

**KNOWLEDGE, ATTITUDES AND PRACTICES OF MOTHERS TOWARDS  
EXCLUSIVE BREAST FEEDING AT KAMPALA INTERNATIONAL  
UNIVERSITY TEACHING HOSPITAL YOUNG CHILD CLINIC**

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## **ABSTRACT**

**BACKGROUD.** Malnutrition is one of the leading causes of under- five mortality at a rate of 54% and exclusive breastfeeding is the only intervention currently being adopted to reverse the situation. The study aimed at assessing the knowledge, attitude and practices of mothers towards exclusive breastfeeding among mothers attending Kampala International University Teaching Hospital Young Child Clinic.

**METHOD.** The study was conducted using descriptive cross-sectional quantitative method and 40 respondents were selected using simple random sampling method.

**RESULTS** On assessment of knowledge 95% of mothers knew some information on EBF, only 26.3% had adequate knowledge on EBF, 65% had ever had EBF counseling and majority 46.2% got counseling from multipurpose health workers. Majority 95% of the mothers wanted to exclusively breastfeed their babies until six months. Determining the practice, 85% initiated breastfeeding within the first hour of birth, but only 16.7% exclusively breastfed until six months.

**CONCLUSION** Breastfeeding attitude was good but knowledge and practices were poor, as only 26.3% of 95% of mothers had adequate knowledge on EBF and only 16.7% EBF until six months. Therefore there is need to put in place strategies that target improving maternal knowledge and practices on EBF.

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## **DEDICATION**

This research report is dedicated to my beloved Daddy Mr. Okullo Simon Peter, my mother Mrs. Josephine Okullo, my brothers; Moses, Daniel, innocent, Carlo, Vincent, Walter, my sister Harriet, my aunt Caroline, my friends Sarah and Moses, my church members for continual prayers and support, my Head Teacher Mr. Okaka Francis, my family members, my uncle Otim Jashper and finally my all class mates.

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## TABLE OF CONTENTS

ABSTRACT .....	i
COPYRIGHT .....	ii
AUTHORIZATION .....	iii
DEDICATION .....	iv
AKNOWLEDGEMENT .....	v
TABLE OF CONTENTS .....	vi
LIST OF FIGURES .....	ix
LIST OF TABLES .....	x
DEFINITIONS OF KEY TERMS .....	xii
<b>CHAPTER ONE: .....</b>	<b>1</b>
1.0. Introduction .....	1
1.1 Background .....	1
1.2 .problem statement .....	4
1.3 purpose of the study .....	5
1.4. Specific objectives.....	5
1.5. Research questions .....	5
1.6. Justification of the study.....	6
<b>CHAPTER TWO: LITERATURE REVIEW.....</b>	<b>7</b>
2.1. Introduction .....	7
2.2. Knowledge of mothers towards exclusive breastfeeding .....	7
2.3. Attitudes of mothers towards exclusive breastfeeding.....	8
2.4 Practices of mothers towards exclusive breastfeeding .....	10

<b>CHAPTER THREE: METHODOLOGY .....</b>	<b>13</b>
3.1 Introduction .....	13
3.2 study design and rationale .....	13
3.3 Study setting and rationale. ....	13
3.4 Study population and rationale.....	14
3.4.1 Sample size determination.....	14
3.4.2 .Sampling procedures. ....	15
3.4.3 Inclusion criteria. ....	15
3.4.4 Exclusion criteria.....	16
3.5 Definition of variable. ....	16
3.5.1 The dependent variable. ....	16
3.5.2 The independent variable. ....	16
Practice on exclusive breastfeeding .....	16
3.6 Research instruments.....	16
3.7 Data collection procedure.....	16
3.7.1 Data management. ....	17
3.7.2 Data analysis.....	17
3.8 Ethical considerations.....	17
3.9 Limitation of the study. ....	18
3.10 Dissemination of results. ....	18
<b>CHAPTER FOUR: RESULTS OF THE STUDY .....</b>	<b>19</b>
4.1 Introduction. ....	19
4.2 Bio-demographic characteristics. ....	19
4.3 Attitudes of mothers towards exclusive breastfeeding.....	22
4.4 Practices of mothers towards exclusive breastfeeding .....	25



<b>CHAPTER FIVE: DISCUSSION OF STUDY FINDING, CONCLUSION, RECOMMENDATIONS AND IMPLICATIONS TO NURSING PRACTICE</b>	<b>28</b>
5.1 Introduction .....	28
5.1.1 Discussion of Findings. ....	28
5.1.2 Bio-demographic characteristics. ....	28
5.1.3 Knowledge of mothers towards exclusive breastfeeding. ....	29
5.1.4 Attitudes of mothers towards exclusive breastfeeding. ....	30
5.1.5 Practices of mothers on exclusive breastfeeding .....	32
5.2 Conclusion.....	34
5.3 Recommendation.....	34
5.4 Implications to nursing practice: .....	35
<b>REFERENCES.....</b>	<b>36</b>
<b>APPENDICES .....</b>	<b>40</b>
APPENDIX 1: CONSENT FORM .....	40
APPENDIX 2: QUESTIONNAIRE .....	41
APPENDIX 3: INTRODUCTORY LETTER.....	46
APPENDIX 4: MAP OF UGANDA SHOWING LOCATION OF BUSHENYI DISTRICT .....	47
APPENDIX 5: MAP OF BUSHENYI DISTRICT SHOWING ISHAKA MUNICIPALITY WHERE KIUTH IS LOCATED .....	48

## **LIST OF FIGURES**

FIGURE 1: WHETHER MOTHERS WANTED TO EXCLUSIVELY BREASTFEED THEIR BABIES .....	23
FIGURE 2: HOW MOTHERS FELT WHILE BREASTFEEDING IN PUBLIC.....	23
FIGURE 3: WHETHER MOTHERS AGREED WITH THE STATEMENT THAT BREASTFEEDING WAS GOOD AND ENOUGH FOR THE BABY.....	24
FIGURE 4: REASONS WHY SOME MOTHERS DISAGREED WITH THE STATEMENT.....	24
FIGURE 5: TIME AT WHICH BREASTFEEDING WAS INITIATED. ....	25
FIGURE 6: WHETHER MOTHERS HAD EVER GIVEN ANYTHING TO THE BABY APART FROM BREAST MILK.....	25
FIGURE 7: AGE OF INTRODUCTION OF VARIOUS SUBSTANCES.....	26

## **LIST OF TABLES**

TABLE 1: BIO-DEMOGRAPHIC CHARACTERISTICS OF RESPONDENTS.....	19
TABLE 2: WHETHER MOTHERS KNEW ANYTHING ABOUT EBF AND THE MEANING OF EBF. ....	21
TABLE 3: WHETHER MOTHERS EVER HAD EBF COUNSELING AND THE INFORMATION SOURCE. ....	22
TABLE 4: SUBSTANCE GIVEN TO THE BABY. ....	26
TABLE 5: SHOWS THE REASONS WHY MOTHERS INTRODUCED OTHER SUBSTANCES BEFORE 6 MONTHS. ....	27

## **LIST OF ACRONYMS**

1. WHO      World Health Organization
2. UNICEF    United Nations International Children's Emergency Fund
3. BFHI      Baby Friendly Hospital Initiative
4. MDG4      Millennium Development Goal four
5. EBF       Exclusive Breastfeeding
6. HIV       Human Immunodeficiency Virus
7. E.A       East Africa
8. DHS       Demographic Health Survey
9. ORS       Oral Rehydration Solution
10. KAP       Knowledge, Attitude and Practices
11. YCC       Young Child Clinic
12. KIUTH     Kampala International University Teaching Hospital
13. KIU       Kampala International University
14. MTCT      Mother To Child Transmission
15. O.E.D      Oxford English Dictionary
16. MOH      Ministry of Health
17. SONS      School of nursing science
18. WC       Western Campus

## **DEFINITIONS OF KEY TERMS**

### **1. Knowledge**

According to Oxford English Dictionary, knowledge refers to information or awareness gained through experience or education or the total of what is known.

