

**NEWPORT INTERNATIONAL JOURNAL OF
RESEARCH IN MEDICAL SCIENCES (NIJRMS)**

Volume 5 Issue 1 2024

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<https://doi.org/10.59298/NIJRMS/2024/51.4149.1400>

Maternal and Child-related Factors influencing Breastfeeding Practices among Children 0 to 24 months in Bushenyi district, Uganda

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ABSTRACT

This study aimed to determine the factors influencing breastfeeding practices among children aged 0-24 months in Bushenyi district, Uganda. The study involved 346 lactating mothers from three hospitals in the district. A structured interview was used to gather data. The study found that age, maternal education, and knowledge of breastfeeding practices were significantly associated with breastfeeding practices. The majority of respondents initiated breastfeeding with their children within 1 hour, with 71.4% of respondents still practicing early breastfeeding (EBF) with their children below 6 months. Only 31.9% of respondents of children above 6 months reported practicing EBF with their children, while 68.1% did not. The majority of mothers breastfed their children for at least 2 years, but overall breastfeeding practice was poor, with only 41.3% having good practices. Most children were between 1-2 months old, with most being female and weighing 2.5-3.0kg at birth. The study found that only 31.9% of mothers exclusively breastfed their infants. The study suggests that obstetric and neonatal medical services should be improved to help children initiate breastfeeding early, preventing missed colostrum and nutrient deficiencies.

Keywords: Children 0-24 months, Breastfeeding Practices, Mothers, Child deaths, Breast milk.

INTRODUCTION

Globally, 60% of infant and young child deaths occur due to inappropriate infant feeding practices and infectious diseases, with two-thirds of these deaths attributable to sub-optimal breastfeeding practices [1, 2]. Poor nutrition is not always the result of a lack of food, but it can be due to a lack of knowledge about optimal feeding practices, lack of time, and the provision of poor-quality food [3, 4]. In many countries, insufficient breastfeeding and complementary feeding practices are widespread. Complementary foods are often introduced before or after the recommended age of 6 months and are often nutritionally inadequate and unsafe [5, 6]. According to population studies in developing countries, the greatest risk of nutritional deficiency and growth retardation occurs in children between 3 and 15 months of age, a period noted for suboptimal breastfeeding and inadequate complementary feeding practices [7].

Breastfeeding is the practice of providing a baby with breast milk either directly or expressed from the breast. Breastfeeding reduces the incidence of alimentary canal infections at a rate of 64%, and its effects can last for two months after breastfeeding has been terminated [8-10]. WHO recommends that newborns be introduced to breast milk within the initial hour of birth [10, 11], exclusively breastfed (EBF) for six months, and complemented with other food substances after six months to augment breast milk up to two years of life [12]. Breastfeeding reduces the child mortality rate [13]. During infancy and early childhood, adequate nutrition is

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essential to ensure the growth, health, and development of children to their full potential. It has been recognized worldwide that breastfeeding is beneficial for both the mother and child, as breast milk is considered the best source of nutrition for an infant [14].

Breastfeeding is associated with significant health benefits for children. These benefits are wide-ranging, including a lower incidence of asthma, allergy, and respiratory illnesses, fewer infections of the gastrointestinal tract, middle ear, and urinary tract, with consequently lower rates of hospitalizations [15]. Thus, in the long run, there is an outcome of a healthy baby, healthy mother, healthy family, healthy community, and ultimately a healthy nation. Breast milk has all the necessary nutrients for the good health and development of a child's cognitive development, low obesity rates, reduced risk of chronic diseases such as diabetes type 1 and 2, hypertension, obesity, cardiovascular disease, and hyperlipidemia. It enables proper growth and development patterns of the baby since it has essential and adequate nutrients and calories required for the young infant [16]. It also improves the child's immunity and the microbiota in the GIT [17].

