Eighemenrio www.iaajournals.org
IAA Journal of Applied Sciences 10(1):76-90, 2023. ISSN: 2636-7246

https://doi.org/10.59298/IAAJAS/2023/6.1.1000

Assessment of Maternal Knowledge, Attitudes, and Practices Regarding Breastfeeding at Kampala International Teaching Hospital: A Study Spanning May 2021 to July 2022

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ABSTRACT

This study aimed to evaluate the knowledge, attitudes, and practices regarding exclusive breastfeeding (EBF) among mothers attending vaccination and pediatric inpatient services at Kampala International Teaching Hospital. Additionally, it sought to identify influential variables associated with exclusive breastfeeding practices in this cohort. Employing a descriptive cross-sectional survey, 187 respondents were randomly selected. Data collection involved the utilization of a questionnaire, and analysis comprised descriptive statistics focusing on frequency and percentages. The study revealed significant findings: 71.2% of respondents were knowledgeable about the accurate definition and duration of exclusive breastfeeding. Among them, 59.7% exclusively breastfed their infants for the recommended initial six months. Notably, 100% provided colostrum to their babies, recognizing its nutritional and protective benefits, while 87% practiced on-demand breastfeeding. Furthermore, the study highlighted a positive attitude toward exclusive breastfeeding, with 86.6% acknowledging breast milk's adequacy for infants during the first six months and recognizing the mutual benefits of EBF for both infants and mothers. Regarding weaning, 51% of respondents initiated it between 15 and 18 months, while 41% did so between 19 and 24 months. The findings underscored a commendable level of breastfeeding knowledge among respondents, with a majority adhering to recommended EBF practices. Additionally, the overwhelmingly favorable attitude toward exclusive breastfeeding signifies its perceived advantages for both infants and mothers. This study emphasizes the importance of continued support and education to reinforce positive breastfeeding practices among mothers attending Kampala International Teaching Hospital.
Keywords: Exclusive breastfeeding, Babies, Newborn, Mothers, Weaned.

INTRODUCTION

The practice of giving an infant milk straight from the mother's breast is known as breastfeeding [1]. Infants who are not breastfed run greater risks to their short- and long-term health. Breastfeeding is internationally accepted as the standard and preferred way of newborn feeding. Both feedings from a wet nurse and expressed milk are included. Before the baby is finally weaned off breast milk, it involves both exclusive feeding for six months and continued mixed feeding and complementary feeding until the baby is two years old or older. Breast milk is a natural resource that a newborn needs the most for healthy growth, development, weight maintenance, and support. It also includes all the nutrients the baby needs in the proper amounts. According to reports, breastfeeding is an ancient activity that has been vital to women's physiology and health as well as the physiology, growth, and general well-being of newborns [2]. Breast milk is easier for infants to absorb and digest than infant formula [3]. The baby should begin receiving breast milk during the first hour of life, be nursed exclusively for six months, and then get additional feeds for another two years until being weaned. The proper nipple

latch, breast placement, feeding frequency, and infant hunger cues should all be explained to new mothers. Infants should receive breast milk 8–12 times a day, on demand. Colostrum, which is created during the first four days, contains antibodies, many white blood cells, growth factors, and vitamin A. It is crucial for preventing allergies and infections, clearing meconium, preventing jaundice, and promoting the maturation of the intestines [4]. Breastfeeding aids in the prevention of several common childhood illnesses, including malnutrition, diarrhoea, otitis media, urinary tract infections, necrotizing enterocolitis, and insulin-dependent diabetes mellitus. Babies that are exclusively breastfed shouldn't be given fake teethers or pacifiers. To promote, protect, and support breastfeeding, the government has developed regulations on infant and young child feeding practices through UNICEF's baby-friendly hospital project and supports the WHO Code for marketing breast milk. A natural method of birth control, exclusively breastfeeding has been linked to a drop in gonadotropin levels and the termination of the menstrual cycle, which reserves the stockpiles [5]. Exclusive breastfeeding for the first six months can prevent up to 13% of under-five deaths in developing countries," said Annita Veneman, the executive director of UNICEF, during the 2008 World Breastfeeding Week. HIV is transmitted during a mother's pregnancy, childbirth, or breastfeeding, and about one-third of infants born to HIV-positive mothers do so without any prophylactic measures. Without treatment, between 15 and 30 per cent of infants get the infection during pregnancy or birth; if breastfed for two years, between 10 and 20 per cent do so through breast milk. In 2001, an estimated 800,000 children under the age of 15 were infected with HIV, with MTCT accounting for nearly 90% of those cases [6]. However, in affluent nations, it has been suggested that moms with HIV avoid breastfeeding in favour of using formula foods instead, which are a safer alternative to breast milk. Contrarily, mixed feeding has been linked to a higher risk of HIV infection than EBF.

