# DETERMINANTS OF EXCLUSIVE BREASTFEEDING FOR SIX MONTHS IN A PERI URBAN SETTLEMENT OF KANGEMI: A QUALITATIVE APPROACH.

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**ABSTRACT**

*Exclusive breastfeeding for six months is the most effective preventive intervention for ensuring child survival. However, uptake of exclusive breastfeeding remains a challenge. This study aimed at investigating factors that enable some mothers to practise exclusive breastfeeding for six months successfully. The study was conducted in Kangemi of Nairobi city county, Kenya. It utilized qualitative methods to elicit information from participants. These were focus group discussions, key informant interviews and case studies to explore on factors that enabled them to exclusively breastfeed for the recommended six months. Data were analysed using Atlas-Ti program. The study findings showed that, support from health care providers, community health workers and significant others like husband and mothers in-law promoted the practice of exclusive breastfeeding. Further, availability of the mother, modification of work pattern and self-determination were key to the success of exclusive breastfeeding.*

**Key words:** exclusive breastfeeding, mother, feeds, child, support

## 1.0 Introduction

Exclusive breastfeeding for six months is the most effective preventive intervention for ensuring child survival. It is estimated to prevent 13% of deaths of children under five years old and this translates to preventing approximately 11,000 deaths in Kenya annually (Black, *et al.*, 2008). Breastfeeding practices for infants and young children worldwide are not optimal. Global monitoring indicates that only 39% of all infants worldwide are exclusively breastfed (Quinn, *et al.*, 2005). The overall rate of exclusive breastfeeding for at least six months is only 37% in the developing world, and 39% in the least developed countries (WHO, 2011). Although breastfeeding rates are very high in developing countries, exceeding 95% in many countries, exclusive breastfeeding is not widely practiced (Administrative Committee on Coordination/Sub–Committee on Nutrition -ACC/SCN, 2000).

Increased uptake of exclusive breastfeeding is one of the eleven High Impact Nutrition Interventions (HINI) prioritized in Kenya for child survival and development. It is envisaged that increased uptake of exclusive breastfeeding will contribute towards reduction of under five mortality, hence making a vital contribution towards attainment of the fourth Millennium Development Goal (MGD4). The national target set out in the maternal, infant and young child nutrition (MIYCN) strategy is to increase exclusive breast feeding rates from the current 32% to 80% by 2017 (National Maternal, Infant and Young Child Nutrition Strategy, 2011-2017).

Despite the government's efforts on fostering optimal infant and young child feeding practices that include exclusively breastfeeding infants for the first six months of life, uptake of exclusive breastfeeding remains a challenge. At national level, there has been a notable improvement in exclusive breastfeeding practice of 19% from 13% (KDHS, 2002-03) to 32% (KDHS, 2008-09). However, this still reflects an overall low uptake of exclusive breastfeeding in the country. While several studies on breastfeeding practices have been conducted in urban areas of Kenya including Nairobi, most have focused on knowledge, attitudes and infant feeding practices of mothers. In-depth assessment of factors that have enabled some mothers to breastfeed exclusively for six months has not been done. This study employed qualitative methods to investigate factors influencing exclusive breastfeeding. It incorporated case studies of mothers who had exclusively breastfed for six months to explore on factors that enhance uptake of exclusive breastfeeding. Further, health facility level factors known to influence breastfeeding practices were identified by interviewing health care providers on how they support optimal infant and young child feeding practices.

## 2.0 Methods

The study was done in Kangemi which is located in Nairobi West district of Nairobi city county, Kenya. Data were collected through focus group discussions, key informant interviews and case studies. Three focus group discussions (FGDs) were conducted on separate days with 10 participants in each group to investigate factors influencing the practice of exclusive breastfeeding. Key informant interviews were held with five Health Care Providers from Kangemi health centre. These were: the Nursing Officer in-charge of the facility, nutritionist in-charge, nutritionist in maternal and child health (MCH), nursing officers' in-charge of labour ward and MCH. Each of these participants was interviewed individually to investigate facility level initiatives in place to support infant and young child feeding (IYCF) practices. Case studies consisted of five mothers in the community who had practiced exclusive breastfeeding for six months (normal deviants). Factors that had contributed to successful exclusive breastfeeding were discussed. Data recorded from focus

group discussions, key informant interviews and case studies were analysed using Atlas-Ti program where information from the discussions was transcribed and key themes noted.

