

The practices of caretakers regarding infant nutrition at Apac General Hospital, Apac district, Uganda. Cross-sectional study.

Shadrack Owiny*, Denis Obong, Tonny Mike Omara, Lamex Ogwal, Ronald Awoi
Florence Nightingale School of Nursing and Midwifery.

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Abstract.

Background:

Optimal infant nutrition is essential for child survival, growth, and development. In Uganda, inappropriate infant feeding practices continue to contribute to undernutrition and poor child health outcomes. This study aimed to assess the practices of caretakers regarding infant nutrition at Apac General Hospital in Apac District, Uganda.

Methods:

A descriptive cross-sectional quantitative study was conducted among caretakers of infants aged 0–12 months attending the child health clinic at Apac General Hospital. A sample size of 96 caretakers was determined using the Kish and Leslie (1965) method. Data were collected using a structured interviewer-administered questionnaire. Data were checked for completeness, coded, and entered into SPSS version 26 for analysis. Descriptive statistics such as frequencies and percentages were used to summarize the findings.

Results:

Most respondents were aged 18–24 years (54.2%) and were biological mothers (62.5%). Over half had secondary education (52.1%), and the majority were farmers (45.8%). About 62.5% of infants were exclusively breastfed for the first six months, while 37.5% were not. Among those who did not practice exclusive breastfeeding, 44.4% introduced other foods at 4–5 months, mainly due to inadequate breast milk (41.7%). The majority of caregivers (63.5%) received information on exclusive breastfeeding from health workers. Complementary foods were mostly introduced after six months (62.5%), with animal-source foods (45.8%) and porridge (31.2%) commonly given. Most infants (63.5%) received five or more meals per day, and 59.4% of caregivers reported following consistent feeding routines.

Conclusion:

Most caretakers practiced exclusive breastfeeding and maintained adequate feeding frequency, although some introduced complementary foods earlier than recommended.

Recommendations:

Health workers should strengthen nutrition education on exclusive breastfeeding and appropriate complementary feeding to improve infant feeding practices.

Keywords: Infant nutrition, Exclusive breastfeeding, Caretaker practices, Maternal education, Child health, Nutritional counseling, Apac General Hospital.

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Corresponding author: Shadrack Owiny

Email: shadrachowinya930@gmail.com

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Background.

Optimal infant nutrition remains a cornerstone for reducing child morbidity and mortality globally, with evidence showing that breastfeeding and timely complementary feeding significantly improve survival and developmental outcomes (Anderson, 2021). Exclusive breastfeeding for the first six months is universally recommended as it provides complete nutritional needs while enhancing immune protection against early-life infections (Kumar, 2022). Furthermore, continued breastfeeding up to two years and beyond, alongside the introduction of safe and adequate complementary foods, is associated with lower risks of

obesity and non-communicable diseases later in life (Mwangi, 2023).

Despite strong global advocacy, only a minority of infants worldwide receive the recommended feeding practices, with fewer than half exclusively breastfed in the first six months (Osei, 2021). Several studies have demonstrated that cultural practices, social norms, and economic constraints often undermine adherence to optimal feeding recommendations (Choudhury, 2022). Moreover, the commercial promotion of breast milk substitutes continues to contribute to suboptimal feeding patterns in many low- and middle-income countries (Miller, 2023).

In sub-Saharan Africa, infant feeding practices face additional challenges due to poverty, food insecurity, and inadequate maternal education (Nyarko, 2022). Regional data indicate that inappropriate introduction of complementary foods and reliance on nutritionally poor diets are key drivers of undernutrition among children under two years (Kabir, 2023). Furthermore, healthcare system limitations, including inconsistent counseling services, reduce mothers' capacity to adopt and maintain appropriate feeding practices (Omondi, 2021).

Uganda continues to experience a dual burden of undernutrition and poor infant feeding practices despite progressive national guidelines (Mutebi, 2022). Nationally, more than one-quarter of children under five remain stunted, highlighting the long-term impact of poor dietary practices (Akello, 2023). While exclusive breastfeeding rates have improved, the early or delayed introduction of complementary foods remains common, leading to nutrient deficiencies during a critical developmental stage (Luwedde, 2021).