In practically all human communities up to the 19th century, nursing was the norm, and almost every kid was breastfed regardless of sociocultural background, environment, or economic standing [7]. It would be inappropriate to introduce other foods and beverages before the infant's digestive system has had six months to fully develop and be able to digest foods other than breast milk. Breastfeeding has significantly decreased in recent years, largely as a result of modernity, where mothers' involvement in workplace relationships and likely inadequate knowledge of the advantages and practice of breastfeeding. This has greatly deprived both the babies and mothers of the chance to benefit from the importance of breastfeeding. Inadequate maternal knowledge about feeding practices is often a greater determinant of malnutrition than lack of food [8]. Despite, the well-known advantages of early breastfeeding and exclusive breastfeeding, recent research by [9] on the prevalence of EBF across 140 countries also revealed an increase in the developing world among infants aged 0 to 5 months, rising from 33% in 1995 to 39% in 2010. West and Central African contributions increased by more than twice, from 12% in 1995 to 28% in 2010. Eastern and Southern African nations saw significant improvements from 35% in 1995 to 47% in 2010, whereas South Asian nations saw only a moderate increase from 40% in 1995 to 45% in 2010. Only 42% of mothers nationwide initiate nursing promptly within the first hour of delivery. Pre-lacteal feedings are given to 54% of infants. However, this study will assess the extent of knowledge, attitude and practice of breastfeeding among mothers attending KIU teaching hospitals.

METHODOLOGY

Study Design

The study was a cross-sectional descriptive type.

Study Population

The study population involved were women with children between 1 day and 24 months of age attending the immunization clinic, mothers with children of the above-

stated age at the paediatrics ward and mothers after delivery at KIU Teaching Hospital.

Inclusion criteria

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

Exclusion criteria

Mothers who declined to participate in the study.

Sampling Procedure

Purposive sampling was used to select participants because it allowed the researcher to easily attain his goal. To recall their practice of exclusive breastfeeding and the early practices that supported the success of exclusive breastfeeding for the first six months of life and age at weaning, mothers with subsequent pregnancies who attend antenatal care and with children 0 to 24 months of age were targeted. This was done because the mothers typically visited the immunization clinic with their babies at the 6th, 10th, and 14th weeks, and later at 9 months.

Sample size and sampling technique

The sample size was calculated using the Fisher's formula: N= Z2pq/d2 Where:

N = minimum sample size required

Z = standard normal deviate at 95% confidence level = 1.96 from the normal distribution table

d = desired precision = 5% = 0.05

p = prevalence of EBF = 17% (National Demographic Health Survey, 2008) = 0.17

q = 1-p = 1-0.17 = 0.83

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

N = = **215.04**

Data Collection Method

To gather data on sociodemographic status, birth-related events, knowledge, attitude, and practices related to breastfeeding during the first six months, sources of breastfeeding education, family support, and age at stopping breastfeeding, interviewer-administered questionnaires that were tested for applicability and feasibility before being used. Multiple choice and closed questions were both included in the survey.

Data collection instrument

The questionnaire was utilized by the researchers to gather information from the respondents. To guarantee the consistency and dependability of the instrument, copies of the questionnaires were pre-tested at KIU-TH and the instrument was validated by health specialists.

Data Analysis

To analyze the data, descriptive statistics were used. The descriptive statistic examined the description of scores on various factors and how if at all, they relate to one another to characterize the data. The Statistic Pack for Social Sciences (SPSS) or EPI-INFO tools were then used to enter quantitative data into the computer.

Data Quality Control

KIU-TH was the venue where we investigated data collection tools to see if they were reliable. Where appropriate, changes were made to the data collection form. This was done to answer the questions that had been raised about the research variables and to make the data simpler to grasp.

Ethical Consideration

The researcher first secured permission by introducing him to the KIU-TH administration, who then permitted him to conduct the study at the facility after the research proposal was submitted to the Kampala International University ethics and research committee for approval. Confidentiality: The data collected for the study were handled with care and were only utilized for that purpose.

RESULTS

Respondent's bio-data on breastfeeding

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**

In the research, 187 people between the ages of 15 and 50 were recruited. The respondents' average age was 27.3 years, with a standard deviation of 5.02 years. As seen in Table 1, the majority of responders (57.6 per cent) were between the ages of 21 and 30.

Ethnicity

Table 2: Distribution of respondents by ethnicity.

