

Factors Influencing Breastfeeding Practices Among Postnatal Mothers in Hoima Regional Referral Hospital

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ABSTRACT

This study assessed the prevalence of breastfeeding practices, maternal and child factors influencing exclusive breastfeeding among lactating mothers attending Hoima regional referral hospital. A descriptive cross-sectional study design which employed both quantitative and qualitative methods in data collection was used for this study. Simple random sampling technique was used to sample the health facilities and respondents (lactating mothers) at each facility. 200 lactating mothers of children of age 0- 24 months participated in this study. Data from the survey was statistically analyzed using the Statistical Package for Social Sciences. According to the present study, the overall prevalence of exclusive breastfeeding in the first six months was 68.33%, Predominant breastfeeding in the first six months was 12.5%, bottle feeding was 58.5% among children 0-24 months. Early initiation of breastfeeding among infants 0- 11 months was 95.8% and 95.0% among those aged 12-24 months. Among mothers with children aged 0-11 months 95.83% initiated their newborns to breastfeeding within the first hour while 95.00% with children 12-24 months initiated within the first hour. Among mothers with children 0-1 months, 85.71% practiced exclusive breastfeeding and 14.29% practiced predominant breastfeeding. Exclusive breast feeding and predominant breastfeeding were at 70.83% and 29.17% respectively among mothers with children aged 2-3 months. Among children aged 4-5 months, 57.14% and 42.86% were predominantly and exclusively breastfed respectively. Bottle feeding was at 73.75% among children aged 12-24 months, 61.11% among those aged 6- 11 months and 37.14% among those 0-5 months. Exclusive breastfeeding was highest among mothers aged 18-29 (64.29%), married (68.65%), mothers who attained post-secondary education (85.71%), House wives (76.19%), urban dwellers (76.00%), mothers who attended antenatal care. More than 4 times (77.50%), multiparous (71.05) and mothers who produced from hospital (66.67%). Exclusive breastfeeding was high among children aged 0-1 months (85.71%), male infants (66.67%), infants who had birth weight >2.5kg (67.70%) and those with high appetite (69.70%) as shown in table 3 below. Exclusive breastfeeding in Uganda is satisfactory though still short of the WHO target. Maternal factors associated with exclusive breastfeeding include; Age, marital status, Level of education, occupation, area of residence, antenatal care visits, parity and place of delivery while child's factors associated with exclusive breastfeeding include child's age, gender, birth weight and child's appetite.

Keywords: breastfeeding, factors, mothers

INTRODUCTION

Globally, countries have been challenged by the double burden of malnutrition, both under nutrition stunting, "underweight, and wasting and micronutrient deficiencies" and over nutrition (overweight /obesity) [1-4]. Malnutrition is high among children under age 5. 33% are stunted, 4.8% are wasted, 16% are underweight, 49% are anaemic,

38% are Vitamin A Deficient, 10.2 % are born with low birth weight, 3% are obese/overweight [1]. Vulnerability to stunting varies from region to region; stunting is much higher in rural areas with 18.65 stunted in the urban areas compared to the 35.6% stunted in the rural areas.

The number of stunted children in the

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Eastern part of Uganda has reached epidemic proportions, according to findings of a health research project [5], a situation that can be backtracked to early infant feeding practices. In order to reduce or curb this challenge generally, the Uganda Government through the Ministry of Health ensures the implementation of Infant and young child feeding practices (IYCF). The Uganda Food and Nutrition Policy [6], promotes the recommended IYCF practices which are also stressed in the National Health Policy. Further guidance on IYCF is given in The Baby Friendly Health Facility Initiative (BFHI) and

Health Facility Practices Policy of October 1999, the Integrated Management of Childhood Illness (IMCI) Feeding Guidelines, the Vitamin A Supplementation Guidelines. The ministry of health Acts as the principal implementer and coordinator of all the interventions aimed at achieving the goal and objectives of this policy [7].

Breast milk contains all the nutrients required by infants in the first 6 months of life for good health and development [8-11]. It also contains bioactive factors that augment the infant's immature immune system, providing protection against infection, and other factors that help digestion and absorption of nutrients [12-14].

