



A cross-sectional study on knowledge of the lactating mothers aged 15- 19 towards exclusive breastfeeding in the postnatal clinic at Wakiso Health Centre IV.

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Abstract.

Background.

Exclusive breastfeeding is when the infant receives only breast milk and no other foods or fluids, not even water, except oral rehydration solution or syrups containing vitamins, minerals, or medicines, when necessary. This study assessed the knowledge of the lactating mothers aged 15- 19 towards exclusive breastfeeding in the postnatal clinic at Wakiso Health Centre IV.

Methodology.

A quantitative descriptive cross-sectional study design was used to select 36 mothers using a simple random sampling method, collecting data using a structured questionnaire. Data was analyzed using SPSS computer programs for presentation of tables and figures. Responses for open-ended questions were summarized and given themes before tallying them for analysis.

Results.

25(69.4%) of the participants were aged 19 years while the least 1(2.8%), 20(55.6%) of the participants had secondary level of education, 97.2% of the participants had ever heard of EBF, 33.3% did not know the ideal period for EBF, 50% believed EBF is not sufficient for a baby up to 6 months, 25(69.4%) of the respondents mentioned nutritional benefit as the benefit of EBF and 29(91%) of the respondents reported health professional as their source of information about EBF

Conclusion.

Adolescent mothers at ERRH generally have good knowledge about exclusive breastfeeding (EBF), primarily sourced from healthcare professionals.

Recommendations.

Expanding education on EBF, especially in antenatal and postnatal care, to address misconceptions and reinforce the six-month duration as essential for infant health.

Keywords: Lactating mothers, Adolescent mothers (15-19 years), Exclusive breastfeeding (EBF), Postnatal clinic, Wakiso Health Centre IV, Breastfeeding knowledge.

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Background.

Despite the well-documented benefits of EBF for both maternal and infant health, globally, adolescent mothers are less likely to adhere to EBF recommendations compared to older mothers (Agho et al., 2021). According to Benova et

al. (2020), the practice of EBF remains disproportionately low among adolescent mothers, presenting a significant health burden, particularly in low- and middle-income countries where these adolescents, particularly aged 15-19



years, face unique challenges that hinder their ability to exclusively breastfeed for the recommended six months.

The high rate of adolescent pregnancy in Uganda poses significant health challenges for both mothers and infants. Among these challenges is the practice of exclusive breastfeeding, particularly among lactating mothers aged 15-19 (Birabwa et al., 2022). This remains a critical public health concern, with about 25% of girls in Uganda becoming mothers at an adolescent age (Maly et al., 2017). EBF provides an impact in reducing infant mortality and promoting healthy development, but many adolescent mothers at Entebbe Regional Referral Hospital struggle to exclusively breastfeed their infants for the recommended six months. This is particularly concerning given that adolescent mothers are already at a higher risk for poor maternal and child health outcomes. This study, therefore, assessed the knowledge of the lactating mothers aged 15-19 towards exclusive breastfeeding in the postnatal clinic at Wakiso Health Centre IV.

Methodology.

Study Design and Rationale

The study used a descriptive cross-sectional design employing a quantitative approach. This design was selected because data is collected at one point in time among the lactating mothers aged 15-19 years.

Study Setting and Rationale

The study was conducted at Entebbe Regional Referral Hospital, Wakiso district, and the Central region of Uganda. The hospital is a public facility, which was constructed by the British in the 20th century as Entebbe Grade B hospital initially, and later restructured in 2014 and reopened in 2017 as Entebbe Hospital, sheltering both Grade B and Grade A (private Wing) services. It is located in Entebbe town, approximately 37 Kilometers by road southwest of Mulago national referral hospital at coordinates: 0°03'50.0"N, 32°28'18.0" E (latitude 0.063874 and longitude 32.471655). Postnatal clinic works from Monday to Friday with an approximate attendance of 40 patients per day and 13 staff. This study area was selected due to the increasing number of adolescent pregnancies, yet limited services to support them.

Study Population

The study targeted all the lactating mothers aged 15-19 years attending the postnatal clinic at Entebbe Regional Referral

Hospital.

Sample Size Determination.

