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ЕЖЕМЕСЯЧНЫЙ НАУЧНЫЙ ЖУРНАЛ

Медицинские новости Грузии

საქართველოს სამედიცინო სიახლენი

GEORGIAN MEDICAL NEWS

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GMN: Georgian Medical News is peer-reviewed, published monthly journal committed to promoting the science and art of medicine and the betterment of public health, published by the GMN Editorial Board since 1994. GMN carries original scientific articles on medicine, biology and pharmacy, which are of experimental, theoretical and practical character; publishes original research, reviews, commentaries, editorials, essays, medical news, and correspondence in English and Russian.

GMN is indexed in MEDLINE, SCOPUS, PubMed and VINITI Russian Academy of Sciences. The full text content is available through EBSCO databases.

GMN: Медицинские новости Грузии - ежемесячный рецензируемый научный журнал, издаётся Редакционной коллегией с 1994 года на русском и английском языках в целях поддержки медицинской науки и улучшения здравоохранения. В журнале публикуются оригинальные научные статьи в области медицины, биологии и фармации, статьи обзорного характера, научные сообщения, новости медицины и здравоохранения. Журнал индексируется в MEDLINE, отражён в базе данных SCOPUS, PubMed и ВИНИТИ РАН. Полнотекстовые статьи журнала доступны через БД EBSCO.

GMN: Georgian Medical News – საქართველოს სამედიცინო სიახლენი – არის ყოველთვიური სამეცნიერო სამედიცინო რეცენზირებადი ჟურნალი, გამოიცემა 1994 წლიდან, წარმოადგენს სარედაქციო კოლეგიისა და აშშ-ის მეცნიერების, განათლების, ინდუსტრიის, ხელოვნებისა და ბუნებისმეტყველების საერთაშორისო აკადემიის ერთობლივ გამოცემას. GMN-ში რუსულ და ინგლისურ ენებზე ქვეყნდება ექსპერიმენტული, თეორიული და პრაქტიკული ხასიათის ორიგინალური სამეცნიერო სტატიები მედიცინის, ბიოლოგიისა და ფარმაციის სფეროში, მიმოხილვითი ხასიათის სტატიები.

ჟურნალი ინდექსირებულია MEDLINE-ის საერთაშორისო სისტემაში, ასახულია SCOPUS-ის, PubMed-ის და ВИНИТИ РАН-ის მონაცემთა ბაზებში. სტატიების სრული ტექსტი ხელმისაწვდომია EBSCO-ს მონაცემთა ბაზებიდან.

WEBSITE

www.geomednews.com

К СВЕДЕНИЮ АВТОРОВ!

При направлении статьи в редакцию необходимо соблюдать следующие правила:

1. Статья должна быть представлена в двух экземплярах, на русском или английском языках, напечатанная через **полтора интервала на одной стороне стандартного листа с шириной левого поля в три сантиметра**. Используемый компьютерный шрифт для текста на русском и английском языках - **Times New Roman** (**Кириллица**), для текста на грузинском языке следует использовать **AcadNusx.** Размер шрифта - **12**. К рукописи, напечатанной на компьютере, должен быть приложен CD со статьей.

2. Размер статьи должен быть не менее десяти и не более двадцати страниц машинописи, включая указатель литературы и резюме на английском, русском и грузинском языках.

3. В статье должны быть освещены актуальность данного материала, методы и результаты исследования и их обсуждение.

При представлении в печать научных экспериментальных работ авторы должны указывать вид и количество экспериментальных животных, применявшиеся методы обезболивания и усыпления (в ходе острых опытов).

4. К статье должны быть приложены краткое (на полстраницы) резюме на английском, русском и грузинском языках (включающее следующие разделы: цель исследования, материал и методы, результаты и заключение) и список ключевых слов (key words).

5. Таблицы необходимо представлять в печатной форме. Фотокопии не принимаются. **Все цифровые, итоговые и процентные данные в таблицах должны соответствовать таковым в тексте статьи**. Таблицы и графики должны быть озаглавлены.

