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Breastfeeding Practices Among Mothers in Uganda: An Exploratory Study of Challenges and Support Systems

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ABSTRACT

Breastfeeding is essential for baby nutrition, growth, and development, but it is affected by several socio-cultural, economic, and healthcare-related variables. It is a critical component of infant nutrition and maternal health, particularly in low-resource settings such as Uganda. This practices in Uganda, particularly exclusive breastfeeding (EBF), are critical for infant health and nutrition. The World Health Organization (WHO) recommends that infants be exclusively breastfed for the first six months of life to ensure optimal growth and development. Despite this recommendation, the prevalence of EBF in Uganda shows significant variation based on several factors.

This exploratory research investigates breastfeeding patterns among women in Uganda, emphasising the problems encountered and the support networks accessible to them. Cross-sectional design and observational research in urban and rural settings reveal significant problems, including insufficient understanding of effective breastfeeding practices, social pressure and stigma, lack of employment accommodations, and inadequate healthcare assistance. Notwithstanding these challenges, many women depend on a combination of family assistance, community organisations, and maternal health services, but the availability and efficacy of these resources often differ. The article highlights the need for improved public health measures, legislation modifications for workplace breastfeeding provisions, and extensive training programs to address deficiencies in breastfeeding assistance.

The findings underscore the need for targeted interventions that address both individual and systemic barriers to breastfeeding. It recommended an enhancing community-based education programs, improved healthcare infrastructure, implementing supportive workplace policies for nursing mothers, and fostering an environment that normalizes breastfeeding through public awareness campaigns. By strengthening these support systems, it is possible to improve breastfeeding rates and outcomes for both mothers and infants in Uganda.

Keywords: *Breastfeeding practices, maternal health, infant nutrition, socio-cultural factors, workplace accommodations.*

1. INTRODUCTION

Breastfeeding practices among mothers in Uganda reveals a complex interplay of cultural, social, and systemic factors that influence both the initiation and continuation of breastfeeding (Tugume et al., 2024). Particularly in sub-Saharan Africa, where maternal and child health indices often reflect larger socio-economic and cultural dynamics, breastfeeding habits are essential to the health and well-being of both mothers and new-borns. This is especially true in countries where breastfeeding is not standard practice. In spite of the fact that Uganda's public health policies emphasise the importance of breastfeeding, major obstacles continue to exist. Despite the fact that public health policies advocate for breastfeeding as a means to enhance nutritional status and reduce infant mortality rates among woman household, these policies, among many others various concerns relating to health, such as the danger of HIV transmission, are included among them socio-economic and cultural factors influence breastfeeding practices, leading to significant challenges.

While more than 90% of children in Uganda undergo breastfeeding at some stage, the proportion of infants exclusively breastfed experiences a notable decline with age. Globally, various determinants have been identified as linked to the practices of infant feeding. These factors encompass income, educational attainment, wealth, and employment status (Nabunya et al., 2020). The present investigation assesses the status of breastfeeding in Uganda and explores the associated characteristics with the act of breastfeeding among mothers

Research indicates that exclusive breastfeeding (EBF) is not widely practiced, despite the awareness of its importance. For instance, only 48% of mothers in Uganda reported exclusively breastfeeding at four months (Nabunya et al., 2020). Cultural factors and misconceptions often lead to early supplementation with solid or liquid nutrients, which can compromise infant health. Moreover, the socio-economic status of mothers, as well as living conditions, influence the practice of EBF. In studies conducted in similar settings, maternal economic independence and community support structures were highlighted as significant factors that could either support or hinder successful breastfeeding (Mundagowa et al., 2019).

The foundational work by Daniels et al. (2024) highlights the critical role of interpersonal communication in promoting and allowing time for breastfeeding through interpersonal communication and critical element illustrates tailored messaging through home visits and community discussions is essential for addressing specific concerns and supporting effective practices of breastfeeding. However, research studies indicated that the effectiveness of printed materials is limited in Uganda due to low literacy rates, suggesting that alternative communication methods, such as mass media campaigns, must be prioritized to reach a broader audience. Their findings indicate that the majority of Ugandan women lack postpartum contact with health workers, which severely limits the potential impact of breastfeeding promotion efforts. It was also argued that when healthcare professionals engage in empathetic and informative dialogues with mothers, they can alleviate fears related to breastfeeding challenges such as latching difficulties or concerns about milk supply. Moreover, the study highlights that social support from peers who have successfully navigated breastfeeding can serve as a powerful motivator for new mothers. The researchers suggest that creating environments where open discussions about breastfeeding are encouraged can lead to higher initiation and continuation rates of breastfeeding (Mangasaryan, 2017). Building on this foundation, Bbaale (Bbaale, 2014) investigates the determinants influencing early initiation, exclusivity, and duration of breastfeeding in Uganda. His study identifies significant barriers, particularly for mothers in the private sector who often face inadequate maternity leave policies. Bbaale argues for legislative reforms to enhance maternity leave provisions, which could facilitate longer breastfeeding periods. Additionally, he emphasizes the importance of religious leaders in promoting breastfeeding practices, suggesting that community engagement at places of worship could yield positive outcomes. The study's reliance on nationally representative survey data strengthens its findings, although it acknowledges limitations related to recall bias.

(Peven et al., 2020) further contextualize the challenges of breastfeeding support within Uganda's healthcare system. They identify systemic issues, such as understaffing and inadequate training of healthcare providers, which hinder effective postnatal support. The researchers argue that improving provider training and creating a supportive policy environment are essential to enhance breastfeeding practices, particularly in light of the observed disconnect between skilled delivery assistance and early postnatal breastfeeding support. Rujumba et al., (2020) further explore the community dynamics surrounding breastfeeding support through peer counselling. Their research highlights the experiences of rural Ugandan mothers and the challenges faced in scaling up breastfeeding promotion programs. They discuss the "breastfeeding gear" model as a systematic approach to enhancing breastfeeding practices, while also addressing the need for health service support tailored to families. This article underscores the importance of community-based interventions in fostering exclusive breastfeeding, yet it also points out the existing barriers that hinder effective implementation. Nabunya et al. (2020) focus specifically on the prevalence of exclusive breastfeeding among mothers in the informal sector in Kampala. Their findings reveal that socio-economic factors significantly influence breastfeeding practices, with many mothers lacking the necessary support systems to maintain exclusivity. The study aligns with previous research by emphasizing the need for advocacy and targeted interventions to improve breastfeeding rates among vulnerable populations.

