

## Evaluating the Knowledge, Attitudes, and Practices Regarding Exclusive Breastfeeding among Mothers at Maternal and Child Health Clinic, Moroto Regional Referral Hospital, Moroto District

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### ABSTRACT

This descriptive cross-sectional study aimed to assess the knowledge, attitudes, and practices regarding exclusive breastfeeding (EBF) among mothers attending the Maternal and Child Health Clinic at Moroto Regional Referral Hospital. The study was conducted between November 2020 and April 2021, utilizing systematic random sampling and employing both qualitative (focused group discussions) and quantitative (closed questionnaires) methods for data collection. Data collected from 150 participants was analyzed using Microsoft Excel. Results were summarized using frequency tables, charts, and narrative descriptions. The majority (90%) of the mothers had prior awareness of EBF, with fellow breastfeeding mothers (48%) and health workers (31%) being the primary sources of information. A small proportion (4%) relied on the internet, primarily those educated to a tertiary level. Furthermore, 84% correctly defined EBF, although 32% did not consider it sufficient for the first six months, preferring to supplement with other foods. While 65% favored EBF over artificial feeding, only 32% believed breast milk alone was adequate for the first six months. Mothers expressed positive attitudes toward EBF, advocating for immediate breastfeeding initiation, on-demand feeding, and continuation for about two years. However, due to perceived poor maternal nutrition, some introduced supplementary feeds earlier, compromising the recommended EBF duration. The study revealed a high level of awareness and positive attitudes toward EBF among mothers in Moroto. However, despite knowledge about the benefits, some mothers introduced supplementary feeds earlier than recommended due to concerns about insufficient breast milk. Continuous outreach programs emphasizing the importance and proper practices of EBF could help dispel misconceptions and ensure adherence to the recommended breastfeeding practices.

**Keywords:** Exclusive breastfeeding, Infants, Mother, Milk, Family planning.

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### INTRODUCTION

Breastfeeding is an unequalled way of providing ideal food for the healthy growth and development of the infant [1] while exclusive breastfeeding implies a method of feeding infants with only the breast milk of their mothers, be it directly from the breast or expressed except drops or syrups consisting of vitamins, mineral supplements or medicine. This means that the baby has no other food or drink but breast milk, not even a dummy [2]. The World Health Organization recommends that breastfeeding should start immediately following delivery for the

baby to get colostrum and thereafter, exclusive breastfeeding should last for six months of life, day and night for optimal growth, development and health of the newborn. Breastfeeding should then continue for a minimum of two years with the introduction of a complementary diet only after 6 months [3]. Exclusive breastfeeding has been found to reduce the risk of childhood illnesses such as diarrhoea and other gastrointestinal and respiratory infections amongst other benefits both to mother and child [4] and breastfeeding is especially crucial in

developing countries where many families cannot afford alternative or supplementary nutrition for their children; hence saving household resources [5]. The historical evolution of infant feeding included wet nursing, feeding bottles and formula use and before the invention of bottle and formula feeding, wet nursing was the safest and most common alternative to the natural mother's breast milk. Society's negative view of wet nursing combined with improvements of the feeding bottle, availability of animal's milk and advances in formula development gradually led to the substitution of artificial feeding for wet nursing [6] and thereby brought into account the challenges that have been experienced with other forms of feeding other than breast feeding. Globally, there has been a decline in breast feeding in the past decades with only 38 percent of the infants worldwide being exclusively breastfed during the six months of life and complementary feeding being inappropriately introduced either too early or too late, with nutritionally inadequate or unsafe foods [7]. Additionally, the World Health Organization recommends that breastfeeding should start immediately following delivery for the baby to get colostrum and that following this; exclusive breastfeeding should last for a period of six months of life, day and night for optimal growth, development and health of the infant. Thereafter, breastfeeding should continue for a minimum of two years with introduction of complementary diet after 6 months [3]. Earlier studies conducted across the globe showed that infants below 6 months who were exclusively breast fed between 2000-2007 were 38% worldwide, 23% in West/Central Africa, 39% in Eastern/southern Africa 44% in south Asia, 26% in Middle East/North Africa and 43% in East Asia and in the United States, of the 79.2% of women who initiated breastfeeding, 49.4% were still breast feeding at 6 months and 27% continued breastfeeding to twelve months [8]; [9]. In sub-Saharan Africa, more than 60% of EBF was being practiced in the countries of Uganda, Kenya and Burundi. However, in the counties of Tanzania and Rwanda,

there was a slight reduction in the percentages of EBF being at 52 and 56 respectively [10]. There is still much to be done to protect the valuable function of breastfeeding, the most common method of feeding, the emphasis must be put on mobilizing and educating mothers on the importance of exclusive breastfeeding. International guidelines recommend that women exclusively breastfeed their infants for the first six months of life and The American Academy of Pediatrics (AAP) states that exclusive breastfeeding should be the reference or normative module against which all alternative health, development and all other short- and long-term outcomes must be measured.

