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Knowledge, attitude, and practices towards exclusive breastfeeding among lactating mothers attending the selected Health Center III in Mubende district.

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Abstract

Background:
Exclusive breastfeeding means that an infant receives only breast milk, no other liquids or solids are given, not even water, except for oral rehydration solutions, drops, or syrups of vitamins, minerals, or medicines when necessary. (WHO, 2023).

Objectives of the study:
To find out the level of knowledge towards exclusive breastfeeding among lactating mothers attending selected health center IIIs in Mubende District; to assess attitude towards exclusive breastfeeding among lactating mothers attending selected health center IIIs in Mubende District, and to determine the practices towards exclusive breastfeeding among lactating mothers attending selected health center IIIs in Mubende District.

Methods:
A descriptive random cross-sectional method was used to obtain data from 246 participants who were women of reproductive age (15-49) years with infants 0-6months, the study was conducted at Mubende District, located 138.3 km from Kampala, the capital city, via the Mityana - Mubende road.

Results:
The study found neutral knowledge on exclusive breastfeeding among lactating mothers in Mubende district (mean = 2.960 and SD = 0.855) and a neutral attitude towards exclusive breastfeeding (mean = 3.259 and SD = 0.650). Despite their neutral knowledge and attitude, the lactating mothers practice good exclusive breastfeeding (mean = 3.100 and SD = 1.032).

Conclusion
The study showed average knowledge, attitude, and practice of exclusive breastfeeding among lactating mothers in Mubende district.

Recommendation:
Health authorities in Mubende district strengthen health education to increase knowledge of lactating mothers on exclusive breastfeeding and to increase sensitization of mothers to attend antenatal services where they can obtain knowledge and other benefits related to maternal and child health.

Keywords: *Knowledge, Attitude, Practice, Breastfeeding, Lactating Mothers, Mubende District.*
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Background of the study

Exclusive breastfeeding means that an infant receives only breast milk — no other liquids or solids are given, not even water — except for oral rehydration solutions, drops, or syrups of vitamins, minerals, or medicines when necessary (WHO, 2023).

WHO recommends initiation of breastfeeding within 1 hour of birth, practicing exclusive breastfeeding for 6 months, and proper supplementation at 6 months in order to reduce the infant mortality rate (Bala, Sahni, Bavoria, & Narangyal, 2020). Breast milk contains calories, proteins, and bioactive factors such as IgA, lactoferrin, K-casein, cytokines, growth factors, glutathione, and peroxides, which have anti-infective, antioxidant, and growth-promoting properties, hence reducing hospitalization and infant mortality in addition to improving intelligence quotient (Nabunya, Mubeezi, & Awor, 2020). EBF breastfeeding can prevent about 1.4 million deaths worldwide among children under five annually, leading to adult achievement and productivity by enhancing their physical and emotional development (Dukuzumuremyi, Acheampong, Abesig, & Luo, 2020). Furthermore, breastfeeding lowers the mother's risk of breast and ovarian cancer, hemorrhage, postpartum depression, enhances weight loss, postpartum family planning, and reduces incidences of type 2 diabetes (Ahmed, Page, Arora, & Ogbo, 2019).

At the community level, EBF contributes to improved human capital through a reduction in expenses on infant formula and an increase in opportunities for a more sustainable future(Ahmed et al., 2019). Factors associated with EBF include social class, level of education, age of the mother, lack of parental support, living with a partner, employment status, parity, place of delivery, smoking during pregnancy, and presence of BFHI policies(Cascone, 2019).

Despite the enormous benefits of exclusive breastfeeding, Gupta, Suri, Dadhich, Trejos, & Nalubanga (2019) demonstrated that 41% of mothers practice exclusive breastfeeding globally, 42.8% in East Africa, while 55.9% practice exclusive breastfeeding in Uganda. There is poor knowledge on exclusive breastfeeding, a negative attitude towards exclusive breastfeeding, and less practice of EBF among mothers, leading to the development of hurdles to optimize the advantages of the baby-friendly initiatives (Safdar, Jabeen, Kousar, Shahzadi, & Gilani, 2017).

