

**BREASTFEEDING PRACTICES AND EXPERIENCES AMONG WORKING MOTHERS: A CASE
STUDY OF PRIMARY SCHOOL TEACHERS AND NURSES IN GOMA DIVISION, MUKONO
MUNICIPALITY**

STELLA ASAYO

RS19M07/026

**A DISSERTATION SUBMITTED TO THE FACULTY OF PUBLIC HEALTH, NURSING AND
MIDWIFERY AND IN PARTIAL FULFILLMENT OF THE REQUIREMENTS FOR THE
AWARD OF A DEGREE OF MASTER OF PUBLIC HEALTH AND LEADERSHIP OF UGANDA
CHRISTIAN UNIVERSITY**

May, 2024




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DECLARATION

I, **Asayo Stella**, hereby declare that this dissertation entitled “*breastfeeding practices and experiences among working mothers: a case study of primary school teachers and nurses in Goma division, Mukono municipality*”, submitted to the school of Public Health, Nursing and Midwifery of Uganda Christian University for award of degree of Masters in Public Health leadership is my original work and has not been previously submitted to any other institution for any award.

Signature: 

Date : 23rd/May/2024

ASAYO STELLA

RS19M07/026

APPROVAL

This is to certify that this dissertation entitled “*breastfeeding practices and experiences among working mothers: a case study of primary school teachers and nurses in Goma division, Mukono municipality*” was done under my supervision and is now ready for submission for examination as a requirement for the award of Master of Public Health Leadership Save the Mothers at Uganda Christian University

Signed:



Date: 23rd/May/2024

TEOPISTA AGUTU

1ST SUPERVISOR

DEDICATION

This research book is dedicated to my loving parents Mr. Obanyi Christopher and Mrs. Akiteng Joyce Mary who helped me to attain this course through Spiritual and Financial support. I also dedicate it to my loving husband who has been there for me from the beginning of this course for his financial support, encouragement and prayers, my children Okoche Elvis Emmanuel, Okoche Bildad Willis, Asayo Divine Angel and all the family members for enduring being at home as I continue to achieve my goal.

ACKNOWLEDGEMENT

First, I would like to thank GOD who has enabled me to go through this study, my supervisor Mrs. Agutu Teopista for her guidance throughout the research period. She has been of great support and whenever things would be so challenging, she encouraged me and taught me a lot through giving comments and recommendations. My gratitude also goes to my lecturers most especially Rev Evatts, My friends Miss. Birugi Doreen, Atima Angella, Nakintu Betty, Anne Kidundwa, Odong Jimmy, Umarwoth Robert, Ahimbisibwe Osborne and all my colleagues for the support during this course, may God bless you all.

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ABSTRACT

Introduction: Public health specialists recognize that breastfeeding is an unmatched way of providing ultimate food for the healthy growth and development of infants. In fact, it is recognized as an integral part of the reproductive process with important implications for the health of both the infant and the mothers. To this, global world health experts recommend that all newborns should be exclusively fed on breast milk without any additional food or drink for up to six months.

Methods: This was purely qualitative research that adopted phenomenological research design with the aim to explore breastfeeding experiences and practices of primary school teachers and nurses formally employed in Goma Division-Mukono Municipality.

Findings: The study findings revealed that mothers in formal employment experience heavy work load, tight work schedules, very minimal institutional support towards practicing breastfeeding; as such most of breastfeeding mothers ended up failing in principles to successfully achieve the goal of breastfeeding their infants.

Results: The researcher recommends government to consider extending the maternity leave duration from the current 3 months to 6 months with flexible working hours to breastfeeding mothers to allow them sufficient time to breastfeed, and the government should make regular follow ups with all intuitions to ensure that they implement the maternity leave policy to breastfeeding mothers.

Key works: Breastfeeding, work experience, maternal leave, institutional support

ACRONYMS

ADHO	-	Assistant District Health Officer
EBF	-	Exclusive Breastfeeding
LMICs	-	Low Middle-Income Countries
MPC	-	Maternity Protection Convention
NGO	-	Non-Governmental Organization
UDHS	-	Uganda Demographic and Health Survey
UNICEF	-	United Nations International Children's Emergency Funds
WHO	-	World Health Organization
SDG	-	Sustainable Development Goals
LMICs	-	Low and Middle Income Countries
UCUREC	-	Uganda Christian University Research Ethics Committee

OPERATIONAL DEFINITIONS OF KEY TERMS

Exclusive breastfeeding: Exclusive Breastfeeding (EBF) is breastfeeding of an infant with no other food or drink, not even water except breast milk (Including milk expressed or from a wet nurse) for six months of life, but allows the infant to receive ORS drops and syrups.

Breastfeeding: is the feeding of babies and young children with milk from a woman's breast.

Formally employed mothers: are the ones the company hires under an established working agreement that includes salary or wages, health benefits and defined work hours and workdays.

Experience: in this study, unless otherwise expressly stated, means the knowledge, practice and the day-to-day activity that formally employed mothers of newborns undergo or encounter at the workplace during their moments of practicing exclusive breastfeeding.

CHAPTER ONE

GENERAL INTRODUCTION

1.1 Introduction

At the time of birth, a newborn profoundly depends on the mother for care and survival. One of the vital elements of the baby's survival at infancy is the ability to be able to feed on its mother's breast milk. Accordingly, the WHO (2014) stated that breast milk is a highly recommended source of food for all babies due to the richness in food value that it has and it contains all the nutrients a baby needs to grow healthy and strong.

Furthermore, health experts have applauded the importance and value of breast milk to babies, for instance, Cunningham (2017) noted that breastfeeding is important for the healthy growth and development of babies because it provides the baby with the best protection against diseases and creates a unique bond between mother and baby. According to North & Lee (2022), the World Health Organization (WHO) and United Nation Children's Fund (UNICEF) strongly recommend that infants should be initiated to breastfeeding soon after birth, and preferably within the first hour of birth and be exclusively breastfed for the first six months of life.

Globally, it is recognized that breastfeeding practices in developing, low and middle-income countries (LMIC) are generally low but have continued to improve over the years with noticeable change in the past decade, Wu & Xi (2021). However, the practice of exclusive breastfeeding still lagged behind the WHO feeding recommendations. For instance, report from WHO and UNICEF (2021) indicated that globally, about 41% of all babies are breastfed exclusively for six months and only 45% continue to breastfeed up to two years. However, the report noted that there are huge differences in breastfeeding rates across regions, between and within countries; with developing countries falling behind in achieving the global target of exclusive breastfeeding practice.

Against this background the researcher picked interest in specifically studying the practices and experiences of primary school teachers and nurses who are breastfeeding mothers in Goma division in Mukono Municipality.

1.2 Background of the study

In this modern era, it is no longer surprising that international and national originations including governments consider the issue of breastfeeding babies seriously. In fact, Walker (2021) reiterated that breastfeeding is an essential public health concern principally because it stimulates health, inhibits disease and helps contribute to decreasing health inequalities. The definition provided by WHO & UNICEF (2018), indicates that exclusive breastfeeding (EBF) means feeding the infant only on breast milk without any additional food or drink, not even water for six months. However, WHO further notes that while practicing EBF; it is acceptable that the infant can also receive oral rehydration salts (ORS), drops and syrups containing vitamins, minerals and medicines.

As a point of emphasis, breastfeeding is an unmatched way of providing ultimate food for the healthy growth and development of infants. Further, Garwolińska, et al (2018) reiterated that breastfeeding is an integral part of the reproductive process with important implications for the health of both the infant and the mothers. The importance of breastfeeding to the mothers was well stated by Thresa (2019), who noted that breastfeeding immensely contributes to the health and well-being of mothers as it helps to space children, reduces the risk of ovarian cancer and breast cancer. With reference to Liben, & Yesuf, (2016), it was observed that WHO and UNICEF recommend initiation of breastfeeding within the first hour after birth; exclusively breastfeed for the first six months of age and continuation of breastfeeding for up to two years of age or beyond in addition to adequate complementary foods.

Generally, breastfeeding and in particular exclusive breastfeeding has far-reaching impact on top of the health benefits it gives to infants and the mothers. Breastfeeding is also a critical element of worldwide development efforts to create a healthier, prosperous and sustainable planet. For example, under the sustainable development goals 1, 8 and 10 which focuses on ending poverty, promoting economic growth and reducing inequalities; Victoria et al. (2016) suggested that generally breastfeeding is linked with adding up to US\$302 billion annually in additional income to the world economy which literally translate to nearly 0.5% of world gross national industry. North, et al (2022) disclosed that increasing the number of children who are breastfed might possibly save the lives of at least 820,000 children under age five.

The latest available data as observed by Sultania, et al (2021), indicates that globally about 41% of all babies are breastfed exclusively during their first six months and only 45% sustained to breastfeed up to at least two years. Importantly, the study findings observed that there were also large differences in breastfeeding rates across regions, between and within countries. According to findings by Wu, et al (2021) in which a systematic review was done in 57 low and middle income countries (LMICs) between 2010–2018, it was found out that the global weighted prevalence for EBF was at 51.9% for early initiation of breastfeeding and 45.7% for exclusive breastfeeding under 6 months. The study findings further disclosed that Eastern Mediterranean (34.5%) and European regions (43.7%), and upper middle-income countries (38.4%) (Vs. lower middle-income countries (47.4%)) performance was very poor as far as practicing exclusive breastfeeding under 6 months was concerned.

In line with the above, evidence by Victora, et al (2021) in which 44 selected LMICs from 2000 to 2009 to 2010–2018 were reviewed, findings disclosed a 10.1% increase in total weighted prevalence of EBF under 6 months. However, over the review period, Eastern Mediterranean region recorded a 5.3% decrease of EBF under 6 months, and European region recorded a 2.0% increase of EBF for under 6 months, a decrease of 15.2% in South-East Asia, and in lower middle-income countries were Sub Saharan countries falls decreased was recorded by 24.4%. The above study findings clearly demonstrate the staggering progress that is being made globally in an attempt to promote EBF practices.

Several study findings revealed that the practice of EBF varied significantly between formally employed and informally employed or unemployed mothers. In the United States of America, evidence from Dagher & Randall (2016) showed the hazard for breastfeeding cessation by 6 months was higher for women who returned to work. According to Chen, et al (2019), Chinese working mothers in formal employment had a high chance of ending breastfeeding compared to those in informal employment. In Ethiopia, Ahmed (2019) finding disclosed that informally employed mothers were more likely to exclusively breastfeed their babies. The above pointer confirms that in part, the reason why breastfeeding mothers don't exclusively breastfeed is due to their involvement in formal employment.

In light of the background information above, it is quite apparent that formally employed mothers find it challenging to continue breastfeeding their infants especially after the expiration

of the leave duration. As such, this study explores the experiences of formally employed mothers; primary school teachers and nurses in practicing breastfeeding within Goma division in Mukono municipality.

1.3 Statement of the problem

According to UNICEF (2021), globally about 40% of infants were breastfed exclusively and that figure was projected to upswing to 50% by 2025. According to UNICEF (2020) the global prevalence of breastfeeding practices stood at 48%, however there was a noticeable variation by the different regions. For instance, in Eastern and Southern Africa, its prevalence was at (64%), South Asia (50%), Latin America (54%) Pacific (38%), World (48%).

In Sub Saharan African, evidence by Wako, et al (2022) showed that about half (50.8%) of children aged 0–5 months were exclusively breastfed; and Uganda was listed among the countries that scored relatively higher (67.1%), and further evidence from UDHS (2016) revealed that only 66% of children under the age of six months were exclusively breastfed. Over all, this suggests an improvement in the practice of exclusive breastfeeding. Additionally, the above UDHS observed that the percentage of children exclusively breastfed decreases sharply with age from 83% of infants aged 0-1 month to 43% of infants aged 4-5 months. This glaring poor prevalence of EBF suggests that breast feeding alone might be more trouble.

