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Original Article

Workplace-related and socio-demographic factors that influence Exclusive Breastfeeding among working mothers attending health services at Entebbe Grade B Hospital. A cross-sectional study.

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Abstract

Background:

Exclusive breastfeeding (EBF) is essential for optimal infant growth, nutrition, and immunity during the first six months of life. Therefore, this study aims to determine the Workplace-related factors that influence Exclusive Breastfeeding among working mothers attending health services at Entebbe Grade B Hospital.

Methodology:

A cross-sectional descriptive study design with a structured questionnaire was used to collect data from 59 respondents. Data was analysed using Microsoft Excel, and data was presented as frequency distribution tables, bar graphs, and pie charts to illustrate the results.

Results:

More than half, 34(54%) of the mothers were staying in urban centers. According to the employment status, results revealed that 29(60%) were employed full-time. According to the belief in exclusive breastfeeding, 27 (54%) strongly disagreed, and 28 (56%) had no formal education. 44 (75%) were employed. Out of those who were employed most, 12 (67%) were poor.33(62%) did not have breastfeeding breaks during working hours; others who were given breastfeeding breaks, only 4(6%) were fully given privacy. 44(79%) were not given maternity leave at the workplace. 48(88%) had breastfed their children, but only a few 20(33%) had actually exclusively breastfed them for the first 6 months.

Conclusion:

Workplace-related challenges, such as lack of maternity leave, breastfeeding breaks, and privacy, along with low awareness, negatively affect exclusive breastfeeding among working mothers at Entebbe Grade B Hospital.

Recommendations:

Employers should provide maternity leave, breastfeeding breaks, and private spaces for breastfeeding, while health workers should strengthen education on the benefits of exclusive breastfeeding.

Keywords: *Exclusive breastfeeding, Working mothers, Workplace factors, Maternity leave, Breastfeeding support, Infant health, Entebbe Grade B Hospital.*
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Background of the study

Exclusive breastfeeding (EBF) for the first six months of life is strongly recommended by the World Health Organization and United Nations Children's Fund because it provides optimal nutrition, strengthens immunity, and promotes healthy growth and development of infants. Despite these recommendations, maintaining exclusive breastfeeding can be challenging for working mothers due to several employment-related factors. Workplace conditions such as short maternity leave, long working hours, lack of lactation facilities, and unsupportive work environments significantly influence a mother's ability to continue exclusive breastfeeding after returning to work (Gianni et al., 2019). One of the most important workplace-related determinants of EBF is the duration of maternity leave. Studies have shown that longer maternity leave is associated with higher rates of exclusive breastfeeding because it allows mothers adequate time to establish breastfeeding practices before returning to work. In many countries, however, maternity leave policies are insufficient to support the recommended six months of exclusive breastfeeding. Research by Nabunya et al. (2020) found that mothers who returned to work early were more likely to introduce complementary feeding earlier than recommended. This early return to work disrupts breastfeeding routines and reduces the likelihood of maintaining EBF for the recommended six months. In

addition to maternity leave, workplace breastfeeding support plays a crucial role in enabling mothers to sustain exclusive breastfeeding. Supportive workplace environments may include lactation rooms, flexible working hours, and scheduled breaks for breastfeeding or expressing breast milk. Evidence suggests that when employers provide such support, mothers are more likely to continue breastfeeding after returning to work (Tang et al., 2020). However, in many low- and middle-income countries, including Uganda, such facilities are often unavailable, especially in informal employment sectors. Workplace policies and employer attitudes also influence breastfeeding practices among working mothers. Some workplaces lack formal breastfeeding policies, while others may not actively encourage breastfeeding practices. According to Kubuga and Tindana (2023), mothers who work in environments that do not provide privacy or time for expressing breast milk often resort to mixed feeding or discontinue breastfeeding earlier than recommended. Furthermore, demanding workloads and rigid work schedules limit the opportunity for mothers to breastfeed or express milk during working hours. Studies conducted in African countries have also highlighted similar challenges. For instance, Wataka et al. (2023) reported that Ugandan working mothers often face barriers such as inadequate maternity leave, lack of workplace breastfeeding facilities, and limited employer support, all of which negatively affect exclusive breastfeeding practices. These challenges are particularly pronounced among mothers employed in informal sectors, where labor protections and maternity benefits are limited. Although health facilities such as Entebbe Grade B Hospital provide breastfeeding education and promotion services, workplace-related barriers continue to affect many working mothers. Understanding these factors is important in designing interventions that support working mothers in maintaining exclusive breastfeeding. Therefore, this study seeks to identify workplace-related factors influencing exclusive breastfeeding among working mothers attending health services at Entebbe Grade B Hospital.

