http://www.inosr.net/inosr-applied-sciences/
Caroline
INOSR APPLIED SCIENCES 10(2):105-127, 2023

International Network Organization for Scientific Research ISSN: 2705-165X

Knowledge Attitude and Practices towards Exclusive Breastfeedingng among Mothers with Infants Attending Immunization Clinic at Hoima Regional Referral Hospital.

Nsodi Peace Caroline

Faculty of Clinical Medicine Kampala International University Western Campus Uganda.

ABSTRACT

Exclusive breastfeeding is recommended for the first six months of age by the World Health Organization. Mothers' good knowledge and positive attitude play key roles in the process of exclusive breastfeeding practices. This study aimed at assessing the knowledge, attitude and practices towards exclusive breastfeeding among mothers with infants attending the immunization clinic at Hoima Regional Referral Hospital. The study was conducted using a descriptive cross-sectional design. Questionnaires were used to collect data and a quantitative research approach was employed. The study revealed that most of the respondents 124(39.1%) were in their late twenties ranging from 25-29 years, nearly half of them (43.5%) were married, and most of them 32.2% were housewives with infants in the age bracket of 4-6 months (28.4%) On the assessment of the knowledge, the majority of 82% of mothers knew some information on EBF, only 28.5% knew the correct meaning of EBF, 74.1% had ever had EBF counselling and most of them (47.6%) were unaware of the recommended duration of EBF. With regards to attitude majority, 56.8% of the mothers wanted to exclusively breastfeed their babies until six months and 32% of them strongly agreed that it was important to give the baby some water, honey and other solid foods during the first six months after birth. Majority of the respondents 72% initiated breastfeeding within the first hour of birth, but only 13.2% exclusively breastfed for six months. Exclusive breastfeeding attitude was good but knowledge and practices were poor. Only 28.5% of the respondents were able to correctly define EBF and 13.2% exclusively breastfed until six months. Exclusively breastfeeding in my study was suboptimal, compared to the current MoH recommendations. Therefore, there is a need to put in place strategies that target improving maternal knowledge, attitude and practices towards EBF.

Keywords: Exclusive breastfeeding practices, Mothers, Immunization, Maternal knowledge towards EBF, Babies.

INTRODUCTION

The World Health Organization (WHO) and the United Nations Children's Fund (UNICEF) Recommend initiation of breastfeeding within the first hour after birth; exclusively breastfeeding for the first six months of age and continuation of breastfeeding for up to two years of age or beyond in addition to adequate complementary foods [1]. Historically, breastfeeding has generally been considered by health professionals as the ideal feeding practice for infants. It is the first communication pathway between the mother and her infant [2]. EBF (exclusive breastfeeding) is an important public health strategy for improving children's and mothers' health by reducing child morbidity and mortality and helping to control healthcare costs in society. Additionally, EBF is one of the major strategies which help the most widely known and effective intervention for preventing early childhood deaths. Every year, optimal breastfeeding practices can prevent about 1.4 million deaths worldwide among children under five. Beyond the benefits that breastfeeding confers to the mother-child relationship, breastfeeding lowers the incidence of many childhood illnesses, such as middle infections, pneumonia, sudden infant death syndrome, diabetes mellitus,

malocclusion, and diarrhoea. Also, breastfeeding supports healthy brain development and is associated with higher performance on intelligence tests among children and adolescents. In mothers, breastfeeding has been shown to decrease the frequency of haemorrhage, postpartum depression, breast cancer, and ovarian and endometrial cancer, as well as facilitate weight loss [3].

The World Health Assembly (WHA) has set a global target in order to increase the rate of EBF for infants aged 0–6 months up to at least 50% in 2012–2025. Adherence to these guidelines varies globally, only 38% of infants are exclusively breastfed for the first six months of life. According to recent papers in the sub-Saharan Africa region, only 53.5% of infants in East African countries were EBF for six months, which is way below the WHO target of 90% [3]. However, despite the evidential benefits of EBF, there is a global decline in the practice. According to [4], this has been attributed to suboptimal breastfeeding practices. Global statistics reveal that just 38% of infants less than 6 months are breastfed exclusively [5]. In 2015, the Ugandan Government set the EBF target of 80%. To achieve these targets, initiatives and policies like the labour law on maternity leave, mobilization of male partners to support breastfeeding mothers, and peer counsellors to provide support for breastfeeding mothers were promoted. In 2017, Uganda surpassed the global target of at least 50% of infants exclusively breastfeeding. Despite this feat, the EBF targets still seem too far from being achieved especially in rural areas. Consequently, infant malnutrition and mortality rates remain very high; a situation that can be backtracked to early infant feeding practices [6]. According to [7], the median duration of months) of exclusive breastfeeding in Bunyoro region, western Uganda was 5.5(months) which is still lower than that recommended by WHO. In light of sub-optimal exclusive breastfeeding practice rates in developing countries including Uganda, a concerted effort through a well-designed study is required to assess knowledge, attitude and practices associated with the decreasing rate of EBF. This study, therefore, aims at assessing the current rate and knowledge, attitude and practices affecting the EBF rates among mothers with infants attending the immunization clinic at HRRH.

Statement of Problem

Globally, EBF is high at birth (8 in 10) of mothers about 81.1% but many stop early before six months. In sub-Saharan Africa, the prevalence of EBF is 36%, which is very low compared with the global EBF target prevalence set at 50% by 2025. These findings are attributed to alcohol use and maternal level of education. According to the joint press release of 7th August 2017 by UNICEF and WHO study in Uganda, the prevalence of exclusive breastfeeding (EBF) for the first six months of life has remained lower than that desired by WHO and UNICEF despite strong evidence in support of its practice. The 2016 Demography and Health Survey preliminary report indicated that only 66% of children under the age of six months are exclusively breastfed, while 2% are not breastfed at all. In addition, the percentage of children exclusively breastfed decreases sharply with age from 83% of infants aged 0-1 month to 69% of infants aged 2-3 months and furthermore to 43% of infants aged 4-5 months. This could be attributed to maternal beliefs that EBF is insufficient to meet the infant's nutritional requirements with increasing age and insufficient knowledge about the recommended duration. A study carried out by [8], in the Hoima district, revealed that only 39.3% of women were exclusively breastfeeding their infants. Due to this fact, this research report shall be initiated and conducted, with the objective of assessing the knowledge, attitude and practices towards exclusive breastfeeding among mothers attending the immunization clinics at HRRH, which could be contributing to the sharp decline in exclusive breastfeeding.

METHODOLOGY

Study design

A descriptive cross-sectional study design was used where in the study where questionnaires were distributed at a specific point in time to collect data from mothers as direct source of information. This permitted the researcher to gather data in a short time.

Area of Study

The study was carried out at HRRH, located in city of Hoima in Hoima district in the Western region of Uganda approximately 198 kilometres (123 miles) by road north-west of Mulago National Referral Hospital. It has a bed capacity of 280 and its immunization clinic operates on specific days. Hoima district is composed two counties, five sub counties, one town council,30 rural parishes and 205 villages. According to [9]. Hoima's population was projected to be was projected to be at 374,500; 187,300 males and 187,200 females. HRRH provides services such as immunization, family planning, antenatal among others. It serves the following districtsBulisa, Hoima, Kibaale, Kiryandongo, Kagadi, Kkumiro, Kikuube and Masindi. The study was conducted at HRRH because it has an immunization clinic which offers immunization services to infants and it also served a wide catchment area as many mothers were sampled for assessment of KAP towards EBF thus giving the researcher an opportunity to get first-hand information.

Study population

The targeted study population was mothers with infants attending immunization clinic at HRRH. The study targeted mothers with infants because they were the ones who usually brought children to the immunization clinic and had the information the researcher was looking for. The study population was obtained according to selection criteria: the inclusion and exclusion criteria.

Inclusion criteria

The study included mothers with infants (children less than twelve months) who were present at the clinic during the time of the study and consented to be part of the exercise.

Exclusion criteria

The study did not include caregivers other than the mother, mothers who had children aged above 12 months and those who did not consent to take part in the study.

Sample size determination

The sample size was determined using the Kish-Leslie (1965) formula

$$n = \frac{z^2 p(1-p)}{e^2}$$

Where the sample size
Z = 1.96(for 95% confidence interval)
p = prevalence of EBF = 63.31% (Wataka et al., 2021) = 0.6331
e=margin of error set at 5%.

$$n = \frac{1.96^2 * 0.6331(1-0.6331)}{0.05^2}$$

n = 357
Therefore, the sample size was 357 respondents.

Sampling technique

Simple random sampling method was used to collect data. To avoid bias, small pieces of papers were written on number 1 and 2 and whoever picked an even number and consented was allowed to participate in the study.

Data collection

Permission to carry out the study was obtained from the in-charge of the immunization clinic who gave a go ahead with the study. On a research day, the

investigator talked to mothers and explained to them the need for them to participate in the study. After gaining their consent, the respondents were selected using simple random method to ensure no bias in the selection. Questionnaires were given to the selected participants and instruction read clearly to them but those who could not understand English or read and write the researcher and the interpreter helped them fill in their responses, making sure the questionnaires were filled correctly. The questionnaires were checked through to correct any error and avoid repetition.

Management

Filled questionnaires were checked for accuracy and validity before leaving the data collection site. The gathered information was coded manually and then entered into the computer correctly, and the questionnaires kept properly in a lock and the key kept well to avoid access by unauthorized persons and avoid losses.

Data analysis

The data was entered into Microsoft excel spreadsheets and Statistical Package for Social Sciences (SPSS) version 16 was used for data analysis to obtain frequencies and percentages which were presented on graphs and charts.