The Kenyatta National Hospital (KNH)/University of Nairobi (UoN) Ethics and Research committee approved the study. Permission to collect data was obtained from the District Commissioner (D.C.) Westlands District, the District Medical Officer of Health (DMOH) in charge of all the public health facilities in the District and facility in-charge of Kangemi health centre. Written consent was sought from the study participants.

## 3.0 Results

### 3.1 Focus Group discussions (FGDs)

Findings from FGDs with mothers who attended antenatal clinic (ANC) and MCH clinics showed that mother's occupation, health and nutrition status, breast problems and beliefs of the mother were factors likely to influence breast feeding. In addition, findings showed that some husbands and mothers in-law encouraged mothers to breastfeed exclusively. Participants reported that health care providers supported the practice of exclusive breastfeeding through giving health talks and advices during clinic visits. On the other hand, friends and neighbours were reported to discourage mothers from exclusively breastfeeding citing traditions and cultural beliefs. Further, participants reported that there was no specific support group on breastfeeding apart from mother-to-mother mentors, under APHIA plus organization, who advise on exclusive breastfeeding for mothers with HIV and AIDS among other things.

### 3.2 Key informant interviews

Information on health facility factors known to influence IYCF practices was obtained through key informant interviews with health care providers. It was found that Kangemi Health Centre provides health services to many residents in the area. It was observed that the infant and young child feeding policy that incorporates 10 steps to successful breastfeeding was displayed in the MCH clinic and maternity. The guidelines were written in English language. Further, a self-assessment tool on the Baby Friendly Hospital Initiative existed in the facility.

Findings indicated that a total of 8 (32%) out of the 25 health care providers at the facility had received the 6-day training on IYCF and the Baby Friendly Hospital Initiative (BFHI). These were: the nutritionist and 7 nurses from maternity and MCH. They underwent training on lactation management (positioning and attachment skills). It was reported that these health care providers were usually oriented to the infant and young child feeding policy before starting work in departments offering services on infant and young child feeding. Further, they assisted mothers to initiate breastfeeding within an hour after delivery.

### 3.3 Case studies

#### 3.3.1 Case 1

Jane (not her real name) was a 32-year old mother of four and married. Her last child (fourth-born) was nine months old at the time of the study. Her occupation was hairdressing. After giving birth, she made a decision to quit her job to concentrate on bringing up her child. This gave her opportunity to exclusively breastfeed her child for the recommended six months. Her child was often breastfed on demand. She said that she had no problem with milk output because she ate well. To her 'eating well' meant eating traditional vegetables and fruits as well as taking tea, porridge and plenty of water. She said that the child seemed satisfied always after breastfeeding, cried less and slept well. Since the milk supply was a lot, it stained her clothes. She

knew about expressing breast milk but she did not practice this. She related expressing breast milk with mothers who were always away from their children due busy schedules such as working.

Her neighbours always pressured her to give the child other foods and fluids as they thought her milk was not enough for the child. She kept lying to them that she was giving other foods but she never did. This is because she understood the importance of exclusive breastfeeding.

She was determined to ensure that she exclusively breastfed her child since she had been told by the health workers about the importance of exclusive breastfeeding while she was pregnant during antenatal clinics. She was also motivated by the fact that she noticed significant differences between her fourth-born child and her other children. Her other children were introduced to other foods and fluids much earlier before six months. They often got sick and also it took time for them to recover from their sicknesses. This was not the case with the last child. Further, the child's weight improved, which was confirmed from the clinic card, and so she didn't have a reason to be worried. In fact, the child looked healthy.

