

**FACTORS AFFECTING EXCLUSIVE BREAST FEEDING AT COMBONI  
HOSPITAL AND ITS CATCHMENT AREA IN BUSHENY DISTRICT.**

**BY**

**KIPKIRUI PETER CHERUIYOT  
BMS/0046/72/DF**

**A Research project submitted for the partial fulfillment  
for the award of a Degree in Medicine and Surgery(MBChB)**

**JULY 2013**

**Kampala International University,  
Western campus,  
P.O. Box 71,  
Bushenyi – Uganda.**

## DECLARATION

I Kipkirui Peter Cheruiyot hereby declare that, the work presented in this study for Degree in Medicine and Surgery has not been presented either wholly or in part, and is not currently submitted for any other Diploma or Degree.

Signature of student    Kipkirui Peter Cheruiyot.....    Date.....

Signature of Supervisor...Barasa Ambrose.....    Date.....

### **DEDICATION.**

This book is dedicated to the great people.

I would like to dedicate this research to my parents and family members with whom they have supported and inspired me all the way through my studies here in Kampala International University, Western campus. Also to the staff of both the university and the hospital for the knowledge and skill they have imparted unto me in becoming a medical doctor.

### **ACKNOWLEDGEMENT**

I'm deeply humbled and thankful unto the Lord, God Almighty who has unto this point blessed me with life, health and provisions that enable me to carry out this research. I wish to acknowledge the members of my family; dad, mum and my siblings, who have provided me with needed moral and financial support throughout my study period. Notwithstanding, my deeply felt gratitude goes to all those who lent me a hand and spent their tireless effort and time in enabling this study become successful. Special thanks goes to my supervisor Mr Barasa Ambrose who guided me along through this endeavor. Unto all the healthcare workers who willfully undertook to be part of this research study, my words can't fully express my heartfelt gratitude. It is because of you that this study is out. Lastly but not the least, I am thankful to all lecturers and staff of Kampala International University, Western campus for all their labours and resources rendered in aiding me become a medical doctor.

## **Table of contents**

Dedication.....	1
Declaration.....	2
Acknowledgement.....	3
Table of content.....	4
List of tables.....	5
List of figures.....	6
Abstract .....	7

### **CHAPTER ONE**

1.1 Introduction .....	8
1.2 Background information.....	8
1.3 Problem of the statement.....	11
1.4.0 Study objectives .....	11
1.4.1 Broad objectives .....	11
1.4.2 Specific objectives.....	11
1.5 Research questions.....	12
1.6 Problem justification.....	12

### **CHAPTER TWO**

2.0 Literature Review .....	13
-----------------------------	----

### **CHAPTER THREE**

3.0 Study methodology .....	17
3.1 Study area.....	17
3.2 Study design.....	18
3.3 Study population.....	18
3.4 Sample size.....	18
3.5 Sample technique.....	19
3.6 Data collection.....	19
3.7 Pretest .....	19

3.8 Research ethics.....	19
3.9 Study analysis and limitation.....	20

## **CHAPTER FOUR**

4.1 Study findings.....	21
4.2.0 Demographic characteristics.....	21
4.2.1 Respondent by religion.....	22
4.2.2 Respondent by tribe.....	23
4.2.3 Respondent by Marital status.....	23
4.2.4 Respondent by Educational Level.....	24
4.3 Level of knowledge on breast feeding.....	24

## **CHAPTER FIVE.....26**

5.0 Discussion and conclusion.....	26
5.1 Introduction.....	26
5.2 Discussion.....	26
5.3 Conclusion.....	27
5.4 Recommendation.....	28

## **References.....29**

## **Questionnaires.....30**

<b>LIST OF TABLES</b>	<b>PAGE</b>
Table 1: Work plan.....	35
Table 2: Estimated budget for project.....	36

<b>LIST OF FIGURES</b>	<b>PAGE</b>
Figure 1: Distribution of respondents by region.....	37
Figure 2: Distribution of respondents by tribe.....	38

### **ABSTRACT**

The objective of the study was to establish factors affecting exclusive breast feeding in Comboni hospital and its catchment's areas in Uganda. A total of 100 respondents were interviewed randomly and a total of 150 questionnaires issued. The age intervals were ranging from 18-43 years, education levels were between P.5 – P.7 who had 14%. The Banyankole by tribe of respondents were 78(78%). The lack of education on the importance of breastfeeding contributed to the poor numbers of breastfeeding mothers in the community. Intervention from the Ministry of Health in Uganda through the Department of Mother and Child Health will be the best way by creating awareness and educating the mothers.



