



THE NUTRICONNECT
Unlocking The Power Of Nutrition Together

NEWSLETTER

Vol 2, issue 4: 1st Sept. 2024

BREAST FEEDING AND BREAST RELATED CHALLENGES

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WORD FROM CHIEF EDITOR



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Our esteemed readers,

I am delighted to bring you our fourth issue of volume two about breastfeeding and breast related challenges.

As we all know, breast milk is what majority of us fed on from the beginning of life till we transformed into adulthood but do we really know the reason behind this act! Of course, these questions seem minor but they actually need great answers and explanations from great minds around us so that we can all come to a focal point of appreciating this act as well as the women that accept to perform it once they bring life on earth.

We are also clarifying that breastfeeding is not only a role obligated to mothers alone but the men and particularly the fathers since they share the responsibility that come along with birth and parenting. This comes about because many of our cultures emphasize that women should take care of feeding children in homes yet forgetting that they do this under leadership and supervision of the fathers who are actually the biggest influencers when it comes to family.

We are also pointing out the benefits, challenges, techniques and solutions to the challenges that come along when mothers start to breast feed their babies.

You could also be wondering whether the policy makers also play a great role in breastfeeding of the babies in our communities; yes, they actually do so! More of our questions can be answered if we carefully read through the details provided in this newsletter.

Thank you all for participating in the production and reading of our letter. Be blessed.

THE NUTRICONNECT TEAM



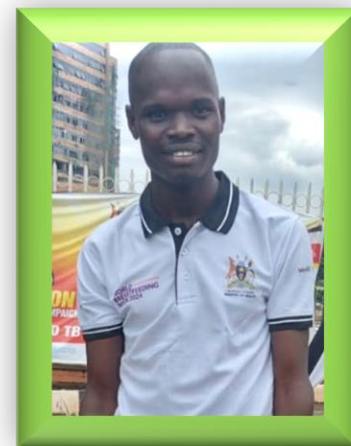
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BREASTFEEDING AT WORK AND TRAVEL

(Breaking down Barriers at Work and On-the-Go {travel})

In the past, women usually stayed home to take care of their babies, making it easier for them to breastfeed them. They had more time and were always with their babies. But nowadays, many women work outside their homes and travel more often. Despite its many benefits, working mothers often struggle to balance their jobs and other responsibilities with breastfeeding their infants. Breast milk is the perfect food for babies, providing them optimal nutrition requirements, boosting their immunity, and promoting mother-baby bonding.

In Uganda and Africa generally, breastfeeding is deeply rooted in culture, promoting healthy child growth and development. By supporting breastfeeding mothers, we invest in the future of the nation/planet children.

Ethic-wise, while breastfeeding is natural, opening a breast to feed a child in open public can be considered impolite and disrespectful to others.

To address such concerns, designated lactation rooms and discreet covers can be used.

Mothers at work and those travelling face challenges breastfeeding their babies.

Breastfeeding at work

Among the challenges of breastfeeding at work, employed mothers often lack access to private spaces for expressing milk, face very short inflexible break times, and encounter stigma. Self-employed mothers may face financial challenges in investing in breastfeeding support tools or services. They generally struggle to balance work and breastfeeding, leading to reduced breast milk supply to their babies.

Mothers in turn also suffer emotional challenges such as increased risk of postpartum depression and anxiety, bonding difficulties, and feelings of guilt and shame.

Employers can play a significant role in supporting breastfeeding mothers by designating private rooms for breastfeeding, offering flexible and long break times and favorable scheduling.

Breastfeeding in travel

Some mothers travel along with their children while others choose to leave their babies home with maids or in baby care centers. They also face most of the challenges as working mothers for example access to private places, lack of breaks in their schedules and stigma to breastfeed in public places.

This requires thorough planning otherwise the baby will lose out on breastfeeding.

Here are some tips I came up with;

Express milk in advance, use breast milk storage bags (requires maximum hygiene), and pack a portable breast pump to quickly obtain breastmilk, look out for lactation facilities like airport lactation rooms on airports.

Conclusion.

Let's work together to make breastfeeding easier and more comfortable for mothers whether they're at work or during travel. We all can offer help starting with employers, and other individuals in public to provide support, education, and encouragement.

With this, we can help babies get the best possible start in life through optimal breastfeeding.

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OVERCOMING BREASTFEEDING CHALLENGES.

The natural and best approach to give newborns the nutrients they need for healthy growth and development is through breastfeeding. However, this reality for many women can be filled with unexpected challenges and obstacles.

