

# Attitudes of Breastfeeding Mothers Towards Ten Steps of Successful Breastfeeding in Kapsabet County Referral Hospital, Kenya

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## ABSTRACT

*Breastfeeding leads to both short and long-term benefits of a child. It helps reduce infections and mortality among infants, improves mental and motor development, and protects against obesity and metabolic diseases later in the life course. The ten steps are maternity proven practices which help in achieving exclusive breastfeeding which remains a challenge. The aim of this paper was to assess the attitudes of breastfeeding mothers towards ten steps of successful breastfeeding in Kapsabet County Referral Hospital, Kenya. The core methodological approach involved cross sectional research design through incorporation of both quantitative and qualitative approaches among 184 randomly selected mothers with infants less than 6 months old. Data was collected using researcher-administered questionnaires and a focus group discussion guide. Six focus group discussions were held at the end of the study with both caregivers and mother practicing and those not practicing exclusive breast feeding. Data analysis was done using statistical package for social sciences (SPSS) software version 22. The results of the study showed that 80% of the study participants had a positive attitude towards the ten steps of breast feeding despite the fact that they did not practice exclusive breastfeeding. The study recommended that mothers need to be trained on the importance of following the ten steps of breastfeeding as per the recommendations of World Health organization.*

**Key Words:** Attitude, Ten steps, Breastfeeding, Mothers

## 1.0 Introduction

Breastfeeding is encouraged as the best method of child feeding and one of the most cost-effective means to arouse healthy child growth and development (WHO, 2013). Furthermore, breastfeeding benefits mothers, through postpartum weight loss, reduction in breast and ovarian cancer, and enhanced mother–infant attachment (WHO, 2012). Since 2001, the World Health Organization (WHO) has recommended exclusive breastfeeding for the first 6 months of life (Kramer & Kakuma, 2012). Despite advantages, the percentage of countries that meet these recommendations remains low (Alzaheb, 2017). One of the global targets endorsed by the WHO's member states is to increase the rate of exclusive breastfeeding in the first 6 months up to at least 50% (WHO, 2014).

The Millennium Development Goals which Kenya is a signatory strives to reduce child mortality is in tandem with government policies to promote the child and maternal health. The call to support breastfeeding by the World Health Organization and the New Joint Commission for Hospital Assessment Perinatal Care Core Measure on exclusive breastfeeding underscores the urgency to increase exclusive breastfeeding rates (Joint Commission, 2010; U. S. Department of Health and Human Service, 2011; WHO, 2012). Around 2008, the number of children who were ever breastfed varied widely across the OECD countries, ranging from less than 70% in Ireland and France, up to almost 100% in Denmark, Sweden and Norway (OECD Database, 2013). African countries demonstrate similar results with countries such as Ghana and Botswana scoring 99% for breastfeeding initiation at birth and up to nearly 12% at 3-4 months in Malawi, Namibia, Mauritius and Niger (OECD Database, 2013).

Ten steps to successful breastfeeding has been pointed out as one of the most effective preventive health measures to globally reduce child mortality and morbidity (Bartick & Reinhold, 2010). However, there are a number of inequalities in breastfeeding

outcomes by socio-economic indicators and by race and ethnicity (WHO, 2012). Low wealth populations in developed and developing nations, as a group, exhibits lower breastfeeding rates, and thus are vulnerable to higher incidences of breastfeeding preventable illnesses.

Kenyan lactating mothers breastfeeding practices extensively differ with the recommended practices. For instance, according to Kenyan Demographic Health Survey, only 32% of the under 6 months children are breastfed yearly, albeit the fact that 97% of Kenyan children are breastfed at some point (African Population and Health Research, 2010). United Nations (2010) found out that, in order to meet the Millennium Development Goals of halving the prevalence of underweight children by 2015, mothers must comply with the recommended breastfeeding practices. Therefore, the Kenyan government has been promoting the Ten Steps to successful breastfeeding in different regions in Kenya.

Studies suggest that attitudes toward breastfeeding begin well before pregnancy and decisions concerning breastfeeding are often made early in life (Saunders-Goldson & Edwards, 2004), therefore, research examining attitudes before pregnancy is important. Identifying predictors of breastfeeding intentions facilitate the design of effective breastfeeding promotion interventions. Several studies in Western countries have been assessed the attitudes of young populations toward breastfeeding Zahid *et al.*, 2016). Attitudes regarding breastfeeding among university students vary across countries. A study of university students in Lebanon and Syria showed positive attitudes among participants, and breastfeeding intention was significantly associated with knowledge and attitude (Hamade *et al.*, 2014). In another study in Jordan, university students showed a positive level of breastfeeding knowledge, but their attitudes toward breastfeeding practices were negative (Al-Domi, 2015). Therefore, the current paper investigated attitudes of breastfeeding mothers towards ten steps of successful breastfeeding in Kapsabet County Referral Hospital, Kenya.

