

INFLUENCE OF SOCIO-DEMOGRAPHIC FACTORS ON EXCLUSIVE BREAST-FEEDING OF INFANTS AGE 0-6 MONTHS IN TURBO CONSTITUENCY, UASIN-GISHU COUNTY, KENYA

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Abstract: The World Health Organization (WHO) recommends exclusive breastfeeding during the first six months of life for optimal growth, development and health of children. However exclusive breastfeeding among the mothers have remained low. Therefore, the study was conducted to investigate the influence of socio-demographic factors on exclusive breastfeeding practices in Turbo Constituency. Specifically it seeks to assess the influence of culture on exclusive breastfeeding in Turbo constituency. The study adopted anex-post facto research design. A target population of 2000 mothers with infants 0- 6 months and 10 medical health workers working in the Mother and Child Clinic in Turbo Sub County hospitals. Simple random sampling technique was adopted to select a sample of 330 mothers and census approach was employed in which all the 10 health workers were allowed to participate in the study. Questionnaire and interview schedule were used as data collection techniques. Construct and face to face techniques were employed to validate the data collection techniques. Test retest technique was employed to test the reliability of the data collection instruments. Data collected was analyzed using both descriptive and inferential statistics. Descriptive statistics was analyzed in frequencies, percentages, means and standard deviations. Chi-square statistics was adopted to test the null hypothesis. The findings showed that there was a negative and significant relationship between cultural practices and exclusive breastfeeding of infants aged 0-6 months. Therefore, the study recommended that negative cultural practices such as giving of herbs and misconception that colostrum is poisonous to infants should be avoided. The study also recommended that family life programs should be promoted across Turbo Constituency to educate mothers on the importance of exclusive breastfeeding for their infants.

Keywords: Socio-Demographic Factors, Exclusive Breastfeeding and Infants.

1. INTRODUCTION

Exclusive breastfeeding practices play an important role in reducing early childhood morbidity and mortality, as well as improving early childhood growth and development. Exclusive Breast-Feeding (EBF) is defined as the practice of giving an infant only breast-milk for the first six months of life (no other food or drink, not even water), with an exception of drops or syrups consisting of vitamins, mineral supplements or prescribed medicines. Exclusive breastfeeding when practiced for the first six months of an infant's life, is of great importance in saving children's lives (WHO, 2016). According to Black, Terreri and Victora (2013), exclusive breastfeeding was themost effective preventive intervention for ensuring child survival. It is estimated to prevent 11.5% of deaths of children under five years old.

Exclusive breastfeeding is one of the single most effective preventive interventions that has the potential to save 1.4 million lives worldwide each year (Blacket *et al.*, 2013). This is because breast milk provides an optimal nutrition for a growing infant with compositional changes that are adapted to the changing needs of the infant. Further, it contains immune components, cellular elements and other host defense factors that provide various antibacterial, antiviral and anti-parasitic protections (WHO, 2016). Despite the benefits and recommendation by WHO to breastfeed infant for a period not less than six months, Exclusive Breast-Feeding (EBF) rates still remains low throughout the world. Globally exclusive breastfeeding is estimated at 43% (UNICEF 2015).

In developed countries such as USA and Mexico, though there are high breastfeeding initiation rates, exclusive breastfeeding for six months is still low at estimated rates of 45% (Li, Zhao, Mokdad, Barker & Grummer-Strawn, 2014). Several factors contribute to poor practices of exclusive breastfeeding practices. For example, in Perth, Australia, breastfeeding duration was independently and positively associated with maternal infant and feeding attitudes (Uchendu, Ikefuna & Emodi, 2014).

Exclusive breastfeeding was also common among mothers with supportive husbands on breastfeeding compared to non-supportive husbands in Peninsular Malaysia (Tan, 2011). Where Exclusive breastfeeding met opposition from the older generation of women supportive family members encourage the mother to exclusively breastfeed their infants. The decision to breastfeed is very often influenced more by socio-cultural factors than by health consideration (Karimi, Sani, Ghorbani & Danai, 2014). In some cultures it is believed that the mother's milk is poisoned if she has lost all her children. Traditional beliefs state that a mother discontinue breastfeeding her baby boy if she is widowed while she is still breastfeeding or if the child (boy or girl) begins teething in the upper jaw instead of the lower jaw (SINAN 2013 & NNC, 2016).

