

FACTORS CONTRIBUTING TO INCREASED CASES OF EARLY WEANING AMONG MOTHERS OF CHILDREN BELOW 6 MONTHS AT KAYUNGA REGIONAL REFERRAL HOSPITAL, KAYUNGA DISTRICT. A CROSS-SECTIONAL STUDY.

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ABSTRACT

Introduction;

The specific objectives were to assess the individual, Health facility, and community-based factors contributing to increased cases of early weaning among mothers of children below 6 months of age in Kayunga National Referral Hospital

Methodology

The study was designed with a simple random sampling of the sample population. Data were collected from a sample size of 50 respondents using semi-structured questionnaires written in the English language with open-ended and closed-ended questions and the tools include sheets and pens entered in the computer program presented in tables and figures.

Results

Regarding Individual factors 86% were employed, 68% started using bottle feeding before 6 months, 64% used supplementary feeding for children below 6 months, and 54% returned to work within 6 months.

In regards to health facility-related factors, 56% took their children to nursing centers, 66% were educated on when and how to breastfeed, and 68% were educated on maternal nutrition during lactation. Regarding community-based factors, 76% of the mothers in their communities supported exclusive breastfeeding for 6 months, 62% of their children didn't receive any herbal medication, and 84% were from monogamous families.

Conclusion

Despite the low individual, health facility, and community factors, contributing to increased cases of early weaning among mothers of children below 6 months of age at Kayunga Regional Referral Hospital, the researcher still recognizes that there is a need for mothers to carry out exclusive breastfeeding for the first 6 months of age for proper growth and development of the children.

Recommendations

The Ministry of Health should enforce the health team so that they can fully provide health services in terms of providing Nutritional Education to mothers on foods to eat during the lactation period and also on how and when to breastfeed.

Keywords; *Early Weaning, Mothers Of Children below 6 Months, Kayunga Regional Referral Hospital*

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Background to the study

Breastfeeding is the process through which a child gets nutrients from the mother through breastmilk. Breastfeeding provides optimal and complete nutrition for newborn babies. The benefits of breastfeeding to both the infant and the mother have been widely recognized, (WHO, 2018).

During infancy, breastfeeding protects against infectious diseases Roberts T, et al, (2013), and in the long term, breastfeeding is associated with benefits in several areas, such as cardiovascular risk factors, intellectual capacity B. Horta et al, (2013), and allergy. Even in the developed world, breastfeeding offers substantial health benefits to infants and young children Bora R, (2016). Both the World Health

Organization (WHO,2018) and the American Academy of Pediatrics M. Ekubay et al, (2018), have recommended exclusive breastfeeding for the first 6 months of life, with continued breastfeeding up to 12 months of age or longer along with the introduction of solid foods

Breastfeeding is one of the elemental and traditional human activities, but the developing world's drive for urbanization takes young mothers away from nurturing care and traditions of their own (Millwood, Virginia, (2011) families, and experts fear the rates of breastfeeding may decline. As World Breastfeeding Week is celebrated in 170 nations, experts say many women in developing societies are isolated after moving away from their families and lack the support they might get in their home environment project HOPE, a global health education, and humanitarian assistance organization, is seeking to fight the benefits of breastfeeding in some of the world's most

impoverished and fast-changing societies Millwood, Virginia, (2011).

According to Oyelana, breastfeeding has been a traditionally acceptable method of infant feeding in African culture before the advent of exclusive breastfeeding (EBF) Oyelana Olabisi et Al, (2021). Many pregnant mothers look forward to breastfeeding with pride. Africans believe that facilitates a strong bond between mothers and their children. Megnate et al (2017)

Some Africans have a strong belief in the power of breast milk; that a woman is capable of blessing or casting a spell on a child with its power Oyelana Olabisi et Al, (2021). The World Health Organization recommended Exclusive breastfeeding feeding in the early 1990s to promote optimal growth and development and protect children against several diseases including diarrhea, upper respiratory infections, and other common infections, Victoria et al, (2016).

Evidence indicates that an infant who is not exclusively fed is at substantial risk for both short and the long-time effects, such as stunted growth and impaired cognitive ability.

Specific strategies to promote EBF include hospital birthing, post-partum maternity leave, breastfeeding counseling, and elimination of traditional feeding practices Oyelana Olabisi et Al, (2021).

Despite all the potential advantages and three decades of promotional efforts, EBF remains short of expectations. While a global target is a 50% rate by 2025 WHO/UNICEF EBF has been consistently low in sub-Saharan Africa since its inception Oyelana **Olabisi** et al. (2021). The primary barriers to the sustainability of EBF involve poor understanding and cultural perceptions of EBF.