The benefits of breastfeeding to the mother have been reported to include the rapid reduction of the uterus size, which helps in reducing cases of postpartum complications, for example, postpartum hemorrhage and breast tissue inflammation (mastitis); prevention against breast cancer, and promotion of baby-mother bonding [18, 19]. Colostrum is produced within the first seven days after delivery and has long been thought to confer additional protection because of its immune and non-immune properties, including the high immunoglobulin content, and its laxative effect also happens to be easy to digest for the infant's gut [20, 21]. Less than 50% of mothers worldwide practice EBF and complementary breastfeeding for two years as recommended [22].

In many countries, insufficient breastfeeding and complementary feeding practices are widespread. Complementary foods are often introduced before or after the recommended age of 6 months and are often nutritionally inadequate and unsafe [23, 24]. For instance, exclusive breastfeeding, a recommended component of optimal breastfeeding practices, is reported to be very low globally, as only 41% of children under six months of age were breastfed exclusively worldwide [25]. In Uganda, EBF was at 62% for children below 5 months [26]. In Uganda, the government through the Ministry of Health, WHO, and UNICEF, many initiatives have been launched since 1991 to date to encourage optimal breastfeeding practices, notably the Baby-Friendly Hospital Initiative (BFHI) among others. Despite these efforts, recent statistics for Uganda show a picture that is contrary to the WHO's recommendations. Only six in 10 Ugandan children below the age of six months are exclusively breastfed. It is no wonder then that the under-five and infant mortality rates stand at 128 and 79 per 1,000 live births respectively, which is very high by developing world standards [24, 27]. Given these circumstances and worrisome statistics, there is a growing interest amongst government policy-makers and global health actors in understanding the factors influencing breastfeeding behavior for informed policy analysis, formulation, and advocacy. This study, therefore, assessed the maternal and child-related factors influencing breastfeeding practices among children 0-24 months in rural communities in the Bushenyi district.

METHODOLOGY

Study Design

The study design was descriptive and cross-sectional using quantitative methods for data collection.

Area of Study

The study was conducted at Kyabugimbi Health Centre IV, Bushenyi Health Centre IV and Ishaka Adventist Hospital. These health facilities are located in Bushenyi district, Western Uganda. The health facilities were purposively sampled because they represent the most attended and accessed health facilities in the district hence providing the opportunity to access more participants.

Study Population

The study population was made up of lactating mothers of children less than five yearsold who attended the three sampled health facilities in the Bushenyi district.

Inclusion Criteria

Lactating mothers of children 0-24 months attending Ishaka Adventist Hospital, Kyabugimbi Health Centre IV and Bushenyi Health Centre IV who consented to participate.

Exclusion Criteria

Lactating mothers of children 0-24 months attending Ishaka Adventist Hospital, Kyabugimbi Health Centre IV and Bushenyi Health Centre IV who did not consent to participate.

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Sample Size Determination

The sample size was determined using the Fisher et al 1990 formula [28]

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

Where:

n: desired sample size

Z: standard normal deviation set at 1.96 (which corresponds to 95% confidence level)

P: Estimated proportion of study characteristics = 34.3% [1]

Q: 1-p

D: absolute precision set at 0.05.

$$n = \frac{(1.96)^2 \times 0.343 \times 0.657}{(0.05)^2}$$

n = 346 Participants

Sampling Techniques

The health facilities were purposively sampled while the lactating mothers (respondents) were sampled randomly. To give an equal chance to the lactating mothers who met the study criteria to participate, they were made to pick numbers between 1 and 10 written on pieces of paper. Any mother who picked an even number was enrolled for the study while mothers who picked odd numbers did not participate.

Data Collection

Self-administered structured questionnaires were used to collect data from the respondents.

Quality Control

A team of four research Assistants who were indigenous or very familiar with the spoken language of the respondents were recruited to assist in data collection and interpretation of the questionnaires. Quality control was also achieved through pretesting of the questionnaire and relevant corrections were made.

Data Analysis

Data was analysed manually by tallying then GRAPH PAD and SPSS were used to compile totals and percentages. The critical value for significance was set at $P < 0.05$ for all analyses. Descriptive statistics, such as frequency, cross-tabulation, and percentage are used where necessary. Multiple logistic regression was used to explain how the independent variables affect the dependent variable and odds ratios of 95% confidence intervals were calculated. The results were presented in tables and charts.

