

**KNOWLEDGE, ATTITUDE AND PRACTICE OF BREAST
FEEDING AMONG BREASTFEEDING MOTHERS
ATTENDING KIRYANDONGO DISTRICT HOSPITAL**

BY

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BMS/0015/132/DU**

**A RESEARCH DISSERTATION SUBMITTED TO THE
FACULTY OF CLINICAL MEDICINE AND DENTISTRY IN
PARTIAL FULFILLMENT OF THE A WARD OF A
BACHELOR OF MEDICINE, BACHELOR OF SURGERY OF
KAMPALA INTERNATIONAL UNIVERSITY**

MARCH 2018

DECLARATION

This study is original and has not been published and/or submitted for any other degree award to any other university before.

Signed.....

Date.....3rd/03/2018

Opiio Francis Oryem

SUPERVISOR'S APPROVAL

This research report entitled "**knowledge, attitude and practice of breastfeeding among mothers attending Kiryandongo hospital**" has been produced under my supervision and submitted with my approval.

Signed.......... Date.....26.4.18.....

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DEDICATION

This dissertation is dedicated to my beloved mother Lamunu Sofia, my father Mr. Oryem Johnson and uncle Hon. Akol Anthony who shoulders all the burden of my undergraduate studies, to my brothers, Ocen Stephenson Oryem, Okello Christopher Oryem, Odongo Jayjay Dan, Otim Moses Oryem and my sister, Atimango Scovia for their continuous support and encouragement.

ACKNOWLEDGEMENT

All thanks and praises to the Almighty God for helping me through the difficult times, fulfilling my needs and for keeping me alive to conduct this study, surely he will see me through. I would like to appreciate and thank my supervisors Dr Atuhairwe Michael for his guidance and support for this study and his patience. Also my gratitude to my colleagues who gave me all the good advice in regards to my report.

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ABBREVIATIONS

EBF:	Exclusive Breast Feeding
NEBF:	Non-exclusive Breast Feeding
EAF:	Exclusive Artificial Feeding
HIV:	Human Immunodeficiency Virus
MDF:	Millennium Developmental Goals
UNICEF:	United Nations Children's Funds
WHO:	World Health Organization
PMTCT:	Prevention of Mother to Child Transmission
IMR:	Infant Mortality Rate
BFHI:	Baby Friendly Hospital Initiative
MOH:	Ministry of Health

DEFINITIONS

Colostrum: is the first fluid that comes from the breast immediately after birth. It is yellowish in colour and contains high protein and anti-bodies. It is often described as the first form of ‘immunization’ for a new born child.

Exclusive breastfeeding: refers to when infants are not given any other food or liquid including water during the first six months after delivery.

Exclusive artificial feeding: a feeding method that solely involves the use of none breast milk foods.

Neonate: refers to a new born baby especially one that is less than one month old.

Lactational amenorrhea: it is a natural form of birth control mechanism or protection against pregnancy that occurs during breastfeeding. The effect is observed to be particularly strong when breastfeeding is exclusive.

Otitis media: an infection involving the middle ear that is common among infants but is not limited to them.

Prelacteal feeds: Prelacteal feeds are fluids given to newborns before breastfeeding is initiated

Postpartum: the immediate period after child birth especially the first 6 weeks.

Stunting/shortness: It is a condition characterized by low height for age that is caused by insufficient nutrition over a long period and regular infections.

Wasting: this is also known as ‘thinness’. It is a condition characterized by low weight for height that is caused by acute food shortage.

Weaning: this refers to a practice in the course of breastfeeding during which infants are gradually introduced to non-breast milk foods and thereby leading to cessation of Breast feeding.

Wet nurse: a woman who breastfeeds another woman’s baby. In addition to the feeding, a wet Nurse may also be tasked to take care of the baby usually for a fee.

Mixed feeding: Feeding both breast milk and other foods or liquids to a child under 6 months of age

Replacement Feeding: The process of feeding a child who is not receiving any breast milk with a diet that provides all the nutrients the child needs, until the child is fully fed on family foods. Replacement feeds do not include black coffee/tea, fruit juices, and over-diluted milk.

Rooming in/Bedding in: When the mother and her baby stay in the same room/bed.

Complementary food: Any food, whether manufactured or locally prepared, used as a complement to breast milk or breast milk substitute.

ABSTRACT

Background: Breastfeeding is a key tool for nourishing a baby, preventing childhood illnesses like obesity, and hypertension later on in life. In addition, it reduces the cost to the family and the entire country. Uganda to some extent faces a great deal of challenges, particularly in the health sector. Appropriate practices that support exclusive breastfeeding in the 1st six months will cause a major impact on reduction of childhood morbidity and mortality in the young and continued feeding up to 2 years gives a good health benefit for both mothers and children.

Objective: To assess the knowledge, attitude and practices of exclusive breastfeeding in mothers with infants between 1 day to 2 years of age attending the immunization and the pediatric inpatient in Kiryandongo Hospital and to identify factors that affect exclusive breastfeeding.

Method: A cross-section descriptive survey design was used, 187 respondents were selected randomly. The data were collected using a questionnaire and the data was analyzed using descriptive statistics of frequency and percentages.

Result: The result of this study showed that 71.2 % knew the correct definition and duration of exclusive breastfeeding, 59.7% exclusively breastfeeds for the first six (6) months of life, 100% gave colostrum to their babies because they believed it provides nutrition and protection to their babies, 87% breastfed on demand. The result also showed that there is a positive attitude of mothers toward exclusive breastfeeding as 86.6% of them agreed that breast milk alone is sufficient to the baby during the first six (6) months of life as well as believed that EBF has benefits to both the infants and the mother. 51% of respondents weaned their babies between 15-18 months and 41% weaned between 19 months to 2 years.

Conclusion: It was concluded that there was a high level of knowledge on breastfeeding among the respondents, more than half of the respondents practiced exclusive breastfeeding as recommended and relatively all the respondents had positive attitude toward exclusive breastfeeding.

Recommendation: Exclusive breastfeeding counseling during antenatal clinic should be more elaborative with emphasis on its advantages both to the baby and the mother. Women should be taught on how to breastfeed and to wean at about 2 years if possible

CHAPTER ONE

1.1 INTRODUCTION

Breastfeeding is the method of feeding a baby with milk directly from the mother's breast

(Bristow, 2012). It includes breastfeeding from a wet nurse and feeding from expressed milk. It involves both exclusive breast feeding for six months and then continued with mixed feeding and complementary feeding until the baby is 2 years of age or beyond before finally being weaned off breast milk. Breast milk is a natural resource most required for growth, development and maintenance of weight, support and contains all nutrients in their right quantities required by the baby. Breastfeeding has been reported as an age-old practice that has been very critical not only to the physiology, growth, and overall well-being of neonates but the physiology and health of women as well (Stuart-Macadam and Dettwyler, 1995). Infants can absorb and digest breast milk more easily than baby formula (The Office on Women's Health, 2012). Breast feeding should be initiated in the first hour of the baby's life and the baby should be breastfed exclusively for 6 months and continued with complementary feeds for 2 years before finally being weaned off. The new mothers should be instructed about infant hunger cues, correct nipple latch, positioning of the infant on the breast, and feeding frequency. Infants should be breast fed on demand and between 8-12 times a day. Colostrum produced in the first 4 days contains antibodies, many white cells, growth factors and vitamin A and is important in protecting against infection and allergies, clears meconium, prevents jaundice, helps intestines mature (the national infant feeding situation 1).

It is recommended for the mother to completely empty the breast on one side before offering the other to be emptied too by the baby for proper milk production. Breast feeding by mother's helps in weight reduction after pregnancy. Breast feeding also helps to hasten involution of the uterus (the office of women's health 2012) and therefore helps in preventing postpartum hemorrhage among mothers after delivery. Breast feeding helps keep the baby and mother together bonding the mother to her baby. Breast milk is protective

against common childhood diseases like diarrhea, otitis media, urinary tract infections, necrotizing enterocolitis, malnutrition and insulin dependent diabetes mellitus among others.

Breast feeding infants should not be given artificial tits or pacifiers. The government has adopted policies on infants and young children feeding practices by UNICEF baby friendly hospital initiative and support the WHO Code for marketing breast milk with an aim of promoting, protecting and supporting breast feeding.

Exclusive breast feeding has been associated with a reduction in gonadotrophin levels and a cessation of the menstrual cycle thus reserving the stores and serving as a natural form of birth control, an endocrinological study by tal-et-al .

“...breast feeding is a key tool in improving the child survival and that exclusive breastfeeding for the first 6month of life can avert up to13% of under 5 death in developing countries ”stated Ann.ta.veneman, the UNICEF executive director during the world breast feeding week, 2008.

Approximately one third of infants born to HIV-infected mothers will contract the virus without preventive interventions, transmission of the virus occurs during a mother’s pregnancy or during childbirth or breastfeeding. Without interventions, about 15 to 30 per cent of children become infected during pregnancy or delivery; about 10 to 20 percent contract the virus through breast milk if breastfed for two years.

