

Factors influencing exclusive breastfeeding among infants less than 6 months in Kasarani informal settlement, Molo District, Kenya

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The health benefits of exclusive breastfeeding on survival, growth and development of a child as well as health and well being of a mother are well documented. The World Health Organization (WHO) and United Nations Children's Fund (UNICEF) are among organizations promoting exclusive breastfeeding for the first six months. Factors influencing breastfeeding have been well researched but there is paucity of data on factors influencing exclusive breastfeeding practices. This study aimed to establish the prevalence and identify the factors influencing the practice of exclusive breastfeeding among infants in an urban slum in a rural district. This community based cross sectional analytical study was carried out in Kasarani informal settlement in Molo District, Kenya among 171 randomly selected mothers with infants less than 6 months old. Data were collected using researcher-administered questionnaires and a focus group discussion guide. Six focus group discussions were held at the end of the study with traditional birth attendants, grandmothers, fathers, mothers practicing and those not practicing exclusive breastfeeding. The dependent variable was exclusive breastfeeding rate defined as continuous exclusive breastfeeding since birth and exclusive breastfeeding based on 24 hour-recalls. Data analysis was done using statistical package for social sciences (SPSS) software version 17.0. The rate of continuous exclusive breastfeeding since birth was 38.0% (95% CI; 30.7-45.3) while the rate based on 24 hour recall was 56.7% (95% CI; 49.3-64.2). In univariate analyses, infant age and infant morbidity, maternal morbidity, maternal breast health and maternal knowledge on breastfeeding issues had significant associations with exclusive breastfeeding. Maternal knowledge aspects included; mothers correct knowledge on duration of exclusive breastfeeding (Odds Ratio [OR]: 2.61; 95% CI: 1.345-5.069; P=0.005) and OR: 3.418; 95% CI: 1.807-6.465; P<0.001); maternal knowledge that breastfeeding protects the mother from getting pregnant (OR: 2.092; 95% CI: 1.072-4.084; P~0.030) and (OR: 1.445; 95% CI: 0.755-2.767; P=0.266) and mothers knowledge that semi-solid/solid foods should be introduced to the infants at six months of age (OR: 2.683; 95% CI: 1.142-6.306; P=0.024) and (OR: 3.102; 95% CI: 1.450-6.634; P=0.004). In the logistic regression analyses, infant morbidity (Adjusted Odds Ratio [AOR]: 2.45, 95% CI: 1.23-5.08, P=0.01) for continuous EBF since birth and (AOR: 3.94, 95% CI: 1.90-8.20, P=<0.01) for EBF based on 24 hour recall was retained as the strongest predictor of exclusive breastfeeding. Mother's experience of breastfeeding complications (AOR: 2.42, 95% CI: 0.98-5.97, P=0.05 and (AOR: 2.67, 95% CI: 1.89-6.01, P=0.02) was the second predictor of exclusive breastfeeding having controlled for age of child. Exclusive breastfeeding rate in Kasarani informal settlement was below the level recommended by WHO (90%) although higher than the Kenya national rate (32%). The study findings indicated that infant morbidity and maternal breast health are important factors to consider in the messages on the promotion of

exclusive breastfeeding as they are critical for its practice. Negative attitudes and beliefs on exclusive breastfeeding should be addressed' as they also affect exclusive breastfeeding. Additionally, there is need to improve on strategies, education and training on information concerning exclusive breastfeeding in order to reach mothers with low knowledge on the benefits and optimal duration of exclusive breastfeeding. Ministry of Public Health and Sanitation should review the implementation of BFHI in the health facilities.