Methodology

Study design

A Cross-sectional study design was used for the study simply because it allowed the collection of data from a vast group of people in a short period of time and was suitable for identifying relationships between multiple variables within the accessible hospital population.

Study area

The study was done at Entebbe Grade B, which is a Regional Referral hospital located in Wakiso district, which has seven health sub-districts in Entebbe, Busiro South, Busiro North, Busiro East, Kyadondo North, Kyadondo South, and Kyadondo East in the central part of Uganda. It is a public-funded hospital that offers free services like delivery (maternity), minor and major operations(surgery), internal medicine, orthopedics, laboratory, radiology, family planning, counselling, antenatal care services, pediatric care, and immunization services, etc., to the people of Wakiso and neighboring districts such as Mpigi, as well as neighboring islands in Lake Victoria.

Study population

For this study, information was obtained from 59 working mothers attending services at Entebbe Grade B Hospital and engaged in exclusive breastfeeding, as they knew more information about the factors that influence them.

Selection criteria

Inclusion criteria

This study considered all working and lactating mothers with children aged 0 to 6months attending post-natal, immunization, and other services at Entebbe Grade B hospital. And mostly mothers who agreed to participate by giving consent were included in the study.

Exclusion criteria

This study excluded all working mothers who were not present during the data collection process.

Sample size determination

Kish and Leslie's method was used to determine the sample size of the respondents who participated in the study.

Sample size (n) = $[Z^2 PQ]/E2$

Where;

Z = Standard normal deviation (1.96 for 95% confidence)

P = Population size (Uganda National Institute of Public Health (UNIPH) 2020 Study found that of the 3,600 working mothers, of which only 3,456(96%) exclusively breastfed, = 0.96

Q= 1- P; Q= 0.04

E = Level of confidence (95% confidence interval) = 5%= 0.05

Sample size (n) = (1.96)2(0.96) (0.04)
(0.05)2

Sample size (n) = 59.006976

Thus, Sample size (n) = Approximately 59 participants

Sampling Method/ Technique

Consecutive convenience sampling methods were used to select the respondents. Working mothers were selected conveniently as they attended health services at the hospital. The consecutive sampling technique works where the first respondent who meets the inclusion criteria is selected for the study, and this continues for the subsequent respondents until the sample size is realized.

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Sampling Procedure

According to this method, participants were selected based on their easy accessibility and proximity to the researcher.

Data collection method

Data was collected using a pretested questionnaire. It was self-administered for literate respondents, or interviewing was done while filling in responses in the questionnaire for illiterate respondents.

Data collection tools

Semi-structured questionnaire forms and voice recording devices were the tools used in data collection. The questionnaire forms were translated into the language the participants can best understand, and the voice recording devices were used with the knowledge of the participants. The semi-structured questionnaires and voice-recording devices were used because they allowed flexible, accurate, and comprehensive collection of both quantitative and qualitative data, enabling deeper exploration of the factors influencing EBF among working mothers in a busy hospital environment.

Data Collection Procedure

An introductory letter was given by the Research and Ethics Committee of Mildmay Institute of Health Sciences, which was used to obtain permission from the Medical Superintendent of Entebbe Grade B Hospital, which permitted the data collection exercise. Upon obtaining permission, consent was obtained from the respondents after a thorough explanation of the procedure to them. Those who had consented were given the questionnaires to fill out, and those who were illiterate were helped by the trained research assistants. The questionnaires were then collected from the respondents; those who didn't fully fill out their questionnaires were guided to do so.

Quality control

Pre-testing of the study tool

The questionnaire was pretested using a small number compared to my estimated study population, and four respondents from Entebbe Grade B hospital were pretested to ensure the reliability and validity of the questionnaires.

