FACTORS AFFECTING EXCLUSIVE BREAST FEEDING AMONG POSTNATAL MOTHERS IN GOMBE HOSPITAL, BUTAMBALA DISTRICT. A CROSS-SECTIONAL STUDY.

Gladys Uwizera, Donatus Kimera*

St. Micheal Lubaga Hospital Training Schools.

Abstract

Background:

The study explored factors affecting exclusive breastfeeding among postnatal mothers in Gombe Hospital, Butambala District. The objectives that guided the study were: to identify socio-economic factors affecting exclusive breastfeeding practices, challenges faced by breastfeeding mothers, and mothers' knowledge of exclusive breastfeeding.

Methodology:

This study was quantitative; 40 participants were selected using convenience sampling.

The study was carried out in Gombe Hospital's young child clinic in January 2021. A structured questionnaire was used to collect data. Data were analyzed using SPSS version 20.

Results:

More than half of the mothers did not get help from staff on breastfeeding (72.5%), and 67.5% did not receive any help on positioning and attaching their babies to the breast. Some of the barriers found included the widely-held perception that infants needed water and formula to supplement, concern that breast milk alone does not satisfy the infant, inadequate infant feeding education and support by the health system, and the lack of community-based postnatal support and family influence.

Conclusion:

Midwives and health workers need to spend more time supporting and educating women about breastfeeding.

Recommendations:

There is a need for more training, follow-up, and research.

Keywords: Exclusive Breast Feeding, Postnatal mother, Butambala district, Gombe Hospital,
Submitted: 2022-07-23 Accepted: 2023-02-18

1. Background:

Exclusive breastfeeding (EBF) is offering the infant only the mother's breast milk from the time the infant is born up to 6 months and excluding other feeds. This would not include prescribed medicines or any other oral fluid that would be used to treat any medical condition. This is the most effective public health intervention known to reduce morbidity and mortality among infants, especially in low–income countries. Breastfeeding is a resourceful saving for any country's population and has proved that infants who have been breastfed exclusively have reduced risk of childhood diseases, thus saving the country's income

*Corresponding author.

Email address: kimempaka@gmail.com (Donatus Kimera)

that would be used to treat these infants. Breast milk promotes child survival, optimal growth, and development.

Breastfeeding infants is important and a means of survival for all infants, therefore it is a best practice to initiate breastfeeding as soon as the child is born if there are no complications to the mother or baby that would interrupt the initiation of breastfeeding in the first hours of birth. Evidence proves that feeding the baby with only breast milk for the first six months may delay the recommencement of menses and ovulation and helps avoid unplanned pregnancies thus better child spacing

To achieve the universal objective of sustenance, well-being, and continued existence, financial growth recommends that breastfeeding should begin immediately after birth, sustained exclusively for six months of infancy then proceeded with secure balanced complementary feeds for 2 years of existence or more. Worldwide a small number of infants attain these goals. Statistics show that 44% of newborns initiate breastfeeding following delivery, 40% of newborns below 6 months are completely breastfed and 45% of children are still breastfeeding at two years of age

In sub-Saharan Africa, 33% of infants are exclusively breastfed. In Africa where HIV prevalence is high, exclusive breastfeeding would be the best option because it contributes to the reduction of HIV spread to the newborn, where replacement feeding (AFASS) is not affordable among HIV-positive mothers and others (Maonga, Mahande, Damian, & Msuya, 2016). The Ugandan government approved the global commitment to improving exclusive breastfeeding. These approaches are the Baby Friendly Health Initiative, Infant Young Child Feeding (IYCF), and breastfeeding recommendations for the elimination of HIV spread to the newborn.

There are many challenges to Exclusive breastfeeding in developing countries such as; standards of living, education standards, mother's level of maturity, living together with a partner, working status, number of children, birthing place, tobacco use during pregnancy, mother's beliefs, and the existence of BFHI guidelines. However, these aspects vary in different locations (Matovu, Kirunda, Rugamba-Kabagambe, Tumwesigye, & Nuwaha, 2014).

In Uganda, most women initiate breastfeeding but many introduce other feeds early, leading to low levels of exclusive breastfeeding by the age of 6 months. The practice of giving pre–lacteal feeds is also common because mothers say they have to wait for the milk to flow and there is a perceived need to appease the baby's hunger or to clean the baby's throat (Ssenyonga, Muwonge, & Nankya, 2014). Most reasons for giving pre-lacteal feeds and early complementary feeds result from misconceptions widespread in the Mbale communities, about infants physiological needs and other mothers saying that they do not have enough milk, or believe that breast milk alone is not sufficient for their baby's nutritional needs (Engebretsen, Wamani, Karamagi, Semiyaga, Tumwine, & Tylleskar, 2017).

There is little research in Uganda concerning challenges to exclusive breastfeeding among mothers. However, few available data talk more about the Elimination of Mother-Child Transmission policies to promote and protect EBF among the HIV population, studies in Uganda and low-income countries report that infant feeding practices of a significant proportion of women are inconsistent with national or international recommendations (Matovu et al., 2014).

