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Factors Influencing Exclusive Breastfeeding Among Lactating Mothers Attending Fort Portal Regional Referral Hospital

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ABSTRACT

Exclusive breastfeeding is recommended as the best feeding approach for new born infants due to its enormous benefits to the mother and child. This study assessed the sociodemographic, physiological and individual factors influencing exclusive breastfeeding among lactating mothers attending Fort Portal regional referral hospital in Western Uganda. The study population was drawn from lactating mothers attending Fort Portal regional referral hospital. A cross-sectional study design involving 201 lactating for 6-12 months which employed both quantitative and qualitative methods in data collection was used for this study. Simple random sampling technique was used to sample the respondents (lactating mothers) at each facility. A Well tested and validated questionnaires and focus group guide were used to collect data elicit information from the lactating mothers. Data from the survey was statistically analyzed using the Statistical Package for Social Sciences (SPSS) (version 22.0). The study showed that initiation of breastfeeding after birth was done within the first hour of birth by most of the mothers 126 (62.7%), majority of the mothers had fed their babies other food substances with breast milk 132 (65.7%). The socio-demographic factors which significantly influenced exclusive breastfeeding among the lactating mothers were the marital status ($X^2 = 17.715$, p = <0.001), the level of education ($X^2 = 10.680$, p = 0.014) and occupation ($X^2 = 14.431$, p = 0.002). The physiological factors which influence exclusive breastfeeding among the lactating mothers were the mode of delivery ($X^2 = 12.258$, p<0.001), the HIV status of the mothers $(X^2 = 12.913, p < 0.001)$ and the breastfeeding disorders experienced ($X^2 = 16.538$, p = 0.001). Mothers who had delivered vaginally were twice more likely to practice exclusive breastfeeding (OR = 2) and HIV negative. The rate of exclusive breastfeeding among lactating mothers attending Fort Portal regional referral hospital is low; this is mainly influenced by individual, physiological factors and to a smaller extent, sociodemographic factors. Hence health facility deliveries should be promoted by the district health authorities to enhance child education after delivery.

Keywords: factors, exclusive breastfeeding, lactating mothers

INTRODUCTION

Breast milk contains all the nutrients required by infants in the first 6 months of life for good health and development [1-5]. It also contains bioactive factors that augment the infant's immature immune system, providing protection against infection, and other factors that help digestion and absorption of nutrients [6-10]. The breast milk produced from 37 weeks of gestation to about seven days after delivery called Colostrum which is yellowish and sticky is very significant for immune defenses of the baby during the initial days of life [11-15]. Subsequently, the mature milk which is whitish in color is effectively produced from about 10th day following delivery [16-20]. Breastfeeding therefore, is an important public health strategy for reducing infant and child morbidity and mortality as well as reducing maternal morbidity and mortality [21-24].

Exclusive Breastfeeding (EBF) means an infant receives breast milk from his or her mother or expressed breast milk for the first six months of life and no other solids/semisolids are given with exception of vitamins, mineral supplements or medicine. When the infants are exclusively breastfed for the first six months of life, their immune system is stimulated and this goes hand in hand with protecting them from diseases like diarrhea and acute respiratory infections. which are considered to be two of the major causes of infant mortality in the developing world [21].

Over the last couple of decades, there has been an increasing interest in the

Research Design

The research design was cross-sectional and descriptive using quantitative and qualitative approaches.

Study population

The study population comprised of lactating mothers of children aged 6 to 12 months seeking health services from Fort Portal regional referral hospital.

Sample size and sampling technique The sample size was calculated using the formula Kish Leslie (1965) below:

 $n = z^2 p (1-p) / e^2$

Where n = Estimated minimum sample size required

P= Proportion of a characteristic in a sample (84.5% [25])

Z=1.96 (for 95% Confidence Interval) e = Margin of error set at 5%

 $n = 1.96^2 \ge 0.845 (1 - 0.845)$

0.05²

n = 201 mothers

Sampling technique

Simple random sampling technique was used to sample the respondents this was done using a lottery

Data collection procedure

All mothers attending the sampled health centers during the days of data collection were approached. Those who met the study criteria were told the purpose of the study verbally and after consent, they were enrolled for the study. promotion of exclusive breastfeeding as the 'best' feeding method for newborns. This, to a large extent, has been inspired by mounting scientific evidence on the importance of exclusive breastfeeding in reducing infant morbidity and mortality. It has been estimated that EBF coverage of 90% will help to improve child survival [21].