Data Analysis and Presentation

The data collected from the study was analyzed using Microsoft Excel to generate tables and figures.

Ethical Consideration

The study was only done after obtaining an introductory letter from the Research and Ethics Committee of Mildmay Institute of Health Sciences, which was given to the Hospital director. Confidentiality was maintained in that the names of the respondents were not requested, and data were collected on the basis of informed consent.

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Results

Socio-economic factors that influence exclusive breastfeeding practices among working mothers

Table 1: Shows the socio-Demographic factors (n=59)

Variable		Frequency(n)	Percentage (%)
Maternal education status	No formal education	28	56
	Primary education	12	24
	Secondary education	9	8
	Tertiary education	10	10
TOTAL		**59**	**100**
	Urban	34	54
The place of residence	Rural	25	46
TOTAL		59	100
Employment Status	Unemployed	15	23
	Employed full-time	29	60
	Employed part-time	9	10
	Self-employed	6	7
TOTAL		59	100
Monthly income range	Less than UGX 500,000	20	40
	UGX 500000 – 1000000	11	12
	UGX 1000001 – 2000000	9	18
	More than 2000000	19	34
TOTAL		59	100
age group of mothers	18-24 years	31	56
	25-34 years	26	40
	35-44 years	2	4
	above 45 years	0	0
TOTAL		59	100
Access to Healthcare and Breastfeeding Support	Yes	39	76
	No	20	24
TOTAL		59	100
Believe in Exclusive breastfeeding	Strongly disagree	27	54

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	Disagree	19	22
	Agree	4	6
	Strongly agree	9	18
TOTAL		59	100

From Table 1, the results revealed that 28 (56%) had no formal education. More than half 34(54%) of the mothers were staying in urban centers. According to the employment status, results revealed that 29(60%) were employed full-time. According to the belief in exclusive breastfeeding, 27 (54%) strongly disagreed.

Figure 1: Shows the rate of mothers' knowledge about Exclusive breastfeeding (n=59).

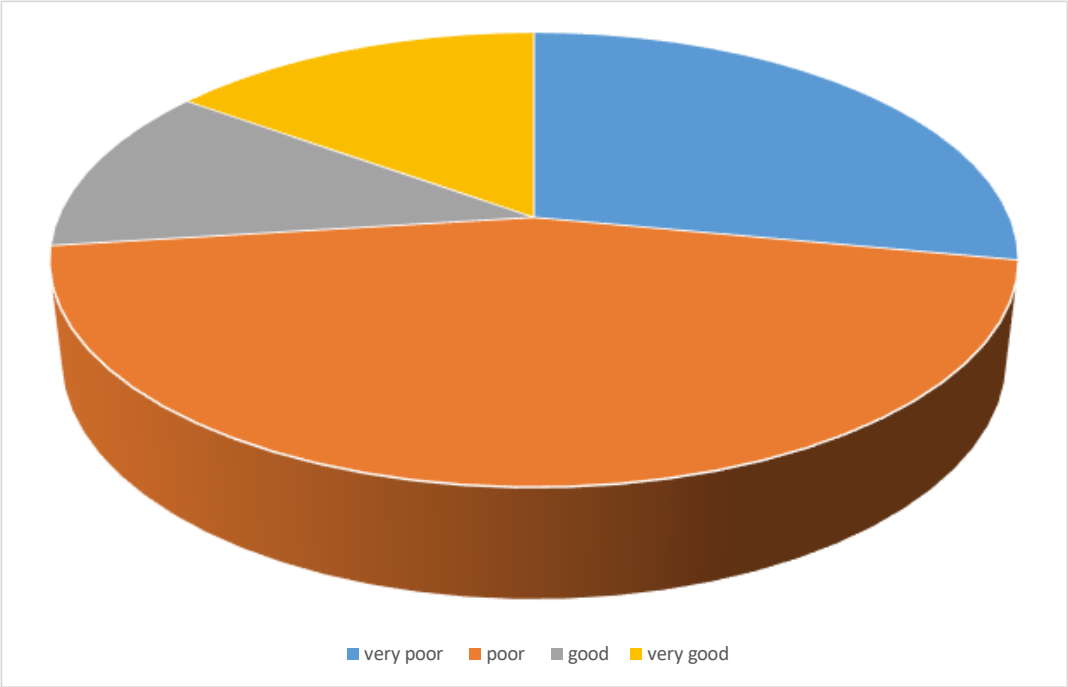

Figure 1 showed that most mothers (45%) have a poor rate of knowledge about Exclusive breastfeeding.