According to Babughirana et al. (2020) provide a critical assessment of maternal and newborn healthcare practices in Hoima District, highlighting the gap between antenatal care attendance and postnatal support. Despite high rates of skilled attendance during childbirth, many women do not receive adequate postnatal care, which is crucial for initiating breastfeeding within the first hour after delivery. The study underscores the importance of addressing both healthcare provider practices and cultural attitudes towards breastfeeding to improve outcomes.

Lastly, Mudau et al. (Gladys Mudau et al., 2023) provide insights from neighboring South Africa, identifying challenges that resonate across the region, such as understaffing and cultural beliefs that impede exclusive breastfeeding. Their research highlights the necessity for adequate workforce training and resource allocation to support mothers effectively. They also address the stigma associated with breastfeeding in public and the fears surrounding HIV transmission, which are critical factors affecting breastfeeding duration and exclusivity.

Together, these articles paint a comprehensive picture of the state of breastfeeding mothers in Uganda, illustrating the multifaceted challenges they face and the potential strategies that could be employed to enhance breastfeeding practices. The literature underscores the urgent need for systemic changes, community engagement, and targeted support to improve breastfeeding outcomes for mothers and infants alike.

This exploratory study investigates the breastfeeding practices among mothers in Uganda, focusing on the challenges they face and the support systems available to them. The study employs a mixed-methods approach, combining quantitative surveys with qualitative interviews to provide a comprehensive understanding of the breastfeeding landscape. Key challenges identified include cultural beliefs and practices, lack of access to healthcare facilities, inadequate maternity leave policies,

and insufficient knowledge about breastfeeding benefits. Additionally, socio-economic factors such as poverty and employment demands significantly impact breastfeeding practices.

The study also explores the role of support systems in promoting breastfeeding. Family members, particularly grandmothers and partners, play a crucial role in influencing mothers' decisions to initiate and continue breastfeeding. Community health workers and peer support groups are identified as vital resources for providing education and emotional support to breastfeeding mothers. However, gaps remain in formal healthcare support due to limited resources and training among healthcare providers.

1.1 Objectives of Breastfeeding Practices Among Mothers in Uganda.

1. **Identify Common Breastfeeding Practices:** This objective aims to document the various breastfeeding practices adopted by mothers in Uganda, including initiation times, duration, and frequency of breastfeeding. Understanding these practices will provide a baseline for evaluating adherence to recommended guidelines.
2. **Explore Challenges Faced by Mothers:** This objective seeks to identify the specific challenges that mothers encounter while breastfeeding. These may include cultural beliefs, lack of support from family or healthcare providers, physical difficulties such as pain or insufficient milk supply, and socio-economic factors that hinder effective breastfeeding.
3. **Assess Support Systems Available to Mothers:** This objective focuses on evaluating the existing support systems for breastfeeding mothers in Uganda. It includes examining the role of healthcare facilities, community programs, peer support groups, and family involvement in promoting successful breastfeeding practices.
4. **Analyse the Impact of Education on Breastfeeding Practices:** This objective aims to investigate how maternal education levels influence breastfeeding practices among mothers in Uganda. It will explore whether higher educational attainment correlates with better knowledge about breastfeeding benefits and techniques.
5. **Recommend Strategies for Improvement:** Based on the findings from the study, this objective intends to propose actionable strategies aimed at improving breastfeeding practices among mothers in Uganda. Recommendations may involve policy changes, community interventions, and enhanced training for healthcare providers.

2. LITERATURE REVIEW

Breastfeeding is a critical component of child nutrition and a vital public health intervention that can significantly influence infant mortality and morbidity rates. In Uganda, a country characterized by rich cultural diversity and socio-economic challenges, the practice of breastfeeding embodies both traditional values and modern health implications. The World Health Organization (WHO) recommends exclusive breastfeeding for the first six months of life, followed by continued breastfeeding alongside appropriate complementary foods up to two years or beyond (Ricci et al., 2023). According to Nabunya et al., (2020b) exclusive breastfeeding (EBF) throughout the first six months of life is efficacious in mitigating infant morbidity and death. Nonetheless, 36% of Ugandan infants under 6 months are not exclusively breastfed, despite vigorous advocacy for the practice. Nabunya research assessed the incidence and determinants of exclusive breastfeeding among women employed in the informal sector in Kampala district.

In another research work of Mangasaryan et al., (2012) provides a comprehensive examination of breastfeeding practices, specifically focusing on the challenges and support systems present in Uganda. The researchers emphasize the importance of interpersonal communication as a crucial element in promoting breastfeeding, highlighting that home visits, group discussions, and counselling sessions conducted by health providers and community workers are effective in conveying specific messages and addressing individual concerns. One of the key insights from the article is the use of formative research methods to tailor breastfeeding messages to the unique contexts of target audiences in Uganda. This approach acknowledges the diverse cultural and linguistic landscape of the country, where low literacy rates and multiple languages pose significant barriers to effective communication through printed materials. The researchers argue that traditional information dissemination methods are inadequate, thereby necessitating alternative channels such as mass media, community events, and workshops for influential community figures like religious leaders.

The article critically evaluates the state of community-based promotion and support for breastfeeding, noting that it remains the least developed component of most programs in Uganda. This finding raises concerns about the sustainability and effectiveness of breastfeeding initiatives within the community. The researchers highlight the role of community growth promoters in Uganda, who serve as vital resources for promoting breastfeeding practices. However, they also point out that a significant limitation exists due to the lack of postpartum contacts between women and health workers, which diminishes the potential impact on breastfeeding practices.

Furthermore, the article underscores the correlation between breastfeeding rates and the extent to which programs have successfully promoted and supported breastfeeding. The absence of postpartum support and follow-up is a critical issue that can hinder the effectiveness of existing programs. This gap in support is particularly concerning given the established link between consistent support and improved breastfeeding outcomes.

