

Knowledge, Attitude and Practices regarding Exclusive Breastfeeding Among Mothers Attending Maternal Child Health Clinic at Kitagata Hospital, Sheema District, Uganda

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ABSTRACT

Exclusive breastfeeding entails feeding of infants or young children with breast milk only up to the age of 6 months. Some mothers express milk to be used while their child is being cared for by others by hand or by using a breast pump. Globally, inadequate nutrition is an underlying cause of the deaths of more than 2.6 million children and over 100,000 mothers every year. Exclusive breast-feeding entails feeding an infant for 6 months and thereafter should receive complementary foods with continued breastfeeding up to 2 years of age or beyond. This research study was about the knowledge, attitude and practices regarding exclusively breast feeding in Kitagata Hospital. A cross-sectional descriptive utilizing quantitative methods of data collection. The sample size of the study population was 100 mothers. The mother's ages ranged from 15 to 44 years, majority (25%) age 20- 24 years, (71%) of the respondents heard about exclusive breastfeeding, affordability and attachment to the child was reported equally by (30%) of the respondents, (56%) did not agree that EBF is on way of family planning, those who agreed included (12%) and the rest of the respondents did not know (32%). Sixty-two (62%) stated that their culture allowed breastfeeding immediately after delivery, (38%) of the mothers believed, breastfeeding makes them lose the shape of their breasts, this was followed by (24%) who believed breastfeeding in public was their main problem. Most mothers breast fed exclusively only up to 2 months, majority of the mothers breastfed based on the demand of the child (42%). Seventy-eight (78%) of the respondents breast fed their children when sick, while only 22% did not do so. Most mothers are married, reached secondary level of education, work mostly as housewife's, know about EBF, Breast feeding is affordable and created attachment to the child. Mothers perceive babies needing more than milk feared losing the shape of their breasts, breastfeeding being old fashion, culture allowed breastfeeding immediately after delivery, most mothers' breast feed exclusively only up to 2 months. Public forums should be used as a channel to promote EBF, early introduction of complementary foods to infants by mothers should be discouraged, research on the adequacy of breast milk in meeting the nutritional needs of infants to 6 months.

Keywords: knowledge, attitude, practices, exclusive breastfeeding, mothers

INTRODUCTION

Breastfeeding entails feeding of infants or young children with breast milk from female breasts. The sucking reflex enables babies to suck and swallow milk instinctively. Some mothers express milk to be used while their child is being cared for by others by hand or by using

a breast pump. Globally, inadequate nutrition is an underlying cause of the deaths of more than 2.6 million children and over 100,000 mothers every year many health groups, such as World Health Organization (WHO) and UNICEF support 6 months of

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exclusive breastfeeding and continued partial breastfeeding for extended periods [1].

World Health Organization (WHO) recommends breastfeeding as a main source of food for babies for the first six months, and encourages mothers to consider breastfeeding as the only feeding source [2]. Breast milk is the safest and most natural food for an infant. It provides an infant's complete nutritional needs up to four to six months of age. There is no need for other food or drink before this age. When the baby is fed on breast milk only, it is called exclusive breastfeeding. Exclusive

breastfeeding provides the best nutrition and growth for infants, and continued growth with the introduction of solid foods at six months [3].

Africa exclusive breastfeeding practices is based on initial hospital maternity staff trained to support new mothers when they indicate a willingness to try breastfeeding [4].

Western Uganda however, important changes in the extension of the maternity leave of 120 days in various sectors are associated with 97% of working women exclusively breast feeding for a median duration of 150 days.

METHODOLOGY

Study design and rationale

The design was cross-sectional descriptive and utilizing quantitative methods of data collection. This study involved describing the characteristics of a particular situation, event or case in relation to variables such as person, place, and time.

Study setting

The study was conducted in Kitagata Hospital, chosen because of being in the rural area and serving mainly highly populated areas with high reproductive rate according to the health facility demographic profile (2014).

Study population

The study population was mothers of reproductive age (15-49 years) who attends Kitagata hospital maternal and child health (MCH) clinic.

Sample size determination

Using [5], the sample size for the general population was 100 respondents, with a fixed error of 5% and a Confidence Interval at 95%.

