

Awareness and Practice of Breast Feeding among Mothers at Kiryandongo District Hospital.

Opio, Francis Oryem

Department of Medicine and Surgery, Kampala International University, Uganda.

ABSTRACT

Breastfeeding is a key tool for nourishing a baby, preventing childhood illnesses like obesity, and hypertension later on in life. In addition, it reduces the cost to the family and the entire country. Uganda to some extent faces a great deal of challenges, particularly in the health sector. The aim of this study was to assess the knowledge, attitude and practices of exclusive breastfeeding in mothers with infants between 1 day to 2 years of age attending the immunization and the pediatric inpatient in Kiryandongo Hospital and to identify factors that affect exclusive breastfeeding (EBF). A cross-section descriptive survey design was used. 187 respondents were selected randomly. The data were collected using a questionnaire and the data was analyzed using descriptive statistics of frequency and percentages. The result of this study showed that 71.2 % knew the correct definition and duration of exclusive breastfeeding, 59.7% exclusively breastfeeds for the first six (6) months of life, 100% gave colostrum to their babies because they believed it provides nutrition and protection to their babies, 87% breastfed on demand. The result also showed that there is a positive attitude of mothers toward exclusive breastfeeding as 86.6% of them agreed that breast milk alone is sufficient to the baby during the first six (6) months of life as well as believed that EBF has benefits to both the infants and the mother. 51% of respondents weaned their babies between 15-18 months and 41% weaned between 19 months to 2 years. It was concluded that there was a high level of knowledge on breastfeeding among the respondents, more than half of the respondents practiced exclusive breastfeeding as recommended and relatively all the respondents had positive attitude toward exclusive breastfeeding.

Keywords: knowledge, attitude, practice, breastfeeding, mothers

INTRODUCTION

Breastfeeding is the method of feeding a baby with milk directly from the mother's breast [1-4]. It includes breastfeeding from a wet nurse and feeding from expressed milk. It involves both exclusive breast feeding for six months and then continued with mixed feeding and complementary feeding until the baby is 2 years of age or beyond before finally being weaned off breast milk. Breast milk is a natural resource most required for growth, development and maintenance of weight, support and contains all nutrients in their right quantities required by the baby. Breastfeeding has been reported as an age-old practice that has been very critical not only to the physiology, growth, and overall well-being of neonates but the physiology and health of women as well [5-9]. Infants can absorb and digest breast milk more easily than baby formula [10]. Breast feeding should be initiated in the

first hour of the baby's life and the baby should be breastfed exclusively for 6 months and continued with complementary feeds for 2 years before finally being weaned off. The new mothers should be instructed about infant hunger cues, correct nipple latch, positioning of the infant on the breast, and feeding frequency [11].

It is recommended for the mother to completely empty the breast on one side before offering the other to be emptied too by the baby for proper milk production. Breast feeding by mother's helps in weight reduction after pregnancy. Breast feeding also helps to fasten involution of the uterus [10] and therefore helps in preventing postpartum hemorrhage among mothers after delivery. Breast feeding helps keep the baby and mother together bonding the mother to her baby. Breast milk is protective against common

Opio childhood diseases like diarrhea, otitis media, urinary tract infections, necrotizing enterocolitis, malnutrition and insulin dependent diabetes mellitus among others [11,12,13,14]. Breast feeding infants should not be given artificial tits or pacifiers. The government has adopted policies on infants and young children feeding practices by UNICEF baby friendly hospital initiative and support the WHO Code for marketing breast milk with an aim of promoting, protecting and supporting breast feeding [8, 12, 13,14,15,16,17].

Approximately one third of infants born to HIV-infected mothers will contract the virus without preventive interventions, transmission of the virus occurs during a

mother's pregnancy or during childbirth or breastfeeding. Without interventions, about 15 to 30 per cent of children become infected during pregnancy or delivery; about 10 to 20 percent contract the virus through breast milk if breastfed for two years.

An estimated 800,000 children under the age of 15 contracted HIV in 2001, about 90% of them through mother-to-child transmission (MTCT) [14]. HIV infected mothers have however been advised not to breast feed in developed countries but use formula foods which are safer substitute for breast milk. On the other hand, mixed feeding have been associated with an increased risk of contracting HIV than EBF.

METHODOLOGY

Research Design

This study used a cross-sectional descriptive design and this type of research design didn't require follow-up.

Study Population

The study population involved women with children between 1 day and 24 months of age attending the immunization clinic, pregnant mothers attending antenatal and mothers after delivery at Kiryandongo hospital.

Inclusion Criteria

Mothers with children aged 1 day to 24 months attending immunization. Breastfeeding mothers who gave consent to participate in the study.