At the community level, evidence from Northern Uganda indicates that inappropriate infant feeding practices persist due to cultural norms and limited access to nutrition education (Ogwang, 2023). Local health facilities, including Apac Hospital, often serve populations where traditional feeding practices override biomedical recommendations (Opio, 2022). Mothers' decisions are further influenced by peer pressure, household economic constraints, and limited exposure to quality nutrition counseling (Alupo, 2021).

Understanding local infant feeding behaviors is essential for designing effective interventions that address both knowledge and structural gaps (Okello, 2023). Data specific to the Apac District remain scarce, yet such evidence is critical for guiding policy and community-based programs tailored to improve infant health outcomes (Ayaa, 2024). This study, therefore, aims to assess caretakers' practices regarding infant nutrition in Apac Hospital to generate evidence that can inform sustainable and context-specific nutrition interventions

Methodology.

Study design.

The study adopted a descriptive cross-sectional quantitative research design. This design was appropriate because it allowed the collection of data at a single point in time to describe the existing infant feeding practices among caretakers. A quantitative approach was used to generate numerical data that could be statistically analysed to identify trends and relationships between variables.

Study setting.

The study was conducted at **Apac Hospital**, a general hospital located in Apac District, Northern Uganda. The hospital offers a range of maternal and child health services, including antenatal care, postnatal care, immunization, growth monitoring, nutritional counselling, and treatment of

common childhood illnesses. The hospital recorded a high volume of infant clinic visits, making it a suitable setting for assessing infant feeding practices.

Study population

The study population consisted of caretakers of infants aged 0–12 months attending child health clinics at Apac Hospital. Caretakers included mothers, grandmothers, or other guardians who are directly involved in the daily care and feeding of infants.

Sample Size Determination.

The sample size was determined using the Kish and Leslie (1965) formula for cross-sectional studies:

$$n = (Z^2 \times p(1 - p)) / d^2$$

Where:

n = required sample size

Z = standard normal deviation at 95% confidence (1.96)

p = estimated proportion of appropriate feeding practices (assumed at 50% = 0.5 for maximum variability)

d = margin of error (0.1 or 10%)

Calculation:

$$n = (1.96)^2 \times 0.5 \times (1 - 0.5) / (0.1)^2$$

$$n = 96$$

Therefore, this implies that the required sample size was 96 caretakers.

Sampling method.

The study employed a **convenience sampling technique**. Caretakers who attend the child health clinic during the study period and meet the eligibility criteria were invited to participate until the required sample size was attained.

Inclusion and Exclusion Criteria

Inclusion Criteria

- Caretakers aged 18 years and above.
- Caretakers of infants aged 0–12 months attending Apac Hospital.
- Caretakers who provided written informed consent.

Exclusion Criteria

Caretakers who were critically ill or mentally impaired.
Caretakers who declined to participate in the study.

Study Variables

Independent variables:

The independent variable was the practices

Dependent variables:

Infant nutrition (exclusive breastfeeding, initiation of complementary feeding, frequency, and consistency of feeding).

Research Instruments

The main instrument was a **structured researcher-administered questionnaire**. The questionnaire was prepared in English and translated into **Lango**, the dominant local language in Apac District, to enhance comprehension. The tool contained both **closed-ended** and a few **open-ended** questions structured into the following sections:

1. **Socio-demographic characteristics** of caretakers.
2. Proportion of caretakers who exclusively breastfeed their infants for the first six months.
3. **Complementary feeding practices**, including types of foods introduced.
4. **Feeding frequency and consistency** of foods given to infants.

Data Collection Procedure

Research assistants were trained on the study objectives, ethical considerations, and administration of the questionnaire. The questionnaire was pre-tested at Aduku Health Centre IV to refine its clarity and reliability. Eligible caretakers attending the child health clinic were identified. The purpose, procedures, risks, and benefits of the study were explained.

Written informed consent was obtained before participation. The questionnaire was administered in a quiet and private space within the clinic premises to ensure confidentiality. Each interview lasted approximately **15–20 minutes**. Research assistants recorded responses directly on printed forms. The principal investigator supervised daily data collection, checked the completeness of questionnaires, and resolved any issues. At the end of each day, completed questionnaires were cross-checked, coded, and securely stored.

