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Practices of Exclusive Breastfeeding among Lactating Mothers Attending Care at Hoima Regional Referral Hospital, Hoima city, Western Uganda

Herbert Rotich

Department of Medicine and Surgery at Kampala International University Western Campus Uganda

ABSTRACT

Although being ever breastfed, compared with never breastfed, is linked with numerous improved infant and maternal health outcomes, mounting research evidence confirms that the health benefits of breastfeeding are dose-related, with exclusive breastfeeding conferring the maximum health benefits for infants and mothers. This study assessed practice of exclusive breastfeeding among lactating mothers attending Hoima Regional Referral Hospital in Hoima city, Western Uganda. This study was a hospital based descriptive cross-sectional study. A face-to-face interview using a structured questionnaire was used for data collection. The entry, coding and analysis of data was done using Microsoft excel and then transferred to SPSS version 20. Practice scores were assessed using Food Agricultural Organization's (FAO) standard levels. Descriptive statistics was presented using frequency tables and graphs. Among the 398 participants, majority were aged 21-35 years (49.2%), Catholic (42.2%), had 2-3 children (44.2%) and were peasants (33.9%). Only 20.1% had good practice of exclusive breastfeeding. The study revealed that majority (89.2%) had heard about exclusive breastfeeding, heard from hospital (83.7%) and knew what exclusive breast-feeding means (83.9%). Less than half (45.0%) believe that breast milk is enough for the baby in the first six months, only 24.9% knew that breast feeding is initiated within an hour after birth and more than half (64.6%) thought serving food in the first six months is good. The study further established that more than half (54.8%) were breastfeeding exclusively, 27.9% didn't know that exclusive breastfeeding was important to the baby. Majority (86.2%) reported no personal problems preventing them from exclusively breast feeding and almost all (97.0%) reported no cultural beliefs in their communities that influence the way they should breastfeed. The most common reason cited among those who were not exclusively breastfeeding was inadequate breast milk (47.8%). Only 12.8% of the mothers-initiated breast feeding within the first hour and strikingly few mothers (12.1%) breastfeed babies on need. Majority (58.8%) recognize the baby's need to breastfeed when they start crying, 54.5% introduce complementary feeds when babies are 3-5 months and 67.8% put babies in sitting position while breastfeeding. It is clear from the current study that the participants have poor breast feeding practices, which indicates a need for improvement in the breast feeding instruction and counseling of women.

Keyword: Exclusive breastfeeding, Lactating mothers, Care, Western Uganda.

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INTRODUCTION

Exclusive breastfeeding is defined as an infant receiving only breast milk and no other liquids or solids except for drops or syrups consisting of vitamins, minerals, or medicines for the first six months after birth. Although being ever breastfed, compared with never breastfed, is linked with numerous improved infant and maternal health outcomes, mounting research evidence confirms that the health benefits of breastfeeding are dose-related, with exclusive breastfeeding conferring the maximum health benefits for infants and mothers [1-3]. Over the last couple of decades, there has been an increasing interest in the promotion of exclusive breastfeeding as the 'best' feeding method for newborns. This, to a large extent, has been inspired by mounting scientific evidence on the importance of exclusive breastfeeding in reducing infant morbidity and mortality [4].

Breastfeeding has been generally considered by health professionals as the ideal feeding practice for infants. It is the first way of interaction between the mother and her infant. Previous studies affirm that breastfeeding has advantages for both babies and mothers, including providing the needed nutrition for the babies, boosting the baby's immune system, helping mothers to lose weight after pregnancy, and stimulating the uterus to return to its previous position before pregnancy [5]. In addition, infants digest breast milk more easily than formula feeds [6].

