

**ASSESSMENT OF KNOWLEDGE, ATTITUDE AND PREVALENCE OF MOTHERS
TOWARDS EXCLUSIVE BREAST-FEEDING AT POSTNATAL CLINIC OF
KAMPALA INTERNATIONAL UNIVERSITY –TEACHING HOSPITAL, BUSHENYI
DISTRICT**

BY

OKWIRI PETER

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**A RESEARCH REPORT SUBMITTED TO THE SCHOOL OF ALLIED HEALTH
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AWARD OF DIPLOMA IN CLINICAL MEDICINE AND COMMUNITY HEALTH OF
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DECLARATION

I OKWIRI PETER, declare that this research report has not been presented or submitted either partially or wholly to this or any other institute for any academic qualification, however work from other studies has been quoted.

.....

SIGNATURE

.....

DATE

APPROVAL

This is to approve that this work entitled “**Knowledge and attitudes of mothers towards exclusive breast-feeding at postnatal clinic of Kampala International University –Teaching Hospital, Bushenyi District**” has been prepared under my direct supervision and is therefore ready for submission to the school of allied health Kampala international university western campus.

DR OKOT JIMMY [MMED INTERNAL MEDICINE]

.....

Supervisor

.....

Date

ACKNOWLEDGEMENT

I would like to acknowledge the great job done by my mother, brother in supporting me financially may the good Lord bless them abundantly.

Secondly to my dia supervisor Mr. Okot Jimmy four the great support may the good lord bless him to.

Lastily to my guardian parent late Rev Fr Wamala joseph Amooti may his saul RIP in peace

DEDICATION

I dedicate this work to my dia mum, my big bro Mr Tusiime Charles,

Lastily to my guardian parent Late Rev Fr Wamara Joseph Amooti may His Saul RIP

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LIST OF ABBREVIATIONS

CS	Cesarean Section
EBF	Exclusive Breast Feeding
KIU-TH	Kampala International University Teaching Hospital
SVD	Spontaneous Vertex Delivery
UNICEF	United Nations Children's Fund
WHO	World Health Organization

LIST OF OPERATIONAL DEFINITION

Complementary feeding: Is defined as the process of starting other feeds when breast milk alone is no longer sufficient to meet the nutritional requirements of infants, and therefore other foods and liquids are needed, along with breast milk.

Exclusive Breast Feeding: Is defined as giving the baby no other food or drink, not even water, except breast milk (including milk expressed or from a wet nurse) for 6 months of life, but allows the infant to receive ORS, drops and syrups (vitamins, minerals and medicines).

Infant: A young child below one year of age.

Mixed feeding: Is defined as giving a child both breast milk and breast milk substitutes (i.e., commercial infant formula).

Supplementary feeding: Describes the method of giving additional fluids aside from breast milk to a breastfed baby because of breast milk supply issues or attachment issues.

ABSTRACT

Introduction: The World Health Organization (WHO) recommends the practice of exclusive breastfeeding for 6 months, in addition to its continuation with the addition of supplementary foods until 2 years or more (World Health Organization, 2008).

Aim: To assess the level of knowledge and attitude of mothers towards exclusive breast-feeding at postnatal clinic of Kampala International University –Teaching Hospital, Bushenyi District.

Methodology: A descriptive cross-sectional study design.

Results: According to the findings of this study, the biggest number of respondents 38(44.19%) were in the age bracket of 26-30 years, 44(51.16%) were Banyankore by tribe, 65(75.58%) were married, 49(56.98%) were employed while only a third reported not to have attended formal education. The prevalence of EBF among women in this study was (55.17%) and the practice was found more among those aged between 26-30 (47.37%) and 31-35 (53.33%), Baganda (80.00%), Banyoro (62.50%), single women (52.38%), non-employed (72.97%) and those who never attended formal education. Nearly half of the respondents 48.26% had knowledge about exclusive breast feeding while majority of women in this study (54.53%) had a negative attitude towards EBF where 91.86% of the women believed that EBF causes the breasts to become flat, while 22.09% believed that EBF causes respiratory tract infections for the baby and 67.44% of the women were comfortable with extra feeding other than breast milk for a child less than 6 months.

Conclusion: The prevalence of EBF among women in this study was low and the practice was found more among those aged above 26 years, Baganda and Banyoro, single women, non-employed and those who never attended formal education. On average, nearly half of the respondents had knowledge about exclusive breast feeding while majority of women in this study had a negative attitude towards EBF.

Recommendations: Increased sensitization of mothers through health education talks at the health facilities. In addition, similar studies should also be carried but covering larger sample sizes.

CHAPTER ONE: INTRODUCTION

1.0 Introduction

This chapter explored the background of exclusive breastfeeding, problem statement of the topic under study, justification of the study, objectives of the study, as well as the conceptual framework and scope of study.

1.1 Background

Exclusive breastfeeding is defined as "an infant's consumption of human milk with no supplementation of any type (no water, no juice, no nonhuman milk and no foods) except for vitamins, minerals and medications (Gartner, Morton, & Lawrence, 2015). Based on scientific evidence, the World Health Organization (WHO) recommends the practice of exclusive breastfeeding for 6 months, in addition to its continuation with the addition of supplementary foods until 2 years or more (World Health Organization, 2008).

