KAMPALA INTERNATIONAL UNIVERSITY

ATTITUDES AND PRACTICES ON BREASTFEEDING AMONG MOTHERS SEEKING MEDICAL CARE AT MANDERA DISTRICT HOSPITAL, MANDERA DISTRICT, NORTH EASTERN KENYA

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JUNE, 2014

Declarations

I ABDIHAKIM ISMAIL ELMI, do hereby declare that this dissertation is my own work and has never been submitted to any other University or institution of learning for any Degree/Diploma/Certificate award

Signature……..date…….....

Approval:

This research report has been produced under my direct supervision and support and is therefore now ready to be submitted to the faculty of clinical medicine and dentistry of Kampla International University

Sign……Date……..

Acknowledgment

This report has been prepared with a lot of difficulty, however, I am indebted to appreciate and acknowledge the contribution of the following individuals whose efforts has been very instrumental in the preparation of this report. My supervisior Dr maninga josephat for his advice, help and guidance of compiling and completing this report. I also want to thank family, friends and classmates who have been instrumental in finalizing this work. Above all thanks to almighty Allah for his blessings.

Dedications

This research are dedicated to my parents who raised through all those difficulty years and may Allah grant them paradise in hereafter.

List of abbreviations

AIDS..... Acquired immunodeficiency syndrome

B-lympocytes……Bone Marrow Lymphocytes

EBF…….……..Exclusive Breastfeeding

e.g.....Examplia Gratia (for example)

FIS…….……Food Insecurity

HIV.....Human Immunodeficiency Virus

Ib id.....ibidem,In the above quotation

KIU –WC..... Kampala International University – Western Campus

KIUTH .....Kampala International University Teaching Hospital

Op cit.....opere citato, in the work already cited

PMTCT……...Prevention of Mother to child Transmission of HIV

QA.....Quality Assurance

QC.....Quality Control

T-cells…….……Tymus cells

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Abstract

Exclusive breastfeeding is defined as the practice of giving a child milk and milk alone without any food supplement for the first six months of life. Though there has been an adequate intervention to scale up exclusive breastfeeding, there still remains a big gap to overcome in the adaptation of exclusive breastfeeding including cultural barriers, knowledge gaps and attitudes.

A cross sectional retrospective study was conducted at Mandera Hospital, Kenya to determine the knowledge, attitudes and practices of mothers in exclusive breastfeeding between January 2014 and June 2014.

This study found out that majority of mothers (75%) have heard and have and up to date knowledge about exclusive breastfeeding, 25% started breastfeeding within a day and 11.84% said they started breastfeeding after a day of delivering. This study also found out that 38(43.68%) of the mothers believed that exclusive breastfeeding is inadequate, and 19(21.84%) says that exclusive breastfeeding makes a child feels hungry.

Breastfeeding is highly practices among mothers attending Mandera hospital, though many mothers have limited knowledge on the importance of exclusive breastfeeding to the baby.

And finally recommended that government should adapt local polices to control barriers to breastfeeding especially among working mothers, Health sector should provide education to mothers on the value of breastfeeding and the importance of breastfeeding for a longer period of time and that mother peer to peer groups should be established within the communities to provide ongoing support to other mothers at community levels.

CHAPTER ONE: INTRODUCTION

1.0 General Introductions

This chapter will introduce the reader to the basic information about the subject under study, the study area, the study objectives, justifications scopes, and describe briefly the concepts about black water fever. A conceptual framework is hereby presented at the end of the chapter

1.1 Background

The World Health Organisation (WHO) recommends exclusive breastfeeding during the first six months of life for optimal growth, development and health. Breastfeeding should continue up to two years or more and nutritionally adequate, safe, and appropriately-fed complementary foods should be introduced at the age of six months to meet the evolving needs of the growing infant. Little evidence exists on breastfeeding and infant feeding practices in urban slums in sub-Saharan Africa. Our aim was to assess breastfeeding and infant feeding practices in Nairobi slums with reference to WHO recommendations.(Elizabeth, 2011)

The patterns of feeding are embedded in the people's culture. Breastfeeding is common and central in all cultures. Pattern of breastfeeding and weaning are different in several cultures.

Breastfeeding is the safest, protective and nutritious way to give a child the best start in life in view of the vast advantages to be explained later in the proposal.

Exclusive breastfeeding: this means giving breast milk alone for the first 6months of life. World Health Organization recommends Mothers to breastfeed babies exclusively in the first six months of life. Predominant breastfeeding is giving breast milk predominantly with occasionally water.

The Human Breast milk has the following protective components; secretory IgA, Lactobacillus, bifidus growth factors, Lactoferrin, Lactoperoxidase, Complements (C1-9), Lipids (unsaturated fatty acids), Interferons, Milk cells (T and B-Lymphocytes and Macrophages).

Breastfeeding has several advantages including: Provision of essential and adequate nutrients and calories to the young infant at optimum temperature with minimum stress to the infant's digestive, absorptive and excretory capacities; Promotion of mother/ infant bonding and development of appropriate psychosocial abilities; Protective immunity against some viral, fungal and bacterial infections; Reduced incidence of gastroenteritis and respiratory infections including Middle Ear Infection; Reduced incidence of allergic disorders; General reduction of childhood illness and hospital admissions; Personal satisfaction and feeling of fulfillment of motherhood; Faster involution of the uterus with reduction in postpartum morbidity like postpartum hemorrhage; Protection against cancer of the breast; Protection against early pregnancy post delivery (lactation amenorrhea); reduced cost of childcare in terms of purchase of breast milk substitutes, accessories and reduced morbidity.

However, Inadequate knowledge about breastfeeding, infant nutrition, misconception and fear held by the pregnant or lactating woman about breastfeeding or breast milk, lack of social support and hospital practices that discourages breastfeeding, Maternal illnesses; cracked nipples, breast abscesses, maternal alcohol and or substance abuse, mother's attitude to breast feeding, baby is either too ill or too premature, baby with congenital anomaly, sedation of mother or baby especially after caesarean section with general anesthesia, separation of

baby from mother, painful intervention on the mother e.g. episiotomy, caesarean section, High pressure advertisement of baby foods and excessive fatigue of the mother lead to lactation failure.

The fundamentals for successful breastfeeding for every facility providing maternity service and care for newborn infants should: have a written breast feeding policy that is routinely communicated to all health care staff; Train all health care staff in skills necessary to implement this policy and inform all pregnant women about the benefits and management of breastfeeding; Help mothers initiate breastfeeding within a half-hour of birth; Show mothers how to breast feed and how to maintain lactation even if they should be separated from their infants; Give the newborn no food or drink other than breast milk unless medically indicated; Practice “rooming in” which allows mothers and infants to remain together 24 hrs a day; Encourage breastfeeding on demand; Give no artificial teats or pacifiers to babies; Foster the establishment of breastfeeding support groups and refer mothers to them on discharge from the hospital. The duration and frequency of breastfeeding should be on demand and on an average the baby should be fed about 8-12 times/day.

For the purpose of comfort in positioning, the mother should be comfortably seated with proper support to ensure a relaxed position; the head of the baby should align to the breast and mouth directly in front of the nipple. The breast should be held with the mother’s free hand and the nipple and areola offered to the baby to ensure a proper latch on.