One of these challenges is clogged milk ducts. This happens when breasts are not emptied often enough and the milk ducts become plugged with a hard lump which can cause infections such as mastitis. Breasts are usually sore when touched, redden, swell up and develop a burning sensation.

This can be overcome by massaging the breast, wearing loose clothing and applying cold compress.

Another challenge faced by breastfeeding mothers is breast engorgement. This is when milk increases in quantity 2-5 days after birth, enlarging the breast. The milk does not flow out properly bilaterally. This can be solved by practicing expression of breastmilk, ensuring proper attachment, intensifying breastfeeding frequencies or pumping the milk.

Sore or cracked nipples. This occurs when the baby latches onto the nipple poorly resulting in nipples getting pinched against the roof of the baby's mouth.

It can be overcome by practicing good latching and change of breastfeeding positions.

Low milk supply. While some women may naturally produce less milk than others, low milk supply can also be influenced by factors such as stress, inadequate nutrition, or certain medical conditions. Mothers experiencing low milk supply may feel anxious or inadequate, but it's important to remember that certain steps can be followed to increase milk let down. Techniques such as frequent nursing or pumping, ensuring proper nutrition and seeking support from a lactation consultant can help boost milk supply and provide reassurance to mothers.

Emotionally, feelings of guilt, frustration, or even postpartum depression can impact a mother's breastfeeding journey.

It's important for mothers to prioritize their mental health and seek support from loved ones or health care providers if needed. Talking openly about one's feelings and seeking help can make significant differences in overcoming emotional challenges of breastfeeding as well as nurturing positive breastfeeding experiences.

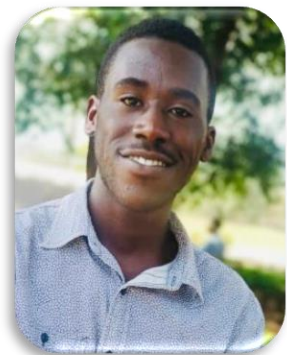
Partner involvement or family support is crucial in helping mothers overcome breastfeeding challenges. Having a strong support system can provide encouragement, practical assistance, and emotional backing for example, Partners being available to support with house hold chores and provide moral support during late night feedings can make a world of difference for this mothers.

Conclusively, overcoming the challenges of breastfeeding requires patience, perseverance and self-compassion. Every mother and baby pair is unique and should approach their challenge differently so as to create a positive and fulfilling experience for themselves and their babies.

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BREAST FEEDING, IT'S CHALLENGES AND HOW TO OVER COME THEM.

Benefits of breast feeding.

Breast feeding is one of the most effective ways to ensure child health and survival. Therefore, this is where the nutrition and health of the baby stays in a proper manner.

Breast feeding inform of Breast milk provides ideal food for infants. It's safe, clean and contains antibodies which help protect against many common childhood illness.

Breast feeding provides all the energy and nutrients that the infant needs for the first months of life and it continues to provide up to half or more of a child's nutritional needs during the second half of the first year, up to one third during the second year of life.

Breast feeding enables children to perform better on intelligence tests, and this where they are less likely to be overweight or obese and less prone to diabetes later in life.

Breast feeding helps women to have a reduced risk of breast and ovarian cancers,

Breast feeding techniques.

Make sure mother is comfortable and well supported with pillows. Lean back rather than sit upright.

Place baby on her bare chest between her breasts facing her. Gravity will help keep her in position. It's best if her baby is awake but not crying, if she's crying, calm her first, perhaps by letting her suck mother's finger.

When calm, baby will begin to follow his instincts .Baby will start to move towards one breast. Support baby behind his shoulders and under his bottom, (hold his head only if he needs it). Let him move to where he's trying to go toward nipple. He knows where to go, mother's job is to keep him calm. Mother can help him by moving his whole body a little if necessary.

Baby will most likely position himself on an angle with his mouth near mother's nipple and his feet supported by mother's thigh or lap.

When baby is just below mother's nipple he'll dig his chin into the breast, reach up with an open mouth, attach to the breast and start sucking.

Over coming breast feeding challenges.

This involves the clinicians and the mothers on

how to improve breast feeding. This is where clinicians can promote a successful breast feeding experience by providing support, anticipatory guidance and practical information and also the breast feeding mothers can be given guidelines and this can be done through the following.

Clinicians should take a thorough history prenatally to learn what problems to anticipate. The history should include whether the patient had a previous infant with slow weight gain, problems with conception, thyroid dysfunction, and history of prior breast surgery.

