from a young age, promoting a healthy relationship with food and potentially mitigating the risk of obesity and related chronic diseases later in life. These finding underscore the importance of promoting knowledge and adherence to appropriate complementary feeding practices among care giver.

This ensures that infants receive the necessary nutrient for optimal growth and development during this critical period, setting a strong foundation for their fetus health (Nandan et al, 2024)

Complementary feeding practice vary globally, its influenced significantly by cultural norms, traditions and socio economic circumstances these variations can be observed in factors such as the timing of introducing complementary food types, quality of foods introduced, feeding styles, and meal frequencies. Cultural norms and beliefs greatly affect complementary feeding practice as well. For instance, certain societies introduce specifics foods as the first complementary meal based on traditional beliefs. Sometimes these cultural practices may not align with nutritional guidelines, leading to suboptimal nutrient intake (Spyreli, Mckinley S. Dean, 2021).

Socio economic status also plays a significance role in complementary feeding practice. Families with higher income level generally have greater asses to diverse and high quality foods, leading to more nutritious complementary feeding. Undernutrition on the other hand is estimated to be associated with 2.7 million child death annually or 45% of all child's deaths. Therefore infants and young children's feeding is a key area to improve child survival and promote healthy growth and development. The first 2 years of a child's life are particularly important, as optimal nutrition during this period lowers morbidity and mortality, reduces the risk of chronic diseases and foster better development.

Knowledge on appropriate weaning practice is therefore important for the child's health, Although timing of weaning varies across societies but it is always determined by perception about cultural beliefs related to feeding, since mothers holds the overall responsibilities for the child's health through mother's lack of knowledge can be a barrier for weaning practices.

Therefore, this study seeks to assess the knowledge, attitude, and practice of weaning among working class women in Obubra Urban, Cross River State.

STATEMENT OF PROBLEM

Weaning has been one of the most wrongly practiced processes in the development stages in children. It has been observed that mothers give their infants other food apart from breast milk right from birth while some delayed supplementary diet till above nine months with either cases having negative effect on the infant.

World health organization recommends a gradual weaning period from 6 months to two years, this allows the child to receive the benefits from breast feeding while consuming the necessary nutrient form the complementary foods (WHO, 2023). But almost half of the mothers (52%) especially working class abruptly weaned their, children while only (11.6%) gradually weaned their children as complementary food is being added to their children's diet (Somiya, 2014).

The time of weaning is one of the most critical aspects of a child's life. Usually if this period of change in diet is well planned and progresses smoothly, there will be no setbacks, but in a large number of children malnutrition usually takes place during this period. (Somiya, 20W) also observed that ten million children under the age of five years old died each year more than half of the death occur because of poor weaning that leads to malnutrition.

In addition poor quality of weaning food and improper weaning practice predisposes infants to malnutrition, growth retardation, infection, disease and high mortality. However, without the knowledge of proper weaning practice as well as perception of a child's hunger needs, malnutrition and illness may occur. Nevertheless researcher also in her study area observed that weaning class women had so many wrong assumption on weaning process and timing, lacked sound education, effective information and sufficient knowledge on weaning.

Therefore, the need for the study on knowledge attitude and practice of weaning among working class women in Obubra urban.

OBJECTIVE OF THE STUDY

The objective of this study is to determine the knowledge, attitude and practice of weaning amongst working class women in Obubra urban.

Specifically the study seeks to

- Determine the level of knowledge on weaning among working class women in Obubra urban
- Examine the attitude of working class women towards weaning in obubra urban
- Evaluate weaning practices employed by working class women in obubra urban
- Identify factors that may influence weaning practice among weaning class women in obubra urban.

RESEARCH QUESTIONS

1. What level of knowledge do working class women have on weaning
2. What is the attitude of working class women toward weaning
3. What are the different weaning practices employed by working women in obubra urban
4. What are the factors that influence weaning practice among working class women in obubra urban?

