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Age Differences on the Knowledge, Attitude and Practices of Weaning among Nursing Mothers in Shongom Local Government Area, Gombe State

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Abstract

Weaning is a natural and essential part of a child's development. The purpose of the study was to determine the knowledge, attitude and practice of weaning among nursing mothers in Shongom LGA, Gombe State. A cross-sectional survey research design was adopted for the study. The population for the study comprised of 3,165 while the sample size was 360 nursing mothers obtained using Cohen table. A researcher-designed instrument titled "Knowledge, Attitude and Practice of Weaning Questionnaire (KAPWQ)" was used for data collection. Frequency and percentages, mean and standard deviation were used to answer the research questions while Chi-square (χ^2) statistics and one-way Analysis of variance (ANOVA) were used to test the null hypotheses at .05 level of significance. Results revealed that less than half of nursing mothers in Shongom LGA, Gombe State possessed knowledge of weaning (33.8%), and practised weaning (38.5%). Also, nursing mothers in Shongom LGA, Gombe State had positive attitude ($\bar{X}$ =2.55) towards weaning. Additionally, there is no significant difference in the proportion of nursing mothers that possessed knowledge of weaning in Shongom LGA, Gombe State based on age (χ^2=1.798; *p*-value=.407). The findings of the study also showed that there was a significant difference in the attitude of nursing mothers towards weaning in Shongom LGA, Gombe State based on age ($F_{(2,353)}$=8.657; *p*=.000). Also, a significant difference existed in the proportion of nursing mothers that practice weaning in Shongom LGA, Gombe State based on age (χ^2=28.178; *p*-value=.000). The researcher recommended among others that public health educators should develop targeted educational programs to improve knowledge of nursing mothers about the importance of weaning and provide evidence-based information on best weaning practices.

Keywords: Weaning, Knowledge, Attitude, Practice, Nursing mothers

Introduction

Weaning from breastfeeding is considered a natural and inevitable stage in the development of a child. The World Health Organization (WHO, 2021) recommends introduction of nutritionally adequate and safe complementary (solid) foods at six months together with continued breastfeeding up to two years of age or beyond. This allows the child to still receive the benefits from breastfeeding while also consuming the necessary nutrients from weaning. Weaning has been reported as one of the most wrongly practiced processes in the developmental stages of the children (Saeed et al., 2019) leading to malnutrition. Globally in 2020, 149 million children under 5 were estimated to be stunted (too short for age), 45 million were estimated to be wasted (too thin for height), and 38.9 million were overweight or obese due to malnutrition resulting from lack of weaning (WHO, 2021). Weaning also takes place in Africa.

In Africa, weaning has always been a means of survival for infants since prehistoric era but the practice was divergently varied based on race, religion and other socio-cultural values. Weaning period tends to be associated with nutritional problems and other forms of vulnerability for the survival of a child (Gonah & Mutambara, 2016). Several studies (Gonah & Mutambara, 2016; Zeleke et al., 2017) have reported that weaning practices of women in Africa is unacceptable. Specifically, Zeleke et al. (2017) reported that appropriate weaning practice was low in Ethiopia. The authors further reported that just nearly quarter (23.9%) of mothers have practiced appropriate weaning. Weaning seems not to be effectively practiced in Nigeria.

In Nigeria, weaning is also not effectively practiced. Many poor urban and rural women breastfeed their babies for up to eighteen to twenty-four months within which time they often introduce other complementary meal (weaning) (Akinyinka et al., 2016). The first solid food and most popular weaning food is a thin cereal gruel that is called by different names in various parts of Nigeria, which includes pap or akamu, ogi, or koko. The gruel is made from maize, or guinea corn (Lar et al., 2015). After the successful introduction of cereal gruel, other staple foods in the family menu may be given to the child. The implication being that the child is little by little being trained to adapt to the societal eating culture. However, Okafoagu et al. (2017) reported that only 6.2 per cent of women weaned their children at 6 months in Sokoto State, Nigeria. The same may be the case in Shongom LGA of Gombe State.

In Shongom LGA of Gombe State, it can also be deduced that weaning is not adequately practiced. Although there are scarce studies on knowledge, attitude and practices of weaning among women in Gombe State, a study by Danjin and Dawud (2015), have reported low nutritional status of infants due to inadequate breastfeeding and weaning by mothers in the State. The authors also reported that all children less than 11 months exhibited both severe and moderate forms of underweight. Ojoye (2019) reported that between January and April, 2019, Gombe State recorded 1,630 cases of malnutrition in children, 12 death cases due to malnutrition and 1,732 new admissions in health facilities. The author maintained that undernourished children have lower resistance to infection and are more likely to die from common childhood illnesses, and that 45 per cent of all under-five deaths in Gombe State are attributable to under nutrition.

