http:// ijp.mums.ac.ir
Original Article (Pages: 12855-12864)

Iranian Mothers' Cultural Beliefs about Weaning: a Cross-Sectional Study in West Mazandaran Province, Iran

Zahra Jannat-Alipoor[1], *Fatemeh Ghaffari[2], Nasrin Navabi[1], Zahra Fotokian[3]

[1]Senior Lecturer Nursing Care Research Center, Health Research Institute, Babol University of Medical Sciences, Babol, I.R. Iran.
[2]Associate Professor in Nursing, Nursing Care Research Center, Health Research Institute, Babol University of Medical Sciences, Babol, I.R. Iran.
[3]Assistant Professor Professor in Nursing, Nursing Care Research Center, Health Research Institute, Babol University of Medical Sciences, Babol, I.R. Iran.

Abstract

Background: Weaning methods play an important role in children's future feeding status. Poor maternal practices, such as early or late weaning and applying unsafe methods, can be influenced by prevailing cultural beliefs in a society. Recognition of mothers' cultural beliefs about weaning by health care providers can be helpful in providing culture-based education and consultations. The aim of the present study was to determine Iranian mothers' cultural beliefs about weaning.

Materials and Methods: This was a cross-sectional study with 310 mothers recruited from health centers in ...in cities of west Mazandaran province (Ramsar, Tonekabon, Chalus, Noshahr), Iran. Data were gathered with questionnaires assessing 'demographic characteristics 'and 'mothers' cultural beliefs about weaning'. SPSS software were applied for data analysis.

Results: The mean age of mothers was 31.6±5.2. The last child average age was 3.0±46.85. Most mothers had High school education (51.6%), were housewife (59.7%) and had city living (89%). Current duration of breastfeeding was 19-24 months in the majority (38.8%). Scores vary from 19 to 245. The mean score of weaning beliefs was 147.14±3.47; while the highest mean component score (59.74±2.71) was related to ''contexts''. There were also statistically significant relationships among the variables of age ($p = 0.01$), number of children ($p = 0.001$), breastfeeding duration ($p = 0.001$), living location ($p = 0.001$), and children's gender ($p = 0.03$) with cultural beliefs about weaning.

Conclusion: The results of this study have shown the obvious role of negative beliefs about weaning. Therefore, healthcare providers can increase mothers' awareness regarding appropriate weaning times and methods during pregnancy and post-childbirth care programs by holding both educational and consulting sessions for mothers.

Key Words: Cultural beliefs, Mothers, Weaning Time, Weaning Methods.

*Please cite this article as: Jannat-Alipoor Z, Ghaffari F, Navabi N, Fotokian Z. Iranian Mothers' Cultural Beliefs about Weaning: a Cross-Sectional Study in West Mazandaran Province, Iran. Int J Pediatr 2021; 9(1): 12855-864. DOI: **10.22038/IJP.2020.54223.4287**

Corresponding Author:

Fatemeh Ghaffari, Associate Professor in Nursing, Nursing Care Research Center, Health Research Institute, Babol University of Medical Sciences, Babol, I.R. Iran. Shahid Motahari St, Ramsar, Babol, Mazandaran. Fax number: +98 11 5522 2423, ZIP Code: 4691714141.

Email: ghafarifateme@yahoo.com

Received date: Aug.23, 2020; Accepted date: Nov.22, 2020

1- INTRODUCTION

Weaning is known as a process during which nutrition other than mother's milk is entered step by step into a six-month-baby's diet in order to initially complement the milk and then to wean it totally off (1-5). Weaning time and methods are mostly dependent on false cultural beliefs (4-6). This is why some unsafe methods, such as rubbing the breast with chemical or herbal medicines, colouring it, and applying foodstuffs the child hates, as well as using positional barriers to make the breast look bad or scary have been reported. Using such methods for weaning can result in unwanted physical or mental consequences among children, such as diarrhoea, dehydration, malnutrition, fear, anxiety, being overly fidgety, sleep disorders, and rejection or deprivation of the mother's love (4, 5). Mothers might be affected by false methods of weaning with different consequences such as depression, feeling guilty, and breast inflammation as well as making wrong decisions, including starting the breastfeeding over (6, 7).

