

Prevalence and Factors Hindering First Time Mothers from Exclusively Breast Feeding in Kyabugimbi Health Centre IV, Bushenyi District Uganda

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ABSTRACT

Breastfeeding entails feeding of infants or young children with breast milk from female breasts. Exclusive breast feeding (EBF) entails feeding an infant for 6 months and thereafter should receive complementary foods with continued breastfeeding up to 2 years of age or beyond. Studies indicate that first time mothers are the most non adherent to EBF compared to other groups of mothers. The overall objective of the study was to assess the factors affecting first time mothers from exclusively breastfeeding in Kyabugimbi health centre IV, Bushenyi district. A descriptive cross-sectional method was used. Results: The sample size of the study population was 100 First time mothers. The mother's ages ranged from 15 to 44 years. The highest percentage of the mothers (44%) was in the age group of 20-24 while the least percentage (1%) was in the age group 40-44 years. EBF declined as the infant aged where the highest percentage was seen among those who exclusively breastfed for only one month (30%) and only (4%) of the mothers breastfed for six months. Health workers provided information (90%), spouses (85%) and friends (65%). Those with fair working conditions practiced EBF (52%). Of the (44%) aged between 20 - 24 years, only 36% of them did EBF for ≥ 4 months. Part-time and self-employed mothers stopped EBF and used complementary feeds (44%) and (60%) used complementary feeds respectively. Housewives practiced EBF (62%) more other groups of mothers. Young age, highly fixed employment status influenced on mother's practice of EB. Mother's perceptions of babies needing more than milk, fear of breasts losing shape contributes to low EBF. Encouragement of EBF through public forums, health education to explain to First time mothers the importance of breastfeeding at antenatal care (ANC) and Postnatal Care (PNC) clinics, more aggressively implementing the existing policy on EBF. Research beyond this descriptive study (qualitative research) is needed; for instance a research on the adequacy of breast milk in meeting the nutritional needs of infants to 6 months.

Keywords: Breastfeeding, infants, Exclusive breast feeding, complementary food

INTRODUCTION

Globally, inadequate nutrition is an underlying cause of the deaths of more than 2.6 million children and over 100,000 mothers every year. Many health groups, such as World Health Organization (WHO) and UNICEF support 6 months of exclusive breastfeeding and continued partial breastfeeding for extended periods [1-3]. Breast milk is the safest and most natural food for an infant. It provides an infant's complete nutritional needs up to four to six months of age. There is no need for other food or drink before this age. When the baby is fed on breast milk only, it is called exclusive breastfeeding. Exclusive breastfeeding provides the best nutrition

and growth for infants, and continued growth with the introduction of solid foods at six months [4-9].

Globally, 38% of the infants are breastfed during the first four months of life and complementary feeding practices are often ill timed, inappropriate and unsafe [10]. The breastfeeding rate among adolescent mothers in the United States is low and has been dropping since 2003. Young women are less likely to breastfeed than older mothers and have a more rapid discontinuation rate [11-13]. For these teen mothers, as with their older counterparts, knowledge of the benefits of breastfeeding is not sufficient to result in

breastfeeding. In Africa breastfeeding is the normal and cultural way of feeding infants resulting in high rate of initiation and longer duration of breastfeeding. However exclusive breastfeeding tends to decline among first time mothers [1, 4, 14, 15]. Breastfeeding is a tradition in every culture in Africa, but only 20 per cent of infants under six months are exclusively breastfed, with extremely low rates in some African countries especially those in West Africa for example to as low as 2 per cent in Chad, 4 per cent in Côte d'Ivoire and in other regions, the following rates were noted; 35% in East Africa, 47% in South Africa, 28% in Central Africa and the lowest being 12% in West Africa [16-30]. The rates of exclusive breastfeeding in the region remain among the lowest in the world [17-34]. Much as there is no exact literature of the breastfeeding practices among the young mothers in especially Bushenyi District, Mbarara Regional Referral hospital in the 2014 evaluate noted that there exist a great significant observation among the first time mothers in reluctance to breastfeed in the western region of the country. Many malnourished children have been reported and treated partially due to neglect of breastfeeding particularly among the young mothers [18].