The World Health Assembly (WHA) set a global target to increase the rate of exclusive breastfeeding globally to 50% by 2025 [11] but globally, only 38% of infants were found to be exclusively breastfed [12]. In an article published on 27 July 2019 on mapping exclusive breastfeeding in Africa between 2000 to 2017, it was shown that in previous national-level analysis, most countries were not in a position to meet the World Health Organization global nutrition target of 50% of EBF prevalence by 2025. [13] Even though EBF rates have been optimal, in a report published on August 1 2017 breastfeeding scorecard, which evaluated 194 nations, it was found that only 40% of children below six months were being EBF with no country in the world meeting the recommended standard of EBF [3]. Breastfeeding practices in Uganda are contrary to the recommended practices by WHO with only 6 in 10 Ugandan children below 6 months being exclusively breastfed [11] and with little comprehensive knowledge of the determinants of these breastfeeding practices and attitudes of mothers towards breastfeeding. In Moroto district approximately 1000 women were noted to give birth every year and only 20% of this breast fed their babies exclusively, therefore problems associated with lack of exclusive breastfeeding such as malnutrition, diarrhea, failure to thrive, lack of mother to child bonding were found common [11]. In spite of the fact that the ministry of health in conjunction with

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Moroto district administration upheld health Education emphasizing Exclusive Breastfeeding and encouraging maternal co-operation and understanding on this matter, less than half of the target has yet been achieved [14]. This study is therefore aimed at assessing the knowledge, attitudes and practices of exclusive breast feeding among mothers attending

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maternal and child health clinics in Moroto district to establish the determinants of EBF in this region and thereby enhance the benefits of this mode of feeding to both mother and child. Therefore, this study will assess knowledge, attitudes and practice of exclusive breastfeeding among mothers attending the MCH clinic in the MRRH district.

#### **METHODOLOGY**

##### **Study Design**

A cross-sectional descriptive study design was used to collect qualitative and quantitative data. This design was preferred because it was relatively cheap and collected diverse data within a short period required to analyze cause-effect relationships in a representative subset of a population.

##### **Area of Study**

The study was conducted in Moroto Regional Referral Hospital and its catchment area.

##### **Study Population**

The target population was 150 mothers who visited the maternal clinic at MRRH weekly. They include lactating women and those with breastfeeding experience between 15-49 years from Moroto district.

The women were all from different backgrounds, marital status, religion, level of education but all were residents of Moroto district and its catchment area.

##### **Inclusion criteria**

Lactating women and all those who have had experience of breastfeeding between and are attending MCH clinic at MRRH district.

##### **Exclusion criteria**

lactating women and those who have experience of breastfeeding attending MCH clinic services at MRRH but refuse to consent.

##### **Sample Size Determination**

Using Kish and Leslie's formula (1965), the sample size for the general population was 150 respondents, with a fixed error of 8% and a Confidence Interval at 95%. Since there was no available literature on the number of women attending the MCH clinic, 50% was used to maximize the Sample size.

Kish-Leslie (1965) formula:

$$n = z^2 p (1-p) / E^2$$

Where n = Estimated minimum sample size required

P= Proportion of a characteristic in a sample (50.0%) [15].

Z=1.96 (for 95% Confidence Interval)

e = Margin of error set at 8%

$$n = 1.96^2 \times 0.50 (1 - 0.5) / (0.08)^2$$

$$n = 3.84160 \times 0.25 / 0.0064$$

$$n = 0.9604 / 0.0064$$

$$n = 150.0625$$

n approximately 150 breast feeding mothers.

##### **Sampling Procedures**

Groups of participants (breastfeeding women and those who had experience in breastfeeding) were chosen to represent the entire population under study. The participants were achieved through Random selection whereby the researcher visited the hospital in antenatal clinic and whoever was present at time of visit was interviewed and requested to fill out the questionnaires.

##### **Data Collection Methods and Management**

An introductory letter from the office of the Head of the Department of Research and Ethics Committee (IREC) of KIU was used to assess and create rapport with the relevant offices and stakeholders. The cover letter explains the purpose of the study. The researcher sought permission from the hospital administration before accessing respondents. Informed consent from respondents was also obtained.

Data for this study was collected by use of researcher-administered questionnaires and a focus group discussion guide. The questionnaires were administered to the sampled participants

##### **Data Analysis and Presentation**

Data was analyzed with the help of Microsoft Excel. Percentages were used to describe socioeconomic status,

Munyes sociocultural practices, maternal characteristics and breastfeeding practices.

#### **Quality Control**

To ensure appropriate quality control and prevent missing or erroneous data, the following was employed:

##### **Pre-test**

Data collection instruments was pretested on 15 mothers at the nearby Clinics, in Moroto district, prior to data collection. The questionnaire was then adjusted and questions rephrased accordingly. The focused group discussion guide was administered to the same sample participants that were used in the pretest to verify that the information given explained the quantitative findings.