The study selected 36 mothers from the postnatal clinic to provide better information about the study. According to Kish and Leslie (Survey Sampling, 1965), statistical formulae for surveys:

$n = \text{No} / (1 + \text{No}/N)$; where

n = sample size

The representative sample for proportions

N = population size

Hence, the study sample size was;

$n = 384 / (1 + 384/40)$

$n = 36$

Therefore, the desired sample size was 36 respondents

Sampling Procedure

A convenience sampling method was used to identify the participants' information for this study. This was done by reaching out to all lactating mothers aged 15-19 years present on that day who are easily accessible to ask for their participation. On each visit, the researcher sampled 6 respondents for 6 days to reach a sample size of 36 to participate in the study.

Inclusion Criteria.

All the lactating mothers aged 15-19 years who were present that day and had consented to participate in the study and were able to read English.

Study Variables

Dependent variable;

Exclusive breastfeeding.

Independent variables.

Knowledge regarding Exclusive breastfeeding among the lactating mothers aged 15-19.

Research Instruments

The study used a semi-structured questionnaire with both open and closed-ended questions. The questionnaire contained 3 sections: section A, which consisted of the demographic data of the respondents, and section B, which consisted of the knowledge of the respondents regarding EBF. The questionnaire was formulated in English and was translated into the local language for illiterate respondents



to easily understand it.

Data Collection Procedure

An introduction to the mothers by the person in charge of the postnatal clinic was done, then thoroughly explained to the respondents the purpose of the study, and the possible risks that may be involved. Consent was sought from the respondents, and then a questionnaire was issued to the participants, ensuring that all the respondents who could not interpret the questionnaire were helped to interpret. The time to answer the questionnaire was 15-20 minutes to avoid losing the respondents' concentration.

Data Management and Presentation.

Data from the study was thoroughly checked and validated for completeness and stored in a database established using Microsoft Excel. A password was used to prevent unauthorized access to the database. The data was also backed up on a flash and a hard disk before and after analysis. Data on the questionnaire was kept under lock and key, while electronically stored data was password-protected.

Data Analysis.

Results

Demographic Data of the Respondents.

The data was first cleaned, organized, and checked for any gaps, after which it was changed into codes and later transferred to Microsoft Excel 2017 and SPSS computer programs for presentation of tables and figures. Responses for open-ended questions were summarized and given themes before tallying them for analysis.

Ethical Considerations.

After the approval of the proposal by the school research committee, an introductory letter was given to the researcher, allowing her to carry out the study. An introductory letter was taken to the In-Charge Entebbe Regional Referral Hospital to seek permission. The researcher introduced herself to the In-charge postnatal clinic and then introduced herself to the respondents, explaining the purpose of the study as well as the objectives.

Informed consent.

The consent was obtained from the respondents. Respondents' contact identities were kept anonymous throughout the study, and the researcher used codes to identify the respondents but not their names. Furthermore, no one else except the researcher had access to the completed research instruments for confidentiality.

Table 1: Shows the Demographic Characteristics of the Respondents. n=36.

VARIABLES	RESPONSE	FREQUENCY (f)	PERCENTAGE (100%)
Age Group	19 years	25	69.4
	18 years	08	22.2
	17 years	02	5.6
	16 years	01	2.8
Tribe	Muganda	19	52.8
	Munyankole	10	27.8
	Arur	04	11.1
	Musoga	03	8.3
Level of education	Secondary	20	55.6
	Tertiary	12	33.3
	Primary	04	11.1
Occupation	Self employed	18	50
	Un employed	12	33.3
	Formally employed	06	16.7
	Total	36	100%



Table 1 shows that 25(69.4%) of the participants were aged 19 years, while the least 1(2.8%) was aged 16 years. 52.8% were Baganda tribe, while the least 3(8.3%) were Basoga. Regarding level of education, more than half 20(55.6%)

were secondary level, while only 4(11.1%) were primary level. Half 18(50%) were self-employed while 6(16.7%) were formally employed.

