

Exclusive Breastfeeding in Manafwa District, Eastern Uganda - Opportunities and Challenges: A Mixed Methods Community Based Study

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Abstract

Background: The history and importance of breastfeeding is emphasized from anthropology of nutrition studies albeit with challenges. Furthermore exclusive breastfeeding (EBF) is a known economically effective intervention that can help reduce maternal and childhood morbidity and mortality. Moreover the global prevalence of EBF have remained low with Uganda averaging 42.6%. Subsequently in 2012, the World Health Assembly endorsed a Comprehensive maternal, infant and young child nutrition implementation plan with six specific global nutrition targets, one of which was to increase the rate of EBF in the first 6 months to at least 50% by 2025. This study aimed at tracking whether eastern Uganda had met the set target and what factors would be influencing EBF.

Methods: We carried out a mixed methods cross sectional study in Manafwa district, eastern Uganda. We employed both qualitative and quantitative data collection tools. We based on the concepts of habitus and dispositions to explore the EBF through in-depth interviews (IDI). Qualitative data was summarized into tables and analysed using STATA version 14 while qualitative data was analysed using NVIVO version 12.

Results: In total 387 mothers' data was analysed. The average age was 25.2 years. The prevalence of EBF was 63.31% and it was majorly influenced by education level ($P=0.02$, $AOR=2.4$, $95\%CI:1.39-4.13$), religion ($P=0.03$, $AOR=0.4$, $95\%CI:0.2-0.72$) and employment status ($P=0.002$, $AOR=0.52$, $95\%CI:1.79-15.18$).

During the IDI, several enablers of EBF such as need for spouse support and barriers such as lack of enough time, not feeding well and sexual play involving caressing the breasts emerged and misconceptions such as it being an abomination to breastfeed once gravid, insufficient breastmilk, breastmilk causing sores, and improper feeding.

Conclusions: EBF is above the target in Manafwa district and efforts to strengthen it should involve more community and male involvement and health communication to demystify the misconceptions.

Keywords: Exclusive breastfeeding • Male involvement • Manafwa • Uganda

Introduction

The history and importance of breastfeeding is emphasized from anthropology of nutrition studies albeit with challenges. Anthropological

studies have demonstrated the challenges of breastfeeding with some tribes tending to obscure the natural infant feeding method for several days after birth and others introducing prelacteal feeds for several days [1]. Although the value of breastfeeding to the baby are recognizable as far as before Christ times (BC) [1], it has been a subject of evolutionary trends with challenges experienced through introduction of wet nurses, feeding bottles and the manufacturing and overzealous marketing of infant formulas [2].

Nevertheless, World Health Organization (WHO) recognizes exclusive breast feeding (EBF) as a cornerstone of child survival, nutrition and development, and maternal health [3]. The benefits are not limited to geographical locations and populations and are recognizable in high, middle and low-income countries. These benefits are not limited to the child but extend to the mother and family. Global evidence shows robust and consistent importance of (EBF) for improving child health and development reducing infant mortality and morbidity [4-6] and maternal benefits include but are not limited to reduction of the odds for postpartum haemorrhage, type 2 diabetes mellitus, Ovarian and breast cancer [7] and maternal sensitivity [8]. No wonder WHO [9], world alliance for breastfeeding action (WABA) [10] and American college of Obstetricians and Gynaecologists (ACOG) have put EBF as policy recommendations [11].

Exclusive breastfeeding is defined as feeding a baby on breast milk only after birth either directly from the breast or expressed, no other liquids or solids, not even water, with the exception of oral rehydration solution (ORS), or drops/syrups of vitamins, minerals or medicines [12]. WHO recommends EBF for the first 6 months of life, followed by continued breastfeeding with appropriate complementary foods for up to 2 years or beyond [3,9,13].

Despite the EBF benefits, global prevalence is still very low and is currently estimated at less than 40%, below the United Nations Children's Emergency Funds (UNICEF) set target of 50% by 2025 [14]. A systematic review involving studies in East Africa reported that only 42% mothers preferred to practice EBF. In a meta-analysis of studies in the four regions 29 Sub-Saharan Africa (SSA) countries, EBF prevalence ranged from 23.70% in Central Africa to as high as 56.57% in Southern Africa [15]. Moreover, Uganda national prevalence of EBF was 42.6% in 2016 [16] and reported to be as low as 42.8% by Nabunya et al. [17] all below the set target of 50% by 2025 [14].

In 2012, the World Health Assembly Resolution 65.6 endorsed a Comprehensive implementation plan on maternal, infant and young child nutrition, and six specific global nutrition targets for 2025 were set, one of which was to increase the rate of exclusive breastfeeding in the first 6 months up to at least 50% [14].

Exclusive breastfeeding rate is largely affected by its early cessation and mixed feeding, cultural beliefs, poverty, employment and other socio-demographic characteristics [17-22].

This study aimed to assess the strides in Eastern Uganda as far as the 2025 target is concerned using Manafwa district as the study area.

Materials and Methods

Research design, study area and study population

This was descriptive cross-sectional study design with mixed methods both quantitative and qualitative methods.

This study was conducted in Manafwa district. Manafwa district is situated in the Mid-Eastern region of Uganda and has a population 353,825 (Uganda Bureau of Statistics, 2014). The district has 10 health facilities