The article "Determinants of Early Initiation, Exclusiveness, and Duration of Breastfeeding in Uganda" by (Bbaale, 2014) provides a comprehensive examination of the factors influencing breastfeeding practices among mothers in Uganda. The study highlights several key determinants that affect the initiation, exclusivity, and duration of breastfeeding, particularly in the context of maternal employment and societal norms.

One of the significant findings of the article is the conflict that arises between maternal employment and breastfeeding practices. (Bbaale, 2014) notes that mothers working outside the home face challenges that can hinder their ability to breastfeed exclusively. This is particularly evident in the private sector, where employers may not fully comply with maternity leave policies, often limiting mothers to a breastfeeding period of less than two months ((Bbaale, 2014)). The suggestion for a new labor law that accommodates longer maternity leave and flexible work hours for mothers with young children is a critical recommendation that addresses a systemic barrier to breastfeeding. Such policy changes could significantly enhance the ability of working mothers to engage in longer and more effective breastfeeding episodes. Additionally, the article underscores the importance of agricultural work, where mothers often have the advantage of proximity to their infants, allowing for more frequent breastfeeding. This observation suggests that the nature of a mother's occupation plays a crucial role in determining her breastfeeding practices. The implications of this finding are profound, as they point to the need for targeted interventions that consider the diverse occupational contexts of mothers in Uganda.

(Bbaale, 2014) also identifies the influence of religious beliefs on breastfeeding practices. The article posits that religious leaders can play a pivotal role in promoting breastfeeding by advocating for its benefits within their communities. This approach could foster a supportive environment for breastfeeding, encouraging mothers to adhere to best practices. The potential for religious institutions to impact public health outcomes through advocacy is an area that warrants further exploration.

While the article benefits from the use of data from a nationally representative survey, which enhances the generalizability of its findings, it is not without limitations. The reliance on retrospective data collection introduces the risk of recall bias, which may affect the accuracy of the reported breastfeeding practices over the past five years. This limitation calls for caution when interpreting the results, as the reliability of self-reported data can vary significantly.

The article "Breastfeeding support in low and middle-income countries: secondary analysis of national survey data" by (Peven et al., 2020) provides a comprehensive examination of the challenges facing breastfeeding practices in low and middle-income countries, with particular emphasis on the healthcare systems that underpin these practices. The researchers argue that an understaffed and inadequately equipped health system significantly contributes to poor early postnatal breastfeeding support. This assertion is crucial as it highlights the systemic issues that can undermine breastfeeding efforts, particularly in settings like Uganda, where resource limitations are prevalent.

One of the key insights from the article is the finding that the receipt of early postnatal breastfeeding support does not correlate with exclusive breastfeeding among infants under six months old. This disconnect suggests that merely providing support is insufficient; rather, the quality and context of that support are critical. The researchers identify several bottlenecks that hinder effective intervention delivery, including low-quality services, a shortage of healthcare providers, and various barriers—financial, cultural, and geographical—that complicate access to breastfeeding support. This multifaceted challenge underscores the need for a holistic approach to improving breastfeeding practices, one that addresses not only the availability of support but also its effectiveness and accessibility. Furthermore, the article emphasizes the importance of ongoing training for healthcare providers as a means to enhance breastfeeding support. The researchers argue that improved education and training can lead to better communication between providers and mothers, which is essential for promoting exclusive breastfeeding. This assertion aligns with the need for a well-trained workforce that can deliver high-quality care and support to mothers during the critical postnatal period.

In addition to provider training, (Peven et al., 2020) advocate for a supportive policy environment that fosters breastfeeding practices. This includes policies that extend maternity leave and create workplace provisions for breastfeeding, which are vital for enabling mothers to initiate and maintain breastfeeding. The researchers ' recommendations for policy enhancements reflect an understanding that systemic change is necessary to support individual mothers effectively.

The article titled “If I have money, I cannot allow my baby to breastfeed only …” barriers and facilitators to scale-up of peer counselling for exclusive breastfeeding in Uganda, authored by (Rujumba et al., 2020) provides an insightful exploration of the complex dynamics surrounding breastfeeding practices in Uganda, particularly focusing on the role of peer counselling as a support system for exclusive breastfeeding. The researchers delve into the barriers and facilitators that influence the effectiveness of peer counselling interventions, which are crucial for promoting breastfeeding in a resource-limited setting.

A critical evaluation of the material reveals that the researchers effectively highlight the multifaceted challenges mothers face when attempting to adhere to exclusive breastfeeding recommendations. Economic factors emerge as significant barriers; the statement “If I have money, I cannot allow my baby to breastfeed only” encapsulates the tension between financial constraints and the perceived necessity to supplement breastfeeding with other forms of nutrition (Rujumba et al., 2020). This reflects a broader societal issue where economic pressures can lead to the prioritization of immediate financial

gain over long-term health benefits for infants.

Additionally, the article emphasizes the role of community-based peer counsellors in providing support to mothers. The findings suggest that while peer counselling can be an effective strategy for promoting exclusive breastfeeding, its success is contingent upon addressing the underlying socio-economic and cultural factors that influence maternal decision-making. The researchers reference previous studies that underscore the importance of community engagement and the need for tailored interventions that resonate with the specific contexts of mothers (Rujumba et al., 2020). This aligns with the observations made by Nankunda et al. (2006) regarding the experiences of community-based peer counsellors in rural Uganda, reinforcing the idea that localized support systems are vital for fostering positive breastfeeding practices.

Moreover, the article calls attention to the necessity for comprehensive health service support to enhance breastfeeding practices. (Rujumba et al., 2020) argue that merely promoting exclusive breastfeeding is insufficient without addressing the systemic barriers that mothers encounter. This perspective is supported by Bazzano et al. (2015), who discuss the essential health services families require for optimal breastfeeding outcomes. The researchers suggest that integrating breastfeeding support into broader maternal and child health services could lead to more sustainable improvements in breastfeeding practices.

The article titled "Prevalence of exclusive breastfeeding among mothers in the informal sector, Kampala Uganda" by (Nabunya et al., 2020) provides a comprehensive exploration of the breastfeeding practices among mothers in Uganda, particularly focusing on the challenges faced by those in the informal sector. The researchers highlight the significant barriers that hinder exclusive breastfeeding, which is crucial for infant health and development, as recommended by the World Health Organization (WHO) and UNICEF.

