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First-Time Motherhood and Exclusive Breastfeeding Practice in some Health Facilities in the Bushenyi District

Matsiko Angel Michelle

Faculty of Clinical Medicine and Dentistry Kampala International University Western Campus Uganda.

ABSTRACT

Optimal infant feeding was exclusive breastfeeding (EBF) for the first six months after which complementary foods should be introduced with continuation of breastfeeding until two years or beyond. This study assessed the prevalence of EBF, and the socio-demographic and physiologicalfactors influencing exclusive breastfeeding among first-time mothers in some health facilities in Bushenyi district, Western Uganda. A descriptive cross-sectional study design which employed both quantitative andqualitative methods in data collection was used for this study. The health facilities were purposively sampled while the first-time mothers (respondents) were randomly sampled. Data wascollected from 183 respondents using a well-tested and validated questionnaire. Data were statistically analyzed using the Statistical Package for Social Sciences (SPSS) (version 12.0) Initiation of breastfeeding after birth was done within the first hour of birth by most of the first-time mothers was low (41.53%). Only 22.81% of the mothers breastfed this child exclusively. The socio-demographic factors which significantly influenced exclusive breastfeeding practices among first-time mothers were marital status (X^2 =17.715, p = 0.000), the level of education (X^2 = 10.680, p = 0.014) and occupation (X^2 = 14.431, p = 0.002) The rate of EBF among first-time lactating mothers in the Bushenyi district is low, this is partly influenced by some individual and physiological factors. Hence health facility deliveries were therefore encouraged through outreach health education by the district health authorities to enhance optimal EBF practices.

Keywords: Optimal infant feeding, Exclusive Breastfeeding, First-time Mothers, Health facilities and Health authorities.

INTRODUCTION

Breastfeeding is an important public health strategy for reducing infant and child morbidity and mortality as well as reducing maternal morbidity and mortality [1]. Exclusive Breastfeeding (EBF) means an infant receives breast milk from his or her mother or expressed breast milk or a wet nurse for the first six months of life and no other solids/semisolidsare given with the exception of vitamins, mineral supplements or medicine [2]. Over thelast couple of decades, there has been an increasing interest in the promotion of exclusive breastfeeding as the 'best' feeding method for newborns. This, to a large extent, has been inspiredby 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 [1]. Early initiation of breastfeeding facilitates emotional bonding between the mother and the newborn and has a positive impact on the duration of exclusive breastfeeding. Early initiation of breastfeeding reduces child morbidity and mortality in the first two years of life [3, 4]. If all infants started breastfeeding within the first hour of birth, 22% of neonatal deaths could be saved [5]. This is because early human milk is rich in a variety of immune and no immune components that may accelerate intestinal maturation, resistance to infection, and epithelial recovery from infection [6; 5]. Uganda continues to struggle with a high mortality rate among children under the age of five, anddiarrhoea and pneumonia are two of the top

killers for this age group. Yet, EBF of infants and young children could save many lives [6]. In Uganda, only 42 % of new-borns are breastfed in the first hour of life [7], thus, a large proportion of new-borns miss out onthe disease-protective benefits of Colostrum ("first" milk, of yellowish colour) and only 63% are breastfed up to six months [8]. The option to breastfeed or not is influenced by severalfactors including but not limited to cultural practices, health status of both mother and infant, nutrition knowledge, and support from family and other stakeholders. First-time expectant mothersmay have several perceptions about breastfeeding based on what they have seen or heard from people about breastfeeding. Most of them may feel unskilled and therefore are unable to decide. Feeding options others may feel confident and therefore can decide on feeding options in theearly stages of pregnancy [9]. First-time motherhood especially for young women below twenty years of age is a major milestonein life. For best results, this transition requires adaptation and support from close social networks.First-time parenthood is therefore understood as a key stage (entering the parent role) in a woman'slife that may have enduring effects on her social experiences and breastfeeding decisions. Many first-time expectant mothers may have the intention to breastfeed; however, challenges during delivery may cause them to resort to other forms of feeding [10]. The decision to breastfeed could also be enhanced by the support they receive from family and other stakeholders. Considering the many benefits of breastfeeding to both mother and baby, it is crucial toaddress the barriers that prevent mothers from breastfeeding. If the first-time mother gets it right,then the likelihood of breastfeeding all subsequent children is high. This study sought to assess first-time motherhood and EBF practice in some health facilities in the Bushenyi district.

