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Determinants of Breastfeeding among Mothers Attending Mother Child Health Clinic in Migori County Referral Hospital, Kenya

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Abstract:
Background: *The decision of breastfeeding is mainly based on the mother's desire, preferences and dedication, past experiences, cultural influences and social factors. To some extent, health facility related factors also has influence on the effectiveness and efficiency of breastfeeding as a practice. Research shows that infants who breastfeed are less likely to become sick thus reduction in the mortality rate of children under 5 years of age.*
Methodology: *The study was a mixed study where both qualitative and quantitative methods were used to explore the determinants of breastfeeding among mothers in Migori County Referral Hospital. Ethical considerations were adhered to. The study population was mothers who have babies of ages 2 weeks – 18 months, while the target population was mothers with babies of 2 weeks-18 months attending the mother child health clinic-child welfare clinic in Migori County Referral Hospital. The sampling method used was systematic random sampling, as it is less bias, easy to execute and understand, it has control and sense of process. Sample size was 182 mothers while the sampling interval was 6, thus every 6th mother was included from the first until the sample was reached. Data collection was by use of a semi structured interview based questionnaire that was filled with the help of the research assistants and the researcher. Data management was by use of Microsoft excel and Statistical Package of the Social Sciences version 25. Analysis of variance was used to analyze quantitative variables while Chi Square was used to analyze categorical variables. Data presentation was by the use of charts, graphs, tables and a detailed report written.*
Results: *The findings showed that 78.6% complied with breastfeeding guidelines while 21.4% did not. This is contrary to the recommendations of World Health Organisation.*
Conclusion: *the socio demographic factors, cultural influences and health facility related factors did not significantly affect breastfeeding practices among mothers attending the child welfare clinic in Migori County Referral Hospital. However, a higher percentage (90.1%) of mothers thought that culture influences breastfeeding as a practice. This was the exact opposite as minority of the respondents were affected by the cultural practices while still breastfeeding the baby.*
Key Word*: Breastfeeding; Exclusive breastfeeding; Breast-feeding on demand; Pre lacteal feeds; Practices; Immunization; Postnatal; Immunization clinic.*

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I. Introduction

Breastfeeding is a natural process and every healthy baby delivered, despite the mode of delivery, that is either caesarian section or spontaneous vaginal delivery is required to be initiated immediately after delivery to breastfeeding as long as the baby is healthy thus rooting and sucking reflexes are present. The knowledge of the importance of breastfeeding is being promoted worldwide as an essential method of infant feeding. All mothers can breastfeed and they should be ready to do so despite the circumstances, (WHO, 2011). According to the World Health Organization, (2011), it recommends breastfeeding for the first 6 months (exclusively) and can be continuous depending on the dedication of the mother as this requires hard work, dedication and commitment. Breastfeeding provides the essential nutrition. Making the decision to breastfeed is a personal decision of the mother as it also involves friends and family opinion especially the husband and mother in law in most circumstances. Breastfeeding should continue for at least a year after the first six months with combination of other foods like, such as vegetables, grains, fruits, and proteins.According to Kenya Demographic Health Survey (2014), 99% of children in Kenya have ever been breastfed. 60% of them practiced initiation

immediately after delivery while 81% within the first 24 hours after delivery. Contrary to the recommendations, 16% of babies have been given a prelacteal feed during the first 72 hours. World Health Organization (2014) recommends exclusive breastfeeding. In Kenya, 61% of children are exclusively breastfed. So as to reduce malnutrition, it is appropriate to introduce other feeds when the baby is six months old. According to epidemiologist specialists, the emphasis on the importance of breastfeeding has been proven to be of benefit in promoting public health, reduction of respiratory diseases, otitis media, gastrointestinal diseases like diarrhea and necrotizing enterocolitis in babies. It has also benefits to the breastfeeding mother as it helps in weight loss; it acts as a family planning method and lowers the risk of breast cancer, (Hoddinott et al. 2008).