Breastfeeding therefore, is an important public health strategy for reducing maternal, infant and child morbidity and mortality [15, 16]. The normal way of providing young infants with nutrients they need for healthy growth and development is through breastfeeding and virtually all mothers can breastfeed, provided they have accurate information, and the support of their family, the health care system and society [17-20].

Studies have shown that, good breastfeeding practices especially EBF could prevent about 11.6 % of the 6.9

Research Design

The research design was a cross-sectional and descriptive using quantitative and qualitative approaches [30].

Study population

The study population included

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million under five deaths in developing countries [21, 22].

The World Health Organization (WHO) therefore recommends optimal breastfeeding which includes immediate initiation of breastfeeding, exclusive breastfeeding for six months and continued breastfeeding for at least two years with optimal complementary feeding from six months [23, 22]. Recent evidence indicates that breastfeeding could save over eight hundred thousand children's lives and about two hundred mothers' lives annually [24]. Despite the benefits and efforts to promote breastfeeding, EBF is sub optimally practiced in many developing countries. Only 35 % of the infants are exclusively breastfed worldwide [25]. In the sub-Saharan Africa which has high rates of infants and child mortality only 33 % of infants are exclusively breastfed [25].

In Uganda, only 42 % of new-borns are breastfed in the first hour of life [26], thus, a large proportion of new-borns miss out on the disease-protective benefits of colostrum ("first" milk, of yellowish colour) and only 63% are breastfed up to six months.

In response to the persistent decline in the rate of breast feeding globally, the World Health Organization and UNICEF had launched several programmes like the baby friendly hospital initiative and the International Code of Marketing of Breast Milk substitutes in order to protect, promote and support breastfeeding [27, 22]. Several factors such as socioeconomic, socio demographic, cultural and so on have been found to be associated with breastfeeding practices especially EBF, in developed countries [28, 29]. However, how these factors influence breastfeeding practices especially in Uganda differ from one setting to the other.

METHODOLOGY

breastfeeding mothers of children aged 0 to 24 months seeking health services from any of the sampled health facilities in Hoima district.

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Sample size and sampling technique

The sample size was determined using Kish Leslie (1965) formula as stated below:
 $n = z^2p(1-p) / e^2$

Where n = Estimated minimum sample size required

P= Proportion of a characteristic in a sample (84.5%)

Z=1.96 (for 95% Confidence Interval)

e = Margin of error set at 5%

n = 1.96

2x 0.845 (1 - 0.845)0.05

n = 201 mothers

Sampling technique

Simple random sampling technique was used. The lottery method was used where mothers of children aged 0 - 24 months attending Maternal and Child Health (MCH) clinic in Hoima Regional Referral Hospital were assigned numbers then randomly picked. This was done in each successive day during the study till the target sample was obtained.

Data collection methods

Quantitative data was collected using structured interview while the qualitative data was also collected using focus group discussions (FGDs) guide. The researcher and assistants administered the questionnaire to the respondents by reading the question in the local language for them to understand and give the right response. Three focus group discussions (FGDs) were conducted on separate days with 5 participants in each group at two of the sampled health facilities. Using a FGDs guide, the participants gave their opinions and answers on probes about breastfeeding practices.

Data collection instruments

Quantitative data collection was conducted using a closed or structured questionnaire to obtain all of the required information. The questionnaires were

According to the present study, the overall prevalence of exclusive breastfeeding in the first six months was 68.33%, Predominant breastfeeding in the first six months was 12.5%, bottle feeding was 58.5% among children 0-24 months. Early initiation of breastfeeding among infants 0- 11 months was 95.8% and 95.0% among those aged 12-24 months. Among mothers with children

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developed in English. Qualitative data collection was conducted using open ended FGD guide.

Selection criteria of participants

Inclusion criteria

Inclusion criteria include mothers who have given birth 0 - 6 months prior to the study and lactating and mothers whose children are 6-24 months old and consent.

Exclusion criteria

Exclusion criteria include lactating mothers who did not consent, mothers nursing children who are above 24 months of age.

Data process and analysis

Quantitative data from the survey was statistically analyzed using the Statistical Package for Social Sciences (SPSS) (version 12.0). Basic descriptive analysis was done using frequency distributions. Qualitative data was sorted, categorized and conceptualized systematically to see the patterns of exclusive breastfeeding. Measures of central tendency were used to give expected summary statistics of variables studied. Descriptive statistics was used to describe a distribution of scores [30]. Findings will be presented using frequency distribution tables, charts and graphs. The qualitative data was gathered to answer the research questions and find the themes emerging from the data as well as the meanings attached to those themes.