Sample size calculation

Equation 1: Sloven Formula

$$n = \frac{N}{1 + N(e)^2}$$

Where n= sample size

e= fixed error

N= target Population of the total population

N= 150, e= 0.05

$$n = \frac{150}{1 + 150(0.05^2)}$$

Therefore: n= 100 respondents

Sampling procedure

Simple Random Sampling was employed to select the respondents at postnatal clinic. This is done by writing yes or no on pieces of paper in a box and ask the respondents to pick. Those who picked yes were enrolled in the study. This was done until the required number of respondents was achieved.

Inclusion criteria

All mothers of reproductive age who were present at post natal clinic on the day of data collection who have consented to participate in the study were included.

Exclusion criteria

Research instruments

The researcher administered questionnaire containing both closed and open-ended questions was used to collect data. This is because it makes data collection easy and fast. It also simplifies data analysis.

Data collection procedure

Data was collected using a semi structured questionnaire. Interviews were administered directly to each respondents following the questionnaire printed in English and translated in the

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Runyankole language (language most understandable).

Data processing and analysis

Qualitative data from in-depth interviews was transcribed and analyzed during and after the fieldwork. The analysis was based on themes and subthemes of the study. Code categories were identified and then formed the basis of conclusions about the study. Direct quotes from the respondents were also used. Quantitative data from exit interviews was edited before leaving each respondent for uniformity and accuracy. The data was then coded, entered and analyzed in the computer using the Statistical Package of social sciences (SPSS). And findings were presented and described by tables, graphs, and charts.

Ethical considerations

Before embarking on the data collection process, the researcher obtained an

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introductory letter from Kampala international university after the approval of the Proposal. This letter was then presented to the medical superintendent Kitagata Hospital, who introduced the researcher to the relevant health workers/staff. After getting the clearance from the Health center, the researcher obtained informed consent from the respondents and informed them about the purpose of the study.

RESULTS

In total 100 respondents took part in the research study, majority age 20- 24 years

as shown in figure 1 below. None of the mothers was aged 45-49 years.

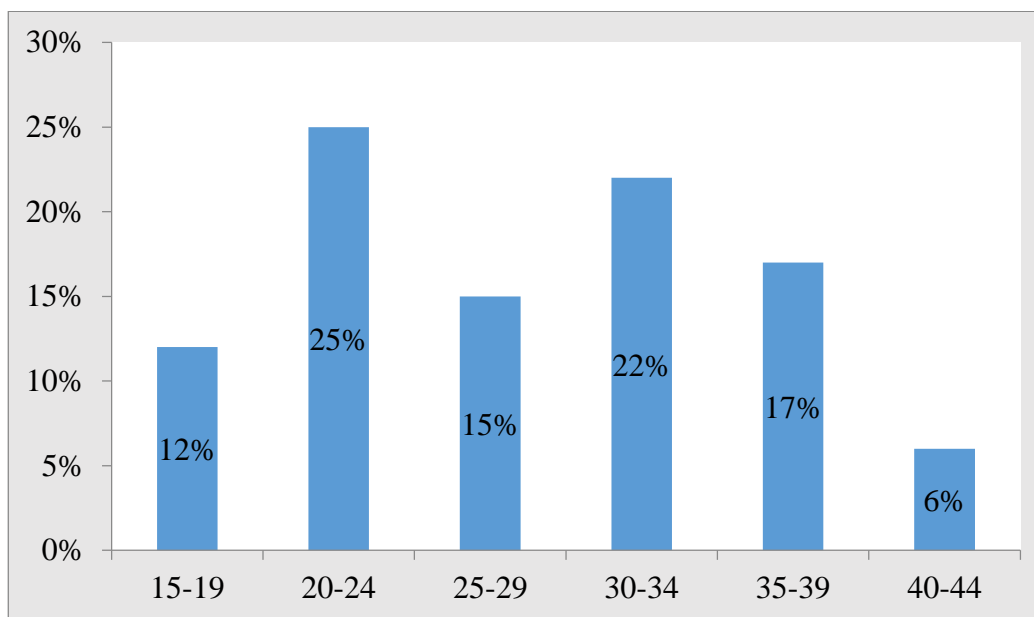


Figure 1: Age distribution of the respondents

Majority of the respondents 25% were in age group 20-24 years, followed by 20%, 17%, 15%, 12% and 6% in age groups 30-

34, 35-39, 20-24, 15-19 and 40-44 responding.