Data Management and Analysis.

Completed questionnaires were checked for completeness and consistency, coded, and entered into SPSS version 26

for analysis. Data were stored on a password-protected computer to maintain confidentiality. Descriptive statistics such as frequencies, percentages, means, and standard deviations were used to summarize socio-demographic data and feeding practices. Results were presented in tables, graphs, and charts.

Quality Assurance Validity

To ensure validity, the researcher forwarded the questionnaire to the research supervisor to rate its items in line with their relevance in achieving the study objectives. The researcher replaced inappropriate or irrelevant questions/items with others that were suitable for achieving the study objectives.

Reliability

To ensure reliability, the researcher used a standardized questionnaire by pre-testing it among caregivers at Aduku Health Center IV. The pilot study was conducted on 5 respondents to assess how participants understood and interpreted the questions in the data collection tool.

Ethical Considerations

Ethical approval was sought from the Apac District Health Office and Apac Hospital administration. Informed consent was obtained from all participants. Privacy and confidentiality were maintained by using unique codes instead of names. Participation was voluntary, and respondents could withdraw at any time without penalty. The study adhered to the ethical principles of autonomy, beneficence, non-maleficence, and justice.

RESULTS.

Socio-demographic characteristics of the respondents

Table 1: showing socio-demographic characteristics of the respondents (n=96)

Variable	Category	Frequency (f)	Percentage (%)
Age	18-24	52	54.2
	25-34	25	26.0
	35-44	10	10.4
	45 and above	9	9.4
Relationship to the infant	Mother	60	62.5
	Grand parent	10	10.4
	Father	15	15.6
	Others	11	11.5
Level of education	Non formal	10	10.4
	Primary	25	26.0
	Secondary	50	52.1
	Tertiary	11	11.5
Occupation	Civil servant	10	10.4

	Farmer	44	45.8
	Business	30	31.3
	Other	12	12.5
Household size	1-3	47	49.0
	4-6	30	31.2
	7 and above	19	19.8

The response rate for this study stood at 100% (96), with up to 54.2% (52) of the participants aged 18–24 years, whereas only 9.4% (9) were aged 45 years and above. At least 62.5% (60) were the biological mothers of these children, while 10.4% (10) were grandparents. More than half of the respondents had attained secondary education, 52.1% (50),

whereas the least had non-formal education, 10.4% (10). Most of the respondents were farmers, 45.8% (44), while the least were civil servants, 10.4% (10). Almost half of the respondents had a household size of 1-3 members, 49.0% (47), whereas the least had 7 and above members, 19.8% (19).

The proportion of caretakers who exclusively breastfeed their infants for the first six months.
Figure 1: showing frequency of breastfeeding (n=96)

