

Individual and socio-cultural factors affecting initiation of breastfeeding among post-natal mothers at Kawanda Health Center III.

A cross-sectional study.

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Abstract

Introduction:

Early initiation of breastfeeding within the first hour after birth is crucial for neonatal survival, immunity, and mother-to-infant bonding. This study assessed individual and socio-cultural factors affecting initiation of breastfeeding among post-natal mothers attending Kawanda Health Center III, Wakiso District.

Methodology:

A descriptive cross-sectional study was conducted among 36 post-natal mothers attending postnatal and maternity services at Kawanda Health Center III. Participants were selected using simple random sampling. Data were collected using a semi-structured interviewer-administered questionnaire, entered into Microsoft Excel, and analyzed. Then presented as frequencies and percentages. Results were presented in tables, figures, and narrative form.

Results:

Findings on demographic characteristics revealed that, according to age, the majority, 12 (33.3%), of the respondents were in the age group 20-29 years, and the minority, 6 (16.5%), were aged 40 years and above. Tertiary level was considered to be the minority, 4(11%), while those with no formal education constituted 6(16%). Individual-level challenges included a lack of prior information; 22(61%) had not received breastfeeding information before delivery, low confidence 20(56%) slightly confident, practical difficulties 24(67%) experienced challenges at initiation. Socio- cultural barriers were prominent: 23(64%) of mothers reported that cultural beliefs influenced newborn feeding, 22(61%) had received advice on pre-lacteal feeds, and 17(47%).

Conclusion:

Inadequate antenatal and postnatal breastfeeding information, low maternal confidence, socio-cultural beliefs promoting pre-lacteal feeding, and weak family/partner support greatly affected the initiation of breastfeeding.

Recommendations:

Intensifying community sensitization to counter harmful cultural beliefs such as pre-lacteal feeding, and promoting family and male-partner involvement in newborn feeding decisions.

Keywords: Individual and socio-cultural factors, initiation of breastfeeding, post-natal mothers, Kawanda Health Center III.

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Background

Breastfeeding is universally recognized as the optimal method of feeding infants, providing essential nutrients and antibodies necessary for growth, development, and immunity. The World Health Organization (WHO, 2020) recommends that breastfeeding be initiated within the first hour after birth, referred to as early initiation of breastfeeding, and that infants be exclusively breastfed for the first six months of life.

Delays are often associated with socio-cultural practices, maternal knowledge, type of delivery, and health facility factors (Kavle et al., 2019; Nabunya et al., 2021).

In Uganda, particularly in Wakiso District, various factors have been identified to influence the initiation of breastfeeding. These include maternal age, educational level, parity, mode of delivery, counseling during antenatal care, and health worker support during delivery (Kagaayi et al., 2020).

Kawanda Health Center III, located in Wakiso District, provides maternal and child health services to a large population. However, anecdotal reports suggest that not all mothers initiate breastfeeding within the recommended first hour after birth. Understanding the factors that influence breastfeeding initiation among postnatal mothers in this

facility is essential for designing targeted interventions to improve maternal and neonatal outcomes.

In Sub-Saharan Africa, early initiation of breastfeeding remains sub-optimal, with average initiation rates around 35% (UNICEF, 2020). In Mozambique, recent data indicated that both individual and community factors contributed to delays, with early initiation rates estimated at about 36% (Mekonen, 2024).

In East Africa, the prevalence of delayed initiation remains high, with average early initiation rates ranging between 38-50%. In Kenya, studies showed that about 42% of mothers delayed breastfeeding due to inadequate counselling (Muchiri, 2022).

In Uganda, approximately 66% of mothers initiate breastfeeding within the first hour, meaning about 34% experience delays (MoH, 2021). Delayed initiation of breastfeeding has been linked to factors such as maternal knowledge, cultural beliefs, delivery-related complications, and limited breastfeeding support from health workers (Gavhane et al., 2018). This study assessed individual and socio-cultural factors affecting initiation of breastfeeding among post-natal mothers attending Kawanda Health Center III, Wakiso District.

