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Factors influencing exclusive breastfeeding among lactating mothers aged 15-19 years attending the postnatal clinic at Entebbe regional referral hospital in Wakiso district. A cross-sectional study.

Babra Arotin*, Hasifa Nansereko*, Jane Frank Nalubega, Edith Akankwasa, Elizabeth Okello, David Kavuma, Immaculate Naggulu Posperia
Mildmay Uganda School of Nursing and Midwifery.

Abstract.

Background.

EBF is a global health priority due to its proven benefits for both infant survival and maternal well-being; however, its practice remains minimal in many regions, particularly among adolescent mothers. This study determined the factors influencing exclusive breastfeeding among lactating mothers aged 15-19 years attending the postnatal clinic at Entebbe regional referral hospital in Wakiso district.

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.

18(50%) of the study participants were self-employed, and 52.8% of the respondents were Baganda tribe. 20(55.6%) of the respondents reported to receive breastfeeding counselling at the health facility, 28(77.8%) of the respondents that their hospital stays when receiving proper breast-feeding education and support was sufficient, 26(72.2%) of the respondents said there was no any promotion of formula supplementation at the health facility, 20(55.6%) of the respondents had 3 and more antenatal visits, 18(50%) of the respondents reported that sometimes cultural or social background affect the decision to exclusively breastfeed and 18(50%) of the respondents were never concerned about the image of their babies due to EBF.

Conclusion.

Health facility support, particularly through antenatal counseling and hospital policies that discourage formula supplementation, plays a key role in promoting EBF.

Recommendation.

Providing follow-up EBF counseling after hospital discharge, through phone calls or community health workers, to assist adolescent mothers in maintaining EBF.

Keywords: *Exclusive breastfeeding (EBF), Lactating mothers (15-19 years), Postnatal clinic, Entebbe Regional Referral Hospital.*
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Corresponding Author: Hasifa Nansereko
Email: haffyhussein65@gmail.com
Mildmay Uganda School of Nursing and Midwifery.

Background.

The World Health Organization (WHO) recommends EBF for the first six months of life and continuation of breastfeeding for up to two years of age or beyond, in addition to adequate complementary foods, as one of the most effective ways to ensure child health and survival (Still

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et al., 2017). EBF plays a crucial role in reducing infant morbidity and mortality by providing essential nutrients and antibodies that protect against infections, particularly in low- and middle-income countries, where child malnutrition and infectious diseases are rampant (Lassi et al., 2020). Breast milk is the perfect food for infants that providing all the necessary nutrients in the correct proportions for the best growth and development. It contains proteins, fats, vitamins, and minerals that are easily digestible. More importantly, breast milk contains antibodies that help protect the infant from infections, particularly in the early months when the infant's immune system is still developing (Grote et al., 2016). EBF also significantly reduces the risk of diarrhea, respiratory infections, and other common childhood illnesses, which are major causes of infant morbidity and mortality (Hossain & Mihrshahi, 2022). To the exclusively breastfeeding mother, it promotes faster postpartum recovery by stimulating the release of oxytocin, a hormone that helps the uterus return to its pre-pregnancy size and reduces post-delivery bleeding. These mothers also have a lower risk of developing breast and ovarian cancers, as well as type 2 diabetes. Exclusively breastfeeding further delays the return of menstruation through lactational amenorrhea, which can serve as a natural method of birth control, thereby increasing the spacing between pregnancies, contributing to better maternal health (Panda et al., 2021).