Exclusion Criteria

Mothers who declined to participate in the study.

Sample Size and Sampling Technique

The sample size was obtained using the Fisher's formula: $N = Z^2pq/d^2$ Where:
N = minimum sample size required
Z = standard normal deviate at 95% confidence level = 1.96 from the normal distribution table.

$$N = \frac{(1.96)^2 \times 0.17 \times 0.83}{(0.05)^2} = \frac{3.84 \times 0.14}{0.0025} = 215.04$$

Data Collection Method

An interviewer administered questionnaire which were first tested for applicability and feasibility before being used to obtain information on socio-demographic status, birth related events,

Sampling Procedure

Participants were chosen based on purposive sampling because using this, the researcher could reach the target easily.

Mothers with subsequent pregnancy attending antenatal and with children 0 to 24 months of age were targeted so that they can recall their exclusive breastfeeding practice and the early practices that supported the success of exclusive breastfeeding for the first six months of life and age at weaning and since the mothers normally came to the immunization clinic with babies at the 6th, 10th, 14th weeks and later at 9 months.

$$\begin{aligned} d &= \text{desired precision} = 5\% = 0.05 \\ p &= \text{prevalence of EBF} = 17\% = 0.17 \\ q &= 1-p = 1-0.17 = 0.83 \end{aligned}$$

knowledge, attitude and practices related to breastfeeding during the first six months, sources of breastfeeding education, family support and age at stopping breast feeding. The questionnaire where multiple choice and closed

Opio questions where included where necessary.

Data Analysis

The data was analyzed by means of descriptive statistics. The descriptive statistic described the data by investigating the description of scores on different variables and how they are related to each other if at all.

Quantitative data was then entered into the computer using Statistic Pack for Social Sciences (SPSS) or EPI-INFO programs.

Ethical Consideration

After submission of the research proposal to Kampala International University ethics and research committee for approval, the researcher then obtained permission introducing him to Kiryandongo Hospital administration allowing him to do the study at the facility.

Confidentiality

The information obtained from the study was treated with confidentiality and used for study purpose only.

RESULTS

Table 1: Distribution of respondents by age

Age group(years)	Frequency	Percentage (%)
15-20	53	28.3
21-30	77	41.2
31-40	51	27.2
41-50	6	3.2
Total	187	100

187 respondents were recruited in the study within the age range of 15 to 50 years. The mean age of the respondents was 27.3 years and standard deviation of

5.02 years. Most of the respondents (57.6%) were in the age group of 21-30 as shown in the table 1 above.

Table 2: Distribution of respondents by ethnicity

Tribe	Frequency	Percentage (%)
Acholi	37	20
Alur	28	15
Banyoro	51	25
Baluli	40	21
Basoga	3	2
Bagisu	1	0.53
Chope	20	12
Iteso	7	4
Total	187	100

Majority (25%)of the respondents were from Banyoro tribe, 21% from Baruli tribe, 20% from Acholi , 15% from Alur, 12% from

Chope, 4% from Iteso ,2% from Basoga tribe, 0,53% from bagisu tribe as described in the table 2 above.

Table 3: Distribution of respondents by educational level and occupation

Level of education	Frequency	Percentage (%)
None	47	25
Primary	88	47
Secondary	29	15.5
University	7	4
Others	16	8.5
Occupation		
House wife	19	10.1
Self employed	17	9
Students	11	5.9
Peasant	115	61.5
Civil servant	25	13.5

Majority of the respondents (47%) had primary education, 25% had no education, 15.5% had secondary education, 8.5% had other educational which involved joining institutions and 4% had university educational level. Occupational wise,

61.5% which is the majority were peasants, 13% were civil servants, 10.1% were house wives, 9% were self-employed and 5.9% were students as shown in table 3 above.

Table 4: Other respondents' information

Items	Frequency	Percentage (%)
Religion		
Muslim	25	13.34
Christian	162	86.63
Others	-	-
Total	187	100
Number of ANC visits		
1	6	3.2
2	14	7.5
3-4	115	61.5
>4	52	27.8
Mode of delivery		
SVD	153	81.8
CS	34	18.2
Place of delivery		
Hospital	154	82.3
Health center	24	12.8
Home	9	4.8

The table 4 above showed that majority (86.63%) were Christians and 13.34% of the respondents were Muslims. 61.5% made antenatal visit between 3-4 times, 27.8% made more than 4 ANC visits, 7.5% made 2 ANC visits and 3.2% made only 1 ANC visit.

81.8% which is the majority delivered by SVD and the remainder which is 18.2% delivered by cesarean section. Majority 82.3% delivered at the hospital, 12.8% delivered at health centers and 4.8% delivered from home.

