



**KIBOGORA POLYTECHNIC**



**FACULTY OF HEALTH SCIENCES**

**DEPARTMENT OF GENERAL NURSING**

**ASSESSMENT OF AWARENESS, ATTITUDE, AND PRACTICE ABOUT  
EXCLUSIVE BREASTFEEDING AMONG MOTHERS ATTENDING KIBOGORA  
HEALTH CENTER**

**Case study: KIBOGORA HEALTH CENTER**

**Period: from 26<sup>th</sup> December 2021 to 30 February 2022**

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requirement for the award of Bachelor's Degree in General nursing.**

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**Kibogora, March 2022**

## **DECLARATION**

### **Declaration by the candidate**

We are, HABIMANA Euphram and DUSABIMANA Anitha, we declare that this research is our own work; it is being submitted for the degree of Bachelor in General Nursing Science at KIBOGORA POLYTECHNIC, and it has not been submitted before for any other award in Higher Learning Institutions. All materials cited in this paper which are not own have been duly acknowledged.

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I declare that this work has submitted for examination with my approval as KP supervisor

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## ABSTRACT OF THE STUDY

### Introduction

**Breastfeeding** is the process by which human breast milk is fed to a child. Breast milk may be from the breast, or may be expressed by hand or pumped and fed to the infant. The World Health Organization recommends that breastfeeding begin within the first hour of a baby's life and continue as often and as much as the baby wants. Objectives: This study intends to assess the awareness, attitude and practice of mothers attending Kibogora HC about exclusive breastfeeding, Metodology Research design, the present is a prospective research about the assessment of awareness, attitudes, and practice of breastfeeding among mothers attending KIBOGORA health center. Methods of data collection A long the time of carrying out this research, different methods have been used: Documentary method, Interview method, Analytical method. Materials for Data Analysis and Processing: Personal computer with software like Microsoft word for text treatment, Microsoft excel and SPSS App for data analysis.

The research design and approach that was used to achieve our objectives. It also includes the study area, study population, study sample, sampling strategy, data collection method and procedure were used, data analysis and ethical considerations. Conclusion and recommendation Conclusion the current research show that the mothers attending Kibogora health center had knowledge about exclusive breastfeeding and the research demonstrate that mothers heard about exclusive breastfeeding, and they knew the importance of exclusive breastfeeding, the importance of giving breast milk only before 6 months. To the attitude the mothers attending Kibogora health center, research demonstrates that they know the importance of given baby's colostrums immediately, and that breastfeeding increase the bond between mother and baby and milk is the ideal food of the baby. They agree to breast feed baby within one hour and they know that the breast milk only is the first nutrient given for the infant.

Recommendation, health care provider must improve the use of bottles feeding because the current research demonstrate that they had not understand the use of bottles feeding if necessary and.-Health care provider must put effort to educate mothers about complementary feeding.

Hospital should mobilize the nurses to give education to the mother about EBF before giving them service Community should use regularly the instructions from health care in good ways.

## **DEDICATION**

we dedicate this work:

To almighty GOD

To our beloved families

To our all close friends

To our all classmates

To our supervisor

## CERTIFICATION

This research proposal “**Assessment of awareness, attitude, and practice about exclusive breastfeeding among mothers attending KIBOGORA HEALTH CENTER**” is a record of work done by HABIMANA Euphraim and DUSABIMANA Anitha and has been done with my approval as supervisor

Supervisor signature.....

Date ..... / ..... / .....

Faculty of nursing science

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**To all we say, God bless you**

## **LIST OF ACRONYMS AND ABREVEATION**

**%:** Percent

**<:** Less than

**>:** Greater than

**=:** Equal

**CDC:** centers for disease control and prevention

**DHS:** demographic health survey

**EBF:** exclusive breastfeeding

**HC:** health center

**SIDS :**sudden infant death syndrome

**UNICEF:** united nations international children's emergency fund

**WHO:** world health organization

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## **CHAPTER 1: GENERAL INTRODUCTION**

### **INTRODUCTION**

This chapter is all about the background of the study, statement of the problem, purpose of the study, research objectives, research questions, significance of the study, limitations of the study and the scope of the study as well.

#### **1.1. BACK GROUND**

Historically, breastfeeding has generally considered by health professional as the ideal feeding practice for infants (the office on woman's Health ,2012). It is the first communication pathway between the mother and her infant. studies mate before 2012 confirm that breastfeeding has advantages for babies and mothers, including providing the needed nutrition for the babies, boosting the baby's immune system, helping mothers to lose weight after pregnancy, and stimulating the uterus to return to its previous position before pregnancy) (the office on woman's Health ,2015). In addition, Infants can absorb and digest breastfeeding milk more easily than baby formula (the office on Health ,2015).

Breast milk is the ideal food for human enfant. beyond the nutrition value, breastfeeding reduces infection susceptibility and neonatal mortality through active protection against infections (Renfrew et al,2012). In addition, breastfeeding establishes a unique bond between mother and infant, which support maternal role attainment (Ball at al, 2010) Meyer ,2015).

According to Labbok, Smith & Taylor ,2015 breastfeeding is an importance public health strategy for improving infant and child morbidity and mortality, improving maternal morbidity, and helping to control health care costs. Breastfeeding is associated with a reduced risk of otitis media, gastroenteritis, respiratory illness, sudden infant death syndrome, necrotizing enterocolitis, obesity, and hypertension. (Labbok, Smith & Taylor ,2015)

World Health Organization(WHO) recommends breastfeeding as a main source of food for babies for the first six months, and encourages mother to consider breastfeeding as the only feeding source. (WHO,2013). the same source says that between six months and two years old, it is recommended that mothers could use other supplemental sources (such as water, other liquids, or solid baby food) to feed their babies along with breastfeeding (WHO,2013).

In the last decade, a breastfeeding rate in the United States of America has risen from 35 percent in 2000 to 49 percent in 2010 (Centers of Disease Control, 2013). The Healthy People objectives for 2020, has set target to increase the percentage of infants who are breastfed by 2020 to be 81.9% for children who ever breastfeed, 60.6% for children who breastfed for 6 months, 34.1% for children who breastfed for 12 months, 46.2% for children exclusively breastfed for 3 months, and 25.5% for children exclusively breastfed for 6 months (United States Breastfeeding Committee, 2015).

Another effort encouraging breastfeeding practice is “baby friendly” hospitals. More hospitals in Minnesota are achieving national “Baby friendly” designation, which means that their maternity staff are trained to support new mother when they indicate a willingness to try breastfeeding (Sanford Health, 2014).