On the other hand, Butler, Willem and Tukwitonga (2004), who examined factors associated with non-exclusive breastfeeding in New Zealand, reported that high parity was significantly associated with not exclusively breastfeeding. Birth intervals of short duration were associated with noncompliance to exclusive breastfeeding practices. This is because the higher the age parity, the short birth intervals, hence, minimal time available for breastfeeding (Abada, 2011). Studies done in the United Kingdom by (Agboado, 2010) and in Bangladesh by (Rahman, 2010) affirmed that breastfeeding duration increases with increasing parity. According to Mihrshahi, Ichikwa and Peat, (2013) Vietnamese women supplemented breastfeeding with water or formula on the basis of the perceived nutritional insufficiency of breast milk. A similar cultural belief was found in India where (Bandyopadhyay, 2015) reported that more than one-third of mothers had stopped breastfeeding before six months. This was because they felt their milk was insufficient for their infants.

According to Egwuda, Etiobong and Igbudu, (2016) in Nigeria, grandmothers were directing young women to give supplementary feeds to their children root infusions based on the belief that breast milk alone did not satisfy their children's hunger. Egwuda *et al* (2016) also highlighted that lack of suitable facilities outside the home, inconvenience, conflicts at work, family pressure, ignorance and the need to return to work or school also hindered exclusive breastfeeding practices among mothers. The study noted that various misconceptions by mothers such as beliefs that breast milk was insufficient or of poor quality, and that the baby did not gain weight adequately or was thirsty, adversely affected the willingness of women to practice exclusive breastfeeding.

In Nigeria, for example, in 2006/2007 older maternal age and higher parity were significantly associated with exclusive breastfeeding (Ukegbuet *et al.* 2011) while in Tanzania, women who had no problems related to breasts were more likely to exclusively breastfeed (Nkala&Msuya, 2011). Thulier and Mercer (2009) found out that marital status was highly influential to breastfeeding incidence and duration. Data from previous published work revealed breastfeeding took place more commonly among married women, and that overall they have a higher initiation and duration compared to unmarried mothers.

According to a qualitative study conducted by Mika (2011) in Cameroon, mothers initiated mixed feeding almost immediately after birth. This was attributed partly to tradition and partly to the requirement of the women to work in the fields which were long distances from their homes. This made breastfeeding just as unfeasible for these women as for employed mothers in westernized countries. A similar case was witnessed in Langas South Africa, where it was reported that there was no exclusive breastfeeding. Participants in the study indicated that mixed feeding was introduced within an infant's first month of life, based on a belief that breast milk was an incomplete nutrient. The mother's milk was believed to become bad and causes the child not thrive if she has sexual intercourse (Ochola, Labadarios, & Nduati, 2013).

A woman's educational level and social class affects her motivation to breastfeed but the way it affects is different in different parts of the world. Mothers who are college graduates have 21% higher initiation rates compared to those with only a high school education. Additionally, 22% of women with more than high school education breastfeed more until six months and 9% breastfeed exclusively at six months when compared to mothers with only a high school education (Li *et al.* 2014). Jones *et al.*'s (2011) findings support the previous study, observing that mothers who had more than a high school education had much higher breastfeeding initiation rates. Improved maternal education enhances the understanding of mothers and their appreciation of the benefits of exclusive breastfeeding thus empowering them to resist external interferences and pressures (Uchendu *et al.*, 2014).

According to Khanalet *al.* (2013), parity is a significant predictor of providing Exclusive Breast Feeding. Mothers who have had previous child birth were more likely to provide EBF compared to primi-parous mothers. The multiparous mothers have already had experience in breastfeeding and maybe better able to manage EBF with their other household tasks (Tan, 2011). Another study done in the United States illustrated the same results exclusive breastfeeding between married mothers and unmarried mothers was statistically different at one week, one month, three months, and six months (Li *et al.*, 2014).