Ethical Consideration

A letter of introduction to commence data collection was obtained from the office of the dean, faculty of clinical medicine & dentistry. The letter was taken to the district health officer (DHO) for permission to access the sampled health facilities afterwards. After the approval, the letter was taken to the authorities of the health facilities to allow access to the target respondents who attended or sought services in the facilities. The participants were informed about the purpose of the study and the liberty of the participants was sought using a written consent before they were recruited to participate in the study.

RESULTS

Maternal Factors Influencing the Breastfeeding Practices Among Children 0-24 Months in Bushenyi District

Results in Table 1 shows that out of 346 respondents who participated in this study, 122 (35.2%) were in the age bracket of 25-29 years and the majority 296(85.5%) were married. Most 115(33.2%) had attained secondary education and 170(49.7%) are protestants. Regarding the number of children respondents have, most 105(30.2%) had only one child while 95(27.5%) had two children. Most 111(32.1%) of the respondents reported that their occupation was peasant farming while 90(26.0%) said they were into business. The majority 249(72%) delivered their index children vaginally.

Breastfeeding Practices Among Respondents (Lactating Mothers) Of Children 0-24 Months in Bushenyi District

Findings of breastfeeding among respondents in this study show that the majority 261(75.4%) of the respondents-initiated breast milk with their index children within 1 hour. The majority 180(71.4%) of the respondents whose children are below 6 months were still practising EBF while 72(28.6%) had stopped EBF. Only 30(31.9%) of the respondents of children above 6 months reported having practised EBF with their index children while 64(68.1%)

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did not practice EBF. The majority 271(78.3%) of the mothers reported that they breastfed their children for at least 2 years as they introduced other food substances. The overall breastfeeding practice among the respondents in this study was poor 203(58.7%) with only 143(41.3%) who had good breastfeeding.

Table 1: Showing Maternal Factors Influencing the Breastfeeding Practices Among Children 0-24 Months in Bushenyi District.

Variables	Category	Frequency(n=346)	Valid Percent
Age (years)	15-19	22	6.4
	20-24	104	30.1
	25-29	122	35.2
	30-34	65	18.8
	>35	33	9.5
Marital status	Single	24	6.9
	Married	296	85.5
	Divorced	13	3.8
	Widow	13	3.8
Education level	No formal	28	8.1
	Primary	113	32.7
	Secondary	115	33.2
	Tertiary	90	26.0
Religion	Catholic	117	33.8
	Jehovah' witness	5	1.5
	Muslim	39	11.3
	Protestant	170	49.1
	Others	15	4.3
Parity	1	105	30.3
	2	95	27.5
	3	66	19.1
	>4	80	23.1
Maternal Occupation	Business	90	26.0
	Civil servant	10	2.9
	Health worker	30	8.7
	House wife	42	12.1
	Peasant	111	32.1
	Student	21	6.1
	Teacher	19	5.5
	Others	23	6.6
	Total	346	100.0
	Mode of delivery	Caesarean Section	97
Vaginal		249	72.0
Maternal overall knowledge of breastfeeding practices	Poor	84	24.3
	Good	262	75.7
Total		346	100.0

Table 2: Breastfeeding Practices Among Respondents (Lactating Mothers) With Children of Age 0-24 Months

Variable	Category	Frequency	Percentage
Initiation (n=346)	After 1 hour	85	24.6
	Within 1 hour	261	75.4
Exclusive Breastfeeding (EBF)			
For children below 6 months(n=252)	stopped	72	28.6
	Still doing EBF	180	71.4
For children above 6 months(n=94)	Did EBF	30	31.9
	Did not do EBF	64	68.1
Complementary Breastfeeding	Less than 2 years	75	21.7
	For at least 2 years	271	78.3
Overall Breastfeeding Practices	Poor	203	58.7
	Good	143	41.3

Child-Related Factors Influencing Breastfeeding Practices Among Children 0-24 Months in Bushenyi District

Out of the 346 respondents who participated in this study, their index children characteristics show that most 94(27.2%) of the children were between 1-2 months old followed by children between 3-4 months (21.4%). Most 188(54.3%) of the children were female and most 107(30.9%) were reported to have weighed 2.5-3.0kg at birth. Most 180(52.0%) of the children were reported to be healthy a week before this study (table 3).