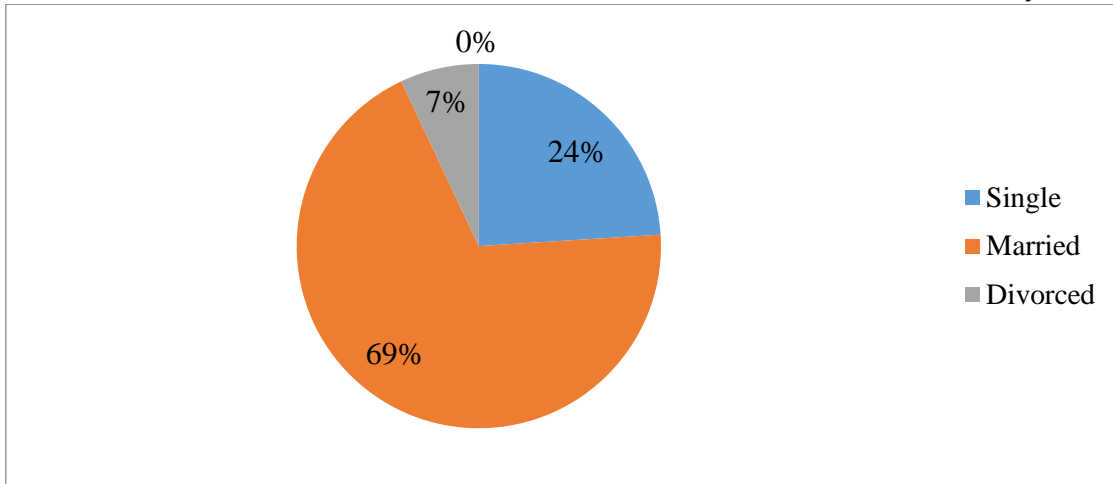


Figure 2: Marital status of the respondents

Majority of the participants were married (69%), none of the participants had widowed. Those who were single

constituted (24%) while the divorced were the least constituting only (7%).

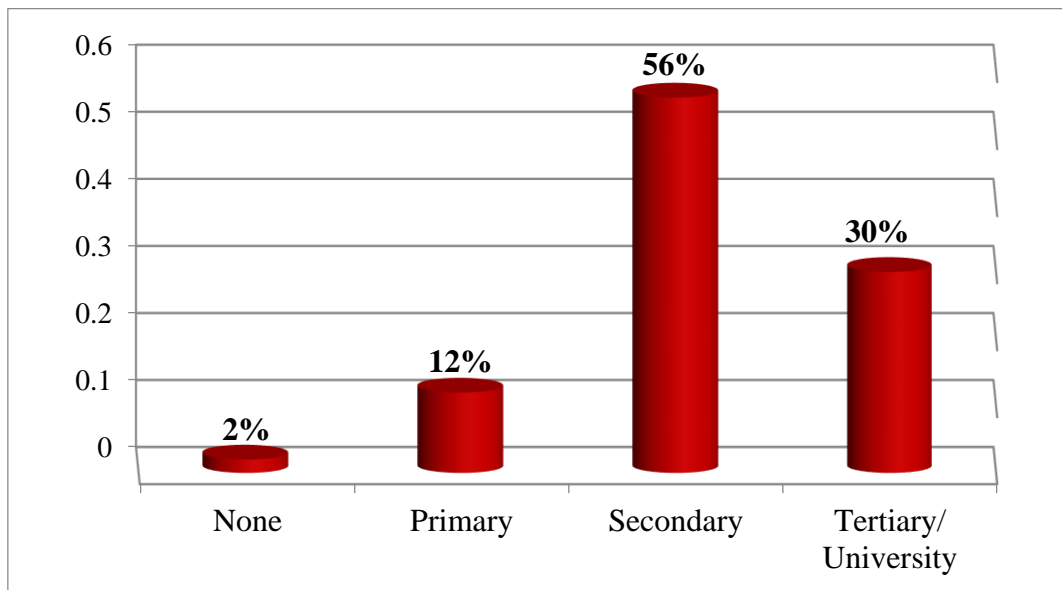


Figure 3: Level of education

Most respondents attended secondary level of education (56%), Tertiary level of education also indicated a significant

percentage of the respondents (30%). Those who did not go to school constituted (2%).