Clinicians should also examine the breasts for size, symmetry, and shape as well as the nipples. They should discuss with the mother common breast feeding techniques that are comfortable for both the mother and the baby.

Formula and water supplementation should be avoided until an adequate milk supply has been established. Generally nutrition supplements are not needed for breast fed infants under six months old.

Clinicians should encourage women to put their newborn to the breast immediately after delivery, unless the Apgar score is less than six, the infant is premature, or the mother is heavily medicated.

Employed mothers should return to work no earlier than 4—to 6 weeks past partum, however, to allow

enough time for establishment of the milks supply and proficient breast feeding by the infant.

Clinicians should provide sensitive and caring support for mothers who want to breast feed but could not. This is where adoptive mothers wanting to breast feed should prepare for induced lactation up to two months before the adoption.

Breast feeding at work and travel.

Breast feeding support is critical for working moms according to the World Health Organizations. Allowing breastfeeding at work is good for mothers and their infants, and it's good for employers. This the best way to provide newborns with the nutrients they need.

Employers who give mothers the time to breast feed benefit a higher rate of return to work and enhanced employee morale.

In the most circumstances, many mothers still have to choose between both returning to work and giving up breast feeding and facing the risk of losing their job.

Breast milk supply and support.

Breast milk supply and support can be through strengthening mother to mother support, talking with other women who are breastfeeding can help mothers decide to start and keep breast feeding.

Communities can support mother to mother groups and develop peer counseling programs in health care settings.

In addition, social support can increase breast feeding which includes emotional tangible and educational components from both informal social network members (male partners, mother, family friends) and professional network members (health care professionals, lactation consultants.).

Breast feeding and weening.

Weening means stopping breast feeding and its starts when babies have food other than breast milk. And weening is recommended until the baby starts eating solid foods at around six months. And weening has stages which include:

- Under six months, here babies can get all their energy and nutrients from breast milk.
- Six to seven months, here the baby is introduced to new tastes and texture. This period is all about building food confidence.
- Seven to nine months. Here the baby is about to eat some soft or mashed food three times a day. They also start picking up and eating finger food themselves. But they will still need breast milk.
- Ten to twelve months, here the baby can have meals chopped in to bigger, soft lumps. They will also be able to put small pieces of food into their mouth themselves.
- One year and older, here babies start eating a wider range of foods and use a cup instead of a bottle for drinks. By now they get most of their nutrients from solid foods.

Here some babies will still be breast feeding at the stage. Breast milk still provides energy and protection from infection and helps with bonding.

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Introduction:

Breastfeeding is a natural gift from nature, essential for the sustainability of human life. The first feed, provided effortlessly by a mother's body, meets an infant's nutritional, psychological, behavioral, and digestive needs. This remarkable process doesn't require preparation from the mother, despite her exhaustion from childbirth. Nature has designed breast milk to be both safe and beneficial,

perfectly aligned with the unique requirements of a newborn.

The Benefits of Breastfeeding:

The advantages of breastfeeding for both the mother and infant are well-documented and widely accepted by nutritionists and scientists. Research consistently highlights the benefits of breast milk, including its vital role in supporting the development and resilience of premature infants who may struggle to tolerate formula milk. The wealth of proven data underscores the importance of breastfeeding for long-term health and wellness.

Challenges in Breastfeeding:

Despite the known benefits, not all mothers are able to breastfeed due to professional commitments, socioeconomic challenges, or health-related issues, including maternal death. This presents a significant problem, particularly in regions like Sindh, Pakistan, where infant mortality rates are among the highest in the world. Contributing factors include lack of awareness, limited access to counseling, and resource shortages exacerbated by natural disasters such as floods, earthquakes, and landslides.

Preservation of Breast Milk:

For infants who cannot be breastfed directly, preserving breast milk in a safe and secure manner is crucial. As a dietitian and food technologist, I advocate for using donor breast milk as the only acceptable substitute when a mother's milk is unavailable. Formula milk, often used as a replacement, can lead to severe digestive distress in

premature infants, resulting in worsening health conditions and even death. The practice of utilizing donor breast milk can save lives and should be implemented wherever feasible.

The Role of Milk Banks:

Recognizing the critical need for donor breast milk, initiatives such as milk banks have been proposed to address infant mortality. However, these initiatives have faced opposition from certain groups. To overcome these concerns, I believe that robust information technology solutions should be employed to register donor and recipient identities, ensuring transparency and addressing religious sensitivities.

Furthermore, breast milk's healing properties should be studied for potential applications beyond infant nutrition, including its effects on plant life.

