

**DURATION OF BREASTFEEDING AND ASSOCIATED FACTORS
AMONG MOTHERS ATTENDING ANC AT RAKAI HOSPITAL,
RAKAI DISTRICT**

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**A RESEARCH REPORT SUBMITTED TO THE SCHOOL OF
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DECLARATION

I, NABIMULI ZULAIKA, hereby declare to the best of my knowledge that this report is my original work and has never been presented to any other institution for any ward.

Signed..... Date.....

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APPROVAL

This is to certify that this report has been developed under the guidance of the supervisor;

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DEDICATION

I dedicate this to my beloved parents and everyone who has done greatly to my academic excellence. I also dedicate it to my special sister Joan who is a great friend who has been on my side every time I needed her hand. And to my special friends Latifah, Ngina, Sharon and my classmate Godfrey. You people your great to me

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The completion of this work is not only a fulfillment of my dreams but also the fulfillment of the dreams of my parents who have supported me financially, encouraged and prayed for me throughout the entire period of my study.

I am indebted to my esteemed supervisor; Dr. Muhammad Kalange, for his valuable guidance that enabled me to complete this piece of work may ALLAH bless him abundantly.

In a special way I thank my dear brothers and sisters for their encouragement and support during my time of study.

Lastly I extend my sincere gratitude to all my classmates for their invaluable contribution and support during my stay at Kampala International University.

DEFINITION OF CONCEPTS

Infant:	Any child incapable of any form of independence from its mother.
Infant mortality rate:	The number of death of infants under one year of age per 1000 live birth in a given year. .
Exclusive breastfeeding:	Baby has breast milk only and no other food or drink.
Replacement feeding:	This is where an infant does not receive any breast milk in additional to replaced foods.

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LIST OF ABBREVIATIONS

AAP	American Academy of Paediatric
ANC	Antenatal Care
BF	Breast Feeding
CDC	Centres for Disease Control and Prevention
EBF	Exclusive Breast Feeding
EDHS	Ethiopia Demographic and Health surveys
IMCI	Integrated Management of Childhood Illness.
MCH	Maternal Child Health.
MOH	Ministry Of Health.
PMTCT	Prevention of Maternal To Child Transmission.
RAHOSP	Rakai Hospital
UBOS	Uganda Bureau of Statistics.
UDHRs	Uganda Demographic and Health Reports
UNICEF	United Nations Integrated Children's Emergency Fund
WHO	World Health Organisation

ABSTRACT

Background: Breast feeding has numerous benefits for both the mother and the child including saving lives, improving child health among others. Despite the numerous known benefits of breast feeding, exclusive breast feeding among children under six months has remained below the 50% target of the World Health Assembly.

Objectives: the study was aimed at determining the duration and factors associated with breast feeding among mothers attending ANC at Rakai District Hospital.

Method: The study was cross-sectional involving administration of questionnaires to 112 mothers attending ANC at Rakai District Hospital.

Results: 20.5% of the participants breastfeed their babies immediately, while 33.0% breastfeed after one hour. 58.0% of the participants breastfed exclusively for six months, 18.6% breast fed for less than six months. However, among those who breastfeed generally, 25.9% breast fed for 6-12 months, and 21.4% breastfed for 1-2 years. 90.1% of the mothers who had knowledge on exclusive breastfeeding and overall general breastfeeding, of whom 73.2% had attended ANC during pregnancy. Most of the mothers who breast fed had parity of greater than seven (32.1%), and had attained primary level education (41, 1%).

Conclusion: The study shows that most mothers exclusively breastfed their babies for a period of less than six months, and overall breast feeding for less than two years. In this study the duration of exclusive breastfeeding and overall breastfeeding was directly associated with parity, maternal age, education level, antenatal service and knowledge of mothers on breastfeeding.

CHAPTER ONE

INTRODUCTION

1.1 Background of the study

Breastfeeding is the process of feeding infants on milk from human breasts directly by suckling or indirectly through feeding bottles (WHO, 2013). The breast milk provides the baby with nutrients needed for normal health, growth and development (WHO, 2011). The Breast milk provides required nutrients to infants, the human milk is endogenous nutrient store contains all nutrients (WHO, 2011). It provides all the energy and nutrients that is needed for growth and development for the first months of life up to two years of age.

Breastfeeding through suckling builds a strong unbreakable bond between the mother and the child for life (WHO, 2011). The practice of breastfeeding also protects mothers against breast cancer, ovarian cancer and used as natural method of family planning (WHO, 2011).

Breastfeeding for a period of two years is more cost-effective than the alternative method of feeding the baby particularly in the first six months (WHO, 2013). Exclusive breastfeeding is recommended as the main source of nutrients for babies the first six months. Between six months to two years old it is recommended that mothers could use other supplemental source such as water, other liquids or solid baby food to feed their babies along with breastfeeding (WHO, 2013).

Adequate nutrition at the stage of infant and early childhood is essential to insure the growth, health and development of the children to their full potential (WHO, 2011). Sub-optimal breastfeeding is responsible for the death of 1.4 million children and the disability of 44 million globally (Ogunlesi, 2010). Therefore, it has been recommended that all women should breastfeed their infants exclusively in the first six months and subsequently with supplementary feeding for 2 years for optimal growth and development (UNICEF, 2013). The World Health Organization and UNICEF had launched several programs like the baby friendly hospital initiative and the International Code of Marketing of Breast Milk Substitutes in order to protect, remote and

support breastfeeding in response to persistent decline in the rate of breast feeding globally (UNICEF, 2013).

The maternal benefits of breastfeeding include more rapid uterine involution, delayed ovulation, and decreased rates of breast and ovarian cancers (Chalmers., *et al* 2009). For families, breastfeeding provides a readily available food source for the infant; a healthier infant is less stressed for the family and as there are no wasteful by-products, breastfeeding is ecologically sound (Schulze P, 2010). Orphans child is more likely to die before reach age of two years than child whose mother survival (WHO, 2011).

The rate of breastfeeding is reported to be rising by 2% worldwide (CDC, 2013). The health people objectives for 2020, has a target to increase the percentage of infants who are breastfeeding from 49%, by 2020 to 81.9% for children who ever breastfeed, 60.6% for children who breastfed for six months, 34.1% for children who breastfeed for twelve months, 46.6% for children who breastfeed exclusively for three months and 25.5% for children who exclusively breastfed for six months (Committee, 2013).