##### **Training of data collection team**

The team was trained on interpretation of the questionnaires, social interaction skills

##### **Socio-Demographic Factors.**

The socio-demographic factors were; the mother's place of residence, the age of the mother, her religion, marital status, and level of education. Employment of mothers

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with participants and the hospital staff, data capturing skill and developing interpersonal relationships among themselves and relating accurate information to the researcher.

##### **Reliability of instrument**

Reliability of research instruments refers to the extent to which the results of the study can be reproduced when a similar methodology is used. The instruments used in this study was developed from tools used in the assessment of breastfeeding practices from various studies around the world.

##### **Research Ethics**

To ensure acceptability of the student researcher to the community, a letter was given by the school of medicine and dentistry addressed to the administrative authority of the area under study [16].

## **RESULTS**

was a factor in terms of the ability of mothers to afford alternative feeding methods for the child likewise the husband's education level and employment for the same reason.

**Table 1: Socio-Demographic Characteristics of Breastfeeding Mothers**

From table 1 above, the MCH clinic was attended to by both urban 72(48%) and

27(15%) and then protestants 30(20%) with a few Muslims 12(8%). most of the mothers

	Participants' Responce	Number of participants	Percentage (%)
Place of residence	Village	78	52
	Trading Centre	72	48
Age group	15-20	12	8
	21-30	66	44
	31-40	72	48
	41-45	0	0
Religion	Catholic	85	57
	Anglican	23	15
	Protestant	30	20
	Muslim	12	8
Marital status	Married	109	73
	Divorced	0	0
	Separated	26	17
Mother's education level	Single mother	15	10
	No formal education	88	59
	Primary level	22	15
	Secondary	14	9
Employment of father	Tertiary level	26	17
	Employed	65	43
father's education level	Not employed	85	57
	No formal education	108	72
	Primary	7	5
	Secondary	12	8
	Tertiary	23	15
Employment of mother	Employed	21	14
	Unemployed	129	86

rural 78(52%) mothers in slightly different numbers. While the child bearing age groups 21-30 66(44%) and 31-40 72(48%) constituted the majority of the attendees, there were some young mothers 15-20 12(8%) but no elderly breast-feeding mothers 41-50 0(0%). 109(73%) of the mothers were married non divorced and the Separated were 26 (17%) with some Single mother 15(10%). Catholics who were the majority 85(57%) followed by Anglicans

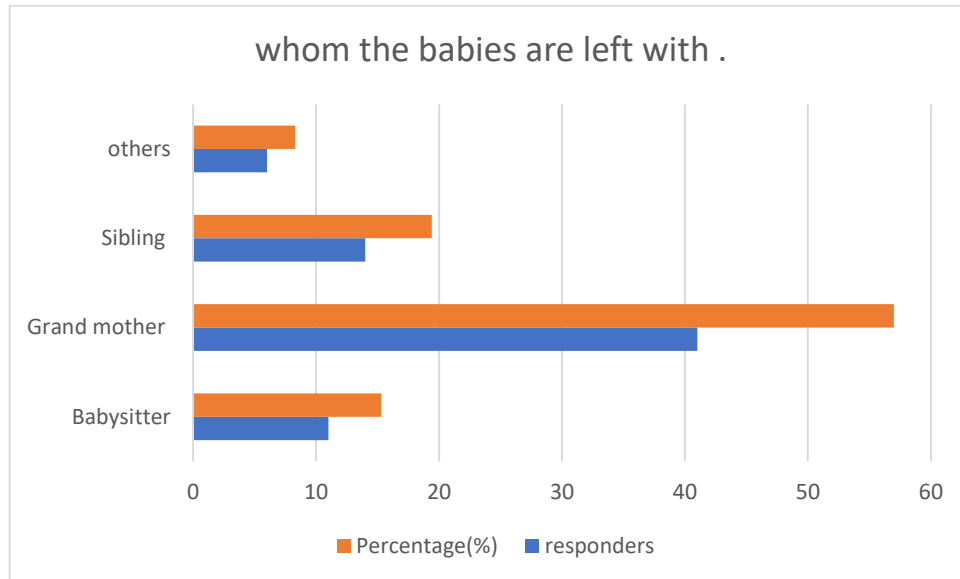
even though staying in the urban setting were not educated formally 88(59%) with only 26(17%) having reached tertiary level while others 22(15%) had just reached primary school as others stopped at secondary school. These figures were not very different from their spouse's education levels. Of these, only 21(14%) were employed and the rest 129(86%) were unemployed, also not much of a difference with the husbands' employment status.

**Mothers stay with their children**

When asked whether they stay with their children all day and night, 78 (52%) of breastfeeding mothers answered yes and the rest 72 (48%) of them admitted to have times when they cannot avoid being away from their babies for example the working group especially in private sector and the

others who are support staff who are not allowed to come to work with their babies. Those who left their children behind were further asked whom they left the children with and for how long, the results were presented on the frequency table and pie chart below.