Table 5: Initiation of after birth Breastfeeding

Initiation of exclusive breast feeding	Frequency	Percentage (%)
<1 hour after birth	132	70.6
2-24 hours after birth	47	25.1
>24 hours	8	4.3
TOTAL	187	100

59.9% which is the majority of women breastfed within the 1st hour of delivery, 30.48% breastfed between 2-24 hours and

9.62% breastfed beyond 24 hours after delivery as indicated in the table 5 above.

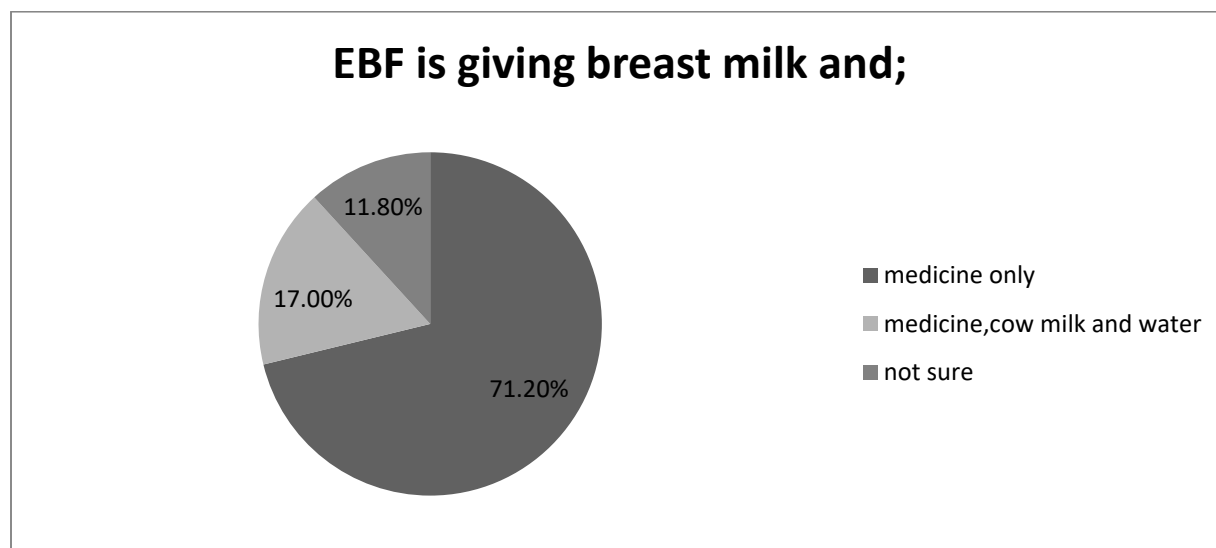


Figure 1: Respondent’s definition on exclusive breast feeding.

The majority knew that exclusive breast feeding is to give breast milk and medicine only in the first 6 months, 11.8% knew that

it’s to give breast milk, cow milk and water and still 11.8 were not sure as indicated in figure 1 above.

Table 6: Practice of exclusive breast feeding.

Exclusive breast feeding	Frequency	Percentage (%)
Exclusively breast fed	114	61
Not exclusively breast fed	73	39
Total	187	100

Majority (61%) of the respondents practiced exclusive breast feeding and the remaining (39%) never practiced EBF as

shown in the table 6 above. All (100%) of mothers practiced rooming in.