An estimated 800,000 children under the age of 15 contracted HIV in 2001, about 90% of them through mother-to-child transmission /MTCT (UNICEF 2002). HIV infected mothers have however been advised not to breast feed in developed countries but use formula foods which are safer substitute for breast milk. On the other hand, mixed feeding have been associated with an increased risk of contracting HIV than EBF.

However, there are children who should not receive breast milk or any other milk except specific formula. These include children with classic galactosemia, maple syrup urine disease, and

phenylketonuria, infants for whom breast milk remains the best feeding option but may need other foods in addition to breast milk for a limited period. This include; very preterm infants, very low birth weight infant and new born infants at risk of hypoglycemia. (WHO/UNICEF, acceptable medical reason for use of BMS, 2009)

In Boston for instance, a study in 1910 reported a six fold likelihood of death among artificially fed babies than the breastfed ones (Palmer, 2009).

1.2 Problem Statement

Until the 19th Century, breastfeeding was the norm in virtually all human societies; and almost every child was breastfed regardless of socio-cultural, environment and economic status (Soko et al. 2007). At less than six months, infant's digestive system is not yet developed to digest other foods other than breast milk and therefore it would be inappropriate to prematurely initiate other food and drinks.

There has been a significant decline in breast feeding generally due to modernity where by mother's involvement in work relations and probably lack of adequate knowledge about the benefits and practice of breast feeding. This has greatly deprived both the babies and mothers the chance to benefit from the importance of breast feeding. Inadequate maternal knowledge about feeding practices is often a great determinant of malnutrition than lack of food (dusidieker, dungy and losch 2006).

With all the known benefits of early initiation of breast feeding and exclusive breast feeding, the trends of increase are however not satisfactory where recent analysis by Cai, Wardlaw and Brown (2010) on the global prevalence of EBF across 140 countries, also reported an increase in the developing world from 33% in 1995 to 39% in 2010 among infants aged 0 - 5 months. Increases from West and Central Africa were more than twofold i.e. from 12% in 1995 to 28% in 2010. There had also been considerable improvements from 35% in 1995 to 47% in 2010 among countries in Eastern and Southern Africa whereas those in South Asia witnessed a modest surge from 40% in 1995 to 45% in 2010.

At the national level, timely breastfeeding initiation within the first one hour after delivery is only 42% 54% of babies receive pre-lacteal feeds. Exclusive breastfeeding from 0 up to 6 months is only 60%; and by 4 to 5 months it is only 34.8%. Timely complementary feeding from 6-9 months is 80%; but 72% of children 6 to 23 months receive inadequate complementary feeds. The infant mortality rate (IMR) and under five mortality rate stand at 76 and 137 deaths per 1000 live births respectively. Malnutrition is an underlying cause of 53% of deaths among children under 5 years of age (policy guidelines on infant and young children feeding, MOH, 2009).

Although the rates of EBF for the past two decades have been increasing, it is certainly clear nevertheless that the road to a world wherein 90% coverage of EBF will be reached remains a demanding task. This is evident in the current low prevalence in much of the developing world especially in West and Central Africa which happens to have one of the highest rates of malnutrition in the world (Sokol et al., 2007).

Not only are personal challenges, partner support and working all detrimental to the success of prolonged breastfeeding, but breastfeeding in public is also seen as an obstacle to overcome. Society has its own set of norms, values, and standards, and it is important to be aware of these if one hopes to overcome them or change them (Acker2009) conducted a study that included 106 college students and 80 other adults who were shown a series of nine pictures of people doing various things in public and in private, two of which included breastfeeding. The pictures were identical expect that in one the women was in the privacy of her own home and in the other the woman was breastfeeding in public.

1.3General Objective

To assess the extent of knowledge, attitude and practice of breast feeding among mothers attending Kiryandongo hospital.

1.4 Specific Objectives

- i) To assess mother`s knowledge on exclusive breastfeeding.
- ii) To assess the attitudes of pregnant women toward exclusive breastfeeding.
- iii) To identify the causes of lack of adequate knowledge and good practices among breastfeeding mothers in Kiryandongo.
- iv) To analyze the extent of breast feeding mothers adherence to good breast feeding practices like exclusive breast feeding and continued breast feeding until the baby is 2 years, and what the trends are

1.5 Research Question

- I. Do mothers in Kiryandongo hospital have any knowledge about proper breast feeding practices?
- II. What is the attitude of mothers about breast feeding
- III. What are the causes of lack of adequate knowledge good breast feeding practice among mothers?
- IV. When do mothers in Kiryandongo initiate their babies on complementary feeds and when do they stop breast feeding?

1.6 Significance of the Study

Appropriate feeding practices are of fundamental importance for the survival, growth , development , health and nutrition of infants and children. To the mother, breast feeding fastens uterus involution thus reducing the risk of postpartum hemorrhage (PPH), reduces the risk of cancers and help mothers reduce weight postpartum. However, if breast feeding is not

done adequately and promptly, it imposes negative outcomes on both the mothers and the children. The 1990's saw an upsurge of several worldwide efforts to achieve goals. Examples of these are; the Innocent Declaration on Breast Feeding(1990), the World Summit for Children(1990), the International Conference on Nutrition(1992) and the International Conference on Population and Development(1994). All agreed on the need to create the right environment for women to breastfeed the children.

1.7 Scope of the Study

The study will involve pregnant mothers attending ANC at Kiryandongo hospital, breastfeeding mothers and all mothers with children less than 2 years attending Kiryandongo hospital.

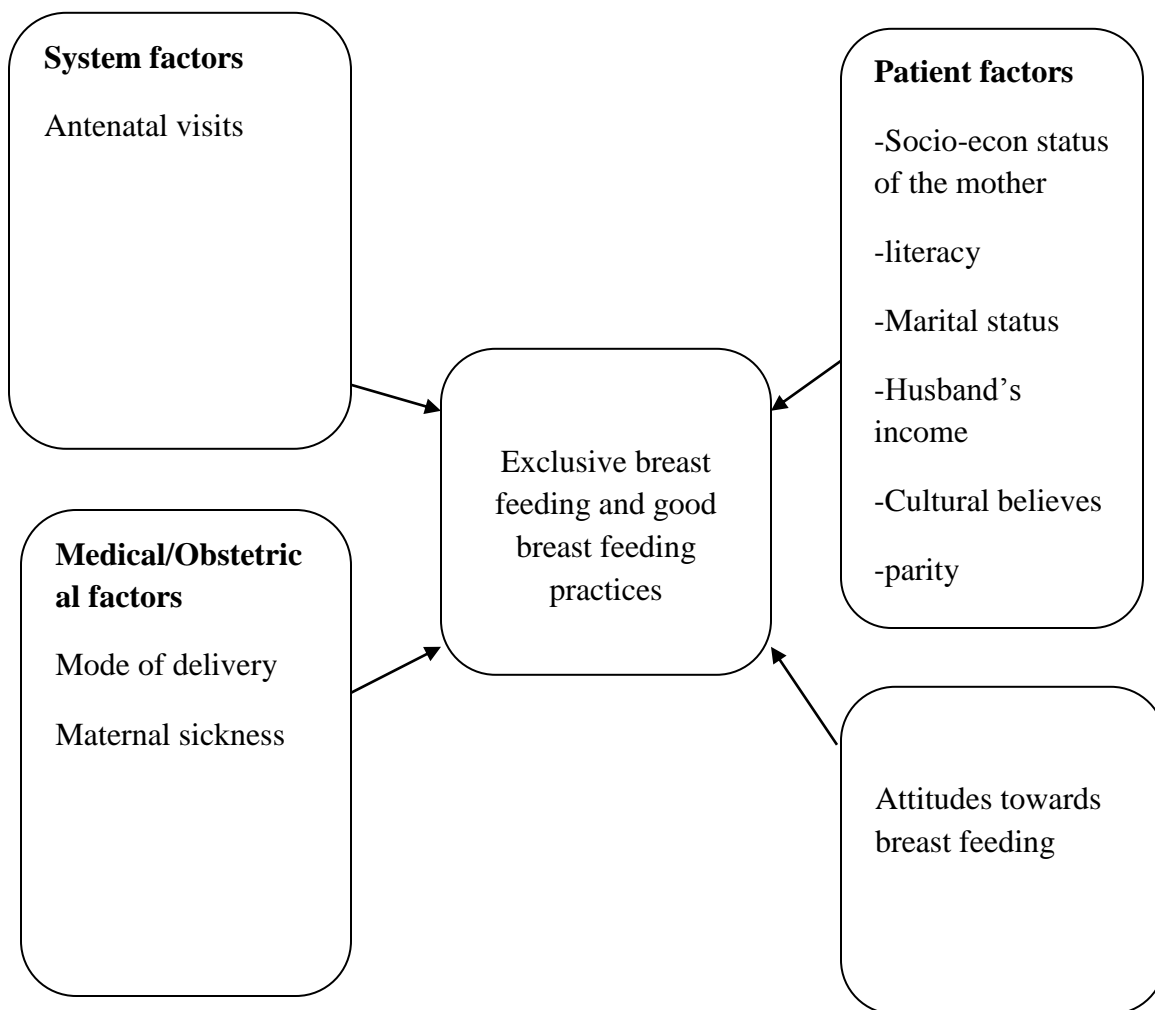
The study will be a prospective kind of study and will be conducted for 2 months between March - April 2018.