Kim and Gallien (2014) reported single-mother status as an independent risk factor for lower breastfeeding practices of all types and durations regardless of income level, socio-demographics, employment and type of childcare. Single mothers have great difficulty supporting themselves and caring for the baby especially if they are young. Single mothers have less family support. Without this support, activities outside the home such as having to work might prevent EBF. It is often best if the mother and the baby can stay together and be supported as a family. They can breastfeed at least partially.

On the other hand, mothers with secondary education and above only exclusively breastfed their children at 0.6% compared to the ones with no education at 0.5% (KDHS, 2014). In a case study for urban and rural communities in Garissa, Kenya, maternal nutrition knowledge on breastfeeding practices was significantly ($p < 0.05$) associated with breastfeeding practice (Hassan, 2007). In Nairobi, 65% mothers complied with most of breastfeeding practices as a result of the knowledge acquired on proper breastfeeding practices (Muchina, 2015). Thus prompting the current study to be conducted to investigate the effect of maternal educational level on exclusive breastfeeding among children aged 0-6 months.

In Kibera slums, Nairobi, breastfeeding knowledge among mothers was found to be inadequate. About two-thirds (65.3%) of the mothers knew babies should be breastfed for a period of 2 years or more; 88.3% knew that babies should be breastfed on demand. In contrast, only 22.2% of the mothers stated babies should be exclusively breastfed for 6 months, whereas about a third (32.2%) stated that EBF should be done for a period of 1 to 3 months (Ochola, 2008). It was established that high knowledge on exclusive breastfeeding did not necessarily influence EBF (Ochola, 2008; Ogada 2014).

Women in higher status jobs are more likely to have access to a lactation room and suffer less social stigma from having to breastfeed or express breast milk at work. In a study conducted in Nigeria at Olabisi Onabanjo University Teaching Hospital, urban/working mothers complained that lack of a crèche in offices hampered their ability to breastfeed exclusively as they had to resume work before six months (Adelaja, 2012). In addition, women who were unable to take an extended leave from work following the birth of their children are less likely to continue breastfeeding when they return to work. In Machakos, Kenya Ndolo (2012) found out that the mother's occupation affected time spent with the child leading to early introduction of foods before six months.

According to a study conducted by Reygal (2012) among the Somali community in Eastleigh, Nairobi, perception that breastfeeding was painful and inconvenient coupled with perceived poor milk supply contributed to poor infant feeding practices among infants' 0-6 months. Similarly, Jepkosgei, (2013), found a significant association between the mother's beliefs and the time of starting complementary feeding of infants in the Pumwani hospital in Nairobi. The situation was different in Kibera where Ochola, *et al.* (2013) established that most mothers in Kibera breastfed all their children and most mothers did it for up to six months. The study highlighted that breastfeeding practice was either stopped abruptly or gradually by mothers. To majority of the mothers exclusive breastfeeding was stopped because the child refused to breast feed or because of the next pregnancy. The researcher of this current study identified that many cultures were reluctant to promote exclusive breastfeeding. To majority of the community's breast milk was inadequate for proper infant growth and development. Thus the researcher of the current study sought to investigate to what extent does cultural practices influences exclusive breastfeeding in Turbo Constituency.

In Kenya, Exclusive breastfeeding rates remain low at 32 percent (KDHS, 2014/15). The implication of this is that 97 percent of Kenyan infants were being exposed daily to an increasing risk of disease and have lowered immunity because they are given foods other than breast milk before the age of six months of age. Too early introduction of complementary feeds is likely to displace the more nutritive breast milk in the child's diet. This coupled with unhygienic preparation and storage conditions predisposes the many infants to diarrhea, causing a negative impact on growth and development (KNBS and ICF Macro 2014). It against this background that the study was conducted to investigate the influence of socio-demographic factors on exclusive breastfeeding among children age 0-6 months in Turbo Constituency, Kenya.

STATEMENT OF THE PROBLEM

Despite the extensive available information on the benefits of exclusive breastfeeding both for the mother and the infant (UNICEF 2017) this practice still remains unacceptably low in Africa and more so Kenya which stands at 32% (KDHS 2014/15). A study conducted by Wanyonyi (2016) in Uasin Gishu County, exclusive breastfeeding was rare with over 65% of the mothers reported to be introducing pre-lacteal feeds between the first day and five months of infant's life. According to statistics by the county health director in Uasin Gishu County (2018), Turbo constituency has the lowest uptake of exclusive breastfeeding compared to the other 5 constituencies with only 25%.