Conclusion:

Breast milk is irreplaceable and should be preserved and utilized to ensure the health and survival of infants. Establishing and supporting milk banks is not a problem but a vital solution to reduce infant mortality and improve public health outcomes. With proper regulation and public education, these initiatives could save countless lives in vulnerable regions like Sindh, Pakistan.

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OVERCOMING BREASTING CHALLENGES

My study was done in one year on breastfeeding and breast related problems focusing more on how to overcome challenges that make women less confident and apprehensive towards breastfeeding, hence encouraging them to report any breast related issues earlier and not to compromise on lactation. We devised adept strategies to aid ongoing nutritional supply to infants through right support, resources and mindset.

Common challenges a lactating mother can face could stem from cultural beliefs, medical illness and effect of medication on milk supply, fear of mothers to transfer

untoward effects of drugs to babies and poor latching techniques.

The framework of our study was to identify all such risk factors and to take prompt action if milk let down had not happened and breast conditions warranted appropriate treatment. The wide spectrum of our research supported issues from latching and positioning, sense of inadequacy as a mother, inadequate milk supply rendering mothers to seek an alternative of top feeds to development of sore nipples, mastitis and milk blebs.

1. Lactating and positioning: a layout was designed to incorporate dedicated midwives, lactation specialists, counsellors and support groups to help women gain and regain confidence in breastfeeding as an art to build a strong bond with their offspring and networking through other women's experiences.

2. Sense of inadequacy as a mother: proper education, counselling, cognitive behavior therapy and early identification and addressing of mental health issues helped women gain an insight to their pivotal role in the physical and mental development of their infants.

3. inadequate milk supply: quitting breastfeeding as a result of ineffective milk letdown and demotivation to seek further help was the main concern seen in this one-year study where mothers claimed that despite their maximum input, they were unable to breastfeed their infants.

In most of the cases, highlighting the importance of good nutrition, rest, practicing mindfulness, and use of breast pumps, herbal drinks and certain medications like Hi-lacta and short-term addition of dopamine antagonists proved effective.

4. Sore cracked nipples and mastitis: this was seen in majority who were not well trained to latching and positioning techniques, hence developing cracked nipples and resulting mastitis. Engorged breasts discouraged women to continue breastfeeding consequently initiating a cascade and vicious cycle of inadequacy as a mother, inadequate milk supply and flashbacks. This was helped by providing them appropriate baby friendly analgesics, advising on breast massage, warm compresses and hot showers, tight undergarments and regular use of breast pumps and making them believe the temporary and reversible nature of their sore breasts. Majority resorted to breastfeeding with complete resolution of their symptoms in few days.

Milk blebs: also known as milk blisters, are small painful bumps on nipples or areola due to poor latching methods thereby clogging milk ducts. Warm compresses, gentle nipple massage to help break any clogging, nipple shields, topical creams like bepanthen, vitamin e oil or olive oil and once again proper latching techniques were the mainstay of treatment. Hence through this study we realized that proper education, allaying women's fears and disbeliefs and liaison with self-help groups alongside treatment if required helped more

than 95% women complete their motherhood by lactating their babies and played an important role in raising healthy kids.

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EFFECT OF NUTRITION AND MEDICATION ON BREASTFEEDING

Breastfeeding provides optimal nutrition and much more to you and your baby, but it greatly increases your nutritional needs as a mother. But how does your diet affect your breastmilk quantity or quality? The nutrients present in milk come from the diet of the mother or her nutrient reserves. The mother has to increase her nutrient intake to maintain a proper nutrient status.

When we talk of milk volume, no specific food is proven to increase it, and proper diet will have little effect as well, but is recommended for good maternal health. Factors other than maternal nutrition should be considered, such as stress and nursing behavior of mother and infant.

Increasing water or fluid intake will not increase milk production too. Studies have shown that fluids taken beyond the amount needed to quench thirst have no beneficial effect on lactation. The composition of breastmilk generally doesn't depend on maternal intake.

Mammary glands extract most nutrients independent of maternal regulatory systems. Milk of all mothers, even malnourished ones, has an excellent nutritional quality. This is because the mothers' body prioritizes the baby's needs and consequently nutrients continue to be excreted in breast milk in adequate amounts, but this happens at the expense of the mothers' stores if her intake isn't sufficient.

Persistent maternal deficiencies may result in inadequate micronutrient concentrations in the milk. Especially for most vitamins, their content in milk is related to maternal intake. If nutrient intake is low, milk vitamin concentration will also be low. For example, Vitamin B₁₂ deficiencies have been reported in infants nursed by mothers who follow a strict vegetarian diet.