In Sub-Saharan African countries exclusive breastfeeding rate for six months is about 30%, 47% in Ethiopia, 13% in Kenya and 50% in Tanzania (UNICEF, 2013). Exclusive breastfeeding and overall breastfeeding is affected by several factors including the race, maternal age, maternal occupation, parent's educational level, social-economic status, insufficient milk supply, infant health problems, maternal obesity, smoking, parity, method of delivery, maternal interest, social culture, and lack of knowledge (Bandyopadhyay, 2009).

As part of Integrated Management of Childhood illness (IMCI) and Baby friendly Hospital Initiatives (BFHI), breastfeeding has been promoted for more than ten years (Karamagi CA, *et al.*, 2004). These initiatives are based on comprehensive research documenting the benefits of breastfeeding on infant mortality and morbidity (Kramner MS, 2002). However, even with the current knowledge about the benefits of breastfeeding, breastfeeding rates remain low with high infant mortality rates (Qureshi, *et al.*, 2011). Uganda Demographic and Health reports (UDHRs) found 50% of infants exclusively breastfed under 6 months based on 24hr recall with a median

duration of three months(UDHRs, 2006). In Uganda, peer support has been tried as a tool to increase the rates of breastfeeding (Nankunda *et al.*, 2010).

To ensure higher rates of breast feeding it is a pre-requisite to determine the current rate and factors associated with breastfeeding in the community. This provides a basis for planning intervention strategies aimed at increasing the rates of breastfeeding among lactating mothers. It is on this ground that this study is intended to determine the rate of breastfeeding among mothers visiting ANC Clinic at Rakai District Hospital. The knowledge will be used by stakeholders to plan strategies for improved breastfeeding among infants.

1.2 Problem Statement

Breastfeeding has numerous benefits for both the mother and the child including saving lives, improving the child health among others (Rollins, 2016). Despite the numerous known benefits breastfeeding, breastfeeding among children below two years as remained below the 50% target of the World Health assembly (Rollins,2016). In low developed countries there less than 40% rate of breastfeeding among children below six months (Rollins, 2016). Late initiation, shorter durations and the low rate of breastfeeding especially in poorest countries are the main challenges to the health of children below twelve months (Rollins, 2016). This poses a challenge to the management of child health and development. About 96% infant deaths are attributed to poor breastfeeding in Africa Asia (USAID, 2008), while 24% of children under five are underweight due to limited breastfeeding in early life (UNICEF,2009).

Uganda is among the countries with high rate of infant mortality and low rates of breastfeeding is implicated as one of the causative factors despite efforts by stakeholders to promote breastfeeding . There are different factors that are reported to cause inadequate breastfeeding (MO, 2010). .

In Rakai District, information about duration of breast feeding and the associated factors is not available, which would provide a basis for assessment of breast feeding among children in the district.

This study was aimed at determining the rate and duration of breast feeding and associated factors among mothers attending Rakai District Hospital. This knowledge will be a baseline information for possible interventions by various stakeholders to ensure child adequate breast feeding..

1.3 Objectives of the Study

1.3.1 Main objective

To determine the duration and associated factors of breastfeeding among mothers attending ANC in Rakai District Hospital.

1.3.2 Specific objectives

1. To determine the duration of breast feeding among mothers attending ANC at Rakai District Hospital.
2. To determine the factors associated with breastfeeding among mothers attending ANC in Rakai District Hospital.

1.4 Research questions

1. What is the duration of breastfeeding among mothers attending ANC at Rakai District Hospital?
2. What are the factors affecting breastfeeding among mothers attending ANC at Rakai District Hospital?

1.5 Justification of the study

There was limited information about the rates of breast feeding in Rakai district, yet malnutrition among under five in Uganda is still high (MOH, 2010). This study will generate knowledge about the breast feeding rates among mothers attending ANC at Rakai District Hospital.

The knowledge generated was used by stakeholders in planning for strategies to improve breast feeding among lactating mothers and children below two years.

1.6. Scope of the study

1.6.1 Time of the study

This study was conducted for two months of May and June 2017 upon approved research proposal by the School of Allied Health and Community Health, KIU.

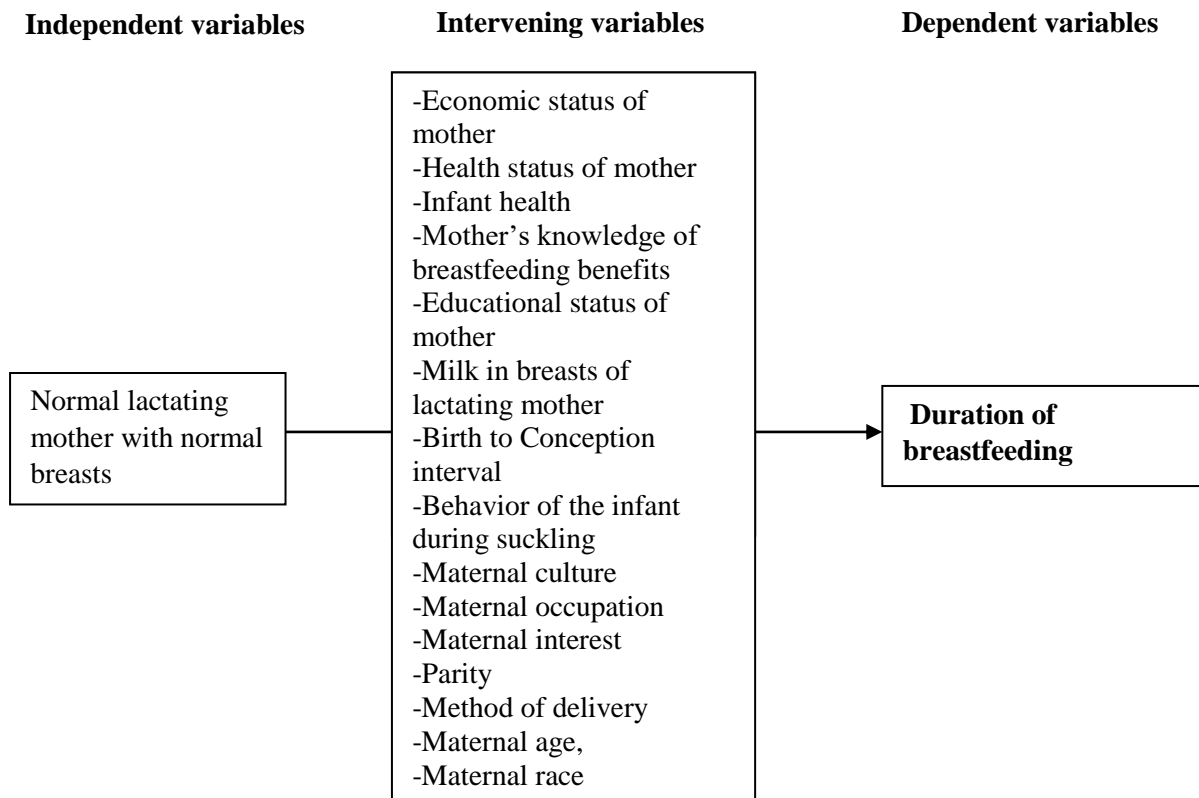
1.6.2 Content scope

The study was concentrated to determine the duration of breastfeeding and associated factors among mothers attending ANC at Rakai hospital, Rakai district.