## 2.0 Literature Review

Attending an urban clinic was found to be the strongest predictor of knowledge on ten steps to successful breastfeeding by mothers as they claim that care staff in metropolitan clinics are well educated hence have knowledge to impart on mothers (de Paoli, 2001). Moreover, de Paoli *et al.* assert that the work of health staff in urban setting is better supervised and staffs are exposed to more training opportunities than their rural counterparts hence impart proper knowledge to their client (de Paoli, 2001; Cherop *et al.*, 2009). Furthermore, health workers are responsible for health education including infant feeding practices and counseling in pre and postnatal period in health facilities hence imparting knowledge to mothers on infant feeding practices (Aidam *et al.*, 2005).

Self-efficacy is based on people's assessment regarding whether they have the knowledge and skill to make changes in their behavior and whether their situation allows them change (Naidoo, 2000). In 1999, Dennis developed the Breastfeeding Self-Efficacy Scale (BSES), containing 32 items to measure mothers' viewpoint of self-efficacy (WHO, 2003). The scale was further developed in 2003 and the latest version has just 14 items (Naidoo, 2000). Their study indicated that maternal self-efficacy was significantly associated with duration of breastfeeding, after adjusting for marital status, maternal education and income. However, this scale only targets on pregnant women or new mothers and cannot be extended to other people such as the mother's social network, although this may also influence mothers' feeding choices.

## 3.0 Methodology

The study used a cross sectional survey which employed both qualitative and quantitative methods in data collection as per the recommendations of Katzenellenbogen *et al.*, (2002). In this type of study design, either the entire population or a subset thereof is selected, and from these individuals, data are collected to help answer research questions of interest. It is called cross-sectional because the information which is gathered represents what is going on at only one point in time The study aimed at collecting

information from respondents on care givers knowledge on the Ten Steps to successful breastfeeding, the attitude of the lactating mothers on the Ten Steps to successful breastfeeding and the practices of the care givers on the Ten Steps to successful breastfeeding. Additionally, the knowledge of the MCH clinic nurse on the Ten Steps to successful breastfeeding was also explored.

The study targeted mothers with their infants 0<6 months old residing within Nandi county by accessing post-natal care at Kapsabet county hospital. A target population of 195 mothers was used but only 184 mothers responded during the study. All breastfeeding mothers visiting the MCH clinic at Kapsabet County Referral Hospital were invited to participate in filling the questionnaires. Systematic sampling was used to select the subjects since it provides equal chance of inclusion, minimizes bias and has great potential to provide good representation.

The sample size was calculated using a formula by Cochran (Israel, 1992); This was adopted because the study only assumes the finite nature of the population and to be more confident that the study meets the required sample size based on the formulation, the acceptable sample size ranged between a minimum ratio of parameter to 10 observations.

$$n = \frac{z^2 p(100-p)}{\epsilon^2} \text{ where}$$

n = the required minimum sample size

p= estimated prevalence of mothers who breastfeed exclusively up to 6 months of infants age (which is 13% as per study by KNBS and ICF Macro, 2010))

ε = margin of error on p (set at 5)

q = 1-p

z= standard normal deviate corresponding to 95% confidence level (=1.96)

By substituting the above equation, it gave 192 respondents

A questionnaire with both closed and open-ended questions was used to collect both the quantitative and qualitative information on breastfeeding mothers' knowledge on ten steps to successful breastfeeding. The questionnaire was adopted from a face-validated one used in a study in a low-resource urban setting by Ochola (2008) and modified for this study. In addition, a focus group discussion (FGD) guide was used to elicit information on infant feeding practices from the breastfeeding mothers. In order to pre-test the questionnaire on the length, content, question wording, and language, eight respondents (5% of the total sample) from Nandi attending PNC were interviewed. This was necessary to facilitate modifications on the questionnaire by correcting mistakes. This also ensured that the researchers conducted the interviews in a standardized way.