According to WHO (2014), unbalanced diet to the newborn and the mother not breastfeeding is associated to stunting growth, overweight and loss of life to under five children. Recently, childhood obesity prevalence has increased in the developing countries. This was associated with lack of breastfeeding of the infants (Evans, 2009). According to La Leche League International (2018), immediate initiation of breastfeeding after delivery is important because women produce colostrum during pregnancy and in the early days of breastfeeding. It is beneficial for newborn babies as it is an instant source of essential nutrients as it contains zinc, calcium, low fat levels and high carbohydrates, proteins and antibodies levels. Colostrum serves as a laxative as it helps the baby pass stool early and helps in excretion of bilirubin thus prevents jaundice. It is high in leukocytes that helps in protection of the baby against viral and bacterial infections and helps prevent low blood sugar especially to babies born with mothers who are diabetic, babies who have a low birth weight and have temperature instability thus hypothermia, American Academic of Pediatrics, (2012). Epidemiologists' targets and recommends increase in breastfeeding prevalence. So as to enhance breastfeeding, there is the regulation of marketing and distributing of breast milk substitutes by using the Regulation and Control Act (2012). According to NASCOP (2016), it has been made easier for babies born with mothers who are HIV positive to remain protected from the virus by receiving Anti Retro Viral Therapy prophylaxis; this protects the baby by ensuring that the baby remains HIV negative while still breasting. This is beneficial especially to counties like Migori County where the prevalence rate of HIV is at 14.7%, (MOH 2015). According to most studies, the main factor of not practicing breastfeeding is the mother's knowledge level. Several factors are associated with breastfeeding duration and frequency including the socioeconomic status, or the child's sex and perceived size, (Murage et.al 2012).

II. Material And Methods

Study Design: Mixed method design, both quantitative and qualitative study

Study Location: Migori County Referral Hospital is a government hospital located in Wasweta 1 Sub-location, Central Suna location, Suba East Division, Migori Constituency in Migori County. It was a health center before the devolution of health in Kenya.

Study Duration: November 2014 to November 2015.

Sample size: 182 mothers who have babies of ages 2 weeks-18 months

Sample size calculation: According to Fisher et al, (1999), the following notations were used in the formula below to determine the sample size

Z2= 95% of confidence level which equals 1.96

P= expected prevalence of breastfeeding mothers which equals 14%

d2=is the sampling error which equals 5% (0.05)

Thus, the sample size will be:

$$\text{Sample size} = \frac{Z2*P*(1-P)}{d2}$$

$$\text{Sample size} = \frac{1.96*1.96*0.14*(1-0.14)}{0.05*0.05}$$

$$\text{Sample size} = \frac{0.46252864}{0.0025}$$

Sample size= 182.01 + 10% of non-respondents

Sample size =182.11

Sample size= 182

Subjects & selection method: They were mothers who have babies of ages 2 weeks-18 months.

The target population were mothers with babies of 2 weeks-18 months attending the mother child health clinic-Child Welfare Clinic in Migori County Referral Hospital. This is because most mothers bring their babies to the clinic for immunization at 2, 6, 10, 14 weeks then at the 9th and 18th month. According to the District Health Information System from the hospital, the total number of mothers seen in the clinic per month is an estimated average of 1,200 mothers. Systematic random sampling was used in the selection of mothers at the mother child health clinic- Child Welfare Clinic whose babies are between the ages of 2 weeks-18 months.

Inclusion criteria:

1. Mothers attending the mother child health clinic- Child Welfare Clinic and had consented to participate.
2. Mothers who had live babies attending the mother child health clinic- Child Welfare Clinic whose babies were of age 2 weeks- 18 months.

Exclusion criteria:

1. Mothers who attended the mother child health clinic- Child Welfare Clinic with no live babies.
2. Mothers who attended the mother child health clinic- Child Welfare Clinic but had not consented to participate.
3. Mothers who attended the mother child health clinic- Child Welfare Clinic with sick babies.
4. Mothers who attended the mother child health clinic- Child Welfare Clinic but were sick.