Exclusive breastfeeding till six months of age helps to protect an infant from gastrointestinal infections in both developing and industrialized countries. The risk of death due to diarrhea and other infections increases when babies are either partially breastfed or not breastfed at all. Studies revealed that, during the first two months of life, infants who are not breastfed are nearly 6 times more likely to die from infectious diseases than infants who are breastfed; between 2 and 3 months while non-breastfed infants are 4 times more likely to die compared to breastfed infants (WHO, 2010, 2014).

Factors that are positively associated with exclusive breastfeeding, include higher maternal educational level, stable marital relationship, infants born with gestational ages greater than 37 weeks, mothers with previous experience of breastfeeding and women who live in their own houses. Another study demonstrated that cessation of exclusive breastfeeding during the first months is associated with low family income, low maternal age, primiparity and mothers returning to work (Escamilla, Lartey, Aidam, & Aidam, 2005; Venâncio, Escuder, Kitocco, Rea, & Monteiro, 2012).

Globally, a recent estimate by the WHO showed that only 35% of children between birth and their 5th month are breastfed exclusively (World Health Organization, 2010). WHO reported an overall prevalence of EBF of 36%, the highest rates of EBF were found in East Asia/Pacific (43%) and the lowest rates of EBF in West/Central Africa (20%) (UNICEF, 2012; WHO, 2011). In Sub

Saharan Africa where there is high rates of mother to child HIV transmission, malnutrition, infant and child mortality rates, the overall prevalence of EBF was 33% (UNICEF & WHO, 2011). Based on the WHO Global data on Infant and Young Child Feeding in Nigeria, 22.3% of children were exclusively breastfed for less than 4 months, while 17.2% were exclusively breastfed for less than 6 months, in the year 2003 and according to the Nigerian Demographic and Health Survey (NDHS), in 2008 17% of children were exclusively breastfed for less than 4 months, while 13% were exclusively breastfed for less than 6 months of which all these figures are far below the 90% level recommended by the WHO (Jones et al., 2008).

In a study done in Kinshasa, Congo during the maternity stay, 369 (87.5%) children were exclusively breastfed. At six months, only 12 (2.8%) infants were exclusively breastfed (Pélagie, Philippe, Pierre, Nathalis, & Emile, 2015). Tanzania, a country with high infants' and child mortality rates (51 and 81 per 1000 live births respectively), and high rate of stunting for children under age of 5 (42%), has high suboptimal breastfeeding practices and low prevalence of EBF for infants under 6 months (50%) (National Bureau of Statistics, 2011).

Information on local factors that influence EBF is vital in guiding strategies to improve EBF trend. The factors influencing EBF have shown to vary from country to country and within countries. Employment status, urban/rural differences, marital status, knowledge on breastfeeding, education status, place of delivery, HIV status, advice on breastfeeding, ant-natal care clinic (ANC) attendance and type of delivery have shown to have an influence on EBF (WHO and UNICEF, 2015) this paper aimed to assess the knowledge and attitude of mothers attending postnatal clinic of KIU-TH, towards EBF.

1.2 Problem statement

Exclusive breastfeeding of children under 6 months in Uganda was reported at 63.2 % in 2011, according to the World Bank collection of development indicators, and this is low compared to the 90% level recommended by the WHO (Jones et al., 2008). Breastfeeding is said to be important in helping the child grow well and reduces on cases of malnutrition, other morbidities as well as death. Bushenyi being a rural area is highly susceptible to increased cases of malnutrition as well as other morbidities among infants unless their mothers take on the responsibility of exclusively breast feeding them till the age of 6 months as recommended by WHO. However majority of mothers in this area seem to be naïve about the benefits of exclusively breastfeeding their children for the recommended 6 months. Despite various campaigns by the ministry of health Uganda as

well as efforts by health workers to try and convince mothers to exclusively breast their infants, majority of the mothers don't take it seriously while others are unable to do so due to one reason or the other for example employment. The details regarding the rate at which exclusive breast feeding is being practiced in Bushenyi District are still lacking hence the purpose of this work was to assess the knowledge and attitude of mothers attending KIU-TH post natal clinic, towards exclusive breast feeding.

1.3 Justification of the study

Promotion of breastfeeding must be seen as a priority for the improvement of the health and the quality of life of children and their families. WHO recommendation on EBF has been in effect for more than two decades, majority of young women do not comply with it (WHO (World Health Organization) & UNICEF (United Nations Children's Fund), 2013). This can be attributed to low level of knowledge among majority of rural women. This discrepancy has necessitated the need to explore the level of knowledge among mothers regarding the practice EBF. It is therefore worthy carrying out this study to examine the level of knowledge and attitude of mothers regarding the practice EBF at the post-natal clinic of KIU-TH, Ishaka Bushenyi District. The research is also aimed at laying a ground foundation for future researchers who would wish or later see need to carry out the same research topic and study.

1.4 Objectives of the study

1.4.1 General objective

To assess the level of knowledge, attitude and prevalence of mothers towards exclusive breast-feeding at postnatal clinic of Kampala International University –Teaching Hospital, Bushenyi District.

