

Research Paper:

Weaning Traditional Practices Among Mothers Coming to Primary Health Care Center in Turkey



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ABSTRACT

Background: The breastfeeding process is as vital for the mother as it is for the baby. Therefore, weaning is a difficult decision for both parties.

Objectives: This study aimed to determine the traditional and non-traditional methods that mothers use to wean their babies.

Methods: This descriptive type of study was conducted between May 15, 2018, and October 15, 2018, on 1124 women with healthy children aged 2-5 years who were referring to the Primary Health Care Center in Kocaeli Province in Turkey. The data were collected using a researcher-made questionnaire.

Results: Around 31.8% of mothers (n=358) applied a substance to their nipples, which is said to create a frightening effect for the baby. About 14.5% of mothers (n=164) applied substances on the nipple, to leave a bitter taste in the mouth of the baby, and reduce the desire to suck the nipple. Another method used to wean is to apply something that creates a repulsive effect on the nipple. This method was used by 12.3% of mothers (n=139). The percentage of women who failed on the first attempt was 11.38% (n=128). The reasons for re-starting breastfeeding were as follows: the method to wean was not working (21.1%, n=27), the influence of relatives to abandon weaning (6.2%; n=8), and the baby crying too much (89.1%; n=11).

Conclusions: Some mothers used the traditional method for weaning and the majority of the babies of the mothers who used the traditional method responded by crying. According to these findings, training and counseling on breastfeeding are recommended to mothers who are breastfeeding by nurses.

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1. Background

Breastfeeding of mothers is vital for the development, health protection, and growth of the infants. For these reasons, the World Health Organization (WHO) and the United Nations Children's Fund (UNICEF) have emphasized that infants should receive exclusive breastfeeding in the first six months and continue to receive breastmilk with additional nutrients until the end of 24 months. So breastfeeding has become a promoted health goal (1-3). The exclusive breastfeeding application aims to ensure the quality of neonatal feeding as it is the safest and most economical way of feeding, as well as promoting the emotional bond between mother and infant (4).

However, Breastfeeding Report Card 2018 has shown that breastfeeding rates have fallen below the targets set by Healthy People 2020. In newborns, the exclusive breastfeeding rate in the first month was 83.2%, compared to 46.9% in the first quarter and 35.9% by the 12th month. On the other hand, the feeding rate with additional foods has increased, approaching the 55%-80% rate (5). According to 2018 data of Turkish Demographic and Health Surveys, 59% of infants in Turkey are fed only with breast milk for the first two months. This rate decreased to 45% in the period between two and three months. About 39% of babies get fed with additional nutrients up to the age of 2 years, and the average breastfeeding period is 16.7 months (6). Despite these reports and many benefits of breastfeeding, difficulties with the initiation and duration of breastfeeding continue to be reported (7).

The breastfeeding process is as critical for the mother as it is for the baby. Therefore, termination of breastfeeding is a difficult decision for both mother and baby. WHO describes weaning as "a gradual cessation of breastfeeding and the transition to a complementary diet that includes solid and liquid foods other than breast milk" (3, 8). In weaning, it is stated that some mothers have problems, especially mothers who breastfeed their babies until the age of 2. They do not know how to initiate it, and ultimately, resort to traditional methods (9, 10).

Today, "gradual" and "abrupt" weaning methods are used for the weaning of infants. Abrupt weaning involves changing the taste or appearance of the breast and separating the baby from the mother. The baby's weaning should be done gradually, and the baby should not suddenly leave the mother. In weaning, it is recommended that breastfeeding gradually be stopped, firstly

by day feeding, and then by eliminating the night feeding. The mother should not lose attention from her baby during this process. She should not be separated from the child to ensure that the baby does not experience breast separation and mother separation at the same time. Traditional practices for changing the taste of the breast for the baby and the sudden separation of the baby from the mother can create adverse psychological effects on the baby, by undermining the bond of trust between mother and infant (10, 11).