The study will help determine the trend and prevalence of exclusive breast feeding and breast feeding till the child is 2 years of age.

This research will be conducted in Kiryandongo hospital, located in Kiryandongo district in western Uganda.

1.8 Conceptual Framework

Figure 1: Conceptual Framework



CHAPTER TWO

2.0 LITERATURE REVIEW

This chapter deals with finding out what has been studied, argued and established about this topic.

2.1 The Concept of Exclusive Breastfeeding

Breast milk is the only food fully adapted to the physiology of human infants (WHO, 2003) and considers the best food for the infant because it contains all the nutrients in the correct proportions. It has the correct temperature, is easily digested and assimilated, readily produced and available (Frazer & Cooper, 2003). AAP defined exclusive breast feeding as an infant's consumption of human milk with no supplementation of any type (no water, no juice, no non-human milk, and no foods) except for vitamins, minerals, and medications. EBF for the first six months of life is estimated to lower infant death by 13% (Jones et al., 2003). Lack or inadequate breastfeeding significantly increases risk for a large number of acute and chronic diseases including lower respiratory infection, ear infections, bacteremia, bacterial meningitis, botulism, urinary tract infection, and necrotizing enterocolitis (Lucas & Cole, 1990) and AAP stated that there are a number of studies that show a possible protective effect of breast milk feeding against sudden infant death syndrome, insulin-dependent diabetes mellitus, Crohn's disease, ulcerative colitis, lymphoma, allergic diseases, digestive diseases, and a possible enhancement of cognitive development (AAP, 2005).

2.2 The Baby Friendly Hospital Initiative

As a complement to community based efforts to protect, promote and support breastfeeding and To promulgate the code, in 1991, United Nations Children's Fund (UNICEF) and WHO began an intensive effort to transform breastfeeding practices in maternity hospitals to support breastfeeding. A UNICEF State of the World's Children in 1998, reported that before BFHI, four percent of mothers practiced EBF for the first six months. After the launching of the BFHI,

there was a gradual increase in the percentage of mothers that were breastfeeding exclusively. The percentage of mothers that were breastfeeding exclusively rose from a modest 25 percent in 1991 to 40 percent in 1996 [19]. However, the 2014 State of the World's Children has shown a decline in the momentum of EBF [20]. Despite the efforts of the BFHI, the practice of EBF is still below expectations.

Li L, The Phuong Lan, D. (2002) stated that the health benefits of breastfeeding are widely acknowledged and breast-feeding is crucial for the survival of the infants in developing countries. A cross-sectional study was conducted to elucidate the prevalence of breast-feeding and the possible risk factors affecting the breastfeeding of infants at the age of 3 after the World Health Organization and the United Nations Children's Fund launched the "Baby-Friendly Hospital Initiative" in 1989.

Two hundred and sixty mother-infant pairs were conveniently recruited in three child health centers in Ho Chi Minh City. Mothers of infants aged 6-12 months were interviewed and completed a well-structured questionnaire regarding the feeding types of the infant, the maternal knowledge, attitudes and behaviors related to breastfeeding.

The results indicated that although about 86.4% newborns in the maternity wards and 88.5% infants at 3 months were at least partially fed with breast milk, the prevalence of breast-feeding were 57.4 and 53.1%, respectively. About 47.5% newborns were fed with breast milk in the first feeding.

Bosnjak, A.P., (2009) analyzed the influence of socio demographic and psychosocial characteristics on breastfeeding duration of mothers attending breastfeeding support groups. All mothers were cared for according to the Baby Friendly Hospital Initiative (BFHI) of the World Health Organization (WHO) and UNICEF. The investigated group of mothers attended a breastfeeding support group (BSG) led by a community nurse and women experienced in breastfeeding without additional training. Of 980 eligible, 393 mothers were included to the study: 210 attended BSG, while 183 did not.

The following differences between the two groups were found: time when the decision to breastfeed was made, smoking during lactation and social support while breastfeeding.

More mothers in the investigated group continued breastfeeding at least six months postnatal (83.8% vs. 48.1%), with exclusive breastfeeding until the age of three months (56% vs. 23.5%).

Semenic, S.(2008) in this prospective study aimed to determine the influence of socio-demographic, psychosocial and perinatal factors on the length of exclusive breastfeeding among 189 Canadian primiparous mothers. A majority of the participants did not meet their exclusive breastfeeding goals, and only 5% breastfed exclusively for a full 6 months.

Breastfeeding self-efficacy, in-hospital formula supplementation, prenatal class attendance, and type of delivery independently predicted exclusive breastfeeding duration. Findings underscore the complex interplay of factors influencing breastfeeding, highlight the early postpartum weeks as a critical period for the establishment of exclusive breastfeeding, and suggest the need for a continuum of pre- and postnatal strategies for prolonging the exclusive breastfeeding period with a clean washcloth and warm water. Some studies have demonstrated that the use of soap, alcohol, and other such materials during the antenatal period tends to be detrimental to the integrity of the nipple tissue because.

2.3 Benefits of Exclusive Breast Feeding

Studies have shown that exclusive breastfeeding in the first six months of life can prevent diarrhoeal diseases and acute respiratory diseases. Studies conducted in Kenya showed that children that had been given other foods apart from breast milk within six months of birth were three times more likely to be underweight than children that were exclusively breastfed for six months. The consequences of malnutrition are multi-pronged and the factors responsible interconnect. Several studies have also shown that stunting and wasting are better indicators of the nourishment of the child [35, 36]. In the Kenyan study, the children that had other foods introduced before six months were also at a higher risk of wasting [34]. Wasting measures an acute occurrence of malnourishment and stunting measures a chronic measure of malnourishment [35, 36].

2.4 Antenatal Breast Feeding Preparation

Craig, H.J., (2010) aimed to uncover the perceived usefulness of a contemporary antenatal education strategy for mother's experience of breastfeeding initiation. This was a simple descriptive pilot study with ten first time mothers as participants; all of who were booked into an Australian private maternity unit for antenatal breastfeeding education, labor, birth and postpartum care. Semi-structured interviews were transcribed verbatim and thematically analyzed. The findings of the study were antenatal education was beneficial for informing first time mothers of the practical skills required to positively initiate breastfeeding.

Rosen, I.M., (2009) examined the impact of various breastfeeding outcomes of three cohorts receiving different methods of prenatal breastfeeding education.

Retrospective cohort was designed for patients attending a breastfeeding education class at an Army medical center. Controls were matched for sponsor rank, marital status, and smoking status. 194 mothers who expressed intent to breastfeed received breastfeeding education as follows: (a) a class that used video demonstration and group teaching by a lactation consultant, (b) a new mothers' support group with one on-one teaching prenatally and weekly meetings on postpartum, taught by a lactation consultant and a pediatrician, and (c) a control group educated at prenatal visits only.

Results revealed that women who attended prenatal breastfeeding classes had significantly increased breastfeeding at 6 months when compared to controls. The investigator recommended that prenatal breastfeeding education can influence the amount of time women breastfeed. All providers of prenatal care should consider offering such classes in order to improve breastfeeding rates.

Lin, S.S., (2008) assessed the effectiveness of structured prenatal education program on breastfeeding and to evaluate the effectiveness of the program through quasi experimental study. The experimental group had higher scores in breastfeeding knowledge and breastfeeding attitude at three days postpartum. The experimental group showed higher breastfeeding satisfaction at three days and one month postpartum. There were no significant differences in experiencing breastfeeding problems. The rate of exclusive breastfeeding was higher for the experimental

group at three days and one month postpartum, but the differences were not statistically significant. On conclusion, this study demonstrated the effectiveness of a prenatal education program on maternal knowledge, attitude and satisfaction toward breastfeeding.

2.5 Exclusive Breast Feeding in Developing Countries

Kishore, M.S., (2009) a community-based study was conducted on breastfeeding knowledge and practices amongst mothers in a rural population of North India. Breastfeeding knowledge of the mother was evaluated. Out of the 77 mothers, 30% and 10% exclusively breastfed their infants till 4 and 6 months of age, respectively. There was 'good attachment' in 42% mother-infant pairs and 60% mothers held infants in 'correct position'. 39% of them others had 'satisfactory' breastfeeding knowledge. On multivariate logistic regression analysis, lack of breastfeeding counseling was significantly associated with decreased rates of EBF at 4 months and 6 months and 'full' breastfeeding (FBF) at 6 months of age. On conclusion EBF/FBF practices and breastfeeding knowledge are suboptimal among the rural North Indian mothers. Breastfeeding counseling with emphasis on correct technique can improve the EBF/FBF rates.