1.4.2 Specific objectives

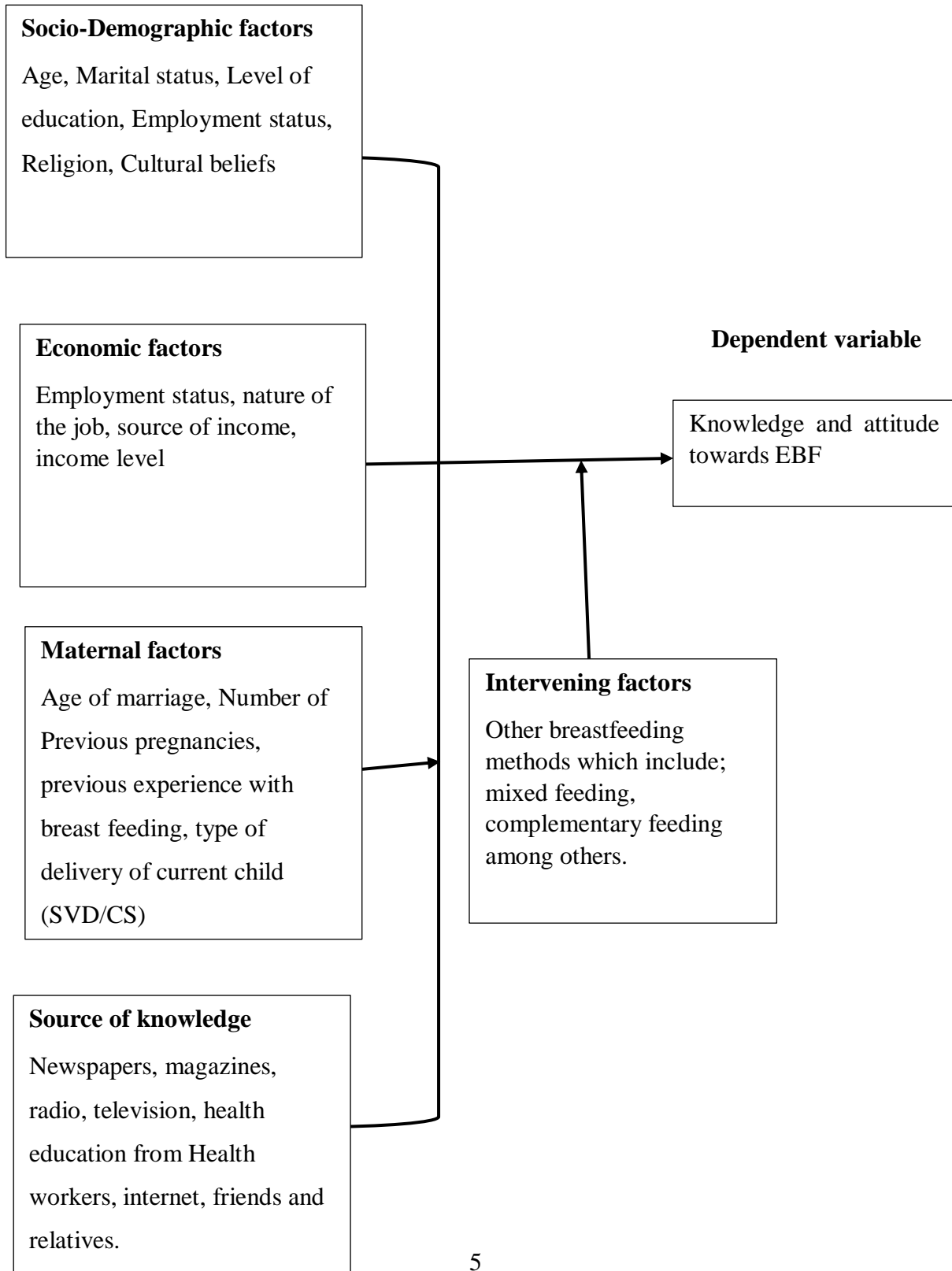
1. To find out the prevalence of exclusive breast feeding among mothers attending post natal clinic at KIU-TH, Bushenyi District.
2. To assess mothers knowledge about EBF at postnatal clinic of KIU-TH, Bushenyi District.
3. To assess mother's attitude regarding Exclusive Breast Feeding at postnatal clinic of KIU-TH, Bushenyi District.

1.5 Research Questions

1. What is the prevalence of exclusive breast feeding among mothers attending post natal clinic at KIU-TH, Bushenyi District?
2. What is the level of knowledge about EBF, among mothers attending postnatal clinic of KIU-TH, Bushenyi District?
3. What is the mother's attitude regarding Exclusive Breast feeding at postnatal clinic of KIU-TH, Bushenyi District?

1.6 Conceptual framework

Independent variable



1.7 Scope of the study

The study aimed at assessing the level of knowledge and attitudes of mothers towards Exclusive breast feeding and the dependent variable in this case was knowledge, attitude and prevalence of mother towards EBF while the independent variables included the socio-demographic factors, economic factors, maternal factors as well as sources of knowledge, which all had a role to play towards the dependent factor. The intervening factors of this study included other types of Breast Feeding such as complementary feeding and mixed feeding among others.

CHAPTER TWO: LITERATURE REVIEW

2.0 Introduction

This chapter explored literature from various researchers, and this helps in identifying what is already known about the topic and also helps in identifying gaps in the previous studies. Sources of literature review included among others, journals, web pages, reports among others.

2.1 Prevalence of EBF among women worldwide.

In one of the previously concluded studies in Muheza District, Tanzania, the prevalence of EBF was found to be 24.1 %. The perception that mothers' breast milk is insufficient for child's growth, child being thirsty and the need to introduce herbal medicine for cultural purposes were among the important factors for early mixed feeding (Maonga, Mahande, Damian, & Msuya, 2016).