A study done in Uganda in 2011 found that most babies are EBF for 3 months postpartum accounting for 57% which is below the national guidelines recommended to EBF until 6 months (Matovu et al., 2014)

The use of social media has greatly advertised information regarding complementary feeds, different types of formula, and feeding accessories, while they are not informing the public about expressing breast milk through the use of breast pumps, milk storage, and anything that could help to protect and promote EBF (Barros et al., 2009). However, Uganda Demographic Health Survey (UDHS) report indicated that mothers are conscious that the newborn ought to be EBF until the age of 6 months, although several mothers

combine feeds earlier (UBOS & ICF, 2017). Unfortunately, in Uganda, there is inadequate protection, promotion, and support for breastfeeding due to a lack of funds to implement the already existing policies. Therefore, the current study will use quantitative methods to explore challenges to Exclusive breastfeeding in Uganda.

2. METHODOLOGY

2.1. Study design:

This was a cross-sectional study design.

2.2. Area of Study

The study was carried out in Gombe General Hospital, a young child clinic. It is located off of the Mpigi, Kabulasoke, Maddu, and Ssembabule roads, in the central business district of the town of Gombe, in Butambala district, Uganda. It is a government-owned hospital with a bed capacity of 100 beds.

2.3. Study population

The study was carried out among postnatal mothers with infants aged 0-6 months and mixed feeding attending young Children. The mothers who will bring the infants for immunization will be consecutively enrolled in the study. They should meet the inclusion criteria of being the biological mothers of an infant aged 0 to 6 months as confirmed on the child's immunization card. Eligible mothers will be identified by the study midwife who will explain the objectives of the study, and request their participation upon consent they will be taken to a private room where an oral interview will be carried out using the structured questionnaire.

2.4. Inclusion criteria

These were biological mothers of infants aged 0 to 6 months, practicing mixed feeding, and had given consent to participate in the study.

2.5. Exclusion criteria

Mothers having infants above 6 months of age, nonbiological mothers, and mothers practicing exclusive breastfeeding.

2.6. Sample size determination

A sample size of 40 mothers was used on a first come first serve basis to avoid bias.

2.7. Sampling procedures

Participants were selected using the convenience sampling method; post-natal mothers of infants aged 0 to 6 months who had given consent to participate in the study were mixed feeding were selected. I went on particular immunization days; using the consecutive sampling I selected mothers who were fitting the inclusion criteria to take part. A maximum of 40 mothers were interviewed using a structured questionnaire as per the sample size then data collection was stopped.

2.8. Data collection

The interview guide was created by the investigators through a literature review. To ensure that collected data answers the aim of this study in a relevant way, a validated questionnaire by (WHO & Unicef, 2009) was used. It was administered face-to-face to mothers. The questionnaire sought information on the demographic data, social as well as challenges to breastfeeding since birth. The questions were in English language but were translated into Luganda.

3. Data analysis

Data were checked for completeness and appropriateness; data was entered and coded into SPSS version 20.0 statistical package software for analysis. The results were presented in form of frequencies and percentages by using tables, charts, and figures.

3.1. Ethical considerations

An introductory letter was obtained from the Lubaga School of Nursing principal; Permission was sought from Gombe General Hospital to conduct the research.

The participants were asked to be part of the study after detailed information about the study was explained to them. They were asked to sign an informed consent form as proof of their voluntary participation.

3.2. Confidentiality and Anonymity.

The researcher used numbers allocated to these participants as identity numbers since no names were used on the interview guide except on informed consent forms. These were locked separately from the interview guide. The participants were assured of the confidentiality of their information during an informed consent process and privacy was maintained throughout. Completed interview guides were transported from the clinic in a well-secured box to avoid unnecessary data loss.

3.3. The consent.

The study information sheet and the consent form were translated into Luganda. Participants were asked to ask questions for clarity of study information. At the end of the information session participants were asked to sign the consent form as proof of voluntary participation and to also acknowledge their understanding of the study information. Illiterate participants were asked to put a thumbprint as a signature. The information sheet and a copy of the informed consent were provided to the participant to take with them.

3.4. Variables

3.4.1. Dependent Variables

The dependent variable is the exclusive breastfeeding practice of mothers attending the Young Child Clinic at Gombe General Hospital.

3.4.2. Independent Variables

Socioeconomic/demographic factors such as the age of the mother and maternal socioeconomic characteristics challenge the EBF of the mother, the number of children, and knowledge about the importance of EBF, are the main variables addressed in this research.

4. RESULTS

4.1. Social demographic characteristics of motherss

From the total of 40 mothers with infants aged 0 to 6 months, 40 responded to the questionnaire (response rate of 100 %). More than half (77.5 %) of mothers were aged less than 30 years. Most mothers were married (87.5 %) and (57.5 %) were employed. See table 1 and the bar graph for a breakdown of these results.

Majority of the respondents had attained secondary education accounting for (52.5%) but at least all respondents had attained some level of education.

4.2. SOCIO-ECONOMIC FACTORS AFFECTING EBF PRACTICES.

Antenatal care.

More than half (77.5%) of the respondents had given birth 1–2 times. 100 % of the mothers had attended antenatal care and the majority did not take alcohol (80%). These results are presented in table 2 and the bar graph (fig 2) below.

4.3. ***CHALLENGES TO EXCLUSIVE BREAST FEEDING***

Only 60 % of mothers delivered vaginally and 40% delivered by caesarean section. 100% of the mothers delivered from a health facility. Some mothers were able to hold their babies immediately after birth 45% but those that were operated on first held their babies after recovering from anesthesia 30%. Mothers that held their babies skin to skin were 37.5% while 62.5% held their babies wrapped. 80% of the respondents were not informed about the importance of rooming in. The rates of mixed feeding were 92.5%.