Quality control

Information and Technology specialists were used in data analysis and had aid from a person who knew the local language of the area to avoid language barrier thus ensuring proper relay of information.

Ethical consideration

The study was approved by research ethics

Socio-demographic data of respondents

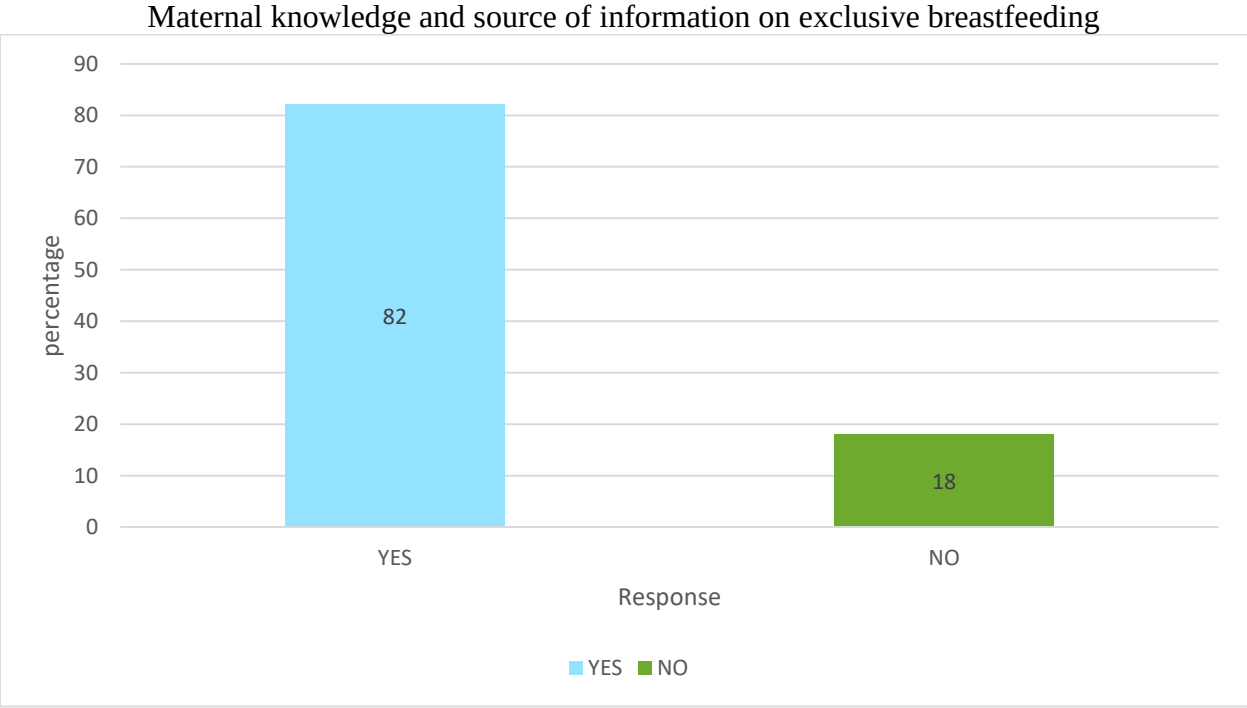
Table 1: Socio-demographic characteristics of breastfeeding mothers (Respondents)

Demographic characteristics	Parameters	Frequency(n=317)	Percentage (%)
Age(years)	15-19	46	14.5
	20-24	57	18.0
	25-29	124	39.1
	30-34	81	25.6
	35 and above	9	2.8
Marital status	Single	92	29.0
	Married	138	43.5
	Widowed	30	9.5
	Divorced	57	18.0
Maternal level of education	No formal education	44	13.9
	Primary	117	36.9
	Secondary	95	30.0
	Tertiary	61	19.2
Occupation	Formally employed	68	21.5
	Self employed	53	16.7
	Peasant	94	29.6
	Housewife	102	32.2
Type of delivery	Spontaneous vaginal delivery	256	80.8
	Caesarean delivery	61	19.2
Age of children	Less than 4 months	160	50.5
	4-6 months	90	28.4
	6-12months	67	21.1
Parity	Multipara	233	73.5
	Primipara	84	26.5
Ethnicity	Munyakole	43	13.6
	Munyoro	195	61.5
	Others	79	24.9
Religion	Christians	200	63.1
	Muslims	114	36
	Others	**3**	**0.9**

Source: Primary data, 2022

From Table 1 above, the results showed that 124(39.1%) of respondents that participated in the study were aged 25-30 years. However, those in the age bracket

30-34 years were also prominent and constituted 25.6% followed by those in age brackets 20-24 who constituted 18.0%. Respondents aged 15-19 years constituted 14.5% while those aged 35 years and above constituted 2.8%. Results from Table 1 also showed that 138(43.5%) of the respondents who participated in the study were married while only 92(29.0%) were single, 9.5% were widowed and 18.0% were divorced. Findings from Table 1 revealed that most 117(36.9%) of the respondents who participated in the study had at least attained primary education. Those who had attained secondary education were prominent 95(30.0%) as well followed by those who had attained tertiary level of education 61(19.2%). 13.9% had attained no formal education. As indicated in Table 1 above, results showed that 102(32.2%) of the respondents who took part in the study were housewives while 29.6% were peasants. Only 21.5% were formally employed whereas 16.7% were self-employed. The majority 256(80.8%) of the respondents who participated in the study had had a spontaneous vaginal delivery and only 19.2% of them had delivered by cesarean according to results in Table 1. Results obtained from Table 1 revealed that the majority of 160(50.5%) of the children were less than four months of age. However, children of age bracket 4 to 6 months were also prominent at 90(28.4%) followed by those in age bracket 6-12 months who constituted 21.1%. The majority of the respondents 233(73.5%) were multipara and only 84(26.5%) were primipara. Majority of the respondents 195(61.5%) belonged to munyoro, 79(24.9%) belonged to others while 43(13.6%) belonged to munyakole. From the religious point of view, the majority of the respondents 200(63.1%) were Christians, 114(36%) were Muslims and only 3 (0.9%) belonged to other religions.



Source: Primary data, 2022

Figure 1: Response of respondents on whether they knew anything about EBF (n=317)

Findings from Figure 1 revealed that the majority of the respondents 260(82%) knew some information about EBF though 57(18%) did not.

Table 2 Respondents' response concerning the meaning of EBF based on what they knew about it (n=260)

Response	Frequency	Percentage (%)
Feeding baby on breast milk only for 6 months.	74	28.5
Feeding baby on breast milk, water plus other food	160	61.5
Allowing the baby to breastfeed the whole day	26	10

Source: Primary data, 2022

Of those who knew some information about EBF, the majority 160(61.5%) could not define exclusive breastfeeding correctly as they defined it as feeding a baby on breast milk, water plus other food. Only 28.5% were able to define it correctly while 26(10%) defined it as allowing the baby to breastfeed the whole day.

Table 3: whether respondents had ever had EBF information/counselling, its source and when the information was received.

Ever had EBF counselling	Frequency	Percentage (%)
Yes	235	74.1
No	82	25.9
Source of information, n=235		
Health workers-hospital	189	80.4
Radio/television	32	13.6
Relatives/ friends	14	6
when the respondents received breast feeding counseling n=235		
Before delivery during antenatal clinics	79	33.6
At the time of delivery	72	30.6
After delivery before leaving the hospital	77	32.8
During post-natal clinics	7	03

Source Primary data, 2022

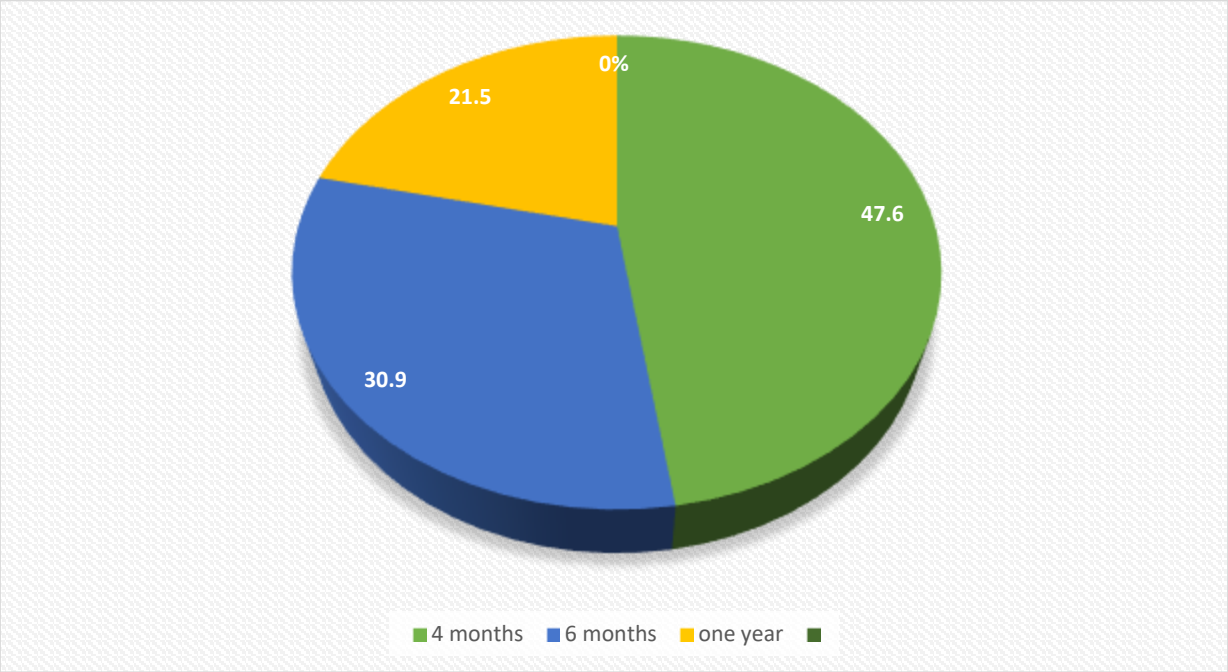
Findings from Table 3 revealed that the majority of the respondents 235(74.1%) had ever had EBF counseling while 82(25.9%) had never had EBF counseling. Of those who ever had EBF counselling, 189(80.4%) were from health workers, 32(13.6%) were from radio or television and 14(6%) were gotten from relatives/friend**s.** Most of them 79(33.6%) had received breastfeeding counselling during antenatal clinics, 77(32.8%) had received it after delivery before leaving the hospital, 72(30.6%) at the time of delivery and 7(3%) received it during subsequent postnatal clinics.