## **CHAPTER ONE**

### **1.1.INTRODUCTION.**

There is no doubt breastfeeding is the best and safest way of feeding infants. It provides the only perfect nutrients for babies, protect them against infections and it lays the foundation of their breathing psychological development. The world has recognized the value of this important and natural way of feeding babies. There is still much to be done to protect the valuable function of breastfeeding, the most common method of feeding, the emphasis must be put on mobilizing and educating mothers on the importance of exclusive breastfeeding.

### **1.2 BACK GROUND INFORMATION.**

Breast feeding is the nursing of an infant on the mother's breast. Exclusive Breast feeding means that the baby has no other food or drink but just breast milk.

Breastfeeding is the best possible nutrition for both physical and mental development, supplying baby's nutritional requirements for the first 4-6 months of life as it is quickly and easily digested. An exclusively breastfed baby does not need any other supplement from the first few days they are born until 4-6 months. It contains some of the following: Proteins and fats in the right quantities, more lactose than other milks and that is what a human baby needs. Sufficient vitamins for the baby; There is a large amount of iron, but it is well absorbed from the baby's intestines and breastfeeding babies don't develop iron deficiencies which can lead to anemia. Water for the infant even in a dry climate.

Correct amount of salt; calcium and phosphate. Special enzymes like lipase which digests fat.

Breastfeeding benefits the mother's health in the following ways: Immediately after delivery of her child, suckling of the breast may reduce the risk of post partum hemorrhage to the mother. Suckling stimulates the release of Oxytocin, which helps milk release and also causes contraction of the uterus. The sooner the uterus contracts after delivery, the less likely the possibility of prolonged bleeding. It also lowers the risk of at least two types of cancers; first ovarian cancer and breast cancer. Breastfeeding helps to space births. Breastfeeding helps the mother and the baby develop a loving bond. Prevents postpartum depression. It helps to stop bleeding after delivery and helps the mother to regain her normal shape. It is economically viable because it reduces the expenses on other feeding methods.

On the other hand, some mothers prefer artificial feeding to breastfeeding. Artificial feeding may lead to bacterial infections especially if the mother is using a feeding bottle. They can also be dangerous to the baby if kept for long. Bottles are difficult to clean and need to be boiled after every feeding. Bacteria grow in artificial feeds, especially in a feeding bottle, which is left around in the warmth. Artificial feeds do not contain immunological factors. Artificially fed babies fall sick more often with diarrhea and other infections even if the feeds are cleanly prepared. Diarrhea is more likely to become more persistent for more than two weeks. It can be difficult to treat and may lead to severe under nutrition and dehydration. Cow's milk may not contain enough vitamin for

a baby especially vitamin C. Artificially fed babies may therefore need fruit juice to supplement the deficiency. The iron in cow's milk is not absorbed as effectively as the one in breast milk. The baby might eventually develop iron deficiency anemia.

### **1.3 PROBLEM STATEMENT.**

In Comboni Hospital, 100 women give birth every month and only 20% of these, breast feed their babies exclusively. Therefore, problems associated with lack of exclusive breastfeeding such as malnutrition ,diarrhea, failure to thrive, lack of mother to child bonding are common(postnatal records in Comboni Hospital). The Ministry of Health in conjunction with Comboni Hospital, upholds Health Education emphasizing exclusive breastfeeding and mothers should provide co-operation and understanding. Since the program started, with introduction of antenatal clinic, 3years ago, less than half of the target has been achieved. Therefore, this problem needs urgent attention with the aim of promoting of exclusive Breast feeding.