Weaning has been defined in literature by several authors. For instance, Uzma et al. (2018) described weaning as the process by which baby gradually moves or shifts from breast milk to semi solid or solid food consumption with a gradual reduction in the intake of breast milk. According to Al-Gashanin and Ghazwani (2021), weaning is a complex process of a

gradual introduction of complementary foods to the infant's diet. Weaning is also defined as a cessation of breastfeeding in the general population (Shari et al., 2021). In this study, weaning is the process by which foods other than breast milk is introduce gradually into baby's diet after the first six months of life by nursing mothers in Shongom LGA, Gombe State. Adoption of weaning practices by nursing mothers could help in evaluating their weaning knowledge.

Knowledge is generally referred to as the intellectual ability of an individual at a given point in time. Javed et al. (2017) defined knowledge as the specific trend and sequence, classification and categories, methodology, criterion, universal, abstract, principle, theory and structure relating to a particular event. In the context of this study, knowledge is the understanding of all information, truth and facts about weaning by nursing mothers in Shongom LGA of Gombe State. Existing report and community health assessment in Gombe State indicate that many women still lack adequate knowledge about appropriate weaning practices, such as when to introduce complementary foods, the types of foods to give, and how to maintain breastfeeding alongside weaning (Ojoye, 2019). The knowledge of weaning possessed by nursing mothers consequently determines the attitude they will exhibit as regards to weaning.

Attitude refers to the manner of thinking, feeling or behaviour that reflects a state of mind or disposition. Attitude is a way of thinking or acting which is concerned with ones feeling towards an object, person or thing (Al-Gashanin & Ghazwani, 2021). Attitude in this study refers to positive or negetive feeling, behaviour and manner of thinking exhibited towards weaning by nursing mothers in Shongom LGA of Gombe State. Many nursing mothers in Gombe State display mixed or negative attitudes toward proper weaning (Danjin & Dawud, 2015). Cultural beliefs, misconceptions about breastmilk adequacy, and social influences often lead to early or delayed introduction of complementary foods. These attitudes affect mothers' willingness to adopt recommended weaning practices and ultimately influence the quality and timing of weaning in the region. Attitude plays a significant role in determining weaning practice of nursing mothers.

Practice is an act that is done habitually or customarily. Akinyinka et al. (2016) defined practice as a method, procedure or process used in a particular field or profession. According to Zeleke et al. (2017), practice is an established way of doing things especially one that is developed through experiences and knowledge. Practice, in this context is the act of engaging in adequate and effective weaning by nursing mothers in Shongom LGA of Gombe State to prevent malnutrition in children. Reports from maternal and child health programmes in Gombe State indicate that weaning practices among many nursing mothers remain suboptimal (Msheliza et al., 2018). Some mothers introduce complementary foods earlier than recommended, while others delay the process unnecessarily. These poor weaning practices contribute to the high risk of malnutrition and growth faltering among children in the region. On the contrary, this could be prevented when there is high knowledge, positive attitude and adequate weaning practices among nursing mothers.

A nursing mother is a woman who breastfeeds a baby. The nursing mother is thought to produce hormones that promote a physiologic bonding between mother and child (Ibrahim et al., 2017). Ibrahim et al. further stated that throughout the first two hours after birth, the infant is usually eager to suckle the mother, and thus the child is most ready for this first nursing. Nursing mothers actually adopt the non-abrupt process of introducing other feeds, usually semisolid foods and liquids other than breast milk to an infant to facilitate optimal growth. This is done as a normal but gradual way of integrating the child into the society. Nursing mothers in this study are limited to mothers in Shongom LGA of Gombe State

whose babies are within one year. The knowledge, attitude and practice of weaning among nursing mothers can be influenced by age of nursing mothers.

Age is capable of influencing the knowledge, attitude and practices of weaning among nursing mothers. Gonah and Mutambara (2016) reported that early supplementation of breast milk was not associated with age among mothers of infants aged below 12 months in Masvingo, Zimbabwe. Okafoagu et al. (2017) reported that maternal age was one of the factors influencing complementary and weaning practices among women in rural communities of Sokoto State, Nigeria. Naher et al. (2019) reported that age was one of the significant factors related to weaning practice among lactating mothers in Bangladeshi. This study investigated the influence of age on the knowledge, attitude and practices of weaning among nursing mothers in Shongom Local Government Area, Gombe State.