In another study, of those who had ever breastfed, 709 (87.0%) of the mothers reported to have initiated breastfeeding within one hour of birth. The prevalence of EBF computed using since birth dietary recall method, showed 412 (50.3%) of the participants practiced EBF appropriate to their age. The mean duration of EBF was 3.0 months (SD±2.4) (Seid, Yesuf, & Koye, 2013).

Another study also revealed that the prevalence of exclusive breastfeeding was (70.5 %) and awareness of exclusive breastfeeding was (92.4 %) (Sonko & Worku, 2015).

The prevalence of exclusive breastfeeding during the seven days before a survey carried out in Northwestern Ethiopia was 60.8% (95% CI: 55.8%, 65.8%). The study also revealed that those mothers who were unemployed [AOR = 1.98 (1.21, 3.22)], received breastfeeding counseling during antenatal care (ANC) [AOR = 2.44 (1.53, 3.91)], received infant feeding counseling during postnatal care (PNC) [AOR = 5.03 (3.04, 8.31)], didn't give prelacteal feeding [AOR = 3.44 (1.88, 6.33)] and had adequate knowledge about breastfeeding [AOR = 2.57 (1.57, 4.19)] were more likely to practice EBF than their counterparts (Mekuria & Edris, 2015).

Another study revealed that the prevalence of exclusive breast feeding was 305(82.2%) of which three hundred thirty seven (90.8%) of mothers were Knowledgeable. The actual practice of exclusive breast feeding was 305(82.2%). Among the total variables which were included in the analysis only three variables shows positive association with mothers EBF status. These are knowledge of EBF, ANC follow up and women occupation. House wife women were two times

more likely exclusively breast feed their child compared to those employed (OR=2.42 CI=1.36, 4.33 P value=0.022) (Begna Bayissa et al., 2015).

2.2 Knowledge and attitude of mothers towards Exclusive Breast feeding.

Regarding knowledge and attitude towards EBF, three hundred and fourteen breastfeeding mothers with their index child less than 2 years were enrolled in a study in Southwestern Ethiopia. Even though 93.6 % of study participants had heard about EBF, only 34.7 % were knowledgeable about the recommended duration. About 89.5 % had a positive attitude, but only 59.3 % believed that only EBF is enough for child up to six months and 26.4 % of children were exclusively breastfed for six months (Tadele, Habta, Akmel, & Deges, 2016).

In another study, in Nigeria, a total of 54(31%) of the mothers had adequate knowledge of exclusive breastfeeding with 94(53%) of them initiating breastfeeding immediately after birth. Only 55(31%) of the mothers practiced exclusive breastfeeding. Out of the 53 mothers that stopped breastfeeding, 85% of them did so between 16–20months (Oche, Umar, & Ahmed, 2011).

According to a study by Begna and colleagues (2015), the prevalence of exclusive breast feeding in their study was 305(82.2%) and of these three hundred thirty seven (90.8%) of mothers were knowledgeable. The actual practice of exclusive breast feeding was 305(82.2%). Among the total variables which were included in the analysis only three variables showed positive association with mothers EBF status. These were knowledge of EBF, ANC follow up and women occupation. House wife women were two times more likely exclusively breast feed their child compared to those employed (OR=2.42 CI=1.36, 4.33 P value=0.022) (Begna Bayissa et al., 2015).

In another analysis in Ethiopia, three hundred and fourteen mothers with their index child less than 2 years were enrolled. Even though 93.6% of study participants had ever heard about EBF only about 34.7% were knowledgeable with recommended duration. About 89.5% of have positive attitude but only 59.3% believe that only EBF is enough for child up to 6 months and EBF on child less than six months was about 26.4% (Tadele et al., 2016).

Another more recent study in Ethiopia where a total of 384 participants were included with a response rate of 100%, based on knowledge score, 268 (69.8%) were grouped as having good

knowledge and regarding attitudinal score, 92 (24%) of the study participants were categorized as having negative attitude towards exclusive breast feeding (EBF) and the remaining 292 (76%) were categorized as having positive attitude the knowledge of study participant mothers towards EBF is low which less than three-fourths; is however positive attitude towards EBF is more than three-fourths in this study. The authors went ahead and recommended that health care workers who work in the areas of maternal and child health clinic should give appropriate information about EBF (Alamirew, Bayu, Tebeje, & Kassa, 2017).

Another recent study revealed that with respect to the mother's attitude to EBF, 60% believed that this method of feeding would flatten their breasts and 78% that EBF causes respiratory tract infections. Furthermore, over 64% thought that food supplements were ideal for infants and that EBF was suitable only for working mothers (Tyndall, Kamai, & Changchangi, 2016).

According to a study in Nigeria, out of the 470 nursing mothers studied, 387 (82.3%) were able to define correctly exclusive breastfeeding while 315 (67.0%) practiced or were practicing exclusive breastfeeding at the time of this study. The knowledge and practice of exclusive breastfeeding was found to increase with increasing age and better educational status of the women. Ninety six (20.4%) nursing mothers said they never breastfed their babies while in public place. Although knowledge and practice of exclusive breastfeeding among the women were considerably high, the younger age brackets were less knowledgeable and adherent to the practice. Targeting adolescents for exclusive breastfeeding education and sensitization is necessary in preparing them for motherhood (Ogbonna & Daboer, 2007).