6. Фотографии должны быть контрастными, фотокопии с рентгенограмм - в позитивном изображении. Рисунки, чертежи и диаграммы следует озаглавить, пронумеровать и вставить в соответствующее место текста **в tiff формате**.

В подписях к микрофотографиям следует указывать степень увеличения через окуляр или объектив и метод окраски или импрегнации срезов.

7. Фамилии отечественных авторов приводятся в оригинальной транскрипции.

8. При оформлении и направлении статей в журнал МНГ просим авторов соблюдать правила, изложенные в «Единых требованиях к рукописям, представляемым в биомедицинские журналы», принятых Международным комитетом редакторов медицинских журналов - http://www.spinesurgery.ru/files/publish.pdf и http://www.nlm.nih.gov/bsd/uniform_requirements.html
В конце каждой оригинальной статьи приводится библиографический список. В список литературы включаются все материалы, на которые имеются ссылки в тексте. Список составляется в алфавитном порядке и нумеруется. Литературный источник приводится на языке оригинала. В списке литературы сначала приводятся работы, написанные знаками грузинского алфавита, затем кириллицей и латиницей. Ссылки на цитируемые работы в тексте статьи даются в квадратных скобках в виде номера, соответствующего номеру данной работы в списке литературы. Большинство цитированных источников должны быть за последние 5-7 лет.

9. Для получения права на публикацию статья должна иметь от руководителя работы или учреждения визу и сопроводительное отношение, написанные или напечатанные на бланке и заверенные подписью и печатью.

10. В конце статьи должны быть подписи всех авторов, полностью приведены их фамилии, имена и отчества, указаны служебный и домашний номера телефонов и адреса или иные координаты. Количество авторов (соавторов) не должно превышать пяти человек.

11. Редакция оставляет за собой право сокращать и исправлять статьи. Корректура авторам не высылается, вся работа и сверка проводится по авторскому оригиналу.

12. Недопустимо направление в редакцию работ, представленных к печати в иных издательствах или опубликованных в других изданиях.

При нарушении указанных правил статьи не рассматриваются.

REQUIREMENTS

Please note, materials submitted to the Editorial Office Staff are supposed to meet the following requirements:

1. Articles must be provided with a double copy, in English or Russian languages and typed or compu-ter-printed on a single side of standard typing paper, with the left margin of **3** centimeters width, and **1.5** spacing between the lines, typeface - **Times New Roman** (**Cyrillic**), print size - **12** (referring to Georgian and Russian materials). With computer-printed texts please enclose a CD carrying the same file titled with Latin symbols.

2. Size of the article, including index and resume in English, Russian and Georgian languages must be at least 10 pages and not exceed the limit of 20 pages of typed or computer-printed text.

3. Submitted material must include a coverage of a topical subject, research methods, results, and review.

Authors of the scientific-research works must indicate the number of experimental biological species drawn in, list the employed methods of anesthetization and soporific means used during acute tests.

4. Articles must have a short (half page) abstract in English, Russian and Georgian (including the following sections: aim of study, material and methods, results and conclusions) and a list of key words.

5. Tables must be presented in an original typed or computer-printed form, instead of a photocopied version. **Numbers, totals, percentile data on the tables must coincide with those in the texts of the articles.** Tables and graphs must be headed.

6. Photographs are required to be contrasted and must be submitted with doubles. Please number each photograph with a pencil on its back, indicate author's name, title of the article (short version), and mark out its top and bottom parts. Drawings must be accurate, drafts and diagrams drawn in Indian ink (or black ink). Photocopies of the X-ray photographs must be presented in a positive image in **tiff format**.

Accurately numbered subtitles for each illustration must be listed on a separate sheet of paper. In the subtitles for the microphotographs please indicate the ocular and objective lens magnification power, method of coloring or impregnation of the microscopic sections (preparations).

7. Please indicate last names, first and middle initials of the native authors, present names and initials of the foreign authors in the transcription of the original language, enclose in parenthesis corresponding number under which the author is listed in the reference materials.

