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Knowledge, attitude and practice of mothers on exclusive breastfeeding at Kampala International University Hospital, Bushenyi District

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ABSTRACT

The main objective of this study was to evaluate the knowledge, attitudes and practices of mothers regarding exclusive breastfeeding at Kampala International University Hospital. This study used a hospital-based cross-sectional study in which data were collected at one point in time. A structured questionnaire was used to collect data on exclusive breastfeeding from breastfeeding mothers. Data were entered into Excel spreadsheets and analyzed. The results are presented by frequency and percentage in tabular form. 170 people were recruited and mothers' knowledge about exclusive breastfeeding showed that 70.6% (120) said this was the first breastfeeding after giving birth, 85.9% (146) said know they breastfeed after 1 hour, 52.4% (89) said breast milk is yellow, 39.4% (67) agree that children can only be breastfed, however, 63.5% (108) think that breastfeeding protects children from diseases, about 70.6 % do not believe that breastfeeding will prevent pregnancy. Attitudes towards breastfeeding show that 92.9% believe that children should be breastfed on demand. 87.1% (148) believe that it is very beneficial for the baby and the mother, while 77.6% (132) consider exclusive breastfeeding to be outdated because there are substitutes in the form of commercial milk and infant formula, 94.7% (161) believe that infant formula is a better alternative to exclusive breastfeeding.44.1% (75) agreed that breastfed babies appear to be healthier than formula-fed babies, while 55.9% (95) disagreed. 97.6% (166) breastfed their babies 1 hour after birth, while 92.9% (158) occasionally gave their babies water, 86.5% (147) gave their babies cow's milk instead of breastfeeding Mom. About 35.3% (60) said they would breastfeed even if not asked, while 64. 7% (110) would not breastfeed if not asked. This study concluded that despite mothers' awareness of exclusive breastfeeding, many mothers still do not believe in exclusive breastfeeding. Mothers in this study were observed mixing milk with water and porridge to feed their children.

Keywords: Exclusive breastfeeding, Infant and child morbidity and mortality, Sudden infant death syndrome, Breastfeeding mothers, Breastfeeding babies.

INTRODUCTION

Breastfeeding is an important public health strategy for improving infant and child morbidity and mortality, improving maternal morbidity, and helping to control health care costs. Breastfeeding is associated with a reduced risk of otitis media, gastroenteritis, respiratory illness, sudden infant death syndrome, necrotizing enterocolitis, obesity, and hypertension [1]. The World Health Organization (WHO) and United Nations Children's Fund (UNICEF) recommend that every infant should be exclusively breastfed for the first six months of life, with breastfeeding continuing for up to two years of age or longer. Globally, 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. Previous studies confirm that breastfeeding has advantages for both babies and mothers, including providing the needed nutrition for the babies, boosting the baby's immune system, helping mothers to lose weight after pregnancy, and stimulating the uterus to return to its previous position before pregnancy [2]. Breastfeeding and breast milk are the global standard for infant feeding in undeveloped and developed countries. This statement is supported by the World Health Organization, the U.S. Surgeon General, the American

Academy of Pediatrics [3], the American College of Obstetricians and Gynecologists [4], the American Academy of Family Practice, and the Academy of Breastfeeding Medicine. The American Academy of Pediatrics has recently published an endorsement for breastfeeding at least through the first year of life and as an exclusive method for the first 6 months [3]. The social cognitive theory will be used for this study to emphasise factors that influence our social environment. In low-income and developing countries, due to poor sanitation conditions, high disease burden and limitedness in availability of clean drinkingwater, it is more necessary to practice exclusive breastfeeding in the initial stages of life (first six months of the child's life). This practice of exclusive breastfeeding is more safe, hygienic and the most economical way of providing food for the newborn [5]. It has been reported in several articles on breastfeeding that proper practice of breastfeeding can save about 800,000 infant lives in the developing world alone [6]. Specific populations are at greater risk for the failure to initiate and continue breastfeeding. Women of lower socioeconomic status, those with less education, and teenagers initiate breastfeedingat about half to two-thirds the rate of mature high-school graduates of middle and upper socioeconomic statuses [7].