In their most recent breastfeeding policy statement, the American Academy of Pediatrics (AAP) reaffirmed their long-standing recommendation of exclusive breastfeeding for about the first 6 months of life, with continued breastfeeding through 12 months and beyond, as appropriate complementary foods are introduced. WHO similarly recommends that infants worldwide be exclusively breastfed for the first 6 months, with breastfeeding continuing for up to 2 years or beyond, as safe and nutritionally adequate complementary foods are added, [7]. The United Nations Children's Fund (UNICEF) recommend initiation of breastfeeding within the first hour after birth; exclusively breastfed for the first six months of age and continuation of breastfeeding for up to two years of age or beyond in addition to adequate complementary foods [8]. It is part of optimal breastfeeding practices, EBF serves as a child's first immunization providing protection from respiratory infections, diarrheal disease, and other potentially life-threatening ailments; EBF also has a protective effect against obesity and certain non-communicable diseases later in life [9]. Universal EBF for the first six months could reduce infant mortality by 13%. The World Health Assembly (WHA) has set a global target in order to increase the rate of EBF for infants aged 0–6 months up to at least 50%. Adherence to these guidelines varies globally, only 38% of infants are exclusively breastfed for the first six months of life, [10]. Developed countries such as the United States (19%), United Kingdom (1%), and Australia (15%), have shorter breastfeeding duration than do developing countries, however, even in developing countries, only 37% of infants younger than 6 months are exclusively breastfed.

According to recent papers in the sub-Saharan Africa region, only 53.5% of infants in East African countries were EBF for six months, which is way below the WHO target of 90%, [11]. In most East African countries, exclusive breastfeeding does not meet the recommendation of WHO/UNICEF that a baby should be fed only breast milk for the first 6 months. In Uganda, breastfeeding remains a culturally accepted practice with up to 99% of women initiating breastfeeding. However, exclusive breastfeeding rates remain low in the country. According to the Uganda Demographic and Health survey, 62% of children below six years of age were exclusively breastfed as compared to 74% of those aged below four months. These figures were based on the 24-hour recall before the survey [12]. The challenge is how to scale up exclusive breastfeeding to universal levels. This study will be the first to evaluate the knowledge of EBF among lactating mothers within Kween district. This study will aim to provide information about mothers' knowledge of EBF and identify factors associated with the practice of exclusive breastfeeding.

Statement of the problem

Despite the existence of the UNICEF and WHO breastfeeding health initiative campaign to promote exclusive breastfeeding, it is still a common practice in most cultures to introduce water and other drinks to babies within the first days of life before starting breastfeeding which does not comply with the standard exclusive breastfeeding [13]. Universal exclusive breastfeeding for the first six months could reduce infant mortality by 13%, Mothers' breastfeeding knowledge and practices have been found to be inadequate mostly in rural settings. Poor exclusive breastfeeding practices have been associated with poor brain development, poor cognitive performance, exposure to diseases and poor growth. Early breastfeeding practices determine success in later breastfeeding practices.

Although 99% women initiate breastfeeding in Uganda, exclusive breastfeeding rates remain low [14]. Exclusive breastfeeding practices are still sub-optimal in most Ugandan settings because much of the focus of breastfeeding advocacy and research has been on general and early breastfeeding with little attention to the aspect of exclusive breastfeeding initiation. In Hoima Regional Referral Hospital, approximately 20 children below 5 years of age are admitted for the treatment of malnutrition and preventable childhood illnesses, this point to the need for proper care

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during the neonatal and infantile periods of child growth and development. This study examined the EBF knowledge, attitude and practice (KAP) among lactating mothers attending Hoima Regional Referral Hospital (HRRH).

RESEARCH METHODOLOGY

Study design

This study was a hospital based descriptive cross-sectional study [15].

Scope of the Study

The study was conducted in Hoima Regional Referral Hospital in Hoima city, Western Uganda. It caters for populations of greater Bunyoro, encompassing the districts of Hoima, Kibale, Masindi, Bulisa, Kiryandongo, Kiboga and Eastern part of DR.Congo. Hoima district is located in mid-Western Uganda approximately 200km from Kampala the capital city of Uganda. It shares borders with Bulisa and Masindi districts in the North, Kyankwazi in the East, Kikuube, Ntoroko, Kakumiro and Kagadi districts in the South. It stretches to the national boundary of Democratic Republic of Congo in Western. Hoima district covers a total area of 5735.3square kilometers.