Statement of the Problem

According to World Health Organization (WHO) report, the overall prevalence of EBF stands at 36%, with the highest rates of EBF found in East Asia/Pacific (43%) and the lowest rates of EBFin West/Central Africa (20%) [11, 12]. In sub-Saharan Africa the overall prevalence of EBF was 33% [13]. In Uganda, only six in ten Ugandan children below the age of six months are exclusively breastfedwith only half the proportion of the children in South Western district exclusively breastfed (34%).It is no wonder then that the under-five and infant mortality rates stand at 128 and 79 per 1,000 live births respectively, which is very high by developing world standards [8]. Despite government policies and programs aimed at encouraging EBF among mothers especially in rural areas like those in Bushenyi district, the prevalence still remainslow. In South-western Uganda, the rate of stunting in children is reported has reached epidemic proportions [7], a situation that can be backtracked to early infant feeding practices. More so, there is no data on EBF practices among first-time mothers. This study therefore soughtto determine the prevalence and identify factors that influence EBF among first-time mothers in Bushenyi district.

Aim

To assess first-time motherhood and EBF practices in some health facilities in Bushenyi district.

Specific Objectives

i. To determine the prevalence of EBF practice among first-time mothers in some healthfacilities in the Bushenyi district.
ii. To identify maternal factors influencing EBF practice among first-time mothers in somehealth facilities in the Bushenyi district.
iii. To determine infant factors influencing EBF practice among first-time mothers in somehealth facilities in the Bushenyi district.

Research Questions

i. What is the prevalence of EBF practice among first-time mothers in some health facilitiesin the Bushenyi district?
ii. What are the maternal factors influencing EBF practice among first-time mothers in somehealth facilities in the Bushenyi district?
iii. What are the infant factors influencing EBF practice among first-time mothers in somehealth facilities in the Bushenyi district?

Justification of the Study

The findings of this study are expected to inform practice and policy decisions in the developmentof appropriate interventions to promote EBF practices to improve child health in the Bushenyi district. The findings of this study can be used in designing appropriate and effective breastfeeding interventionprogrammes aimed at improving infant

and young children feeding practices. These findings willprovide insights into exclusive breastfeeding promotion programmes for mothers, especially first-time mothers in Bushenyi. The findings of this study will contribute extra knowledge in the study area and therefore serve asa basis for implementing child health policies. The research findings will form a basis for other research on breastfeeding such as the plight of breastfeeding-employed mothers.

METHODOLOGY

Study Design

The study design was descriptive cross-sectional which employed quantitative methods in data collection.

Study Population

The study population comprised of first-time mothers of children aged 6 to 12 months seekinghealth services from KIU-TH, Ishaka Adventist Hospital and Bushenyi health centre IV all in Bushenyi district.

Inclusion Criteria

Breastfeeding first-time mothers whose children have aged 1 – 12 mothers and attending any of the sampled health facilities who consented.

Exclusion Criteria

Breastfeeding first-time mothers whose children are above 12 months of age as well as those whosechildren are aged 1 – 12 mothers attending any of the sampled health facilities but did not consentto participate in the study.

Sample Size Determination

The sample size was calculated using the formula Kish Leslie (1965):$n = z^2p\,(1-p) / E^2$

Where n = Estimated minimum sample size required

P= Proportion of a characteristic in a sample (34.3%) [14].

Z=1.96 (for 95% Confidence Interval)

e = Margin of error set at 5%n =

$$\frac{1.96^2 \times 0.343\,(1-0.343)}{0.05^2}$$

n = 346 first-time mothers

Sampling Technique

Simple random sampling was used to sample the breastfeeding mothers from the three sampled health facilities. Papers with two written choices, **Yes** and **No** were placed in a container. On eachvisit, first-time mothers of children aged 1 - 12 months attending MCH clinics in the sampled health facilities willing to participate, picked the papers at random. The respondents who picked the **Yes** response were included in the sample. On each day, the total number of mothers and infantswas recorded.