There was a paucity of data on the knowledge, attitudes, and practices towards exclusive breastfeeding among lactating mothers attending Kitenga and Kalonga health center III, Mubende district, Uganda, hence an imperative need to find ways to reduce infant morbidity and mortality. With this background, the present study was conceived to assess the knowledge, attitudes, and practices towards exclusive breastfeeding among lactating mothers attending selected health centers 111s in Mubende district.

Specific objectives

To find out the level of knowledge towards exclusive breastfeeding among lactating mothers attending selected health centers 111s in Mubende District

To assess attitude towards exclusive breastfeeding among lactating mothers attending selected health center IIIs in Mubende District.

To determine the practices towards exclusive breastfeeding among lactating mothers attending selected health center IIIs in Mubende.

Methodology

Study setting

The study was conducted at Mubende District, located 138.3 km from Kampala, the capital city, via the Mityana - Mubende road. Mubende district has one regional referral hospital for the Ministry of Health, two private for-profit hospitals, seventeen health centers, three of which are for government, three are private not for profit making, and two are private for-profit making. It also has thirty-nine health center IIs, of which twenty-nine are for government, four are private not-for-profit making, and six are private for-profit making. The district is in Central Region of Uganda and its health center threes and twos majorly deliver primary health care services to the people. The researcher chose Kalonga and Kitenga health centers, where the study was conducted, because there was an increasing number of health care service deliveries, so in the section.

Research designs

The researcher used a Cross-Sectional Descriptive Design supported by a Quantitative Research Approach.

Descriptive Design was used because it is ideal for describing the current situation, for example, describing knowledge in the practice of exclusive breastfeeding.

Quantitative Research approach was used because there was the use of numerical data in scores, frequencies, and percentages.

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Definition of variables
The dependent variable included exclusive breastfeeding among lactating mothers.
The independent variable included the knowledge, attitude, and practice of lactating mothers.

Inclusion criteria
All lactating mothers with babies between 0 and 6 months were included in the study.

Exclusion criteria
Very sick lactating mothers were excluded from participating in the study
Lactating mothers who would not consent to participate in the study

Target population
The study population included women of reproductive age (15-49) years with infants 0-6months attending the selected health center III in Mubende District, Uganda. Mothers attending maternal and child health services in Kalonga and Kitenga Health Center III were approximately 640 women every month.

Sample size
A minimum sample size of 246 women of reproductive age(15-49years) attending MCH services in selected health center 111s in Mubende District participated in the study. The researcher used Taro Yamane's (1970) mathematical formula in determining the sample size, as illustrated below:

n= sample population
N=Total population/target population
e= Desired margin of error (0.05)
This brought the sample size to 246 respondents.

Sampling procedure
A simple random sampling procedure was used, whereby random selection was done of all women of reproductive age(15-49years) with an infant of 0-6months, attending MCH services at Kalonga and Kitenga health center 111s, and who were willing to participate voluntarily. All women aged 15-49years with an infant of 0-6months, attending MCH services at Kalonga and Kitenga health center, had an equal chance to participate in the study.

Research instruments
A questionnaire was adopted and modified to be used, and the researcher administered it herself. It is composed of two sections. Part one consisted of items regarding demographic data. Part two consisted of items regarding the objectives of the study. The questionnaire was translated for the illiterate respondents who were not able to read and fill in the questionnaire.
The questionnaire was used to collect quantitative data from the respondents in accordance with the research questions, hypothesis, and research objectives. The responses to the questionnaire were interpreted using a four-point Likert scale and the nominal mean range scale.

Validity of the instrument
Validity refers to the truthfulness of findings if you really measured what you think you measured, or more precisely, what others think you measured. The researcher formulated the questions with the help of the supervisor to see whether they could answer the objectives of the study. The validity of the research instrument was examined by calculating the Content Validity Index (CVI) as shown below.
The instrument was considered valid since the data collection value of CVI was 0.63, which was higher than the recommended 0.6 according to Kothari (2004).

