

Knowledge, Attitude and Practices of Mothers towards Exclusive Breastfeeding among mothers attending Young Child Clinic in Mpigi Health Center IV. A Cross-sectional Study.

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Abstract



Background.

Exclusive breastfeeding is the situation in which an infant receives only breast milk from his/her mother or wet nurse (healthy nurse with baby between 2-5 month) for the first six (6) months and no other solids or liquids with exceptions of drops or syrup consisting of vitamins, minerals, supplement or medicine.

The study aimed at assessing the knowledge, attitude and practices of mothers towards exclusive breastfeeding among mothers attending young child clinic in Mpigi health center IV.

Methodology.

A descriptive cross-sectional quantitative method was used during the study and 40 respondents were selected using simple random sampling method.

Results:

Majority of the mothers 95% knew some information about exclusive breastfeeding, 77.5% of the mothers knew that breast feeding is started immediately after breastfeeding, 80% knew the importance of colostrums, 95% of mothers were willing to exclusively breastfeed their babies , Majority of mothers 55%, felt uncomfortable when breastfeeding in public while 45% felt comfortable while breastfeeding in public, 34(85%) started breastfeeding within the first hour of birth (62.5%), of those who were giving other feeds had introduced them to the baby between 4-5 month.

Conclusion:

Mothers had a good knowledge, a positive attitude and poor practices towards exclusive breast feeding.

Recommendation :

More comprehensive research should be carried out on factors associated with early initiation of mixed feeds and factors associated with limited knowledge on EBF.

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1 Background

WHO and UNICEF recommend initiation of breast-feeding within the first one hour after birth; exclusively breastfeed within the first six months of age and continuation of breast feeding up to two years

of age or beyond in addition to adequate complimentary foods (unicef, 2018).

According to WHO, exclusive breastfeeding is the situation in which an infant receives only breast milk from his/her mother or wet nurse (healthy nurse with baby between 2-5 month) for the first

six (6) months and no other solids or liquids with exceptions of drops or syrup consisting of vitamins, minerals, supplement or medicine (unicef, the annual world breastfeeding week, 2015).

Despite of WHO recommendations and benefits of exclusive breastfeeding, worldwide, only 39% of the new born were put to the breast within one hour of birth and only 37% of infants were exclusively breastfed. In sub Saharan Africa, 20% of women reported exclusive feeding of their last born infant. In north, the rate of exclusive breastfeeding is 41%, 41% in Asia and lowest in Latin America at 30% (abdiasis jama, 2020).

Exclusive breastfeeding is an important public health strategy for improving children and mother's health by reducing child morbidity and mortality and helping to control health care cost in society (dukuzumuremyi, 2020).

EBF in the first six months of life stimulates baby's immune systems and protects them from diarrhea and acute respiratory infections. Beyond the benefits that breastfeeding confers to the mother child relationship, breastfeeding lowers the incidence of many childhood illnesses such as pneumonia, sudden infant death syndrome, diabetes mellitus, and malocclusion (jiayou lu, 2020).

In Africa, more than 95% of infants are currently breastfeeding, but feeding practices are often inadequate; feeding water and other liquids to breastfed infants is widely spread.

In the current study, the majority of mothers, 84%, presented good knowledge, 87.0% also showed a good attitude towards EBF. Nearly 95.9% of the respondents understood the benefits of EBF practice for at least six months; 86% also responded that breastfeeding should be started immediately after birth within an hour (jiayou lu, 2020).

2 Methodology

Study setting and rationale:

The study will be carried out at Mpigi health center IV located in Mpigi district which is in north eastern part of Uganda. It is located about 38.6km from Kampala which is the capital city of Uganda. Mpigi health center IV is a government hospital with various departments such as nursing, medicine and surgery, pharmacy and many others like YCC which receives about 50 mothers per day. The study will be conducted at Mpigi health center IV because it

has a young child clinic which offers 14 infant and young child feeding services like exclusive breastfeeding counseling, breastfeeding recommendations and other.

Study design and rationale :

The study was quantitative descriptive cross-sectional design where questionnaires were distributed at a specific point in time to collect data from mothers as direct source of information. This permitted the researcher to gather data in short time.