In Uganda, there is a close correlation between EBF and infant mortality; children below-five years and infant mortality rates stand at 128 and 79 per 1,000 livebirths respectively, which is very high by developing world standards and failure to practice exclusive breastfeeding was attributed to contribute to high mortality in children below five years [8]. There is evidence that babies who are not exclusively breastfed are at high risk of respiratory tract infections, diarrhoea and atopic skin disorders [9]. A human baby is susceptible to infectious diseases due to the immaturity of the immune system as well as of the major organs, according to that, it needs the additional protection of the bioactive factors in breast milk that strengthen host defence mechanisms against infection andother foreign agents and improve the immature immunologic system of the neonate [10]. Breastfeeding addresses all four facets of health, which are physical, spiritual, mental and social for mothers, children, fathers/partners, and the immediate family [11]. EBF during the first year of a child's life ensures the provision of certain biological and psychological needs and therefore increases the probability of survival during this critical stage of development. Understanding the knowledge, attitude and practice of EBF and its determinants of practice may be a necessary step to help improve infant feeding practices among rural lactating mothers as a means of reducing infant morbidity and mortality. Unfortunately, there is no documented data in Kampala International University Teaching Hospital that assessed mothers' knowledge of exclusive breastfeeding to give a clear picture of the Knowledge, attitudes and practices of mothers on breastfeeding. Therefore, this study will provide information about the Knowledge, attitudes and practices of breastfeeding among women attending the immunization clinic at Kampala International University Teaching Hospital. Furthermore, findings from this study may be used as a basis for the design of future EBF promotion programs to improve the knowledge, attitudes and practice of exclusive breastfeeding among mothers.

METHODOLOGY

Study Design

This will be a hospital-based cross-sectional observational and analytic study that will employ quantitative methods of data collection to describe the variables of study participants. Quantitative research is research in which data are collected or coded in numerical forms and applied to determine the significance of the findings [12]. The cross-sectional survey research design will be used because the method gathers data from a relatively large number of different categories of respondents at a particular time with the exposure and outcome being measured at the same time making it cheaper in addition to being time-saving.

Area of Study

The study will be conducted at Kampala International University Teaching Hospital which is in Ishaka Town, a

major town in Bushenyi district, and located in the north of Bushenyi district, southwest of Mbarara district and around 78km from Mbarara town which is the biggest city in Western Uganda. Bushenyi district is also located around 361km in southwest of Kampala (the capital city) by road. Ishaka town's coordinates together with the municipality as all are believed to be 0o 32' 40.00''N, 30o 8' 16.00''E (Latitude: 0.544445, Longitude: 30.137778). Bushenyi District is fairly endowed with natural resources. The district has relatively low poverty levels among its residents. The economy of the district depends mainly on agriculture. Agriculture is a source of food for the population, subsistence income for most families and provides direct employment to 86.7% of the district population,as well as supplying raw materials to industries. The majority of the people are involved in subsistence agriculture with some engaged in the commercial production of crops including Coffee, Tea, Sweet bananas, and Matooke. The population growth rate in the district was calculated at 2%. It is estimated that the population of the district in 2012 was approximately 251,400.

Study Population

The target population will be all mothers who are currently breastfeeding their children since the research will be interested in knowledge, attitudes and practices of exclusive breastfeeding within six months feeding recommendation as well as to prevent recall bias among these mothers. The study population will be obtained according to selection criteria, that is inclusion and exclusion criteria.

Inclusion criteria

All mothers currently breastfeeding their children attending Kampala International University Teaching Hospital for immunization will be recruited by the researcher provided they consent to take part in the study.

Exclusion

i. All children to mothers who are too ill, with mental illness, children brought by caretakers or maids and children with acute illness. All mothers not currently breastfeeding their children.

Dependent variable

- Practice of exclusive breastfeeding.

Independent variables

- Mother's knowledge and attitudes towards exclusive breastfeeding.