1.6.3 Geographical

This study was conducted at Rakai hospital, Rakai District, Uganda.

1.7 Conceptual frame work



CHAPTER TWO

LITERATURE REVIEW

2.2 Duration of breastfeeding

It is recommended that all women should breastfeed their infants exclusively in the first six months, and subsequently with supplementary feeding for 2 years for optimal growth and development (UNICEF, 2013).

Highly educated women are almost twice as likely to breastfeeding at one month and six weeks increase with higher social class in developed countries. Highly educated women are almost twice more likely to breastfeed than are less educated women. Education may also increase the duration of breastfeeding while young women frequently attempt breastfeeding, the duration of breast feeding significantly with age due to culture and other variable. Primiparous have an independent physiological effect on breastfeeding success. Other variables associated with breastfeeding are racial groups, ethnicity, religion and places of birth.

2.4 Factors influencing breastfeeding

Although the health benefits of breastfeeding are known and initiation rates have increased, most lactating mothers wean their babies before the recommended 6 months postpartum due to perceived difficulties with breastfeeding rather than due to maternal choices. Among the factors influencing breastfeeding include maternal tribe, age, parity, educational status, breastfeeding knowledge, interest, partner's support, maternal health, family economic status, child health and the method of delivery.

2.4.1 Education status

The influence of education on infant feeding practices varies from one another (Ajibade, *et al.*, 2013). Maternal education below secondary level contributed pre-lacteal feeding and failure to practice exclusive breastfeeding (Ogunlesi, 2010). Women with low level of education are less likely to practice EBF (Qureshi, *et al.*, 2011). On the other hand, another study reported that lower maternal education attainment is related to increase in breastfeeding practices (Lawoyin, 2001). Highly educated women may be able to breastfeed exclusively as recommended because

they are more likely to understand the benefits of breastfeeding compared with less educated women who may not see any need for that but may breast feed longer as a tradition. An enlightenment campaign in various languages centered on the benefits of breastfeeding could help improve practice.

2.4.2 Antenatal Care visits

Adequate counseling about breastfeeding during antenatal care could significantly improve breastfeeding (Jana, 2009). Antenatal attendance is a potential determinant of infant feeding practice (Ahmed, 2011). Antenatal care increases the likelihood of early initiation (Ogunlesi, 2010). Mothers who did not attend antenatal clinic during pregnancy have a poor initiation and exclusivity of breastfeeding (Ogunlesi, 2010).

2.4.3 Psychosocial factors

Attitudes (psychosocial factors) are important factors that influence breastfeeding prevalence in general (Chalmers, *et al.*, 2009). Mothers in Bemidji, MN obtained their knowledge about breastfeeding from different resources such as: Physicians, books or articles about breastfeeding, internet, and from mother to mother (Auger, 2013). Health care providers should be aware that their own beliefs and attitudes toward breastfeeding may affect a woman's choice to breastfeed (Auger, 2013). Mothers' trust their health care providers; therefore, care providers' opinions regarding a particular issue such as breastfeeding could be considered.

2.4.4 Demographic characteristics

There is a significant association between breastfeeding rates and socio-demographic characteristics for mothers including maternal age, parity, maternal education level, and family income (CDC, 2013). It has been found that breastfeeding rates increased with increasing maternal age for all race-ethnicity groups. Older mothers are more likely to choose breastfeeding than young mothers (Kennedy-Stephenson, 2010). However, low level of maternal education has been linked with low breastfeeding rates (Bertini, *et al.*, 2003). Also, breastfeeding rates were higher among mothers who have high family incomes than for mothers who have low family income (Kennedy-Stephenson, 2010).

2.4.5 Cultural beliefs

Good nutrition status of mothers improves breast feeding, as mothers consume different kinds of food, more milk is produced and also rich in quality. This is not easy to come about because of culture beliefs and taboos. Foods that would promote good health are rather neglected. In a study carried out in rural India by (Bandyopadhyay, 2009) the result showed that women observe strict food taboos after delivery, certain foods such as leafy vegetables, melons, pumpkins eggplants and varieties of fish, bananas were forbidden. Mothers were however encouraged to consume special foods according to the traditions believed to improve health and increase milk production (Bandyopadhyay, 2009). A similar finding in Ghana showed that mothers were encouraged to consume certain foods and liquids in order to produce more milk, other foods such as mangoes and okra were forbidden although it is believed that insufficient milk production results from intake of fewer foods (Escamilla., 2009).

2.4.6 Social economic status

Studies have showed that social economic status was significantly related to low exclusive breastfeeding rate, and short duration of overall breastfeeding (Ajibade, B, Okunlade; J, Makinde; O, Amoo, P. & Adeyemo, 2013). This is not connected to employment status of women with high economic states which has a negative impact on breastfeeding, A contrary opinion was reported by (Velpuri, 2004) in which women with high income status were associated with high breastfeeding rate (Velpuri, 2004). (Adelekan, 2003) identified low economic status as one of the most important determinants of sub optimal breastfeeding (nonexclusive and short duration) and concluded that significant improvement in social economic states of women could help reduce childhood malnutrition (Adelekan, 2003).

Women least likely to breastfeed are those who are young, have low income, belong to an ethnic minority, are unsupported, are employed full time, decided to breastfeed late in the pregnancy have negative attitudes toward breastfeeding and have low confidence in their ability to breastfeed. Support from the mother partner or a nonprofessional and greatly increases the likelihood of positive breastfeeding behaviors; Health care professional can be negative source of support if their lack of knowledge results in accurate or inconsistent advice.

2.4.7 Maternal knowledge and practices of breastfeeding

Improper knowledge is a major cause of the onset of malnutrition in the children. Younger children who are not breastfeed appropriately have repeated infections, grow slowly, and are almost six times more likely to die by the age of one month compared to children who receive at least some breast milk (UNICEF, 2013). High qualities of counseling improve an adherence and long duration of breastfeeding up to 6months (WHO, 2011). A study carried out in Zambia reported that nursing mother who had received adequate counseling on breast feeding had a high rate of practicing breast feeding than those who don't , 58% to 70% respectively (Silanda LG, 2004). Mother who had the knowledge regarding the importance of exclusive breastfeeding and breastfeeding at large was likely to adhere to EBF compared to those who with limited knowledge on importance of EBF breastfeeding for long.