Only 65% were using bottles with teats to feed their babies and 72.5% were not offered help on breastfeeding in the first 24 hours. 67.5% did not receive any help with positioning and attaching their babies to the breast from staff. Refer to table 4.3 for these results.

The majority of the respondents reported giving Formula (55%), and other fluids that were given like cows milk, water, and glucose water accounted for 45% as shown in the pie chart below.

Most of the infants received supplements because their mothers requested them thinking they did not have enough breast milk that could get their babies satisfied (87.5%). A few (12.5%) were recommended by the doctors and staff as shown in the pie chart below.

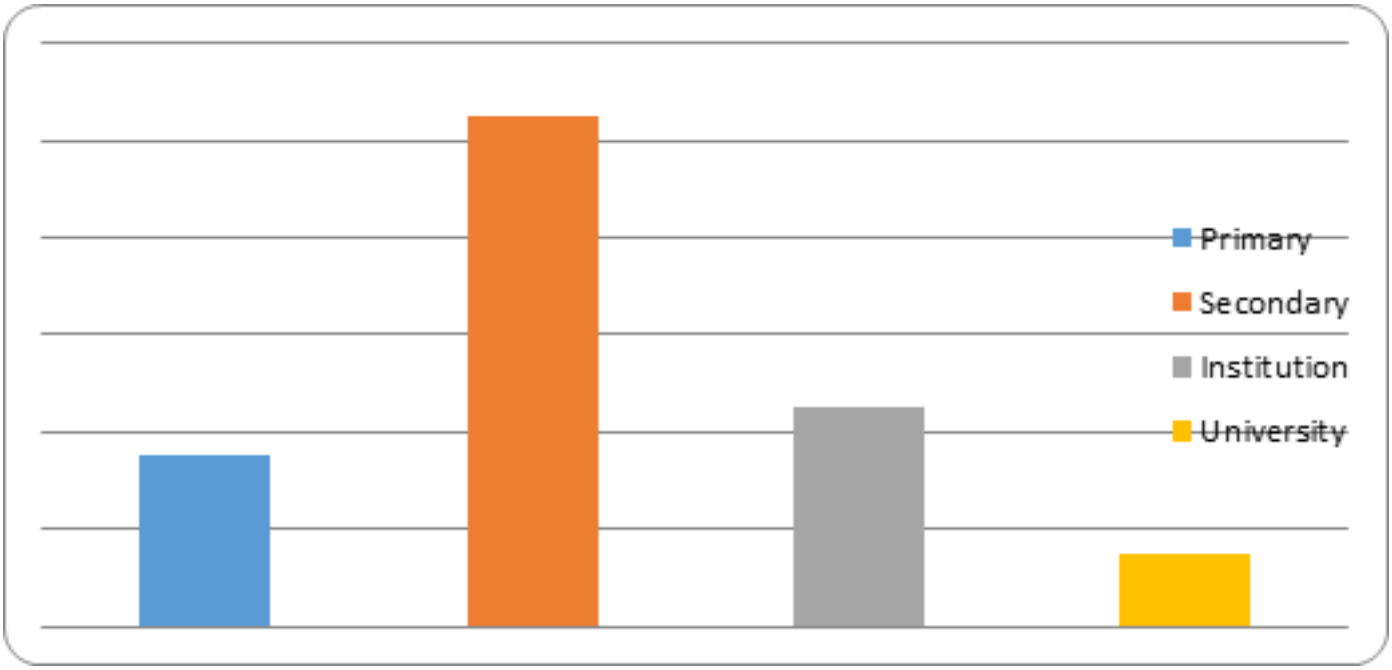

Figure 1: bar graph showing respondents level of education

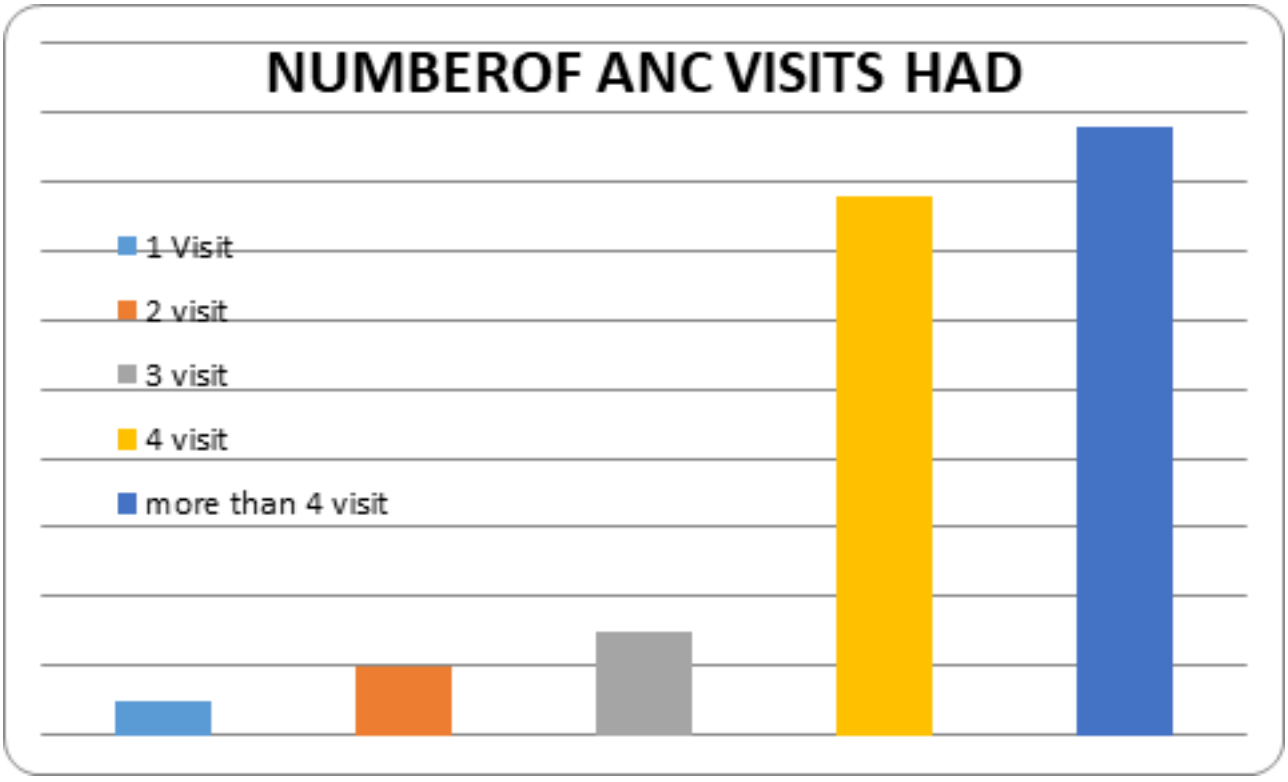

Figure 2: Bar graph showing number of anc visits had.

Table 1: Showing participant demographic data.

Variables	**category**	**frequency**	**Percent %**
Age in years	15-20 21-25 26- 30 31-35 36-40 46-50 Total	5 14 12 6 2 1 40	12.5 35.0 30.0 15.0 5.0 2.5 100.0
Marital status	Single Married Total	5 35 40	12.5 87.5 100.0
Employment	Employed unemployed Total	23 17 40	57.5 42.5 100.0