Reliability of the instrument
Reliability means that the findings would be consistently the same if the study were done over again. To determine the reliability of the instrument before collecting data, the Statistical Package for Social Sciences (SPSS) was used. A pretest of the questionnaire to prove reliability was carried out in Mubende regional referral hospital with a random selection of 30 respondents. According to this study, a reliability coefficient of 0.7 and above is regarded as reliable and consistent according to Cronbach's Alpha (1951)

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Table 1: Reliability test results

Cronbach's Alpha	No. of Items
0.912	34

Table 1 indicates the reliability test results, which indicate that the instrument was reliable with a coefficient value of 0.912, which was above the recommended value of 0.7 according to Cronbach (1951).

Data collection procedure

The researcher obtained a letter of introduction from the Principal of the Health Tutors' College Mulago, which was presented to the District health officer, Mubende District, who introduced the researcher to the person in charge of Kalonga and Kitenga health facilities, who, in turn, allowed the researchers to reach the respondents.

Self-administered questionnaires were used to obtain information on factors influencing EBF. Respondents were assured that their names would not appear in the questionnaires and that the data provided would be used only for academic purposes with utmost confidentiality.

The researcher made sure that all questionnaires were fully answered, and in case of gaps unfilled, the researcher gave guidance or clarifications about the questions so that all the information required on the questionnaires was filled in without being biased.

The use of a questionnaire in this study was important because of its potential in collecting quantitative health-related information, and also, it is mostly used in cross-sectional studies.

Data analysis plan

After the collection of data, the investigator entered the information for further processing and analysis, which was done by using the Statistical Package for the Social Sciences (SPSS) Program version 26.0.

Data management, such as cleaning for duplicates and inspection, was carried out before the actual analysis. Respondents' biodemographic information was analyzed using descriptive frequencies and percentages. Study objectives 1, 2, and 3 were analyzed using descriptive statistics, mean, and Standard Deviation.

Ethical consideration

Ethical approval was obtained from the Research Ethics Committee of Health Tutors' College, Mulago. Permission to conduct the study was requested from the chiefs of Kalonga and Kitenga health facilities through the Mubende District health officer. Since the research involved human subjects, protection of the participants' rights was ensured; that is, the right to privacy and dignity, the right to anonymity and confidentiality, and the right to refuse to participate. Participation was voluntary, and the principle of informed consent was ensured. The participants in the research were given a full understanding of the study before beginning. In addition, questionnaires had no space for the names of participants, and this was deliberate to ensure anonymity and confidentiality.

Results

Demographic characteristics of the respondents

Descriptive frequencies and percentages were used to analyse the demographic characteristics of the respondents. Results were presented using pie charts and bar graphs. These were meant to establish the most frequently occurring characteristics and the least frequently occurring characteristics among the respondents in Figure 1

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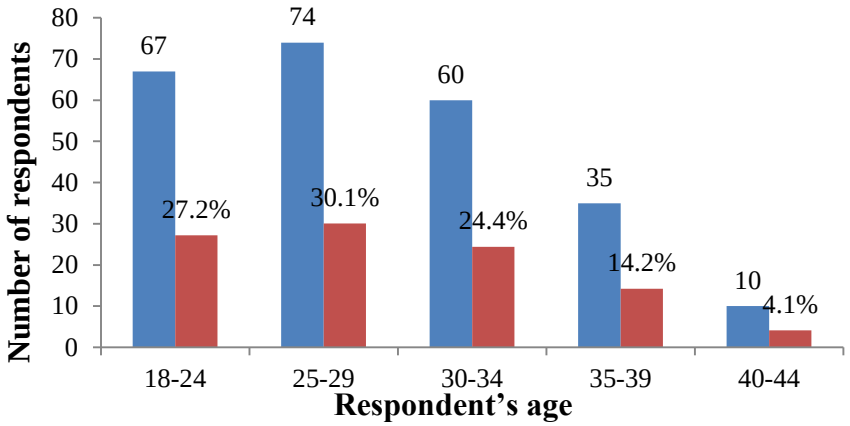
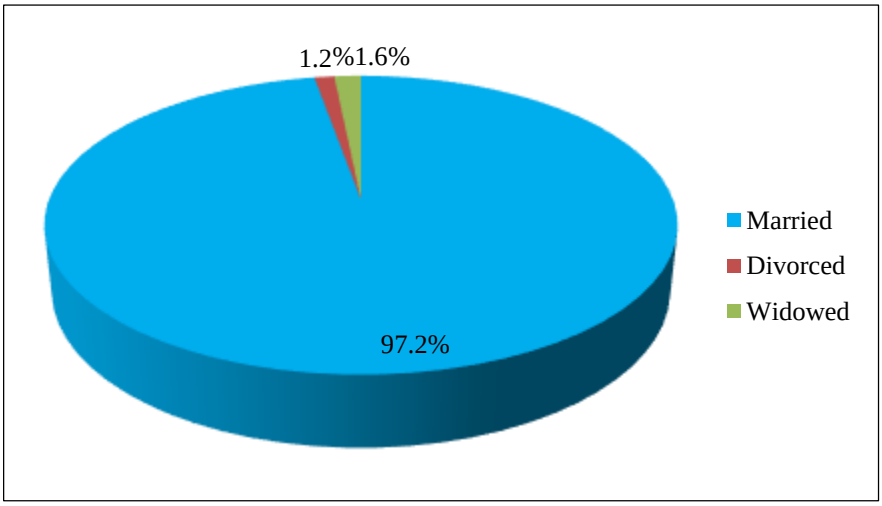
Figure 1: a bar graph showing respondents' age (years)