The inability to exclusively breastfeed infants has been reported to have a detrimental effect on human capital and financial loss alike. For instance, Dylan, Phan & Mathisen (2019) reported that about 595,379 childhood deaths yearly were attributed to failure to EBF, and for women breastfeeding was estimated to have the potential to prevent at least 98,243 deaths, ovarian cancers and type II diabetes each year. Over-all, this avoidable morbidity and mortality were projected to have translated into global health system treatment costs of US\$1.1 billion annually. Thus, the urgency with which action should be taken to encourage mothers to breastfeed always.

Importantly, Goon, et al (2021) observed that prevalence of the first six-months breastfeeding was significantly higher among married and unemployed women. While many studies have been conducted on exclusive breastfeeding globally, there is no known specific study about breastfeeding practices and experience among formally employed primary school teachers and nurses working in Goma division, as such this study sought to fill in that missing gap in knowledge.

1.4 Purpose of the Study

The purpose of this study was to explore the breastfeeding practices and experiences of formally employed primary school teachers and nurse working in Goma Division-Mukono Municipality.

1.5 Research objectives

Specifically, this study was guided by the following objectives:

1. To determine the breastfeeding practices of formally employed primary school teachers and nurses working in Goma Division, Mukono Municipality
2. To explore the breastfeeding experiences of formally employed primary school teachers and nurses working in Goma division, Mukono municipality.

3. 1.6 Research questions

The study intends to answer the following research questions:

1. What are the breastfeeding practices of formally employed primary school teachers and nurses working in Goma Division, Mukono Municipality?
2. What are the breast experiences of formally employed primary school teachers and nurses working in Goma division, Mukono municipality?

1.7 The scope of the study

1.7.1 Content scope

This study focus was limited to determining and exploring the practices and experiences of formally employed primary school teachers and nurses working in Goma Division, Mukono Municipality.

1.7.2 Time scope

The study covered a period of three years starting from 2019 to 2022. The researcher focused on this study duration because national data report and scholarly evidence disclosed that during this period in time, exclusive breastfeeding prevalence staggered nationally, but also at isolated geographical delineation. For example, UDHS (2016) revealed that overall 66% of children under 6 months were exclusively breastfed. However, the report further observed that EBF

sharply declined with age, for instance from 83% among children age 0-1 months to 69% among those age 2-3 months and 43% among those age 4-5 months. Nabunya et al (2020) disclosed that in Kampala metropolitan the prevalence of exclusive breastfeeding increased slightly from 85.7% at zero months to 87.2% at one month and then sharply fell to its lowest (24.6%) among five months old children. In both of the reports above, there is a sharp decline in EBF practice with age and this fluctuation can be linked with the mother's experiences or live styles.

1.7.3 Geographical scope

The study was done in Goma Division, located within Mukono Municipality in Mukono district. Goma Division is made up of five parishes and 84 villages. The researcher picked Seeta, Misindye and Nantabulirwa Parishes to perform the study because these areas constitute the highest population of formally employed mothers, including teachers and nurses.

According to annual labour force survey by UBOS (2021), the total estimated working population was about 16 million Ugandans of which 51.9% were males and 40.1% female. Further the report revealed that those in healthcare profession had 1.3% as male and 1.9 female, meanwhile in the education sector, 5.6% were male and 6.7% female.

The researcher chose to undertake this study in Goma division in Mukono municipality for basically three reasons; firstly, as of 2023 the division health department revealed that the division has government health center II and III, besides, there were over 10 private healthcare units. Secondly, the division has over 15 primary schools. Both the primary schools and healthcare units had many female employers and some of them were breastfeeding mothers.

1.8 Justification of the study

As indicated by the Mukono Municipality Annual Report on Health (2015) that the experiences during exclusive breastfeeding among formally employed mothers are a serious challenge as mothers breastfeed their children. This appears to have greatly affected the mother to child relationship, according to the researcher; more studies in this line are a necessity much as theories and research evidence explaining the link between mothers and breastfeeding had been deliberated upon. Ferris et al. (2007) emphasized that much as there is a positive relationship between experience of formally employed mothers and breastfeeding, variety of settings need to

be studied for further evidence to support the cause and for the comprehension in fullness of the variables under study.

1.9 Significance of the study

This study may be beneficial to the following:

This study findings revealed that mothers in formal employment experience a lot of work, tight work schedules, very minimal institutional support to continue with breastfeeding, the policy makers and practitioners can use this evidence to plan and implement an approach for solving the problem in all the work places for working mothers to continue breastfeeding after 3 months of maternity leave.

The policy and decision makers can also use the findings to strengthen policies supporting exclusive breastfeeding on policy guideline on infants and young child feeding which aims at providing the framework to ensure the survival of and enhancing the nutritious health, growth development of infants, young children as stipulated in the convention on the rights of the child.

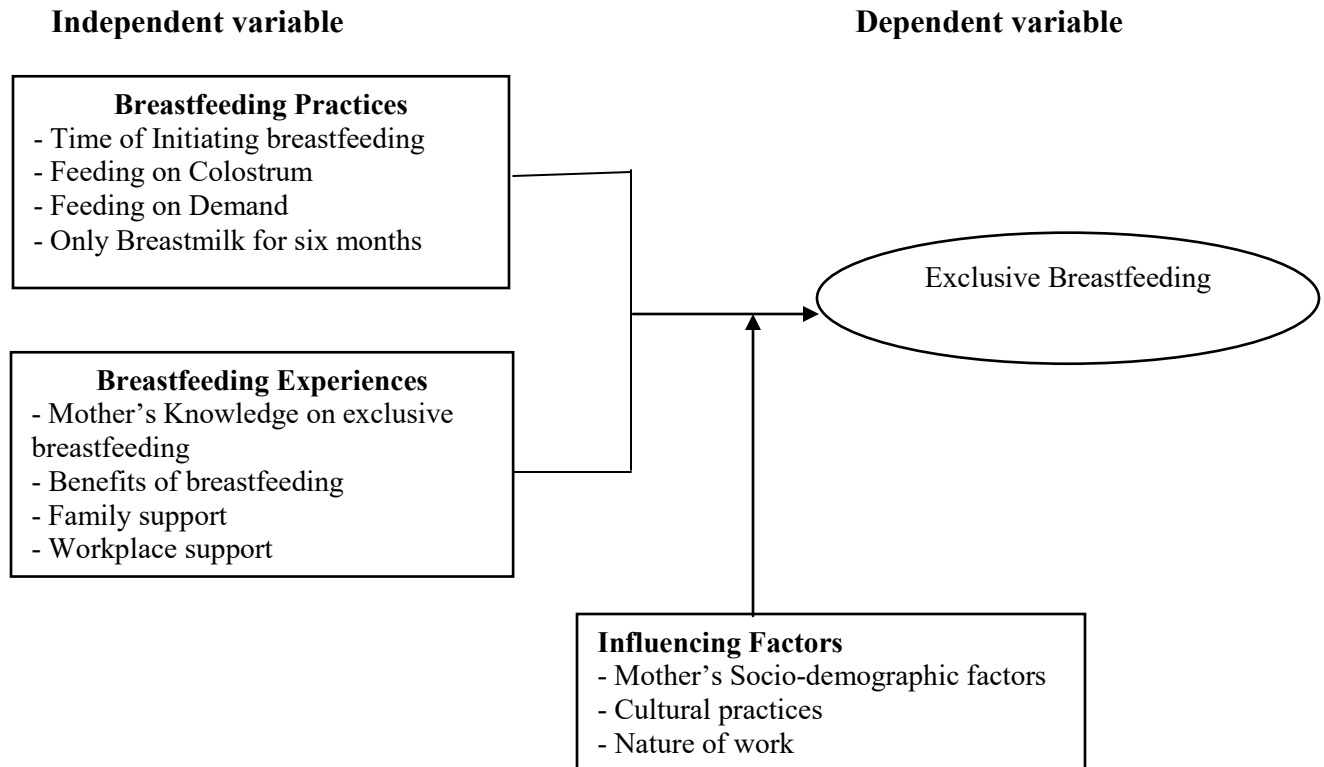
This study findings may be used to practice to improve exclusive breastfeeding in the institutions among formally employed mothers working in Goma Division after returning from maternity leave emphasizing the importance of breastfeeding to both the infant and mothers.

It is the researcher's hope that the study findings will enable the employers in both public and private sector offices to plan well for breastfeeding mothers by setting aside rooms for baby care.

1.10 Conceptual framework

Diagram 1: Conceptual Framework: Practices and Experiences Influencing Exclusive

Breastfeeding



Asayo Stella: 2022

The researcher with the aid of several literature reviews constructed the above conceptual framework. Abekah-Nkrumah, et al (2020) - examining working mothers' experience of exclusive breastfeeding in Ghana; Hasan, A. R et al (2020), work and breast milk feeding - a qualitative exploration of the experience of lactating mothers working in readymade garments factories in urban Bangladesh; and Mabaso, B. P., et al (2020)- experiences of workplace breastfeeding in a provincial government setting: a qualitative exploratory study among managers and mothers in South Africa.

In regards to the diagrammatic expression above, the researcher envisions that there is an interconnected and intertwined relationship between the breastfeeding practice and the lived experiences of formally employed mothers in practicing breastfeeding. For instance, the recommended breastfeeding practices by WHO and UNICEF includes but not limited to the

ability of the mother to initiate breastfeeding, ensure that the baby receives colostrum, and that the baby is breastfed on demand and pre-lacteal food is properly administered.

The above is what breastfeeding mothers are expected to do in order to achieve EBF. However, the perceived experiences of the breastfeeding mothers, for instance their knowledge of EBF, work place factors (work schedules, leave duration, work load), family support and institutional (policy) support structures play a vital role in attaining EBF. Important to acknowledge is the fact that other influencing factors informing EBF includes among other things, the demographic factors, cultural factors and the nature of work that the breastfeeding mother is involved in.

CHAPTER TWO

LITERATURE REVIEW

2.0 Introduction

This chapter reviewed literature related to the topic of the experiences during breastfeeding among formally employed mothers. The literature review process was guided by research objectives which were divided in to sub-themes for instance, the challenges faced by formally employed mothers during exclusive breastfeeding of their babies; how work influences breastfeeding mother's ability to breast feed. The literature reviewed are reliable sources such as peer reviewed books and journals, conference presentations, and institutional periodic reports.

2.1 Conceptual review

This section reviews the vital and related research concepts in details following the objectives looking at the relationships between the independent variables and the dependent variable.

2.2 Breastfeeding practice of mothers in formal employment

In 2020, Wu, et al. (2021) reported that around the world less than 40% of infants under six months of age are exclusively breastfed and in developing countries exclusive breastfeeding prevalence of 36% among infants younger than 6 months. According to the evidence of Adebayo, et al. (2021), in countries like Nigeria, exclusive breastfeeding among the female doctors was at 11.1%. In Ghana, Kubuga & Tindana (2023) showed that the prevalence of exclusive breastfeeding among mothers dwelling in the city and working mothers to be as low as 10.3%. In meta-analysis study Wake & Mittiku (2021) in the four region 29 sub-Saharan Africa countries (SSA), Exclusive Breastfeeding prevalence ranged from 23.70% in Central Africa to as high as 56.57% in Southern Africa to as high as 56.57% in Southern Africa. In Uganda, Nabunya et al. (2021) revealed that the national prevalence of EBF was 42.6% in 2016. In Ethiopia, Mekebo, et al. (2022) noted that the prevalence of exclusive breastfeeding among children aged 4-6 month was less than 50%.

Over the years, several studies like (Jenning & Hirbaye, 2008; Alemayehu., Haidar., Habte, 2009) indicated that there has been a significant difference (10–30%) observed between employed and unemployed mothers on the practice of exclusive breastfeeding. In Southeast Ethiopia, Setegn., et al, (2012) found that only 33% of employed mothers practiced EBF while 73% of unemployed mothers feed their children exclusively for the first six months. This difference was a little lower in a study conducted in the northwestern part of the country, which reported 44% and 65% of EBF among employed and unemployed mothers, respectively. The findings seem to suggest that maternal employment affects child caring time and is reported to be the major reason for low rates of EBF (Fein, Roe, 1998; Abdulwadud, 2007)

Scholarly evidence of (Dennis., Hodnet., Gallop., &Chalmers, 2002); Ortiz., McGilligan., Kelly, 2004) indicated that majority of formally employed mothers starts breastfeeding their children with liquids and food supplementations earlier as compared to their unemployed counterparts and they frequently attribute early weaning to unsupportive work environments. The possible reason might be employment rules and regulations, such as less maternity leave (three months in Ethiopian content) and employed mothers have less opportunity to stay at home, compromising exclusive breastfeeding and lack childcare facilities close to the workplace.