### **1.4 OBJECTIVES**

#### **1.4.0 BROAD OBJECTIVE.**

To establish factors affecting exclusive breast feeding in Comboni Hospital and its catchment area.

#### **1.4.2 SPECIFIC OBJECTIVES.**

1. To determine level of awareness of mothers on breastfeeding.
2. To determine health status of breastfeeding mothers.
3. To determine cultural practices affecting breast feeding.

4. Exclusive breastfeeding.
5. To identify hindering factors to exclusive Breast feeding.

### **1.5 RESEARCH QUESTIONS.**

Do level of awareness of the mothers affect Breast feeding?

Do health status of the mother affect breast feeding?

Do cultural practice affect breast feeding?

What are hindering factors to exclusive breast feeding?

### **1.6 JUSTIFICATION OF THE STUDY.**

Breastfeeding is the natural and traditional way mothers feed their infants but it has declined significantly in the wake of modernization and urbanization. In cities women are more likely to give birth in hospitals, and work out of the house, and sometimes lack the network of family and social support for breast feeding. Women in rural areas breast feed more often than women in urban areas, because they do not face these obstacles and are less exposed to the commercial formula promotions found in many cities and hospital facilities. But whether they work in the modern sector and live in cities or lead a more traditional life, cases of malnutrition, diarrhea, failure to thrive, mother-child bonding absence is observed. Therefore, efforts should be made to educate and emphasize the importance of exclusive breast feeding in the first 6 months in Comboni to reduce the cases, and improve the well being of children in the study area.

## **CHAPTER TWO**

### **2.0 LITERATURE REVIEW**

From the beginning of human history babies were breast fed, a woman who was unable or unwilling to nurse her baby usually, found another woman “a wet nurse” (Lush et al 2004). Mother’s main responsibility is feeding the baby with her breast milk. An empty breast stimulates milk making and a full breast hinders milk making. This means that when a mother is breast-feeding her child, she should try to empty one breast first before switching on to the other breast (Lush et al 2004). Thus the breast will each be stimulated by emptiness to produce more milk (Fr. Savage, 2006).

The best and safest way to feed a baby is by exclusive breast feeding until the baby is 4-6 months old. However, partial breast feeding is better than not breast feeding at all. Some of the benefits of breast feeding includes; appropriate weight gain, prevention or reduction of diarrhea, reduction of respiratory infections that is pneumonia and bronchiolitis, urinary tract infection and Otitis media (AAP work group et al 1997), reduces childhood cancer in mothers and their female off springs (Banner et al, 2000).

Neurological and cognitive development (Brolly et al 1994). (Malcolm I Levane et al 1990), the factors that predict successful breastfeeding are varied and include social class. The majority of women who planned to breast feed their babies while still pregnant had much greater chances of being successful than those who remained undecided during pregnancy and were encouraged to breastfeed only after birth.

Children who are breastfeeding are healthier than those not and they obtain all necessary nutrients needed for the early childhood growth and development. (Dean. F. Miller et al 1998).

Breast milk alone is adequate until most infants are 4-6 months of age, yet mothers in many third world nations are choosing to stop breastfeeding and use bottle feeding regarding advantages of breastfeeding and disadvantages of bottle feeding and switching on to formula feeding. (Fr. Savage, 2006)).

Suggest that feeding should begin as soon as the baby is born. Mothers should be encouraged and let the baby suckle but there is no need to force the baby to suckle immediately. Most babies are ready to try within one hour, after delivery. They may be alert at this time and their suckling reflex may be strong. The ideal duration for feeding is whenever the baby demands and breast feeding should last for 1 ½ - 2 years along with supplementation (Dr. Sapna Smant et al 1998).