Ethical considerations

Letter of introduction was collected from the school and permission was sought and granted by the district health officer (DHO) before undertaking this research. Ethical approval was sought too from various research and ethical committee of KIU to ensure that the study adhere to acceptable ethical guidelines [31].

RESULTS

aged 0-11 months 95.83% initiated their newborns to breastfeeding within the first hour while 95.00% with children 12-24 months initiated within the first hour. Among mothers with children 0-1 months, 85.71% practiced exclusive breastfeeding and 14.29% practiced predominant breastfeeding. Exclusive breast feeding and predominant breastfeeding were at 70.83% and 29.17%

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respectively among mothers with children aged 2-3months. Among children aged 4-5months, 57.14% and 42.86% were predominantly and exclusively breastfed respectively. Bottle feeding was at 73.75% among children aged 12-24months, 61.11% among those aged 6- 11months and 37.14% among those 0-5months as shown in table 1 below.

Table 1: Breast Feeding Practices

Practice	Category	Size of Subsample (N)	Frequency(n)	Percentage (%)
Early Initiation of Breastfeeding (0- 23Months)	0-11	120	115	95.83
	12-24	80	76	95.00
	0-1	14	2	14.29
Predominant Breastfeeding (0- 5months)	2-3	24	7	29.17
	4-5	28	16	57.14
	0-5	66	25	37.88
Bottle Feeding (0-24Months)	6-11	54	33	61.11
	12-24	80	59	73.75
	0-1	14	12	85.71
Exclusive Breastfeeding (0-5Months)	2-3	24	17	70.83
	4-5	28	12	42.86%

Among mothers aged 18-29, 64.29% practiced exclusive breastfeeding. 60.61% among those aged 30 and above and 60.00% among those aged less than 18 practiced exclusive breastfeeding. Majority (68.65%) of the married mothers practiced exclusive breastfeeding while 40.00% of the single mothers practiced exclusive breastfeeding. Exclusive breastfeeding was practiced more by mothers who attained post-secondary education (85.71%) compared to those who attained lower education. 76.19% of House wives, 58.82% of peasants and 45.45% of the Employed mothers practiced exclusive breast feeding. Among the urban

dwellers, 76.00% practiced exclusive breastfeeding and 53.66% from rural areas practiced exclusive breastfeeding. Among mothers who attended antenatal care, 77.50% of those who attended more than 4 times, 42.86% of those who attended 1-3 times and 20.00% of those who did not attend practiced exclusive breastfeeding. 71.05% of the multiparous and 50.00% of primiparous women practiced exclusive breastfeeding. Among mothers who produced from hospital, 66.67% breastfed their children exclusively while 33.33% who produced from home breastfed exclusively as shown in the table 2 below.

Table 2: Maternal Factors Influencing Exclusive Breastfeeding

Variable	Category	Frequency (n=66)	Exclusive Breastfeeding			
			Response	Percentage		
1 Age (Years)	Less than 18	5	Yes	3	60.00	
			No	2	40.00	
	18-29	28	Yes	18	64.29	
			No	10	35.71	
	30 and above	33	Yes	20	60.61	
			No	13	39.39	
2 Marital Status.	Single/divorced	15	Yes	6	40.00	
			No	9	60.00	
	Married	51	Yes	35	68.63	
			No	16	31.37	
	3 Level Of Education.	No formal education	10	Yes	4	40.00
				No	6	60.00
Primary school		19	Yes	10	52.63	
			No	9	47.37	
Secondary school		23	Yes	15	65.22	
			No	8	34.78	
Post-secondary education	14	Yes	12	85.71		
		No	2	14.29		
4 Occupation.	Employed	11	Yes	5	45.45	
			No	6	54.55	
	Peasant	34	Yes	20	58.82	
			No	14	41.18	
	House wife	21	Yes	16	76.19	
			No	5	23.81	
5 Area Of Residence.	Rural	41	Yes	22	53.66	
			No	19	46.34	
	Urban	25	Yes	19	76.00	
			No	6	24.00	