SIGNIFICANCE OF THE STUDY

The significance of this study it potentials to advance the understanding of the influence of maternal knowledge, attitude and practice on the health of infants during the critical period of weaning.

Findings of this study be will of great benefits to the nursing profession, health care providers and the society at large.

The study findings will add to the existing body of knowledge in nursing research.

By systematically evaluating these elements the study can provides valuable insight that could guide healthcare professionals, policy makers, and communities in improving child nutrition and health outcome.

The study findings will help to establish inadequacy in infant weaning knowledge and practice among mother's and also provide a baseline data for subsequent studies on infant weaning knowledge and practice among mothers.

Findings will also provide recommendation for adequate infant weaning knowledge and practice among mothers.

The study will assist health institutions and government at the local, state and federal level to plan strategies to improve infant weaning knowledge and practice among mothers

The findings can guide policy and program development to support working class women in balancing work and child responsibility, ensuring access to health care services and resources.

Empowering working class women by providing education and supports to make decisions about weaning, boosting their confidence and autonomy in child care. Facilitating cultural beliefs and practices, this can inform culturally sensitive interventions, increasing their effectiveness and acceptability.

SCOPE OF STUDY

The study covered knowledge attitude and practice of weaning among working class women in obubra urban. It will also be confident to the following variable, knowledge, attitude, practice weaning and working class women.

OPERATIONAL DEFINITION OF TERM

Knowledge: Working class mothers understanding regarding weaning as measured by knowledge score.

Attitude: This helps working class mothers navigate the demands of work, family and daily life often with limited resources and support.

Practice: Working class mothers activity regarding infant weaning after the first six months of life.

Working class women: It refers to women who engages in manual or non-professional labor

RESEARCH METHODOLOGY

This chapter presents the study design, setting, target population, sampling (sample size) sampling technique, instrument for data collection, validity of instrument, reliability of instrument, method for data collection, method of analysis and ethical consideration. **RESEARCH DESIGN:**

This researcher adopted a descriptive design which aimed at observing, describing and documenting aspects of a situation or the phenomenon of a life situation as it normally occur.

RESEARCH SETTING:

This study was conducted in selected health facilities in obubra urban.

Obubra is located in the central senatorial district of cross River state, with its headquarters in obubra town. it is bounded in the north by Ikom local government area, in the south by Yakurr local government area and in the east by Ebonyi state.

The present day as a geo-political entity covers an area of 1115km² with a population of 172,543 people as at 2006 census (National commission of Nigeria, 2006)

A greater proportion of the population of the obubra people are engaged in agriculture to make out a living, such as farming and fishing, while others are engaged in petty trading, civil/public service and self-employed. The area is blessed with a vast and fertile arable land with a favorable climate which supports the growth of food and cash crops. The major food crops that are produce in the area are yam, cassava, rice, cocoyam, maize, groundnut, sugarcane, melon, vegetables etc.

The people of obubra are predominately Christians, only few are Muslims and traditionalist. However, having an early advantage of contact with the Europeans, a number of educational institutions at all level have been established in obubra. For example, the first primary school, PCN primary school Apiapum, was established in 1920 while the first secondary school, St. Brendan secondary school Iyamuyong was established in 1961 (Ogwa, 2017). Today, obubra is one of the oldest local government area in Nigeria. Its lies in between latitude 4°45' and 6°15' north by equator longitude 8°12' east of Greenwich meridian. Furthermore there are eleven political council wards in the local government area, namely; Ababene, Ofat, Ofuda, Ovonum, Apiapum, Iyamoyong, ochon, Obubra urban, Ofumbongha, /Yala, Osopong 1, Osopong 2.

Obubra also boasts of tertiary institution like Cross River University of technology (CRUTECH), faculty of Agriculture located at Ovonum and other privately owned tertiary institution like Elder Oyama Memorial college of Education Ofat. The people predominantly speak English and Mbembe language. Obubra has a general hospital which is located in obubra town which is the headquarters of obubra, it's also has healthcare facilities which are located in obubra town, Iyamoyong, Apiapum and Ofumbongha.