Table 4: Assessment of other aspects regarding maternal knowledge towards exclusive breastfeeding.

	Yes		No		(N)
Knowledge statements	**Freq.**	**%**	**Freq.**	**%**	
EBF means to give only breast milk and water	218	68.8	99	31.2	317
Colostrum as the first breast milk is important for the baby	170	53.6	147	46.4	317
Breastfeeding should be the first feed a baby is given after birth	310	97.8	7	2.2	317
Breast milk alone without even water can sustain the baby for six months	99	31.2	218	68.8	317
Breastfeeding helps the mother not to get pregnant	120	37.9	197	62.1	317
Semi-solid/solid foods should be introduced to the baby at six months of age	180	56.8	137	43.2	317

Source: Primary data, 2022

In Table 4 above, the findings revealed that the majority of the respondents 218(68.8%) knew that EBF meant giving only breast milk and water to infants and only 99(31.2%) disagreed. Most of the respondents 170(53.6%) knew that colostrum as the first breast milk was important for the baby while only 147(46.4) of the respondents were unaware of this. Results from Table 4 also showed that the majority of the respondents 310(97.8%) who took part in the study knew that breastfeeding had to be the first feed that had to be given to a baby after birth and only 7(2.2%) did not know. The majority of the respondents 218(68.8%) also did not know that breast milk alone even without even water could sustain the baby for six months while only 99(31.2%) were aware of this. Results from Table 4 as well as indicated that the majority of the respondents 197(62.1%) did not know that breastfeeding helped the mother not to get pregnant since only 120(37.9%) were aware of this. The majority of the respondents 180(56.8%) agreed that semi-solid foods had to be introduced to the baby at six months of age while 43.2% disagreed.



Source: Primary data, 2022

Figure 2: Recommended duration of breastfeeding

The majority of the respondents 151(47.6%) knew that 4 months was the recommended duration of breastfeeding, 98(30.9%) knew it as being 6 months and 68(21.5%) knew it as being one year.

In the current study, the majority (67.8%) of the respondents had a poor knowledge score while 32.2% had a good knowledge score as shown in the table below.

Table 5: Knowledge score of the respondents

	Knowledge score	
	Frequency	**Percentage (%)**
Good	102	32.2
Poor	215	67.8

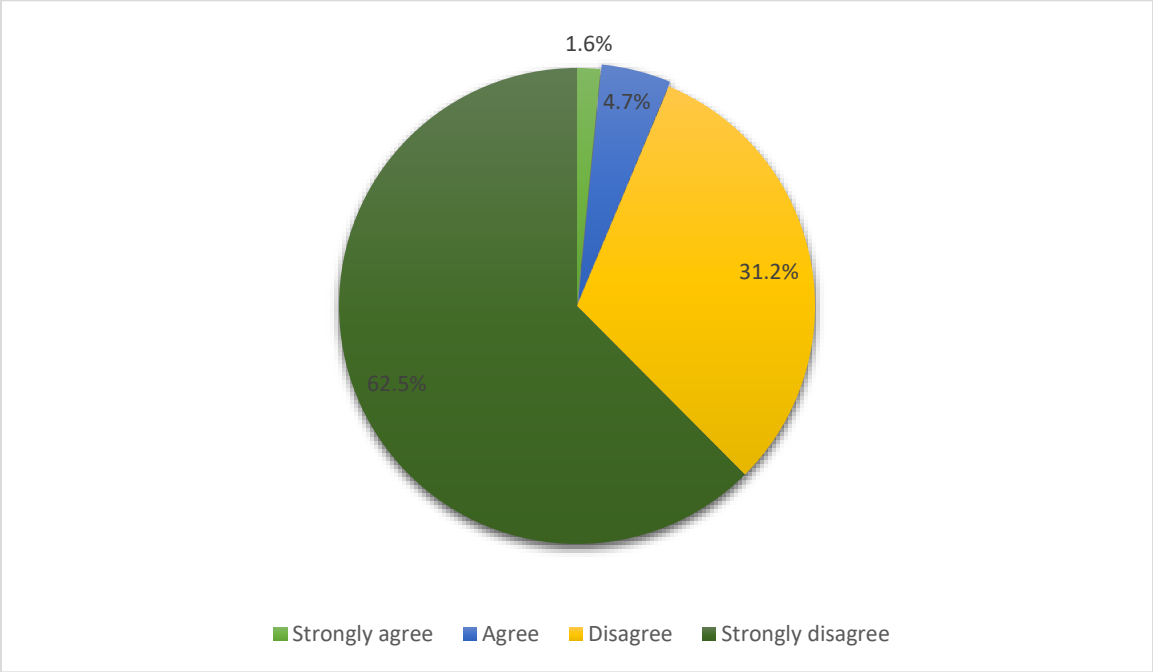
Maternal attitudes towards exclusive breastfeeding

Table 6: Respondents' responses about their preference to exclusively breastfeed (n=317)

Response	**Frequency**	**Percentage (%)**
Strongly agree	180	56.8
Agree	100	31.5
Disagree	25	7.9
Strongly disagree	12	3.8
Undecided	0	0
Total	**317**	**100**

Source: Primary data, 2022

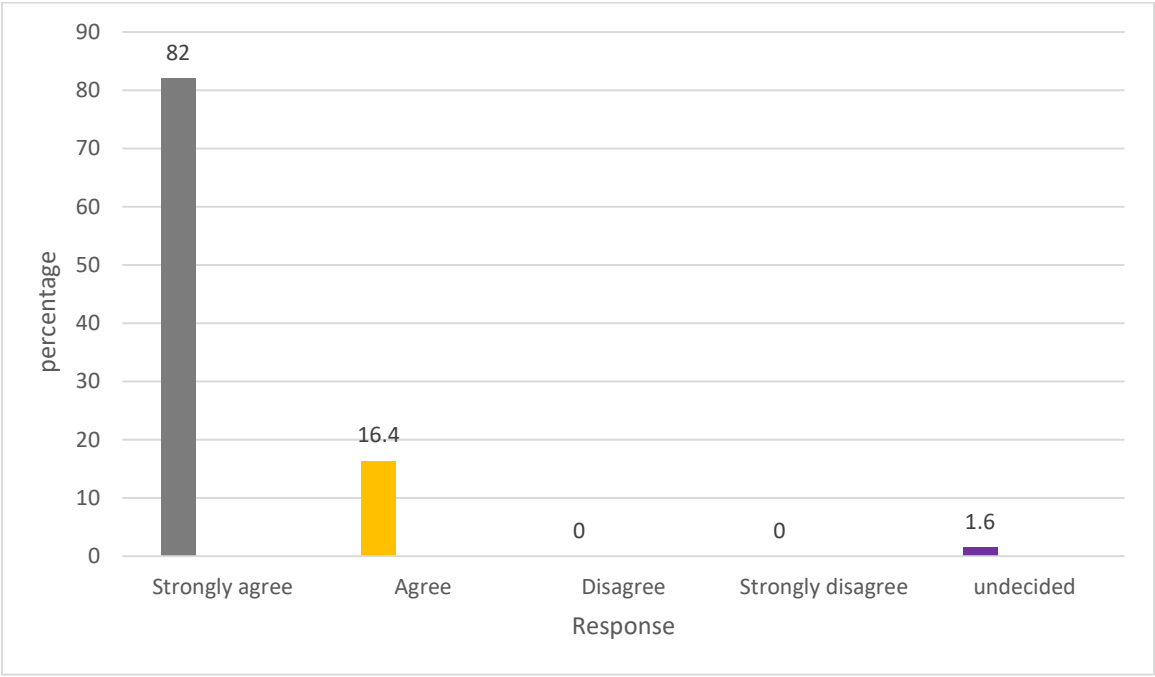
When asked about their preference to exclusively breastfeed, more than half of the respondents 180(56.8%) from Table 4 above strongly agreed, 100(31.5%) agreed, 25 (7.9%) disagreed and only 12(3.8%) strongly disagreed.



Source: Primary data, 2022

Figure 3: Respondents' response regarding their comfortability to breastfeed in public (n=317)

When asked about their comfort to breastfeed in public, the majority of the respondents 198(62.5%) strongly disagreed, 99(31.2) disagreed, 15(4.7%) agreed and 5(1.6%) strongly agreed.



Source: Primary data, 2022

Figure 4: Breast milk protects your child from illnesses

Results from Figure 4 revealed that the majority of the respondents 260(82.0%) strongly agreed that breast milk protected their children from illnesses, 52(16.4%) agreed while 5(1.6%) neither agreed nor disagreed.