General objective

To assess the factors contributing to increased cases of early weaning among mothers of children below 6 months at Kayunga Regional Referral Hospital, Kayunga district.

Specific Objectives

- To assess the individual factors contributing to increased cases of early weaning among mothers of children below 6 months at Kayunga Regional Referral Hospital, Kayunga district.
- To assess the health facility factors contributing to increased cases of early weaning among mothers of children below 6 months at Kayunga Regional Referral Hospital, Kayunga district.

- To assess community factors contributing to increased cases of early weaning among mothers of children below 6 months at Kayunga Regional Referral Hospital, Kayunga district.

METHODOLOGY

Study design

A descriptive quantitative cross-sectional study was employed during the study semi structured questionnaires were used. The reason why this design was preferred is it generates ideas and captures all information to describe the research problem and it is convenient for both the subjects and the researcher.

Study area

This study was carried out at Kayunga Regional Referral Hospital, which is located in Kayunga district in the central region of Uganda is approximately 52 kilometers North West of Mukono district and about 67 kilometers North West of Mulago Hospital the national largest referral hospital in Kampala. The hospital receives referrals from nearby health Centres such as Wabwooko Health Centre II, Namagabi Health Centre II, and Kangulumira Health Centre IV. Kayunga receives an average of 250 patients per day with several departments namely; OPD, Inpatient, ART, dental, lab, pharmacy, antenatal care clinic, and pediatrics.

Study population

The study was carried out among mothers of children below 6 months who were attending the outpatient clinic at Kayunga Regional Referral Hospital, Kayunga district.

Sample size determination

The sample size was determined using Burton's formula (1965).

Sample size (n) = PR/O

Where;

P: Total number of days taken for data collection.

R: Maximum number of respondents to be interviewed O: Maximum time spent on each respondent per

day.

P=5 days, R=10 respondents, and O=1 hour.

Therefore, $n = (5 \times 10) / 1$ n=50

Therefore, the sample size was 50 respondents.

Sampling technique

A simple random sampling technique was used to select respondents. This study design was preferred because the researcher was able to overcome a biased representation of respondents.

Inclusion criteria

The study was composed of mothers of children below 6 months willing to be part of the study and after consented.

Data collection tool

A semi-structured questionnaire with both open and closed-ended questions was used to collect primary data from mothers.

The researcher considered a questionnaire as the most convenient way of collecting data from respondents because it was easy to administer and obtain data within the shortest time from a large number of respondents.

Data collection method

The data were collected using the questionnaire method

Data collection procedure

An introduction letter from the Kampala School of Health Sciences was obtained and presented to the research coordinator of Kayunga Regional Referral

Hospital who granted the researcher permission to obtain data. The respondents were asked questions following the designed questionnaire and each respondent was thanked for participating in the study. The procedure was repeated each day until the sample size of 50 respondents was attained.

Quality control

Questions from the questionnaire were structured understandably which enabled all respondents to interpret the questions without any bias such that responses attained answer the research questions.

The researcher used good communication skills, and knowledge, and then collected data under supervision, right respondents were selected through the inclusion criteria.

Data analysis and presentation

Data analysis involved summarizing key findings, explanations, and analysis of data according to the study objectives of the study and were presented in frequency distribution tables, bar graphs, and pie charts

Ethical consideration

Ethics are systems of moral values that are concerned with the degree to which research procedures adhere to professional, legal, and social obligations to the study participants. The permission to carry out the research was given by the Kampala School of Health Sciences. A consent form was presented and signed by every respondent before collecting data from the respondents this was under voluntary consent and the information will be confidential.

Table 1: Shows the distribution of respondents according to demographic data (N=50)

Response	Frequency (f)	Percentage (%)
Age		
16-25years	13	26
26-35years	23	46
36-45years	14	28
Total	50	100
Tribe		
Muganda	36	72
Munyankole	6	12
Musoga	8	16
Total	50	100
Occupation		
Peasant	41	82
Health worker	2	4
Religious leader	4	8
Engineer	3	6
Total	50	100
Level of Education		
Primary	24	48
Secondary	17	34
Tertiary	9	18
Total	50	100
Religion		
Catholic	21	42
Anglican	17	34
Pentecostal	7	14
SDA	5	10
Total	50	100
Marital Status		
Single	10	20
Married	29	58
Never married	7	14
Widowed	4	8
Total	50	100

RESULTS

Demographic data

Table 1 shows that 46% of the respondents were aged 26-35 years and the least (26%) were aged 16-25 years. In regards to tribe, most (72%) of the respondents were Baganda whereas the least (12%) were Banyankole. According to occupation, a majority (82%) of the respondents were peasants whereas the least (4%) were health workers. On Level of Education, most (48%) of the respondents attained primary education whereas the least (18%) attained tertiary education. In addition, results also revealed that most (42%) of the respondents were Catholics

whereas the least (10%) were SDA. The study further revealed that more than half (58%) of the respondents were married whereas the least (8%) were widowed.