In a study to determine the knowledge; attitude and practices of breastfeeding in Somalia, it was found out that breastfeeding are mainly controlled by culture through maternal grandmothers and other elderly women in the community, and are generally unsatisfactory. Most children are put on breast 2-3 days after delivery and the colostrum is not fed to children by majority of mothers as it is considered heavy, thick, course, dirty, toxic, and harmful to children's health.

Breastfeeding is however acceptable to all mothers and their networks and almost all children breastfeed on demand. Exclusive breastfeeding (EBF), on the other hand, does not exist in most parts of South Central Zone (SCZ). To majority of the caregivers and their social support network, EBF means feeding children on breast milk and water with some sugar alone without any soft or solid foods. The agreed and acceptable total duration of breastfeeding is 24 months, which is based on the Qur'an verse "Mothers should breastfeed their children two full years, provided they want to complete the nursing". Lack of knowledge, inappropriate beliefs and very close birth spacing before the child reaches two (2) years are the major obstacles to successful breastfeeding. Annual celebrations of World Breastfeeding Week had some impact on change on

belief and behaviors on breastfeeding in parts of urban livelihood zones where these celebrations have taken place (Food Security Analysis Unit, Somalia, 2007).

2.6 Breastfeeding in Kiryandongo

Breast milk is a natural resource that has a major impact on a child's health, growth and development and therefore, WHO and UNICEF recommended that infants should be breastfed exclusively for 6 months and thereafter until 24 months. As such, breastfeeding activities are carried out worldwide in order to fulfill this recommendation.

Not much is known and documented about breastfeeding in Kiryandongo and Uganda at large. Children less than 2 years with their mothers alive have been repeatedly admitted in Kiryandongo pediatric ward and managed for severe acute malnutrition. This points to poor breastfeeding practices which is but not limited to, lack of adequate information and support on good feeding practices, poor attitudes towards breastfeeding and poor practices of EBF.

A lot of research has been carried out in various places and countries about “knowledge ,attitude and practice of exclusive breastfeeding” however this study will include exclusive breast feeding and breastfeeding practices after the period of 1 day up to 24months. Therefore this research will address the poor breastfeeding even beyond the period of exclusive breastfeeding.

CHAPTER THREE

3.0 METHODOLOGY

The purpose of this study was to provide descriptive analysis about breastfeeding mothers' knowledge, attitudes and practices in Kiryandongo. This study also identified factors that influenced breastfeeding. In order to conduct this research, data from the sample population was collected using a written questionnaire.

This chapter showed the format and method used to approach answers to questions which included;

1. What are the sampled infants' demographic characteristics?
2. What is the sampled mothers' knowledge about breastfeeding?
3. What are the sampled mothers' attitudes toward breastfeeding?
4. What are the sampled mothers' demographic characteristics (mothers' age, mothers' level of education, and family income)?

3.1 Research Design

This study used a cross-sectional descriptive design and this type of research design didn't require follow-up.

3.2 Study Population

The study population involved women with children between 1 day and 24 months of age attending the immunization clinic, pregnant mothers attending antenatal and mothers after delivery at Kiryandongo hospital.

3.2.1 Inclusion criteria

Mothers with children aged 1 day to 24 months attending immunization. Breastfeeding mothers who gave consent to participate in the study.

3.2.2 Exclusion criteria

Mothers who declined to participate in the study.

3.3 Sampling Procedure

Participants were chosen based on purposive sampling because using this, the researcher could reach the target easily.

Mothers with subsequent pregnancy attending antenatal and with children 0 to 24 months of age were targeted so that they can recall their exclusive breastfeeding practice and the early practices that supported the success of exclusive breastfeeding for the first six months of life and age at weaning and since the mothers normally came to the immunization clinic with babies at the 6th, 10th, 14th weeks and later at 9 months.

3.3.1 Sample size and sampling technique

The sample size was obtained using the Fisher's formula: $N = \frac{Z^2 pq}{d^2}$ Where:

N = minimum sample size required

Z = standard normal deviate at 95% confidence level = 1.96 from the normal distribution table

d = desired precision = 5% = 0.05

p = prevalence of EBF = 17% (National Demographic Health Survey, 2008) = 0.17

q = 1-p = 1-0.17 = 0.83

$$N = \frac{(1.96)^2 \times 0.17 \times 0.83}{(0.05)^2} = \frac{3.84 \times 0.14}{0.0025} = 215.04$$

3.4 Data Collection Method

An interviewer administered questionnaire which were first tested for applicability and feasibility before being used to obtain information on socio-demographic status, birth related events, knowledge, attitude and practices related to breastfeeding during the first six months, sources of breastfeeding education, family support and age at stopping breast feeding.

The questionnaire where multiple choice and closed questions where included where necessary.

3.5 Data collection instrument

The researchers used questionnaire to collect data from the respondents. The instrument where validated by health experts and copies of the questionnaires where be pre-tested at Kiryandongo hospital to ensure consistency and reliability of the instrument.

3.6 Data Analysis

The data was analyzed by means of descriptive statistics. The descriptive statistic described the data by investigating the description of scores on different variables and how they are relates to each other if at all.

Quantitative data was then entered into the computer using Statistic Pack for Social Sciences (SPSS) or EPI-INFO programs.

3.7 Data Quality Control

Data collection instruments was tested in Kiryandongo Hospital to check on their reliability. Adjustments was made where necessary to data collection sheet. This was in regard to cover the questions formulated in respect of the study variables, and also for simplicity for easy understanding of the data.

3.8 Ethical Consideration

After submission of the research proposal to Kampala International University ethics and research committee for approval, the researcher then obtained permission introducing him to Kiryandongo Hospital administration allowing him to do the study at the facility.

Confidentiality;

The information obtained from the study was treated with confidentiality and used for study purpose only.

3.9 Limitation of the Study

As with all study designs, there were limitations to the effectiveness of this prospective design since it involved basically use of primary data collected directly from mothers. The following are limitations of the study;

One of the methodological shortcomings of this research was that non-probability purposive sampling was used to collect the data but the sample size was little and selective. The quantity of the sample collected was not enough to claim that the sample was representative of a large population. Therefore the non-representative nature of the sample means that the result may not be generalized to the general population.

CHAPTER FOUR

4.0 RESULTS

4.1 Introduction

This chapter presents the result findings of the study. It includes socio-demographic characteristics of the respondents, respondents' knowledge of exclusive breastfeeding, and attitude of the respondents toward breastfeeding and exclusive breastfeeding practice of the respondents.

4.2 Respondent's data on breast feeding

Table 1: Distribution of respondents by age.

Age group(years)	Frequency	Percentage (%)
15-20	53	28.3
21-30	77	41.2
31-40	51	27.2
41-50	6	3.2
Total	187	100

187 respondents were recruited in the study within the age range of 15 to 50 years. The mean age of the respondents was 27.3 years and standard deviation of 5.02 years. Most of the respondents (57.6%) were in the age group of 21-30 as shown in the table 1 above.

ETHNICITY

Table 2: Distribution of respondents by ethnicity.

Tribe	Frequency	Percentage (%)
Acholi	37	20
Alur	28	15
Banyoro	51	25
Baluli	40	21
Basoga	3	2
Bagisu	1	0.53
Chope	20	12
Iteso	7	4
Total	187	100

Majority(25%)of the respondents were from Banyoro tribe, 21% from Baruli tribe, 20% from Acholi , 15% from Alur, 12% from Chope, 4% from Iteso ,2% from Basoga tribe, 0,53% from bagisu tribe as described in the table 2 above.

Table 3: Distribution of respondents by educational level and occupation.

Level of education	Frequency	Percentage (%)
None	47	25
Primary	88	47
Secondary	29	15.5
University	7	4
Others	16	8.5
Occupation		
House wife	19	10.1
Self employed	17	9
Students	11	5.9
Peasant	115	61.5
Civil servant	25	13.5

Majority of the respondents (47%) had primary education, 25% had no education, 15.5% had secondary education, 8.5% had other educational which involved joining institutions and 4% had university educational level. Occupational wise, 61.5% which is the majority were peasants, 13% were civil servants, 10.1% were house wives, 9% were self-employed and 5.9% were students as shown in table 3 above.

Table .4: Other respondents' information.

Items	Frequency	Percentage (%)
Religion		
Muslim	25	13.34
Christian	162	86.63
Others	-	-
Total	187	100
Number of ANC visits		
1	6	3.2
2	14	7.5
3-4	115	61.5
>4	52	27.8
Mode of delivery		
SVD	153	81.8
CS	34	18.2
Place of delivery		
Hospital	154	82.3
Health center	24	12.8
Home	9	4.8

The table 4 above showed that majority(86.63%) were Christians and13.34% of the respondents where Muslims. 61.5% made antenatal visit between 3-4 times, 27.8% made more than 4 ANC visits,7.5% made 2 ANC visits and 3.2% made only 1 ANC visit. 81.8% which is the majority delivered by SVD and the remainder which is 18.2% delivered by cesarean section. Majority 82.3% delivered at the hospital, 12.8% delivered at health centers and 4.8% delivered from home.