			No	6	24.00
6	Religion	Catholic	25	Yes	15 60.00
				No	10 40.00
		Protestant	21	Yes	13 61.90
				No	8 38.10
		Islam	15	Yes	10 66.67
				No	5 33.33
		Others	5	Yes	3 60.00
				No	2 40.00
7	ANC Visits	NONE	5	Yes	1 20.00
				No	4 80.00
		1-3	21	Yes	9 42.86
				No	12 57.14
≥4	40	Yes	31 77.50		
		No	9 22.50		
8	Parity	Primiparous	28	Yes	14 50.00
				No	14 50.00
		Multiparous	38	Yes	27 71.05
				No	11 28.95
9	Place of Delivery	Home	9	Yes	3 33.33
				No	6 66.67
		Hospital	57	Yes	38 66.67
				No	19 33.33

According to the study, exclusive breastfeeding was high among children aged 0-1months (85.71%), male infants (66.67%), infants who had birth weight

>2.5kg (67.70%) and those with high appetite (69.70%) as shown in table 3 below.

Table 3: Child Factors Associated with EBF (0-5months)

Variable	Category	Frequency Exclusive Breast Feeding		
		Number	Percentage (%)	
Child's Age (Months)	0-1	14	12	85.71
	2-3	24	17	70.83
	4-5	28	12	42.86
Gender	Male	39	26	66.67
	Female	27	15	55.56
Birth weight/infant size	1.5 -1.9kg	5	2	40.00
	2.0kg - 2.4kg	18	10	55.56
	> 2.5kg	43	29	67.44
Child's Appetite	High	33	23	69.70
	Average	25	15	60.00
	Low	8	3	37.50

DISCUSSION

In the study, majority (95.8%) of the mothers with infants aged 0-11 months and 95.00% of the mothers with children 12-24months initiated breastfeeding within the firsthour. The figure is higher compared to the results of a study [32] which showed that early initiation of breastfeeding was at 87.6%. This may be attributed to maternal knowledge about early initiation of breastfeeding.

According to the study, the overall prevalence of exclusive breastfeeding among infants ≤5months was at 68.33%. However, it decreased from 85.71% among those aged 0-1months to70.83% at 2-3months and 42.86% at 4-5months.A prevalence of 68.33% is higher than the national prevalence of 60% however its lower than 90% recommended by WHO [33]. This is due to easy access to healthcare services and mass education. The prevalence was also higher compared to a prevalence of 42.8% [34], the study was limited to women in the informal sector.

Bottle feeding was at 58.5% among children 0-24months.It increased from 37.88%among those aged 0-5months to 61.11% at 6-11months and 73.75% at 12-24months.Bottle feeding among 0-

5months was too high in relation to a prevalence of 1.9% in Malawi[35]. The most common reasons for bottle feeding are; inadequate breast milk secretion, unable to breastfeed and poor weight gain.

Overall prevalence of Predominant breastfeeding was 12.5% among infants under five years. It was high (57.14%) among infants 4-5months old followed by those aged 2-3 months (29.17%) and lowest among infants 0-1months (14.29%). This prevalence is higher than 6.1% according to a study done in Malawi [35].The reasons for supplementary feeding are; working mother, insufficient milk, maternal and child illness.

In this study, the prevalence of exclusive breastfeeding was high among mothers aged 18- 29(64.29%) followed by those aged 30 years and above (60.61%) and lowest among those aged below 18years (60.00%). This is consistent with a study [36] which found out that exclusive breastfeeding improved with age of the mother. This is because of the willingness to breastfeed as age increases and decreased misconception about breastfeeding with age.

Majority of the married mothers (68.65%)

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practiced exclusive breastfeeding while 40.00% of the single mothers practiced exclusive breastfeeding. This because of spouse support and sexual play involving caressing the breasts. It's also consistent with a study [37] which revealed that having a partner is associated with exclusive breastfeeding. Exclusive breastfeeding was highest among mothers who attained post-secondary education (85.71%) followed by those who attained secondary education (65.22%) then primary education (52.63%) and lowest among those with no formal education (40.00%). This is consistent with a study by Ogbo and colleagues which revealed that higher education attainment was associated with exclusive breastfeeding. This because educated mothers are well informed about the benefits of exclusive breastfeeding. However, in another study, it was found out that the higher the educational attainment, the less likely it is for the mother to breastfeed exclusively [36].