Although traditional practices of weaning vary between communities, mothers usually are the ones who decide to wean, and this decision is affected by the mother's perception of the health of her child, and her cultural beliefs. Knowing the traditional methods of weaning, and planning and evaluating the effectiveness of education and counseling services for mothers and families (by nurses) would prevent the adverse effects on mother's and infant's health (12).

2. Objectives

This study aimed to investigate the traditional methods used by mothers to wean babies from breastfeeding.

3. Materials and Methods

3.1. Study Design

This is a descriptive study. It was conducted at a Primary Health Care Center from May 15, 2018, to October 15, 2018. The study was conducted on women who had healthy children aged between 2 and 5 years. The women have been registered at the Primary Health Care Center in Kocaeli in Turkey Province, which is the second-largest industrial city of Kocaeli in Turkey, with cosmopolitan nature. Turkey also reflects the structure of the population in terms of migration because it is a lot of Kocaeli Province. The study sample was estimated to be 867 people, using version 3.1.7 of the G-power program, with a 95% confidence interval, 5% margin of error, 0.8 effect size, and 90% power. The women who met the inclusion criteria at the relevant dates and were willing to participate in the study constituted the sample (n=1124).

The inclusion criteria for the study were mothers with children between the ages of 2-5 years and volunteers to participate in the research. The exclusion criteria were mothers with children between the ages of 2-5 years and willing to continue breastfeeding.

Table 1. Sociodemographic characteristics of the mothers

Variables	Mean±SD	Range
* Maternal age (y)	32.86±7.10	20-55
* Number of births	1.76±0.92	1-7
* Children (alive)	1.70±0.84	1-7
* Exclusive breastfeeding time (mo)	16.29±8.247	1-60
Variables	No. (%)	
* Gender of the infants	Girl	576 (51.2)
	Boy	548 (48.8)
* Maternal education status	Elementary school	35 (3.1)
	Secondary school	404 (35.9)
	High school	423 (37.6)
	Academic	262 (23.3)
* Paternal education status	Elementary school	18 (1.6)
	Secondary school	347 (30.9)
	High school	421 (37.5)
	Academic	356 (31.7)
* Primary residence:	-	-
	Village	120 (10.7)
	Town	86 (7.7)
	City	858 (76.3)
	Metropole (İstanbul, Ankara, İzmir)	60 (5.3)
* Family type	Nuclear family	1025 (91.2)
	Extended/Large family	99 (8.8)
	* Employment status	-
	Employed	274 (24.4)
	Unemployed	850 (75.6)
* Income status	Income smaller/less than expenses	102 (9.1)
	Income equal to expenses	901 (80.2)
	Income larger than expenses	121 (10.8)

* Multiple options were marked.

Table 2. Mothers' reasons to wean and their sources of information

Reasons for Weaning	No. (%)
Thinking that the breastfeeding time/period was sufficient	862 (76.9)
The lack of or insufficient milk amount	273 (24.4)
The child's self-cessation of breastfeeding	254 (22.6)
The decision to change the lifestyle * (sleep, nutrition, clothing, social life, smoking...)	247 (21.9)
Conception	168 (15.0)
Other (dislike of breastfeeding, sickness, drug use, etc.)	24 (2.1)
Information sources	-
Relatives (mother, sister, mother-in-law)	946 (84.2)
Social environment	233 (20.7)
Health personnel	281 (25)
Herself	341 (30.3)

*Multiple options were marked.

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3.2. Data Collection

Researchers obtained data through the questionnaire form prepared following the current literature (9, 12). This form consists of 19 questions and includes sociodemographic characteristics of mothers, their breastfeeding, and the traditional weaning methods used. In the first part of the form, 9 questions were included about age, educational status, family structure, income level, places lived for the longest time, working status, the number of children. These questions determine the sociodemographic characteristics of mothers. In the second part, there were 10 multiple choice questions, asking the reasons for mothers to wean, sources of information about weaning, and the methods they use to wean.

