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Evaluation of Factors that are influencing quick initiation of Breast Feeding in Post Natal Mothers at Kabale Regional Referral Hospital.

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ABSTRACT

Breastfeeding has been accepted as the most vital intervention for reducing infant mortality and ensuring optimal growth and development of children. This study was aimed at determining factors influencing early initiation of breast feeding among mothers at post natal ward, Kabale Regional Referral Hospital**.** A cross-sectional descriptive study with both quantitative and qualitative data collection techniques was used. The study found out that post natal mothers had various factors including young age 78 (58.6%), marital status 91 (68.4%), education 52(39.1%), employment status 48 (36.1%), parity 52 (39.1%) and area of residence 67 (50.4%). All respondents 133 (100%) had ever heard about early initiation of breast feeding, most 43 (32.3%) had not initiated breast feeding early as recommended they initiated between 2 – 3 hours after birth, most 81 (60.9%) were not aware of the potential dangers of late initiation of breast feeding. Respondents did not face cultural factors as most 81 (60.9%) reported that their tribe viewed the use of colostrum as good. In conclusion, the study revealed that respondents faced various demographic, knowledge deficits as well as cultural factors which affected early initiation of breast feeding.
Keywords: Colostrums, breastfeeding, infant mortality, postnatal mother

INTRODUCTION

Breastfeeding has been accepted as the most vital intervention for reducing infant mortality, morbidity and ensuring optimal growth and development of children [1; 2; 3; 4; 5; 6]. Many infant deaths could be averted through optimal breastfeeding practices such as early initiation of breast feeding in the first 24 hours [3; 4; 7; 8; 9; 10].

Globally, early initiation of breast feeding has been found to be poor especially in developing countries which are more likely to have poor health care delivery systems [1; 5; 6; 11; 12; 13; 14; 15; 16]. A study carried out in Mexico found out that only 39% of mothers ensure initiation of breast feeding and post natal mothers are not adequately sensitized and educated on the importance and benefits of immediate initiation of breast feeding after birth [17; 18; 19; 20; 21; 22; 23;24].

Okolo *et al.,* [7] documented that the high infant mortality rate observed in most of the countries in sub–Saharan African countries like Nigeria and Togo are partly attributable to practices such as the late initiation of breast-feeding which ranges from 29% - 49% [3; 8; 9; 25; 26; 27; 28]. Poor initiation of breast feeding has also been found to be influenced by cultural beliefs and practices such as throwing away of colostrum, misperceptions that colostrum is dirty and will make the baby sick [10; 11; 12; 29; 30; 31; 32].

It is estimated that up to 56% of mothers in Uganda fail to effectively initiate breast feeding as recommended and only 48% of the mothers had received any advice on early initiation of breastfeeding during antenatal period [13; 4; 33; 34; 35; 36]**.**

Reviews of studies from developing countries show that infants who are not breastfed early are 6 to 10 times more likely to die in the first months of life than infants who are breastfed [14; 8; 15]. Therefore, the aim of this study is to identify the factors influencing early initiation of breast feeding among mothers at post-natal ward, Kabale Regional Referral Hospital.

Problem Statement

Child survival is an ongoing public health priority in many countries.

Late initiation of exclusive breast feeding is a threat to babies in Uganda and according to Uganda Demographic and Health Survey (2011), only 49% of mothers initiate breast feeding early as recommended by health workers (UDHS, 2011), yet it is recommended that all mothers should initiate breast feeding early unless there are health challenges.

According to Health Management Information System (HMIS, 2014) reports at Kabale Regional Referral Hospital, an average of 200 mothers deliver at the hospital every month, however, few mothers initiate breast feeding immediately as recommended by health workers yet poor and delayed initiation of breast feeding forces neonates to miss out on colostrum with all its protective properties, thereby greatly affecting the immunity of these infants as they are likely to suffer from hypoglycemia, develop infections such as diarrhea, pneumonia and many others. As well as early bonding between mother and child [16]. It may also lead to missed opportunities to practice Kangaroo mother care if needed.

However, despite all the advantages and benefits of early initiation of breast feeding and despite the strong efforts by the Ugandan government and Ministry of Health through programs on radio, newspapers and hospitals which promote and encourage mothers to ensure initiation of breast feeding, many mothers fail to initiate breast feeding immediately after birth [17, 18, 4]. Therefore, if this problem is not solved, the researcher anticipates that infant morbidity and mortality in south western region will increase which will contribute to the National mortality rate which is currently 75/1000 live births according to Uganda Demographic Health Survey (UDHS, 2011). Hence the researcher found it necessary to find out the factors influencing early initiation of breast feeding among mothers at post natal ward KRRH, as no study had ever been carried out in Kabale to identify these factors.

Aim of the study

To assess the factors influencing early initiation of breast feeding among mothers at post-natal ward, Kabale Regional Referral Hospital.

Specific Objectives

1) To determine the socio-demographic factors influencing early initiation of breast feeding among post-natal mothers at Kabale Regional Referral Hospital.
2) To assess the knowledge of post natal mothers regarding the importance of early initiation of breast feeding at Kabale Regional Referral Hospital.
3) To identify the cultural factors influencing early initiation of breast feeding among post-natal mothers at Kabale Regional Referral Hospital.

Research Questions

1) What are the socio demographic factors influencing early initiation of breast feeding among post-natal mothers at Kabale Regional Referral Hospital?
2) What is the knowledge of post natal mothers regarding the importance of early initiation of breast feeding at Kabale Regional Referral Hospital?
3) What are the cultural factors influencing early initiation of breast feeding among post-natal mothers at Kabale Regional Referral Hospital?