Source: Primary data

Results from figure 1,74(30.1%) respondents were between 25-29 years, 67(27.2%) respondents were between 18-24 years, 60(24.4%) respondents were between 30-34 years, 35(14.2%) respondents were between 35-39 years and 10(4.1%) respondents were between 40-44 years of age. The results showed that the majority of the people who participated in the study were between 25-29 years of age.

Figure 2: A pie chart marital status of respondents



Source: Primary data

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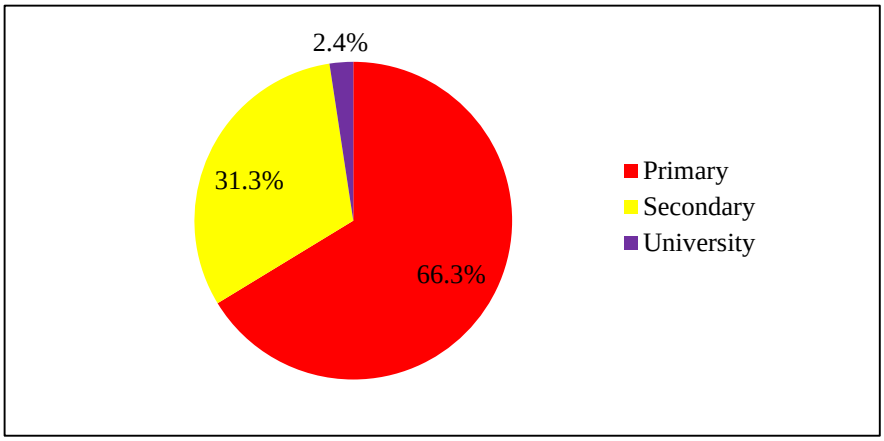
From the results in figure 2, 239(97.2%) respondents were married, 4(1.6%) respondents were widowed while only 3(1.2%) respondents were divorced. The findings showed that the majority of study participants were married. Their views might have therefore dominated the study findings.

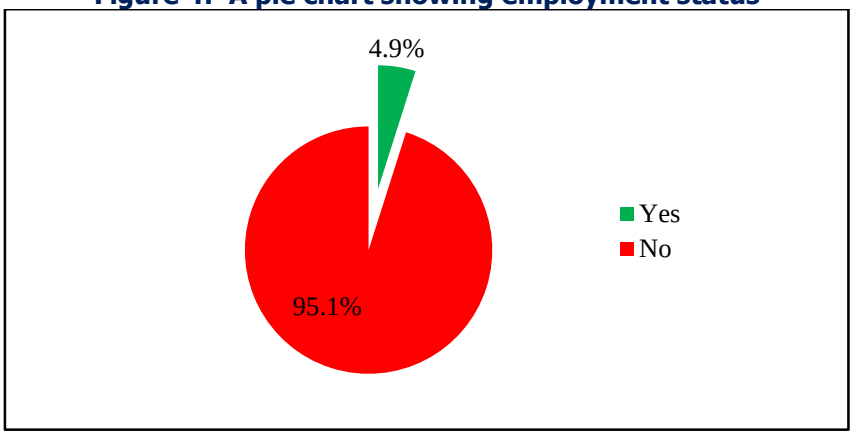
Figure 3: A pie chart showing the level of education



Source: Primary data

Findings show that 163(66.3%) respondents had ended in primary level, 77(31.3%) respondents had attained secondary level of education, and only 6(2.4%) of the participants had reached university level of education. Thus, the dominant ideas in the study that came from mothers who had only attained primary education were recorded.