Ideally, nursing mothers should possess adequate knowledge, positive attitudes, and proper practices related to weaning, supported by information from antenatal care and nutrition programmes. However, despite WHO recommendations and routine health education, many mothers still exhibit poor weaning practices, often influenced by low knowledge and negative attitudes, leading to persistent child malnutrition and hindering progress toward Sustainable Development Goal 3. This study therefore investigated the influence of age as it relate to the knowledge, attitude and practices of weaning among nursing mothers in Shongom Local Government Area, Gombe State.

Purpose of the Study

The purpose of the study was to determine the knowledge, attitude and practices of weaning among nursing mothers in Shongom Local Government Area, Gombe State. Specifically, the study determined the:

1. proportion of nursing mothers who possessed knowledge of weaning in Shongom LGA, Gombe State;
2. attitude of nursing mothers towards weaning in Shongom LGA, Gombe State; and
3. proportion of nursing mothers who practised weaning in Shongom LGA, Gombe State;

Research Questions

The following research questions guided the study:

1. What is the proportion of nursing mothers who possessed knowledge of weaning in Shongom LGA, Gombe State?
2. What is the attitude of nursing mothers towards weaning in Shongom LGA, Gombe State?
3. What is the proportion of nursing mothers who practised weaning in Shongom LGA, Gombe State?

Hypotheses

The following null hypotheses were postulated and tested at 0.05 level of significance at the appropriate degrees of freedom:

1. There is no significant difference in the proportion of nursing mothers who possessed knowledge of weaning in Shongom LGA, Gombe State based on age.
2. There is no significant difference in the attitude of nursing mothers towards weaning in Shongom LGA, Gombe State based on age.
3. There is no significant difference in the proportion of nursing mothers who practised weaning in Shongom LGA, Gombe State based on age.

Methods

The study adopted a cross-sectional survey research design. Cross-sectional survey research design according to Setia (2016) is a type of research design in which a potentially related factor is measured at a specific point in time for a defined population. The population for the study comprised of nursing mothers in all the health facilities in Shongom LGA, Gombe State with a total of three thousand, one hundred and sixty-five (3,165). The study sample size consisted of 360 respondents obtained using Cohen table. A multistage sampling technique was adopted in drawing the sample size for the study. The instrument for data collection was Knowledge, Attitude and Practice of Weaning Questionnaire (KAPWQ). The instrument was validated by five experts from the Department of Human Kinetics and Health Education, Faculty of Education, University of Nigeria, Nsukka. The reliability of the instrument was calculated using Kuder-Richardson-20 Formula (0.72), Cronbach's Alpha (0.73), and Spearman Brown Correlation Formula (0.72) reliability indices which were adjudged reliable for use in the study. Out of the 360 copies of the questionnaire administered to the participants, 356 (98.8%) were duly filled and returned, and thus used for data analysis. Frequencies and percentage were used to answer research question one and three while mean and standard deviation were used to answer research question two. Chi-square statistics was used to test hypothesis one and three, while one-way ANOVA was used to test hypothesis two. All the hypotheses were tested at 0.05 level of significance.

Results

Table 1

Proportion of Nursing Mothers that Possess Knowledge of Weaning in Shongom LGA, Gombe State (n=356)

S/N	Knowledge Items	True F(%)	False F(%)
1.	Weaning is a gradual process of introducing complementary foods to infant's diet	127(35.7)	229(64.3)
2.	Weaning is the replacement of breast milk	119(33.4)	237(66.6)
3.	Weaning is the beginning of solid foods in infants	91(25.6)	265(74.4)
4.	Weaning begins after the first six months of lives of infants	120(33.7)	236(66.3)
5.	Weaning varies among infants	125(35.1)	231(64.9)
6.	Weaning occurs in three stages beginning from six to twelve months	167(46.9)	189(53.1)
7.	Stage 1 is marked by the introduction of solid foods	121(34.0)	235(66.0)
8.	Stage 2 is marked by more textures and tastes and begins	129(36.2)	227(63.8)
9.	Stage 3 is marked by wider variety and family food	86(24.2)	270(75.8)
10.	Weaning is beneficial to only the mother and the child	117(32.9)	239(67.1)
	Mean Percentage	**33.8%**	**66.2%**

Key: 0–44%=less than half; 45–49%=nearly half; 50%=half; 51–69%=more than half; 70%=two third; 71–79%=more than two third; and 80% & above=Majority.