8. Please follow guidance offered to authors by The International Committee of Medical Journal Editors guidance in its Uniform Requirements for Manuscripts Submitted to Biomedical Journals publication available online at: http://www.nlm.nih.gov/bsd/uniform_requirements.html
http://www.icmje.org/urm_full.pdf
In GMN style for each work cited in the text, a bibliographic reference is given, and this is located at the end of the article under the title "References". All references cited in the text must be listed. The list of references should be arranged alphabetically and then numbered. References are numbered in the text [numbers in square brackets] and in the reference list and numbers are repeated throughout the text as needed. The bibliographic description is given in the language of publication (citations in Georgian script are followed by Cyrillic and Latin).

9. To obtain the rights of publication articles must be accompanied by a visa from the project instructor or the establishment, where the work has been performed, and a reference letter, both written or typed on a special signed form, certified by a stamp or a seal.

10. Articles must be signed by all of the authors at the end, and they must be provided with a list of full names, office and home phone numbers and addresses or other non-office locations where the authors could be reached. The number of the authors (co-authors) must not exceed the limit of 5 people.

11. Editorial Staff reserves the rights to cut down in size and correct the articles. Proof-sheets are not sent out to the authors. The entire editorial and collation work is performed according to the author's original text.

12. Sending in the works that have already been assigned to the press by other Editorial Staffs or have been printed by other publishers is not permissible.

Articles that Fail to Meet the Aforementioned Requirements are not Assigned to be Reviewed.

ავტორთა საყურადღებოდ!

რედაქციაში სტატიის წარმოდგენისას საჭიროა დავიცვათ შემდეგი წესები:

1. სტატია უნდა წარმოადგინოთ 2 ცალად, რუსულ ან ინგლისურ ენებზე,დაბეჭდილი სტანდარტული ფურცლის 1 გვერდზე, 3 სმ სიგანის მარცხენა ველისა და სტრიქონებს შორის 1,5 ინტერვალის დაცვით. გამოყენებული კომპიუტერული შრიფტი რუსულ და ინგლისურენოვან ტექსტებში - **Times New Roman (Кириллица)**, ხოლო ქართულენოვან ტექსტში საჭიროა გამოვიყენოთ **AcadNusx.** შრიფტის ზომა – 12. სტატიას თან უნდა ახლდეს CD სტატიით.

2. სტატიის მოცულობა არ უნდა შეადგენდეს 10 გვერდზე ნაკლებს და 20 გვერდზე მეტს ლიტერატურის სიის და რეზიუმეების (ინგლისურ, რუსულ და ქართულ ენებზე) ჩათვლით.

3. სტატიაში საჭიროა გაშუქდეს: საკითხის აქტუალობა; კვლევის მიზანი; საკვლევი მასალა და გამოყენებული მეთოდები; მიღებული შედეგები და მათი განსჯა. ექსპერიმენტული ხასიათის სტატიების წარმოდგენისას ავტორებმა უნდა მიუთითონ საექსპერიმენტო ცხოველების სახეობა და რაოდენობა; გაუტკივარებისა და დაძინების მეთოდები (მწვავე ცდების პირობებში).

4. სტატიას თან უნდა ახლდეს რეზიუმე ინგლისურ, რუსულ და ქართულ ენებზე არანაკლებ ნახევარი გვერდის მოცულობისა (სათაურის, ავტორების, დაწესებულების მითითებით და უნდა შეიცავდეს შემდეგ განყოფილებებს: მიზანი, მასალა და მეთოდები, შედეგები და დასკვნები; ტექსტუალური ნაწილი არ უნდა იყოს 15 სტრიქონზე ნაკლები) და საკვანძო სიტყვების ჩამონათვალი (key words).

5. ცხრილები საჭიროა წარმოადგინოთ ნაბეჭდი სახით. ყველა ციფრული, შემაჯამებელი და პროცენტული მონაცემები უნდა შეესაბამებოდეს ტექსტში მოყვანილს.