Methodology

Study Setting and Rationale

This study was conducted at Kawanda Health Center III, a government health facility under the Ministry of Health (MoH), located in Kawanda, approximately 12-15 kilometers north of Kampala City along the Kampala-Bombo highway in Wakiso District. The facility provided maternal and child health services, including antenatal care, postnatal care, delivery services, family planning, child immunization, outpatient care, and HIV/AIDS care. Kawanda Health Center III had an estimated bed capacity of 30 and served residents from surrounding villages such as Kawanda, Katadde, Wamala, Matugga, Nabweru, and Maganjo. The facility attended to an approximate daily patient load of 80-120 clients, with many post-natal mothers seeking breastfeeding and newborn care services. The postnatal and maternity departments were key points where breastfeeding initiation practices could be observed and supported. This setting was appropriate for the study because it provided access to the target population and allowed observation of factors influencing the initiation of breastfeeding immediately after delivery.

Study Population and Rationale

The study involved post-natal mothers attending postnatal and maternity services at Kawanda Health Center III. This group was selected because they were directly involved in making breastfeeding initiation decisions after childbirth.

Sample Size Determination

The sample size for the study was determined using Krejcie and Morgan's sample size determination table. According to

records from the postnatal register at Kawanda Health Center III, an estimated 40 postnatal mothers sought postnatal services weekly. Based on Krejcie and Morgan's table, Appendix VII, a population of 40 required a sample of approximately 36 participants.

Sampling Procedure

A simple random sampling technique was used to select participants. On clinic days, 36 pieces of paper labeled 'YES' and 36 labeled 'NO' were folded and placed in a container. Each consenting post-natal mother who met the inclusion criteria picked a paper from the container. Those who picked 'YES' were enrolled into the study, while those who picked 'NO' were excluded. The procedure continued until the required 36 participants were obtained.

Inclusion Criteria

Postnatal mothers who had delivered within the last six weeks.

Mothers attending postnatal or maternal and child health services at Kawanda Health Center III during the study period.

Residents of the Kawanda Health Center III catchment area. Mothers who were willing and able to provide informed consent.

Exclusion Criteria

Mothers who were critically ill or unable to respond at the time of data collection.

Mothers who had delivered outside the catchment area and were only visiting temporarily.

Dependent Variable

Individual Factors: These referred to personal attributes such as maternal knowledge, attitudes, confidence, previous breastfeeding experience, and awareness of newborn nutrition.

Socio-cultural Factors: These included cultural beliefs, family influence, traditional practices, religious norms, and community perceptions that could encourage or discourage early initiation of breastfeeding.

Research Instruments

The study employed a semi-structured questionnaire as the primary data collection tool. The questionnaire consisted of both closed-ended and open-ended questions designed to obtain information on socio-cultural, individual, and health facility factors influencing initiation of breastfeeding among post-natal mothers. The tool was developed in English.

A pre-test of the questionnaire was conducted at Kigoroby Health Centre IV in Hoima District using a small sample of post-natal mothers who did not participate in the main study. Feedback from the pilot exercise was used to revise and refine the questionnaire to improve clarity, relevance, and reliability. The final questionnaire was arranged into sections according to the study objectives to ensure comprehensive data collection.

Case Study

Data Collection Procedure

Data collection was conducted over a scheduled period at Kawanda Health Center III. Postnatal mothers who met the inclusion criteria were approached and invited to participate. Semi- structured questionnaires were administered in a quiet environment. For mothers who were unable to read or understand English, the questions were translated orally into Luganda, and their responses. Completed questionnaires were reviewed immediately to ensure accuracy and completeness. Participation was voluntary, and informed consent was obtained before data collection commenced.

Data Management, Analysis, and Presentation

All completed questionnaires were collected daily and checked for completeness. The data were coded manually and securely stored. A flash disk was used as a backup for all computerized entries. Coded data were entered into Microsoft Excel for analysis. Frequencies and percentages were generated and presented in tables, pie charts, and graphs. Each table and figure was accompanied by a narrative explanation in the final report.