TARGET POPULATION

The target population for this study comprised of all breastfeeding mothers in obubra urban.

SAMPLING/SAMPLE SIZE

The minimum sample size of 50 was determined using the Cochran formula (1997).

$$N = \frac{x^2 NP}{e^2 (N-1) + X^2 p (1-P)}$$

SAMPLING TECHNIQUE

The researcher adopted a purposive sampling technique for this study. Purposive sampling is also called judgmental sampling, here the researcher used personal decisions to determine the number of the population that suits the purpose and requirement of the study.

INSTRUMENT FOR DATA COLLECTION

The instrument for data collection was a self-structured questionnaire developed by the researcher under the guidance of the project supervisor. The questionnaire had five sections. Section A containing the demographic data variables of the respondent, section B containing the research question "what is the level of knowledge on weaning", section C containing research question "what is the attitude of working class women toward weaning", section D containing the research question "weaning practices employed by working class women", and section E containing research question "factors that may influence weaning among working class women".

RELIABILITY OF INSTRUMENT

In order to establish the reliability of the instrument a pilot test was carried out. The questionnaire were administered to eight (8) working class women (representing 10% of sample size) with the same characteristics who were not part of the study. The data collected was analyzed using test retest method (see appendix II again) hence the questionnaire was found to be reliable with a reliability co-efficient value of 0.95.

VALIDITY OF INSTRUMENT

The structured questionnaire was submitted to the researcher's supervisor, two lecturers in the college of Nursing Science itigidi and an expert in test and measurement for face and content validity. They were given a copy of the instrument to critical access the accuracy to the instrument. Corrections were affected to modify the instrument because it was administered to respondents.

METHOD OF DATA COLLECTION

Data was collected through the administration of questionnaires to the working class women who were breastfeeding at their various offices after they have been briefed about the aim of the study. Participant were informed to respond to the question as it appeal to them. On completion of the questionnaire, they were immediately returned to the researcher.

METHOD FOR DATA ANALYSIS

Data was analyzed using simple percentages, frequencies and result presented in tables. The essence was to enable the research work to be put in its simplest form.

ETHICAL CONSIDERATION

A letter of introduction was collected from college of nursing science that enabled the researcher to collect data. Ethical approval to carry out the study was also obtained from the ethical unit of the college. Written permission was obtained from different officers in charge were the women worked. An informed consent was obtained from respondents. The ethical consideration was based on maintaining confidentiality.

Plagiarism was avoided by making sure that all source of data were acknowledged and referenced by writing the names of the authors and the year the books.

PRESENTATION OF RESULTS

This chapter dealt with the analysis of data and presentation of result from the respondent through the questionnaires administered fifty (50) questionnaire were administered to the respondents and the same number retrieved. Questionnaires were prepared according to the research questions and data analyzed using simple percentage representing the number of respondents.

DEMOGRAPHIC DATA

Table 1

N=50

S/N	ITEM	NO OF RESPONDENT	PERCENTAGE
1.	Sex		
	Male	—	—
	Female	50	100%
	Total	50	100%
	Age		
2.	15-25 years	10	20%
	26-35 years	15	30%
	36-45 years	10	20%
	46-55 years	15	30%
	Total	50	100%
3.	Religion		

4.	Christianity	50	100%
	Islam	—	—
	Traditionalist	—	—
	Total	50	100%
	Marital status		
	Single	5	10%
	Married	25	50%
	Divorced	5	10%
	Widowed	15	30%
	Total	50	100%
5.	Qualification		
	FSLC	—	—
	SSCE	—	—
	DEGREE	25	50%
	ND	10	20%
	HND	15	30%
	Total	50	100%
6.	Number of children		
	One	5	10%
	Two	10	20%
	Three	15	30%
	Four	10	20%
	Five and above	10	20%
	Total	50	100%