A baby who is breast fed has less diarrhea and less respiratory and middle ear infection than artificially fed. Those who continue breastfeeding when sick recover quickly. (F. savage king et al 1992). It's not necessary to stop breast milk if a baby has diarrhea. AAP committee on drugs (1994) suggest various contraindicated situation of breastfeeding. If the mother has HIV virus. It may be transmitted through breastfeeding and this should be avoided but only incase where the mother has another infectious, illness like untreated active tuberculosis or if she is taking any drug that would not be

safe for her baby. But early pregnancy most parents have decided whether to breastfeed or not. In fact this decision is often made before the first prenatal visit. Prenatal nutrient is a strong predictor of breastfeeding outcome (Health Canada, 1994).

The choice of feeding method is influenced by a number of factors including personal experience, knowledge, culture and (Lush et al 2004) (WHO/UNICEF 2008) attitudes of significant others. Parents most often choose breastfeeding because they believe that mother milk is healthier for their infant than formula or cow's milk (Lush et al 2004).

A woman's personal experiences and psychosocial support will also influence her decision to breast feed. For example women with supportive partners and families are more likely not only to choose to breastfeed but also to succeed. (Kearney, 1988, Inch, 1989).

Mothers who breastfeed, feeding becomes well established and are more likely than others to continue breastfeeding after returning to paid employment or school. Although many women returning to full time work earlier than four months after birth are able to maintain their breastfeeding relationship, their incidence of premature introduction of solids and of weaning is much longer than for those returning later (James and Greens 1996). CICH. National Breastfeeding guidelines for Health care providers (1996) made the following observations that influence breastfeeding.

- Women who are knowledgeable and confident about breastfeeding are more likely to succeed.

- All health care providers who have contact with expectant families have the responsibility to promote the decision to breastfeed as the healthiest choice for infant and mothers.
- The attitude and behaviors of health care providers can affect whether or not women will breastfeed and how well they will succeed.
- Breast-milk is affected by life style habits such smoking, and the use of alcohol or recreational drugs.



## **CHAPTER THREE**

### **3.0 STUDY METHODOLOGY**

#### **3.1 STUDY AREA**

The Area is Comboni Hospital found in Bushenyi district is in the South Western of Uganda. It's bordered by Kasese in the North, Kamwenge in the North East, Mbarara in the East, Rukungiri in the West and Ntungamo in the South.

The district has a total land of 3949 square kilometer and a population density of 181 persons per square kilometer and a total population of 738,355 (as per 2002 population and housing census). It's mainly inhabited by Banyankole.

Bushenyi has a tropical type of climate with rain season in January, April, May, June, September, October, November and half of December.

Dry season is in February, July and August. The soils are fertile for food crops like Matooke, Beans, Maize, Tea, Coffee, Cotton are main cash crops for the District.

The district has five (5) counties namely;

- Buhweju
- Bunyaruguru
- Igara
- Ruhinda
- Sheema.

The biggest is Igara while Buhweju is the smallest

### 3.2 STUDY DESIGN

Data was collected by Cross- sectional method where by the questionnaires were availed to the respondents to fill. The participants were women of different ages and marital status. Data was collected at same month may and June of the year from all the respondents.

### 3.3 STUDY POPULATION

The participants were women of child bearing age who had experience in breastfeeding. The women were all from different background, marital status, religion, level of education but all were residents of Comboni hospital and its catchment areas.

### 3.4 SAMPLE SIZE.

To obtain sample size, fishers' et al 1990 formula was used.

$$n = \frac{Z^2 PQ}{D^2}$$

Where n = Desired sample size

Z= Standard normal deviation taken as 2.0 at a confidence level of 95%

P= Proportion of target population estimated to have similar characteristics.

If there is no measurable estimate, we use 50% (constant) or 0.5. therefore P=0.5

Therefore Q= is standardized 1.0- P= 0.5

D= Degree of accuracy desired 0.05 or 5%

In this case 95% confidence level has 5% errors.

Therefore 0.05 is a level of significance

$$n = \frac{1^2 \times 0.5 \times 0.5}{(0.05)^2}$$

$$n = 100$$

Hundred (100) women were chosen from all women of child bearing age who had experience in breastfeeding.