Several studies have been conducted on factors affecting exclusive breastfeeding for example, Azijada, Begic, Vukovic, Palavra and Vukovic (2015) study in Sweden; Hafizan, Zainab and Sutan (2017) study in Malaysia; Boor (2017) study in Kenya, however, the socio-demographic factors that is maternal education, age parity, marital status, maternal occupation and cultural factors have not been adequately documented. Turbo constituency being made up of urban and rural areas, form a land informal settlements, breastfeeding mothers face an extremely complex situation with regards to exclusive breastfeeding due to multiple challenges and risky behaviors often dictated to them by their circumstances and context. Therefore, the purpose of the study was to investigate the influence of socio-demographic factors on exclusive breastfeeding of infants 0-6 months in Turbo constituency, Uasin-Gishu County.

RESEARCH OBJECTIVES

To determine the influence of culture on exclusive breastfeeding in Turbo constituency

RESEARCH HYPOTHESES

H_{01} : Culture has no significant influence on exclusive breastfeeding in Turbo constituency

2. THEORETICAL REVIEW

The study was anchored in the Theory of Planned Behavior (TPB). The theory was put forward by Ajzen Icek in 1991. The theory postulates that the intentions to adopt to new ideas such as exclusive breastfeeding is influenced by behavioral beliefs and evaluations, subjective norms and the perceived behavioral control. According to Ajzen (1991) behavior is deliberative and planned. Normative belief refer to an individual's perception of social normative pressures, or relevant others' beliefs that he or she should or should not perform. In this case the practice of exclusive breastfeeding is greatly influenced by the normative belief of a community for example if it's a taboo to engage in sexual behaviour while breastfeeding a mother could opt to wean that baby if she cannot control her sexual desires.

Subjective norm refers to an individual's perception about the particular behavior, which is influenced by the judgment of significant others for example parents, spouse, friends just to mention but a few. The practices of exclusive breastfeeding can be influenced by the moral support that mothers are provided to by friends and family. If the family members suggest that the breast milk is inadequate to cater for the child, then mothers could stop exclusive breastfeeding and commence weaning but if there is moral support they will continue exclusive breastfeeding. Ajzen (1991) also argued that behaviour is influenced by control beliefs that are an individual's beliefs about the presence of factors that may facilitate or hinder performance of the behavior. When an individual's perceived ease of doing something such as exclusive breastfeeding they will practice it but if they perceive it to be difficulty they will not practice is.

The theory of planned behaviour also focuses on behavioral intention that is an indication of an individual's readiness to perform a given behavior. Mothers who are psychologically prepared to exclusively breastfed have a positive attitude towards it. The theory of planned behavior specifies the nature of relationships between beliefs and attitudes. According to these models, people's evaluations of, or attitudes toward behavior such as exclusive breastfeeding are determined by their accessible beliefs about the behavior.

Outcome expectancy was originated from the expectancy-value model. It is a variable-linking belief, attitude, opinion and expectation. The theory of planned behavior's positive evaluation of self-performance of the particular behavior is similar to the concept to perceived benefits. Perceived believe refers to beliefs regarding the effectiveness of the proposed preventive behavior in reducing the vulnerability to the negative outcomes. For example, the perceived belief of exclusive breastfeeding reducing child mortality, morbidity and malnutrition is likely to promote the practice. According to the theory of planned behavior negative evaluation of self-performance is perceived as barriers, which result to negative consequences. In this case if a person has negative evaluation of exclusive breastfeeding as being inadequate and poisonous to their babies, they will not practice it.

Individuals' elaborative thoughts on subjective norms are perceptions on how they are expected to behave by their friends, family and the society. Subjective norms from the peer group include thoughts such as, "Most of my friends Exclusive breastfeed," or "I feel ashamed of breastfeeding in front of a group of friends who don't breastfeed". Subjective norm could promote or demote exclusive breastfeeding. The theory of planned behavior considers social influence such as social norm and normative belief, based on collectivistic culture-related variables. Given that an individual's behavior such as exclusive breastfeeding is located in and dependent on the social networks and organization such as peer group, family, school and workplace (Ajzen, 2002).