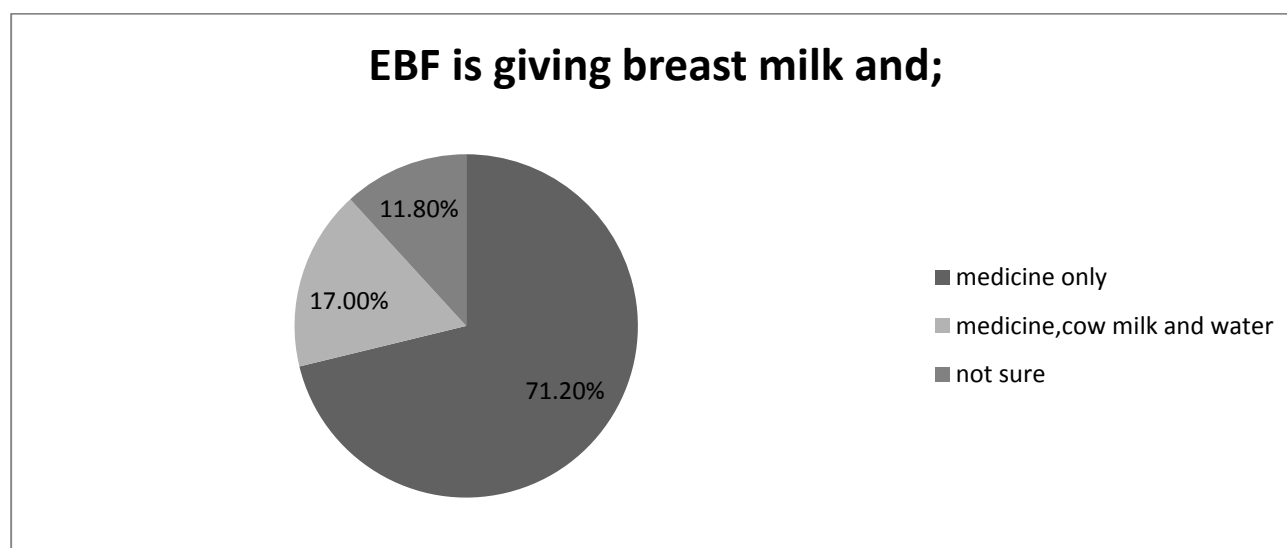
RESPONDENTS' KNOWLEDGE ON EXCLUSIVE BREASTFEEDING

Table 5: Initiation of after birth Breastfeeding

Initiation of exclusive breast feeding	Frequency	Percentage (%)
<1 hour after birth	132	70.6
2-24 hours after birth	47	25.1
>24 hours	8	4.3
TOTAL	187	100

59.9% which is the majority of women breastfed within the 1st hour of delivery, 30.48% breastfed between 2-24 hours and 9.62% breastfed beyond 24 hours after delivery as indicated in the table 5 above.

Figure 2: Respondent's definition on exclusive breast feeding.



The majority knew that exclusive breast feeding is to give breast milk and medicine only in the first 6 months, 11.8% knew that it's to give breast milk, cow milk and water and still 11.8 were not sure as indicated in figure 2 above.

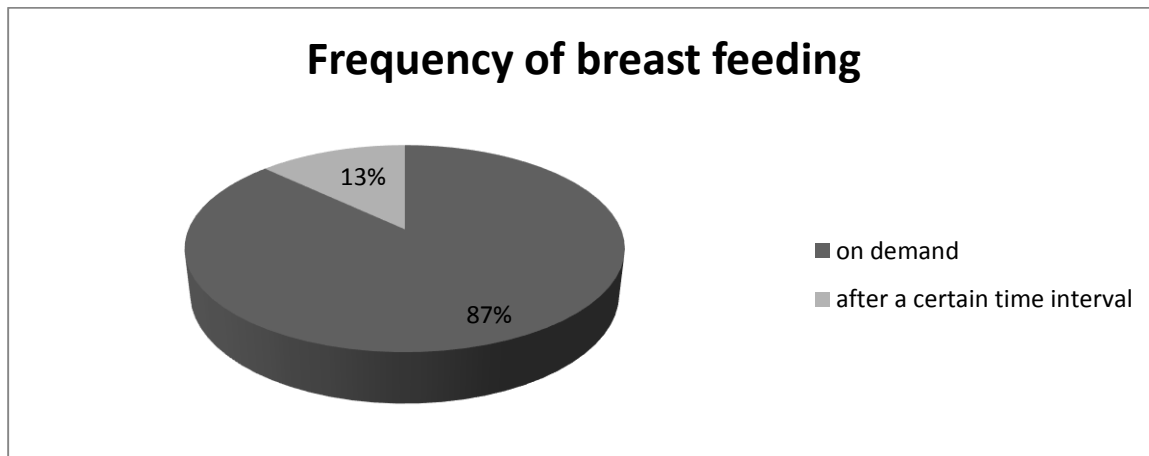
Table 6: Practice of exclusive breast feeding.

Exclusive breast feeding	Frequency	Percentage (%)
Exclusively breast fed	114	61
Not exclusively breast fed	73	39
Total	187	100

Majority (61%) of the respondents practiced exclusive breast feeding and the remaining (39%) never practiced EBF as shown in the table 6 above.

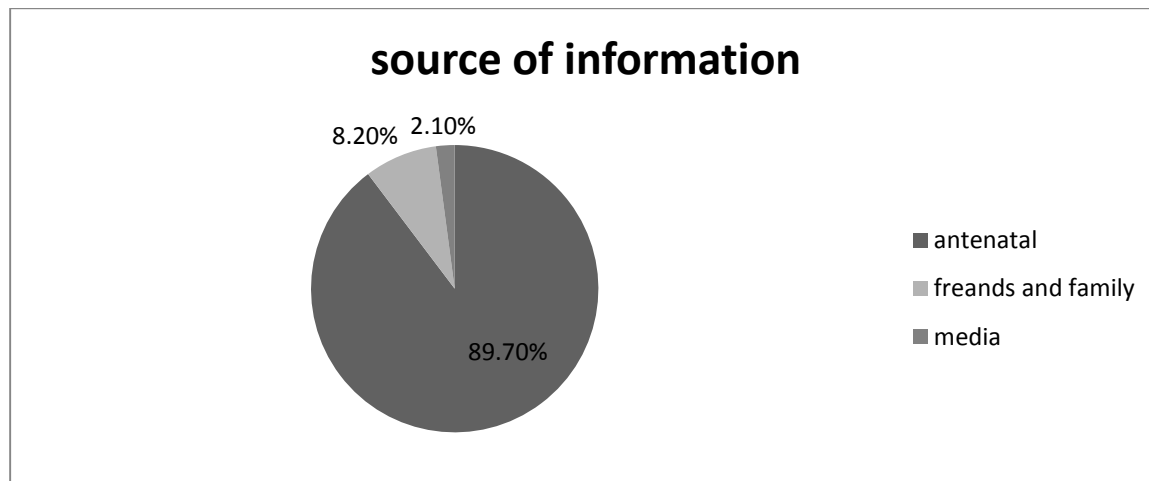
All (100%) of mothers practiced rooming in.

Figure 3: Respondents frequency of Breast Feeding.



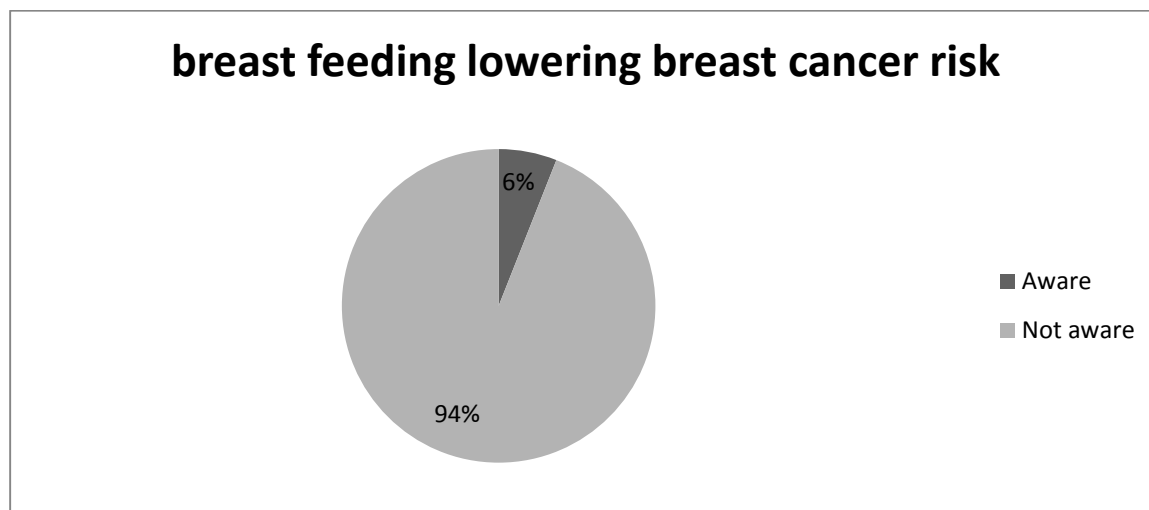
Majority of respondent (87%) breast fed on demand and 13% breast fed after a certain time interval as represented in figure 3 above.

