A descriptive study to assess the level of knowledge and practice regarding weaning among mothers of children between 6 months to 2 years at Nahauna, Sasaram

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Abstract- The origins of the word ‘weaning’ are traceable to the Anglo-Saxon expression “wenian” meaning “to become accustomed to something different” [1]. It is safe and clean and contains antibodies which help protect against many common childhood illnesses. Breast milk provides all the energy and nutrients that the infant needs for the first months of life, and it continues to provide up to half or more of a child’s nutritional needs during the second half of the first year and up to one-third during the second year of life [2].

OBJECTIVES: 1. To assess the knowledge regarding weaning among mother of children aged between 6 months to 2 years, at nahauna Sasaram. 2.To assess the practices regarding weaning among mothers of children aged between 6 months to 2 years, at nahauna Sasaram. 3.To find the correlation of socio-demographic profile with knowledge and practices regarding weaning among mother of children aged between 6 months to 2 years, at nahauna Sasaram.

METHODOLOGY: The present study was a descriptive community-based research design among the mothers of children age between 6 months to 2 years. The sample size consists of 50 were selected by using purposive sampling technique. The researcher was collecting the data by using self-structured questionnaire to assess the knowledge and practice of the study participants. After that the data collection the researcher using inferential (chi-square) and descriptive (frequency, percentage) statistical for data analysis and interpretation.

RESULTS: The demographic result shows that the Majority 2% (1) Participants their knowledge level is below average, 68% (34) participants their knowledge level is average and 30% (15) participants are above average and in another hand majority 12% (6) Participants their Practice level is below average, 78% (39) participants their knowledge level is average and 10% (5) participants are above average. The significance of the knowledge and practice at the 0.05 level of significant.

CONCLUSION: Level of knowledge regarding weaning among mothers 28.57% adequate knowledge ,67.34% moderate knowledge, 14.8% inadequate knowledge. Level of practice 55.5% inadequate practice ,27.5% moderate practice and 17.5% adequate practice.

CHAPTER -1

INTRODUCTION
Background of study
The origins of the word ‘weaning’ are traceable to the Anglo-Saxon expression “wenian” meaning “to become accustomed to something different” [1]. Weaning from breastfeeding is considered a natural and inevitable stage in the development of human child. Weaning is a complex process involving adjustment to a range of nutritional, immunological, biochemical, and psychological changes. Furthermore, cellular growth of essential organs is completed during this period, as well as feeding provides time for meeting the emotional needs of children (Lopes et al., 2017). It is safe and clean and contains antibodies which help protect against many common childhood illnesses. Breast milk provides all the energy and nutrients that the infant needs for the first months of life, and it continues to provide up to half or more of a child's nutritional needs during the second half of the first year and up to one-third during the second year of life [4].

Breastfeeding without any supplementation (infant formula, water, and solid foods) is recommended for the first six months after birth [5]. Partial breastfeeding is recommended until the infant is at least 12 months old, and thereafter for as long as a woman and her child choose to continue. Partial breastfeeding is defined as breastfeeding while also providing other sources of nutrition, usually beginning at approximately six months of age. At this time, weaning foods started according to the child’s ability, feed are:

LIQUID: soup of vegetables, pulses, rice water, and fruit juices.
SEMISOLIDS: Mashed potato, pulses, boiled vegetables, mashed banana, soft cooked rice, and fish.
SOLID: Cooked rice, chapati, idli, bread, biscuits, banana, and fruits.

Soft puréed meats may be introduced slowly.

From a strictly nutritional perspective, weaning is the gradual process of transitioning infants from mother's milk to complementary foods and, ultimately, to an older child's diet. Complete weaning, or complete cessation of breastfeeding, ideally should be a gradual process accomplished over a long period preferably baby-led [7].

In the strictest sense of the word, weaning means getting a body used to drinking milk from a cup instead of sucking milk from the breast or bottle; in the broader sense, it also means getting the baby used to taking food by biting and chewing instead of only by sucking; Weaning is now discarded in favor of the phrase complementary feeding. To make weaning an easy adjustment for a baby, it should be done gradually step by step. At the beginning of the meal, when babies are extra hungry, they should be given the milk
from a nipple. Otherwise, they are likely to swallow more air than usual in their hurry to satisfy their hunger. Later in the meal, when their hunger is partly satisfied, babies can drink from a cup or be fed with a bottle [4].

Weaning too early may cause baby at higher risk of developing digestive disorders and adverse reactions or allergies to certain foods. On the other hand, weaning too late may deprive adequate nutrition and can result in improper growth and development [5]. Indicative signs for weaning are: Can sit in an upright position for feeding, shows interest in other foods, Keeps putting things in the mouth, shows signs of hunger before the usual feeding times, and Keep chewing on things. When baby is 6 months old, start offering them a wide range of foods so that they get accustomed to eating different flavors.

Introduce only one food at a time as it will be easier to detect any allergic to particular food item [5].

Foods to avoid: Never add salt to baby’s food. Avoid processed foods which contain high amounts of salt, avoid too much sugar until baby is 1 year old as it may cause teething problems, avoid cow’s milk as a drink altogether for 1 year as it does not meet an infant’s nutritional needs, avoid honey till 1 year as they may cause infant botulism in rare case, Nuts or seeds should be avoided as they may cause choking. If there is any family history of nut allergy, do not give nuts to baby till they are 3 years old. Tea and coffee should not be given to baby, Cold drinks or any diet drinks should be avoided as they are not meant for children, Avoid citrus fruits (e.g.; orange) until baby is 6 months old, as it may cause painful diaper rash, foods containing Gluten like Paper ID: 020141282 1192 International Journal of Science and Research (IJSR) ISSN (Online): 2319-7064 Impact Factor (2012): 3.358 Volume 3 Issue 7, July 2014 www.ijsr.net Licensed Under Creative Commons Attribution CC BY rye, barley, and wheat based foods should not be offered till baby is 6 months old as Gluten can cause Celiac disease [5]. Tips for successful weaning: Always sit near to the baby while feeding so that baby does not choke, Never force feed baby, Make sure that the food is in right temperature; do not make it too hot, If baby refuses to eat a particular type of food, consider backing off and offer it later on, Offer baby a wide range of foods so that they get used to different flavors, Introduce only one food at a time as it will be easier to detect if baby is allergic to any particular food, Encourage baby to feed himself [5].

Cow's milk and fruit juice are not recommended until a child is at least 12 months old [6]. Cow’s milk as the main drink was associated with increased anemia at 12 months and low ferritin at 8 and 12 months [7]. The prevalence of anemia in children of age 6 months – 1 year in urban slums of Meerut was 59.9%. The weaning time, nutritional status and early iron supplementation had a positive impact on it. The majority of young and uneducated substitutes thought proper weaning age to be after 6 months. 905 of the young mother substitutes were against solids being introduced by the age of 4 months. A majority of the substitutes suggested weaning foods such as dal, rice, roti, and biscuits with a few considering tinned cereals as proper weaning foods. This concludes why protein and energy deficiency may be observed around weaning age in many infants throughout the third world [9]. The level of knowledge of mothers regarding weaning was measured by a knowledge questionnaire. The study showed that most of the mothers were in the age group of 22-24 years (44%) and 70 percent of them belonged to lower socioeconomic status, and 76 percent of mothers got information about weaning from their mothers. The mean post-test knowledge score (32) was higher than the mean pretest knowledge score (14). The mean score of post-test attitude (68) was higher than the mean pre-test attitude score (50) [10]. In general, mothers have very little knowledge about the nutritive value. It is the responsibility of health workers to provide appropriate information to the mothers in the community, hospital and clinics, at various levels of child development. Parents should be made aware of their role in practicing healthy food habits. Demonstrations on the preparations of simple multipurpose food can create interest in the mothers.

1.2 NEED OF THE STUDY

The systematic process of introduction of suitable food at the right time in addition to mothers’ milks in order to provide meaded nutrition to the baby (UNICEF,1984) India is a strong country of villages and about 80% of people live in villages. The education level and income level of people are low and infant feeding practices are strongly associated with the culture of the society. The growth and development of the infant depends on good maternal nutrition. Weaning is a process of gradual and progressive transfer of the baby from breast milk to the family diet. It does not mean discontinuing the breast feeding. Weaning begins from the moment supplementary food is started and continues till the child is taken off the breast completely. Shah. N- Conducted a study at hospital among 400 children less than 5 years.

Young age, delayed weaning, immunization were the probable significant risk factors for illness.

Discontinuation of breast RANI AND BHATTACHARJEE: A STUDY TO ASSESS THE EFFECTIVENESS OF STRUCTURED TEACHING... Indian J.Sci.Res. 16 (1): 123-128, 2017 feeding in young infants, delayed weaning causes malnutrition and hypovitaminosis among the children. The study suggested that, primary care takers of the children need sound knowledge in order to overcome malnutrition and deficiency disease. Infants in India thrive on breast milk alone up to six months of life and their growth rate during this period is satisfactory. Breast milk alone is not able to provide sufficient amounts of all the nutrients needed to maintain growth after the first six months. Increasing need of calories and protein of growing children cannot be met by the diminishing output of mother’s milk. Milk is also a poor source of vitamin C and supplementation with fruit juice is essential. Iron stores in liver of the infant would last only up to 4-6 months. Hence iron-rich foods should be given at least from six months onwards. Milk is also deficient in vitamin D. If the baby is to maintain the expected rate of growth and remain healthy and well nourished, supplementary feeding has to be resorted to round about the 6th month of life.