### **2. 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.

**7. Pre-lacteal feeds.** Are feeds given before initiating breastfeeding after birth.

## **CHAPTER ONE:**

### **1.0. Introduction**

This chapter presents the introduction to the topic, problem statement, purpose of the study, specific objectives, research questions and justification of the study.

### **1.1 Background**

According to world Health Organization (2011), mothers worldwide are recommended to feed their infants exclusively for the child's first six months of life so as to achieve optimal growth and health. They should thereafter be fed on nutritious complementary foods and continue breastfeeding up to the age of two years or beyond. Findings suggest that exclusive breastfeeding of infants for six months has many advantages over exclusive breastfeeding for three months then introducing other foods.

Exclusive breastfeeding is defined as infant feeding on only on breast milk (including breast milk that has been expressed or from a wet nurse) and nothing else except for ORS, medicines and vitamins and minerals. The annual world breastfeeding week held in august 2015 pointed out the critical importance of breastfeeding for children worldwide, as giving children the healthiest start in life, one of the smartest and simplest methods of feeding babies and most cost effective, (UNICEF, 2015).

Advantages of exclusive breastfeeding includes; lowers the risk of gastro intestinal infection for the baby, rapid weight loss after birth and delayed return of menstrual periods (WHO, 2011).

Additionally, it reduces the risk of vertical postnatal HIV transmission, that is ,mother to child transmission (MTCT) of HIV and is associated with significant benefits for children's health up to the age of two years, reduction in conduct disorders, improves cognitive functions in boys, optimal nutrition and protection from infectious diseases, (Rochat *et al*, 2016).

Globally, breast milk has been proven to be the best feed for proper development and health of infants. Evidence from several studies shows the significance of breast feeding as associated with reduction of under- five morbidity and mortality, especially those exclusively breast fed, (Fombong *et al*, 2016).

In developed countries like Canada exclusive breastfeeding rate is low. In a research done in Canada in 2009, the results revealed that of the 421 mothers enrolled in the study, 90.3% initiated breastfeeding and 90% intended to breastfeed and only 14% were exclusively breastfeeding (Chalmers *et al*, 2009).

In developing countries like Zambia, studies show that only 11% of infants are exclusively breastfed. In South African countries like Swaziland, cumulative incidence of HIV in infants by the age of 18 months of age is 10 to 15%. This is likely due to low maternal adherence to ART along with low rate of exclusive breast feeding until the sixth month of life (Wojcicki, 2017).

In Africa breastfeeding practices, including duration and time of initiation are influenced by many factors which include health, psychosocial, cultural, political and economic factors. Among these factors, decisions regarding initiation and duration in low income countries are influenced by education, family pressure and cultural values. Exclusive breastfeeding in Southwest Nigeria was considered essential but demanding (Agunbide and Ogunleye , 2012).

In sub-Saharan African countries, studies show that exclusive breast feeding remains a challenge as it is culturally accepted to provide mixed feeding with supplemental fluids for infants as early as two weeks after delivery (Engebretsen *et al*, 2014).

In E.A, taking a look at Kenya, a study done in Eldoret showed that mothers are aware of benefits of breast feeding, however the average duration for exclusive breast feeding is 2.4 months. The higher duration of exclusive breast feeding is associated with increasing age and first time motherhood (Nannyu, 2008)

In Uganda, 99% of mothers practice breastfeeding. Although breastfeeding is practiced at a very high rate, early introduction of prelacteal feeds and other foods is a norm. A study done in Entebbe showed that out of 727 mothers enrolled for the study, 99% practiced breastfeeding. Dietary recall since birth revealed that only 7% practiced EBF till three months and 0% exclusively breastfed their infants until the age of six months (Engebretsen *et al*, 2007).



Ministry of health recommends that infants should be fed on colostrum that is produced during the first days of delivery since it protects the baby from many diseases. It says that exclusive breastfeeding reduces the chances of passing of HIV to infants (MOH, 2017).

## **1.2 .problem statement**

More than 10 million children under five years die each year from one of short list causes especially in low- income countries. Malnutrition is estimated to be the major cause of 54% under- five mortality and EBF is the most effective intervention currently (Fjeld *et al*, 2008).

Although breast feeding rate remains high up to 99% in Uganda, a study done in Entebbe showed that exclusive breastfeeding until six months was 0% (Engebretsen *et al*, 2007).

In Bushenyi District where Kampala International University Teaching Hospital is located, there is no evidence of any exclusive breastfeeding study that has been done in addition to some other researches that might have been done and may not have been published.

Similarly, at Kampala International University Teaching Hospital, there is no report on any study conducted on exclusive breastfeeding.

Therefore, there is a need to examine the knowledge, attitudes and practices of mothers towards exclusive breastfeeding through conducting a number of researches to give the basis of intervention to scale up EBF rates to standard level.

### **1.3 purpose of the study**

The purpose of the study is to determine the knowledge, attitude and practices towards exclusive breastfeeding among mothers attending Kampala International University Teaching Hospital Young Child clinic.

### **1.4. Specific objectives**

1. To assess knowledge of mothers on exclusive breastfeeding at Kampala International University Teaching Hospital Young Child Clinic.
2. To assess mothers' attitude towards exclusive breastfeeding at Kampala International University Teaching Hospital Young Child Clinic
3. To determine practices of mothers on exclusive breastfeeding at Kampala International University Teaching Hospital Young Child Clinic

### **1.5. Research questions**

1. What knowledge do mothers at Kampala International University Teaching Hospital Young Child Clinic have on exclusive breastfeeding?
2. What is the attitude of mothers at Kampala International University Teaching Hospital Young Child clinic towards exclusive breastfeeding?
3. How are the practices of mothers attending Kampala International University Teaching Hospital Young Child Clinic on EBF?

## **1.6. Justification of the study**

Under-five mortality has become the major problem as more than 10 million children under-five years die each year. Malnutrition is estimated to be the major cause of 54% of these deaths and EBF is the most effective way currently Fjeld *et al*, (2008).

Although EBF is the only intervention to reduce infant mortality rate currently, EBF rate is very poor in Uganda as revealed by Engebretsen *et al*, (2007). In Bushenyi District where KIUTH is located however, there is no evidence of any EBF study that has been done in addition to some researches that might have not been published. Therefore there is need to examine the KAP of mothers towards EBF.