This gave her the needed resolve to push on with the decision to exclusively breastfeed for the recommended six months despite the pressure she received from her husband and neighbours and even the fact that the breast milk constantly stained her clothes.

**3.3.2 Case 2**

Mary (not her real name) was a 22-year old mother of one, a housewife and married to a self-employed man. Her husband owned a '*boda-boda'* (motor bike) business. She managed to breastfeed her child exclusively for the recommended six months because she was with the child all the time. She said that she had so much milk that sometimes she expressed and discarded it to make her breasts less painful. However, she never fed her child with expressed milk. She reported that the child wanted to breastfeed most of the time and she breastfed on demand. Frequent breastfeeding ensured the baby was satisfied most of the time hence the baby did not cry too often and too much.

She attributed her ability to manage the exclusive breastfeeding period to the fact that she ate a balanced diet. She fed on porridge, milk, tea, *githeri*, *ugali*, vegetables, meat and eggs. She said that these foods enabled her have a high supply of milk. She also fruits such as bananas, oranges and pineapples daily.

The challenge she encountered was from her neighbours who encouraged her to introduce other feeds and fluids early. Also, during teething the child had difficulties breastfeeding although this was only for a short while. The child continued breastfeeding well after this. She attributed her success in practicing exclusive breastfeeding for six months to the support she got from health workers and encouragement by her spouse. She was particularly motivated by the encouragement she received from her husband. The health workers from Kangemi health centre emphasized the benefits of exclusive breastfeeding.

**3.3.3 Case 3**

Marita (not her real name) was a 26-year old mother married with three children. She was a housewife while her husband was a welder at a local shop. She did not exclusively breastfeed her first two children for six months since she was working by then as a casual labourer. She decided to exclusively breastfeed her third-born child for six months. She reported to have encountered a lot of challenges as she the practised exclusive breastfeeding. Breastfeeding exclusively meant that she must be present at all times to breastfeed on demand

and that interfered with some of her engagements outside her home which she sometimes had to cancel. She also did her household chores while the baby was asleep. Sometimes, she felt as if the baby did not get satisfied with the breast milk.

Similarly, her family especially her sisters-in-law did not support her because they felt that the baby did not get satisfied with the breast milk alone. She reported that she received a lot of support from community health workers who encouraged her to exclusively breastfeed. She managed to practise exclusive breastfeeding for six months although she lost considerable weight during this period. She attributed this to the fact that she did not consume any special meals during lactation.

She exclusively breastfed her child for six months in spite of the challenges she encountered. Breastfeeding, she opined, was the best option for her. According to her, breastfeeding was cheap and safe. For instance, she said, *"I didnt want to boil water to feed the baby all the time."* When she was asked on feeding her child on expressed milk, she asserted, *"In our community (Luhya), women express milk only if the baby has died to reduce pain from engorged breasts."* Therefore, she did not want to feed her child on expressed milk. Further, she delayed getting the injectable contraceptive from previously at 6 weeks to 3 months post-partum because she believed that it would reduce her breast milk production. She attributed her success on breastfeeding for six months on self-motivation that made her stop working to breastfeed her child exclusively. This is because she understood the importance of breastfeeding for the growth and development of the child.

**3.3.4 Case 4**

Emma (not her real name) was aged 29 years, married and a mother of two. Her husband was a hawker selling clothes in Nairobi town while she was a housewife. She reported that she had learnt lessons from other mothers and her first child. She observed that the health of children who were not exclusively breastfed for six months deteriorated with age. They developed problems later for instance breathing problems and diarrhoea while others refused to eat normally. She noted that after breastfeeding her firstborn child exclusively for six months, the child did not develop any health problems and feeding habits were optimal. She therefore chose to exclusively breastfeed her second child for six months.

She usually woke up as early as 05.30 hours or 06.00 hours and attended to her household duties while the baby was still asleep. When the baby woke up, she breastfed her and afterwards continued with her duties. She said that she was always available for her child. She had never expressed breast milk and in case of travelling, she always travelled with the baby. She observed that sometimes the child had cold or flu which she attributed to weather and not feeding.

