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A cross-sectional study on knowledge, attitude, and practices towards exclusive breastfeeding among postnatal mothers at Eastern Division Health Center III in Soroti City.

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Soroti School of Registered Comprehensive Nursing.

Abstract.

Background.

Exclusive Breastfeeding is one of the practices that can minimize malnutrition in children below 6 months of life. However, undernutrition cases have alarmingly risen from 10% to 19% over the past three years. This study assessed the knowledge, attitudes, and practices toward exclusive breastfeeding among postnatal mothers at Eastern Division Health Center III, Soroti City.

Methodology.

A descriptive cross-sectional study design was carried out among 30 randomly selected postnatal mothers using a simple random procedure. Data was collected through face-to-face interviews using a pretested semi-structured questionnaire. Data was analyzed and presented in tables, graphs, and pie charts using Excel, from which statements were made.

Results.

15/30 (50%) of the respondents were mothers aged between 19 and 35 years, and 11/30 (36.7%) of the respondents had completed secondary education. (46%) Knew the meaning of Exclusive Breastfeeding (40%), knew that EBF was beneficial for infant growth (46.7%), and attended antenatal care (46.7%). (43.3%) Of the respondents who agreed that complementary breastfeeding is good for babies before 6 months, 50% agreed that EBF makes their breasts flat, and 43.3% disagreed that EBF is enough for infant growth in the first 6 months. Low EBF practices were noted as the majority, 60% of the respondents, who complemented breastfeeding their babies.

Conclusion.

Respondents had average knowledge, though attitudes and practices on exclusive breastfeeding were low. Thus, it is important to provide prenatal education to mothers and fathers on breastfeeding.

Recommendation

Post-natal mothers at Eastern Division Health Centre III should actively participate in postnatal activities to enhance and promote exclusive breastfeeding practices.

Keywords: *Exclusive breastfeeding, postnatal mothers, infant nutrition, Eastern Division Health Center III, Soroti City.*
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Background.

Exclusive breastfeeding (EBF) is defined as the infant receiving only breast milk, no other liquids or solids, even water, except for oral rehydration solution, or drops/syrups of vitamin supplements, minerals, or medicines for the first six months of life. EBF is the safest and healthiest feeding option for infants after birth until 6 months of their lives (Mekebo G. et al., 2022).

Globally, each year, breastfeeding practices can prevent about 1.4 million deaths among children under five years of age. Apart from the benefits that breastfeeding confers to the mother-child relationship, breastfeeding lowers the incidence of many childhood illnesses, such as middle infections, pneumonia, sudden infant death syndrome, diabetes mellitus, and diarrhea (Holtzman, O., & Usherwood, T., 2018).

Exclusive breastfeeding rates are alarmingly low, with only 39% of infants benefiting from this crucial practice. In

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developing regions, rates rarely surpass 30%, highlighting a significant gap in optimal infant nutrition. Each year, over 10 million children under five succumb to preventable deaths, with sub-Saharan Africa and South Asia accounting for a disproportionate 75% of these tragedies. The primary contributor to these deaths is the combination of sub-optimal breastfeeding practices and high disease prevalence, underscoring the urgent need for improved breastfeeding support and healthcare access (Teka et al., 2015).

Among high-income countries, breastfeeding rates vary significantly, ranging from high rates in countries like Oman, Sweden, and Uruguay to lower rates in countries like the USA and Ireland. In contrast, low- and middle-income countries show less variation, with a high percentage of babies being breastfed regardless of the country's breastfeeding rate. Additionally, disparities in breastfeeding rates exist within countries, with mothers from lower socioeconomic backgrounds in high-income countries being less likely to breastfeed (UNICEF, 2024).

In low-income and middle-income countries, only 37% of children younger than 6 months of age are exclusively breastfed, and breastfeeding duration is shorter in high-income countries than in those that are resource-poor (Victora, Cesar G et al). Sub-Saharan Africa has one of the highest prevalences of breastfeeding at one year worldwide; however, only 37% of infants aged less than six months are exclusively breastfed countries such as Chad and Sierra Leone, the rate of EBF is below 5 percent as observed that in most of sub-Saharan Africa, the increased levels of undernutrition are strongly associated with the age of the child. Uganda is no exception (Ogbo et al., 2017).