Table 2: Showing number of children and alcohol intake.

Variables	**Category**	**Frequency**	**Percent %**
Number of children	1 2 3 4 5 7 9 Total	21 10 3 1 2 2 1 40	52.5 25.0 7.5 2.5 5.0 5.0 2.5 100.0
Alcohol intake	Yes No Total	8 32 40	20.0 80.0 100.0

Table 3: Showing place of delivery,type of delivery and when mother first held her child, rooming in, feeding methods and staff help on breast feeding and positioning.

Variables	**Category**	**Frequency**	**Percent %**
Place of delivery	Health Center Hospital Total	7 33 40	17.5 82.5 100.0
Type of delivery	SVD C/S Total	24 16 40	60.0 40.0 100.0
When first held the baby	Immediately 5 minutes 30 minutes One hour After recovering from anesthesia Cannot remember Total	18 3 2 4 12 1 40	45.0 7.5 5.0 10.0 30.0 2.5 100.0
How you first held the baby	Skin to skin Wrapped Total	15 25 40	37.5 62.5 100.0
Importance of rooming in	Yes No Total	8 32 40	20.0 80.0 100.0
What did you use to feed the baby	Bottle with teat Cup Spoon Total	26 4 10 40	65.0 10.0 25.0 100.0
Staff help on breast feeding	Yes No Not applicable Total	8 29 3 40	20.0 72.5 7.5 100.0
Staff help on positioning	Yes No I did not need it Total	12 27 1 40	30.0 67.5 2.5 100.0