Data were collected by researchers using face-to-face interview techniques with mothers admitted to the Primary Health Care Center. The data were collected for an average of 20-25 minutes per mother.

3.3. Ethical Considerations

Ethical approval (Kocaeli University - KAEK 2018/164) and written permissions were obtained from the institution where the research was conducted. The study participants were informed in detail about the identity of the researchers, their purposes, the objective of the research, where and how the received information was used, and their right not to answer any question they did not want. They were also explained why they were

chosen, and after receiving their oral and written permission, the research began.

3.4. Data Analysis

Analysis of study data was conducted in SPSS ver. 21.0. In the analysis of the data, percentage, mean, standard deviation, and median indices were used. $P < 0.05$ was considered statistically significant with a 95% confidence interval.

4. Results

Table 1 presents the sociodemographic characteristics of 1124 mothers. The mean age of the mothers was 32.86 years (SD:7.10 years; range: 20-55 years). About 37.6% (n=423) of mothers had a high school education status. And 88.79% (n=998) of mothers breastfed for at least 6 months, 71.44% (n:803) for at least 12 months, and 29.71% (n=334) for 24 months or more. In the research group, the mean breastfeeding period was 16.29 months (SD: 8.247 mo; range: 1-60 mo). Mothers reported that the baby's adaptation to the weaning process took an average of 6.50 days (SD:6.43 d; range: 1-30 d).

When the reasons for mothers' decision to wean were examined, 76.9% (n=862) thought that "breastfeeding time was sufficient" and 24.4% reported as running out of milk or were having a decrease in the amount of milk (n=273). Most mothers (84.2%; n=946) consulted their relatives as a source of information about weaning; one-third decided on their own (30.3%; n=341); some

Table 3. Practices that mothers use to wean

Practices used in weaning		No. %
Abrupt weaning	Applying a substance to the nipple to create a frightening effect (shoeshine, etc.)	358 (31.8)
	Pushing the child away	289 (25.7)
	Applying a substance to the nipple that is sour/bitter (salted honey, vinegar, etc.)	164 (14.5)
	Applying a substance to the nipple to create a repulsive effect (hair, wool, etc.)	139 (12.3)
Total		950 (84.51)
Gradual weaning	Accustoming the baby to formula nutrition, or cow's milk via a feed-up bottle	402 (35.7)
	Talking to the children (persuasion)	70 (6.2)
Total		472 (41.99)
Other (use of drugs that ceases lactation)		5 (0.4)

consulted with the health care staff (25%; n=281) and consulted with their social circle (20.7%; n=233).

Regarding the methods used in weaning, 31.8% of mothers (n=358) applied a substance (shoeshine, lip-stick, red nail polish, tomato paste, eyeliner, etc.) to the nipple, which is said to have a frightening/repellent effect for the baby.

About 14.5% of mothers (n=164) were found to apply a substance like hot pepper, salted honey, salted jam, vinegar, coffee, lemon, tea, and such substances on the nipple, to leave a bitter taste in the mouth of the baby and reduce the desire to suck the nipple.

Another method used to wean is to apply something that creates a repulsive effect on the nipple; this method was used by 12.3% of mothers (n=139). It is also reported that mothers use something that smells bad-sharp when the baby gets close to the nipple to suck or a substance that would make the baby feel queasy, such as wool, cotton, hair, yellow patience stone, to wean.

The percentage of women who failed to perform on the first attempt was 11.38% (n=128). The reasons for re-starting breastfeeding were as follows: the method to wean was not working (21.1%; n=27), the influence of relatives to abandon weaning (6.2%; n=8), and the baby crying too much (89.1%; n=11).

5. Discussion

Mother's milk is the ideal food for feeding, growing, developing, and protecting the baby from diseases.

Many international and national organizations have accepted the need to continue breastfeeding until the age of 2 or later (3, 13).