As noted severally above, evidence points out that there is much lower prevalence of exclusive breastfeeding among professional working mothers in developing countries. This because of the challenges they encounter after maternity leave, inflexible work schedule, early return to work, lack of support at work among others, have been suggested to contribute to the low uptake of exclusive breastfeeding among working mothers (Abekah-Nkrumah et al., 2020).

2.3 Experiences of breastfeeding mothers in formal employment

The experience of mothers in formal employment in many countries does not seem to follow the expected international recommendation for exclusive breastfeeding because of the challenges they encounter at their work place WHO (2015). Nkurah (2020) expressed that many working mothers were undergoing real challenges in as far as practicing breastfeeding is concerned; in part its severally expressed that the short maternity leave given for 3 months, early return to work, lack of privacy, feeling being watched and judged, fatigue and lack of support at work contributes to low uptake of exclusive breastfeeding and additional month for annual leave is when they could physically breastfeed their babies. However, on returning to work they had to

leave their babies in the hands of their relatives who feed them using bottles as an alternative to continue with exclusive breastfeeding.

2.3.1 Lack of privacy and fatigue

Working breast feeding mothers face the challenge of lack of privacy especially at their work places, a factor that inhibit the practice of EBF. According to Abekah-Nkrumah, et al. (2020), about 55% of the formally employed breast feeding mothers reported privacy concerns, and additional 5% felt vulnerable while breastfeeding from their work places. Other than privacy challenges, Kadale, et al. (2018) indicated that breastfeeding mothers expressed fatigue as a contributing factor for failure to practice EBF. It is therefore, desirous that having flexible work schedules can assist continuance of breastfeeding. Also some breastfeeding mothers find it challenging to balance work with breastfeeding due to pain in the breast. According to the evidence of Indrani & Sowmya (2019) breast feeding mothers reported pain while breastfeeding due to engorged breasts, other mothers reported pain due to perineal tears.

2.3.2 Destructive workplace factors

Work place environment is also identified as a major theme that contributes to the decision making among mothers in formal employment to exclusively breastfeed their babies, these factors are divided into two sub-themes; work place factors that promote exclusive breastfeeding and workplace factors that inhibit exclusive breastfeeding Alemayehu, et al (2009). Work factors that hinder working mothers' practice of exclusive breastfeeding with three items were identified under this sub-theme, which was absence of Maternity Policy in an organization, which inhibited engagement in exclusive breastfeeding at the workplace after 3 months of leave has ended as stipulated by Law. The researcher established whether workplace factors are conducive to the mother to continue with exclusive breastfeeding.

The study also indicated that lack of institutional support from organization was one of the contributing factors militating against exclusive breastfeeding among working mothers. Alemayehu, (2009) reports that organizations lack breastfeeding rooms, breastfeeding breaks and flexible working hours that constrained the practice of exclusive breastfeeding among formally employed mothers after 3 months of maternity leave

A work-family imbalance is also another factor that hinders working mothers' ability to exclusively breastfeed their babies. Men compete with babies to breastfeed and this poses a challenge to mothers in trying to juggle the two Al-Sahab., et al (2010). Many working mothers complained that because of inability to breastfeed their babies due to being at work, they experience a lot of pain in the breast because the breast is engorged. On reaching home, husband wants to breastfeed, as well as the baby. This leaves mothers very exhausted and as a result, they are sometimes compelled to end exclusive breastfeeding. At times when mothers leave their workplace with painful breasts on reaching home, the baby does not breastfeed because he or she is satisfied especially when they leave their workplace in the later hour.

2.3.3 Tight work schedule and breast feeding

Due to the busy nature of formal jobs, breast feeding mothers finds it very challenging to cope up with the two demands. The breast feeding mothers do not get enough time to attend to their babies because of work demand. Al-Katufi, et al. (2020) revealed that 96% of the working mothers reported that their working environments wasn't suitable to support breastfeeding. Also, Litwan, et al (2021) noted that formally employed working mothers could not easily profit from breastfeeding breaks during the workday because of the existence of a strict work schedule within the work environment. According to Hasan, et al (2020), it was stressed that despite the informative knowledge of the benefits and importance of EBF, barriers such as excessive workload and lack of adequate caregivers at home hindered exclusive breastfeeding.

2.3.4 Strict work place regulations

In some organizations, mothers are not allowed to carry newborns to work places, such kind of work place environment makes it very frustrating for breastfeeding mothers to continue breastfeeding their babies. Wallenborn, et al. (2019) established that breastfeeding mothers who were denied the opportunity to breastfeed their babies due to work place restriction exhibited low self-efficacy which is an important predictor for breastfeeding duration. The worse part comes when breast feeding mothers can't negotiate their situation with their bosses. According to the evidence of Riaz & Condon (2019) where it was shown that when returning to work after giving birth, healthcare working mothers encountered rigid hospital policies and practices like being given a short and non-negotiable period of maternity leave.

2.4 Benefits associated with exclusive breastfeeding

There is a colossal amount of scholarly evidence to the effect that breastfeeding is an unmatched way of providing ultimate food for the healthy growth and development of infants. Further, Garwolińska, et al (2018) reiterated that breastfeeding is an integral part of the reproductive process with important implications for the health of both the infant and the mothers. The importance of breastfeeding to the mothers was well stated by Thresa (2019), who noted that breastfeeding immensely contributes to the health and well-being of mothers as it helps to space children, reduces the risk of ovarian cancer and breast cancer. With reference to Liben, &Yesuf, (2016), it was observed that WHO and UNICEF recommend initiation of breastfeeding within the first hour after birth; exclusively breastfeed for the first six months of age and continuation of breastfeeding for up to two years of age or beyond in addition to adequate complementary foods.

It was the recommendation of WHO (2015) that all children should breastfeed up to the age of 2 years or beyond, in order for them to achieve optimal health growth and development for their infants. However, the breastfeeding practices among working mothers have remained low and poor compared to the unemployed ones. Breastfeeding has many advantages for both the baby and its mother. According to Babita,et al (2014), these benefits include protective effects against breast cancer in women, Faster Postpartum Period Involution of the Uterus in early Postpartum period and delayed return of menstrual period also known as contraceptive method. Furthermore, Dearden et al, (2002) noted that breastfeeding enhances the mother-child interactions, which in turn positively affects both Short-term and Long-term health.

A colossal amount of evidence in scholarly work suggest that exclusive breastfeeding has better returns for current and future child health compared to complimentary food and drinks. For instance, Hossain & Mihrshahi (2022) contended that exclusive breastfeeding between 6 months and 2 years is associated with reduction in infant mortality and morbidity, lower risk of necrotizing enterocolitis Altobelli et al. (2020), and reduced risk of allergic disease, obesity, type II diabetes and hypertension in later life Zachou, et al. (2019). In developed countries, evidence of Hossai & Mihrshahi (2022) pointed out that exclusive breastfeeding protects against gastrointestinal and respiratory infection. For mothers, Obeagu & Obeagu (2024) disclosed that EBF is associated with lowered chances of developing chronic illnesses related to obesity and the development of ovarian and Gianni, et al. (2019) reported that EBF could minimize chances of mothers getting breast cancer as well as reduce postpartum bleeding. Furthermore, the evidence

of Meaney (2018) concluded that mothers who exclusively breastfeed their babies are less likely to develop depressive symptoms.

Exclusive breastfeeding has far-reaching impact in addition to the health benefits it gives to infants and the mothers. Breastfeeding is also a critical element of worldwide development efforts to create a healthier, prosperous and sustainable planet. For example, under the sustainable development goals 1, 8 and 10 which focuses on ending poverty, promoting economic growth and reducing inequalities; Victoria et al. (2016) suggested that generally breastfeeding is linked with adding up to US\$302 billion annually in additional income to the world economy which literally translate to nearly 0.5% of world gross national industry. North, et al (2022) disclosed that increasing the number of children who are breastfed might possibly save the lives of at least 820,000 children under age five.

2.5 Social demographics and EBF factors

Generally, demographics play a significant role in enabling or inhibiting the practice of EBF among formally employed mothers. According to Mazengia, & Demissie (2020) it was revealed that out of the 92.1% of employed mothers who had good knowledge of EBF, only 38.5% practiced EBF. The study observed that the variation was occasioned by factors like short maternity leave, mothers' level of education and support from husbands. Nukpezah, et al. (2018) reported that majority (70.5%) of the breastfeeding mothers disclosed being aware of EBF, about 87.5% of participants believed that EBF should be practiced for only 5 months in their locality. The above study also found a significant association between EBF and knowledge of the mothers about EBF. Tangsuksan, et al. (2020). revealed that maternal factors (family income, attitudes, intention, confidence, and knowledge) and workplace factors (maternity leave and working times) co-predicted exclusive breastfeeding six months.

2.6 Policy guidance on EBF

Strategies to improve infant and young child feeding (IYCF) have been put in as key component of child survival and development programs of many nations, supported by UNICEF and the World Health organization (WHO), include infant and young child feeding (IYCF) as priorities. The Convention on the elimination of all forms of discrimination Against Women (1979) is relevant to food rights and breastfeeding, in that obstacles to breastfeeding for women who wish to breastfeed infringe on their rights.

The Convention is in line with the Universal Declaration of Human Rights (1948), International Covenant on Economic, Social, and Cultural Rights (1976) and Convention on the Rights of the Child (1990). The World Alliance for Nutrition and Human Rights acknowledged the importance of breastfeeding at its first meeting in 1993:

“Believing that obstacles to breastfeeding often serve as a human being first hinderance to adequate nutrition, food and care, the alliance pledges to further the principles of Innocenti Declaration on the Protection, promotion and support of breastfeeding.” Moreover, all infants should enjoy the right to be exclusively breastfed for the first six months of life and thereafter to be breastfed for up to two years or beyond, together with age-appropriate, nutritionally adequate and safe complementary foods.

Beyond the child’s right to survive and develop, the scientific rationale for this decision is clear. The Lancet Series on Child Survival 2003 underscored that exclusive breastfeeding (EBF) and continued breastfeeding with complementary feeding are major factors in child survival, growth and development. Evidence also demonstrates that lack of breastfeeding is associated with various chronic diseases and obesity later in life, poor school performance, reduced productivity and impaired intellectual and social development, the benefits of optimum breastfeeding practices, which include exclusive breastfeeding for the first six months, are abundant. However, the challenges to making exclusive breastfeeding the norm are also numerous.

In Uganda, the increased rate of women’s participation in labour force has resulted in a double workday, which results in a burden of having to accomplish both reproductive and productive roles. According to the Employment Act, (2006), Maternity leave is 12 weeks, which is insufficient as is below recommended six months of exclusive breastfeeding thus maternity protection, is left to the discretion of the employer and breastfeeding-working mothers.

2.7 Gaps in the different literatures reviewed

The evidence presented in the literature reviewed above suggests that despite of the renown benefits of breast feeding for newborns, the prevalence of its practice is low in sub-Saharan African countries and poorer among professional and formally employed mothers. The literatures above point out absence and short maternity leave, early return to work, lack of privacy, feeling being watched and judged, fatigue and lack of support at work are the strong determinants for the low and poor breastfeeding practices among formally employed mothers. As a result, majority of

the employed mothers started breastfeeding their babies on food supplementations much earlier compared to their unemployed counterparts. At global level, WHO (2023) indicated that less than 44% of infants under six months were exclusively breastfed, while evidence from UDHS (2016) revealed that only 66% of children under the age of six months were exclusively breastfed; though that is a general statistic, the prevalence was even lower among professional and formally employed mothers.