Statement of the Problem

Despite the extensive available information on the benefits of exclusive breastfeeding both for the mother and the infant, in Uganda only 13% of children below six months are exclusively breastfed [19]. High infant mortality rates associated with diarrhea, acute respiratory infections and poor responses to vaccinations result from lack of exclusive breastfeeding. Acute respiratory infections and diarrheal diseases are two of the major causes of infant mortality in the developing world [14, 20, 21]. While almost all Ugandan mothers initiate breastfeeding, 85% to 90% of them offer water and other liquids to their babies in the first month and majority of these are first time mothers. This increases the babies' risk to infection, poor nutrition and diarrhea [22-40]. Early introduction of other foods is of public health concern because it exposes infants to increased infection, particularly

diarrhoeal diseases. It may also lead to poorer infant nutrition and adversely affect growth rates [40-46]. The fifty-ninth World Health Assembly projected that by 2015 the relative contribution to the global prevalence of childhood under nutrition was expected to increase from 16% to 38% for Africa [23]. Feeds introduced to infants may have too much fat and carbohydrates leading to obesity, poor muscle development and low resistance to infections. For HIV-positive mothers, infants' risk of death from infectious diseases is high in the absence of breastfeeding [20, 23].

Aim of the Study

To assess the prevalence and factors hindering first time mothers from exclusively breast feeding in Kyabugimbi Health Centre IV, Bushenyi District Uganda.

Specific Objectives

- i. To determine the prevalence of exclusive breastfeeding among first time mothers attending Kyabugimbi Health Centre IV.
- ii. To find out the psychosocial factors associated with exclusive breastfeeding among first time mothers attending Kyabugimbi Health Centre IV.

Study Questions

- i. What is the prevalence of exclusive breastfeeding among first time mothers attending Kyabugimbi Health Centre IV?
- ii. What are the psychosocial factors associated with exclusive breastfeeding among first time mothers attending Kyabugimbi Health Centre IV?

Significance and Justification of the study

High infant mortality rates associated with diarrhea, acute respiratory infections and poor responses to vaccinations that result from lack of exclusive breastfeeding [19] can greatly be reduced if exclusive breastfeeding of infants is encouraged. This is because human milk is the ideal nourishment for infant's survival, growth and development as it contains all the nutrients, antibodies, hormones, immune factors and anti-oxidants an infant need to thrive [24]. It has been estimated that

exclusive breastfeeding for the first six months of life could reduce infant mortality by a remarkable 13% and by an additional 2% were it not for the fact that breastfeeding may transmit HIV [25]. Exclusive breastfeeding has to be practiced in order to contribute to achieving Millennium Development Goal number 4 which is to reduce child mortality by two thirds by 2015. Promotion of breastfeeding must be seen as a priority for the improvement of the health and the quality of life of children and their families. Globally, the promotion of breastfeeding is a major public health concern. Breastfeeding reduces the risk of both under nutrition and overweight later in childhood [26]. Although the WHO recommendation on EBF has been in effect

for more than two decades, majority of young women do not comply with it. This discrepancy has necessitated the need to explore factors that hinder women to practice EBF. It is worthy carrying out this study to understand factors hindering the exclusive breastfeeding practice in Bushenyi District. Given the set-up of the study location, mothers have very varied socio-economic backgrounds. This will show how different socio - economic characteristics can either promote or hinder the practice of exclusive breastfeeding. The varied representation of the study population (heterogeneous), will minimize on the biasness of the findings than if the study was done among mothers with a similar background.

METHODOLOGY

Study Design

A descriptive cross-sectional study design was employed and was used to establish factors affecting first time mothers from exclusive breast feeding.

Study Setting

The study was conducted at Kyabugimbi Health Centre IV which is a government funded Health facility located in Kyabugimbi Sub-county, Bushenyi District. It offers a wide range of health services to the people in the area and the neighboring parts. Some of the services provided include among others, Maternal Child Health (MCH) services which will be the point of interest in this study. At Kyabugimbi Health Centre IV MCH clinic operates three days per week and serves 60 clients per week which gives a total of approximately 240 clients per month and it has three nurses running the clinic for the three days.