Therefore, researchers expected that the breastfeeding rate would increase within Minnesota state with more “Baby Friendly” hospital but the Centers of Disease Control results show the opposite (Centers of Disease Control 2010). The breastfeeding rate in Minnesota have declined from 81.9% in 2010 to 78% in 2012 for children who are ever breastfed and from 49% in 2010 to 35% in 2012 for children who exclusively breastfeed at 3 months, and from 20.4% in 2010 to 16.1% in 2012 for children who are exclusively breastfed at 6 months (Centers of Disease Control 2012). The following figures present these percentages for Minnesota and other state for 2010 and 2012.

In Africa, sixteen studies were included in the review. This review indicates that almost 96.2% of mothers had ever heard about EBF, 84.4% were aware of EBF, and 49.2% knew that the duration of EBF was the first six months only. (Jean Prince Claude Dukuzumuremyi, 2020) In addition, 42.1% of mothers disagreed and 24.0% strongly disagreed that giving breast milk for a newborn immediately and within an hour is important, and 47.9% disagreed that discarding the colostrum is important. However, 42.0% of mothers preferred to feed their babies for the first six months’ breast milk alone. In contrast, 55.9% of them had practiced exclusive breastfeeding for at least six months. (Jean Prince Claude Dukuzumuremyi, 2020)

Globally in Africa 40% of babies are not on exclusive breastfeeding, results in over 800,000 deaths each year. Kenya has seen a remarkable growth in exclusive breastfeeding for children

under six months old, in 2016 only 13% of months were breastfeeding exclusively, this year, according to the National Demographic Health survey ,61 of mothers of children aged less than six months were breastfeeding exclusively (Jean Prince Claude Dukuzumuremyi, 2020).

As UNICEF recent state of the World's children report shows breastfeeding rate across the region vary with breastfeeding Burundi breastfeeding rate 69%

Tanzania with 50% , Kenya in 2015 had an exclusive breastfeeding rate of 32% where the breastfeeding at two years was 53.6%, Uganda in 2015 had an exclusive breastfeeding rate of 63.2% where the breastfeeding at two years was 48%, In Rwanda exclusive breastfeeding refers to the percentage of children less than six months old who are fed breast milk alone no other liquid, from recent data of exclusive breastfeeding in RWANDA had 2000 rate is 84%, in 2004 rate is 88.4% ,2010 rate is 84%, in 2013 rate is 85%, in 2016 rate is 87% according to word bank collection of development indicators ,compiled from officially recognized sources. (Department of health services:2005).

Despite the fact that complementary feeding practices should begin at 6 months, only 69% of infants begin at 6 months (Department of health services 2005) for of 31 % of the infants, complementary feeding does not begin until 9 months of age (Department of health services:2005). the quality of child feeding varies depending on the family income and nutrition practices (Department of health services:2005).

According to Kigali farms 2013, despite considerable effort in recent years, malnutrition remains A significant public health problem in Rwanda, contribution to about 50% of infants and children morbidity and mortality, and mostly as a consequence of poor feeding and repeated infections.

According to Rwanda demographic health sarvay .2012, chronic malnutrition stunting affect 45% of children under 5 years of age, constraining good health and delaying normal growth, but UNICEF reported that 800000 Children's lives could be saved every year among children under 5, if all children 0-23 months were optimally breastfed.

## **1.2. STATEMENT OF THE PROBLEM**

Child's nutrition in general, breastfeeding in particular ,is an undeniable public health goal and one of the major strategies which help improve infants' survival, for at least half of the alm

consequence of malnutrition . (Nascimento M B R, 2010) Many of these deaths occur in the first year of life and are associated with lack of appropriate feeding practice ,such as early and exclusive breastfeeding –which has been reported the safest and most natural form of feeding in infancy (Al-Sahab B L. A., 2020).

This is the reason why, WHO and UNICEF, searching for strategies to improve infant’s life, have formulated global recommendations for optimal infant feeding: exclusive breastfeeding for 6 months (180 days) and breastfeeding up to 2 years of age or beyond. (WHO/UNICEF, 2003)

Unfortunately, although EBF during the first 6 months is optimal for achieving the range of benefits associated with it for infant’s health (center for disease control, 2010), less than 35% of infants younger than 6 months old are exclusive breastfeed worldwide (Nascimento , Reis MAM, Franco SC, Hugo I, Ferraro AA, and Grisi S J F E., 2011)

In developed countries, around 2005, less than 25% were exclusively breastfeed up to 6 months from their birth [5] .in Norway, Sweden and the United State of America, for example, the rate of EBF range from 7% to 13.8% only (Al-Sahab , Lanes , Feldman and Tamim., 2010)

. As an illustration, two separate studies showed that the prevalence of EBF to 6 months in brazil and Bangladesh were respectively 4%and 16% . (singh.B, 2011)

The EBF prevalence in Rwanda is not encouraging either. According to the 2009 comprehensive food Security and Assessment and Nutrition Survey, EBF rate for the first 6 months after birth was 38% (ramarj, 2017)

The prevalence of EBF during the 1<sup>st</sup> six months of the infants’ life in the world, and particularly in Rwanda, considering one wonders if mothers, particularly women living in KIBOGORA HEALTH CENTER, are well informed about it and benefits it provides in the infant’ live. thus, this research intends to know the awareness of mothers attending KIBOORA HC to EBF, research need to know the attitude and practice of mothers attending Kibogora HC to EBF.

### **1.3. PURPOSE OF THE STUDY**

At the end of this research we want to know the awareness, attitude, and practice about exclusive breast feeding attending at Kibogora health center.

#### **1.4. RESEARCH QUESTIONS:**

- What are the knowledge, attitude and practice of the mother attending Kibogora HC about exclusive breast feeding?
- What are the barriers preventing mother to apply exclusive breast feeding?

What are the advantage of exclusives breastfeeding to mothers and infants?

#### **1.5. OBJECTIVE OF THE STUDY**

##### **1.5.1. General objective**

This study intends to assess the awareness, attitude and practice of mothers attending Kibogora HC about exclusive breastfeeding

##### **1.5.2. Specific objectives**

- To determine the awareness, attitude and practice of the mother about exclusive breast feeding
- To identify the barriers preventing mother applying exclusive breast feeding
- Exploring the advantage of exclusives breastfeeding to mothers and infants

#### **1.6. SIGNIFICANCE OF THE STUDY**

##### **1.6.1. Personal interest**

The exclusive breastfeeding has the interest to the mothers and babies

**the interest of breast feeding to the mother:** the breastfeeding can reduce the risk of ovarian and cervical cancer, two types of diabetes and blood pressure. The breast feeding also prevent pregnancy when mother breastfeed progressively time during the day at least 3hours or 2 hours. Breastfeeding facilitate in mother's weight loss through burn extra calories of mother who breast feed.