Justification of the study

According to WHO (2015) policy on child health and survival, some of the key recommendations for improving health and outcomes of infants globally is through ensuring effective early initiation of breast feeding which improves survival rates of babies by 60%.

Child survival is an ongoing public health priority in many countries such as South Asia region, which includes eight countries - Afghanistan, Bangladesh, Bhutan, India, Maldives, Nepal, Pakistan and Sri-Lanka, Countries within the region had made significant progress towards reducing this problem as it was stated in Millennium Development Goal 4 (MDG 4) but still failing.

The research findings will also help the policy makers especially the Ministry of Health to find ways to curb the late initiation of breastfeeding and understand its associated complications on neonates.

To the administrators and hospital management, the results of the study will reveal the health facility related factors influencing early initiation of breast feeding among postnatal mothers which will provide room for the organization to develop strategies to improve it for the betterment of the entire health system.

Upon completion of the study, the researcher will have fulfilled the partial requirement for the award of a diploma in nursing. The results of this research will help to reduce infant morbidity and mortality due to late initiation breast feeding if given a platform to disseminate the results and carry out health education to the community.

The results of this research will also help the health workers to realize their obligations and responsibility of ensuring early initiation of breast feeding among postnatal mothers.

The study findings will also add to the existing literature on the prevalence, factors influencing early initiation of breast feeding among postnatal mothers.

METHODOLOGY

Study Design

A descriptive cross-sectional study employing quantitative data collection methods will be employed. It will be a cross sectional study design because independent and dependent variables will be assessed and data will be collected at one point in time without any type of manipulation.

Study Setting

The study will be conducted at the Post Natal Ward, Kabale Regional Referral Hospital, Kabale District which is found in south western Uganda. It is the biggest in the district and it offers many curative and preventive health services, ANC, immunizations, growth and monitoring, palliative care, health education, ARV's provision, RCT, PMTCT, including infant feeding counseling. On average 200 mothers are delivered at the hospital every month. The study setting is selected because the problem of poor initiation of breast feeding among post natal mothers has been noted by the researcher.

Study Population

The study includes all post natal mothers who have stayed at least 2 to 3 days in post Natal Ward, Kabale Regional Referral Hospital, Kabale District.

Sample Size Determination The sample size will be determined by using Solvin's formular by Ariola et al (eds, 2006) was used.

$n = N/(1+ne^2)$

$n = 200/(1+200\ (0.05^2) = 133.3$ approximately 133 respondents.

Where; n = sample size required, N = Total population of postnatal mothers at Kabale regional referral hospital, e = Error tolerance (5 % or 0.05).

Sampling Procedure

The data will be collected from 133 respondents in 12 days where approximately 11 mothers researcher will go to the post natal ward and proceed to sample respondents until the total of 11 will be achieved.

Inclusion Criteria

- ✓ The study will include all post natal mothers who have just delivered at post Natal Ward aged between 15-45 years, Kabale Regional Referral Hospital, Kabale District.
- ✓ Who have voluntarily consented to participate in the study.
- ✓ And are available during the study period.

Exclusion Criteria

- ➢ Mothers who are very ill and still in severe pain.
- ➢ Mothers whose babies have died shortly after birth.
- ➢ Mothers who have not consented to participate in the study

Definition of Variables:

A variable is an attribute that varies. The independent variable is the one which can be manipulated and a dependent variable is the presumed outcome**.**

Dependent Variables

This study considered Early Initiation of breast feeding as the dependent variable.

Independent Variables.

- In this study, individual factors, and socio-cultural factors were the independent variables. Individual Socio demographic factors such as

age, marital status, parity and level of education were studied.

- Socio-cultural factors such as stigma, poverty, norms and beliefs of the community were also investigated in this study.

Research Instruments

Data collection will be carried out by use of questionnaires to enable the respondents to exhaust each posed question after consent. This method will be used because it will allow for accurate recording of responses from both the illiterate and literate respondents. Two research assistants will be identified. The questionnaire has 3 sections and section A has 8 questions; section B has 11 questions while section C has 6 questions

Data collection procedure

The researcher will obtain an approval letter from the Research Committee of Kampala International University Western Campus which will be taken to Administration KRRH seeking permission to carry out the study. The Hospital Administration will provide an approval letter to conduct the research in the hospital and also introduce the researcher to the in-charge of the post natal ward who will hence introduce the researcher to the respondents. At this point, the researcher will introduce himself to the respondents and seek for their permission to participate in the study. Informed consent will be sought and secured from the respondents. Confidentiality will be observed by not asking for the names of the respondents. The filled questionnaires will be safely kept under lock and key and only accessed by the researcher and they will be used for this study

Data Management

At the end of each day of data collection, completed questionnaires will be organized and kept in a safe custody to avoid loss before entry into the computer. All the collected data will be put in the file and kept under lock and key.

Editing

This will involve checking for errors and omissions in the research instruments to ensure consistency, completeness and accuracy of data collection. This will be done in the field immediately after the questionnaires are filled.

Coding

The coding will be done at home daily after each field day. It will involve grouping responses into categories. This will be facilitated by constructing coding frames. Each response will be entered into the computer.

Data Analysis

Data was entered into a computer and analyzed using descriptive statistics. Data collected was analyzed by using the Statistical Package for Social Science (SPSS) version 18 and Microsoft Excel. It was summarized in descriptive statistics namely, mean, median, frequency, percentage distributions and means was used to present patterns in the data.