### **3.5 SAMPLING TECHNIQUES**

Groups of participants (breastfeeding women and those who had experience in breastfeeding) were chosen to represent the entire population under study.

The participants were achieved through Random selection whereby the researcher visited their homes and whoever was present at time of visit was interviewed and requested to fill the questionnaires.

### **3.6 DATA COLLECTION**

Data was collected concerning knowledge, attitude and practices of mothers towards breastfeeding as the best food for the baby among women.

### **3.7 PRE-TEST**

The test questions were first given to women to assess the acceptability of data collection tool, (questionnaire) to the participants and necessary adjustments were made to ensure adequate data quality.

### **3.8 RESEARCH ETHICS**

To ensure acceptability of the student researcher to the community, a letter was given by the University addressed to the administrative authority of the area under study.

### **3.9 STUDY ANALYSIS AND LIMITATIONS**

Though the research was conducted and a hundred respondents achieved, the target participants were 120 who were not achieved due to various limitations which includes:

- Man power was limited, since the populations under study live in rented houses
- Time was limited
- Language barrier
- Insufficient funds
- Weather was unfavorable

## CHAPTER FOUR

### 4.1 STUDY FINDING

The researcher used questionnaires containing open ended questions. The obtained data was analyzed and processed with the help of a simple electronic calculator and was presented in tables, pie charts and histograms.

#### 4.2.0 DEMOGRAPHIC CHARACTERISTICS.

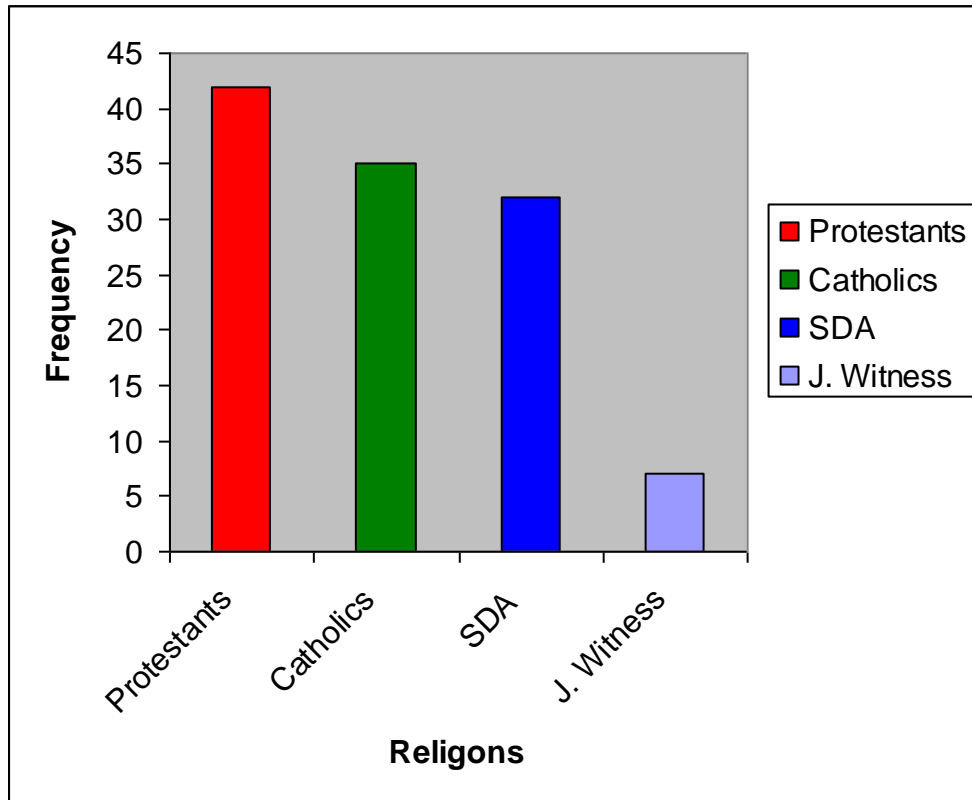
**Table I: Age of the Respondents n=100**

<b>Age</b>	<b>Frequency</b>	<b>Percentage( % )</b>
<18	5	5
19-24	16	16
25-30	30	30
31-36	27	27
37-42	15	15
>443	7	7
<b>Total</b>	<b>100</b>	<b>100</b>

The respondents were 100 in total, majority (30%) ranged in age group 25-30, followed by (27%) of age 31-36, (16%) of age 19-24, (15%) of age 37-42, (7%) of age above 43 and the least (5%) of age below 18 years.