Study population and rationale .

The targeted study population was breastfeeding mothers attending Mpigi health center IV young child clinic with children aged 0 to 12 months. The study targeted breastfeeding mothers because they were the ones who brought children to YCC and have the information the researcher was looking for.

Sample size determination

The sample size was determined using Fisher's formula (1990), given by the expression: $n = Z^2 \frac{pq}{d^2}$ Where: n =desired sample size. Z =standard normal deviation set at 1.96 for maximum sample size at 96% confidence level. $P=50\%$ (assumed to be constant) or 0.5 since no measures is estimated. $q=1-p$ which is the error value 15 d =degree of accuracy desired 0.155 or 0.155 probability level (at 95% confidence level). On substitution it gives: $n = 1.96^2 \times 0.5 \times 0.5 / 0.155^2 = 40$ Therefore the sample size was 40 respondents.

Sampling procedures

Simple random technique was used to collect quantitative data. To reduce bias, the numbers of mother's present in young child clinic was elicited, equal numbers of papers assigned "yes" and "no" and folded, then mixed in the box and each mother was given a chance to pick one. Those who randomly picked "yes" were given questionnaires to fill. Mothers who picked „no" were not eligible participants and when the sample size was not realized, this was replaced by another round of picking assigned "yes" or "no" by those who had not been selected in the first round.

Inclusion criteria

The study included mothers with children whose ages range from 0-12 months, who were present at the clinic during the time of study and consent was part of the exercise.

Exclusion criteria

The study would not include mothers with children above the age of 12 months and those who would not consent could not take part in the study.

Research instruments .

Pre-tested questionnaires were designed and distributed to the respondents who consented to participate in the interview. The research was conducted on a face to face interview with the respondents who are requested to fill in their responses according to their understanding and at will. In case the respondent did not understand English, an interpreter was assigned to help in the translation of the questions.

Data collection procedure .

An introductory letter to carry out research was obtained from international paramedical institute Maya which was presented to the in-charge of Mpigi health center IV showing the intentions to carry out the study specifically in the young child clinic. On a research day, the investigator talked to mothers and explained to them the need for them to participate in the study. After gaining their consent, the respondents were selected using simple random method to ensure no bias in the selection. Questionnaires were given to the selected participants and instruction read clearly to them but those who did not understand English or read and write the researcher and the interpreter would help them fill in their responses, making sure that questionnaires got filled correctly. The questionnaires were checked thoroughly to correct any error and avoid repetition.

Data management

Filled questionnaires were checked for accuracy and validity before leaving the data collection site. The gathered information was coded manually and then entered to the computer correctly, and the questionnaires kept properly in a lock and key kept well to avoid access by unauthorized persons and avoid losses.

3 Data analysis

The data collected was analyzed using Microsoft excel summarizing them using tables, pie charts, bar graphs so that deriving conclusions from the findings will be easy as the most frequently appearing responses was considered the truth.

Ethical considerations .

The study was approved by school of clinical medicine ethics committee. An introductory let-

ter was obtained from IPI MAYA research coordinator which was used to introduce the researcher to the in-charge YCC on research days. Mothers were included in the study upon giving their consent to participate after a thorough explanation by the researcher on the purpose of the study and they were requested to consent and the investigator informed the participants that they had a right to withdraw from the study if one feels uncomfortable during the course of the study. Participants were assured of maximum confidentiality and were told that there is no hidden intention behind the study but for research purpose only.

4 Limitation of the study.

Language barrier; Since the hospital is located in Mpigi district where many tribes with different languages exists therefore there was need of language interpreter to aid in the study especially for mothers who were not natives of the area.

5 Results of the study:

Bio-demographic characteristics

Majority of mothers 16(40%) were in their late twenties ranging from 25-29 years, 15% of mothers were teenagers ranging from 15-19 years and 5% were those aged 35 years and above, 95% were married and 5% were single, 42.5% had attained primary level of education, and 2.5% had not gone to school and 65% were unemployed and 35% were employed.

knowledge of mothers attending young child in Mpigi health center four about exclusive breastfeeding

Majority of the mothers 95% knew some information about exclusive breastfeeding, 2(5%) knew nothing about exclusive breastfeeding.

