Awareness Regarding Weaning Food of Infant Among Working and Non-Working Mothers

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***Abstract*—Weaning is an important stage in the growth and development of infants. That means the gradual introduction of complementary foods Along with later breastfeeding the age of six months. Adequate awareness of weaning It is important to maintain the diet between mothers' adequate nutrition, healthy growth, and prevention of malnutrition in children. Both working and non- working mothers the front different challenges during infant Feeding methods Working mothers Experience often time constraints, Stress at the workplace, and shorter breastfeeding duration, while non- working mothers Can be better opportunities to direct infant care but there can also be a shortage. Scientific knowledge approx appropriate feeding practices. The current review paper focuses on awareness in this regard. Weaning Eat between training and non- working mothers and analyzes influencing factors. Complementary feeding practices.**

The review Also highlights the importance of maternal education, socioeconomic status, cultural beliefs, and health guidance improving infant nutrition. The study concludes. That awareness programs, Consulting services, and maternal education Can improve significantly infant Feeding methods and reduction health complications between children.

***Index Terms*—Infant feeding weaning food complementary feeding, breastfeeding, working mothers, non- working mothers, mother's consciousness, infant nutrition, child health, complementary nutrition.**

I. INTRODUCTION

Infancy It is understood one Most of all sensitive stages of human life Because it happens during rapid physical and mental development. This period. Adequate nutrition during infancy is necessary for healthy growth, scientific development, and disease prevention. Breast milk is considered. The ideal food for children below the first six months of life Because it gives complete nutrition and immunity protection. However, after six months, Breast milk alone becomes insufficient for supplementation. The increasing nutritional requirements of infants, to make complementary feeding or weaning is necessary. [1]. Refers to weaning. The process We are introducing semi- solid and solid food at the same time as the dependence on breastfeeding is gradually reduced. Appropriate weaning practices It is necessary to prevent malnutrition, stunting, anemia, and infections between infants [2].

The World Health Organization Recommend exclusive breastfeeding to the first six months After that complementary feeding Along with continuous breastfeeding two years or beyond [3]. Maternal awareness player a major role I determining infant Feeding methods Mothers Generally is the primary caregivers and decision makers regarding child nutrition. To work mothers and non- working mothers There is a difference in their eating behavior due to differences in education, occupation, income time availability, And social support [4]. Working mothers Such challenges may be encountered. Inadequate maternity leave, lack of breastfeeding opportunities in the workplace, and dependence on carers, which can affect early introduction of complementary foods [5]. Non- functioning mothers can use more time but with children's traditional beliefs and lack of nutritional knowledge Can negatively affect weaning. Practices [6].

Several studies It has been reported improper timing and poor quality of complementary feeding Make a significant contribution to infant morbidity and mortality in developing countries [7]. Weaning may be delayed. Nutritional deficiencies, while early weaning May increase the risk of diarrhea, allergies, and infections [8]. Hence awareness of suitable weaning food, feeding frequency, hygiene, and nutrient composition is extremely important.

II. CONCEPT OF WEANING FOOD

Weaning food refers Any flexible, semi- solid or solid food Later, other than breast milk is introduced to babies. Six months of age. These foods support with dating. The nutritional demands of growing infants. Common weaning foods include pureed fruit, grains, legumes, vegetables, rice preparations, Porridge, and strong infant foods [9]. The nutritional quality of the weaning food should be sufficient. Terms of proteins, Carbohydrates, fats, vitamins, and minerals. Poor complementary feeding practices May result in protein- energy malnutrition and micronutrient deficiencies [10]. Hygienic preparation of weaning food is equally vital as contaminated food can cause this. Gastrointestinal infections between infants [11].

III. AWARENESS AMONG WORKING MOTHERS

Working mothers Often the front multiple responsibilities Including employment and childcare. Because of work pressure and limited time availability, many working mothers turn it off exclusive breastfeeding earlier and introduce or bottle feed. Commercial foods [12]. Employment status is significantly affected. Maternal feeding behavior and infant nutritional outcomes [13]. Studies It has proved so educated working mothers Possession in general better knowledge Balanced weaning diet, feeding plans, etc. hygienic practices [14]. However, workplace conditions, long work hours, and lack of family support is often less common. Their ability to maintain the recommended dose practices [15]. Research suggests. That many working mothers Prefer the finished product. Infant foods Because of convenience and time limitations [16].