Procedure methodology

SAMPLING INTERVAL

Sampling interval (x) = no of mothers

Sample size

Every xth mother was included from the first mother where x is the sample interval until the sample size was met.

Since the study population per month is 1,200 and the sample size is 182, x was calculated as follows;

X= study population

Sample size

X= 1200

182

X = 6.49

X = 6

This proportion equals to 6. Therefore every 6th mother was included from the first until the sample was reached.

PRETEST OF THE STUDY

Pretest was done to 10 mothers who were systematically selected. For 2 days before the research was conducted. The results were used to improve the questionnaire to ensure validity and reliability.

ETHICAL CONSIDERATIONS

Ethical Approval was obtained from Mount Kenya University research ethics committee, County Commissioner of Migori County, the directors of Education and Health of Migori County and from Migori County Referral Hospital medical superintendent.

Permit was obtained from NACOSTI.

Informed consent was obtained from the participants prior to commencement of the collection of data.

Beneficence and non-malfeasance were adhered to.

Respect for privacy of the participants while filling in the questionnaires.

Anonymous principle of identification was maintained.

Confidentiality of the records thus the questionnaires is also maintained as the filled questionnaires are kept under lock and key.

DATA COLLECTION

A semi-structured interview based questionnaire was used.

The data was collected in a separate room at the clinic.

Questionnaires were filled with the help of the research assistants and the researcher.

Statistical analysis

Data was entered in Microsoft Excel 2010. All statistical analysis were performed in Statistical Package for the Social Sciences, (SPSS) Statistics 25 version. Analysis of variance (ANOVA) was used to analyze quantitative variables while Chi Square was used to analyze categorical variables. Narratives and themes were used in the analysis of qualitative data. Data presentation is by the use of graphs, charts and tables. Themes and narratives have been used to analyse the qualitative data. A detailed report is written.

III. Result

Questionnaire response rate

A total of one hundred and eighty two questionnaires were distributed to the respondents according to the calculated sample size. The total number of questionnaires that qualified for data analysis was one hundred and eighty two, which represented an average response rate of 100%. This was commendable because according to (Mugenda & Mugenda, 2003), data analysis may be done if at least 50% of the filled questionnaires are available.

Biographic information of the respondents

Table 1: Maternal and infant biographic information

Item		Frequency (n)	Percentage (%)
Maternal age in years			
	13-19	31	17
	20-26	92	50.5
	27-33	44	24.2
	33-39	14	7.7
	40 & above	1	0.5
Total		**182**	**100**
Marital status			
	Single	51	28
	Married	130	71.4
	Widowed	1	0.5
Total		**182**	**100**
Ethnicity			
	Luo	113	62.1
	Luhya	27	14.8
	Kuria	12	6.6
	Kisii	18	9.9
	Others	12	6.6
Total		**182**	**100**
Infant age in months			
	≤6	84	46.2
	> 6	98	53.8
Total		**182**	**100**
Infant gender			
	Male	95	52.2
	Female	87	47.8
Total		**182**	**100**
Infant position in family			
	First born	70	38.5
	Second born	54	29.7
	Third born	29	15.9
	Fourth born	14	7.7
	≥Fifth born	15	8.2
Total		**182**	**100**

Table above shows that, 17% of the respondents were aged 13-19 years, 50.5% were aged 20-26, 24.2% between 27-33, 7.7% between 33-39 and 0.5% were aged 40 and above. Concerning marital statuses, majority of the respondents i.e. 71.4% were married, 28% were single and 0.5% were widowed. The majority tribe was Luo with 62.1%, followed by Luhya with 14.8%, then Kisii with 9.9%, Kuria with 6.6% and other minority tribes represented 6.6% of the total respondents. As for the infants, table 4.1 further shows that most of them i.e. 53.8% were aged above 6 months while 46.2% were aged 6 months and below. Most infants were males, which represented 52.2% while females represented 47.8%. As for the position of infant in the family, 38.5% were first born, 29.7% second born, 15.9% third born, 7.7% fourth born and 8.2% were fifth born and above.