Selection of study participants

Sampling is the process whereby the subject, items or respondents are selected from the target population to ensure that selected subjects or respondents are representative of the totalpopulation, the techniques selected for the study will be based on probability sampling. A simple random sampling method will be used to select the study participants. With this method, the researcher will identify the study population, and choose the sample size, small pieces of paper written on participant or non-participant will be folded and mixed up and then put in a box from which each participant will be asked to select and not return it back. Only thosewho will pick papers written on the participant will then be asked to fill out a brief questionnaire.The aim of the simple random sample is to reduce the potential for human bias in the selection of cases to be included in the sample.

Sample size calculation

The following formula will be used for determining the study sample size in this cross-sectionalsurvey [13].

$$n = \frac{Z^2 p(1-p)}{d^2}$$

Where: n is the sample size.
Z is the standard normal deviate or variant (at 5% type 1 error and p<0.05, Z is 1.96)
P is the expected proportion of characteristics being measured in the target population based on previous studies. For this study, an estimated proportion of 87.3 will be used based on a study conducted in Ethiopia [14]. and the value used for P willbe 87.3% or 0.873 of the participants who correctly had knowledge about exclusive breastfeeding.
d is the absolute error or level of statistical significance (For this study set at 0.05).
Thus, by using this formula,

$$n = \frac{1.96^2 0.873\ (1-0.873)}{0.05^2}$$

$$n = \frac{3.8416\ x\ 0.873\ x\ 0.1227}{0.0025}$$

n = 170
Therefore, 170 participants will be considered as the required sample size.

Study procedure

Data collection is the process of gathering and measuring information on variables of interest, in an established systematic fashion that enables the researcher to answer the stated research problem, test hypothesis and evaluate outcome. Data collection for this study is anticipated totake place between March and April 2020 after approval is granted from the faculty. Data will be collected from women who have been breastfeeding for 6 months and below attending the immunization clinic at KIU Teaching Hospital. Permission to conduct the study will first be sought from the executive director of KIU teaching hospital, after he has granted permission, the in charge of the immunization clinic will also be requested to allow the study to take place in her department. On a daily basis, women who will be attending ANC at KIU-TH during the study period will be approached in a professional manner. The principal investigator will take the responsibility of introducing himself and explaining the purpose of the study to the study participants after which they willbe given opportunities to ask questions and their questions will be answered accordingly. Written consent will be sought from the study participants. Those who will consent to take part in the study will be recruited to participate in the study and they will be given to complete the study questionnaires meanwhile those who will refuse to consent will be excused and will be excluded.

Data collection tools

The structured self-administered questionnaire designed based on available literature will be used to collect the data and it consists of four parts: (1) socio-demographic characteristics (2) Knowledge of exclusive breastfeeding (3) attitudes of the study participants on exclusive breastfeeding, and (4) practices of exclusive breastfeeding. The questionnaires will be close-ended questions which will require the study participants to tick yes or no, and some questions will require the respondents to make choices among a number of possible alternatives and fill in items. For mothers who will not be able to read and write English, the principal investigators will get translators to help such mothers fill out the questionnaires. The completed questionnaires after being administered will be collected by the principal investigator from each research assistant in order not to encourage a change of information and to maintain confidentiality.

Pretesting of data collection tool

This is the trial undertaken (before the actual study) in order to identify any problem with the data collection methods; data collection instrument; measuring the instrument to be used as well as the feasibility of the study. In this study, the questionnaire will be pre-tested for its content and face validity. Prior to data collection pretest of the questionnaire will be employed among 5% of the study sample from another hospital. During the pretest the sequence of the questions, and time of data collection will be taken accordingly. The responses from the pilot study will be used to improve the clarity, reliability and relevance of the questionnaire.

Validity of instruments

The data collection instruments will be pretested by using a content validity index, the researcher will get respondents who are not part of the sample population, will give them questionnaires and will measure inter-respondent agreement. The agreement of more than 75% will be a measure that the items of the questionnaire could give the true picture of the Knowledge, attitudes and practices on exclusive breastfeeding among breastfeeding women attending KIU Teaching Hospital.