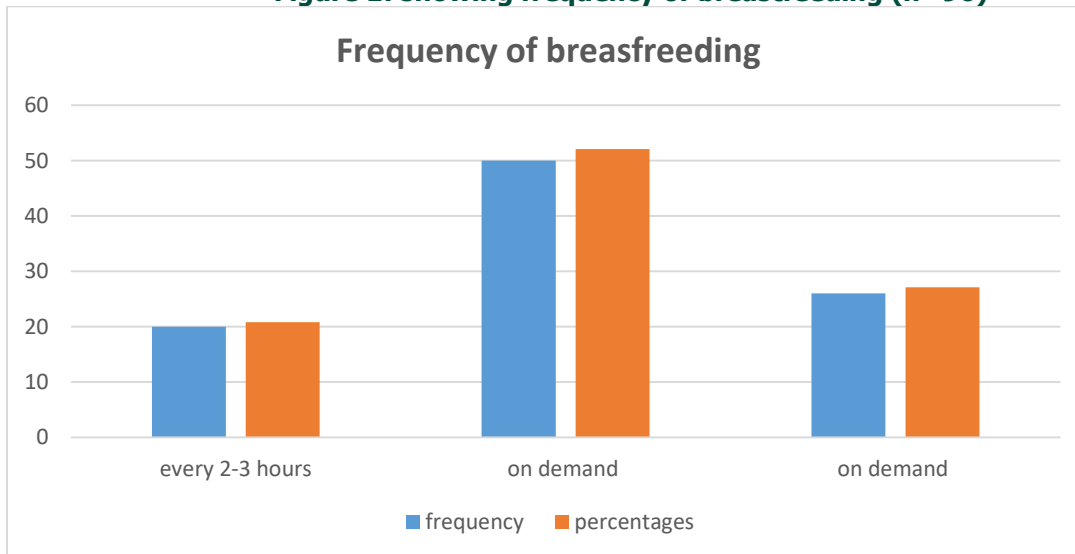


Figure 1 shows that more than half of the mothers, 52.1% (50), breastfed on demand, while the least 20.8% (20) breastfed every 2–3 hours.

Table 2: showing proportion of caretakers who exclusively breastfeed their infants (n=96)

Variable	Category	Frequency (f)	Percentage (%)
Exclusively breastfed for the last 6 months	Yes	60	62.5
	No	36	37.5
If no, when did you introduce other food	Before 1 month	5	13.9
	1-3 months	15	41.7
	4-5 months	16	44.4
The main reason for not practicing EBF	Inadequate breast milk	40	41.7
	Cultural beliefs	20	20.8
	Health reasons	29	30.2
	Others	7	7.3
Health workers provided information on EBF	Yes	61	63.5
	No	35	36.5

From table 2, a greater proportion of infants, 62.5% (60), were exclusively breastfed for the last 6 months, while a

lesser proportion, of 37.5% (36), were not. Most infants, 44.4% (16), received other food at 4–5 months; however, the

least 13.9% (5) received it before 1 month. Inadequate breast milk was the most common reason for not practicing EBF, 41.7% (40), and other reasons were the least reported, 7.3%

(7). The majority, 63.5% (61), received information on EBF from health workers, while the least, 36.5% (35), did not.

Types of complementary foods introduced by caretakers after six months of age.

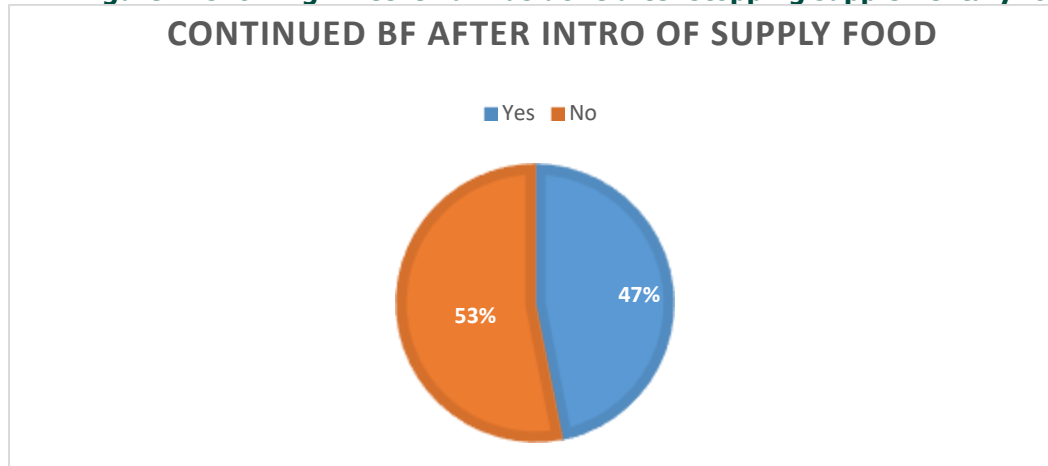
Table 3: Types of complementary foods introduced after six months of age (n=96)

Variable	Category	Frequency (f)	Percentage (%)
Time of introduction of complementary food	4 months	10	10.4
	5 months	15	15.6
	6 months	11	11.5
	Later than 6 months	60	62.5
Types of food introduced	Animal source foods	44	45.8
	Mashed fruits/ veg	20	20.8
	Porridge (cereal-based)	30	31.2
	Others	6	6.2
Number of feedings per day	1-2 times	20	20.8
	3-4 times	46	47.9
	5 or more times	30	31.3
Influence on the choice of complementary food	Advice from health workers	55	57.3
	Affordability	14	14.6
	Cultural beliefs	20	20.8
	Others	7	7.3