EBF is a global health priority due to its proven benefits for both infant survival and maternal well; however, its practice remains minimal in many regions, particularly among adolescent mothers (Hernández-Cordero et al., 2022). The efforts to promote EBF among adolescent mothers require targeted interventions that address the specific needs and challenges faced by this vulnerable population, like prioritizing adolescent-friendly services, including breastfeeding education and support, aimed at these young mothers in the healthcare systems (Rahman et al., 2020). In sub-Saharan Africa, where infant mortality rates are among the highest in the world, the promotion of EBF among adolescent girls is particularly crucial due to the challenges they face, like the limited social support and psychological stress associated with early motherhood. In addition, about 44% of infants under six months are exclusively breastfed in Sub-Saharan Africa, although this figure varies widely between countries (Ayodeji et al., 2019). UNICEF launched a Baby-Friendly Hospital Initiative (BFHI), which was adopted by several Sub-Saharan African countries to encourage hospitals and health centers to provide breastfeeding-friendly services. These initiatives include training the healthcare providers to offer breastfeeding support, educating mothers about the benefits of EBF, and creating a conducive environment for breastfeeding in health facilities (Mukuria-Ashe et al., 2024).

In Uganda, the overall rate of EBF has seen a gradual increase in recent years. According to the Uganda Demographic and Health Survey (UDHS) 2020, 66% of children under six months are exclusively breastfed, reflecting positive steps in national health initiatives. However, there is a significant discrepancy when it comes to adolescent mothers (Kimuli et al., 2023). Adolescents in Uganda, particularly those aged 15-19, face unique challenges related to breastfeeding, ranging from lack of knowledge to socio-cultural factors, yet they often have less experience and may lack the support needed to engage in breastfeeding practices (Nabugoomu, 2018). Hence, understanding these challenges is essential for developing targeted interventions to promote EBF among this vulnerable group. This study determined the factors influencing exclusive breastfeeding among lactating mothers aged 15-19 years attending the postnatal clinic at Entebbe regional referral hospital in Wakiso district.

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.

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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=No / (1+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.
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

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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.

Results

Demographic Data of the Respondents.

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.

Individual Factors Influencing EBF among postnatal mothers at ERRH aged 15-19 years

Figure 1: Showing the number of antenatal care Visits attended. n=36

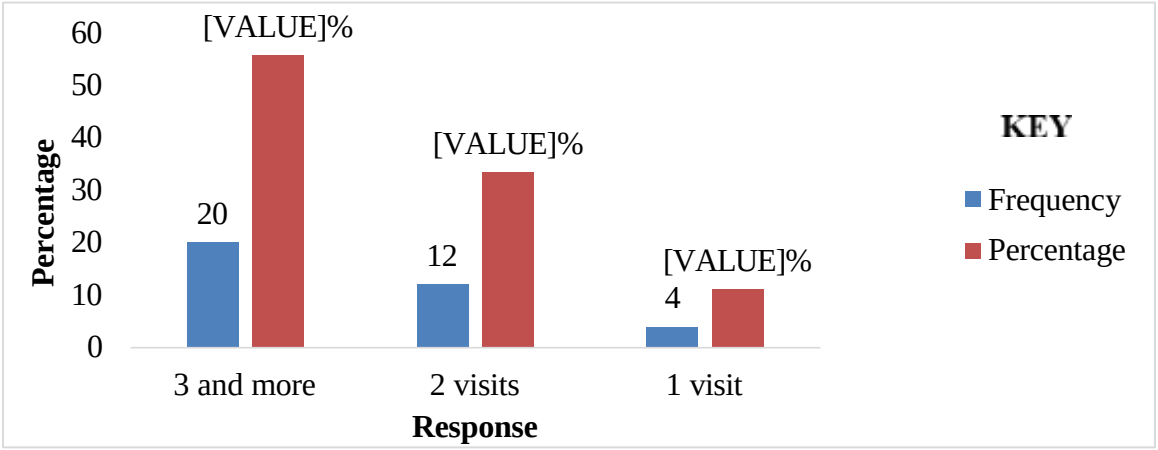

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Figure 1 indicates that 20(55.6%) of the respondents had 3 or more antenatal visits, while the least 4(11.1%) had 1 visit.