## **CHAPTER TWO: LITERATURE REVIEW**

### **2.1. Introduction**

This chapter reviews literature related to the topic under study aiming at reviewing the contribution of relevant existing literature to the topic of study and the gap in the existing literature. The review will be based on objectives of the study.

### **2.2. Knowledge of mothers towards exclusive breastfeeding**

According to Chaudhary *et al* (2011), in a study conducted on knowledge of mothers towards exclusive breastfeeding, all mothers knew that they had to breastfeed their babies but they lacked the adequate knowledge on how to appropriately breastfeed their babies. From their study, only 15 % of mothers knew the meaning of exclusive breastfeeding and 10 % of the mothers knew they had to initiate breastfeeding within two and half hours of delivery. Conclusion from the study was that maternal knowledge towards breastfeeding was inadequate and there existed a big gap between what was being practiced and what ought to be practiced.

In a study done by Kumar *et al* (2008), 84 % knew breastfeeding was good for the baby. From the study, only 39 % of mothers had adequate knowledge on breastfeeding. A portion of mothers, 39 % had received counseling or advice on breast feeding. The different sources of breastfeeding counseling were; doctor 5 %, elders 4 %, multipurpose health worker 17%, nurse 3 %.

A study carried out by Hacket *et al*, (2015) indicated that the respondents had inadequate knowledge regarding international infant and young child feeding

recommendation. Some participants knew about exclusive breastfeeding for six months but their interpretation did not rhyme with the intended health message.

Additionally, research made by Kimani-Murage *et al* (2011) in urban poor setting of Kenya revealed that general awareness regarding optimal breastfeeding practices existed in the urban poor setting of Kenya. However this knowledge was not practiced resulting into inappropriate practices of breastfeeding.

Furthermore, a research carried out in Nigeria found out that out of the respondents who participated in the study, 31% of mothers had adequate knowledge on exclusive breast feeding with 53% initiating breastfeeding immediately after delivery. Only 31% of mothers practiced exclusive breastfeeding. Much as breastfeeding was universal in this community, the knowledge on exclusive breastfeeding was still low and so it was suggested that there was need to initiate actions geared towards improving knowledge towards exclusive breastfeeding in order to achieve to MDG4.(Oche *et al*, 2011).

### **2.3. Attitudes of mothers towards exclusive breastfeeding.**

In a study carried out by Webb *et al* ( 2012), the results revealed that women in severe food insecurity households had a strong belief that breast milk would be insufficient for six months and that women who exclusively breastfeed would experience social or health problems. They also believed that women need adequate food to support exclusive breastfeeding and they themselves would not be able to follow counselor's exclusive breastfeeding advice for six months.

In Zambia, negative attitude towards exclusive breastfeeding is related to perception of insufficient milk, fear of dying or becoming too sick to be able to breastfeed and perception of bad milk. Fathers and grandmothers are often less informed about exclusive breastfeeding and always show negative attitude towards it, yet they have considerable authority over mothers and children and infant feeding decisions (Fjeld *et al*, 2008).

In another study, multiple regression analyses were done to find out important predictors of intention to exclusively breastfeed and the results showed that attitude, subjective norm and perceived behavioral control together explained 50.2% variance in mothers' attitude to continue exclusive breastfeeding for six months. Attitude and subjective norm were better predictors of EBF than behavioral control. A strong positive correlation existed between intention and the actual EBF duration (Bai *et al*, 2010).

Some mothers, especially young mothers and first time motherhood think that breastfeeding is physically painful and uncomfortable and this belief is associated with failure to breastfeed. A research done on early exclusive breastfeeding and maternal attitudes towards breastfeeding indicated that a few mothers especially first time mothers fear to initiate breastfeeding because they believe it is painful and uncomfortable (Wojcicki *et al*, 2010).

Mother's ability to breastfeed comfortably in public also has implication on exclusive breastfeeding. A research conducted to determine what predicts a mother to exclusively breastfeed indicated that some felt at ease while breastfeeding in public while others felt uncomfortable. Those who felt

comfortable were more likely to exclusively breastfeed compared to those who felt uncomfortable (Stuebe and Bonuck, 2011).

#### **2.4 Practices of mothers towards exclusive breastfeeding**

A study carried out by Wyatt *et al* (2015), indicated a strong relationship between dairy farming and infant and young child feeding practices. Results indicated that women from higher dairy producing households were more likely to introduce cow's milk to infants before reaching the age of six months than women from households not producing dairy products. The study demonstrated that women were familiar with exclusive breast feeding practices but preferred mixed infant feeding.

According to Kumar *et al* (2008), study done on breastfeeding practices among mothers in North India showed that only 19% of mothers had initiated breast feeding within the first hour of life. Exclusive breast feeding till four months was practiced by 30% of mothers and exclusive breastfeeding till the sixth month of infant life was practiced by only 10% of mothers.

Breastfeeding practices including duration and time for initiating breastfeeding are influenced by factors including psychosocial, health, cultural, political and economic factors. Among these factors, decisions regarding time for initiation and duration in low income countries are influenced by education, family pressure and cultural values. A study conducted showed that EBF was not practiced because; (29%) of mothers believed that EBF infants continued to be hungry, maternal health problems(26%),fear of babies becoming addicted to breast milk(26%),

pressure from mother in-law(25%), pains in breast(25%) and need to return to work (Agunbide and Opeyemi, 2012).

Provision of prelacteal feeds is practiced in some settings leading to undermining of exclusive breastfeeding practices. Prelacteal feeds include ceremonial provision of honey or rice water to infants and in other settings it may include giving tea or milk, all of which lead to early introduction of solid feeds. Though average breastfeeding duration is two years, mothers introduce semi-solid foods after 23 days only, (Patil *et al*, 2015).

Similar to the above result, suboptimal breastfeeding practices prevail among many mothers in many areas of the world. In a study conducted in Cape Town, South Africa, mothers introduce water to infants before the age of one month, milk formula before the age of three months and only 6 % of mothers do exclusively breastfeed, herbal medicines and nutritive liquids and foods are also introduced at early age as part of complementary foods (Goosen *et al*, 2014).

A study done in Cameroon on socio-demographic characteristics of mothers indicated that out of 907 mothers, 55.5% were in late twenties, between 25-29 years and few mothers were above 35years (11.2%). Most mothers had at least primary education (42.9%) with about a quarter of them having no education. Majority of them were either married or co-habiting (88.5%) and 11% were not married. Mothers with no education were less likely to EBF their infants than those with primary education, married mothers were less likely to EBF (17.6%) than unmarried (22.1%), mothers of age group 30-34 had higher rate of



EBF(21.1%) compared to the other age groups, unemployed mothers EBF more than employed mothers, Fombong *et al*,2016)

## **CHAPTER THREE: METHODOLOGY**

### **3.1 Introduction**

This chapter gives the details of procedures and methods that were employed to conduct the study. Sections included in this chapter were; study design and rationale, study setting and rationale, study population and rationale, sample size determination sampling procedures, inclusion criteria, exclusion criteria, definition of variables, research instruments, data collection procedures, data management, data analysis, ethical consideration, limitation of the study and dissemination of results.