Quality Assurance: Validity and Reliability

The quality of the study was ensured through the use of a semi-structured questionnaire developed based on the study

objectives. Content validity was achieved through review by the research supervisor and maternal health experts, who assessed the appropriateness and relevance of the items. The questionnaire was pretested at Matugga Health Center III to assess clarity and appropriateness, after which necessary modifications were made. Reliability was promoted by using standardized data collection procedures, with all questionnaires administered consistently. A pilot test helped identify and correct ambiguities. Completed questionnaires were reviewed daily for accuracy and completeness to enhance the dependability of the data.

Ethical Considerations

Ethical approval was obtained from the Research Supervisor, and administrative clearance was sought from Kampala University. An introductory letter was obtained to facilitate access to Kawanda Health Center III, followed by permission from the facility administration. The study purpose was clearly explained to all participants, and participation was voluntary. Participants were informed of their right to withdraw at any time without consequences. Confidentiality was maintained through the use of codes instead of names, and all data were securely stored. Written informed consent was obtained before participation. All ethical guidelines were strictly followed throughout the study.

Results

Demographic data of the respondents.

Table 1: Showing demographic characteristics of the respondents (n=36).

Variables	Responses	Frequency (f)	Percentages (%)
Age group	Less than 20 years	08	22.2
	20 -29 years	12	33.3
	30 – 39 years	10	27.9
	40 years and above	06	16.5
Total	Total	36	100
Educational Level	No formal education	06	16
	Primary level	10	28
	Secondary level	16	45
	Tertiary level	04	11
Total	Total	36	100
Marital Status	Married	20	56
	Single	10	28
	Divorced/Separated	06	16
	Widowed	00	00
Total	Total	36	100
Employment Status	Employed	20	56
	Self employed	10	28
	Unemployed	06	16
Total	Total	36	100
Residence	Urban	24	67

	Rural	12	33
Total	Total	36	100

Source: Primary data (2025).

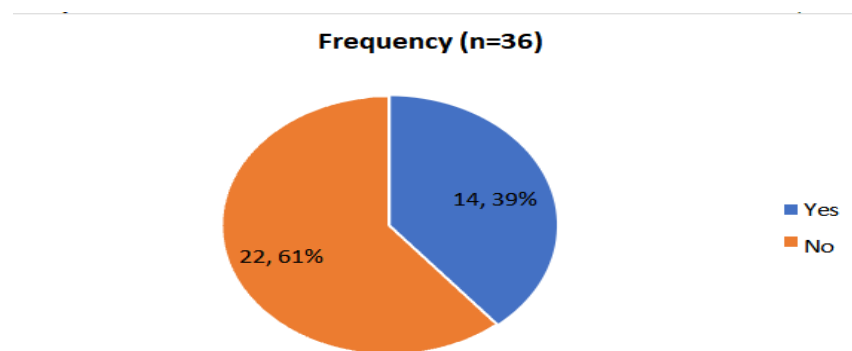
Table 1 gives data on demographic data and has five divisions. All participants selected agreed to participate in the study, giving a response rate of 100%. According to age, the majority, 12 (33.3%), of the respondents were in the age group 20-29 years, and the minority, 6 (16.5%).

In regard to education status, respondents that were in primary level were 10 (28%), at the secondary level, the respondents were 16 (45%), and these were the minority.

Furthermore, according to marital status, the majority of 20 (56%) were married, and separated/divorced were 6 (6%) respondents. Further still, the employment status revealed that the majority, 20(56%), of the respondents were employed, whereas the minority, 6 (6%), were unemployed. In accordance with residence, the majority, 24 (67%), of the respondents were from urban areas, and a minority, 12(33%), were from rural areas.

Individual factors affecting initiation of breastfeeding among post-natal mothers

Figure 1 illustrates whether respondents received breastfeeding information before delivery (n=36).



Source: Primary Data, 2025

The figure shows that the majority of respondents, 22 (61%), reported that they did not receive breastfeeding information before delivery, while the minority, 14 (39%), indicated that they had received such information.

Table 2: Reveals confidence, challenges, understanding, and prior experience related to breastfeeding among respondents (n=36).