Overall, a healthy diet is encouraged for all breastfeeding mothers, to keep in good shape and go through lactation without suffering deficiencies.

What about mothers taking medication? Does it have an effect on milk or breastfeeding? Certainly yes.

Milk production is controlled by complex interplay of different hormones. For example; Prolactin, necessary for milk secretion, is inhibited by a hormone called dopamine. Oxytocin, another hormone, enables the breast let down milk while Estrogen and Progesterone generally reduce secretion of milk. Therefore, drugs that affect concentration of these

hormones can affect milk volume. Oral contraceptives like combined estrogen and progestin pills have been associated with reduced milk volume and breastfeeding duration.

Antipsychotic drugs can reduce dopamine inhibition of prolactin secretion, hence increasing breastmilk production.

Most drugs have also been found to be excreted in breastmilk, depending on their chemistry and dosage. Usually when a drug is taken in therapeutic amounts, its concentration in breastmilk is low to potentially harm the infant. A few mothers may have concerns about safety of taking medication while breastfeeding. This uncertainty may discourage them from breastfeeding, causing disruptions in feeding. These disruptions can have negative consequences on lactation like decreasing the milk supply.

Healthcare providers are in position to counsel you on safe use of medication during lactation. You should always check with your healthcare provider before taking any kind of medication.

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INTERVIEW WITH A NUTRITIONIST.



CHRISTINE KYARITUHA
Nutritionist

1. Please introduce yourself to the readers.

My name is Christine Kyarituha, a nutritionist serving with Bukerere health center 2, Kasawo mission health center among and Good Samaritan health center. I am also the General Secretary of Allied Nutrition Association. I also work at Kyambogo University as a research assistant of the CASCADE project and I also support students during their examinations. Additionally, I am a student at Kyambogo persuing Master of Science in Human Nutrition.

2. How does breast feeding play a role in your work as a nutritionist?

Breastfeeding is a core part of my calling; a crucial part of infant health and they transform into adulthood. It is really big in addressing malnutrition an achievement I always look up to. Breastfeeding is catching especially in advocacy as we look at the interest groups so employment opportunities continue to be created.

3. What are the main benefits for breastfeeding for both infants and mothers?

To the mother, breast milk is always ready which saves time for her, it is available hence reducing expenses and excites to keep her emotionally well. Breastfeeding also protects her from early pregnancy by delaying ovulation, reduces risk of suffering ovarian and breast cancer and helps her control her weight.

To the baby, he/she obtains protective agents for immunity, nutrients and also enables bonding with the mother by skin-to-skin contact.

4. How long do you typically recommend exclusive breastfeeding and what is the reason behind this?

I would recommend mothers to breast feed exclusively up to 6 months because the baby's GIT has not developed fully to digest of other foods. Additionally, other foods may not be safe and since the child's stomach is small and tender, they do not need bulky foods. Also, children that take other foods other than breast milk don't thrive as much as those that are exclusively breastfed.

5. From a nutrition perspective, how does breastfeeding compare to formulae feeding?

Formulae milk has similar composition as the breast milk but due to its high costs I would not recommend it because the mother will under feed the child trying to reduce expenditure on buying feeds.

6. What are the essential needs for a breastfeeding mother?

The mother needs to have a quality diet with

enough protein, carbohydrate, vegetables and hydration. The mother also needs about two more meals on top of the usual ones to produce enough milk for the child.

7. Can you provide examples of foods that support lactation and overall maternal health?

I cannot point out the specific ones because our bodies react differently to different meals. This means the mother herself has to identify foods that are good for herself and the nutritional as well as emotional support of the child for example, during the times I breastfed my children I observed that whenever I took coffee or tea and the child breast fed, they would be restless even when it was time to sleep. I guess more research needs to be done about this.

8. How does the mother's diet impact the quality and quantity of the breast milk?

It really does from observation. Mothers that have quality diet and hydration produce more milk than those who do not.

9. Are there any foods that or substances that should be avoided during breastfeeding?

As earlier mentioned, there is no particular food I would recommend as research with proof needs to be done about this. Otherwise, I would encourage the mothers to observe how their bodies and babies react basing of the food eaten by the mother.

10. What are some of the challenges that mothers encounter with breastfeeding, and how can they be addressed?

The main challenge is time for breastfeeding and sometimes the work places may not favor them to breastfeed. Therefore, the community, family and work (employers) need to support them in this line.