In view of these declining trends, new initiatives like International Code of Marketing Breast milk Substitutes and Baby Friendly Hospital Initiative (BFHI) are put in place globally to encourage exclusive breast feeding.

METHODOLOGY

Inclusion criteria

Inclusion criteria include mothers who have given birth 0 - 6 months prior to the study and lactating mothers who are willing to consent.

Exclusion criteria

Exclusion criteria include lactating mothers who will not consent, women nursing children less than 6 months of age and Women who never breastfed their children during the first six months.

Quantitative analysis

Data from the survey was statistically analyzed using the Statistical Package for Social Sciences (SPSS) (version 17.0). Basic descriptive analysis was done using frequency distributions. Qualitative data was sorted. categorized and conceptualized systematically to see the patterns of exclusive breastfeeding. Measures of central tendency were used to give expected summary statistics of variables studied. Descriptive statistics was used to describe a distribution of scores. Findings were presented using frequency distribution tables, charts and graphs.

Inferential statistics and chi- square was performed to compare the effects of different factors on exclusive breastfeeding practice. Since the study was about a relationship (dependency between exclusive breastfeeding practice and other factors), chi-square statistic (χ 2) was used to establish whether relationships existed among the variables. Statistical

significance was assumed for P – values, < or = 0.05. Associations between significant variables in the Chi-square test were then further examined using adjusted odds ratios.

Ethical considerations

Permission was sought and granted by the District health officer (DHO) before undertaking this research. Ethical approval was also sought from various sources to ensure that the study adhere to acceptable ethical guidelines. In addition, the researcher explained the purpose of the study to each study participant after which an informed consent obtained from was the participants before participating in the study. In order to ensure confidentiality, names of the respondents were not taken and the information given during the interview sections were not released to anyone. To further gain the trust and safeguard the privacy of respondents, the interviews were done privately and in secured areas of the health centers.

| Variable | Category | Frequency (201) | Percentage |
|----------------------------|----------------|-----------------|------------|
| Age | <18 | 20 | 10.0 |
| | 18-25 | 114 | 56.7 |
| | 26-33 | 54 | 26.9 |
| | 34-41 | 10 | 5.0 |
| | >41 | 3 | 1.5 |
| Marital status | Married | 172 | 85.5 |
| | Single | 19 | 9.5 |
| | Separated | 7 | 3.5 |
| | Divorced | 3 | 1.5 |
| Highest level of education | No formal | 42 | 20.9 |
| | education | | |
| | Primary | 106 | 52.7 |
| | Secondary | 39 | 19.4 |
| | Tertiary | 14 | 7.0 |
| Occupation | Civil servant | 26 | 12.9 |
| | Business woman | 44 | 21.9 |
| | Peasant | 116 | 57.7 |
| | House wife | 15 | 7.5 |
| Residence | Rural | 175 | 87.1 |
| | Urban | 26 | 12.9 |
| Religion | Catholics | 118 | 58.7 |
| | Anglicans | 70 | 34.8 |
| | Muslims | 11 | 5.6 |
| | Others | 2 | 1.0 |

| RESULTS | |
|--|----|
| able 1: Univariate analysis of the socio-demographic characteristics of the mother | 'S |
| | |

Majority of the mothers 114/201(56.7%) that participated in this study fell within the age bracket of 18-25 and were married 172/201(85.6%). Also, majority 106/201(52.7%) of the lactating mothers had attained primary level of education

and were peasants 116/201 (57.7%). Majority 175/201 (87%) of the respondents were residing in rural areas and were Catholics 118/201 (58.7%). Details of these findings can be seen in the table above.

