

Factors Influencing Exclusive Breast Feeding Practices among Nurses in Mulago National Referral Hospital Kampala District

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Abstract: *The aim of this study was to determine the factors influencing exclusive breast feeding practices among the nurses in Mulago National Referral Hospital. A descriptive cross-sectional study design was adopted; using quantitative and qualitative data collection methods to obtain data from 138 nurses and 4 key informants using a semi structured questionnaires and FGD. The results showed that Marital status ($X^2 = 2.85$, OR, 1.06, p-value 0.009) and income ($X^2 = 0.56$, OR 1.74, p-value, 0.007). These were the socio-demographic factors that were significantly associated with exclusive breast feeding among nurses; Among the institutional factors were; maternity leave ($X^2 = 0.21$, OR, 1.52, p-value 0.001), availability of breast feeding rooms ($X^2 = 1.09$, OR, 1.95, p-value 0.02), work schedule ($X^2 = 0.59$, OR, 2.76, p-value 0.006) and salary ($X^2 = 0.45$, OR, 2.54, p-value 0.003) and among the medical factors that were significant were; Breast problem ($X^2 = 0.80$, OR, 1.50, p-value 0.004) and mode of delivery $X^2 = 1.95$, OR, 1.10, p-value 0.001). The study recommends enactment of policies that enhance exclusive breast feeding at the workplace.*

Keywords: Exclusive breast feeding, Nurses, socio demographics, Institutional factors, medical factors

1. Introduction

Breastfeeding is an important public health strategy for improving child and maternal morbidity and mortality, and helping to control health care costs (USPHS, 2011). Exclusive breastfeeding reduces the risk of death by 20% and illnesses such as sudden infant death syndrome, otitis media and respiratory tract infections by 50%, 40% and 72% respectively (Chudasama *et al.*, 2009; Iddrisu, 2013; Dufficy, 2013).

Exclusive breastfeeding (EBF) is the fundamental component of the child-survival strategy (AAP, 2015), reducing infant mortality by about 13% in developing countries (WHO, 2000; Jones *et al.*, 2003). Exclusive Breastfeeding provides all the energy and nutrients that the infant needs for healthy growth, brain development, improved cognitive performance (UNICEF, 2015). Lowering the risk of mortality and morbidity of both mother and child (Ingunn *et al.*, 2006; Coutoudis *et al.*, 1999). To maximize the benefits of Exclusive Breastfeeding, World Health Organization (WHO) and United Nations Children's Fund (UNICEF) recommends exclusive breastfeeding by all mothers for the first six months of the infant's life (UNICEF, 2015; WHO, 2014).

Nurses are the biggest promoters of exclusive breastfeeding, it is therefore postulated that they are aware of these facts in order to practice what is ideal for their children since they are 2.3 times more likely promote a practice which they support and believe in according to (Feldman *et al.*, 2008; Sadoh *et al.*, 2011).

The rates of exclusive breast feeding among the professional women nurses remain well below the healthy people 2020 goals (CDC, 2010). Only 35.9%, 11%, 5%, of nurses are

exclusively breastfeed in Malaysia Nigeria and Ethiopia respectively (Dachew, & Biftu, 2014; Sadoh *et al.*, 2011; Sinniah *et al.*, 1990). In Uganda, only 9% of the nurses at Mulago National Referral Hospital exclusively breastfeed (Okello, 2015).

Globally, 35% of infants are exclusively breastfed (Saka, 2012), with only 39% in developing countries (Labook *et al.*, 2006). Only 35% and 47% in Africa and Sub Saharan Africa (SSA) respectively (Cai, Wardlaw & Brown, 2012). In Kenya, by the age 3 months, 90% of infants were reported to be already receiving supplemental feedings which was associated with malnutrition (Shrimpton *et al.*, 2001).

2. Statement of the Problem

In an effort to promote exclusive breast feeding among nurses in Mulago National Referral Hospital, the hospital management adopted the World Health Organization's recommendations regarding infant feeding options. Exclusive breastfeeding training and counseling; policies and initiatives such as Baby-friendly Hospital initiatives were also adopted with the view that nurses practice exclusive breast feeding for a period of six months (Mulago Hospital Annual Report, 2014).

However, most of the nurses in Mulago National Referral Hospital do not utilize such services and exclusive breast feeding is low at 9.0 % (Okello, 2015; Mulago National Referral Hospital Annual Report, 2014). Little documentation has been done about factors influencing exclusive breast feeding practices among nurses in Mulago National Referral Hospital. This practice if not attended to is a pre recipe for infants increased susceptibility to infections; stunted growth/retardation, increased morbidity and mortality. On the other hand the breast feeding nurses are

prone to breast engorgement, cracked nipples, mastitis and psychological stress.

General Objective

The general objective of study was to determine the factors influencing exclusive breast feeding practices among the nurses in Mulago National Referral Hospital.