In combination attitude toward the behavior, subjective norm and perceived behavioral control lead to the formation of a behavioral intention. In this case positive attitude towards exclusive breastfeeding, societal support of exclusive breastfeeding by family and friends and positive outcome of exclusive breastfeeding such as reduction in mortality and morbidity will promote practices of exclusive breastfeeding where the vis-versa happens. As a general rule, the more favorable the attitude toward behavior is and subjective norm, and the greater the perceived behavioral control, the stronger the person's intention to perform the behavior in question should be.

The Theory of Planned Behavior has been widely applied to predict many health-related behaviors, including breastfeeding and thus relates to this proposed study because it suggests that an infant's feeding decisions are affected by a wide range of psychological, social, clinical, cultural, and individual characteristics: factors such as age, ethnicity, educational status, marital status and personality variables (Bai et al. 2011; Waiblinger & Conner, 2012) and therefore the proposed study aims to use the TPB to identify the socio-demographic factors influencing EBF, as well as the influence of socio-demographic factors in predicting the long-term exclusive breastfeeding behavior among mothers in Turbo constituency, Kenya.

Empirical Review

Cultural practices are applies of specific community that are handed down over epochs in a specific ethnic group. Cultural practices could have a profound impact on how and when a mother decides to wean her child. In this study, culture was defined as the practices and beliefs common to a particular group that are transmitted through social means. Kramer (2012) conducted a study on the effect of cultural practices on the frequency of breastfeeding in Thailand. The researcher of the study had observed that though exclusive breastfeeding among mothers delayed the return of the mother's monthly ovulation which potentially delayed a second pregnancy, the cultural traditions of the Thailand communities often reduced the mothers' compliance to exclusive breastfeeding.

In majority of the communities in Thailand, Breast milk was considered inadequate to cater for the children nutritional needs. Subsequently, majority of the communities obliged the mothers to give their young children traditional herbs which if a mother failed to comply was considered a bad omen in the communities. These traditional practices often reduced the chance of mother to observed exclusive breastfeeding. The compliance to exclusive breastfeeding is also prevented by cultures.

It is considered a social taboo for a mother to breastfeed and have sexual relation with the husband in Tanzania. In this case majority of the mothers opt to wean their babies before the recommended age of 6 months is over (Mabilia, 2015). In Kenya, Watson (2013) investigated the effect of ethnicity on exclusive breastfeeding in Kenya. This was attributed to the fact that breastfeeding bestows a myriad of nutritional and anti-infectious benefits to a child. However, despite recommendations by World Health Organization and other countless national and international organizations, many mothers terminate breastfeeding earlier than recommended.

The purpose of the study was to investigate the role of cultural tradition on exclusive breastfeeding among the Maasai, Kamba, Kikuyu and Luo communities all living in a slum community near Nairobi, Kenya. Analysis of variance (ANOVA) between the four cultural groups revealed that Maasai mothers breastfed for a significantly shorter duration than mothers from the Kamba, Kikuyu, or Luo ethnic groups. The study therefore recommended that cultural tradition should be taken into account in breastfeeding-related education, training and promotion.

3. RESEARCH METHODOLOGY

Research Design

The study adopted an Ex-Post Facto research design, which according to Mugenda and Mugenda (2003), Ex-Post Facto Design is used when the researcher wants to identify the cause-effect relationship among variables that cannot be manipulated experimentally. Ex-post facto research is one in which the independent variable or variables have already occurred and in which the researcher starts with the observation of a dependent variable or variables (Simon & Goes, 2013). The researcher then studies the independent variable or variables in retrospect for their possible relationship to, and effects on, the dependent variable. The researcher is thus examining retrospectively the effects of a naturally occurring event on a subsequent outcome with a view to establishing a causal link between them (Gall, Gall, & Borg, 2014).