6. ფოტოსურათები უნდა იყოს კონტრასტული; სურათები, ნახაზები, დიაგრამები - დასათაურებული, დანომრილი და სათანადო ადგილას ჩასმული. რენტგენოგრამების ფოტოასლები წარმოადგინეთ პოზიტიური გამოსახულებით **tiff** ფორმატში. მიკროფოტოსურათების წარწერებში საჭიროა მიუთითოთ ოკულარის ან ობიექტივის საშუალებით გადიდების ხარისხი, ანათალების შეღებვის ან იმპრეგნაციის მეთოდი და აღნიშნოთ სურათის ზედა და ქვედა ნაწილები.

7. სამამულო ავტორების გვარები სტატიაში აღინიშნება ინიციალების თანდართვით, უცხოურისა – უცხოური ტრანსკრიპციით.

8. სტატიას თან უნდა ახლდეს ავტორის მიერ გამოყენებული სამამულო და უცხოური შრომების ბიბლიოგრაფიული სია (ბოლო 5-8 წლის სიღრმით). ანბანური წყობით წარმოდგენილ ბიბლიოგრაფიულ სიაში მიუთითეთ ჯერ სამამულო, შემდეგ უცხოელი ავტორები (გვარი, ინიციალები, სტატიის სათაური, ჟურნალის დასახელება, გამოცემის ადგილი, წელი, ჟურნალის №, პირველი და ბოლო გვერდები). მონოგრაფიის შემთხვევაში მიუთითეთ გამოცემის წელი, ადგილი და გვერდების საერთო რაოდენობა. ტექსტში კვადრატულ ფჩხილებში უნდა მიუთითოთ ავტორის შესაბამისი N ლიტერატურის სიის მიხედვით. მიზანშეწონილია, რომ ციტირებული წყაროების უმეტესი ნაწილი იყოს 5-6 წლის სიღრმის.

9. სტატიას თან უნდა ახლდეს: ა) დაწესებულების ან სამეცნიერო ხელმძღვანელის წარდგინება, დამოწმებული ხელმოწერითა და ბეჭდით; ბ) დარგის სპეციალისტის დამოწმებული რეცენზია, რომელშიც მითითებული იქნება საკითხის აქტუალობა, მასალის საკმაობა, მეთოდის სანდოობა, შედეგების სამეცნიერო-პრაქტიკული მნიშვნელობა.

10. სტატიის ბოლოს საჭიროა ყველა ავტორის ხელმოწერა, რომელთა რაოდენობა არ უნდა აღემატებოდეს 5-ს.

11. რედაქცია იტოვებს უფლებას შეასწოროს სტატია. ტექსტზე მუშაობა და შეჯერება ხდება საავტორო ორიგინალის მიხედვით.

12. დაუშვებელია რედაქციაში ისეთი სტატიის წარდგენა, რომელიც დასაბეჭდად წარდგენილი იყო სხვა რედაქციაში ან გამოქვეყნებული იყო სხვა გამოცემებში.

აღნიშნული წესების დარღვევის შემთხვევაში სტატიები არ განიხილება.

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FACTORS AFFECTING MOTHERS' AWARENESS REGARDING CHILD WEANING PRACTICE

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Abstract.

Background: Weaning is an organized process of introduction of appropriate food at the accurate time in addition to the mother's milk to deliver essential nourishment to the baby and the infants should be breastfed completely through the early six months of life.

Aim of the study: Assessment of the Mothers' awareness (knowledge, attitude, and practice) and to determine possible factors affecting it.

Methods: A total sample of 112 mothers enrolled in the present study, from which data was collected including demographic characteristics of the child and mother with feeding history. Knowledge and practice assessment regarding the weaning process.

Results: Appropriate time of introduction of complementary feeds was started in 41.1% of the children. 69.6% weaned their children suddenly cessed. Factors influencing complementary and weaning knowledge were the mother's education and occupation and source of information and practice was poorly achieved, and the factors were the mother's age and type of family.

Conclusion: The approval for WHO recommendations on complementary and weaning practices was not optimum. It is consequently a significant point to change the interventions at joining the hole between these practices in urban locations and WHO endorsements.