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

According to Table 2, the majority of respondents (25%) were from the Basoga tribe, 21 per cent from the Baruli tribe, 20 per cent from the Acholi tribe, 15 per cent from the Alur tribe, 12 per cent from the Chope tribe, 4 Cent from the Iteso tribe, and 0.53 per cent from the Buganda tribe.

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		
Housewife	19	10.1
Self-employed	17	9
Students	11	5.9
Peasant	115	61.5
Civil servant	25	13.5

The majority of respondents (47%) had primary education, 25% had no education, 15.5 per cent had secondary education, 8.5 per cent had additional education which included joining institutes, and 4% had a university educational level. According to Table 3, the majority (61.5 per cent) were peasants, 13 per cent were public workers, 10.1 per cent were housewives, 9 per cent were self-employed, and 5.9 per cent were students.

Table 4: Other respondents' information.

Items	Frequency	Percentage (%)
Religion		
Muslim	25	13.34
Christian	162	86.63
0thers	-	-
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

According to Table 4, the majority of respondents (86.63 per cent) were Christians, while 13.34 per cent were Muslims. 61.5 per cent had 3-4 prenatal visits, 27.8 per cent had more than 4 ANC visits, 7.5 per cent had 2 ANC visits, and 3.2 per cent had just 1 ANC visit. The majority, 81.8 per cent, is delivered through SVD, with the balance, 18.2 per cent, delivered via cesarean section. The majority (82.3 per cent) gave birth in a hospital, 12.8 per cent at a health facility, and 4.8 per cent at home.

Respondent's knowledge of exclusive breastfeeding

Table 5: Initiation of after birth Breastfeeding

Initiation of exclusive breastfeeding	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**

According to Table 5, the majority of women (59.9 per cent) nursed during the first hour of birth, 30.48 per cent breastfed between 2-24 hours, and 9.62 per cent breastfed after 24 hours.

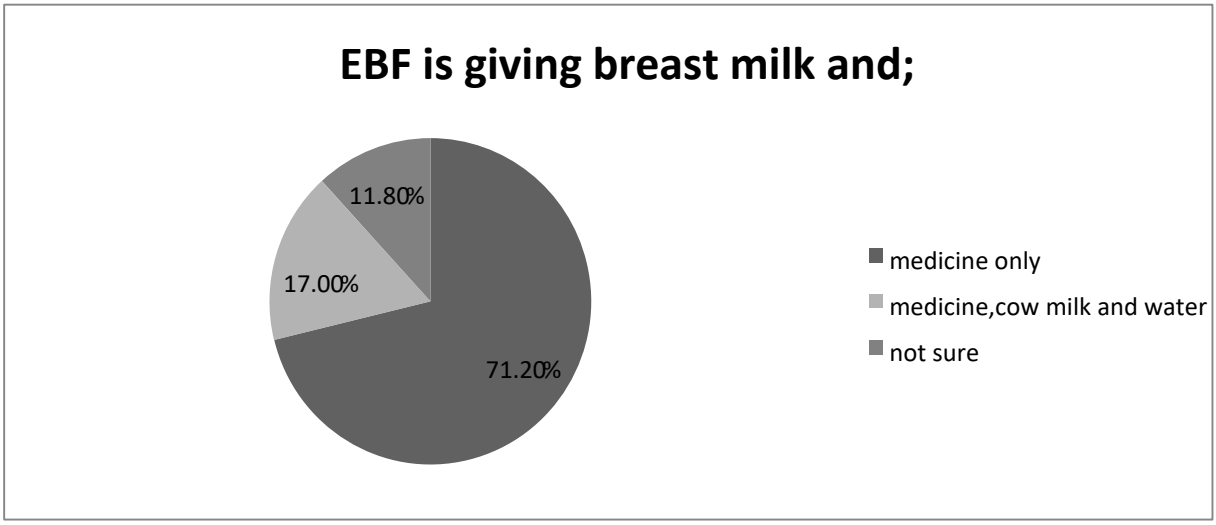

Figure 1: Respondent's definition on exclusive breast feeding.

As seen in figure 1 above, the majority recognized that exclusive breastfeeding meant giving breastmilk and medication exclusively for the first 6 months, 11.8 percent knew it meant giving breastmilk, cowmilk, and water, and 11.8 were unsure.

Table 6: Practice of exclusive breastfeeding.

Exclusive breastfeeding	Frequency	Percentage (%)
Exclusively breastfed	114	61
Not exclusively breastfed	73	39
Total	**187**	**100**

As indicated in Table 6, the majority (61%) of respondents performed exclusive breastfeeding, whereas the minority (39%) never did. Rooming in was practised by all (100%) of the moms.