### **3.2 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.

### **3.3 Study setting and rationale.**

The study was carried out at KIUTH located in Bushenyi which is in south western part of Uganda. It is located about 300km from Kampala which is the capital city of Uganda and is about 50km from Mbarara .It is found in Ishaka municipality, Bushenyi District. KIU is a private university which has a teaching hospital and the institution has various departments like nursing, medicine and surgery, pharmacy and many others YCC receives about 60 mothers a day. The study was conducted at KIUTH because it has a young child clinic which offers

infant and young child feeding services like exclusive breastfeeding counseling, breastfeeding recommendations and other services. Furthermore, many mothers whose KAP towards exclusive breastfeeding the researcher wanted to assess attended the young child clinic at KIUTH.

### **3.4 Study population and rationale.**

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

#### **3.4.1 Sample size determination.**

The sample size was determined using Fisher's formula (1990), given by the expression:

$$n = \frac{Z^2 pq}{d^2}$$

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 were estimated.

q=1-p which is the error value

d=degree of accuracy desired 0.155 or 0.155 probability level (at 95% confidence level).

On substitution it gives:

$$n = \frac{1.96^2 \times 0.5 \times 0.5}{0.155 \times 0.155} = 40$$

Therefore the sample size was 40 respondents.

### **3.4.2 .Sampling procedures.**

Simple random technique was used to collect quantitative data. To reduce bias, the numbers of mothers present in young child clinic were 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.

### **3.4.3 Inclusion criteria.**

The study included mothers with children whose ages ranged from 0-12 months, who were present at the clinic during the time of study and consented to be part of the exercise.

#### **3.4.4 Exclusion criteria.**

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

#### **3.5 Definition of variable.**

##### **3.5.1 The dependent variable.**

Exclusive breastfeeding

##### **3.5.2 The independent variable.**

Knowledge on exclusive breastfeeding

Attitudes towards exclusive breastfeeding

Practice on exclusive breastfeeding

#### **3.6 Research instruments.**

Pre-tested questionnaires were designed and distributed to the respondents who consented to participate in the interview. The researcher conducted a face to face interview with the respondents who were 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.

#### **3.7 Data collection procedure.**

Permission to carry out the study was obtained from the in-charge of young child clinic who gave a go ahead with the study. 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 could not understand English or read and write the researcher and the interpreter helped them fill in their responses, making sure the questionnaires were filled correctly. The questionnaires were checked through to correct any error and avoid repetition.

#### **3.7.1 Data management.**

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

#### **3.7.2 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 was easy as the most frequently appearing responses were considered the truth.

### **3.8 Ethical considerations.**

The study was approved by school of nursing sciences research ethics committee. An introductory letter was obtained from KIU SONS 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 felt uncomfortable during the course of the

study. Participants were assured of maximum confidentiality and were told that there was no hidden intention behind the study but the for research purpose only.

### **3.9 Limitation of the study.**

**Language barrier.** Since the hospital is located in an international University, the researcher was unable to communicate with the respondents in their local language because she did not know the local language. Therefore the use of an interpreter was required in order to conduct a successful study.

**Financial problem.** The researcher had to seek financial assistance from parents and friends since she was a student and not working.

### **3.10 Dissemination of results.**

The results from the study were discussed with the supervisor, then later after approval were written and distributed as below;

A copy to the library of KIU School of nursing sciences

A copy to Uganda Nurses and Midwives Examinations Board.

A copy to in-charge KIUTH Young Child Clinic.

A copy for the researcher.

## CHAPTER FOUR: RESULTS OF THE STUDY

### 4.1 Introduction.

This chapter gives the results of the study conducted on 40 respondents. It presents the results under the sub-headings of bio-demographic characteristics, knowledge, attitudes and practices of mothers towards exclusive breastfeeding.

### 4.2 Bio-demographic characteristics.

**Table 1: Bio-demographic characteristics of respondents.**

**n=40**

Age (years)	Frequency	Percentage (%)
15-19	6	15
20-24	8	20
25-29	16	40
30-34	8	20
35 and above	2	5
<b>Marital status</b>		
Married	38	95
Single	2	5
<b>Educational level</b>		
None	1	2.5
Primary	17	42.5
Secondary	12	30



Tertiary	10	25
<b>Employment status</b>		
Employed	14	35
Unemployed	26	65

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.

Majority of the respondents 95% were married and 5% were single.

Majority 42.5% had attained primary level of education, and 2.5% had not gone to school

65% were unemployed and 35% were employed.

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

Response	Frequency	Percentage
<b>Whether knew anything about EBF, n=40</b>		
Yes	38	95
No	2	5
<b>Meaning of EBF, n=38</b>		
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

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.

**Table 3: Whether mothers ever had EBF counseling and the Information source.**

<b>Ever had EBF counseling, n=40</b>	<b>Frequency</b>	<b>Percentage</b>
Yes	26	65
No	14	35
<b>Source, n=26</b>		
Elders/Relatives	2	7.7
Radio	7	26.9
Television	5	19.2
Multipurpose health workers	12	46.2

Majority of mothers 65% had ever had exclusive breastfeeding counseling while 35% had never had exclusive breastfeeding counseling.

Of those who ever had EBF counseling, 12(46.2%) had heard from multipurpose health workers, 2(7.7%) heard counseling from elders/ relatives.

#### 4.3 Attitudes of mothers towards exclusive breastfeeding

**Figure 1: Whether mothers wanted to exclusively breastfeed their babies**

n=40

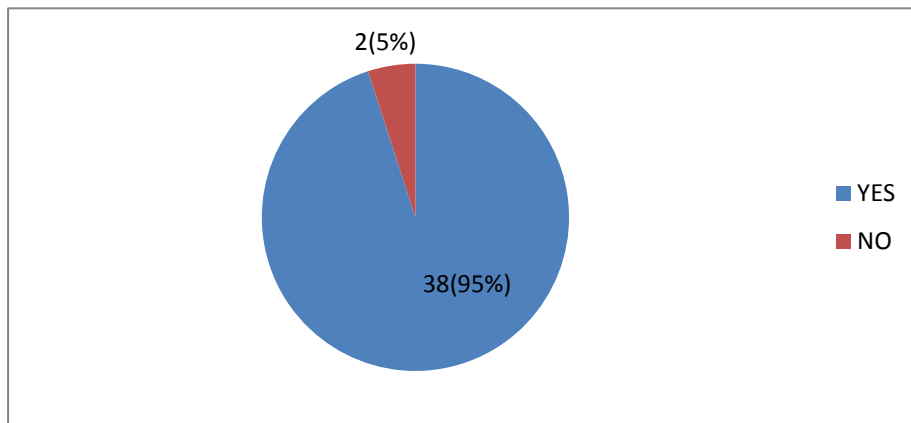


Figure 1 above indicates that majority of mothers 95%, were willing to exclusively breastfeed their babies while 5% of mothers were not willing.