This study was conducted to determine the traditional methods used by mothers to separate their babies from breast milk. The average duration of breastfeeding was 16.29 months (SD. 8.247 mo; range: 1-60 mo). This rate is similar to the Turkish average (16.7 mo). We found that 29.71% of mothers breastfed for 24 months or more. According to Turkish Demographic and Health Surveys data, the proportion of infants' breastfed up to the age of 2 years is 39% (6). Globally, the prevalence of 12 months of breastfeeding has been reported as the highest in sub-Saharan Africa, South Asia, and parts of Latin America, with an 80%-100% rate. In most high-income countries, the prevalence is less than 20% (14).

According to UNICEF Scottish Maternal and Infant Nutrition Survey 2017, the first 6 months of breastfeeding were reported as 43% in Scotland, while Norway (71%), Sweden (61%), and Germany (57%) were listed as other countries with the highest rates (15, 16). In our study, the first 6 months of breastfeeding (88.79%) were found globally similar to those of sub-Saharan Africa, South Asia, and Latin American countries. Regarding the high rate of breastfeeding in Turkey, the importance given to breastfeeding with traditional methods ("puerpera sorbet" application, nutritional supplements containing legumes, etc.) used in the postpartum period and breastfeeding training given to pregnant women are thought to be effective.

Weaning is a natural and inevitable stage in the child's growth and development. There are various anthropo-

logical, evolutionary, and biological recommendations regarding weaning time in the literature. These recommendations include “breastfeeding until the baby reaches three or four times the birthweight”, “breastfeeding according to gestation period”, and “breastfeeding until molar teeth come out” (17). As it is seen, regarding the time of weaning, there is a lack of consensus in science. Nevertheless, the process of stopping breastfeeding must not be traumatic for the child (18).

Regarding the reasons for mothers to wean, most of them ended breastfeeding because they thought the breastfeeding time was sufficient. Some of the mothers stopped breastfeeding because of running out of milk or getting pregnant again (Table 2). Similar to our findings, studies conducted in Turkey show that mothers think that they have breastfed for enough time; insufficient milk and pregnancy are the other common reasons (9, 19, 20). In Wayland’s study, the most common reasons for weaning were the baby’s rejection of breast (42.0%), pregnancy (17.0%), and the mother’s thinking that the period of breastfeeding was sufficient (17.0%) (21).

When we look at the subject considering the behavior of women from Turkey, it is found that when breastfeeding is initiated, mothers are provided with counseling by midwives and nurses. However, there is no counseling program provided by health professionals regarding weaning (13). In our research, when the sources of information about the weaning behavior of mothers were examined, it was found that most mothers (84.2%) consulted their relatives such as their mothers, sisters, and mothers-in-law, while some of whom decided on their own, and only 25% asked the health professionals about the subject (Table 2). Radwan and Sapsford also reported that the majority of mothers consulted their parents and or family elders about weaning (22).

Over the centuries, different weaning practices have been tried in various communities. WHO defines weaning as “a gradual cessation of breastfeeding and the transition to a complementary diet that includes solid and liquid foods other than breast milk” (3). Although traditional methods of weaning differ between communities and cultures, cultural beliefs do often influence the selection of method (12).

In our study, 84.5% of mothers reported using an “abrupt weaning” method (Table 3). Abrupt weaning involves applications to change the taste or appearance of the mother’s breast, and or keeping the baby away from the mother to complete the process (11). In the study of Abu Hamad et al., it has been reported that the majority

of mothers use abrupt weaning as well, and only a tiny percentage preferred gradual weaning (12).

In many communities and cultures, the weaning method is applied by rubbing substances and flavors on the nipple that may be repulsive to the child, such as hot peppers, mustard, and ketchup (9, 12, 23). In our findings, some of the mothers reported that they tried to wean by using substances such as hot peppers, salted honey, salted jam, vinegar, coffee, lemon, and tea. Another method used for weaning was the application of wool, cotton, hair, and yellow patience stone to the nipple, which creates a repulsive effect (Table 3). In Mexico, it is stated that women put cocoa on their nipple, and the child is promptly repelled from the proximity of the breast, saying it is “caca”.