Figure 4: Respondent's source of information about breast feeding.



The biggest population of women(89.7%) acquired knowledge on breast feeding during antenatal visits ,8.2% from friends and family and 2.1% from media as represented figure 4 above.

Figure 5: Respondent's knowledge and awareness of breast cancers risk reducing on breast feeding



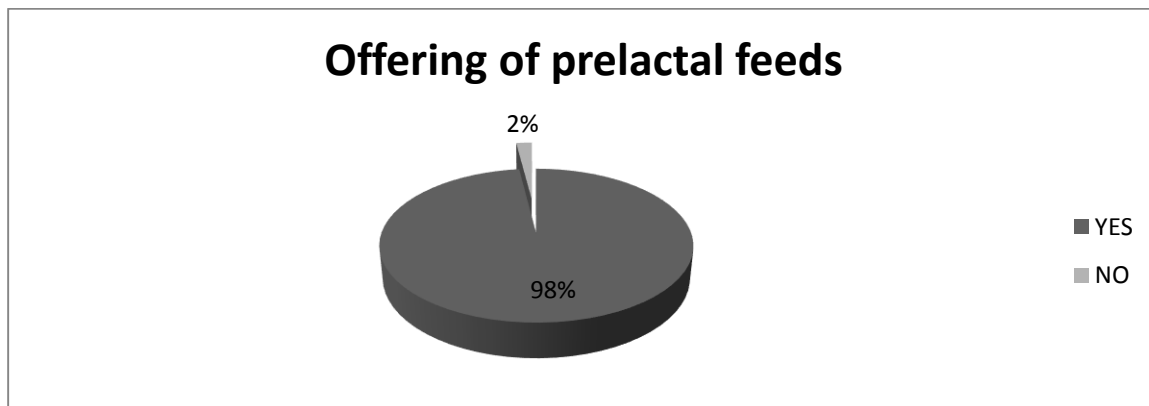
Majority (94%) where not aware that breast feeding lowers the risk of breast cancer among women and only 6% knew as shown in figure 5 above.

Table 7: Respondent's knowledge on Transmission of HIV through breast feeding.

HIV transmission on breast feeding	Frequency	Percentage (%)
Aware	172	92
Unaware	15	8
Total	187	100

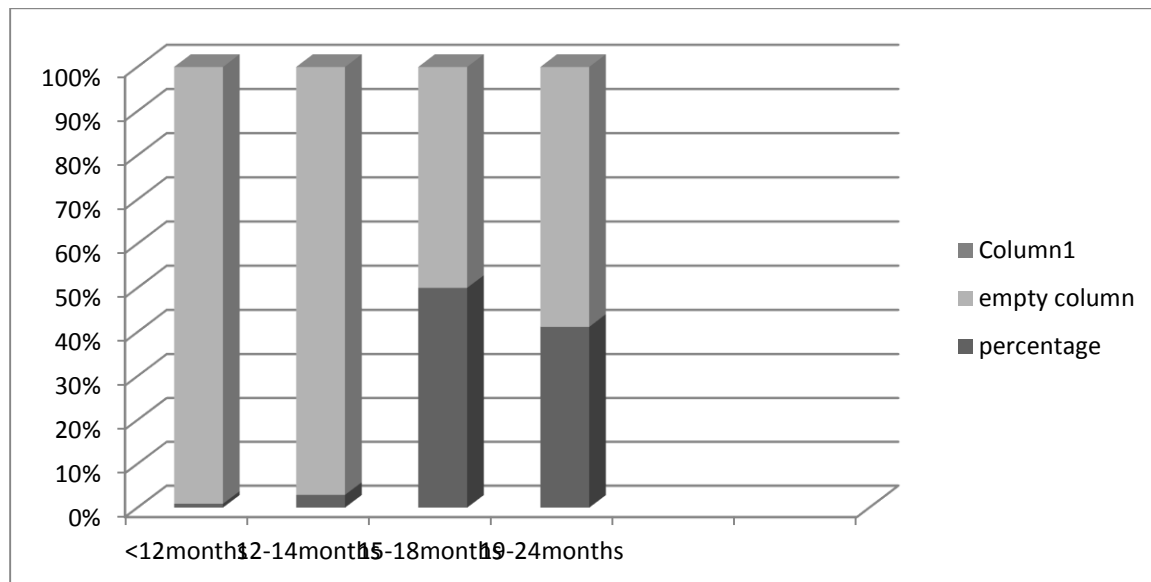
Majority, 92% were aware of the possibility of HIV transmission via breastfeeding, 8% were not aware as shown in table 7 above.

Figure 6: Respondent's offering of Prelactal feeds.



Only 2% offered prelactal feeds to their babies while majority (98%) didn't offer prelactal feeds as indicated in figure 7 above.

Figure 7: Months at which Respondent's weaned their Children.



52.1% of the respondents wean their children between 13 to 15 months, 40.9% weaned them between 16 to 24 months, 7.6% weaned them 11-12 month 1.4% weaned between 6 to 10 months as shown in figure 7 above.

ATTITUDE OF RESPONDENTS ON BREAST FEEDING

Table 8: Attitude towards exclusive breast feeding.

Items	Frequency	Percentage (%)
Breast milk alone is sufficient for the baby during the first six month of life		
(i) Agreed	162	86.6
(ii) Not agreed	25	13.4
Breast feeding has benefits to the mother		
(i) Agreed	162	86.8
(ii) Not agreed	25	13.2
Colostrum provides nutrition and protection to the baby		
(i) Agreed	172	92
(ii) Not agreed	15	8

From the table above, majority(86.6%) agreed the breast milk alone is sufficient for the baby and 13.4 don't agree. 86.8% agree that breast feeding has benefit for the mother and 13.2% don't agree. Majority 92% agree that colostrums protects the baby while didn't agree as indicated in table 8 above.

Table 9: Breast Feeding Pattern during Maternal Sickness.

Breast feeding during sickness	Frequency	Percentage (%)
Continue breast feeding	122	65
Consult the doctor	53	28.2
Stop breast feeding	7	3.60
Start bottle feeding	5	2

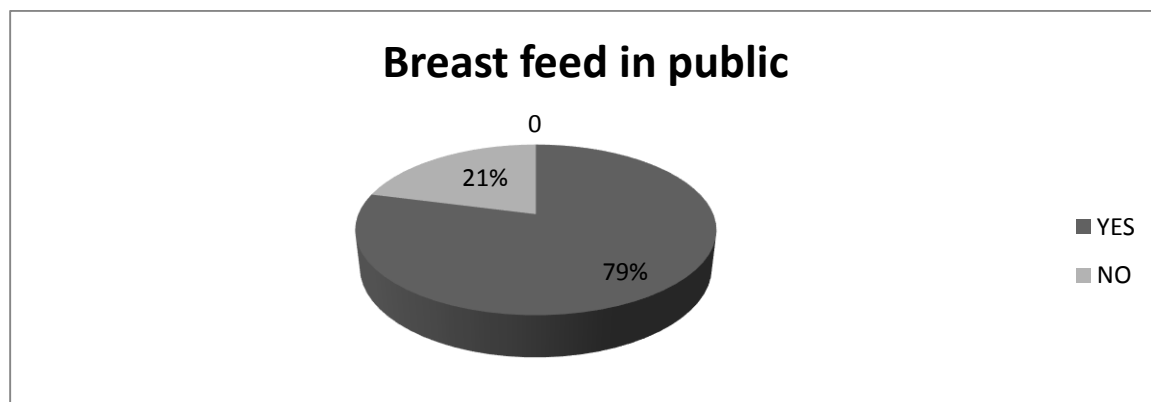
Majority(65%) of respondents said that they would first consult a health worker before continuing with breast feeding, 28.2% said they would continue breast feeding while sick,3.6% would stop breast feeding and 2% would start bottle feeding as indicated in table 9 above.

Table 10: Respondents breast feeding during the time of the study.

Number breast feeding	Percentage	Frequency (%)
Breast feeding	146	70.1
Not breast feeding	41	29.9

Majority (70.1%) of the respondents were still breast feeding at the time of the study yet 41 (29.9%) had stopped breast feeding as indicated in the table 10 above.

Figure 8: Breast Feeding of Respondents in public



Most of the respondents, 79% had no problem or fear with breast feeding in public and 21% do as indicated in figure 8 above.

Table 11: Breast feeding support from work place among the employed and student respondents.

Item	Frequency	Percentage (%)
Had support	173	92.3
Had no support	14	7.4

From the study, 92.3% of respondents had enough support from work place while the 7.4% had no support to exclusively breast feed their babies as indicated above in table 11 above.