Rubbing the breast with harmful and unsafe compounds, feeding the child with oral medicines or chemicals, and applying frightening methods for weaning are known as physical, mental, or emotional mistreatment (8, 9). Accordingly, mothers might unintentionally use methods that result in mistreatment of the child; this issue might result from the mother's unawareness about the consequences of such unsafe behaviours and actions for weaning (5). The target population of the 'Mothers health program' in Iran comprises children, and pregnant and breastfeeding mothers who receive related services at health centres, health homes, and hospitals. Healthcare providers who serve mothers and children, such as family doctors, health experts, midwives, nurses, assistant nurses, and nutrition experts are responsible for consulting or educating the family members about mothers and children's health (10). Therefore, educating clients is known as one of the most important accreditation indexes for a health centre and one of the client's rights (11). Meanwhile, education based on clients' needs or community-based medical education for weaning are mentioned less often by health care providers, which is highly likely to result in false weaning-related cultural beliefs propagating among mothers (5). Culture can play an important role in the community's health by influencing behaviours, lifestyles, and the creation of unique attitudes (6). Different folk groups might have different beliefs and attitudes concerning breastfeeding and maternal nutrition, despite living in a single community; therefore, understanding mothers' cultural attitudes and beliefs is important for providing educational interventions to such a community or population (12). There is a scarcity of literature mentioning this subject. Studies in this field can improve healthcare providers' recognition of factors influencing false weaning cultural beliefs and provide a background for relevant preventive interventions. Because the inevitable developmental process of weaning can be influenced by social-cultural factors or people's demographic characteristics, the purpose of this study was to determine Iranian mothers' cultural beliefs about breastfeeding weaning.

2- MATERIALS AND METHODS

2-1. Study design and population

In this study, a cross-sectional method was used. The study was conducted in health centres located in west Mazandaran province (Ramsar, Tonekabon, Chalus, Noshahr), Iran. Mothers took their children for vaccinations or growth and development monitoring to these centres. This study is conducted between 2017 and 2018 and is part of a research project with

the ID-code of 9440723. The sample size was determined to be 310, assuming p = 0.05, d = 0.06 and α = 95%. Clustering sampling was used in such a way that four cities and two health centres in each were randomly selected out of a total of seven cities, and by extracting a list of healthcare providing centres in each.

2-2. Methods

A list of eligible mothers was prepared based on the centres' records. Participants entered the survey process after being selected by a systematic sampling method according to the sample size. Before vaccination, the mother filled out the questionnaires or monitoring the child's growth and development was done in the health centres. The questionnaires were completed by the mothers themselves and while the child is in their arms.

2-3. Measuring tools: validity and reliability

Data was gathered by the use of the instruments below:

2-3-1. Demographic Characteristics Questionnaire

This section included age, educational status, occupation, living location, number of children, gender of the last child, age of the last child, and breastfeeding duration for the last child.

2-3-2. Questionnaire on Mothers' Cultural Beliefs about Weaning

Jannat Alipour et al. (13) designed this questionnaire. It includes 49 items and 5 components about contexts (19 items), solutions (12 items), searching for help (7 items), maternal outcomes (six items), and child-related outcomes (5 items). A 5-point Likert scale (five for strongly agree and one for strongly disagree) was used as the scale of measurement. Scores vary from 19 to 245 and the questions 2, 3, 8, 10, 16-23, 25-28, 36, 41 and 44 are reverse scored and show negative cultural beliefs about weaning. Receiving a score of 19-94 shows weak, 95-169 average, and 170-245 strong beliefs about weaning. The validity of Jannat Alipour et al.'s (2020) questionnaire has been done using face, content, and construct validity methods and gained acceptable results. The Cronbach's alpha was also found to be 0.87 while checking the reliability. The interclass correlation coefficient was 0.89 based on responses in a two-week interval ($p<0.001$), which shows a relatively high reliability (13).

2-4. Ethical considerations

Before collecting the study data, the Babol University of Medical Sciences Research Ethics Committee (code: MUBABOL.REC.1394.177) provided approval for the study. The other ethical considerations in this study included protection of the participants' privacy, not recording their names, permission to withdraw from participation, and receiving written permission from participants.

2-5. Inclusion and exclusion criteria

Inclusion criteria included having breastfeeding experience for at least six months, not feeding the child milk powder, having experience of weaning, and being able to read and write and exclusion criteria included not responding to more than half of the questions or unwillingness to participate.