Target Population

The target population of the study was 2000 mothers and 10 medical health officers in the Maternal Child Health (MCH) clinics. The reason behind researching on Breast-feeding mother with infants below 6 months of age was that they had adequate experience in Exclusive Breastfeeding hence able to contribute to the research. All the mothers with infants below 6 months and are residents of Turbo constituency and attending the MCH clinics in Turbo Sub County were included in the study. Mothers were excluded from the study if they were HIV positive and not practicing EBF and mothers whose infants suffered from chronic or congenital illnesses that may contraindicate breastfeeding were not included determined by the mother child booklet. This is attributed to the fact that some of the chronic or congenital illnesses' such as Autism, Down syndrome and cleft palate just to mention but a few affects the infants' intake of breast milk. The study also excluded the caregivers who brought the infants to the clinic and their maternal parents were no longer alive.

The study also targeted 10 medical health officers in the 3 sub county hospitals in Turbo Constituency that is Huruma Sub County hospital, Turbo Sub County Hospital and Kipkaren Sub County hospital which were purposively selected because of the information gap. In each hospital the researcher targeted the nutritionist working in the MCH and Nurses in MCH. The study targeted 3 nutritionists each from the selected sub county hospitals, 3 nurses from Huruma Sub County Hospital, 2 nurses from Turbo Sub County Hospital and 2 nurses from Kipkaren Sub County Hospital.

Sample and Sampling Procedures

The study was carried out in three sub county hospitals in Turbo constituency which were purposively selected because of the information gap in relation to exclusive breastfeeding (Wanyonyi, 2016) and also the health facilities served as the catchment area for many residents. Sampling criteria was included as a list of characteristics important for eligibility in the target population. The criteria included the inclusion and exclusion sampling criteria. The sample size was computed based on the following formula by Yamane (1967).

$$n = \frac{N}{1 + Ne^2}$$

Whereby n=collected sample size

N=Population size

e=Margin error e=0.05 based on research condition

Therefore 2000 at 5%

$$N = \frac{2000}{(1 + 2000(0.05^2))}$$

=330

The study adopted simple random sampling technique to select a representative sample of the mothers to participate in the study. Simple random sampling technique ensured all the mothers with infants 0-6 months were given an equal chance of participating in the study. Simple random sampling technique was involved in establishing the required number of participants. Then an equivalent number of small papers were written (Y) for Yes and the rest of the papers (N) for No. All the mothers were allowed to pick one paper at random every clinic day. Those who picked Y papers were allowed to participate in the study. The researcher administered the questionnaire throughout the month on every MCH clinic day to ensure that all the mothers were given an equal chance of participating in the study. A total sample of 330 mothers were selected to participate in the study.

Census approach was adopted in which all the medical health officers that is the nutritionist and the nurses were involved in the study. All the medical officers were involved in the study because of their understanding on the influence of socio-demographic characteristics on exclusive breastfeeding in Turbo Constituency. All the medical officers were also involved in the study because they were few for statistical conclusions of the study. The researcher managed the interview of the 10 medical health officers statistically.

Data Processing and Analysis

Data was cleaned, coded and entered into the Statistical Package for Social Sciences, SPSS version 24 for analysis. The study adopted both qualitative and quantitative analysis. On quantitative approach, the study used descriptive analysis. Qualitative data was categorized for meaningful interpretations using constant comparative content analysis. The qualitative key informant interviews were used to collect detailed views from the participants.

In-depth descriptions offered interpretive meanings of the phenomena. The findings were presented descriptively and by use of narratives and quotes. Qualitative analysis was used to verify quantitative data. The quantitative aspect of the study used a structured questionnaire to collect data. Quantitative data was analyzed in SPSS and at a descriptive level and more soundly statistics of empirical facts. This involved derivation of statistical descriptions and interpretation of data by use of descriptive statistics that mainly rely on numerical values. Quantitative data was coded and with the use of SPSS computer program, the statistical summaries was derived and presented in the form of frequency tables, percentages, cross-tabulations, means and standard deviations. Chi square test was used to test the study hypothesis. The inferential statistic chi-square (χ^2) was used to analyze data. Chi-square testing proves to be an effective tool by which it identifies the interdependency of variables, which may not otherwise be obvious. This involved use of observed frequencies and expected frequencies at significance level of 0.05 and be presented using tables. The data was then presented using frequency distribution tables, for easier understanding. The Chi square model fitted the study to test the independent variables and their association/influence on the dependent variable

4. RESEARCH FINDINGS AND DISCUSSIONS

This section puts into viewpoint the relationship amongst the independent variables and the dependent variable. It also put into view the effect of the independent variable on the dependent variable. To evaluate the influence of cultural practices and exclusive breastfeeding, a chi-square test was conducted. To check if there existed significant difference, a chi square was computed at 95% confidence level and the results are presented in Table 4.8.