After latch on, the mother should use her free hand to depress the part of her breast over the nose to avoid obstructing Airway.

Weaning is a process of accustoming the infant to foods other than milk, in most cultures weaning commences between 4-6mths this is also the period the first teeth erupt. But there is no relationship between tooth eruption and weaning because infants with delayed tooth eruption still make adequate chewing and swallowing movements. Hence there is a relationship between prolonged sucking and poor eating, weaning should not commence earlier than 3mths or later than 6 months.

Weaning foods are determined by the surrounding culture, tradition, psychology and history, in most of developing communities they use as a starter, semi-solid gruel made from maize or guinea corn, to these are added vegetables and juices.
In advising or educating parents about weaning and weaning foods the following should be noted:
The socio-cultural milieu of the family should be considered, as well as the quality of the mother-child relationship especially with respect to breastfeeding.

During weaning, breastfeeding should be continued at least beyond the first year; before 6mths of age weaning food should not take up more than 50% of the total day's caloric needs. Introduction of foods like eggs and fish which are highly allergenic should not be introduced before 6mth of age, in infants with a family history of atopy; these foods should be avoided within the first year of life. The foods chosen should be easily available and low in cost and used commonly by most households and feeding should be by cup and spoon and not by feeding bottle.
The weaning period is a dangerous period in the developing world because of shortages of clean water and unhygienic habit. This leads increased incidences of Diarrheal diseases in the said countries that may be coupled with Malnutrition that may be fatal for this flail infant child.

1.2 Problem Statement

Over 70% of infants globally are not being exclusively breastfed; despite the WHO recommended guidelines for infant feeding.
In Africa, this has led to malnutrition, diarrhea, respiratory infections and other related complications according to the WHO.

In Kenya, over 1.5 million mothers do not exclusively breastfeed. Over the years, the government of Kenya has put up a consecrated effort to scale up breastfeeding including policy and institutional framework strengthening.

Of recent, breastfeeding has been recognized as one of the most important pillars of child development and a number of investments have been put towards it, including the commemoration of the national breastfeeding week to cause awareness and influence personal and community opinions on breastfeeding.

Despite these interventions, breastfeeding still remains low, in fact; only 15%of the infants born in Kenya are being exclusively breastfed. Many reasons have been suggested to explain in parts why exclusive breastfeeding is low, including the fear of transmitting HIV viruses from mother to child.

1.3 Study Justification

There is increased incidence and prevalence of childhood diarrhea, malnutrition and delayed cognitive development among children in the community and this could be associated with frequent ailments emanating from failure to completely breastfeed or early weaning as a result of poor breastfeeding practices. Unfortunately, such a study has not been carried out before in the community.

This study is therefore was conducted to provide documented evidence towards the knowledge and attitudes of mothers at Mandera District Hospital , which will be used as a reference by future researchers, and also to be submitted to the faculty of Clinical Medicine and Dentistry of Kampala International University in partial fulfillment of the requirement for the award of Bachelor of Medicine and Bachelor of Surgery of Kampala International University

1.4 Study Question

What is the current breastfeeding Practices among the breastfeeding mothers attending Mandera East District Hospital.?

1.5 Study Objectives

1.5.1 Broad Objectives

To assess the Breastfeeding Practices among Mothers attending Antenatal Clinic in Mandera East District Hospital.

1.5.2 Specific Objectives

1. To assess the Knowledge, of breastfeeding mothers on Breast Milk
2. To determine when the breastfeeding mothers commence weaning
3. To determine the cultural attitudes of mothers towards breastfeeding

1.6 Study Scope

1.6.2 Time Scope

The study was conducted between September 2013 to June 2014

1.6.2 Content Scope

The study assessed the knowledge of the mothers through checking the proportion of mother who have hard about exclusive breastfeeding, those who know the correct definition; the study shall also look at the attitudes and cultural barriers affecting exclusive breastfeeding

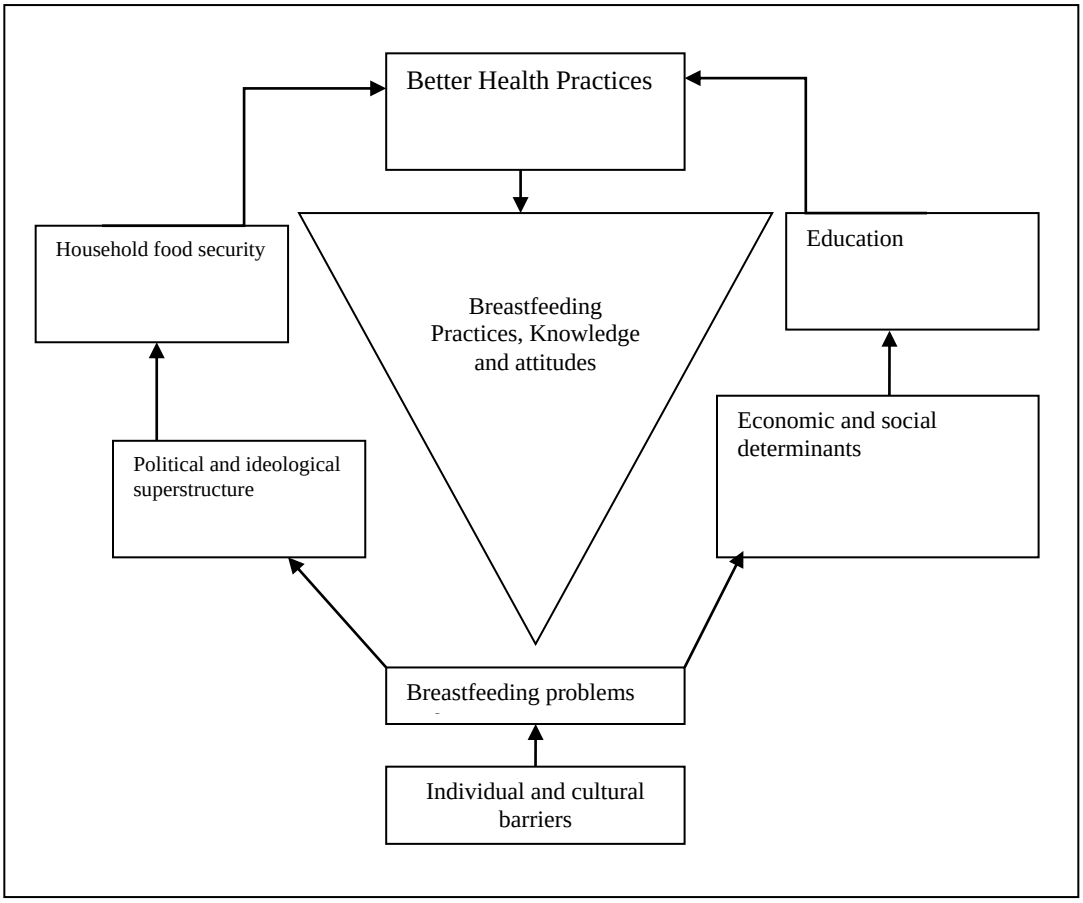
1.6.3 Geographical Scope

The study was carried out in Mandera District Hospital of the Republic of Kenya, Mandera

East District is in North Eastern Province of Kenya bordering Mandera Central on the West, Somalia on the East, Ethiopia on the North and Mandera West on the South.

