

Challenges Faced by Breastfeeding Mothers in Kenya and Lessons Learnt

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Abstract

This article aims to explore the challenges faced by Kenyan mothers in breastfeeding and provide valuable lessons for fathers and other stakeholders. By understanding the unique circumstances and preferences of Kenyan mothers, we can promote effective co-parenting and support systems. The purpose of this study is to investigate the challenges and needs of Kenyan mothers in breastfeeding and provide guidance for fathers, healthcare providers, policymakers, and other stakeholders in supporting breastfeeding in Kenya. Based on existing literature sourced from PUBMED and Google Scholar, relevant papers were reviewed. Cultural, socioeconomic and maternal well-being breastfeeding challenges were synthesized and presented. The major factors influencing WHO breastfeeding recommendations in Kenya are socioeconomic factors and cultural factors. Integrated promotion and intervention strategies that aim at achieving optimal breastfeeding recommendations and practices in the country are needed. Kenyan women need support from the fathers of the babies, healthcare workers, the community, and relevant policymakers. Fathers need to be educated more on breastfeeding in order to support mothers, and access to lactation support needs to be improved at healthcare facilities and at workplaces.

Keywords: Kenyan mothers, exclusive breastfeeding, fathers, co-parenting, culture, lactation support, policy

Introduction

Breastfeeding is a fundamental aspect of newborn care and maternal health and has significant implications for child development, family dynamics, and public health. M'Liria et al. (2020) health, development and survival of infants. Exclusive breastfeeding (EBF), citing other studies, explain some of the benefits of breastfeeding, such as nutrients needed for infant development, weight gain, metabolism, and immune development. Studies by Brown and Davies (2014), Horta et al. (2018), and Victora et al. (2016) also showed that

children who were breastfed for part of their childhood exhibited higher average results on cognitive tests, even after adjusting for environmental variables. Mothers who breastfeed have a lower risk of diabetes mellitus, hypertension, and breast and ovarian cancers (CDC, 2023). Promoting breastfeeding in Kenya directly and significantly affects maternal and child health. Mothers and infants benefit in many ways when breastfeeding is successfully initiated and maintained. Breast milk provides essential nutrients, antibodies, and enzymes that protect infants against infections and diseases.

Exclusive breastfeeding for the first six months of life can significantly reduce the risk of diarrhea and respiratory infections in infants, helping to reduce infant mortality (Chonmaitree et al., 2016) LRI. Although breastfeeding is a global practice, mothers' experiences, desires, and needs vary significantly across cultural contexts.

Breastfeeding is not only a biological act, but also a deeply cultural and social act. It is influenced by social norms, traditional practices, maternal health and family dynamics. Understanding Kenyan mothers' challenges, desires, and needs in the context of breastfeeding is essential for promoting maternal and child health, supporting co-parenting relationships, and providing information about public health interventions. In this introduction, the background, problem, and purpose of the study are presented. Breastfeeding in Kenya is a multifaceted phenomenon that combines tradition, culture and modern healthcare practices. Kenya's context is unique, shaped by its diversity of ethnic groups, urban-rural divide, and economic disparities.

Additionally, global health initiatives influence breastfeeding practices in Kenya, leading to a complex interaction between traditional and contemporary perspectives. The World Health Organization (WHO) is at the forefront of locally driven global initiatives that provide guidance on optimal breastfeeding for infants. Beyond politics, it is important to understand their challenges and needs to support Kenyan mothers effectively

in their breastfeeding journey and to improve co-parenting dynamics.

The problem addressed in this article is a lack of understanding of breastfeeding mothers' challenges and what they want in terms of support. Despite the many benefits of breastfeeding, Kenya faces challenges in achieving optimal breastfeeding rates, with significant gaps between the recommended practices and desired outcomes. According to the Kenya Demographic and Health Survey (KDHS), 84.1% of mothers breastfed their infants for the first month, which decreased to 42% by the fourth month (KDHS, 2015). Second, the role of fathers in supporting breastfeeding mothers remains under-researched in the Kenyan context. To address these challenges and gaps, this study aimed to determine what Kenyan mothers want in terms of breastfeeding support and to draw lessons for fathers of breastfeeding children and other stakeholders.