A worldwide survey was conducted to investigate the ways of feeding infants from birth to one year in various countries of Europe, North America, Africa, Asia and some countries in South America, suggests the proper ways of infant feeding based on the investigations and recommendations from WHO and United Nations Educational Scientific And Cultural organization (UNESCO), then concludes that breast-feeding is the best method of infant feeding and the best time to start weaning infants is between five
and six months old. The term weaning is derived from the Anglo-Saxon word weaning, which means "to become accustomed to something different. The Concise Oxford Dictionary says to wean is "to teach the sucking child to feed otherwise than from the breast. Weaning is often seen as the end of something; however, it is more appropriately viewed as a beginning. We misuse the word wean in the context of stopping other activities or habits, weaning is not the cessation of breastfeeding but rather the addition of new foods. In the strictest sense of the word, weaning means getting a body used to drinking milk from a cup instead of sucking milk from the breast or bottle, in the broader sense, it also means getting the baby used to taking food by biting and chewing instead of only by sucking. Weaning is now discarded in favor of the phrase complementary feeding. To make weaning an easy adjustment for a baby, it should be done gradually step by step. The “germ” of malnutrition “infects” a fetus in the intra-uterine life due to lack of sufficient antenatal care on part of the mother. The condition deteriorates further when after birth the infant is deprived of exclusive breast feeding or initiation of weaning is delayed. Weaning should be started after the age of 6 months and should contain energy rich semi-solid food. It was found that mothers generally favored breast-feeding but lacked knowledge of weaning practices. There was great emphasis on the consumption of milk. The advice from health professionals to discontinue using a feeding bottle by 12 months of age was not considered acceptable. Some mothers thought the change might cause infants to stop drinking milk.

Need for the Study Knowledge has enabled humility to make progress in life; it ensures success in improving the health status of the people. Though we have adequate health facilities, it becomes increasingly evident that existing health care facilities cannot be gained unless the people get the knowledge regarding available health care facilities in specific fields [1]. After 6 months, breast milk alone does not provide all the nutrients that growing baby need, in particular iron and calories that solid foods provide. For other sources of nourishment, try to gradually introduce semi solid or solid foods to baby. Hence weaning provides child a nutritional balance for proper growth and development [5]. According to WHO criteria, 22.7% of the infants were anemic at 8 months and 18.1% at 12 months. More breast than formula fed infants were anemic at 8 and 12 months. Cow’s milk as the main drink was associated with increased anemia at 12 months and low ferritin at 8 and 12 months [7]. The prevalence of anemia in children of age 6months–1 year in urban slums of Meerut was 59.9%. The weaning time, nutritional status and early iron supplementation had a positive impact on it. Exclusive breast feeding up to 4 months followed by weaning, adequate nutritional status and early iron supplementation have a definite role in prevention of anemia in children [8]. Among 80 mother substitutes, aged 7-70, in Jabalpur town, India, in 1984; 45% advocated bottle feeding, with 25% preferring spoon feeding. The majority of young and uneducated substitutes thought proper weaning age to be after 6 months. 905 of the young mother substitutes were against solids being introduced by the age of 4 months. A majority of the substitutes suggested weaning foods such as dal, rice, roti, and biscuits with a few considering tinned cereals as proper weaning foods. This concludes why protein and energy deficiency may be observed around weaning age in many infants throughout.

Learning is the addition of new knowledge and experience. Interpreted in the light of past knowledge and experience. Teaching and learning is an integral part of nursing. Nurses have the responsibility to educate patients related to various aspects and keep themselves updated. Various teaching strategies are used to increase knowledge, such as lecturing, demonstration, discussion and self-education. These methods of self-education has an advantage over the others as the learner can educate himself at his own pace and it also stresses on rereading [1] Healthy children are full of energy and are active. The human milk alone, even in reasonable quantities, cannot provide all the energy and protein required for maintaining an adequate velocity of growth for the infant, after the age 6 months. It is therefore necessary to introduce more concentrated energy dense nutritional and iron supplements by this age. Adequate nutrition is essential to maintain optimum health of baby at the age of 6 months. Their growth and development are according to the expected norms and show no nutritional deficiency [21]. The term “to wean” comes from an ancient phrase that means “to accustom to”. So, weaning refers to the period during which an infant gradually becomes accustomed to food other than milk [2]. Weaning means addition or introduction of semi-solid foods along with continuation of breast feeding as long as possible. The term ‘Weaning’ describes the process by which baby moves or shifts from having breast milk to consuming semi-solid or solid foods with a gradual reduction in the intake of breast milk and /or baby formula [3]. In the strictest sense of the word, weaning means getting a body used to drinking milk from a cup instead of sucking milk.

1.3 STATEMENT OF THE PROBLEM
A descriptive study to assess the level of knowledge and practice regarding weaning among mothers of children between 6 months to 2 years at nahauna, Sasaram.

1.4 OBJECTIVES
- To assess the knowledge regarding weaning among mothers of children aged between 6 months to 2 years, at nahauna Sasaram.
- To assess the practices regarding weaning among mothers of children aged between 6 months to 2 years, at nahauna Sasaram.
- To find the correlation of socio demographic variable with knowledge and practices regarding weaning among mothers of children aged between 6 months to 2 years, nahauna Sasaram

1.5 OPERATIONAL DEFINITIONS:
WEANING: weaning is the gradual decrease of breast feeding and gradual increase of semisolid food.
MOTHER: weaning may be either planned (mother-led) or natural infant led an infant naturally start weaning its start accepting complementary feed due to the increase in demand of nutrition.
ASSESSMENT: - Assessment is the process of documenting usually in measurable terms, knowledge and practice.
KNOWLEDGE: -It refers to correct response of mothers of children aged between 6 months to 2 years weaning.
PRACTICE: it is a gradual addition of solid foods to the infant’s diet according to individual infant capacity and gradual diminution of breast or artificial feeding

CHILDREN: Though we have adequate health facilities, it becomes increasingly evident that existing health care facilities cannot be gained unless the people get the knowledge regarding available health care facilities in specific fields

1.6 HYPOTHESIS
H1: - There will be an adequate level of knowledge regarding weaning among mothers of children aged between 6 months to 2 years.
H2: - There will be an adequate level of practice regarding weaning among mothers of children aged between 6 months to 2 years.

1.7 ASSUMPTION
The Mothers of children aged 6 months to 2 years who do not have some knowledge and practice regarding weaning.

1.7 DELIMITATION
1. The study is confined to the mothers of children aged between 6 months to 2 years regarding weaning.
2. The sample is limited to Nahauna Sasaram village.

1.8 CONCEPTUAL FRAMEWORK OF THE STUDY
The present study aims at assessing the knowledge and practice regarding weaning among mothers of children aged 6 months to 2 years. the framework of the present study based on.

The theoretical framework is used in present study is General System Theory -

- Content
- Input
- Process
- Output
- Feedback
CHAPTER 2

REVIEW OF LITERATURE:

E Swetha, K. D Anusuya, M., Harinivashini (2022), conducted a cross-sectional research study on KAP on complementary feeding of young mothers at Tamil Nadu. The total sample size was 103 young’s mothers were selected by convenience sampling technique. The results of the study revealed that the majority of complementary feeding at 9 months (40%) and initiation of breast milk after delivery were within one hour of birth (60%). All the mothers prefer homemade foods (110%) rather than the commercial foods. 75% of mothers were comfortable with bowl and spoon for feeding infant and 80% of the mothers from the selected respondents follows good hygienic practices.

Suhag hadiabdul md, Akter. Mahbub a, et.al. (2020), conducted a cross-sectional descriptive research study an empirical study on mothers’ KAP about Infant Feeding and Weaning Food in Sylhet, Dhaka, Bangladesh. The total sample size was total 100 respondents in pediatric ward by using semi-structured questionnaire. The results of the study revealed that the majority of 69% infant mothers had average knowledge, 23% had good knowledge & 8% had poor knowledge. Among infant mothers nearly 54% had positive attitude and 46% had very positive attitude about infant feeding and weaning. The study conclude that the mother had average knowledge regarding the complementary feeding and breast feeding, and half of the female have a positive attitude toward the weaning and breastfeeding to prevent the
complication and further disease in the descriptive research study on Knowledge & Practice of Mothers Regarding Weaning Practices & Frequency of Common Dental Problems among School Going Children of District Peshawar Pakistan. The total sample size was 211 young mothers were selected by convivence sampling technique the result of the study revealed that the majority Among the study participants (n=211); 53.55% were in age range of 25-35 years, 68.72% were house-wives; and 80.09% were literate. Approximately, 80.09% were practicing weaning, 90.52% started weaning at 4 to 6 months, 43.13% continued weaning for 2 years, 59.24% gave mixed weaning food;83.41% and 55.50% of mothers knew the importance and correct timings for starting weaning practices respectively; and 43.13% know the correct duration of weaning. Moreover, 84.98% of school going children had common dental health problems. Conclusion Most of the mothers had satisfactory knowledge regarding the weaning food.