Table one above showed that only female 50(100%) respondents were used for the study 10(20%) respondents were between the ages of 15-25 years, 15(30%) were between 26-35 years, 10(20%) were between the ages of 36-45 years, while 15(30%) were between the ages of 46-55 and above, On religion majority 50(100%) were Christians, information on marital status showed that 5(10%) were single, 25(50%) were married, 5(10%) were divorced, 15(30%) were widowed. with reference to the highest level of qualification majority 25(50%) had degree, while some women 10(20%) respondents had National Diploma qualification and 15(30%) respondents had Higher National Diploma qualification. On number of children 5(10%) respondents had only one child each, 10(20%) had two children, 5(10%) respondents had three children, 10(20%) respondents had five children and above.

SECTION B

TABLE2: QUESTION 1: WHAT IS THE LEVEL OF KNOWLEDGE ON WEANING AMONG WORKING CLASS WOMEN IN OBUBRA URBAN?

N=50

S/N	ITEM	OPTION	NO. OF RESPONDENT	PERCENTAGE
7.	Should weaning begin	Yes	9	18%
	Immediately after birth?	no	41	82%
	Total		50	100%
8.	Should weaning begin after	Yes	35	70%
	6 months of breast milk?	no	15	30%
	Total		50	100%
9.	Is it recommended to wean	Yes	10	20%
	a child before three month?	no	40	80%
	Total		50	100%
10.	Does weaning usually occur	Yes	43	86%
	Between 9-12 month of age?	no	7	14%
	Total		50	100%
11.	Does weaning occur naturally	Yes	12	24%
	In babies?	no	38	76%
	Total		50	100%

Table 2 above, showed that 9(18%) accepted that weaning begins immediately after birth, majority 41(82%) respondents disagreed to the fact that weaning should begin immediately after birth. 35(70%) respondents agreed that weaning should begin after 6 month of breast milk while 15(30%) respondents disagreed, 10(20%) respondents agreed to the fact that it is recommended to wean a child before three month, while majority 40(80%) respondents disagreed, 43(86%) respondents understood that weaning usually occurs between 9-12 month of age while 7(14%) respondents did not. However 12(24%) respondents understood that weaning occurs naturally in babies and 38(76%) respondents did not.

SECTION C

TABLE 3: QUESTION 2: EXAMINE THE ATTITUDE OF WORKING CLASS WOMEN TOWARDS WEANING?

N=50

S/N	ITEM	OPTION	NO. OF RESPONDENT	PERCENTAGE
12.	I believe weaning is essential for a child growth and development?	Yes	48	96%
		no	2	4%
13.	Total		50	100%
	Do you think weaning affect a mothers ability to return to work?	Yes	21	42%
14.		no	29	58%
15.	Total		50	100%
	Do you think weaning is a Personal choice for mothers?	Yes	33	66%
16.		no	17	34%
	Total		50	100%
	Do you think weaning is a challenging process?	Yes	33	66%
		no	17	34%
	Total		50	100%
	Have you experienced pressure From family and friends?	Yes	32	64%
		no	18	36%
	Total		50	100%

Table 3 above showed that 48(96%) respondents believed that weaning is essential for a child growth and development while 2(4%) respondents did not, also 21(42%) respondents agreed that weaning affects a mother's ability to return to work while 29(58%) disagreed, 33(66%) accepted to the fact that weaning is a personal choice for mothers while 17(34%) disagreed, 33(66%) respondents said that weaning is a challenging process whereas 17(34%) Said no to it, 32(64%) respondents agreed that they had experienced pressure from family and friends to wean while 18(36%) disagreed.

SECTION D

TABLE 4: QUESTION 3: WHAT ARE THE WEANING PRACTICES EMPLOYED BY WORKING CLASS WOMEN?