**Whom Mothers Leave their Children with**

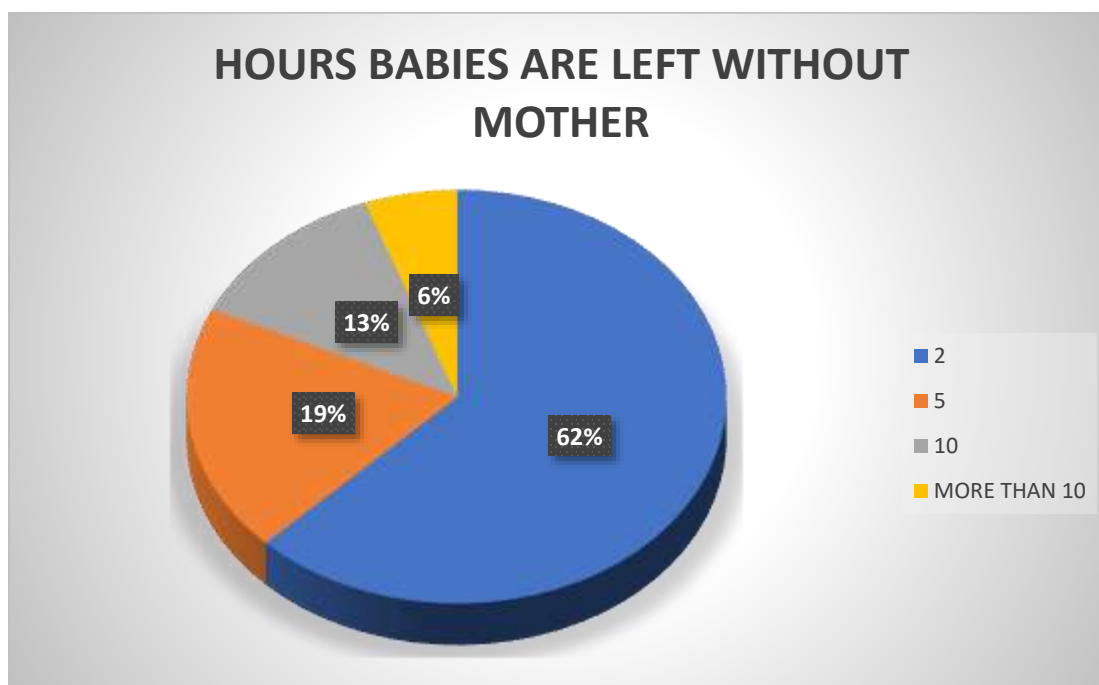


**Figure 1: Whom mothers leave their children with.**

As presented above, breastfeeding mothers are comfortable with letting their mothers take care of the babies since they are assumed to know what to do from experience and this can go on for several hours that's why grandmothers have the highest 41(57.7%), followed by siblings 14(19.4%) who may have no choice but to take care of their young brothers or sisters. Babysitters 11(15.3%) are also employed especially for mothers who have to go to

work whether for short or longer hours. This particular group is the most predisposed to using formula milk and bottled breast milk for two reasons, one being they can afford and the other is that they are expected to work for longer hours without interruptions especially in private sector so they would keep their babies off work premises. Others 6(8.3%) may be left with neighbors, in-laws or friends.

**Length of Time Babies are Left Without Mother**



**Figure 2: length of time babies are left without mother.**

The data presented on the pie-chart above shows that these mothers were mostly away from their babies for 2 hours 45(62.5%) and in this time they may be out fetching water and the baby is either sleeping or not necessarily wanting to feed so other feeds can be avoided, whereas 14(19.4%) of the mothers would be away for 5hours that may entail some serious

crying time for the baby and a bother to the caretaker. Those who were away for 10hours 9(12.5%) or more than 10hours 4(5.6%) where in some sort employed and would be expected to work without interruptions case in point are the support staff who are not allowed to bring children to work.