Table 3: Showing Child-Related Factors Influencing Breastfeeding Practices Among Children 0-24 Months in Bushenyi District.

Variable	Category	Frequency	Percentage
Current age of the child (months)	<1	33	9.5
	1-2	94	27.2
	3-4	74	21.4
	5-6	51	14.7
	7-11	45	13.0
	12-24	49	14.2
	Total		346
Sex of child	Female	188	54.3
	Male	158	45.7
	Total	346	100.0
Child's weight at birth (Kg)	1-1.9	9	2.6
	2.0-2.9	123	35.5
	3.0-3.9	192	55.5
	I don't remember	22	6.4
	Total	346	100.0
Child's health	Poor	166	48.0
	Good	180	52.0
	Total	346	100.0
Milk demand	Low	32	9.2
	Moderate	191	55.2
	High	123	35.6
	Total	346	100.0

Bivariate and Multivariate Analysis of Maternal Factors Against Breastfeeding Practices of Study Respondents

Age of mothers, maternal education and maternal knowledge of breastfeeding practices were significantly associated with breastfeeding practices. The multivariate analysis shows that mothers who were Muslim and protestants have 24% (OR=1.24) and 14% (OR=1.14%) higher odds of practising optimal breastfeeding respectively compared to mothers who are Catholics. Mothers whose occupation are housewives have 42% (1.42%) higher odds of practising optimal breastfeeding compared to mothers whose occupation is business. Mothers who are students on the other hand are 2 times (OR=2.04) more likely to practice breastfeeding optimally compared to those who are into business. However, mothers with poor breastfeeding practice knowledge are 2 times (OR=2.24) more likely not to practice breastfeeding optimally (Table 4).

Bivariate and Multivariate Analysis of Child-Related Factors Against Breastfeeding Practices of Study Respondents

Child weight at birth (p=0.00), child's health (p=0.01) and low milk demand (p=0.05) are significantly associated with breastfeeding practices. The multivariate analysis further showed that mothers whose children are unhealthy have 27% (OR=1.27) higher odds for poor breastfeeding compared to those whose children are healthy. Mothers of children whose milk demand are moderate and high have 25% (OR=0.75) and 54% (OR=0.46) less odds to be breastfed optimally respectively (table 5).

Table 4: Bivariate and Multivariate Analysis of Maternal Factors Against Breastfeeding Practices