Although over 90% of children in Uganda are breastfed at some point, the percentage of children exclusively breastfed decreases sharply with age from 83% in infants 0–1 month to 69% among those 2–3 months and further to 43% among infants aged 4–5 months (Nabunya et al., 2020).

A study in eastern Uganda reports a rate of about 20 percent 24. Many infants under 6 months in Uganda are introduced to fluids other than breast milk. About 16% of infants are given fluids other than breast milk or foods by one month of age, with the proportion rising to about 65% between 4–5 months. Also, breastfeeding boosts healthy brain development and is associated with higher performance on intelligence tests among children (Victora et al., 2015).

Breastfeeding has been shown to decrease the frequency of postpartum hemorrhage, postpartum depression, breast cancer, ovarian and endometrial cancer, as well as enabling weight loss in mothers. The lactation amenorrhea method is an important choice for postpartum family planning if done well (Dukuzumuremyi et al., 2020). Awareness about breastfeeding was mainly obtained from health centers, leaving mothers unable to attend these centers, to miss out on vital information about exclusive breastfeeding. Around 43% of health workers were unaware of the country's Young and Infant Feeding Policy Guidelines (Otim et al., 2022). Evidence shows that breastfeeding has cognitive and health benefits for both infants and their mothers. It is especially critical during the first six months of life, helping prevent diarrhea and pneumonia, two major causes of death in infants. Every day in Uganda, 52 children under the age of 5 die from pneumonia and 33 from diarrhea (UNICEF, 2019). This study assessed the knowledge, attitudes, and practices toward exclusive breastfeeding among postnatal mothers at Eastern Division Health Center III, Soroti City.

Methodology.

Study design.

A descriptive cross-sectional study design was used, which involved mainly quantitative methods of data collection.

Study area

This study was conducted at Eastern Division Health Center III, a primary healthcare facility located in the Eastern Division of Soroti City, Eastern Uganda. Soroti district is bordered by Kaberamaido from the West, Amuria from the North, Katakwi from the East, and the south by Serere and Ngora districts. The native language spoken is Ateso and the economic activities mainly carried out are farming and trading.

Study Population

This study involved all post-natal mothers at Eastern Division Health Center III for post-natal care services.

Sample Size Determination

The sample size was determined according to Yamane's formula, following n=N/ [1+N
(e) ²], where:
n=required sample size N=Target population 45 e=Accepted error=0.1% n=N/ [1+N (e) ²]
n=45/ [1+45(0.1)²] n=45/1.45
n=31

Sampling Procedure.

To minimize bias and give equal opportunity for selection to all respondents, a simple random procedure was used to obtain the targeted sample size. The researcher cut equal-sized papers of the same color, folded them uniformly in an empty container, mixed them thoroughly, and each mother

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was allowed to pick only one paper at random. And only those who picked "yes" were allowed to participate in the study.

Inclusion criteria.
This study included post-natal mothers at Eastern Division Health Center III who were present at the time of study, had given informed consent to participate in the study, and were of sound mind.

Variables
Independent variable
Knowledge, attitude, and practices towards exclusive breastfeeding

Dependent variable.
Exclusive breastfeeding among mothers attending post-natal care.

Research instruments.
- A structured questionnaire consisting of both open and closed-ended questions was developed and used for data collection.
The instrument was edited and pretested at another facility with similar concerns outside the study area.

Data Collection Procedure.
An introductory letter was obtained from the Soroti School of Registered Comprehensive Nursing after the approval of the proposal. The researcher then presented it to the Eastern Division Health Center III, which recommended that the study be done in the facility. Data was collected using a key informant interview questionnaire, which contained brief questions covering the areas of interest based on the study. Informed consent was obtained from all participants before starting the interview process. Trained research assistants fluent in the local language administered the questionnaires in a private setting, ensuring confidence and addressing the concerns of participants.