CHAPTER THREE

RESEARCH METHODOLOGY

3.1 Introduction

This chapter presents the procedures, process and methods that were used in carrying out this research on experiences of formally employed mothers in practicing exclusive breastfeeding in Goma division, Mukono municipality. The decisions to adopt and use the several research methods in this study is also justifiably elaborated on; some of the methodological components shall capture but not limited to research design, study population and sampling techniques, ethical issues that were followed in carrying out this research.

3.2 Research Design

This study adopted a phenomenology study design as the most appropriate design to help in the undertaking of this study. Van Manen (2023) elucidated that phenomenological research design focuses on discovering the true value of human experiences and understanding the meaning people attribute to those experiences. This design helped the researcher unearthed in-depth information concerning the experiences and practices associated with breastfeeding among primary school teachers and nurses in Goma division, Mukono municipality. The relevance of this design to this study stems from the fact that the researcher investigated the lived experiences and practices of the study respondents.

3.3 Research Approach

In this study, the researcher embraced a qualitative research approach because it is more versatile and flexible; further, this approach involves the collection and analysis of non-numerical data. According to Rashid, et al (2019) the use of qualitative research approach provides a more detailed and broader array of understanding multifaceted research problem like lived experiences of formally employed breastfeeding mothers through a qualitative approach alone.

3.4 Target Population

In any research activity, the researcher must be able to spell out the category of his/her population right before a research process even begins. According to Ingram & Schneider (1991) a target population means the whole population or group of population that a researcher is interested in researching about. In the context of this study, the target population were the breastfeeding mothers in formal employment. However, the study population from whom data was collected for the purposes of analysis and interpretation were breastfeeding mothers who were formally employed as medical nurses and schoolteachers in Goma division, Mukono municipality.

The researcher chose to focus on breastfeeding mothers who are primary school teachers and nurses respectively for two main reasons; firstly, there is evidence in the literatures reviewed in chapter two of this study to the effect that exclusive breastfeeding practices were poor among formally employed and working mothers. And secondly, the primary school teachers and nurses falls within the ambit of formally employed mothers.

3.5 Sample and sampling techniques

3.5.1 Sample size determination

In social science research it is very rare that researchers study the whole population, not even in the national census, Mugenda & Mugenda (2003). As a matter of fact, it was challenging to estimate the number of formally employed breastfeeding mothers working in Goma division. However, given the fact that the research was a qualitative inquiry focusing on understanding life lived experiences of breastfeeding mothers, the researcher projected to interview 50 respondents, 20 school teachers, 20 nurses, 5 head teachers, 5 In-charge health. However, the researcher managed to reach 11 schoolteachers, 10 nurses, 2-In-charge health and 3 headteachers totaling to 26 respondents because the researcher had reached to the point of saturation.

Table 1: Sample size table

Types of respondents	Projected respondents	Interviewed respondents
School teachers	20	11
Nurses	20	10
Head teachers	5	3
In-charge health	5	2
Total	50	26

In regards to table 1 above, it can be observed that the researcher envisioned to interview 50 potential study respondents. However, the researcher managed to perform in-depth interviews with 26 respondents. The researcher undertook preliminary data analysis each day an in-depth interview was completed, it was from this preliminary analysis that the researcher observed that after about 15 responses the content of the data collected from the study respondents were closely similar and nothing new was being disclosed, this was the reason for stopping data collection on the 26th study respondent. Also, scholars like Saunders, et al (2018) contended that in qualitative research data, saturation is reached when there is enough information to replicate the study and when the ability to obtain additional new information has been attained. According to Guest et al. (2006), a researcher is justified to stop further data collection when they reasonably judge that they have attained the point of saturation as explained above.

3.5.2 Sampling techniques

Sampling techniques are key in identifying and interacting with the correct prospective study participants but also ensuring that the correct sample size and type is identified.

3.5.3 Stratified sampling

The study used stratified sampling technique in accessing the target sample. According to Acharya, et al (2013), stratified sampling technique is a sampling method in which the researcher first divides the study population into strata that constitute a population that shares a similar

characteristic. In this study, the strata created were for healthcare workers (nurses) and education workers (teachers). The justification for adopting this technique was to ensure that both categories of the study population are adequately represented in the sample frame.

3.5.4 Purposive sampling

The researcher used purposive sampling method. According to Etikan, et al (2016), purposive sampling is a sampling technique in which the researcher relies on their own judgment especially when choosing the potential members of population to participate in the study. This sampling method was mainly deployed to identify potential study respondents within the two strata (teachers and nurses). The justification for the choice of this sampling method is that since the sample size was small and well known, it was much easier to identify the ones whom the researcher believed had the right information for the study.

The researcher contacted the head teachers who then named and referred the researcher to the breastfeeding mothers, while at the hospitals the study participants were identified with the assistance of the hospital administrator.

3.6 Data collection method

This section presents the details of the data collection method that was used in the study.

In-depth interview

In-depth interview is a research data collection method in which intensive individual interviews with a small number of respondents are performed with the view of exploring in-depth views and perspectives on particular ideas, program or situation. According to Burgess (1984), in-depth interview involves a conversation cautiously planned with a purpose to achieve a desirable outcome between the researcher and the interviewee.

In this study, the researcher performed a face- to- face in-depth interview with the formally employed primary school teachers and nurses who were breastfeeding mothers. At the schools, the researcher contacted the head teachers, explained the purpose of the study and requested to be supported in identifying the breastfeeding teachers at the schools. Similarly, the researcher contacted the hospital administrators who identified the breastfeeding nurses in the hospital.

The venue and time of interview sessions were chosen by the study respondents, some were at their homes and some were within the institution premises (mostly in the compounds). The

researcher (and the assistance) had a pen, paper and a recorder (cell phones). During the interview, the responses were written down but also recorded, after the interview sessions the researcher further used the recordings to further record details that could have been missed via the written exercises.

3.7 Data collection tool

This section presents the details of the data collection method that was used in the study

In-depth interview guide

The study used an in-depth interview guide as the tool for collecting data from the potential respondents. The in-depth interview guide contained key questions that were informed by the study objective. Some of the thematic areas that informed the in-depth interview guide open ended questions included; knowledge about exclusive breast feeding, work schedules, leave and maternity policy, institutional support and others. The in-depth interview guide was used to collect data from both the breastfeeding nurses and teachers as the study population. The purpose of using the in-depth interview guide was to control the researcher from deviating from the focus of the study objective during data collection.

3.6.3 Quality data control management

The data collection tool was carefully constructed along the research objectives. This was followed by the clearance by the appointed university supervisor. Thereafter, a pre- test involving six (6) potential study participants was undertaken in two primary schools and two healthcare centers to check whether the data collection tools were soliciting for the right data necessary to answer the research question. The findings from the pretesting were used further to improve on the content and nature of questions asked in the in-depth interview guide. Some demographics questions were removed as they were found to be redundant, the chronological order of the questions in the guide was slightly altered to ensure logical flow, and irrelevant questions were removed, and the precision of the questions were generally enhanced.

The researcher carefully identified, trained and evaluated the competence of two (2) research assistance through practical trial exercises. The (2) research assistance also participated in pretesting and the final data collection exercise. The researcher contacted the head teachers of the primary schools and health center administrators for institutional clearances and to sort for

assistance on how to identify the potential study respondents. The head teachers and the healthcare center administrators helped to identify the potential study respondents and introduced them to the researcher.

The researcher introduced about fourteen (14) potential study respondents to the research assistance for the purpose of data collection. However, the rests were carefully identified by the research assistance. The researcher wrote an introductory letter for the research assistance, who went through the head teachers and hospital administrators to help identify and introduce the potential study respondents to the research assistance

Some of the data collection exercises took place within the school and healthcare premises, while others took place at the study respondent's homes at their requests and convenience. Data collection exercise within the institutional premises took place at the time and place convenient to the respondents, mostly outside in the compounds.

The researcher collected the data from the research assistance each day data collection took place, and carry a preliminary analysis to assess the content and nature of data collected. It is against this arrangement that the researcher opted to stop further data collection exercise when a point of saturation was reached after interviewing 26 study respondents.

3.7 Validity and Reliability

In a research project, it is important that validity and reliability aspects be seriously taken into consideration in order to produce authentic study findings.

3.7.1 Validity

In research, Eisend & Kuss (2019) contended that validity refers to how accurate a given method measures what it is intended to measure. In terms of validity of this study method, the researcher adopted phenomenology which is the most appropriate research design for this study, additionally the use of in-depth interview method for data collection in this study commensurately blend with the study adopted. According to Mugenda and Mugenda (1999), content validity is the accuracy and meaningfulness of inferences, which are based on research results. During data analysis process, the researcher undertook the initiative to contact the study respondents with the view to cross check whether the content of the data analyzed and presented mirrored the views they originally expressed during data collection.

3.7.1 Reliability

The concept of reliability in research refers to how consistent a data collection instrument is able to consistently measure what it is designed to measure. Revelle & Condon (2019) noted that reliability in research is concerned with consistency or stability of data collection instrument to collect the most accurate data in a given study. In order to ensure reliability of the study instrument, the researcher carried out a pilot study in which data was collected and responses evaluated to ensure that the questions asked in the in-depth interview guide solicited for the anticipated answers. After undertaking a pilot study, part of the modifications in the in-depth interview guide was done on the demographic information, the chronology of questions and some questions had their precision improved.

Furthermore, George & Apter (2004) noted that in order to enhance reliability in a qualitative study, researchers must verify the accuracy of their data in terms of form by taking a constant comparison with data from study participants or with other previous studies. In this study, the researcher repeatedly compared the content of data among teachers and nurses but also series of comparative analysis with other scholarly research under similar studies to this one was done. Out rightly, the consistency in the data among study respondents and other previous scholarly study outcome is a confirmation that this study possessed sufficient reliability.

3.8 Analysis and data management

The data was qualitatively analyzed and presented. According to Kiger & Varpio (2020), thematic analysis is one of the most common forms of analysis within qualitative research. It further emphasizes identifying, analyzing and interpreting patterns of meaning within qualitative data. In respect to the above, the researcher used thematic analysis technique to develop different themes that emerged from the data that was collected.

Secondly, the researcher used content analysis technique. According to Oliveira (2013), content analysis is a qualitative data analysis used to determine the presence of certain words, themes, or concepts within some given qualitative data or text. It is also possible that qualitative researchers can quantify and analyze the presence, meanings, and relationships of certain words, themes, or concepts. In this study, the researcher used content analysis tool to identify the patterns of

themes and their relationships by grouping content into revealing concepts and themes and made interpretation of their meanings.

The qualitative data analysis process was manually done; the researcher first read through all the transcribed data, guided by the research objectives where common themes were identified and corresponding common expressions were accordingly grouped under the identified themes and finally the data analyzed was presented in a thematic form.

3.8 Ethical procedure and consideration

The researcher took ethical issues very seriously and followed all the known ethical principles while conducting this research. Below are some of the procedures and processes the researcher followed:

First, the researcher closely worked with the appointed university supervisor to this study and produced a research protocol. The research protocol was thereafter submitted to Uganda Christian University Research Ethics Committee (UCUREC) for methodological and ethical clearance.

The UCUREC cleared the study protocol and gave the researcher a clearance letter to go ahead and carry out the study. The researcher thereafter took the clearance letter from UCUREC to Uganda Christian University Post graduate studies and obtained an introductory letter to introduce her to the study site.

The researcher used the post graduate introductory letter above to visit the office of the town clerk Mukono municipality where she obtained a clearance letter to submit to Principal Medical Officer (PMO) Mukono Municipality who cleared her to interact with the hospital nurses and health in-charge.

The researcher visited Town clerk Goma Division and the office of the health in-charge Goma health centre IV and Local Council (LCI) Goma Misindye, Seeta and Nantabulirwa to let them know of her presences in the area with introductory letter and made appointments to meet with Key informant the next day.

While interviewing study participants, the researcher ensured that the respondents underwent the processes of informed consent by also signing the consent forms before any interview started.

Finally, the researcher honored all copyrights and intellectual property by citing authors and providing detailed references for all works and materials used to inform this study.