N=50

S/N	ITEM	OPTIONS	NO. OF RESPONDENTS	PERCENTAGE
17	I gradually introduce solid Foods to the child during Weaning?	Yes	44	88%
		No	6	36%
18.	Total		50	100%
	Do you continue breast Feeding alongside solid	Yes	39	78%
19.		No	11	22%

20.	Foods?			
	Total		50	100%
	Do you prepare and store	Yes	23	46%
21.	Expressed breast milk for	No	27	54%
	Later use?			
	Total		50	100%
	I introduced semi- solid food	Yes	27	54%
	To my child before 6 months	No	23	46%
	Of age?			
	Total		50	100%
	Have you used infant formula	Yes	42	84%
	As supplement for breast	No	8	16%
	Feeding during weaning?			
	Total		50	100%

The table 4 above showed that 44(88%) respondents agreed to the fact that they gradually introduced solid food to the child during weaning while 6(36%) respondents disagreed, 39(78%) respondents accepted to the fact that they continued breastfeeding alongside feeding where 11(22%) respondents did not, 23(46%) respondents prepared and stored expressed milk for later use while majority 27(54%) respondents did not, 27(54%) respondents who introduced semi-solid food to the child before 6 month of age were majority meanwhile 23(46%) did not introduce semi-solid food to the child before 6 month of age, 42(84%) had used infant formulas as supplement for breastfeeding during weaning while 8(16%) respondents had negative response towards it.

SECTION E

TABLE 5: QUESTION 4: EVALUATE THE FACTORS THAT INFLUENCES WEANING OF WORKING CLASS WOMEN IN OBUBRA URBAN?

N=50

S/N	ITEM	OPTION	NO. OF RESPONDENTS	PERCENTAGE
22.	I don't have access to	Yes	18	36%
	Health care services for	No	32	64%
	Weaning guidance?			
23.	Total		50	100%
	My work schedule is a	Yes	36	72%
	Challenge for continual	No	14	28%
24.	Breastfeeding?			
	Total		50	100%
	I rely on family members for	Yes	23	46%
25.	Childcare during weaning?	No	27	54%
	Total		50	100%

26.	Financial constraint influence	Yes	35	70%
	Weaning decision of my child?	No	15	30%
	Total		50	100%
	My income level affect my	Yes	23	46%
	Ability to purchase infant	No	27	54%
	Formula or weaning foods?			
	Total		50	100%

Table 5 above showed that 18(36%) respondents had access to healthcare services for weaning guidance, while majority 32(64%) respondents did not have access to healthcare services, also majority 36(72%) respondents agreed that their work schedule is a challenge for continual breastfeeding while 14(28%) respondents did not see work schedule as a challenge, 23(46%) respondents accepted to the fact that they are relied on family members for child care during weaning, 27(54%) respondents did not rely on family members for child care during weaning, 35(70%) respondents had financial issues on weaning of the child, 15(30%) did not have financial issues on weaning decision of the child, however, 23(46%) respondents had agreed to the fact that income level affect the ability to purchase infant formulas while majority 27(54%) respondents had low income level which affected the ability to purchase infant formula.

DISCUSSION OF FINDINGS

This chapter was aimed at discussing the research findings, implication of findings to Nursing, limitation of the study, summary, conclusion, recommendation and suggestion for further studies.

DISCUSSION OF MAJOR FINDINGS

RESEARCH QUESTION 1

What is the level of knowledge on weaning among working class women in obubra urban?

The findings of this study showed that majority 41(82%) of working class women understood that weaning is crucial for an infant life and they also understood that weaning usually occurs between 9 – 12 month of age. This agrees with the findings of Ogunsuyi (2016) in their study conducted in Egypt, the study observed that working class mothers generally had knowledge of recommended weaning practices. Olantola (2017) also supported the findings in his study based in Lagos, Nigeria where he found that working class women had some knowledge of proper weaning timing.

RESEARCH QUESTION 2

Examine the attitude of working class women towards weaning in obubra urban?

Findings from the study revealed that majority 48(96%) of working class women had positive attitude towards weaning whereas 33(66%) of women agreed to the fact that weaning is a personal choice and 33(66%) women viewed weaning as a challenging process. This agrees with Ashigbabu (2019) who in his study agreed with the findings of this study which revealed that despite challenges, many working class women expressed a positive attitude towards weaning and women viewed weaning as a milestone that symbolized their child growing independent, which led to a sense of accomplishment.