Data management
The compiled data was checked thoroughly for completeness, and then sorted, edited, and verified. The researcher then used tables and figures for the presentation. Paper questionnaires were kept under lock and destroyed confidentially after data entry and analysis were complete.

Data analysis.
The data was analyzed using a computer software program, Microsoft Excel, and presented in tables and figures.

Ethical Approval.
The study was approved by the research committee, and an introductory letter was obtained from the Soroti School of Registered Comprehensive Nursing, which introduced the researcher to the relevant authorities in the study area, especially the Eastern Division Health Center III, who introduced the researcher to the nurses and midwives at the facility. Informed consent was obtained from the respondents, and absolute confidentiality will be assured. Furthermore, this study was submitted for review and approval by the Soroti School of Nursing Review Board (IRB) before data collection started. The IRB evaluated the research protocol to ensure it adhered to Ethical guidelines and protected the rights and welfare of participants.

Informed consent
A consent form was filled out by the respondents after explaining the purpose of the study to them. The respondents were assured of confidentiality as no names would appear on the questionnaire. No participant was forced to participate in the study, and all the study materials used during the interviews were safely kept under lock and key, only accessible by the researcher.

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RESULTS.

Socio-demographic characteristics of respondents.

Table 1: Socio-demographic characteristics of respondents (n=30)

Variable	Frequency (n=30)	Percentage (%)
Age of the mother		
0-18yrs	11	36.7
19-35yrs	15	50
36 and above	4	13.3
Marital status		
Single	5	16.7
Married	23	76.7
Divorced/separated	2	6.6
Highest level of education		
Non formal	0	0
Primary	10	33.3
Secondary	11	36.7
Tertiary	9	30

Table 1 shows that half 15/30 (50%) of the respondents were mothers aged between 19 and 35 years, 23/30 (76.7%) of the respondents were married, and 11/30 (36.7%) of the respondents had completed secondary education level.

Figure 1: Employment status of respondents (n=30).

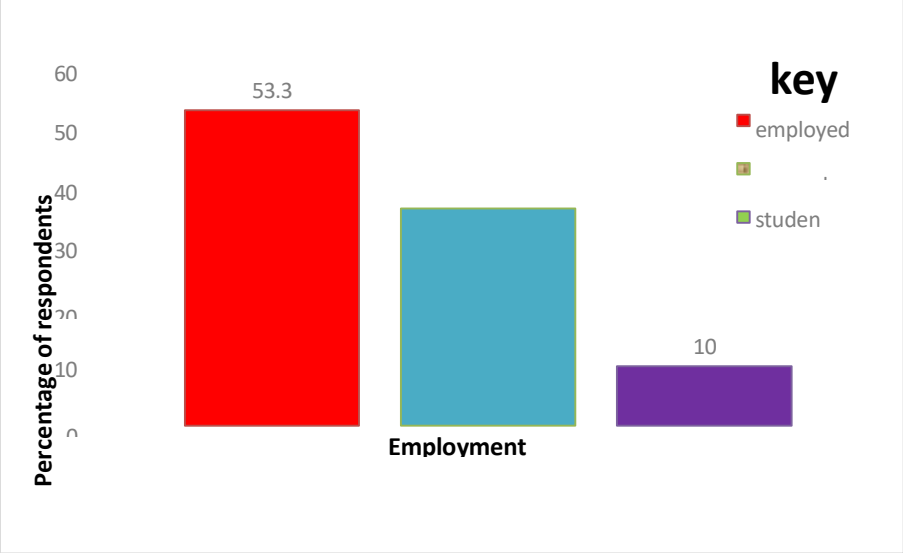

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Figure 1 shows that the majority13/30 (53.3%), of the study respondents were fully employed.

Figure 2: Number of children of respondents (n=30).