Nawaz Sofia, ParaveenNajama, Farooq Sidra et.al. (2022) Conducted cross-sectional study on knowledge , attitude and practice of mother regarding weaning and occurrence of iron deficiency anaemia in children 6-60 at Lahore the total sample size was 385 babies young mothers 400 were selected by non-probability purposive sampling technique was used for this study the result of the study revealed that the majority result : There is an association which is statistically significant of anaemia history of children with multiple factors like infant gender (p=0.008), child age (p=0.005), age of weaning start (p=0.051), infant feeding habit (p=0.022), dietary diversity relation (p=0.001), infant caregivers (p=-0.043), child history of Pica (p=0.013), food type and frequency intake (p=0.003) (both healthy and unhealthy foods). While, there was no significant association of healthy food with anaemia (p=0.077). Conclusion: Mothers had sufficient knowledge regarding weaning practices of infants. However late start of weaning infant feeding habits were contributory factors of iron deficiency anaemia among children. Keywords: Weaning, Iron deficiency anaemia, Mothers knowledge, Children under 5 years

Nahar kamrun, biswas bandana, Hossain sazzd et.al. (2019) conducted cross-sectional research descriptive study on KP of weaning among Bangladeshi lactating mother at Bangladesh the total sample size was 120 lactating mothers were selected by a purposive sample technique the results of study revealed that majority result the mean age of the mothers was 25.18, (SD ± 4.32) most of the subject were Muslim. the results revealed that the lactating mothers reported moderate level of total knowledge with the mean score was 16.13+_4.32 and the low level of total practice .mean score was 2.83+_2.7 .there were significant factors related to knowledge level were :non-muslim mothers (p=0.05) higher educated (p=0.03) get information form relative /other (p=0.05)and start weaning (p=0.01) .significant factor related to practice were older mothers age (=002), having baby more than one (p=0.05) and having older child age (p=.01). higher educated (p=0.008).and period of weaning (p=.01). there was no relationship between total knowledge and total practice of weaning among lactating mothers (r=.02.p=.82). discussion the finding of this study indicated that the mothers who had higher education ,more than two babies ,and non muslim mothers especially were high knowledge Annamreddige and practice regarding weaning therefore ,the nurse and other health care provider should consider the following characteristics like low educated mothers ,prime mothers starting of weaning and muslim mother especially thus ,we can prevent of our infant mortality and morbidity regarding weaning practice in bangladesh as well as abroad.

Leelavathi Annamreddi (2019) conducted cross-sectional descriptive research study on a descriptive study to assess the level of knowledge regarding weaning among primipara mothers of infants at Raipur Chattigargar the total sample size was 30 primipara mothers of infants were selected by using convenient sampling The results of the study revealed that the majority of Results: the analysis reveals that 56.6% (17) mothers of infants have inadequate knowledge; 40% (12) have moderate knowledge; 3.3% (1) have adequate knowledge. There is a significant association found between the “educational status, occupation, type of family and no. of children” with knowledge.

Alsufyani Amer Mohammad homied, algathani Abdullah abdulmoneem, Aqeel Mohammad Jaber Hussain et.al.(2021) conducted cross-sectional descriptive research study on assessment level of knowledge about weaning and its practice among mothers attending primary care centre’s at mokarrmah total sample size 300 mothers and child were selected by using randomly sample technique’s used for this study revealed that majority Result: shown, the results of the Weaning Knowledge a significant higher relation were (50.0%) while p=0.001 and X2 63.42. regarding the Weaning Practicing Weaning no significant higher relation were (43.0%) while p=0.0018 and X2 12.66Conclusion: Various weaning methods were used, and mothers identified numerous factors as impeding their efforts to follow proper breastfeeding practices. The findings highlight the need to develop personal skills among mothers to prepare nutritionally balanced diets

Kambli Swati [2014] conducted cross-sectional descriptive study on mothers’ knowledge regarding weaning process of infants at principal, Dr. D. Y PATIL college of nursing the total sample size 50 mothers were selecting by using purposive sampling technique was use for this study revealed that majority Folasade Aina, Dr. janet koi, Emmnuel Tayo Olaajide, Oluwatosin ogunfowokan (2017) conducted cross-sectional descriptive research study on infant weaning knowledge and practice among mothers attending infant welfare clinic in three primary healthcare centres in ikemee local government area, Ogun state, Nigeria at Nigeria the total sample size 150 mothers were selected by using random sample technique was used for this study revealed that majority : Result showed that majority 50% of study participants had moderate knowledge regarding infant weaning while majority
66(66%) had low practice concerning infant weaning. Finding showed a statistically significant relationship between occupation and weaning practices among mothers (P=0.00); finding showed statistically significant relationship between educational level and weaning practices among mothers (P=0.000); finding showed no statistically significant relationship between ethnicity and weaning practices among mothers (P=0.723); finding showed a statistically significant relationship between mothers knowledge level and weaning practices (P=0.001)

West Awoala boma, AitafoEnekole Josephine, okari grace tamunoyowuna (2021) conducted cross-sectional descriptive research study on knowledge and practice of weaning among mothers attending the paediatric outpatient clinic in a tertiary hospital in southern nigeria at nigerea the total sample size 173 mothers and babies respondents in paediatric ward by using semi-structured questionnaire sample technique was used for this study revealed that majority Results: Most mothers were aged 30-35years 67(38.7%), married 171(98.8%), resided in the urban area 140(84.4%), were traders/businesswomen 73(42.2%), had tertiary education 78.6% and had a parity of 2, 61(35.3%). Majority 163.6% had heard of the word ‘weaning’ but only 72(43.9%) could correctly define it. Majority 145(83.8%) had good knowledge while 5(2.9%) had poor knowledge. Majority 106(61.3%) had good practice while 2(1.1%) had poor practice. Majority 121(69.9%) of mothers who weaned their babies before 6 months did so because they felt the breast milk was not enough 21(42.6%). Others felt they were stressed 7(14.9%) and because of resumption at work 7(14.9%). Most mothers who stopped breastfeeding before 2 years of age did so mainly because the babies stopped on their own 21(25.6%), ate more of complimentary foods 20(24.4%) and because of work pressure 9(11.1%). There was significant association between the mother’s occupation (P value=0.003), and level of education (P value < 0.001) with the level of weaning knowledge. There was a significant association between the level of practice of weaning and male sex (P value=0.016).

Imranullah, Jameel raeesa, mukhtar hasseba (2020) conducted cross-sectional descriptive research study on knowledge and practice of mothers regarding weaning practice and frequency of common dental problem among school going children of district Peshawar Pakistan at pakistan the total sample size 211 mothers by using questionnaire sample technique was used for this study revealed that majority Results: Among the study participants (n=211); 53.55% were in age range of 25-35 years, 68.72% were house-wives; and 80.09% were literate. Approximately, 80.09% were practicing weaning, 90.52% started weaning at 4 to 6 months, 43.13% continued weaning for 2 years, 59.24% gave mixed weaning food;83.41% and 55.50% of mothers knew the importance and correct timings for starting weaning practices respectively; and 43.13% know the correct duration of weaning. Moreover, 84.98% of school going children had common dental health problems.

Mr. Singh Pahari solbam, Mrs. gogoinirmali, Ms. bhuyan Anamika (2019) conducted nonexperimental descriptive survey research design study on a study to assess the knowledge regarding weaning among mothers of infants in paediatric outpatient clinic in a rural community based hospital with the view of information booklet at assam the total sample size 114 mothers by using convenient sampling technique was used for this study revealed that majority Result: The knowledge level of mother regarding weaning of infants was found that 68% had good knowledge level,29% had average knowledge level and 3% had poor knowledge level. Majority of the infant were in the age group of 7-12 months and maximum of the mothers were in the age group of 23-27 years. Maximum of the mothers were belongs to Hindu religion and having dietary pattern of non-vegetarian. Maximum of the mother were having 2 children and working as Elementary Occupations. Maximum mothers were belong to middle school certificate and having 6327-18949 income per month. Majority of the mothers were belongs to upper lower socioeconomic status and belongs to joint family.

Subbadipty, Bhattarai s and Roi .R (2014) Conducted cross-sectional descriptive research study on knowledge among mothers regarding weaning practice of Jhangad community of jhorahat V. D. C at Nepal the total sample size 50 mothers by using convenient purposive sampling technique was used for this study revealed that majority Results and discussion In the current study, although all mothers had heard about weaning, there was a difference between the times for the initiation of weaning, 76% started weaning after completion of 6 months of age (Figure 1). Early weaning was found relatively low. This finding contradicts with the study, where the weaning rate was 69.35% started after 8 months of age only (Kunhe and Bubl, 2004) and between 3 to 4 months (Wright et al., 2004). It is recommended that weaning should be started at the completion of 6 months of child’s age, because nutritional needs can no longer be fully met by breast feeding. Hence the timing and type of weaning foods introduced in an infant’s diet also have significant effects on the child’s nutritional status (Choudhary et al., 2012). 20 (40%) of mothers replied that weaning helps in overall growth and development and were aware about the importance of weaning (Figure 2). Suprisingly, only 4 (8%) replied that it helps in avoiding malnutrition. A child will be put at increased risk of malnutrition and illness (Gupta et al., 2010) if the foods are introduced much before or too much after the age of six months. Study finding also shows that 37 (74%) have no health hazard during weaning but the remaining 13(26%) faced problems; 7(54%) had diarrhoea, results herein corroborate with the findings (Bhatt, 2007; Motee, 2013) that infants who had been weaned had health hazard of diarrhoea more than 11 times than with those were breastfeeding. Although health problems like diarrhoea was the most frequent problem complained by the mothers after weaning. Such problems can be prevented by providing them timely education...
and teaching regarding right choice of diet during the immunization visit of child in the health center. 28 (56%) got the information about weaning from friends/neighbours and 3 (6%) from radio which contradicts to the findings of the study done by Frazier et al. (1998) which rated the helpfulness of sources of parental information, including friends and neighbours, relatives, radio, newspapers, magazines, medical personnel, physician, television, and workplace. The preparation and storage of food in the home if not hygienic, can risk the child’s health. Almost all the mothers in the study preferred to use homemade foods during weaning (Figure 3, 4) rather than commercially available foods, the main reasons were due to its easy availability, freshness and more hygienic (93.5%) which is supported by the study done by (Choudhary et al., 2012; Motee, 2013). All mothers have weaned their baby properly, the reason might be that 29 (58%) of the mothers were housewife so adequate time were available for weaning which contradicts the study of Wanyoike and Wairimu (2012) and Dandekar (2014). In the current study 31 (62%) respondents lived in joint family and the remaining with extended family. None of the mothers belong to nuclear family.