She attributed her success in practising exclusive breastfeeding to the fact that she ate a balanced diet. She fed on nutritious foods such as whole meal *ugali*, porridge and *mokimo*, and not refined foods. She ensured that she ate fruits of various kinds depending on availability. In so doing, she believed that the baby got sufficient breast milk. Her husband was very positive about exclusive breastfeeding and also her mother-in law always advised on exclusive breastfeeding. Also, the health workers at the health facility (Kangemi Health Centre) advised her on exclusive breastfeeding.

She faced challenges from her sisters and sisters-in-law who advised on giving other feeds apart from breast milk. She reported that she ignored family members, friends and neighbours who advised on early

introduction of other feeds. She was always firm on exclusive breastfeeding and she was determined to breastfeed her child up to two years. Her advice to other mothers was that they should breastfeed their children exclusively for six months because it is good for growth and development of the baby. She attributed her success to exclusive breastfeed on self-determination, and support from her spouse, mother-in law and health workers at the facility.

**3.3.5 Case 5**

Joy (not her real name) was a 32-year old mother of two and separated from her husband. The baby was six months old at the time of the study and she worked as a hairdresser. She reported that she had been advised at the health facility when she had her first child to exclusively breastfeed which she did not adhere to. Her grandmother had insisted that she should give the child other feeds as he kept on crying. She therefore started giving the child porridge by four months. She said that as a result, her first child developed problems after she introduced other feeds. She reported that the child got sick often. He experienced diarrhoea and constipation and also cried a lot.

However, for the second child (a boy), she was dedicated to try out exclusive breastfeeding for six months even with the grandmother's and friends' persistence on introducing other feeds. She reported that she never gave other feeds to her second child before six months unlike her first child.

She said that she opted to plait hair in her house since she was a hairdresser so that she could manage to exclusively breastfeed on demand. Further, she said that she had no problems with milk output and strongly believed that the traditional foods such as pumpkin leaves, mixed with other indigenous vegetables like *nderema* (green vegetables) and *dengu* (green grams) plus taking soya porridge and milk tea increased milk production. She said that the child was always calm and she maintained that the milk was always sufficient. She said that she experienced breast milk flow which always stained her clothes. She reported that since she did not know that she could express milk, she breastfed her child frequently and on demand. She attributed her success to exclusively breastfeeding for six months on self-motivation, past experience and support from health workers at the facility.

**4.0 Discussion**

Optimal infant feeding foster's child's health. This includes early initiation of breastfeeding, breastfeeding on demand and exclusive breastfeeding for six months. Therefore, availability of the mother to breastfeed the child is crucial for the first six months of a child's life. From the study findings, it is evident that mothers were housewives and those who were self-employed modified their working patterns. In addition, these mothers had self-motivation and were determined to practise exclusive breastfeeding for the recommended six months.

Mothers need active support during pregnancy and after not only from their families and communities but also from the health system. The influential position that health workers hold, can and should be used effectively to impact the correct knowledge to mothers (UNICEF, 2005). Findings showed that health care providers and community health workers played a key role in enhancing exclusive breastfeeding. This is supported by a study that investigated the role of social support networks on improving exclusive breastfeeding practices in Kangemi by Mukuria, *et al.* (2006) who found that multiple home visits by community health workers can increase exclusive breastfeeding in some settings. In this study, findings showed that social support especially that of a spouse and mothers-in law are important factors in initiation

and maintenance of exclusive breast feeding for six months. Similarly, Kessler *et al* (1995) reported that in a group of 133 women, 71% were influenced by the infant's father and 29% by the maternal grandmother.