Ethical Considerations

The researcher will obtain an approval letter from the Research Committee of Kampala International University Western Campus which will be taken to the administration of KRRH seeking permission to carry out the study. The Hospital administration will provide an approval letter to conduct the research in the hospital and also introduce the researcher to the in-charge of the post natal ward who will hence introduce the researcher to the respondents. At this point, the researcher will introduce himself to the respondents and seek for their permission to participate in the study. Informed consent will be sought and secured from the respondents. Confidentiality will be observed by not asking for the names of the respondents and also not allowing others to look in the filled interview guides. The filled questionnaires will be safely kept under lock and key and only accessed by the researcher and they will be used for this study only.

RESULTS

Demographic and social characteristics of post natal mothers

Table 1: Socio-Demographic characteristics of respondents

Variables	Frequency (n=133)	Percentage (%)
Respondents' Age		
16 – 25 years	78	58.6
26 – 35 years	35	26.4
36 – 45 years	20	15.0
Marital status		
Single	42	31.6
Married	91	68.4
Level of education		
Primary level	34	25.6
Secondary level	52	39.1
Tertiary level	21	15.8
No formal education	26	19.5
Occupation		
House wife	45	33.8
Self employed	48	36.1
Civil servant	14	10.5
Unemployed	26	19.6
Number of children		
1 child	34	25.6
2 – 3 children	52	39.1
More than 4 children	47	35.3
Level of education of spouse		
Primary level	31	23.3
Secondary level	47	35.3
Tertiary level	26	19.6
No formal education	29	21.8
Spouse' Occupation		
Self employed	67	50.3
Civil servant	23	17.3
Unemployed	15	11.3
Peasant/farmer	28	21.1
Distance to KRRH (in km)		
Less than 1km	19	14.3
2 – 3 km	47	35.3
4km and above	67	50.4

- Most respondents 78 (58.6%) were in the age range of 16 – 25 years.
- The majority of respondents 91 (68.4%) were married.
- Results showed that 52 (39.1%) respondents had attained secondary level education while the least 21 (15.8%) had attained tertiary level education.
- Findings showed that 48 (36.1%) were self-employed.
- Results showed that 52 (39.1%) respondents had 2 – 3 children.
- Out of the 91 respondents who were married, most 47 (35.3%) reported that their partners had attained secondary level education.
- Out of the 91 respondents who were married, most 67 (50.3%) reported that their partners were self-employed.
- Most respondents 67 (50.4%) resided 4 km and above away from KRRH.

Knowledge of post-natal mothers at KRRH regarding early initiation of breast feeding.

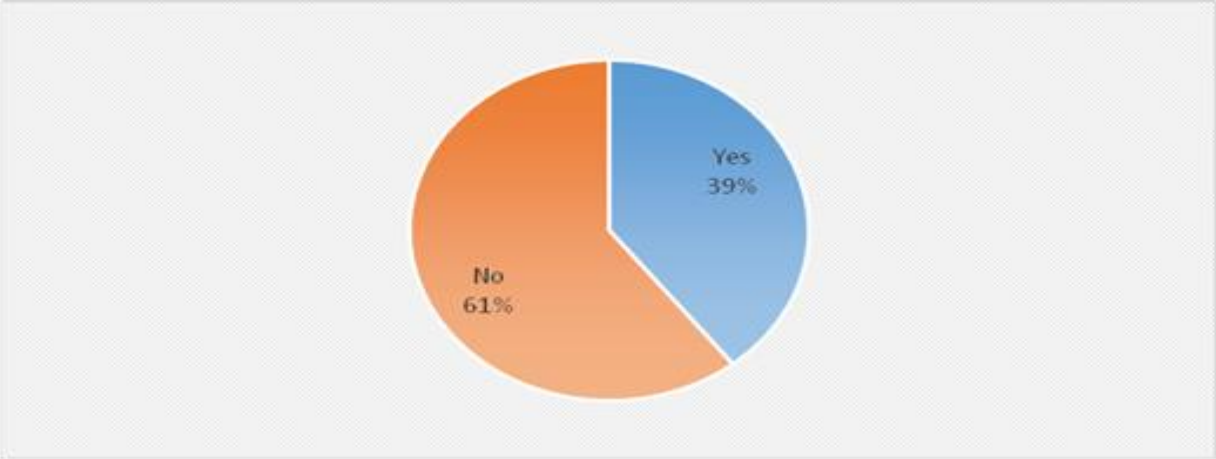

Figure 1: Awareness of post-natal mothers about potential dangers of late initiation of breast feeding, n=133

Results showed that most respondents 81 (61%) were not aware of the potential dangers of late initiation of breast feeding.

Table 2: Awareness and importance of early initiation of breast feeding as well as dangers of late initiation of breast feeding.

Variables	Frequency (n=133)	Percentage (%)
Ever heard about initiation of breast feeding		
Yes	133	100
No	0	0
Recommended period to initiate breast feeding		
Immediately after birth	38	28.6
Within 1 hour	27	20.3
2 – 3 hours after birth	43	32.3
Next day	25	18.8
Awareness of importance of early initiation of breast feeding		
Yes	52	39.1
No	81	60.9
Ever been health educated about importance of early initiation		
Yes	63	47.4
No	70	52.6
Importance of early initiation of breast feeding	**Frequency (n=52)**	**Percentage (%)**
Improving baby's immunity	31	60
Promoting growth and development	21	40
Potential dangers of late initiation of breast feeding	**Frequency (n=52)**	**Percentage (%)**
Baby may fall sick	22	42
It affects proper growth of the baby	30	58

- All the respondents 133 (100%) had ever heard about early initiation of

breast feeding and they understood it as breast feeding a baby immediately after birth.