3.9 Challenges of the study

In the process of carrying out this study, the researcher encountered some challenges that delayed but did not significantly affect the quality of the data collected. These challenges are as follows:

Firstly, the ethical clearance took long from both UCUREC and the institutional levels at the study sites. The researcher never gave up trying and making follow-ups until formal clearances accrued.

Secondly, the researcher encountered immense challenge in ascertaining the correct number of teachers and nurses formally employed within Mukono district, and specifically Goma division. The district and division administration also did not have such data thus the study population was estimated drawing inference from national data from UBOS labor survey for 2021.

CHAPTER FOUR

STUDY FINDINGS AND INTERPRETATION

4.1 Introduction

To answer the research questions to this study, the researcher collected primary data by way of in-depth interview with the identified research respondents. In this chapter, the researcher analyzed and presents data with the view to answer the study research questions.

4.2 Table 2: Demographic characteristics of the respondents

S/no	Types of respondents	Interviewed respondents	Age group	Education level
1	Primary teachers	11	29-49	Certificate in primary teaching
2	Nurses	10	27-45	Certificate in nursing and midwifery
3	In-Charge health Units	2	35-40	Diploma - Degree
4	Head teachers	3	40-50	Diploma – Degree

Source: primary data

4.2 Breastfeeding practices of formally employed primary school teachers and nurses

This section presents study findings in regards to the first specific objective which was to determine the breastfeeding practices of formally employed primary school teachers and nurses working in Goma Division, Mukono Municipality.

4.2.1 Knowledge about exclusive breastfeeding practice

In practicing breastfeeding or EBF, knowledge about it to the mothers is very important, as such one of the core elements in practicing exclusive breastfeeding is the ability to know what it is, and how it is done. The researcher found it worthwhile to ascertain whether the study participants had actual knowledge about what constitutes exclusive breastfeeding. The findings

indicate that exclusive breastfeeding is not a new terminology to the study respondents, partly because some of them were healthcare workers. However, even to the teachers the term was familiar. All the study respondents indicated that exclusive breastfeeding means breastfeeding a newborn on only breast milk for the first six (6) months. One of the primary school teachers disclosed that she learnt about exclusive breastfeeding from the hospital:

“During my last moments of antenatal visits, one of the nurses told me at the hospital to breastfeed my baby only on breast milk for at least the first six months”.

One primary school teacher admitted that though she has ever heard about exclusive breastfeeding, she doesn't know what exactly it is. In response to defining what exclusive breast milk feeding means, she stated that:

“I have heard about it severally. I don't know whether it is a policy or a medical directive, but I hear nurses say you have to breastfeed your child at least for the first six months”.

However, the above respondent, a primary school teacher indicated that all her two children breastfed for at least one year each because she knew the value of breast milk to the baby.

Conversely, all the study respondents alluded to the fact that breast milk has immeasurable value and benefits compared to formula milk and feeds that are given to newborn babies. The study respondents disclosed that exclusive breastfeeding is very vital for babies because breast milk is very nutritious, makes babies to have strong body immunity, prevents children from falling sick easily and the act of breastfeeding creates a bonding experience between the mother and the baby as cited below by one respondent;

“Breast milk helps the baby to grow up healthy and it is cheap, there is no need for buying bottles; no need to go and prepare milk, it's always available. Baby grows faster and becomes wise and bright with the first milk”.

4.2.2 Work and practicing breastfeeding

It is very tasking to balance a very demanding work schedule with breastfeeding a baby. The study respondents shared their views on how they balance work and breastfeeding without attempting to compromise either of them. While expressing her ordeal, one of the study respondents observed that;

“I move with a maid who helps me to carry the baby and I strictly follow my breastfeeding time table which enables me to timely breastfeed my baby”.

Some study respondents revealed that in order to balance workloads and breastfeeding their babies, they simply had to find a way of creating an opportunity to go and breastfeed their babies during working hours, meanwhile others said they take advantage of break times to go and breastfeed. Below is a caption of one of the stud respondents;

“I take advantage of the few free moments to breastfeed. I take advantage of the break times to breastfeed. When it is extremely unavoidable, I find ways to create a moment to feed the baby”

Some of the study respondents noted that as a mother you must have a positive mentality that you have to balance work and breastfeeding. Some brave mothers breastfeed while working especially if there are no anticipated risks envisaged to the baby and the mother about breast feeding. But some breastfeeding mothers indicated they had a very good working relationships with their work mates who stand in for them when they move out to breastfeed.

4.2.3 Breastfeeding beyond maternity leave time

Ideally practicing exclusive breastfeeding is one of the best things a breastfeeding mother can give to their newborns. However, due to work related factors it has proved very challenging for mothers of newborns to exclusively breastfeed their babies. Below are some of the responses on how the study respondents managed to breastfed amidst tight work schedules.

The study respondents demonstrated confidence in the fact that having the best quality breast milk filled with rich nutrients is vital for the health of their babies. As such, they further revealed that timely eating of a well-balanced diet plays a vital role in improving the quality of breast milk. In regards to the afore mentioned, one study respondent stated that;

“I know that breast milk comes from what I eat and drink; I see when our cows at home drink a lot of water and eat different feeds and grass the quality and the smell of the milk is different than when it doesn't eat well and drink a lot of water. That is why I try to eat good local foods and a lot of porridge so that the baby can get enough food value in the breast milk”.

The study respondents attributed the inconsistent flow in breast milk to stressful moments, which they indicated mostly came due to work related engagements. Some of them noted that dealing

with stress coming from home and work place environment is vital and should be done as a self-initiative such that the quantity and quality of breast milk is not negatively affected.

“Sometimes on bad days, I am stressed up at work. I realized it affects me so badly including the baby too, I try to manage by relaxing and resting a lot especially in the night but I keep breastfeeding after every two to three hours to maintain milk flow for the baby”.

Most of the respondents acknowledged the need to have a good mental attitude despite the work and other responsibilities, the baby must be a priority. In some instances, the breastfeeding mothers pointed out that getting support from the family especially their husbands and work place management enabled them to keep in close proximity with their babies for better nursing.

4.2.4 Breastfeeding babies with alternative feeds

Despite breast milk being the best option for infants, due to tough circumstances that formally employed mothers go through, babies tend to miss exclusive breastfeeding practices as recommended by World Health Organization. In the alternative, breastfeeding mothers have fed their babies on other foods as noted below.

Majority of the study respondents indicated that due to busy work schedules, they buy milk or formula feeds for their babies to feed on for the time they are occupied with work and are away from their babies. One nurse stated,

“... It is very challenging for me to carry my baby to the work place; there is no time to attend to the baby during working hours. My mother helps in taking care of the baby by feeding him with cow milk until I return home that is when I give breast milk to the baby”

“...sometimes I express breast milk whenever I go for duty and leave it with my husband and care taker to continue feeding the baby with breastmilk using a bottle until I return back from duty and continue with breastfeeding”

Some of the study respondents revealed that on top of formula foods and animal milk, they feed their babies on water mixed with sugar or glucose with a view that it will give the babies energy to stay strong until when they get chance to breastfeed them. One of the teachers indicated that,

“Once in a while, like three times a week I give the baby glucose in water, it gives her energy to remain strong on top of the formula milk. You know sometimes the money to buy these formula foods is not there, so the glucose helps”

As a matter of emphasis, the types of alternative feeding accorded to babies other than breast; milk really depends on the economic capability of the breastfeeding mother or her supportive family. Generally, babies are fed on animal milk and formula feeds.

4.3 Breastfeeding experiences of formally employed primary school teachers and nurses

This section presents findings associated with the second specific objective which was to explore the breastfeeding experiences of formally employed primary school teachers and nurses in Goma division, Mukono municipality.

4.3.1 Tight work schedules

One of the undesirable experiences by the study respondents was tight work schedules. All the respondents indicated that unfavorable work schedule formed a key factor that hindered them from affording exclusive breastfeeding to their newborns. In regards to the above, the respondents alluded to the fact that given the nature of their work, they had to report early in the morning and subsequently sign off from the day’s duty late in the evening.

“I wake up very early in the morning at about 5:00 am, prepare myself and the baby because I have to be at school latest at 6:30 am. The work usually ends at 5:30 pm though sometimes it can go beyond that time depending on the time table and other responsibility at school”. Primary school teacher.

Given the very busy and demanding nature of the work schedules, the breastfeeding mothers also disclosed that most times they fail to get an opportunity to breastfeed their newborns. In regards to the aforementioned, one medical nurse remarked that;

“The moment I report at work especially during daytime, it is rare that I can find time to even sit down. This is due to too much up and down movements attending to patients. I get caught up with a lot of work and I do not easily get time to breastfeed my baby”.

Another aspect of strained time schedule at work place disclosed by the respondents was the fact that they experience a lot of stress; a factor they reportedly indicated hindered them from

joyfully attending to nurse their babies. The study respondents indicated that their source of stress is due to the very busy and heavy workload and the very strict rules and regulations, which sometimes do not favour breastfeeding mothers in work places. The nurses indicated that they have designated rooms where they are allowed to breastfeed their babies. However, most times due to tight working hours it turns out to be very inconveniencing to walk out from working moments to go and breast feed from the designated breastfeeding room. Some of the nurses remarked that inherently, the nature of their profession makes practicing exclusive breastfeeding a huge challenge. One breastfeeding nurse remarked;

“Sometime the working hour is so busy and packed. You cannot know when you will be allocated night or day shift duty. For me what I see is that the nursing career by its work nature do not allow you to stay with the baby all the time”.

“Whenever I go to work, I go very early to work and I leave caretakers with the baby to feed with alternative feeds cow milk and on returning late from work you find the baby is sleeping you cannot feed on breastmilk, and the breast is to engorged with milk so painful, my husband helps me to suck the breast to relief me from the pain”.

4.3.2 Strict work place regulations

The study findings also revealed that some employers especially in non-governmental institutions generally do not allow mothers to carry their babies to work place environment. In such a situation, breastfeeding mothers interested in practicing exclusive breastfeeding must devise their own ways of breastfeeding. In one of the private health centers, a mother to a one-week newborn baby said:

“Here the management of the health unit announced that breastfeeding is not an excuse for allowing babies and children within the work place environment. Nobody is allowed to carry or keep a baby or a child within work premises”.

The idea of not allowing babies or children at work place premises were mostly common among private institutions, both healthcare and education institutions. This kind of separation of mothers from their babies was also reported to have had a detrimental effect on the baby’s ability to generally breastfeed.

“One breastfeeding teacher remarked: *I struggle balancing work and breastfeeding my baby. At some point, I noticed that my baby started preferring to feed from bottled milk more than breast milk and I think this was because of the many breaks the baby got when breastfeeding*”.

To the contrary, in all government healthcare centers and learning institutions, breastfeeding mothers are given the liberty to bring with them their newborn babies.

4.3.3 Health concerns by breastfeeding mothers

In regards to the health of the babies, generally the study respondents expressed fear about carrying their babies to work places. The reasoning for the fear was that their babies could easily contract diseases due to public exposure. Both the healthcare workers and schoolteachers voiced a lot of worry that their newborns could easily contract diseases due to exposure to several people in different environments. One of the healthcare workers stated:

“Whenever I carry my baby to work place in the hospital, I am always very careful and worried that my baby might contract diseases especially airborne diseases. My work involves helping sick people, even me I can contract the diseases from sick patient and infect my baby”.

Similarly, the experience of the schoolteachers was not any different. Though there were a common perception that exposing babies to the general public makes it riskier for the baby to fall sick. One schoolteacher stated that it is very difficult to keep the privacy of a newborn especially at work places. This is because the culture of people wanting to carry and see your baby is common, and in the process a person sick with flu might end up infecting the baby.

4.3.4 Physical experiences of breastfeeding mothers

The study respondents revealed some personal and physical experiences that they had in regards to breastfeeding. The mother indicated that long distance from home to work places also affects their practice of breastfeeding endeavors. Some of the respondents disclosed that they travel from distant places to come and work in Goma division in Mukono district. One of the healthcare workers observed that;

“I stay with my family at our residential home in Nansana and every day I commute from Nansana, which is over 10 kilometers to Goma health center to work. It is a very hectic journey especially with a baby and a maid”.