Figure 4: A pie chart showing employment status



Source: Primary data

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The highest number of mothers who participated in the studies were not employed, with 234(95.1%), compared to the 12(4.9%) who were employed. This could be because the majority of them were only educated up to the primary level of education.

MOTHERS ARE ENTITLED TO BREASTFEEDING TIME BY EMPLOYERS

TABLE 2: SHOWING ENTITLEMENT TO BREASTFEEDING TIME BY EMPLOYERS

Variable	Frequency	Percentage
Yes	246	100
No	0	0
Total	**246**	**100.0**

Source: Primary data

All the mothers who participated in this study were entitled to time to breastfeed their babies by their employers. There was no employer recorded who denied the mothers' time to breastfeed their babies. This could be explained by the knowledge of mothers' rights by the different employers.

TABLE 3: SHOWING MOTHERS WHO LIVE WITH HUSBAND AND CHILDREN ONLY

Variable		Frequency	Percentage
Valid	Yes	210	85.4
	No (living with relatives)	29	11.8
	No (separated/divorced/widowed)	7	2.8
	Total	**246**	**100.0**

Source: Primary data

The majority, that is 210(85.4%) respondents, lived with their husbands and children only, followed by 29(11.8%) mothers who were separated from their husbands and living with relatives, while only 7(2.8%) mothers were widowed. This could be explained by the fact that the majority of the respondent mothers were young and married.

Table 4: showing the number of housemaids of mothers

Variable	Frequency	Percentage
0	236	95.9
1	10	4.1
Total	**246**	**100.0**

Source: Primary data

From the findings, 236(95.9%) mothers had no housemaids at home. Only 10(4.1%) mothers had housemaids who assisted them in housework. Therefore, ideas of mothers without housemaids dominated the study.

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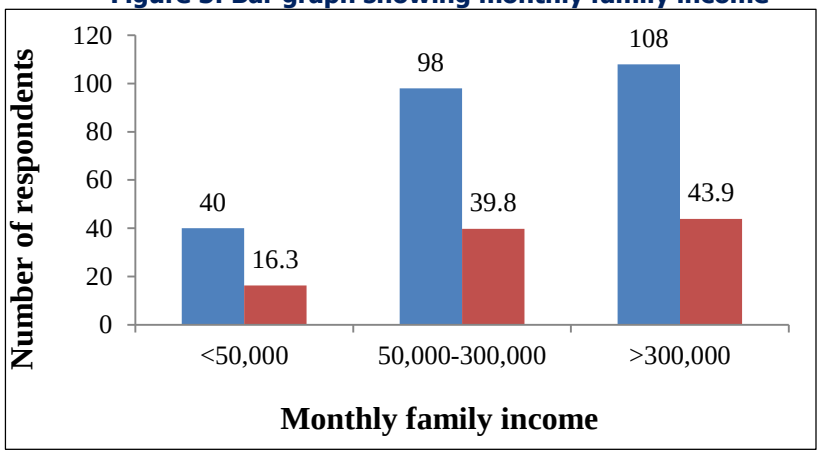
Figure 5: Bar graph showing monthly family income



The majority of the study respondents, 103(43.9%), earn more than 300,000 per month, followed by 98(39.8%) mothers who earn between 50,000-300,000 per month, while only 40(16.3%) earn less than 50,000 shillings per month. As a result, mothers with moderate income dominated the study findings.