Table 7: Respondents' response on whether breastfeeding is old fashioned (n=317)

Response	Frequency	Percentage (%)
Strongly agree	1	0.3%
Agree	3	0.9%
Disagree	68	21.5%
Strongly disagree	245	77.3%
Total	**317**	**100%**

Source: Primary data, 2022

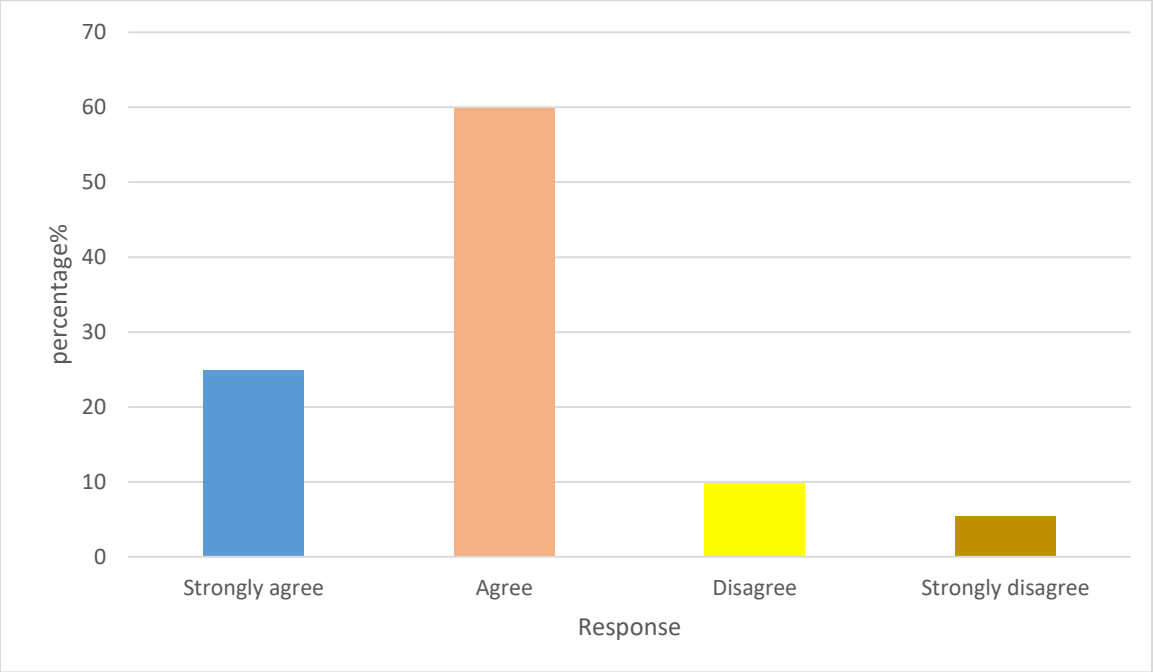
Majority of the respondents 245(77.3%) strongly disagreed that breastfeeding was old fashioned, 68(21.5%) disagreed, 3(0.9%) agreed and only 1(0.3%) strongly agreed.

Table 8: Breastfeeding should stop during maternal illnesses

Response	Frequency	Percentage (%)
Strongly agree	70	22.1
Agree	203	64.0
Disagree	30	9.5
Strongly disagree	14	4.4
Undecided	0	0

Source: Primary data, 2022

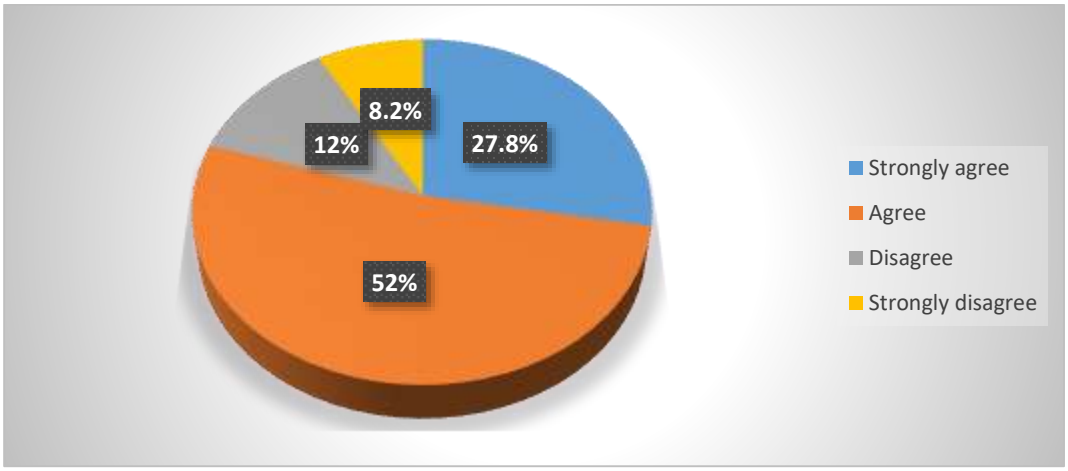
Results from Table 7 showed that the majority of the respondents 203(64.0%) agreed that breastfeeding had to be stopped during maternal illness, 70(22.1%) strongly agreed, 30(9.5%) disagreed and 14(4.4%) strongly disagreed.



Source: Primary data, 2022

Figure 5: Breastfed babies are healthier than formula-fed babies

Findings from Figure 5 showed that the majority of the respondents 190(59.9%) of the respondents agreed that breastfed babies were healthier than formula-fed babies, 79(24.9%) strongly agreed, 31(9.8%) disagreed and 17(5.4%) strongly disagreed.



Source: Primary data, 2022

Figure 6: Respondents' response about whether breastfeeding destroyed their body shape

Majority of the respondents 165(52%) agreed that breastfeeding destroyed their body shape, 88(27.8%) strongly agreed, 38(12%) disagreed while 26(8.2%) strongly disagreed.

Table 9: Children not breastfed exclusively are very prone to infections and malnutrition

Response	Frequency	Percentage (%)
Strongly agree	260	82.0
Agree	52	16.4
Disagree	0	0
Strongly disagree	0	0
Undecided	5	1.6

Source: Primary data, 2022

Results from Table 8 revealed that the majority of the respondents 260(82.0%) strongly agreed that children who were not breastfed were prone to infections and malnutrition, 52(16.4%) agreed while 5(1.6%) were undecided.

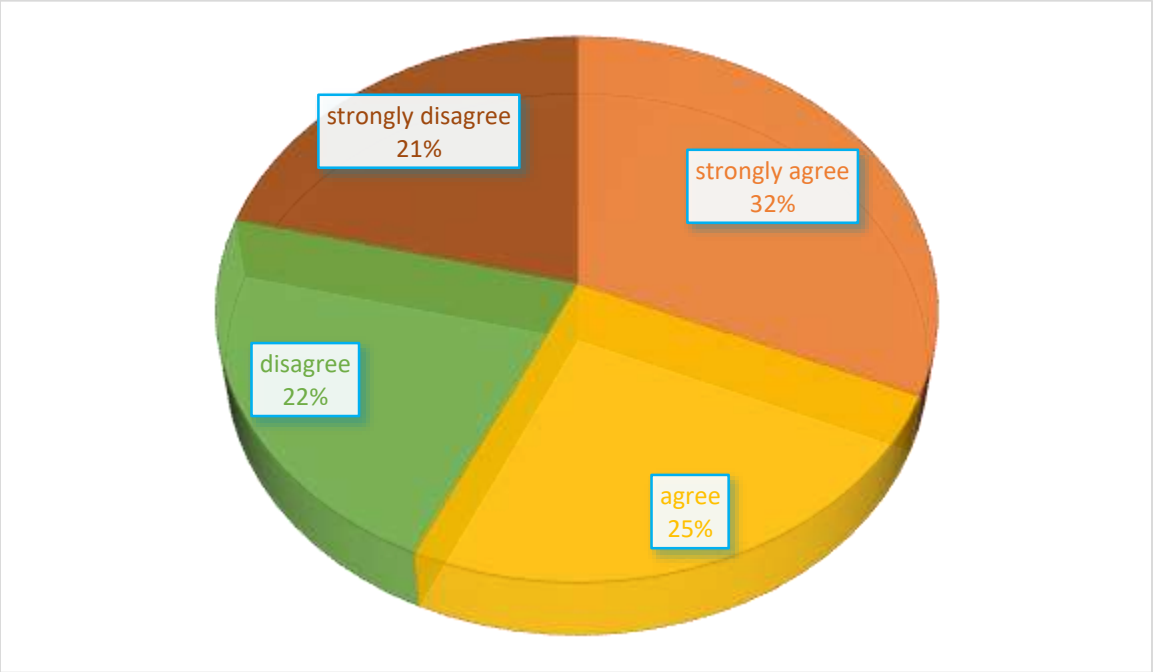


Figure 7: Respondents' response on whether it is important to give baby some water, honey and other solid foods during the first six months after birth

Findings from Figure 7 indicated that most of the respondents 100(32%) strongly agreed that it was important to give the baby some water, honey and other solid foods during the first six months after birth,80(25%) agreed, 70(22%) disagreed while 67(21%) disagreed.