Figure 2: Showing whether cultural or social background affects the decision to exclusively breastfeed, n=36

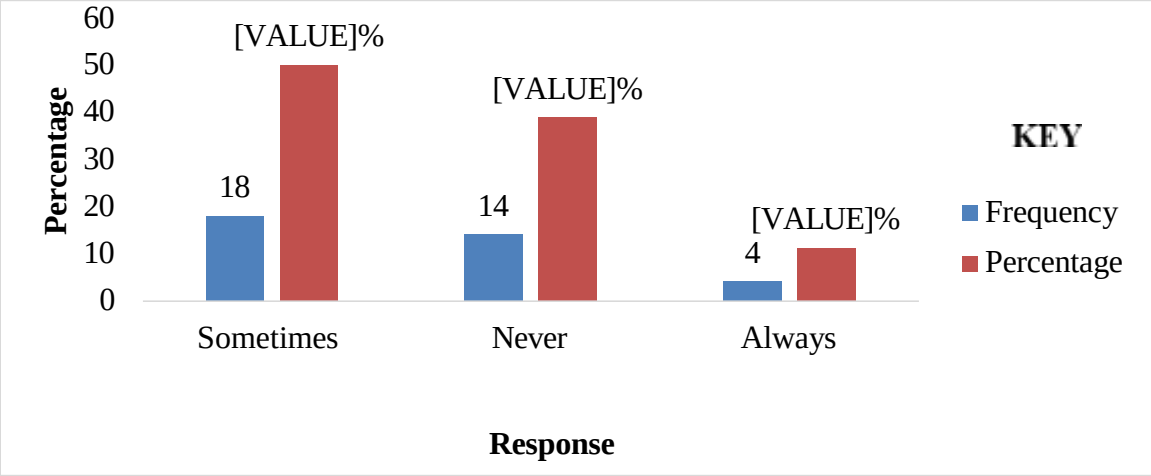

Figure 2 shows that half 18(50%) of the respondents reported that sometimes cultural or social background affects the decision to exclusively breastfeed, while 4(11.1%) reported always to be affected by the cultural and or social background.

Table 2: Showing whether respondents are concerned about their body image due to breastfeeding, n=36

Response	Frequency (F)	Percentage (%)
Never concerned	18	50
Some times	10	27.8
Very concerned	08	22.2
Total	**36**	**100**

Table 2 indicates that half 18(50%) of the respondents were never concerned about the image of their babies due to EBF, while the least 8(22.2%) were very concerned.

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Figure 3: Showing whether respondents feel pressure from family or social circles to use formula or other food instead of breastfeeding, n=36

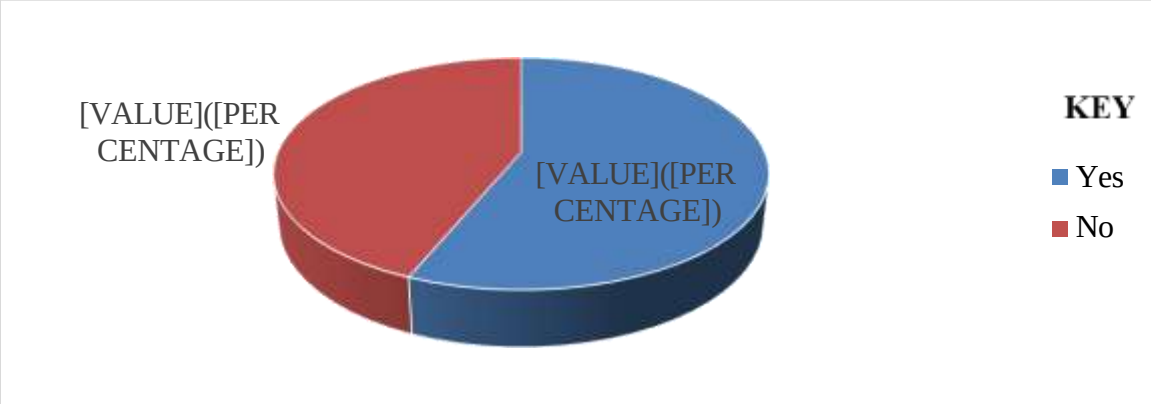

Figure 3 shows that 18(56%) of the respondents have ever delayed or skipped ANC visits due to the high cost of transportation or medical supplies, while the rest 14(44%) said they have never.