In another study, of those who had ever breastfed, 709 (87.0%) of the mothers reported to have initiated breastfeeding within one hour of birth. Ninety seven (11.9%) of the participants reported having breast related problems that created difficulty in feeding their infants. Seven hundred and sixty (93.5%) of the participants received infant feeding counseling/advice from different sources such as health professionals other than health extension workers 704 (91.1%), media 321 (41.91%), health extension workers 24 (3.13%), and family members 28 (3.59%). The prevalence of EBF computed using since birth dietary recall method, showed 412 (50.3%) of the participants practiced EBF appropriate to their age. The mean duration of EBF was 3.0 months (SD±2.4) (Seid et al., 2013).

CHAPTER THREE: METHODOLOGY

3.0 General Introduction

This chapter explored the study methodology including the methods and tools that were used to conduct the research, design, data collection methods, tools and research sample sizes.

3.1 Study Design

The study employed a descriptive cross-sectional study design.

3.2 Study area

Study area was KIU-TH which is located in Ishaka, Bushenyi District along Mbarara-Kasese Highway. and since then, it has been acting as a referral point from other hospitals and health centers in Western Uganda. The hospital serves both in and out patient department. The hospital has numerous specialist departments and clinics, including General Surgery, Orthopedics, Medicine, Ophthalmology, Ear Nose and Throat, Dental Surgery, Pediatrics and Physiotherapy, Accidents and Emergencies as well as Obstetrics and Gynecology department which houses the postnatal clinic. The post natal clinic of KIU-TH receives about 106 Clients in a quarter.

3.3 Study population

All mothers who seek services at the post-natal clinic of KIU-TH.

3.3.1 Inclusion criteria

All women of child bearing age who attended the postnatal clinic of KIU-TH during the time of the study and had been residents of Bushenyi for the past three years.

3.3.2 Exclusion criteria

Mentally ill mothers as well as those that were critically ill.

3.4 Sample size determination

The sample size was obtained directly from Krejcie and Morgan Table for Determining Sample Size for Finite Population as in appendix III. Since the population size (N) =106, then according to the Morgan and Krejcie tables, the required sample size (n) was got as 86 participants.

3.5 Sampling procedure

A systematic random sampling technique was used to enroll participants in the study. T

3.6 Study variables

3.6.1 Dependent variable

The dependent variable was knowledge and attitude towards EBF.

3.6.2 Independent variable

The independent variables included; socio-demographic factors, economic factors, maternal factors.

3.7 Data collection and management

Questionnaire were used to obtain data from respondents.

3.8 Data analysis

Electronically by feeding into Microsoft Excel 2013 systems then exported to SPSS version 20 for analysis. The data was then be presented as simple statements and tables.

3.9 Ethical considerations

Permission to conduct research was sought from the office of the administrator, school of Allied Health Sciences, KIU-WC, confidentiality was ensured whereby the names of the respondents were not included and information given by the respondent was not disclosed to anyone. Informed consent forms were availed and respondents were not forced to participate. The respondents were informed that the interview would be in private and confidentiality would therefore be ensured. The benefits of the research were also explained to respondents.

3.10 Limitations of the study

Time constraints were addressed by recruiting assistants to help in data collection process and these also helped to reduce on the workload. Problem of language barrier was addressed by recruiting translators who had good knowledge about the topic.

CHAPTER FOUR: FINDINGS OF THE STUDY

4.0 Introduction

This chapter portrayed the findings of the study which were presented in form of tables and described with a few short statements.

4.1 Demographic characteristics of study participants attending postnatal clinic of KIU-TH, Bushenyi District.

According to the findings of this study, the biggest number of women 38(44.19%) were in the age bracket of 26-30 years, while more than half 44(51.16%) were Banyankore by tribe, three quarters were married 65(75.58%), more than half 49(56.98%) were employed while only a third reported not to have attended formal education and these are as shown in table 1 below.

Table 1: Demographic characteristics of study participants attending postnatal clinic of KIU-TH, Bushenyi District.

Variable	Frequency (N=86)	Percentage (%)
Age		
16-20	10	11.63
21-25	23	26.74
26-30	38	44.19
31-35	15	17.44
Tribe		
Munyankore	44	51.16
Mukiga	12	13.95
Mutooro	10	11.63
Munyoro	8	9.30
Muganda	5	5.81
Others	7	8.14
Marital status		
Married	65	75.58
Single	21	24.42

Employment status		
Employed	49	56.98
Non-employed	37	43.02
Level of education		
Informal	32	37.21
Primary	13	15.12
Secondary	28	32.56
Tertiary institution	13	15.12

4.2 Prevalence of exclusive breastfeeding among respondents attending postnatal clinic of KIU-TH.

4.2.1 Exclusive breast feeding practice among respondents attending post natal clinic of KIU-TH, Bushenyi District.

Majority of respondents 63(73.25%) reported to be having infants of 6 months and below where nearly all 58(92.06%) mentioned that they were still breast feeding and out of these (58), only 32(55.17%) reported to be feeding their infants on only breast milk as shown in table 2 below.

Table 2: Exclusive breast feeding practice among respondents attending post natal clinic of KIU-TH, Bushenyi District.

Practice	Frequency	Percentage
Do you have a baby of 6 months and below?		
Yes	63	73.25
No	23	26.75
If yes, is the baby still breastfeeding?		
Yes	58	92.06
No	5	7.94

If yes, what how do you feed the baby?		
On breast milk only	32	55.17
Both breast milk and cow milk	21	36.21
Breast milk and other feeds	5	8.62

4.2.2 Comparison of socio-demographic characteristics and EBF practice among respondents attending postnatal clinic of KIU-TH, Bushenyi District.