Variable	Breastfeeding Practices			O R	Chi-sq.	pvalue	
	Poor	Good	Total				
Age	15-19	20(90.9)	2(9.1)	22	1	25.710	0.0001
	20-24	55(52.9)	49(47.1)	104	0.11	12.841	0.001
	25-29	64(52.5)	58(47.5)	122	0.11	13.371	0.001
	30-34	36(55.4)	29(44.6)	65	0.12	10.564	0.005
	>35	28(84.8)	5(15.2)	33	0.56	0.453	0.938
Total		203(58.7)	143(41.3)	346(100)			
Marital Status	Divorced	11(84.6)	2(15.4)	13(100)	1	5.736	0.12
	Married	167(56.4)	129(43.6)	296(100)	0.24	4.575	0.094
	Single	17(70.8)	7(29.2)	24(100)	0.44	0.917	0.71
	Widow	8(61.5)	5(38.5)	13(100)	0.29	1.804	0.447
Total		203(58.7)	143(41.3)	346(100)			
Education Level	No formal	23(82.1)	5(17.9)	28(100)	1	16.329	0.0008
	Primary	56(49.6)	57(50.4)	113(100)	0.21	10.494	0.004
	Secondary	78(67.8)	37(32.2)	115(100)	0.46	2.399	0.322
	Tertiary	46(52.1)	44(48.9)	90(100)	0.23	9.178	0.007
Total		203(58.7)	143(41.3)	346(100)			
Religion	Catholic	69(59.0)	48(41.0)	117(100)	1	8.592	0.0730
	Jehova witness	0(0.0)	5(100.0)	5(100)	0.00	8.617	0.013
	Muslim	25(64.1)	14(35.9)	39(100)	1.24	0.324	0.966
	Protestant	102(60.0)	68(40.0)	170(100)	1.14	0.030	0.070
	Others	7(46.7)	8(53.3)	15(100)	0.61	0.814	0.839
Total		203(58.7)	143(41.3)	346(100)			
Maternal Occupation	Business	55(61.1)	35(38.9)	90(100.0)	1	17.651	0.014
	Civil servant	10(100)	0(0.0)	10(100.0)	infinity	9.205	0.017
	Health worker	14(46.7)	16(53.3)	30(100.0)	0.56	1.905	0.723
	Housewife	29(69.0)	13(31.0)	42(100.0)	1.42	0.79	0.962
	Peasant	58(52.3)	53(47.7)	111(100.0)	0.70	1.59	0.803
	Student	16(76.2)	5(23.8)	21(100)	2.04	1.767	0.759
	Teacher	8(42.1)	11(57.9)	19(100)	0.46	2.295	0.622
	Others	13(56.5)	10(43.5)	23(100.0)	0.83	0.16	1
Total		203(58.7)	143(41.3)	346(100)			
Overall, Knowledge	Good	142(54.2)	120(45.8)	262(100.0)	1	1.31	to 0.003
	Poor	61(72.6)	23(27.4)	84(100.0)	2.24	3.88	
Total		203(58.7)	143(41.3)	346(100)			

Table 5: Showing Bivariate and Multivariate Analysis of Child-Related Factors Against Maternal Breastfeeding Practices

		Breastfeeding Practices					
		Poor	Good	Total	OR	Chi-sq.	P value
Child's Weight At Birth	1-1.5	3(100.0)	0(0.0)	3(100.0)	1.0	20.986	0.00
	1.6-1.9	6(100.0)	0(0.0)	6(100.0)	0.40	0.000	1.00
	2-2.4	7(43.8)	9(56.3)	16(100.0)	0.72	4.357	0.20
	2.5-3.0	70(65.4)	37(34.6)	107(100.0)	0.33	2.503	0.51
	3.1-3.4	67(65.7)	35(34.3)	102(100.0)	0.23	2.477	0.521
	>3.5	40(44.4)	50(55.6)	90(100.0)	0.11	4.745	0.164
	Didn't know	10(45.5)	12(54.5)	22(100.0)	0.65	4.301	0.208
		Poor	Good	Total	OR	95%CI	p-value
Child's Health	Unhealthy	166(100.0)	0(0.0)	166	1.27	197.3231 to infinity	0.01
	Healthy	37(20.6)	143(79.4)	180(100.0)	1		
		Poor	Good	Total	OR	Chi-sq.	p-value
Milk Demand	Low	22(68.8)	10(31.3)	32(100.0)	1	5.845	0.05
	Moderate	119(62.3)	72(37.7)	191(100.0)	0.75	0.5	0.73
	High	62(50.4)	61(49.6)	123(100.0)	0.46	3.528	0.12
Total		203(58.7)	143(41.3)	346(100.0)			

DISCUSSION

Maternal Factors Influencing the Breastfeeding Practices Among Children 0-24 Months in Bushenyi District