Table 5: showing the number of children of mothers

Variable	Frequency	Percentage
1	30	12.2
2-4	85	34.6
5 and above	131	53.3
Total	**246**	**100.0**

Source: Primary data

Findings show that 131(53.3%) mothers had at least 5 children, 85(34.6%) mothers had between 2 and 4 children while only 30(12.2%) mothers had 1 child. Thus, mothers with more than 4 children dominated the study. The results might be attributed to the fact that most mothers start producing at an early age.

Knowledge of lactating mothers towards exclusive breastfeeding

Table 6: showing knowledge of lactating mothers towards exclusive breastfeeding

Variable	Mean	Std. Deviation
Give only breast milk for the first 6 months	1.959	1.009
Start breastfeeding within 1 hour after delivery	1.573	0.512
Children less than 6 months old require water during the summer season	4.203	0.981
The child needs vitamin syrup during the first 6 months	4.105	1.037
Aggregate mean and std. deviation	2.**960**	0.**885**

Legend: 4.51-5.00 Agree, 3.51-4.50 Strongly agree, 2.51-3.50 Neutral, 1.51-2.50 Strongly disagree, 1.00-1.50 Disagree.
Source: Primary data

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Findings from the results show neutral knowledge among the breastfeeding mothers with an aggregate mean of 2.960 and a standard deviation of 0.885. Most of the mothers stated that children less than 6months require water during summer (mean = 4.203 and SD = 0.981). Very few mothers knew about starting breastfeeding within 1hour after delivery (mean = 1.573 and SD = 0.512). These findings could be explained by the fact that the majority of the mothers who participated in this study had low levels of education and were also young in age. Rural dwelling might also impact the findings of the study.

The findings are in line with those of Bashir et al. (2018) and Karim et al. (2022), who said that the majority of lactating mothers lacked satisfactory knowledge about exclusive breastfeeding, where only 29.4% and 26.8% of lactating mothers, respectively, knew that only breast milk is given to the first six months and the importance of exclusive breastfeeding. Mogre, Dery, & Gaa (2016 further support the results above among African women, where lactating mothers in south western Ethiopia and Nigeria had insufficient knowledge on exclusive breastfeeding, where most believed that colostrum was stale milk, expressed milk was contaminated, and breast milk lacked sufficient nutrients.

The contrast between the study findings above and that of Dukuzumuremyi et al., (2020) among lactating mothers in East Africa who had fair knowledge towards exclusive breastfeeding (83.8%) and who knew why breast milk alone was important for the first six months of the baby could be explained by the rural dwelling and low level of education among majority of the study participants.

Attitude of lactating mothers towards exclusive breastfeeding

Table 7: showing the attitude of lactating mothers on exclusive breastfeeding

Variable	Mean	Std. Deviation
According to me, breastfed babies are healthier than formula-fed babies	1.902	0.929
I think I should not feed my child if they are sick	3.862	0.759
According to me, formula feeding is more convenient than breastfeeding	4.012	0.263
Aggregate mean and standard deviation	**3.259**	**0.650**

Legend: 4.51-5.00 Agree, 3.51-4.50 Strongly agree, 2.51-3.50 Neutral, 1.51-2.50 Strongly disagree, 1.00-1.50 Disagree.
Source: Primary data

From the results, there is a neutral attitude of the lactating mothers towards exclusive breastfeeding (agg. mean = 4.012 and SD = 0.263). Most mothers strongly agree that formula feeding is more convenient to them than breastfeeding (mean = 4.012 and SD = 0.260). Meanwhile, some mothers also strongly agree with not feeding their children when sick (mean = 3.862 and SD = 0.759). Unfortunately, most mothers strongly disagree with the fact that breastfed babies are healthier than formula-fed babies (Mean = 1.902 and SD = 0.929). The neutral attitude towards exclusive breastfeeding could be explained by the lack of knowledge on the importance of exclusive breastfeeding among lactating mothers.

The findings strongly support the findings of Dukuzumuremyi et al., (2020) and Bala et al., (2020) who both found out that 58% of lactating mothers in East Africa had negative attitude towards EBF, disliked to give breast milk alone in the first six months to their babies and disagreed that giving colostrum to the baby in the first hour was important, 72% of lactating mothers denied that exclusively breast fed babies are healthier than formula fed babies and 88% didn't believe that formula milk is more convenient that exclusive breast feeding.