- Most respondents 43 (32.3%) reported that the recommended period to initiate breast feeding was 2 – 3 hours after birth while the least 25 (18.8%) reported the next day.
- The majority of respondents 81 (60.9%) were not aware of the importance of early initiation of breast feeding.
- Most respondents 70 (52.6%) had never been health educated about importance of early initiation of breast feeding.
- Out of the 52 respondents who were aware of the importance of early initiation of breast feeding, most respondents 31 (60%) reported improving baby's immunity while the least 21 (40%) mentioned promoting growth and development.
- Out of the 52 respondents who were aware of the potential dangers of late initiation of breast feeding, most 30 (58%) reported that it affected proper growth of the baby while the least 22 (42%) said the baby may fall sick.

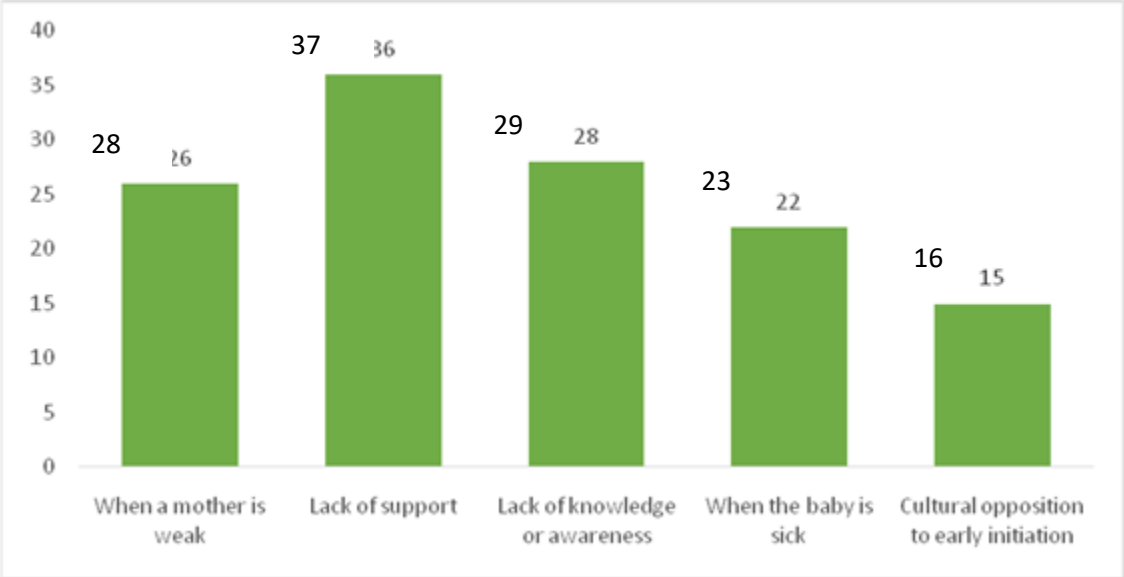

Figure 2: Reasons for not initiating breast feeding early n=133

Results showed that majority 37 (27.8%) of respondents reported that lack of support stopped mothers from early initiation of breast feeding, While the least 16 (12.0%) mentioned cultural opposition to early initiation.

Table 3: Distribution of respondents who had initiated breast feeding

Responses	Frequency (n=133)	Percentage (%)
Yes	52	39.1
No	81	60.9
When respondents-initiated breast feeding		
Immediately after birth	38	28.6
Within 1 hour	27	20.3
2 – 3 hours after birth	43	32.3
Next day	25	18.8
Total	**133**	**100**

Most respondents 81 (60.9%) had not initiated breast feeding early as recommended. Most respondents 43 (32.3%) initiated breast feeding between 2 – 3 hours after birth.

Cultural factors influencing early initiation of breast feeding among post natal mothers

Table 4: Whether respondents' culture allowed early initiation of breast feeding

Variables	Frequency (n=133)	Percentage (%)
Whether respondents' culture allowed early initiation of breast feeding		
Yes	81	60.9
No	52	39.1
Tribal view of using colostrum		
Good	81	60.9
Bad	52	39.1
Total	133	100
Reasons for tribal view of using colostrum		
It is good and nutritious for babies and boosts their immunity	81	60.9
It is dirty and unhealthy for babies	52	39.1

Most respondents 81 (60.9%) reported that their tribe viewed the use of colostrum as good. Results showed that most respondents 81 (60.9%) reported that their cultures allowed early initiation of breast feeding. Most respondents 81 (60.9%) said their tribe viewed the use of colostrum as good because it is good and nutritious for babies and boosts their immunity.

Other respondents 52 (39.1) said that the use of colostrum was not good because it is dirty and unhealthy for babies.