Table 2: Shows the mothers' response to their occupation status and their wealth category (n=59)

Variable		**Frequency(n)**	**Percentage (%)**
occupation status	Employed	44	75
	Unemployed	15	25
TOTAL		**59**	**100**
Wealth category	Poor	12	67
	Middle income	4	22
	Rich	2	11

TOTAL		**18**	**100**

Table 2 shows that the majority of the mothers, 44 (75%), were employed. Out of those who were employed most, 12 (67%) were poor.

The influence of working conditions on exclusive breastfeeding among working mothers.

Table 3: Shows the respondents' responses on whether their workplace allows breastfeeding breaks during working hours (n=59)

Variables		**Frequency(n)**	**Percentage (%)**
Mothers' response to whether their workplace allow breastfeeding breaks during working hours.	No	33	62
	Yes, but not private	11	16
	Yes, with some privacy	11	16
	Yes, fully private	4	6
TOTAL		**59**	**100**

From table 3, it showed that most mothers 33(62%) did not have breastfeeding breaks during working hours; others who were given breastfeeding breaks, only 4(6%) were fully given privacy.

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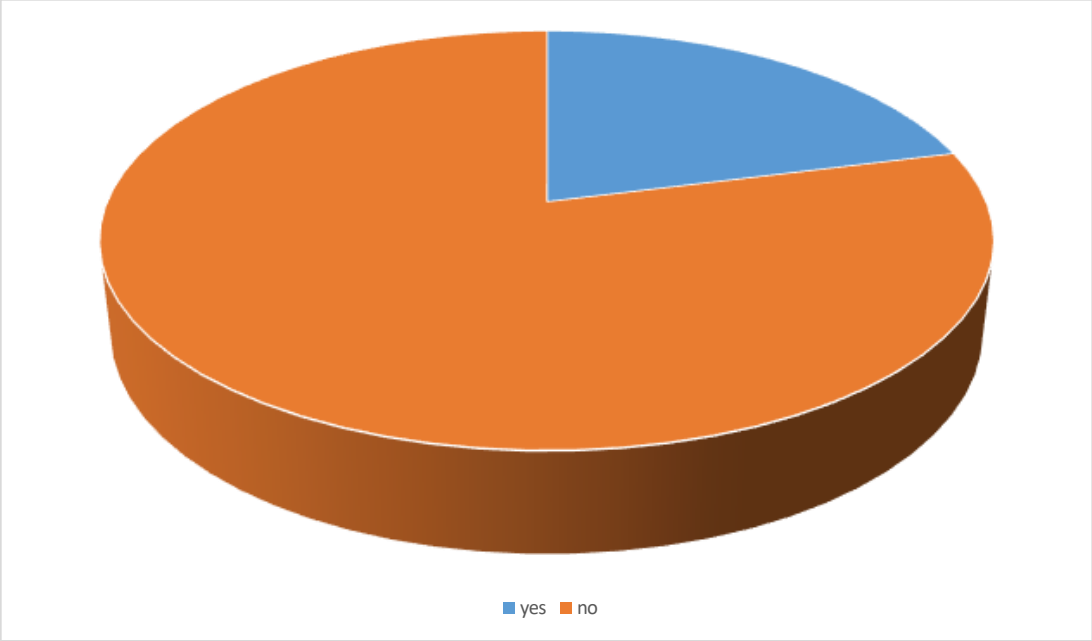
Figure 2: Shows the respondents' response on whether they provide maternity leave at the workplace (n=59).



The majority of the mothers, 44(79%), were not given maternity leave at the workplace.

Table 4: Shows respondents' response on whether their child was breastfed and if breastfed, was it exclusively for the first 6months (n=59)

Variable		**Frequency(n)**	**Percentage** (%)
Was your child breastfed?	Yes	48	88
	No	11	12
TOTAL		**59**	**100**
Was it exclusively for the 6 months	Yes	20	33
	No	39	67
TOTAL		**59**	**100**

Table 4, most of the mothers 48(88%) had breastfed their children, but only a few 20(33%) had actually exclusively breastfed them for the first 6 months.