Additionally, questionnaires were revised by team leaders and the recommended modifications to specific items were done to suit the study objectives. Ensuring that the questionnaire content represented the study objectives enhanced content validity. Questionnaires were also pretested in Moi Teaching and Referral Hospital before actual data collection begun. Finally, during data collection the questions were paraphrased and repeated severally so as to ascertain whether the respondents had comprehended the questions.

The collected data was checked, coded, cleaned and entered into SPSS software for analysis. All the analysis of quantitative data was done using the Statistical Package for Social Sciences (SPSS) version 22. Frequencies and percentages were used. Data from focus group discussions was transcribed, responses arranged in general categories identified in the discussion guide then coded.

Common themes were identified, inferences made from each theme and conclusion drawn then triangulated with the data from the questionnaire.

Clearance to obtain a research permit for the study was sought from Kisi university graduate school. Research permit was also obtained from National Council for Science, Technology and Innovations and the Management of Kapsabet County referral Hospital to conduct the study. Informed consent was obtained from the mothers before conducting the research. The information obtained from the study participants was handled with utmost confidentiality.

#### 4.0 Results

Focus group discussions were organized for mothers practicing the ten steps to successful breastfeeding and to those not practicing as well as to other caregivers like grandmothers, fathers and older siblings. Information from the FGDs was analyzed for common themes emerging from the discussion. Discussions were guided by a set of questions in the FGD guide. The FGD showed that most of the mothers indicated that they got information regarding breastfeeding from the health facility they attended both before and after delivery. Some got information from their own mothers or mother in-laws, relatives, friends, media and TBAs. The mothers reported that they had received various messages regarding breastfeeding. Some of the messages they received included the message that *'one should breastfeed on one breast until it is emptied then change to the other'* as said by one mother while another said, *'I was told to clean the breasts before breastfeeding.'* Other messages that the mothers received included the message that a mother should breastfeed within thirty minutes time after delivery; breastfeed frequently as long as the child demands; breastfeeding helps the child to grow strong; breastfeed exclusively for six months; and when the child hiccups give breast milk instead of water.

The mothers reported that they concurred with messages given regarding breastfeeding counseling. Some mothers reported that they were already realizing some of the benefits of exclusive breastfeeding but with challenges one mother claimed that her baby cries a lot and this might force her to change to other forms of feeding.

Mothers in this group seemed to have a good understanding of the concept often steps of breastfeeding and stated that it meant giving the baby only breast milk without even water for six months. Some mothers reported that they had practiced exclusive breastfeeding with their older children.

The mothers gave the benefits of breastfeeding from their own understanding and also from what they had learnt from the hospital as follows: *'Mother's milk is more important to the baby than any other food as it contains all the nutrients that a baby needs for six months.'* as said by one mother. Other benefits that the mothers gave were; breastfeeding helps the baby not to contract many diseases; breast milk is safer and hygienic and is always available; breastfeeding helps a mother not to get pregnant although not always; and that breast milk makes the baby to grow healthy and strong.

According to the results of the study, 80% of the women interviewed had a positive attitude towards the ten steps of breastfeeding. The remaining 13% of the women had a neutral attitude and the remaining 7% had a negative attitude towards the ten steps of breastfeeding as shown in Table 1.

**Table 1: Breastfeeding mothers' attitude towards the ten steps of breastfeeding**

Attitude	Frequency	Percentages
Positive	123	80

Neutral	42	13
Negative	17	7

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Table 1 shows that majority of the breastfeeding mothers at Kapsabet County Referral Hospital had a positive attitude towards the ten steps of breast feeding. This implies that the respondents were in a position to follow the ten steps of breastfeeding which was in line with WHO (2013) recommendations. This further points out that mothers had intention of breastfeeding their infants however, majority did not breast feed their infants exclusively. This study findings are similar to those of Mohamed, Ochola, and Owino (2020) who found in their study that women in Wajir county had a positive attitude towards exclusive breastfeeding despite the fact that they did not breastfed their infants exclusively.

## 5.0 Conclusions

The study participants had a positive attitude towards the ten steps of breast feeding despite the fact that most of them did not follow the ten steps. The study therefore recommends that mothers need to be trained on the importance of following the ten steps of breastfeeding as per the recommendations of WHO (2013).

## 6.0 Ethical considerations

The study was approved by the National commission for Science Technology and Innovations (NACOSTI). Written and informed consent for participation was obtained from each participant. They were also ensured about the confidentiality of their information and the voluntariness of participation in the study.

**Competing interest:** None

## 7.0 References

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