EFFECTS OF STRUCTURED NUTRITION EDUCATION ON MATERNAL BREASTFEEDING SELF EFFICACY, PERCEPTIONS AND EXCLUSIVE BREASTFEEDING DURATION IN KIANDUTU, THIKA-KENYA

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ABSTRACT

Despite the fact that the overall benefits of exclusive breastfeeding (EBF) for the first half of infancy have well been established, especially for mother-infant pairs in low social economic status, the rates are low in Kenya. The study aimed at evaluating the effects of structured nutrition education on maternal breastfeeding self-efficacy, perceptions and EBF duration. A cluster randomized controlled intervention was carried out. The intervention included education sessions with the nutritionist at the health centre, monthly home visits by the community health workers (CHWs) plus the usual care at the Maternal Child Health (MCH) clinic. The intervention utilized the national manual on maternal infant and young child nutrition (MIYCN) and emphasized conditions infants were susceptible to with early complementary feeding, simple messages on the importance of positive attitude and making a decision to EBF, as the best choice for mothers, breastfeeding within the first hour of delivery; dietary diversity and importance of proper attachment. Monthly home visits were made by CHWs postpartum to encourage mothers to EBF and answer mothers' questions. Anthropometric and feeding data for the infants was collected at 6, 10, 14 and 24 weeks. Maternal anthropometric measurements (weight and height), and breastfeeding perceptions were collected at recruitment (28 weeks) at 38 weeks and 14 weeks postpartum while the feeding data was collected monthly. The primary outcome, duration of EBF for mothers in the intervention (n=256) compared to those in the comparison group (n=176) was examined. Secondary outcomes of the study (breastfeeding self-efficacy, and perceptions) were analysed in relation to involvement in the structured nutrition educational intervention or not. Analysis was done on intention to treat basis. A statistical significance difference was found between the two groups in regarding to EBF duration at 24 weeks log rank= 20.277, (1, n=314) $p <$ 0.001. Intervention group (45.3%) compared to the comparison group (15.0%). The end line (p=0.001) maternal breastfeeding self-efficacy positively predicted EBF duration. Out of the four perceptions, only perceptions on barriers to EBF at end-line (p<0.05) positively predicted the outcome variable. Bivariate analysis yielded two socio-economic significant predictive variables of EBF duration, education level of mothers; (OR 4.75, 95% CI 1.58-14.30, p=0.006) and household food security (OR 0.03, 95% CI 0.01-0.09 p=0.001). Being in the intervention group, increased the likelihood of having higher BSE (Log odds 1.41, 95% CI 0.08-2.75) and EBF duration (Log odds 10.32, 95% CI 4.26-16.39) Structured nutrition education should be implemented to ensure mothers gain confidence and are able to deal with barriers associated with EBF for the first six months.

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