Table 3: Showing whether respondents believe that breast milk alone is enough for your baby's needs, n=36

Response	Frequency (F)	Percentage (%)
No	25	69.4
Yes	11	30.6
Total	**36**	**100**

Table 3 indicates that the majority, 25(69.4%) of the respondents believe that breast milk alone is enough for their baby's needs, while only 11(30.6%) believe it is enough.

Table 4: Showing whether the family members are supportive of their decision to exclusively breastfeed, n=36

Response	Frequency (F)	Percentage (%)
Very supportive	22	61.1
Some times	14	38.9
Total	**36**	**100**

Table 4 indicates that the majority, 22(61.1%) of the respondents said that family members are supportive of their decision to exclusively breastfeed, while the least, 14(38.9%) said they are not.

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Figure 4: Showing whether the respondents feel pressured by friends or family members to introduce formula or solid foods early, n=36

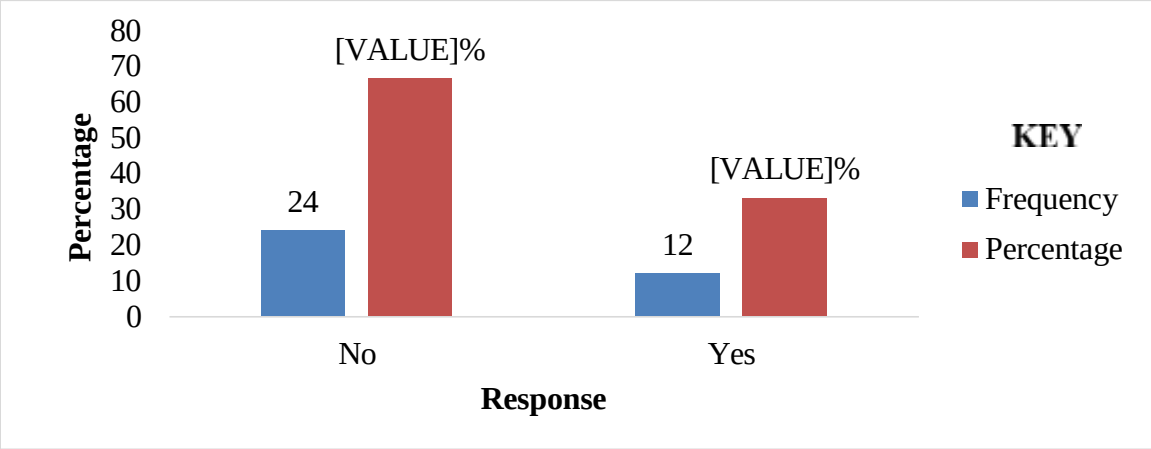

Figure 4 indicates that 24(66.7%) of the respondents reported not feeling pressured by friends or family members to introduce formula or solid foods early, while the rest 12(33.3%) felt pressured.

Health Facility Factors Influencing EBF among postnatal mothers at ERRH aged 15-19 years

Table 5: Showing whether respondents received breastfeeding counselling at the health facility, n=36

Response	Frequency (F)	Percentage (%)
Yes	20	55.6
No	16	44.4
Total	**36**	**100**

Table 5 shows that 20(55.6%) of the respondents reported receiving breastfeeding counselling at the health facility, while the rest 16(44.4%) did not.

Table 6: Shows the stages respondents received breastfeeding counselling, n=20

Response	Frequency (F)	Percentage (%)
Antenatal	14	70
Postnatal	06	30
Total	**20**	**100**

Table 6 shows that the majority 14/20(70%) of the respondents received breastfeeding counselling during the antenatal stage, while the rest 6(30%) received it during the postnatal stage.