#### 4.2.1 Respondent by Religion

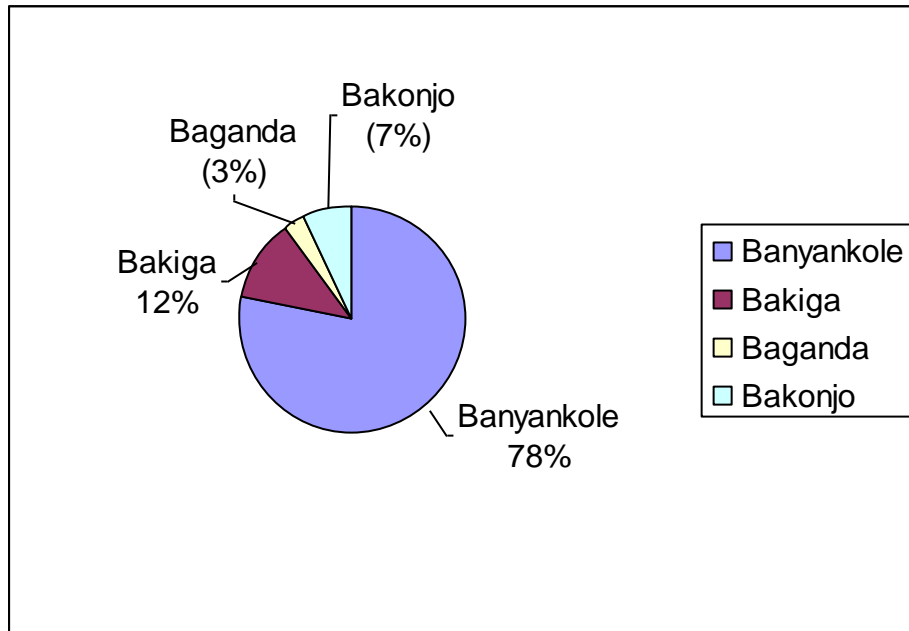
Figure I: Religion of Respondents n=100



Most of the respondents (41%) being Protestants and the least (6%) being Jehovah Witnesses.

#### 4.2.2 Respondent by Tribe.

**Figure 2: Tribe of Respondents**



The majority of respondents were Banyankole by tribe (78%) and Baganda being the least 3%.

#### 4.2.3 Respondent by Marital status

**Table 3: Marital Status of the Respondents**

Marital Status	Frequency	Percentage (%)
Single	6	6
Married	68	68
Separated	8	8
Divorced	5	5
Widowed	13	13
<b>Total</b>	<b>100</b>	<b>100</b>

The majority of respondents marital status 68(68%) were married, 13(13%) were widowed 8(8%) separated, 6(6%) single and 5(5%) were minority were divorced.

#### 4.2.4 Respondent by Educational Level

**Table 4: Level of Education**

<b>Level</b>	<b>Frequency</b>	<b>Percentage</b>
Primary	14	14
Secondary	32	32
Tertiary	35	35
Informal education	19	19
<b>Total</b>	<b>100</b>	<b>100</b>

Most of the respondents were in Tertiary levels of education 35(35%) while informal education 19(19%).

#### 4.3 LEVEL OF KNOWLEDGE ON BREASTFEEDING

**Table 5: Best food for the baby n=100**

<b>Type of food</b>	<b>Frequency</b>	<b>Percentage</b>
Breast milk	68	68
Goat/ cows milk	6	6
Artificial formula	4	4
Mixed feeding	22	22
<b>Total</b>	<b>100</b>	<b>100</b>



Majority of the respondents 68(68%) use breast milk as the best food for the baby while 4(4%) give artificial formula as the best food for the baby.