Also a study conducted in South Africa, Zambia and Zimbabwe indicated that high quality counseling improved adherence and long duration of EBF up to 6 months (Silanda LG, 2004).

Improper practices such as introduction of pre- lacteal foods, rejection of colostrums, delayed initiation of breastfeeding' water intake during early months (within 5 months), and complementary feeding (within 5 months), might often significantly increase the risk of morbidity and mortality decrease milk intake and premature termination of breast feeding (HER, 2012).

2.4.8 Other factors Influencing Breastfeeding

There are many other factors that influence the practice of breastfeeding including: psychosocial factors (such as maternal attitudes), hospital practices, nature of employment and environmental support. These factors differ by nation; therefore, the effect of these factors on the rate of breastfeeding differs by nations and individual circumstances.

Hospital practices involve healthcare providers in the process of encouraging mothers to choose breastfeeding for their children. To improve breastfeeding rates it is recommended that all healthcare facilities should encourage breastfeeding (WHO, 2013).

Starting breastfeeding within an hour after delivery, supplementing newborns with formula, and using bottles before discharge. Initial breastfeeding within at least one hour after delivery

reduces neonatal mortality by 22%, and it could prevent more than one million newborn deaths every year all over the world (Jana, 2009). In developing countries, initial breastfeeding reduces deaths due to diarrheal disorders and lower respiratory tract infections in children. It could save about 1.45 million lives each year (Jana, 2009). Also, many infants receive supplemental formula at the nursery after delivery whether due to the hospital policy or maternal request. Further, researchers concluded that supplementing newborns with formula is associated with short exclusive breastfeeding duration (Shenoi, Nair, Saili, 2012).

Avoiding use of bottles before hospital discharge, and during the breastfeeding establishment time. Using bottles leads to nipple confusion, because it provides a larger amount of milk in less time than mother's nipples.

CHAPTER THREE

METHODOLOGY

This chapter explains the methodology and study area in geographical terms the nature of the people in the study area that is the tribes, location of the area and the economic activities in the area. Together with this are the sampling technique, data interpretation techniques and the tools, which were used in data collection. It also describes the problems, which the researcher faced in the study and the ethical consideration

3.1 Study design

The study was cross-sectional involving the use of questionnaires to the mothers attending ANC at Rakai District Hospital.

3.2 Study area

The study was conducted at ANC Rakai District Hospital, South Central Uganda.

3.4 Study population

The study involved mothers attending ANC at Rakai District Hospital for the period of May and June, 2017.

3.5 Sampling method

The study sample was obtained by systematic random sampling method since every participant visited the ANC clinic at time of convenience.

3.6 Sample size determination

The sample of size was obtained using Yamane, (1967).

$$n = \frac{N}{1 + N(e^2)}$$

Where: n = the desired sample size

N= is the total number of mothers attending ANC at the time the study (155) was conducted.

e = the sampling error (0.05)

$$n = \frac{155}{1 + 155(0.05^2)}$$

$$n = 112 \text{ participants}$$

3.7 Inclusion and exclusion criteria.

3.7.1 Inclusion criteria

Mothers who already delivered their babies, at least one parity, and those with a child who was below two years old were considered in the study.

3.7.2 Exclusion Criteria in the study

Prime gravidas and mothers with a child with any kind of malformations. Mothers with children who were above two years.

3.8 Data Collection tools

Semi structured questionnaire were used to obtain the data. The questions written in English and contained open and closed ended questions. Translation was made for those who didn't understand English.

3.9 Data quality control

Completeness of the questionnaire was emphasized to ensure all the necessary information was obtained from each participant.

3.9 Data analysis

Data analysis was done manually by counting, tallying and using a simple electronic calculator.

3.10 Ethical considerations

The research proposal was approved by the School of Allied Health Sciences and Community Health before its conduction. Introductory letter was then obtained from the School.

Permission was also sought from the administration of Rakai District Hospital before the study.

Informed consent was obtained from each participant before the interview, participant assured of confidentiality.

3.11 Study limitations

The mothers were not willing to participate in the study. However sensitization about the importance of the study was carried out before informed consent.

CHAPTER FOUR

RESULTS

4.1 Demographic characteristics of the study participants

A total of 112 mothers participated in the study, conducted for two months of May and June, 2017. Majority of the participants (31.5%) were aged between 35-44 years of age. Most of the participants (50%) were married. A greater proportion (43.8%) had attained primary level education. The majority of the participants (46.5%) had small scale businesses. 57.1% of the participants were Baganda and also most of them (39.3%) were Catholics. (Table 1)

Table 1 Demographic characteristics of study participants

Variable	Frequency	Percentage	No. of mothers breast feeding	% of mothers breast feeding
Age				
15-24	22	19.6	17	77.3
25-34	30	26.8	27	90.0
35-44	35	31.5	32	91.4
>45	25	22.3	25	100.0
Total	112	100	101	
Marital status				
Single	43	38.4	39	90.7
Married	56	50	53	94.6
Divorced	5	4.5	2	40.0

Widow	8	7.1	4	50.0
Education level				
Primary	49	43.8	46	93.9
Secondary	32	28.6	30	93.8
Tertiary	11	9.8	11	100.0
None	20	17.9	16	80.0
Occupational status				
Casual labour	15	13.4	13	86.7
Civil servant	35	31.3	31	88.6
Small scale business	52	46.4	50	96.2
House wife	40	35.7	37	92.5
Tribe				
Baganda	64	57.1	60	93.8
Banyankole	40	35.7	37	92.5
Banyoro	3	2.7	2	66.7
Others	5	4.5	3	60.0
Religion				
Muslim	25	22.3	23	92.0
Catholic	44	39.3	40	90.9
Protestant	28	25	24	85.7
Adventist	10	8.9	9	90.0
Others	5	4.5	5	100.0

4.2 Timing and duration of breastfeeding among mothers

The majority of the participants (33.0%) reported to have breast fed their babies after an hour post birth, but those who breast fed their babies within an hour after birth were 20.5% (Table 2). Most of the participants (58.0%) also exclusively breast fed their babies for six months. The majority of the respondents (80.3%) breast feed their babies only within a period of two years from birth.