**Figure 2: How mothers felt while breastfeeding in public. n=40**

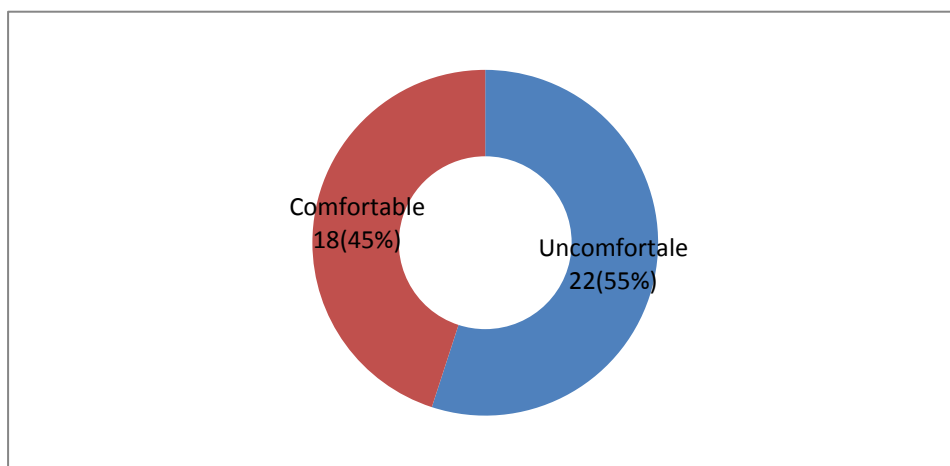


Figure 2 above shows that majority of mothers 55%, felt uncomfortable when breastfeeding in public while 45% felt comfortable while breastfeeding in public.

**Figure 3: Whether mothers agreed with the statement that breastfeeding was good and enough for the baby. n=40**

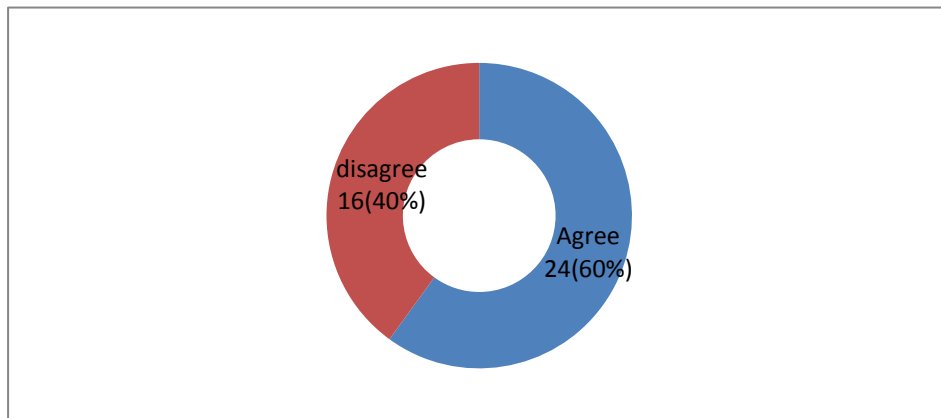
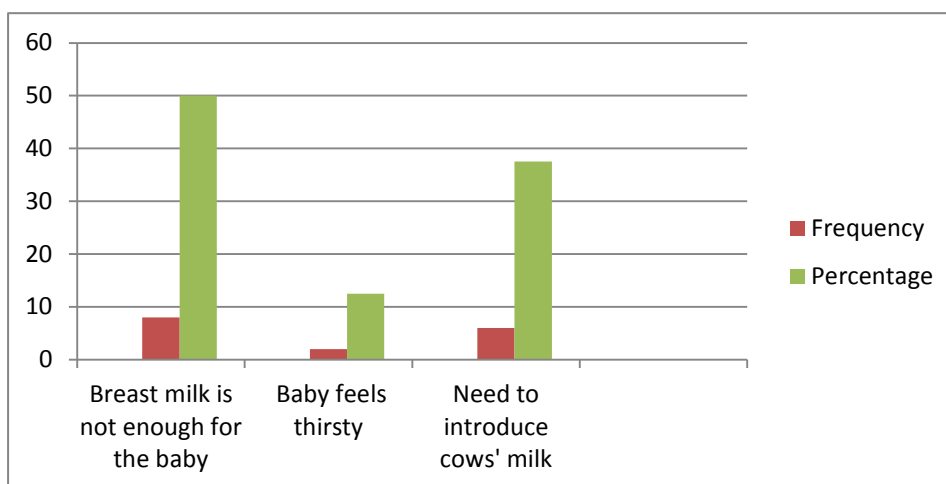


Figure 3 indicates that 24 (60%) of mothers agreed that breast feeding was good and enough for the baby, while 16 (40%) of the mothers disagreed.

**Figure 4: Reasons why some mothers disagreed with the statement. n=16**

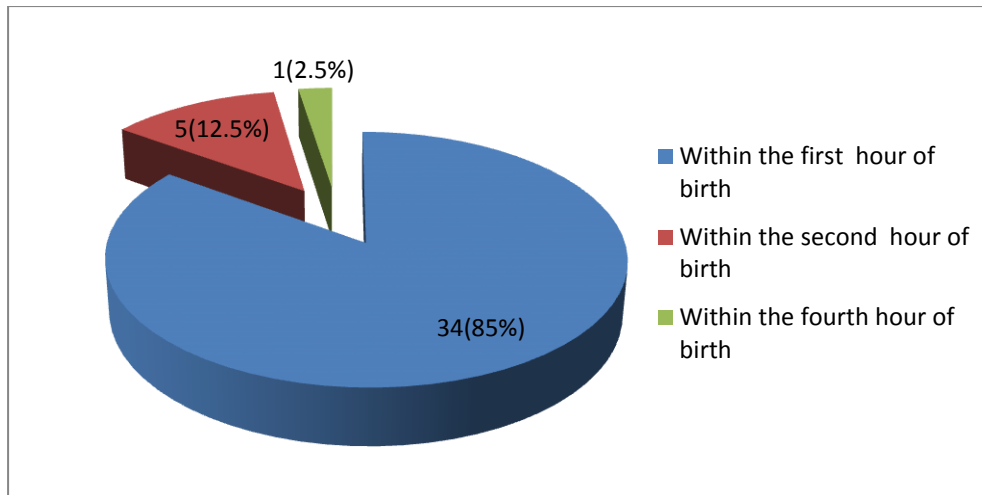


Half of the mothers (50%) who disagreed said that breast milk was not enough for the baby and 12.5% said baby would feel thirsty.