Individual factors contribute to increased cases of early weaning among mothers of children below 6 months.

Table 2 shows that the majority (86%) of the respondents were employed whereas the least (14%) were unemployed. Figure 1 shows that most (68%) of the respondents had started using bottle feeding before 6 months whereas the least (32%) after 6 months. Table 3 shows that most (64%) of the respondents used supplementary feeding on their children below the age of 6 months whereas the least (36%) did not.

Table 2: shows the distribution of respondents according to whether they work (N=50)

Response	Frequency (f)	Percentage (%)
Yes	43	86
No	7	14
Total	50	100

Figure 1: Shows distribution of respondents about the time they had started using bottle feeding to feed their children (N=50)

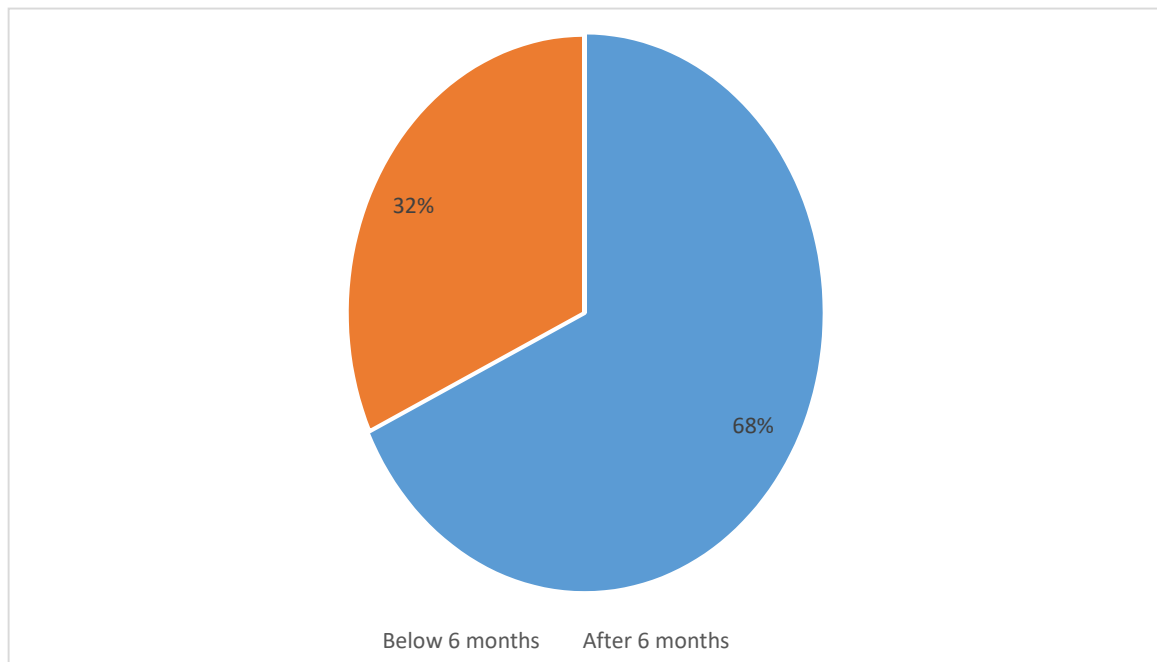


Table 3: Shows the distribution of respondents according to whether they use supplementary feeding on their children below the age of 6 months. (N=50)

Response	Frequency (f)	Percentage (%)
Yes	32	64
No	18	36
Total	50	100

Figure2: Shows distribution of respondents according to the time they return forwork after delivery (N=50)