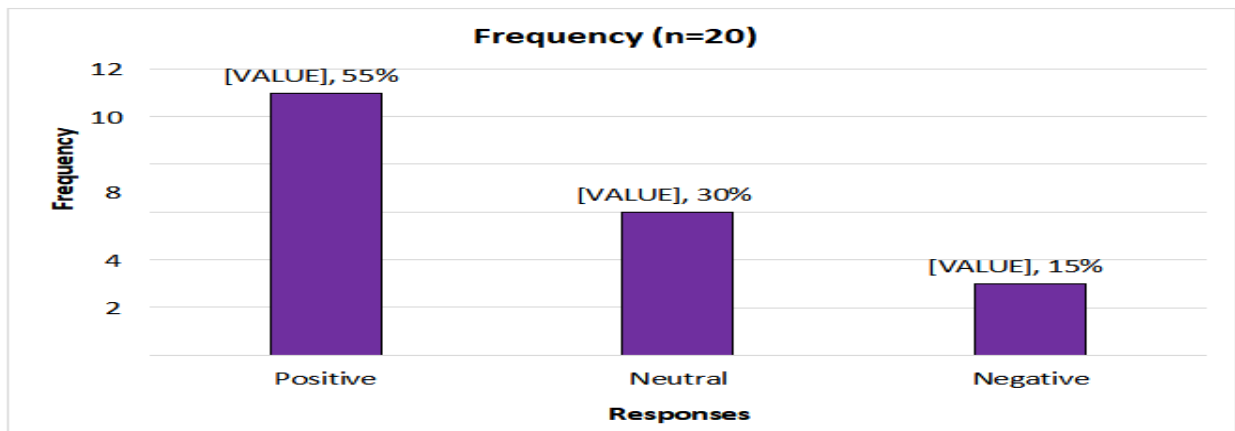
Characteristics	Attributes	Frequency (f)	Percentage (%)
Reveals respondents' confidence in starting breastfeeding after delivery	Very confident	04	11
	Moderately confident	09	25
	Slightly confident	20	56
	Not confident	03	08
	TOTAL	36	100
Reveals whether respondents experienced challenges when starting breastfeeding	Yes	24	67
	No	12	33
	TOTAL	36	100
Reveals respondents' understanding of early breastfeeding within the first hour	Good understanding	06	17
	Moderate understanding	08	22
	Limited understanding	21	58
	No understanding	01	03
	TOTAL	36	100
Reveals whether respondents had ever breastfed a child before	Yes	20	56
	No	16	44
	TOTAL	36	100

Source: Primary Data, 2025

The results show that the majority, 20(56%), of respondents were slightly confident about starting breastfeeding after delivery, while the minority, 3(8%), reported having no confidence. Regarding challenges with initiating breastfeeding, most respondents, 24(67%), experienced challenges, whereas the smallest proportion, 12(33%), reported no challenges. In terms of understanding early breastfeeding within the first hour, the majority, 21(58%),

had limited understanding, while the minority, 1(3%) reported having no understanding of the concept. Concerning prior breastfeeding experience, the majority of respondents, 20(56%), had breastfed a child before, while the minority, 16(44%), had never breastfed.

Figure 2: Illustrates Previous Breastfeeding Experience among Respondents who had Breastfed before (n=20)