#### 4.4 Practices of mothers towards exclusive breastfeeding

**Figure 5: Time at which breastfeeding was initiated.**

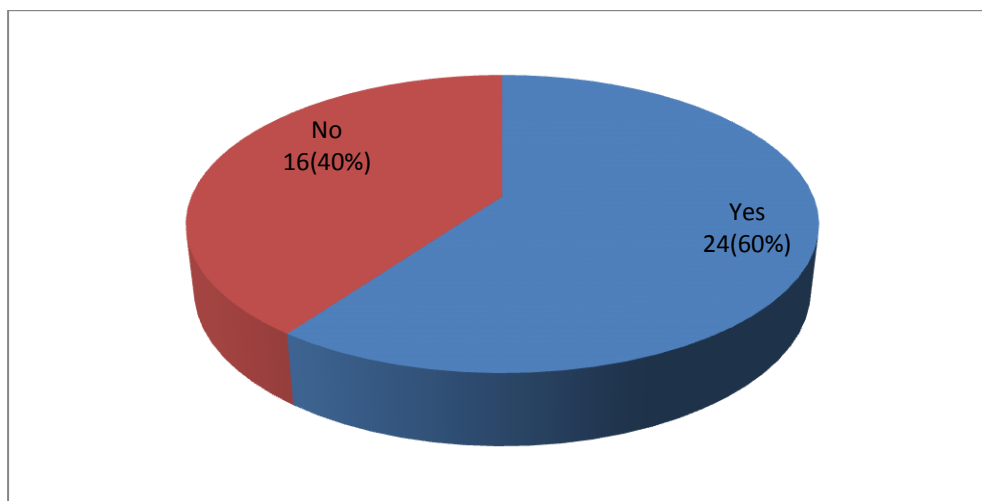
n=40



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

**Figure 6: Whether mothers had ever given anything to the baby apart from breast milk.**

n=40



60% of mothers had given other substances to the baby while 40% had not

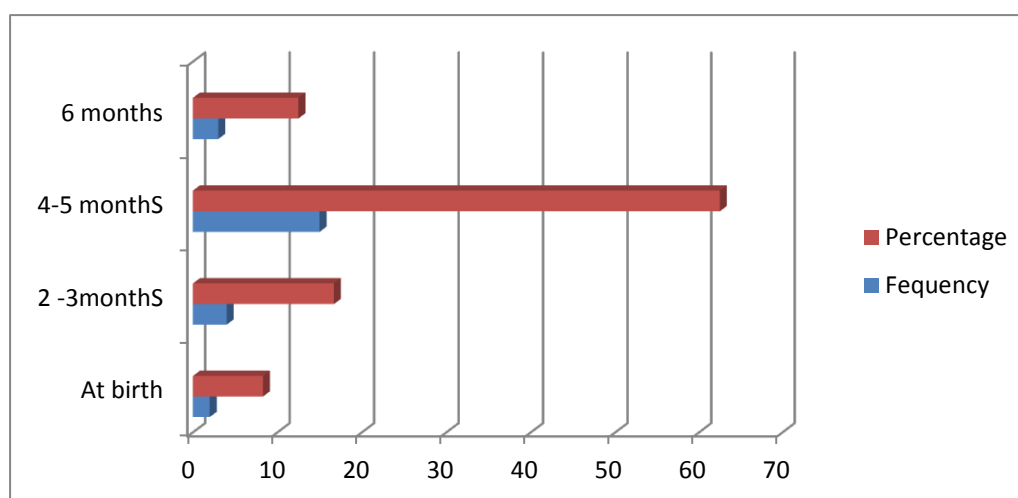
**Table 4: Substance given to the baby.**

substance given	Frequency	Percentage (%)
Water	2	8.3
Millet porridge	4	16.7
Bean soup	3	12.5
Cow's milk	15	62.5

Of those who gave other substances, 62.5% gave cow's milk, 8.5% gave water.

**Figure 7: Age of introduction of various substances.**

n=24



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

**Table 5: Shows the reasons why mothers introduced other substances before 6 months.**

n=20

Response	Frequency	Percentage (%)
<b>Insufficient breast milk</b>	<b>12</b>	<b>60</b>
<b>Need to return to work</b>	<b>7</b>	<b>35</b>
<b>Poor maternal health</b>	<b>1</b>	<b>5</b>

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



## **CHAPTER FIVE: DISCUSSION OF STUDY FINDING, CONCLUSION, RECOMMENDATIONS AND IMPLICATIONS TO NURSING PRACTICE**

### **5.1 Introduction**

This chapter gives the interpretation and discussion of findings based on objectives of study in relation to problem statement, back ground, conclusion and recommendation. The findings are compared to those in literature review and background.

#### **5.1.1 Discussion of Findings.**

#### **5.1.2 Bio-demographic characteristics.**

According to the study, majority of respondents, 16(40%) were in their late twenties ranging from 25-29 years. This could be because at this age mothers have completed schooling and have settled for marriage, most having their first or second child. Mature mothers have higher tendency to breastfeed exclusively compared to young mothers though this was not assessed. Comparing this result to that of Wojcicki *et al* (2010), they found that mothers especially first time motherhood thought that breast feeding was physically painful and uncomfortable and was associated with failure to breastfeed. However, study by Nannyu (2008) disagreed with the above findings as he found out that exclusive breastfeeding was associated with increasing maternal age and first time motherhood.

Majority were married 38(95%). This could be due to the fact that most African cultures don't allow having children without being married. As Majority were married it meant they had support from their husbands relating to child nutrition

especially breastfeeding, therefore were expected to have good practice on breastfeeding.

Majority 42.5% had attained primary education which implied that they had limited knowledge on exclusive breastfeeding. A few mothers (2.5%) had no education meaning they had no knowledge on breastfeeding. Comparing to study by Fombong *et al* (2016), this finding agrees with their finding which indicated that 42.9% of the mothers had at least primary education and about a quarter having no education and that those with primary education were more likely to EBF than those with none

Majority 65% were unemployed meaning they had time to breastfeed, thus were expected to breastfeed their babies exclusively. Relating to the study done by Fombong *et al*, (2016), they argued that mothers who were unemployed had higher EBF rate compared to employed mothers.

### **5.1.3 Knowledge of mothers towards exclusive breastfeeding.**

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 probably 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*, (2011) which showed that all mothers knew had adequate knowledge on how to appropriately breastfeed their babies, only 15% knew the meaning of exclusive breastfeeding.

Of the 40 respondents enrolled for the study, 65% of them had ever had exclusive breastfeeding counseling. This could be because many of them got access to various sources of information like television, and others, thus were expected to have higher level of knowledge on exclusive breastfeeding.

Majority of the mothers 46.2% had heard breastfeeding counseling from multipurpose health workers. This could have been because it was easy to access multipurpose health worker like village team present within their reach. Relating to the findings of Kumar *et al* (2008), they found out that 39% of the respondents had received breastfeeding counseling or advice and the sources of breastfeeding counseling were; doctor 5%, multipurpose health worker 17%, those who received advice from elders 4%. Results from this study were higher compared to what they found out.

#### **5.1.4 Attitudes of mothers towards exclusive breastfeeding.**

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 Chalmers *et al* (2009), this finding agrees with their results which revealed that of the 421 mothers enrolled for the study, 90% intended to exclusively breast feed their babies.

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. Comparing this result to that of Stuebe and Bonuck (2011), they found 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 Kumar *et al* (2008), the study was in agreement with their finding which revealed that 84% of the respondents knew that breastfeeding was good for the baby.

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 Webb *et al*, (2012) 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.