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Figure 5: Shows the duration the respondents stayed at the hospital after delivery, n=3

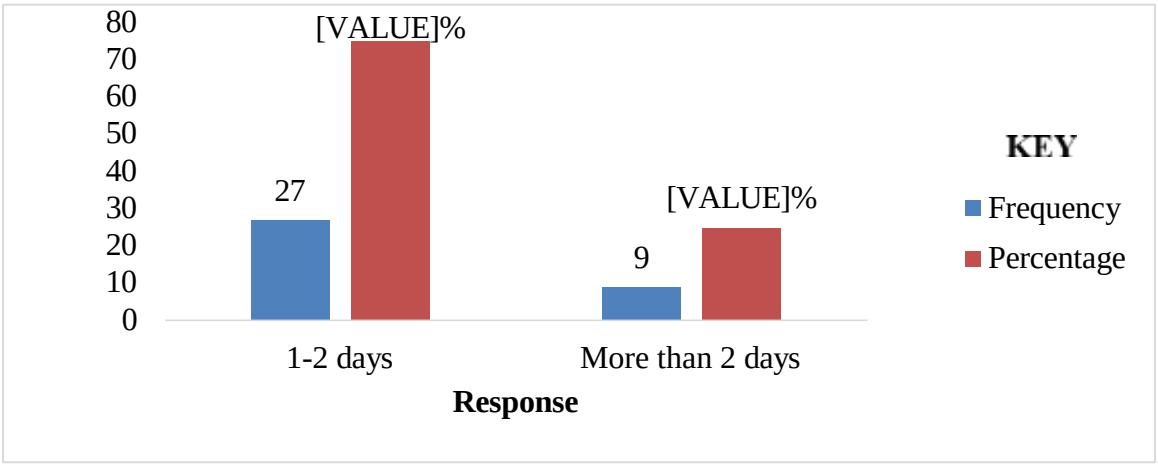

Figure 5 shows that the majority, 27(75%) of the respondents stayed for 1-2 days at the hospital after delivery, while the rest 9(25%) stayed for more than 2 days.

Figure 6: Shows the duration of hospital stay in regards to receiving proper breastfeeding education and support, n=36

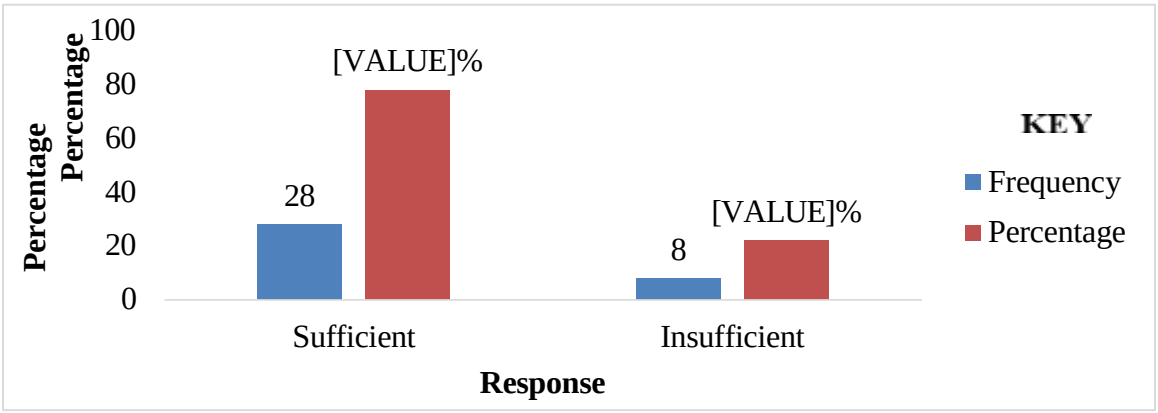

Figure 6 indicates that the majority, 28(77.8%) of the respondents that their hospital stays when receiving proper breastfeeding education and support were sufficient, while 8(22.2%) were insufficient.

Table 7: Shows whether there was any promotion of formula supplementation at the health facility during the stay, n=36.