**Interest to the babies: EBF especial colostrum** increase the immunity of the baby mean prevent many diseases like diarrhea, allergic disease, lung infection and so on. Breastfeeding increase the bond between the mother and baby. Breast milk contain perfect nitrite that help baby to grow physically and increase the power of brain. Well breast feeding prevent malnutrition of the baby.

**Interest to a researcher:** breastfeeding during research help researcher to know the awareness, attitude and practice about EBF. Breastfeeding help the researcher to identify the malnourished baby and he /she know education can give them.

#### 1.6.2. Scientific interest

**The interest of this research to science:** research facilitates the science to determine the problem of mothers and baby like to know the awareness, attitude and practice of mothers attending KIBOGORA HC about exclusive breastfeeding. This research help science to know mothers need advanced support like to improving health education and financial support. this research helps a science to know the malnourished baby. this research helps the science to take a decision according the result of data analysis.

#### 1.7. LIMITATIONS OF THE STUDY

The condition outside of the investigation that can affect data collection

Such as time limitation and finance

All this can affect data collection

#### 1.8. SCOPE OF THE STUDY

The research will be limited in time, space, and domain

##### 1.7.1 In time

The study will be done in a period of three months from January to march 2022

##### 1.7.2 In space

the study will be done at KIBOGORA Health center which is located in KIBOGORA cell in KANJONGO sector in NYAMASHEKE District in WESTERN Provence.

1.7.3 In domain: Our study will in field of public health in maternal and child health.



## CHAPTER TWO: LITERATURE REVIEW

### 2. 0. Introduction

This second chapter is all about key concept, literature review about awareness, attitude, practice about exclusive breastfeeding, barriers during breastfeeding and duration of exclusive breastfeeding.

### 2.1. definition of key concepts

The key concepts

**Breastfeeding:** is the process by which human breast milk is fed to a child. (WHO, 2015) Breast milk may be from the breast, or may be expressed by hand or pumped and fed to the infant. The World Health Organization (WHO) recommends that breastfeeding begin within the first hour of a baby's life and continue as often and as much as the baby wants. (WHO, 2015)

**Exclusive breastfeeding:** is the infant only receive breast milk without any additional food or drink, not even water. (WHO, 2018)

### 2.2. Literature related to Knowledge of exclusive breastfeeding

#### **Exclusive Breastfeeding Advantages:**

Colostrum is breast milk produced after the birth of the newborn and lasts for 2-4 days. Colostrum is very important part of breast milk and lays down the immune system and confers growth factors and other protective factors for the young ones in mammals. (Pawan Rawal 1, 2008) This is the source of passive immunity transferred to the baby from the mother. (Pawan Rawal 1, 2008)

Breast milk consists of basic nutrients containing proteins, vitamins and carbohydrate. (ross, 2012) However, presence of minerals fulfils micronutrient needs and maternal antibodies improves the immune system inhibiting infantile infections like gastrointestinal, respiratory and skin infections and increases physical and neurological growth of the baby. (ross, 2012) There is increased production of hormones that are responsible for uterine contraction, preventing haemorrhage and maternal mortality. (ross, 2012)

Locational amenorrhea is mentioned as a natural contraceptive benefactor following exclusivity. (ross, 2012) As well, breast cancer and ovarian cancer risk prospects are reduced among mothers who give exclusive breast milk correlates with weight loss that preventing early cardiac morbidity and mortality . (ross, 2012)

Breastfeeding has many benefits for mom and baby both. Studies show that breastfeeding can lessen a baby's chances of diarrhea, ear infections, and bacterial meningitis, or make symptoms less severe. (Kristen Littleton, 2019) Breastfeeding also may protect children from sudden infant death syndrome (SIDS), diabetes, obesity, and asthma. (Kristen Littleton, 2019)

Breastfeeding is an essential measure for the prevention of malnutrition and protection against infection in infancy (Livingstone, 2012). Breastfeeding is one of the oldest practices recommended by all religions and it is the universally endorsed solution in the prevention of early malnutrition (Dana, 1979). It is estimated that the lives of one million infants can be saved in the developing world by promoting breastfeeding (Moreland and Coombs, 2000).

#### Duration of exclusive breastfeeding

New-born babies should breastfeed 8–12 times per day for about the first month. Breast milk is easily digested, so new-borns are hungry often. (Littleton, 2019) Frequent feedings help stimulate your milk production during the first few weeks. (Littleton, 2019)

The American Academy of Paediatrics recommends that infants be exclusively breastfed for about the first 6 months with continued breastfeeding along with introducing appropriate complementary foods for 1 year or longer. (Grummer-Strawn LM, 2010) WHO also recommends exclusive breastfeeding up to 6 months of age with continued breastfeeding along with appropriate complementary foods up to 2 years of age or longer. (Grummer-Strawn LM, 2010)

### **Component of exclusive breastfeeding**

#### **Macronutrient Composition**

Breast milk is primarily composed of water, carbohydrates, lipids, and proteins. Each of these nutrients plays a role in contributing to infant growth and development and also builds the baby's immunity. (Donna Murray, 2020)

#### **Water**

Human breast milk is made up of about 90% water. (Martin CR, 2016) The human body depends on water to function. Water maintains hydration, helps regulate body temperature, lubricates joints, and protects organs. (Popkin BM, 2010) Luckily, breast milk alone provides all of the water required by young babies for survival. (Donna Murray, 2020)

#### **Carbohydrates**

Carbohydrates are a preferred energy source for the brain. (Romero-Velarde E, 2019) The main carbohydrate in breast milk is milk sugar, known as lactose. (Martin CR, 2016) Human milk contains more lactose than cow's milk. Other carbohydrates found in breast milk (such as oligosaccharides) promote healthy bacteria in your baby's intestines. (Doherty AM, 2018)

## **Lipids (Fats)**

Lipids may only make up about 4% of breast milk, (Martin CR, 2016) but they provide over half of the calories that your baby receives from it. Lipids are a major source of energy, cholesterol, and essential fatty acids such as DHA. (Donna Murray, 2020)

## **Bioactive Components**

There are several elements of breast milk that cannot be found in formula. These unique substances are passed from the mother. (Donna Murray, 2020)