Results in Table 1 show that overall, less than half (33.8%) of nursing mothers in Shongom LGA, Gombe State possessed knowledge of weaning. Specifically, nearly half (46.9%) maintained that weaning occurs in three stages beginning from six to twelve months.

Table 2
Attitude of Nursing Mothers towards Weaning in Shongom LGA, Gombe State (n=356)

S/N	Attitude towards Weaning	$\bar{X}$	SD
1.	I consider when to wean the child as a personal decision.	2.47	.80
2.	I do not consider weaning as an essential practice	2.84	.96
3.	I feel that weaning is common among the poor	2.31	.90
4.	I feel that failing to wean my child appropriately will cause me more harm than good	2.55	1.05
5.	Weaning is not as important as health workers make it seem	2.60	.94
	Grand Mean	**2.55**	**.93**

Key: Positive attitude, $\bar{X}$ =≥2.50; Negative attitude, $\bar{X}$ =< 2.50

Results in Table 2 show that nursing mothers in Shongom LGA, Gombe State have positive attitude ($\bar{X}$ =2.55) towards weaning.

Table 3
Percentage Responses on the Proportion of Nursing Mothers Who Practice Weaning in Shongom LGA, Gombe State (n=356)

S/N	Weaning Practice	Yes F(%)	No F(%)
1.	Do you practice weaning for your children?	121(34.0)	235(66.0)
2.	Do you practice weaning with solid foods?	107(30.1)	249(69.9)
3.	Do you practice weaning beginning from six months?	164(46.1)	192(53.9)
4.	Do you begin weaning with complementary foods?	133(37.4)	223(62.6)
5.	Do you practice weaning beginning from one year?	160(44.9)	196(55.1)
	Mean Percentage	**38.5**	**61.5**

Key: 0–44%=less than half; 45–49%=nearly half; 50%=half; 51–69%=more than half; 70%=two third; 71–79%=more than two third; and 80% & above=Majority.

Results in Table 3 show that overall, less than half (38.5%) of nursing mothers in Shongom LGA, Gombe State practice weaning. Specifically, nearly half (46.1%) maintained that they practice weaning beginning from six months.

Table 4
Summary of Chi-square Analysis on the Proportion of Nursing Mothers Who Possess Knowledge of Weaning in Shongom LGA, Gombe State Based on Age (n=356)

		Weaning Knowledge					
		True	False				
Age	N	O (E)	O (E)	χ^2	df	*p*-value	Decision
15 – 25 years	61	21 (18.8)	40 (42.2)				
26 – 35 years	157	52 (48.5)	105 (108.5)	1.798	2	.407	Not Rejected
36 + years	138	37 (42.6)	101 (95.4)				

*Significant at $p \leq 0.05$

Results in Table 4 show that there is no significant difference in the proportion of nursing mothers that possess knowledge of weaning in Shongom LGA, Gombe State based on age (χ^2=1.798; *p*-value=.407). Since, the *p*-value of .407 is greater than .05 level of significance; the null hypothesis was not rejected. Therefore, nursing mothers in Shongom LGA, Gombe State did not differ in their knowledge of weaning based on age.

Table 5
Summary of One-way ANOVA Testing Difference in the Attitude of Nursing Mothers towards Weaning in Shongom LGA, Gombe State Based on Age (n=356)

Source of Variance	Sum of Squares	df	Mean Square	F	p-value	Decision
Between Groups	13.196	2	6.598			
				8.657	.000	Rejected
Within Groups	269.059	353	.762			
Total	**282.256**	**355**				

Note: F = F-ratio value; df = Degree of freedom
*Significant at $p \leq 0.05$

Results in Table 5 show that there is a significant difference in the attitude of nursing mothers towards weaning in Shongom LGA, Gombe State based on age ($F_{(2,353)}$=8.657; *p*=.000). Since the p-value of .000 is less than 0.05 level of significance, the null hypothesis was rejected. This implies that nursing mothers in Shongom LGA, Gombe State differed in their attitude towards weaning based on age.