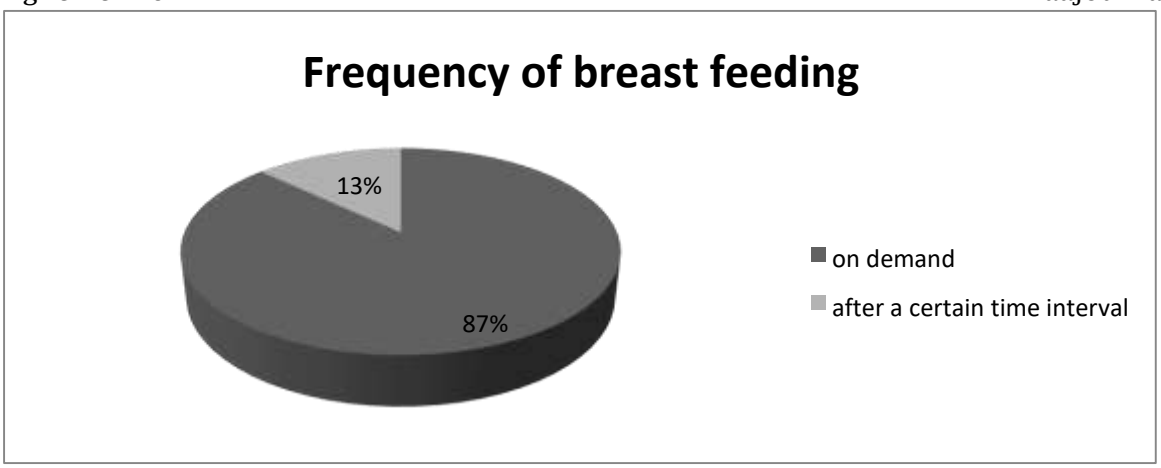

Figure 2: Respondents' frequency of breastfeeding.

The majority of respondents (87%) breastfed on demand, whereas 13 percent breastfed after a fixed time interval, as seen in figure 2 above.

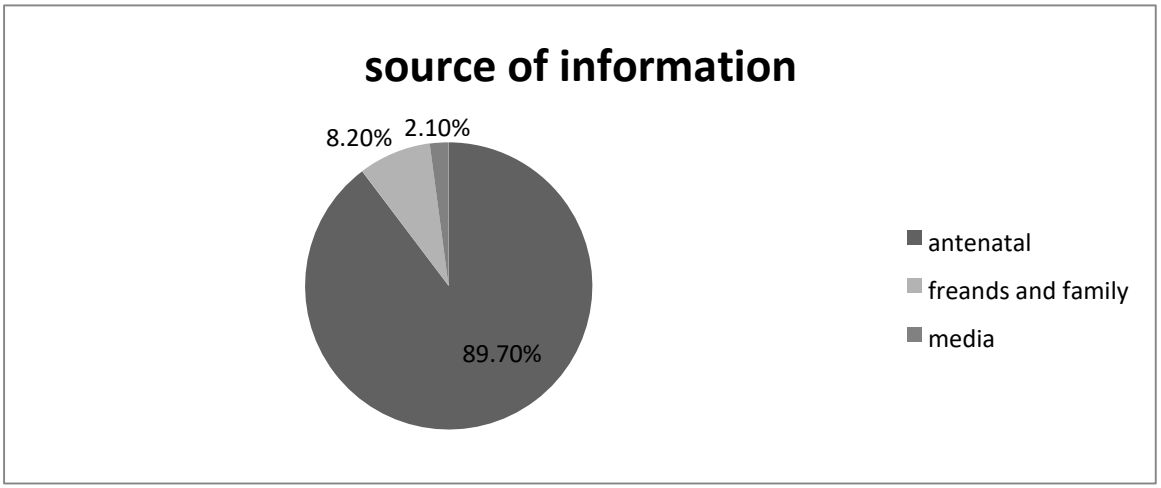

Figure 3: Respondent's source of information about breast feeding.

As shown in Figure 3, the majority of women (89.7 percent) learned about breast feeding during prenatal appointments, 8.2 percent through friends and family, and 2.1 percent via the media.