Zahid Hira, sajilasyeda, zehranuzhat (2018) conducted a cross sectional research study on knowledge attitude and practice of breastfeeding and weaning among mothers of children up to 2 years of age visiting pediatrics department Mayo hospital Lahore at Lahore the total sample size 100 mothers by using simple random sampling technique was used for this study revealed that majority Results: The results: showed that all the mothers interviewed were protagonists of breast feeding. 100% knew that breast milk is the best nutrition for their infants and all had an attitude that it should be the main medium of feeding for all babies. 92% started weaning at correct age.

Thomas Ranjith, Philip sheeba, Cherian blessy (2019) Conducted cross-sectional descriptive research study on a descriptive study to assess the knowledge regarding weaning practice among a group of primipara mothers who are admitted in postnatal ward at shri mahant indiresh hospital Dehradun the total sample size 100 mothers by using non probability sampling technique was used for this study revealed that majority Results: Weaning is the time when food other than milk is successfully introduced into an infant’s diet. The age at which babies are weaned various according to customs around the world the age of 4 – 6 month has is the optimal time to wean an infant. The purpose of study was to assess the level of knowledge of primipara mothers regarding weaning practices and providing a brief knowledge about weaning practices through distributing pamphlet. This study is aimed at improving the knowledge of primipara mothers regarding weaning practices. This study is a descriptive study conducted in primipara mothers admitted in postnatal wards of Shri Mahant Indiresh Hospital. about 100 mothers were selected for structured questionnaire method. Out of total 100 mothers 5% mothers having adequate knowledge, 42% mothers having moderate knowledge, 53% mothers having inadequate knowledge. The descriptive design was used for this study the instrument used for data collection is unstructured questionnaires which consist of demographic and knowledge questionnaires the collections data analysed descriptive statistics.

Manisha, Dr. Khan Saba (2021) Conducted cross-sectional descriptive research study on Knowledge and practice of mothers on weaning food at Aligarh, Uttar Pradesh the total sample size 100 mothers by using randomly sampling technique was used for this study revealed that majority Results: The baby nutritional need is not fulfilled by just breastfeeding or formulae feeding. It needs to be accomplished with complementary solid foods after six months of exclusive breastfeeding. This study focuses on the knowledge and practice of 100 mothers of reproductive age having a baby of 6-12 months of age in Aligarh city concerning weaning diet. It also focused on the relation between a mother’s educational qualification and socio-economic condition to weaning knowledge and practice with descriptive and quantitative approaches. The multiple linear regression and percentage analysis were used to study randomly selected mothers. The result shows that mothers weaning practices were good compared to their knowledge regarding weaning diet. Such that highly educated mothers possess good knowledge, but their practice was average. Index term: Weaning food, Knowledge, Practices.

Mr. swamy Narayan, Dr. L. S. Jayalakshmi (2018) Conducted cross-sectional descriptive research study on A descriptive study to assess the knowledge and attitude regarding weaning practices among mothers of infants in selected rural communities at Jaipur the total sample size 100 mothers by using non-probability convenient sampling technique was used for this study revealed that majority Results: This study revealed that attitude score is better than knowledge score. Because majority of mothers of infants was had positive attitudes towards weaning practices. There is inadequate knowledge among mothers of infants on weaning practices

CHAPTER-3

METHODOLOGY

The methodology of a research study is defined as ‘the way the pertinent information is gathered in order to answer the research question or analysis the research problem. It enables the research to project a blue print of the research undertaken’ “research methodology involves a systematic procedure by which the researcher starts form the initial identification of the problem to its final conclusion”

The present study is conducted to A study to assess the level of knowledge and practice regarding weaning among mothers with infant child at nahauna, Sasaram. This chapter deals with brief description of different steps undertaken by the
investigator for the study. It involves research approach, setting of the study, population, sample and sampling technique, reliability, pilot study, data collection, procedure and plan for data analysis.

**RESEARCH APPROACH**
The research approach is the most essential part of any research. The entire study is based on it. The appropriate choice of the research approach depends on the purpose of the research study that is undertaken. “Approach to research is an umbrella which covers the basic procedure for conducting research”. The researcher found that quantitative approach is best suited, as it is a scientific investigation in which observation are made, data are collected according to a set of well-defined criteria and studies observable changes that taken place under controlled condition.

**RESEARCH DESIGN**
Descriptive research design

**SETTING OF STUDY**
The setting of the study is selected rural area of nahauna Sasaram.

**TARGET POPULATION**
The target population comprises of all the mother of children aged between 6 months to 2 year children. The accessible population in this study is all the mothers of children aged between 6 months to 2 years in nahauna Sasaram.

**SAMPLE AND SAMPLING TECHNIQUE**
Researcher are plan to adopt non-probability purposive sampling technique

**INCLUSION CRITERIA**
The study includes mothers who are

- Mothers of children aged between 6 months to 2 years children
- Available at the time of data collection
- Mothers who understand Hindi and English

**EXCLUSION CRITERIA**
The study excludes mothers who are

- Mothers who are not interested
- Mothers who do not have children aged between 6 months to 2 years

**LIMITATIONS**
The limitation in the study were:

- Study was limited only to mothers of 6 months to 2 years children’s who were form rural areas of nahauna Sasaram.
- Study was limited to the mothers of 6 months to 2 years children who can understand Hindi or Bhojpuri.
- Due to limitation of time, no relevant mammary.
- Generalization cannot be done, as the size of the sample was small.

**PLAN FOR DATA COLLECTION**
First of all, a population of 50 samples will be selected by non-probability purposive sampling technique and then informed consent will be obtained from each and every sample that is fulfilling the inclusion criteria. The sample will be fully explained about the study. Then, knowledge and practice of mothers regarding weaning among mothers of children aged between 6 months to 2 years children’s will be assessed.

**METHOD OF DATA COLLECTION**
Data collection is the gathering of information form the sampling units. The investigator collected the data form the 50 mothers’ in rural are “questionnaire is a method of data collection in which the researcher obtains responses form the subject in a face to face encounter”. Hence, the researcher developed a structured questionnaire schedule to conduct the tools. Descriptive research Design was used for data collection to assess the level of knowledge and practice regarding weaning among mothers of children aged between 6 months to 2 years children’s. The structured questionnaire schedule, was used in assessment of respondents of the research study.

**DEVELOPMENT OF THE TOOLS**
Structured questionnaire was prepared containing a set of question, are being filled by the researcher. The tool is developed with the help of many resources like literature review, consultation with the experts and validity of the tool etc.
VALIDITY OF THE TOOL
The validity of the tool is the degree to which the tool measure what it claims to measure. It is the degree to which the results are truthful. So that is requires research instrument to correctly measure the concept under study. The tool is validated by 5 experts form specified field such as Pediatrician. The researcher modified the tool based on expert’s suggestions. The tool is translated form English to Hindi and to confirm the appropriateness of the language used in framing the items, the toll was found to be practicable and feasible.

RELIABILITY OF THE TOOL
Reliability is the degree to which an assessment tool produces stable and consistent results. "It is the ability of the instrument to consistently measure what it intends to measure, the extent to which the random variation influences consistency, stability and dependability of the results". The reliability of the tool is elicited by Karl person’s correlation coefficient formula. The obtained data is subjected for the calculation of correlation coefficient and the 'It indicates that the tool is reliable.

PILOT STUDY
The pilot study is conducted in rural area Rohtas district to test the reliability, feasibility and practicability. For the main study Five mothers of children aged between are selected for assess the knowledge and practice regarding the weaning. It took 20 minutes to conduct questionnaire for each mother of children aged between 6 months to 2 years, the interview schedule was found to be feasible and all the respondents understood the question. The mothers of children aged between children's who were participated in pilot study were excluded from the main study. After the pilot study, based on responses of the sample and export suggestion the tool was modified for main study.

DATA COLLECTION PROCEDURE
The data collection was scheduled date on 08/02/2023 to 10/02/2023 in nahauna Sasaram before that, data was collected on 10/02/2023in nahauna Sasaram for pilot study. The investigator selected 50 mothers of children aged 6 months to 2 years collection using convenient sampling technique. In one day 25 sample and next day 25 sample samples were collected. The investigator interacted through face to face meet collectively at two times and explain the purpose of the study, the cooperation required and the anonymity assured before obtaining verbal and written consent. Attempts were made to establish good rapport to gain confidence and cooperation form the subject who facilitated the data collection process. The data was collected using self-structured questionnaire administered. The data was collected form 10:00AM - 4:00PM. After obtaining the response we recorded it and end of the data collection investigator thanked the participants for their cooperation.

PLAN FOR DATA ANALYSIS
Data analysis is a process of inspecting, cleansing, transforming and modeling data with the goal of discovering useful information, informing conclusions, and supporting decision making. “Systematic organization and synthesis of research data, the testing of the research hypothesis by using the obtained data. It is planned to analyze and interpret the data with the help of descriptive and inferential statistics. The following methods were planned to analyze the data.

- Frequencies and percentages were used to analysed socio demographic data.
- To assessment of knowledge and practice regarding weaning among mothers of children aged 6 months to 2 year.
- Co-relation of socio demographic profile with knowledge and practice regarding weaning in nahauna Sasaram among mothers of children aged between 6 months to 2 years analysed by Karl Pearson’s correlation coefficient test

ETHICAL CONSIDERATION
Ethical consideration was taken from Narayan nursing college ethical committee, Reference number for ethical consideration is NNC/NRMC/ BSC/2022/2583.