## **Immunoglobulins (Antibodies)**

Immunoglobulins are antibodies that fight off illness and disease. Because of these natural immune substances, breast milk can almost be thought of as a baby's first vaccine. (Gregory KE, 2013) The properties of breast milk help protect against the common cold, ear infections, vomiting, diarrhoea, and other potentially dangerous infections . (Gregory KE, 2013)

The primary antibody in breast milk is Secretory Immunoglobulin A (IgA). (Palmeira P, 2016) IgA coats the baby's lungs and intestines, sealing them to prevent germs from entering the body and bloodstream. (Palmeira P, 2016) Babies who are born premature and those who will be attending day-care right away are especially poised to benefit from the added immune support that breast milk can provide. (Donna Murray, 2020)

## **Hormones**

Hormones have many jobs in the human body. They influence growth and development, metabolism, stress and pain responses, and blood pressure regulation. (Savino F, 2009) Hormones involved in milk production include prolactin, thyroid hormones, and growth factors.

Scientists are still researching which hormones are transferred into breast milk (such as leptin) to learn more about how they impact a baby's health. (Savino F, 2009)

## **Micronutrients**

Breast milk contains the vitamins and minerals needed to support young babies. Formulas also contain many of these vital micronutrients. (Donna Murray, 2020)

## **Vitamins**

Vitamins support healthy bones, eyes, and skin. They are necessary to prevent diseases of malnutrition, such as scurvy and rickets. Breast milk typically contains all the vitamins needed to support your baby's health as they grow. However, the amount of vitamin D, folate, or vitamin B6 in your body may be lower if you follow certain dietary restrictions. (Dror, Allen, 2018)

Talk to your doctor and paediatrician to find out if there are any vitamin supplements you should take to support breastfeeding. It's often recommended for women to continue taking prenatal vitamins until they finish breastfeeding. (Donna Murray, 2020)

## **Minerals**

Like vitamins, breast milk is also full of minerals that your baby's body needs to grow healthy and strong. These include iron, zinc, calcium, sodium, chloride, magnesium, and selenium. (Dror, Allen, 2018) Minerals are used to build strong bones, produce red blood cells, and promote proper muscle and nerve function. (Dror, Allen, 2018)

## **2.3. Literature related to Barriers of breastfeeding**

### **Lack of knowledge**

Most women are aware that breastfeeding is the best source of nutrition for most infants, but they seem to lack knowledge about its specific benefits and are unable to cite the risks associated with not breastfeeding. (McCann MF, 2007)

### **Lactation problem**

Frequently cited problems with breastfeeding include sore nipples, engorged breasts, mastitis, leaking milk, pain, and failure to latch on by the infant. (Moore ER, 2011)but lack of confidence

in breastfeeding or not understanding the normal physiology of lactation can lead to the perception of an insufficient milk supply when in fact the quantity is enough to nurture the baby. (Dykes F, 2010)

## **Employment**

Employed mothers typically find that returning to work is a significant barrier to breastfeeding. (Johnston ML, 2007) Women often face inflexibility in their work hours and locations and a lack of privacy for breastfeeding or expressing milk, have no place to store expressed breast milk, are unable to find child care facilities at or near the workplace, face fears over job insecurity, and have limited maternity leave benefits. (Johnston ML, 2007)

## **Poor family and social support**

Lack of support from close family and friends can affect decisions about feeding. Lack of knowledge, negative attitudes and beliefs about breastfeeding by others (partners, family members, support people and the general public) can be unsupportive. (Dykes F, 2010)

### 2.4. Literature related to practice of exclusive breastfeeding

#### **hygiene before breastfeeding**

##### **1.Avoidance of the use of scented products**

Breastfeeding can make nipples sore or sensitive. While there are nipple lotions and creams available, make sure to not use scented products. Also, do not use scented soaps or anything with alcohol content to wash your nipples. This can cause dryness and may be harmful for your baby. (Desk, 2019)

It's important to practice good hygiene while you're breastfeeding, which includes taking a shower or bath every day and cleaning your breasts. (Kotlen, 2021) For years, nursing mothers were told not to wash their breasts with soap because it would dry out the nipple area. (Kotlen, 2021) But, if you use a mild, moisturizing soap and rinse it off thoroughly, this shouldn't be an issue. (Kotlen, 2021)

##### **2.Wear loose clothes**

Wearing the right clothes is extremely important. You need to let your mammary glands breathe so wear loose undergarments to increase airflow. (Desk, 2019)

Lack of airflow can cause bacteria to grow. Stick to cotton nursing bras that do not have an underwire. Synthetic ones can increase sweating and bacterial growth. (Desk, 2019)

### **3. Minimize sweating**

Sweat can make your baby uncomfortable while breastfeeding and they may not want to feed. Avoiding synthetic material and extra padding can reduce sweating. (Desk, 2019)

If that does not help, you could take a quick shower or at least clean your breasts before feeding your little one. (Desk, 2019)

### **4. Maintain cleanliness**

In addition to washing your breasts, make it a habit to wash your hands and forearms before feeding your baby to avoid their exposure to bacteria. (Desk, 2019)

### **Some position during breastfeeding**

#### **Cradle hold**

This is the classic position most of us picture when we think of breastfeeding. (Cadwell, 2011) It involves you sitting upright, with your baby positioned on his side, his head and neck laying along your forearm and his body against your stomach, in a tummy-to-mummy position. (Cadwell, 2011)

#### **Rugby ball hold**

In this position (also known as the underarm or clutch), you sit with your baby resting along your forearm. His body tucks alongside your side, with his feet towards the back of the chair, or whatever you're sitting on. (Cadwell, 2011)

#### **Side-lying position**

Ideal for relaxed night feeds and breastfeeding in bed or on the sofa, side-lying can also be more comfortable than sitting if you've had a caesarean or stitches. (UK, 2018)

#### **Laid-back breastfeeding after a C-section**

If you've had a caesarean delivery and can't find a comfortable breastfeeding position, this may help. (Cadwell, 2011) Reclining with your baby's body across your shoulder will let you nurse comfortably without any weight or pressure on your wound, or you could also try side-lying. (UK, 2018)

## CHAPTER III: RESEARCH METHOTOLGY

### 3.0. Introduction

This chapter three describes the research design and approach that was used to achieve our objectives. It also includes the study area, study population, study sample, sampling strategy, data collection method and procedure were used, data analysis and ethical considerations.

