

RESEARCH ARTICLE

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EVALUATION OF CULTURAL AND MATERNAL PRACTICES ABOUT EXCLUSIVE BREASTFEEDING AMONG MOTHERS WITH CHILDREN AGED 0 – 6 MONTHS IN KIAMABUNDU LOCATION KISII COUNTY, KENYA

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ABSTRACT

Exclusive breastfeeding (EBF) is recommended for healthy growth and development of children. It has been widely demonstrated that breastfeeding reduces risk to several infections and non-communicable diseases. As a result the WHO recommend exclusive breastfeeding for up to 6 months but it is poorly understood how cultural and maternal practices influence the exclusive breastfeeding. This study assessed how the cultural and maternal practices influence of exclusive breastfeeding among mothers with children aged 0 – 6 months in Kiamabundu Location Kisii County. The study participants were randomly sampled. The study used quantitative approach to collect data. The data collection tools was a structured questionnaire. Chi-square was used to test for the relationship between exclusive breastfeeding and other variables. The study shows that only 33% were practicing exclusive breastfeeding. In addition, the study shows that allowing the expression of breast milk as a cultural practice has influence on exclusive breastfeeding (P value = 0.059). Also, knowledge on exclusive breastfeeding has influence on exclusive breastfeeding (P value = 0.024). In conclusion, cultural, and maternal practices have influence on exclusive breastfeeding. The study not only recommends more health education on exclusive breast feeding but also suggest more studies on other practices such as psychological, physiological etc.

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INTRODUCTION

In the developing world, there is a general increase in the practice of exclusive breastfeeding with the West and Central Africa taking the lead (Cai et al, 2012). Exclusive breastfeeding practice for infants younger than six months increased from 33% in 1995 to 39% in 2010 (Cai et al, 2012). The trend can be improved if the specific practices are improved by mothers (Field, 2010). Seventy seven percent of mothers in Africa believe that breast milk alone would be insufficient for the first 6 months, and 58% believe that women practicing EBF would have health or social problems (Webb Girard, 2012). A large minority of 47% believe that infants on EBF practice for 6 months would have physiological and/or emotional problems including hunger, thirst, malnutrition and falling ill because breast milk 'does not provide all the nutrients a child needs', as well as crying and being 'bothersome' (Webb Girard, 2012). The maternal and cultural practices of avoiding exclusive

breastfeeding, discouraging the routine immunization of children in child welfare clinics and refusing to seek healthcare services from health facilities and instead choosing to pray for sick children to get well is of negative effect and serves to discourage exclusive breastfeeding (Lutter, et al 2011). Globally, improper maternal practice of breastfeeding is the cause of 1.4 million deaths in children below 5 years of age, yearly (Black et al 2008). A universal survey of maternal psychological practice in the post partum period indicated that there is a problem of interaction between depressed mothers and their infants cutting across various cultures, socio-economies and races (Field, 2010). Research indicates that less than 5% of women who breastfeed are physiologically unable to produce sufficient breast milk (Field, 2010). Instead it has associated the said "lack of enough milk" with poor maternal practices like, short moments of breast feeding or prolonged intervals before breastfeeding which end up changing the physiological practices (Field, 2010).

MATERIALS AND METHODS

Study population

The respondents were either biological mothers of the children or wet nursing their close relatives or friends. The residents of Kiamabundu, Kisii county, Kenya are mostly peasants. Most of the girls in this area drop out of school to pave way for their brothers to school. This is as a result of poverty meaning that the family cannot support both boys and girls to school and so the girls have to drop out. As a result of dropping out of school they end up with teenage pregnancies and in early marriages.

Study design

This study is a cross sectional research design using quantitative approaches. In this study, 167 participants were recruited. All the participants gave informed consent. This was after they had been given a detailed explanation of what the study was about and had been given an opportunity to ask any question about the study for clarification. Participants were free to opt out at any stage if they felt uncomfortable to continue with the interview.