SUMMARY
This chapter deal with the research approach, research design, variables under study, setting of the study, population, sample, sampling technique, development of tool, description of tool, validity and reliability of tool, pilot study, data collection procedure and plan for data analysis. This helped the investigator to complete the study whether the stipulated time.
CHAPTER IV

ANALYSIS AND INTERPRETATION OF DATA
This section presents the description of the study sample characteristics analysis and interpretation of the data through descriptive and inferential statistics. The data needs to be presented through tables /graph/figures.

Objective wise analysis (table, graph & interpretation of data).
Start numbering of tables & figures from 4.1 & so on.
Table heading on top of table & figures heading on bottom of figure.
Analysis is the process of breaking a complex topic into smaller parts to gain better understanding of it. The analysis and interpretation of data represents the application of deductive and inductive logic to the collected raw data.

This chapter deals with the analysis and inter-relation of the data obtained from 50 Sample. The collected data were tabulated and presented according to the objectives under the following headings.
OBJECTIVE
- To assess the knowledge regarding weaning among mothers of children aged between 6 months to 2 years, at Sasaram rohtas.
- To assess the practices regarding weaning among mother children aged between 6 months to 2 years, at Sasaram rohtas.
- To find the correlation of the socio-demographic profile with knowledge and practices regarding weaning among mothers of children aged between 6 months to 2 years, at Sasaram rohtas.

ORGANIZATION OF THE FINDINGS
The study findings were organized and presented in following sections:
SECTION :1 description of sample characteristics
Sample characteristics included, age, education, occupation, type of family, monthly income, religion, place of living, number of children in families. Baseline data containing sample characteristics was analysed by using frequency and percentage.
SECTION :2
(a). Level of knowledge regarding weaning ,
(b). level of practice regarding weaning,
SECTION :3
Correlation of socio demographic variable with level of knowledge and practice among mothers of children age between 6 months to 2 years.
Presentation of results :
The frequency and percentage of the sample by their demographic characteristics are presented in the following table and figures.

SECTION – 1 : DESCRIPTION OF SAMPLE CHARACTERISTICS
Table:4.1 Representing frequency and percentage of socio demographic data.

<table>
<thead>
<tr>
<th>S.No</th>
<th>Demographic data</th>
<th>FREQUENCY</th>
<th>PERCENTAGE %</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Age of mother.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a.</td>
<td>21-25 years</td>
<td>19</td>
<td>38</td>
</tr>
<tr>
<td>b.</td>
<td>26-30</td>
<td>24</td>
<td>48</td>
</tr>
<tr>
<td>c.</td>
<td>31-35</td>
<td>7</td>
<td>14</td>
</tr>
<tr>
<td>2.</td>
<td>Education</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a.</td>
<td>Uneducated</td>
<td>2</td>
<td>4</td>
</tr>
<tr>
<td>b.</td>
<td>10th</td>
<td>30</td>
<td>60</td>
</tr>
<tr>
<td>c.</td>
<td>12th</td>
<td>18</td>
<td>36</td>
</tr>
<tr>
<td>d.</td>
<td>Graduate</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>3.</td>
<td>Occupation of mothers.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a.</td>
<td>Housewife</td>
<td>40</td>
<td>80</td>
</tr>
<tr>
<td>b.</td>
<td>Private jobs</td>
<td>9</td>
<td>18</td>
</tr>
<tr>
<td>c.</td>
<td>Government jobs</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>4.</td>
<td>Type of family.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a.</td>
<td>Nuclear family</td>
<td>43</td>
<td>86</td>
</tr>
<tr>
<td>b.</td>
<td>Joint family</td>
<td>7</td>
<td>14</td>
</tr>
<tr>
<td>c.</td>
<td>Extended family</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>
5. Monthly income.
   a. Less than 10000 | 5 | 10
   b. Less than 15000 | 28 | 56
   c. Less than 20000 | 13 | 26
   d. More than 20000 | 4 | 8

6. Religion.
   a. Hindu | 50 | 100
   b. Muslim
   c. Christian
   d. Any other

7. Place of living.
   a. Rural | 50 | 100
   b. Urban
   c. Any other

8. Number of children.
   a. 1 | 12 | 24
   b. 2 | 26 | 52
   c. 3 | 12 | 24

AGE OF MOTHERS

- 58% in 21-25 years
- 48% in 26-30 years
- 14% in 31-35 years
Fig. 4.1 Bar diagram depicting the age wise distribution of the study sample
About 38% population lied in 21-25 years age group, 48% population lied in 26-30 years age group, 14% population lied in 31-35 years age group.

Fig. 4.2 Pie diagram depicting the educational qualification wise distribution of the study sample
About 4% population lied in uneducated group, 60% population lied in 10th group, 36% population lied in 12th group and 0% population lied in graduate group.

Fig. 4.3 Bar diagram depicting the occupational status of mothers
About 86% population belonged to nuclear family, 14% population belonged to joint family and 0% population belonged to extended family.
About 80% population lied in housewife group, 18% population lied in private job group, and 2% population lied in government group.

About 86% population lied in nuclear family, 14% population lied in joint family, and 0% population lied in extended family.

Majority of 56% (28) participants less than 15000 monthly income and 26% (13) participants less than 20,000 monthly income and 10% (5) participants less than 10,000 monthly income and 8% (4) participants more than 20,000 monthly income.
Fig no.4.6 pie diagram depicting the religion wise distribution of the study sample
Majority of 100% (50) participants Hindu mothers and Muslim 0% (0) Christian 0% (0) and any other 0% (0).

Fig no.4.7 Bar diagram depicting the family wise distribution of the study sample
Majority of 100% (50) participants Rural mother and 0% (0) urban and 0% (0) any other.

Fig no.4.8 pie diagram depicting the number of child wise distribution of the study sample
Majority of 52% (26) participants number of two child’s mothers and 24% (12) participants one child’s mother 24% (12) participants three child’s mothers.
SECTION 2

Table 4.2 showing the knowledge and practice score of study participants

<table>
<thead>
<tr>
<th>Knowledge score</th>
<th>Knowledge</th>
<th>Practice</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>N</td>
<td>%</td>
</tr>
<tr>
<td>Inadequate score</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Moderate score</td>
<td>34</td>
<td>68</td>
</tr>
<tr>
<td>Adequate score</td>
<td>15</td>
<td>30</td>
</tr>
</tbody>
</table>

Representing the knowledge level regarding weaning.

![Knowledge Bar Diagram]

**Fig no.4.9 Bar diagram depicting the family wise distribution of the study sample**

Majority 2% (1) Participants their knowledge level is below average, 68% (34) participants their knowledge level is average and 30% (15) participants are about average.

![Practice Bar Diagram]

**Fig no.4.10 Bar diagram depicting the family wise distribution of the study sample**

Majority 12% (6) Participants their Practice level is below average, 78% (39) participants their knowledge level is average and 10% (5) participants are about average.
Table 4.2: Correlation of socio demographic variable with knowledge and practice score.
The present table depicts the correlation between knowledge and practice score. The analysis reveals no significant among each other.

Table 4.3 Chi-square showing association between knowledge and selected demographic variables.

<table>
<thead>
<tr>
<th>Socio demographic</th>
<th>Knowledge score</th>
<th>( X^2 )</th>
<th>df</th>
<th>p-value</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Inadequate</td>
<td>Moderate</td>
<td>Average</td>
<td></td>
</tr>
<tr>
<td></td>
<td>F</td>
<td>%</td>
<td>F</td>
<td>%</td>
</tr>
</tbody>
</table>

1. AGE OF MOTHER

<p>| | | | | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>a.</td>
<td>8</td>
<td>53.3%</td>
<td>0</td>
<td>0%</td>
<td>12</td>
<td>35.3%</td>
</tr>
<tr>
<td>b.</td>
<td>5</td>
<td>33.3%</td>
<td>0</td>
<td>0%</td>
<td>18</td>
<td>52.9%</td>
</tr>
<tr>
<td>c.</td>
<td>2</td>
<td>13.3%</td>
<td>1</td>
<td>100%</td>
<td>4</td>
<td>17.8%</td>
</tr>
</tbody>
</table>

2. Education

<p>| | | | | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>a.</td>
<td>2</td>
<td>13.3%</td>
<td>0</td>
<td>0%</td>
<td>3</td>
<td>8.8%</td>
</tr>
<tr>
<td>b.</td>
<td>10</td>
<td>66.7%</td>
<td>0</td>
<td>0%</td>
<td>20</td>
<td>58.8%</td>
</tr>
<tr>
<td>c.</td>
<td>3</td>
<td>20.0%</td>
<td>1</td>
<td>100%</td>
<td>11</td>
<td>32.4%</td>
</tr>
</tbody>
</table>

3. Occupation

<p>| | | | | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>a.</td>
<td>14</td>
<td>93.3%</td>
<td>0</td>
<td>0%</td>
<td>26</td>
<td>76.5%</td>
</tr>
<tr>
<td>b.</td>
<td>1</td>
<td>6.7%</td>
<td>1</td>
<td>100%</td>
<td>7</td>
<td>20.6%</td>
</tr>
</tbody>
</table>
Table- illustrate that the showing chi-square association between the knowledge and certain selected demographic variables such as types of family and there was no significant association between the knowledge and demographic variables such as age of mothers, educational status of mothers, occupational status of mothers, income of family, religion, living of place and, no of child.