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|---|

| Table 2: Exclusive breastfeeding practices analysis | | | | | | | | | | | |
|---|------------------|----------------------|------------|--|--|--|--|--|--|--|--|
| Variable | Category | Frequency (n=201) | Percentage | | | | | | | | |
| Initiation of breastfeeding after | <1 hour | 126 | 62.7 | | | | | | | | |
| birth | 1-3 hours | 59 | 29.4 | | | | | | | | |
| | 4-11 hours | 9 | 4.5 | | | | | | | | |
| | 12-23 hours | 3 | 1.5 | | | | | | | | |
| | ≥24 hours | 1 | 0.5 | | | | | | | | |
| | Don't know | 3 | 1.5 | | | | | | | | |
| Exclusive breastfeeding for the | Yes | 69 | 34.3 | | | | | | | | |
| first six months | No | 132 | 65.7 | | | | | | | | |
| If no, which food did you give | Cow's milk | 56 | 42.4 | | | | | | | | |
| the baby | Glucose solution | 18 | 13.6 | | | | | | | | |
| | Porridge | 57 | 43.2 | | | | | | | | |
| | Mashed banana | 1 | 0.8 | | | | | | | | |

Majority126/201 (62.7%) of the responding mothers had initiated breastfeeding after birth within the first hour of birth; however, during the first six months after birth of their babies, majority132/201 (65.7%) of the mothers had fed their babies with other supplements (food) than breast milk. Most 57/201 (43.3%) of the mothers who introduced other foods to the babies within the first six months, gave them porridge.

| Table | 3: | Bi-variate | analysis | of | the | socio-demographic | factors | influencing | exclusive |
|--------|-----|------------|------------|-----|------|-------------------|---------|-------------|-----------|
| breast | fee | ding amon | g lactatin | g m | othe | ers | | | |

| Variable | Category | Exclusive br | eastfeeding | X^2 | Df | P-value |
|-------------------|----------------|--------------|-------------|--------|----|---------|
| | | Yes | No | | | |
| Age | <18 | 6(30.0%) | 14(70.0%) | | | |
| | 18-25 | 40(42.6%) | 74(64.9%) | 8.627 | 4 | 0.071 |
| | 26-33 | 23(42.6%) | 31(57.4%) | | | |
| | 34-41 | 0(0.0%) | 40(100.0%) | | | |
| | >41 | 0(0.0%) | 3(100.0%) | | | |
| Marital status | Married | 69(40.1%) | 103(59.9%) | | | |
| | Single | 0(0.0%) | 19(100.0%) | 17.715 | 3 | 0.001 |
| | Divorced | 0(0.0%) | 7(100.0%) | | | |
| | Separated | 0(0.0%) | 3(100.0%) | | | |
| Highest education | No education | 17(40.5%) | 25(59.5%) | | | |
| level | Primary | 34(32.1%) | 72(67.9%) | | | |
| | Secondary | 18(46.2%) | 21(53.8%) | 10.680 | 3 | 0.014 |
| | Tertiary | 0(0.0%) | 14(100.0%) | | | |
| Occupation | Civil servant | 9(34.6%) | 17(65.4%) | | | |
| | Business woman | 10(22.7%) | 34(77.3%) | 14.431 | 3 | 0.002 |
| | Peasant | 50(43.1%) | 66(56.9%) | | | |
| | House wife | 0(0.0%) | 15(100.0%) | | | |
| Residence | Rural | 56(32.0%) | 119(68.0%) | | | |
| | Urban | 13(50.0%) | 13(50.0%) | 3.353 | 1 | 0.071 |
| Religion | Catholic | 38(32.2%) | 80(67.8%) | | | |
| | Anglicans | 31(44.3%) | 39(55.7%) | 10.110 | 3 | 0.018 |
| | Muslim | 0(0.0%) | 11(100.0%) | | | |
| | Others | 0(0.0%) | 2(100.0%) | | | |

The socio-demographic factors which significantly influenced exclusive

breastfeeding among lactating mothers were the marital status (p = 0.000, X^2

=17.715), the level of education (p = 0.014, X^2 = 10.680), occupation (p = 0.002, X^2 = 14.431), and religion (p = 0.018, X^2 = 10.110). Exclusive breastfeeding was

practiced more by mothers, who are married, who had secondary education and lower, who are peasant and Protestants.