Table 6
Summary of Chi-square Analysis on the Proportion of Nursing Mothers Who Practice Weaning in Shongom LGA, Gombe State Based on Age (n=356)

		Weaning Practice					
		Yes	No				
Age	**N**	**O (E)**	**O (E)**	χ^2	**df**	***p*-value**	**Decision**
15 – 25 years	61	43 (24.7)	18 (36.3)				
26 – 35 years	157	57 (63.5)	100 (93.5)	28.178	2	.000	Rejected
36 + years	138	44 (55.8)	94 (82.2)				

*Significant *at* $p \leq 0.05$

Results in Table 6 show that there is a significant difference in the proportion of nursing mothers that practice weaning in Shongom LGA, Gombe State based on age (χ^2=28.178; *p*-value=.000). Since, the *p*-value of .000 is less than .05 level of significance; the null hypothesis was rejected. Therefore, nursing mothers in Shongom LGA, Gombe State differed in their practice of weaning based on age.

Discussion of Findings

Results in Table 1 showed that overall, less than half of nursing mothers in Shongom LGA, Gombe State possessed knowledge of weaning. This finding is not surprising as Okafoagu (2017) had earlier reported that only 6.2 per cent of women weaned their children at 6 months in the region. This therefore suggests potential problems in child nutrition, development, and overall health. It could lead to improper feeding practices, health risks for infants, and long-term consequences. Lack of knowledge about weaning could lead to improper feeding practices for infants, potentially affecting their nutrition and overall health. Inadequate weaning knowledge may hinder appropriate introduction of solid foods, impacting a child's growth and development. Low knowledge of weaning among nursing mothers could indicate gaps in public health education or access to healthcare services. Addressing this issue would require targeted efforts such as educational programs, access to healthcare services, and community outreach to ensure that nursing mothers have the knowledge and support they need for proper weaning practices. This finding contradicts those of Ambadan and Shekhar (2018) who reported that majority of weaning mothers in Palanpur Taluka, Banaskantha District of Gujarat State had general knowledge that weaning. This may be due to different socio-economic conditions, cultural practices, maternal education levels, and access to maternal-child health services compared to Shongom LGA in Gombe State.

Results in Table 2 showed that nursing mothers in Shongom LGA, Gombe State had positive attitude towards weaning. This finding is expected and not surprising. Nursing mothers with a positive attitude towards weaning are more likely to approach the weaning process with confidence and readiness. This can contribute to a smoother transition from breastfeeding to other forms of feeding. A positive attitude towards weaning may lead to the adoption of healthier infant feeding practices. Mothers who view weaning as a positive step in their child's development are more likely to introduce nutritious foods and establish healthy eating habits early on. Also, nursing mothers with a positive attitude towards weaning may be more receptive to guidance and recommendations from healthcare professionals regarding the timing and methods of weaning. This can lead to better adherence to evidence-based practices and a reduced risk of complications associated with improper weaning. Furthermore, nursing mothers with a positive attitude towards weaning may serve as role models for other mothers who are navigating the same transition, their experiences and attitudes can inspire confidence and optimism in others, promoting a supportive community of mothers who are empowered to make informed decisions about infant feeding. This finding agrees with those of Suyal et al. (2020) who also reported positive attitude of mothers regarding weaning.

Results in Table 3 showed that overall, less than half of nursing mothers in Shongom LGA, Gombe State practised weaning. This finding is not expected. This could reflect cultural or societal barriers to breastfeeding continuation or lack of support for breastfeeding mothers as attitudes towards weaning are influenced by cultural norms, societal expectations, and individual beliefs. Healthcare systems and providers may play a crucial role in supporting nursing mothers and promoting optimal infant feeding practices, which could indicate gaps in healthcare support and education regarding weaning. Also, balancing weaning and work responsibilities may be challenging for many mothers, this might suggest a need for better workplace support, such as paid maternity leave, lactation rooms, and flexible work arrangements, to enable mothers to continue breastfeeding for longer durations if they choose to do so. This could potentially contribute to higher rates of chronic diseases, such as obesity and diabetes, later in life for both mothers and children. Conclusively, addressing the factors

contributing to low rates of weaning among nursing mothers is important for promoting optimal infant feeding practices and improving maternal and child health outcomes, which may involve a combination of education, support, policy changes, and cultural shifts to create an environment that enables and encourages breastfeeding continuation and appropriate weaning practices. This finding is in agreement with those of Thomas et al. (2019) who reported low knowledge of weaning practices among a group of primipara mothers who are admitted in postnatal wards in Shri Mahant Indiresh Hospital, Dehradun.