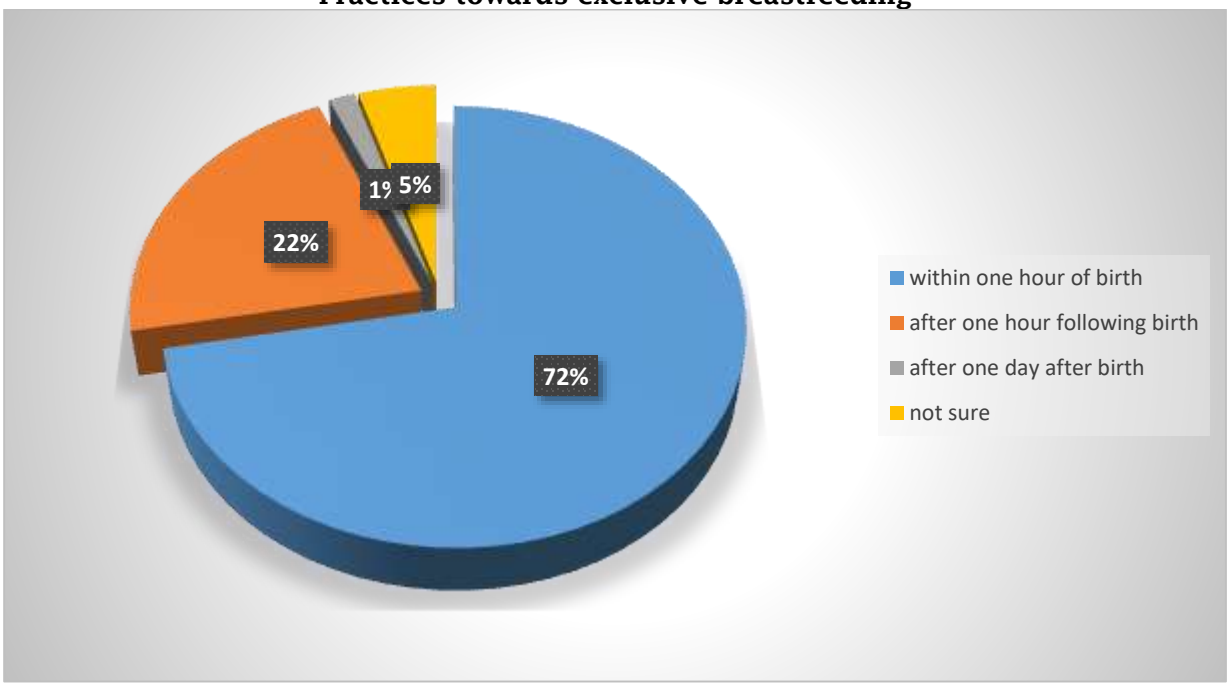
Table 10: Cow's milk is better than breast milk

Response	Frequency	Percentage
Strongly agree	0	0
Agree	5	1.6
disagree	221	69.7
Strongly disagree	87	27.4
undecided	4	1.3

From the above table, the majority of the respondents 221(69.7%) disagreed that cow's milk was better than breast milk, 87(27.4%) strongly disagreed, 5(1.6%)

agreed and 4(1.3%) neither agreed nor disagreed.

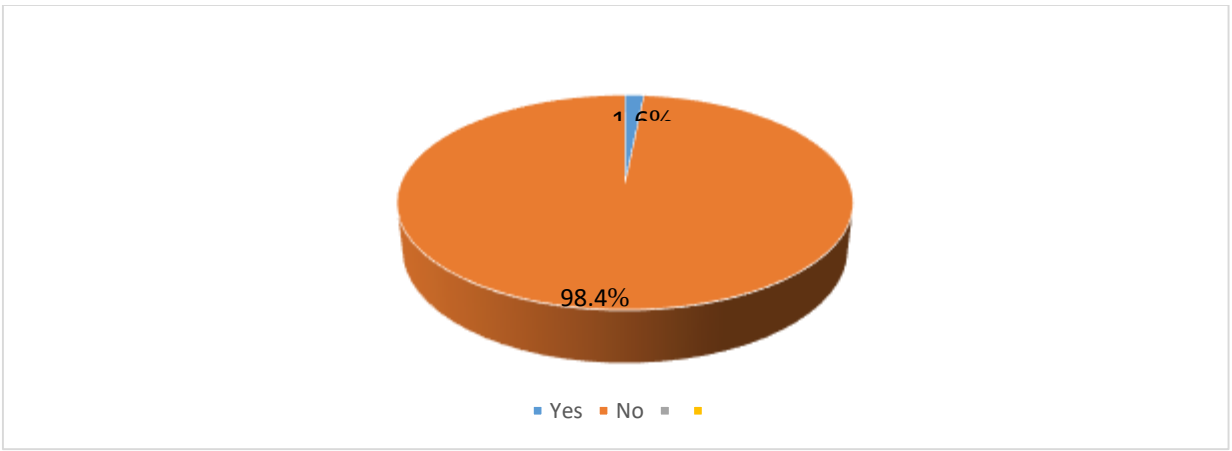
Practices towards exclusive breastfeeding



Source: Primary data, 2022

Figure 8: Time at which breastfeeding was initiated

The majority of the respondents 227(72%) initiated breastfeeding within one hour of birth, 68(22 %) after one hour, 15(5%) were not sure and 5(1%) started breastfeeding after one day following birth.



Source: Primary data, 2022

Figure 9: Whether the baby received anything else before receiving breast milk

Majority of the respondents 312(98.4%) had never given other substances to the baby before breast milk while 5(1.6%) had done so.

Table 11: Substance given to the baby. **(n=5)**

Substance	Frequency	Percentage (%)
Cow's milk	3	60
Water	2	40

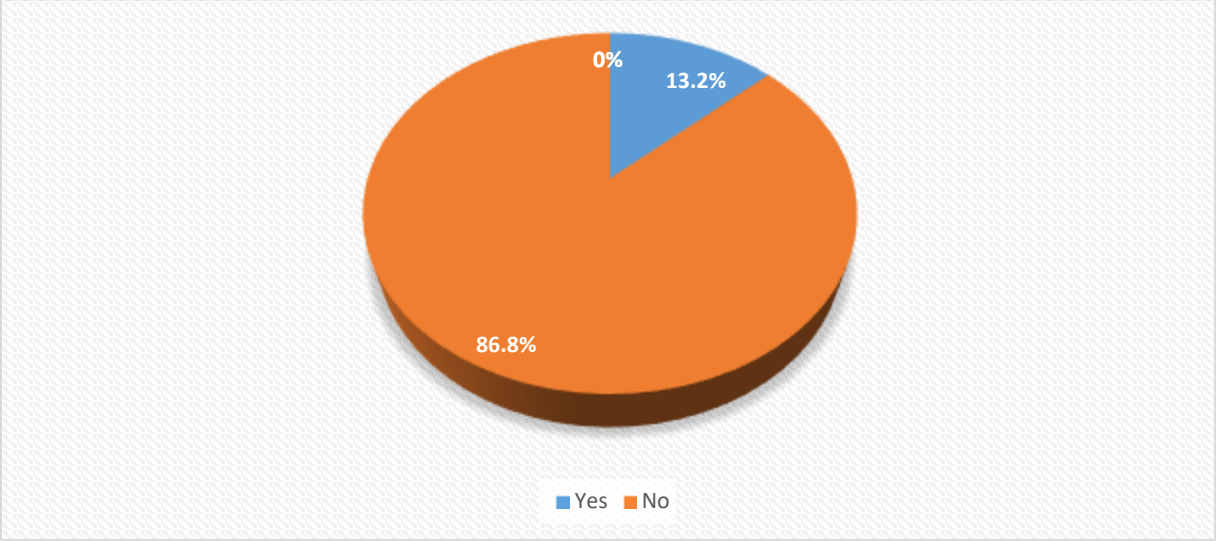
Source: Primary data, 2022

Of those who had given other substances before breast milk, the majority 3(60%) had given cow's milk, and 2(40%) had given water.

Source: Primary data, 2022

Figure 10: Shows whether the baby received colostrum

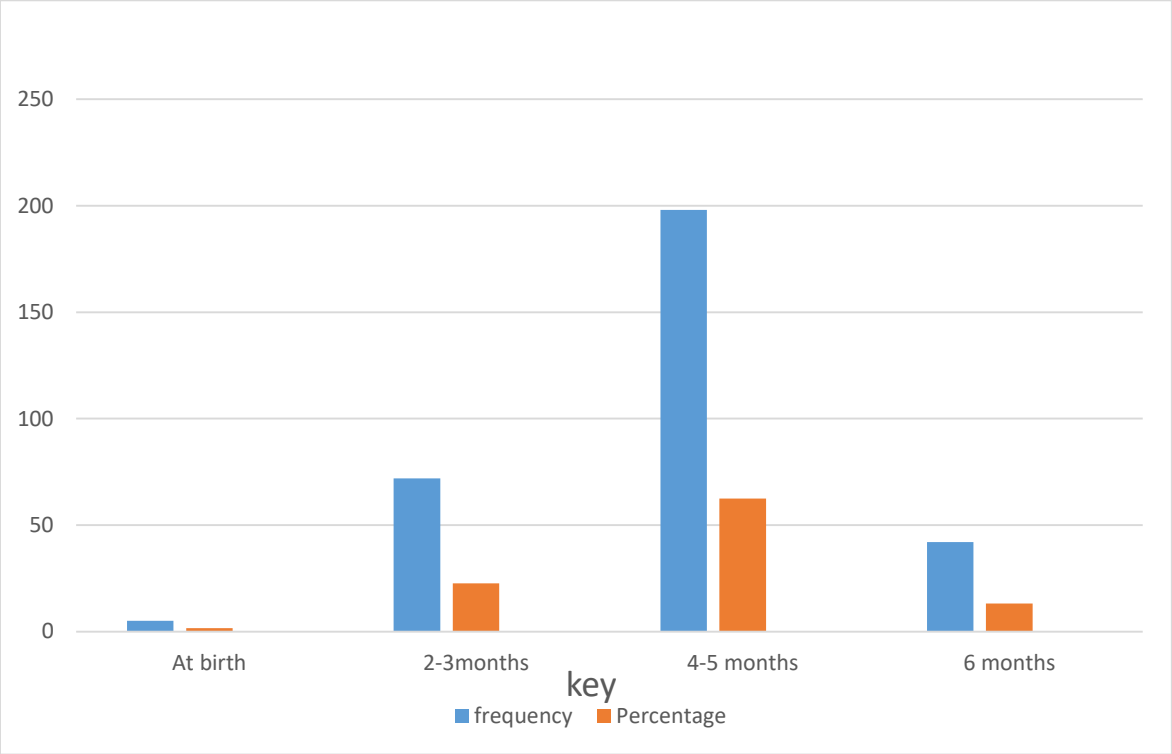
The majority of the respondents 312(98.4%) fed colostrum to their babies and only 5(1.6%) did not.