CHAPTER FIVE

5.1DISCUSSION

The study focused on knowledge, attitude and practice of breast feeding among mothers attending Kiryandongo. The study managed to collect data from 187 (87%) most of who were Banyoro by tribe and majority being Christians. The age distribution of the respondents was between 15-50 years with mean and standard deviation of 27.3 ± 5.02 . Since majority of the respondents were aged between 21-30 years.

The study revealed that, even though, majority of the respondents were aware of exclusive breastfeeding, only 71.2% knew the correct definition and duration of exclusive breastfeeding. This is closer to the study findings of **Peterside et al., (2013)** which showed that 59.7% of the mothers knew the correct definition and duration of exclusive breastfeeding, and it is in contrast to the findings of **Bolanle (2013)** which showed that 78.4% of the mothers interviewed were not aware of exclusive breastfeeding and only 27% of them could give the correct definition of EBF and Brown (2010) on the global prevalence of EBF across 140 countries, also reported an increase in the developing world from 33% in 1995 to 39% in 2010 among infants aged 0 - 5 months..

Despite majority(71.2%) knowing the definition of exclusive breast feeding as above, 61% practiced exclusive breast feeding. this is also higher than the study that reported 19.9% and 30.5% in Mauritius and Nigeria respectively(19,36). This could be attributed to the fact that most mothers value the importance of exclusive breast feeding, in addition low financial status can be a reason as to why some mothers opted to breastfeed longer, as they had no other feeding option. Mothers hardly knew exclusive breast feeding as a term but could describe the feeding pattern (only giving breast milk and medicine) when babies are less than 6 months. Since only 61. % practiced exclusive breast feeding, 38.8% practiced mixed feeding instead. Milk insufficiency was the common reason given by the majority who failed to exclusively breastfeed for six months (28.8%).

In this study, out of the 71.2% that knew what exclusive breastfeeding is, 70.6% said it should start immediately after birth and reported to have started it within an hour after delivery; this is

close with **Bolanle's** findings (2013) which reported that 78.8% of mothers initiated breastfeeding within one hour of delivery and its more or less comparable to 52% rural and 82% urban mothers in Tanzania who started breastfeeding in the first one hour(17),Daniel Ganu in Kenya found in his study that 64% of mothers initiated breast feeding in the first two hours of delivery(20),while in Ghana and Nigeria it was found that only 2-4% and 21.1% of mothers initiated breastfeeding in the first hour of delivery respectively(20,25).

. Study also showed that the type of delivery affects the time of initiation of breast feeding, in that those who delivered vaginally initiated breast feeding earlier than those who delivered by cesarean section. Majority of the mothers initiated breast feeding within an hour of delivery because of the good work done by midwives in advising mothers after delivery. Widespread use of spinal anaesthesia in ceserean deliveries could play a role in allowing mothers to be able to initiate breastfeeding within one hour of birth, but in a few in whom general anaesthesia was given never breast fed within the 1st hour of delivery.

All (100%) the respondents gave colostrum to their babies because all believed that colostrum provides nutrition and protection to their babies while some gave unknowingly. This is similar with the findings of **Bolanle (2013)** in which 57% gave colostrum to their babies; **Ekambaram et al., (2009)** where 56% of the mothers knew that colostrum needs to be given and **Ally (2012)** where 68% were aware that colostrum was important.

On the Socio-demographic factors affecting success of breastfeeding, the analysis showed that parity and mother`s level of education were the significant socio demographic factors associated with exclusive breastfeeding. Mother with less children tend to exclusively breastfeed more than the ones with many children, this can be because they are not driven away from their babies by the increasing responsibilities of the older ones. This is similar to Violet Naanyu`s study that higher duration of exclusive breastfeeding are associated with first time parenthood (32).

The study also revealed that majority (87%) of the respondent breastfed their babies on demand and this correlates with the study conducted by Food Security Analysis Unit (**FSAU, 2007**) in Somalia where almost all mothers breastfeed their children on demand. This is because the almost all women interviewed in FSAU's study were full housewives and similarly in this study. 50.8% of the respondents were full housewives. It is only 13% of the respondent who breastfed on a timely interval and this is because majority(61.5%) of them are peasants and 19% are housewives; they spent most of their time with their babies in sambas . This demonstrated the need to educate mothers on how to breastfeed and maintain lactation even if they should be separated from their infants.

Although, majority (98%) of the respondents did not gives pre-lacteal feed to their babies, about 2% of them gives glucose with water. **Bolanle (2013)** reported that 39% of the mothers gave their babies' breast milk immediately after delivery, 30% gave water, 17.8% gave animal milk as the first food and 4.3% commenced breast milk substitutes. Furthermore, **Okolo (1999)** found out that none of the mothers exclusively breastfed their babies and pre-lacteal feeds ranging from water, formula or herbal tea were given by all mothers.

There was a positive attitude of mothers toward exclusive breastfeeding as majority (65%) of them said would continue to breastfeed their babies even when they themselves are sick without consulting health workers, which is a bad breast feeding practice while only 28% would consult first. On the other hand, 7% said would stop the exclusive breastfeeding and 5% said would resume bottle feeding when the mother is sick respectively.

Majority (86.6%) of the respondents agreed that breast milk alone was sufficient to the baby during the first six (6) months of life. This agreed with the findings of Essien (2009) where majority of the mothers were aware of EBF, believed that the practice is desirable and of low cost and knew that breast milk alone is sufficient for the baby for the first six months. In addition, almost all (94.4%) the respondents in this study agreed that exclusive breastfeeding has benefits to the baby while 86.8% also agreed that exclusive breastfeeding equally benefits the mother and 61.% of them practices exclusive breastfeeding.

The study found that most of the mothers did not express their milk for baby's feeding. This practice is not accepted by most of the mothers, partly because they think that the milk will not be good by the time they will be giving their children, but mostly because they had no idea about EBM use. The small number who had heard about EBM use didn't practice it because of difficulty of storage. The small percentage who expressed their breast milk did so not for feeding but to discard the foremilk after being away for hours, especially when the sun is hot, assuming that the milk will then be changed and can cause diarrhoea to the baby.

Only 41 mothers were found to have stopped breast feeding at the time of the study. Child's refusal to breastfeed was the frequent answer given as the reason for stopping breast feeding after six months. Some of the mothers (13.8%) also stopped breastfeeding because they got pregnant. This practice was also found commonly in Sudan and Tanzania (17,22). Four mothers stopped breastfeeding because they thought that by doing this child will feed well on family food.

From the report, majority (89.7%) acquired the knowledge they had about breast feeding from health workers during antenatal visit. 8.2% from family and friends then 2.1% from media which is attributed to the increased mother's knowledge on breast feeding.

Transmission of HIV through breast milk was known by 92% of mothers, this is different from study of MC Maputle et al that revealed low level of knowledge on mother to child transmission of HIV through breastfeeding (27). This could be explained by the fact that mothers were being taught in ANC about HIV as mode of HIV transmission.

The study revealed that 88.5% of mother had support in regard to breastfeeding, majority of which was from the husband. 92.3% of the employed mothers got support from their employers in regards to breastfeeding by letting them go home after midday so as to breast feed their children.

Casual laborers tended to carry their babies to their work place, although there were no designated place for breastfeeding at work place.

Most of the respondents (79%) had no problem or fear with breast feeding in public 21% who gave a reason of fear that people will see their breasts.

52% of respondents desired and others weaned their children between 13-15 months, 40.9% weaned between 16-24 months, and 1.4% weaned or others desired to wean their children 6-10 months. However the baby friendly hospital initiative requires by WHO and UNICEF requires mothers to breast feed for up to 2 years for maximum benefit of both the mother and the baby.

5.2Conclusions

This study reveals that there is high awareness of breastfeeding among pregnant women attending antenatal clinic and breast feeding mothers nursing their children in pediatrics ward. The level of knowledge on exclusive breastfeeding among the respondents was equally high and it could be as a result of the fact that most of the respondents obtained their information on EBF from health workers. The practice of EBF, although high, is not as recommended by WHO, UNICEF and AAP as majority of the women that practice EBF gives other foods aside breast milk during the first six (6) months of infants' life. **Ekanem et al (2012)** reported that attendance of ante-natal clinic enhances mothers' understanding and appreciation of the demands and benefits of EBF and empowers them to resist external interferences and pressures. In addition, antenatal breastfeeding education as a single intervention improved rates of EBF up to six months after delivery because it prepares women mentally for EBF (**Ally 2012**).

5.3Recommendations

- More training and awareness campaigns should be done to be able to maintain high rate of exclusive breastfeeding.
- Use of EBM should be advocated since some mothers are aware but are tempted not to practice it.

- More study to be conducted to ascertain the socio demographic factors associated with exclusive breastfeeding.
- There should more public awareness on exclusive breastfeeding through television, radio, newspapers and other mass media.
- Women breast feeding should be advised and encouraged to breast feed closer to or up to 2 years if possible.