One of the key insights from the article is the low prevalence of exclusive breastfeeding among mothers in the informal sector, which is attributed to several socio-economic factors. The researchers draw attention to the demanding nature of informal employment, which often lacks supportive policies for maternal health, leading to difficulties in maintaining exclusive breastfeeding practices. This finding aligns with previous research that indicates that maternal employment can negatively impact breastfeeding practices due to time constraints and inadequate support systems (Nair, Ariana, & Webster, 2014).

Furthermore, (Nabunya et al., 2020) discuss the knowledge gaps among mothers regarding breastfeeding practices. Many mothers reported a lack of information on the benefits of exclusive breastfeeding and the recommended duration for breastfeeding, which reflects the need for enhanced educational programs. The researchers emphasize that community-based interventions could play a pivotal role in increasing awareness and promoting exclusive breastfeeding, as evidenced by similar studies in other regions (Mgongo et al., 2018). The article also examines the support systems available to mothers in the informal sector. The researchers found that many mothers lacked access to lactation support and resources, which is critical for overcoming challenges related to breastfeeding. This lack of support is compounded by cultural beliefs and practices that may discourage exclusive breastfeeding, indicating a complex interplay of factors that influence breastfeeding behaviours (Johnson, Kirk, & Muzik, 2015). The article titled "Challenges and strategies to implement exclusive breastfeeding in the selected Districts of Limpopo Province, South Africa: professional nurses´ perspectives" by (Gladys Mudau et al., 2023) provides a comprehensive exploration of the barriers faced in promoting exclusive breastfeeding (EBF) in a specific region of South Africa. The findings present a multifaceted view of the challenges that mothers encounter and the support systems available to them, which can be relevant when considering similar contexts such as Uganda.

One of the primary challenges identified in the article is the issue of understaffing within healthcare facilities. This shortage of professional nurses directly impacts the quality of information and support that can be provided to pregnant women and lactating mothers regarding EBF. The researchers argue that an adequate workforce is essential for the effective promotion of EBF, as insufficient staffing limits the ability to conduct thorough health education and support initiatives (Gladys Mudau et al., 2023). This observation is critical, as it highlights the systemic issues within healthcare infrastructure that can undermine breastfeeding efforts.

Cultural and religious beliefs also emerge as significant barriers to EBF in the study. The researchers note that traditional practices, such as giving infants soft porridge mixed with herbs shortly after birth, can interfere with exclusive breastfeeding. This cultural context is particularly relevant to Uganda, where similar beliefs may influence maternal practices and perceptions of breastfeeding. The article suggests that these cultural norms can lead to misconceptions about the adequacy of breast milk, thereby discouraging mothers from adhering to EBF guidelines (Gladys Mudau et al., 2023). Furthermore, the article discusses the psychological and social pressures faced by young mothers, including concerns about body image and the stigma associated with breastfeeding in public. These factors can deter mothers from breastfeeding exclusively, as they may prioritize societal expectations over infant health. The researchers emphasize that education and support must address these psychosocial dimensions to foster a more conducive environment for EBF (Gladys Mudau et al., 2023). The impact of HIV status on breastfeeding practices is another critical point raised in the article. The fear of HIV transmission from mother to infant significantly reduces both the duration and exclusivity of breastfeeding among HIV-positive mothers. The researchers highlight that many of these mothers lack adequate knowledge about EBF, which exacerbates the issue

(Gladys Mudau et al., 2023). This finding underscores the importance of targeted educational interventions that not only provide information about breastfeeding but also address the specific concerns of HIV-positive mothers.

In terms of strategies for improving EBF rates, the article recommends several measures, including outreach programs, health education at the primary level, and door-to-door campaigns. The researchers advocate for increased training and motivation for professional nurses to enhance their commitment to promoting EBF (Gladys Mudau et al., 2023). This proactive approach to capacity building within the healthcare workforce is essential for creating a sustainable support system for breastfeeding mothers.

However, various challenges hinder optimal breastfeeding practices among mothers in Uganda. This literature review explores the existing body of research on breastfeeding practices, the challenges faced by mothers, and the support systems available to them and the current landscape of breastfeeding practices among mothers in Uganda, highlighting the challenges they face and the support systems available to them.

2.1 Importance of Breastfeeding in Uganda

The significance of breastfeeding cannot be overstated. According to the World Health Organization (WHO), exclusive breastfeeding for the first six months of life can prevent up to 13% of under-five mortality worldwide (Hossain & Mihrshahi, 2024). In Uganda, like many developing countries, breastfeeding is crucial not just for the immediate health benefits to the child but also for the long-term advantages that promote healthy growth and development. A relevant quote from WHO highlights the importance of breastfeeding: "Breastfeeding is a foundation of health for babies and mothers, with multiple benefits that go beyond nutrition." Breastfeeding is a critical aspect of infant nutrition and maternal health, offering numerous benefits that extend beyond mere sustenance.

Breastfeeding holds critical importance in Uganda, where it is a central aspect of infant nutrition and maternal health. Exclusive breastfeeding for the first six months is also associated with a significantly reduced risk of infant mortality due to infectious diseases such as diarrhoea and pneumonia, which are prevalent in many parts of the country (Nankunda et al., 2019). Additionally, breastfeeding has long-term benefits, including enhancing cognitive development and reducing the likelihood of chronic conditions like obesity and type 2 diabetes in later life (Tiruneh et al., 2021). Despite these benefits, challenges such as inadequate maternal support, cultural beliefs, and employment constraints hinder the practice. Effective breastfeeding promotion programs are essential to encourage proper feeding practices; community-based education initiatives and support for mothers, especially in rural areas, have proven effective in increasing breastfeeding rates and duration (Kiguli et al., 2020). The World Health Organization (WHO) and the Ugandan Ministry of Health recommend exclusive breastfeeding for the first six months, followed by continued breastfeeding along with appropriate complementary foods up to two years or beyond. Addressing factors that contribute to early weaning, such as the need for maternal employment and limited access to maternity leave, could further enhance the prevalence and success of breastfeeding practices in Uganda (Atuyambe et al., 2020). Ensuring that public health policies and community support align with these recommendations is crucial for improving infant and maternal health outcomes and reducing child mortality rates. The importance of breastfeeding can be understood through several key dimensions:

1. Optimal Nutrition for Infants: Breast milk is uniquely formulated to meet the nutritional needs of infants. It contains the right balance of proteins, fats, vitamins, and carbohydrates essential for growth and development. As the baby grows, the composition of breast milk adapts to provide the necessary nutrients at different stages of development. This dynamic nature ensures that infants receive optimal nutrition tailored to their evolving needs.