Response	Frequency (F)	Percentage (%)
No	26	72.2
Yes	10	27.8
Total	**36**	**100**

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Table 7 shows that the majority, 26(72.2%) of the respondents said there was no promotion of formula supplementation at the health facility during the stay, while the remaining 10(27.8%) said there was.

Discussion of results.

Individual Factors Influencing EBF among postnatal mothers at ERRH aged 15-19 years.

The study found that a majority of mothers attended three or more antenatal visits, supporting findings from Tanzania and Uganda, where frequent antenatal care (ANC) attendance correlated with better breastfeeding outcomes (Maonga et al., 2016; Nabunya et al., 2020). This could be because frequent ANC visits allow young mothers access to regular counseling and support for EBF, reinforcing its benefits and addressing their concerns. Additionally, 50% of the participants noted cultural or social factors impacting their breastfeeding decisions, resonating with results from South Africa, where cultural and social norms significantly influenced EBF practices (Modjadji et al., 2023). Yet, a majority (66.7%) did not feel pressured to introduce other foods early, aligning with findings in Ethiopia, where strong family support encouraged EBF (Gebrekidan et al., 2021). Similarities in findings suggest that mothers' awareness and confidence in EBF may help them resist external pressures. 56% of the participants indicated that high transportation and medical costs led to delays in ANC visits, which could be because limited resources often restrict access to consistent care, thus affecting young mothers' ability to receive ongoing breastfeeding support and education. This barrier is consistent with other studies, where limited financial resources often restrict access to breastfeeding support services, thus affecting EBF practices (Hazemba et al., 2016).

Family support was notably high, with 61.1% of mothers indicating supportive family members, a factor also noted in studies from Ethiopia and Zambia, where family encouragement facilitated EBF (Hazemba et al., 2016). Family support, especially from close members like partners, plays a critical role in reinforcing EBF, as mothers feel validated in their efforts to breastfeed exclusively

Health Facility Factors Influencing EBF among postnatal mothers at ERRH aged 15-19 years.

This study indicated that 55.6% of mothers received breastfeeding counselling at the health facility, and 70% received this counselling during antenatal visits. This is similar to findings from Tanzania and South Africa, where ANC counselling was instrumental in encouraging EBF practices (Dlamini & Mokoboto-Zwane, 2019; Rasheed et al., 2018). This could be because such counseling sessions equip young mothers with the knowledge and confidence to practice EBF, thus increasing its prevalence. However, a significant portion of respondents (77.8%) believed the hospital stay was adequate for them to receive proper breastfeeding support, contrasting with studies like those in Turkey and Malawi, where short hospital stays limited EBF education (Yılmaz et al., 2016; Bula, 2015). Findings suggest that the hospital may have effective programs in place to offer breastfeeding education in a limited time, potentially enhancing EBF practices even in brief postnatal stays. 72.2% of mothers noted that formula supplementation was not promoted at the health facility, which indicates adherence to WHO's Baby-Friendly Hospital Initiative (BFHI) standards, which discourage formula use to promote EBF (Theodorah & McDeline, 2021). This is a positive deviation from other regions, such as the UK, where high rates of unnecessary breast milk supplement introduction in hospitals were reported (Biggs et al., 2018). The absence of formula promotion at ERRH encourages young mothers to rely on breastfeeding exclusively, thus positively impacting EBF duration and practice.

Conclusion.

Health facility support, particularly through antenatal counseling and hospital policies that discourage formula supplementation, plays a key role in promoting EBF.

Recommendation.

Providing follow-up EBF counseling after hospital discharge, through phone calls or community health workers, to assist adolescent mothers in maintaining EBF.

Acknowledgement.

I wish to extend my sincere gratitude to the Ministry of Education and Sports, Mildmay School of Nursing and Midwifery, my supervisor (MS NANSEREKPO HASIFAH), plus all my tutors for their continuous support rendered to me during the compilation of this report.

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this report.

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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