Breastfeeding practices among the respondents

The researcher determined breastfeeding practices by use of five fundamental practice questions that affected all the respondents. The questions were informed by WHO and UNICEF breastfeeding guidelines.

These included whether or not the baby was breastfed, the time breastfeeding was commenced, exclusive breastfeeding duration, whether or not the baby was breastfed on demand, and whether or not the baby was still being breastfed.

Table 2: Breastfeeding practices of the respondents

Practice item	Correct practice (%)
Do/did you breastfeed this baby?	97.8
Breastfeeding commencement time	91.2
Exclusive breastfeeding duration	87.9
Breastfeeding on demand	94.5
Is the baby still breastfeeding?	96.2
Mean score	**93.5**
Standard deviation	**16.8**

Table above shows that 97.8% of the respondents breastfed or were breastfeeding their babies, 91.2% were able to commence the breastfeeding within one hour of child birth, 87.9% were able to/intended to

breastfeed exclusively for 6 months, 94.5% breastfed their babies on demand and 96.2% were still breastfeeding their babies.

The mean score for correct practice in these items was 93.5%, which showed high compliance with breastfeeding guidelines among the respondents. However the 87.9% of the respondents who practiced exclusive breastfeeding was below the 95% of the World Health Organisation recommendations. Those who did not breastfeed their babies (see item 1 in table 4.2) cited different reasons: medical complications (1.1%), marital issues (0.5%) and work-related issues (0.5%). Those who were unable to commence breastfeeding within the first one hour of birth (see item 2 in table 4.2) cited reasons such as: medical condition of the mother (1.1%), caesarean section (2.7%), lack of milk production (3.8%) and sick baby (1.1%). Babies who were not initiated on breast milk within the first one hour were mostly given grape water (3.6%) and milk formula/substitutes (5.2%) during the delay. Babies who were already introduced to other foods were mainly being fed on porridge, cow milk and light smashed food. Based on these five practice items (see table 4.2), the researcher categorized the respondents into two based on their practices. Those who complied with all the five practice items were considered "compliant" while the rest were considered "non-compliant". Therefore, the dependent variable of this study was measured at nominal level i.e. compliance versus non-compliance which facilitated cross-tabulation with other independent variables in order to test significance of associations using chi squared tests. On the other hand, during analysis of variance (ANOVA) the dependent variable was measured at scale level.

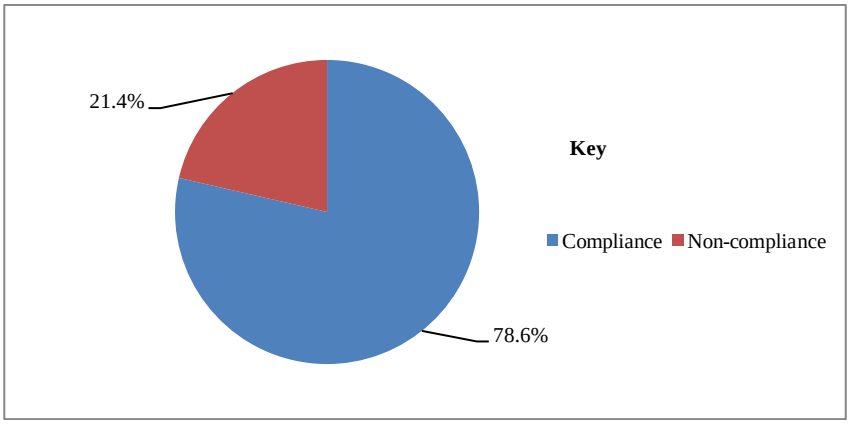

Figure 1: Breastfeeding compliances of the respondents

Figure above shows that majority of the respondents i.e. 78.6% complied with breastfeeding guidelines while 21.4% did not. Majority of the respondents i.e. 87.4% reported to enjoy breastfeeding while 12.6% did not. Despite some of the respondents not enjoying breastfeeding, the study revealed that all those who enjoyed the practice i.e. 100% would recommend breastfeeding to other mothers. Those who did not enjoy breastfeeding cited reasons such as sore nipples (2.7%), body image changes (2.7%), societal influences (2.7%), work related issues (2.7%), medical issues (0.5%) and reduced or no milk production (1.1%)