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Practice of lactating mothers towards exclusive breastfeeding

Table 8: showing the practice of lactating mothers towards exclusive breastfeeding

Variable	Mean	Std. Deviation
In how many hours did you start breastfeeding after delivery	4.223	1.437
What is the frequency of breastfeeding	3.167	1.374
Did you give any supplementary feeding before completing 6 months of age?	1.910	0.286
Aggregate mean and standard deviation	**3.100**	**1.032**

Legend: 4.51-5.00 Agree, 3.51-4.50 Strongly agree, 2.51-3.50 Neutral, 1.51-2.50 Strongly disagree, 1.00-1.50 Disagree.
Source: Primary data

According to the study results, there is good practice towards exclusive breastfeeding among lactating mothers. (Agg. mean = 3.100 and SD = 1.032). The majority of the mothers started breastfeeding their babies within 1hour after delivery (mean = 4.223 and SD = 1.437) and breastfed their babies on demand (mean = 3.167 and SD = 1.374). These could be because most of the study participants came from rural areas, stayed with their husbands, who supported them, and were also from low social classes and education levels, despite their poor knowledge of the importance of exclusive breastfeeding. Dukuzumuremyi et al. (2020) also found the same report regarding the practice of lactating mothers in East Africa, where 55.9% of lactating mothers had practiced exclusive breastfeeding for at least six months.

Discussion of results

The study was based on the knowledge, attitude, and practices towards exclusive breastfeeding among lactating mothers in selected health center IIIs in Mubende district. It was guided by 3 objectives: to find out the level of knowledge towards exclusive breastfeeding among lactating mothers attending selected health center IIIs in Mubende District; to assess attitude towards exclusive breastfeeding among lactating mothers attending selected health center IIIs in Mubende District, and to determine the practices towards exclusive breastfeeding among lactating mothers attending selected health center IIIs in Mubende District.

The study employed a descriptive random cross-sectional method to obtain data from 246 participants who participated in it. A self-administered questionnaire was used to obtain data from the study participants. The data obtained was analyzed using SPSS version 26.0 to come up with the statistical findings.

Findings of objective 1 show neutral knowledge among the breastfeeding mothers in Mubende district, with an aggregate mean of 2.960 and a standard deviation of 0.885. Results of objective 2 showed a poor attitude of lactating mothers on exclusive breastfeeding, where most mothers strongly agreed with formula feeding over breastfeeding (agg. mean = 4.012 and SD = 0.263). Results of objective 3, however, revealed that despite the neutral knowledge and poor attitude towards exclusive breastfeeding, there is good practice towards exclusive breastfeeding among the lactating mothers. (Agg. mean = 3.100 and SD = 1.032) the lactating mothers.

Conclusion

There is little knowledge of exclusive breastfeeding among lactating mothers in Mubende district. Lactating mothers in Mubende district have a poor attitude towards exclusive breastfeeding. However, despite their neutral knowledge and poor attitude towards the same, the lactating mothers practice good exclusive breastfeeding. Conclusively, therefore, the study showed average knowledge, attitude, and practice of exclusive breastfeeding among lactating mothers in Mubende district.

Recommendation

The researcher recommends the:

Authorities in Mubende district are to strengthen health education to increase knowledge of lactating mothers on exclusive breastfeeding.

Community and village health authorities to increase sensitization of mothers to attend antenatal services, where they can obtain knowledge and other benefits related to maternal and child health

A more generalizable and analytical study should be conducted by the district to find out why there is a poor attitude towards exclusive breastfeeding among lactating mothers in Mubende district.

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List of abbreviations
ANC: Antenatal clinic
EBF: Exclusive breastfeeding
HIV: Human Immunodeficiency Virus
MCH: Maternal and Child Health
MDU: Mubende District, Uganda
PNC: Postnatal clinic
RHC: Rural health clinic
SD: Standard deviation
TBA: Traditional Birth Attendant
TDHS: Tanzania demographic and health survey
UNICEF: United Nations International Children's Emergency Fund
WHO: World Health Organization

Source of funding
The Study has no funding.

Conflict of interest
The Author declares no conflict of interest.

Data availability
Data available on request

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