2-6. Data Analyses

The data were analysed using SPSS (SPSS Statistics for Windows, version 18.0, Chicago, USA). The data were analysed with percentiles and averages. A Kolmogorov–Smirnov test was used to check the normality of data. One-way analysis of variance (one-way ANOVA), Fisher's exact, and Kolmogorov–Smirnov tests were applied for data analysis. $P < 0.05$ was considered to indicate statistical significance.

3- RESULTS

The sample in this study had zero dropouts. The demographic characteristics of the mothers are shown in **Table.1**. The mean age of mothers was 31.6±5.2 years old. The last child average age was 3.0±46.85 years old. Most mothers had High school education (51.6%), were housewife (59.7%), and had city living (89%). Current duration of breastfeeding was 19-24 months in the majority (38.8%). The normality of the distribution hypothesis was accepted for all variables considering that the Kolmogorov-Smirnov probability distribution for all data was p>0.05 (**Table.1**). The results of this study also showed that the highest average score, 3.57 (0.07), was related to 'Creating distance between the mother and her child is among the effective methods for weaning' and the least, 1.93 (0.21), was for the item 'the child should be weaned when he/she reaches a certain age' (**Table.2**).

Table-1: Demographic characteristics of the mothers.

Characteristics	Mean ± SD	
Age *	31.6±5.2	
Last child average age *	3.0±46.85	
Breastfeeding for the last child, average duration *	6±18.2	
	Total (n = 310)	
	Number	%
Education status		
Primary school	49	15.8
High school	160	51.6
Higher education	101	32.6
Occupation		
Housewife	185	59.7
Working	125	40.3
Living location		
City	276	89
Village	34	11
Number of Children		
1	139	45
2	159	51
3	8	3
›3	3	1
Gender of the last child		
Female	138	44.5
Male	172	55.5
Current duration of breastfeeding (months)		
0-6	22	7.1
7-12	48	15.4
13-18	92	29.6
19-24	120	38.8
>24	28	9.1

SD: Standard deviation.

Table-2: Mean scores of Mothers' cultural beliefs about weaning questionnaire items.

Items	Mean (SD)
Weaning gets harder as the child receives breast milk longer.	2.65 (0.77)
Motherhood means feeding the child with breast milk as long as he/she requests it.	3.31 (0.69)
It is possible to restart breastfeeding if weaning fails.	3.41 (0.27)
The child reacts severely if weaning happens suddenly.	2.39 (0.17)
The appropriate age for weaning is when the child is two years old.	2.02 (0.89)
Weaning depends on the mother's readiness.	2.54 (0.05)
Weaning depends on the child's readiness.	2.48 (0.03)
The time to wean depends on the child's gender.	3.28 (0.07)
Weaning is not affected by the seasons.	2.38 (0.02)
The child should be fed with breast milk as long as he/she tends to enjoy it.	3.41 (0.21)
The child should be weaned when he/she reaches a certain age.	1.93 (0.21)
The child should be weaned at any age if the mother has a low milk supply.	3.12 (0.22)
The mother's occupation has an effect on weaning.	2.95 (0.12)
Breast dependence results in poor eating behaviours in the child.	2.81 (0.1)
The child should be weaned at any age if he/she doesn't have a normal weight.	3.29 (0.05)
The child should be weaned if he/she is not receiving supportive nutrition.	3.25 (0.98)
The child should be weaned if the mother has any kind of illness or disease.	2.46 (0.01)
The child should be weaned if the mother consumes any kind of drug.	2.39 (0.9)
The child should be weaned if the mother becomes pregnant.	2.26 (0.84)
Using repulsive methods like pouring drugs or syrup the child dislikes on the breast can help with weaning.	2.72 (0.96)
Using traditional and common methods like colouring the breast or pouring pepper on it can help with weaning.	2.74 (0.01)
Using scary methods like drawing on the breast, making it red, or sticking objects on it can help with weaning.	2.9 (0.61)
Creating distance between the mother and her child is among the effective methods for weaning.	3.57 (0.07)
Talking to and convincing the child is one of the weaning methods.	2.55 (0.08)
Expressing the milk and feeding the child with stored milk is a good method for weaning.	3.13 (0.14)
Stirring the child's emotions by pretending the breast is painful or wounded is effective in weaning.	3.17 (0.13)
Inducing milk that is poisoned or spoiled is effective in weaning.	3.2 (0.83)
Inducing the milk, which makes the child's teeth break or his/her mouthbecome smelly, is effective in weaning.	3.22 (0.18)
Entertaining and occupying the child is one of the weaning methods.	2.59 (0.17)
For weaning each child, a novel method should be used.	1.96 (0.88)
Using a gradual method for weaning is effective.	2.28 (0.04)
The mother should seek a paediatrician's advice for weaning.	2.43 (0.02)
Searching the Internet is an appropriate way to learn about weaning methods.	2.89 (0.99)
Studying related books can help mothers find the right weaning method.	2.36 (0.02)
Using family members' and friends' experiences is an effective method for weaning.	2.08 (0.94)
Weaning is a personal issue and no consultation is needed.	2.99 (0.15)
Family members' help and cooperation are needed for weaning.	2.04 (0.97)
Receiving education from health center workers is essential for weaning.	2.2 (0.93)
The mother may feel guilty after weaning.	3.07 (1.12)
The mother may feel depressed after weaning.	3.07 (1.08)
Weaning results in a deep emotional distance between the mother and her child.	3.57 (0.01)
Weaning results in a maternal feeling of pride.	3.01 (0.08)
Weaning results in peace of mind and physical calmness for the mother.	2.75 (0.97)
Weaning results in a severe emotional disorder for the mother.	3.2 (0.21)
Weaning is a mental shock for the child.	2.98 (0.11)
Weaning may result in physical problems such as anorexia, diarrhoea, sleeping disorders, or loss of weight in the child.	2.93 (0.01)
Weaning may result in unwanted habits such as toe sucking; nail biting, and aggression for the child.	2.86 (0.04)
Weaning may result in psychological reactions such as fear, anxiety, immorality, stubbornness, and irritability in the child.	2.81 (0.96)
Weaning results in better weight gain and appetite for the child.	2.77 (0.95)