Socio-demographic factors affecting breastfeeding practices

The researcher assessed socio-demographic factors namely residence, place of delivery, level of education, employment status, and religion. These were cross-tabulated against compliance with breastfeeding guidelines (breastfeeding practices) and chi-squared tests were run.

Table 3: Association between socio-demographic factors and breastfeeding practices

Socio-demographic factor	Breastfeeding practice (Compliance mean score)	X^2	P value	Df	Odds ratio
Residence					
Urban -69.2%	93%				
Rural -30.8%	94%	0.61	0.43**	1	0.73
Place of delivery					
Health facility-89%	94%				0.62
Other place-11%	93%	0.55	0.46**	1	
Education level					
Primary & below-29.1%	91%				0.83
Secondary & above-69.9%	95%	0.23	0.63**	1	
Employment status					
Employed/self-employed-45.1%	93%	0.78	0.38**	1	0.73
Not employed-54.9%	94%				

Religion Catholic-26.4% Non-catholic-73.6%	 93% 94%	2.32	0.13**	1	**0.56**

** Insignificant at 95% confidence level

Table 4.3 above shows that that majority of the respondents i.e. 69.2%, were urban dwellers, while 30.8% were living in the rural areas. The mothers who live in the rural areas complied more than those living in the urban areas. Residence did not significantly influence breastfeeding practices (χ^2 (1, n=182) =0.61, df=1, p=0.43, OR=0.73). Most of the respondents i.e. 89% delivered in a health facility while 11% delivered outside of a health facility. Mothers who delivered in the health facility complied more to breastfeeding practices as compared to those who delivered at home. Place of delivery did not significantly influence breastfeeding practices (χ^2 (1, n=182) =0.552, df=1, p=0.46, OR=0.62). Further, 29.1% of the respondents had primary level of education, while 69.9% had secondary level of education and above. Mothers with secondary and tertiary level of education complied more to breastfeeding practices as compared to those with primary level of education. Level of education did not significantly influence breastfeeding practices of the respondents (χ^2 (1, n=182) =0.23, df=1, p=0.63, OR=0.83). Most of the respondents i.e. 54.9% were not employed, while 45.1% were either employed or self-employed. Those who were not employed complied more to breastfeeding practices as compared to those who were employed. Employment statuses did not influence breastfeeding practices of the respondents (χ^2 (1, n=182) =0.78, df=1, p=0.38, OR=0.73). Concerning religion, 26.4% of the respondents were Catholics 73.6% were non-Catholics. Non Catholics complied more with breastfeeding practices as compared to Catholics. Religions did not significantly influence breastfeeding practices of the respondents (χ^2 (1, n=182) =2.32, df=1, p=0.13, OR=0.5). Majority i.e. 50.5% of the respondents were aged 20-26 years, 71.4% were married and the majority ethnic group was Luo with 62.1%. Most infants i.e. 53.8% were aged above six months and as for gender, male infants constituted 52.2%. Most infants i.e. 38.5% were the first born in their families. As for socio-demographic characteristics, 69.2% were urban dwellers, 89% delivered their babies in a health facility, 47.8% had at least secondary level of education, 54.9% were not employed, and 71.3% were protestants/Adventists/other religions. Residence did not significantly influence breastfeeding practice (χ^2 (1, n=182) =0.61, df=1, p=0.43, OR=0.73) and neither did the other socio-demographic characteristics (p=>0.05). This finding is significantly different to a study done by Motee, Ramasawmy & Gunsam et.al (2013), which revealed that only 17.9% of the mothers practiced breastfeeding up to 2 years. During the survey, the mothers stated that they introduced other liquids like water at around 2 months. Barriers to breastfeeding practice included employment at 27.3% followed by milk insufficiency at 22.6%. This study is significantly different with Kenya National Bureau of Statistics (2010), whereby mothers with primary level of education breastfed longer than those who had tertiary level, because they had more time with their babies and enjoyed the practice of breastfeeding.