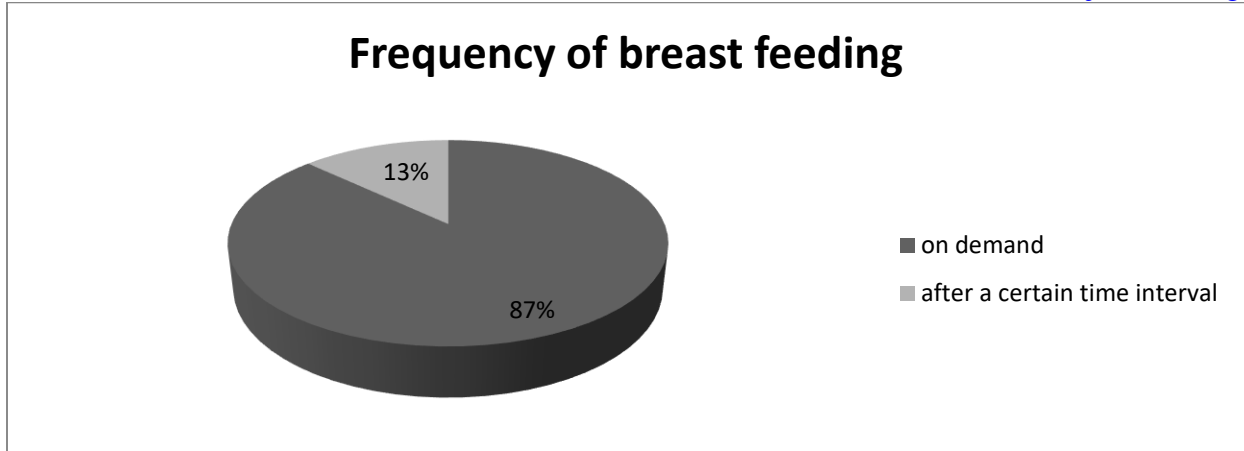


Figure 2: Respondents frequency of Breast Feeding.

Majority of respondent (87%) breast fed on demand and 13% breast fed after a certain

time interval as represented in figure 2 above.

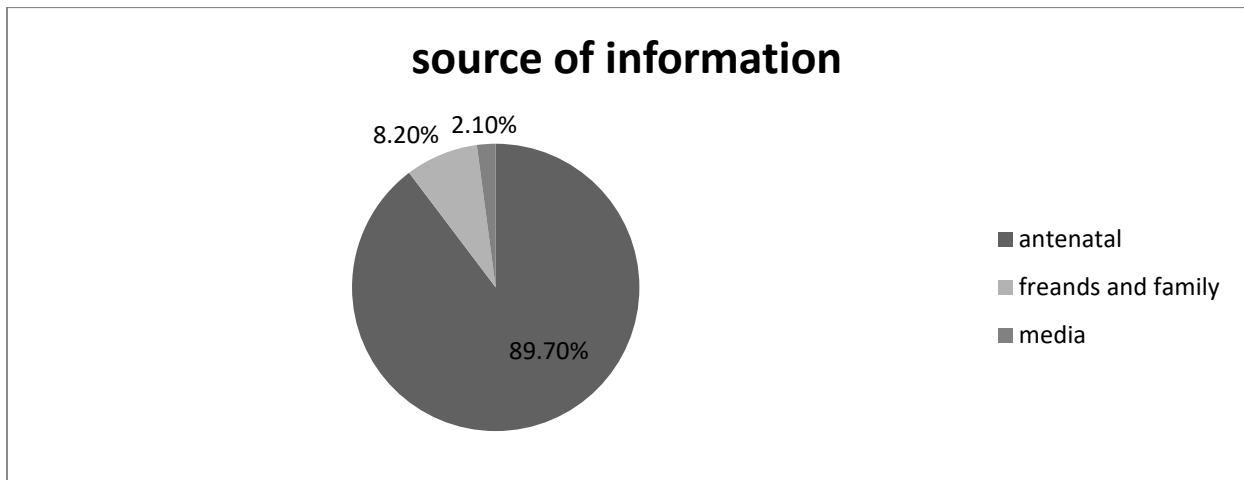


Figure 3: Respondent's source of information about breast feeding.

The biggest population of women (89.7%) acquired knowledge on breast feeding during antenatal visits ,8.2% from friends

and family and 2.1% from media as represented figure 3 above.

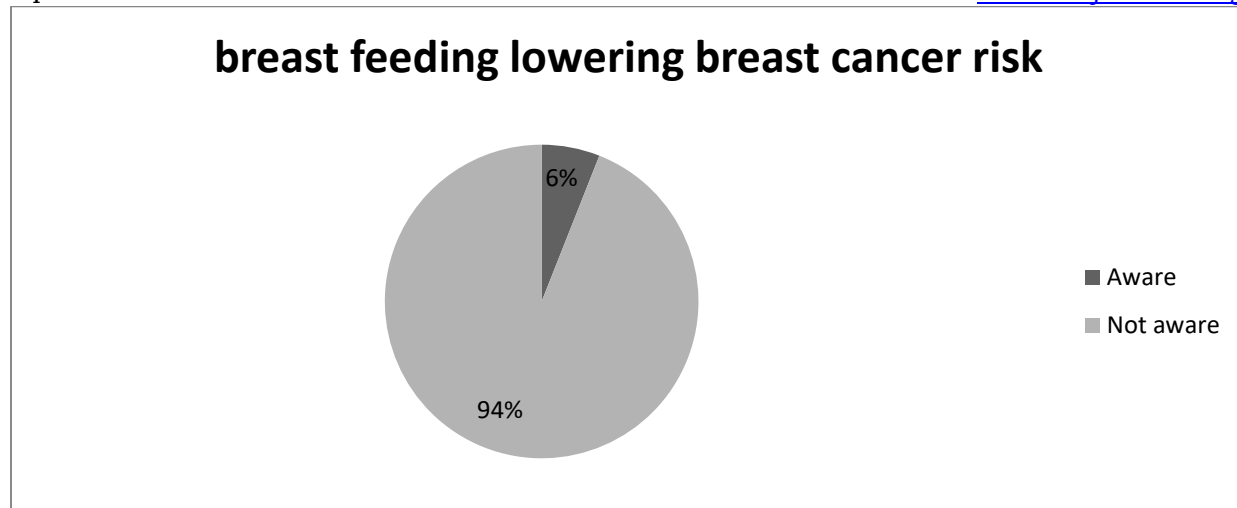


Figure 4: Respondent's knowledge and awareness of breast cancers risk reducing on breast feeding.