1.7 Conceptual Framework

Figure 1: Conceptual Framework



1.7.1 Descriptive of conceptual framework

The concept above shows the interplay of factors that contributing to good breastfeeding practices. According to the diagrammatic conceptual framework above, the major dependent factors are the household food security status and the level of education of the mothers. These factors are moderated by political and ideological(Community Based) superstructers, economic and social determinants respectively.

CHAPTER TWO: LITERATURE REVIEW

2.0 General Introductions

This chapter will explore theories relevant to the study. It basically discuss the situation as far as breastfeeding is concerned and looks more into details of breastfeeding with particular emphasis on the functionality practices, attitudes, cultures and knowledge about breastfeeding in Kenya

2.1 Previous Literature

Breastfeeding provides optimal nutrition for infants and is associated with decreased risk for infant and maternal morbidity and mortality (Raman G, et al, 2007).

Maternity practices in hospitals and birth centers throughout the intrapartum period, such as ensuring mother-newborn skin-to-skin contact, keeping mother and newborn together, and not giving supplemental feedings to breastfed newborns unless medically indicated, can influence breastfeeding behaviors during a period critical to successful establishment of lactation (WHO -1989).

Strawn had indicated previously that the more breastfeeding-supportive maternity practices that are in place, the stronger the positive effect on breastfeeding (Grummer et al 2001).

Hospitals and birth centers provide care to nearly all women giving birth in the United States. Thus, improving maternity practices in these facilities affords an opportunity to support establishment and continuation of breastfeeding. Establishing these practices as standards of care in birth facilities throughout the

United States can improve progress toward meeting the Healthy People 2010 breastfeeding objectives and improve maternal and child health nationwide

It's recognized that children' early life years have a major impact on their development later and life chances of significance being in pregnancy and the 1st one year of life. Ranges of issues have impact on the welfare of the child, among them being Poverty, Maternal employment, early childhood deprivation and levels of support in childhood, of concern in this study is breastfeeding in childhood, it has been shown to reduce infant mortality (Betran et al 2001).

Breastfeeding is highly beneficial to children's health decreasing incidences and severity of many infections and protecting against a wide range of adverse health outcomes in childhood later on in life. A recent study found that premature babies fed on breast milk are less likely to die from Hypertension in later life and that it's possible all babies could benefit in a similar way (Singhal et al 2001).

2.2 Breastfeeding Knowledge

Marital status and employment are strong predictors of both knowledge and practice of breastdfeeding. According to Nyanga, statistical significance of P= 0.02 and P=0.00, respectively. (*Nyanga, 2012)*

It was evident that family support is a key factor in the success of EBF with special focus on partner involvement. Further studies are required to assess the impact of a strong focused educational program (focused on building family support) on improving EBF rates. (*Nyanga,2012)*

There are low EBF practices (33%) in the Kenya, and this posed a great concern. It was established that marital status, employment, maternal education, place of delivery and both infant and mothers' age were closely associated with knowledge and practice of EBF. (*Nyanga, 2012)*

There are a few studies that have explored the clinicians' knowledge on breast-feeding in the face of HIV and in relation to vertical transmission these being a vital component in prevention of maternal-to-child transmission Majority of clinicians (92%) were knowledgeable regarding prevention of mother-to-child transmission. Regarding HIV and breast-feeding, 49.7% thought expressed breast milk from HIV-positive mothers should be heated before being given. Majority (78.3%) thought breast milk should be given regardless of availability of alternatives. (Murila, 2013)

In Kenya, the majority of the clinicians have inadequate knowledge on breast-feeding in the face of HIV. There is need to promote training programmes on breast-feeding and transmission of HIV from mother to child. This can be done as in-service training, continuous medical education and as part of the formal training within medical institutions. (Murila, 2013)

2.3 Practices and attitudes on Breastfeeding

There was universal breastfeeding with almost all children (99%) having ever been breastfed. However, more than a third (37%) were not breastfed in the first hour following delivery, and 40% were given something to drink other than the mothers' breast milk within 3 days after delivery. About 85% of infants were still breastfeeding by the end of the 11th month. Exclusive breastfeeding for the first six months was rare as only about 2% of infants were exclusively breastfed for six months(Elizabeth, 2011)

Factors associated with sub-optimal infant breastfeeding and feeding practices in these settings include child's sex; perceived size at birth; mother's marital status,

ethnicity; education level; family planning (pregnancy desirability); health seeking behaviour (place of delivery) and; neighborhood (slum of residence(ibid)

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Poor breastfeeding and complementary feeding practices have been widely documented in the developing countries. Only about 39% of infants in the developing countries, 25% in Africa are exclusively breastfed for the first six months. Additionally, 6% of infants in developing countries are never breastfed [Lauer,2004]. In Kenya, according to Kenya Demographic and Health Survey 2008-2009[KNBS,2008], 32% of children under the age of six months are exclusively breastfed, improving from only 13% in 2003 [Central Bureau of Statistics,2011].

As a result, substantial levels of child malnutrition and poor child health and survival have been documented in Kenya [op cit].

The decision to breast feed seems to be influenced more by practical knowledge and from seeing breastfeeding than theoretical knowledge about its benefits (Hoddinet and Pill, 1999).

Inviting women to participate in small discussion groups and one to one advice session appears to be the most effective Method of encouraging breastfeeding. Peer support programs may be beneficial as are programs which adapt a more ‘handoff’ approach (where women learn to breastfeed for themselves from the very beginning) and providing information and support for a longer period (Napier 2001).

Poor practices of and attitudes toward exclusive breastfeeding have been reported to be among the major reasons for poor health outcomes among children, particularly in developing countries. The six causes of 90% of under-five child mortality worldwide – acute respiratory infections, diarrhea, measles, malaria, HIV and AIDS and neonatal conditions – are easily preventable.(bond,2010)

CHAPTER THREE: STUDY METHODOLOGY

3.0 General Introductions

This Chapter presents detailed descriptions of the methods that were employed to collect, analyze and present data. It also entails research design, population and sampling techniques, target population, sample size, data collection methods, research instruments and procedures, data and assumptions.

3.1 Study Design

This was sectional survey conducted at Mandera district hospital, Mandera District, North-Eastern Kenya.

3.2 Study Population

The study shall be carried out among women of Reproductive age who are Breastfeeding. A group of 100 mothers will be selected.

3.3 Sample size

Samples size was determined using a statistical formula adapted from Pennstate cooperative extension, program evaluation worksheet (appendix 1). With the confidence interval (CI) of 95%, level of significance 5%, variance of 0.5, at an estimate response rate of 61.5%, the numbers of human research participants were 87.

With a population size (N)= 675,Response rate(R) = 65%(0.65)

3.4 Data Collection

The study involved the use primary and secondary sources of data. The primary sources were obtained by the moving out to the field and picking first hand information directly from the various respondents. By way of observation, comments, and use of self-administered questionnaires that were distributed to respondents for filling.

Secondary source of data, here the researcher used soft and hard copies of data that were collected, processed and sorted for other purposes which were found to be related to the researchers' area of interest. Such information were used to supplement and back up the primary data collected only.