Data collection

Primary data was collected using pretested structured questionnaire. The type of data gathered was quantitative. This included maternal and cultural practices and independent variables and exclusive breast feeding practices as dependable variable. Structured questionnaire designed in English was administered by the researcher or a trained study assistant in either Kiswahili or Kisii language. Data captured was recorded on the spaces provided on the questionnaire.

Data analysis

The data collected was analyzed by inferential statistics using the statistical package for social sciences (SPSS version 24) software. Chi-square was used to test for the relationship between exclusive breastfeeding and maternal, and cultural practices. P-value below or equivalent to 0.05 was considered to be statistically significant.

Ethical Consideration

The ethical approval was obtained from University of Eastern Africa Baraton Ethical Review committee. Clearance was obtained from Kisii teaching and referral hospital before the study begun. Informed consent was obtained from willing participants with clear explanation of study objectives, benefits and any foreseeable reasonable risks. Participation in the study was voluntary with no coercion.

RESULTS

Demographic Characteristics of the Respondents

There were 167 respondents who were either biological mothers of the children 134 (80.24%) or wet nursing their close relatives or friends. A majority of the respondents 104 (62.28%) were between 25-33 years old and 23 (13.77%) of the respondents had no formal education. However, 82 (49.10%) of the respondents are not employed.

Table 1. Demographic characteristics

Parameters	Freq (n)	Percent (%)
Age category		
15-24	24	14.37
25-33	104	62.28
34-42	33	19.76
43-45	6	3.59
Marital status		
Married	134	80.24
Single	27	16.17
Divorced, Separated or Widowed	6	3.59
Religion		
Muslim	5	2.99
Christian	162	97.01
Level of Education completed		
None	23	13.77
Primary	52	31.14
Secondary	62	37.13
Tertiary	30	17.96
Occupation		
Formal	30	17.96
Self employed	55	32.93
None	82	49.10
Income (KES)		
0-5,000	94	56.29
5,001-10,000	32	19.16
10,001-15,000	28	16.77
Above 15,000	13	7.78

Exclusive breast feeding

The Figure 1 shows that 33% practice exclusively breast feeding whereas the majority 67% practice mixed feeding of children.

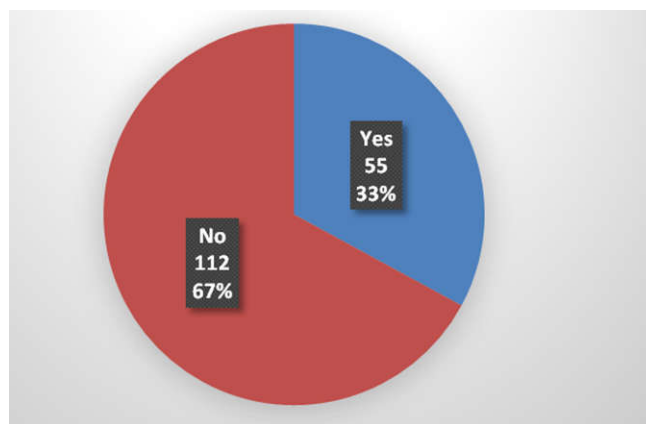


Figure 1. Exclusive and mixed breast feeding respondents

Cultural practices and exclusive breast feeding

The results suggest an association between allowing expression of breast milk and exclusive breastfeeding practices ($X^2(1) = 2.938$, $p = 0.059$). Other cultural practices were not associated with exclusive breastfeeding practices ($P > 0.05$) (Table 2).

Maternal practices influence exclusive breastfeeding practices

Table 3 shows that there is association between knowledge on exclusive breastfeeding and exclusive breastfeeding practices ($X^2(1) = 4.52$, $p = 0.024$). Other maternal practices were not associated with exclusive breastfeeding practices ($P > 0.05$) (Table 2).