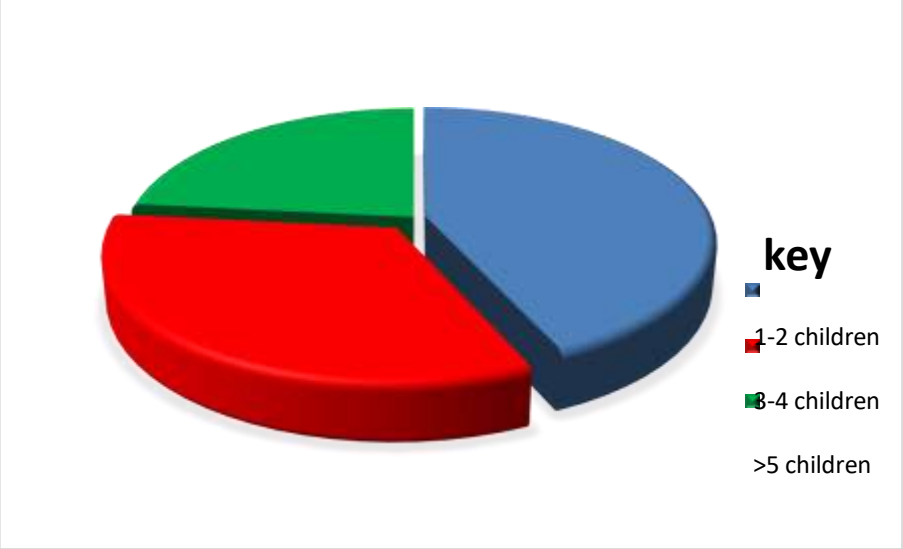

Figure 2 shows that most respondents 13/30(43.3%), had 1-2 children.

Figure 3: Respondents' place of delivery of youngest child (n=30)

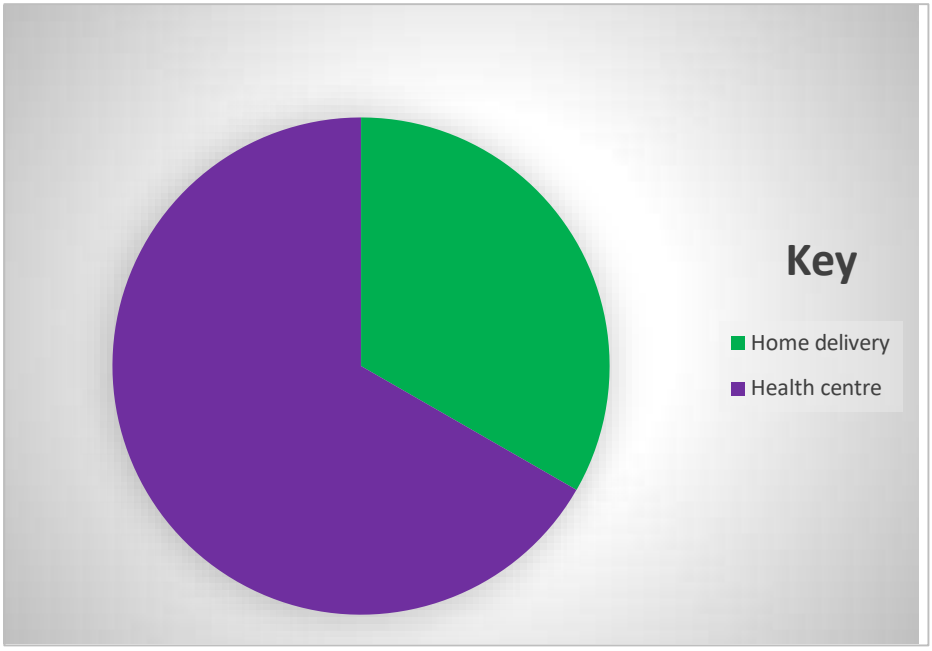

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Figure 3 shows that more than half 20/30(67%), of respondents delivered within a health center setting.