Key words. Mothers' awareness, weaning, practice.

Introduction.

Weaning is the process of adding reasonable nourishment at the correct time in addition to the mother's milk to supply basic nourishment to the baby [1]. The food added by this process is regarded as complementary feeding which is the addition of energy and non-energy-containing fluids, non-human milk, and semi-solids or solids food to children's diet from the sixth month until 23rd months of life [2] World Health Organization (WHO), United Nations Children's Fund, American Academy of Pediatrics, and American Academy of Family Medicine recommended that newborn children should be entirely breastfeeding at the first sixth months of life, additional feeding commenced at the seventh months, with breastfeeding ought to carry on until the child gets twenty-four months of age [3,4]. The beginning of extra nourishment during the weaning period is commonly dynamic. It leads the newborn child to reach the dietary design of a growth-up at the moment a year of life [5].

Ideal additional bolstering feeding comprises variables such as the amount and value of nutriment, recurrence, and rightness of feeding, nourishment cleanliness, and feeding throughout/post-infection [6]. In undeveloped communities, the time of initiation of weaning nourishment is crucial because of the danger of illnesses that is called weaning problems, either diarrhoea or malnutrition [7-9]. Poor breastfeeding and complementary feeding practices coupled with high rates of infectious diseases are the principal causes of malnutrition during the first two years of life [10]. It is well recognized that the period of complementary feeding from 6 to 24 months of age is one of the most critical times for preventing malnutrition [11]. It is only after the sixth month of life that the nutritional requirements of infants cannot be provided only via breast milk [12]. The present study aimed to assess Mothers' awareness regarding weaning and determine possible affecting factors.

Table 1. *Demographic features of mothers and kids.*

	Variables	Frequency (n = 112)	(%)
Age distribution of Children (months)	4 - 12	78	69.6
	13 - 18	19	17.0
	19 - 24	15	13.4
Gender Distribution of Kids	Males	56	50.0
	Females	56	50.0
Age distribution of Moms (years)	16 - 19	10	8.9
	20 - 29	65	58.0
	30^{+}	37	33.1
Mothers' educational level	Illiterate	14	12.5
	Literate =primary	53	47.3
	Literate = secondary	28	25.0
	Literate= tertiary	17	15.2
Mothers' occupation	Employed	12	10.7
	Unemployed	100	89.3
Type of family living	Alone (nuclear)	46	41.1
	With family (extended)	66	58.9
Socioeconomic status	Upper class	35	31.3
	Lower class	77	68.7

Table 2. *Participants' complementary and "weaning practices".*

Variables	Frequency (n=112)	(%)
Age at initiation of complementary feeding (months)		
≤ 4 months	60	53.6
5 - 6 months	46	41.1
≥ 7 months	6	5.3
Weaning procedure		
Suddenly cessed	78	69.6
Progressively	34	30.4
Frequency of giving additional nourishes meals per day for children ≥ 6 months (n=84)		
Proper	36	42.9
Improper	48	57.1

Table 3. *Relationship between Mothers total Knowledge score and their sociodemographic characteristics.*

Sociodemographic characteristics of mothers	Total knowledge score						p-value*
	Poor n=59 (52.7%)		Fair n=33 (29.5%)		Good n=20 (17.8%)		
	No.	%	No.	%	No.	%	
Age of the mothers							
<20	8	13.6%	2	6.1%	3	15%	0.489**
20-30	34	57.6%	19	57.6%	9	45%	0.590
30-40	14	23.7%	9	27.3%	7	35%	0.615
40-50	3	5.1%	3	9%	1	5%	0.867**
Level of education							
Illiterate	7	11.9%	6	18.2%	1	5%	0.403**
Literate primary	36	61.1%	11	33.3%	6	30%	0.009
Literate secondary	12	20.3%	10	30.3%	6	30%	0.449**
literate college	4	6.7%	6	18.2%	7	35%	0.009**
Occupation of mother							
Employed	2	3.4%	5	15.2%	5	25%	0.009**
Unemployed	57	96.6%	28	84.8%	15	75%	
Type of family							
Nuclear	21	35.6%	15	45.5%	10	50%	0.438
Extended	38	64.4%	18	54.5%	10	50%	
Source of health-related information							
Media	12	20.3%	5	15.2%	2	10%	0.591**
Family	36	61%	12	36.4%	8	40%	0.047
Medical doctor nurse	11	18.7%	16	48.4%	10	50%	0.003
Feeding history, add salt or sugar							
Yes	39	66.1%	20	60.6%	11	55%	
No	20	33.9%	13	39.4%	9	45%	0.651
Family income							
Upper	14	23.7%	12	36.4%	7	35%	0.371
lower	45	76.3%	21	63.6%	13	65%	
Age at weaning							
< 6 months	39	66.1%	25	75.8%	16	80%	0.398
= 6 months	18	30.5%	5	15.2%	4	20%	0.252**
> 6 months	2	3.4%	3	9%	0	0%	0.386**