Of those who knew some information, majority could not define exclusive breastfeeding correctly, 57.9% defined it as allowing the baby to breastfeed the whole day and only 26.3% were able to define it correctly.

77.5% of the mothers knew that breast feeding is started immediately after breastfeeding, 12.5% knew that it's started after an hour, 7.5% knew that it's started after 24 hours and 2.5% of mothers were not sure of the duration.

80% knew the importance of colostrums while 20 % didn't know the importance of colostrums.

Table 1. Bio-demographic characteristics of respondents

Variable	Frequency	Percentage (%)
Age (years)		
15-19	6	15
20-24	8	20
25-29	16	40
30-34	8	20
35 and above	2	5
Total	40	100.0
Marital status		
Married	38	95
Single	2	5
Total	40	100.0
Educational level		
None	1	2.5
Primary	17	42.5
Secondary	12	30
Tertiary	10	25
Total	40	100.0
Employment status		
Employed	14	35
Unemployed	26	65
Total	40	100.0

Table 2. Whether mothers knew anything about EBF and the meaning of EBF.

Response	Frequency	Percentage
Whether knew anything about EBF,		
Yes	38	95 %
No	2	5 %
TOTAL	40	100%
Feeding baby on breast milk only for 6 months.	10	26.3 %
Feeding baby on breast milk, water plus other food	6	15.8 %
Allowing the baby to breastfeed the whole day	22	57.9 %
TOTAL	38	100%

Table 3. A table showing the different response of the respondents

Question / Response	Frequency	Percentage
Whether knew importance of colostrums		
Yes	32	80 %
No	08	20 %
TOTAL	40	100%
Is breast milk alone good for an infant during the first 6months?		
Yes	36	80%
No	08	20%
TOTAL	40	100%

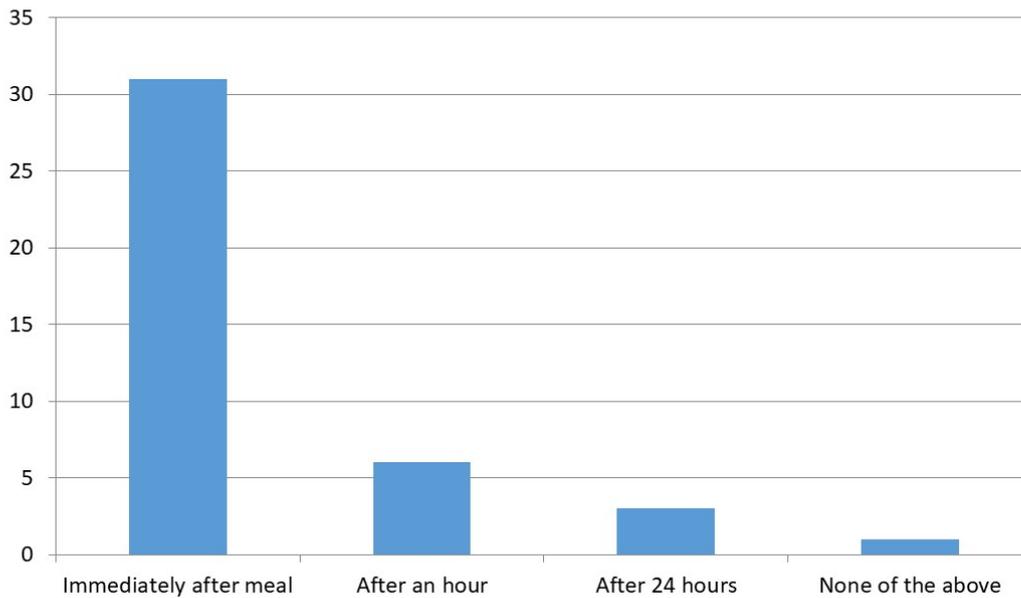


Figure 1. Whether mothers know the appropriate time for breast feeding.

Majority (90%) knew the exclusive breastfeeding is enough for an infant during the first 6 months while 10% didn't know

Attitude of mothers attending young child clinic in Mpigi health center four towards exclusive breastfeeding.