Source: Primary data, 2022

Figure 11: Shows whether the respondents breastfed exclusively for 6 months.

Results from Figure 11 indicated that 275(86.8%) of the respondents did not exclusively breastfeed for 6 months and only 42(13.2%) exclusively breastfed.



Source Primary data

Figure 12: Age of introduction of various substances (n=317)

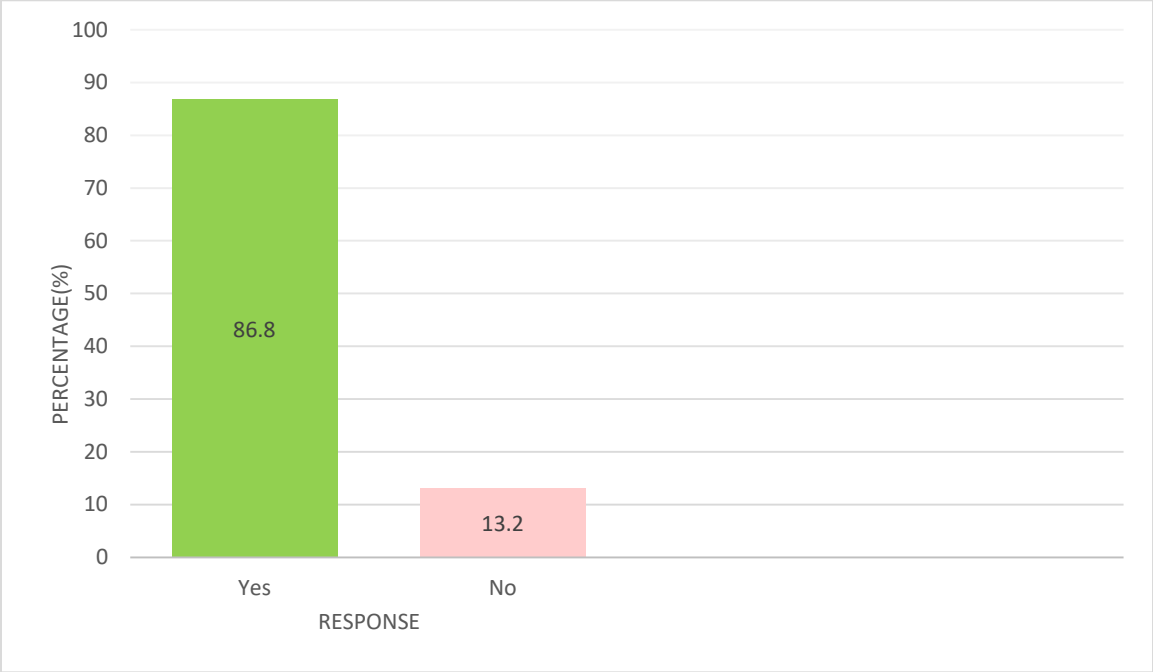
Results in Figure 12 showed that the majority 198(62.5%) of the respondents had been introduced to various substances between 4-5 months, 72(22.7%) between 2-3 months 42(13.2 %) at 6 months while only 5(1.6%) had introduced them at birth.

Table 12: Reasons for introduction of other substances before six months (n=275)

Response	Frequency	Percentage
Need to return to work	**77**	**28**
Insufficient breast milk	**175**	**63.6**
Maternal illness	**23**	**8.4**

Source: Primary data, 2022

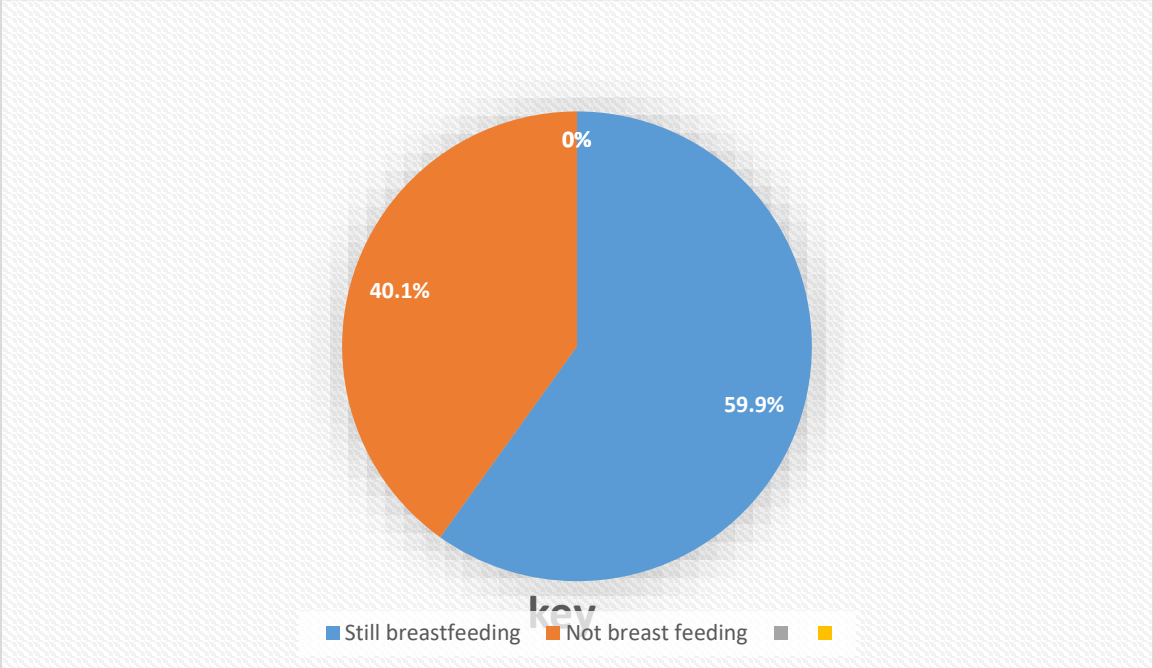
Of the 275 respondents, the majority (63.6%) introduced other substances due to insufficient breast milk, 28% due to the need to return to work and 8.4% had maternal illnesses.



Source: Primary data, 2022

Figure 13: Shows whether respondents exclusively breastfed for six months

Findings from Figure 13 indicated that the majority of the respondents 275(86.8%) did not exclusively breastfeed for six months and only 42(13.2%) did so.



Source: Primary data, 2022

Figure 14: Shows whether respondents were still breastfeeding their infants

Results from Figure 14 showed that the majority of 190(59.9%) of the respondents were still breastfeeding their infants though not exclusively breastfeeding them while 127(40.1%) had stopped.

Table 13: shows whether respondents washed their hands with soap before breastfeeding

Response	Frequency	Percentage (%)
Yes	133	42
No	184	58

Source: Primary data, 2022

The majority of the respondents 184(58%) did not wash their hands with soap before breastfeeding and only 133(42%) washed their hands with soap.

DISCUSSION

Socio-demographic characteristics

According to this study, most of the respondents 124(39.1%) were in their late twenties ranging from 25-29 years. However, those aged 30-34 years were also prominent at 81(25.6%). This could be because at this age majority of mothers have completed schooling and have settled for marriage. Mature mothers have a higher tendency to breastfeed exclusively compared to young mothers though this was not assessed. Comparing this result to that of [11], they found that mothers aged 25-29 and 30+ years were 93% and 91% respectively more likely to exclusively breastfeed compared to those aged <20 years. Most of the respondents were married 138(43.5%). This could be due to the fact that most African cultures don't allow having children without being married. Since most were married, it implied they had support from their husbands relating to child nutrition especially breastfeeding, and therefore were expected to have good practice on breastfeeding. Most of the respondents (36.9%) had attained primary education. This was due to poverty as the cost of secondary or tertiary education was expensive. This thus implied that they had limited knowledge of exclusive breastfeeding. A study conducted in Indonesia by [12], revealed that mothers who graduated from high school were 1.177 times more likely to perform exclusive breastfeeding compared to those without educational records whereas mothers who graduated from tertiary education had 1.203 times more possibilities of performing exclusive breastfeeding. Most (32.2%) of the respondents were housewives (unemployed) meaning they had time to breastfeed and thus were expected to breastfeed their babies exclusively. In relation to a cross-sectional study which was conducted by [13], showed that unemployed mothers had a higher EBF rate compared to employed mothers. The majority 256(80.8%) of the respondents who participated in the study had had a spontaneous vaginal delivery which meant they were more likely to exclusively breastfeed. This is in agreement with a research study which was conducted by [14], that revealed that women who underwent caesarean section had a higher risk of late initiation of breastfeeding and non-exclusive breastfeeding unlike those who had a vaginal delivery. The majority (50.5%) of the children were less than four months of age implying they were still being exclusively breastfed. The younger the infant's age, the higher the likelihood of being exclusively breastfed. This is in agreement with a cross-sectional study which was conducted in Ghana which revealed that mothers whose babies were younger than 3 months were more likely to EBF than those having babies aged ≥ 3 months [14]. Majority of the respondents (73.5%) were multipara. Multipara mothers have a high probability to breastfeed exclusively as compared to nullipara mothers. A study carried out by [15], indicated that first-time mothers thought that breastfeeding was physically painful and uncomfortable and this belief was associated with failure to breastfeed. The majority of the respondents (61.5%) belonged to Munro. This could have been so as Hoima being in western Uganda was inhabited by the Banyoro.