### 3.1. Study Area Description

KIBOGORA health center was the target area of this research, this located in cell KIBOGORA in KANJONGO sector in NYAMASHEKE district in WESTERN province. KIBOGORA HEALTH CENTER attended by difference patients, but in this work the target was the mothers whom are breastfeeding. In the period of three months we have assessed 150 mothers attending KIBOGORA HEALTH CENTER

### 3.2. RESEARCH DESIGN

The present is a prospective research about the assessment of awareness, attitudes, and practice of breastfeeding among mothers attending KIBOGORA health center.

### 3.3. Target Population

This study concerns the mother with breastfeed babies attending KIBOGORA health center, the sampling techniques of the research was convenience.

#### ✓ **Inclusive criteria**

All women who were available at the time of data collection and whom accept to respond to our questions related to EBF

#### ✓ **Exclusive criteria**

All women who were available at the time of data collection and who refuse to respond to our questions related to EBF.

### 3.4. Sample Size

Within the three months of research at KIBOGORA health center, 240 mothers have attended and 150 among them have been selected to participate in the research, the sample technique of the research was convenience



### 3.5. Sampling Techniques

The sample study done by using convenience sampling method. and we helped by the formula below and the sample size from students will be gotten using Yamane's formula:

$$n = \frac{N}{1+Ne^2} = \frac{240}{1+240(0.05)^2} = 150$$

**n**= is sample size

**N** =is total target population

**e**= is significance error

### 3.6. Methods of data collection

A long the time of carrying out this research, different methods have been used:

Documentary method

By this method different document have been consulted to gather information on the review, and other studies related to the topic have been used to critically discuss about my findings.

- Interview method

This method has been used to collect information from woman about their knowledge, attitudes, and practice regarding breastfeeding.

- Analytical method

Use of the Analytical Method is critical to solving the sustainability problem the above method was used to analyze statistical findings of this research.

### 3.7. Materials for Data Analysis and Processing

Personal computer with software like Microsoft word for text treatment, Microsoft excel and SPSS App for data analysis.

### 3.8. Ethical Consideration

For conducting this research, we have obtained the authorization of carrying out research, the participation will be voluntary and confidentiality will be granted.

There is a need of the researcher to observe the principle of ethics when conducting research. This is because there could be some danger the respondents may experience or harm if their views are known to their superiors. Furthermore, it is not recommended to violet the right of individuals for the reason of searching knowledge.

So researchers in the first place need to establish an informed consent to ask the respondents to respond willingly and without being forced. Then, since it is not possible to estimate the danger the respondents may experience, researchers have to change the name by giving them codes and protect them for any harm or embarrassment from those superiors.

In this study the respondents' names will be hidden and the respondents will be asked to participate willingly and anyone who will not be interested will be allowed to withdraw at any time during research processes. Further, the various current researchers will obtain a research clearance letter from KP dean of faculty of Health Sciences which will allow them accessing respondents.

## CHAPTER 4: DATA PRESENTATION, INTERPRETATION, ANALYSIS AND DISCUSSION

**4.0 Introduction:** On this chapter there is an interpretation, analysis from data collection on social –demographic, knowledge, attitude and practice about exclusive breastfeeding and discussion of findings. The researcher uses SPSS

Reliability of the items are:

### 4.1. Table1: social-economic and demographic data presentation

Variables		Frequency	Percent
Age of mother in year	<18	23	15.3%
	18-30	38	25.3%
	>30	89	59.3%
The age of baby in months	0-6	135	90%
	7-12	15	10%
	13-24	0	0%
Sex of baby	Male	67	44 .66%
	Female	83	55.33%
Religion of mothers	Catholic	13	8.66%
	Protestant	61	40.7%
	Adventist	8	5.3%
	Other	66	44%
Maternal education level	illiterate	31	20.7%
	Primary	81	54.0%
	Secondary	23	15%
	University	15	10%
Maternal employment	Employed	45	30%
	Unemployed	77	51.3%
	Self- employed	28	18.7%
Total %			598.25

The tables show that mothers below 18 age are 23(15.3%), mothers between 18 to 30 age is 38( 25.3% ) and who are above 30 age is 89 (59.3%).

135(90%) are the child have before 6 months, 15(10 %) are the child between 7-12 months, 0(0%) are between 13-24 months. 15(10%) are preyed on catholic, 61(40.7%) are prayed in

protestant, 8(5.3%) are prayed in Adventist, 66(44%) are prayed in other religion. 31(20.7%) are illiterate ,81(54.0%) are study in primary ,23(15.3%) study in secondary 15(10.0%) study in university. 45(30%) are employed,77(51.3%) are unemployed while 28(18.7%) are self-employee

### Social –economic –demographic data

#### age of mother

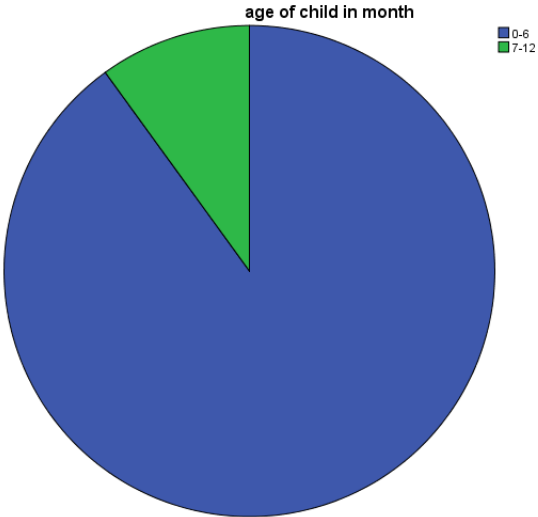
	Frequency	Percent	Valid Percent	Cumulative Percent
Valid <18	23	15.3	15.3	15.3
18-30	38	25.3	25.3	40.7
>30	89	59.3	59.3	100.0
Total	150	100.0	100.0	

This table shows that mothers below 18 age is 23(15.3%), mothers between 18to 30 age is 38(25.3%) and who are above 30 age is 89 (59.3%).

