

Understanding Breast-Feeding Behavior of Mothers Using a Developed Culture Specific Tool Grounded in the Theory of Planned Behavior in Western Kenya

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Abstract: This study was set up to understand breast-feeding behavior of mothers using a developed culture-specific tool grounded in the Theory of Planned Behavior (TPB) in western Kenya. The methods used in the study were Mixed Methods Approaches, in-depth interviews and FGDs. About 230 breast-feeding mothers (18-40 years) attending Baby Friendly Hospital Initiatives were randomly selected for participation in the study. Data analysis was done using Factor analysis, Principle Component Analysis with Varimax rotation. The averages of intention, perceived behavioral control-2 and subjective norm communalities were 0.76, 0.82 and 0.78, respectively. A unit increase in maternal attitude and in perceived behavioral control resulted in a 4.93 units decrease of breast-feeding intention on early initiation of breast-feeding within the first hour of birth ($p = 0.0296$) and a 36.44 unit's decrease breast-feeding intention on initiation of breast-feeding within the first hour of birth ($p = 0.0151$), respectively. These results supported content and construct validity and the tool was useful in measuring factors influencing breast-feeding behaviour.

Key words: Theory of Planned Behaviour, breast-feeding Behavior, reliability, validity, psychosocial factors, Kenya

INTRODUCTION

Exclusive breast-feeding is feeding an infant with breast milk only for the first six months of life while complementary breast-feeding is one where the mother continues to breast-feed as a supplement to increasing amounts of solid food for at least the first two years of life. Although breast-feeding has health benefits for both mother and child, there are multifactorial barriers (sore nipples, mother's perception, societal barriers, low social-familial supports (Thurman and Allen, 2008) and socio-cultural factors that could influence breast-feeding behaviors. Other factors that influence breast-feeding include type of delivery, parity, alcohol consumption, occupation, education (Motee *et al.*, 2013). Socio-cultural factors vary from one community to another and affect mother's intention to breast-feed, duration of breast-feeding and attitude to breast-feed. A mother's decision to practice optimal breast-feeding is determined by a combination of psychosocial factors that include attitude, subjective norm and perceived behavioral control which need to be identified and assessed (Ajzen, 1991) and is guided not only by the mother's own underlying attitudes, skills, abilities and beliefs but also by perception of what other people think (Swanson and Power, 2005). However, there are many cultural and practical obstacles to the practice of exclusive breast-feeding (Nwankwo and Brieger, 2002) that require specific consideration in research. For example, the creation of unsupportive working environment that demands mothers to return to

work where there are no provision of lactation rooms and breast pumping breaks is an impediment to breast-feeding (Chun *et al.*, 2006; Lakati *et al.*, 2002).

In Kenya, most studies have been conducted to explore socio-demographic factors that influence breast-feeding behavior (Naanyu, 2008; Gray, 2005; Elliot *et al.*, 1985). However few studies have explored psychosocial factors influencing breast-feeding behavior and especially based on a theoretical framework (Lakati *et al.*, 2002), to develop a tool to measure breast-feeding behavior in an African context. Many tools have been developed and used to assess breast-feeding behavior (Nduati *et al.*, 2000; Dennis and Faux, 1999) in many different socio-cultural settings using pre and post-partum mothers and based on some of the concepts of the Theory of Planned Behaviour. These concepts were tested using a culture specific tool to assess the breast-feeding behaviors in setting in western Kenya.

MATERIALS AND METHODS

Research design and study setting: About 230 breast-feeding mothers (18-40 years old) with a baby aged between 0-12 months attending Baby Friendly Hospital Initiatives (Janke, 1992) in western Kenya were randomly selected for the purpose of the study. A systematic random sampling technique was employed to select eight participants for each of the three focus group discussions from a group of non-breast-feeding mothers, breast-feeding mothers with more than one