Table 1: Occupational distribution

Category	Number	Percent
House wife	44	44%
Civil servant	23	23%
Self employed	22	22%
Others	11	11%
Total	100	100%

Majority of the women worked as housewife's (44%). Those who worked at the civil servant offices (teachers, district

councils, police, and others) constituted (23%).

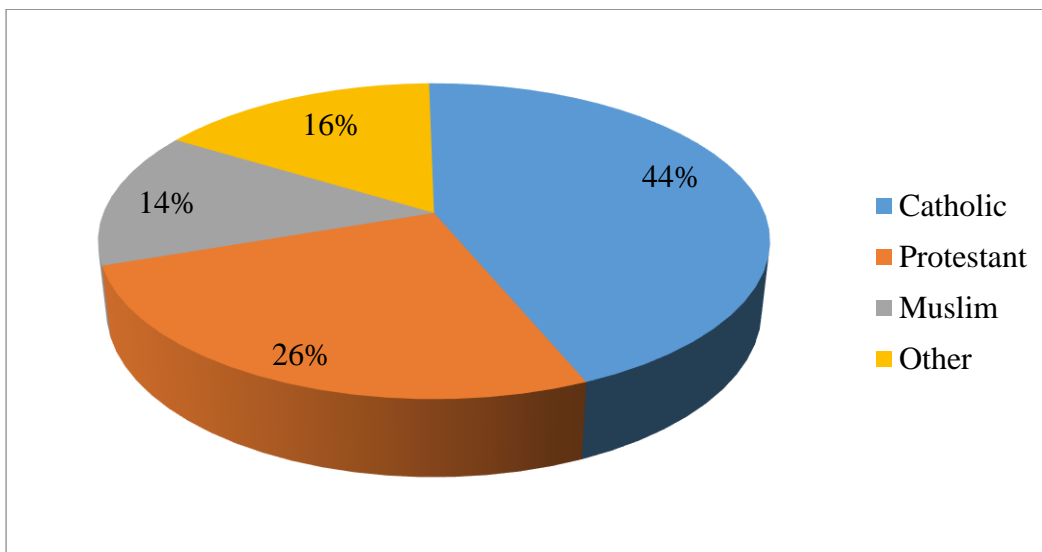


Figure 4: Religious distribution of the respondents

Catholic denomination took the majority (44%) followed by the protestants (26%). The Muslims women participated in the study with a representation of (14%).

Others constituted (16%) which included; seventh day Adventists (SDAs), Pentecostals.

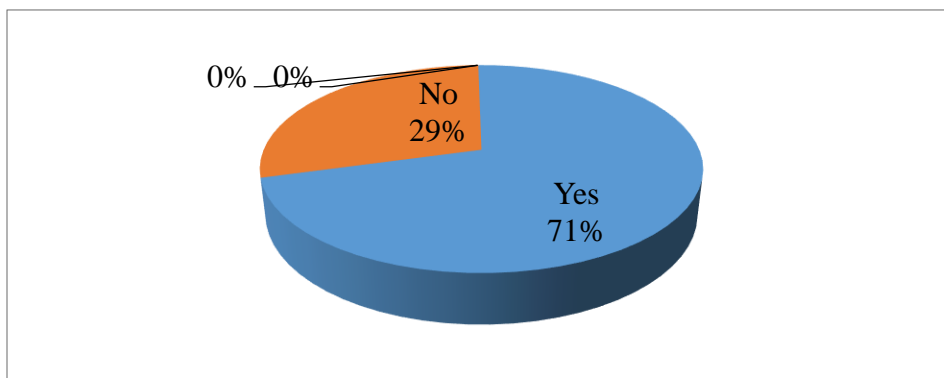


Figure 5: Those who heard about EBF

The findings indicated that (71%) of the respondents heard about exclusive breastfeeding and all them said it involved giving the child only breast milk

for six (6) months. Twenty-nine (29%) of the respondents said they did not hear about exclusive breast feeding.