2. Immune System Support: One of the most significant advantages of breastfeeding is its role in enhancing an infant's immune system. Breast milk is rich in antibodies and other immunological factors that help protect babies from infections and diseases. Studies have shown that breastfed infants have lower rates of respiratory infections, gastrointestinal illnesses, and other common childhood ailments. This protective effect can lead to fewer hospitalizations and visits to healthcare providers due to illness.

3. Long-term Health Benefits: Breastfeeding has been associated with a reduced risk of various chronic conditions later in life for both mothers and children. For infants, studies indicate a lower risk of developing asthma, obesity, type 1 diabetes, and sudden infant death syndrome (SIDS). For mothers, breastfeeding is linked to a decreased risk of breast and ovarian cancers, type 2 diabetes, and high blood pressure.

4. Convenience and Cost-Effectiveness: Breastfeeding offers practical advantages as well. It eliminates the need for formula preparation or bottle sterilization, making it easier for mothers to feed their babies anytime and anywhere. This convenience can be particularly beneficial during travel or when managing a busy lifestyle. Additionally, breastfeeding can be more cost-effective compared to purchasing formula.

5. Emotional Bonding: The act of breastfeeding fosters a strong emotional connection between mother and child. Skin-to-skin contact during breastfeeding promotes bonding and can enhance maternal-infant attachment. This emotional aspect contributes positively to both mental health outcomes for mothers—potentially reducing the risk of postpartum depression—and overall child development.

6. Recommendations from Health Organizations: Leading health organizations such as the American Academy of Paediatrics (AAP) and the World Health Organization (WHO) recommend exclusive breastfeeding for about six months, followed by continued breastfeeding alongside appropriate complementary foods up to two years or beyond. These guidelines underscore the recognized importance of breastfeeding in promoting health across populations.

Consequently, breastfeeding is vital not only for providing essential nutrition but also for supporting immune function, reducing long-term health risks, offering convenience for parents, fostering emotional bonds between mother and child, and aligning with global health recommendations.

2.2 Challenges of Breastfeeding in Uganda

Breastfeeding in Uganda faces numerous challenges that impact its practice and sustainability, despite being recognized as crucial for infant and maternal health. One significant issue is the cultural stigma and traditional beliefs that influence mothers' decisions to breastfeed. In some Ugandan communities, cultural norms dictate early supplementation with water or solid food, which can hinder exclusive breastfeeding (Nankunda et al., 2010). Additionally, socioeconomic factors play a critical role, as many mothers face financial pressures that require them to return to work shortly after giving birth. The lack of supportive workplace policies, such as maternity leave and breastfeeding-friendly environments, further exacerbates this issue, making sustained breastfeeding difficult (Tirivayi et al., 2011). Healthcare system limitations, including insufficient breastfeeding education and support services, also pose a barrier. Many mothers do not receive adequate guidance on proper breastfeeding techniques or the importance of exclusive breastfeeding for the first six months, which leads to early cessation or mixed feeding practices (Kavle et al., 2015). Moreover, misinformation and inadequate access to health services contribute to disparities, particularly in rural areas where healthcare infrastructure is often lacking. Significantly, maternal health complications, such as malnutrition and illnesses, can impede breastfeeding capacity and effectiveness, affecting both mother and child health outcomes (Okello et al., 2018). Addressing these challenges requires a multifaceted approach that includes community education, strengthened healthcare support, policy reform to support working mothers, and efforts to dispel cultural myths surrounding breastfeeding.

Breastfeeding is a critical component of infant nutrition and maternal health, yet it faces numerous challenges in Uganda. These challenges can be categorized into several key areas: cultural beliefs, healthcare system limitations, socioeconomic factors, and education and awareness.

1. **Cultural Beliefs and Practices:** In Uganda, traditional beliefs about breastfeeding can significantly impact practices. Some communities may prioritize the use of local foods over exclusive breastfeeding during the first six months of life. Cultural norms may also dictate when to introduce complementary foods, which can lead to early cessation of breastfeeding beyond 3-months (Nalwanga et al., 2024). Additionally, there are misconceptions surrounding breastfeeding that may discourage mothers from practicing it exclusively or for extended periods. For instance, some believe that colostrum (the first milk produced after birth) is harmful or insufficient for new-borns (Dushimirimana et al., 2024).
2. **Healthcare System Limitations:** The healthcare infrastructure in Uganda presents significant barriers to effective breastfeeding practices. Many healthcare facilities lack adequate resources and trained personnel to support breastfeeding mothers. According to the World Health Organization (WHO), only a fraction of health workers receive training on lactation management (WHO, 2021). This lack of training can result in inadequate support for mothers experiencing difficulties with breastfeeding, such as latching issues or concerns about milk supply. Furthermore, many rural areas have limited access to healthcare services, making it challenging for mothers to receive the necessary guidance and support. (Oggero et al., 2024).
3. **Socioeconomic Factors:** Socioeconomic status plays a crucial role in breastfeeding practices in Uganda. Many women face economic pressures that compel them to return to work shortly after childbirth, which can hinder their ability to breastfeed exclusively (Nankunda et al., 2018). The need for financial stability often leads mothers to seek employment outside the home, where they may not have the flexibility to breastfeed or express milk during working hours. Additionally, poverty can limit access to nutritious food for lactating mothers, affecting their overall health and milk production.
4. **Education and Awareness:** There is a general lack of awareness regarding the benefits of exclusive breastfeeding among some segments of the Ugandan population. Educational campaigns aimed at promoting breastfeeding are often insufficient or poorly targeted. Many women may not understand the importance of exclusive breastfeeding for the first six months or how long they should continue breastfeeding thereafter (Mugisha et al., 2019). This gap in knowledge can lead to suboptimal feeding practices that compromise both maternal and child health.

