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EXCLUSIVE BREASTFEEDING, COMPLEMENTARY FEEDING AND

NUTRITIONAL STATUS OF INFANTS AGED 0-6 MONTHS IN HURUMA AND

WEST CLINICS IN ELDORET MUNICIPALITY

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ABSTRACT

Infancy is a critical stage in terms of growth and development. Failure to thrive at this stage affects growth and development in the subsequent life stages. For proper growth and development to occur optimal nutrition is required. At this stage, breast milk is the best source of nutrients. Exclusive breastfeeding to 6 months is the recommended way of feeding an infant, failure to do this may have adverse effects on the health of the infant. The aim of this study was to examine exclusive breastfeeding and complementary feeding prevalence and asses nutritional status of infants aged 0-6 months. The specific objectives of the study were to determine: the prevalence of exclusive breastfeeding; the barriers to exclusive breastfeeding; the age for introducing complementary foods; the types and nutrient content of complementary foods given to infants 0-6 months; nutritional status of infants aged 0-6 months and symptoms of disease among complementary fed and exclusively breastfed infants aged 0-6 months in Huruma and West clinics.

The study was cross-sectional and involved 384 mother infant pairs visiting the clinics. Mothers were interviewed on breastfeeding and complementary feeding practices and the anthropometric measurements of the infants taken. The inclusion criteria was maternal parity > 1 and a term infant born at or >37weeks of gestation. Data was analysed quantitatively and qualitatively by use of Epi-Info and SPSS statistical computer packages. Chi-square and ANOVA tests were used to evaluate significant difference.

Exclusive breastfeeding up to 6 months was low (2.3%) compared to complementary feeding (97.7%). Barriers to exclusive breastfeeding included; breast milk unsatisfying to the baby (63.7%), mother's perception of insufficient breast milk production (12.1%), mother resumes work (5.3%) and to improve nutritional status of infant (4.7%). The median and mean age for introducing complementary foods was 2.4 and 2 months respectively. At or before 2 months infants were introduced to foods such as water-based liquids (9.7%), milk (13.9%) and semi solid foods (76.4%), and at 6 months these infants were fed on milk (3.7%) and semi solid foods (96.3%). The mean energy intake at 2 and 6 months was 52.5% and 80% respectively of the total energy required. At 6 months consumption of vitamin A and iron was (43%) and (66%) and these were inadequate for the infants. Nutritional status of exclusively breastfed and complementary fed infants differed significantly (P<0.05). Stunting, wasting and underweight were 7.8%, 3.6% and 5.7% respectively among complementary fed group, whereas malnutrition levels among exclusive breastfed group were 1.4% (Stunting) and 0.7% (underweight). Majority of the infants on complementary feeding (46.7%) had symptoms of disease compared to exclusively breastfed infants (10.7%).

In conclusion, exclusive breastfeeding up to 6 months was low. This study recommends that the government and the non-governmental organization should put more emphasis in implementing the existing policy on exclusive breast-feeding to 6 months and encourage breastfeeding mothers to establish mother-to-mother breastfeeding support groups. This study if adopted will provide information that is important in devising strategies to increase exclusive breastfeeding to 6 months in the community and the country at large.