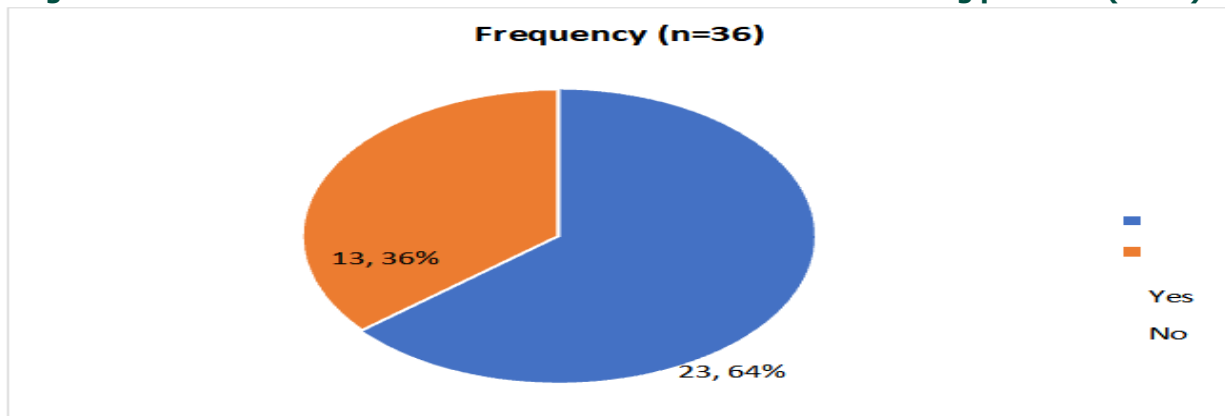


Source: Primary Data, 2025

The figure shows that the majority of respondents with prior breastfeeding experience, 11(55%), reported having a positive experience. This was followed by 6(30%) who described their experience as neutral, while the minority, 3(15%), reported having a negative experience.

Socio-cultural factors affecting initiation of breastfeeding among post-natal mothers

Figure 3: Illustrates whether cultural beliefs influence newborn feeding practices (n=36)



Source: Primary Data, 2025

The figure shows that the majority, 23(64%), of respondents reported that cultural beliefs influenced newborn feeding practices, while the minority, 13(36%), indicated that cultural beliefs did not influence feeding.

Table 3: Indicates some socio-cultural factors influencing newborn feeding decisions among respondents (n=36).

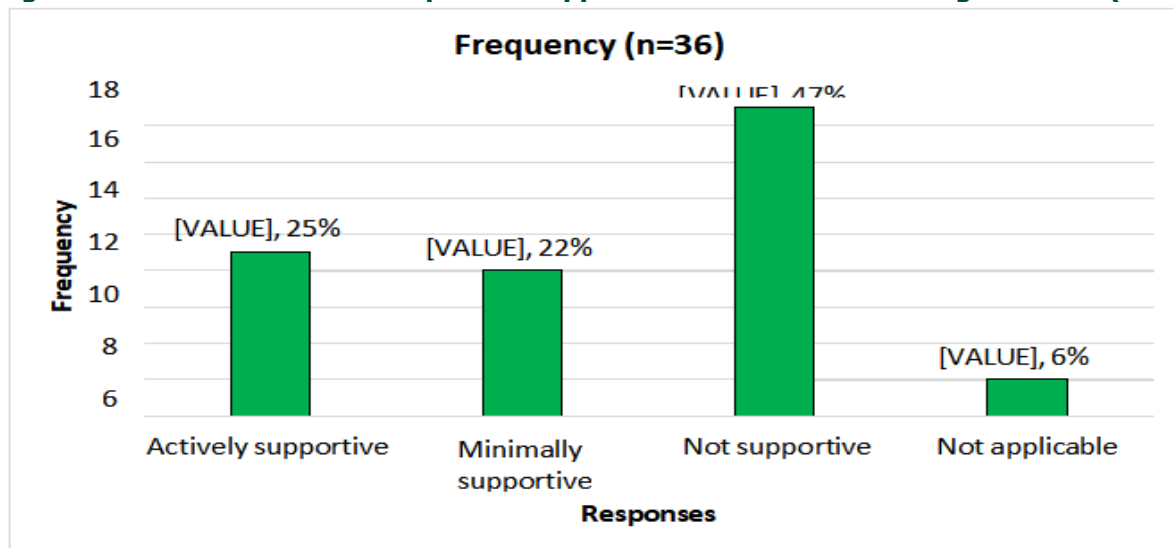
Characteristics	Attributes	Frequency (f)	Percentage (%)
Reveals who influences when respondents begin breastfeeding	Self	08	22
	Health worker	20	56
	Partner/Spouse	05	14
	Elder/family member	03	08
	Other	00	00
	TOTAL	36	100
Reveals whether respondents received pre-lacteal feeding advice	Yes	22	61
	No	14	39
	TOTAL	36	100
Reveals the level of family support in newborn feeding	Very supportive	07	19
	Some supportive	13	36
	Not supportive	16	44
	Not involved	00	00
	TOTAL	36	100

Source: Primary Data, 2025

The table shows that the majority, 20(56%), of respondents reported that health workers influenced when they began breastfeeding, while the minority, 3(8%), were guided by elders or family members. Regarding pre-lacteal feeding advice, most respondents, 22(61%), indicated that they had

received such advice, whereas the minority, 14(39%), had not. In terms of family involvement, the largest proportion, 16(44%), stated that their families were not supportive of newborn feeding practices, while the minority, 7(19%), reported very supportive families.