### **5.1.5 Practices of mothers on exclusive breastfeeding.**

The study revealed that majority of mothers 85% had initiated breastfeeding within the first hour of birth. Most mothers could have initiated breastfeeding within the first hour because they delivered in the health facility though this was not assessed but due to the fact that the study area is surrounded by many health facilities like Ishaka Adventist Hospital, KIUTH and many others, meaning they were encouraged by the midwives to begin breastfeeding immediately. This was a good practice which could lead to promotion of love and bondage between mothers and babies and thus EBF. This finding revealed better practice compared with the finding of Oche *et al*, (2011) which revealed that 53% of the mothers had initiated breastfeeding immediately after birth.

Additionally, majority of the mothers (60%) had introduced other substances apart from breast milk 60%. This could have been due to insufficient breast milk, or due to the fact that the baby was old enough to feed on other foods. In comparison, this result is in agreement with study findings of Patil, *et al* (2015) which indicated that provision of prelacteal feeds was practiced in some settings leading to undermining of exclusive breastfeeding practices. Prelacteal feeds included ceremonial provision of honey, or rice water to infants and in other settings, included tea or milk.

The substances that were given babies included cow's milk which was given by 62.5% of mothers. Cow's Milk was given by majority of the mothers probably because many mothers believed that it could be used as an alternative to breastfeeding especially the working mothers, availability of milk in the

surrounding areas and the fact that breast milk was insufficient. This was a negative practice on EBF since the contents breast milk differ from that of cow's milk and could lead to low intellectual development and lactulose intolerance leading to diarrhea. This finding is similar to that obtained by Wyatt *et al* (2015) which indicated a strong relationship between dairy farming and infant and young child feeding practices and showed that women from higher dairy producing households were more likely to introduce cow's milk to infants before the age of six months than women from households not producing dairy.

Majority of mothers had introduced various substances before the age of six months, 62.5% introduced between four to five months but only 16.7% exclusively breastfed until six months. Most mothers introduced various substances between the fourth and the fifth month probably because at this age they felt that babies were old enough to begin feeding on other foods and that babies would not get satisfied. This result was similar to that of Agunbide and Opeyemi, (2012) which revealed that exclusive breastfeeding was not practiced because 29% of mothers believed that EBF infants continued to be hungry and also maternal health problems.

Mothers who introduced various substances before the age of six months had various reasons for introduction. Majority of them 60% said they introduced substances early because of insufficient milk. This probably could be because of food insecurity prevailing in the country due to drought. This result was similar to that shown by Webb *et al*, (2012) which indicated that women in severe food insecurity households argued that breast milk would be insufficient for six months

and also showed that mothers needed adequate food to support exclusive breast feeding.

## **5.2 Conclusion**

The study showed that many of the respondents 16(45%) were in their late twenties ranging from 25-29 years, majority of them (95%) were married, also majority of them(42.5%) had attained primary level of education and 65% were unemployed.

The knowledge of mothers towards exclusive breastfeeding was poor as only 26.3% of them had adequate knowledge and knew the correct meaning of exclusive breastfeeding, although a majority 65% of them had ever had exclusive breastfeeding counseling and the source of information was multipurpose health workers (46.2%) and the rest (53.8%) got information from other sources.

Mothers' attitude towards exclusive breastfeeding was good as 95% wanted to exclusively breastfeed their babies but 45% of the mothers felt comfortable when breastfeeding in public. Majority of them 60% agreed that breastfeeding was good and enough for the baby. Practices of mothers on exclusive breastfeeding was poor as majority (83.3%) introduced other food substances before the age of six months and only 16.7% exclusively breastfed until six months.

## **5.3 Recommendation.**

The District Health Team of Bushenyi 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 as most of the respondents were married and had challenge of insufficient breast milk.

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.

#### **5.4 Implications to nursing practice:**

##### **Nursing practice**

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.

##### **Nursing education**

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.

##### **Nursing research**

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



## REFERENCES

World Health Organization, (2011).

Exclusive breastfeeding for six months best for babies everywhere.

Poredi,V., Susheela,T., Mythili,D., (2015).Knowledge, attitudes and breastfeeding

Practices of postnatal mothers: Across sectional survey.

*International journal of health sciences* 9(4): 364-374.

Fombong Frankie,E.E., Olang,B., Antai,D., Osuorah Chidiebee3re,D.I., Yngua(2016).

Maternal socio-demographic determinants of exclusive breastfeeding

Practice in Cameroon. *American journal of Food and Nutrition* 4(4): pp 83-92,  
doi:10.12691/ajfn-4-4-1.

Wojcicki, (2017). Time to consider moving beyond exclusive breastfeeding in South

Africa. *Children journal* 4(1) p7, doi:10.3390/children 4010007.

Patil,C.L.,Turab,A.,Ambikapathy,R.,Nesamvuni,C.,

Chandyo,R.K.,Bose,A.,Islam,M.M.,Ahmed,A.S.,Olorategui,M.P.,Moraes,M.L.,Cau  
field,L(2015). Early interruption of EBF: results from the eight- country MALD-  
ED study. *Journal of health, population and nutrition*.

Girard,A.W,. Cherobon,A., Mbuga, S.,Kamau-Mbuthia,E., Amin,A.,Sellen,D.W.,(2012).

Food security associated with attitudes towards exclusive breastfeeding among Women in urban Kenya.*Maternal and child nutrition wiley online library* 8(2): pp 192-214, doi:10.1111/j.1740-8709-2010.00272.x.

Sunil,M.S.,Kumar,P.,Aggarwal,A.K.,(2009). *Journal of tropical paediatrics* 3(3): pp 183-188, doi:<https://doi.org/10.1093/tropej/fmnl>.

Rochat,T.J.,Houle,B,. Stein,A.,Coovadia,H.,(2016). Exclusive breastfeeding and cognition,

Executive function and behavioral disorders in primary school aged children in rural South Africa: A cohort analysis. *Plos Med* (2016) - *journals.plos.org*.

Hacket,K.M., Mukla,U.S.,Jalal Chowdhury,S.B., Sellen,D.W.,(2015).Knowledge, practices and percepnyions on infant young child feeding among adolescent girls and young mothers in rural Bangladesh. *Maternal and child nutrition* 11(2): pp 173-189, doi:10.1111/mcn.12007.

Chaudhary,R.N.,Sha,T., Raja,S.,(2011). Knowledge and practices of mothers regarding breastfeeding: A hospital based study. *Health Renaissance Journal*. 19(3), doi: <https://dx.doi.org/10.3126/hren.vgi3.5590>, Napal online journals.

Goosen,C.,McLachhan,M.H., Schub,C.,(2014). Infant feeding practices during the first six months of life in a low income area of Western Cape Province. *South African journal of child health* 8(2).

Agunbide,O.M.,Ogunleye,O.V.,(2012). Constraints to breastfeeding practice among mothers in South Western Nigeria: Implications for scaling up.*International breastfeeding journal* doi:10.1186/1746-4358-7-5.

Kimani-Murage,E.W.,Wekesah,F.,Wanjohi,M.,Kyobutungi,C.,Ezeh,A.C.,Musoke,R.N.,Norris,A.S.Madise,N.T.,Graffifhts,P.,(2015). Factors affecting actualization of WHO breastfeeding practices in urban poor setting in Kenya. *Maternal and child nutrition* 11(3): pp 314-332.