Maternal knowledge towards exclusive breastfeeding

From the study, the majority of respondents 82% knew some information about exclusive breastfeeding but only

28.5% were able to define it correctly. Many mothers did not have adequate knowledge probably because many got information from other sources other than health workers. This implied that mothers had inadequate information needed to practice EBF.

This result is in agreement with the study conducted by [16], which showed that although the majority of mothers knew about EBF, many assumed it meant giving breast milk and other liquids during the first 6 months, of the 317 respondents enrolled for the study, 74.1% of them had ever had exclusive breastfeeding counselling. This could be because many of them got access to various sources of information like radios and others, and thus were expected to have a higher level of knowledge on exclusive breastfeeding. Majority of the mothers 80.4 % had heard breastfeeding counseling from health workers and most of them 30.6% received it during various antenatal visits. Relating to the findings of [17], they found that 39% of the respondents had received breastfeeding counselling or advice and the sources of breastfeeding counselling were; doctors 5%, multipurpose health workers 17%, and those who received advice from elders 4%. Results from this study were higher compared to what they found out. In this study, the majority of the respondents 68.8% knew that EBF meant giving only breast milk and water. This was so because they and they lacked adequate information with regards to the actual meaning of EBF and they could have heard misconceptions with regards to its meaning. This was in line with a study conducted by [18], which showed that although the majority of the respondents knew the absolute definition of EBF, only 15% of them knew the meaning of EBF. The majority of the respondents 53.6% were aware of the importance of colostrum as the first breast milk. This was so because some of the respondents had received some information about EBF from health workers regarding the importance of colostrum. This is in agreement with a study which was conducted by [19], which revealed that 45.3% of the respondents had poor knowledge regarding giving the first milk (colostrum) to the newborn and 54.7% had good knowledge about it. The majority of the respondents 68.8% also did not know that breast milk alone without even water could sustain the baby for six months. This was due to inadequate knowledge regarding EBF that it could sustain their infants even without water. In relation to a study carried out by [3], showed that only 47.6% of the respondents were aware that EBF was enough for a child up to six months, the majority (62.1%) of the respondents in this study never knew that breastfeeding helped the mother not to get pregnant. This was because they lacked sensitization regarding the maternal benefits of EBF. In a research by [20], they showed that 32 % of mothers responded that EBF could be used as a contraceptive, while 16.7 % didn't think it could be used as a contraceptive. Most of the respondents 47.6% were not aware of the recommended duration of EBF. This was because they lacked information regarding the specific duration of EBF. In comparison to research carried out by [20], only 34.7 % of the participants were knowledgeable about the recommended duration of EBF.

Maternal attitudes towards exclusive breastfeeding

The majority of the respondents 56.8% in this study strongly agreed that they would prefer to exclusively breastfeed their babies. This was due to the fact that the majority of mothers had received breastfeeding counselling and heard about some of the benefits of EBF, therefore they were expected to have good practices on exclusive breastfeeding. In comparison to the research done by [21], this finding agrees with their results which revealed that of the 421 mothers enrolled for the study, 90% intended to exclusively breastfeed their babies. This study also revealed that the majority (62.5%) of the respondents strongly disagreed that they felt comfortable when breastfeeding in public while 4.7% agreed that they felt comfortable when they breastfed in public. This could have been because breastfeeding mothers felt shy to put their breasts outside in the presence of people and also due to the fact that the majority

of them were in their twenties; they wanted to maintain their dignity. This had a negative impact on EBF leading to poor practice. Comparing this result to that of [22], they found that some mothers felt comfortable while others felt uncomfortable when breastfeeding in public though they did not specify the numbers and percentages and those who felt comfortable were more likely to exclusively breastfeed compared to those who felt uncomfortable. This study as well as revealed that the majority of respondents 82% strongly agreed that breast milk protected their children from illnesses. This positive attitude was associated with a tendency to exclusively breastfeed. This was in line with a study done by [3], which showed that 55.1% of women agreed that breast milk protected their babies from illnesses. In this study, the majority of the respondents 64.0% agreed that breastfeeding had to be stopped during maternal illness. This was so because they thought they would become sicker if they did so thus creating a negative attitude towards EBF thus a decrease in its practice. In relation to research conducted by [23], showed that 83.4% agreed that breastfeeding should be avoided during a mother's illness, and the majority of the respondents (59.9%) in this study agreed that breastfed babies were healthier than formula-fed babies. This positive attitude encouraged them to EBF. In research by [24], it was found that almost all mothers considered human milk as the best milk for good child growth compared to formula milk, the majority of the respondents 52% in this study agreed that breastfeeding destroyed their body shape. This was because they believed it made their breasts sag. This created a negative attitude hence decreasing EBF practice. In a study carried out by [23], it was found that 76.5% of the mothers agreed that breast milk leads to a loss of figure, this study also revealed that the majority of the respondents 77.4% strongly disagreed that breastfeeding was old-fashioned. This positive attitude encouraged mothers to EBF. This concurs with a cross-sectional descriptive study which was conducted in Nigeria by [25], which revealed that ninety-five per cent of respondents disagreed with the statement that breastfeeding was old-fashioned, in this study, the majority of the respondents 82% strongly agreed that children who were not breastfed exclusively were very prone to infections and malnutrition hence creating a positive impact towards EBF. In a research done by [26], showed that infants who were exclusively breastfed developed fewer infections and had less severe illnesses. Most of the respondents 32% in this study strongly agreed that it was important to give the baby some water, honey and other solid foods during the first six months after birth. This was because they believed breast milk alone was insufficient to meet the nutritional requirements of their babies which had a negative impact on exclusive breastfeeding. These findings were in line with a study done by [14], which showed that 42 % of the mothers did not EBF their babies because they regarded breast milk to be inadequate to meet the nutritional needs of the child, this study as well as revealed that the majority 69.75% of the respondents disagreed that cow's milk was better than breast milk. This was because they considered breast milk as convenient and cheaper than cow's milk which had a positive impact towards EBF. In a research conducted by [3], it was found that 73.0 of the mothers agreed that EBF was better than artificial feeding.

Practices towards exclusive breastfeeding

The study revealed that the majority of the respondents 72% had initiated breastfeeding within the first hour of birth. Most mothers could have initiated breastfeeding within the first hour because they delivered in the health facility though this was not assessed meaning they were encouraged by the midwives to begin breastfeeding immediately. This was a good practice which could lead to the promotion of love and bondage between mothers and babies and thus EBF. This finding revealed better practice compared with the finding of [27], which revealed that 53% of the mothers had initiated breastfeeding immediately after birth. The majority of the respondents 98.4% in this

study had never introduced other substances before breast milk to their babies. This could have still been due to the fact that the majority of them had delivered in health facilities and been advised only to give breast milk to their newborns by the health professionals. Of those who had given other substances before breast milk, cow's milk was the most given and constituted 60%. Cow's milk was given by the majority of the respondents probably because many believed that it could be used as an alternative to breast. The majority of the respondents had introduced various substances before the age of six months, 62.5% had introduced them between four to five months but only 13.2% exclusively breastfed until six months. Most mothers introduced various substances between the fourth and the fifth month probably because they thought that their babies would not get satisfied. This result was similar to that of [28], which revealed that exclusive breastfeeding was not practiced because 29% of mothers believed that EBF infants continued to be hungry and also had maternal health problems. Respondents who were introduced to various substances before the age of six months had various reasons for the introduction. The majority of them 63.6% said they introduced substances early because of insufficient milk. This probably could be because of food insecurity prevailing in the country due to the dry season. This result was similar to that shown by [29], which indicated that the majority of women in severe food insecurity households had a strong belief that breast milk would be insufficient for six months and also showed that mothers needed adequate food to support exclusive breastfeeding. Majority of the respondents 75.7% fed colostrum to their babies. This was probably because they delivered from hospitals and were encouraged to do so by the midwives. This agrees with a study which was done by [30], which showed that the majority (88.3%) of the mothers gave their first breast milk (Colostrum) to their young babies. The majority (59.9%) of the respondents in this study were still breastfeeding their infants but only 13.2% had exclusively breastfed. This study also revealed that the majority of the respondents 184(58%) did not wash their hands with soap prior to breastfeeding and only 133(42%) did so. This was probably because they could breastfeed from anywhere at any time and the majority of such places did not have water supplies at that moment. This concurs with research which was done by [31], [32], which showed that only 56 (25.6%) mothers always washed their hands specifically before breastfeeding their babies.