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APPENDICES

APPENDIX I: INTRODUCTORY LETTER



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OFFICE OF THE DEAN
FACULTY OF CLINICAL MEDICINE & DENTISTRY

26/02/2018

TO WHOM IT MAY CONCERN

RE: OPIO FRANCIS ORYEM (BMS/0015/132/DU)

The above named person is a fifth year student at Kampala International University pursuing a Bachelor of Medicine, Bachelor of Surgery (MBChB) Programme.

He wishes to conduct his student research in your community.

Topic: Knowledge attitude and practice of breast feeding among mothers attending Kiryandongo Hospital.

Supervisor: Dr. Atuhaire Michael

Any assistance given will be appreciated.

S.O. Akib
Dr. Akib Surat O
Assoc Dean FCM&D



"Exploring the Heights"

Assoc. Prof Ssebuufu Robinson, Dean (FCM & D) 0772 507248 email: rssebuufu@gmail.com
Dr. Akib Surat Associate Dean FCM & D) email: doctorakib@yahoo.com

APPENDIX II: CONSENT FORM

TOPIC. KNOWLEDGE ATTITUDE AND PRACTICE OF BREAST FEEDING AMONG MOTHERS ATTENDING KIRYANDONGO HOSPITAL.

I am Opio Francis Oryem a student of Kampala International University pursuing bachelors in medicine and bachelors in surgery.

I kindly request you to participate in the above mentioned study. The results from the study shall be kept confidential and shall be used to establish strategies to improve breast feeding knowledge attitude and a good practice among mothers. Your participation shall be greatly appreciated and it will be at no cost.

There is no penalty if you do not participate in the study and if you participate then you will be free to withhold the information required in the study if you wish so. Initials shall be used instead of your real names.

STATEMENT OF CONSENT

I.....have read and understood this document and therefore I agree to take part in this study.

Signature..... Date.....

APPENDIX III: QUESTIONNAIRE

Study Title: Knowledge, Attitude and Practice of Breastfeeding among mothers with children aged 6months to 2 years in Kiryandongo hospital.

Investigator: Opio Francis Oryem

Questionnaire No: _____ Facility Code _____

Date: ____/____/____

Patient`s clinic number _____

Information about the child

1. Infants age: _____ in months:

2. Infant`s sex:

☐ Male

☐ Female

3. Birth order: _____

Information about the mother:

4. Mother`s age in years: _____

5. Parity: _____

6. Level of education (completed)

☐ None

☐ Primary

☐ Secondary

☐ University

☐ Other (*Specify*) _____

7. Occupation:

☐ Housewife

☐ Salaried Employee

☐ Self-employed

☐ Student

☐ Other

8. Religion:

Christian ☐

Muslim ☐

Other (**Specify**) _____

9. Ethnicity _____

10. ANC visits:

Yes ☐

No ☐

If yes in Q11 above, please **specify** Number of visits _____

11. Mode of delivery:

SVD ☐

CS ☐

12. Place of delivery:

Hospital ☐

Health center ☐

Home ☐

Others (specify) ☐

Knowlegde about breastfeeding:

13. What advantages of breastfeeding do you know? (*Tick all that apply*)

i. It is nutritious to the baby

Yes ☐ No ☐ Not sure ☐

ii. Protects the baby from infections

Yes ☐ No ☐ Not sure ☐

iii. Mother baby bonding

Yes ☐ No ☐ Not sure ☐

iv. Cheap and available

Yes ☐ No ☐ Not sure ☐

v. Contraception method

Yes ☐ No ☐ Not sure ☐

vi. Maintains mothers body weight

Yes ☐ No ☐ Not sure ☐

vii. Prevents maternal breast cancer

Yes ☐ No ☐ Not sure ☐

14. What are the disadvantages of breastfeeding?

i. Transmission of diseases like HIV

Yes ☐ No ☐ Not sure ☐

Knowledge on techniques of breastfeeding:

15. Proper techniques of breastfeeding are :(Tick all that apply)

i. To use both breast at each feeding

Yes ☐ No ☐

ii. Breastfeed day and night

Yes ☐ No ☐

iii. Good attachment (baby close, facing mum with wide opened mouth etc

Yes ☐ No ☐ Not sure ☐

iv. Use of EBM when mother is away

Yes ☐ No ☐

16. What is the definition of EBF?

i. To give only breast milk and medicines if indicated

Yes ☐ No ☐ Not sure ☐

ii. To give breast milk and water

Yes ☐ No ☐ Not sure ☐

17. What is the recommended duration of EBF? (Tick appropriately)

One month ☐

Two months ☐

Three months ☐

Four months ☐

Five months ☐

Six months ☐

Eight months ☐

One year ☐

Others (specify)

18. If mum goes to work, should she express her milk and leave for the child?

☐ Yes

☐ NO

19. What dangers of bottle feeding do you know?

i. Can cause diarrhea

Yes ☐ No ☐ Not sure ☐

ii. Nipple confusion

Yes ☐ No ☐ Not sure ☐

Practices of breastfeeding:

20. Did you initiate breastfeeding in the 1st hour of delivery?

Yes ☐

No ☐

21. (a) If No give reasons (*tick all that apply*)

☐ Colostrum is not good

☐ No milk

☐ Mother was sick

☐ Baby was sick

☐ Baby was taken away from me

21. Did you have skin to skin contact with your baby after birth?

☐ Yes

☐ No

22. Did you offer Prelacteal feeds to your baby? (Any food before initiation of Breastfeeding)

☐ Yes

☐ No

Specify if answer is yes _____

23. Did you practice rooming in?

☐ Yes

☐ No

24. Did you develop breast problems?

☐ Yes

☐ No

If yes, what problem did you have? _____

25. How did you manage breastfeeding when you had the problem? _____

26. Did you stop breastfeeding during the breast problem?

☐ Yes

☐ No

27. Did you exclusively breastfeed for six months?

☐ Yes

☐ No

28. If **No** give reasons (*tick all that apply*)

I don't have enough milk____

I resumed work____

Water should be given as weather is hot____

Our tradition says so____

Other (*Specify*) _____

29. Has you ever been sick during breast feeding?

☐ Yes

☐ No

30. Did you continue to breastfeed even when you were sick?

☐ Yes

☐ No

a) If No give **reason(s)** _____

31. At what age was the baby weaned? _____ (in months)

32. Why did you wean early (if was early)?

33. If you are not breastfeeding now, why did you stop breastfeeding?

☐ Child refused by himself

☐ I got pregnant

☐ Child is not feeding well

☐ Others

Social support:

34. Do you have support from your family members in regards to breastfeeding?

☐ Yes

☐ No

If yes, who gives you support?

35. If you are employed, did you get the maternity leave?

☐ Yes

☐ No

36. How long was it?

37. Do you think the maternity leave is enough?

☐ Yes

☐ No

38. Does your employer support you in breastfeeding by giving you time to go to your Baby?

☐ Yes

☐ No

APPENDIX IV: RESEARCH BUDGET

ITEM	QUANTITY	UNIT COST (Shs Ug)	AMOUNT
Papers	1Ream	18,000	18,000
Pens	Half box	10,000	10,000
Secretarial services	Lump sum	50,000	50,000
Data analysis	Lump sum	50,000	20,000
Communication	Lump sum	20,000	20,000
Transport	3	2000*3	18,000
Internet Services	Lump sum	50,000	50,000
Flash disk	1	20,000	20,000
Refreshments	3	5,000	15,000
TOTAL			201,000

Justification for the Budget

- Reams of papers are for questionnaires and research project and printing out hard copies of the proposal/final copy of the research project.
- Pens for use in research project and data collection.
- Communication in form of airtime
- Transport of 2,000/= per day for each of the three members, in 30 planned days.

- Scholastics materials like clip boards, files, note books and secretarial services like printing, photocopying and binding.
- Internet service includes modem and subscription for data services.

Appendix V: Research Work Plan 2017/2018

NAME OF PERSON RESPONSIBLE	ACTIVITY	Jan 2018– Feb 2018	March201 8	April 2018
Opio Francis Oryem	Proposal development and submission			
Opio Francis Oryem	Data collection			
Opio Francis Oryem	Sorting, tabulation, coding and analysis			
Opio Francis Oryem	Data analysis and report writing			
Opio Francis Oryem	Dissemination of Report findings.			

APPENDIX VI: MAP OF KIRYANDONGO DISTRICT



A detailed map of Uganda showing its administrative districts. The map is bordered by Sudan to the north, Kenya to the east, Tanzania to the south, and Rwanda and the Democratic Republic of Congo to the west. Major lakes are highlighted in blue, including Lake Albert, Lake Kyoga, Lake George, Lake Edward, and Lake Victoria. The Nile river system is shown flowing through the country. Numerous towns and cities are marked with red dots and labeled, such as Gulu, Kampala, Jinja, and Mbarara. A scale bar at the bottom right indicates distances of 0, 60, and 120 km. A north arrow is located at the bottom center.