Though commercial foods can give adequate nutrition, Excessive dependence on processed foods can reduce dietary diversity and increased condition risk [17]. Awareness of homemade nutritious weaning foods So it's still critical. Another major challenge between working mothers' Preliminary termination of breastfeeding. Limited maternity Let it be policies and absence Breastfeeding support in workplaces can encourage mothers to introduce complementary foods First six months [18]. Such practices may increase the chances of infections And digestive problems between infants[19].

IV. AWARENESS AMONG NON-WORKING MOTHERS

Non- working mothers usually deploy more time with their infants and are more involved in feeding activities. This close interaction Can have a positive effect on breastfeeding continuity and breastfeeding. Frequency [20]. However, awareness levels between non- working mothers Often hit. Educational background, Family traditions, and cultural beliefs [21]. In many rural and modest- income communities, traditional feeding practices Continue to impress infant nutrition. Some mothers Introduced modest animal milk, dear, or cereal preparations much early ages due To misconceptions and family pressure [22]. Such practices can have a negative impact. Infant health and nutritional status [23]. With non- working mothers' adequate education and healthcare Counseling usually shows. Better complementary feeding practices and hygienic food preparation [24]. Community health workers and maternal counseling programs has been shown to be effective in raising awareness of appropriate weaning foods [25].

V. METHODOLOGY

5.1 Research Design

The present study was done with a descriptive cross-sectional research design to assess the awareness of weaning diet among workers non- working mothers of infants. The study focuses on comparison the level of knowledge, feeding methods and awareness related to complementary feeding between mothers. A quantitative research approach was adopted because it helps in fundraising. Measurable information Compare the differences between and the two groups of mothers. The study Basically reviewed maternal awareness approx the timing Types of weaning complementary foods, feeding frequency, Nutritional value, and hygienic feeding practices between infants [1], [7], [23].

5.2 Study Area

The study was carried out in selected urban and rural communities where mothers of infants was available for participation. The selected areas Hospitals include, anganwadi centers, Children's Clinic, and community health centers. The study area was chosen to understand the variation in awareness and feeding

methods between work and non- working mothers from various social, economic and educational backgrounds [21], [27].

5.3 Study Population

The study population Contains mothers having infants Age between 6 months and 2 years. Both work and non- working mothers were included for comparison. Their awareness Weaning food and complementary feeding practices. Mothers participate. Healthcare facilities to immunization and child health services was contacted for participation in the study [3], [24]. Endeavor Size and Sampling Technique total 100 mothers were selected for the study, including 50 working mothers and 50 non- working mothers. The participants were selected by purposive sampling technique Because it is legal the researcher to choose mothers Who fulfilled the objectives and inclusion criteria of the study. This method was suitable to achieve. Relevant information regarding infant Feeding methods and maternal awareness [6], [21].

5.4 Inclusion Criteria

Mothers having infants Age between 6 months and 2 years I was included. The study. Both working and non- working mothers who were willing to participate and provide. Information regarding infant Feeding practice was considered qualified. Mothers who were able to understand and respond. The questionnaire was correctly included the study [14], [25].

5.5 Exclusion Criteria

Mothers who were seriously ill, unwilling to participate or unable to perform complete information were excluded from the study. Mothers of infants suffering from severe congenital disorders or chronic illnesses Effects on feeding practices were also excluded for storage. Uniformity in the study findings [16], [34].

5.6 Data Collection Tool

Primary data was collected using a structured questionnaire developed in accordance with the objectives of the study. The questionnaire contained relevant questions. Socio- demographic characteristics, Breastfeeding methods, timing complementary feeding, Types of weaning food used, feeding frequency, Hygienic cooking, and awareness approx nutritional needs of infants.

Both conclude and multiple-choice questions were included. The questionnaire to get accurate and systematic answers from participants [17], [30]. Questionnaires were distributed. Different sections to diagnose maternal awareness and feeding efficiently. The tool was prepared after review. Previous literature, WHO guidelines, and pediatric studies and young child feeding practices [1], [9], [36].

5.7 Data Collection Procedure

Data collection Carried out after obtaining permission from concerned authorities and informed consent from participants. Mothers was contacted individually, and the purpose of the study They were clearly explained. To ensure this, front- to- aspect interviews were conducted using a structured questionnaire. Better understanding and accurate responses. Almost every interview requires 15– 20 for the minute completion [20], [29]. The data collected was reviewed daily. Completeness and correctness. Privacy and confidentiality of all participant information was maintained. The research process [35], [37].