The practice of exclusive breast feeding was found more among those aged between 26-30 (47.37%) and 31-35 (53.33%), Baganda (80.00%), Banyoro (62.50%), single women (52.38%), non-employed (72.97%) and those who never attended formal education as shown in table 3 below.

Table 3: Comparison of socio-demographic characteristics and EBF practice among respondents attending postnatal clinic of KIU-TH, Bushenyi District.

Variable	Practice EBF	
	Yes (32)	No
Age		
16-20	2(20.00)	8(80.00)
21-25	4(17.39)	19(82.61)
26-30	18(47.37)	20(52.63)
31-35	8(53.33)	7(46.67)
Tribe		
Munyankore	13(29.55)	31(70.45)
Mukiga	4(33.33)	8(66.67)
Mutooro	3(30.00)	7(70.00)
Munyoro	5(62.50)	3(37.50)
Muganda	4(80.00)	1(20.00)
Others	2(28.57)	5(71.43)
Marital status		
Married	21(32.31)	44(67.69)
Single	11(52.38)	10(47.62)

Employment status		
Employed	5(10.20)	44(89.80)
Non-employed	27(72.97)	10(27.03)
Level of education		
Informal	17(53.13)	15(46.87)
Primary	3(23.08)	10(76.92)
Secondary	10(35.71)	18(64.29)
Tertiary institution	2(15.38)	11(84.62)

4.3 Knowledge about exclusive breast feeding among respondents attending postnatal clinic of KIU-TH.

On average, nearly half of the respondents 48.26% had knowledge about exclusive breast feeding where more than half 58.14% knew the definition of EBF while 50% knew the time of initiation of EBF and 55.81% knew the actual duration of EBF as shown in the table below.

Table 4: Knowledge about exclusive breast feeding among respondents attending postnatal clinic of KIU-TH, Bushenyi District.

S/N	Question	a)	b)	c)
1.	Exclusive breastfeeding means giving the child only breast milk, with nothing else for 6 months	58.14	18.60	23.26
2.	Exclusive breast feeding means	20.93	0.00	79.07
3.	When do you start exclusive breast feeding	50.00	31.40	18.60
4.	Exclusive breast feeding lasts for	9.30	46.51	55.81
5.	Exclusive breast feeding prevents infections among babies	18.60	44.19	37.21
6.	Exclusive breast feeding only is enough for the child under 6 months	32.56	65.12	2.33

7.	A child who is exclusively breastfed misses out on so many nutrients	56.98	29.07	13.95
8.	Exclusive breast feeding can be a form of contraception	62.79	22.09	15.12

4.4 Attitude towards Exclusive Breast Feeding among respondents attending postnatal clinic of KIU-TH.

In this study, 45.47% of the respondents on average had a positive attitude towards EBF where 44.19% would prefer to feed their babies on breast milk for the first 6 months while 50.00% reported that they think that EBF is better than artificial feeding and 39.53% reported that they don't feel comfortable when they give extra food to their child below 6 months. While on the other hand majority of women in this study (54.53%) had a negative attitude towards EBF where 91.86% of the women believed that EBF causes the breasts to become flat, while 22.09% believed that EBF causes respiratory tract infections for the baby and 67.44% of the women were comfortable with extra feeding other than breast milk for a child less than 6 months as shown in the table below.

Table 5: Attitude towards Exclusive Breast Feeding among respondents attending postnatal clinic of KIU-TH, Bushenyi District.

S/N	Question	Positive	Negative
1.	What do you prefer to feed your baby for the first 6 months?	44.19	55.81
2.	Do you think that EBF is better than artificial feeding?	50.00	50.00
3.	EBF is not sufficient enough for the child's growth?	34.88	65.12
4.	How do you feel when you give extra food to your child below 6 months?	39.53	60.47
5.	Are you comfortable with extra feeding other than breast for a child less than 6 months?	32.56	67.44
6.	Does exclusive breast feeding cause breasts to become flat?	8.14	91.86
7.	A child less than 6 months who is exclusively breast feed is healthier than child who takes additional food and less breast milk?	39.53	60.47
8.	Breast feeding causes respiratory tract infections	77.91	22.09
9.	EBF is not favorable for working women.	82.56	17.44

CHAPTER FIVE: DISCUSSION, CONCLUSION AND RECOMMENDATIONS.

5.0 Introduction

This chapter described the results from the previous chapter and contains conclusions as well as recommendations basing on the results from the previous chapter.

5.1 Prevalence of EBF among women attending postnatal clinic of KIU-TH.

According to the findings in this study, the prevalence of EBF among the study participants was found to be 55.17% with the practice of exclusive breast feeding being more among those aged between 26-30 (47.37%) and 31-35 (53.33%), Baganda (80.00%), Banyoro (62.50%), single women (52.38%), non-employed (72.97%) and those who never attended formal education. The prevalence in this study is much lower than that of a study by Begna and colleagues (2015) where the prevalence of exclusive breast feeding in their study was (82.2%). On the contrary, the result in this study is higher compared to the result in another study by Oche and others in 2011 where, (31%) of the mothers practiced exclusive breastfeeding. In a study by Ogbonna and others (2007), the knowledge and practice of exclusive breastfeeding was found to increase with increasing age and this statement is consistent with the findings of the current study and better educational status of the women however this is contrary to the findings of the current study evidenced above.