Reliability of data collection tool

Reliability is the extent to which an instrument yields the same results on repeated trials. Data obtained from a pre-determined questionnaire will be used to determine the Cronbach's coefficient alpha. An index of more than 0.8 will be considered to indicate that the items in the questionnaire are reproducible and consistent.

Quality control techniques

To ensure quality, prior to field data collection, data collectors will be trained or orientated about the research, the instruments, and the field procedures required for effective andefficient field data collection. Each data collector will be given a sheet containing the basic field protocol. Field testing of the data collection tools will be done as part of the overall process of preparation for data collection. Additionally, the principal investigator will monitor and supervise the overall study to ensure research procedures will be adhered to by the research team. Translators will be hired to assist illiterate mothers in filling out the questionnaires. Questionnaires completed in a day will be stored in lockable cabins to avoid access by unauthorized persons who could change the information.

Data management

The principle investigator will ensure that all data collected will be reviewed at two levels prior to data entry into the research database and upon entry prior to analysis. The data collection and entry process will be planned in such a way that all data collection sheets completed in a day will be reviewed and entered on the same day.

Data analysis plan

Data from the paper questionnaires will be entered once into a computer using Microsoft Excel software version 16. Data will then be exported to Stata (version MP 14.0, Stata Corporation) for cleaning and analysis. Frequencies and percentages of the respondent's characteristics will be produced. Prior to running for analysis, data will be cleaned, composite indexes will be computed and recorded after missing values and extreme values/outliers are identified and trimmed. Then, descriptive statistics will be used to describe the sample accordingly. At a descriptive level, these variables will be compared between the entire study samples. This will be done using Pearson's chi-square statistic. Statistical significance will beconsidered to be p-value < 0.05.

RESULTS

The below table shows the response of mothers' knowledge on exclusive breastfeeding with 70.6% (120) indicating that it is the first feed after delivery, 85.9% (146) indicating they feed their babies 1 hour after delivery, 52.4%(89) give the baby the yellow breast milk, the response on breast milk received low percentage with 39.4% (67) disagreed that babies can be sustained by breast milk alone, however, 63.5% (108) believes breastfeeding protects the baby from diseases, about 70.6% do not believe that breastfeeding prevents mothers from getting pregnant, 92.9% believes that babies should only be breastfed on demand.

Table 1. Knowledge of mothers on exclusive breastfeeding

Variables	Response n=170	Percentage
Breastfeeding is first feeding after birth	Yes: 120 No: 50	**70.6** 29.4
The baby is fed within 1 hour after birth	Yes: 146 No: 24	**85.9** 14.1
First yellow breast milk is given to the baby	Yes: 89 No:81	52.4 47.6
Breast milk alone can sustain the baby for six months without water	Yes: 67 No: 103	39.4 60.6
Breastfeeding protects the baby from diseases	Yes: 108 No: 62	63.5 36.5
Breastfeeding prevents mothers from getting pregnant	Yes: 50 No: 120	29.4 70.6
A baby should be breastfed on demand	Yes: 158 No: 12	**92.9** 7.1

The below table presents the response of mothers' attitudes on exclusive breastfeedingwith 87.1% (148) believing it is very beneficial to the baby and the mother, while 77.6% (132)see exclusive breastfeeding as old fashion and outdated ways of feeding babies in an era where there is substitutes in form of commercial milk and baby formula, 94.7% (161)believes baby formula was a better alternative as exclusively breastfeeding is not compulsory for babies. 44.1% (75) agreed that breastfeeding babies look healthier than babies fed with babyformula while 55.9% (95) disagreed.

Table 2. Attitudes of mothers towards exclusive breastfeeding

Variables	Response n=170	Percentage
Exclusive Breastfeeding was beneficial	Yes: 148 No: 22	**87.1** 12.9
Exclusive breastfeeding was outdated and old fashion	Yes: 132 No: 38	77.6 22.4
Breastfeeding destroys the body figures	Yes: 137 No: 33	**80.6** 19.4
Formulae feeding was better alternative to breast milk	Yes: 161 No: 9	**94.7** 5.3
Breastfeeding babies are healthier than babies fed with formulae	Yes: 75 No: 95	44.1 55.9

The below shows the response of mothers on the practices of exclusive breastfeeding 97.6% (166) indicated they breastfeed their babies 1 hour after delivery, while 92.9% (158) indicated that sometimes they give their babies water meaning, they do not exclusively breastfeed their babies with breast milk. 86.5% (147) said they give their babies cow milk as an alternative when they do not want to breastfeed their babies. About 35.3% (60) said they breastfeed their babies even when they do not demand it while 64.7% (110) would not breastfeed their babies when they do not demand it.