Study population

All lactating mothers attending care at HRRH during the study period.

Inclusion criteria

All lactating mothers with a child ≤6months attending outpatient department, maternity ward and immunization who consented to the study were recruited.

Exclusion criteria

Individuals who fall into the following categories were not considered for the study;

Lactating mothers attending HRRH who declined consent to the study.

Individuals who were incapable of hearing and speaking and mentally ill mothers.

Sample size determination

The sample size was determined using the [16] which states that:

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

Where;

n is the required sample size

N is the population size

e is the margin of error at 95% confidence level, $e=0.05$

$$n = 80,000 / (1 + 80,000(0.05)^2)$$

$$n = 80,000 / (1 + 200)$$

$n = 398$, Therefore a sample of 398 was used in the current study.

Sampling techniques

Participants were selected based on convenience sampling method. All mothers who were seen in the hospital during the period of data collection were informed and enrolled if inclusion criteria was met.

Data collection methods and management

A face to face interview using a structured questionnaire was used for data collection.

Data analysis

The entry, coding and analysis of data was done using Microsoft excel and then transferred to SPSS version 20. Knowledge, attitude and practice scores were assessed using Food Agricultural Organization's (FAO) standard levels. Descriptive statistics was presented using frequency tables and graphs.

Quality control

The researcher trained the data collection team on the study topic, methods and principles of data collection. Pretesting of the data collecting tools (questionnaire) was done from Kapchorwa general Hospital. After data collection the researcher checked the questionnaires for completeness and accuracy.

Ethical consideration

The research proposal was submitted to the Faculty of clinical medicine and dentistry and a letter of introduction was obtained from the Dean which was presented to the Director Hoima Regional Referral Hospital and the in-charges of the concerned clinics. Informed consent was obtained from each respondent before taking part in the study. Privacy and confidentiality was observed and respected throughout the study.

Limitations of the study

The study's main weakness is that it only included mothers who had received postpartum care in a government hospital, as a result, its findings might not accurately reflect the situation of EBF in the wider community.

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representativeness of the acquired data was hampered by the adoption of a convenient non-random collection sampling technique. Also, self-reporting might have given the research recall bias.

RESULTS

This study determined the knowledge, attitude and practice of exclusive breastfeeding among mothers attending Hoima Regional Referral Hospital, Hoima city, Western Uganda.

Socio-demographic factors of the Respondents

Among the 398 participants, majority were aged 21-35years (49.2%), Catholic (42.2%), had 2-3 children (44.2%), peasants (33.9%) and Banyoro (75.1%). Regarding marital status, 70.6% were married, 18.1% were single and 11.3% had separated/divorced. Majority (45.5%) of the respondents attained secondary education, 25.1% attained primary education, 22.1% attained tertiary and 7.3% had no formal education as shown in the table below.

Table 1: Socio-demographic factors of the respondents

Variable	Frequency (N=398)	Percentage (%)
Age		
15-20	77	19.3
21-35	196	49.2
36-45	125	31.4
Religion		
Catholic	168	42.2
Anglican	141	35.4
Muslim	31	7.8
Others	58	14.6
Number of children		
1	109	27.4
2-3	176	44.2
≥4	113	28.4
Occupation		
Peasant	135	33.9
Housewife	119	29.9
Civil servant	67	16.8
Others	77	19.3
Tribe		
Munyoro	299	75.1
Others	99	24.9
Marital status		
Married	281	70.6
Single	72	18.1
Separated/divorced	45	11.3
Level of education		
None	29	7.3
Primary	100	25.1
Secondary	181	45.5
Tertiary	88	22.1

Practices on Exclusive breastfeeding

Only 12.8% of the mothers initiated breast feeding within the first hour and strikingly few mothers (12.1%) breastfeed babies on need. Majority (58.8%) recognize the baby's need to breastfeed when they start crying, 54.5% introduce complementary feeds when babies are 3-5months and 67.8% put babies in sitting position while breastfeeding as shown in the table below.