Majority (94%) where not aware that breast feeding lowers the risk of breast cancer

among women and only 6% knew as shown in figure 4 above.

Table 7: Respondent's knowledge on Transmission of HIV through breast feeding

HIV transmission on breast feeding	Frequency	Percentage (%)
Aware	172	92
Unaware	15	8
Total	187	100

Majority, 92% were aware of the possibility of HIV transmission via breastfeeding, 8% were not aware as shown in table 7 above.

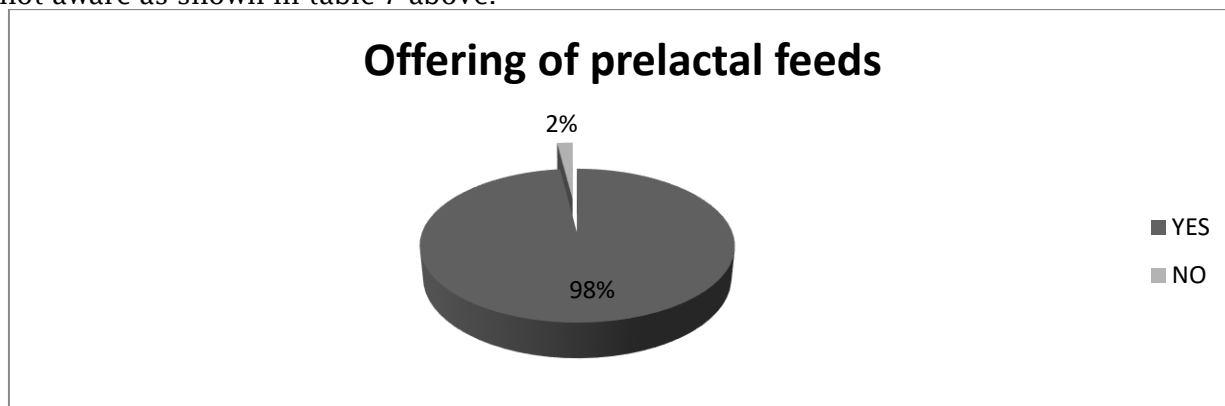


Figure 5: Respondent's offering of Prelactal feeds

Only 2% offered prelactal feeds to their babies while majority (98%) didn't offer

prelactal feeds as indicated in figure 5 above.

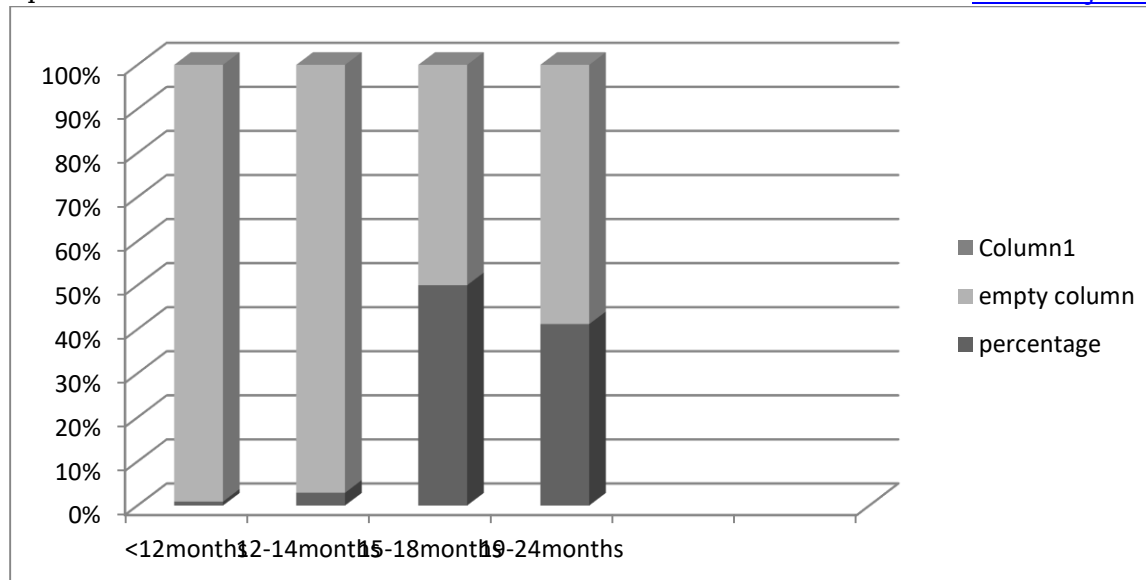


Figure 6: Months at which Respondent's weaned their Children

52.1% of the respondents wean their children between 13 to 15 months,40.9%weaned them between 16 to