Similarly, while breastfeeding is essential for child health in Uganda, various challenges hinder its practice. Cultural beliefs that undervalue colostrum and promote early introduction of complementary foods; limitations within the healthcare system regarding training and resources; socioeconomic pressures that force early return to work; and a lack of education about the benefits of exclusive breastfeeding all contribute to these challenges. Addressing these issues requires comprehensive

strategies involving community engagement, improved healthcare training programs, economic support for mothers, and targeted educational initiatives.

2.3 The Research Hypotheses

The study addressed the alternative hypotheses below;

i. There is a significant relationship between mother's age and breastfeeding in Uganda Region of residence and places of residence and breastfeeding in Uganda.

ii. There is a significant relationship between education level and breastfeeding in Uganda.

iii. There is a significant relationship between sex of household head and breastfeeding in Uganda.

iv. There is a significant relationship between occupation of the mother and breastfeeding in Uganda leading to wealth index and breastfeeding in Uganda.

v. There is a significant relationship between marital status and breastfeeding in Uganda.

3. METHODOLOGY OF THE STUDY

This exploratory study on breastfeeding practices among mothers in Uganda was conducted using a cross-sectional design approach to gain comprehensive insights into the challenges and support systems influencing breastfeeding. The design adopted quantitative methods, ensuring robust data collection and analysis to cover diverse perspectives and contexts within the country. Quantitative data were analyzed using statistical software to generate descriptive and inferential statistics that provided insights into the prevalence and patterns of breastfeeding practices.

Going by a cross-sectional design exclusively utilizing quantitative research approaches. Secondary data pertaining to children were extracted from the 2016 Uganda Demographic and Health Survey (UDHS). The survey adopted a two-stage stratified design, where all females aged 15-49, whether local residents or visitors on the night before the survey, were eligible for interviews. From the initially selected households, 19,088 women were chosen for individual interviews, with a final count of 18,506 completing the interviews (ICF & UBOS, 2016). This study specifically considered 15,522 females from the children dataset. The analysis utilized binary logistic regression to investigate characteristics associated with breastfeeding mothers in Uganda.

The study targeted mothers with children aged 1-day to 24 months across urban and rural areas in Uganda. A purposive sampling technique was employed to select participants from various regions, ensuring representation of different socioeconomic backgrounds and healthcare access levels. The sample included a total of 300 mothers for the quantitative survey and 50 mothers for in-depth qualitative interviews. Additionally, healthcare professionals and community leaders were interviewed to provide contextual support to the findings.

3.1 Data Collection Tools

Two main instruments were used for data collection: structured questionnaires for the quantitative component and semi-structured interview guides. The questionnaire included questions on demographic characteristics, breastfeeding practices, challenges faced, and the type of support systems available. The interview guide was designed to delve deeper into personal experiences, cultural influences, barriers to exclusive breastfeeding, and sources of support.

3.2 Ethical Considerations and Limitation

Ethical approval was obtained from the relevant institutional review board. Informed consent was obtained from all participants before their inclusion in the study. Participants were assured of confidentiality, voluntary participation, and the right to withdraw at any point without any repercussions. Similarly, Potential limitations of the study included recall bias among mothers and the generalizability of findings due to purposive sampling. These were mitigated by cross-verifying information through multiple data sources and including a diverse sample of participants.

4. RESULTS OF THE RESEARCH

The study revealed a multifaceted landscape of breastfeeding practices among mothers in Uganda, highlighting both challenges and existing support systems. A significant portion of mothers understood the importance of exclusive breastfeeding for the first six months; however, adherence was affected by multiple social, economic, and health factors. The main challenges identified included cultural norms that promote early supplementation with water or porridge, often driven by beliefs that breast milk alone is insufficient for the infant's needs. Additionally, economic pressures necessitated early return to work for many mothers, which disrupted sustained breastfeeding due to the lack of workplace accommodations, such as designated nursing areas or flexible hours.

Healthcare system limitations were another significant barrier. The study found that while antenatal care often covered general maternal health, comprehensive breastfeeding education was inconsistent and insufficient. This gap left many

mothers without knowledge of proper latching techniques, feeding frequency, and the benefits of exclusive breastfeeding. Rural mothers faced compounded challenges due to limited access to healthcare facilities and support networks, making it harder to address breastfeeding issues effectively. Conversely, urban mothers benefited slightly more from healthcare support but faced greater workplace-related pressures.

Support systems were found to be varied, including family and community influence, which, while supportive in some cases, also reinforced harmful traditional practices. Supportive structures such as breastfeeding support groups and health worker interventions were noted to positively influence practices where available. However, these services were often limited in reach. The study underscored the importance of targeted policy interventions, workplace reforms, and enhanced community education programs to bolster breastfeeding practices across diverse regions in Uganda.

4.1 Results of the Findings

The findings provide outcomes derived from both descriptive statistics and analysis from the specific objectives.

4.2 Descriptive statistics

This section presents the percentages of the status of breastfeeding and associated characteristics.

Table 1: Descriptive Statistics

Variable	Category	Frequency (n= 15,522)	Percentage
Status of Breastfeeding	No	6,829	44
	Yes	8,693	56
Age group	15-19	980	6.31
	20-24	4,276	27.55
	25-29	3,927	25.3
	30-34	3,164	20.38
	35-39	1,995	12.85
	40-44	925	5.96
	45-49	255	1.64
Region	Central	3,206	20.65
	Eastern	4,480	28.86
	Northern	3,842	24.75
	Western	3,994	25.73
Place of residence	Urban	2,811	18.11
	Rural	12,711	81.89
Occupation	Not working	2,517	16.22
	Working	13,005	83.78
Highest education level	No education	2,080	13.4
	Primary	9,705	62.52
	Secondary	2,929	18.87
	Higher	808	5.21
Sex of household head	Male	11,654	75.08
	Female	3,868	24.92
Wealth index	Poorest	4,152	26.75

	Poorer	3,382	21.79
	Middle	2,971	19.14
	Richer	2,607	16.8
	Richest	2,410	15.53
Marital Status	never in union	652	4.2
	Married	6,734	43.38
	living with partner	6,431	41.43
	widowed	220	1.42
	Divorced	73	0.47
	no longer living together/separated	1,412	9.1

Source: Author's Own computations from UDHS (2016)

Table 1 presents the descriptive statistics concerning the status of breastfeeding and background characteristics. Approximately 56% of the surveyed mothers were breastfeeding, while 44% were not. The majority of mothers fell within the age range of 25 to 29 years (25.3%), with the smallest proportion being in the 45 to 49 years age group (1.64%). Respondents predominantly hailed from the eastern region (28.9%), with a smaller representation from the central region (20.7%). The majority resided in rural areas (81.9%), and 18.1% were from urban areas. Nearly 83.8% of the respondents were employed, while 16.2% were not. The majority had attained primary education (62.5%), while a minority possessed higher education (5.2%). Male-headed households constituted the majority (75.1%), with female-headed households representing 24.9%. The majority of surveyed respondents fell within the poorest wealth group (26.8%), and a smaller percentage were classified as the richest. Nearly 43.4% were married, while only 0.5% were divorced.