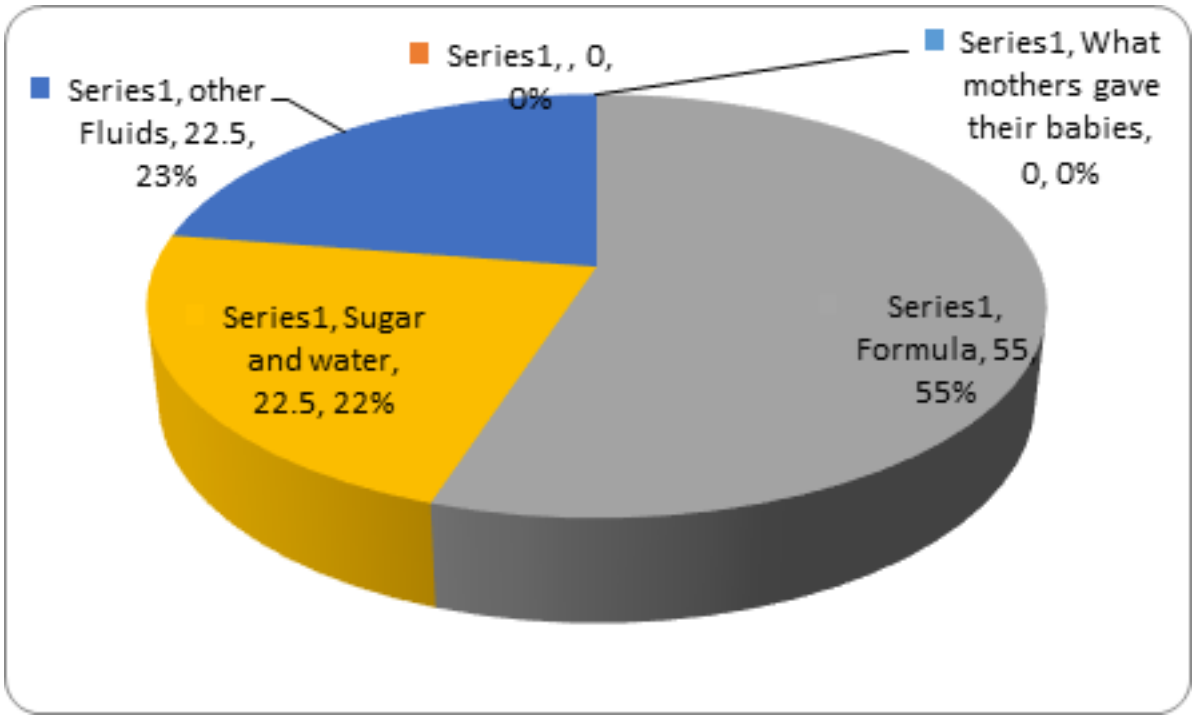

Figure 3: A pie chart showing what mothers gave their babies.

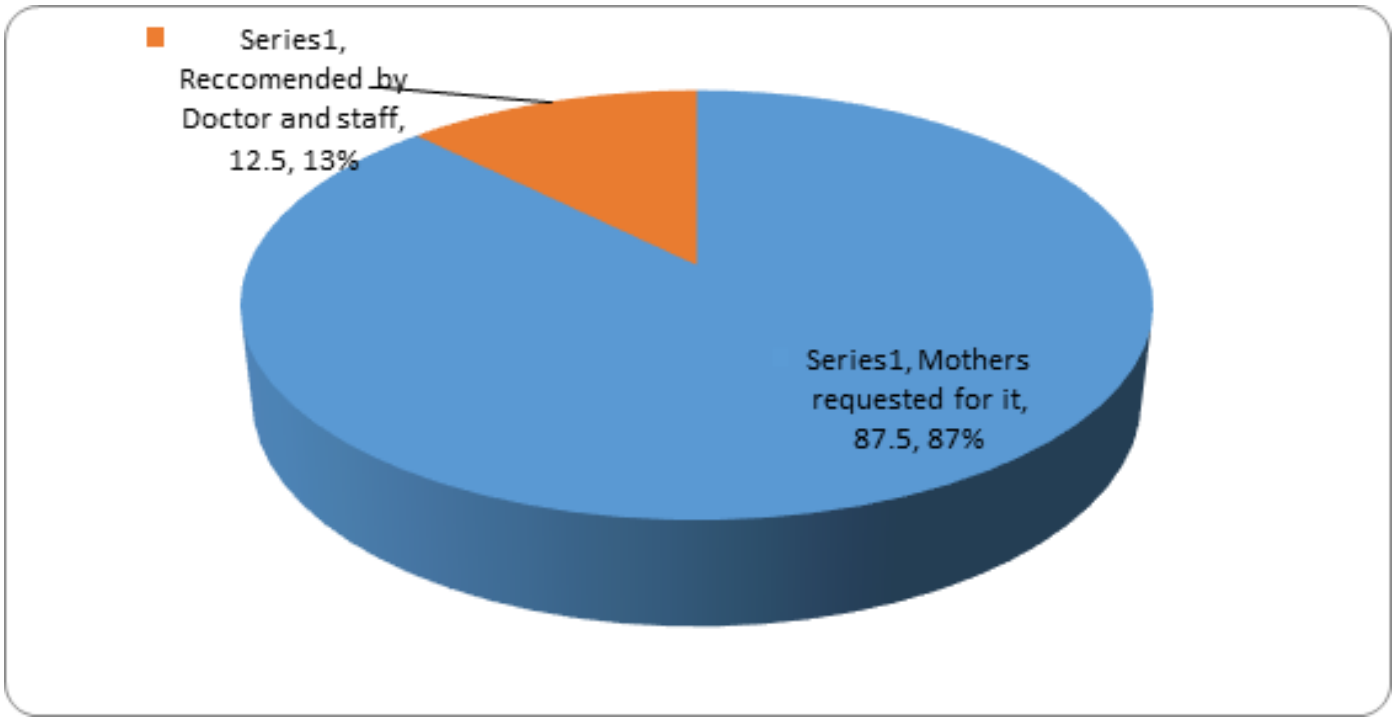

Figure 4: Pie charts showing why babies were given supplements.

*4.4. **MOTHERS KNOWLADGE ON EBF PRACTICE***

Access to information

Only 42.5% of respondents received advice on EBF. Almost all mothers (95%) were not advised about how long the baby should suckle on each breast. Most respondents did not get information on where to get help with breastfeeding (90%). Only 42.5% of the mothers got information on the risks of giving the baby other feeds before 6 months. The majority of the respondents did not get information from the staff about the signs of latching on (92.5%). Other respondents (80%) did not receive information on how to express breast milk with hands and there was no information or leaflets offered to mothers promoting breast milk substitutes totaling (95%). These results are presented in Table 4

5. DISCUSSION:

*5.1. **Social Economic Factors Affecting EBF Practices***

Maternal age showed that young mothers had low rates of EBF (77.5%) which is similar in Tanzania (Maonga, Mahande, Damian, & Msuya, 2016) where maternal age was significantly associated with EBF. However, it was contrary to other studies which showed that maternal age and alcohol intake were not associated with EBF practices (Jones, Kogan, Singh, Dee, & Grummer-Strawn, 2011; Onyearugha & Onyire, 2008).