**Table 2: Knowledge of Bf Mothers On EBF**

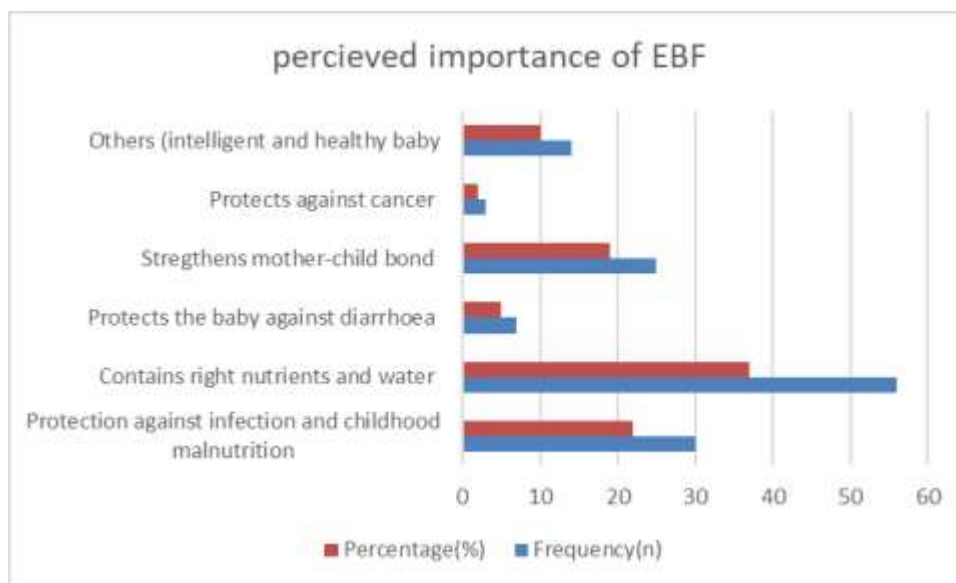
	Variable	Frequency(n)	Percentage(%)
Have you Heard of EBF	Yes	135	90
	No	15	10
Source of information	Fellow breastfeeding mother	65	48
	Health worker	42	31
	Internet	5	4
	Seminar	23	17
Defination of EBF	Correct	117	84
	In correct	18	16
Time of initiation of EBF(HRS)	Withijn 1 hour	135	100
	In 24 hrs	0	0

	I don't know	0	0
Seen practice of EBF	Yes	135	100
	No	0	0
Thought of EBF goodness	Yes	135	100
	No	0	0
Is EBF a family planning method	Yes	72	53
	No	38	32
	I don't know	20	15

As presented by the table above 135(90%) of the mothers had heard of EBF and only 15(10%) had no idea. Of those who had heard about it, Fellow breastfeeding mothers were the most providers of information 65(48%) followed by health workers 42(31%). Internet users were dotted 5(4%) mostly the educated to tertiary level and this very category had attended at least one seminar on the topic 23(17%). 117(84%) of these mothers were able to correctly define EBF as In correct

answers were given by 18(16%) of them. Also, of all these mothers 135(100%) who had heard about EBF knew that a baby could be initiated on breast milk within 1 hour after birth. similarly, all had seen RBF being practised and thought it was very good practice however, some of them did not know or think that EBF was a family planning method with 38(32%) saying no while 20(15%) had no idea, luckily majority 72(53%) knew it as a form of family planning.

### Perceived importance of exclusive breast feeding



**Figure 3:** Perceived importance of exclusive breast feeding.

On the importance of EBF, mothers were asked to choose their best choice of how they perceived breastfeeding alone without additives and the idea that breast milk Contains the right nutrients and water

took the day with 56(37%) followed by protection against infection and childhood malnutrition with 30(22%). others 25(19%) said it strengthens mother-child bond as some chose that breastfeeding brings forth



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an intelligent and healthy baby 14(10%), Protecting the baby against diarrhoea and Protects against cancer were not popular at 5(7%) and 3(2%) respectively.

#### **Cultural Practices Affecting EBF**

The data on cultural practices are obtained from 2 groups of 10 mothers engaged in focused group discussions with the researcher and the data obtained is as follows; All the randomized women in the focused group discussions were Karamojong's

#### **Time of BF initiation culturally**

There was a consensus in both groups about the time of enrollment of a newborn to breast milk, it being within 1 hour however variable the exact time in terms of minutes since some children may have difficulties during birth but generally, the timing was uniform.

#### **How long does BF take?**

Sometimes children enrolled to breast milk may have their mothers fall sick or due to domestic violence, and also pregnancy within same breast-feeding time, the children may be left under the care of a grandmother in most cases who has to find other means of breast feeding the children. however, without any impediments to the mother's health or any of the above, children can breastfeed as far as 2 years.

#### **Cultural views on breastfeeding**

Nothing peculiar to Karamojongs was reported about their culture towards breastfeeding. Mothers are taught from childhood that they had to breast feed their children therefore breastfeeding was a must with no better options.

#### **BF a sick child**

Yes, a sick child should be breast feed except when it refuses, all mothers would not use that as an excuse to not breast feed their child I can't imagine not breastfeeding my child even in sickness, that could lead to death if you don't.

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#### **Why won't you BF a sick child**

Like stated above, under no circumstances could a mother (as they said) not breastfeed their child.

#### **When a Child refuses to breastfeed?**

Normally, children are eager to breastfeed and even when in mild pain breastfeeding distracts them, when a child refuses to breastfeed, there is a serious reason and it could be sickness or traditionally bewitched if a suspected witch is in the vicinity. So, in most occasions they presume sickness and take to hospital or shrine in case of bewitching respectively. Others however try giving milk or water in an assumption that baby could get tired of breast milk alone,

#### **How many times a day do you BF (day or night)**

"I can't count really, since the days are different, the child may disturb you today ay day then another day at night but ultimately you have to give the breast" one of the FGDs mothers

This was in agreement with the rest of the mothers who said the baby determines how many times you get to breast feed your baby.