From table 3, the majority of infants were introduced to complementary food later than 6 months, 62.5% (60), while the least were introduced at 4 months, 10.4%(10). Most infants were given animal source foods 45.8% (44), whereas the least received other types of food 6.2% (6). The majority

of infants were fed 3–4 times per day, 47.9% (46), while the least were fed 1–2 times per day, 20.8%(20). Advice from health workers was the most influential factor in the choice of complementary food, 57.3% (55), while other factors were the least influential, 7.3% (7).

Figure 2: showing whether bf was done after stopping supplementary food (n=96)



From figure 2, the majority of infants did not continue breastfeeding after the introduction of supplementary food, 53% (51), while the least continued 44.7% (45).

The frequency and consistency of feeding practices among caretakers of infants aged 0–12 months.

Table 4: showing frequency and consistency of feeding practices

Variable	Category	Frequency (f)	Percentage (%)
Follow a consistent feeding solution	Yes	57	59.4
	No	39	40.6
Number of meals received in a day	1-2	15	15.6
	3-4	20	20.8
	5 or more	61	63.5
Experience challenges in feeding the infant regularly	Yes	43	44.8
	No	53	55.2
Ever received education on proper infant feeding	Yes	67	69.8
	No	29	30.2
Who usually feeds the infant	Father	10	10.4
	Mother	50	52.1
	Grandmother	28	29.2
	Others	8	8.3

From table 4, the majority of respondents followed a consistent feeding solution, 59.4% (57), while the least did not, 40.6% (39). Most infants received 5 or more meals in a day, 63.5% (61), and only less than a quarter, 15.6% (15), received 1–2 meals. The greater proportion of respondents did not experience challenges in feeding the infant regularly, 55.2% (53), while slightly fewer proportion, 44.8% (43), did experience challenges. Most respondents had ever received education on proper infant feeding, 69.8% (67), compared to only slightly more than a quarter, who had not 30.2% (29). The majority of infants were fed by their mother, 52.1% (50), while only a few were fed by others, 8.3% (8).

Discussion.

The proportion of caretakers who exclusively breastfeed their infants

The majority of infants were exclusively breastfed for the first six months, whereas the minority were not. This high rate of exclusive breastfeeding may be linked to maternal knowledge, cultural practices, and access to breastfeeding support, which encourage mothers to follow recommended infant feeding guidelines. A comparable finding is observed in countries with strong maternity leave and breastfeeding support policies, such as Hungary, where 65% of infants are exclusively breastfed for six months. In contrast, countries like Germany, France, and the United Kingdom report lower rates of 35%, 20%, and 27%, respectively, highlighting the role of societal and policy support in sustaining exclusive breastfeeding (Victoria et al., 2022; Brown & Lee, 2021; Rollins et al., 2021; Parents, 2023). Strengthening maternal education, family support, and breastfeeding-friendly policies can help maintain high rates of exclusive breastfeeding for six months.

The greater proportion of infants' caregivers received information on exclusive breastfeeding (EBF) from health workers, while fewer did not. This finding suggests that health worker guidance plays a key role in promoting EBF, as mothers who receive counseling are more likely to understand the benefits and follow recommended practices.

A similar finding has been observed locally in Apac District, where cultural norms, family influence, early introduction of complementary foods, and limited access to breastfeeding counseling affect EBF practices (Acen et al., 2023; Okello, 2023). Strengthening health worker counseling and community education can further improve exclusive breastfeeding rates.

Types of complementary foods introduced by caretakers after six months of age.

Most infants were given animal-source foods as complementary foods, whereas nearly a quarter of the infants were introduced to smashed food and vegetables, while more than a half were introduced to porridge and the least were introduced to other types of meals. This finding indicates that caregivers prioritize nutrient-rich animal foods, which provide protein, iron, and essential vitamins important for infant growth and development. A related pattern is seen in high-income countries, where complementary foods are introduced around six months, though the types vary; for example, 62% of infants in the United States receive iron-fortified cereals first, while in Japan, 58% receive rice-based porridges, reflecting cultural practices and maternal knowledge (Li et al., 2021; Suzuki et al., 2022). While advice from health workers was seen as one of the most influential choices of complementary food, promoting appropriate complementary feeding practices that balance nutrient needs and cultural preferences can support optimal infant growth and development.