The results revealed low rates of exclusive breastfeeding among the educated class (75%) and the employed (57.5%) which is the same as the study carried out amongst Nigerian mothers compared to countries like Nepal, Bangladesh, and India (Joshi, Agho, Dibley, Senarath, & Tiwari, 2012; Kabir et al., 2012; Patel et al., 2010). The reported prevalence of low rates of EBF among the educated (52.5%) and working mothers (57.5%) in Mulago Hospital was attributed to leaving their babies at home to go and work as early as 2 months of age. This is similar to the findings in Saudi Arabia(El-Gilany, Shady, & Helal, 2011), Brazil (Vieira et al., 2014), and Ethiopia (Alemayehu, Haidar, & Habte, 2009; Setegn et al., 2012; Tarekegn, Lieberman, & Giedraitis, 2014) where employed mothers may be overloaded with office and home activities which limits their contact with their babies.

5.2. CHALLENGES TO EXCLUSIVE BREASTFEEDING

We found a low rate of exclusive breastfeeding among post-natal mothers in Gombe hospital. Mothers offered infants breast milk and other supplements as early as day one and many factors contributed to this. Our study findings revealed 92.5% of infants less than 6 months of age received breast milk with other supplements like formula (55%), sugar water, and other fluids like cow's milk (45%). This is similar to the study conducted in north Nigeria (Awogbenja & Ndife, 2012) that found that the most complimentary feed introduced to the infants was formula accounting for 21%. In our findings, it was revealed that mothers had a perception that they do not have enough breast milk and that breast milk alone cannot satisfy the infant. These findings may be contrary to another study done in Nigeria (Agho, Dibley, Odiase, & Ogbonmwan, 2011) where cultural practices influenced the giving of water plus breast milk by some communities to quench the infant's thirst, followed by the belief that giving infants sugar water introduces them to a world of sweet tastes.

Data collected revealed that 92.5% of mothers offered supplementary feeds with the majority of mothers saying that they requested the supplements because they had insufficient milk. This is in line with (Gatti, 2008; Ismail, Alina, Wan Muda, & Bakar, 2016) who stated that although many mothers are aware of the benefits of breastfeeding the perception of insufficient breast milk impedes exclusive breastfeeding. This is also similar to a cross-sectional study performed in china (Zhang, Zhu, Zhang, & Wan, 2018) which revealed that most mothers practiced mixed feeding due to insufficient breast milk and returning to work earlier. These findings suggest that midwives and other healthcare professionals need to build the confidence of mothers about the sufficiency of breast milk to fulfill their baby's nutri-

Table 4: **howing information received on EBF, advice on how long to suckle, where to get breast feeding help, risk of giving other feeds and signs of latching on and information on expressing breast milk.**

Variables	Category	Frequency	Percentage %
Received information on EBF during antenatal and postnatal care	Yes No Total	17 23 40	42.5 57.7 100.0
Advice on how long baby should suckle	No advise As long as baby wants 0thers Total	38 1 1 40	95.0 2.5 2.5 100.0
Information on where to get help with breast feeding	Yes No Total	4 36 40	10.0 90.0 100.0
Information on risks of giving other feeds before 6 months	Yes No Total	15 25 40	37.5 62.5 100
Staff teaching on signs of latching on	Yes No Total	3 37 40	7.5 92.5 100.0
Information on expressing breast milk	Yes No Total	8 32 40	20.0 80.0 100.0
Have you been given leaflets that promote BMS	Yes No Total	2 38 40	5.0 95.0 100

tional demands and ensure that this confidence is sustained.

Our findings revealed that most mothers delivered by SVD (60%) held their babies earlier compared to those that had cesarean section. This is similar to the findings by (Chung, Kim, & Nam, 2018) which revealed that the rate of EBF for 6 months was higher in mothers who had spontaneous vaginal delivery than in mothers who had had a cesarean section. Bonding with infants may be delayed depending on the health status of the mother after cesarean, leading to delayed initiation of breastfeeding. Pain at the surgical site may reduce the likelihood of breastfeeding. This is true with our findings that revealed delayed bonding to the cesarean mother because most of them held their babies after recovering from anesthesia.

5.3. MOTHERS' KNOWLEDGE OF EBF PRACTICES

Our findings revealed that all the mothers attended antenatal care (100%) but only (42.5%) received information on exclusive breastfeeding. This implies that mothers were more likely to EBF if they had received appropriate information on EBF during ANC. Our findings contradict the randomized controlled trial by (Di Napoli et al., 2014) which was conducted among Italian women and concluded that using health workers alone to give early support and information on exclusive breastfeeding was ineffective.

Our findings revealed that 95% of the respondents were not given leaflets or information that promotes breast milk substitutes. This is in line with the study performed in Korea by(Kim, Kim, & Yoo, 2013) to increase breastfeeding, advertisements for infant milk formula and milk powder were banned from newspapers, magazines, radios, and TVs since 1991. The country also banned the promotion of sales of infant formula for free or at a lower cost to medical institutions or maternal child health centers.