95% of mothers were willing to exclusively breastfeed their babies while 5% of mothers were not willing.

Majority of mothers 55%, felt uncomfortable when breastfeeding in public while 45% felt comfortable while breastfeeding in public.

24 (60%) of mothers agreed that breast feeding was good and enough for the baby, while 16 (40%) of the mothers disagreed.

Half of the mothers (50%) who disagreed said that breast milk was not enough for the baby and 12.5% said baby would feel thirsty while 37.5% said that there is need to introduce the breast milk.

75% of the mothers agreed that breastfeeding an hour immediately after birth is important while 30% disagreed.

Practices of mothers towards exclusive breastfeeding

Majority of mothers 34(85%) started breastfeeding within the first hour of birth and 1(2.5%) initiated breastfeeding after fourth hour of birth.

24(60%) of mothers had introduced other feeds to the baby, of these, 15(62.5%) gave cow's milk and only 2(8.5%) gave water.

Of the 24 mothers who had introduced other feeds, most, (62.5%) had introduced between 4-5 months, 16.7% introduced the substances at 6 months.

Of the 20 mothers, majority 12(60%) introduced other substances due to insufficient milk and 1(5%) had poor health.

6 Discussions, Conclusions and Recommendations.

7 Discussions

This part discusses the result of research in context of literature review and provides implications of the findings.

Bio-demographic characteristics

Majority of mothers 16(40%) were in their late twenties ranging from 25-29 years, 38(95%) were married, most 17(42.5%) had attained primary level of education and majority, 26(65%) were unemployed.

Knowledge of mothers on exclusive breast feeding

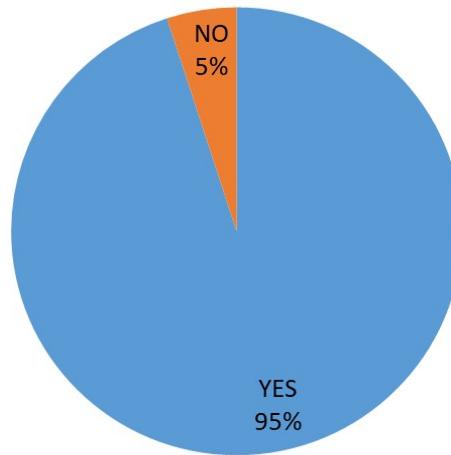


Figure 2. Whether mothers wanted to exclusively breastfeed their babies

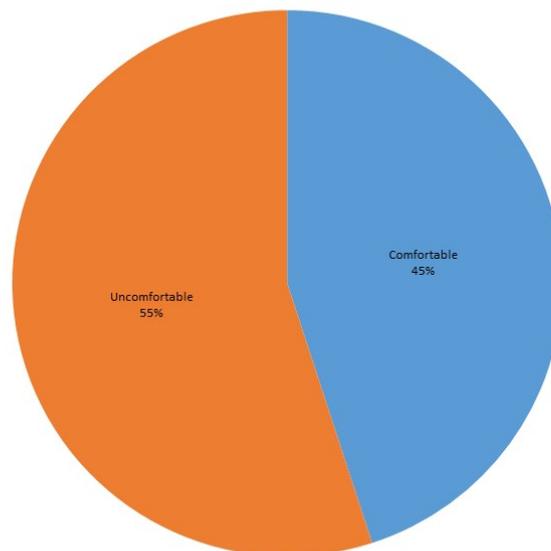


Figure 3. A pie chart showing how mothers felt while breastfeeding in public.