Discussion

Socio-economic factors influencing exclusive breastfeeding among working mothers

The study revealed that most respondents (56%) had no formal education, while only 10% had attained tertiary education. This indicates that educational level greatly influences mothers' knowledge and attitudes toward exclusive breastfeeding. Low education levels were associated with limited knowledge about the importance of exclusive breastfeeding (EBF). This agrees with Laksono et al. (2021), who found that educated mothers are more aware

of breastfeeding benefits and are more likely to practice EBF. The findings further showed that 54% of respondents resided in urban areas where exposure to formula feeding and employment constraints is high, and 60% were employed full-time. Most mothers (60%) were employed full-time, indicating that employment may limit the time available for breastfeeding. Additionally, 54% of mothers disagreed with the belief that exclusive breastfeeding improves child immunity. This demonstrates that lack of knowledge and negative perceptions toward EBF affect practice and misconceptions about EBF benefits. Similar findings by Dukuzumuremyi et al. (2020) indicated that inadequate awareness and negative attitudes contribute to poor adherence to breastfeeding recommendations.

Furthermore, income level was observed as a major determinant. Income levels also played a role; 40% earned below UGX 500,000 per month, making it difficult to balance work, childcare, and nutrition needs. This suggests financial instability that forces mothers to resume work early, compromising exclusive breastfeeding. Low-income mothers often return to work early, hindering continuous breastfeeding. This finding aligns with Nuampa et al. (2022), who noted that financial pressure compels mothers to discontinue EBF early.

The combined effect of low education, low income, and full-time employment significantly limits EBF practice. These findings are consistent with global and regional studies showing that educated and financially stable mothers are more likely to breastfeed exclusively.

Influence of working conditions on exclusive breastfeeding among working mothers

The study found that most workplaces (62%) did not provide breastfeeding breaks during working hours, and 77% lacked facilities to express or store breast milk. Additionally, 79% of respondents reported that their workplaces did not provide maternity leave. These findings highlight inadequate workplace support, which discourages continued breastfeeding after returning to work. This corresponds with findings by the International Labour Organization (2022), which emphasizes that workplace policies such as paid maternity leave, lactation breaks, and breastfeeding spaces are key to promoting EBF. The absence of such support leads to early weaning or mixed feeding. Furthermore, 67% of mothers reported not exclusively breastfeeding for the first six months, underscoring the effect of unsupportive working environments. These findings are consistent with research by Gianni et al. (2019), who found that lack of breastfeeding facilities and flexibility at work negatively affects breastfeeding duration. The stress of balancing work and childcare also contributes to discontinuation of EBF (Vilar-Compte et al., 2021). The results are consistent with findings from the WHO and ILO showing that the absence of breastfeeding-friendly policies significantly reduces EBF duration among working mothers. Lack of maternity leave also forces mothers to return to work too soon, contributing to the low EBF rate reported.

Conclusion

The study findings indicate that workplace-related factors significantly influence the practice of exclusive breastfeeding among working mothers attending health services at Entebbe Grade B Hospital. Many mothers faced challenges such as a lack of maternity leave, absence of breastfeeding breaks, limited privacy at the workplace, and full-time employment commitments. These barriers, combined with low education levels and limited awareness about the benefits of exclusive breastfeeding, contributed to the low proportion of mothers who exclusively breastfed their infants for the recommended six months. Therefore, improving workplace support and maternal awareness is essential to enhance exclusive breastfeeding practices among working mothers.

Recommendations

Employers should implement supportive workplace policies such as providing adequate maternity leave, breastfeeding breaks, and private lactation spaces to enable working mothers to continue exclusive breastfeeding. Health workers should also strengthen health education and counseling programs to increase mothers' knowledge and positive attitudes toward exclusive breastfeeding. In addition, government and health authorities should promote policies that protect breastfeeding rights in workplaces and encourage employers to create breastfeeding-friendly environments.