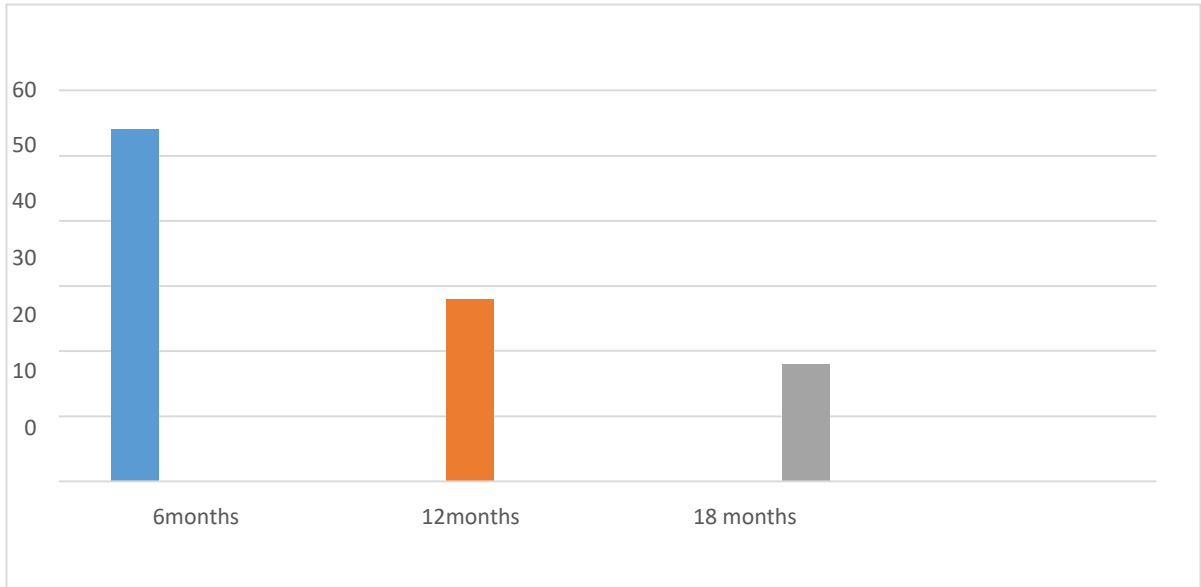


Table 4: Shows the distribution of respondents about whether they take their children tonursing centers during working time. (N=50)

Response	Frequency (f)	Percentage (%)
Yes	28	56
No	22	44
Total	50	100

Figure 3: Shows the distribution of respondents about if they were educated byhealth workers on when and how to breastfeed a child. (N=50)

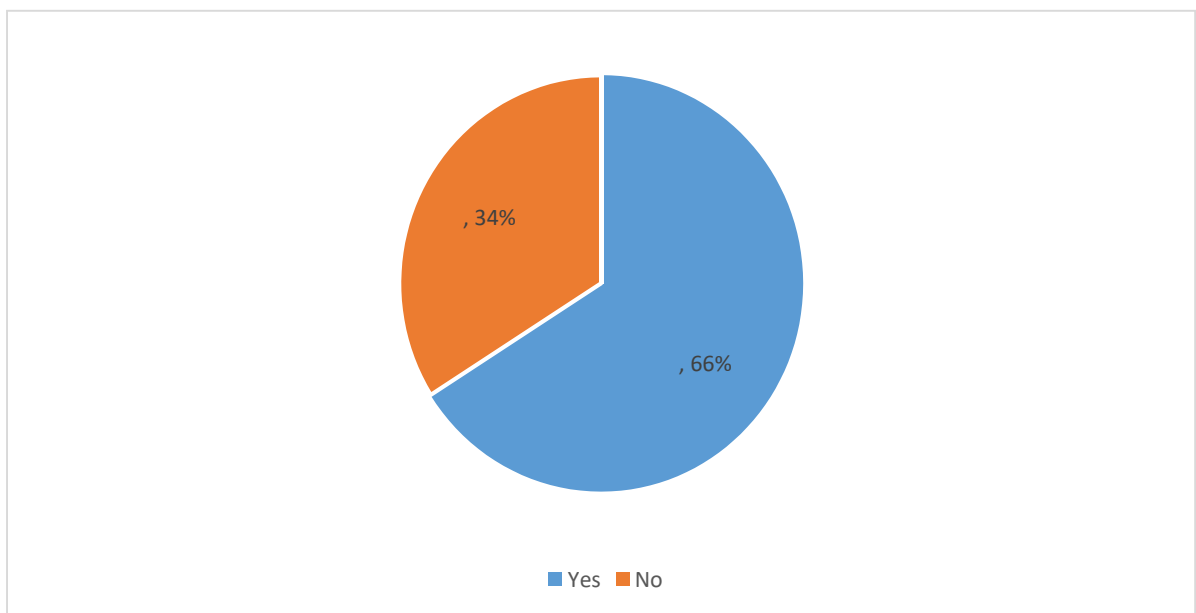


Table 5: Shows the distribution of respondents about whether they were educated on the foods they are supposed to eat while they are breastfeeding.
(N=50)