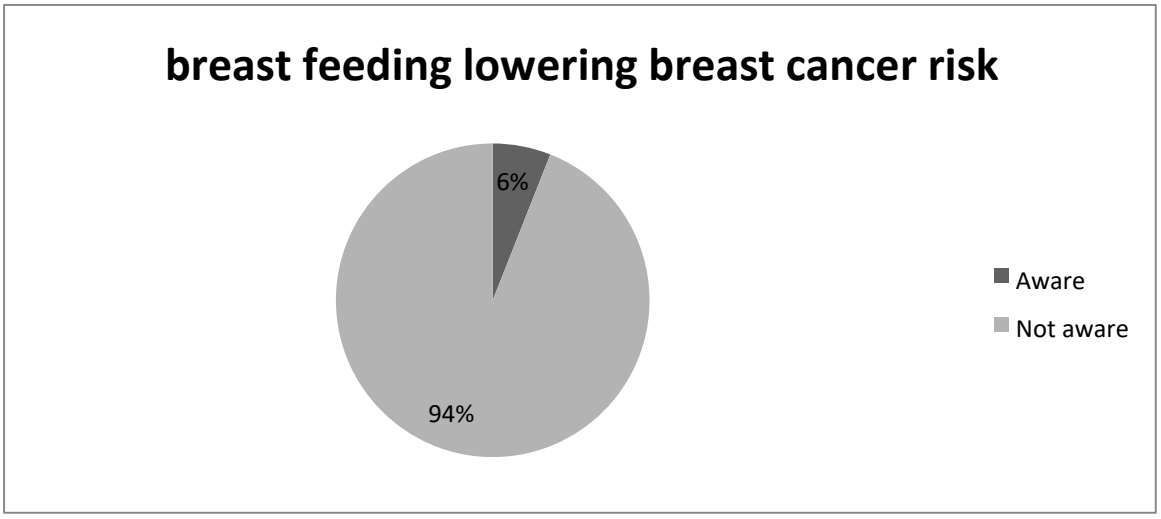

Figure 4: Respondent's knowledge and awareness of breast cancers risk reducing on breast feeding

As indicated in figure 4, the vast majority (94 percent) were unaware that breast feeding reduces the incidence of breast cancer in women.

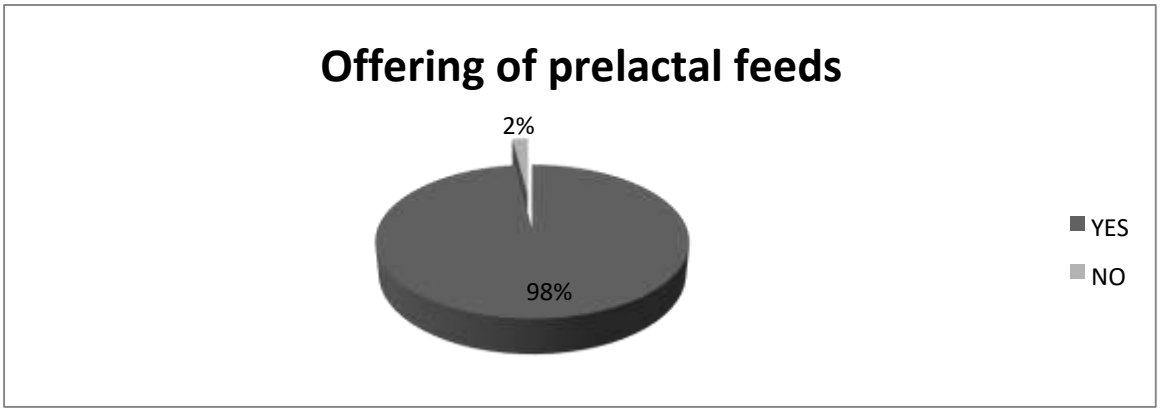

Figure 5: Respondent's offering of Prelactal feeds.

As seen in Figure 5, just 2% of mothers provided pre-lactal feeding to their kids, whereas the vast majority (98%) did not.