Figure 4: Illustrates the level of partner support toward newborn feeding decisions (n=36)



Source: Primary Data, 2025

The figure shows that the majority, 17(47%), of respondents indicated that their partners were not supportive, while the minority, 2(6%), stated that partner support was not applicable. Additionally, 9(25%) reported active support from their partners, and 8(22%) described the support as minimal.

Discussion

Demographic data

All participants selected agreed to participate in the study, giving a response rate of 100%. Further still, the employment status revealed that the majority, 20(56%), of the respondents were employed, whereas the minority, 6(6%), were unemployed. In accordance with residence, the majority, 24(67%), of the respondents were from urban areas, and the minority, 12(33%), were from rural areas.

Individual factors affecting initiation of breastfeeding among post-natal mothers

Most respondents, 22(61%), reported that they did not receive breastfeeding information before delivery. This is a negative individual factor because inadequate antenatal education reduces readiness and confidence needed for early breastfeeding. The variation may stem from limited ANC counselling or poor midwife–mother interaction. This aligns with the systematic review by Oggero et al. (2024), which found that mothers who did not attend antenatal breastfeeding education were less prepared and less likely to initiate breastfeeding immediately after birth.

Most respondents, 20(56%), were only slightly confident about initiating breastfeeding. This is a negative factor because low confidence contributes to delayed breastfeeding initiation and poor infant feeding practices. The variation may be due to limited health education and fear of discomfort. This corresponds with Kinshella et al. (2021), who found that absence of structured breastfeeding counselling tools reduced maternal confidence and led to delayed initiation.

Most respondents, 24(67%), experienced challenges such as poor latch, nipple pain, or anxiety. This is a negative individual factor because such challenges discourage mothers from initiating breastfeeding early. The variation may be due to inadequate midwife support. This relates to Rubagumya et al. (2025), in Tanzania, who reported that mothers lacking hands-on assistance from midwives were more likely to struggle with positioning and latching, resulting in delayed breastfeeding.

Most respondents, 21(58%), had limited understanding of breastfeeding in the first hour. This is a negative individual factor because mothers who lack knowledge do not appreciate the importance of colostrum and early bonding. The variation may be due to inadequate health education. This aligns with Kinshella et al. (2021), who found that facilities lacking breastfeeding guidelines and visual teaching aids had higher rates of delayed initiation due to poor maternal understanding.

Most respondents with previous breastfeeding experience (11, 55%) reported having a positive experience. This is a positive individual factor because positive past experiences build confidence and encourage mothers to initiate breastfeeding early. The variation may stem from supportive environments or earlier access to skilled breastfeeding assistance. This corresponds with Kumatso (2025) in Malawi, who demonstrated that supportive attitudes of healthcare workers improved mothers' willingness to initiate breastfeeding early and shaped positive experiences.

Although your discussion does not include a separate finding here, the combined lack of information, low confidence, and challenges reported by mothers in your results relate to the literature that emphasizes the importance of early health-worker involvement. This is supported by Mohammed et al. (2023), in Ethiopia, who showed that inadequate staffing and weak follow-up systems reduced professional breastfeeding support and contributed to delayed initiation.

Socio-cultural factors affecting initiation of breastfeeding among post-natal mothers.

Most respondents, 23(64%), reported that cultural beliefs influenced newborn feeding practices. This is a negative socio-cultural factor because strong cultural practices may encourage prelacteal feeds and delay early breastfeeding. The variation may be due to long-standing traditions, elder influence, and deeply rooted misconceptions. This aligns with Sisay et al. (2025), in Addis Ababa, Ethiopia, who found that myths portraying colostrum as dirty caused mothers to avoid early breastfeeding, resulting in delayed initiation.