24 months,7.6% weaned them 11-12 month 1.4% weaned between 6 to 10 months as shown in figure 6 above.

Table 8: Attitude towards exclusive breast feeding

Items	Frequency	Percentage (%)
Breast milk alone is sufficient for the baby during the first six month of life	162	86.6
(i) Agreed	25	13.4
(ii) Not agreed		
Breast feeding has benefits to the mother	162	86.8
(i) Agreed	25	13.2
(ii) Not agreed		
Colostrum provides nutrition and protection to the baby	172	92
(i) Agreed	15	8
(ii) Not agreed		

From the table above, majority (86.6%) agreed the breast milk alone is sufficient for the baby and 13.4 don't agree. 86.8% agree that breast feeding has benefit for

the mother and 13.2% don't agree. Majority 92% agree that colostrums protects the baby while didn't agree as indicated in table 8 above.

Table 9: Breast Feeding Pattern during Maternal Sickness

Breast feeding during sickness	Frequency	Percentage (%)
Continue breast feeding	122	65
Consult the doctor	53	28.2
Stop breast feeding	7	3.60
Start bottle feeding	5	2

Majority (65%) of respondents said that they would first consult a health worker before continuing with breast feeding, 28.2% said they would continue breast

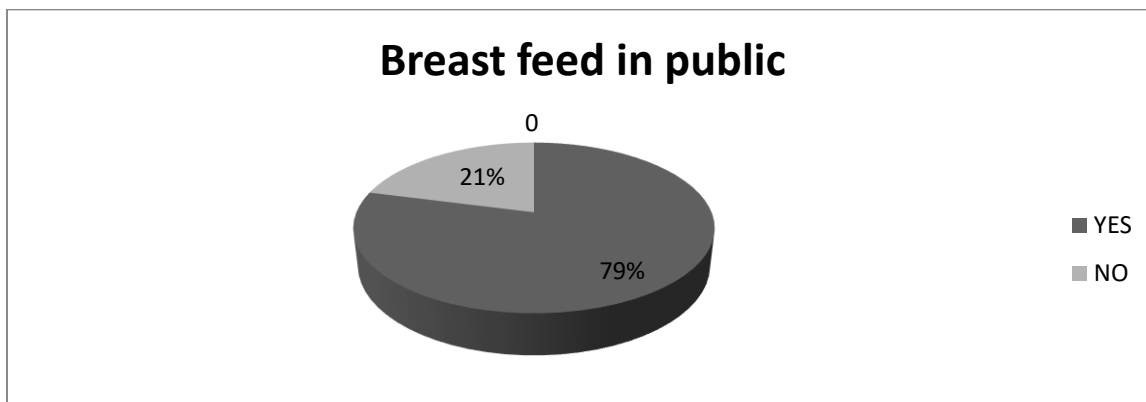
feeding while sick, 3.6% would stop breast feeding and 2% would start bottle feeding as indicated in table 9 above.

Table 10: Respondents breast feeding during the time of the study

Number breast feeding	Percentage	Frequency (%)
Breast feeding	146	70.1
Not breast feeding	41	29.9

Majority (70.1%) of the respondents were still breast feeding at the time of the study

yet 41 (29.9%) had stopped breast feeding as indicated in the table 10 above.

**Figure 7: Breast Feeding of Respondents in public**

Most of the respondents, 79% had no problem or fear with breast feeding in

public and 21% do as indicated in figure 7 above.

Table 11: Breast feeding support from work place among the employed and student respondents

Item	Frequency	Percentage (%)
Had support	173	92.3
Had no support	14	7.4

From the study, 92.3% of respondents had enough support from work place while the 7.4% had no support to exclusively breast

feed their babies as indicated above in table 11 above.

DISCUSSION

The study focused on knowledge, attitude and practice of breast feeding among mothers attending Kiryandongo. The study managed to collect data from 187 (87%) most of who were Banyoro by tribe and majority being Christians. The age distribution of the respondents was between 15-50 years with mean and standard deviation of 27.3 ± 5.02 . Since majority of the respondents were aged between 21-30 years.