The purpose of this manuscript is to synthesize the current cultural and literary knowledge to provide a comprehensive understanding of the experiences and needs of Kenyan mothers when breastfeeding. This study aimed to provide valuable guidance for fathers, healthcare providers, policymakers, and anyone involved in supporting mothers' breastfeeding in Kenya.

Cultural Perspectives on Breastfeeding in Kenya

Breastfeeding in Kenya is not a simple biological act, but is deeply connected to the country's cultural diversity. Cultural perspectives on breastfeeding play a central role in shaping mothers' perceptions, decisions, and experiences regarding this fundamental aspect of infant care. This article discusses the complex and multifaceted cultural aspects influencing breastfeeding practices in Kenya. It also explores the importance of different ethnic groups, traditional rituals, and beliefs related to breastfeeding and considers the impact of globalization and urbanization on these cultural practices.

Kenya is famous for its rich cultural and religious diversity, with more than 40 distinct ethnic groups and unique customs, languages, and traditions. (Balaton-Chrimes, 2021). Cultural and religious diversity are important factors that influence breastfeeding practices. Different ethnic communities have their own rituals, taboos, and beliefs regarding childbirth and newborn care. For example, Wanjohi et al. (2016) found that among the Luo community in western Kenya, breastfeeding is highly valued and often seen as a symbol of a mother's love and commitment to her child. Luo mothers pride themselves in exclusively breastfeeding their children for the first six months of life because it is believed that this will pass on physical strength and intelligence to the child (Wanjohi et al., 2016).

In Islam, breastfeeding is also considered a command rather than a

concept, with verse 2 of the Quran:233 stipulates that "Mothers must breastfeed their children for a full two years..." and also mentions that parents can decide for themselves how to wean their children by mutual agreement (Assad et al., 2013). Similar religious recommendations were found during discussions with Muslim mothers in Kenya's Korogocho slum areas. The Muslim mothers and Muslim religious leaders in the community equated breastfeeding to sharing an individual's wealth with their children, recommending at least two years of breastfeeding. (Wanjohi et al., 2016).

Traditional beliefs and practices related to breastfeeding are ingrained in many Kenyan communities. These beliefs often govern the timing, duration, and methods of breastfeeding. For example, in the Kikuyu community, it is customary for newborns to be breastfed within the first hour of life, as this is believed to provide the essential colostrum that helps protect the baby from disease. (Wanjohi et al., 2016). Recognizing and respecting these cultural differences is essential as they influence how mothers view breastfeeding and the practices they adopt. Additionally, healthcare providers and policymakers should consider cultural diversity when promoting breastfeeding.

Cultural competency involves recognizing that breastfeeding is not a universal practice and that the values and traditions of each ethnic group must be respected. It also involves providing advice and guidance that is culturally appropriate and consistent with modern healthcare recommendations.

Additionally, community interventions involving local leaders, elders, and traditional birth attendants can effectively promote breastfeeding in the context of cultural practices. These interventions should emphasize the importance of exclusive breastfeeding for the first six months and continued breastfeeding with appropriate complementary foods.

The taboos surrounding breastfeeding can also influence maternal behavior. In some communities, mothers are advised to avoid certain foods or behaviors while breastfeeding to prevent harm to their infants. These traditional beliefs and practices have a significant impact on how Kenyan mothers approach breastfeeding and seek support and guidance from their communities and elders. The role of traditional birth attendants, who often have a deep understanding of local customs, is important in guiding mothers in this cultural practice (Wanjohi et al., 2016). However, it is essential to ensure that these practices are safe and consistent with modern healthcare recommendations to prevent potential harm to mothers and infants.