Table 4: Multivariate analysis on the logistic regression results for the sociodemographic factors influencing exclusive breastfeeding

| Variable | Category | Exclusive breastfeeding | | AOR | 95%CI | | P- value |
|----------------|----------------|----------------------------|------------|-------|-------|-------|-------------|
| | | Yes | No | | Lower | Upper | |
| Marital status | Married | 69(40.1%) | 103(59.9%) | 4.315 | 0.056 | 1.780 | 0.091 |
| | Single | 0(0.0%) | 19(100.0%) | 1.389 | 0.488 | 3.955 | 0.038 |
| | Divorced | 0(0.0%) | 7(100.0%) | 0.684 | 0.197 | 2.373 | 0.049 |
| | Separated | 0(0.0%) | 3(100.0%) | 1.000 | | | |
| Highest | No education | 17(40.5%) | 25(59.5%) | 1.542 | 0.566 | 1.201 | 0.397 |
| education | Primary | 34(32.1%) | 72(67.9%) | 1.350 | 1.056 | 1.725 | 0.017 |
| level | Secondary | 18(46.2%) | 21(53.8%) | 0.413 | 0.107 | 1.597 | 0.200 |
| | Tertiary | 0(0.0%) | 14(100.0%) | 1.000 | | | |
| Occupation | Civil servant | 9(34.6%) | 17(65.4%) | 0.208 | 0.042 | 1.040 | 0.056 |
| | Business woman | 10(22.7%) | 34(77.3%) | 0.202 | 0.066 | 0.613 | 0.005 |
| | Peasant | 50(43.1%) | 66(56.9%) | 1.583 | 0.299 | 1.138 | 0.114 |
| | House wife | 0(0.0%) | 15(100.0%) | 1.000 | | | |
| Religion | Catholic | 38(32.2%) | 80(67.8%) | 1.160 | 0.573 | 8.144 | 0.255 |
| | Anglicans | 31(44.3%) | 39(55.7%) | 1.174 | 0.653 | 2.109 | 0.592 |
| | Muslim | 0(0.0%) | 11(100.0%) | 0.912 | 0.504 | 1.652 | 0.762 |
| | Others | 0(0.0%) | 2(100.0%) | 1.000 | | | |

The results in the table above show that mothers who are married were four times (OR = 4) more likely to practice exclusive breastfeeding, mothers with no formal education were more likely (OR =1.542) to

practice EBF. Compared to mothers with other occupational status, peasant mothers are more likely (AOR= 1.583) to practice EBF.

Table 5: Univariate analysis of the physiological factors of the mothers

| Variable | Category | Frequency (201) | Percentage |
|--------------------------------|----------------------|-----------------|------------|
| Mode of delivery | Vaginal birth | 180 | 89.6 |
| | Caesarian section | 21 | 10.4 |
| If caesarian section, time of | <1 hour | 5 | 23.8 |
| initiation of breastfeeding | 1-3 hours | 13 | 61.9 |
| | 4-11 hours | 3 | 14.3 |
| HIV status | Negative | 179 | 89.1 |
| | Positive | 22 | 10.9 |
| Experienced any breastfeeding | Yes | 78 | 38.8 |
| problem | No | 123 | 61.2 |
| Breastfeeding problem | Engorgement | 16 | 20.5 |
| experienced | Sore/cracked nipples | 26 | 33.3 |
| | Mastitis | 26 | 33.3 |
| | Breast abscess | 10 | 12.8 |
| Rate of breast milk production | Sufficient | 122 | 60.7 |
| | Average | 70 | 34.8 |
| | Insufficient | 9 | 4.5 |
| Number of meals you had during | One | 60 | 29.9 |
| first 6 months | Two | 76 | 37.8 |
| | Three | 43 | 21.4 |

| Appetite months | | | | 6 | More than three | 22 | 10.9 |
|--------------------|--------|-----|-------|---|-----------------|-----|------|
| | during | the | first | | High | 60 | 29.9 |
| | | | | | Average | 125 | 62.2 |
| | | | | | Low | 16 | 8.0 |

The result show that Majority 180/201 (89.6%) of the mothers had delivered vaginally while majority 13/21 (61.9%) of the mothers who had cesarean births took between 1 - 3 hours to start breast feeding their children for the first time. Majority 179/201 (89.1%) of the mothers who participated in this study were HIV negative. Among mothers who experienced the breast problems, sore / cracked nipples and mastitis were the most

26/78(33.3%) frequently reported cases. Refer to the table for more details. Majority122/201(60.7%) of the mothers rated themselves as having sufficient breast milk whereas most76/201(37.8%) of them reported that they used to have only two meals during the first six months. Majority 125/201(62.2%) of the mothers rated their appetite for food during the

first six months as average.