Some of the study respondents decried heavy expenses that they incurred travelling from their homes to work places with a baby and a maid. These expenses are not limited to transport fares but also on feeding and other necessities.

One of the exceptional findings disclosed in this study was about the first-time experience breastfeeding while working at the same time. Some study respondents revealed that they felt terrible about practicing breastfeeding while at work, they disclosed that handling the baby and making it breastfeed was challenging. Most breastfeeding mothers expressed discomfort while breastfeeding their babies at work premises, for instance a teacher commented that:

“I really feel very shy breastfeeding in public or open environment like at work place. People seeing my naked breast. I always had to find a hiding place, which was not easy to find”.

Some of the study respondents described their first-time experience of exclusive breastfeeding as being very uncomfortable, as they had to balance very tight work schedule with family care responsibilities including ensuring that the baby is exclusively breastfed.

4.3.5 Adherence to maternity leave policy at work place

The researcher inquired from the respondents as to whether they were given maternity leave from their places of work. Majority of the respondents indicated that they received a mandatory maternity leave when they gave birth. The maternity leave experiences were evidently reported among the respondents working in government facilities, for instance one of the responded from government health facility indicated that;

“Maternity leave is given when the expectant mother is about to give birth. The leave period is to allow the mother recover and properly nurse her baby; the good thing is that the mothers still take full pay during the maternity leave periods”.

However, from non-governmental institutions there were mixed responses regarding maternity leave as respondents indicated different length duration of the maternal leave that they got. Whereas majority of the study respondents stated that their maternity leave should last for three

months, all the study respondents disclosed that, their maternity leave lasted for two months. One of the responded from non-governmental health facility point out that;

“At our work place, as a mother of a newborn I was given one month as my maternity leave. You are expected to exclusively breastfeed your baby within that time before resuming work. It is the same thing with all other mothers of newborns”.

In regards to maternity leave duration, all the study respondents indicated that their institutions do not give them the full three months’ maternity leave as prescribed under the law. In affirmation to the afore mentioned, one study respondent from government hospital observed that;

“I have not heard of anybody going for full three months’ maternity leave. We are given only two months, but if you have not yet utilized your one-month annual leave then you are given three months but if you have utilized the annual leave, you are given two months”.

There were some institutions where maternity leave is a matter of concern. This was very evident in private and business-oriented institutions (both schools and healthcare centers). In one of the private healthcare facilities, it is reported that they do not give maternity leave. As an emphasis, one respondent stated that:

“At my work place there is nothing like maternity leave or any type of leave. It is either you work or you lose your job. This is why I cannot even imagine practicing exclusive breastfeeding because it is impossible. My baby mainly feeds on formula foods”.

In some places, the breastfeeding working mothers are given very short leave breaks. One study respondent from a healthcare facility indicated that she got one-month leave which started from the date she gave birth. She stated that:

“At our workplace the moment you give birth, you are given one-month leave. When the one month expires, you must immediately report to work fully. You are not allowed to carry babies to work place”.

The above findings suggest that the experiences of formally employed mothers imply they have serious difficulties in practicing exclusive breastfeeding.

4.3.6 Institutional support to breastfeeding mothers

In the above thematic area, the researcher report findings as to whether breastfeeding mothers are supported in their pursuit to exclusively breastfeeding their infants by their employer especially after the expiration of the legal maternity leave duration.

The study findings disclosed that majority of the study respondents especially those working in government facilities (institutions) received some support to encourage breastfeeding mothers to continue practicing exclusive breastfeeding for their newborn babies. For instance, a nurse from a government hospital disclosed that:

“The hospital administration allocated some special rooms where breastfeeding mothers can go and breastfeed their babies. Breastfeeding mothers are also given flexible working hours in which they can take several breaks”.

The study findings further disclosed that generally the respondents indicated that their work place policies allow mothers to bring their babies and are at liberty to breastfeed babies around work place environment. In fact, the government hospitals were reportedly offering free delivery and free medication for their staff members.

However, study findings especially from private schools indicate that they do not squarely offer support to breastfeeding mothers as compared to government and some non-governmental organizations. For example, a respondent from a private school disclosed that:

“When you give birth, it is as if you have chased yourself from work. There is no support for breastfeeding mothers apart from the pay you get for the months you have worked for”.

This respondent was working in a health facility and after giving birth she no longer works at the facility because she was replaced at her work place.

4.3.7 Family support to working mothers practicing breastfeeding.

In every community, the family is always the fall back where we get comfort, encouragement and support. The researcher asked the respondents whether they get any sort of support amidst the challenge of attempting to exclusively breastfeed their babies.

Study respondent testified that they received some support from their families. One form of the support mentioned severally was the provision of food. The respondents disclosed that their husbands usually bought food at home including specific foods that support quality breast milk for the baby.

A considerate number of the study respondents revealed that their family members took up other home care responsibilities in their absence when they go to work. The family members helped by bottle feeding the baby, washing clothes, cooking food and performed other house chores while the breastfeeding mothers are at work. When the mothers return home, they are comfortable to continue breastfeeding their babies because a lot of work has been done. This gives the breastfeeding mothers freedom to breastfeed since they would return very exhausted from work.

Other family support came in form of financial support, including money needed to pay the maids who always kept around caring for the baby especially by carrying and ensuring hygienic environment around the baby. Some of the moneys were consumed in buying meals, transport, medical care/treatment. One nurse indicated that:

“My husband is very helpful. I pump breast milk and I leave him with the baby to carry and care for especially when I am on night shift duty”.

On the contrary, the study findings also revealed that some breastfeeding mothers do not get the help they desire from their household members. One respondent (a nurse) stated that she is everything in her family and does not receive any sort of support from anybody. This in a way made her attempt to exclusively breastfeed her baby impossible. As such, she includes baby formula foods to ensure the baby remains healthy.

CHAPTER FIVE

ANALYSIS AND DISCUSSIONS

5.1 Introduction

This chapter analyses and discusses the findings in details by way of comparative analysis in order to have an overall understanding of experiences of formally employed mothers who exclusively breastfed their newborn.

5.2 Breastfeeding practices of formally employed primary school teachers and nurses

This section discussed the study findings in regards to the first specific objective which was to determine the breastfeeding practices of formally employed primary school teachers and nurses working in Goma Division, Mukono Municipality.

5.2.1 Knowledge about exclusive breastfeeding practice

All the study respondents displayed good knowledge of what exclusive breastfeeding meant. According to Osibogun & Oyibo (2018), it was disclosed that 94% of the breastfeeding mothers studied had a good knowledge of exclusive breastfeeding and 86.5% of them reported that the hospital was their source of information. To the contrary, evidence from Wainaina, et al (2018) revealed that majority of breastfeeding mothers reported experiencing inadequate social, healthcare and workplace support and preferred online sites for information on exclusive breastfeeding than the healthcare professionals. In emphasizing the importance of the exclusive breastfeeding, the study respondents alluded to the fact that breast milk has immeasurable value and benefit compared to formula milk and feeds that are given to newborn babies. This position is further supported by Chhetri, et al (2018) in which the prevalence of exclusive breastfeeding among working mothers was found to be low despite the fact that they exhibited adequate knowledge on exclusive breastfeeding and its benefits.

5.2.2 Work and practicing breastfeeding

In regards to the second research objective which was to find out how work influences exclusive breastfeeding among mothers in formal employment in Goma Division, Mukono Municipality, the researcher answered this question by analyzing the study findings and discussions presented above that arose from the first specific study objective of this study.

It was generally noted that the breastfeeding mothers have very tight work schedules in which they are expected to report as early as between 6:00 am and subsequently leave work after 6:00 pm. This inevitably implies that the little time the breastfeeding mother is temporarily off work place, her work output and performance is negatively affected. According to Hasan, et al (2020), factories owners indicated that pregnant and lactating mothers spend a reasonable amount of time attending to their babies. This has in part forced the factories and other profit-oriented companies not to employ expectant and lactating mothers.

From the afore ongoing, it can be confidently stated that breastfeeding mothers work with divided attention especially knowing that their babies are not close to them. This is more devastating especially for work places where babies are not allowed. The above finding can be supported by the evidence of Luthuli, et al (2020) which found out that financial pressures forced many breastfeeding mothers to return to work earlier than planned. This resulted in changes to infant breastfeeding practices as most participants introduced formula, other foods and fluids to their babies when they returned to work some of whom reported having stopped breastfeeding entirely.

This finding provide revealing insights as to why breastfeeding mothers require a lot of institutional and family support to be able to execute exclusive breastfeeding successfully.

The third observable factor that the researcher reasonably established as affecting the quality and performance of breastfeeding mothers is the aspect of stress factors. The breastfeeding mothers gather stress from excessive work load, in consistent breastfeeding, family care responsibilities and other sources that are not envisaged by this study. According to Harmsen, et al (2018), working under any minimal stressful conditions invariably affects the quality of performance of an individual. This study strongly speaks to the plight of breastfeeding mothers who are heavy burdened with stress and workload. In fact, Johari & Zulkarnain (2018) reiterated that balancing workload with work life for breastfeeding mothers is very vital especially in successfully

achieving exclusive breastfeeding. In brief, though without any statistical empirical data, it can be inferred from the above qualitative findings that to some degree, work negatively affects the breastfeeding mother's ability to exclusively breastfeed their newborns.

5.2.3 Breastfeeding beyond maternity leave time

The study respondents demonstrated confidence in the fact that having the best quality breast milk filled with rich nutrients is vital for the health of their babies. This ensures that the little opportunity the mothers had to breastfeed their babies, the babies were exposed to getting mineral rich milk. According to a multivariate analysis report by Dwinanda & Sjarif (2018), it was revealed that the mother's confidence in breast milk production, as well as husband or family support, affected the success of exclusive breastfeeding for each month. On top of quality milk, the study respondents stated that timely eating and eating of well-balanced diet food plays a vital role in improving the quality of breast milk.

Dealing with stress from home and work place environment is vital and should be a self-initiative in order not to affect the quantity and quality of breast milk. It was also acknowledged as a common position by the study respondents that, as a mother, it was vital to recognize the need for positive attitude that despite the work and other responsibilities, the baby must be a priority.

5.2.4 Breastfeeding babies with alternative feeds

The study findings revealed that due to tough circumstances that formally employed mothers go through, babies tend to miss out on exclusive breastfeeding as recommended by the World Health Organization. In the alternative, breastfeeding mothers have fed their babies on other feeds. This study finding is consistent with Ali et al (2022) study which revealed that an analysis of the introduction of non-breast milk before 6 months of age showed that a higher proportion of infants than toddlers were given other milk; 29.3% of toddlers compared to 16.9% of infants.

The study also disclosed that some of the study respondents fed their babies on water mixed with sugar or glucose. This study finding is similar to findings by Green, M. et al (2021) which revealed that non-exclusively breastfed infants received breast milk substitutes (BMS) with some babies feeding on plain water, some on juice drinks and others initiated on solid-soft foods. The

introduction of other milk or feeds to the babies were necessitated by their mother's socio-economic factors coupled by their busy and tight work schedules.

5.3 Breastfeeding experiences of formally employed primary school teachers and nurses

This section presents findings associated with the second specific objective which was to explore the breastfeeding experiences of formally employed primary school teachers and nurses in Goma division, Mukono municipality.

5.3.1 Tight work schedules

The study findings revealed that formally employed mothers in schools and healthcare facilities in Goma division experienced unfavorable work schedules that invariably formed a key factor that hindered their ability to easily and freely breastfeed their newborns. The study findings also observed that due to strictness at work places, the working mothers reportedly were unduly compelled to wake up very early in the morning in order to prepare themselves for work and reporting at work on time; some as early as 6:30 am.

In addition to the above, the study respondents also reported extremely very busy and tasking work schedules that takes their time and attention away from exclusively breastfeeding their newborns.. The above study findings can be correlated with Al-Katufi, et al (2020) in which it was found out that 96% of the study participants reported that their working environments did not contain suitable places to enable breastfeeding. In association to the above, Litwan, et al (2021) noted that formally employed working mothers could not easily profit from breastfeeding breaks during the workday because of the existence of a strict work schedule within the work environment.