Knowledge towards exclusive breastfeeding among post-natal mothers

Table 2: Knowledge on the meaning of EBF, source of information, and benefits of EBF among postnatal mothers (n=30)

Variables	Frequency (n=30)	Percentage (%)
Meaning of exclusive breastfeeding		
Giving a child breast milk only till 6 Months	15	50
Giving infants breast milk and solid food Foods	7	23.3
Giving infants breast and formula milk	8	26.7
Source of information regarding		
Attending ANC, hospital delivery	14	46.7
Partner, family	13	43.3
Community support groups	1	3.3
Social media, newspapers, and radio	2	6.7
Benefits of EBF		
Safe, hygienic, and cheap	12	40
Boosts the immunity of an infant	11	36.7
Bonding of mother and baby	7	23.3

Table 2 revealed that, most 15/30(40%) of respondents knew the meaning of EBF as giving child only breast milk till 6 months,14/30(46.7%) obtained information regarding EBF during antenatal care visits and hospital deliveries and 12/30(40%) knew the benefits of EBF as being safe, hygienic and cheap.

Table 3: Misconceptions regarding exclusive breastfeeding (n=45).

Variable	Frequency (n=45)	Percentage (%)
Discarding colostrum is a good practice	20	44.4
Flattening of the breasts	13	28.9
Causes respiratory tract infections	4	0.1
Does not satisfy the baby	8	0.2

Table 3 shows multiple responses on misconceptions regarding exclusive breastfeeding, though the majority, 20/45 (44.4%) of the respondents, mentioned discarding colostrum as a good practice.

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Attitude towards exclusive breastfeeding among post-natal mothers.

Table 4: Attitude on confidence to breastfeed in public, EBF benefits, Supplementary feeding is a good practice before 6 months, community supportive and encouraging EBF, and misconceptions among post-natal mothers (n=30).

Variable	Strongly agree	Agree	Disagree	Strongly disagree
Confident to breastfeed the baby in public	14 (46.7%)	9 (30%)	7 (23.3%)	0%
EBF benefits infants' health	12 (40%)	7 (23.3%)	11 (36.7%)	0%
Supplementary feeding is a good Practice for 6 months	7 (23.3%)	13 (43.3%)	7 (23.3%)	3(23.3%)
The community is supportive and encouraging of EBF.	11 (36.7%)	10(33.3%)	9 (30%)	0%
Misconceptions on EBF as flattening of the breasts and upper respiratory infections	7 (23.3%)	15 (50%)	3 (10%)	5(16.7%)

Table 4 shows that the majority14/30(46.7%) of respondents strongly agreed that, they were confident about breastfeeding their baby in public, 12/30(40%) strongly agreed that EBF benefits infant health, 13/30(43.3%) agreed that supplementary feeding is a good practice before 6 months, 11/30(36.7%) strongly agreed that their community is supportive and encouraging EBF and 15/30(50%) agreed on other misconceptions on EBF as flattening of the breasts and upper respiratory infections.

Practices towards exclusive breastfeeding among post-natal mothers.

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Table 5: Practices on initiation of EBF after delivery, duration of EBF, and challenges of exclusive breastfeeding among postnatal mothers (n=30)

Variables	Frequency(n=30)	Percentage (%)
Initiation of EBF after delivery		
0-6 hours	13	43.3
6-12 hours	9	30
12-24 hours	8	26.7
Duration of EBF		
Did not breastfeed at all	3	10
1month to less than 5 months	12	40
6 months only	7	23.3
More than 6 months	8	26.7
Challenges of EBF		
Low breast milk supply, nipple soreness	16	53.3
Fungal infections around the breast	6	20
Social stigma	3	10
Changes in breast shape	5	16.7

Table 5 shows that most 13/30(43.3%) of the respondents initiated EBF within 0-6 hours after delivery, 12/30(40%) exclusively breastfed their babies for 1 month to less than 5 months and more than half 16/30(53.3%) of the respondents experienced challenges of low breast milk supply and nipple soreness during EBF.

Figure 4: When to exclusively breastfeed the baby (multiple responses).