#### age of child in month

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid 0-6	135	90.0	90.0	90.0
7-12	15	10.0	10.0	100.0
Total	150	100.0	100.0	

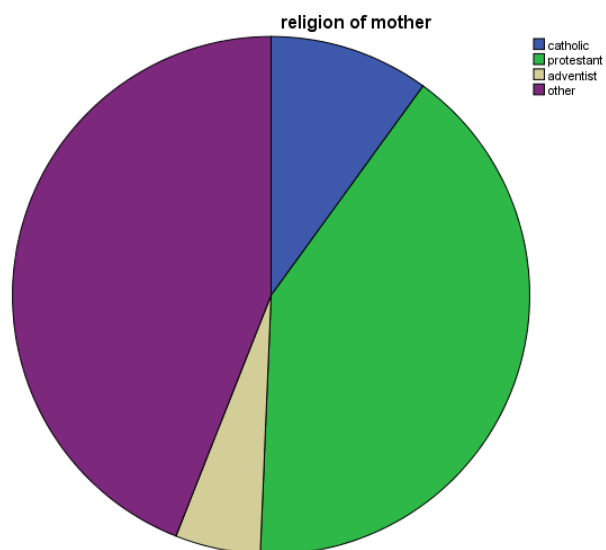
Table shows that 135(90%) are the child have before 6 months,15(10 %) are the child between 7-12 months, 0(0%) are between 13-24 months



**religion of mother**

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Catholic	15	10.0	10.0	10.0
Protestant	61	40.7	40.7	50.7
Adventist	8	5.3	5.3	56.0
Other	66	44.0	44.0	100.0
Total	150	100.0	100.0	

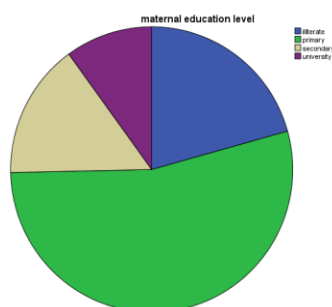
Table shows 15(10%) prayed on catholic, 61(40.7%) were prayed in protestant, 8(5.3%) were are prayed in Adventist, 66(44%) are prayed in other religion.



**maternal education level**

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Illiterate	31	20.7	20.7	20.7
Primary	81	54.0	54.0	74.7
secondary	23	15.3	15.3	90.0
university	15	10.0	10.0	100.0
Total	150	100.0	100.0	

31(20.7%) were illiterate ,81(54.0%) study in primary ,23(15.3%) study in secondary 15(10.0%) study in university.



#### 4.2. Table 2 knowledge regarding breastfeeding

Variables		Frequency	Percent
Have you heard about exclusive breastfeeding?	Yes	136	90%
	No	14	9.3%
Do you know the importance Of exclusive breastfeeding?	Yes	150	100%
	No	0	0%
Breastfeeding prevent malnutrition and against infection?	Yes	143	95.3%
	No	7	4.7%
Which of the following do you think is /are important to a new born?	Breast milk only	150	100%
	Breast milk with plain water	0	0%
	Breast milk with food	0	0%
For how long you should give infant EBF only?	4-5 months	7	4.7%
	6 months	121	80.66%
	>6 months	22	14.7%
Do you thing breastfeeding harm the baby?	Yes	31	20.7%
	No	119	79.3%

Do you think bottle feeding dangerous for the baby?	Yes	67	44.7%
	No	83	55.3%
Did you start complementary feeding before 6 months?	Yes	23	15.3%
	No	127	84.7%
If yes what is your possible reason?	My breast milk is not enough	14	9.33%
	Because help baby to grow well	7	4.66%
	Other	0	0%
If the infant is less than 6months how many frequent he/she get breastfeeding per day	3-5 times	0	0%
	6-8 times	15	10%
	8-12 times	135	100%

About the knowledge on hearing EBF 136 respondents equal to (90%) have heard about exclusive breastfeeding while 14 equal (9.3%) had not heard about exclusive breastfeeding. 150 respondents equal to 100% know the importance of EBF. The assessment about the prevention of malnutrition and against infection by EBF shows that 143(95.3%) know that breastfeeding preventing malnutrition and against infection, 7 (4.7%) are not aware about it. shows 150(100) give breast milk only to the newborn. 7 of respondents equal to (4.7%) give exclusive breastfeeding only within 4-6 months, 121(80.7%) at 6 months,22 (14.7%) give exclusive breast feeding > 6months

31 of respondents or (20.7%) said breastfeeding can harm baby,119 (79.3%) said breastfeeding cannot harm baby.

About bottle feeding 67(44.7%) mentioned that bottle feeding is dangerous for the baby, while 83(55.3%) said bottle feeding is not dangerous for the baby. 23(15.3%) start complementary feeding before 6months,127(84.7%) said they don't start complementary feeding before 6 months.

15(10%) of respondents said that they breastfeed between 6-8 times is the frequent they must breastfeed a baby less than 6 months per day while 135(90.0%) said 8-12 times is the frequent must breastfeeding a baby less than 6 months per day.



#### 4.3. Table 3 Attitude of breastfeeding

Variables		Frequent	Percent
Do you feel exclusive breastfeeding has advantage?	Agree	150	100%
	Disagree	0	0%
Breastfeeding immediately the first milk or colostrum is importance?	Agree	148	98.66%
	Neutral	2	1.33%
	Disagree	0	0%
Breastfeeding increases mother-infant bonding?	Agree	143	95.33%
	Neutral	7	4.66%
	Disagree	0	0%
Breast milk is ideal food for babies?	Agree	150	100%
	Neutral	0	0%
	Disagree	0	0%
Breastfeeding affect your beauty?	Agree	38	25.33%
	Neutral	8	5.33%
	Disagree	104	69.33%
Prefer to feed your breast milk alone for first 6 months?	Agree	133	88.66%
	Neutral	3	2%
	Disagree	14	9.33%

Table 3 shows 150(100%) agree that exclusive breastfeeding has advantage .148(98.66%) agree that Breastfeeding immediately the first milk or colostrum is importance, 2(1.33%) respond neutral about Breastfeeding immediately the first milk or colostrum is importance. 143(95.33%) agree that Breastfeeding increases mother-infant bonding, 7(4.66%) respond neutral to Breastfeeding increases mother-infant bonding. 150(100%) agree that Breast milk is ideal food for babies. 38(25.33%) agree that Breastfeeding affect your beauty, 8(5.33%) respond neutral to Breastfeeding affect your beauty, 104(69.33%) disagree Breastfeeding affect your beauty133(88.66%) agree to feed their baby breast milk alone for first 6 months .3(2%) said

neutral to feed their baby breast milk alone for first 6 months. 14(9.33%) disagree to feed their baby breast milk alone for first 6 months.