#### **When to introduce other foods.**

Breastmilk alone is sufficient for the baby up to some month but some mothers are challenged with low breast milk due to poor feeding and sickly mothers as stated above or even when family disputes occur and mother leaves her baby behind so the child is given other feeds other than breast milk. also, by 4-6 month the mothers confess that breast milk alone is not sufficient for the baby so they may need to chip in some supplementary feeds.

#### **What supplementary feeds do you give the baby?**

Many supplementary foods came up like cow or goat milk, soupy Irish, meat and bean soup, butter, nido, and one of the only educated mothers there said formula milk.

**Table 1: Attitude of mothers towards EBF.**

<b>Variable</b>		<b>Frequency</b>	<b>Percentage</b>
What do you prefer to feed your baby for the first 6 months?	Breastmilk only	48	32
	Breast milk and other foods	102	68
Do you think that EBF is better than artificial feeding?	Yes	97	65
	No	35	23
	I don't know	18	12
Do you ever believe that the first milk (colostrum) should be discarded?	Yes	0	0
	No	150	100
Do you agree that only EBF is enough for child up to 6 months?	Agree	61	41
	Disagree	89	59
Are you comfortable with extra feeding other than breast milk?	Comfortable	104	69
	I don't feel comfortable	46	31
Do you agree that child less than 6 month who is exclusively breastfed is healthier than child who takes additional food?	Yes	70	47
	no	68	45
	don't know	19	18

As presented from the table above only 48(32%) saw it sufficient to give breast milk alone in the first 6 months while the majority 102(68%) preferred to add some other foods. When asked if they thought that EBF is better than artificial feeding? 97(65%) answered yes and No was 35(23%) while 18(12%) didn't know. all 150(100%) believed that the first milk (colostrum) should be not be discarded however 89(59%) disagreed with the idea that only

EBF is enough for child up to 6 months as the 61(41%) agreed. Almost similar perception on comfort with extra feeding other than breast milk with 104 (69%) Comfortable and the I don't feel comfortable were 46(31%).70(47%) agreed that child less than 6 month who is exclusively breastfed is healthier than child who takes additional food while 68(45%) dis not agree but also there were some who didn't know 19(18%).

### Challenges of breast feeding

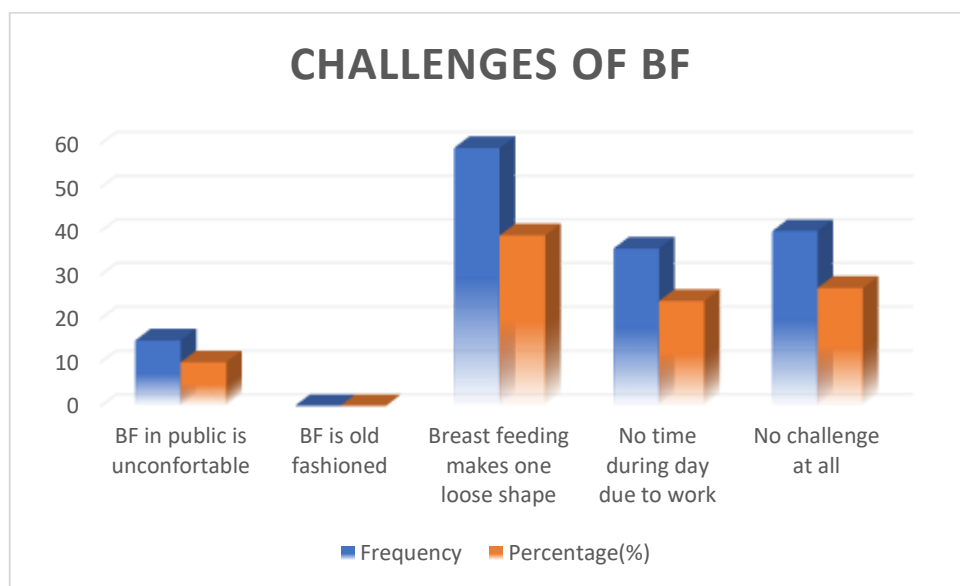


Figure 4: Challenges of BF.

#### Mothers had this to say about how they feel about breastfeeding generally;

Many said breastfeeding makes one lose shape 59(39%), others thought BF in public is uncomfortable 15(10%) and a few had no

time during the day due to work 36(24%) while the rest had no challenge at all 40(27%) in their breastfeeding schedule, a figure that should be encouraged to rise.

#### DISCUSSION

The results presented above were discussed according to the research objectives; knowledge, attitudes and practices of mothers to exclusive breastfeeding. The results were further compared to the research done by others on the same aspects.