Study Population

The population of the study was first time mothers who attend postnatal clinic at Kyabugimbi HC IV, Bushenyi District.

Sampling

Used Sloven Formula (1962), the sample size for the general population, with a fixed error of 5% and a Confidence Interval at 95% and the total number of approximately 150 clients attending postnatal clinic each month.

Sample Size Calculation

Equation 1: Sloven Formula

$$n = \frac{N}{1 + N(e)^2}$$

Where n= sample size

e= confidence interval

N= total Population of the target population

N= 150, e= 0.05

$$n = \frac{150}{1 + 150(0.05^2)}$$

Therefore: n= 100 respondents

Sampling procedure

First the principal investigator approached the person in charge of the health Centre and sought for consent. The study was introduced to the first time mothers identified to seek for their consent. Simple Random Sampling was employed to select the respondents at maternal and child health clinic. This was through daily coding and the first 8 numbers picked were enrolled in the study. This continued for the following days until the required sample size was met.

Inclusion and Exclusion criteria

Inclusion Criteria

All first time mothers present on the day of data collection and had been residents of Kyabugimbi for at least the past three years and only and only if they consented to the study.

Exclusion Criteria

Those who did not meet the sampling methods were not included; including mothers of more than one child and those

who did not consent as well as mentally unwell and critically ill mothers were not be included in the study.

Methods of Data Collection

Questionnaires were used.

Data Collection Instruments

The study had Questionnaires developed following the available literature, this was used to capture information from mothers on their knowledge and factors affecting exclusive breastfeeding in first time mother.

Data Analysis

Qualitative data from in-depth interviews was analyzed during and after the field work. The analysis was based on themes and subthemes of the study. Code categories were identified and then formed the basis of conclusions about the study. Quantitative data from existing interviews were edited before leaving each respondent for uniformity and accuracy. The data was then coded, entered and analyzed in the computer software

Socio-demographics

The sample size of the study population was 100 first time mothers. The variables

Microsoft excel. The analysis was made basing on the following variables like age of the respondent, religion, marital status, education of the respondents, and access to health facility, sensitization on breastfeeding and antenatal attendance. And findings were presented and described by tables, graphs, and charts.

Procedures and Ethical considerations

Before embarking on the data collection process, the researcher first obtained an introductory letter from Kampala international university after the approval of the Proposal. This letter was then presented to the In-charge of Kyabugimbi Health Centre IV, who introduced the researcher to the relevant health workers/staff. After getting the clearance from the health center, the researcher obtained informed consent from the respondents and informed them about the purpose of the study.

RESULTS

of interest researched on were age, marital status, level of education and employment status.

Table 1: Socio-demographic factors affecting first time mothers in Kyabugimbi Health Centre IV, Bushenyi District.

Characteristics	Category	Number (<i>n</i>)	<i>n</i> (%)
AGE	15-19	25	25%
	20-24	44	44%
	25-29	17	17%
	30-34	10	10%
	35-39	3	3%
	40-44	1	1%
Marital status	single	24	24%
	Married	76	76%
Level of education	Primary incomplete	25	25%
	Primary complete	20	20%
	Secondary incomplete	30	30%
	Secondary complete	15	15%
	tertiary	10	10%
Employment status	Self employed	32	32%
	Part time employed	12	12%
	Farm work	36	36%
	House wife	10	10%
	others	11	11%

According to the table above, the biggest number of first time mothers recorded was between the age of 20-24 years 44(44%), the least fell in the range of 40-44 years 1(1%) with the biggest number of first time mothers being married 76(76%) and the

majority reported to have had incomplete secondary education 30(30%),with the biggest number of the mothers' employment status being farm workers 36(36%) and the least house wives 10(10%)