<table>
<thead>
<tr>
<th>Sociodemographic</th>
<th>Practice score</th>
<th>$X^2$</th>
<th>df</th>
<th>pvalue</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Inadequate</td>
<td>moderate</td>
<td>adequate</td>
<td></td>
</tr>
<tr>
<td></td>
<td>F %</td>
<td>F %</td>
<td>f %</td>
<td></td>
</tr>
<tr>
<td>1. Age in year</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a.</td>
<td>2 10%</td>
<td>2 10%</td>
<td>16 80%</td>
<td></td>
</tr>
<tr>
<td>b.</td>
<td>3 13%</td>
<td>2 8.7%</td>
<td>18 78.3%</td>
<td></td>
</tr>
<tr>
<td>c.</td>
<td>0 0%</td>
<td>1 14.3%</td>
<td>6 85.7%</td>
<td></td>
</tr>
<tr>
<td>2. Education</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a.</td>
<td>0 0%</td>
<td>1 20%</td>
<td>4 80%</td>
<td>4.5</td>
</tr>
</tbody>
</table>

Table-4.4 Chi-square showing association between practices and selected demographic variables. n=50
Table - illustrate that the showing chi-square association between the practice and certain selected demographic variables such as types of family and there was no significant association between the knowledge and demographic variables such as age of mothers, educational status of mothers, occupational status of mothers, income of family, religion, living of place and, no of child.

**CONCLUSION**

Thus, the above chapter mainly discusses, the frequency distribution of the samples, description regarding their knowledge and practice level correlation between socio demographic variable with knowledge and practice and lastly correlation of knowledge and practice regarding weaning.

**CHAPTER V**

**DISCUSSION**

This chapter deals with the discussion which was based on the findings obtained from the statistical analysis and its relation to the objectives to the study, the theoretical framework and the literature review.

This study is aimed to

**MAJOR FINDINGS OF THE STUDY**

- Section 1: - To assess the knowledge regarding weaning among mother of children aged between 6 months to 2 years, at nahauna Sasaram rohtas.
LEVEL OF KNOWLEDGE

The participants were given a questionnaire regarding knowledge about weaning, which consisted of 11 questions they were given 1 number for each correct answer and 00 for a wrong answer. These scores were then graded in three categories – Inadequate (0-3), Moderate (4-6), Adequate (7-11). The knowledge score of sample show that majority 1(2%) in Inadequate range, follow by 34(68%) sample who had a moderate and 15(30%) sample had an adequate score.

MS Dolly Rawat, MS Gunjan Trivedi (2022) Breast milk is a good source of nutrition for the first six months of child life, after that weaning is essential as the child is in a growing stage and needs more nutritional supplements for proper growth and development. Breastfeeding alone is not adequate and sufficient for the normal growth and development of infant after the age of 6 months. It is necessary to provide complementary feeding to infant. Weaning is the process of giving other foods and liquids with breast milk to infant. The descriptive study was conducted to assess the knowledge regarding weaning among nursing mothers, purposive sampling techniques was used and data was collected from 49 nursing mothers with the help of structured knowledge questionnaire. Data was analysed by using descriptive and inferential statistics. Level of knowledge of participants showed that nursing mothers had (28.57%) got adequate knowledge, (67.34%) had moderate knowledge and (14.08%) had inadequate knowledge regarding weaning. The study concluded that maximum numbers of nursing mothers have average knowledge regarding weaning.

CONCLUSION:
The study concluded that mothers had moderate knowledge regarding weaning. It indicates that less or moderate knowledge regarding weaning affect the dietary pattern of infants which leads to malnutrition that is why mothers should have adequate knowledge regarding weaning which will help to reduce the occurrence of malnutrition, so an awareness program me can be conducted in community and hospital setting to enhance the knowledge of mothers regarding weaning.

1. It was observed that out of 50 mothers, 19 were in the age group 21-25 year, 24 were in age group 26-30 year, 7 were in age group of 31-35 year.

2. The researcher identified and mentioned that according to the education of the mother, it was revealed that out of 50 sample, 2(4%) uneducated and 10th, followed by 30(60%) 12 th 18(36%) and Graduation 0(0%)

3. It was seen that among 50 samples, most of there household 40(80%) works in private job that is 9(18%) and Government sector 1(2%)

4. The researcher found that among the 50 mothers and it was estimated that majority of the family of mother i.e., 43(86%) belong to nuclear family, 7(14%) belong to joint family, and 0(0%) extended family.

5. The researcher found that among the 50 mothers and it was estimated that majority of the family of mother i.e., 5(10%) less than 10000 or 28(56%) less than 15000 or 13(26%) less than 20000 and 4(8%) more than 20000.

6. The data revealed that out of 50 samples all of the mother 50(100%) were Hindu.

7. The researcher interpreted that out of the 50 sample, 50(100%) samples live in rural area.

8. The analysis found that most of mother has 1 children that is 12(24%), followed it was seen that 26(52%) had 2 children and 12(24%) had 3 children in the family.

SECTION : 2
- To assess the practices regarding weaning among mothers of children aged between 6 months to 2 years, at nahauna Sasaram rohtas.
- Gonahlaston et al. (2016) conducted a study on the topic, poor weaning practice have been reported to contribute to high infant mortality and morbidity rates especially in developing countries.
- Objective this study sought to determine factors related to weaning that’s predispose, reinforce and enable mothers infants younger than age 12 month to comply or not to comply with the world health organization (WHO) 2009 Guidelines on appropriate infant feeding.
- Conclusion various weaning methods were used, and mothers identified numerous factors as impeding their efforts to follow proper breastfeeding practice. The findings highlight the need to develop personal skills among mothers to prepare nutritionally balanced diets.
LEVEL OF PRACTICE
For testing the practice of the mothers, again 10 sets yes no question were prepared, whose result were categorized under three heading inadequate, moderate adequate practice. during analysis, the researcher found that out of 50 110 (55.5%) found to have inadequate practice 55 (27.5%) have moderate practice and 35 (17.5%) adequate practice.

SECTION: -3
To find the correlation of socio demographic profile with knowledge and practices regarding weaning among mother of children aged between 6 months to 2 years, at Sasaram rohtas.
M. Manisha, khan Saba, (2022) conducted a study on the topic, improving mothers’ knowledge and practice fir weaning. The baby nutritional need is not fulfilled by just breastfeeding or formulae feeding. it needs to be accomplished with complementary solid foods after six months of exclusive breastfeeding. The present study focuses on the knowledge and practice of 100 mothers of reproductive age having a baby of 6- 12 months of age in Aligarh city concerning weaning diet. It also focused on the relation between a mother’s educational qualification and socioeconomic condition to weaning knowledge and practice with descriptive and quantitative approaches the multiple linear regression and percentage analysis were used to study randomly selected mothers the result show that’s mothers weaning practice were good compared to their knowledge regarding weaning diet. Such that highly educated mothers possess good knowledge, but their practice was average.

SUMMARY
This chapter deals with major finding and discussion of the data presented through critical analysis with some research.

CONCLUSION
Thus from the above analysis, it can be concluded that
H1: - There will be an adequate level of knowledge regarding weaning among mothers of children aged between 6 months to 2 years. Partially accepted.
H2: - There will be an adequate level of practice regarding weaning among mothers of children aged between 6 months to 2 years, partially accepted.

CHAPTER-VI
SUMMARY, CONCLUSION AND RECOMMENDATIONS
IMPLICATION OF THE STUDY:
Nursing practice
Weaning is a complex process of a gradual introduction to complementary foods to the infant diet eating together is also an important social activity. It is thought that babies can learn skills like eating form watching others, appropriate weaning practice is the process of introducing self, semisolid, and solid foods by the age of 6 months with age optimal minimum dietary diversity minimum meal frequency, and continued breast milk feeding.
Nurses can educate family members about infant weaning practice could after nutrition growth and development of children in different setting across the world nutrition education for families of infants may reduce the risk of undernutrition in learn -born infant partial breast feeding is recommended until the infant is at least 12 months old.

Nursing administration
Finding of the study can be used as a base while formulating various policies and programmers regarding weaning practices and knowledge .nursing administration should encourage their staff to among various education at programmers for mothers on various aspects of weaning process based on study finding they should provide sufficient material manpower money methods and time to conduct educational programmers’ at the same time the administration can take various measures to arrange teaching session in severe programmers and workshop for nursing staff and students.

Nursing research
The research study help in strengthening the existing body of knowledge and to find out more convenient alternatives or update the knowledge this study revealed the knowledge of mothers about weaning process thus nurses meet to engage in various research studies in order to improve mothers knowledge about weaning process and to update the mothers about the existing or current recommendation in related to weaning process so as to reduce the mortality and morbidity among infants due to improper weaning technique.

Recommendation
On the basis of the findings of the study following recommendation have to be made:
• A similar study can be done on larger sample.
• A similar study can be done in a hospital clinical teaching and demonstration in laboratory.
• A comparative study can be done to detect knowledge and practice among the mother of children both rural and urban setting.
• A similar study can be done to assess the effectiveness of other learning method.
• A study can be done using different teaching technique to educate the mother.

Limitation
The limitation in the study were:
• The study was confined to 50 sample.
• Study was limited only to mothers of 6 months to 2 years children’s who were form rural areas of nahauna Sasaram.
Study was limited to the mothers of 6 months to 2 years children who can understand Hindi or Bhojpuri.

Due to limitation of time, no relevant mammary.

Generalization cannot be done, as the size of the sample was small.

SUMMARY
The present study provides information on level of knowledge and practice regarding weaning among of mothers of children age 6 month to 2 years the survey was infant to the nurses the knowledge regarding weaning among mothers of children age 6month to 2 years the study has found that still there are mothers who are unaware about the healthy weaning practice hence it is improvement to provide education to parents regarding weaning ender to promote the infant malnutrition status.