11. In what ways can nutritionists support mothers who face difficulties in breastfeeding?

Through advocacy for employers to enable mothers have time and designated breastfeeding corners we can support them. This will enable them compete favorably and also take care of their children.

Nutritionists should be present everywhere in hospitals, online, communities to educate, encourage and improve the act of breastfeeding.

More research is also needed in this area as a way of supporting the mothers.

12. Could you discuss how certain maternal health conditions, such as diabetes, anaemia affect breastfeeding?

First of all, when the mother is unwell breast milk output is usually low. These diseases and infections put the mothers at risk of hospitalization so they should be addressed during pregnancy and birth to directly or indirectly resolve challenges that may be brought about.

13. How does breastfeeding contribute to the broader public health goals?

Breastfeeding reduces risk of death of neonates

in the community because it strengthens immunity of the children and also prevents malnutrition.

14. What strategies do you recommend for breastfeeding in communities?

Educate men such that they gain understanding about the topic, encourage employers to allow mothers breastfeed and also provide corner for breastfeeding at work and encourage mothers to express breast milk such that it can be kept safe for use in their absence. The maternity part can also be strengthened such that the pregnant and those that go for leaves can keep their jobs.

15. How do you collaborate with other health care providers to support breastfeeding mothers?

As the midwives perform the procedure of birth, clinicians and nurses look at the health of the child, nutritionists need to support the mother to breastfeed. We carry out initiation of the breastfeeding after the above have done their work.

They also refer malnourished babies to us, we carry out growth monitoring with them and participate in outreaches and health camps with them.

16. Can you share a case where nutrition advice significantly improved the breastfeeding outcomes for a mother or a child?

Every day I meet mothers and children who are

I assess the mothers and see their challenges as well as the children. Many testimonies result from the advice and interventions we give to them which include breastfeeding so I cannot point out a particular one.

17. How do you navigate situations where cultural practices or beliefs may conflict with breastfeeding recommendations?

The cultural practices that conflict with the guidelines of breastfeeding (for example in some cultures they do not agree with breastfeeding once the mother is pregnant even if the baby needs the breast milk) have to be looked in to and if possible prevented.

18. Any final conclusions?

I appreciate you for the opportunity of allowing me to share my knowledge, expertise and understanding of the topic "*Breastfeeding and Breast related challenges*".

I hope that my sharing will be of use to the public, the students, men and women out there to equip them positivity that comes with breastfeeding.

Thank you once again.

QUESTION: What's the most Surprising thing you have learnt about breastfeeding?

FINAL YEAR PROJECTS TO SOLVE REAL CHALLENGES.



ABAASA DAISY

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As part of the partial fulfillment for attainment of the degree, I was tasked to perform a final year project. In this article, I describe the challenges (nutritional) that I identified in society that led me into doing the particular study that I undertook.

THE DIETARY WOES OF THE URBAN POOR.

Urbanization through creation of cities is one of the ways the government is trying to achieve modernity, prosperity and transition towards good infrastructure (Rukundo, 2020). Cities are important drivers of development and poverty reduction in both urban and rural areas because they are places where entrepreneurship, technological innovation and other economic activity can flourish (UN, 2018).

However the increasing urbanization has come along with establishment of informal settlements that are faced with problems of poor basic services, poor housing and sanitation, floods and social isolation and lack of social support (Kirabo et al., 2022). Rapid population growth experienced in Kampala has adversely affected economic

development and poverty alleviation through depressing wages (Lwasa, 2014). This has created an unfavorable food environment i.e. the availability of healthy foods within these communities and how easily the residents can access these foods. This has played a role in the poor dietary choices (Chehimi, 2007).

With this, the aim for which the new cities and the move towards urbanization is greatly undermined with the creation of a section of the urban poor who barely have access to improved diets affecting their nutrition status and overall wellbeing (Pozhidaev, 2020).