Table 2 Timing and duration of breast feeding among mothers

Variable	Frequency	Percentage %
Time of breastfeeding		
Immediately after birth	23	20.5
After 1 hour	37	33.0
After 2 hours	18	16.1
After 1 day	6	5.4
Others	28	25
Duration of exclusive breastfeeding		
<6 months	21	18.6
6 months	65	58.0
>6 months	12	10.7
None	14	12.5
Length of breast feeding		
1-6 months	37	33
6-12 months	29	25.9
1-2 years	24	21.4
>2 years	5	4.5
Others	17	15.2

4.3 Factors affecting duration and timing of breast feeding among mothers

Among the factors included in the study were parity, knowledge of breast feeding, access to ANC services, age and maternal occupation.

4.3.1 Parity and breast feeding

The majority of the participants (33.0%) reported to have breast fed their babies after an hour post birth, but those who breast fed their babies within an hour after birth were 20.5% and mothers of more than six parity 43.5% breastfed their babies immediately. The data also indicated that mothers of one to two parity (33.3%) breastfed their babies one day post delivery (Table 3). The study also showed that most mothers (58.0%) breastfeed their babies exclusively for six months and mothers of seven parity and above (38.5%) breastfed their babies exclusively. However 18.6% of the mothers breastfeed their babies for less than 6 months of which (33.3%) were of 5-6parity and also 10.7% breastfeed exclusively for more than 6 months and 33.3% were mothers of seven and above parity.

Majority of mothers 25.9% breastfed their babies for 6-12months and 31.0%were 1-2 parity and those who breastfeed for 1-2years were 21.4% and majority were of 7 and above parity 58.3%. Most mothers breastfeed for 1-6months 33% and mothers of 1-2 parity 35.1%breastfeed for this period. However those who breastfed for 6 months to one year 25.9%, majority were 1-2 parity mothers 31.0% and those who breast fed for 1-2years 21.4% and most of them seven and above parity mothers 58.3% breastfed for this period and for 4.5% mothers breastfed beyond 2years.

Table 3 Parity and duration of breast feeding

Variable	Breast feeding		Parity			
	Frequency	Percentage	1-2	3-4	5-6	≥7
Time of breastfeeding						
Immediately after birth	23	20.5	3(13.4%)	3(13.4%)	7(30.4%)	10(43.5%)
Within 1 hour	37	33.0	10(27.0%)	5(13.5%)	5(13.5%)	13(31.5%)
After 2 hours	18	16.1	8(44.4%)	2(11.1%)	3(16.7)	5(27.8%)
After 1 day	6	5.4	2(33.3%)	0	1(6.7%)	0
Others	28	25	9(32.4%)	6(21.4%)	5(17.5%)	8(28.6%)
	112	100	29	16	21	36
Duration of exclusive breastfeeding						
<6 months	21	18.6	7(33.3%)	3(14.3%)	2(9.5%)	5(23.8%)
6 months	65	58.0	10(15.4%)	11(16.9%)	15(23.1%)	25(38.5%)
>6 months	12	10.7	3(25%)	2(16.7%)	1(8.3%)	4(33.3%)
None	14	12.5	9(64.2)	0	3(21.4%)	2(14.2%)
Length of breast feeding						
1-6 months	37	33	13(35.1%)	5(13.5%)	5(13.5%)	7(18.9%)
6-12 months	29	25.9	9(31.0%)	7(24.1%)	8(27.6%)	5(17.2%)
1-2 years	24	21.4	5(20.8%)	1(4.7%)	4(16.7%)	14(58.3%)
>2 years	5	4.5	0	2(40%)	2(40%)	1(20%)
Others	17	15.2	2(11.8%)	0	2(11.8%)	4(23.5%)

4.3.2 Mother's knowledge of breast feeding and duration of breast feeding

The study shows that (20.5%) of the mothers breastfeed their babies immediately of which (91.3%) had knowledge on importance of breastfeeding, (82.6%) had adequate knowledge on breastfeeding and (73.9%) attained their knowledge from ANC counseling. However majority

(33.3%) breastfed their babies after one hour of which (94.4%) had adequate knowledge on breastfeeding, (86.5%) and 11.1% had attained it from ANC counseling. The study also shows that 18.6% of the mothers breastfed for less than six months exclusively of which (85.7%) had knowledge on breastfeeding importance and (42.8%) attained the knowledge from ANC. Among those who breastfed for 6 months exclusively (58.0%), many of them (96.9%) had knowledge on importance of breastfeeding and (93.3%) of the mothers had adequate knowledge about breastfeeding. The study also shows that majority of the mothers (33.0%) breastfed their babies for 1-6 months of which 89.1% had adequate knowledge on breastfeeding and 54.1% had knowledge on importance of breastfeeding. However among those who breastfed for 6-12 months 25.9% of which 96.6% had knowledge on importance of breastfeeding and 75.6% had attained it from ANC counseling. Among those who breastfed for 1-2 years 21.4% of which 95.5% had knowledge on importance of breastfeeding and 79.2% had attained it from ANC counseling. (Table 4).

Table 4 Knowledge about breast feeding and duration of breast feeding

Variable	Breast feeding		Knowledge of breastfeeding		
	Frequency	Percentage	adequate knowledge	ANC source of knowledge	Knowledge of importance
Time of breastfeeding					
Immediately after birth	23	20.5	19(82.6%)	17(73.9%)	21(91.3%)
After 1 hour	37	33.0	35(94.6%)	19(51.4%)	32(86.5%)
After 2 hours	18	16.1	17(94.4%)	2(11.1%)	16(88.9%)
After 1 day	6	5.4	2(33.3%)	3(50%)	5(83.3%)
Others	28	25	19(67.9)	12(42.9%)	27(96.4%)
			93	53	101
Duration of exclusive breastfeeding					

<6 months	21	18.6	14(66.7%)	9(42.8%)	18(85.7%)
6 months	65	58.0	60(93.3%)	40(61.5)	63(96.9%)
>6 months	12	10.7	7(58.3%)	3(25%)	8(66.7%)
None	14	12.5	12(85.7%)	1(7.1%)	12(85.7%)
Length of breast feeding					
1-6 months	37	33	33(89.1%)	7(18.9%)	20(54.1%)
6-12 months	29	25.9	27(93.1%)	22(75.6%)	28(96.6%)
1-2 years	24	21.4	16(66.7%)	19(79.2%)	23(95.8%)
>2 years	5	4.5	2(40%)	4(80%)	3(60%)
Others	17	15.2	15(88.2%)	1(5.9%)	6(35.3%)