Total score ranged 49 to 245.

Results of this study showed that 1.3 percent of participants' beliefs about weaning were weak, 97.7 percent were average, and 1 percent were strong. The mean score of mothers' cultural beliefs about weaning was 147.14 (3.47) in this study. The highest mean score 59.74 (2.71) was related to the 'contexts' component (**Table.3**). The results of this study showed that there is a statistically significant relationship between the variables of age (p=0.01), number of children (p = 0.001), breastfeeding duration (p = 0.001), living location (p = 0.001), and the child's gender (p = 0.03), and cultural beliefs about weaning (**Table. 4**).

Table-3: Mean scores of different aspects of Mothers' cultural beliefs about weaning.

Components	Mean (Standard deviation)	Ranged score
Contexts	59.74 (2.71)	8-95
Solutions	35.18 (1.51)	8-60
Searching for Help	18.93 (1.17)	1-35
Maternal outcomes	18.91 (1.39)	2-30
Child-related outcomes	14.3 (1.24)	5-25
Total	147.14 (3.47)	19-245

Table-4: Relationship between mothers' demographic characteristics and their beliefs about weaning.

Variables	Static Test	P-value
Age, year	F (3, 16) = 7.77	0.01
Number of children	F (4,27) = 5.94	0.001
Breastfeeding duration	F(5, 27) = 10.22	0.001
Educational level	X^2 (5, n = 310) = 4.53	0.31
Occupation	X^2 (2, n = 310) = 6.13	0.11
Living location	X^2 (1, n = 310) = 8.52	0.001
Gender of the last child	X^2 (1, n = 310) = 3.584	0.03

X^2: Fisher's exact, F: One-way ANOVA.

4- DISCUSSION

The aim of the present study was to determine Iranian mothers' cultural beliefs about weaning. The results showed that most of the participants' cultural beliefs about breastfeeding weaning were in the average range. This means that, based on the negatively scored items of the questionnaire, the role of false cultural beliefs about weaning is undeniable. Vyas et al. (14), Nandagire et al. (15), and Oloko et al. (16), also confirmed this fact in studies. However, this is in contrast with the results of Jakobsen et al. (17). Weaning is known as a mental and emotional challenge for both the mother and the child (7). Most of the mothers believe that weaning is a hard and overwhelming stage of a child's growth. It is even harder for mothers who work outside the home and have to stop feeding in various job-related conditions such as high workload, returning to work during breastfeeding, and playing different roles involving being a wife and being responsible for housekeeping. These issues have compelled them to ask for recommendations from other mothers for easy and rapid weaning (5). Transferring experience and beliefs to the younger generation occurs through the emotional connection among family members, even though current Iranian society is based on a nuclear family pattern (18). Experience is influenced by people's awareness and attitudes, so, false beliefs and experiences might be transferred too (4, 5). False cultural beliefs can affect the decision for early or late weaning, which may be