This study is significantly different with studies that were done by Nyanga et al., (2012) & Tan, (2011), which stated that working mothers are affected by early introduction of other feeds because of work demands, not being able to multi task and lack of maternity leave especially women working in the private sector.

Influence of cultural factors on breastfeeding practice among respondents

Socio-cultural issues on breastfeeding touched on diverse views concerning *when a mother is not supposed to breastfeed, effects of sexual intercourse on lactation* and *nutrition for male infants*.

a) When to avoid breastfeeding

Some respondents believed that:

1st person, a mother should not breastfeed if she is involved in a fight with another woman".

2nd person, a mother should not breastfeed after attending a burial ceremony".

3rd person, a mother should not breastfeed if she is three months pregnant and above.

4th person, if a mother has to breastfeed under these circumstances, the baby must be given a special herb and be washed before breastfeeding. Failure to this, the baby may end up being underweight due to a bad omen.

b) Sexual immorality and breastfeeding

Some respondents believed that:

1st person, during lactation, women are not supposed to engage in sexual immorality as this interferes with infant growth. The infant may fall sick and eventually die and therefore mothers must first take a thorough bath before breastfeeding.

c) Gender and breastfeeding

It was also believed that:

1st person, male babies should be introduced to supplementary feeds after two months, but the reasons behind this were not specified.

However, the respondents had different opinions of whether culture influences breastfeeding or not.

Table 4: Thoughts of culture towards breastfeeding

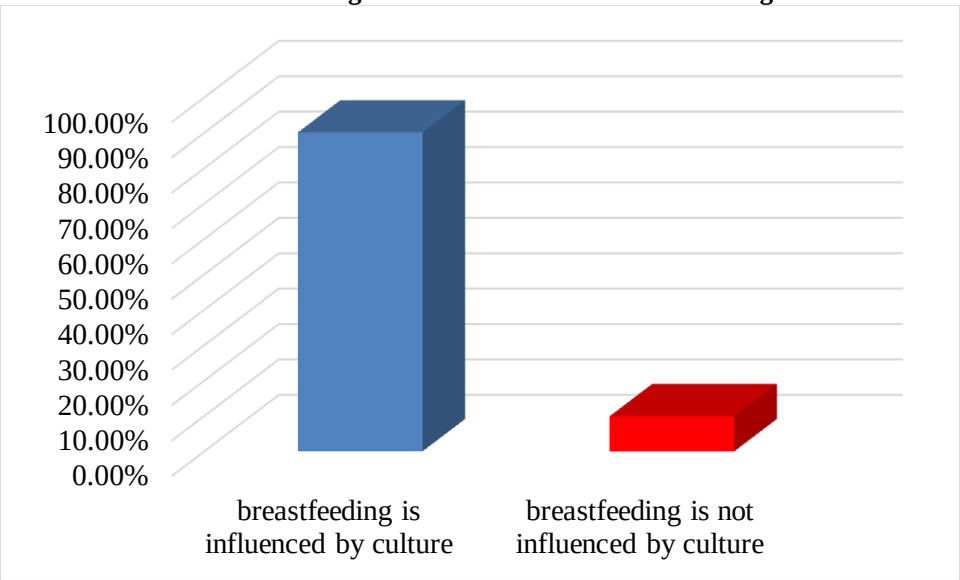

Figure above shows that majority of the respondents i.e. 90.1% thought that breastfeeding practice was influenced by culture while 9.9% thought otherwise.