The study revealed that, even though, majority of the respondents were aware of exclusive breastfeeding, only 71.2% knew the correct definition and duration of exclusive breastfeeding. Despite majority (71.2%) knowing the definition of exclusive breast feeding as above, 61% practiced exclusive breast feeding. this is also higher than the study that reported 19.9% and 30.5% in Mauritius and Nigeria respectively (19,36). This could be attributed to the fact that most mothers value the importance of exclusive breast feeding, in addition low financial status can be a reason as to why some mothers opted to breastfeed longer, as they had no other feeding option. Mothers hardly knew exclusive breast feeding as a term but could describe the feeding pattern (only giving breast milk and medicine) when babies are less than 6 months. Since only 61. % practiced exclusive breast feeding, 38.8% practiced mixed feeding instead. Milk insufficiency was the common reason given by the majority who failed to exclusively breastfeed for six months (28.8%).

Study also showed that the type of delivery affects the time of initiation of breast feeding, in that those who delivered vaginally initiated breast feeding earlier than those who delivered by cesarean section. Majority of the mothers initiated breast feeding within an hour of delivery because of the good work done by midwives in advising mothers after delivery. Widespread use of spinal anaesthesia in ceserean deliveries could play a role in allowing mothers to be able to initiate breastfeeding within one hour of birth, but in a few in whom general

anaesthesia was given never breast fed within the 1st hour of delivery.

All (100%) the respondents gave colostrum to their babies because all believed that colostrum provides nutrition and protection to their babies while some gave unknowingly.

On the Socio-demographic factors affecting success of breastfeeding, the analysis showed that parity and mother`s level of education were the significant socio demographic factors associated with exclusive breastfeeding. Mother with less children tend to exclusively breastfeed more than the ones with many children, this can be because they are not driven away from their babies by the increasing responsibilities of the older ones.

Although, majority (98%) of the respondents did not gives pre-lacteal feed to their babies, about 2% of them gives glucose with water.

There was a positive attitude of mothers toward exclusive breastfeeding as majority (65%) of them said would continue to breastfeed their babies even when they themselves are sick without consulting health workers, which is a bad breast feeding practice while only 28% would consult first. On the other hand, 7% said would stop the exclusive breastfeeding and 5% said would resume bottle feeding when the mother is sick respectively.

The study found that most of the mothers did not express their milk for baby`s feeding. This practice is not accepted by most of the mothers, partly because they think that the milk will not be good by the time they will be giving their children, but mostly because they had no idea about EBM use. The small number who had heard about EBM use didn`t practice it because of difficulty of storage. The small percentage who expressed their breast milk did so not for feeding but to discard the foremilk after being away for hours, especially when the sun is hot, assuming that the milk will then be changed and can cause diarrhoea to the baby.

From the report, majority (89.7%) acquired the knowledge they had about breast feeding from health workers during

Opio

antenatal visit.8.2% from family and friends then 2.1% from media which is attributed to the increased mother's knowledge on breast feeding.

The study revealed that 88.5% of mother had support in regard to breastfeeding, majority of which was from the husband. 92.3% of the employed mothers got support from their employers in regards to breastfeeding by letting them go home after midday so as to breast feed their children. Casual laborers tended to carry their babies to their work place, although there were no designated place for breastfeeding at work place.

CONCLUSION

This study reveals that there is high awareness of breastfeeding among pregnant women attending antenatal clinic and breast feeding mothers nursing their children in pediatrics ward. The level of

www.iaajournals.org

Most of the respondents (79%) had no problem or fear with breast feeding in public 21% who gave a reason of fear that people will see their breasts.

52% of respondents desired and others weaned their children between 13-15 months, 40.9% weaned between 16-24 months, and 1.4% weaned or others desired to wean their children 6-10 months. However, the baby friendly hospital initiative requires by WHO and UNICEF requires mothers to breast feed for up to 2 years for maximum benefit of both the mother and the baby.

knowledge on exclusive breastfeeding among the respondents was equally high and it could be as a result of the fact that most of the respondents obtained their information on EBF from health workers.