The findings of this study show that the age of mothers, maternal education and maternal knowledge of breastfeeding practices were significantly associated with breastfeeding practices. These findings are in line with a study by Julia and Danuta who found that maternal age and maternal education had a significant impact on breastfeeding duration [29]. In this study, it was found that mothers who were Muslim and protestants had 24% (OR=1.24) and 14% (OR=1.14%) higher odds of practising optimal breastfeeding respectively compared to mothers who are Catholics. Mothers whose occupation are housewives have 42% (1.42%) higher odds to practice optimal breastfeeding compared to mothers whose occupation is business whereas mothers who are students were 2 times (OR=2.04) more likely to practice breastfeeding optimally compared to those who are into business. However, mothers with poor breastfeeding practice knowledge are 2 times (OR=2.24) more likely not to practice breastfeeding optimally. Concerning maternal age, the findings of this study concur with the research by [30] which reported that maternal age influence breastfeeding practices hence younger mother were reported to initiate breast milk compared to older mothers [30].

Breastfeeding Practices Among Respondents (Lactating Mothers) Of Children 0-24 Months in Bushenyi District.

The findings of this study show that 75.4% of the mothers initiated breast milk with their index children, and only 31.9% of children above 6 months were exclusively breastfed their index children. The majority (78.3%) of the mothers breastfed their children for at least 2 years as they were introduced to other food substances. The findings of this study differ slightly from the study by Bbaale [27] reported that on average, 56% of mothers initiated breastfeeding in the first hour and 46% practised exclusive breastfeeding and 50% terminated breastfeeding at 24 months [27]. The finding of this study also shows an improvement in initiation but a decline in EBF practice compared to previous statistics reported from a study conducted in Bushenyi by [1], who reported that 62.7% of mothers initiated breastfeeding within one hour of birth and only 34.3% of infants less than 6 months were exclusive breastfed [23].

Child-Related Factors Influencing Breastfeeding Practices Among Children 0-24 Months in Bushenyi District

In this study, it was found that a child's weight at birth, child's health and low milk demand are significantly associated with breastfeeding practices. Also, mothers whose children are unhealthy have 27% (OR=1.27) higher odds of poor breastfeeding compared to those whose children are healthy. Mothers of children whose milk demand is moderate and high have 25% (OR=0.75) and 54% (OR=0.46) less odds of being breastfed optimally respectively.

CONCLUSION

Age of mothers, maternal education and maternal knowledge of breastfeeding practices were significantly associated with breastfeeding practices among mothers in the Bushenyi district. The imitation of breast milk after the birth of their children and the breastfeeding duration was encouraging however, only 3 (31.9%) in every 10 mothers exclusively breastfed their infants. The weight of the infant at birth, the child's health and low milk demand significantly affect breastfeeding practices among mothers.