Table 5: Association between culture and breastfeeding practice

Is the practice of breastfeeding influenced by your culture? * Breastfeeding compliance status Cross tabulation

Count

		Breastfeeding compliance status		Total
		Compliance	Non-compliance	
Is the practice of breastfeeding influenced by your culture?	yes	15	3	18
	no	128	36	164
Total		143	39	182

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	.269[a]	1	.604		
Continuity Correction[b]	.047	1	.829		
Likelihood Ratio	.284	1	.594		
Fisher's Exact Test				.768	.433
Linear-by-Linear Association	.268	1	.605		
N of Valid Cases	182				

a. 1 cells (25.0%) have expected count less than 5. The minimum expected count is 3.86.

b. Computed only for a 2x2 table

Risk Estimate

	Value	95% Confidence Interval	
		Lower	Upper
Odds Ratio for Is the practice of breastfeeding influenced by your culture? (yes / no)	1.406	.386	5.127
For cohort Breastfeeding practice = Compliant	1.068	.855	1.333
For cohort Breastfeeding practice = Non-compliant	.759	.260	2.219
N of Valid Cases	182		

Chi squared tests revealed no statistically significant relationship between culture and breastfeeding practice (χ^2 (1, n=182) =0.27, df=1, p=0.61, OR=1.41) Culture was also correlated with socio-demographic factors which did not reveal any statistically significant association as shown in the table below.

Table 6: Association between socio-demographic factors and culture in relation to breastfeeding practice

Socio-demographic factor	Is the practice of breastfeeding affected by your culture?		X^2	P value	Df	Odds ratio
Residence	Yes	No				
Urban -69.2%	10.3%	89.7%	0.084	0.772**	1	1.17
Rural -30.8%	8.9%	91.1%				
Place of delivery						
Health facility-89%	10.5%	89.5%				2.23
Other place-11%	5%	95%	0.603	0.437**	1	
Education level						
Primary & below-29.1%	12.7%	87.3%				1.54
Secondary & above-69.9%	8.7%	91.3%	0.712	0.399**	1	
Employment status						
Employed/self-employed-45.1%	12.2%	87.8%	0.89	0.346**	1	1.59
Not employed-54.9%	8%	92%				
Religion						
Catholic-26.4%	8.3%	91.7%	0.177	0.674**	1	**0.779**
Non-catholic-73.6%	10.4%	89.6%				

** Insignificant at 95% confidence level

As for cultural factors, 90.1% thought that breastfeeding was influenced by culture. Respondents reported myths that touched on when a mother should avoid breastfeeding. Which was if a mother was engaged in a fight, mother recently attended a burial ceremony and if a mother was pregnant for three months or more. Under these circumstances, it was believed that the baby must be given a special herb and washed. Further, if a mother engaged in sexual immorality, she must bath before breastfeeding the baby and that all male infants must be introduced to supplementary feeds after two months. Chi squared tests revealed no statistically significant relationship between culture and breastfeeding practice (χ^2 (1, n=182) =0.27, df=1, p=0.61, OR=1.41) A mother should not breastfeed in public, as the baby will be bewitched. This is significantly the same with Murage (2015), whereby his study found out that there was fear of witchcraft when breastfeeding in public.The findings are significantly the same with Murage (2015) study, which stated that it was a bad omen to breastfeed while practicing extra marital intimacy. A study done in Eastern Uganda also showed the same findings as early introduction of other foods to a male baby was done. As it was believed that breast milk alone was not enough for the baby, (Engebresten, 2010). The findings are the same with a study done in West and Central Africa which showed that there was an increase in the prevalence of breastfeeding in developing countries from 12% in 1995 to 28% in 2010, this was because of change in culture, (Cai, Wardlaw & Brown, 2012).

Influence of health facility related factors on breastfeeding practice

The health facility related factors in this study included accessibility to hospital and whether respondents got any breastfeeding information/ health education from the health care workers.