Bwaise is one of the slums within Kampala and was initially a wetland connected to the existing Lubigi wetland to which it drains. I have personally lived in Bwaise for the past 15 years and witnessed how people strive to live through environmental, social and economic pressures that have undeniably affected their dietary patterns negatively compared to their rural and “urban rich” counterparts. Research and putting reality to paper is one of the ways that I believe through which most of the societal problems can be addressed and this led me to carry out a study on **“KEY DETERMINANTS OF THE DIETARY PRACTICES AMONG URBAN SLUM HOUSEHOLDS; A CASE STUDY OF BWAISE III, KAWEMPE DIVISION, KAMPALA DISTRICT”**

Despite extensive literature on household food security in urban slums and associated environmental problems,

I realized there was still a notable gap in understanding the diverse causes of food insecurity and the coping strategies particularly in relation to their dietary practices employed by these urban slum dwellers. Existing research had primarily focused on the general state of food security without delving deeply into the specifics such as the food choices they make, food frequency and dietary diversity among the residents of Kampala’s slums. This study aimed at bridging this gap by identifying the dietary practices, barriers, and coping strategies in relation to diet among Kampala slum dwellers. By examining these factors, the research sought to uncover the key determinants of dietary practices. This comprehensive approach was expected to provide a more nuanced understanding of food insecurity in these communities and help devise more targeted and effective solutions.

Based on the results of the study, the following observations were made:

- Dependence on plant-based diets from informal markets is highly predominant because they provide cheaper options underscoring the economic challenges faced.
- The barriers to having appropriate diets in urban slums is mainly linked to access, economic access. With the increased dependence on

purchased food, households spend 70% of their income on food purchase in addition to other expenses related to food preparation such as fuel.

- Purchase of street foods, dependence on less expensive poor-quality foods, taking credit from shops were some of the identified coping strategies. Some of these were risky and could predispose households into more food insecurity and poverty.

The above observations underscore the need for government's need to put into action the urban planning policies. The creation of slums has been linked to the drastic increase population with a decrease in the available land.

The economic constraints that people continue to grapple with affecting their diets emphasizes

the need for job creation opportunities such as livelihood skills, low interest loans etc. Food is a basic need and everyone deserves the opportunity to be in position to meet this need with minimal constraints. The dietary woes of the urban poor are among the many challenges that they continue to face each day and this has unfortunately become 'normal'.

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ALLAN KOMUGISA

Public Health Nutritionist

Please introduce yourself to our readers.

I am **ALLAN KOMUGISA** Male Ugandan, Public Health Nutritionist by profession. I hold a Bachelor's Degree in Human Nutrition, currently pursuing a Master of Public Health of Makerere University. I served in academia (under MakRIF) before joining US mission (USAID/CDC) - Baylor Uganda in 2022 Ebola response and 2023 Ebola Survivors Program. I am currently implementing Integrated Maternal and Child Health Nutrition (IMCHN) with Lutheran World Federation (LWF) WFP funded, in Kyangwali Refugee Settlement-Kikuube District. I am passionate about designing of high impact interventions in facilities and communities, informed and driven by data – incorporating routine monitoring of results and impact evaluation to address multi-sectorial Nutrition programs both at community and health facility level.

What was your perspective of human nutrition during school?

As a freshman, my perceptions lied in the

AN INTERVIEW WITH ONE OF THE ALUMNI.

culture that the course was a replica of catering. Later with orientation and mentorships, I realized that the course was much more appreciable and beyond mere food but concrete evidence of food-based supper interventions.

Do you appreciate nutrition now as you practice? Why?

Nutrition remains part and partial of my future and beyond. Using food-approaches to heal the world creates a sense of a helping hand. Recreation from hopeless malnourished individuals to useful God's people appreciates rationale of nutrition in practice.

As a certified nutritionist, what skills are needed for a successful nutrition career?

Did you gain these skills during or after school?

Working from the foundation of nutrition, approaching the practice with reasoning minds, 'cutting' interventions based on situation as analyzed. Above all, praying to God to bless the works of my hands.

What are the latest trends and advancements in nutrition science and practice; how have you caught up with the trends?

Lately, there is advancement in technology thus alternative sources of nutrition information.

This has generated confusions and mixed perceptions in the population. Additionally, NCDs have advanced to lead in public health concerns. It is time for Uganda to open wider eyes to this.

Do you have plans of furthering your studies? (Or if you're already furthering). Why?

As mentioned, I am mastering in Public Health. This will deepen my understanding thus have holistic interventions.