4.3.3 ANC services and duration of breast feeding

The study showed that majority of the mothers breastfeed their babies after one hour post delivery 33.3%; 18.1% attended ANC, 27.2% attended 3-4 times and 70.2% had health education during ANC (Table 8). However 20.5% of the mothers breastfed immediately and 91.3% attended ANC, 69.5% had attended 3-4 times and 95.6% had health education during ANC. However 5.4% of the mothers' breastfed after one day post delivery 50%, attended ANC, 33.3% attended 3 to 4 times and 16.7% got health education during ANC. The study also showed that 58.0% of the mothers breastfed their babies exclusively for six months and 86.2% attended ANC, 27.7% attended 3 to 4 times and 73.8% of the mothers got health education, however, 18.6% of the mothers breast fed for less than six months; 52.4% of the mothers had attended ANC during pregnancy, 28.8% attended 3 to 4 times and 70.2% got health education. Also the study indicated that 10.7% of the mothers breastfed for more than six months; 50% attended ANC and 33% attended 3 to 4 times. Majority of the mothers breast fed for 1 to 6 months 33% and 18.9% of the mother attended ANC 3 to 4 times and 51.4% had health education. However, 51.7% of the mothers breast fed for six months to one year and 51.7% attended ANC, 27.6% attended 3 to 4 times and 86.8% got health education. (Table 5).

Table 5 ANC services and duration of breast feeding

Variable	Breast feeding		ANC services		
	Frequency	Percentage	Attending	Frequency	Education
Time of breastfeeding				3-4	
Immediately after birth	23	20.5	21(91.3%)	16(69.5%)	22(95.6%)
After 1 hour	37	33.0	30(18.1%)	10(27.2%)	26(70.2%)
After 2 hours	18	16.1	15(83.3%)	5(27.8%)	11(61.1%)
After 1 day	6	5.4	3(50%)	2(33.3%)	1(16.7%)
Others	28	25	13(46.4%)	4(14.2%)	17(60.7%)
			82	38	82
Duration of exclusive breastfeeding					
<6 months	21	18.6	11(52.4%)	6(28.8%)	15(71.4%)
6 months	65	58.0	56(86.2%)	18(27.7%)	48(73.8%)
>6 months	12	10.7	6(50%)	7(33.3%)	9(75%)
None	14	12.5	9(13.4%)	8(57.1%)	10(71.4%)
Length of breast feeding					
1-6 months	37	33	7(18.9%)	7(18.9%)	19(51.4%)
6-12 months	29	25.9	15(51.7%)	8(27.6%)	24(86.8%)
1-2 years	24	21.4	19(79.2%)	20(83.3%)	20(83.3%)
>2 years	5	4.5	3(60%)	3(60%)	5(100%)
Others	17	15.2	11(64.7%)	0	14(82.4%)

4.3.4 Mother's Occupation and duration of breastfeeding

The study shows that 20.5% of the mothers breastfeed their babies immediately, the majority of which (39.1%) had small scale business, and 2.8% were house wives (Table 9). However among those who breastfed their babies after one hour (33.0%), the majority had small scale businesses,

and 8.1% were casual workers. The study also shows that 18.6% of mothers breastfed their babies exclusively for less than six months and the minority were casual workers with 14.3%. However, 58.0% of the mothers breastfed their babies exclusively for six months and majority were small scale business mothers 43.7% and 10.8% were casual workers and housewives. The study also shows that 33% of the mothers breastfed their babies for period of 1 to 6 months and majority were small scale business mothers 29.7% and 6.3% were housewives. However, 25.9% of the mothers breastfed their babies between 6 months to one year and majority 27.6% were peasants and 3.1% were housewives. And also indicates that 21.4% of the mothers breastfed for 1 to 2 years and majority 33.3% were housewives and 8.3% were casual workers. The study also shows that 10.7% of the mothers breastfed 4 times and majority 41.7% were casual workers and 16.7% were peasants and housewives. However, 20.5% of the mothers breastfed 6 times and majority 39.1% were casual workers and 4.35 were housewives. (Table 6)

Table 6 Mothers' occupation and duration of breast feeding

Variable	Breast feeding		Occupation			
	Frequency	Percentage	peasants	Casual workers	Small scale business	housewives
Time of breastfeeding						
Immediately after birth	23	20.5	8(34.8%)	4(17.4%)	9(39.1%)	2(8.7%)
After 1 hour	37	33.0	12(32.4%)	3(8.1%)	13(35.1%)	5(13.5%)
After 2 hours	18	16.1	5(27.8%)	1(5.6%)	7(38.9%)	4(22.2%)
After 1 day	6	5.4	0	3(50%)	5(83.3%)	2(33.3%)
Others	28	25	4(14.3%)	1(3.6%)	12(42.9%)	0
			29	13	46	13
Duration of						

exclusive breastfeeding						
<6 months	21	18.6	5(23.8%)	3(14.3%)	5(23.8%)	5(23.8%)
6 months	65	58.0	15(23.1%)	7(10.8%)	28(43.1%)	7(10.8%)
>6 months	12	10.7	5(41.7%)	1(8.3%)	6(50%)	0
None	14	12.5	4(28.6%)	2(14.3%)	7(50%)	1(7.1%)
Length of breast feeding						
1-6 months	37	33	9(24.3%)	5(13.5%)	11(29.7%)	2(6.3%)
6-12 months	29	25.9	8(27.6%)	3(10.3%)	18(62.1%)	1(3.4%)
1-2 years	24	21.4	6(25%)	2(8.3%)	7(29.2%)	8(33.3%)
>2 years	5	4.5	0	1(20%)	2(40%)	2(40%)
Others	17	15.2	6(35.3%)	3(17.6%)	8(47.1%)	0

4.3.5 Age of breastfeeding mothers and duration of breastfeeding

The study shows that most mother breastfeed their babies after one hour 33.0% and majority where aged 24 to 34 years 21.6% and 13.5% where aged 35 to 44years however 20.5% breastfed their babies immediately and majority where aged 35 to 44years with 39.1% and the least where aged 15 to 24years with 13.0% . Also 5.4% of the mothers breastfed their babies after one day and 33.3% where aged between 25to34 years. The study also shows that 18.6% Of the mothers breastfed their babies exclusively for less than 6months and most of them where aged between 15 to24 years 33.3% and 14.3% where aged 45years and above however the study also indicated that 58.0% breastfed their babies for six months exclusively; 30.8% Of the mothers where aged above 45years and 7.6% of the mothers where aged between 15 to 24 years. the study also indicates that majority of the mothers 33% breastfed their babies for 1 to 6 months and many24.3% where aged between 25 to 34years and 8.6 where aged between 35 to 44 years however 25.9% of those who breastfed for one to two years majority where aged between 15 to

35 years 17.2% and among those who breast fed 1 to 2 years majority 33.3% where aged between 25 to 34years.the study also shows that 10.7% breastfed 4times and 41.7% we aged 35 to 44 years and 16% were aged between 15 to 24years however 20.5% breastfed their babies 6 times and majority where aged above 25 years.(Table 7).