## **CHAPTER FIVE.**

### **5.0 DISCUSSIONS AND CONCLUSIONS**

#### **5.1 INTRODUCTION**

This chapter presents the Discussions and conclusions of findings in relation to knowledge, attitude and practice of mothers towards breastfeeding as the best food for the baby.

#### **5.2 DISCUSSION**

##### **Demographic characteristics**

The respondents were women of child bearing age in range of 25-30 years and 68% were married. Most of the respondents were Banyankole by tribe (78%) and Protestants by religion this shows that most of the woman who either have knowledge about breastfeeding or not hence they either practice breastfeeding because they know the importance or they don't practice because of the ignorance. And also the Banyankole are more affected or practice the act because they are the inhabitants of the study area..

Almost all respondents obtained formal education (86%) many (35%) had secondary school education. Respondents who had informal education were the least 14% who did not attend school at all. Therefore since most had education they know the advantages and disadvantages of breast feeding.

Marital status statistics show that among the respondents 6(6%) were single of whom 2 were students in secondary schools. 68(68%) were married, 13(13%) widowed, 8(8%)

separated, 6(6%) were single and 5(5%) were divorced. The married had support from their partners while others had their personal decision.

Knowledge regarding Breastfeeding, majority of the respondents 68(68%) preferred breast milk as the best meal to be introduced to children after birth because breast milk had the required proportion of nutrients and other important minerals that are required during the growth of the child as was the cultural belief passed to them from generations to others 4(4%) chose artificial formula because of one reason or another which included very busy for work and could not have enough time for breast feeding while others said breast feeding leads to sagging of the breast..

### **5.3 CONCLUSION**

Evaluation was limited to assessment regarding knowledge on breastfeeding and its practice among the residents in the study area depending on education level, age and marital status which were thought to contribute to the effectiveness of breastfeeding. Attitude towards breastfeeding was negative. This was much contributed to by cultural beliefs and traditions passed from generations to generations. Nutritional status among children was poor. Most children were malnourished and retarded. This was contributed to by lack of knowledge and poor attitude towards breastfeeding among mothers in Comboni hospital and its catchment area, which have resulted to poor methods of breastfeeding and ineffective breastfeeding.

#### **5.4 RECOMMENDATIONS**

Since knowledge of mothers on Breastfeeding is lacking, intervention is necessary that is Health education to mother on child feeding.

Since attitude towards Breastfeeding was negative, mothers should be educated on the importance of giving up cultural beliefs and traditional practices.

Proper distribution of children's clinics in all rural areas should be put in consideration together with follow up programmes to ensure that children are being Breastfed.

Finally advertisement of artificial formula should be fully discouraged.

## REFERENCES

1. Dr Sapna, 2003
2. Fr. Savage, 2006
3. Seema Ya Dev- Basic Principles of Nutrition Anmol Publication Put Ltd (1997).
4. Paget Star field, BO, Ballden and Zier versluys – Child health. African Medical and research foundation (1994)
5. Health Canada, 2005
6. Lush et al 2004
7. Kenny, 2003.
8. Janes and Greens 1996, 19 Aubar 1987
9. WHO/UNICEF 2008
10. Health Canada, 2005

## **QUESTIONNAIRE.**

Your participation is voluntary and the information you give is confidential. You may also stop the interview at any time you wish. Hoping that this information will be used in improving the welfare of our children.