Data Collection Methods

Quantitative data was collected using self-administered structured questionnaires.

Quality Control

Training of Data Collection Team

The data collection team which comprised of three research assistants were trained within two days by the principal investigator on the objectives of the study, the mode of administering the questionnaires, interviewing techniques and translating the questions to the local language.

Pre-Testing of Questionnaires

One day of pre-testing of questionnaires was conducted. Pre-testing was aimed at imparting practicalexperience to the team in administering questionnaires and noting ambiguities for necessary corrections.

Ethical Considerations

An introductory letter was collected from the dean of the faculty of clinical medicine and dentistry to seek permission from the District Health Office before undertaking the research. Informed consent was obtained from each study participant.

RESULTS

Socio-demographic Data of Respondents

The majority 102 (55.74%) of the respondents were married and most 83 (45.35%) of them had attained primary school education. Most 67 (36.61%) of the respondents fell within the age bracketabove 26 years, 72 (39.34%) were peasants and 76 (41.53%) were mainly Catholics (Table 1).

Table 1: Socio-demographic Characteristics of First-time Mothers (Respondents)

Variable	Category	Frequency (n = 183)	Percentage
Age	15-17	2	1.09
	18-20	25	13.66
	21-23	40	21.86
	24-26	49	26.78
	>26	67	**36.61**
Marital status	Married	102	**55.74**
	Single	45	24.59
	Separated	27	14.75
	Divorced	9	4.92
Level of education	No formal education	57	31.15
	Primary School	83	**45.35**
	Secondary school	29	15.85
	Post-secondary	14	7.65
Occupation	Employed Self-employed	36	19.67
		31	16.94
	Peasant	72	**39.34**
	Housewife	44	24.04
Religion	Catholic	76	**41.53**
	Protestants	52	28.41
	Islam Others	43	23.50
		12	6.56

Exclusive Breastfeeding Practices

Majority 110(60.11%) of the first-time mothers who participated in this study had fed their children with other food substances other than breast milk during the first six months. Hence, first-time mothers who practised EBF were mostly 73(22.81%). However, 76(41.53%) of the mothers had initiated breastfeeding after birth within the first hour of birth and most 47(25.68%) breastfed their infants with only breast milk for 4 months (table 2).

Table 2: Exclusive Breastfeeding Practices among Respondents

Variable	Category	Frequency (n = 183)	Percentage
Initiation of breastfeeding after birth	<1 hour after birth 1-3 hours after birth 4-11 hours after birth 12-24 hours after birth I Don't remember	76 49 21 10 27	**41.53** 26.78 11.48 5.46 14.75
How long after the birth of your child did you breastfeed your child with onlybreast milk?	1 month 2months 3months 4months 5months 6months	11 27 33 47 22 43	6.01 14.75 18.03 **25.68** 12.02 23.50
During the first six months after birth of this baby, was the baby fed anything other than breastmilk?	Yes No	110 73	**60.11** 22.81

Maternal Factors Associated with EBF among First-time Mothers in Bushenyi District

The majority 129(70.49%), 100(54.65%) and 97(53.01%) of the respondents reported that they had attended ANC clinics, had average appetite during the first six months of breastfeeding and deliveredtheir children in the health facility respectively. Most 72(39.34%), and 79(43.17%) reported the number of ANC Visits before the birth of your baby as thrice, and insufficient breast milk productionfor the child respectively. Regarding their knowledge of EBF, 73(39.89%) of the mothers stated that 6 months is the duration for a baby to be breastfed exclusively (table 3).