REFERENCES

1. Adomi Mbina, S., Magaji, G., Fanuel, A., Pius, T., Gorret, A., Nicholas Mavine, A., Lucky, N., & Ronald, A., Dominic Terkimbi, S., Stellamaris, K.: Breastfeeding Practices Among Infants and Young Children in Bushenyi, Uganda: Influence of Maternal Knowledge and Occupation. *JFMHC.*, 2021; 7, 90. <https://doi.org/10.11648/j.jfmhc.20210704.12>
2. Wamani, H., Aström, A.N., Peterson, S., Tylleskär, T., & Tumwine, J.K. Infant and young child feeding in western Uganda: knowledge, practices and socio-economic correlates. *J Trop Pediatr.*, 2005; 51, 356–361. <https://doi.org/10.1093/tropej/fmi048>
3. Ganesan, S., Jayaraj, J., Geminiganesan, S., & Rajan, M. A study on parental awareness of feeding practices in children in the age-group 12–24 months. *J Prev Med Hyg.*, 2022; 62, E909–E917. <https://doi.org/10.15167/2421-4248/jpmh2021.62.4.2287>
4. Ijarotimi, O.S. Determinants of Childhood Malnutrition and Consequences in Developing Countries. *Curr Nutr Rep.*, 2013; 2, 129–133. <https://doi.org/10.1007/s13668-013-0051-5>
5. Udoh, E.E., & Amodu, O.K. Complementary feeding practices among mothers and nutritional status of infants in Akpabuyo Area, Cross River State Nigeria. *Springerplus*, 2016; 5, 2073. <https://doi.org/10.1186/s40064-016-3751-7>
6. Complementary feeding. In: *Infant and Young Child Feeding: Model Chapter for Textbooks for Medical Students and Allied Health Professionals*. World Health Organization, 2009.
7. Complementary feeding, <https://www.who.int/health-topics/complementary-feeding>
8. Taha, Z., Garemo, M., & Nanda, J. Complementary feeding practices among infants and young children in Abu Dhabi, United Arab Emirates. *BMC Public Health.*, 2020; 20, 1308. <https://doi.org/10.1186/s12889-020-09393-y>
9. Hossain, S., & Mhrshahi, S. Exclusive Breastfeeding and Childhood Morbidity: A Narrative Review. *Int J Environ Res Public Health.*, 2022; 19, 14804. <https://doi.org/10.3390/ijerph192214804>
10. Wako, W.G., Wayessa, Z., & Fikrie, A. Effects of maternal education on early initiation and exclusive breastfeeding practices in sub-Saharan Africa: a secondary analysis of Demographic and Health Surveys from 2015 to 2019. *BMJ Open*, 2022; 12, e054302. <https://doi.org/10.1136/bmjopen-2021-054302>
11. Oche, M., Umar, A., & Ahmed, H. Knowledge and practice of exclusive breastfeeding in Kware, Nigeria. *Afr Health Sci.*, 2011; 11, 518–523
12. Otim, M.E., Omagino, E.K., Almarzouqi, A., Rahman, S.A., & Asante, A.D. Exclusive breast-feeding in the first six months: findings from a cross-sectional survey in Mulago hospital, Uganda. *Afr Health Sci.*, 2022; 22, 535–544. <https://doi.org/10.4314/ahs.v22i2.62>
13. Penugonda, A.J., Rajan, R.J., Lionel, A.P., Kompithra, R.Z., Jeyaseelan, L., & Mathew, L.G. Impact of exclusive breast feeding until six months of age on common illnesses: A prospective observational study. *J Family Med Prim Care.*, 2022; 11, 1482–1488. https://doi.org/10.4103/jfmprc.jfmprc_1423_21
14. Jama, A., Gebreyesus, H., Wubayehu, T., Gebregyorgis, T., Teweldemedhin, M., Berhe, T., & Berhe, N. Exclusive breastfeeding for the first six months of life and its associated factors among children age 6–24 months in Burao district, Somaliland. *International Breastfeeding Journal*, 2020; 15, 5. <https://doi.org/10.1186/s13006-020-0252-7>
15. Dukuzumuremyi, J.P.C., Acheampong, K., Abesig, J., & Luo, J. Knowledge, attitude, and practice of exclusive breastfeeding among mothers in East Africa: a systematic review. *International Breastfeeding Journal*, 2020; 15, 70. <https://doi.org/10.1186/s13006-020-00313-9>