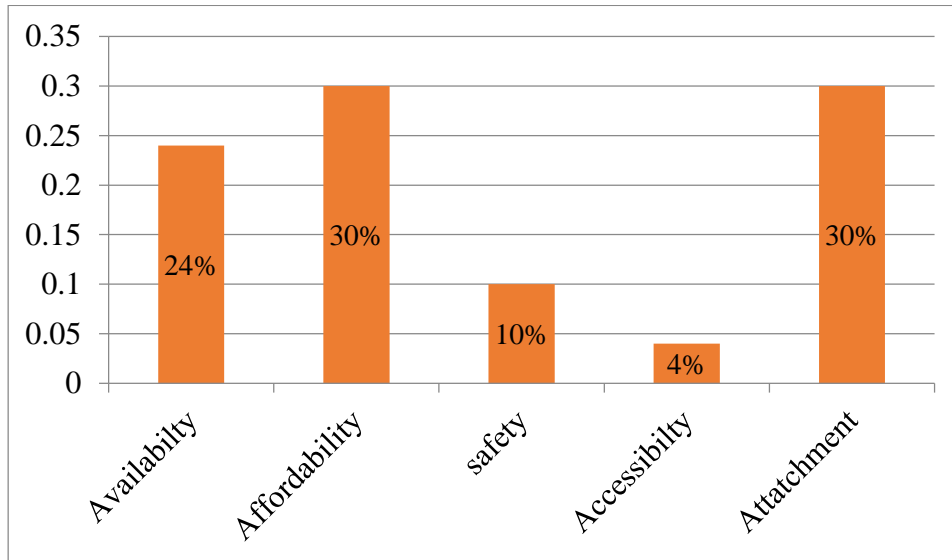


Figure 6: Benefits of EBF

All respondents admitted that; exclusive breast feeding was good. Majority of these attributed it to mainly two factors.

Affordability and attachment to the child was reported equally by (30%) of the respondents.

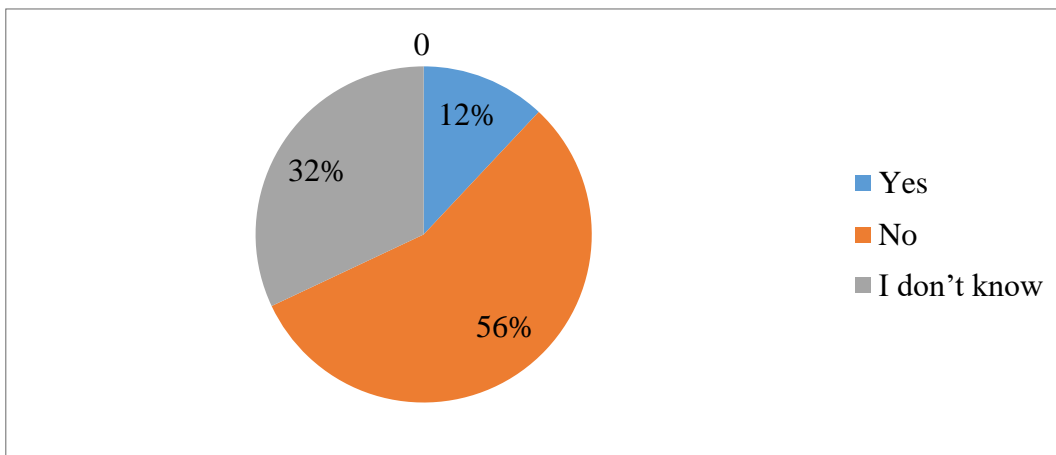


Figure 7: EBF and Family planning

More than a half of the respondents did not agree that EBF is on way of family planning (56%). Those who aged included

(12%) and the rest of the respondents did not know (32%).