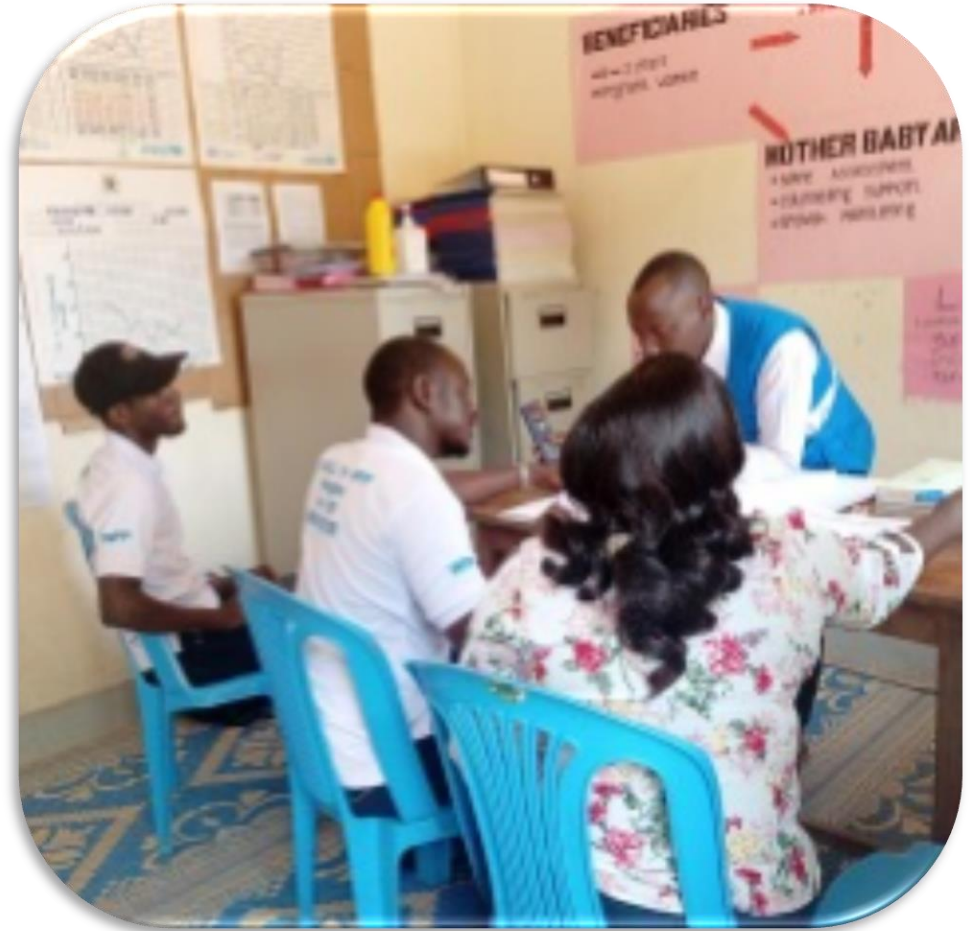
Have you found any challenges during the nutrition path? How have you overcome them?

For every sector, nutrition too is faced with underfunding and minimal integration with other sectors. Coordination and collaboration have yielded unmatched results.

Any conclusions?

I end by emphasizing the 10-point program for basic healthy life for the GEN Z:

Eat a variety of foods, Stay Hydrated, Limit Processed Foods, Mindful Eating, Regular Meals, Healthy Snacking, Cooking at Home, Stay Informed, Listen to your Body and above all Physical Activity.



Mr. Allan Komugisa during some sessions of his practice.

LATEST ACTIVITIES



Mr. Phillip Ivan Baguma sharing his story and experience to the pioneer freshmen of BSc. Human Nutrition and Dietetics during an orientation session.



Awarding of the best article writer "Tumwebaze Emily Mpora" of the previous issue about Nutrition and Mental Health by the Head of Department, Prof. Ivan Muzira Mukisa.



Students Participated in the National commemoration of the World Breastfeeding month at Ministry of Health headquarters by a walk under the THEME: Closing the Gap: Breastfeeding Support for all.



Student leaders led by the Head of Department, Prof. Ivan Muzira Mukisa and the patron of MUFOSTA, Dr. Byakika Stella delivered a career talk and provided mentorship to students of St. Joseph's High School Namagunga.





During the All-Nations Food Cultural Festival where MUHUNSA offered nutrition counselling, assessment and education together with food product exhibition by MUFOSTA.

FUN FACTS!

- Breastfeeding is like having superpower! You can wipe out a snack anytime, anywhere-no preparation required!
- Did you know that breastfeeding can burn up to 500 calories a day that's like workout without hitting the gym!



Real-Life Breastfeeding Positions

By Hedger Humor for Breastfeeding Mama Talk

<p>The "Post-Shower Session"</p> <p>Hedger Humor</p>	<p>The "Wipe-And-Nurse"</p> <p>Breastfeeding Mama Talk</p>
<p>The "Baby Acrobat"</p>	<p>The "Getting Work Done"</p>

Courtesy of Makerere University Human Nutrition Students Association (MUHUNSA)

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