followed by growth disorders, decreases in cognitive function, and educational performance for the child. Kruger and Gericke believe that adherence to cultural beliefs about breastfeeding, weaning time, or weaning methods are mostly found among young mothers. Therefore, the first step is to increase their knowledge about weaning methods. Their participation in focus groups can decrease the false beliefs and eliminate the consequences of such beliefs (19). Women receive the support and care of experts and midwives in public or private health centres during their pregnancy in Iran. Therefore, there is a good opportunity to educate this target group of community members and make them aware about breastfeeding and weaning, which will be followed by maintenance or improvements in mothers and children health. Intervention programs for weaning should mention traditional beliefs and common methods in the community. Newer methods or interventions for changing attitudes and behaviours can be effective in case healthcare providers mention the traditions and health of community members (20).

Therefore, healthcare providers can provide some sessions or education for family members in pregnancy caring programs to decrease the influence of family members, friends, or other mothers in transmitting false beliefs about weaning. The involvement of fathers in children's growth is now more visible in developing societies such as Iran in which fathers are becoming more educated and society is tending more towards a civil society than patriarchy. Fathers are the best comrades for mothers in the weaning process, who can show their support by encouraging and caring for the child, as well as participating in post-childbirth care educational sessions along with their wives. The results of this study show that the highest mean score of the mothers' cultural beliefs about weaning was related to the contexts component of the questionnaire. Contexts are the factors and items that are related to mothers' experiences, learnings during this time, and their health literacy that affect their weaning-related decisions. Mothers' definition of maternity previously learned information and knowledge about the subject, and forecasting the probable weaning consequences are among the contexts that can influence weaning. Mental contexts can provide a background for unsafe weaning methods. Mental contexts might result in disregard for probable future negative consequences and using the same false method for many of their children (8, 7). The level of health knowledge has a strong effect on the development of contexts. DeWalt et al. believe that trying to increase the health knowledge of pregnant or breastfeeding mothers can increase their health behaviours related to childcare (21).

Healthcare providers and family health policymakers are better positioned to increase families' health knowledge about breastfeeding and weaning as a priority, as weaning is understood to be a component of an infant's care (20, 22). The results of this study show that the highest mean score was related to the items 'It is possible to restart breastfeeding if weaning fails' and 'The child should be fed with breast milk as long as he/she tends to enjoy it' in the contexts component. Starting breastfeeding again after both the mother and the child have experienced weaning challenges will result in increased dependence by the child on mother's milk and the mother's disappointment for returning to the weaning process (23, 25). Staying in its mother's arms and receiving love and kindness during breastfeeding as a form of close contact and a strong source of pleasure, will induce the child to not consume any other nutrition besides mother's milk. Now, if the mother believes in continuing the breastfeeding more than usual, based on the child's will, then

adverse physical, mental, or emotional consequences might ensue (24). Weaning solutions were the second component of the mothers' cultural beliefs about weaning questionnaire that received high mean scores in our study. This component includes different methods of weaning, such as scaring the child or using traditional methods that can result in vast physical and psychological side effects for both mothers and children (25). Other studies have also reported scaring methods, such as sticking glue, cotton, and hair on the breast, or rubbing compounds onto the breast, such as pepper, tomato paste, aloe Vera, toothpaste, salt etc. (4, 5, 26). Our results show that the highest mean scores of the weaning solutions component were related to 'Creating distance between the mother and her child is among the effective methods for weaning' and 'Stirring the child's emotions by pretending the breast is painful or wounded is effective in weaning', respectively. Lack of knowledge or negligence towards the possible side effects of using such methods are the main reasons for choosing them as unsafe weaning solutions (5). Any unsafe weaning method can be considered as mistreatment, since any harmful physical, mental, or emotional behaviour toward children is known to be mistreatment of them. On the other hand, managing the weaning process should be performed as a family priority, since mistreatment of children, can be followed by vast emotional and psychological consequences (27). Meanwhile, mental health screening services are not provided for infants or children in Iran that would enable the system to recognize children with behavioural and psychological disorders induced by unsafe weaning methods and take preventive actions.