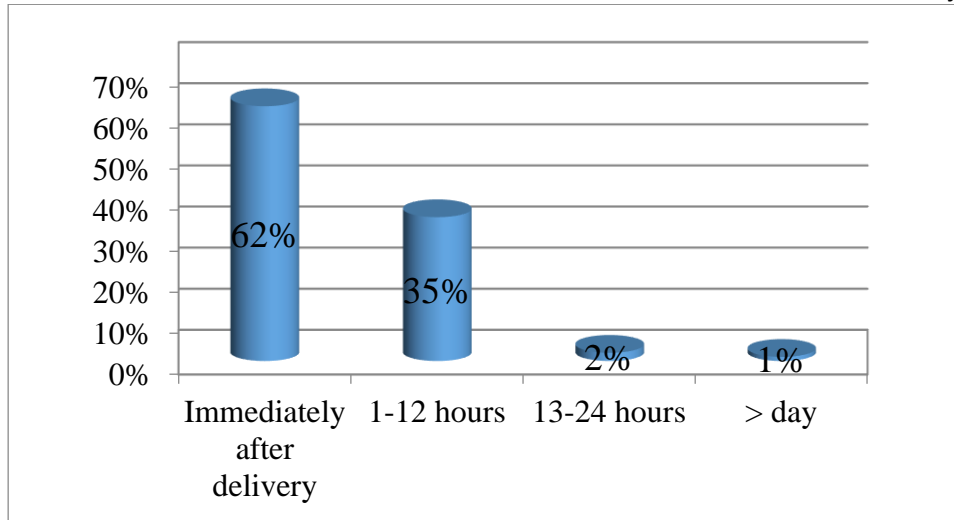


Figure 8: Respondent’s culture about the onset breastfeeding

Figure viii show that most of the mothers in this study (62%) stated that their culture allowed breastfeeding immediately after delivery. One (1%) of

the respondents stated that their culture allowed exclusive breast feeding after a day. They did not want the child to feed on the first milk.

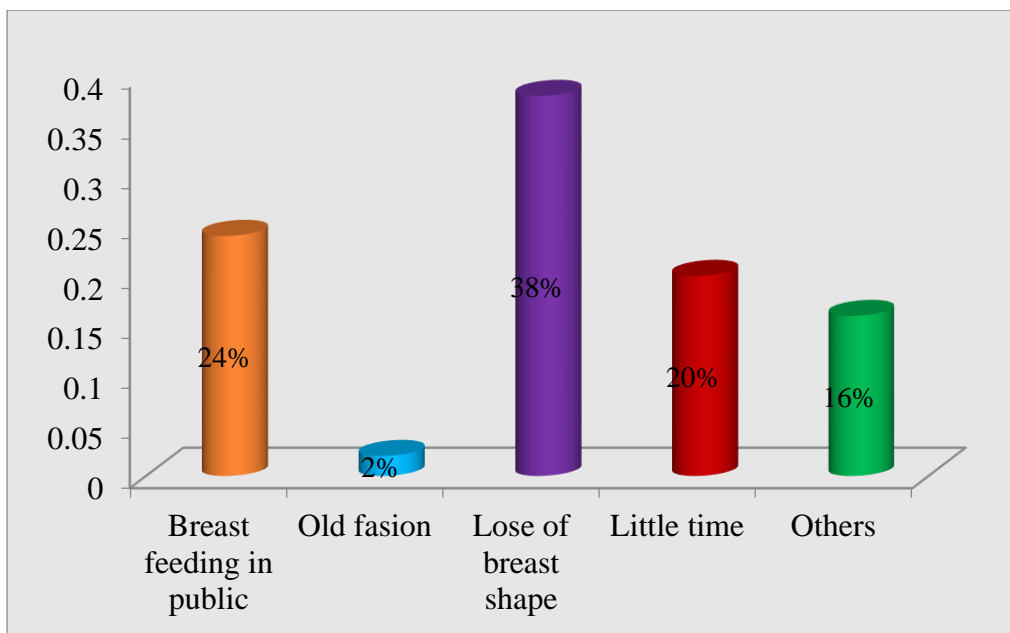


Figure 9: Respondents thoughts about Breast feeding

Figure ix shows that (38%) of the mothers believed, breastfeeding, makes them lose the shape of their breasts. This was followed by (24%) who believed

breastfeeding in public was their main problem. Those who said breast feeding was an old fashion constituted only (2%).

Table 2: Period of EBF

Category	Number	Percent
Up to 2 months	55	55%
2-3 months	25	25%
4-5 months	15	15%
Up to 6 months	5	5%
Today	100	100%

Most mothers breast fed exclusively only up to 2 months. Other mothers introduced other feeds after two (2)

months. Those who exclusively up to for months included only (5%)

Table 3: number of times of daily breastfeeding

Category	Number	Percent
1-6 times	21	21%
7-10 times	07	7%
More than 10 times	30	30%
On demand	42	42%
None	00	0%
Total	100	100%

Table 2 shows that at least all the mothers breast feed their children. Majority of the mothers breastfed based on the demand

of the child (42%). This was followed by those who breast fed 1-6 times in a day.