**Table 4: Practice of breastfeeding**

<b>Variables</b>		<b>Frequent</b>	<b>Percent</b>
Is it necessary to clean hand and breast before breastfeeding?	Yes	144	96%
	No	6	4%
When did you start breastfeeding after delivery?	Immediately	91	60.66%
	Within 1 hour	47	31.33%
	After 2hours	12	8%
Do you give colostrum to your baby?	Yes	148	98.66%
	No	2	1.33%
If your answer is no what is your reason not giving colostrum?	It had no white milk	2	1.33%
	First milk is dirty like pus	0	0%
	Everyone say they don't given	0	0%
What is first nutrient given for the infant?	Plain water	0	0 %
	Breast milk	142	94.66%
	Cow's milk	8	5.33%

Table 4 shows that 144(96%) said is necessary to clean hand and breast before breastfeeding 6(4%) said Is not necessary to clean hand and breast before breastfeeding. 91(60.66%) is Immediately to start breastfeeding after delivery 47(31.33%) said to start breastfeeding after delivery is Within 1 hour ,12(8%) said you start breastfeeding after delivery in After 2hours .148(98.66%) said they give colostrum to their baby, 2(1.33%) said they don't give colostrum to their baby. 2 1.33 said it had not white milk that why they don't give colostrum to their baby, 142(94.66%) said first nutrient given for the infant is milk only, 85.33 said first nutrient given for the infant is cow's milk.

#### 4 Discussion of findings related to the demographic data

**Current research;** show that mothers below 18 age is 23(15.3%), mothers between 18 to 30 age is 38(25.3%) and who are above 30 age is 89 (59.3%). 135(90%) are the child have before 6 months, 15(10 %) are the child between 7-12 months, 0(0%) are between 13-24 months. 15(10%) are prayed on catholic, 61(40.7%) are prayed in protestant, 8(5.3%) are prayed in Adventist, 66(44%) are prayed in other religion. 31(20.7%) are illiterate ,81(54.0%) are study in primary ,23(15.3%) study in secondary 15(10.0%) study in university. 45(30%) are employed,77(51.3%) are unemployed while 28(18.7%) are self-employed.

**Similar research;** shows that 88.2% are <30 years old and 11.8% > 30 years old on the years of mothers, 33.6% are between 0-6 months ,33.6% are between 7-12 months, and 32.2 are between 13-24 months of the baby, 108(49.1%) are male ,112(50.9%) are female Sex of child, 78(35.46%) are orthodox ,74(33.64%) are protestant ,38(17.27%) are illiterate. 92(41.82%) are employed while 128(58.18%) are unemployed. (Tsedeke Wolde1\*, 2014)

#### Discussion related to the knowledge about exclusive breastfeeding

**Current research** about knowledge at Kibogora health center shows that 136(90%) have heard about exclusive breastfeeding, 14(9.3%) had not heard about exclusive breastfeeding. 150(100%) said they know the importance of EBF. 143(95.3%) knew that breastfeeding preventing malnutrition and against infection, 7(4.7%) said breastfeeding not preventing malnutrition and against infection.150(100) said breast milk only. 7(4.7%) said they give exclusive breastfeeding only within 4-6 months, 121(80.7%) said at 6 months,22 (14.7%) said > 6months. 31(20.7%) said breastfeeding can harm baby,119(79.3%) said breastfeeding cannot harm baby. 67(44.7%) said bottle feeding is dangerous for the baby,83(55.3%) said bottle feeding is not dangerous for the baby. 23(15.3%) said they start complementary feeding before 6months,127(84.7%) said they don't start complementary feeding before 6 months. 15(10%) the mothers who said between 6-8 times is the frequent they must breastfeed a baby less than 6 months per day while 135(90.0%) said 8-12 times is the frequent must breastfeeding a baby less than 6 months per day

**Similar research shows** Regarding women's knowledge, all mothers 220 (100%) knew the importance of breast feeding/EBF and 202 (91.8%) were reported breast milk alone is important for new born infant. 200 (90.9%) mothers reported frequent breast feeding needed for less than 6 months of infant and 100 (45.5%) mothers were reported between 6-8 times

breast fed per day. From study participants, 192 (87.3%) had knowledge about EBF and 28 (12.7%) mothers hadn't the knowledge about EBF and were started complementary feeding before 4 months of age due to the reason they didn't think breast milk alone is sufficient for the baby 12 (5.45%), their breast milk is not sufficient 10 (4.55%), 6 (2.73%) were due to work related problems. Of study subjects, only 136 (61.8%) mothers had knowledge about the danger of bottle feeding and said that it is not safe for the child, it can cause childhood infections like diarrhea, vomiting, respiratory infections and other infectious diseases (Tsedeke Wolde1\*, 2014).

Discussion related to the attitude about exclusive breast feeding

**current research:** shows that 150(100%) agree that exclusive breastfeeding has advantage. 148(98.66%) agree that Breastfeeding immediately the first milk or colostrum is importance, 2(1.33%) respond neutral about Breastfeeding immediately the first milk or colostrum is importance. 143(95.33%) agree that Breastfeeding increases mother-infant bonding, 7(4.66%) respond neutral to Breastfeeding increases mother-infant bonding. 150(100%) agree that Breast milk is ideal food for babies. 40(26.7%) agree that Breastfeeding affect their beauty, 8(5.33%) respond neutral about Breastfeeding affect their beauty 102(68.0%) disagree Breastfeeding affect their beauty. 133(88.66%) agree to feed their baby breast milk alone for first 6 months .3(2%) said neutral about to feed their baby breast milk alone for first 6 months. 14(9.33%) disagree to feed their baby breast milk alone for first 6 months.

**Similar research** shows Regarding the community's attitude towards breast feeding, majority of mothers 192 (87.3%) had good attitude and strongly agree that the EBF is advantageous for infants aged less than 6 months. In contrary, 28 (12.7%) were disagree and had negative attitude on EBF. Furthermore, 78 (35.5%) agree that colostrum should be discarded, 140 (63.6%) agree that colostrum should not be discarded and the rest 2(0.91%) were neutral. A large majority of mothers, 192 (87.3%) were suggested that EBF is useful and sufficient for infants aged less than 6 months and 28 (12.7%) were forwarded their opinion that EBF is useful but not sufficient for infants aged less than 6 months. 202 (91.9%) mothers believed that the infant should be breast fed as frequently as he/she needs. 82 (37.3%) mothers were considered bottle feeding is dangerous and should not be used at all. Majority of mothers in this study were familiar with concept of breast feeding, 214 (97.3%) had perception that breast feeding is natural and

appropriate today, 4 (1.82%) believed that it makes them old and 2 (0.91%) were suggested breast feeding is outmoded (Tsedeke Wolde1\*, 2014).

discussion related to the practice about exclusive breastfeeding

**current research:** show that 142(94.7%) said is necessary to clean hand and breast before breastfeeding 8(5.3%) said Is not necessary to clean hand and breast before breastfeeding. 121(80.7%) said to start breastfeeding after delivery is Within 1 hour ,29(19.3%) said you start breastfeeding after delivery in After 2hours. 143(95.3%) said they give colostrum to their baby, 7(4.7%) said they don't give colostrum to their baby.134(89.3%) said first nutrient given for the infant is milk only, 16(10.7%) said first nutrient given for the infant is cow's milk.