5.8 Variables of the Study

The independent variable of the study It was motherhood occupational status Hierarchy in work and non- working mothers. Dependent variables included weaning food awareness, complementary feeding practices, Knowledge of nutrition, timing of weaning, and hygienic feeding behavior between mothers [4], [31].

5.9 Data Analysis

The data collected was organized, coded and analyzed using descriptive statistical methods. Frequencies, percentages, averages and comparisons analysis techniques was used for interpretation of findings. Level of work awareness and non- working mothers were compared based on questionnaire responses. Tables and graphical presentations were used for better understanding and interpretation of results [11], [32].

5.10 Ethical Considerations

Ethical principles were maintained throughout the study. Participation was entirely voluntary, and informed consent was obtained prior to data collection. Mothers This was secured. All information will remain confidential and will only be used for

academic purposes. Respect, privacy, and anonymity of participants Insured under the research process [13], [38].

5.11 Limitations of the Study

The study was limited to selected areas and a specific sample size; therefore, the findings Cannot represent the entire population. Answer given by mothers was based on self- reporting, which may include recall bias and personal interpretation. Limited time and resources were also affected. The overall scope of the study [2], [40].

VI. FACTORS AFFECTING AWARENESS REGARDING WEANING FOOD

A statistic of social, economic and cultural factors come into execute. Maternal awareness approx complementary feeding practices. Motherhood is education. One Most of all important determinants Because educated mothers More likely to understand. Nutritional recommendations and healthcare advice [26]. Economic condition is also affected. Food choices and dietary diversity. Family with low income cannot deliver nutrient- rich foods Because of financial limitations [27]. Cultural beliefs and family traditions Can encourage inappropriate feeding methods The contradictory scientific recommendations [28]. Access to healthcare services and nutritional counseling Improving significantly maternal awareness. Prenatal and postnatal counseling sessions Organized by healthcare professionals Support mothers understand. The importance of timely weaning and balanced diets [29]. Mass media and health education campaigns Participate too an important role in spreading awareness regarding infant nutrition [30]. Tv shows, mobile health applications, and community awareness Programs can effectively improve breastfeeding practices among mothers.

VII. IMPORTANCE OF PROPER WEANING PRACTICES

The importance of Proper Weaning Exercises Appropriate weaning practices is necessary to ensure optimal growth and development of infants. Nutrient-abundant complementary foods facilitate prevent malnutrition, anemia, vitamin deficiencies, and growth retardation [31]. Proper weaning also helps. Brain development and immune function. Balanced nutrition in childhood plays a significant role in this. Better learning ability and reduced susceptibility to infections [32]. Hygienic cooking is reduced. The risk of diarrhea and food- borne diseases [33].

Delay or inadequate complementary feeding This can result in stunting and wasting, which persists. Major public health Concerns in development countries [34]. Therefore, maternal awareness Regarding the feeding frequency, food texture, And the nutritional content is extremely essential.

VIII. ROLE OF HEALTHCARE PROFESSIONALS

Healthcare professionals demonstrate a significant role I educating mothers About the methods of feeding children. Nurses, paediatricians, and community health workers Give advice on breastfeeding, timing. Complementary feeding, Food hygiene etc. dietary diversity [35]. Public nutrition programs and maternal health initiatives can raise awareness among both working and non- working mothers. Educational workshops and breastfeeding. Support groups Encouragement healthy feeding behavior [36]. The training programs should be specifically targeted. Working mothers by promoting breastfeeding support in the workplace, flexible working hours, and maternity allowance [37]. Community- based interventions can also raise awareness among rural and less educated people. Mothers [38].

IX. CONCLUSION

Awareness About eating out between training sessions and more non- working mothers It is very important to insure yourself. Healthy infant growth and development. Working mothers often aspect related challenges. Employment responsibilities and limited breastfeeding opportunities, while non- working mothers may exterior related problems. Inadequate education and traditional beliefs. Maternal education, Socio- economic status, health consultation, and cultural practices Strongly influenced complementary feeding behavior. Appropriate awareness programs and nutritional counseling Can improve children's feeding practices and reduce child malnutrition. Healthcare professionals and government agencies the focus should be on promoting and strengthening evidence- based dietary advice. Maternal support

systems. Proper weaning practices ultimately contribute to this. Healthier childhood development and improved public health outcomes.

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