**NB:** Tick the correct answer and answer where necessary.

### **SECTIONAL: SOCIAL DEMOGRAPHIC CHARACTERISTICS.**

1. Age of the mother.

2. Marital status of the mother

- (a) Single ☐
- (b) Married ☐
- (c) Widowed ☐
- (d) Separated/divorced ☐

3. Educational level of the mother.

- (a) None ☐
- (b) Primary ☐
- (c) Secondary ☐
- (d) Tertiary/University ☐

4. Occupation of the mother

- (a) House wife ☐
- (b) Civil servant ☐
- (c) Self employed ☐
- (d) Peasant/farmers ☐

**5. Main occupation of the father.**

- (a) Farmer ☐
- (b) Civil servant ☐
- (c) Businessman ☐
- (d) Unemployed ☐
- (e) Others ☐

**6. Tribe of the mother.**

- (a) Munyankore ☐
- (b) Muganda ☐
- (c) Mukonjo ☐

**7. Religion of the mother.**

- (a) Catholic ☐
- (b) Protestant ☐
- (c) Muslim ☐

**8. Do you stay with you children all day and night?**

- A). Yes ☐
- b) No ☐

**9. If no what do you leave them with.**

- (a) Baby sitter ☐
- (b) Grand mother ☐
- (c) Sister ☐
- (d) Others specify ☐

**10. How many hours are you away from your baby each day and night ?**

**SECTION B, KNOWLEDGE ON EXCLUSIVE BREAST FEEDING.**

1. Have you ever heard about exclusive breast feeding?

- (a) Yes ☐
- (b) No ☐

2 .What is Exclusive breastfeeding?

3. Do you think Breastfeeding is good?

- (a) Yes ☐
- (b) No ☐

If no give reasons?

4. Do you think exclusive breastfeeding is a family planning method?

- (a) Yes ☐
- (b) No ☐
- (c) I don't know ☐

If yes give reasons-



**SECTIONC; DETERMINING CULTURAL PRACTICES AFFECTING BREASTFEEDING.**

1. What is your tribe? .....
2. When does a woman start to breastfeed according to your culture?  
.....
3. For how long?.....
4. What does your culture say about exclusive breastfeeding?  
.....  
.....  
.....
5. Should you breastfeed if your child is sick?  
(a) Yes [ ]  
(b) No [ ]
6. If no give reasons for your answer.
7. What do you do if your child doesn't want to breastfeed?
8. How many times do you breastfeed in a day or night?  
(a) 6 times [ ]  
(b) 8 times [ ]  
(c) Less than 8 times [ ]  
(d) On demand

9. When do you introduce other foods? (Weaning diet)

- (a) Less than 2 months ☐
- (b) 2-4 months ☐
- (c) 4-6 Months ☐
- (d) After 6 months ☐

10. What general problems do you encounter in breast feeding?

- a) Breastfeeding in public is uncomfortable ☐
- b) Breastfeeding is old fashioned ☐
- c). Breastfeeding makes one loose shape ☐
- d). No time to Breastfeeding during day due to work ☐

**TABLE 1: WORK PLAN**

OBJECTIVES	ACTIVITIES	TIME FRAME					Indicators
		APRI L	JUNE	JULY	AUGUS T		
<b>Administrative requirements</b>	Choosing & Presentation of the research topic for approval						Supervisor researcher
<b>proposal writing</b>	<ul style="list-style-type: none"> <li>• Writing a proposal and preparing research tools</li> <li>• Typing and binding the proposal</li> </ul> Handing the proposal to the supervisor						Supervisor Researcher
<b>Gathering data</b>	Distribution of research tools and collection						Researcher
<b>Data analysis</b>	<ul style="list-style-type: none"> <li>• Making sense of the collected information</li> <li>• Compiling the analyzed information</li> </ul> Discussing, finaling, the findings.						Data analyst and Researcher
<b>Dissemination of information</b>	Copies of the dissertation presented to DEAN, KIUWC library and conferences						Researcher

**TABLE 2; ESTIMATED BUDGET FOR THE PROJECT**

<b>ACTIVITY</b>	<b>QUANTITY</b>	<b>AMOUNT QUANTITY</b>	<b>PER</b>	<b>TOTAL AMOUNT</b>
Reams of plain papers	4	14000		56,000
Pens	4	500		2000
Research assistant	1	50,000		50,000
Collection of information		1000,000		100,000
Typing and printing	6	600,000		600.000
Transport	10	5000		50,000
Miscellaneous		50,000		50,000
<b>Total</b>				<b>908,000 Ugshs</b>