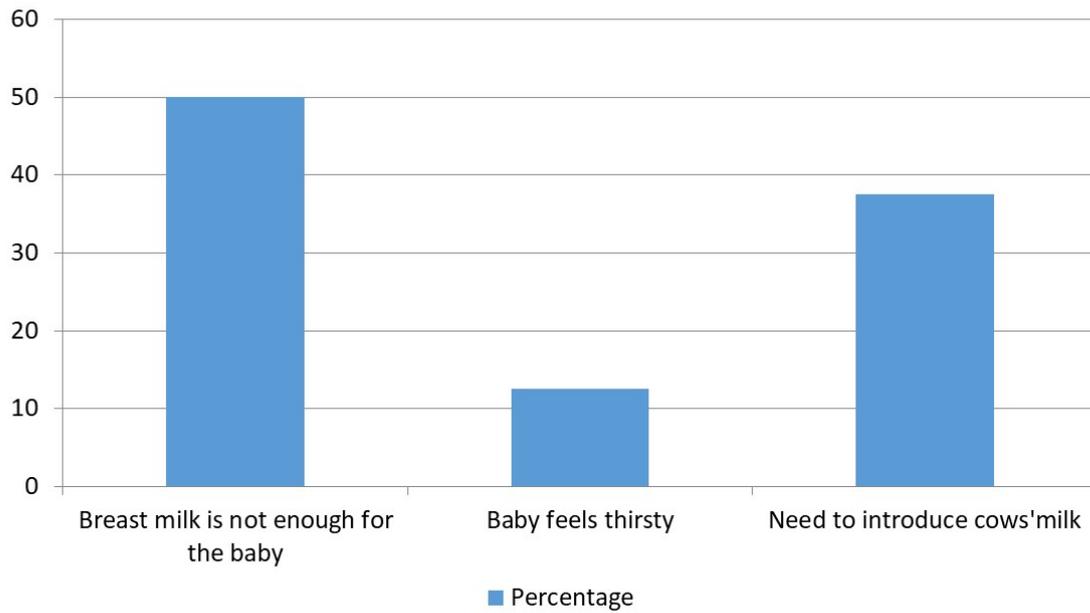


Figure 4. A bar graph showing reasons why some mothers disagreed with the statement.

Table 4. A table showing different practices of mothers towards exclusive breastfeeding

Variable	Category	Frequency	Percentage
Time at which breast feeding initiated	Within the 1st hour after birth	34	85.0
	Within the 2 nd hour after birth	5	12.5
	Within the 4 th hour after birth	1	2.5
Total		40	100.0
was initiated	Yes	24	60.0
	No	16	40.0
Total		40	100.0
feeds introduced	Water	2	8.3
	Millet porridge	4	16.7
	Bean soup	3	12.5
	Cow's milk	15	62.5
Total		24	100.0

Table 5. A table showing reasons for introducing other feeds before 6 months

Reasons for introducing other feeds before 6 months		
Category	Frequency	Percentage (%)
Insufficient breast milk	12	60
Need to return to work	7	35
Poor maternal health	1	5
Total	20	100.0

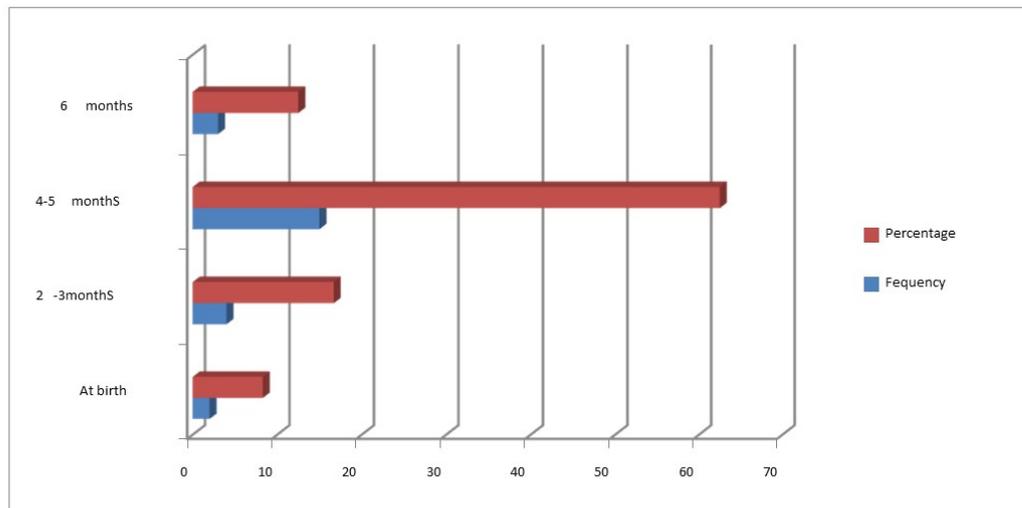


Figure 5. A bar graph showing age at which other feeds were introduced

The objective of the study was to determine the exclusive breastfeeding knowledge among mothers attending young child clinic in Mpigi health center four.