REFERENCES:
[10] Manisha M et all international journal of creative research thoughts (IJCRT) conducted (2021)_VOL:9,Issue11nov2021|ISSN:23202882
https://www.researchgate.net/publication/363853818knowledgeandpracticeofmotherson weaning food
https://www.researchgate.net/publication/362033243knowledgeregardingweaningamongnurs
https://www.researchgate.net/publication/363853818knowledgeandpracticeofmotherson weaning food
http://matjournal.is/index.php/JPPNN/article/download/4024/2968
m/article1942758218be679da8932baa64ba23e4364.pdf
kambi/44555d50a1699753b82793149228fa5e93c5e802
PERMISSION LETTER

From,
Research group: 12
Keshav Anand (34)
Komal kumar (35)
Komal Tiwari (36)
Basic B.Sc. (N) 4th year
Batch 2019-20

To,
The Dean-cum-Principal,
Narayan Nursing College,
Gopal Narayan Singh University,
Jamuhar, Sasaram, Rohtas

Sub: Permission for conducting research study

Respected Madam,

With all due respect, we, Mr. Keshav Anand, Mr. Komal Kumar and Ms. Komal Tiwari, research group 12 Basic B.Sc. (N) 4th year, batch 2019-20, Narayan Nursing College, Gopal Narayan Singh University is conducting a study on the research topic: “A descriptive study to assess the level of knowledge and practice regarding weaning among mothers of children between 6 months to 2 years at Nahauna, Sasaram” as a partial fulfillment of the curriculum of Basic B.Sc. (N) course, 4th year. This research is being conducted under guidance of Mrs. Kh. Sarita, Assistant Professor, Department of CHN.

Kindly permit us to conduct the study at the required setting.

Thanking you in anticipation!

Yours faithfully

Research group: 12

Mr. Keshav Anand
Mrs. Komal Kumar
Ms. Komal Tiwari

Approvals:

Sign. Of Guide     Sign. Of Research HOD     Dean cum Principal

Principal
Narayan Nursing College
Cum Dean, Faculty of Nursing
Gopal Narayan Singh University
Jamuhar, Sasaram, Rohtas (Bihar)
ANNEXURE-II

PERMISSION LETTER SEEKING PERMISSION TO THE SETTING FOR THE CONDUCTION OF THE STUDY

NARAYAN NURSING COLLEGE
(Faculty of Nursing)
GOPAL NARAYAN SINGH UNIVERSITY
(Recognised by Indian Nursing Council, New Delhi & Bihar Nurses Registration Council, Patna)

Ref. No. NNC/Dean-PO/23/178

From:
Dean cum Principal
Narayan Nursing College
Faculty of Nursing
Gopal Narayan Singh University
Januher, Rohtas, Bihar - 821305

To,
Mr. Rahul Singh
Mukhiya
Nahauna, Sasaram, Rohtas, Bihar.

Subject: Seeking permission for conducting pilot & main study at Nahauna, Sasaram.

Respected Madam,

Herewith I humbly request your good self to kindly permit our students of B.Sc. Nursing – Mr. Keshav Anand, Mr. Komal kumar, Ms. Komal Tiwari of Batch-2019-2020, 4th year, from Narayan Nursing college, Gopal Narayan Singh University, Januher, Sasaram, Rohtas to conduct pilot study and main study at your esteemed village Nahauna, Sasaram as a part of partial fulfillment of the requirement of their course.

The research title selected by the students is “A descriptive study to assess the level of knowledge and practice regarding weaning among mothers of children between 6 months to 2 years at Nahauna Sasaram, under the guidance of Mrs. KH Sarita Assistant Professor, Department of Child Health Nursing, Narayan Nursing College.

Kindly consider the request and do the needful. We shall be very thankful for your act of kindness.

Awaiting for your favorable reply
Thanking you in Anticipation.

Your Sincerely,

[Signature]

Dean cum Principal
Narayan Nursing College
Faculty of Nursing
Gopal Narayan Singh University
Januher, Rohtas (Bihar)

[Signature]

Principal
Narayan Nursing College
Cum Dean, Faculty of Nursing
Gopal Narayan Singh University
Januher, Sasaram, Rohtas (Bihar)

ANNEXURE-III

NRMC APPROVAL CERTIFICATE
LETTER SEEKING EXPERTS OPINION AND SUGGESTION FOR THE CONTENT VALIDITY OF TOOL

From:
Mr. Komal Kumar, Mr. Keshav Anand, Ms. Komal Tiwari
B. Sc Nursing 4th year, Batch- 2019-20
Narayan Nursing College, Jamuhar,
Sasaram 

To:
…………………………

Through proper channel

Sub: Seeking permission for content validity of the research tool.

Respected Sir/Madam,

We, students of B.Sc. 3rd Year, batch (2019-2020), Narayan Nursing College, request you to kindly validate our research tool entitled “A study to assess the level of knowledge and practice regarding weaning among mothers of Children between 6 months to 2 years at nahauna, Sasaram” We would be
deeply grateful if you kindly do the validation of our tool and give your valuable suggestions. We here are attaching our tool along with necessary documents. **Thanking you**

Yours sincerely,
Mr. Komal Kumar, Mr. Keshav Anand, Ms. Komal Tiwari

**Guide**
Ms. Khundrakpam Sarita Devi
Assistant Professor,
Dept. of Child Health Nursing,
NNC, Jamuhar, Sasaram

**Enclosures**
1. Statement of the Problem and Objectives
2. Research Methodology
3. Tools includes socio-demographic variables, practice and knowledge regarding weaning among mothers of children between 6 months to 2 years.
4. Certificate of Validation
CERTIFICATE FOR CONTENT VALIDITY

This is to certify that tool used to collect data on the problem Title: “A study to assess the level of knowledge and practice regarding weaning mothers of Children between 6 months to 2 years at Nahauna, Sasaram”, by (Keshav Anand, Komal Kumar, Komal Tiwary) of B.Sc. (N) 3rd Year of Narayan Nursing college, Janulhar, Sasaram, is validated by undersigned and they can proceed with this tool to conduct their main study.

Name and address: Mohammed Rafi

Signature: [Signature]

Designation: Assistant Professor

Date: 22/10/22

Place: Janulhar
CERTIFICATE FOR CONTENT VALIDITY

This is to certify that tool used to collect data on the problem Title: "A study to assess the level of knowledge and practice regarding weaning mothers of Children between 6 months to 2 years at Nahauna, Sasaram", by (Keshav Anand, Komal Kumar, Komal Tiwary) of B.Sc. (N) 3rd Year of Narayan Nursing college, Jamunah, Sasaram, is validated by undersigned and they can proceed with this tool to conduct their main study.

Name and address: Prof. Dr. Lancy Joseph
Signature: [Signature]

Designation: Professor cum HOD
Seal: [Stamp]

Date:

Place: Jamunah
CERTIFICATE FOR CONTENT VALIDITY

This is to certify that tool used to collect data on the problem Title: “A study to assess the level of knowledge and practice regarding weaning mothers of Children between 6 months to 2 years at Nahauna, Sisaram”, by (Keshav Anand, Komal Kumar, Komal Tiwary) of B.Sc. (N) 3rd Year of Narayan Nursing college, Jamuhar, Sasaram, is validated by undersigned and they can proceed with this tool to conduct their main study.

Name and address: Prof. Dr. Sapna Singh
Principal
Sarvodaya Nursing Institute
Sector-8, Faridabad

Designation: Principal

Date: 20/07/2022

Place: Faridabad

Signature: (Signature)

Principal
Sarvodaya Nursing Institute
YMCA Road, Sector-8,
Faridabad-121005, Haryana.

Seal: (Seal)
CERTIFICATE FOR CONTENT VALIDITY

This is to certify that tool used to collect data on the problem Title: “A study to assess the level of knowledge and practice regarding weaning mothers of Children between 6 months to 2 years at Nahauna, Sasaram”, by (Keshav Anand, Komal Kumar, Komal Tiwary) of B.Sc. (N) 3rd Year of Narayan Nursing college, Jamuha, Sasaram, is validated by undersigned and they can proceed with this tool to conduct their main study.

KUMUD BABU SINGH
0-95, DOCTOR'S COLONY
KANKROGH, INNA
Name and address:

Designation:
M.D Pediatrics
AIIMS, N.D.

Date: 28/07/2022
Place:

Signature:
ANNEXURE-V INFORMED CONSENT FORM (RURAL AREA)

Title of the project: A descriptive study to assess the level of knowledge and practice regarding weaning among mothers of children between 6 months to 2 years at Nahauna, Sasaram.

Participant name: 

Address: 

CERTIFICATE FOR CONTENT VALIDITY

This is to certify that tool used to collect data on the problem Title: “A study to assess the level of knowledge and practice regarding weaning mothers of Children between 6 months to 2 years at Nahauna, Sasaram”. by (Keshav Anand, Komal Kumar, Komal Tiwary) of B.Sc. (N) 3rd Year of Narayan Nursing college, Jamuwar, Sasaram, is validated by undersigned and they can proceed with this tool to conduct their main study.

SILAMBARASU CHINAN
Name and address: 

Designation: Asst. Prof

Date: 18/7/2021

Place: NNC/ Jamuwar

Signature: 

Seal: 

NURSING COLLEGE
The details of the study have been provided to me in writing and explained to me in my one language. I confirm that have understood the above study and had the opportunity to ask questions. I understand my participation in the study is voluntary and that I am free to withdraw at any time without giving any reason. I have been given an information sheet giving details of the study. I fully consent to participate in the above study.