The prevalence of exclusive breastfeeding in this study was highest among House wives (76.19%), followed by peasants 58.82% and lowest among those with formal employment (45.45%). This finding is in tandem with a study [34] which found out that working in a lower position is associated with exclusive breastfeeding. The variation among house wives, peasants and formal workers is due to time each gets. For example, house wives have more time than peasants who in turn have more time than formal employees.

According to the study, exclusive breastfeeding among mothers from urban areas was high (76.00%) compared to those from rural areas (53.66%). To the best of my knowledge there is no published study comparing prevalence of exclusive breastfeeding between mothers from Urban areas and those from rural areas. Easy access to health care services in urban areas improves exclusive breastfeeding.

No significant variation occurred between mothers was observed. However, it was slightly high among Muslim mothers (66.67%), 61.90% among protestant mothers, 60.00% among catholic mothers and others (60.00%). In a study done in Cameroon, it was found

that religious mothers were more likely to breastfeed exclusively than atheists [38]. This is because religious denominations have several women organizations/associations which are not only for religious but also health issues including exclusive breastfeeding.

According to the study, exclusive breastfeeding was proportional to number of antenatal care visits. It was highest among those who attended ANC ≥ 4 times (77.50%) followed by those who attended 1-3 times (42.86%) and lowest among those who never attended (20.00%). This agrees with a study by Ogbo and colleagues who found out that frequent antenatal care was associated with exclusive breastfeeding. It's also consistent with a study done in Malawi which showed that mothers who attended antenatal care ≥ 4 times were more likely to practice exclusive breastfeeding than those who attended less or did not [35]. This because of health care education given to mothers during antenatal care.

Multiparous women were more likely (71.05%) to practice exclusive breastfeeding than primiparous women (50.00%). Multiparous women have breastfeeding experience. Also, some primiparous mothers may experience levels of perceived stress thus hindering exclusive breastfeeding.

Mothers who delivered from the hospital were more likely (66.67%) to practice exclusive breastfeeding than mothers who delivered from Home (33.33%). It agrees with a study by Chipojola and colleagues in Malawi which revealed that delivery at the hospital is associated with exclusive breastfeeding. Hospital delivery facilitates appropriate breastfeeding practice.

Majority of infants 0-1 months (85.71%) were exclusively breastfed. Exclusive breastfeeding dropped to 70.83% and 42.86% among those aged 2-3 months and 4-5 months respectively. This is concordant with a study by Atoke which revealed that young age of infant was associated with exclusive breastfeeding. This may be explained by the introduction of complementary feeding with time, loss of motivation, painful breasts due to infant teething and insufficient breast milk supply.

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More male infants (66.67%) were exclusively breastfed than their female counterparts (55.56%). This is inconsistent with a study in Indonesia which found that more female infants were exclusively breastfed than their male counterparts. Male infants have a longer period to breastfeeding meaning they need a high total amount of breast milk than female infants. This forces mothers with insufficient breast milk and finally decide to provide another feed to their male babies. However, provision of complementary feeds comes with a cost which in this case could have forced mothers to continue with exclusive breastfeeding compared to mothers in Indonesia which is more economically endowed.

According to the study, exclusive breastfeeding was proportional to birth

weight. It was high among those with birth weight ≥ 2.5 kg (67.44%), decreasing to 55.56% among those with birth weight 2.0-2.4kg and lowest among those who had birth weight 1.5-1.9kg (40.00%). This agrees with a study done in the US which showed that birth weight is associated with exclusive breastfeeding [39]. Concern about low milk supply is the most common reason given by mothers for formula. Mothers of smaller infants might worry more about infant weight and about milk supply possibly leading to formula supplementation.

Exclusive breastfeeding was high among children with high appetite (69.70%) followed by those with average appetite (60.00%) and lowest among those with low appetite (37.50%). There is paucity of data regarding the influence of child's appetite on exclusive breastfeeding.

CONCLUSION

Exclusive breastfeeding in Uganda is satisfactory though still short of the WHO target. Maternal factors associated with exclusive breastfeeding include; Age, marital status, Level of education, occupation, area of residence, antenatal

care visits, parity and place of delivery while child's factors associated with exclusive breastfeeding include child's age, gender, birth weight and child's appetite.

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