5.2 Knowledge about exclusive breast feeding among respondents attending postnatal clinic of KIU-TH.

On average, nearly half of the respondents 48.26% had knowledge about exclusive breast feeding where more than half (58.14%) knew the definition of EBF while 50% knew the time of initiation of EBF and 55.81% knew the actual duration of EBF. The result in this study is higher compared to that reported by Oche and colleagues in 2011 in their study where only (31%) of the mothers had knowledge about EBF. In another study by Begna and colleagues (2015), the number of mothers who had knowledge about BF was higher (90.8%) compared to that in this study. Also the result in this study regarding knowledge about the recommended duration of EBF, is higher than that from a study by Tadele and colleagues (2016) where only 34.7 % of women were knowledgeable about the recommended duration of EBF. Also, according to a study in Nigeria, (82.3%) of the mothers were able to define correctly exclusive breastfeeding which is very high compared to 58.14% in this study (Ogbonna & Daboer, 2007). All these differences can be

attributed to differences in the sample sizes used as well as difference in study populations where majority of women in this study were women from rural areas who have little knowledge regarding EBF and also have some local beliefs which they associate with EBF, unlike the women from other studies who were mostly urban women. The other reason for the low level of knowledge can be attributed to majority of women in this study being less educated or not educated at all.

5.3 Attitude towards Exclusive Breast Feeding among respondents attending postnatal clinic of KIU-TH.

In this study, 45.47% of the respondents on average had a positive attitude towards EBF where 44.19% would prefer to feed their babies on breast milk for the first 6 months while 50.00% reported that they think that EBF is better than artificial feeding and 39.53% reported that they don't feel comfortable when they give extra food to their child below 6 months. While on the other hand majority of women in this study (54.53%) had a negative attitude towards EBF where 91.86% of the women believed that EBF causes the breasts to become flat, while 22.09% believed that EBF causes respiratory tract infections for the baby and 67.44% of the women were comfortable with extra feeding other than breast milk for a child less than 6 months. The result in this study is far less than that from a similar study by Tadele and colleagues (2016) where 96% of respondents had a positive attitude towards EBF. The result in this study is still low compared to results from a similar study in Ethiopia by Alamirew and others (2017) where 76% of the women had a positive attitude towards EBF. These differences can be attributed to difference in sample sizes used where the sample size used in this study was very small compared to the other studies; as well as the difference in socio-demographic characteristics of the participants where for instance majority of participants in this study were illiterate compared to those in other studies.

On the other hand, another recent study revealed that, 60% of women believed that EBF would flatten their breasts and this result is lower compared to that of this study where nearly all women 91.86% thought that EBF causes breasts to flatten. In the same study, 78% responded that EBF causes respiratory tract infections which is higher compared to the result in this study 22.09% (Tyndall, Kamai, & Changchangi, 2016).

CONCLUSION

The prevalence of EBF was low in this study with few of the women having proper knowledge about EBF, and regarding the attitude, majority of the women in this study had a negative attitude towards EBF.

STRENGTHS AND WEAKNESSES

Among the strengths, was that the study was carried out from a Referral Hospital setting (KIU-TH) and regarding the weaknesses was a small sample size used.

RECOMMENDATIONS

Increased sensitization of mothers through health education talks at the health facilities. In addition, similar studies should also be carried but covering larger sample sizes.

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APPENDICES

Appendix I: Consent form and Questionnaires

I am OKWIRI PETER, a student of Kampala International University pursuing a Diploma in Clinical Medicine and Community Health, doing a research to assess the level of knowledge, attitude and prevalence of mothers towards EBF at postnatal clinic of KIU-TH, Ishaka Bushenyi District.

You are welcome to take part in this study but before we discuss more about the study, I ask you to reflect on whether you accept to participate in the study. In case you do not understand some words, I will explain them to you, and feel free to ask me any questions as we go along.

I have read the foregoing information. I have had the opportunity to ask questions about it and any questions that I have asked have been answered to my satisfaction. I consent voluntarily to participate in this research.

.....

.....

Signature/Thumbprint of the participant

Date

QUESTIONNAIRE

Section A: DEMOGRAPHIC DATA

1. AGE:

2. Marital status

☐

Married

☐

Divorced

☐

never married

☐

Single

☐

Widow

3. Employment status

☐

Employed

☐

Unemployed

4. Level of Education

☐

Not educated

☐

Secondary school

☐

Primary school

☐

Tertiary Institution

5. Religion

☐

Muslim

☐

Born again

☐

Catholic

☐

SDA

6. Tribe

☐

Munyankore

☐

Mukiga

☐

Mufumbira

☐

Muganda

Other.....

Section B: Prevalence of EBF.

1. Do you have a baby of 6 months and below?
 - a) Yes
 - b) No
2. If yes, is the baby still breastfeeding?
 - a) Yes
 - b) No
3. If yes, what how do you feed the baby?
 - a) On breast milk only
 - b) Both breast milk and cow milk
 - c) Breast milk and other feeds

Section C: Knowledge about Exclusive breast feeding.