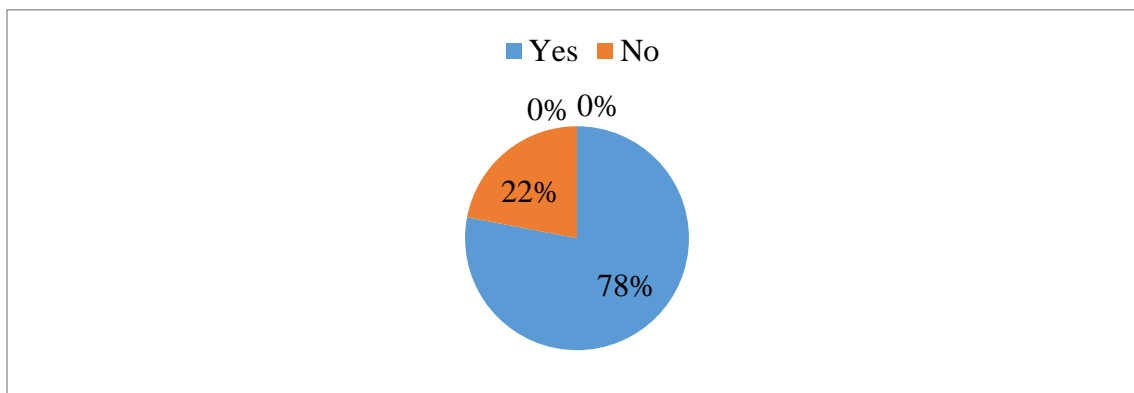


Figure 10: Breast feeding a child when sick

Seventy-eight (78%) of the respondents breast fed their children when sick, while only 22% did not do so. Those who don't

not breast feed a sick child did so because the though breast milk increases the vomiting in the sick child.

DISCUSSION

The findings indicated that (71%) of the respondents heard about exclusive breastfeeding and all them said it involved giving the child only breast milk for six (6) months. The study agrees with [6] demonstrated a vast knowledge about

breast feeding both to the infant and the mothers.

The study showed that the majority of the participants showed affordability as most important benefit of exclusive breastfeeding (30%). Respondents did not

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know exclusive breastfeeding helps mothers lose weight [7], decreasing the risk of type 2 diabetes, breast cancer, [8]. This study the mothers demonstrated more of social benefits as compared to the scientific benefits. However, this was attributed to by high illiteracy

More than a half of the respondents did not agree that EBF is on way of family planning (56%). This is contrary to [9] improve exclusive breastfeeding rates it is important to involve healthcare providers in the process of encouraging mothers to choose exclusive breastfeeding for their children as it contributes to family planning practices. Psychological beliefs are important factors that influence exclusive breastfeeding prevalence in general [10]. Thirty eight (38%) of the mothers believed, breastfeeding makes them lose the shape of their breasts although less represented, the findings of a study among Hong Kong women showed that women tended to consider breastfeeding as socially limiting and thought that women should not be tied to the baby and family making them age and lose the shape of their breasts. This was followed by (24%) who believed breastfeeding in

Most mothers are married, (69%), reached secondary level of education (56%), work mostly as housewife's (44%), catholic denomination took the majority (44%). Most mothers know about EBF (71%) and all them said it involved giving the child only breast milk for six (6) months. Exclusive breast feeding was good to the mothers attributed mainly to two factors; Affordability and attachment to the child

CONCLUSION

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public was their main problem. Those who said breast feeding was an old fashion constituted only (2%).

This study agreed with a number of studies including the UK national infant feeding survey found that 19 % of those who stopped breastfeeding by 4 months attributed this to the need to return to work. This research concurs with findings of other researchers who found out that maternal employment was a factor as in Hong Kong women's decisions to wean early [11,12,13,14,15,16]. Table 2 shows that at least all the mothers breast feed their children. Majority of the mothers breastfed based on the demand of the child (42%). This was followed by those who breast fed 1-6 times in a day.

Seventy-eight (78%) of the respondents breast fed their children when sick, while only 22% did not do so. Mothers believed that sometimes breast milk is the reason the child gets sick especially in early infants. These infections however begin to develop from six weeks when the children's immune systems is beginning to establish with ability to recognize infection which is a complimentary of breast milk.

was reported equally by (30%) of the respondents.

Mothers don't view breastfeeding as one way of family planning. Among the other factors that hindered EBF, mothers perception of babies needing more than milk had the highest percentage, followed by fear of breasts losing shape. The least factors were having difficulties in EBF and breastfeeding being old fashion all at all.

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