Oche,M.O.,Umar,A.S.,Ahmed,H.,(2011). Knowledge and practices of breastfeeding in Kware, Nigeria. *African health journal* 11(3).

Wyatt,A.J.,Yount,K.M.,Null,C.,Ramakrishnan,U.,Girard,A.W.,(2015).Dairy intensification, mothers and children: An exploration of infant and young child feeding practices among rural dairy farmers in Kenya. *Maternal and child nutrition* 11(1): pp 88-103, doi:10.1111/mcn.12074.

Ministry of health,(2017). How to breastfeed your baby. *Information developed and printed*

*With support from UNICEF,Nulife, IBFAN, EGPAF,Save the children, NUMAT, PREFA, WFP,WHO,and FANTA-2.* Nankunda,J., Tumwine,J.K., Soltvedt,A.,N., Ndeezi,G., Tyileskar,T.,(2007). *International breastfeeding journal* doi:10.1186/1746-4358-1-19.

Ministry of health, (2017). How to hand express breast milk. Information developed and printed with support from *WHO, UNICEF*

Fjeld,E.,Siziya,S.,Bwalya,M.K.,Kankasa,C.,Monald,K.M.,Tylleskar,T.,(2008). No sister, the breast alone is not enough for my baby: A qualitative assessment of barriers and potentials in the promotion of exclusive breastfeeding in southern Zambia. *International Breastfeeding Journal*, doi:<https://doi.org/10.1746-4358-3-26>.

Engebretsen,I.M.S.,Wamani,H.,Semiyaga,N.,Tumwine,J.,Tylleskar,T.,(2007).Low adherence to exclusive breastfeeding in Eastern Uganda: A community –based cross-sectional study comparing dietary recall since birth with 24- hour recall. *BMC pediatrics*, doi:<https://doi.org/10.1186/1471-2431-7-10>.

Bai,Y.,Susan,E.,Middlesadt.,Peng Joanne,C.Y.,Fly,A.D.,(2010). Predictors of continuation of exclusive breastfeeding for six months of life. *Journal of human lactation*.

Naanyu,V., (2007).Young mothers, first timeparenthood and exclusive breastfeeding. *African journal of reproductive health* 12(3).

UNICEF, (2015). Breastfeeding. *Nutrition*.

## APPENDICES

### APPENDIX 1: CONSENT FORM

Dear respondent, I am Auma Evaline a student undertaking diploma in Nursing at Kampala international University School of Nursing Sciences. I am conducting a study on Knowledge, attitude and practices of mothers towards exclusive breastfeeding in Kampala international University Teaching Hospital Young Child Clinic. Please you are kindly requested to participate in this study. Participation in the study is purely voluntary and you are free to withdraw from the study if at any point you feel uncomfortable to continue with the study, no penalty will be given to you.

There are no individual benefits for the study participants. The wider community and health sector stand to benefit from this study if the findings are adapted.

*Respondent:*

I have read the information stated and understood the significance of the study and ready to participate.

*Respondents' signature*.....*Date*.....

Researcher:

I have explained the topic and its objectives to the participants and they have understood the topic and its objectives and voluntarily consented to participate.

*.Researchers'*

*signature*.....*Date*.....

## **APPENDIX 2: QUESTIONNAIRE**

### **Instructions**

You are kindly requested to fill in boxes appropriately. Do not indicate your name anywhere on the questionnaire but just fill in the response.

### **SECTION A: BIO-DEMOGRAPHIC CHARACTERISTICS.**

1. Age in years [ ]

(a) 15-19 [ ]

(b) 20- 24 [ ]

(c) 25- 29 [ ]

(d) 30-34 [ ]

(e) 35 and above [ ]

2. Marital status

(a) Married [ ]

(b) Single [ ]

3. Educational level

(a) None [ ]

(b) Primary [ ]

(c) Secondary [ ]

(d) Tertiary [ ]

4. Employment status

(a) Employed [ ]

(b) Unemployed [ ]

**SECTION B: KNOWLEDGE TOWARDS EXCLUSIVE  
BREASTFEEDING.**

5. Do you know anything about exclusive breastfeeding?

(a) Yes [ ]

(b) No [ ]

6. If yes, what is it?

.....

.....

.....

7. Have you ever had any exclusive breastfeeding counseling?

(a) Yes [ ]

(b) No [ ]

8. If yes, what is your information source?

(a) Elders/ relatives [ ]

(b) Television [ ]

(c) Radio [ ]

(d) Multipurpose health workers [ ]

**SECTION C: ATTITUDES TOWARDS EXCLUSIVE BREASTFEEDING.**

9. Would you like to exclusively breastfeed your baby?

(a) Yes [ ]

(b) No [ ]

10. How do you feel when breastfeeding in public?

(a) Uncomfortable. [ ]

(b) Comfortable. [ ]

11. Exclusive breastfeeding for 6 months is good and enough for the baby.

(a) Agree. [ ]

(b) Disagree . [ ]

12. If you disagree with the above statement, why? .

.....

.....

.....



**SECTION D: PRACTICES TOWARDS EXCLUSIVE BREASTFEEDING.**

14. When did you start breastfeeding after delivery?

(a) Within the first hour. [ ]

(b) Within the two hours. [ ]

(c) Within four hours [ ]

15. Have you ever given anything to the baby apart from breast milk and medicine?

(a) Yes. [ ]

(b) No. [ ]

16. If yes to the above question, what did you give the baby?

.....  
.....

17. At what age did you give the above substance?

(a) At birth. [ ]

(b) Between 2-3 months [ ]

(c) Between 4-5 months. [ ]

(d) 6months. [ ]

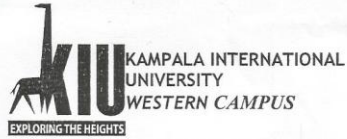
18. In the question above, if you introduced the substance before 6 months, why?

(a) Insufficient breast milk. ☐

(b) Need to return to work. ☐

(c) Poor maternal health ☐

### APPENDIX 3: INTRODUCTORY LETTER.



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*Office of the Dean - School of Nursing Sciences*

#### TO WHOM IT MAY CONCERN

Dear Sir/Madam

**RE: AUMA EVALINE - DNS/0007/143/DU**

The above mentioned is a student of Kampala International University – School of Nursing Sciences undertaking Diploma in Nursing Science and she is in her final academic year.

She is recommended to carry out her data collection as a partial fulfillment for the award of the Diploma in Nursing Science.

Her topic is **KNOWLEDGE, ATTITUDES AND PRACTICES TOWARDS EXCLUSIVE BREASTFEEDING AMONG MOTHERS ATTENDING KAMPALA INTERNATIONAL UNIVERSITY TEACHING HOSPITAL YOUNG CHILD CLINIC**

Any assistance rendered to her will be highly appreciated.

Thank you in advance for the positive response.



Nabulisa Sarah  
RESEARCH COORDINATOR



*"Exploring the Heights"*

**APPENDIX 4: MAP OF UGANDA SHOWING LOCATION OF BUSHENYI DISTRICT**



**APPENDIX 5: MAP OF BUSHENYI DISTRICT SHOWING ISHAKA MUNICIPALITY WHERE KIUTH IS LOCATED**