Many cultures in the world recommend early introduction of other feeds to supplement breast milk because it is perceived to be insufficient for proper infant growth. The study findings show that although mothers managed to exclusively breastfeed for six months, they were faced with challenges from some family members, friends and neighbours who pressured them to introduce other feeds early. Other challenges emanated from cultural beliefs. This is evidenced from other studies. A study in different localities of an urban area of Dera Ismail Khan City showed that over a half (54%) of mothers cited inadequate breast milk as the main reason for discontinuing breastfeeding (Hussain, 2003). In another study conducted among mothers at University of Nigeria Teaching Hospital (UNTH), Enugu, various misconceptions by mothers such as beliefs that breast milk is insufficient or of poor quality, and that the baby does not gain weight adequately or is thirsty adversely affected the willingness of women to practice exclusive breastfeeding (Uchendu, *et al.*, 2009).

Lack of social support for women in resolving difficulties with breastfeeding and community beliefs that delay the initiation of breastfeeding hinder the practice of exclusive breastfeeding for the recommended first six months of life (Quinn, *et al.*, 2005). Ludvigsson (2003) investigated breastfeeding intentions, patterns and determinants among infants visiting hospitals in La Paz, Bolivia. He reported that mothers who were discarding colostrum and using prelacteal feeds attributed to ethnic and cultural factors and using prelacteal feeds were less likely to exclusively breastfeed for a longer duration.

**5.0 Conclusion and recommendations**

The study findings show mothers' determination plays an important role in the success of exclusive breastfeeding for six months. Further, health care system and social support especially that of significant others like spouses and mothers-in law are important factors in initiation and maintenance of exclusive breast feeding for six months. Therefore, the Ministry of Health should provide ongoing training for all health care providers and community health workers on IYCF. In addition, there is need to advocate for increased social support for breastfeeding mothers in particular from male partners, mothers in-law and peers. This can be done by adopting a family approach that focuses on creating awareness not just for mothers, but fathers and mothers in-law who are strong household influencers of infant feeding behavior.

**REFERENCES**

ACC/SCN (2000). Fourth report on the world nutrition situation. Geneva: ACC/SCN in collaboration with IFPRI.

Black J. T., Terreri N. and Victora C. J. (2008). Maternal and child undernutrition: global and regional exposures and health consequences. The Lancet; 371(9608): 243-260.

Hussain M. (2003). Decline in breastfeeding: what are the factors responsible? Gomal Journal of Medical Sciences; 1(1).

Kenya National Bureau of Statistics (KNBS) and ICF Macro. Kenya Demographic Health Survey 2002-03. Calverton,Maryland:KNBS and ICF Macro

Kenya National Bureau of Statistics (KNBS) and ICF Macro. Kenya Demographic Health Survey 2008-09. Calverton, Maryland: KNBS and ICF Macro.

Kessler L. A., Gielen, A. C., Diener-West M and Paije, D. M. (1995). The effect of a woman's significant other on her breastfeeding decision. Journal of Human laction;11(2):103-9.

Ludvigsson, J., F. (2003). Breastfeeding intentions, patterns and determinants in infants visiting La Paz, Bolivia. Journal of Paediatrics, 3(1): 5.
http://www.pubmedcentral/content/full/1e5(3/24/2004

Mukuria, A., Korthari, M., Noureddine, A., (2006). Infant and young child feeding update. Calverton Maryland, USA. Journal of Acquired immune Deficiency Syndromes. 5(8), 1751-81

National Maternal, Infant and Young Child Nutrition Strategy 2011-2017. Kenya.

Quinn, J. V., Guyon A. B and Schubert J. W et al (2007). Improving breastfeeding practices on a broad scale at the community level; success stories from Africa and Latin America. Journal of Human Lactation 21 (3).

Uchendu U. O., Ikefuna A. N. and Emodi I. J. (2009). Factors associated with Exclusive breast feeding among mothers seen at the University of Nigeria Teaching Hospital. SAJCH May 2009 Vol. 3 No. 1

UNICEF (2005). UNICEF-ESARO. Implementation of the Global Strategy on Infant and Young Child Feeding towards Child Survival, Growth and Development: Progress, Success Factors and Challenges. Nairobi.

WHO (2011). The world health report: Reducing Risks, Promoting Healthy Life

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