Health education and breastfeeding practice

Table 7: Source of breastfeeding information

Source of breastfeeding information	Frequency (n)	Percentage (%)
Health facility	119	65.4
Family	50	28.5
Friends	13	7.1
Total	**182**	**100**

Table above shows that, 65.4% of the respondents acquired breastfeeding knowledge from health facility, 38.5% from family and 7.1% acquired from friends.

Table 8: Association between health facility-related factors and breastfeeding

Health facility factor	Breastfeeding practice mean score	X^2	df	P	OR
Easy access to hospital					
No -19.8%	94%				
Yes -80.2%	93%	0.11	1	0.75**	**1.16**
Source of breastfeeding information					
Health facility-65.4%	94%				
Other sources-34.6%	93%	0.01	1	0.91**	1.04

** Insignificant at 95% level of confidence.

Table above shows that majority of the respondents i.e. 80.2% found the health facility to be accessible while, 19.8% found it not to be accessible. Accessibility to hospital did not influence breastfeeding practices of the respondents (χ^2 (1, n=182) =0.11, df=1, p=0.75, OR=1.16) Most of the respondents i.e. 65.4% acquired breastfeeding knowledge from health facility, while 34.6% acquired the knowledge from other sources. Source

of breastfeeding information did not significantly influence breastfeeding practice (χ^2 (1, n=182) =0.012, df=1, p=0.914, OR=1.04) As for health facility related factors, 65.4% acquired breastfeeding information from health facilities and in terms of facility accessibility, 80.2% found it to be accessible while, 19.8% had challenges to access the health facility. Accessibility to hospital did not influence breastfeeding practices of the respondents (χ^2 (1, n=182) =0.11, df=1, p=0.75, OR=1.16) Majority of the participants thus, 65.4% of the respondents acquired breastfeeding knowledge from health facility, 12.1% from home, 15.4% from family, while 7.1% acquired from friends. Source of breastfeeding information did not influence breastfeeding practice (χ^2 (1, n=182) =0.012, df=1, p=0.914, OR=1.04) and neither did common means of transport to hospital thus accessibility (χ^2 (1, n=182) =0.11, df=1, p=0.75, OR=1.16). The results are significantly the same to K. Jepkosgei (2010), majority of the mothers had no problem accessing the facility while some reported not to have and some to have had problems accessing the health facility. As those who found the health facility to be far were 19.7% and those who lacked transport and lacked money for antenatal services were 6.9% and 3.7% respectively. The findings are the same with Matsuyama et al, (2013).Their study stated that major source of breastfeeding information was healthcare workers (78%) at the health centers. This is significantly different with L.J Abdumalek (2018), who found out that 39% of the mothers received their information about breastfeeding from friends and relatives, while 22% had no information. Hospitals and health centers were less informative at (15%).

IV. Discussion

The overall questionnaire response rate was 100%. Concerning breastfeeding practices, 97.8% breastfed or were breastfeeding the infants. The mean compliance score with breastfeeding commencement time, exclusive breastfeeding duration, breastfeeding on demand and continuation with breastfeeding after weaning was 93.5% with as standard deviation of 16.8. Majority i.e. 78.6% complied with WHO and UNICEF breastfeeding guidelines. Majority of the respondents i.e. 87.4% reported to enjoy breastfeeding and despite some (12.3%) of the respondents not enjoying breastfeeding, the study revealed that all the respondents i.e. 100% of those who enjoyed breastfeeding would recommend breastfeeding to other mothers.

V. Conclusion

1. There were no socio-demographic factors that significantly affected breastfeeding practices among mothers attending the mother child health clinic in Migori County Referral Hospital
2. Some cultural factors significantly affected breastfeeding practices among mothers attending the mother child health clinic in Migori County Referral Hospital.
3. There were no health facility related factors that significantly influenced breastfeeding practices among mothers attending the mother child health clinic in Migori County Referral Hospital

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