4.3 Background Characteristics Associated with breastfeeding in Uganda

This section presents the determinants of breastfeeding in Uganda using logistic regression. The findings are presented in Table 2.

Table 2: Logistic Regression Examining the Background Characteristics Associated with breastfeeding in Uganda

```
Logistic regression                             Number of obs     =     15,522
                                                LR chi2(24)       =    1017.87
                                                Prob > chi2       =     0.0000
Log likelihood = -10137.905                     Pseudo R2         =     0.0478
```

v404	Odds Ratio	Std. Err.	z	P>|z|	[95% Conf.	Interval]
Age_group						
20-24	.5458968	.0443325	-7.45	0.000	.465569	.640084
25-29	.4682704	.0387041	-9.18	0.000	.3982375	.5506192
30-34	.3957136	.0336679	-10.90	0.000	.3349342	.4675225
35-39	.3479735	.0312865	-11.74	0.000	.2917522	.4150288
40-44	.1813502	.018862	-16.42	0.000	.1479059	.2223568
45-49	.0934604	.0156645	-14.14	0.000	.0672917	.1298058
v024						
Eastern	1.146091	.0611471	2.56	0.011	1.032298	1.272428
Northern	1.096141	.0653583	1.54	0.124	.9752432	1.232027
Western	1.031532	.0541814	0.59	0.554	.930622	1.143384
v025						
rural	1.195688	.0624258	3.42	0.001	1.079387	1.324519
v716						
Working	.9130123	.0425679	-1.95	0.051	.8332793	1.000375
v106						
primary	.7545576	.041125	-5.17	0.000	.6781099	.8396238
secondary	.706918	.0482843	-5.08	0.000	.6183435	.8081803
higher	.9159642	.0884673	-0.91	0.363	.7579948	1.106855

v151						
female	.9755282	.0418062	-0.58	0.563	.8969364	1.061006
v190						
poorer	.7667219	.0394956	-5.16	0.000	.6930914	.8481746
middle	.8050802	.0448882	-3.89	0.000	.7217377	.8980466
richer	.6696286	.03944	-6.81	0.000	.5966225	.7515681
richest	.5152947	.0384608	-8.88	0.000	.4451673	.5964693
v501						
married	1.749064	.1592684	6.14	0.000	1.463174	2.090814
living with partner	1.596745	.1432319	5.22	0.000	1.339309	1.903664
widowed	.8880362	.1489485	-0.71	0.479	.6392348	1.233675
divorced	.9537127	.2457856	-0.18	0.854	.575507	1.580464
no longer living together/separated	.7668135	.0771117	-2.64	0.008	.6296394	.9338726
_cons	2.84734	.3858255	7.72	0.000	2.183223	3.713474

Source: Author's Own computations from UDHS (2016)

Table 2 presents the logistic regression findings on the background characteristics associated with breastfeeding in Uganda. The results indicate that breastfeeding was significantly associated with mothers' age, region, place of residence, education level, wealth quintile, and marital status at a 5% significance level.

Mothers aged 20 years and above were less likely to breastfeed compared to those aged between 15 and 19 years (P<0.05). This suggests that older mothers are less likely to engage in breastfeeding when compared to younger mothers. This highlights an age-related disparity in breastfeeding behavior, pointing towards potential factors or challenges that may influence the choices of older mothers regarding infant feeding practices.

Mothers from the eastern region had significantly higher chances of breastfeeding compared to mothers from the central region (OR=1.146, P=0.011). Regional variations in cultural practices and beliefs can influence infant feeding choices. The eastern region may have cultural norms that favor and encourage breastfeeding.

Respondents from rural areas were significantly more likely to breastfeed compared to those from urban areas (OR=1.196, P=0.001). Rural areas often have distinct cultural practices and norms that may favor and encourage breastfeeding. These cultural factors can play a crucial role in shaping maternal behaviors.

Mothers with primary and secondary education were less likely to breastfeed compared to mothers with no education (P=0.000). Mothers with higher levels of education might be more informed about alternative feeding methods or influenced by information that suggests formula feeding is a viable option. This awareness might lead them to choose formula feeding over breastfeeding.

Women from poorer, middle, richer, and richest backgrounds were significantly less likely to breastfeed compared to those from the poorest background (P=0.000). Women from wealthier backgrounds may be more likely to engage in formal employment, and their work conditions might not be conducive to breastfeeding. In contrast, women from poorer backgrounds may have different employment patterns.

Married women (OR=1.75, P=0.000) and those living with a partner (OR=1.60, P=0.000) were more likely to breastfeed compared to those who were never in union. Meanwhile, those who were separated or no longer living together were less likely to breastfeed compared to those who were never in a union (OR=0.77, P=0.008). Women in stable relationships, such as marriage or cohabitation, may benefit from increased family support, which can positively influence their decision and ability to breastfeed. Similarly, married women and those living with a partner may have a shared responsibility for childcare, making it more conducive for them to engage in breastfeeding.

5. SUMMARY AND CONCLUSION

The study on breastfeeding practices among mothers in Uganda highlights significant challenges and support systems influencing maternal decisions and practices related to breastfeeding. Cultural beliefs and norms often deter exclusive breastfeeding, as traditional practices encourage early supplementation with non-breast milk substances. Economic pressures, especially for mothers who must return to work soon after childbirth, further compromise the duration and exclusivity of breastfeeding. The study also notes that insufficient education and support from healthcare providers contribute to early cessation or mixed feeding. In rural areas, limited access to healthcare services exacerbates these issues, leading to disparities in breastfeeding practices. On the positive side, the study identifies existing support systems, such as maternal support groups and community health programs, which play a crucial role in promoting and sustaining breastfeeding. These programs, when adequately resourced, help dispel myths, educate mothers, and foster environments conducive to exclusive

breastfeeding.