Table 3: Univariate Analysis of the Maternal Factors Associated with EBF of Mothers

Variable	Category	Frequency (n=183)	Percentage (%)
Breast milk production forthe child	Sufficient Average insufficient	47 57 79	25.68 31.15 **43.17**
Appetite during the first six months	High Average Low	30 100 53	16.39 **54.65** 28.96
Meal frequency during thefirst six months	One Two Three More than three	39 76 43 25	21.31 **41.53** 23.50 13.66
ANC attendance	Yes No	129 54	**70.49** 29.51
Number of ANC Visits Before the Birth of your baby	1 2 3 4	21 47 72 43	11.48 25.68 **39.34** 24.50
Place of delivery	Health facility Home TBA	97 41 45	**53.01** 22.40 24.59
For how long should a babybe breastfed exclusively?	One month Two Months Three Months Four months Five months Six months I don't know	5 16 29 25 30 73 5	2.73 8.74 15.85 13.66 16.39 **39.89** 2.73

Table 4: Cross Tabulation Analysis between Maternal Factors and EBF Practices among the First-time Mothers

Variable	Category	EBF		p-value
		Yes (n=73)	No (n=110)	
Breast milk production for the child	Sufficient	13	34	
	Average	29	28	0.041
	insufficient	31	48	
Meal frequency during the first six months	One	12	27	
	Two	31	45	
	Three	13	30	
	More than three	17	8	0.000
Appetite during the first six months	High	15	15	
	Average	38	62	
	Low	20	33	0.002
ANC attendance	Yes	46	83	
	No	27	27	0.052
Number of visits (n=)	1	9	12	
	2	22	25	0.202
	3	30	42	
	4	12	31	
Place of delivery	Health facility	41	56	
	Home	19	22	0.001
	TBA	13	32	

The bi-variate analysis in Table 4 above indicates that the self-rating of breast milk productionfor the child (p = 0.014), Meal frequency during the first six months (p = 0.000), appetite during the first six months (p = 0.000) and Place of delivery (p = 0.001) has a statistically significant relationship with EBF.

Table 5: Multivariate analysis of Maternal Factors and EBF practice among first-time Mothers.

			Confidence interval	
Variable	**Category**	**AOR**	**Lower**	**Upper**
Rate of breast milk production	Sufficient	0.975	0.433	2.197
	Average	**2.350**	0.170	0.723
	Insufficient	1.000		
Meal frequency during the first six months	One	0.196	0.042	0.908
	Two	0.078	0.010	0.614
	Three	**1.119**	0.620	2.021
	More than three	1.000		
Rate of appetite during the first six months	High	0.250	0.049	1.267
	Average	**2.112**	0.621	7.188
	Low	1.000		
Place of delivery				
	Health facility	**2.250**	0.137	3.977
	Home	0.112	0.663	2.096
	TBA	1.000		

The results in Table 5 above revealed that mothers who rated their milk production for the child as average (AOR=2.35), mothers whose meal frequency during the first six months was thrice (AOR=1.1), mothers who rated their appetite during the first six months as average (AOR=2.11), mothers who delivered in a health facility (AOR=2.250) had the higher likelihood of practising exclusive breastfeeding.

Infant Factors Associated with EBF Practices Among First-time Mothers

The majority 98(53.55%) of the index children were males and most 75(40.98%) of the children werein the age bracket 5-6 months. Most 75(40.98%) of the respondents reported that their children weighed between 2-2.4kg at birth and had high infant appetite (table 6).

Table 6: Infant Factors Associated with EBF

Variable	Category	Frequency (n=183)	Percentage (%)
Infant's age	1-2months	22	12.02
	3-4months	40	21.86
	5-6months	75	**40.98**
	>6months	46	25.14
Gender	Male	98	***53.55***
	Female	85	46.45
Birth weight/infant size	1.5 -1.9kg	28	15.30
	2.0kg – 2.4kg	75	**40.98**
	> 2.5kg	63	34.43
	I don't remember	17	9.29
Infant's Appetite	High	88	**48.09**
	Average	60	32.79
	Low	35	19.12

Table 7: Cross Tabulation Analysis between Child's Factors and EBF Practice amongFirst-time Mothers.