The frequency and consistency of feeding practices among caretakers of infants

The majority of respondents followed a consistent feeding schedule, while slightly fewer did not. This suggests that most caregivers maintain regular feeding routines, which is important for supporting infant digestion, growth, and nutritional intake. A similar result is observed in high-income countries, where in the United States, only 47% of infants aged 6–12 months receive meals at the

recommended frequency due to parental work schedules, and in Japan, about 52% maintain consistent feeding routines, with many introducing foods earlier than recommended (Li et al., 2021; Suzuki et al., 2022). Encouraging caregivers to follow consistent feeding schedules can improve infant nutrition and support healthy growth and development.

Most infants (63.5%) received five or more meals per day, while fewer (15.6%) received only one to two meals. This indicates that the majority of caregivers provide sufficient meal frequency to meet infants' nutritional needs, which supports growth and development. A similar finding was reported in a multi-country study, where 49–57% of infants aged 6–12 months were fed at least the minimum number of times per day, although consistency varied due to maternal workload and household support (Mohammed et al., 2025). In Uganda, the 2022 DHS found that 55% of infants met minimum meal frequency, while 41% experienced irregular feeding times (UBOS & ICF, 2022). Promoting frequent and regular meals can help ensure adequate nutrition and support healthy development in infants.

Conclusion

Proportion of caretakers who exclusively breastfeed their infants: Most caregivers practiced exclusive breastfeeding for the first six months, guided mainly by health worker advice, though challenges such as inadequate breast milk and cultural beliefs affected some; enhancing education and support can improve adherence.

Types of complementary foods introduced after six months: Infants were primarily introduced to nutrient-rich animal-source foods, with caregivers following health worker guidance, ensuring proper growth and development; promoting balanced and culturally appropriate complementary feeding can further support infant nutrition. Frequency and consistency of feeding practices among caretakers: Caregivers generally maintained consistent feeding schedules and adequate meal frequency, although some infants stopped breastfeeding after starting supplementary foods; encouraging regular feeding and continued breastfeeding can strengthen infant nutrition and health outcomes.

Recommendations

The Ministry of Health (MoH) should strengthen national campaigns and programs to educate mothers and caregivers on the importance of exclusive breastfeeding for the first six months and address cultural and practical barriers.

The District Health Office (DHO) should provide continuous training and supervision for health workers to guide caregivers on introducing nutrient-rich, balanced, and culturally appropriate complementary foods after six months.

Hospitals should support caregivers to maintain consistent feeding routines and encourage continued breastfeeding

alongside supplementary foods to ensure optimal infant nutrition and growth outcomes.

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List of Abbreviations.

ANC – Antenatal Care

DHO – District Health Office

EBF – Exclusive Breastfeeding

MoH – Ministry of Health

SPSS – Statistical Package for Social Sciences

WHO – World Health Organization

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Conflict of interest.

There is no conflict of interest.

Availability of data.

Data used in this study are available upon request from the corresponding author.

The author's contribution.

SO designed the study, conducted data collection, cleaned and analyzed data, and drafted the manuscript.

RA supervised all stages of the study from conceptualization of the topic to manuscript writing and submission.

DO supervised all the research process.

TMO supervised the research process.

LO supervised the research process.

Author's biography.

Shadrack Owinya is a student of a diploma in nursing extension at Florence Nightingale School of Nursing and Midwifery.

Denis Obong is a research supervisor at the Florence Nightingale School of Nursing and Midwifery.

Tonny Mike Omara is a research supervisor at the Florence Nightingale School of Nursing and Midwifery.

Lamex Ogwal is a research supervisor at Florence Nightingale School of Nursing and Midwifery.

Ronald Awoi is a research supervisor at Florence Nightingale School of Nursing and Midwifery.

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