#### Knowledge of Breastfeeding Mothers On EBF

As presented in the results on knowledge, the idea of exclusive breastfeeding is taking shape in almost all areas of the world including Karamoja especially Moroto as per this study with majority 135(90%) of the mothers having heard of EBF compared to only 15(10%) who had no idea and mirrors the findings of a systematic review done in East Africa by [17]. This has been attributed to the well disseminated information on the subject from the health centre and various groups including NGO in the area on EBF giving a good coverage for those that maybe away at the time to be told by fellow breastfeeding mothers as we see that of those that had heard about it, fellow

breastfeeding mothers were the most providers of information 65(48%) followed by health workers 42(31%) who in this case together with NGOs with such projects are the primary source of data which gets to the community. Internet users were dotted 5(4%) mostly the educated to tertiary level and this very category had attended at least one seminar on the topic 23(17%). 117(84%) of these mothers were able to correctly define EBF as In correct answers were given by 18(16%) of them. Also, all these mothers 135(100%) who had heard about EBF knew that a baby should be initiated on breast milk within 1 hour after birth. Similarly, all had seen RBF being practised and thought it was a very good practice still owing to the good dissemination of these empowered mothers mostly by NGO programmes that are fighting malnutrition in Karamoja and Moroto in particular however, some of them did not know or think that EBF was a family planning method with 38(32%) saying no while 20(15%) had no idea, luckily majority 72(53%) knew it as a form

of family planning. This is attributed to the fact that some of them get pregnant earlier than some who are breastfeeding. The idea of family planning using EBF does not stick because of this discrepancy in preventing pregnancy. This is comparable to research done in India on the same subject with similar numbers [18]. On the importance of EBF, all knew that EBF protects the child from illness and strengthens him so we were asked to choose their best choice of how they perceived breastfeeding alone without additives and the idea that breast milk Contains right nutrients and water took the day with 56(37%) followed by protection against infection and childhood malnutrition with 30(22%) .others 25(19%) said it strengthens mother-child bond as some chose that breastfeeding brings forth an intelligent and healthy baby 14(10%), Protecting the baby against diarrhoea and Protects against cancer was not popular at 5(7%) and 3(2%) respectively.

This researchs findings on knowledge are comparable with research done in southern ethopia were all the respondents 351(100%) knew about what EBF means from those respondent 295(89.1%) knew the duration of EBF is the first 6month and 23(6.9%) less than 6month. Among the respondents concerning the importance of EBF 351(100%) knew that breast milk is important and all knew BF can prevent the baby from infection and strengthen the baby, also 193(55%) of them had knowledge about contraceptive benefit of exclusive breast feeding [19].

#### **Attitudes**

Much as the mothers had knowledge on the duration, benefits and importance of exclusive breastfeeding only 48(32%) saw it sufficient to give breast milk alone in the first 6 months while the majority 102(68%) preferred to add some other foods. This is in line with a study carried out in Nigeria to asses Knowledge and attitude towards EBF which found out that majority of the mothers did not believe that breast milk alone was enough for a baby up to the age of 6 months [20]. This study is in contrast to a study of knowledge, attitude, and practices of exclusive breastfeeding carried out in Addis Ababa which found out that most of the mother have positive attitude on breastfeeding and not accept

formula feeding [21]. When asked if they thought that EBF is better than artificial feeding, 97(65%) answered yes and No was 35(23%) while 18(12%) didn't know somewhat contradicting with the idea of them knowing what it entails and importance. this was attributed to ideologies that since the quality of feeding by mothers in poverty-stricken areas as seen in the socio-demographics where the majority had no formal education and were unemployed, breastmilk alone is inadequate, breastmilk, in turn, does not contain all the nutrients it should otherwise contain. This study is in line with a study carried out in Aminu Kano Teaching Hospital to assess Knowledge, Attitude and practices of Exclusive Breastfeeding whereby the majority acknowledged that EBF is better than artificial breastfeeding [22]. However, in contrast to the current study, another study carried out to assess the Prevalence of EBF and the associated factors in the rural areas of Chad found that most of the majority did not know whether EBF had any advantages over Artificial breastfeeding [23]. All 150(100%) believed that the first milk (colostrum) should not be discarded however 89(59%) disagreed with the idea that only EBF is enough for a child up to 6 months and 61(41%) agreed. Almost similar perceptions on comfort with extra feeding other than breast milk with 104 (69%) Comfortable and uncomfortable were 46(31%).70(47%) agreed that child less than 6 months who are exclusively breastfed is healthier than a child who takes additional food while 68(45%) did not agree but also some didn't know 19(18%). This study is in line with a study conducted in Ethiopia on Factors Associated with Early Initiation and Exclusive Breastfeeding Practices among Mothers of Infant Age Less Than 6 Months whereby the majority of the mother believed that giving extra feeds besides breast milk was better than breast milk alone and child who are given extra feeds grow faster and are healthier.

The majority of the mothers thought that breastfeeding makes one lose shape 59(39%), others thought BF in public is uncomfortable 15(10%) especially the educated and single mothers and a few had

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no time during the day due to work 36(24%) while the rest had no challenge at all 40(27%) in their breastfeeding schedule, a figure that should be encouraged to rise since a positive mentality of mothers towards breastfeeding as a whole would enhance to 100% the subject of exclusive breastfeeding for the standard first six months of life. This study is in agreement with another study carried out in the suburbs of Indonesia to assess the attitude of mothers towards EBF which found that most mothers had mixed feelings and a negative attitude towards EBF [24].