Variable	Category	EBF		p-value
		Yes (73)	No (110)	
Infant's age	1-2months	10	12	0.501
	3-4months	20	20	
	5-6months	15	60	
	>6months	28	18	
Gender	Male	46	52	**0.010**
	Female	27	58	
Birth weight/infant size	1.5kg -1.9kg	9	19	
	2.0kg – 2.4kg	38	37	**0.000**
	> 2.5kg	16	47	
	I don't remember	10	7	
Infant's Appetite	High	37	51	**0.024**
	Average	22	38	
	low	14	21	

RESULTS

Prevalence of EBF Practices among First-time Mothers in Bushenyi District

The findings of this study showed that the prevalence of EBF among first-time mothers was low (22.8%) compared to the WHO-recommended EBF coverage of 90 % and the national target of EBF coverage (80%) [15]. This study result is however slightly higher compared to previous studies in Kilimanjaro (20.7%). In this study, initiation of breastfeeding within the first hour of birth was poor (41.53%). The findings of this study were very poor compared to 74.6% reported in Nairobi [16]. This relatively low rate of breastfeeding initiationcould be due to a number of factors like culture where 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.The seemingly fair practice of initiating breastfeeding within 1 hour by the women was offset by the early introduction of water, cow's milk and semi-solids. The results of this study, therefore, imply that some children born to women in the Bushenyi district are prone to mortality since mixed feedingis responsible for the frequent risk of infections like diarrhoea and pneumonia, increased mortality andhigher risk of HIV transmission to infants [3].

The Maternal Factors Associated with EBF among First-time Mothers in Bushenyi District In this study, first-time mothers who rated their milk production for the child as average, motherswhose meal frequency during the first six months was three, mothers who rated their appetiteduring the first six months and mothers who delivered in a health facility had the higher likelihoodof practising exclusive breastfeeding. The finding that self-rating of breast milk production had asignificant influence on the EBF practices of the mothers in this study, relates with the breastfeedingconfidence that the mothers had. Mothers who rated themselves as having insufficient breast milk fortheir children had low confidence in themselves and this affected milk letdown at thepsychological level. This explains why they mixed-fed. Low maternal breastfeeding confidence isassociated with early cessation of breastfeeding [17-19]. [20]. To back this explanation, a descriptive study of 198 pregnant women, by O'campo found that women with low confidence in their ability to breastfeed had 3.1 times the risk of discontinuing breastfeeding six months postpartum when compared with women who had high confidence (95% CI= 1.39- 6.76) [21]. This is why mothers whorated themselves as average and sufficient producers of breast milk had better feeding practices than their non-confident counterparts.

Child's Factors Associated with EBF Practice among First-time Mothers in Bushenyi District

The finding of this study shows that among the child's or infant's factors associated with EBF practicewere the child's gender (p=0.010), birth weight (p=0.000) and the child's appetite (p=0.024). This result is confirmed by a study conducted by Karacam Z. who opined that outside maternal factors,studies have also shown that the babies' general behaving was influenced since what feed they receive. Lowbirth weight infants are less likely to exclusively breastfeed and may be associated with the beliefthat breast milk substitute is required to make up the low weight. [22-24].

CONCLUSION

Prevalence of EBF Practices among First-time Mothers in Bushenyi District

First-time mothers in the Bushenyi district have poor EBF practices. This implies that first-timemothers in the Bushenyi district practice mixed feeding.

Maternal Factors Associated with EBF among First-time Mothers in Bushenyi District

Mothers who rated their milk production for the child as average had meal frequency during the first six months was three times daily, with high appetite during the first six months and mothers who delivered in a health facility have a higher likelihood of practising EBF [25, 26].

Child's Factors Associated with EBF among First-Time Mothers in Bushenyi District

A child's gender, birth weight and appetite are statistically associated with EBF practice

RECOMMENDATIONS

Prevalence of EBF Practices among First-time Mothers in Bushenyi District

i. Enlightenment campaigns about the benefits of exclusive breastfeeding for mothers and childrenshould be done using various languages in order to accommodate women who do not understand English and those with low educational levels.

ii. Breastfeeding counselling during antenatal care should be centred on solving problemsassociated with breastfeeding.

iii. Maternal and child health issues should be promoted in health facilities and communitiesto involve married couples and single mothers.

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