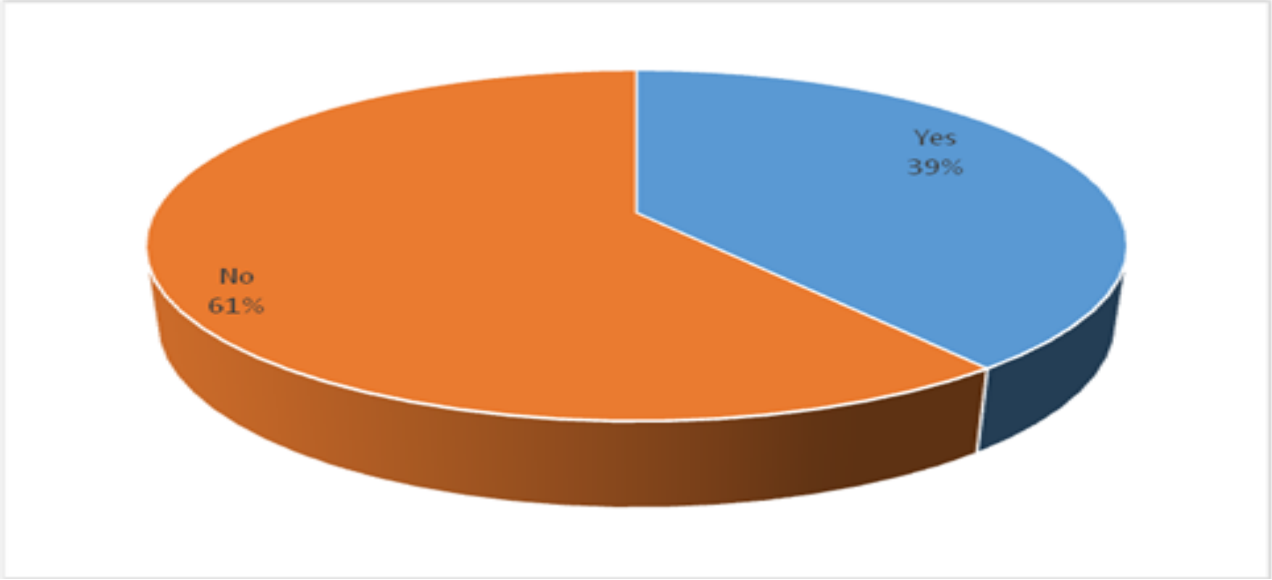

Figure 3: Whether cultural beliefs influenced early initiation of breast feeding, n=133

Most respondents 81 (61%) reported that cultural beliefs did not influence early initiation of breast feeding.

DISCUSSION

Demographic and Social Characteristics of post-natal mothers

These include age, marital status, occupation, level of education and the distance from Hospital of post natal mothers.

Most respondents 78 (58.6%) were in the age range of 16 – 25 years. This demonstrated that most respondents were still relatively young and this could potentially affect their awareness about the importance of early initiation of breast feeding due to inexperience and lower parity perhaps. This study was in agreement with Bahl et al, [19] revealed in a multicenter cohort study about infant feeding patterns and risks of death and hospitalization in the first half of infancy that some of the factors influencing early initiation of breast feeding among post natal mothers included young maternal age. It was noted that younger mothers may fail to initiate breast feeding due to inexperience. Furthermore, it was also in line with Boyle et al, [20] who reported in their study about the influence of economic development level, household wealth and maternal education on child health in the developing world that some of the social demographic factors influencing initiation of breast feeding among post natal mothers included age of the mother.

The majority of respondents 91 (68.4%) were married, which implied that since they were married, they would be able to count on and receive physical and emotional support from their partner to ensure early initiation of breast feeding as recommended. This study finding was in line with Hector, *et al.,* [21] who revealed in their study about the factors affecting breastfeeding practices that some of the factors influencing early initiation of breast feeding among post natal mothers included marital status. It was revealed that women who were formally married had a greater chance and likelihood of initiating breast feeding early as recommended as they were likely to have support and encouragement from their partners.

Results showed that 52 (39.1%) respondents had attained secondary level education. This showed that most respondents had attained a fair level of education and would be expected to be more knowledgeable about the benefits of early initiation of breast feeding. However, this was not the case as most did not initiate breast feeding early as recommended due to inadequate knowledge. This study was in line with Chudasama, *et al.,* [22] who mentioned in their study about the prevalence of exclusive breastfeeding and its determinants in first 6 months of life that post natal mother had inadequate knowledge about the initiation of breast feeding due to low literacy rate.

It was further revealed that the higher the literacy rate of mothers the more the likelihood that they would properly initiate breast feeding for their children as recommended.

Findings showed that 48(36.1%) were self-employed which implied that since respondents were employed, they would afford adequate nutrition and have enough breast milk as well as access to health care services in the study setting. This study was in line with Tiwari and Singh [23] who documented in a study regarding breastfeeding in an urban area of Fazidabad district among post-natal mothers included poverty whereby mothers did not have adequate nutrition and thus could not maintain adequate breast feeding.

Results showed that 52 (39.1%) respondents had 2 – 3 children which implied that since most respondents had a higher parity, they would be more experienced and knowledgeable about the importance of early initiation of breast feeding as well as how to initiate breast feeding. This study was opposed by Khin, *et al.,* [24] who documented in their study about the support and promotion of breastfeeding that some of the factors influencing early initiation of breast feeding among post natal mothers include parity. It was noted after analysis that as parity increases, women tended to have

poor practices towards the early initiation of breast feeding as they were used to the procedure and others disregarded it.

Most respondents 67 (50.4%) resided 4 km and far away from KRRH which demonstrated that most respondents resided a considerable distance out of the urban center and this could negatively affect their access to and utilization of health services. This study was in agreement with Hendricks, *et al.,* [25] who reported in their study about maternal and child characteristics associated with infant and toddler feeding practices that factors such as area of residence are some of the things which influence early initiation of breast feeding. It was further reported that most mothers who resided in rural areas lacked adequate access to information and this could greatly affect their awareness of the importance of early initiation of breast feeding.