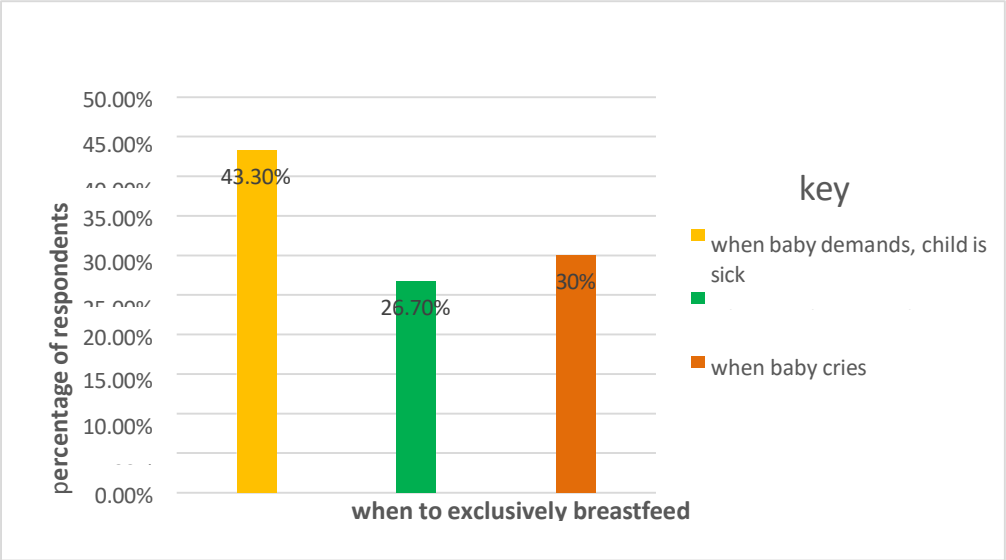

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Figure 4 shows multiple responses on when mothers exclusively breastfeed their babies, though the majority17/40(43.3%) of the respondents said they exclusively breastfeed the baby on demand and when the child is sick.

Figure 5: Reasons for not practicing EBF (n=30)

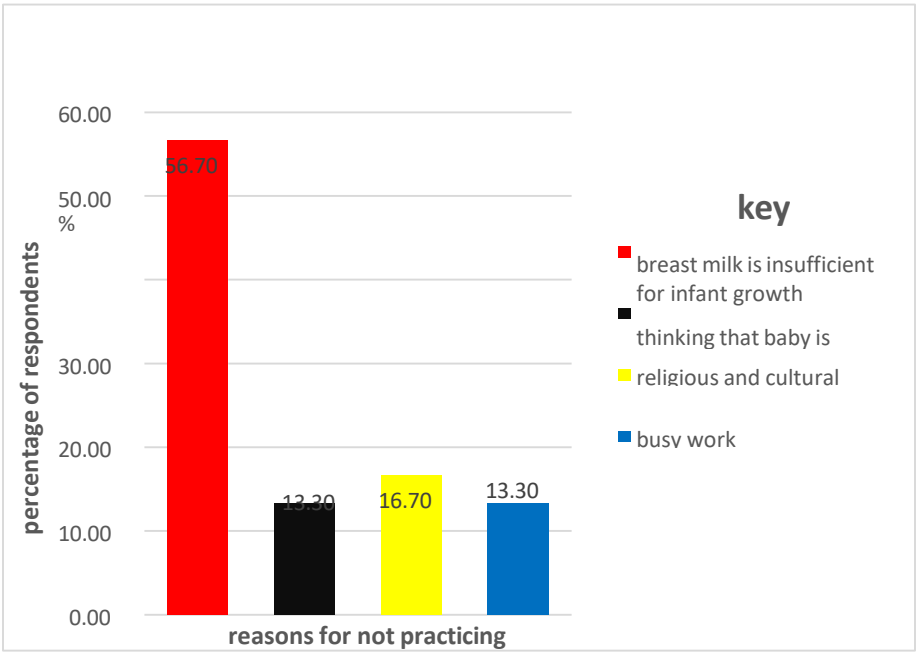

Figure 5 shows that the majority 17/30(56.7%), of the respondents acknowledged that some women do not practice EBF due to breast milk being insufficient for infant growth.

Discussion of results.

Knowledge towards exclusive breastfeeding among post-natal mothers.