Response	Frequency(f)	Percentage (%)
Yes	34	68
No	16	32
Total	50	100

Table 6: Shows distribution of respondents about whether their communities support exclusive breastfeeding for 6 months.
(N=50)

Response	Frequency(f)	Percentage (%)
Yes	38	76
No	12	24
Total	50	100

Health facility factors contributing to increased cases of early weaning among mothers of children below 6 months

Table 4 shows that more than half (56%) of the respondents take their children to nursing centers whereas the least (44%) don't take. Figure 2 shows that more than half (54%) of the respondents return for work within 6 months whereas the least (18%) return for work after 18 months

Figure 3 shows that the majority (66%) of the respondents were educated by the health workers on when and how to breastfeed whereas the least (34%) were not.

Table 5 shows that most (68%) of the respondents were educated on the food they are supposed to eat while they are breastfeeding whereas the least (32%) were not.

Community factors contribute to increased cases of early weaning among mothers of children below 6 months.

Table 6 shows that the majority (76%) of the respondents in their communities support exclusive breastfeeding for the first 6 months whereas the least (24%) of their communities don't support it.

Figure 4 shows that more than half (62%) of the respondents their children didn't receive herbal medicine whereas the least (38%) of their children received herbal medicine.

Table 7 indicates that the majority (84%) of the respondents lived in monogamous families whereas the least (16%) live in polygamous families.

Figure 4 shows the distribution of respondents about whether their children receive herbal medication. (N=50)

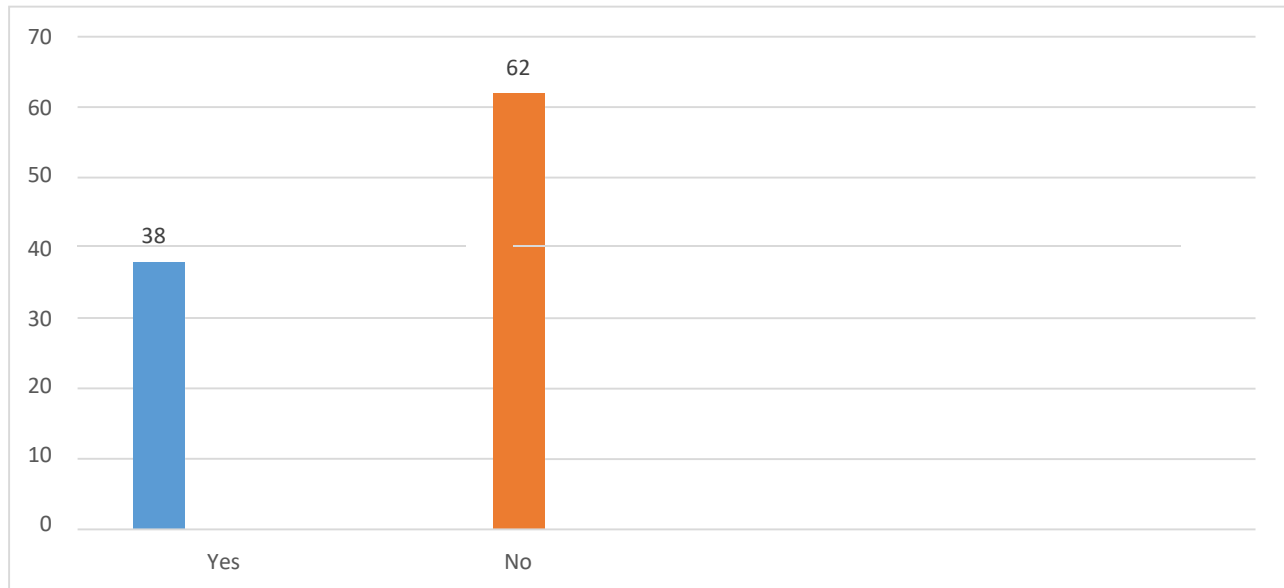


Table 7: Shows the distribution of respondents about the type of family they live in (N=50)

Response	Frequency(f)	Percentage (%)
Monogamous	42	84
Polygamous	8	16
Total	50	100

Discussion

Individual factors contribute to increased cases of early weaning among mothers of children below 6 months.