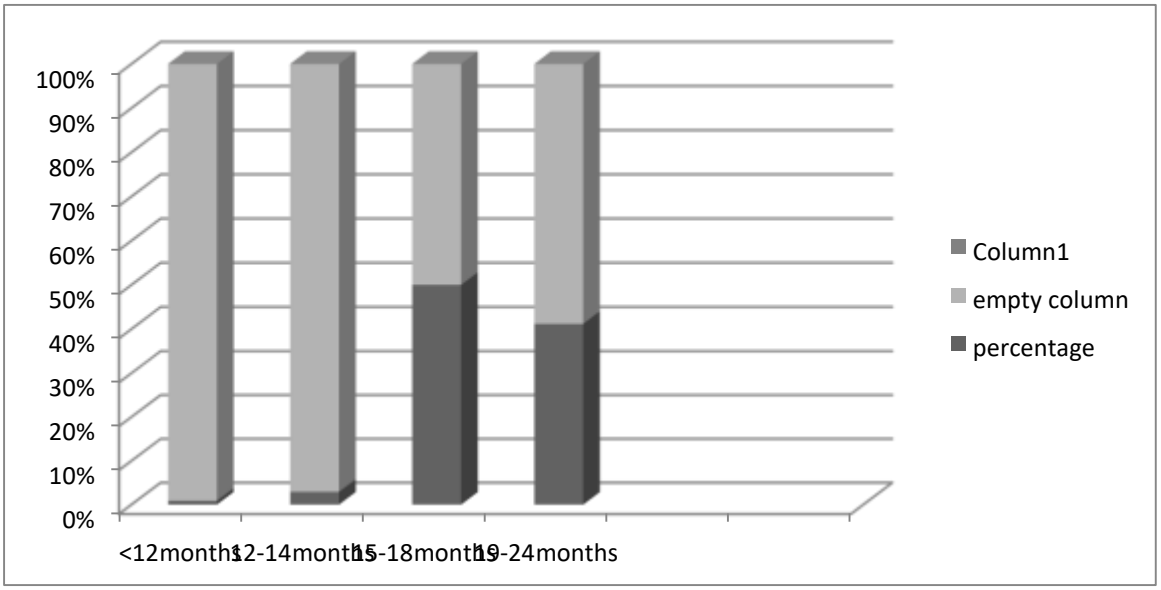

Figure 6: Months at which Respondents weaned their Children.

Of the respondents, 52.1% weaned their kids between 13 and 15 months, 40.9% weaned them between 16 and 24 months, and 7.6% weaned them between 11 and 12 months. Figure 6 shows that 1.4 percent weaned between the ages of 6 and 10 months.

Attitude of respondents on breast feeding

Table 7: Attitude towards exclusive breast feeding.

Items	Frequency	Percentage (%)
Breast milk alone is sufficient for the baby during the first six month of life	162	
(i) Agreed	25	86.6
(ii) Not agreed		13.4
Breastfeeding has benefits for 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		

According to the table above, the majority (86.6 per cent) agreed that breast milk alone is sufficient for the infant, while 13.4 disagreed. Breastfeeding is beneficial to the mother, according to 86.8 per cent of respondents, while 13.2 per cent disagree. As seen in Table 7, the majority of 92 per cent believe that colostrum safeguards the newborn.

Table 8: Breast Feeding Pattern during Maternal Sickness.

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

The majority (65%) of respondents said that they would first consult a health worker before continuing with breastfeeding, 28.2% said they would continue breastfeeding while sick, 3.6% would stop breastfeeding and 2% would start bottle feeding as indicated in Table 8 above.

Table 9: Respondents breastfeeding during the time of the study.

Number breastfeeding	Percentage	Frequency (%)
Breastfeeding	146	70.1
Not breastfeeding	41	29.9

At the time of the research, the majority of respondents (70.1%) were still breastfeeding, although as shown in the table 9 above, 41 (29.9%) of them had ceased.

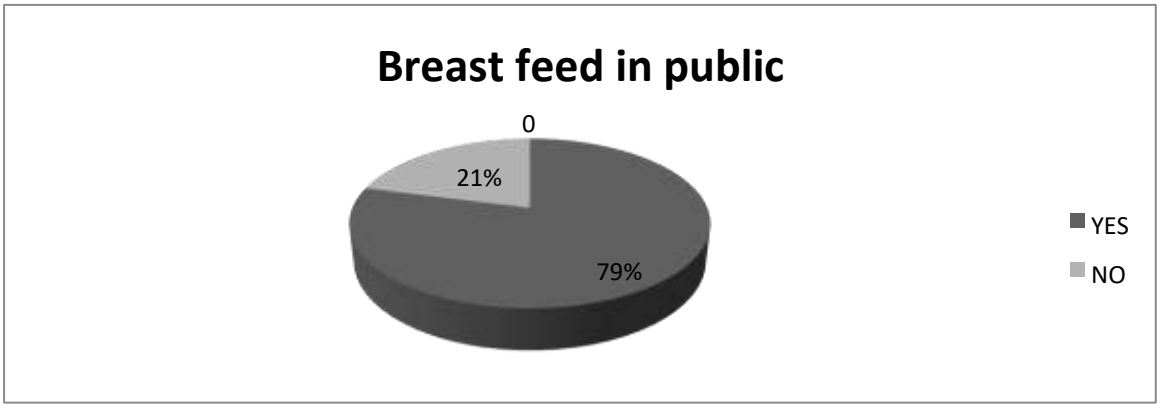

Figure 7: Breast Feeding of Respondents in public

The majority of respondents, 79%, have no concern or fear about breastfeeding in public, while 21% do, as seen in Figure 7 above.