REFERENCES

1. Ogomaka, I. A. and Obeagu, E. I. (2019). Methods of Breast Feeding as Determinants of Malaria Infections among Babies in IMO State, Nigeria. *International Journal of Medical Science and Dental Research*, **02** (01):17-24.
2. Obeagu, E. I., Okoroiwu, I. L., Obeagu, G. U., Adaka, D. and Elemchukwu, Q. (2015). Leucocyte count in breastfeeding mothers in Owerri Metropolis. *Scholars Academic Journal of Biosciences (SAJB)*, **3**(8):683-686.
3. Okereke, I. F., Obeagu, E. I., Ovute, A. O., Kanu, S. N., Odo, C. E., Okeke, C. I. and Ugwu, G. U. (2015). Complementary feeding practices and nutritional values of complementary foods used by IGBO Mothers of Imo and Abia states of Nigeria. *International Journal of Advanced Research in Biological Sciences*, **2**(3):123-136.
4. Ibekwe, A. M., Obeagu, E. I., Ibekwe, C. E., Onyekwuo, C., Ibekwe, C. V., Okoro, A. D. and Ifezue, C. B. (2022). Challenges of Exclusive Breastfeeding among Working Class Women in a Teaching Hospital South East, Nigeria. *Journal of Pharmaceutical Research*
5. Mbina, S. A., Magaji, G., Fanuel, A., Pius, T., Gorret, A., Mavine, A. N. and Stellamaris, K. (2021). Breastfeeding Practices among Infants and Young Children in Bushenyi, Uganda: Influence of Maternal Knowledge and Occupation. *Journal of Family Medicine and Health Care*, **7**(4), 90-97.
6. Obeagu, E. I., Obarezi, T. N., Eze, O. B. L. and Emelike, U. U. (2014). Haematological profile of pregnant women in Umuahia, Abia State, Nigeria. *Int.J. Curr. Microbiol. App.Sci*, **3**(1): 713-
7. Obeagu, E. I. (2022). An update on utilization of antenatal care among pregnant Women in Nigeria. *Int. J. Curr. Res. Chem. Pharm. Sci.*, **9**(9): 21--26. DOI: <http://dx.doi.org/10.22192/ijcrcps.2022.09.09.003>
8. Okoroiwu, I. L., Obeagu, E. I. and Obeagu, G. U. (2022). Determination Of Clot Retraction In Pregnant Women Attending Antenatal Clinic in Federal Medical Centre Owerri, Nigeria. *Madonna International*, **4**(46A), 1-10. <https://doi.org/10.9734/jpri/2022/v34i46A36371>

- University Journal of Medicine and Health Sciences*, **2**(2), 91-97.
9. Obeagu, E. I., Okwuanaso, C. B., Edoho, S. H. and Obeagu, G. U. (2022). Under-nutrition among HIV-exposed Uninfected Children: A Review of African Perspective. *Madonna University Journal of Medicine and Health Sciences*, **2**(3), 120-127.
 10. Office on Women's Health (2012). U.S. Department of Health and Human Services (DHHS).
 11. Misrach Z. L., Vempati P., Vulli, V. R. and Suberu, S. A. (2018). The Effect of Fenugreek Seed powder in Augmenting Expressed Breast Milk Volume from Mothers of Preterm Infants at Tikur Anbessa Neonatal Intensive Care Unit. *Global Journal for Research Analysis* , **7** (3)
 12. Elemchukwu, Q., Obeagu, E. I. and Ochei, K. C. (2014). Prevalence of Anaemia among Pregnant Women in Braithwaite Memorial Specialist Hospital (BMSH) Port Harcourt. *IOSR Journal of Pharmacy and Biological Sciences (IOSR-JPBS)*, **9** (5):59-64.
 13. Ibebuike J. E., Ojie C. A., Nwokike G. I., Obeagu E. I., Nwosu D. C., Nwanjo H. U., Agu G. C, Ezenwuba C.O., Nwagu, S. A. and Akujuobi, A. U. (2017). Barriers to utilization of maternal health services in southern senatorial district of Cross Rivers state, Nigeria . *Int. J. Adv. Multidiscip. Res.*, **4**(8): 1-9. DOI: <http://dx.doi.org/10.22192/ijamr.2017.04.08.001>
 14. United Nations and International Children's Education Fund (2005). State of the world's Children.2005 available at www.unicef.org (Accessed on 23 January).
 15. Lutaaya M. A. (2023).Prevalence and Factors Hindering First Time Mothers from Exclusively Breast Feeding in Kyabugimbi Health Centre IV, Bushenyi District Uganda. *IDOSR Journal of Biochemistry, Biotechnology and Allied Fields* **8** (1), 53-63.
 16. Patrick M. (2023). Evaluation of Factors that are influencing quick initiation of Breast Feeding in Post Natal Mothers at Kabale Regional Referral Hospital. *IDOSR Journal of Biology, Chemistry and Pharmacy* **8** (1), 1-14.
 17. Awino S. (2023). Factors Associated with under Nutrition in Children under Five Years in Bangaladesh Parish, Namasale sub-County, Amolatar District. *INOSR Scientific Research* **9** (1), 59-68.