The secondary source of data included among others, journals, magazines, media (internet and newspapers), and study reports of other researchers.

3.5 Ethical Consideration

Permission was sought from the dean Faculty of clinical medicine and dentistry of Kampala International University on behalf of the Intuitional research Committee(IREC) of KIU. The researcher used the letter to get permission from the medical suprientdent of Mandera district Hospital and a formal permission was granted before data collection was started,

Consent into providing information by the respondents was observed, all respondents were assured and guaranteed of confidentiality of the information that they provided during and after the process of this research.

Respondents were reassured of the risk and benefits of the study and were informed that there were no direct benefits associated with participation in this study, but,

they were informed that they were free to withdraw from the study at any stage as they wish.

CHAPTER FOUR: STUDY FINDINGS AND RESULTS:

4.0 General Introductions

In this chapter, the researcher has presented the findings from the analysis if the data collected according to the objective set in objectives of this study. The report is presented in form of tables, graphs, charts, and descriptive statements

4.1 Socio Demographic Data

Age group of mothers

Table 1: Age distribution of Respondents

		Frequency	Percent	Cumulative Percent
Age groups	20-24	22	25.3	25.3
	25-29	26	29.9	55.2
	30-34	25	28.7	83.9
	35-39	7	8.0	92.0
	40-44	7	8.0	100.0
	Total	87	100.0	

The table above shows that majority of the respondents involved in this study were 25-29 years of age, followed by the 30-34 years age groups. The least common number of respondents were the 40-44 years old age groups as shown in table 1 above.

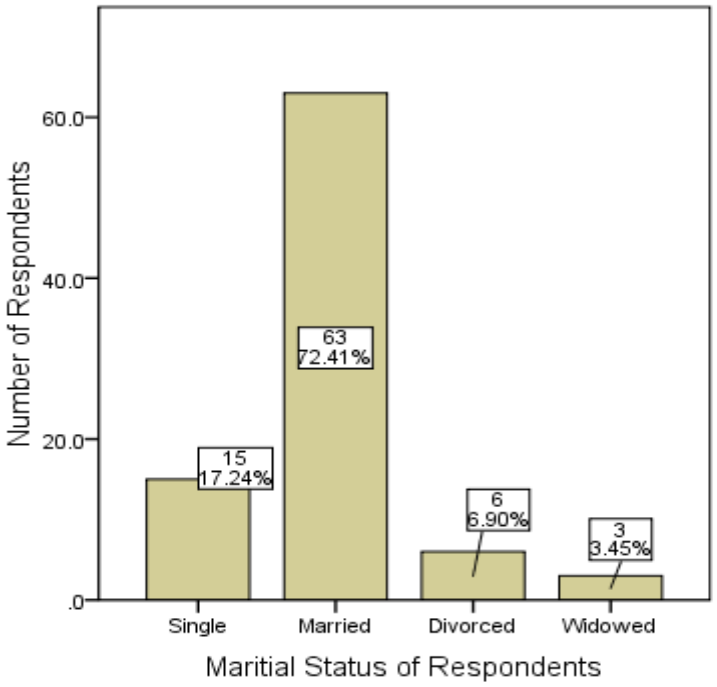


Figure 2: Marital Status of Respondents

Figure one above shows that most of the respondents interviewed were married, 63(72.41%), followed by the single mothers 15(17.24%) and the least were the divorced, 6(6.90%) and the widowed, 3(3.45%)

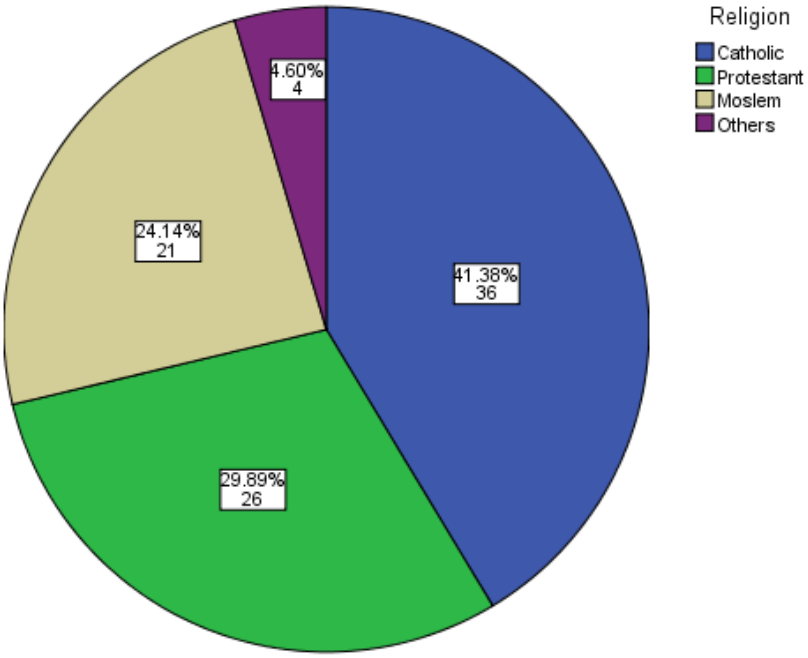


Figure 3: Religious affiliations of respondents

Figure 2 above shows that majority of the respondents involved in the study were Catholics, 36(41.6%), followed by the protestants 26(26.89%) and the least were the Moslems and other religious groups 21(24.14%), and 4(4.6%).

		Frequency	Percent	Cumulative Percent
Education	Primary	42	48.3	48.3
	Secondary	24	27.6	75.9
	Tertiary	21	24.1	100.0
	Total	87	100.0	

Table 2: Education level of respondents

Table 2 above shows that most of the mothers had stopped at primary level of trainings , 42(48.3%), followed by the those who stopped at secondary levels 24(27.6%), and the rest, 21(24.1%) had stopped at tertiary levels of trainings.

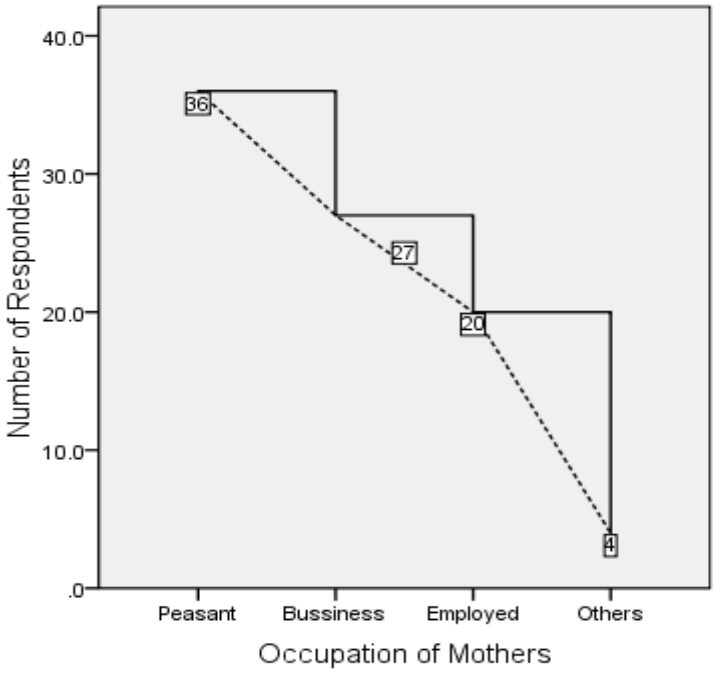


Figure 4: Occupation of Respondents

The line graph above shows that most of the mothers were peasant farmers, 36, followed by those involved in business, 27, those employed, 20 and others 4.