RESEARCH QUESTION 3

Evaluate the weaning practices employed by working class women in Obubra urban?

The findings of this study showed that majority 44(88%) of women gradually introduced solid foods to the child during weaning, while some 39(78%) continued breastfeeding alongside solid food. This however agrees with Dogan (2019) whose study showed that many mothers weaned their children by starting with home prepared foods like pure vegetables at around six month of age. About 64.5% of mothers preferred homemade weaning foods while 28% used commercially prepared foods.

RESEARCH QUESTION 4

What are the factors that influences weaning of working class women in Obubra urban?

The finding showed that majority 36(72%) had challenges for continual breastfeeding because of work schedule, while some 35(70%) had financial constraint which influenced weaning decisions on the child, also some women 32(64%) did not have access to healthcare services for weaning guidance. This

agrees with Okafoagu (2017) on factors influencing complementary and weaning practices amongst women is Sokoto state, Nigeria. In his findings, he found out that most women are affected by socio-economic status. Lack of finances to purchase infants formula and lack of information on weaning practices.

IMPLICATION OF FINDINGS TO NURSING

The knowledge, attitude and practice of weaning hold significant implications for nursing, particularly in maternal and child health care. Adequate knowledge among mothers about weaning ensures that the transition from breast feeding to solid foods occurs at the appropriate time, which supports optimal infant's growth and developments, positive attitudes towards weaning, fostered by health education, help reduces stress and anxiety in mothers, improving their readiness to implement proper feeding techniques.

Effective practices of weaning, supported by nurses, can prevent malnutrition, promote healthy eating habits, and reduce the risk of food-related illnesses.

Nurses play a crucial role in educating, supporting, and guiding families through the weaning process, enhancing both infant health outcomes and parental confidence.

LIMITATIONS OF THE STUDY

In the cause of this study, the following limitations were faced by the researcher, financial constraints, some respondents' urdines to answer the questions and transportation barrier.

Despite these limiting factors, the researcher was able to use the available resources and time to carry out the research successfully.

SUMMARY OF THE STUDY

The research was conducted to unravel the knowledge attitude and practice to weaning among working class women in Obubra urban. The study was carried out using a non-experimental descriptive method.

The method of data collection was a self-structured questionnaire made up of closed ended questions. The data collected was analyzed using percentages. The findings showed that 82% of the respondents had knowledge and positive attitude towards weaning. From the analysis and results, most respondents had more knowledge than some and positive attitude and practices towards weaning, and also most respondents had challenging factors that influences weaning on working class women.

CONCLUSION

From the findings above this study, conclusions were drawn and it was observed that majority of women had knowledge on weaning, through the attitude it was also observed that women had positive attitudes towards weaning, also they practices of weaning performed by these women was adequate as it was essential and crucial for the child's development, also majority of these women had challenging factors that influence the practice of weaning.

In conclusion, health educators and health workers have a very significant role to play by organizing awareness campaign, enlightenment programs and training/education on weaning to working class women.

RECOMMENDATIONS

The following recommendations were made by the researcher.

- Provide targeted education programs that inform working class women about the nutritional needs of infants during the weaning process. This can include workshops and informational materials that emphasizes the important of balanced diets and appropriate weaning foods.
- Establish community support groups where working class women can share experiences, challenges, and solution regarding weaning.
- Ensure that working class women have access to resources such as affordable and nutritious weaning foods as well as healthcare services that can provide guidance and weaning practices.

However, implementing these recommendations can improve the overall knowledge, attitude and practice related to weaning among working class women, ultimately benefiting both mother and their children.

SUGGESTION FOR FURTHER STUDY

Further studies should be conducted on the following topics:

1. Cultural influence on weaning practice
2. Impact of socio-economic status
3. Nutrition education
4. Maternal mental health

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