Result in Table 4 showed no significant difference in the proportion of nursing mothers that possess knowledge of weaning in Shongom LGA, Gombe State based on age. This finding implies that nursing mothers in Shongom LGA, Gombe State did not differ in their knowledge of weaning based on age. The lack of age-related differences implies that weaning knowledge is not dependent on age, which could mean that information dissemination methods are effective across generations. It also indicates that educational efforts regarding weaning may be reaching nursing mothers across different age groups equally effectively. It might as well indicate that there is a consistent level of community support or access to resources for mothers, regardless of age, ensuring they receive similar information about weaning. While it is positive that knowledge seems uniform across age groups, it is important to continuously evaluate and update educational programs to ensure they remain effective and relevant. This finding is contradicted by those of Naher et al. (2019) who reported that age significantly influenced knowledge of weaning among Bangladeshi lactating mother.

Result in Table 5 showed that there is a significant difference in the attitude of nursing mothers towards weaning in Shongom LGA, Gombe State based on age. This finding implies that nursing mothers in Shongom LGA, Gombe State differed in their attitude towards weaning based on age. This difference in attitude could impact the timing and methods of weaning, potentially influencing the nutritional adequacy of the weaning diet for the infant. The case might also be that older nursing mothers may adhere more closely to traditional practices, while younger mothers might be more open to modern approaches. Younger nursing mothers might be more anxious about the transition, while older mothers may have more experience and confidence in managing the process. Younger nursing mothers may require more support and education about weaning practices, while older mothers might benefit from different types of support, such as guidance on adapting to new parenting trends or dealing with physical changes associated with aging. However, identifying age-related differences in attitudes towards weaning can also inform research priorities and public health policies aimed at promoting breastfeeding and healthy weaning practices. Hence, understanding the factors that influence maternal attitudes can help policymakers develop targeted interventions to support breastfeeding mothers across different age groups. This finding concurs with those of Uzma et al. (2018) who reported that age significantly influenced attitude of weaning among mothers at Jinnah Hospital, Lahore.

Result in Table 6 showed that there is a significant difference in the proportion of nursing mothers that practised weaning in Shongom LGA, Gombe State based on age. This finding implies that nursing mothers in Shongom LGA, Gombe State differed in their practice of weaning based on age. If younger nursing mothers are less likely to practice weaning, it might suggest they are facing challenges in balancing breastfeeding with other responsibilities or experiencing barriers to accessing support and resources. Also, if there is a significant difference in weaning practices based on age, it could mean that infants of younger mothers are being introduced to complementary foods earlier or weaned abruptly, potentially affecting their nutritional intake and growth. More so, if there is a significant

difference in weaning practices based on age, it could indicate generational differences in attitudes towards breastfeeding duration and the appropriate timing of weaning. Additionally, a significant difference in weaning practices based on age may suggest the need for targeted support and education programs tailored to the needs and preferences of different age groups of mothers. Conclusively, understanding the reasons behind the differences in weaning practices based on age is important for developing targeted interventions and support programs to promote optimal infant feeding practices across different demographic groups. This finding is in agreement with those of Jabeen et al. (2022) who reported that age significantly influenced weaning and complementary feeding practices among women attending a Tertiary Care Teaching Hospital in South India.

Conclusion

The study demonstrates that while nursing mothers in Shongom LGA generally express favourable attitudes toward weaning, gaps still exist in their knowledge and practical application of appropriate weaning practices. These gaps highlight the continued need for strengthened maternal nutrition education, particularly during antenatal and postnatal care. The influence of age on mothers' attitudes and practices further suggests that interventions should be tailored to the needs of different age groups rather than adopting a one-size-fits-all approach.

Recommendations

Based on the findings of the study, the following recommendations were made:

1. Public health educators should develop targeted educational programs to raise knowledge for nursing mothers about the importance of weaning and provide evidence-based information on best weaning practices; these programs should be culturally sensitive and accessible to mothers from diverse backgrounds, utilize various channels such as antenatal classes, community health centers, social media, and mobile health apps to disseminate information.
2. The ministry of health should advocate for workplace policies that support breastfeeding mothers such as paid maternity leave, flexible work hours, and designated lactation rooms; employers can also provide resources and support for mothers who are weaning, such as access to breast pumps, lactation consultants, and time-off for breastfeeding breaks.
3. Community and religious leaders, and local influencers should promote positive attitudes towards weaning within the community, organize community events, workshops, and campaigns to encourage dialogue and dispel myths and misconceptions about weaning.
4. Non-governmental organizations should ensure universal access to healthcare services, including prenatal care, postnatal care, and pediatric services, where nursing mothers can receive counseling and support for weaning; improve access to affordable and nutritious complementary foods for infants during the weaning process.

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