4.2 Knowledge of mothers

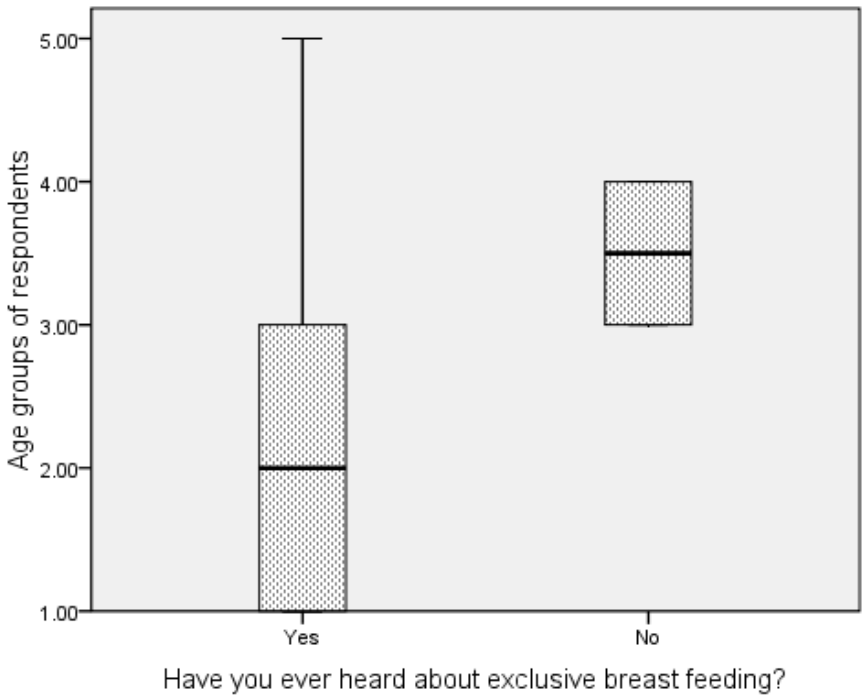


Figure 5: Who have heard about exclusive breastfeeding

The box plot above shows most of the mothers have heard about exclusive breastfeeding. Of those who have heard about exclusive breastfeeding, the median age groups were the 25-29, 25% of the mothers below 25-29 years had heard of exclusive breastfeeding and 25 of those who have heard about exclusive breastfeeding were between 25-29 and 30-34.

For the mothers who have not heard about exclusive breastfeeding, the median age of the mothers between 30-34 years old and 35-40 years old.

		Husband's occupation		
		unemployed	Employed	Total
What is exclusive breastfeeding	Correct Answer	22	34	56
	Wrong Answer/ do not know	28	3	31
Total		50	37	87

Table 3: Correct definition of exclusive breastfeeding

Table 3 above shows that maternal knowledge of exclusive breastfeeding is associated with the husband's occupation as shown above.

Risk Estimate

	Value	95% Confidence Interval	
		Lower	Upper
Odds Ratio for What is exclusive breastfeeding (Correct Answer / Wrong Answer/ do not know)	.069	.019	.256
For cohort Husband's occupation = unemployed	.435	.308	.614
For cohort Husband's occupation = Employed	6.274	2.097	18.770
N of Valid Cases	87		

The OR (odd ration) for knowing the correct definition of exclusive breastfeeding is .069. The relative risk for mothers whose husbands are unemployed was .435. According to the table above, relative risk of a mother whose husband is employed knowing the correct definitions of exclusive breastfeeding is 6.274 higher than for a mother whose husband is unemployed.

4.3 Attitudes of mothers

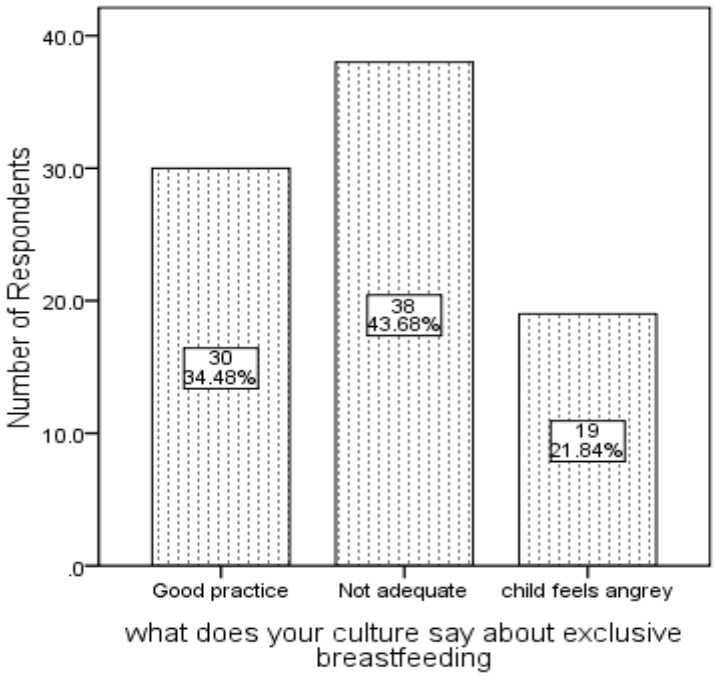


Figure 6: Cultural opinions on breastfeeding

Figure 5 above shows 38(43.68%) of the mothers believed the cultures says that exclusive breastfeeding is inadequate, and 19(21.84%) says that exclusive breastfeeding makes a child feels hungry. 30(34.48%) of the respondents there cultural believes says exclusive breastfeeding is adequate

		Frequency	Percent	Cumulative Percent
Education	breastfeeding in public is uncomfortable	61	70.3%	70.3
	Breast feeding is an old fashion	9	8.2%	78.5
	Breastfeeding loses shape	7	10.0%	88.5
	No time for breast feeding	10	11.5%	100
	Total	87	100.0	

Table 4: Cultural opinions on breastfeeding

In terms of opinions on breastfeeding, 70.3% of the respondents says breastfeeding in the public is uncomfortable,8.2% of the respondents says breastfeeding is an old fashion practices, 10% of the respondents says breastfeeding loses shape while 11.5% says that there is no time for breastfeeding