Table 3. Mother's practices on exclusive breastfeeding

Variables	Response n=170	Percentage
I Breastfed my baby within 1 hour of delivery	Yes: 166 No: 4	**97.6** 2.4
I give my baby water Sometimes and not always,breast milk	Yes: 158No:12	**92.9** 7.1
When I do not want to breastfed, I give my baby Cow milk or powdered milk	Yes: 147 No: 23	**86.5** 13.5
Babies should be breastfed even when not demanded	Yes: 60 No: 110	35.3 64.7

DISCUSSION

Out of 170 participants, the response of mothers' knowledge on exclusive breastfeeding shows majority responded that breastfeeding is given as the first feed after delivery, 85.9% (146) indicated they feed their babies 1 hour after delivery, 52.4%(89) give the baby the yellow breast milk, the response on breast milk received low percentage with 39.4% (67) disagreed that babies can be sustained by breast milk alone, however, 63.5% (108) believes breastfeeding protects the baby from diseases, about 70.6% do not believe that breastfeeding prevents mothers from getting pregnant, 92.9% believes that babies should only be breastfedon demand. The findings of this study indicated low knowledge of mothers on exclusive breastfeeding. This is also similar to findings in another study where maternal knowledge on various breastfeeding showed limited knowledge. Though mothers agreed that breast milkwas good for the babies, they had limited knowledge of the health benefits of breast milk. with 86% of the mothers despite knowing the benefit of breastfeeding mixed breastmilk with other liquids (usually water or cow's milk) during the first 6 months. This is a more common knowledge gap identified among young mothers in Bangladesh [15]-[19]. The mothers' attitudes on exclusive breastfeeding in this study showed that 87.1% (148) believe it is very beneficial to the baby and the mother, while 77.6% (132) see exclusive breastfeeding as old fashion and outdated way of feeding babies in an era where there is substitutes in form of commercial milk and baby formula, 94.7% (161) believes baby formula is a better alternative as exclusively breastfeeding is not compulsory for babies. 44.1% (75) agreed that breastfeeding babies look healthier than babies fed with baby formula while 55.9% (95) disagreed. This is also similar to a study in Ghana where mothers believe in a common myth that babies do not get enough nutrients from breast milk reason they opted for the need to add other food substitutes such as porridge and other soft food. This popular perception has influenced the attitude of most lactating mothers in the choice to breastfeed exclusively [16],[20]. On the practices of exclusive breastfeeding, the majority indicated they breastfeed their babies 1hour after delivery, while 92.9%

said they sometimes give their babies water meaning, they do not exclusively breastfeed their babies with breast milk. 86.5% (147) said they give their babies cow milk as an alternative when they do not want to breastfeed their babies. Only a few mothers said they breastfeed their babies even when they do not demand it while the majoritywould not breastfeed their babies when they do not demand it. The situation is not improving worldwide, especially in the developing countries. It was observed that though the majority of women were aware of the advantages and disadvantages of breastfeeding and bottle-feeding, there were differences in their insight and practices on breastfeeding which was seen as a weakness in mothers [17],[21]-[26].

CONCLUSION

This study concludes that despite the awareness of mothers on exclusive breastfeeding, many mothers do not believe in exclusive breastfeeding for their babies. Mothers in this study were observed to mix milk with water and local porridge to feed their babies.

Recommendations

This study recommends continuous health education of mothers on the need to exclusively breastfeed their babies at least, for six months. Ministry of Health should initiate programs that target breastfeeding mothers in the community and give them continuous health education on practices and the importance of exclusive breastfeeding to both mothers and their babies.

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