Specific Objectives of the Study were

- 1) To assess the socio-demographic factors influencing exclusive breastfeeding practice among nurses in Mulago National Referral Hospital.
- 2) To assess the institutional factors influencing exclusive breastfeeding among nurses in Mulago National Referral Hospital.
- 3) To assess medical related factors influencing exclusive breastfeeding among nurses in Mulago National Referral Hospital.

3. Methodology

3.1 Study Design

A descriptive cross-sectional study was used using quantitative data collection methods through the use of semi structured questionnaires and interview guide to obtain qualitative in-depth information. The design was chosen because it does not need follow up; it is less costly and quicker in conducting data collection. The design also helped to obtain adequate data in a short period of time.

3.2 Sampling Procedures

A sampling frame was developed for the eligible nurses and a simple random sampling was done. The question ere were self administered and key informants were purposively selected.

4. Results

Table 4.1: Background Information of Respondents

Variable	Variable Categories	Frequency	Percent
Age of mothers	<25 years	3	2.5
	25-30 years	29	24.6
	31-36 years	37	31.4
	>36 years	49	41.5
	Total	118	100.0
Age of the baby	3 Months	36	30.5
	>3 Months	82	69.5
	Total	118	100.0
Sex of child	Female	64	54.2
	Male	54	45.8
	Total	118	100.0
Marital status	Married	99	83.9
	Single	14	11.9
	Separated/Divorced	5	4.2
	Total	118	100.0
Parity	One	24	20.3
	>One	94	79.7
	Total	118	100.0
Income	<500,000	35	29.7

	>500,000	83	70.3
	Total	118	100.0
Possession of myths and beliefs	Yes	30	25.4
	No	88	74.6
	Total	118	100.0
Myths and briefs	First breast milk is not good for baby	3	2.5
	Given to baby for 6 months	9	7.6
	Exclusive breast feeding is nutritious	7	5.9
	Flabby breasts development	1	.8
	Boosts baby brain development	3	2.5
	Baby does not get satisfied	3	2.5
	Regulates baby's body temperature	1	.8
	Expectant women do not breast feed	3	2.5
	Total	30	25.4
	Attendance of exclusive breast feeding training	Yes	52
No		66	55.9
Total		118	100.0
Time spent in training	< One week	25	21.2
	>One week	27	22.9
	Total	52	44.1

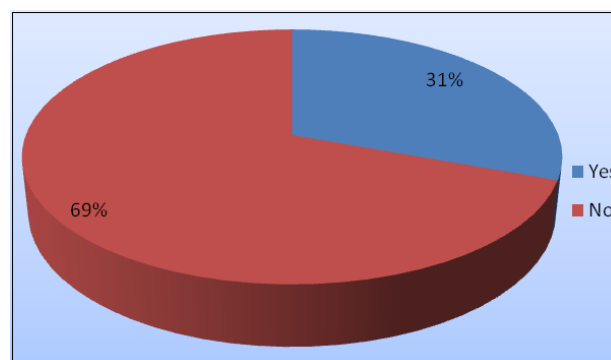
Source: Primary Data (2015)

Results from table 4.1, show that most of the mothers (nurses) (41.5%) were aged above 36 years, (69.5%) of babies were aged above 3 months and (54.2%) were females. Regarding marital status, majority of the nurses (83.9%) were married, (79.7%) had more than one delivery. Results also showed that majority on the nurses (70.3%) earned above 500, 000 as income and (25.4%) had myths and beliefs regarding exclusive breast feeding such as; first breast milk being not good for baby and flabby breasts development among others.

When the nurses were asked whether they had been trained in exclusive breast feeding, (44.1%) indicated that they had been trained and (22.9%) had spent above one week in training.

4.1 Exclusive Breast Feeding among Nurses

The dependent variable of this study being exclusive breast feeding, nurses were asked whether they were exclusively breast feeding their babies. Results are presented by figure below



Source: Primary Data (2015)

Figure 4.1: Exclusive Breast Feeding among Nurses

Results showed that only (31.0%) of nurses were practicing exclusive breast feeding.

The respondents (nurses) had several reasons for not exclusively breast feeding their babies, (33.1%) attributed this to tight working schedule at their workplace, (12.7%) indicated that they were leaving their babies at home, and (10.2%) had few leave/maternity days among other reasons.

4.2 Socio-Demographic Factors Influencing Exclusive Breastfeeding among Nurses.

Table 4.2: Bivariate Analysis for Socio-Demographic Factors

Socio Demographic	Indicator	Exclusive Breast Feeding		OR	X ²	p-value
		Yes (%)	No (%)			
Age of mother	<25 years	1 (33.3)	2(66.7)	1.01	0.65	0.92
	25-30 years	11 (37.9)	18(62.9)	0.32		
	31-36 years	8 (21.6)	29 (78.4)	0.45		
	>36 years	17 (34.7)	32 (65.3)	0.32		
Sex of child	Female	18 (28.1)	46 (71.9)	0.06	1.08	
	Male	19 (35.2)	35 (64.8)	0.22		
Marital status	Married	35 (35.4)	64 (64.6)	1.06	2.85	*0.009
	Single	2 (14.3)	12 (85.7)	0.83		
	Separated/ Divorced	0 (0.0)	5 (100.0)			
Parity	One	7 (29.2)	17 (70.8)	0.52	0.21	0.45
	>One	30 (31.9)	64 (68.1)	0.93		
Income	Shs. < 500,000	17 (48.6)	63 (75.9)	1.74	0.56	*0.007
	Shs. >500,000	20 (24.1)	18 (51.4)	0.48		
Myths and beliefs	Yes	11 (36.7)	19 (63.3)	0.42	0.34	0.09
	No	26 (29.5)	62 (70.5)	0.14		