Figure 1: Postpartum complications experienced

Figure 1 show that the most frequent postpartum complications experienced by

the mother were postnatal pain (146) and severe bleeding (78).

| Variable | Category | Exclusive br | eastfeeding | X^2 | df | P-value |
|-----------------------|-------------------------|--------------|-------------|------------|----|---------|
| | | Yes(n=69) | No (n=132) | | | |
| Mode of delivery | Vaginal birth | 69(38.3%) | 111(61.7%) | | | |
| | Caesarian section | 0(0.0%) | 21(100.0%) | 12.25 8 | 1 | < 0.001 |
| HIV status | Negative | 69(38.5%) | 110(61.5%) | | | |
| | Positive | 0(0.0%) | 22(100.0%) | 12.91 3 | 1 | < 0.001 |
| Experienced any | Yes | 23(29.5%) | 55(70.5%) | | | |
| breastfeeding problem | No | 46(37.4%) | 77(62.6%) | 1.358 | 1 | 0.258 |
| Breastfeeding problem | Engorgement | 7(43.8%) | 9(56.2%) | | | |
| experienced | Sore/cracked nipples | 5(19.2%) | 21(80.8%) | | | |
| | Mastitis | 0(0.0%) | 26(100.0%) | 16.53 8 | 3 | 0.001 |
| | Breast abscess | 5(50.0%) | 5(50.0%) | | | |
| Severe bleeding | Yes | 23(29.5%) | 55(50.5% | | | |
| | No | 46(37.4%) | 77(62.6%) | 1.325 | 1 | 0.250 |
| Infections | Yes | 11(36.7%) | 19(63.3%) | | | |
| | No | 58(33.9%) | 113(66.1%) | 0.086 | 1 | 0.770 |
| High blood pressure | Yes | 0(0.0%) | 8(100.0%) | | | |
| | No | 69(0.0%) | 124(64.2%) | 4.355 | 1 | 0.037 |
| Fistula | Yes | 0(0.0%) | 4(100.0%) | | | |
| | No | 69(35.0%) | 128(65.0%) | 2.133 | 1 | 0.144 |
| Postnatal pain | Yes | 51(34.9%) | 95(65.1%) | | | |
| | No | 18(32.7%) | 37(67.3%) | 0.086 | 1 | 0.769 |
| Maternal distress | Yes | 15(39.5%) | 23(60.5%) | | | |
| | No | 54(33.1%) | 109(66.9%) | 0.550 | 1 | 0.458 |

| Table | 6: | Bi-variate | analysis | of | the | physiological | factors | influencing | exclusive |
|--------|--------|-------------|------------|------|-----|---------------|---------|-------------|-----------|
| breast | feediı | ng among la | actating m | loth | ers | | | | |

The mode of delivery (p = 0.000, $X^2 = 12.258$), the HIV status of the mothers (p = 0.000, $X^2 = 12.913$,) and the breastfeeding problems (p = 0.001, $X^2 = 16.538$) influence exclusive breastfeeding among lactating mothers attending health facilities in Bushenyi district. High EBF practice is observed among women who delivered

normally, those with a negative HIV status and the women who had breast abscess. High blood pressure ($X^2 = 4.355$, p = 0.037), significantly influenced exclusive breastfeeding among lactating mothers attending health facilities in Bushenyi district. Mothers who had high blood pressure never practiced EBF.