Prevalence of Exclusive Breastfeeding in first time Mothers

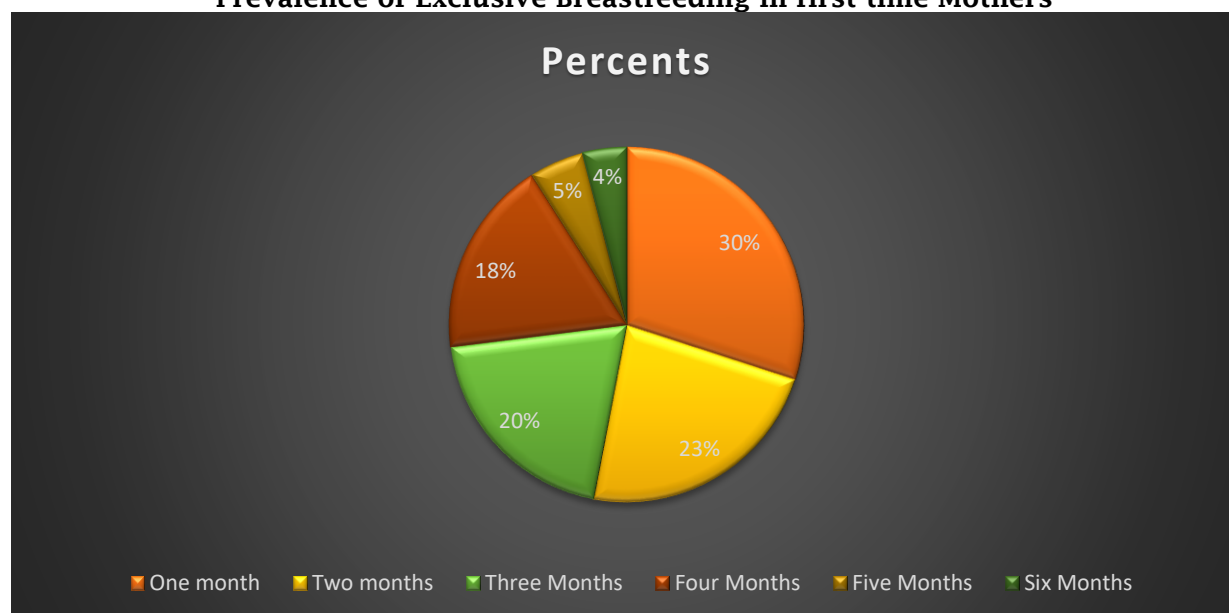


Figure 1: Extent of EBF among first time mothers in Kyabugimbi Health Centre IV, Bushenyi District.

Many mothers decided to feed their babies artificially - either partially or completely before six months. EBF declined as the infant ages where the highest percentage was seen among those who exclusively breastfed for only one month (30%) and only (4%) of the mothers breastfed for six months. At least 100% of the mothers

breastfed exclusively for a certain period of time and none of the mothers exclusively breastfed for more than six months as seen in Figure 4 above.

(60%) and (44%) used complementary feeds respectively. Housewives practiced EBF (62%) more other groups of mothers.

Psychological Factors

Table 2: Psychological Factors affecting EBF among first time mothers in Kyabugimbi Health Centre IV, Bushenyi District.

	STRONGLY AGREE	AGREE	DISAGREE
1. I do not have enough milk.	39%	31%	30%
2. I have physical difficulties and problems about breastfeeding.	9%	18%	73%
3. The baby needs more than breast milk.	72%	18%	10%
4. It's embarrassing to breastfeed in public.	56%	35%	9%
5. Breastfeeding causes mothers to be socially tied down.	49%	31%	20%
6. Breastfeeding is an outdated (old) practice.	7%	19%	74%
7. Breastfeeding is inconvenient to me.	23%	29%	48%
8. Breastfeeding makes my breasts loose shape.	59%	29%	12%

DISCUSSION

Selected Socio Demographics

According to study findings by Cindy [27], women least likely to breastfeed are those who are young, have less education, are employed full time, are unsupported, have negative attitudes towards breastfeeding and have low confidence in their ability to breastfeed. Similar to these findings showed younger maternal age, and employment, particularly part timers as being associated with lesser exclusive breastfeeding practice.

Relationship between First Time Mothers' Age and EBF

Younger maternal age was associated with a short length of breastfeeding. This study agreed with a study done in New Zealand on factors associated with duration of breastfeeding which revealed that younger maternal age was associated with a short length of breastfeeding [28]. Young mothers appreciate the aesthetic aspects of having beautiful breasts. They believe that breastfeeding leads to less attractive breasts and so they choose not to breastfeed.