Knowledge Regarding EBF among postnatal mothers at ERRH aged 15-19 years

Figure 1: Shows whether respondents have ever heard about Exclusive Breastfeeding n=36

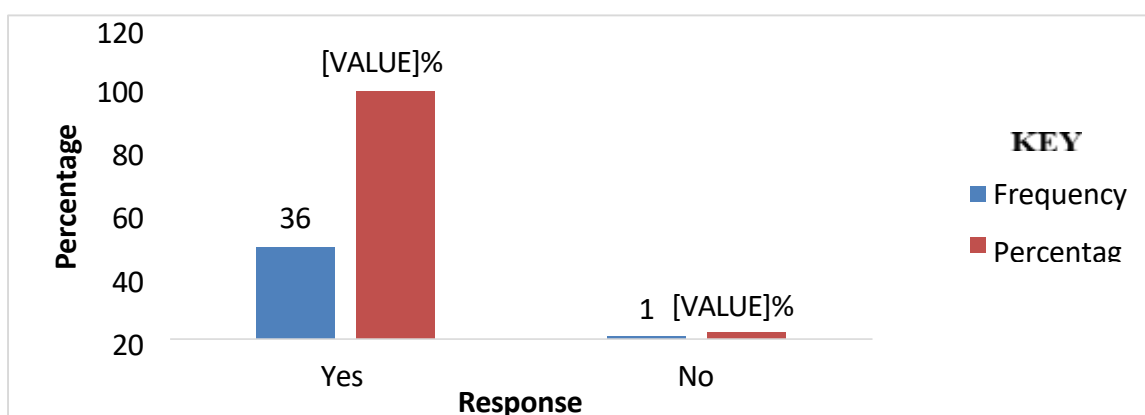


Figure 1 shows that almost all 35(97.2%) respondents reported having ever heard of EBF, while only 1(2.8%) had never.

Figure 2: Shows the recommended duration for exclusive breastfeeding, n=36.

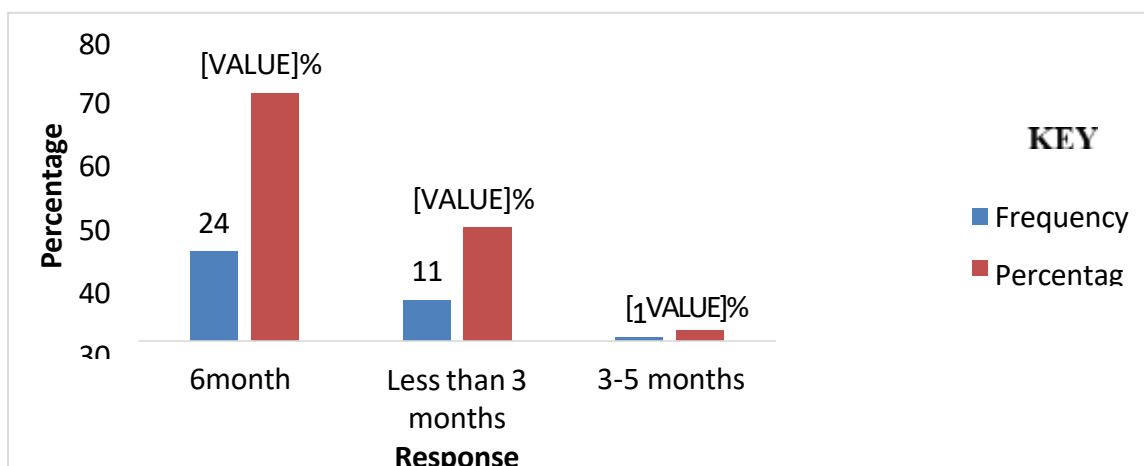




Figure 2 shows that 24(66.7%) of the mothers mentioned 6 months as the duration of EBF, while only 1(2.8%) mentioned 3-5 months.

Figure 3: Showing the Source of information about EBF n=36.