| Variable | Category Exclusive | | aOR | 95 | %CI | P- | |
|---------------------|--------------------|------------|------------|-------|-------|------------|-------|
| | - | breastfeed | ing | | | | value |
| | | Yes | No | | Lower | Upper | |
| Mode of delivery | Vaginal birth | 69(38.3%) | 111(61.7%) | 2.400 | 0.259 | 7.582 | 0.696 |
| | Caesarian section | 0(0.0%) | 21(100.0%) | 1.000 | | | |
| HIV status | Negative | 69(38.5%) | 110(61.5%) | 3.049 | 1.153 | 10.13 2 | 0.238 |
| | Positive | 0(0.0%) | 22(100.0%) | 1.000 | | | |
| Breastfeeding | Engorgement | 7(43.8%) | 9(56.2%) | 0.778 | 0.159 | 3.795 | 0.756 |
| problem | Sore/cracked | 5(19.2%) | 21(80.8%) | 0.238 | 0.049 | 1.153 | 0.075 |
| experienced | Mastitis | 0(0.0%) | 26(100.0%) | 0.000 | 0.000 | | 0.998 |
| | Breast abscess | 5(50.0%) | 5(50.0%) | 1.000 | 1.000 | | |
| High blood pressure | Yes | 0(0.0%) | 8(100.0%) | 0.441 | 0.255 | 1.091 | |
| | No | 69(0.0%) | 124(64.2%) | 1.000 | | | |

| Table | 7: | Multivariate | analysis | of the | logistic | regression | results | for | the | physiolog | ical |
|--------|------|---------------|-----------|---------|----------|---------------|---------|-----|-----|-----------|------|
| factor | s iı | nfluencing ex | clusive b | reastfe | eding an | nong lactatin | ng moth | ers | | | |

The results in the table above show that mothers who had delivered vaginally were twice (OR = 2) more likely to practice exclusive breastfeeding, HIV/AIDS negative mothers were three times (OR = 3) more likely to practice EBF compared to the HIV/AIDS positive mothers. Compared to mothers who had other breast complications, mothers who had breast abscess had higher chances (OR = 1) of practicing EBF. The mothers who reported that they had hypertension were less (OR = 0.441) likely to breastfeed exclusively.

Table 8: Univariate analysis on the individual factors of the lactating mothers

| Variable | Category | Frequency (n=201) | Percentage |
|---|-----------------|----------------------|------------|
| Parity | Primiparus | 90 | 44.8 |
| | Multiparus | 111 | 55.2 |
| If multiparus, did you exclusively breastfeed | Yes | 75 | 67.6 |
| the other child or children | No | 36 | 32.4 |
| Does the attention of the other child or | Yes | 18 | 16.2 |
| children affect the present child's | No | 69 | 62.2 |
| breastfeeding | Not applicable | 24 | 21.6 |
| ANC attendance | Yes | 194 | 96.5 |
| | No | 7 | 3.5 |
| Number of visits | 2 | 32 | 16.5 |
| | 3 | 78 | 40.2 |
| | 4 | 84 | 43.3 |
| Place of delivery | Health facility | 177 | 88.1 |
| | Home | 19 | 9.5 |
| | TBA | 5 | 2.5 |

Majority111/201 (55.2%) of the mothers were Multipara (mother having more than one child) and majority75/201 (67.6%) of the mothers had breast feed their other child or children exclusively. Majority of the mothers denied that the attention of the other child/children affected the present child breastfeeding 69(62.2%). Mothers who had delivered their child in a health facility setting were of the majority 177/201 (88.1%).



Figure 1: Individual factors of the mothers: Length of stay in the health facility before delivery, and length of stay in the health facility after delivery

Majority of the women had stayed in the health facility for less than one day before

and after delivery with 112 and 82 proportions respectively.

| Table 9: Bi-variate analysis on the relationship |) between individu | al factors and | l exclusive |
|--|--------------------|----------------|-------------|
| breastfeeding among the lactating mothers | | | |