Relationship between First Time Mother's Employment Status and EBF

This study agreed with a number of studies including the UK national infant feeding survey found that 19 % of those who stopped breastfeeding by 4 months attributed this to the need to return to work. This was the most often cited reason (39 %) for cessation by those who breastfed but ceased between 4 and 6 months [29]. In a study done in India, 35% of the working mothers exclusively breastfed while 75% of the non- working mothers exclusively breastfed. Working mothers were able to continue breastfeeding although the EBF rates were low. Return to work was the main reason cited for the cessation of EBF [30]. This research concurs with findings of other researchers who found out that maternal employment was a factor as in Hong Kong women's decisions to wean early [31].

The following were drawn as the main conclusions from the study:

1. All the socio - demographic characteristics of the mothers (age, marital status, education level,

Psychosocial Factors Affecting EBF among First Time Mothers

Mothers approved of breastfeeding but believed that it was not enough by itself and that babies needed something else as well. Among the reasons given why mothers decided to give other drinks / foods besides breast milk was that the baby cried even when breastfed. According to the mothers, this suggested the baby was not satisfied and therefore needed something else. Another important factor for not practicing EBF was the perception of water as being indispensable for the infant's health. Participants of another study among African American Women perceived that giving infants water was essential and they believed that cereal and solid foods should be introduced much earlier [32]. However, in Nepal breast milk was considered to be pure and while the infant was drinking only breast milk, he or she, unlike adults was not yet polluted [33].

Findings of this study indicated that some mothers gave babies bottle feeds to make them fatter because they believed that it was healthier. The findings of this study are similar to those of Asian families. According to Morrow-Thican *et al.* [34]), for Asian families, formula feeding was seen as a way to ensure that babies grew to be physically larger and had harder bones. A survey done in Cameroon indicated that more than 38 % of the mothers supplemented breast milk in the first month of the infant's life.

The findings of a study among Hong Kong women showed that women tended to consider breastfeeding as socially limiting and thought that women should not be tied to the baby and family (Tarrant *et al.*, 2010). Similar to this study many women disagreed that breastfeeding tied them down socially; 52% strongly agreed, 23% agreed and 25% disagreed. This was not a major hindrance.

CONCLUSION

employment status and form of employment) had some influence on mother's practice of exclusive breastfeeding. There were relationships between socio -

demographic characteristics and EBF practice at significance level $P < \text{or} = 0.05$.

2. Among the factors that hindered EBF, mothers perception of babies needing more than milk had the highest percentage (72%), followed by fear of breasts losing shape (59%). The least factors were having difficulties in EBF and breastfeeding being old fashion all at (7%).
3. Maternal understanding of EBF and its recommended period in Bushenyi. The mean age of EBF was 1.8 months. The highest percentage (>50%) of infants was introduced to other drinks and foods by the age of 4 months while the least percentages were, 4% at 6 months. EBF up to 6 months was very low; only 4% of the infants were exclusively breastfed and seen in the age group 40-44 years who breastfed 100% to six months. Six months is an indicator that WHO recommendation on EBF up to 6 months is not being practiced.
4. From the findings of the data analysis, the two study Questions of extent of EBF and factors were answered.

Recommendations

1. All first time mothers, irrespective of their age, marital status, and education level and employment status should be encouraged to exclusively breastfeed their infants. Public forums should be used as a channel to promote EBF.

2. There is a great need for health education to explain to first time mothers the importance of breastfeeding the child on demand to sustain the quantity of breast milk production. This should be done in both antenatal and postnatal clinics in health facilities. Mothers need counseling if they doubt their milk is inadequate or if going back to work.
3. Staff in the ministry of Public Health concerned with child health should be more aggressive in implementing the existing policy on EBF especially in PG mothers. It should be made clear to the mothers the meaning of exclusive breastfeeding, its recommended period and its health benefits both for the mother and infant.
4. To reduce cases of malnutrition, early introduction of complementary foods to infants by mothers should be discouraged.

Recommendation for further research

1. Research beyond this descriptive study (qualitative research) is needed; for instance a research on the adequacy of breast milk in meeting the nutritional needs of infants to 6 months.
2. A similar study may be done in a different geographical and cultural setting incorporating factors like religion and income that were not captured in this research.

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