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Table 2: Practices on Exclusive breastfeeding

Variable	Frequency(N)	Percentage (%)
When did you initiate breastfeeding?		
≤1hour	51	12.8
1-2hours	309	77.6
After day 1	23	5.8
Others	15	3.8
How often do you breast feed the baby?		
1 hourly	57	14.3
2 hourly	158	39.7
4 hourly	125	31.4
Anytime when the baby needs	48	12.1
Others	10	2.5
When do you know it is time to breastfeed the baby?		
When baby cries	234	58.8
When baby wakes up from sleep	37	9.3
After specific time from previous meal	13	3.3
Others	04	1.0
When do you start introducing other foods to the baby's diet?		
1-2months	31	7.8
3-5months	217	54.5
≥6months	150	37.7
Which position do you put the baby while breastfeeding?		
Sitting	270	67.8
Lying	128	32.2

DISCUSSION

The World Health Organization (WHO) and the United Nations Children's Fund (UNICEF) advise starting breastfeeding as soon as possible after birth ie within an hour, continuing it exclusively during the first six months of a child's life, and continuing it until the child is two years old or older [17]. By lowering child morbidity and mortality and assisting in the management of healthcare expenses in society, EBF is a crucial public health strategy for enhancing children's and mothers' health [18]. EBF is also one of the key tactics that support the most well-known and successful early childhood mortality prevention strategy. Optimal breastfeeding techniques can avert 1.4 million deaths of children under five each year worldwide [19]. In addition to strengthening the bond between a mother and child, breastfeeding also reduces the risk of developing a number of childhood diseases, including diarrhea, pneumonia, malocclusion, diabetes mellitus, and middle ear infections [20]. Additionally, breastfeeding promotes healthy brain development and is linked to better results on cognitive tests in kids and teenagers [8]. Breastfeeding has been found to help mothers lose weight and reduce their risk of hemorrhage, postpartum depression, breast, ovarian, and endometrial cancer [21]. A significant option for postpartum family planning is the breastfeeding amenorrhea approach [22]. This study determined knowledge, attitude and practice of exclusive breastfeeding among lactating mothers in Hoima Regional Referral Hospital.

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Practice of exclusive breastfeeding among lactating mothers

The result of this study indicate that only 20.1% of the women had good practice of exclusive breastfeeding. The study found out that 12.8% of the mothers initiated breast feeding within the first hour and strikingly few mothers (12.1%) breastfeed babies on need. This figure is lower than a study in Saudi Arabia where 72.6% of the mothers were reported to comply with the WHO recommendation of starting breastfeeding within the first hour of delivery [23, 24]. This variation in breastfeeding behavior may be a result of hospitals in Saudi Arabia working to adopt baby-friendly procedures and implement the WHO's ten-step strategy for successful breastfeeding. Majority (58.8%) recognize the baby's need to breastfeed when they start crying, 54.5% introduce complementary feeds when babies are 3-5 months. This is comparable to a finding of a study which revealed that only 16.9% of the mothers sustained exclusive breastfeeding for the first six months without any supplement [23, 25-27]. The higher percentage of women in this study could be due to favorable attitude towards breastfeeding among mothers in this study. 67.8% of the study participants put babies in sitting position while breastfeeding.

CONCLUSION

It is clear from the current study that the participants poor breast-feeding practices, which indicates a need for improvement in the breast-feeding instruction and counseling of women.

RECOMMENDATION

In order to encourage breastfeeding, public health information, education, and communication initiatives must be strengthened. All relevant parties and health professionals, especially those working at the primary level, should be informed of this preliminary and baseline data in order to provide tailored breastfeeding interventions on concerns relevant at each stage of pregnancy and lactation.

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