16. Ndum Okwen, G.A., Karimuribo, E.D., Ngowi, H.A., & Fombang, E.N. Exclusive Breastfeeding and Its Determinants in Yaoundé, Cameroon: A Retrospective Survival Analysis. *J Pregnancy.*, 2022; 8396586. <https://doi.org/10.1155/2022/8396586>
17. Mosquera, P.S., Lourenço, B.H., Gimeno, S.G.A., Malta, M.B., Castro, M.C., Cardoso, M.A., & MINA-Brazil Working Group: Factors affecting exclusive breastfeeding in the first month of life among Amazonian children. *PLoS One*, 2019; 14, e0219801. <https://doi.org/10.1371/journal.pone.0219801>
18. Crepinsek, M.A., Taylor, E.A., Michener, K., & Stewart, F. Interventions for preventing mastitis after childbirth. *Cochrane Database Syst Rev.* 2020, CD007239. <https://doi.org/10.1002/14651858.CD007239.pub4>
19. Pevzner, M., & Dahan, A. Mastitis While Breastfeeding: Prevention, the Importance of Proper Treatment, and Potential Complications. *J Clin Med.*, 2020; 9, 2328. <https://doi.org/10.3390/jcm9082328>
20. Fatimah, Massi, M.N., Febriani, A.D.B., Hatta, M., Karuniawati, A., Rauf, S., Wahyuni, S., Hamid, F., Alasiry, E., Patellongi, I., & Permatasari, T.A.E. The role of exclusive breastfeeding on sIgA and lactoferrin levels in toddlers suffering from Acute Respiratory Infection: A cross-sectional study. *Ann Med Surg (Lond).*, 2022; 77, 103644. <https://doi.org/10.1016/j.amsu.2022.103644>
21. Cohen, R.J., Brown, K.H., Canahuati, J., Rivera, L.L., & Dewey, K.G. Effects of age of introduction of complementary foods on infant breast milk intake, total energy intake, and growth: a randomised intervention study in Honduras. *Lancet*, 1994; 344, 288–293. [https://doi.org/10.1016/s0140-6736\(94\)91337-4](https://doi.org/10.1016/s0140-6736(94)91337-4)
22. Albar, S.A. Mothers' feeding practices among infants (4–12 months) and associated factors: a cross-sectional study in Saudi Arabia. *J Nutr Sci.*, 2022; 11, e83. <https://doi.org/10.1017/jns.2022.85>
23. Mekebo, G.G., Argawu, A.S., Likassa, H.T., Ayele, W., Wake, S.K., Bedada, D., Hailu, B., Senbeto, T., Bedane, K., Lulu, K., Daraje, S., Lemesa, R., Aga, G., Alemayehu, E., Kefale, B., Bechera, T., Tadesse, G., Galdassa, A., Olani, J., Hembra, G., Teferi, G., Argaw, A., Irana, T., Tilahun, T., & Diriba, G. Factors influencing exclusive breastfeeding practice among under-six months infants in Ethiopia. *BMC Pregnancy Childbirth*, 2022; 22, 630. <https://doi.org/10.1186/s12884-022-04955-x>
24. Child health, <https://www.afro.who.int/health-topics/child-health>
25. Ogbo, F.A., Akombi, B.J., Ahmed, K.Y., Rwabilimbo, A.G., Ogbo, A.O., Uwaibi, N.E., Ezech, O.K., & Agho, K.E. On Behalf of The Global Maternal and Child Health Research Collaboration GloMACH, null: Breastfeeding in the Community-How Can Partners/Fathers Help? A Systematic Review. *Int J Environ Res Public Health.*, 2020; 17, 413. <https://doi.org/10.3390/ijerph17020413>
26. Operto, E. Knowledge, attitudes, and practices regarding exclusive breastfeeding among HIV-positive mothers in Uganda: A qualitative study. *Health Planning & Management*, 2020; 35, 888–896. <https://doi.org/10.1002/hpm.2966>
27. Bbaale, E. Determinants of Early Initiation, Exclusiveness, and Duration of Breastfeeding in Uganda. *J Health Popul Nutr.*, 2014; 32, 249–260
28. Jung, S.-H. Stratified Fisher's exact test and its sample size calculation: Stratified Fisher's exact test. *Biom. J.*, 2014; 56, 129–140. <https://doi.org/10.1002/bimj.201300048>
29. Tracz, J., & Gajewska, D. Factors Influencing the Duration of Breastfeeding Among Polish Women. *Journal of Mother and Child*, 2020; 24, 39. <https://doi.org/10.34763/jmotherandchild.2020241.2006.000007>
30. Section on Breastfeeding: Breastfeeding and the use of human milk. *Pediatrics*, 2012; 129, e827–841. <https://doi.org/10.1542/peds.2011-3552>

CITE AS: Aminu Ibrahim Isa (2024). Maternal and Child-related Factors influencing Breastfeeding Practices among Children 0 to 24 months in Bushenyi district, Uganda. NEWPORT INTERNATIONAL JOURNAL OF RESEARCH IN MEDICAL SCIENCES, 5(1):41-49. <https://doi.org/10.59298/NIJRMS/2024/51.4149.1400>