Table 2. Cultural practices influence exclusive breastfeeding practices

Characteristics	Exclusive Breastfeeding, (n = 167)		χ^2	p
	Yes n, (%)	No n, (%)		
Is expression of breast milk allowed				
Yes	11 (6.59)	9 (5.39)	2.938	0.059
No	44 (26.35)	103 (61.68)		
Is wet nursing acceptable				
Yes	40 (23.95)	74 (44.31)	0.754	0.256
No	15 (8.98)	38 (22.75)		
Can complementary feeding start before six months are done				
Yes	43 (25.75)	87 (52.10)	0.005	0.554
No	12 (7.19)	25 (14.97)		
If a woman gets pregnant during breast feeding can she continue breastfeeding				
Yes	4 (2.40)	10 (5.99)	0.132	0.486
No	51 (30.54)	102 (61.08)		
A child becomes foolish due to prolonged breastfeeding				
Yes	31 (18.56)	63 (37.72)	0	0.561
No	24 (14.37)	49 (29.34)		
Breast milk inflames a child's stomach				
Yes	32 (19.16)	70 (41.92)	0.289	0.355
No	23 (13.77)	42 (25.15)		

Table 3. Maternal practices influence exclusive breastfeeding practices

Characteristics	Exclusive Breastfeeding, (n = 167)		χ^2	p
	Yes n, (%)	No n, (%)		
Antenatal visits during pregnancy				
Yes	37 (22.16)	73 (43.71)	0.072	0.465
No	18 (10.78)	39 (23.35)		
Knowledge on exclusive breast feeding				
Yes	38 (22.75)	58 (34.73)	4.52	0.024
No	17 (10.18)	54 (32.34)		
Breast feeding on demand				
Yes	40 (23.95)	87 (52.10)	0.496	0.302
No	15 (8.98)	25 (14.97)		
Attention to the child during Breastfeeding				
Yes	47 (28.14)	98 (58.68)	0.135	0.443
No	8 (4.79)	14 (8.38)		
Breast pains and breastfeeding				
Yes	21 (12.57)	36 (21.56)	0.598	0.273
No	34 (20.36)	76 (45.51)		

DISCUSSION

This study shows that 33% of the respondents practice exclusive breastfeeding as much as WHO and American Academy of Pediatrics recommend exclusive breast feeding for up to six months. This includes children born to mothers who are HIV positive, who choose to exclusively breastfeed for the first six months during post-partum period (WHO 2000). In the South East of Nigeria, study findings show that 95.3% of the mothers were aware of exclusive breast feeding, 82.0% were knowledgeable, but the practice was at 33.5% (Onah *et al*, 2014). This study agrees with Onah and others that majority (58%) were knowledgeable on exclusive breastfeeding but a minority of 32.9% practices exclusive breastfeeding. The findings from other studies agrees with what we observed in our study site and therefore there is need to improve on the exclusive breastfeeding given that it has several health benefits. This study reported that 88% of the respondents indicated that expression of breast milk is not acceptable. Findings of this study differed with those findings of Australia which established that the Australian culture does not restrict mothers from expression of breast milk (Winet *et al*, 2006). Findings of this study reported that 22.8% were knowledgeable about breastfeeding and managed it, 34.7% were knowledgeable about breastfeeding but did not manage to exclusively breastfeed. In other words, the knowledge was higher than the practice.

This report disagrees with the findings of a study conducted in rural Jamaica which established that women there had poor knowledge on the period of EBF and the possible nutritional benefits of the practice (Chatman *et al*, 2004). According to this study report, 18.6% were able to initiate their children early to the breast and so they did succeed in exclusive breastfeeding. Forty eight percent introduced their children later than one hour after birth but still managed exclusive breastfeeding. This report disagrees with that of (Chapman & Perez-Escamilla 1999) that a delayed onset of lactation is likely to be associated with shorter breastfeeding duration.

Conclusion

The study determined that cultural practice can influence early introduction of complementary or replacement feeding. One aspect that stood out is the fact that culture does not allow expression of breast milk by the mother. This makes it hard for mothers who have to leave their children behind during the day to achieve EBF. Therefore, the null hypothesis that "Cultural practice of mothers does not affect exclusive breastfeeding." was rejected. Maternal practices are influential on achievement of exclusive breast feeding. The most influential aspect according to this study is knowledge on exclusive breast feeding. Most of the respondents with poor knowledge indicated low rates of exclusive breast feeding. For this reason the study rejected the hypothesis that "Maternal practices of mothers do not influence exclusive breastfeeding."

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