4.4 Breastfeeding Practices

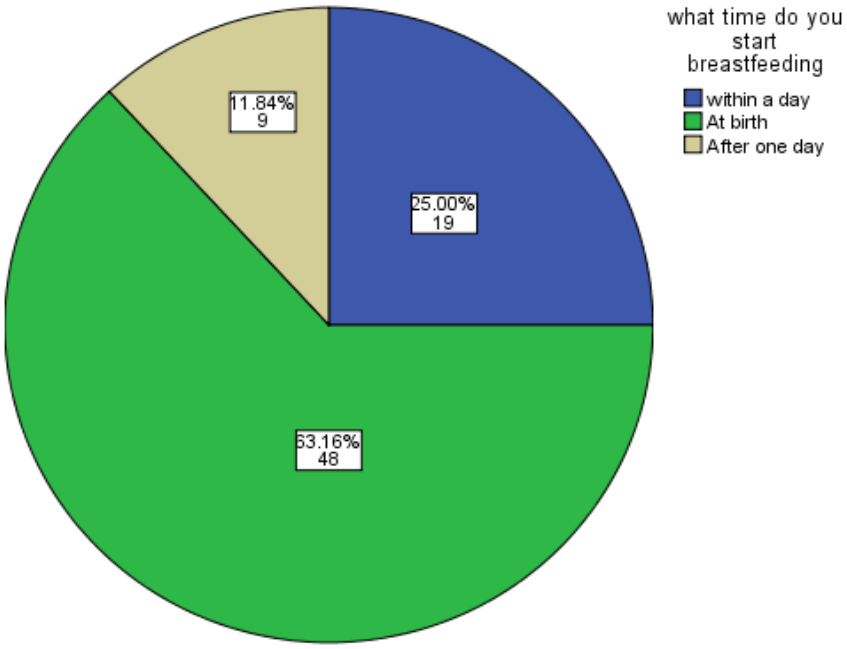


Figure 7: delays in initiating breastfeeding

Most of the respondents said they started breastfeeding immediately after birth, 25% started breastfeeding within a day and 11.84% said they started breastfeeding after a day of delivering.

		Frequency	Percent	Cumulative Percent
Duration	Six months	23	26.4%	26.4
	One year	15	17.2%	43.6
	one and half year	28	32.2%	75.8
	two years	21	24.2%	100
	Total	87	100.0	

Table 5: Duration of breastfeeding

According to table 5 above, 26.4 % of the respondents said that they breastfeed for six months, 32.2% of the respondents breastfed for one half year and those who breastfed for two years were 24.2%, and the lowest number of respondents, 17.2% breastfed for one year.

Table 6: Breastfeeding times per day

		Frequency	Percent	Cumulative Percent
how many times do you breastfeed per day	on demand	62	71.3	71.3
	More than 7-10 times	2	2.3	73.6
	7-10 times	17	19.5	93.1
	5	6	6.9	100.0
	Total	87	100.0	

Table 6 above shows that most of the mothers breastfeed their children on demand 71.3%, 19.5% breastfeed their children for 7-10 times a day and the least number of mothers, 2.3% breastfeed for more than 7-10 times a day**.**

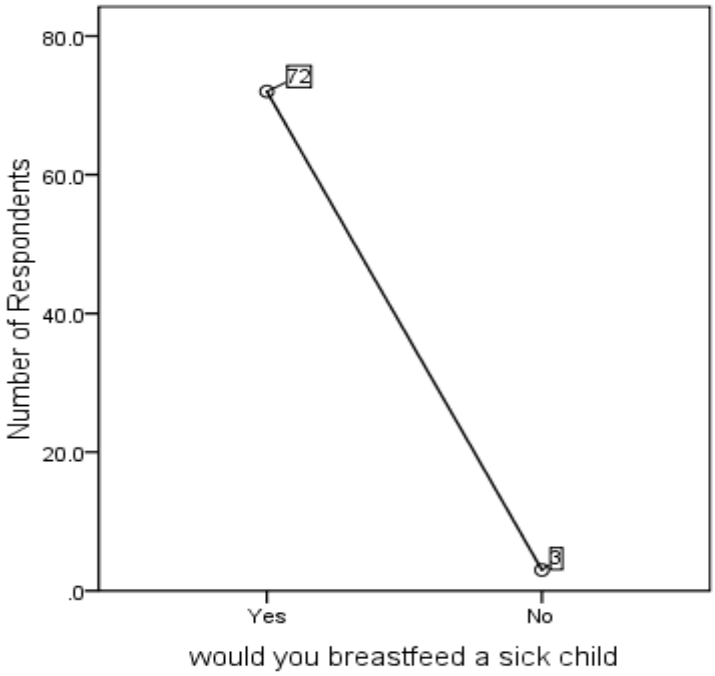


Figure 8: Breastfeeding a sick child

Most of the respondents agreed that they breastfeed sick children, 72, while 3 respondents said they do not breastfeed sick children.

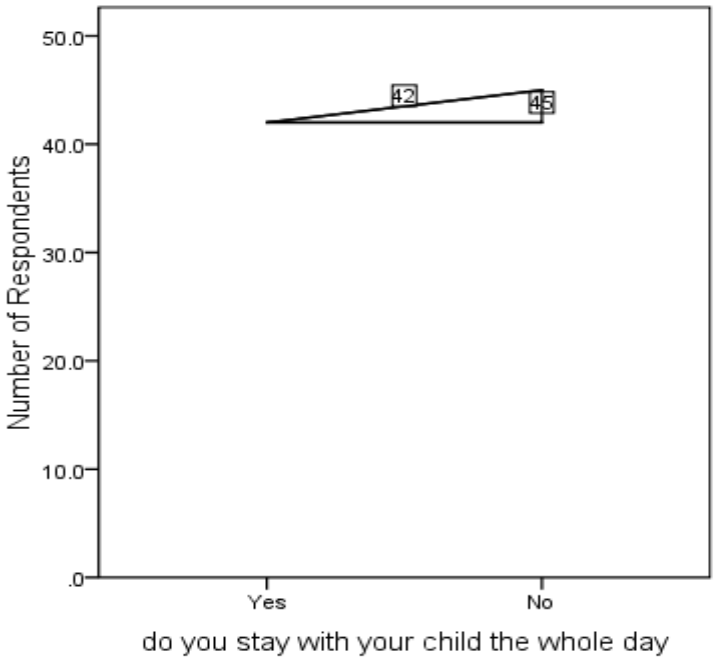


Figure 9: Hours with a child per day

The dot graph above shows that majority of the respondents 45 of the respondents do not stay home with their children the whole day while 42 respondents they stay home with their children the whole day at home.

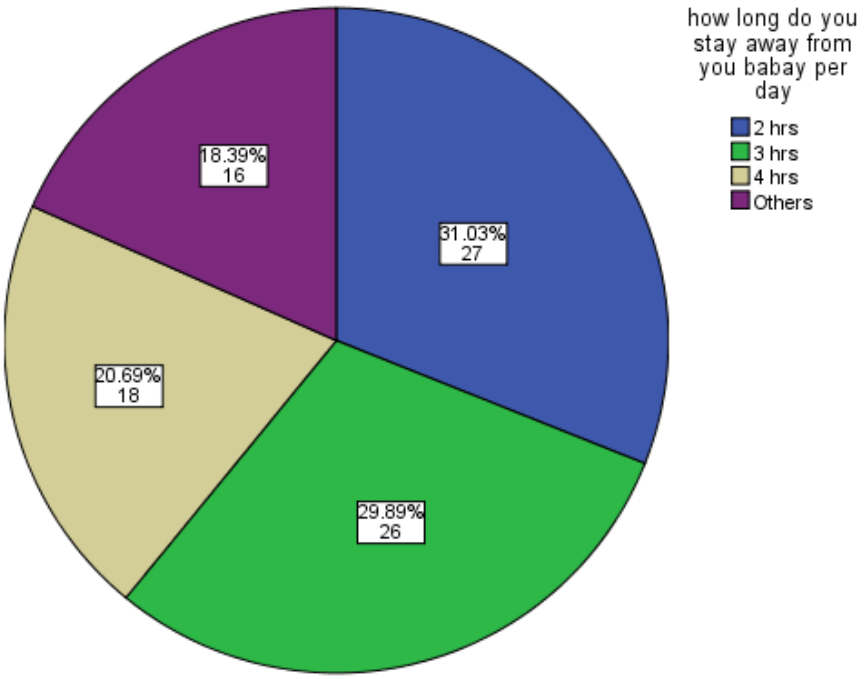


Figure 10: hours away from a child per day

The pie chart above shows that most of the mothers stay away from their children for at least two hrs a days, 31.03% followed by those who stay away for about 3 hrs, 29.99%, and 20.69% said they stay away for 4 hrs.