CONCLUSION

The study showed that most of the respondents 124(39.1%) were in their late twenties ranging from 25-29 years, nearly half of them (43.5%) were married, most of them (36.9%) had attained a primary level of education and most of them 32.2% were also housewives. The majority of the respondents were Banyoro (61.5%), and multipara (73.5%) women who had delivered by spontaneous vaginal delivery (80.8%). Most of them (28.4%) had infants in the age bracket of 4-6 months, and the knowledge of the respondents towards exclusive breastfeeding was poor. Only 28.5% of the respondents knew the correct meaning of exclusive breastfeeding as they were able to correctly define it. Not only did the majority of the respondents 68.8% know that EBF meant giving only breast milk and water to the infant but also never knew that breast milk alone without even water could sustain the baby for six months. The majority (74.1%) of them had ever received breastfeeding counselling and the majority of them had received it from health workers during various antenatal visits. The majority (62.1%) of the respondents were also unaware of the maternal benefits of breastfeeding such as it helped them not to conceive Although the majority of the respondents (53.6%) were aware of the importance of colostrum as the first breast milk most them (47.6%) were unaware of the recommended duration of EBF. Mothers' attitude towards exclusive breastfeeding was good as 56.8% strongly agreed that they preferred to exclusively breastfeed their babies even

though only (4.7%) felt comfortable when they breastfeed in public. The researcher also found out that the majority of the respondents 77.4% strongly disagreed that breastfeeding was old-fashioned and 82% strongly agreed that children who were not breastfed exclusively were very prone to infections and malnutrition. The majority (69.75%) of the respondents also disagreed that cow's milk was better than breast milk and only 32% of them strongly agreed that it was important to give the baby some water, honey and other solid foods during the first six months after birth. Practices of mothers towards exclusive breastfeeding were poor as the majority (86.8%) of them had been introduced to other food substances before the age of six months and only 13.2% had exclusively breastfed until six months. Majority of the respondents 72% had initiated breastfeeding within the first hour of birth and 75.7% had fed colostrum to their babies. The majority of the respondents 58% also did not wash their hands with soap before breastfeeding.

Recommendations

The District Health Team of Hoima should encourage health workers to conduct community outreaches in order to reach the mothers at the grass root level so as to identify and rectify some of the negative attitudes and bad practices towards exclusive breastfeeding. Health workers of HRRH should work with the community at large in order to sensitize mothers about EBF and educate them about its benefits and its recommended duration through mass media, during Child Health Days, as well as during antenatal sessions. There is also a need for male partner education about EBF so that mothers eat healthily and produce adequate breast milk for their infants. Postnatal follow-up of mothers should be emphasized to ensure that they keep up with exclusively breastfeeding and address any challenge they could be encountering.

REFERENCES

1. WHO.WHA. (n.d.). Breastfeeding Policy Brief 2014. Global Nutrition Targets 2025.
2. Amanda, J. and Wyatt, K. M. (2015). Dairy intensification, mothers and children: an exploration of infant and young child feeding practices among rural dairy farmers in Kenya. Maternal and Child Nutrition, 88–103.
3. Dukuzumuremyi, J. P. (2020). Knowledge, attitude, and practice of exclusive breastfeeding among mothers in East Africa: a systematic review. international breastfeeding.
4. Ogunleye, O. M. (2012). Constraints to exclusive breastfeeding practice among breastfeeding mothers in Southwest Nigeria: implications for scaling up. International Breastfeeding Journal, 1746-4358.
5. Jody Heymann, A. R. (2013). Breastfeeding policy: a globally comparative analysis.
6. Wikipedia. (2021, December 29).
7. Mucheru, W. J. (2016). relationship between Maternal Knowledge on Exclusive Breastfeeding and . IJHSR, 2249-9571.
8. Goosen, M. M. (2014). Factors Impeding Exclusive Breastfeeding In A Low-Income Area of The Western Cape Province of South Africa. Africa Journal of Nursing and Midwifery, 2520-5293.
9. Zainab, M. G. (2020). Complementary feeding practices among infants and young children in Abu Dhabi, United Arab Emirates. BMC Public Health 20.
10. Ugwu, C. N., Eze, V. H. U., Ugwu, J. N., Ogenyi, F. C. and Ugwu, O. P. C. (2023). Ethical Publication Issues in the Collection and Analysis of Research Data. Newport International Journal of Scientific and Experimental Sciences (NIJSES) 3(2): 132-140.
11. Okari, J. E. (2020, september). Knowledge, Practice and Problems of Exclusive Breastfeeding among Mothers Attending the Outpatient Clinic of a Baby Friendly Hospital Initiative Designated Hospital in Port Harcourt, Nigeria. European Journal

of Nutrition & Food Safety, pp. 103-115.
12. Stanley, D. I. (2014). Infant feeding practices and maternal socio-demographic factors that influence the practice of exclusive breastfeeding among mothers in Nnewi South-East Nigeria: a cross-sectional and analytical study. international Breastfeeding Journal, 1746-4358-9-6#Bib1.
13. Bonuck, S. A. (2011). What Predicts Intent to Breastfeed Exclusively? Breastfeeding Knowledge, Attitudes, and Beliefs in a Diverse Urban Population. Breastfeeding Medicine, 413–420.
14. Victor, M. D. (2016). Knowledge, attitudes and determinants of exclusive breastfeeding practice among Ghanaian rural lactating mothers. International Breastfeeding Journal Volume 11, https://doi.org/10.1186/s13006-016-0071-z.
15. Kathleen, M., McKenna, M. S., Rani, T. and Shankar, C. (2009). The Practice of Prelacteal Feeding to Newborns Among Hindu and Muslim Families. Journal of Midwifery & Women's Health, 78-81.
16. Kristy M. Hackett, C. A. (2012). Knowledge, attitudes and perceptions on infant and young child nutrition and feeding among adolescent girls and young mothers in rural Bangladesh. Maternal and Child Nutrition, 173–189.
17. Eli, S. S. (2008). No sister, the breast alone is not enough for my baby' a qualitative assessment of potentials and barriers in the promotion of exclusive breastfeeding in southern Zambia. International Breastfeeding Journal, 1746-4358.
18. Agu, U. (2011). Knowledge and practice of exclusive breastfeeding among mothers in a rural population in southeastern Nigeria. Tropical Journal of Medical Research, 74756.
19. Mulugeta, W. and Alamirew, N. H. (2017). Nursing Research and Practice. Knowledge and Attitude towards Exclusive Breast Feeding among Mothers Attending Antenatal and Immunization Clinic at Dabat Health Center, Northwest Ethiopia: A Cross-Sectional Institution Based Study, p. 9.
20. Niguse, F. H. (2016). Knowledge, attitude and practice towards exclusive breastfeeding among lactating mothers in Mizan Aman town, Southwestern Ethiopia: a descriptive cross-sectional study. International Breastfeeding Journal.
21. Jean, P. C. and Dukuzumuremyi, K. A. (2020). Knowledge, attitude, and practice of exclusive breastfeeding among mothers in East Africa: a systematic review. International Breastfeeding Journal, 15: 70.
22. Lee, A. B. (2011). An Exploration of the Attitudes and Experiences of Mothers in the United Kingdom Who Choose to Breastfeed Exclusively for 6 Months Postpartum. In B. a. Lee, Breastfeeding Medicine (pp. 197-203). United Kingdom: Mary Ann Liebert.
23. Mucheru, W. J. (2016). Relationship between Maternal Knowledge on Exclusive Breastfeeding and . Retrieved from IJHSR.
24. librarian studies & information technology. (2017). knowledge.
25. Tanash, H. (2014). Breastfeeding knowledge, practice, attitudes, and influencing factors: Findings from a selected sample of breastfeeding mothers in Bemidji, Minnesota. Minnesota: Minnesota State University - Mankato.
26. Raising Children Network (Australia) Limited. (2020, April 16). Retrieved from the Australian parenting website.
27. Staff, H. (2020). Postpartum: First 6 Weeks After Childbirth.
28. Taylor, R. B. (2020). Breastfeeding. The benefits of breastfeeding for both the mother and the baby.
29. Webb Girard, A. C. (2010). Food insecurity is associated with attitudes towards exclusive breastfeeding among women in urban Kenya. Maternal and Child Nutrition, 199–214.

30. Arthur, G. (2023). Knowledge, Attitude and Practices regarding Exclusive Breastfeeding Among Mothers Attending Maternal Child Health Clinic at Kitagata Hospital, Sheema District, Uganda. IAA Journal of Applied Sciences. 9 (1), 17-26.
31. Adaobi, M. I., Emmanuel, I. O., Chinonye, I., Chisom, E., Onyekwuo, C. V., Ibekwe, A., Doris, O. and Chioma, B. I. (2023). Challenges of Exclusive Breastfeeding among Working Class Women in a Teaching Hospital South East, Nigeria. Journal of Pharmaceutical Research International. 34 (64A),1-10.
32. Musisi, A. L. (2023). Prevalence and Factors Hindering First Time Mothers from Exclusively Breast Feeding in Kyabugimbi Health Centre IV, Bushenyi District Uganda. IDOSR Journal of Biochemistry, Biotechnology and Allied Fields. 8 (1), 53-63.Dictionary, S. M. (n.d.). *The American Heritage*.
33. Kathleen, M., McKenna, M. S., Rani, T. and Shankar, C. (2009). The Practice of Prelacteal Feeding to Newborns Among Hindu and Muslim Families. *Journal of Midwifery & Women's Health*, 78-81.
34. Loney, S. (2017, December 13). Colostrum: Everything you need to know about this liquid gold. *Today's Parent*.
35. *Raising Children Network (Australia) Limited*. (2020). Retrieved from the australian parenting web site.
36. Taylor, R. B. (2020). Breastfeeding. *The benefits of breastfeeding for both the mother and the baby*.
37. WHO.WHA. (n.d.). Breastfeeding Policy Brief 2014. *Global Nutrition Targets 2025*. wikipedia. (2021, December 29).

Nsodi Peace Caroline (2023). Knowledge Attitude and Practices towards Exclusive Breastfeedingng among Mothers with Infants Attending Immunization Clinic at Hoima Regional Referral Hospital. INOSR APPLIED SCIENCES 10(2):105-127.