Out of the 91 respondents who were married, most 47 (35.3%) reported that their partners had attained secondary level education. Out of the 91 respondents who were married, most 67 (50.3%) reported that their partners were self-employed. This study was in agreement with another study which assessed first-time mothers' intentions to breastfeed and awareness of health recommendations in southwest Sydney, Australia. Findings revealed that an important social demographic factors influencing early initiation of breast feeding among post natal mothers include, unemployment [10].

Knowledge of post natal mothers at KRRH regarding early initiation of breast feeding

Results showed that most respondents 81 (60.9%) were not aware of the potential dangers of late initiation of breast feeding, perhaps due to inadequate sensitization/health education by health workers. This study was in line with Narayan, *et al.,* [26] who documented in their study about maternal and neo- natal factors adversely affecting breastfeeding in the perinatal period that some of the factors influencing early initiation of breast feeding among post natal mothers included ignorance about the importance of exclusive and proper breast feeding.

All the respondents 133 (100%) had ever heard about early initiation of breast feeding and they understood it as breast feeding a baby immediately after birth which implied that since they had ever heard of early initiation, they would be more knowledgeable and also ensure early initiation of breast feeding. This study was contrary to Harder *et al.,* [27] who mentioned in their study about the duration of breastfeeding and risk of overweight that the majority of respondents did not possess sufficient knowledge about how to initiate breast feeding. This was attributed to lack of health education by health workers.

Most respondents 43 (32.3%) reported that the recommended period to initiate breast feeding was 2 – 3 hours after birth while the least 25 (18.8%) reported the next day. This demonstrated that may be due to inadequate sensitization, most respondents did not possess sufficient knowledge about the recommended period to initiate breast feeding and this potentially led to poor practices towards early initiation of breast feeding. This study was opposed by Hornell *et al.,* [28] who revealed in their study about the introduction of solids and formula to breastfed infants: a longitudinal prospective study in Uppsala, Sweden that the majority of respondents, 65% had a fair level of knowledge about the initiation of breast feeding as well as the importance of early initiation. This was attributed to having ready access to information about breast feeding.

The majority of respondents 81 (60.9%) were not aware of the importance of early initiation of breast feeding. This implied that since mothers were ignorant about the importance of early initiation of breast feeding, they may not place much emphasis on it, leading to late initiation of breast feeding. This study was in agreement with Aidam *et al.,* [29] who documented in their study about how lactation counseling increases exclusive breast-feeding rates in Ghana that the majority of respondents had poor level of knowledge and awareness of the

importance and benefits of initiation of breast feeding. This was attributed to lack of lactation counseling and sensitization of mothers.

Results showed that most respondents 81 (60.9%) had not initiated breast feeding early as recommended. Most respondents 43 (32.3%) initiated breast feeding between 2 – 3 hours after birth. This demonstrated that most respondents in the study setting had poor practices towards early initiation of breast feeding as they failed to initiate breast feeding immediately after birth as required by health workers. This study finding was in line with Ahluwalia *et al.,* [30] who reported in their study about why women stop breastfeeding that one of the factors contributing to improper breast feeding of children below 2 years was inadequate knowledge about the importance of early initiation of breast feeding as well as the potential dangers associated with late initiation of breast feeding.

Cultural factors influencing early initiation of breast feeding among post natal mothers

Most respondents 81 (60.9%) reported that their tribe viewed the use of colostrum as good because it is good and nutritious for babies and boosts their immunity which implied that in this case, tribal views on the use of colostrum could not be blamed for late initiation of breast feeding but it could be blamed on other factors. This study finding was contrary to findings by Yadavannavar *et al.,* [31] in India about the socio-cultural factors affecting breast feeding practices and decisions in rural women which revealed that some of the cultural influencing initiation of breast feeding among post natal mothers include beliefs like the first milk is not good or there is no secretion of milk in first three days which greatly affect the health and development of the infant.

Results showed that most respondents 81 (60.9%) reported that their cultures allowed early initiation of breast feeding which demonstrated that in this study setting, culture and cultural norms and practices could not be blamed for late initiation of breast feeding among mothers. This study was opposed by Maheswari *et al.,* [32] document in their study about breastfeeding among postnatal mothers that some of the cultural factors influencing initiation of breast feeding among post natal mothers include the prevalence of cultural practices such as early initiation of supplementary feeds.

Most respondents 81 (60.9%) reported that cultural beliefs did not influence early initiation of breast feeding. This study was opposed by Maheswari *et al.,* [32] who documented in their study about breastfeeding among postnatal mothers that some of the cultural factors influencing initiation of breast feeding among post natal mothers included the prevalence of cultural practices such as early initiation of supplementary feeds.

CONCLUSION

The study found out that post natal mothers had various demographic and social characteristics which influenced early initiation of breast feeding among post natal mothers including young age 78 (58.6%), marital status 91 (68.4%), level of education 52 (39.1%), employment status 48 (36.1%), parity 52 (39.1%) and area of residence 67 (50.4%).