In our findings, 90% of respondents did not receive any suggestions from staff on where to get help with breastfeeding. This finding is similar to a research study conducted in Tanzania (Nkala & Msuya, 2011) that found 95% of women with breastfeeding problems did not know what to do and where to get help and had low skills in how to attach and support infants. This is similar

to our findings that revealed that most mothers were not offered help with breastfeeding (72.5%) and 67.5% were not offered help with positioning. Therefore health education during pregnancy and immediate post-delivery on practical issues or skills like positioning and attachment of the baby during breastfeeding are important. Furthermore, women should be educated on what to do and where to seek help if faced with a breastfeeding problem

6. Conclusions

Midwives and health workers need to spend more time supporting and educating women about breastfeeding.

7. Limitations of the study

The study was limited to one hospital so the results could not be generalized and time as a factor limited our study.

Recommendations

There is a need for more training, follow-up, and research.

8. Acknowledgement

The successful completion of this report on "factors affecting exclusive breastfeeding among postnatal mothers in Gombe Hospital" is attributed to the generous support of several people to whom I am deeply indebted.

Especially, I thank my supervisor and all people who helped me complete the entire research process, without their expert advice and rigorous supervision, this study would have been difficult.

Our deep thanks to Gombe hospital for allowing me to do the research in their hospital and to our participants that took part in the study for their open views, cooperation, and time devoted to the study. We are so grateful to the service providers for their unconditional support in this research. Without their cooperation, this study would have been impossible to accomplish

May the almighty God bless you all for your priceless contribution.

9. LIST OF ACRONYMS

WHO: World Health organization
UNICEF: United Nations Children's fund
EBF: Exclusive Breast Feeding
BFHI: Baby friendly Health Initiative
IYCF: Infant Young Child Feeding
HIV: Human Immune Virus
WLWH: Women Living With HIV.
YCC: Young Child Clinic
SDG: Sustainable Developmental Goals
MTCT: Mother to Child Transmission
EMTCT: Elimination of Mother to Child Transmission.
AFASS: Acceptable, Feasible, Affordable, Sustainable and Safe
MoHSW: Ministry of Health and Social Welfare Tanzania
SPSS: Statistical Package for Social Services.
ORS: Oral Rehydration Solution
UNHRHC: United Nations Human Rights office of High Commissioner.
UDHS: Uganda Demographic and Health Survey.
USAID: United States Agency & International development.
IQ: Intelligence Quotient.

10. Publisher details:

Publisher: Student's Journal of Health Research (SJHR)
(ISSN 2709-9997) Online
Category: Non-Governmental & Non-profit Organization
Email: studentsjournal2020@gmail.com
WhatsApp: +256775434261
Location: Wisdom Centre, P.O.BOX. 148, Uganda, East Africa.

11. References:

1. Agho, K. E., Dibley, M. J., Odiase, J. I., & Ogbonmwan, S. M. (2011). Determinants of exclusive breastfeeding in Nigeria. BMC pregnancy and childbirth, 11(1), 2.https://doi.org/10.1186/1471-2393-11-2PMid:21219659 PMCid:PMC3025918

2. Alemayehu, T., Haidar, J., & Habte, D. (2014). Determinants of Exclusive Breast feeding practices in Ethiopia.

3. Awogbenja, M., & Ndife, J. (2012). Evaluation of infant feeding and care practices among mothers in nassarawa eggon local government area of nasarawa state. Indian Journal of Scientific Research, 3(1), 21.

4. Barros, F. C., Victora, C. G., Semer, T. C., Tonioli Filho, S., Tomasi, E., & Weiderpass, E. (2017). Use of pacifiers is associated with decreased breast-feeding duration. Pediatrics, 95(4), 497-499.

5. Chung, W., Kim, H., & Nam, C.-M. (2018). Breast-feeding in South Korea: factors influencing its initiation and duration. Public health nutrition, 11(3), 225-229.https://doi.org/10.1017/S136898000700047XPMid:17683647

6. Di Napoli, A., Di Lallo, D., Fortes, C., Franceschelli, C., Armeni, E., & Guasticchi, G. (2014). Home breastfeeding support by health professionals: findings of a randomized controlled trial in a population of Italian women. Acta Paediatrica, 93(8), 1108-1114.https://doi.org/10.1111/j.1651-2227.2004.tb02725.x

7. El-Gilany, A.-H., Shady, E., & Helal, R. (2011). Exclusive breastfeeding in Al-Hassa, Saudi Arabia. Breastfeeding Medicine, 6(4), 209-213.https://doi.org/10.1089/bfm.2010.0085PMid:21214391

8. Engebretsen, I, M., Wamani, H., Karamagi, C., Semiyaga, N., Tumwine. J.,& Tylleskar, T. (2017). Low adherence to exclusive breast feeding in Eastern Uganda: a community based cross sectional study comparing dietary recall since birth with 24 hour recall. BMC pediatrics.