#### **Practices of Exclusive Breastfeeding**

The data on cultural practices as obtained from 2 groups of 10 mothers engaged in focused group discussions with the researcher sited a consensus in both groups about the time of enrollment of a new born to breast milk (1 hour) with variations in minutes depending on the ease or difficulty of delivery process with all children enrolled to breast milk for as far as 2 years except for those who may have their mothers fall sick or due to domestic violence leaving children behind, and also pregnancy within same breast-feeding time, the children may be left under the care of a grandmother in most cases who has to find other means of breast feeding the children say cow milk or goat milk and sometimes a good Samaritan fellow breastfeeding mother. This is in agreement with research by [25], in 2015 that found out that a woman's personal experiences and psychosocial support will also influence her decision to breast feed. For example women with supportive partners and families are more likely not only to choose to breastfeed but also to succeed [25]. Nothing peculiar to Karamojongs was reported about their culture towards breastfeeding. Mothers knew by default from childhood that breastfeeding was a must with no better options therefore do not defer much from the WHO guidelines. These findings agree with a study conducted in Uganda which showed that Mothers in the above the poorest quintile are less likely to practice exclusive breastfeeding compared to counterparts in the poorest wealth quintile. Despite the early initiation, the

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rich were unlikely to sustain exclusive breastfeeding up to six months; 58% of women in the poorest quintile practiced exclusive breastfeeding compared to only 42% in the richest quintile [26]. [4] also found wealth status to be importantly associated with breastfeeding behavior. In line with the above, all the group discussants agreed to breastfeeding child even in sickness, that not breast feeding could be contributing to a child's death. Normally, children are eager to breastfeed and even when in mild pain breastfeeding distracts them, when a child refuses to breastfeed, there is a serious reason and it could be sickness or traditionally bewitched if a suspected witch is in the vicinity and this belief is held across the region so they take the child to hospital or shrine in case of bewitching respectively. Others however try giving milk or water in an assumption that baby could get tired of breast milk alone.

**"I can't count really, since the days are different, the child may disturb you today ay day then another day at night but ultimately you have to give the breast"**

One of the FGDs mothers was quoted saying that baby determines how many times to be breast fed in other words stating that breastfeeding is done on demand. However, this contradicts research done by Singh J and friends on the same matter which found out that only 42% of the mothers breastfed on demand possibly because of the alternative feeding methods available in India that are scares if any in Moroto or Karamoja [18]. Breastmilk alone is sufficient for the baby up to some months but some mothers are challenged with low breast milk due to poor feeding and sickly mothers as stated above or even when family disputes occur and mother leaves her baby behind so the child is given other supplementary feeds like cow or goat milk, soupy Irish, meat and bean soup, butter, nido, and formula milk (as put up by one of the only educated mothers) other than breast milk [27]-[32]. Also, by 4-6 month the mothers confess that breast milk alone is not sufficient for the baby so they may need to chip in some supplementary feeds [33].

## CONCLUSION

The aspects of knowledge on EBF in Moroto and catchment areas are remarkable with majority of the mothers attending the clinic having the ideas promoted in the exclusive breastfeeding campaign worldwide, however, some of those with this knowledge do not follow to the dot and deliberately introduce supplementary feeds earlier for fear that the breast milk is not sufficient enough due to poor diet in poverty-stricken areas, these skeptics too need more continued education to convince them. The knowledge on the importance of EBF and breastfeeding as a whole is universal and therefore puts the subject area at par with the rest of the world.

### Attitudes of Mothers to EBF

As stated earlier above, the attitude of mothers toward EBF is strictly determined by their knowledge and social status as seen in the number that obtained formal education and those that have employment, they do not have problems breastfeeding their babies but rather with what quality of nutrients the child gets given their nature and quality of what they eat. Even those who fear loss of body shape still breastfeeding as they do not have alternatives as the majority are uneducated and unemployed unlike their

educated counterpart who can afford formula milk which is not as popular in the region,

### Cultural Practices Towards EBF

The Karamojong culture does not differ from the standard EBF protocol as put up by WHO except for the nutritional inequalities that are widespread in the region as a whole.

### Recommendations

The health centres in Moroto especially the regional referral and the many NGOs with such projects on EBF and malnutrition should be encouraged to continue impacting mothers with the right information about EBF so that the locals may be convinced further to practice it without doubts of quality of nutrition for the baby.

### Cultural Practices Towards EBF

Since no cultural gap hindering EBF was found, the community should be encouraged to trust and practice EBF for the time scheduled without second thoughts.

### Attitudes of Mothers Towards EBF

Emphasis on importance of EBF to both the mother and child should be proclaimed during outreaches to these mothers or even when they come to the hospital especially MHC.

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