* Chi-square test ** Fisher Exact test

Table 4. *Relationship between Mothers total Practice Score and their sociodemographic characteristics.*

Sociodemographic characteristics of mothers	Total practice score					
	Poor n=97 (86.6%)		Fair n=10 (8.9%)		Good n=5 (4.5%)	
	No.	%	No.	%	No.	%
Age of the mothers						
<20	12	12.4%	0	0%	1	20%
20-30	52	53.6%	8	80%	2	40%
30-40	28	28.9%	0	0%	2	40%
40-50	5	5.1 %	2	20 %	0	0%
Level of education						
Illiterate	18	18.6%	1	10%	0	0%
Literate primary	44	45.4%	1	10%	3	60%
Literate secondary	24	24.7%	3	30%	1	20%
Literate college	11	11.3%	5	50%	1	20%
Occupation of mother						
Employed	12	12.4%	2	20%	5	100 %
Unemployed	85	87.6%	8	80%	0	0 %
Type of family						
Nuclear	45	46.4%	1	10%	0	0 %
Extended	52	53.6%	9	90%	5	100 %
Source of health-related information						
Media	16	16.5%	2	20%	1	20%
Family	50	51.5%	4	40%	2	40%
Medical doctor nurse	31	32%	4	40%	2	40%
Family income						
Upper	29	29.9%	2	20%	2	40%
lower	68	70.1%	8	80%	3	60%

Materials and Methods.

An administrative agreement and ethical approval were obtained from the College of Medicine the University of Mosul and Ninevah Health Directorate. In addition, written consent was taken from every woman participating in this study. A descriptive study design was carried out in Mosul City the centre of Nineveh Governorate four health centres were chosen, (Al-Qahira health centre, Al-Arabee health centre, Al-Mansour health centre, and Tammoz health centre) to be included in the present study, All mothers aged between age group (15-49 years) having children aged between 4 months to 24 months attending health care centre vaccination units were invited to participate in this study, only those who accept to participate will be included. Mothers who have a child with any illness and congenital anomalies were excluded. A convenience sample of 112 mothers was collected, 28 mothers from each healthcare centre from 1-12-2022 to 1-4-2023. A special form of Questionnaire was developed depending on the literature review and the opinion of an expertized doctor. It includes three sections: the first section demographic characteristics, and the second section includes 15 questions about knowledge. And third section includes 18 questions that measure practice. Regarding Knowledge assessment, each question scored one degree and the total score will be classified according to Folasade et al study [13] for knowledge into poor (from 0 to 5), fair (from 6 to 8), and good (from 9 to 15). And for practice into poor (from 0 to 8), fair (from 9 to 11), and good (from 12 to 18). Each item in the questionnaire was coded and data entered, data were analysed on Microsoft Excel 2016, then using the social science statistical software package (SPSS) version 26 Descriptive statistics were used to calculate frequencies and percentages, Chi-square test was used to test the probable association between variables at p-value ≤ 0.05 regarded as significant.

Results.