| Variable | Category | Exclusive breastfeeding | | X^2 | df | P- value |
|---|--------------------|-------------------------|------------|-------|----|-------------|
| | | Yes | No | | | |
| Breast milk production for the child | Sufficient | 40(32.8%) | 82(67.2%) | | | |
| | Average | 29(41.4%) | 41(58.6%) | 6.398 | 2 | 0.041 |
| | Insufficient | 0(0.0%) | 9(100.0%) | | | |
| Meal frequency during the first 6 | One | 17(28.3%) | 43(71.7%) | | | |
| months | Two | 29(38.2%) | 47(61.8%) | 19.93 | 3 | <0.00 1 |
| | Three | 23(53.5%) | 20(46.5%) | | | |
| | More than three | 0(0.0%) | 22(100.0%) | | | |
| Appetite during the first 6 months | High | 17(28.3%) | 43(71.7%) | | | |
| | Average | 52(41.6%) | 73(58.4%) | 12.22 | 2 | 0.002 |
| | Low | 0(0.0%) | 16(100.0%) | | | |
| Parity | Primipara | 29(32.2%) | 61(67.8%) | | | |
| | Multipara | 40(36.0%) | 71(64.0%) | 0.321 | 1 | 0.571 |
| If multiparus, did you exclusively | Yes | 17(22.7%) | 58(77.3%) | | | |
| breastfeed the other child or children | No | 18(50.0%) | 18(50.0%) | 8.418 | 1 | 0.004 |
| Attention of the other child or | Yes | 0(0.0%) | 18(100.0%) | | | |
| children affect the present child's breastfeeding | No | 21(30.4%) | 48(69.6%) | 16.33 | 2 | <0.00 1 |
| | Not applicable | 14(58.3%) | 10(41.7%) | | | |
| ANC attendance | Yes | 69(35.6%) | 125(64.4%) | | | |
| | No | 0(0.0%) | 7(100.0%) | 3.791 | 1 | 0.052 |
| Number of visits | 2 | 6(18.8%) | 26(81.2%) | | | |
| | 3 | 28(33.3%) | 56(66.7%) | 3.197 | 2 | 0.202 |
| | 4 | 28(33.3%) | 56(66.7%) | | | |
| Place of delivery | Health facility | 69(39.0%) | 108(61.0%) | | | |
| | Home | 0(0.0%) | 19(100.0%) | 14.27 | 2 | 0.001 |
| | TBA | 0(0.0%) | 5(100.0%) | | | |
| Length of health facility stay before | <1 day | 34(30.4%) | 78(69.6%) | | | |
| delivery | 1-2 days | 16(28.1%) | 41(71.9%) | 0.173 | 2 | 0.917 |
| | ≥3 days | 2(25.0%) | 6(75.0%) | | | |
| Length of health facility stay after | <1 day | 20(24.4%) | 62(75.6%) | | | |
| delivery | 1-2 days | 16(21.1%) | 60(78.9%) | 31.06 | 2 | <0.00 1 |
| | ≥3 days | 16(84.2%) | 3(15.8%) | | | |

There was a statistically significant relationship between seven individual factors and exclusive breastfeeding among lactating mothers attending health facilities in Bushenyi district. The self-rating of Breast milk production for the child (p = 0.014, $X^2 = 6.398$), Meal

frequency during the first six months (p = 0.000, X^2 = 19.953), appetite during the first six months (X^2 = 12.252, p = 0.000), history of exclusive breastfeeding (X^2 = 8.418, p = 0.004), Attention of the other child/children affects the present child breastfeeding (X^2 = 16.313 p = 0.000), Place

of delivery (X2 = 14.247, p = 0.001), and the Length of stay at the health facility after delivery (X² = 31.056, p = 0.000).

Table 10: Multivariate analysis of the logistic regression results for the relationship between individual factors and exclusive breastfeeding among the lactating mothers.