CHAPTER FIVE: DISCUSSIONS, CONCLIUSSIONS AND RECOMMENDATIONS

5.0 General Introductions

In this chapter, the reader is introduced to the discussions and arguments behind the research findings. The discussions are basically focused on the study objectives. However some other findings are also highlighted in the discussions.

5.1 Discussions

5.1.1 Discussions of objective one

The knowledge of the mother on breastfeeding is vital in promoting acceptance of breastfeeding and influencing practices both at personal and community levels.
Many studies have revealed varying levels of knowledge about breastfeeding among mothers in rural settings.

This study showed that most of the mothers have heard about exclusive breastfeeding. Of those who have heard about exclusive breastfeeding, the median age groups were the 25-29, 25% of the mothers below 25-29 years had heard of exclusive breastfeeding and 25% of those who have heard about exclusive breastfeeding were between 25-29 and 30-34. For the mothers who have not heard about exclusive breastfeeding, the median age of the mothers between 30-34 years old and 35-40 years old.

These findings could be explained in parts by the fact that most of the mothers within these age groups are mostly able to read and write while most of the mothers above these age groups may have challenges with reading and writing.

The other part of it is that breastfeeding is part of the training in most primary schools, making the researcher to believe that most t of these mothers who heard of breastfeeding could have heard so from schools. Well, to confirm this theory was well beyond the scope of this study.

Karin had also shown in her study about the improvement in knowledge of mothers after educational interventions that most of the mothers who showed significant improvement were well between the age groups of 20-30. According to her study, this group knowledge improved nyb70-80% after a 2 months of educational interventions.

Many socioeconomic factors were closely linked with breastfeeding. Because the factors were not independent, there are serious problems involved in analyzing or isolating individual causes.

Generally, Ferry study on breastfeeding differential showed that the mother's age was directly associated with the length of breastfeeding, but the effect was modest and was partly due to the association between mother's age and the length of the birth interval, of which lactation induced amenorrhea was only 1 component. Parity, which was not independent of mother's age, had a slightly greater effect on the length of breastfeeding.

5.1.2 Discussions of objective two

According to this study, the breastfeeding practices among mothers were shown that there is a relatively positive practice among mothers in Mandera. Most mothers started breastfeeding immediately after birth, from this particular study, 25% started

breastfeeding within a day and 11.84% said they started breastfeeding after a day of delivering.

Though this study did not directly aim at establishing the factors that are responsible for the initiation of breastfeeding, the results have indicated that spouse support was very relevant to the initiation of breastfeeding.

The finding were similar to those of one of the studies conducted by Collins et al, who showed that most mothers prefer to start breastfeeding immediately but concurred that these depends on the psychological support and physical support that she enjoys from the partner and her economic status.

One practice that was noted in the study was that women who were in formal employment breastfeed for a shorter time. In fact, the study has revealed a negative impact of employment on the breastfeeding practices by mothers. WHO had previously shown that resumption of employment generally had negative effects on breastfeeding rates and duration. At 6 months postpartum, women who worked inside the home breastfed more than those working in the formal sector at jobs with inflexible hours (home, 80%; public sector, 37%; private sector, 39%).

5.1.3 Discussions of objective three

This study showed that 38(43.68%) of the mothers believed the cultures says that exclusive breastfeeding is inadequate, and 19(21.84%) says that exclusive breastfeeding makes a child feels hungry.

This is mainly due to the fact that most of the mothers involved in the study are rural women who apart from attitudes influenced by food insecurity believe that most breastfeeding is a substitute for baby feeding.

One study which confirm this idea was established by a study conducted in Nakuru Kenya where Women in food insecure households had significantly greater odds of believing that breast milk would be insufficient for 6 months [odds ratio (OR), 2.6; 95% confidence interval (95% CI), 1.0, 6.8], that women who EBF for 6 months would experience health or social problems (OR, 2.7; 95% CI, 1.0, 7.3), that women need adequate food to support EBF for 6 months (OR, 2.6; 95% CI, 1.0, 6.7) and that they themselves would be unable to follow a counselor's advice to EBF for 6 months (OR, 3.2; 95% CI, 1.3, 8.3).

5.2 Conclusions

Breastfeeding is highly practiced among mothers attending Mandera hospital, though many mothers have limited knowledge on the importance of exclusive breastfeeding to the baby.

5.3 Recommendation

Basing on the above findings, the study recommended the following:

- The government should adapt local polices to control barriers to breastfeeding especially among working mothers
- The Health sector should provide education to mothers on the value of breastfeeding and the importance of breastfeeding for a longer period of time
- Mother peer to peer groups should be established within the communities to provide ongoing support to other mothers at community levels.

- Appendices

Appendix I: Pen state Cooperative agreement evaluation formula

$$n = \frac{\frac{p(1-p)}{\frac{A^2}{Z^2} + \frac{p(1-p)}{N}\frac{\delta y}{\delta x}}}{R}$$

Where:
n = sample size required
N = number of people in the population
P = estimated variance in population, as a decimal: (0.5 for50-50, 0.3 for 70-30)
A = Precision desired, expressed as a decimal (i.e., 0.03, 0.05, 0.1 for 3%, 5%, 10%)
Z = based on confidence level: 1.96 for 95% confidence, 1.6449 for 90% and 2.5758 for 99%
R = Estimated Response rate, as a decimal

Appendix: II: Research Questionnaire sheet

Your participation is voluntary and the information you give shall be confidential. You may also stop the interview at any time you wish Hoping that this information will be used in improving the welfare of our children.

NB: Tick the correct answer and answer where necessary.

Section A: Social Demographic Characteristics.

1. Age of the mother (Years)……
2. Marital status of the mother
   a) Single ☐
   b) Married ☐
   c) Widowed ☐
   d) Divorced ☐
3. Educational level of the mother.
   a) None ☐
   b) Primary ☐
   c) Secondary ☐
   d) Tertiary/University ☐
4. Occupation of the mother
   a) House wife ☐
   b) Civil servant ☐
   c) Self employed ☐
   d) Others: specify ☐

5. Occupation of the father.

a) Farmer ☐

b) Civil servant ☐

c) Businessman ☐

d) Others ☐

7. Religion of the mother.

(a) Catholic ☐

(b) Protestant ☐

(c) Muslim ☐

(d) Other ☐

8. Do you stay with your children all day and night?

a) Yes ☐

b) No ☐

If yes, state duration

a) 12hrs ☐

b) More than 12hrs ☐

9. If no, who cares for them?

a) Baby sitter ☐

b) Mother ☐

c) Others specify ☐

10. How many hours are you away from your baby each day and night?

Section B: Knowledge on Exclusive Breast Feeding.