In regards to tight working schedules, the breastfeeding mothers reported that they get stressed up, a situation which affects milk flow in the breast but also their morale to breastfeed their babies is weakened. According to Hasan, et al (2020), it was ably stressed that despite the informative knowledge of the benefits and importance of breastfeeding for 6 months, barriers such as excessive workload and lack of adequate caregivers at home hindered exclusive breastfeeding. In like terms, the study by Tangsuksan, et al (2020) revealed that workplace factors like maternity leave, stress and working times co-predicted exclusive breastfeeding six months.

5.3.2 Strict work place regulations

One of the rather unfortunate experiences expressed by the working mothers in this study was the very strict and unfavorable work place policies and principles. The study respondents disclosed that at some of their work places, breastfeeding mothers are not allowed to take babies to work place environment. Such kind of work place environment makes it very frustrating for breastfeeding mothers to continue breastfeeding their babies.

The above study finding resonate with findings by Wallenborn, et al (2019) in which it was established that breastfeeding mothers who were denied the opportunity to breastfeed their babies due to work place restriction exhibited low self-efficacy which is an important predictor for breastfeeding duration. As such, workplace policies about breastfeeding may help bolster women's self-efficacy by providing an enabling breastfeeding and supportive environment for breastfeeding working mothers or in obvious situation destroy women's self-efficacy, which in turn negatively affects breastfeeding pattern and duration.

The study respondents further reported that generally breastfeeding mothers do not have any chance of negotiating working conditions with their employers despite their dire situations that requires utmost attention to nurse their newborns. The above study findings correlate with facts in Riaz & Condon (2019), where it was shown that when returning to work after giving birth, healthcare working mothers in particular encountered rigid hospital policies and practices, for example a short and non-negotiable period of maternity leave, inflexible shift patterns, and lack of childcare provision. In brief, such work place principles and policy directive which does not allow breastfeeding mothers to take their babies to work place plays a vital role in defeating the aspiration of mothers to practice exclusive breastfeeding.

5.3.3 Health concerns by breastfeeding mothers

In regards to the health of the babies, generally the study respondents expressed fear about carrying their babies to work places. The reasoning for the fear was that, their babies could easily contract diseases due to public exposures. This study finding is similar to several other studies. For instance, according to Mgongo, et al (2019), mothers working healthcare facilities reported that some time they had to carry their babies to general wards where patients of different categories of diseases are admitted.

As a point of emphasis, babies are very susceptible to diseases attack especially airborne diseases like flu. This is largely because babies have a weak but developing immune system that cannot easily fight attacks. According to Gribble, et al (2020), it was further revealed that breastfeeding mothers became more conscious about protecting their newborns from contracting diseases during the outbreak of Covid-19 pandemic. Some of the measures adopted by the breastfeeding mothers included working from home and ensuring that only close family members who are perceived not to be sick could have access to close vicinity to their babies. Furthermore, evidence from Riaz & Condon (2019) revealed that mothers' strategies to continue breastfeeding exclusively included some mothers bringing babies to hospital wards while they worked, and babies' fathers bringing the baby to the hospital to be breastfed. Despite the fact that the babies can be put at risk due to the strategies parents, adopt to reconcile continued breastfeeding with maternal employment, sometimes it is the only viable option at hand.

5.3.4 Physical experiences of breastfeeding mothers

The breastfeeding mothers indicated that long distance from home to work places also affect their aspirations to practice exclusive breastfeeding. Travelling long distances from home to work places makes breastfeeding mothers tired; this is aggravated by the intense and tight working schedules. According to Burns & Triandafilidis (2019), breastfeeding mothers decry long distance travel to and from their work places as a challenge that tire them up.

In their pursuit of their long track to work, these breastfeeding mothers carry along with them luggage containing babies clothing and other facilities. Furthermore, Snyder & Dinkel (2021) revealed that in developing countries where the breastfeeding mothers have to travel to work using public means of transport, the journey is even made complex given the nature of the road and means of transportation. In association to the above, some of the study respondents decry heavy expenses that they incurred travelling from their homes to work places. Usually, breastfeeding mothers hire maids who helps them to nurse their babies by carrying and ensuring good hygiene for the babies. However, this comes at an extra cost especially where the working mothers are not allowed with their babies at work place. This implies they have to find a place where to put the maid and the baby in as she goes on with her work.

The study respondents also revealed that they felt terrible about practicing exclusive breastfeeding while at work, they disclosed that handling the baby and making it breastfeed was challenging. Most breastfeeding mothers expressed discomfort while breastfeeding their babies at work premises. This finding can be related to facts revealed by Mabaso & Doherty (2020) in which it was stated that working breastfeeding mothers stopped breastfeeding either prior to or immediately upon return to work after maternity leave, the mothers cited absence of a conversation about infant feeding plans between their work place managers and mothers especial on matters pertaining to institutional support. Furthermore, evidence from Chang et al (2021) revealed that breastfeeding working mothers reported that the importance of their own motivation and having workplace legislation in place facilitated breastfeeding during employment.

The study respondents further disclosed that sometime they felt pain while breastfeeding especially when breast milk is not there. Other personally and socially tuned challenges indicated by the study respondents was that they express feeling shy to breastfeed in public places. This finding can be correlated to Grounds (2021) in which first time breastfeeding mothers indicated that they felt shy and strange breastfeeding in open public places.

5.3.5 Adherence to maternity leave policy at work place

In regards to maternity leave, majority of the respondents indicated that they received a mandatory maternity leave when they gave birth. However, there were variations concerning the duration and circumstances of the maternity leave. For instance, it was generally noted by all the study respondents that their institutions do not give them the full three months' maternity leave as prescribed labour law. The longest maternal leave period reported was two months as opposed to the legally designated three months, this short leave duration affected the mothers to continue practicing exclusive breastfeeding. In regards to the above, evidence according to Abekah-Nkrumah (2020), revealed that the commonest reason to discontinue exclusive breastfeeding among working mothers was early resumption of work after childbirth due to short leave duration. These findings emphasize the need to guarantee the support to breastfeeding policies at workplace, which in turn would motivate working mothers to continue exclusive breastfeeding even after resuming work. The research finding revealed that the only circumstance

breastfeeding mothers would get full three months' leave is when they had not taken their one month annual leave.

The study finding also revealed that some employers give breastfeeding working mothers very short maternity leave breaks. Others were given one month as of maternal leave to allow them recover and nurse their babies. This finding is related to Al-Katufi, et al (2020) who revealed that an early return to work and an unsupportive working environment had prevented mothers from exclusively breastfeeding. In regards to the above finding, Gebrekidan, et al (2020) recommended that to increase exclusive breastfeeding among employed women, employers should support them by offering flexible working hours, a minimum of six months' maternity leave and providing breastfeeding facilities.

There were some institutions where maternity leave is not a matter of concern, this was very evident in private and business-oriented institutions (both schools and healthcare centers). Acknowledging the fact those private institutions, especially those that are profit oriented disregard maternal leave and other types of leave to workers. In relation to the aforementioned, evidence by Gebrekidan & Hall (2020) exposed that it was becoming promising for employers and managers to express a positive attitude towards supporting breastfeeding mothers. For instance, some work place managers voiced distress about the impact of breastfeeding on work performance, as well as the lack of physical facilities that affects the level of support they can provide to working breastfeeding mothers. Furthermore, according to Iddrisu & Hushie (2019) in which there was evidence of lack of support systems to promote workplace breastfeeding, the study recommended an increase in maternity leave from 3 months to 6 months, and a private designated space for breastfeeding and a workplace crèche were found to be the greatest needs expressed by working mothers.

5.3.6 Institutional support to practicing breastfeeding

The study findings disclosed that majority of the study respondents especially those working under government institutions received some sort of support to encourage breastfeeding mothers to continue practicing breastfeeding to their newborn babies. In line with this finding, Gebrekidan, et al (2021) reported that in almost all the workplaces, there was no specific designated breastfeeding space. However, the study participants reported that close family

members including husbands and mothers were very good back up to provide them with the relevant support they needed.

It was also the researcher's finding that all the workplaces lacked workplace policies that support continued exclusive breastfeeding when the mothers return to work. According to Horwood, et al (2020), the evidence suggested that workplace interventions play a vital role in increasing the duration of breastfeeding and prevent early introduction of breast milk substitutes. The systematic review above further revealed that interventions at the workplace are important in protecting, promoting and supporting breastfeeding among working mothers. Furthermore, evidence from Maponya, et al (2021) confirmed the notion that partial implementation of breastfeeding policies at workplace, the workplace and not having supportive work environment for mothers to express and store breast milk were some of the revealing factors for mothers to discontinue exclusive breastfeeding.

5.3.7 Family support to working mothers practicing Exclusive Breastfeeding (EBF)

One of the fallback breastfeeding mothers have as a base for their support is their family support. This study disclosed that mothers received different kind of support from their families as far as their pursuit for exclusive breastfeeding is concerned. Most of the support revealed included provision of food at home. In regards to family support, Lailatussu'da (2018) study findings showed that husband support and family support were correlated to exclusive breastfeeding. However, further analysis exhibited that perception of breastfeeding and family support as the most influential factors to exclusive breastfeeding among adolescent mothers.

A considerate number of the study respondents revealed that their family members took up other home care responsibility which in other words gave the breastfeeding mothers freedom to breast feed. In relation to this study revelation, Putri, et (2018) disclosed further evidence that there is a significant relationship between family support and exclusive breastfeeding, the forms of family support that was most cited included the husband's help with housework and accompanying the breastfeeding wife when nursing the baby at night. On the contrary, the study findings also revealed that some breastfeeding mothers do not get the help they desire from their household members. This position is supported by the evidence from Ahmad, et al (2022) which noted that maintaining exclusive breastfeeding after returning to work is challenging for working mothers and majority of them need support from family and their place of work to be able to continue exclusive breastfeeding practice.

CHAPTER SIX

RECOMMENDATIONS

6.2 Recommendations

In reference to the study findings, the researcher attempts to make corresponding evidence-based recommendations that can be adopted by the various stakeholders.

6.2.1 Study recommendations

At institutional level; schools and hospitals should design and implement maternal leave policy that is in line with the national legal and policy framework that promotes and encourages mothers to practice exclusive breastfeeding.

The government should consider revising the duration of maternity leave policy leave from the current legal three months to six months with flexible working hours given to breastfeeding mothers after the first three months. This is aimed at promoting exclusive breastfeeding.

Government should put in place and enforcement and follow up mechanism to ensure policy adherence by private institutions like schools and hospitals. This should include legal and policy guidelines on maternal leave.

Government should inspect and periodically follow up with its agencies and other institutions to ensure that work places have befitting facilities that support breastfeeding mothers

Breastfeeding mothers, their spouses and families should be encouraged to provide them with all the necessary support that they desire to enable them exclusively breast feed their babies

Breastfeeding mothers should be encouraged to be self-resilience in the face of difficult experienced in their attempt to exclusively breast feed their newborns.

6.2.2 Recommended areas for future research

In regards to this section, the researcher recommends possible areas that must be further researched in order to inform the best policies and practices with the purpose of enabling working breastfeeding mothers achieve their goals of exclusively breast feed their babies.

The following are the recommended areas for further studies;

- a. Why intuitions where breastfeeding mothers are employed are hesitant to accord them even the partial maternal leave to enabling them nurse their babies
- b. How best employers can extend maternal leave to six months and constructively retain the breastfeeding mothers without compromising their remuneration.
- c. Study the effect of practicing exclusive breastfeeding on work performance of the breastfeeding mothers especially those in formal employment.

6.3 Conclusion of the study

This chapter of the study presents recommendations as informed by the analysis performed, and the overall conclusion that the study arrived at.

6.3.1 Breastfeeding practices and experience of formally employed primary school teachers and nurses working in Goma Division, Mukono Municipality

The study finding revealed that formally employed mothers in schools (teachers) and healthcare workers (nurses) in Goma Division overall, experiences unfavorable work environment. They are subjected to tight work schedules. This situation was reported to have created a stressful atmosphere which invariably impaired breastfeeding mothers' ability to exclusively breastfeed their babies

The study also found that the working mothers meet very strict and unfavorable work place policies and principles; at some work places breastfeeding mothers are not permitted to take their babies and worse of all breastfeeding mothers have no chance of negotiating working conditions with their employers especially regarding breastfeeding issues.