Causes of lack of exclusive breastfeeding and proper breastfeeding practices

According to the survey, 92.3 per cent of respondents received enough support from their workplace, whereas 7.4 per cent had no support to exclusively breastfeed their newborns, as shown in Table 10 below.

Table 10: Breastfeeding support from the workplace among the employed and student respondents.

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

DISCUSSION

The extent of knowledge, attitude and practice of breastfeeding among mothers attending Kiu Teaching Hospital:

Even though the majority of respondents were aware of exclusive breastfeeding, only 71.2 per cent recognized the precise definition and duration of exclusive nursing, according to the survey. This is closer to the study findings of [10], which showed that 59.7 per cent of the mothers knew the correct definition and duration of exclusive breastfeeding, and it contrasts with the findings of [11], who showed that 78.4 per cent of the mothers interviewed were not aware of exclusive breastfeeding and only 27 per cent could give the correct definition of EBF and duration. [12] observed an increase in the developing world from 33% in 1995 to 39% in 2010 among infants aged 0 5 months in his study of the global incidence of EBF across 140 nations. The majority of responders (86.6%) believed that throughout the first six months of life, breast milk was enough for the baby. This was in line with the findings of [13], who found that the majority of mothers knew about EBF, thought the practice was beneficial and affordable, and understood that breast milk is enough for the baby for the first six months. Additionally, the majority of respondents (94.4%) in this study agreed that exclusive breastfeeding improves the baby, while 86.8% also felt that it also benefited the mother, and 61.0% of them did it.

Attitude and practices on breastfeeding among mothers attending KIU-TH

Even while the majority (71.2%) knew what the above definition of exclusive breastfeeding meant, only 61 per cent did it. Additionally, this is greater than the study's estimates of 19.9% and 30.5 per cent in Mauritius and Nigeria, respectively (19,36). This may be explained by the fact that most women recognize the advantages of exclusive breastfeeding and that some moms choose to nurse longer because they have no alternative feeding options due to their poor socioeconomic level. Mothers could explain the feeding pattern (only giving breast milk and medicine) when kids are under 6 months old, but they were scarcely familiar with the term "exclusive breastfeeding." Only 61. per cent of mothers exclusively breastfed their infants, therefore 38.8 per cent used combination feeding. It is similar to [11] findings that 78.8% of mothers initiated breastfeeding within an hour of delivery which is more or less comparable to 52 percent rural and 82 percent urban mothers in Tanzania who started breastfeeding in the first hour after delivery. In this study, out of the 71.2 per cent who knew what exclusive breastfeeding is, 70.6 per cent said it should start immediately after birth and reported having started it within an hour after delivery (20,25). The study also found that the manner of birth impacts the timing of the commencement of breastfeeding, with vaginal deliveries initiating breastfeeding earlier than cesarean deliveries. Because of the superb job done by midwives in counselling moms after birth, the majority of mothers began breastfeeding within an hour of delivery. The widespread use of spinal anaesthesia in cesarean births may have had a role in allowing moms to begin nursing within one hour of birth, although a handful who received general anaesthetic never breastfed within the first hour after delivery. All of the responders (100%) gave colostrum to their infants because they all thought it gave the infants sustenance and protection, while some gave it unintentionally. Similar results have been found by [11], where 57% of mothers administered colostrum to their infants, [14], where 56% of the mothers were aware that colostrum needed to be given, and

[15], where 68% were aware that colostrum was crucial. The majority (87%) of the respondents to the survey breastfed their infants on demand, which is consistent with a 2007 study in Somalia by the Food Security Analysis Unit (FSAU), which found that almost all moms breastfeed on demand. This is because practically all of the women interviewed in FSAU's study and similarly in this study were full-time housewives. 50.8% of respondents reported being solely housewives. Only 13% of respondents breastfed their babies regularly, mostly because they spent most of their time with them in sambas (61.5%) and because only 19% of respondents were housewives. This proved the need to teach moms how to breastfeed and keep up lactation even if they need to be separated from their babies. 2% of the respondents gave glucose with water to their infants, even though the vast majority (98%) of respondents did not give their infants pre-lacteal meals. According to [11], 39% of mothers gave their infants breast milk right away, 30% gave water, 17.8% gave animal milk as the infants' first feeding, and 4.3% started using breast milk substitutes. Additionally, [16] discovered that all of the moms provided pre-lacteal feeding to their infants, including water, formula, or herbal tea. None of the mothers solely nursed their infants [17]-[25]. There was a favourable attitude among women regarding exclusive breastfeeding, as the majority (65%) claimed they would continue to breastfeed their children even if they were ill themselves without first consulting medical professionals, whereas only 28% would do so. In contrast, 7% and 5% of respondents, respectively, claimed they would cease exclusive breastfeeding and commence bottle feeding when the mother is ill. The majority of moms, the survey revealed, did not express their milk for the baby's feeding. Most moms do not agree with this technique, largely because they are unaware of the usage of EBM and partially because they believe the milk won't be good when they give it to their children. Due to the complexity of storing, the small number of people who had heard about EBM use did not utilize it. The small fraction of women who expressed their breast milk did not do so to feed their infants but rather to get rid of the foremilk after being gone for several hours, especially in the summer, since they thought the milk would alter and maybe give the infant diarrhoea.