1) Have you ever heard about exclusive breast feeding?

a) Yes ☐

b) No ☐

2) What is Exclusive breastfeeding? .....

3) Do you think Breastfeeding is good?

a) Yes ☐

b) No ☐

4) If no to above give reason(s)……

5) Do you think breastfeeding is a family planning method?

a) Yes ☐

b) No ☐

c) I don't know ☐

Section C: Determining Cultural Practices Affecting Breastfeeding

1) When does a mother start to breastfeed according to your culture?

a) Within a day ☐

b) More than a day ☐

2. For how long does she breastfeed? ……

3. What does your culture say about exclusive breastfeeding?

……..……

……..……

……..

4. Should you breastfeed if your child is sick?

a) Yes ☐

b) No ☐

c) Don't know ☐

5. If no give reasons for your answer.

……

……

6. What do you do if your child doesn't want to breastfeed?

……

……

7. How many times do you breastfeed in 24hours i.e. Day and Night?

a) 1-6 times ☐

b) 7-10 times ☐

c) More than 10 times ☐

d) On demand ☐

e) None ☐

8. When do you introduce other foods? (Weaning diet)

a) Less than 2 months ☐

b) 2-4 months ☐

c) 5-6 Months ☐

d) After 6 months ☐

9. What general problems do you encounter in breast feeding?

a) Breastfeeding in public is uncomfortable ☐

b) Breastfeeding is old fashioned ☐

c) Breastfeeding makes one loose shape ☐

d) No time to Breastfeeding during day due to work ☐

This is the end: Thanks for your time

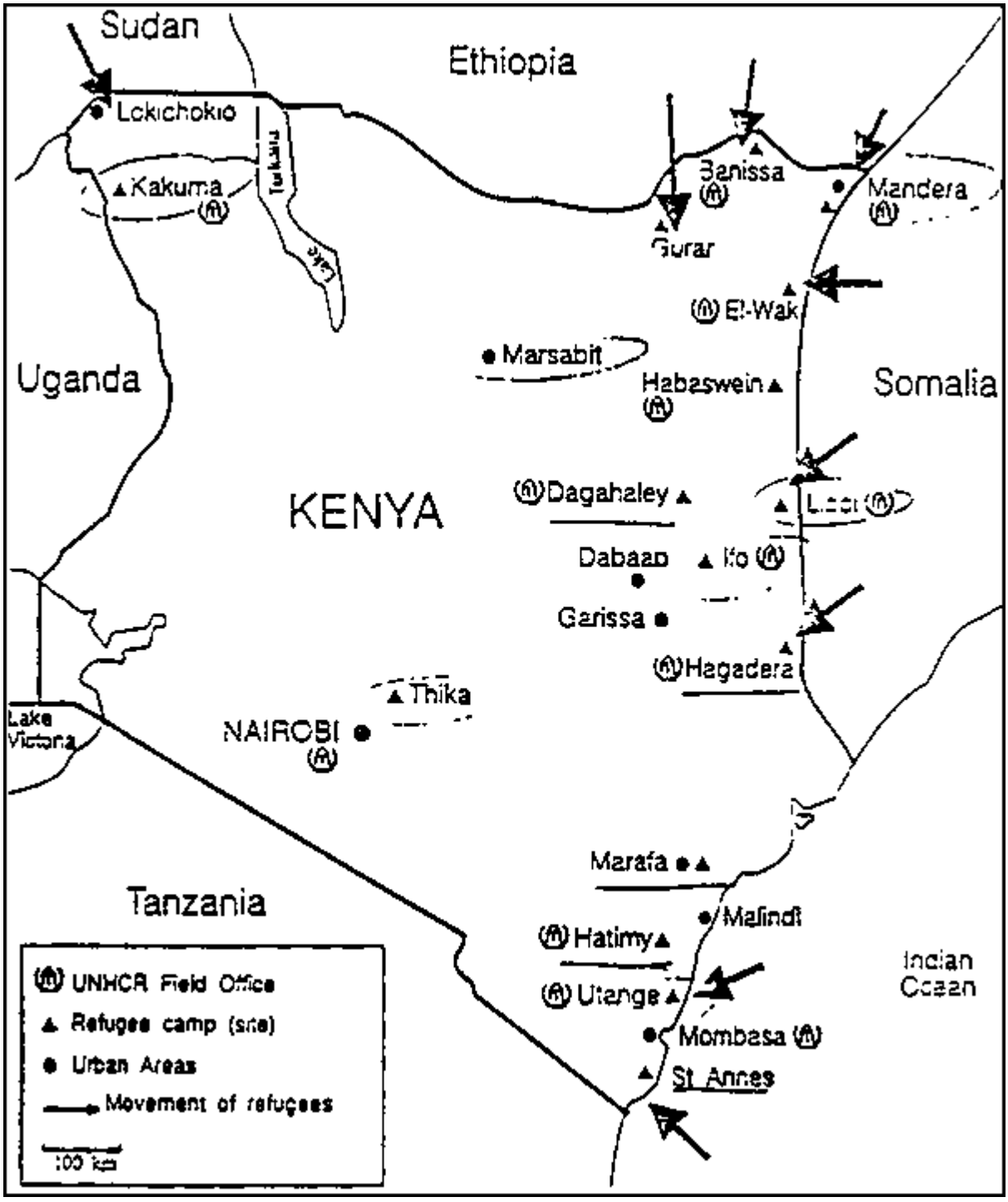
Appendix III: Work Plan

Activity↓/Date→	**S**	**O**	**N**	**D**	**J**	**F**	**M**	**A**	**M**	**J u n**	**Ju l**	**Responsible**
Proposal writing	x											Student
approval of proposal		x										Supervisor
Data Collection			x	X	x	x						Student
Data analysis							x					Student
Draft Report								x				Student
Review of Draft report									x			Supervisor
correction of draft report									x			Supervisor
submission of second draft										x		Student
Approval and submission of final work										x	x	Supervisor

Appendix IV: Research Budget

ITEM	UNIT COST	NUMBER	TOTAL
Stationeries			
Fulscaps	12000	1	12000
Pens	1000	3	3000
Pencils	500	2	1000
Notebooks	1000		1000
Files	1500	1	1500
Punching machine	3000	1	3000
Stapler	3000	1	3000
Calculator	5000	1	5000
Printing services 60 pages	100/page		6000
Photocopying services	50	240pages	12000
Binding	4000	5books	20,000
Facilitation cost			
Researcher	25000/ week	1 month	100,000
Supervisor Facilitation	50,000/week	1month	200,000
Interpreter motivation	5000/week	1 month	20,000
Transportation costs / Accommodations			
Ishaka to Kampala	15000	2way	30,000
Kampala to Nairobi	50,000	2way	100,000
Nairobi to Mandera	50,000	2way	100,000
Nairobi lodge and meals	25000		25,000
Kampala Lodge and Accom	20,000		20,000
Miscellaneous cost	100,000		100,000
Total			**447.500**

Appendix V: Map of Kenya showing Mandera District



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