From the study, majority of mothers 95% some knew information about exclusive breastfeeding but only 26.3% were able to define it correctly. Many mothers did not have adequate knowledge because many got information from other sources other than health workers. This implied that mothers had inadequate information needed to practice EBF. This result is in agreement with the study conducted by Chaudhary et al, (2018) which found out that all mothers had adequate knowledge on how to appropriately breastfeed their babies and only 15% knew the meaning of exclusive breastfeeding.

Of the 40 respondents enrolled for the study, 77.5% knew the appropriate time to start breastfeeding (immediately after birth) while the 22.5% didn't know the appropriate time to start breastfeeding. This implied a good knowledge on breastfeeding. A similar study conducted in Asia by (dolley tshening, 2019) revealed that the majority (98%) of mothers had adequate knowledge on exclusive breastfeeding starting from early initiation thus a good knowledge on breastfeeding.

The study revealed that about 80% of the respondents knew about the importance of the first breast milk (colostrums) compared to 20% of the respondents who didn't know about the importance of colostrums. This finding is in line with a study conducted in Rwanda by (jiayou luo, 2020) which found out that majority of the respondents (87.6%) knew the importance of the first breast milk or colostrums thus implying that generally there is a good knowledge towards breastfeeding by the mothers.

Attitudes of mothers towards exclusive breast feeding

The objective of the study was to determine the attitude of mothers attending young child clinic in Mpigi health center towards exclusive breastfeeding. The findings of the study revealed the following;

The study showed that majority of mothers 95% wanted to exclusively breastfeed their babies. This was due to the fact that majority of mothers had received breastfeeding counseling and heard about the benefits of EBF, therefore they were expected to have good practices on exclusive breastfeeding. In comparison to the research done by (Awad mohammed Al-Qahtan, 2020) in Sudan, this finding agrees with their results which revealed that, 90%

of the mothers intended to exclusively breast feed their babies even during Ramadan. This implies a positive attitude towards breastfeeding among the breastfeeding mothers.

Majority (55%) of mothers felt uncomfortable when breastfeeding in public while 45% felt comfortable when breastfeeding in public. This could have been because breastfeeding mothers felt shy to put their breasts outside in presence of people and also due to the fact that majority of them were in their twenties; they wanted to maintain their dignity. This had a negative impact on EBF leading to poor practice. A similar study by Stuebe and Bonuck (2019), found out that some mothers felt comfortable while others felt uncomfortable when breastfeeding in public though they did not specify the numbers and percentages.

Furthermore, the results of the study showed that 60% of the mothers agreed that breastfeeding for six months was good and enough for the baby while 40% disagreed with the statement. This could have been because most of the mothers have been encouraged many times by health workers to exclusively breastfeed their babies. According to this finding, mothers were expected to practice EBF. Comparing with the study by (niguse tadele, 2016) in Ethiopia the study was in agreement with their finding which revealed that 59.3 % believed that only EBF is enough for child up to six months.

Mothers who disagreed with the statement that breastfeeding was good and enough for the baby had various reasons; 50% of them argued that breast milk alone was not enough to keep the baby for six months. Many mothers could have felt that the breast milk was not enough due to inadequate feeding of mothers themselves leading to less milk production for the baby. This was a poor attitude in relation to EBF and could have serious effects on the baby, like diarrhea, low cognitive development and others. This study finding is similar to the research done by (aubrey R. maonga, 2016) which indicated that most women in severe food insecurity believed that breast milk would be insufficient and that women who exclusively breastfed would experience health problems.

Practices of mothers towards exclusive breastfeeding

The objective of the study was to determine the exclusive breastfeeding practices among mothers attending young child clinic in Mpigi health center

four. The findings of the study revealed the following;

Majority of mothers 34(85%) started breastfeeding within the first hour of birth; this indicates that most of the mothers initiated breast feeding at the right time. Therefore the initiation was appropriately practiced. Similarly, in Ghana, a study that was carried out about exclusive breast feeding revealed that breastfeeding was almost entirely initiated within one hour after birth (ruth nimota nukpezah, 2018).