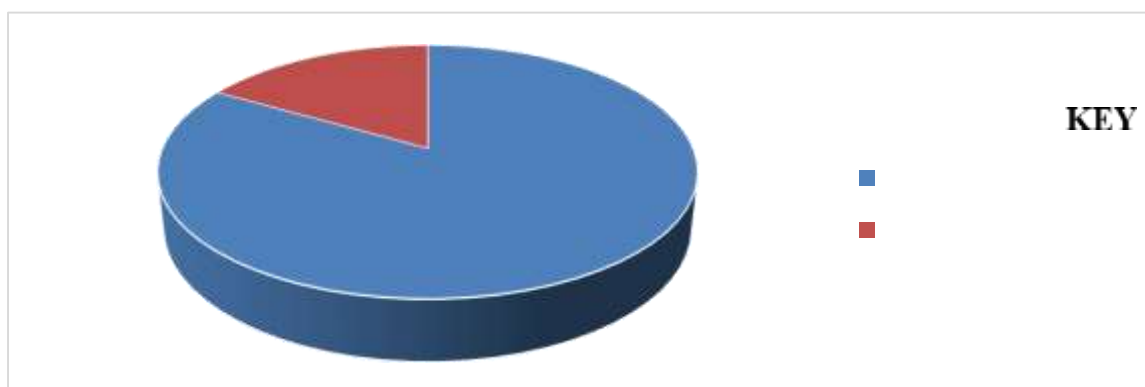


Figure 3 indicates that 29(91%) of the respondents reported a health professional as their source of information about EBF, while the rest 6(17%) mentioned friends.

Table 2: Showing the benefits of EBF Known n=36

Response	Frequency (F)	Percentage (%)
Nutritional benefits	25	69.4
Disease prevention	11	30.6
Total	36	100

Table 2 indicates that 25(69.4%) of the respondents mentioned nutritional benefit as the benefit of EBF, while the rest 11(30.6%) mentioned disease prevention.

Table 3: Showing whether respondents believe EBF is sufficient for a baby up to 6 months, n=36

Response	Frequency (F)	Percentage (%)
No	18	50
Yes	18	50
Total	36	100

Table 3 shows that half 18(50%) of the respondents reported that EBF is sufficient for a baby up to 6 months, while the other half 18(50%) said it is not sufficient.

Discussion of results.

Knowledge Regarding EBF among postnatal mothers at ERRH aged 15-19 years

The study revealed that almost all respondents (97.2%) had heard of EBF, with health professionals being the primary source of this information for 91% of respondents. This result reflects findings from similar studies in Bangladesh, where health professionals were noted as primary sources of



information for adolescent mothers who otherwise lacked sufficient knowledge about EBF (Haque Rema, 2019). This could be because access to accurate information from health professionals plays a vital role in promoting EBF awareness and practices among young mothers, who may otherwise have limited knowledge due to age and education levels. However, despite the high exposure, only 66.7% of mothers accurately identified six months as the recommended duration for EBF, consistent with the knowledge gap observed in Ethiopian mothers, where just 34.7% knew the six-month recommendation (Tadele et al., 2016). This indicates the need for more comprehensive education on EBF. The study also noted that most participants associated EBF with nutritional benefits (69.4%) and believed it was sufficient for an infant up to six months (50%), findings that are similar to those in Nigeria, where most respondents recognized EBF's role in promoting child health (Coetzee et al., 2017).

Conclusion.

Adolescent mothers at ERRH generally have good knowledge about exclusive breastfeeding (EBF), primarily sourced from healthcare professionals.

Recommendations.

Expanding education on EBF, especially in antenatal and postnatal care, to address misconceptions and reinforce the six-month duration as essential for infant health.

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List of abbreviations.

BFHI: Baby-Friendly Hospital Initiative
BMS: Breast Milk Supplements
EBF: Exclusive Breastfeeding
MOH: Ministry of Health
WHO: World Health Organization

Source of funding.

There is no source of funding.

Conflict of interest.

The authors declare no conflict of interest.

Availability of data.

Data used in this study are available upon request from the corresponding author.

Authors contribution

BA designed the study, conducted data collection, cleaned and analyzed data, and drafted the manuscript. HN supervised all stages of the study from the conceptualization of the topic to manuscript writing.

Authors biography

Babra Arotin is a student of a diploma in Midwifery at Mildmay Uganda School of Nursing and Midwifery. Hasifa Nansereko is a tutor and research supervisor at Mildmay Uganda School of Nursing and Midwifery.

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