Results showed that respondents also faced knowledge deficits about early initiation of breast feeding. The study noted that although all respondents 133 (100%) had ever heard about early initiation of breast feeding and 133 (100%) understood it as breast feeding a baby immediately after birth, most 43 (32.3%) had not initiated breast feeding early as recommended as they initiated breast feeding between 2 – 3 hours after birth, which was perhaps not surprising as most 81 (60.9%) were not aware of the potential dangers of late initiation of breast feeding or even the importance of early initiation of breast feeding 81 (60.9%).

Respondents did not face cultural factors influencing early initiation of breast feeding among post natal mothers as most 81 (60.9%) reported that their tribe viewed the use of colostrum as good because it is good and nutritious for

babies and boosts their immunity and also allowed early initiation of breast feeding which implied that failure to ensure early initiation of breast feeding was attributed to other factors other than cultural related factors.

Recommendations

Recommendations to the Ministry of Health

The Ministry of Health should re-emphasize sensitization and health education programs to improve the awareness and knowledge of post natal mothers about the importance of early initiation of breast feeding as well as the benefits of early initiation provides.

Recommendations to the administration of KRRH

The administration of KRRH should put in place programs to sensitize and educate mothers about the dangers of poor/late initiation of breast feeding.

Secondly, the administration should strive to ensure regular provision of post natal services at all times to enable easy access to and utilization of the services.

Furthermore, the hospital should enable health workers to carry out community outreach and sensitization about the importance of early initiation of breast feeding as improving community awareness, understanding and appreciation of this act would enable them to offer support and encourage post natal mothers to breast feed appropriately as recommended.

Recommendations to the health workers at KRRH

Health workers at KRRH, especially those in ANC clinic should endeavor to health educate pregnant mothers about the importance and need to ensure early initiation of breast feeding as well as the benefits of ensuring early initiation of breast feeding. Health workers should further encourage the involvement and participation of husbands in supporting their wives/partners to ensure early initiation of breast feeding.

Recommendations to the mothers at KRRH

Post natal mothers at KRRH and elsewhere should ensure that they adequately attend ANC services during pregnancy and hence get a chance to be sensitized about the importance and need for early initiation of breast feeding.

Mothers should also ensure they initiate breast feeding immediately after birth as recommended by health workers as this provides many benefits to the neonates.

Implications To Nursing Practice

It is imperative that health workers especially nurse to be aware and address the factors influencing early initiation of breast feeding among postnatal mothers. While providing health education to mothers and the community at large about the many benefits of early initiation of breast feeding, nurses should base themselves on the individual demographic and social characteristics baseline factors. Health care interventions should re-focus on encouraging the effective early initiation of breast feeding as early as possible such that babies do not miss out on colostrum and thereby preventing the dangers of late initiation of breast feeding such as; neonatal infections, retarded growth, infant morbidity and mortality.

REFERENCES

1. Ogomaka, I. A. and Obeagu, E. I. (2019). Methods of Breast Feeding as Determinants of Malaria Infections among Babies in IMO State, Nigeria. breast, 2(01), 17-24.
2. Baqui, A. H., Willams, E. K., Darmstadt, G. L., Kumar, V., Kiran, T. U. and Panwar, D. (2007). Newborn care in rural UttarPradesh. *Indian J Pediatr,* 74(3): 241-247.
3. Leon-Cava, N., Lutter, S., Ross, J. and Martin, L. (2012). Quantifying the benefits of breastfeeding: A summary of the evidence. Pan American Health Organization, Washington DC.
4. Qiu, L., Zhao, Y., Binns, C.W., Lee, A.H., Xie, X. (2008). A cohort study of infant feeding practices in city, suburban and rural areas in Zhejiang Province, PR China. *Int Breastfeed J*, 3:4.

5. Duong, D.V., Lee, A.H. and Binns, C.W. (2013). Determinants of breast-feeding within the first 6 months post-partum in rural Vietnam. *J Paediatr Child Health*, 41(7):338-343.
6. Jones, G., Steketee, R., Black, R., Bhutta, Z. and Morris, S. (2009). The Bellagio Child Survival Study Group: How many child deaths can we prevent this year? Lancet, 362:65-71.
7. Okolo, S. N., Adewunmi, Y. B. and Okonji, M. C. (2011). Current breastfeeding knowledge, attitude, and practices of mothers in five rural communities in the Savannah region of Nigeria. *Journal of Tropical Pediatrics,* Volume 45, Issue 6, Pp. 323-326.
8. Chung, W., Kim, H. and Nam, C. M. (2008). Breast-feeding in South Korea: factors influencing its initiation and duration. *Public Health Nutr*, 11(3):225-229.
9. Mamiro, P. S., Kolsteren, P., Roberfroid, D., Tatala, S., Opsomer, A. S. and Camp, J. H. (2005). Feeding practices and factors contributing to wasting, stunting, and iron-deficiency anaemia among 3–23-month-old children in Kilosa district, rural Tanzania. *J Health Popu Nutr*;23(3):222-230.
10. Wen, L. M., Baur, L. A., Rissel, C., Alperstein, G. and Simpson, M. (2009). Intention to breastfeed and awareness of health recommendations: findings from first-time mothers in southwest Sydney, Australia. *Int Breastfeed J*, 4 (9) 56-78.
11. Kong, S. K. and Lee, D. T. (2014). Factors influencing decision to breastfeed. *J Adv Nurs*., 46:369-79.
12. Wren, H. and Chambers, L. (2008). Breastfeeding in Cambodia: Mother Knowledge, Attitudes and Practices. *World Health & Population*, 13(1) 2011: 17-29
13. Tumwine, J. K., Ingunn, M. S., Moland, K. M., Nankunda, J., Karamagi, C. A. and Tylleskär, T. (2010). Gendered perceptions on infant feeding in Eastern Uganda: continued need for exclusive breastfeeding support. *International Breastfeeding Journal,* 5 (13) 28 – 36
14. Oddy, W. H., Scott, J. A., Binns, C. W. and Graham, K. I. (2012). Temporal changes in the determinants of breastfeeding initiation. *Birth*, 33(1):37-45.
15. Melacini, P. R. (2013). The influence of economic development level, household wealth and maternal education on child health in the developing world. SocSci Med;63(8):2242-2254.
16. Shi, L., Zhang, J., Wang, Y. and Guyer, B. (2008). Breastfeeding in rural china: Association between knowledge, attitudes and practices. *J Hum Lact*, 24(4):377-385.
17. Subbiah, N. (2007). A Study to assess the Knowledge, Attitude, Practice and Problems of Postnatal Mothers regarding Breastfeeding. *Nursing J Ind*, 94 (8): 177-179
18. Pelto, G., Zhang, Y. and Habicht, J. (2010). Premastication: the second arm of infant and young child feeding for health and survival?, *Journal of Maternal and Child Nutrition* (Blackwell Publishing Ltd), doi:10.1111/j.1740-8709.2009.00200.
19. Bahl, R., Frost, C., Kirkwood, B. R. and Edmond, K., Martines, J., Bhandari, N. Arthur, P. (2005). Infant feeding patterns and risks of death and hospitalization in the first half of infancy: multicentre cohort study. *Bulletin of the World Health Organization*, 83(6), 418-426.
20. Boyle, M. H., Racine, Y., Georgiades, K., Snelling, D., Hong, S., Omariba, W., Hurley, P., Chen, L. H., Liu, C. K., Merrett, C., Chuo, Y. H. and Wan, K. S. (2008). Initiation of breastfeeding lessons from Taiwan. Paediatric Nursing, 20(3):34-36.