Table 7 Age of mother and duration of breast feeding

Variable	Breast feeding		Age			
	Frequency	Percentage	15-24	25-34	35-44	≥45
Time of breastfeeding						
Immediately after birth	23	20.5	3(13.0%)	7(30.4%)	9(39.1%)	4(17.4%)
After 1 hour	37	33.0	6(16.2%)	8(21.6%)	5(13.5%)	6(16.2%)
After 2 hours	18	16.1	3(16.7%)	5(27.8%)	6(33.3%)	4(22.2%)
After 1 day	6	5.4	1(16.7%)	2(33.3%)	1(16.7%)	1(16.7%)
Others	28	25	4(14.3%)	3(10.7%)	8(28.6%)	10(35.7%)
			17	27	32	25
Duration of exclusive breastfeeding						
<6 months	21	18.6	7(33.3%)	6(28.5%)	5(23.8%)	3(14.3%)
6 months	65	58.0	5(7.6%)	11(16.9%)	19(29.3%)	20(30.8%)
>6 months	12	10.7	3(25%)	5(41.7%)	3(25%)	1(8.3%)
None	14	12.5	2(14.2%)	6(42.9%)	5(35.7%)	1(7.1%)
Length of breast feeding						
1-6 months	37	33	7(18.9%)	9(24.3%)	3(8.1%)	5(13.5%)
6-12 months	29	25.9	5(17.2%)	5(17.2%)	15(51.7%)	4(13.8%)
1-2 years	24	21.4	4(16.7%)	8(33.3%)	5(20.8%)	6(25%)

>2 years	5	4.5	1(20%)	2(40%)	1(20%)	1(20%)
Others	17	15.2	0	1(5.9)	3(17.6%)	4(23.5%)

4.3.6 Education level of mothers and duration of breastfeeding

The study shows that most mothers fed their babies (33%) an hour after delivery. However 20.5% of the mothers breast fed their babies immediately after delivery. Most mothers who breast fed their babies immediately after delivery had attained primary level education 30.4% .And 50% of those who breastfed their babies after one day had attained secondary level. The study also indicated that mothers exclusively breastfed their babies for less than six months 18.6% and 52.2% had attained tertiary level and 19.0% had informal education however the study indicates that most mothers breast fed exclusively for six months 58.0% and most of the mothers had tertiary level. the study also shows that most mothers breastfed their babies for 1-6 months 33% and 56.7% of these mothers have primary level education and 19.4% had informal education however 25.9% breastfed for 6months to one year and majority had attained primary level 31.0% and 17.2% had tertiary level. And those who breast fed their babies for 1to 2years 21.4%; majority of them attained primary level. Table 7)

Table 8 Mother's education status and duration of breast feeding

Variable	Breast feeding		Education level			
	Frequency	Percentage	Primary	Secondary	Tertiary	Informal
Time of breastfeeding						
Immediately after birth	23	20.5	7(30.4%)	5(21.7%)	7(30.4%)	2(8.7%)
After 1 hour	37	33.0	22(59.5%)	6(16.2%)	3(8.1%)	5(13.5%)
After 2 hours	18	16.1	5(27.8%)	7(38.9%)	1(5.6%)	2(11.1%)
After 1 day	6	5.4	1(16.7%)	3(50%)	0	2(10%)
Others	28	25	11(39.3%)	9(32.1%)	0	4(14.2%)
			46	30	11	16
Duration of exclusive breastfeeding						
<6 months	21	18.6	9(42.9%)	5(23.8%)	11(52.4%)	4(19.0%)
6 months	65	58.0	20(30.8%)	9(13.8%)	3(4.6%)	8(12.3%)
>6 months	12	10.7	6(50%)	5(41.7%)	7(58.3%)	1(8.3%)
None	14	12.5	11(78.6%)	1(7.1%)	1(7.1%)	3(21.4%)
Length of breast feeding						

1-6 months	37	33	21(56.7%)	11(29.7%)	3(8.1%)	1(2.7%)
6-12 months	29	25.9	9(31.0%)	7(24.1%)	5(17.2%)	8(9.8%)
1-2 years	24	21.4	7(29,2%)	5(20.8%)	2(9.5%)	4(16.7%)
>2 years	5	4.5	2(40%)	1(20%)	0	1(20%)
Others	17	15.2	7(41.2%)	8(47.1%)	0	2(11.8%)

CHAPTER FIVE

DISCUSSION, CONCLUSIONS AND RECOMMENDATIONS

5.1 DISCUSSION

5.1.1 Duration and timing

The feed after one hour after birth and also most of them agreed that the baby is supposed to be breast fed for one to six months. The results further indicated that more participants accepted that the baby should be breast fed eight to twelve times a day. This was in agreement with the report released by UNICEF which clearly stated that it was recommended that all women should breastfeed their infants exclusively in the first six months, and subsequently with supplementary feeding for 2 years for optimal growth and development (UNICEF, 2013). This is because Breast feeding is the normal method to provide infants with the nutrients they need for healthy growth and development (WHO, 2013).

5.1.2 Factors associated with breastfeeding.

5.1.2.1 Parity

The results show that parity is directly related to duration of breast feeding. Higher parity increases the duration of breastfeeding this is because mothers of high parity have long birth intervals compared to low parity and it also well established that parity is closely related to maternal age.

5.1.2.2 Mother's knowledge of breast feeding

Mother who had the knowledge regarding the importance of exclusive breastfeeding and breastfeeding at large were likely to adhere to exclusive breast feeding compared to those with limited knowledge on importance of exclusive breast feeding breastfeeding.

Furthermore, majority of the participants knew that breastfeeding helps in proper growth and development of the baby. This was in agreement with the report released by WHO, which stated that breast feeding provide infants with the nutrients they need for healthy growth and development (WHO, 2013).