Most of mothers, 24(60%) had introduced other feeds to the baby, of these; the highest number (62.5%) gave cow's milk. Furthermore, the biggest percentage (62.5%), of those who were giving other feeds had introduced them to the baby between 4-5 months. This showed poor breast feeding practice. A certain study, (osiyosola o. osibogun, 2018) also revealed that only 28.5% practiced exclusive breastfeeding for up to six months post-delivery.

Introduction of other feeds by the majority (62.5%) therefore means that there was a high level of early weaning which is a poor practice. "Insufficient breast milk" was the reason most of these respondents (60%) used to justify themselves. A recent study done in Tanzania also stated that reasons for not practicing exclusive breastfeeding in real life included perceived insufficiency of milk supply. Other reasons were also portrayed; poor maternal nutrition, the pressure for women to return to work and inadequate knowledge about expressing breast milk (mgiongo, 2018). According to (osiyosola o. osibogun, 2018), the very low exclusive breastfeeding rate up to six months, post-partum was related to the inadequate breastfeeding support from the various support systems especially in the workplace.

8 Conclusions

The study specifically sought to determine the knowledge, practice and attitude towards exclusive breastfeeding among mothers attending young child clinic in Mpigi health center four.

The study established that; Majority of the mothers 95% knew some information about exclusive breastfeeding, 77.5% of the mothers knew that breast feeding is started immediately after breastfeeding, 80% knew the importance of colostrums, 95% of mothers were willing to exclusively breastfeed their babies , Majority of mothers 55%, felt

uncomfortable when breastfeeding in public while 45% felt comfortable while breastfeeding in public, 34(85%) started breastfeeding within the first hour of birth (62.5%), of those who were giving other feeds had introduced them to the baby between 4-5 month. Most of mothers, 24(60%) had introduced other feeds to the baby, of these; the highest number (62.5%) gave cow's milk. Insufficient breast milk" was the reason most of these respondents (60%) used to justify themselves. Therefore mothers had a good knowledge, a positive attitude and a poor practices towards exclusive breast feeding.

Recommendation

According to the conclusions, the researcher recommends that:

The District Health Team of Mpigi should encourage health workers to conduct community out reaches in order to reach the mothers at grass root level so as to identify some of the bad breastfeeding practices and discourage them.

There is need for ministry of health and the government to advocate and support male involvement in infant and young child feeding especially breastfeeding by providing support on the maternal nutrition so as to ensure adequate breast milk production for exclusive breast feeding.

Ministry of health in conjunction with ministry of education should introduce child health in the primary school curriculum so as to increase the knowledge level of mothers since the study indicated that most mothers had attained primary education and had limited knowledge. .

There is need for nurses and midwives to health educate mothers on the time of introduction of other foods as the study revealed that majority of mothers introduced other foods before six months.

Evidence based education on contents of breast milk and baby's needs should be emphasized so as to educate the community with adequate knowledge on the advantages of breast milk to the baby compared to cow's milk.

More comprehensive research should be carried out on factors associated with early initiation of mixed feeds and factors associated with limited knowledge on EBF.

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10 List of abbreviations

WHO: World health organization

EBF: Exclusive breastfeeding

UNICEF: United Nations initiative children education fund.

YCC: Young child clinic.

Definition of Operational Terms

1. **Knowledge:** According to Oxford English Dictionary, knowledge refers to information or

2. Awareness gained through experience or education or the total of what is known.

3. **Attitude:** This is a way of thinking or feeling about something (Oxford English dictionary

3. **Practice:** This is the usual way of doing something or the doing of something repeatedly to improve one's skills (O.E. D).

4. **Breast feeding:** This is feeding the baby with milk from the breast

5. **Exclusive Breastfeeding:** This is infant feeding on only breast milk and nothing else except for ORS, Medicines, vitamins and minerals (UNICEF, 2015)

6. **Mother:** According to Oxford English Dictionary, a mother is a female parent of a child or animal.

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