Source: Primary Data (2015)

*Statistically significant p-value < 0.05

Results in table 4.2 show that at bivariate analysis, marital status (X² = 2.85, OR, 1.06, p-value 0.009) and income (X² = 0.56, OR1.74, p-value, 0.007) were socio-demographic factors associated with exclusive breast feeding among nurses. Qualitative information from the focus group discussions and interviews with key informants indicated that several socio-demographic factors influence nurses' exclusive breast feeding.

4.3 Institutional Factors Influencing Exclusive Breastfeeding among

Table 4.3: Bivariate Analysis for Institutional Factors

Variables Institutional Factors	Response	Exclusive Breast Feeding		OR	X ²	p-value
		Yes (%)	No (%)			
Maternal leave	Yes	5 (22.7)	17 (77.3)	1.52	0.21	*0.001
	No	32 (34.4)	61 (65.6)	0.83		
Availability of breastfeeding rooms	Yes	2 (25.0)	6 (75.0)	1.95	1.09	*0.02
	No	35 (36.5)	61 (63.5)	0.07		
Work schedule	Yes	11 (73.3)	4 (26.7)	1.96	0.39	*0.006
	No	26 (25.2)	77 (74.8)	2.76		
Salary	Yes	7 (41.2)	10 (58.8)	1.28	0.45	*0.003
	No	30 (29.7)	71 (70.3)	2.54		

Source: Primary Data (2015)

*Statistically significant p-value < 0.05

Results from table 4.3 show that at bivariate analysis, institutional factors associated with exclusive breast feeding were; maternity leave (X² = 0.21, OR, 1.52, p-value 0.001), availability of breast feeding rooms (X² = 1.09, OR, 1.95, p-value 0.02), work schedule (X² = 0.59, OR, 2.76, p-value 0.006) and salary (X² = 0.45, OR, 2.54, p-value 0.003).

Information obtained from the focus group discussions regarding institutional factors, it was revealed that most of the nurses were not happy with Mulago National Referral Hospital's work related policies for scheduling of work, provision of breast feeding rooms and absence of breast feeding policy for nurses. Most of the participants agreed that they attained maternity leave as stipulated but it was not adequate to facilitate exclusive breast feeding.

5. Discussion

This findings of this study clearly show the role of the socio demographic factors in influencing exclusive breast feeding as was also found out by Kamanga (2003); Tewodros *et al.*, (2005); Dachew and Bifttu (2014); Eren *et al.*, (2000). As far as institutional factors are concerned the length of the maternity leave was a key factor in influencing exclusive breast feeding.

This is in agreement with the WHO (2011) report where it was reported that sustainability of duration for exclusive breastfeeding up to 6 months is a problem among nurses. This was attributed to the fact that nurses are granted few maternal days (60 days) yet exclusive breast feeding must be practiced for 6 months. Therefore, such a time period was not adequate and when nurses got back to the workplaces, they had no facilities to enable them continue with exclusive breast feeding. In addition, findings of this study are in agreement with Dachew and Bifttu, (2014); Khassawneh *et al.*, (2006) and Sadoh *et al.*, (2011). The study also identified the significant role medical factors play in the exclusive breast feeding (Saka, 2012).

6. Conclusions

Therefore, marital status and income influenced exclusive breast feeding among nurses, maternity leave, availability of breast feeding rooms, work schedule and salary were institutional factors influencing exclusive breast feeding and medical factors were breast problems and mode of delivery.

7. Recommendations

Policy makers in the Ministry of Health-Uganda (Reproductive Health Department) with partners should develop a policy targeting nurses and other working professionals to enhance exclusive breast feeding at the workplace. This will make working condition/environment conducive for 6 month's breast feeding of infants in Uganda.

Husbands should encourage their spouses (nurses) to practice exclusive breast feeding at home and even at the workplace. This can be done by provision of financial, moral and psychological support to breast feeding working nurses up to a period of six months and beyond.

Mulago National Referral Hospital- (Top Management) should set up financial packages; establish breast feeding rooms and day care centers for working breast feeding nurses. This will promote exclusive breast feeding at this facility.

More exclusive breast feeding training should be planned for and implemented for nurses and other working staff in Mulago National Referral Hospital (Human Resource Department). This should involve their spouses as a way of promoting exclusive breast feeding at home and the workplace.

The Human Resource manager should work with the Assistant Commissioner Nursing to come up with a policy which can exempt breast feeding nurses from tight work schedule/shifts after the expiry of maternity leave. This can be better implemented by employing more nurses.

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