Breastfeeding mothers voiced a lot of concern about the health safety of their babies especially at their places of work. The breastfeeding mothers reasoned that their baby's immune systems are weak to withstand disease attack.

In regards to maternity leave, majority of the respondents indicated that they received a mandatory maternity leave when they gave birth. However, the leave durations were shorter than what policy directives and the law provided. In extreme cases, some institutions do not recognize maternity leave at all.

There was generally inadequate support provided by institutions to breastfeeding mothers apart from allocating some rooms to breastfeed from during working hours. No work policy on breastfeeding was established from all the accessed schools and healthcare units.

Significantly, respondents received commensurate support from their families, especially from their husbands and other family members in form of food, financial and social support.

The study respondents demonstrated confidence in the fact that having the best quality breast milk filled rich in nutrients is vital for the health and development of the immune system of their babies.

Dealing with stress coming from home and work place environment is vital and should be a self-initiative in order for the quantity and quality of breast milk not to be negatively affected.

6.3.2 How work influences exclusive breastfeeding among mothers in formal employment

In regards to the second research objective, it is important to emphasize the fact that there was no statistical data and analysis that was performed to establish the hypothesized relationship between work influences on EBF as the research entirely relied on qualitative data. However, what is of paramount importance is that, the researcher drew inference from the narratives that were collected from the qualitative data in order to answer this research question.

Overall, there were a combination of challenges reported, including tight work schedule, heavy work load, stress at work and other challenges reported by the study participants; from such findings it is quite apparent that their work performances are negatively affected though the degree of effect cannot be statistically established by this study.

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APPENDIX I:

INFORMED CONSENT FORM FOR KEY INFORMANTS

Participation ID Number.....

Title.....

Principal investigator : Asayo Stella

Supervisor : Agutu Teopista

Study Sites.....District.....

Part 1: Information Sheet

Introduction and Purpose of this Study

My name is **ASAYO STELLA** and I am student of Uganda Christian University pursuing a Master of Public Health. I am conducting a study to understand breastfeeding experiences among mothers in formal employment and the study further seeks to find out how work influences breastfeeding practices and experiences among mothers in formal employment

What will happen if you take part in this study?

We are asking you to participate in an interview today. The questions will be about

Breastfeeding experiences of mothers in formal employment at home, work

How work influences breastfeeding of mothers in formal employment

The interviews we will give you is about breastfeeding practices and experiences among employed mothers in your organizations, there are no wrong or right answers and it's not a test, if you agree to take part of this interview, you will be asked to complete the interview for about 15-20 minutes.

Are there any possible risks to you?

We think there are few risks for you in-case you participate in the interview. We will keep any information you give us confidential to minimize the risk, if you feel uncomfortable with some

questions in the interview guide, feel free to skip and share with us the information you feel is important, you can stop interview at any-time, we will not inform anyone about your participation in the study with us but there are some chances that some people might discover that you were one of the participants in the study

Are there any possible benefits to you?

There is no direct benefit to you as a participant in this study but the information you give us today will help to promote exclusive breastfeeding among mothers in formal employment.

What if you decide you do not want to join this study?

One is free not to participate in the research study or take part in the study, there is no penalty for refusing to be part of the study and you can choose to leave the study at any time even after consent, it has no penalty and it will not affect any services that you receive

Confidentiality

We will do our best to see that the information and your participation in the study is protected, the interview is going to be in private and the participation number will be provided for interviews so that your name is not indicated and the information in reports will not indicate your name, the data collection tools which will be reviewed by other researchers and the ethic review committee, will have access to the information you provided during the study with other people but will not indicate your name or identifying you in person.

Compensation

There will be no cost in the participating in this study other than giving us your time to attend this interview and all the participants will be followed at their place of work.

What if you have a problem or have a question?

If you have any question about the study, please contact us on (email address or contact) that I will provide you with.

What are your rights as a participant?

This research proposal has been reviewed and approved by the research committee of Uganda Christian University REC, whose responsibility is to see that research participants are protected from any harm, so if you have any question, you are free to ask?

Part 2: Certificate of Consent

I have read and understood the information about the study and it has been clearly explained to me, I had opportunity to ask questions about the study and got answers to my satisfaction, I now voluntarily consent to participate in the study.

Participants should Tick Appropriately as Indicated Below:

I consent voluntarily to participate in this study Yes or No

I consent voluntarily to have the interview audio-recorded Yes or No

Printed Number for the participant

Date.....

Thumbprint/signature of participants.....

Statement by the researcher taking consent

I certify that all procedures, the purpose, and potential benefits with all possible risks involved in participating in research have been explained to the participant and she/he has given written consent to take part in this interview.

Participant Number.....Signature

ResearcherSignature.....Date.....

APPENDIX II

INTERVIEW GUIDE

FORMALLY EMPLOYED TEACHERS AND NURSES

Introduction

I, Asayo Stella a student of Uganda Christian University. I am carrying out research on the topic: Breastfeeding practices and experiences of mothers in formal employment in Goma Division- Mukono Municipality as a partial fulfillment of the requirements for the award of the Masters’ Degree of Public Health Leadership.

I will be grateful if you spend a few minutes answering the following questions. Your insights and responses will assist in experience of formally employed mothers on Exclusive breastfeeding.

Please answer all questions honestly and for confidentiality do not indicate your name anywhere on this questionnaire. The information gathered is strictly for academic purposes only.

Demographic data

Age

Occupation.....

Marital status.....married/single

Age of the child.....

Breastfeeding experiences of mothers in formal employment.

1) Explain how you are supported during your moments of breastfeeding

a) At home

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.....

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.....
b) At work place

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.....

2) Describe the strategies you use to continue with breastfeeding after maternity leave?

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.....

3) What special treatment does your organization offer to you when breastfeeding?

.....
.....
.....

4) What are the challenges you are facing during breastfeeding? And how do you manage those challenges?

At home.....
.....
.....
.....

At work place.....
.....
.....
.....

5) What challenges do you face at home in relation to exclusive breastfeeding? How do you manage?

.....
.....
.....

Thank you for participating in this study

APPENDIX III:

INTERVIEW GUIDE FOR KEY INFORMANTS

(HEADTEACHERS AND IN-CHARGE HEALTH AND MANAGERS)

I am **Asayo Stella** student at Uganda Christian University requesting you to participate in this interview, which is aimed at collecting data on Exclusive Breastfeeding Experiences of mothers in formal employment in Goma Division-Mukono Municipality. The information provided will be treated with strict confidentiality and shall not be used for any other purpose except for academic purposes. Thank you very much for your cooperation.

1. How does the management of your organization support breastfeeding mothers?
2. How does your organization influence the breastfeeding mothers who are employed with your organization?
3. What special treatment do you offer to the breastfeeding mothers who work with your organization?
4. State the challenges faced by employed mothers who are breastfeeding?

Thank you for your participation in this study

APPENDIX IV

WORK PLAN AND TIME FRAME

Activity	Duration	Dates
Proposal formulation	One month	July -2022
Data collection	One month	July 2022- 31 st August, 2022
Data processing and analysis	Half month	1 st September 2022-15 th September 2022
Writing Chapters 1,2, &3	Ten days	16 th September- 26 th September, 2022
Writing Chapter 4	Ten days	27 th September 2022- 5 th oct, 2022
Writing Chapter 5	Ten days	7 th Oct, - 17 th Oct, 2022
Writing final report	One Month	20 th Oct– 20 th Oct, 2022

**APPENDIX V:
BUDGET PROPOSAL**

Item	Quantity	Unit Cost	Total Cost
Subsistence Allowance	2	250,000	500,000/=
Honorarium			300,000
Travel			500,000
Data Analysis (use of analytical computer software.	1	400,000	400,000
Secretarial Services (Processing the research instruments and reports)			300,000
Photocopying			150,000
Report Production (Printing and Binding)	6	30,000	360,000
Air time and internet			500,000
Total			3,010,000



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DISSERTATION CORRECTION COMPLIANCE REPORT BY THE CANDIDATE (POST VIVA FORM)

Date: 22nd May 2024

Name of Candidate: ASAYO STELLA Reg. No: RS19M07/026

Title of Dissertation BREASTFEEDING PRACTICES AND EXPERIENCES AMONG WORKING MOTHERS: A CASE STUDY OF PRIMARY SCHOOL TEACHERS AND NURSES IN GOMA DIVISION, MUKONO MUNICIPALITY

SN	COMMENTS BY EXTERNAL EXAMINER	ACTION TAKEN	INDICATOR
1	The candidate should explain how data quality was achieved in this study.	Detailed explanation provided	Page 18
2	State clearly how the participants were identified, who identified them, and how they were approached.	Detailed explanation provided	Page 18
3	How were in depth interviews organized? Where did	Description of the process provided	Page 17

	the interviews take place work (place or home)?		
4	How did the candidate ensure privacy and confidentiality during interviews? Were the interviews audio recorded?	Detail description of the interview process provided	Page 17 & 18
5	Describe how you ensured that collected data was of good quality.	Description provided	Page 18
6	Was the data analysis carried out manually or used a computer program?	Data manually analyzed, description process presented	Page 20

SN	COMMENTS BY INTERNAL EXAMINER	ACTION TAKEN	INDICATOR
1			
2			
3			
4			
5			

SN	COMMENTS BY VIVA VOCE PANNEL	ACTION TAKEN	INDICATOR
1	Revisit the topic, include a case of where you are focused; . . . A case of Goma Division, Mukono Municipality	Topic revised as suggested	1 st Cover page
2	Why did you choose Goma Division in Mukono Municipality; this has to come out very clearly	Reasons provided under 1.7.3 Geographical scope	Page 6
3	Why focus on schools and hospitals? Did you focus on primary or secondary teachers?	Reasons provided 3.4 Target Population	Page 15
4	The problem statement should be very clear and show	Appropriate action taken to address gap in knowledge issue	Page 4

	the knowledge gap		
5	Tools used in the research are not clear; normally one would use a recording not to miss out on some data	Presented data collection tools are clear and not contested. A recorder is not a data collection tool	Not applicable
6	Literature review should indicate the extent of the problem.	Extent of the problem indicated under 2.4	Page 9 -13
7	Comparison of both government and private institutions should be reflected in the objectives The study should be a mixed design	1.5 The objectives modified as suggested This was a purely qualitative study	Page 5
8	A student needs to review the current UDHS and make updates	Reviewed UDHS (2022), issues concerning exclusive breast feeding not captured	Not applicable
9	Review the new government policies on leave and interventions that the government has tried to put in place and then explain why this is not being done despite the fact that the government trying to put interventions	I thorough check was performed, and no new government policy found different from what the researcher presented in the dissertation. The loopholes in implementing the labor laws pertaining to maternity leaves remains a challenge	Not applicable
10	The way the results are presented they are not showing that they are under objective 1 or 2 in the book.	Study findings re-arranged as guided 4.2 About objective one (1) 4.3 About objective two (2)	Chapter 4; from page 21-31
11	Please make conclusions based on your study objectives	Conclusion adjusted as suggested	Page 48
12	Was there an option of expressing milk and living it home?	YES. At least 20% of the respondents reported that, before they could go for duty, they expressed milk into the baby-feeding bottle for their husbands or baby attendants to continue feeding the baby until they returned home after work	Page 30
13	What is the interesting finding you found out from this study and can help in policy?	The interesting part of this study was that: at least 23% of respondents reported that whenever they could go very early to work and leave the baby with care takers with other alternative feeds to feed the baby, on returning back home late, they get the baby is satisfied, sleeping they cannot feed again, the mother is pain with the breast engorged with milk,	Page 32

		husbands (men) take over to breastfeed mothers to relief the pain from the breast	
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ASAYO STELLA

Candidate's Name



Signature

Supervisor's Name: Teopista Agutu

Signature