21. Hector, D., King, L., Webb, K. and Heywood, P. (2012). Factors affecting breastfeeding practices: applying a conceptual framework. *N S W Public Health Bull.* 16(3-4):52-5.
22. Chudasama, R. K., Amin, C. D. and Parikh, Y. N. (2009). Prevalence of exclusive breastfeeding and its determinants in first 6 months of life: A prospective study. *Online J Health Allied Scs.*;8(1):3.
23. Tiwari, V. and Singh, A. (2007). Knowledge, attitude and practice regarding breastfeeding in an urban area of Fazidabad district (U.P). *Indian J PrevSoc Med,* 38(1): 18-22.
24. Khin, P. P., Cheung, S. L. And Loh, T. (2007). Support and promotion of breastfeeding: where are we now? Public Health & Epidemiology Bulletin; 930:25-32.
25. Hendricks, K., Briefel, R. and Novak T. (2006). Maternal and child characteristics associated with infant and toddler feeding practices. *J Am Diet Assoc.,*106, S135 – S148.
26. Narayan, S., Natarajan, N. and Bawa, K. S. (2012). Maternal and Neo- natal Factors Adversely Affecting Breastfeeding in the Perinatal Period. *Med J Armed Forces Ind*, 61:216-219.
27. Harder, T., Bergman, R., Kallischnigg, G. and Plagemann, A. (2005). Duration of breastfeeding and risk of overweight: a meta-analysis. *Am J Epidemiol.*;162:397–403.
28. Hornell, A, Hofvander, Y. and Kylberg, E. (2010). Introduction of solids and formula to breastfed infants: aongitudinal prospective study in Uppsala, Sweden. *ActaPaediatr* 90, 477 – 482.
29. Aidam, B. A., Perez-Escamilla, R. and Lartey, A. (2010). Lactation counseling increases exclusive breast-feeding rates in Ghana. *Journal of Nutrition, 135*(7), 1691-1695.
30. Ahluwalia, I. B., Morrow, B. and Hsia, J. (2011). Why do women stop breastfeeding? Findings from the pregnancy risk assessment and monitoring system. *Pediatrics, 116*(6), 1408-1412.
31. Yadavannavar, M. C., Shailaja, J. and Patil, L. (2011). Socio Cultural Factors Affecting Breast Feeding Practices and Decisions in Rural Women. *International Journal of Plant, Animal and Environmental Sciences.* 1 (2): 21-40
32. Maheswari, E., Vishnu, B.B., Mohamed, A., Padiyath, A. (2010). Knowledge, attitude and practice of breastfeeding among postnatal mothers. *CurrPediatr Res*; 14 (2): 119-124.
33. Mugerwa R. (2023).Antenatal Care Services among Pregnant Women in Kampala International University Teaching Hospital Bushenyi-Ishaka Municipality. *INOSR Scientific Research* 9 (1), 38-49.
34. Teko F. (2023).Factors Related to Malnutrition among Children Below Five Years in Rengen Health Center III, Kotido District. *INOSR Experimental Sciences* 11 (1), 112-124.
35. Namwokoyi D. (2023). Evaluation of Factors that Influence High Morbidity Rate in Pregnant women Attending Antenatal Care at Kampala International University-Teaching Hospital (KIUTH), Bushenyi. *INOSR Experimental Sciences* 11 (1), 99-111.
36. Kyakimwa M. (2023). Evaluation of Antenatal Clinic among Post-Natal women at Bwera Hospital, Uganda. *INOSR* Experimental Sciences 11 (1), 77-86.