The study findings from the current research showed that the majority (86%) of the respondents were employed. Findings also obtained from the study showed that most (68%) of the respondents used bottle feeding below the age of 6 months. This was probably due to a lack of time for the mother to breastfeed their children due to the nature of their jobs in that they are busy in most cases.

Results from the study also revealed that most (64%) of the respondents used supplementary feeding on their children even below 6 months because they had to spend more time working to reduce hunger they had to use supplementary feeding and this was in agreement with a study involving mothers of infants aged younger than 6 months as respondents in Zimbabwe by Laston et al (2016), his findings indicated that most (68%) employed mothers supplemented breast milk because they had no time to feed the baby as they

had to return to work, yet none of them reported expressing breast milk.

Health facility factors contribute to increased cases of early weaning among mothers of children below 6 months.

The findings from the study regarding nursing centers showed that more than half (56%) of the respondents took their children to nursing centers while they were at work.

The finding also revealed that in regards to mothers were educated on how and when to breastfeed their children that most (66%) of the respondents were educated from the hospital on when and how to breastfeed their children and it was in agreement with a descriptive study carried out by Nneka Christina et al (2017), on factors influencing complementary and weaning practices among women in rural communities of Sokoto state, Nigeria which revealed majority (86%) of the mothers had limited sensitization by health workers was found to be significantly associated with timely introduction of complementary feeding.

Furthermore, findings from the study revealed that most (68%) of the respondents received education from the hospital on nutrition during their lactation period and this research was in disagreement with research done by Rachael Bryan (2006) on the Development of Weaning Practices among Women of the Mombasa District in Kenya he stated that the Centre previously used a nutritionist to encourage mothers to breastfeed; however, the Centre no longer provides for the specialist. Insufficient staffing for follow-ups and provision of breastfeeding support has thus impacted the patients' health statuses and practices of the MMC

Community-based factors contribute to increased cases of early weaning among mothers of children below 6 months.

The findings from the study revealed that the majority (62%) of the respondents their children didn't receive herbal medicines whereas (38%) used herbal medicine.

Findings from the study further revealed that the majority (84%) of the respondents were from monogamous families which are less populated and this was in disagreement with a study carried out by Nneka Christina et al(2017), on factors influencing complementary and weaning practices among women in rural communities of Sokoto state, Nigeria this study found that mothers who were in a polygamous family setting were more likely to practice timely introduction of complementary feeding.

Conclusions

The study revealed the following individual factors, the majority (86%) of the respondents were employed whereas the least (14%) were unemployed, most (68%) of the respondents started using bottle feeding before the age of 6 months, most (64%) used supplementary feeding below 6 months of age, and more than half (54%) of the respondents returned to work before the end of maternity leave

Regarding health facility factors, more than half (56%) of the respondents take their children to nursing centers, most (66%) were educated on when and how to breastfeed, and most (68%) were educated on nutrition.

In addition, the researcher identified the following community factors most (76%) of their communities support exclusive breastfeeding for 6 months, most (62%) of the respondents, their children didn't receive herbal medicine, and more than half (54%) were from monogamous families.

The researcher generally concluded that despite the early initiation of bottle feeding, the use of supplementary feeding use of herbal medicine to treat children below the age of 6

months has contributed to increased cases of early weaning among mothers of children below 6 months of age at Kayunga Regional Referral Hospital, Kayunga district, the researcher still recognizes that there is need for mothers to still carry out exclusive breastfeeding for the first 6 months of age for proper growth and development of the children.

Limitations to the study

Time allocation for the study is limited which will lead to inadequate data collected.

The study was also limited by inadequate money to fund the process of data collection, analysis, and purchasing of tools to be used in the study.

Recommendations

The Ministry of Health should enforce the health team so that they can fully provide health services in terms of providing Nutritional Education to mothers on foods to eat during the lactation period and also on how and when to breastfeed.

The Hospital, at Kayunga Regional Referral Hospital, should encourage the staff to continue sensitizing lactating mothers on the importance of exclusive breastfeeding to reduce cases of early weaning practices among children below 6 months of age.

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List of Abbreviations

AAP: American academy of pediatrics

CDC: Centre for Disease Control

DRC: Democratic Republic of Congo

EBF: Exclusive breastfeeding

KG: Kenyan Government

LRTIs: Lower Respiratory Tract Infections

UNICEF: United Nations International Children's Emergency Fund

URTIs: Upper Respiratory Tract Infections

US: United States

WHO: World Health Organization

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There was no source of funding

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Conflict of interest

The author declares no conflict of interest

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