1. Exclusive breastfeeding means giving the child only breast milk, with nothing else for 6 months;
 - a) I agree
 - b) I disagree
 - c) Not sure
2. Exclusive breast feeding means
 - a) Feeding the baby with a bottle
 - b) Feeding the baby on cow's milk
 - c) Feeding the baby with breast milk
3. When do you start exclusive breast feeding
 - a) Immediately after delivery
 - b) 2 weeks after delivery
 - c) At 6 months
4. Exclusive breast feeding lasts for
 - a) 3 months only
 - b) At least 4 months
 - c) 6 months
5. Exclusive breast feeding prevents infections among babies

- a) I agree
 - b) I disagree
 - c) Not sure
6. Exclusive breast feeding only is enough for the child under 6 months
- a) I agree
 - b) I disagree
 - c) Not sure
7. A child who is exclusively breastfed misses out on so many nutrients
- a) I agree
 - b) I disagree
 - c) Not sure
8. Exclusive breast feeding can be a form of contraception
- a) I agree
 - b) I disagree
 - c) Not sure

Section C: Attitude towards Exclusive Breast Feeding

1. What do you prefer to feed your baby for the first 6 months?
- a) Breast milk only
 - b) Cow's milk only
 - c) Breast and other food items
2. Do you think that EBF is better than artificial feeding?
- a) Yes
 - b) No
3. EBF is not sufficient enough for the child's growth?
- a) Agree
 - b) Disagree
4. How do you feel when you give extra food to your child below 6 months?
- a) Don't feel comfort
 - b) Comfortable with it

5. Are you comfortable with extra feeding other than breast milk only for a child less than 6 months?
 - a) Yes
 - b) No
6. Does exclusive breast feeding cause breasts to become flat?
 - a) Yes
 - b) No
7. A child less than 6 months who is exclusively breast feed is healthier than child who takes additional food and less breast milk?
 - a) Yes
 - b) No
8. Breast feeding causes respiratory tract infections
 - a) Yes
 - b) No
9. EBF is not favorable for working women.
 - a) Yes
 - b) No

Appendix II: Work plan

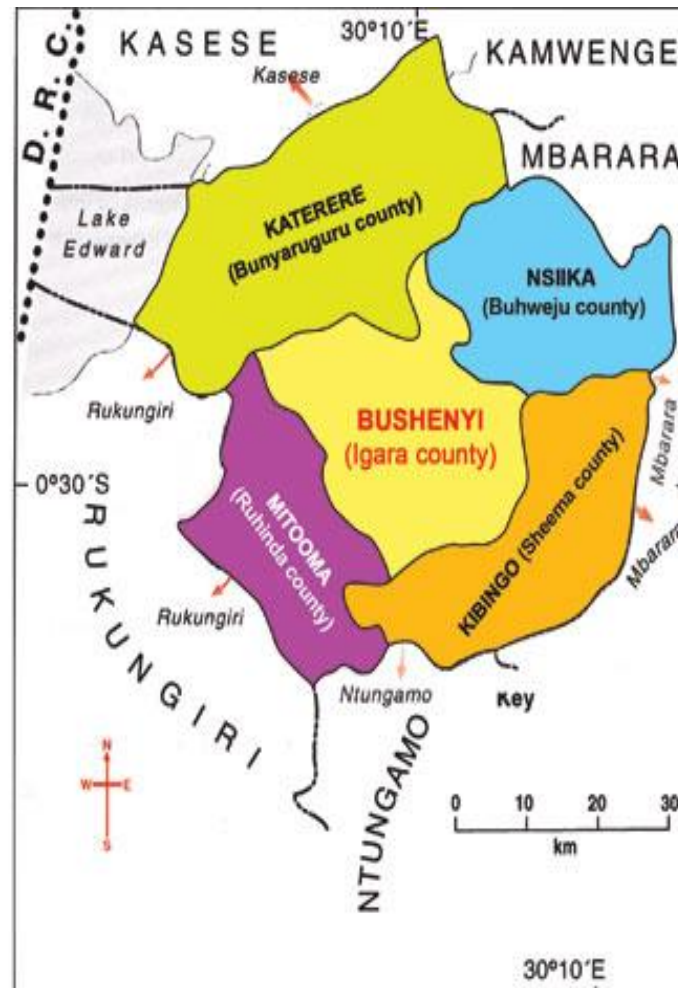
MONTH/ ACTIVITY	AUG	SEPT	OCT	NOV	DEC
Proposal writing					
Approval					
Data collection					
Analysis/documentation					
Report writing					
Submission of report and defence					

Appendix III: Morgan table

Krejcie and Morgan table for determining sample size for finite populations.

Table 3.1									
<i>Table for Determining Sample Size of a Known Population</i>									
N	S	N	S	N	S	N	S	N	S
10	10	100	80	280	162	800	260	2800	338
15	14	110	86	290	165	850	265	3000	341
20	19	120	92	300	169	900	269	3500	346
25	24	130	97	320	175	950	274	4000	351
30	28	140	103	340	181	1000	278	4500	354
35	32	150	108	360	186	1100	285	5000	357
40	36	160	113	380	191	1200	291	6000	361
45	40	170	118	400	196	1300	297	7000	364
50	44	180	123	420	201	1400	302	8000	367
55	48	190	127	440	205	1500	306	9000	368
60	52	200	132	460	210	1600	310	10000	370
65	56	210	136	480	214	1700	313	15000	375
70	59	220	140	500	217	1800	317	20000	377
75	63	230	144	550	226	1900	320	30000	379
80	66	240	148	600	234	2000	322	40000	380
85	70	250	152	650	242	2200	327	50000	381
90	73	260	155	700	248	2400	331	75000	382
95	76	270	159	750	254	2600	335	1000000	384
<i>Note: N is Population Size; S is Sample Size</i>					<i>Source: Krejcie & Morgan, 1970</i>				


Appendix iv showing map of Bushenyi



Map of Uganda showing Bushenyi District



Key

 - Bushenyi District