Signature of the participant:
Date:

Name and address of the witness:
Date:

Name and address of the witness:
Date:

Signature of the investigator:
Date:

ANNEXURE-VI EDITING CERTIFICATE
ANNEXURE VII

QUESTION ON KNOWLEDGE AND PRACTICE REGARDING WEANING AMONG MOTHERS OF CHILDREN 6 MONTHS TO 2 YEARS

DESCRIPTION OF TOOL:

Part A: Consisting of items related to demographic variable such as age, education, occupation, type of family, monthly income, religion, place of living, No of child in the family etc.

Part B: Consisting self-structured questionnaire with 11 questions related to knowledge of mothers regarding weaning for 6 months to 2 years children.

Part B: Consisting self-structured questionnaire with 10 questions related to practice of mothers regarding weaning for 6 months to 2 years children.

Scoring: Each question has 2 options, one correct and one incorrect. The score for each correct answer is 1, and for incorrect answer is 0.

Overall marks: The maximum 11 and to interpret the knowledge the score is classified as:

- 0 Inadequate
- 1-7 Moderate
- 8-11 Adequate

Overall marks: The maximum 11 and to interpret the practice the score is classified as:
TOOL EVALUATION FORM

Dear Madam/Sir,

Kindly go through the content and place right mark against statement number in the following columns ranging from relevant to not relevant. If the statement needs to modified, kindly give your valuable opinion in remarks column.

Section -A

SOCIODEMOGRAPHIC VARIABLES

<table>
<thead>
<tr>
<th>Items</th>
<th>Relevant</th>
<th>Need Modification</th>
<th>Not Relevant</th>
<th>Remarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Age of mother</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a.21-25</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b.26-30</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c.31-35</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Education of mother</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a. No formal education</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. Upto 10\textsuperscript{th}</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>c. Upto 12\textsuperscript{th}</td>
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<td></td>
<td></td>
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<tr>
<td>d. Upto graduate</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>3. Occupation of mother</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a. House wife</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. Private job</td>
<td></td>
<td></td>
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<td></td>
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<tr>
<td>c. Government job</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Type of family</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>a. Nuclear family</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>b. Joint family</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>c. Extended family</td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>
5. Monthly income
   a. 5000
   b. 001-10000
   c. 0001-15000
   d. 500120000

6. Religion
   a. Hindu
   b. Muslim
   c. Christian
   d. Any other

7. Place of living
   a. Village
   b. Town
   c. City

8. Number of children
   a. 1
   b. 2
   c. Above 3

---

**PART- B**

**SELF STRUCTURED QUESTIONNAIRE ON KNOWLEDGE REGARDING WEANING**

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Do you stop weaning when your baby is sick?</td>
<td>Yes</td>
</tr>
<tr>
<td>2.</td>
<td>Do you prefer giving your baby food by using spoon?</td>
<td>Yes</td>
</tr>
<tr>
<td></td>
<td>Will you continue breast-feed your baby up to 24 months?</td>
<td>Yes</td>
</tr>
<tr>
<td>---</td>
<td>--------------------------------------------------------</td>
<td>-----</td>
</tr>
<tr>
<td>3</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>Minimum age of giving mash food is 5 months.</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>4</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>Starting semi solid remove at 17 weeks leads to digestion problems.</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>5</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>We should always give liquid diet in plastic bottle for drinking?</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>6</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>We should always give pack food like biscuit, chip.</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>7</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>Did mother continue breast feeding after introducing semi food.</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>8</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>Have you start feeding your baby semi solid diet from six month of age.</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>9</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>Did your baby refuse to eat mash food</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>10</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>Did your baby enjoy or like to eat mash food.</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>11</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Section- II (Part- B)**

**PRACTICE REGARDING WEANING FOOD**

1) Have you started weaning at the 6 months of baby?
   - [ ] Yes
   - [ ] No

2) Do you wash your hands before preparing weaning food?
   - [ ] Yes
   - [ ] No

3) Do you prepare weaning food in clean utensils?
   - [ ] Yes
   - [ ] No

4) Have you given liquid diet to your child with first weaning food?
   - [ ] Yes
   - [ ] No
b. N

5) Do you prefer food prepared in the home for your child?
a. Y
b. N

6) Do you give responsibility to any other family member for providing weaning food to your baby when you are not present at home?
a. Y
b. N

7) Do you breast-feed your baby along with weaning?
a. Y
b. N

8) Do you give food according to your child’s preference?
a. Y
b. N

9) Have you ever seen that your child is having allergy with new food administration? a. Yes
    b. No

10) Have you gradually increased the amount of feed and frequency to meet calorie requirement of your baby?
a. Y
b. N

KEY NOTES.

<table>
<thead>
<tr>
<th>SECTION -A</th>
<th>SECTION -B</th>
</tr>
</thead>
<tbody>
<tr>
<td>Question No.</td>
<td>Answer</td>
</tr>
<tr>
<td>1.</td>
<td>yes</td>
</tr>
<tr>
<td>2.</td>
<td>yes</td>
</tr>
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<td></td>
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</tr>
<tr>
<td>3.</td>
<td>yes</td>
</tr>
<tr>
<td>4.</td>
<td>no</td>
</tr>
<tr>
<td>5.</td>
<td>yes</td>
</tr>
<tr>
<td>6.</td>
<td>yes</td>
</tr>
<tr>
<td>7.</td>
<td>no</td>
</tr>
<tr>
<td>8.</td>
<td>no</td>
</tr>
<tr>
<td>9.</td>
<td>Yes</td>
</tr>
<tr>
<td>10.</td>
<td>Yes</td>
</tr>
<tr>
<td>11.</td>
<td>Yes</td>
</tr>
</tbody>
</table>

दिए गया सभी विकल्प में सही के चिन्ह लगाए के समाजशास्त्रीय चर
1. माता की आय
   A. 21-25
   B. 26-30
   C. 31-35
2. माता की शिक्षा
   A. ईं औपचारिक शिक्षा नहीं
   B. 0-5 तक
   C. 6-10 तक
   D. तक तक
3. माँ का पेड़
   A. गांवा
   B. नर्जी कोडी
   C. कार्य कोडी
4. परिवार का प्रकाश
   A. कल परिवार
   B. परिवार
   C. सीमा
C. दिस्तरदुःधने के कमाई
5. महीने के कमाई
A. 10000 से कम
B. 15000 से कम
C. 20000 से कम
D. 20000 से जादया
6. धमम
A. हिंदी
B. सलमान
C. ईसाई
D. ईसिस्तान
7. दिने की जगह
A. गाईीी
B. क
C. दुह
D. बडीीी
8. बिदुुोो की सीीींख्या
ए. 1 बी। 2 सी।
उपिं 3

दिए गए सभी प्रश्नों का सही /गलत का चयन करी फू ड कर बार में ज्ञान (भाग ए):--
1. आप अपने बच्चे को चमच से खाना देना पसंद करती हैं?
   (हा)   (नहीं)
2. आप अपने बच्चे को 24 महीने तक स्तन न कर न जरी रखेंगी?
   (हा)   (नहीं)
3. आप अपने बच्चो 5 महीने में मेश भोजन देती है?
   (हा)   (नहीं)
4. 7वें हफ्ते में सेमी सोलिड फूड शालू करने से ड इजेशन प्रोब्लेम हो ज ती है
   (नहीं)
5. ने के लिए हमें हमेशा प्रजस्तिक की बोति में तरी आह र देन चलाए?
   (हा)   (नहीं)
6. माँ ने अर्थ आह र शालू करने के बद स्तन न जरी रखती है?
   (हा)   (नहीं)
7. आपने अपने बच्चे को छह महीने की उम्र से अर्थ ठोस आह र देन शालू कर लय है?
   (हा)   (नहीं)
8. आपके बच्चे ने मसि हआए ख ने से मन कर देता है?
   (हा)   (नहीं)
9. क्या आपके बच्चे को मस्त छोड़ पसंद आता है या नहीं?
   (हां) ☑ (नहीं)
10. में लबलस्की लच्छे जैसे पैक फूड खेलने का लाभ है?
    (हां) ☑ (नहीं)
11. ब आप के बच्चे बीम र होते है तो क्या आप दरूः छोड़ न बनाने कर देते हैं?
    (हां) ☑ (नहीं)

विष्क छ डाने का अभ्यास (भाग-ख)

1. क्या आप अपने बच्चे को फुडे महीने के बाद दूध छ डाने दिता है?
   हां (नहीं) ☑
2. क्या आप बिना फुड बनाने से पहले अपना हाथ ठोसते हैं?
   हां ☑ (नहीं)
3. क्या आप विना फुड का भोजन साफ बनाते हैं?
   हां ☑ (नहीं)
4. क्या आपने अपने बच्चे को पहली बार दूध छ डाने के शालए शलक्षित भोजन दिया है?
   हां (नहीं) ☑
5. क्या आप अपने बच्चे के शालए घ ते बना खाना पसीना किया है?
   हां (नहीं) ☑
6. जब आप घ ग नहीं होते है तो क्या आप अपने बच्चे को विना फुड छ डाने के शालए परिपालित के कारण अन्य सिस्टम को क्षमता लिता है?
   हां (नहीं) ☑
7. क्या आप विना फुड छ डाने के साथ-साथ अपने बच्चे को स्तनपान किया भी?
   हां ☑ (नहीं)
8. क्या आप अपने बच्चे की पसीना के अनसाद क्षाना दिता है?
9. क्या आपने कभी विलेख नहीं लिखा है कक आपके बच्चे को नए आहार से एलजी हो नहीं है?

10. क्या आपने धीरे-धीरे अपने बच्चे की के लौटी भी आश्यकता की पिंजू लेते के बच्चे की मात्राओं आने के में विद्रोह की है?

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