The response rate of the present study was 93% resulting in a total of 112 women included in this study. The results of the present study show that more than half (58%) of the women were aged between 20-29 years and 89% were unemployed. With nearly 2/3 of women have a child less than 4- 12 months (69%) as shown in (Table 1).

Table 2 shows that more than half of mothers started feeding their children at ≤ 4 months (53.6%) with only (5.3%) were started later ≥ 7 months. The mean time at the start of additional nourishment was 5.5 months. In addition, nearly 2/3 of the study sample reported weaning their kids suddenly, and more than half appeared to give their kids improper meals per day.

Table 3 shows the level of education regarding primary and tertiary (college) which are statistically significant, the mother's statistically significant occupation and source of health-related information (family and medical doctor nurse) appear statistically significant. As appeared in (Table 3).

In Table 4 the relationship between Mothers' total Practice score and their sociodemographic characteristics shows the age between 20-30 years, Literate primary, Unemployed, and Extended. were highest percentage of poor practice.

Discussion.

Assessment of the level of knowledge and practice of mothers regarding infant weaning is very important for improving weaning practices. In this article, more than half of the women were aged between 20-29 years due to the common marriage age in our country which agree with Musalli and Eisa study in Saudi Arabia [14] and 89% were unemployed which agrees with Hadeel and Samim (2019) [15]. less than half of the mothers (41.1%) practised the convenient presentation of complementary nourishment to their children. This observation agrees with the reports of past experts who have gotten 66% in addition to 61.29% respectively [16,17]. Opposite to WHO proposals for the promotion of additional nourishing at six months, more than half of the moms (53.6%) in this study presented additional feeds initially at ≤ 4 months, and these results in contrast to past articles done in rustic Kenya, Malawi, and Uganda where additional nourishments were started as well early [18-22]. Due to poor and deficient correct information almost the correct way of weaning practice and information. Besides, a small number of the kids were presented with additional nourishment at the ages more than or even 7 months, similar to the Osie-Efetie et al. study (13.1%) but different from the Ethiopian study in eastern Delta State (52.7%) [8]. This can reproduce the difference in people's and society's awareness about the adaptation of infant feeding practices. It has been observed that initiating complementary foods early in life reduces a child's growth and development [19]. The mean time for the commencement of complementary foods is given by the WHO at 5-6 months of age. This corresponds to 5-month and 5.8-month articles published in India and Benin City [23]. These results differ from papers conducted in Kenya and Tanzania which showed mean ages for the presentation of 2.9 months and 3.3 months respectively of additional nourishing [20,24]. Age at the beginning of additional reinforcement may shift in agreement to miscellaneous sociocultural foundations, financial statuses, and provinces.

In the present study, nearly two-thirds of the study sample reported weaning their children suddenly which disagree with Okafoagu et al. [25] and more than half appeared to give their children improper meal per day this consider the risky factor.

For the relationship between Mothers' total Knowledge score and their sociodemographic characteristics, there were statistically significant results concerning the level of education literate primary and tertiary college which agree with El-Sayed et al. [26] and disagree with Saeed et al. [27], due to poor information of primary education and good information of tertiary level, and occupation of mother most of them were unemployed with poor knowledge due to poor information which agrees with El-Sayed et al. [26], and source of information related to family and medical doctor nurse 0.047, 0.003 respectively, these findings agree with Saeed et al. [27]. That may reflect the power of peer effect in health practice in addition to the lack of organized educational programs [28].

For the relationship between Mothers' total practice score and their sociodemographic characteristics shows the age between 20-30 years, Literate primary, Unemployed, and Extended. were the highest percentage of poor practice, and this is because it is difficult for mothers of this age to understand and properly

implement their child's weaning recommendations with low educational level and not socially active and affected by primitive people this disagrees with Saeed et al. [27], and type of family which agree with Tapti et al. [23].

Conclusion.

The approval for WHO recommendations on complementary and weaning practices was not optimum. It is consequently a significant point to change the interventions at joining the hole between these practices in urban locations and WHO endorsements. So, our society needs to increase and improve the awareness of mothers about the weaning practice through frequent meetings and literatures in primary health care centres.

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