4-1. Study Limitations

The main limitation was the lack of previous literature. The data of this study is not generalizable to other communities because of cultural differences; therefore, similar studies are recommended in other cultures. The data-gathering tool was a questionnaire, and self-reporting issues in questionnaire completion were not avoidable. Our study was cross-sectional and hence certain biases could have arisen.

4-2. Recommendations for Future Research

- This study was conducted in only one of Iran's provinces; therefore, we recommend studying family members' and peer groups' cultural beliefs about weaning, as they play an important role in the development of mothers' cultural beliefs.
- Studying healthcare providers' opinions and beliefs about weaning times and methods can result in finding the best educational intervention to modify false information and beliefs.
- Exploring the beliefs about weaning of young and illiterate women living in rural areas can help in clarifying their real situation and providing the best solutions.

5- CONCLUSION

The results of this study have shown the obvious role of negative beliefs about weaning, and the negative outcomes of stopping breastfeeding using unhygienic methods by mothers. Therefore, healthcare providers can increase mothers' awareness regarding appropriate weaning times and methods during pregnancy and post-childbirth care programs by holding educational and consulting sessions for both mothers and their family members. Holding educational programs by women and children's health experts in the media, such as television and radio, can decrease false beliefs and reinforce correct beliefs about weaning. Based on our results, children and mothers' mental health screening programs during breastfeeding

and after weaning should be done to improve their health and provide better supportive services.

6- HIGHLIGHTS

- This study was designed to understand beliefs regarding weaning among Iranian mothers.
- Cultural beliefs are among the factors that affect weaning.
- Recognizing false cultural beliefs about weaning can prepare the background for providing interventional solutions.
- Negative mental contexts such as previously learned knowledge and health literacy can result in selecting unsafe, unhealthy weaning methods.
- Distancing the child from his/her mother is one of the most common beliefs about weaning.
- A weaning intervention program should be provided that mentions the cultural beliefs of the target group.

7- ACKNOWLEDGMENTS

This study was financially supported by Babol University of Medical Sciences. The funders had no role in the study design, data collection and analysis, decision to publish, or preparation of this manuscript. The authors would like to thank the women who participated in the study.

8- AUTHORS' CONTRIBUTIONS

Conception and design, FGH, ZJA and NN; Acquisition of data, ZJA and NN; Analysis and interpretation of data, FGH and ASH; Manuscript preparation, FGH; Manuscript review, FGH, ZJA and NN. All authors read and approved the final manuscript.

9- CONFLICT OF INTEREST: None.

10- REFERENCES

1. Folasade A, Emmanuel T, and Ogunfowokan O. Infant weaning knowledge and practice among mothers attending infant welfare clinic in three primary healthcare centres in Ikenne local government area, Ogun state, Nigeria. IJAR. 2017; **3**(12): 227-30.

2. Saeed DM, Shedeed SA, Abdelsalam AE, Bahaa Eldien RM. Infant Weaning Knowledge and Practice among Mothers Attending Maternal and Child Healthcare Center in Tor-Sinai City. The Egyptian Journal of Hospital Medicine. 2019; 77(3): 5219-27.

3. Bhatti ZI, Anwar M, and Yasin I. Knowledge, Attitude and Practice of Mother's Regarding Weaning in Rural Community of Lahore. Pakistan Journal of Medical & Health Sciences. 2018. 12(3): 1015-17.

4. Gürarslan Baş N, Karatay G, Arikan D. Weaning practices of mothers in eastern Turkey. Journal de Pediatria. 2018;94(5):498-503.

5. Jouybari L, Sanagoo A, Tahmasebi S. Explain the Experiences of Mothers with Breastfeeding Weaning in Referring to the Health Centers in Gorgan (Iran). Nursing Development in Health. 2016;7(2):5-16.

6. John ME, Nsemo AD, John EE, Opiah M, Robinson-Bassey GC, Yagba J. Indigenous child care beliefs and practices in the Niger Delta region of Nigeria: implications for health care. International Journal of Health Sciences & Research. 2015;5(11):235-46.