| Variable | Category | Exclusive breastfeeding | | aOR | 95% CI | | P- value |
|---|--------------------|----------------------------|------------|-----------|-----------|-----------|-------------|
| | | Yes | No | | Lowe r | Uppe r | |
| Breast milk production for the child | Sufficient | 40(32.8%) | 82(67.2%) | 0.97 5 | 0.433 | 2.197 | 0.951 |
| | Average | 29(41.4%) | 41(58.6%) | 2.35 0 | 0.170 | 0.723 | 0.005 |
| | Insufficie nt | 0(0.0%) | 9(100.0%) | 1.00 | | | |
| Meal frequency during the first 6 months | One | 17(28.3%) | 43(71.7%) | 0.19 6 | 0.042 | 0.908 | 0.037 |
| | Two | 29(38.2%) | 47(61.8%) | 0.07 8 | 0.010 | 0.614 | 0.015 |
| | Three | 23(53.5%) | 20(46.5%) | 1.11 9 | 0.620 | 2.021 | 0.707 |
| | More than three | 0(0.0%) | 22(100.0%) | 1.00 0 | | | |
| Appetite during the first 6 months | High | 17(28.3%) | 43(71.7%) | 0.25 0 | 0.049 | 1.267 | 0.094 |
| | Average | 52(41.6%) | 73(58.4%) | 2.11 2 | 0.621 | 7.188 | 0.231 |
| | Low | 0(0.0%) | 16(100.0%) | 1.00 | | | |
| History of EBF if multiparus | Yes | 17(22.7%) | 58(77.3%) | 1.15 | 0.351 | 3.772 0.8 | 0.816 |
| | No | 18(50.0%) | 18(50.0%) | 1.00 | | | |
| Attention of the other child or children affect the | Yes | 0(0.0%) | 18(100.0%) | 0.07 8 | 0.020 | 0.312 | <0.00 1 |
| present child's breastfeeding | No | 21(30.4%) | 48(69.6%) | 0.43 3 | 0.176 | 1.064 | 0.068 |
| - | Not applicable | 14(58.3%) | 10(41.7%) | 1.00 | | | |
| Place of delivery | Health facility | 69(39.0%) | 108(61.0%) | 3.36 6 | 0.137 | 0.977 | 0.045 |
| | Home | 0(0.0%) | 19(100.0%) | 1.17 8 | 0.663 | 2.096 | 0.576 |
| | TBA | 0(0.0%) | 5(100.0%) | 1.00 0 | | | |
| Length of health facility stay after delivery | <1 day | 20(24.4%) | 62(75.6%) | 0.39 9 | 0.105 | 1.520 | 0.178 |
| ,, | 1-2 days | 16(21.1%) | 60(78.9%) | 0.56 5 | 0.328 | 0.972 | 0.039 |
| | ≥3 days | 16(84.2%) | 3(15.8%) | | 1.000 | | |

The results in the table above show that mothers who rated their milk production for the child as average, mothers whose meal frequency during the first six months was three, mothers who rated their appetite during the first six months, mothers who had a History of EBF with their other children, mothers who denied

Breastfeeding practice among the mothers at birth on the other hand was good because (62.7%) of the women-initiated breastfeeding within one hour of birth. However, compared to other studies it is lower. For example, in Nairobi, a study conducted by Muchina [26-29] showed that majority (74.6%) of mothers-initiated breastfeeding within 0 - 1 hour. This relatively low rate of breastfeeding initiation could be due to a number of factors like culture were some people consider colostrums to be contaminated milk and therefore not good for babies or due to obstetric factors whereby some mothers could have spent more time recuperating after surgical procedures like cesarean sections. Nevertheless, it was higher compared with national prevalence level as reported by KDHS (2018 - 19)

The findings of this study showed that majority of the lactating mothers (approximately 7 out of 10) among mothers who attend FRRH feed their babies with other food substances in addition to breast milk, as such do not practice exclusive breastfeeding. This implies that only three out of every ten lactating mothers who attend FRRH practice exclusive breastfeeding as recommended.

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that attention of the other child/children affected the present child breastfeeding, mothers who delivered in a health facility, and mothers whose length of stay at the health facility after delivery was 3 days and more had the higher likelihood of practicing exclusive breastfeeding.

DISCUSSION

where 58% of mothers-initiated breastfeeding within one hour after birth. The socio-demographic factors which significantly influenced exclusive breastfeeding among lactating mothers attending Fort Portal Regional Referral hospital were the marital status, the level of education, occupation, and religion. Exclusive breastfeeding was practiced more by mothers, who were married, mothers who had secondary education and lower, peasant mothers and those who were Protestants. The findings from this study confirmed an earlier study by Alemavehuet al. in Ethiopia, who revealed that exclusive breastfeeding was associated significantly with, current marital status, and economical status [27], [30-35].

CONCLUSION

The decline in the EBF prevalence among these mothers is therefore a reflection of the influence of marital status, the level of education, occupation, mode of delivery, the HIV status and the breastfeeding disorders of the mothers, the meal frequency during the first six months, history of exclusive breastfeeding, place of delivery as well as the length of stay at the health facility after delivery.

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