**Similar research** shows that 142 (64.6%) mothers were started breast feeding immediately after delivery, but 78 (35.5%) were started breast feeding after few hours of delivery. The study have shown that 160 (72.7%) practiced optimal breast feeding. Of this only 96 (43.6%) mothers were exclusively breast fed their child. However, 60 (27.3%) were not practiced EBF. They initiated pre lacteal feeding for their child such as 8 (3.64%) plain water and 4 (1.82%) butter in the first six months. Out of 60 (27.3%) mothers who were not practiced optimal BF/EBF, 4 (1.82%) were preferred to feed their infant/young child by breast milk with formula, 50 (22.7%) breast milk with cow milk, 4 (1.82%) breast milk with other semi solid food staffs because of work related issues. About 164 (74.6%) mothers did give colostrum for their infants. But 56 (25.5%) did not gave colostrum to their infants. The major reasons cited for not giving colostrum are believing that first milk is dirty like pus 40 (18.2%), everybody says it should not be given 8 (3.64%), and it had no white milk 8 (3.64%) (Tsedeke Wolde1\*, 2014).

## **CHAPTER: 5 CONCLUSION AND RECOMMENDATION**

Conclusion the current research show that the mothers attending Kibogora health center had knowledge about exclusive breastfeeding and the research demonstrate that mothers heard about exclusive breastfeeding, and they knew the importance of exclusive breastfeeding, the importance of giving breast milk only before 6 months. To the attitude the mothers attending Kibogora health center, research demonstrates that they know the importance of given baby's colostrum immediately, and that breastfeeding increase the bond between mother and baby and milk is the ideal food of the baby. They agree to breast feed baby within one hour and they know that the breast milk only is the first nutrient given for the infant.

### **Recommendation**

After the findings and conclusion of this study we would like to address the following recommendation

#### **To the nurse**

- health care provider must improve the use of bottles feeding because the current research demonstrate that they had not understand the use of bottles feeding if necessary and.
- Health care provider must put effort to educate mothers about complementary feeding.

#### **To the hospital**

Hospital should mobilize the nurses to give education to the mother about EBF before giving them service

#### **Community**

Community should use regularly the instructions from health care in good ways.

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## APPENDICES

### INFORMED CONSENT

Dear participant

Our names HABIMANA Euphram and DUSABIMANA Anitha, students at Kibogora polytechnic and we are currently undertaking a Bachelor's degree in Nursing science. As a partial fulfillment of degree in nursing science, we are required to undertake a research study in the area of our specialty, we are therefore carrying out a study to Assessment of awareness, attitude, and practice about exclusive breastfeeding among mothers attending KIBOGORA HEALTH CENTER

We are kindly requesting you to participate in our study, the information obtained will be treated in confidentiality and the findings of the study will be used to improve the management of awareness, attitude, and practice about exclusive breastfeeding among mothers attending KIBOGORA HEALTH CENTER, we will conduct the interview in privacy and it will take 30-40 minutes. You are assured that your identity will not be revealed at any time during the study or when study is reported or published. The data collected will be coded.

Please feel free to make your decision for participation or none participation since this decision will not affect the care given to you or your family as well as the relationship with the health provider, your participation is voluntary and you are free to withdraw from the study at any time.

If you agree to participate please sign below, All the signed forms will be kept in locked cabinet only accessible to the investigator and will be destroyed at the completion of the study

If you need to communicate with us our address is:

Our contact numbers are: HABIMANA Euphram: 0781418921

DUSABIMANA Anitha: 0787969366

**QUESTIONNAIRE to Assessment of awareness, attitude, and practice about exclusive breastfeeding among mothers attending KIBOGORA HEALTH CENTER**

**Social –demographic**

Age of mothers in year	<18	<input type="text"/>
	18-30	<input type="text"/>
	>30	<input type="text"/>

The age of your child in months	0-6	<input type="text"/>
	7-12	<input type="text"/>
	13-24	<input type="text"/>

Sex of child	male	<input type="text"/>
	female	<input type="text"/>

Religion of mothers	catholic	<input type="text"/>
	Protestant	<input type="text"/>
	Adventist	<input type="text"/>
	Others	<input type="text"/>

Maternal Education level	illiterate	<input type="text"/>
	Primary	<input type="text"/>
	Secondary	<input type="text"/>
		<input type="text"/>

University

Maternal employment

employed

unemployed

Self-employed

**Knowledge of lactating mothers towards exclusive breastfeeding**

Have you heard about exclusive breastfeeding?

YES

NO

Do you know the importance of EBF breast feeding?

YES

NO

EBF Breastfeeding prevent malnutrition and against infection?

Yes

No

Which one of the following do you think is/ are important for the new born.

breast milk only

breast milk with plain water

breast milk with food

For how long should infant EBF only?

4-6 months

6 months

>6months

Do you think breast feeding harms the child?

yes

No

Do you think bottle feeding dangerous for the baby?

yes

No

Did you start complementary feeding before 6 months of age

yes

No

If yes what is your possible reason

my breast milk is not sufficient

Because help baby to grow well

Other

If the infant is less than 6 months how  
frequent he/she gets breast feeding

< 5 times

6-8 times

8-12 times

>12times

### Attitude of breastfeeding

Do you fell exclusive breast feeding has advantage?

Agree

disagree

Breastfeeding immediately the first milk  
or colostrum is importance?

agree

neutral

disagree

breastfeeding increases mother –infant bonding?

agree

neutral

disagree

breast milk is ideal food for babies?

agree

neutral

disagree

breastfeeding affects your beauty?

agree

neutral

disagree

prefer to feed your baby breast milk alone for first 6 months?

agree

neutral

disagree

**practice of breastfeeding**

when did you start breast feeding after delivery?

Immediately

within 1 hour

above 1 hour

Do you give colostrum to your baby?

yes

No

If your answer is no what is your reason not giving  
colostrum?

It had no white milk

first milk is dirty like pus

every say it is shouldn't given

what is first nutrient given for the infant?

Plain water

breast milk

cow's milk