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List of Abbreviations

WHO: World Health Organization
UNICEF: United Nations International Children's Emergency Fund
ILO: International Labour Organization
SDG: Sustainable Development Goals
UNIPH:Uganda National Institute of Public Health
FGD: Focus group discussion
ANC: Antenatal Care
EBF: Exclusive Breastfeeding
UBOS: Uganda Bureau of Statistics
SPSS: Statistical Package for Social Sciences
HCW: Health Care Worker
HIV: Human Immunodeficiency Virus
IEC: Information, Education, and Communication
IRB: Institutional Review Board
KII: Key Informant Interview

Source of funding

The study did not receive any external funding.

Conflict of interest

The author did not declare any conflict of interest.

Author contributions

Samuel Amani was the principal investigator
Hasifa Nansereko supervised the research project
Jane Frank Nalubega supervised the research project
Francisco Ssemuwemba supervised the research project

Data availability

The data is available upon request.

Informed consent

All the respondents consented to this study.

Author Biography

Samuel Amani holds a Diploma in Clinical Medicine and Community Health from Mildmay Institute of Health Sciences.
Francisco Ssemuwemba is the dean of the School of Allied Health at Mildmay Institute of Health Sciences.
Hasifah Nansereko is the chairperson of the Institutional Review Council (IRC) at Mildmay Institute of Health Sciences.
Jane Frank Nalubega is a tutor at Mildmay Institute of Health Sciences.
Immaculate Prsoperia Naggulu is a tutor at Mildmay Institute of Health Sciences.

References

1. Dukuzumuremyi, J. P. C., Acheampong, K., Abesig, J., & Luo, J. (2020). Knowledge, attitude, and practice of exclusive breastfeeding among mothers in East Africa: A systematic review. International Breastfeeding Journal, 15(1), 70. https://doi.org/10.1186/s13006-020-00313-9
2. Gianni, M. L., Bettinelli, M. E., Manfra, P., Sorrentino, G., Bezze, E., Plevani, L., Cavallaro, G., Raffaeli, G., Crippa, B. L., & Mosca, F. (2019). Breastfeeding difficulties and risk for early breastfeeding cessation. Nutrients, 11(10), 2266. https://doi.org/10.3390/nu11102266
3. International Labour Organization. (2022). Maternity protection and workplace support for breastfeeding. Geneva: ILO.
4. Kubuga, C. K., & Tindana, P. (2023). Socio-cultural and workplace influences on breastfeeding practices among working mothers in low- and middle-income countries. International Breastfeeding Journal, 18(1), 45. https://doi.org/10.1186/s13006-023-00565-1
5. Laksono, A. D., Wulandari, R. D., Ibad, M., & Kusrini, I. (2021). The effects of mothers' education on exclusive breastfeeding practices in Indonesia. International Journal of Environmental Research and Public Health, 18(4), 2106. https://doi.org/10.3390/ijerph18042106
6. Nabunya, P., Mubeezi, R., & Awor, P. (2020). Workplace challenges and breastfeeding practices among employed mothers in Uganda. BMC Public Health, 20, 1464.
7. Nuampa, S., Tilokskulchai, F., & Sinsuksai, N. (2022). Factors influencing exclusive breastfeeding among working mothers. Pacific Rim International Journal of Nursing Research, 26(2), 310-322.
8. Tang, L., Binns, C. W., & Lee, A. H. (2020). The influence of workplace support on exclusive breastfeeding among employed mothers. International Breastfeeding Journal, 15(1), 54.
9. United Nations Children's Fund (UNICEF). (2021). Infant and young child feeding: Global database. New York: UNICEF.
10. Vilar-Compte, M., Hernández-Cordero, S., Ancira-Moreno, M., Burrola-Méndez, S., Ferre-Eguiluz, I., Omaña, I., & Pérez-Navarro, C. (2021). Breastfeeding at the workplace: A systematic review of interventions to improve workplace environments to facilitate breastfeeding among working women. International Journal for

Equity in Health, 20(1), 110. https://doi.org/10.1186/s12939-021-01432-3

11. Wataka, E., Kaye, D. K., & Makumbi, F. (2023). Barriers to exclusive breastfeeding among working mothers in Uganda. BMC Pregnancy and Childbirth, 23, 112.
12. World Health Organization. (2021). Infant and young child feeding. Geneva: WHO.

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