Most respondents, 20(56%), stated that health workers influenced when they began breastfeeding. This is a positive socio-cultural factor because trust in professional guidance encourages early initiation. The variation may stem from close interaction with midwives and ANC counseling. This relates to Patrick (2023) at Kabale Regional Referral Hospital, Uganda, who highlighted that clinical guidance helps counter cultural misperceptions that delay breastfeeding and improves early initiation.

Most respondents, 22(61%), reported receiving advice on pre-lacteal feeding. This is a negative socio-cultural factor because prelacteal feeding delays initiation and undermines exclusive breastfeeding. The variation may be influenced by older women and traditional cleansing beliefs. This corresponds with Tejaswini & Balakrishna (2021), in Karnataka, India, who found that older relatives commonly encouraged honey or herbal prelacteal feeds, delaying breastfeeding within the first hour.

Most respondents (16, 44%) reported that their families were not supportive. This is a negative socio-cultural factor because lack of family encouragement discourages early initiation. The variation may result from low family knowledge and reliance on traditional norms. This aligns with Jahan & Islam (2024), in rural Bangladesh, who

reported that rituals and family-driven taboos delayed breastfeeding until customary blessings were performed. Most respondents (17, 47%) indicated that their partners were not supportive. This is a negative socio-cultural factor because partner involvement improves confidence and timely breastfeeding. The variation may arise from cultural norms excluding men from newborn care. This is consistent with Belachew et al. (2025), in South Gondar, Ethiopia, who found that low male involvement resulted in delayed breastfeeding initiation.

Limitations

This study had a small sample size, limiting the generalizability of findings to all post-natal mothers. Self-reported data may have introduced recall and social desirability bias, affecting accuracy of responses. The study was conducted in only a few facilities, restricting comparisons across different settings with diverse cultural practices and breastfeeding support. Lack of direct observation reduced the ability to verify actual breastfeeding support provided by health workers.

Conclusion

This study showed that individual and facility-level gaps negatively influenced timely breastfeeding, emphasizing the need for improved education, stronger family involvement, and more consistent health-worker support to promote early initiation.

Socio-cultural beliefs, insufficient breastfeeding information, low maternal confidence, and limited health worker support were major barriers to early breastfeeding initiation. Cultural norms encouraging pre-lacteal feeds, lack of antenatal counseling, and challenges such as poor latch contributed to delays.

Recommendation

There should be strengthening of breastfeeding education to address limited maternal knowledge, increasing community sensitization to counter harmful socio-cultural beliefs such as pre-lacteal feeding, and enhancing partner and family involvement to encourage supportive breastfeeding environments.

Further research should explore cultural influences, evaluate the effectiveness of ANC education, assess health-worker training needs, and examine facility workflow challenges that affect early breastfeeding initiation.

Implications for Nursing Practice

These findings imply that nurses must intensify breastfeeding education, provide hands-on support to build maternal confidence, advocate for conducive breastfeeding environments, and engage families and partners to strengthen support systems, ultimately promoting timely breastfeeding initiation and improving newborn health outcomes.

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List of abbreviations

AIDS: Acquired Immune Deficiency Syndrome.

ANC: Antenatal Care.

HIV: Human Immunodeficiency Virus.

MoH: Ministry of Health.

PNC: Postnatal Care.

UNICEF: United Nations Children's Fund.

WHO: World Health Organization.

Source of funding

The study was not funded.

Conflict of interest

The author declares that there was no conflict of interest.

Author contributions

RN: Conceptualization, Methodology, Investigation, Writing-original draft.

SO: Data curation, Formal analysis, Visualization.

RI: Supervision, Validation.

GDA: Writing-review and editing.

All authors: Approved the final version of the manuscript and agreed to be accountable for the work.

Data availability

Data are available upon request.

Informed consent

Written informed consent was obtained from all participants prior to their inclusion in the study. Participants were informed about the purpose of the study, procedures involved, potential risks and benefits, and their right to withdraw at any time without penalty.

Author biography

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Case Study

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