Decision rule:

If p- value is less than or equal to 0.05 reject the Null hypothesis. If p- value is greater than 0.05 accept the Null hypothesis.

Table 4.1: Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	7.325 ^a	4	.001
Likelihood Ratio	8.090	4	.132
Linear-by-Linear Association	3.126	1	.140
N of Valid Cases	299		

The null hypothesis tested was that cultural factors had no significant relationship on exclusive breastfeeding of infants 0-6 months. The results show that the values are $\chi^2=7.325$, $df=4$ and $p=.001$ (Table 4.8) which was less than the level of significance 0.05 thus the researcher rejected the null hypothesis which suggests that there exist no significant relationship ($p<0.05$) between cultural factors and exclusive breastfeeding of infants 0-6 months. This implied that cultural factors such as discouragement of giving babies colostrum, giving of herbs especially among the Kalenjin community, and some

communities encouraging supplementation of breast milk because of considering it inadequate to satisfy the infants were the main cultural factors inhibiting exclusive breastfeeding of infants 0-6 months.

The findings were in support of Kramer (2012) study on the effect of cultural practices on the frequency of breastfeeding in Thailand, the cultural traditions of the Thailand communities often reduced the mothers' compliance to exclusive breastfeeding. Kramer (2012) highlighted that majority of the communities in Thailand Breast milk was considered inadequate to cater for the children nutritional needs. In Thailand mothers were obliged to give their young children traditional herbs which if a mother failed to comply was considered a bad omen in the communities. This traditional practices often reduced the chance of mother to observed exclusive breastfeeding. The compliance to exclusive breastfeeding is also prevented by cultures.

The findings were also in support of Mabilia (2015) study in Tanzania which depicted that it is a social taboos for a mother to breastfeed and have sexual relation with the husband. In this case majority of the mothers opt to wean their babies before the recommended age of 6 months is over (Mabilia, 2015). The findings were also in support of Watson (2013) study on effect of ethnicity on exclusive breastfeeding which established that Maasai mothers breastfed for a significantly shorter duration than mothers from the Kamba, Kikuyu, or Luo ethnic groups. This was attributed to consideration of breast milk as inadequate to cater for their infants and therefore recommended supplementary feeding.

5. CONCLUSIONS

From the findings, it was concluded that there was a negative and significant relationship between cultural practices and exclusive breastfeeding of infants aged 0-6 months. The findings showed that discouragement of giving colostrum to the infants and encouragement of supplementation of breast milk with other foods by older generation deleteriously affected exclusive breastfeeding. In some communities such as the Kalenjins where infants are supposed to be given herbs to cleanse them after birth contributed to inadequate exclusive breastfeeding.

6. RECCOMENDATIONS

Recommendation for Policy and Practice

The results of the research have shown that socio-demographic elements are critical to exclusive breastfeeding of infants 0-6 months in Turbo Constituency. However, exclusive breastfeeding has remained low at 32%. To improve on exclusive breastfeeding the following recommendations as per the study results were made;

Since cultural factors were inversely proportional to exclusive breastfeeding of infants 0-6 months, the study recommended that negative cultural practices such as giving of herbs and misconception that colostrum is poisonous to infants should be avoided to promote exclusive breastfeeding of infants

To address the influence of maternal educational level and exclusive breastfeeding, the study suggested that mothers should be educated on importance of exclusive breastfeeding in reducing mortality and morbidity rates of infants so as to promote the practice of exclusive breastfeeding.

Suggestions for Future Research

The study recommends future research to be done on:

1. The influence of socio-economic factors on exclusive breastfeeding of infants 0-6 months.
2. Similar research can be done in other regions and parts of the country to verify if the actual situations are similar to what has been found to exist in Turbo Constituency

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