The majority of the respondents (46.7%) knew the meaning of Exclusive Breastfeeding as giving the child only breast milk till 6 months. This was because of the information they got during the ANC period, where health workers taught them about EBF. This corresponds with the study conducted among lactating mothers in Noakhali, Bangladesh, where about four in five mothers knew the correct meaning of EBF (Sultana et al., 2022).

Most respondents (40%) knew the benefits of EBF as safe, hygienic, and cheap. This highlighted a positive understanding that fostered healthy infant growth since breast milk was readily available and safe, which minimized the chances of childhood diseases in the baby. This is in line with the study conducted among mothers visiting Masaka District Hospital in Kigali, Rwanda, where almost all participants (95.9%) understood EBF as safe, cheap, hygienic, and available for the baby always (Luo et al., 2021).

Nearly half (46.7%) of the respondents obtained information regarding exclusive breastfeeding from attending antenatal care and hospital deliveries. This provided mothers with the opportunity to be educated on when to initiate EBF and the benefits of practicing exclusive breastfeeding (EBF). This corresponds to the study among mothers attending the OPD clinic at the Baby Friendly Hospital Initiative Designated Hospital in Port Harcourt, Nigeria, where 84.8% of the mothers got to know about EBF while participating in antenatal sessions and giving birth in a hospital setting (Okari et al., 2020).

Almost half (40%) of the participants had a misconception regarding EBF and said that discarding colostrum was a good practice of EBF. On the other hand, it deprives the neonates of getting optimal nutrition, and immune protection for colostrum is rich in antibodies, vitamins, and minerals essential for the newborn's proper growth and

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development. This study's findings are in line with a study conducted among mothers in East Africa, where a significant proportion (47.9%) believed that discarding colostrum was important (Dukuzumuremyi et al., 2020).

Attitude towards exclusive breastfeeding among postnatal mothers.

A significant number of respondents (46.7%) strongly agreed that they were confident to breastfeed their babies in public. This implies an increased likelihood of breastfeeding anywhere at any time, resulting in better breastfeeding outcomes and experiences; therefore, the child will feed adequately and grow faster and healthier, free from childhood illnesses. This corresponds with the study conducted at the Young Child Clinic in Mpigi Health Center IV, where a significant proportion (45%) felt at ease and comfortable breastfeeding in public (Eko Lokoru, F. 2022).

The majority of respondents (36.7%) strongly agreed that their community was supportive and encouraged EBF. This signified that post-natal mothers were motivated by the positive attitudes of members within the society to breastfeed newborn babies, which helped to stimulate lactation, thus increasing the amount of breast milk, therefore enabling faster baby growth due to enough feeding. This corresponds with the study done by Sabo et al. (2023) among mothers of childbearing age, where the majority (62.2%) reported that their community supports and encourages EBF over infant formula.

Almost half (43.3%) of the respondents disagreed that EBF was not enough for infant growth in the first 6 months. This was evidenced by some respondents saying that 'breast milk is always insufficient; the baby always wants to eat' due to inaccurate information and negative family influence. This corresponds to the results of a former study conducted in Wuhan, China, where most mothers did not believe that exclusive breastfeeding alone was enough for infant growth in the six months after birth (Hamza et al., 2019).

The majority (43.3%) of the respondents agreed that supplementary feeding is a good practice before 6 months. This is because it decreases exclusive breastfeeding duration and solves the challenge of low breast milk production, though it is not a good practice before six months since the infant's GIT is immature; therefore, it slows down infant growth and increases early childhood infections. This agrees with the study done among Ghanaian rural lactating mothers, where almost 42 % of the mothers did not exclusively breastfeed their babies (Mogre et al., 2016).

Most (50%) of the respondents agreed on other misconceptions about EBF as flattening of the breasts and upper respiratory infections. This could be due to a lack of accurate information, peer pressure, and societal myths regarding EBF. This is in line with the study done by Okwiri, P. (2017) at the postnatal clinic of Kampala International University–Teaching Hospital, Bushenyi, which showed that 91.86% of women believe that EBF makes breasts flat.

Practices towards exclusive breastfeeding among postnatal mothers.