5.1.2.3 ANC services

The majority of the participants who had knowledge about breast feeding, most of them had got the information from ANC counseling. The results further indicated the more participants got health education and were counseled at the ANC. This is in agreement with research done by Jana, (2009) where adequate counseling about breastfeeding during antenatal care improve breastfeeding. Antenatal attendance is a potential determinant of infant feeding practice (Ahmed, 2011). Antenatal care increases the likelihood of early initiation of breast feeding (Ogunlesi, 2010). Mothers who did not attend antenatal clinic during pregnancy have a poor initiation and exclusivity of breastfeeding (Ogunlesi, 2010). However, other studies showed that mothers in Bemidji, obtained their knowledge about breastfeeding from different resources such as: Physicians, books or articles about breastfeeding, internet, and from mother to mother (Auger, 2013). Health care providers should be aware that their own beliefs and attitudes toward breastfeeding may affect a woman's choice to breastfeed (Auger, 2013). Mothers' trust their health care providers; therefore, care providers' opinions regarding a particular issue such as breastfeeding could be considered.

The implication here is that high qualities of counseling improve an adherence and long duration of breastfeeding (WHO, 2011). A study carried out in Zambia reported that nursing mother who had received adequate counseling on breast feeding had a high rate of practicing breast feeding than those who don't , 58% to 70% respectively (Silanda LG, 2004). Also a study conducted in South Africa, Zambia and Zimbabwe indicated that high quality counseling improved adherence and long duration of exclusive breast feeding up to 6 months (Silanda LG, 2004).

Improper practices such as introduction of pre- lacteal foods, rejection of colostrum, delayed initiation of breastfeeding' water intake during early months (within 5 months), and complementary feeding (within 5 months), might often significantly increase the risk of morbidity and mortality decrease milk intake and premature termination of breast feeding (HER, 2012).

5.1.2.4 Mother's occupation

The study shows that mothers who are not employed fully are most likely to adhere to breastfeeding than those who are fully employed. This is with similar studies related to exclusive breastfeeding and short overall breastfeeding (**Ajibade, 2013**). Occupation limits the time mothers spend with their babies. This encourages complementary feeding (within 5 months), leading decreased milk intake and premature termination of breast feeding (HER, 2012).

5.1.2.5 Age

The study shows that mothers aged ≥ 25 years practiced longer duration of breastfeeding (39.1%) than the young ones (14.2%). This is in line with the results obtained by Kennedy-Stephenson, (2010) in which timing and duration of breastfeeding improved with increased maternal age for all race-ethnicity groups. This implies that breast feeding is more in older women compared to young age group and therefore my study was in agreement with this report.

5.1.2.6 Education level

In the current study the majority of participants who were breast feeding and breast fed their babies immediately after delivery had attained primary level education. Also participants who had attained primary level education had a higher adherence to breastfeeding exclusively breast feeding for six months. This is similar to the study by Bertini et al., 2003, in which low level of maternal education was linked to lower breastfeeding rates.

5.2 CONCLUSIONS

The study shows that most mothers exclusively breastfed their babies for a period of less than six months.

The results also show that most mothers generally breastfed their babies up to 12 months

In this study the duration of exclusive breastfeeding and overall breastfeeding was associated with parity, maternal age, occupation, education level, antenatal service and knowledge of mothers on breastfeeding.

5.3 RECOMMENDATIONS

The relevant stakeholders should sensitize the community especially pregnant mothers about the importance of timely and prolonged exclusive and overall breastfeeding.

Pregnant mothers should be encouraged to attend Antenatal care visits where they can receive adequate knowledge and counseling on breast feeding and its importance. This will increase their level of knowledge on breastfeeding.

Also sensitization of girl child education as maternal education is a great factor on duration of breastfeeding.

Mothers who are fully employed should be given enough maternal leave in order to have enough time with their babies during which time they can breast feed their babies.

Further studies on breast feeding are necessary to be carried out over a wide geographical area, since the current study focused only on mothers attending Rakai Hospital.

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APPENDICES

APPENDIX I: QUESTIONNAIRE

I am NABIMULI ZURAIKA a student of KAMPALA INTERNATIONAL UNIVERSITY, WESTERN CAMPUS; School of Allied Health Science, I would like to know the duration and the associated factors affecting breastfeeding in the community.

Your participation in the study will be highly appreciated and your response shall be treated utmost confidentiality.

Respondent number:

Date:

1a Demographic data

Name;

Age; 15-24yrs [] 25-34yrs [] 35-44yrs[] more than 45yrs[].

Marital status;

Single[] married[] divorced[] widow[]

Education level;

Primary[] Secondary[] Tertiary[] No formal education[]

Occupation status;

Casual labour [] Civil servant [] Small scale business[] House wife[]
None[]

Economic status;

Peasants[] Salary earner[] Wage earner[] Bussiness []
Others specify[]

Tribe;

Muganda [] Munyankole [] Munyoro [] Others specify[]

Religion

Muslim[]

Catholic []

Protestant[]

Adventist[]

Others specify

TIMING AND DURATION OF BREASTFEEDING

a) What time should you start breastfeeding after birth?

- i. After 1 hour
- ii. After 2 hours
- iii. After 1 day
- iv. Others (specify) -----

b) For how long should a baby be breastfeed?

- v. 1 month
- vi. 2 months
- vii. 1 year
- viii. 2 years
- ix. Others (specify) -----

c) How often do you breastfeed your baby in a day?

- x. 4 times
- xi. 6 times
- xii. 8-12 times
- xiii. Others (specify) -----

d) At what age do you breastfeed your child before introducing other foods?

Less than six months [] At 6 months [] more than 6 months []

Other factors affecting breast feeding

a) Number of parity

1-2 [] 3-4 [] 5-6[] ≥ 7 []

b) How many times do you attend ANC?

1-2 [] 3-4 [] ≥ 4 [] none []

c) Do you know about breastfeeding?

Yes No

c) IF YES; where did you get to know about breastfeeding?

Through mass media []

From school []

During ANC counselling []

From VHT officers []

Do you breastfeed your child?

Yes No

If no, why?

.....

Is breastfeeding important to your child?

Yes No

If yes, of what importance is breastfeeding to your child?

For proper growth and development

For boosting the immunity

Strong bondage between the mother and the child

Prevention of diseases. []

Others specify.....

If no, why.....

Did you attend ANC when you were pregnant?

Yes [] No []

If yes ,were you given health education about breastfeeding?

Yes [] No []

If yes, what were you taught?

Exclusive breastfeeding for 6 months and breastfeeding for 2 years []

Breast feeding for 6 months []

Others [specify]-----

Who influenced you to breastfeed your baby?

Health officer

My mother

My husband

Others specify.....

Do you think cultural background has an effect on exclusive breastfeeding?

YES ☐

NO ☐

If YES, which are some of the cultural practices that hinder exclusive breastfeeding?

.....
.....

APPENDIX IV: MAP OF RAAKAI DISTRICT