Causes of lack of exclusive breastfeeding and adequate breastfeeding among mothers attending KIU-TH

At the time of the investigation, only 41 moms were discovered to have ceased breastfeeding. The most often cited defence for quitting breastfeeding beyond six months was the child's failure to latch on. Additionally, several of the moms (13.8%) quit breastfeeding after becoming pregnant. This method was also widely used in Tanzania and the Sudan (17,22). Four mothers quit breastfeeding because they believed the infant would thrive on the family fare if they did so.

The investigation of socio-demographic factors influencing breastfeeding success revealed that parity and the mother's education level were the important socio-demographic factors linked to exclusive breastfeeding. Mothers with fewer children are more likely than mothers with more children to exclusively breastfeed their infants; this may be because they are not pushed away from their newborns by the growing duties of the older children. This study, which found that first-time parenting is connected with increased exclusive breastfeeding duration, is comparable to Violet Naanyu's (32). According to the research, the majority (89.7%) learned what they knew about breastfeeding from medical professionals during antenatal visits, 8.2% came from family and friends, followed by 2.1% from the media, which is due to mothers' increasing breastfeeding expertise. 92% of women were aware that HIV can be transmitted from mother to child through breast milk, in contrast to research by Maputle et al. that found few moms were aware that HIV can be transmitted from mother to child through nursing (27). The fact that mothers were being educated in ANC about HIV as a route of HIV transmission may help to explain this. According to the study, 88.5% of mothers got support for nursing, mostly from their husbands. By allowing them to leave work afternoon so they could nurse their

children, 92.3% of working women received support from their employers. Even though there isn't a defined area for breastfeeding at the workplace, casual workers frequently bring their infants with them.

The extent of breastfeeding practices among mothers attending KIU-TH

The majority of respondents (79%) said they had no issues or concerns with nursing in public, while 21% said they did so out of concern that others would see their breasts. 52% of respondents wanted to wean their children between the ages of 13 and 15 months, 40.9% did so between the ages of 16 and 24 months, and 1.4% did so between the ages of 6 and 10 months. However, for the greatest benefit to both mother and child, the WHO and UNICEF's baby-friendly hospital campaign mandates that women breastfeed for up to two years.

CONCLUSION

According to this study, both breastfeeding mothers who nurse their infants in the paediatrics department and pregnant women who attend antenatal clinics are quite aware of the benefits of breastfeeding. The respondents had a similarly high level of knowledge on exclusive breastfeeding, which may be related to the fact that the majority of the respondents got their information about EBF from healthcare professionals. Although prevalent, EBF is not as advised by WHO, UNICEF, and AAP because the majority of women who practice EBF feed their infants other foods during the first six months of life in addition to breast milk. According to [17], antenatal clinic attendance improves mothers' comprehension and awareness of the requirements and benefits of EBF and gives them the confidence to fend off outside pressures. Because it helps women emotionally prepare for EBF, prenatal breastfeeding education as a single intervention increased rates of EBF up to six months after birth [15].

Recommendations

More training and awareness campaigns should be done to be able to maintain a high rate of exclusive breastfeeding. The use of EBM should be advocated since some mothers are aware but are tempted not to practice it. More studies need to be conducted to ascertain the socio-demographic factors associated with exclusive breastfeeding. There should be more public awareness of exclusive breastfeeding through television, radio, newspapers and other mass media and breastfeeding should be advised and encouraged to breastfeed closer to or up to 2 years if possible.

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CITE AS: Eighemenrio Leonard (2023). Assessment of Maternal Knowledge, Attitudes, and Practices Regarding Breastfeeding at Kampala International Teaching Hospital: A Study Spanning May 2021 to July 2022. IAA Journal of Applied Sciences 10(1):76-90. https://doi.org/10.59298/IAAJAS/2023/6.1.1000