Most of the respondents (43.3%) initiated EBF within 0-6 hours after delivery. This was because of the advice they obtained from medical personnel during ANC, where they said early initiation stimulates hormones that aid uterine contractions and stimulate early secretion of breast milk, which promotes the good health of infants. This is in line with the study done in Mecha District, Northwest Ethiopia, where about 85.1% of respondents started initiating breastfeeding within 0–6 hours after giving birth (Mazengia et al., 2020).

The majority (40%) exclusively breastfed their babies for 1 month to less than 5 months. This was due to busy work schedules where babies were left to be nursed by maids on formula milk and other fluid foods, therefore contributing to high levels of malnutrition and childhood infections since the baby's GIT is still immature to digest foods other than breast milk. It was also because of misconceptions that breast milk alone does not satisfy the infant. This contradicts the research among mothers attending Masaka District Hospital in Kigali, Rwanda, where 76.4% of mothers practiced EBF for the first 6 months (Luo et al., 2021).

More than half (53.3%) of the respondents experienced challenges of low breast milk supply and nipple soreness during EBF. These issues could be due to stressful events and hormonal changes, hence disrupting the breastfeeding duration and practices, therefore slowing infant growth and developmental milestones. This is in line with a study conducted by Akadri, A., & Odelola, O in 2020 among 340 mothers in Southwest Nigeria, where challenges of low breast milk supply and nipple soreness hindered the practice of EBF.

The majority (43.3%) of the participants breastfed their babies when they demanded and when they were sick. This was because of busy work schedules and having limited time for children by the mothers, which has therefore increased malnutrition levels among infants due to inadequate breastfeeding. This corresponds with the study conducted among Mothers Attending the Maternal Child Health Clinic at Kitagata Hospital, Sheema District, Uganda where the

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majority of the mothers breastfed based on the demand of the child (42%), (78%) of the respondents breastfed their children when sick (Ganafa, A. 2016).

Conclusions.

The study noted that the majority of the mothers were highly knowledgeable about exclusive breastfeeding since they had attended secondary level of education, where they could have studied EBF as a topic, though their attitude towards EBF was negative because most of them were young mothers with limited exclusive breastfeeding experiences and community misconceptions regarding EBF practice. Most mothers had low practices on EBF because of busy work schedules, where the majority were employed mothers, thus resorting to supplementary feeding before six months of age.

Study limitations.

Limited funds due to the current high prices of stationery, internet access, and other necessary resources for the study might delay the researcher from completing the study on time.

Balancing research activities with other commitments was challenging.

Recommendation.

The government should put more emphasis through the Ministry of Health on empowering mothers with breastfeeding information and addressing exclusive breastfeeding concerns and myths.

Implementing breastfeeding-friendly hospital policies and post-natal follow-up and guidance.

More Health education needs to be done to discourage supplementary feeding before six months because it's not a good EBF practice.

Acknowledgment.

My special thanks go to the almighty God for the gift of life and good health during my study, and to my family for their continuous love and support during my study.

I am grateful to the management of Eastern Division Health Centre III for allowing me to conduct the study at the facility.

My gratitude and honor go to the principal, Mr. Itomet Francis, and his entire staff for their guidance and necessary support.

My special appreciation goes to my supervisor, Ms. Atino Florence Okellom, who set aside her commitments and ensured the completion of this work successfully.

List of abbreviations.

EBF: Exclusive Breast Feeding.
WHO: World Health Organization
UNICEF: United Nations Children's Emergency Fund.
WFP: World Food Program
SDGs: Sustainable Development Goals.
FAO: Food and Agriculture Organization
KAP: Knowledge, Attitude, and Practices
YCC: Young Child Clinic
GIT: Gastrointestinal Tract.
HMIS: Health Management Information System

Source of funding.

There is no source of funding.

Conflict of interest.

No conflict of interest was declared.

Availability of data.

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

Authors contribution.

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

Authors biography

Jacken Niwandinda is a student of a diploma at Soroti School of Registered Comprehensive Nursing.

Florence Atino Okellom is a research supervisor at the Soroti School of Registered Comprehensive Nursing.

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