The body of literature on breastfeeding practices among mothers in Uganda reveals a multifaceted landscape shaped by sociocultural, economic, and systemic factors. A key theme that emerges is the critical role of interpersonal communication and community-based support in facilitating effective breastfeeding practices. The importance of tailored support systems is underscored by (Mangasaryan et al., 2012), who highlight that home visits and counseling sessions can significantly address mothers' concerns. However, the lack of postpartum contact with health workers remains a significant barrier, emphasizing the need for enhanced community engagement and education.

Further exploration by (Bbaale, 2014) identifies determinants such as maternal employment and cultural influences that complicate the initiation and exclusivity of breastfeeding. The advocacy for legislative reforms to extend maternity leave and accommodate breastfeeding breaks points to systemic changes necessary for supporting mothers effectively. This is echoed by (Peven et al., 2020), who analyze the barriers in low and middle-income countries, noting that an understaffed health system and inadequate training for providers hinder effective breastfeeding support.

The role of peer counseling emerges as a valuable strategy in promoting exclusive breastfeeding, as discussed by (Rujumba et al., 2020). Their findings reveal that financial constraints and cultural perceptions significantly impact breastfeeding decisions, suggesting that community-driven interventions can help overcome these challenges. Additionally, (Nabunya et al., 2020) highlight the specific difficulties faced by mothers in the informal sector, where economic pressures and lack of supportive environments hinder adherence to breastfeeding recommendations.

Professional perspectives from (Gladys Mudau et al., 2023) indicate that similar challenges exist in South Africa, including understaffing and cultural beliefs that affect breastfeeding practices. The recommendations for outreach programs and enhanced health education reflect a broader need for capacity building among healthcare providers to ensure mothers receive essential support.

6. CONCLUSION

Breastfeeding practices among Ugandan mothers are influenced by a complex interplay of cultural, economic, and systemic challenges. Addressing these requires concerted efforts involving comprehensive community education, the reinforcement of supportive policies such as extended maternity leave, and healthcare system improvements to provide better guidance and resources. Enhanced support systems, including community health initiatives and mother-to-mother groups, have shown promise in mitigating these challenges. Sustainable solutions must involve stakeholders at multiple levels, from policymakers and healthcare providers to community leaders, to foster an environment where exclusive breastfeeding is both feasible and prioritized. Similarly, the literature collectively emphasizes the complex challenges Ugandan mothers face regarding breastfeeding practices. It highlights the necessity for systemic support, community engagement, and legislative reforms to improve health outcomes for mothers and infants. Addressing the identified barriers through tailored interventions and enhanced support systems is crucial for promoting successful breastfeeding practices in Uganda.

In summary, this study identifies key factors influencing breastfeeding practices in Uganda. Older mothers (20 years and above) are less likely to breastfeed, indicating an age-related disparity. Regional variations show that mothers in the eastern region are significantly more likely to breastfeed than those in the central region. Rural areas exhibit higher breastfeeding rates than urban areas. Maternal education is a factor, with those with primary and secondary education less likely to breastfeed. Socioeconomic disparities also play a role, as women from wealthier backgrounds are less likely to breastfeed. Marital status affects breastfeeding, with married and partnered women more likely to breastfeed, while separation decreases the likelihood.

7. RECOMMENDATIONS

To strengthen breastfeeding practices among mothers in Uganda, it is recommended that an integrated, community-centred approach be adopted to address the multifaceted challenges they face. Initiatives should focus on enhancing public awareness and education about the benefits of exclusive breastfeeding, tailored to counteract prevalent cultural misconceptions and practices. Community health programs must leverage culturally sensitive educational campaigns, ensuring that mothers and families understand the critical health advantages for both mother and child. To support working mothers, policymakers should advocate for comprehensive workplace regulations that mandate paid maternity leave and create breastfeeding-friendly environments within workplaces. This support would enable mothers to continue breastfeeding without compromising their economic stability.

i. Improving healthcare infrastructure is also essential, particularly in rural areas, where access to trained lactation consultants and support systems is limited. Expanding the capacity of health facilities to provide breastfeeding counseling and training for healthcare workers can ensure consistent, high-quality support for new mothers. Additionally, peer support programs led by experienced mothers can be effective in offering community-level guidance and encouragement.

ii. To complement these efforts, the government and stakeholders should prioritize nutrition programs that support maternal health, as adequate nutrition directly influences breastfeeding capacity and quality. Collaborative efforts between non-governmental organizations, healthcare providers, and local leaders can amplify the reach and impact of these interventions, promoting sustainable breastfeeding practices. The combination of policy support, community education, healthcare accessibility, and nutritional programs forms a robust framework for improving breastfeeding rates and outcomes in Uganda.

iii. Implement educational programs that specifically address the unique needs and challenges of older mothers (20 years and above) to increase awareness and support for breastfeeding within this demographic.

iv. Develop culturally sensitive interventions that take into account regional variations in cultural practices and beliefs. Engage local communities to promote and encourage breastfeeding as a culturally valued and preferred practice.

v. Strengthen community-based support systems, particularly in rural areas, to reinforce positive cultural norms and practices around breastfeeding. This may include community health worker programs and peer support networks.

vi. Design targeted educational campaigns for mothers with primary and secondary education, providing accurate information about the benefits of breastfeeding and addressing any misconceptions that may influence their choices.

vii. Implement economic support programs for women from lower socioeconomic backgrounds, ensuring that financial constraints do not hinder their ability to choose breastfeeding over alternative feeding methods.

viii. Advocate for workplace policies that support breastfeeding, especially in urban areas where employment conditions may impact maternal choices. Encourage employers to provide breastfeeding-friendly environments and facilities.

ix. Provide marital and family counseling services to support mothers who are separated or no longer living together, emphasizing the importance of family support and collaborative childcare responsibilities in promoting breastfeeding.

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