9. Gatti, L. (2008). Maternal perceptions of insufficient milk supply in breastfeeding. Journal of Nursing Scholarship, 40(4), 355-363https://doi.org/10.1111/j.1547-5069.2008.00234.xPMid:19094151 PMCid:PMC4508856

10. Jone, J, R, Kogan, M., D., Singh, G., K., Dee, D., L., Grummer, Strawn, L., M. (2013). Factors associated with Exclusive Breastfeeding in United States. Pediatrics

11. Joshi, N., Agho, K. E., Dibley, M. J., Senarath, U., & Tiwari, K. (2012). Determinants of inappropriate complementary feeding practices in young children in Nepal: secondary data analysis of Demographic and Health Survey 2006. Maternal & child nutrition, 8, 45-59.https://doi.org/10.1111/j.1740-8709.2011.00384.xPMid:22168518 PMCid:PMC6860874

12. Kabir, I., Khanam, M., Agho, K. E., Mihrshahi, S., Dibley, M. J., & Roy, S. K. (2012). Determinants of inappropriate complementary feeding practices in infant and young children in Bangladesh: secondary data analysis of Demographic Health Survey 2007. Maternal & child nutrition, 8, 11-27.https://doi.org/10.1111/j.1740-8709.2011.00379.xPMid:22168516 PMCid:PMC6860519

13. Kim, M. J., Kim, Y. M., & Yoo, J. H. (2013). Factors affecting exclusive breastfeeding during the first 6 months in K orea. Pediatrics International Spanish (United states), 55(2), 177-180.https://doi.org/10.1111/ped.12004PMid:23110585

14. Maonga, A. R., Mahande, M. J., Damian, D. J., & Msuya, S. E. (2016). Factors affecting exclusive breastfeeding among women in Muheza District Tanga northeastern Tanzania: a mixed method community based study. Maternal and child health journal, 20(1), 77-87.https://doi.org/10.1007/s10995-015-1805-zPMid:26239611 PMCid:PMC4712214

15. Margues, N., M., Lira, P., I., Lima, M., C., Dasiiva, N., L., Filho, M., B., Huttly, S., R. et al. (2015). Breast feeding and early weaning practices in north east Brazil: A Longitudinal study pediatrics

16. Matovu, S., Kirunda, B., Rugamba-Kabagambe, G., Tumwesigye, N., & Nuwaha, F. (2014). Factors influencing adherence to exclusive breast feeding among HIV positive mothers in Kabarole district, Uganda. East African med-

ical journal, 85(4), 162-170.https://doi.org/10.4314/eamj.v85i4.9640PMid:18700349

17. Nkala, T. E., & Msuya, S. E. (2011). Prevalence and predictors of exclusive breastfeeding among women in Kigoma region, Western Tanzania: a community based cross-sectional study. International breastfeeding journal, 6(1), 17.https://doi.org/10.1186/1746-4358-6-17PMid:22070861 PMCid:PMC3221641

18. Onyearugha, C., & Onyire, N. (2008). Factors Influencing The Implementation Of Exclusive Breast Feeding Among Nursing Mothers Attending Abia State University Teaching Hospital Aba, Abia State Nigeria. Ebonyi Medical Journal, 7(1), 50-54.https://doi.org/10.4314/ebomed.v7i1.41560

19. Patel, A., Badhoniya, N., Khadse, S., Senarath, U., Agho, K. E., Dibley, M. J., & *, S. A. I. F. R. N. (2010). Infant and young child feeding indicators and determinants of poor feeding practices in India: secondary data analysis of National Family Health Survey 2005-06. Food and nutrition bulletin, 31(2), 314-333.https://doi.org/10.1177/15648265100310022 1PMid:20707236

20. Setegn, T., Belachew, T., Gerbaba, M., Deribe, K., Deribew, A., & Biadgilign, S. (2012). Factors associated with exclusive breastfeeding practices among mothers in Goba district, south east Ethiopia: a cross-sectional study. International breastfeeding journal, 7(1), 17.https://doi.org/10.1186/1746-4358-7-17PMid:23186223 PMCid:PMC3560275

21. Ssenyonga, R., Muwonge, R., & Nankya, I. (2014).Towards better understanding of exclusive breast feeding in the era of HIV / AIDS: a study of prevalence and factors associated with Exclusive Breastfeeding from birth in Rakai, Uganda, journal of tropical pediatric.

22. Tarekegn, S. M., Lieberman, L. S., & Giedraitis, V. (2014). Determinants of maternal health service utilization in Ethiopia: analysis of the 2011 Ethiopian Demographic and Health Survey. BMC pregnancy and childbirth, 14(1), 161.https://doi.org/10.1186/1471-2393-14-161PMid:24886529 PMCid:PMC4022978

23. UBOS, & ICF. (2017). Uganda Demographic and Health Survey 2016: Key Indicators Report: Uganda Bureau of Statistics (UBOS), and Rockville, MD: UBOS and ICF Kampala, Uganda.

24. Vieira, T. O., Vieira, G. O., de Oliveira, N. F., Mendes, C. M., Giugliani, E. R. J., & Silva, L. R. (2014). Duration of exclusive breastfeeding in a Brazilian population: new determinants in a cohort study. BMC pregnancy and childbirth, 14(1), 175.https://doi.org/10.1186/1471-2393-14-175PMid:24885939 PMCid:PMC4046501

25. Zhang, Z., Zhu, Y., Zhang, L., & Wan, H. (2018). What factors influence exclusive breastfeeding based on the theory of planned behaviour. Midwifery, 62, 177-182.https://doi.org/10.1016/j.midw.2018.04.006PMid:29684797

Author biography

Gladys Uwizera is a Student at St. Micheal Lubaga Hospital Training Schools.

Donatus Kimera is a Tutor at St. Micheal Lubaga Hospital Training Schools.