In traditional communities in New Guinea, it has been reported that weaning by smearing mud on the nipple is common (21). Many studies in Turkey have also reported that repulsive substances are used as a traditional method to wean the child (9, 10, 24). Considering that the traditional methods applied in the world and Turkey are similar to our research findings, it has been observed that mothers use traditional methods to separate their babies from breast milk and receive information about these processes from their close relatives. Moreover, it is noticeable that the traditional methods have changed due to cultural differences both in the world and in Turkey.

The abrupt weaning method, commonly used for weaning, is not recommended except for medical reasons (18). Traditional methods that involve changing the taste of the breast sucked by the baby with pleasure, or the sudden separation of the baby from the mother, can create adverse psychological effects on the child by undermining the bond of trust between mother and baby (10). In this process, the mother should take more care of her baby, hug the baby more, and not be separated from the child so that the baby does not experience breast separation and mother’s separation at the same time (10, 18, 25).

Gradual weaning methods include bottle-ready food, using cow’s milk, and speaking to the child to persuade. In weaning, which is a critical stage for mother and baby, signs such as nervous breakdown, crying, regressive behavior, anxiety, finger sucking, increased night awakening, fears of separation, and latching show that the child is not ready, thus, the speed of switching stages must be adjusted accordingly (25).

According to our results, 41.99% of mothers used gradual weaning methods. Some mothers used the bottle to get the child used to ready-made food or cow's milk, while a tiny number of them weaned with speech and indoctrination with the child (Table 3). In the study of Dinç et al., methods such as giving additional nutrients with bottles (25.3%), distraction with water and juice (14%) were found (9). In the case of the child being under one year, since cow's milk is objectionable for the child's health for 12 months and before, the appropriate recommendation should be given by the medical personnel instead. Speaking to the child and persuasion would be more useful for children after the age of 2 years (25).

When weaning, the percentage of women who failed on the first try was 11.38% (n=128). The reasons for re-starting breastfeeding were as follows: the used method did not achieve a permanent success in weaning (21.1%; n=27), the abandonment of weaning under the influence of others (6.2%; n=8), and the child crying too much (89.1%; n=11).

When a child is not ready to wean, it can be challenging to distract or comfort him or her when he or she wants milk. In this case, the weaning method should be slowed or changed. Before the weaning method is tried again, there should be a brief period without any attempts. Children over the age of two may be more open to persuasion by talking; thus, weaning can be done more quickly if the mothers wait until the child reaches the appropriate age (25, 26).

This study has some limitations. The sample of this study consisted of mothers living in the city center of Kocaeli. The reliability of the data is limited to the information provided by the interviewers. Besides, the traditional methods applied may have been forgotten since the study was conducted in the mothers who have children between the ages of 2-5 years.

6. Conclusion

The breastfeeding process is as vital for the mother as it is for the baby. Therefore, weaning is a difficult decision for both parties. In this study, it was found that the majority of mothers started to wean by traditional methods used by other family members, and mostly, abrupt weaning methods were used.

In Turkey, training programs and policies for nurses, doctors, and midwives are implemented regarding breastfeeding (13). However, these pieces of training do not provide information on how weaning should

be done. This study demonstrated the importance of counseling and education to mothers, especially when it comes to breastfeeding and weaning. Therefore, as well as the continuation of breastfeeding, policy development should be given to the implementation of the right weaning methods. In subsequent studies, it may be suggested to carry out studies on the physical and psychological effects of sudden weaning and especially weaning by traditional methods on the children.

Ethical Considerations

Compliance with ethical guidelines

All the procedures were performed under rules regarding studies involving human participants by taking into account the ethical standards of the institutional and or national research committee and the 1964 Helsinki Declaration and its later amendments or comparable ethical standards.

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Authors' contributions

All authors were equally contributed in preparing this article.

Conflicts of interest

The authors declared no conflict of interest.

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