7. Kearns AD, Castro MC, Lourenço BH, Augusto RA, Cardoso MA, ACTION Study Team. Factors associated with age at breastfeeding cessation in Amazonian infants: applying a proximal–distal framework. Maternal and child health journal. 2016;20(7):1539-48.

8. Gürarslan Baş N, Karatay G, Arikan D. Weaning practices of mothers in eastern Turkey. Jornal de Pediatria. 2018 ;94(5): 498-503.

9. Sperry DM, Widom CS. Child abuse and neglect, social support, and psychopathology in adulthood: A prospective investigation. Child abuse & neglect2013;37(6):415-25.

10. Kharaghani R, Shariati M, Yunesian M, Keramat A, Moghisi A. The Iranian integrated maternal health care guideline based on evidence-based medicine and American

guidelines: A comparative study. Mod Care J. 2016;13(2):e9455.

11. Kianian T, Zare M, Ildarabadi E, KARIMI MH, Saber S. Evaluation of training competency of health care workers in training clients and patients. J Nurs Train. 2014; **3**:51-60.

12. Singh MB, and Lakshminarayana J. Breast Feeding and Weaning Practices in Thar Desert of Rajasthan, India. Annals of Arid Zone. 2012; 2(51) :109-13.

13. Jannat-Alipoor Z, Navabi N, Ebadi A, Ghaffari F. Questionnaire on Mothers' Cultural Beliefs about Weaning: Development and Psychometric Evaluation. International Journal of Women's Health and Reproduction Sciences. 2020; 8(1):61–7.

14. Vyas S, Kandpal SD, Semwal J, Chauhan S, Nautiyal V. Trends in weaning practices among infants and toddlers in a hilly terrain of a newly formed state of India. International journal of preventive medicine. 2014;5(6):741.

15 Nandagire WH, Atuhaire C, Egeineh AT, Nkfusai CN, Tsoka-Gwegweni JM, Cumber SN. Exploring cultural beliefs and practices associated with weaning of children aged 0-1 months by mothers attending services at Maternal Child Health Clinic Kalisizo Hospital, Uganda. The Pan African Medical Journal.2019; 34(47): 1-6.

16. Oloko M, Ekpo R. Exploring Traditional Weaning practices in North Western Nigeria; Food, Knowledge and Culture: A Step towards Safeguarding Community Food Security. Academic Journal of Interdisciplinary Studies. 2018; 7(2): 97.

17. Jakobsen MS, Sodemann M, MØLBAK K, Aaby P. Reason for termination of breastfeeding and the length of breastfeeding. International Journal of Epidemiology. 1996;25(1):115-21.

18. Kohan S, Heidari Z, Keshvari M. Iranian Women's experiences of breastfeeding support: a qualitative study. International Journal of Pediatrics. 2016;4(10):3587-600.

19. Kruger R, Gericke GJ. A qualitative exploration of rural feeding and weaning practices, knowledge and attitudes on nutrition. Public health nutrition. 2003;6(2):217-23.

20. Radzyminski S, Callister LC. Health professionals' attitudes and beliefs about breastfeeding. The Journal of Perinatal Education. 2015; 24(2):102-9.

21. DeWalt DA, Hink A. Health literacy and child health outcomes: a systematic review of the literature. Pediatrics. 2009;124(Supplement 3):S265-74.

22. Ahmed K, Talha M, Khalid Z, Khurshid M, Ishtiaq R. Breastfeeding and weaning: Practices in urban slums of southern Punjab, Pakistan. Cureus. 2018;10(2): doi: 10.7759/cureus.2189 .

23. Dietrich Leurer M, Misskey E. The Psychosocial and Emotional Experience of Breastfeeding: Reflections of Mothers. Global qualitative nursing research. 2015; 20(2): 2333393615611654.

24. Fox R, McMullen S, Newburn M. UK women's experiences of breastfeeding and additional breastfeeding support: a qualitative study of Baby Café services. BMC pregnancy and childbirth. 2015;15(1):1-2.

25. Khan MA, Hossain MM, Razzak A, Amin R.Factors of weaning practices by mothers on children: A hospital based study. The ORION Medical Journal. 2008; 30:561–4.

26. Radwan H, Sapsford RJF, Bulletin N. Maternal perceptions and views about breastfeeding practices among Emirati mothers. 2016; 37(1): 73-84.

27. Korbin JE, editor. Child abuse and neglect: Cross-cultural perspectives. Univ of California Press; 1983.