Like many African countries, Kenya is undergoing rapid urbanization and globalization. These transformational processes influence cultural attitudes toward breastfeeding. Urbanization has led to changes in lifestyle, employment patterns, and access to healthcare, all of which can affect breastfeeding practices. In urban areas, working mothers may have difficulty maintaining exclusive breastfeeding due to work demands and limited access to breastfeeding

(M'Liria et al., 2020) health, development and survival of infants. Exclusive breastfeeding (EBF). Additionally, the influence of Western culture, especially the promotion of artificial breastfeeding, has led to the abandonment of exclusive breastfeeding in urban settings.

On the other hand, globalization also brings positive changes. It facilitates the exchange of knowledge and information about the benefits of breastfeeding, leading to increased awareness among urban mothers about the importance of breastfeeding for their health, infant health, and development (Pérez-Escamilla, 2020). It is important that health systems and employers support working mothers in responding to changing cultural attitudes about breastfeeding in urban areas. This support may include workplace lactation rooms, flexible work hours, and training regarding the benefits of breastfeeding. Lactation support programs are favored by employers when they are evidence-based and cost effective. Lack of support can reduce productivity output for working mothers; hence, it is necessary to provide support at the workplace (Kubuga & Tindana, 2023; Vilar-Compte et al., 2021).

Maternal Health, Well-Being, and Lactation Support

Breastfeeding has short- and long-term physical effects on maternal health. Tucker and O'Malley (2022) in their study noted that breastfeeding mothers tend to have lower obesity rates, thereby reducing the risk of hypertension and cardiovascular disease. Their research also highlights

the strong correlation between lactation and cortisol release, which contributes to the postpartum stress response and reduced adrenocorticotropic hormone (ACTH) levels associated with anxiety and depression. Breastfeeding mothers experience many physical changes during the immediate postpartum period, including uterine contractions, that aid postpartum recovery. These contractions help reduce postpartum bleeding and promote the uterus to return to its pre-pregnancy size, thereby contributing to maternal health. In addition, breastfeeding triggers the release of oxytocin, a hormone that promotes bonding between the mother and baby. This hormone also facilitates uterine contractions and reduces stress levels, thereby contributing to mothers' psychological well-being.

However, breastfeeding can also be physically demanding for Kenyan mothers. Health problems related to breastfeeding, such as mastitis (inflammation of breast tissue) and engorgement, may occur (Wanjohi et al., 2016). These conditions can be painful, and if left untreated, can lead to complications that damage the mother's health. Additionally, the nutritional needs of breastfeeding require mothers to maintain a healthy diet and to ensure adequate fluid intake. Failure to do so can lead to maternal malnutrition and fatigue, thereby affecting overall health (Tucker & O'Malley, 2022). Therefore, it is essential to recognize that breastfeeding is a dynamic process that can affect the physical health of Kenyan mothers, who require appropriate support and care.

Breastfeeding has profound psychological significance for mothers. Breastfeeding promotes emotional bonding between the mother and the child, contributing to the mother's well-being. It promotes feelings of attachment, contentment, and fulfillment, which are essential for mothers' psychological health. Additionally, breastfeeding releases endorphins, known as "feel good" hormones, which help reduce stress and anxiety that is common in postpartum mothers (Tucker & O'Malley, 2022).

However, it is important to realize that not all mothers have the same psychological experiences while breastfeeding. Some Kenyan mothers may face psychological problems such as postpartum depression or anxiety, which can affect their ability to breastfeed and their overall health. These mental health issues require timely attention and support to ensure that mothers continue to provide optimal care for their children.

Kenyan mothers face several challenges related to breastfeeding and maternal health. A significant challenge is the lack of access to health services, especially in rural areas (Kimani-Murage et al. 2021). Limited access to medical facilities can prevent mothers from receiving timely medical care when experiencing breastfeeding problems or postpartum complications, thereby harming their health. Additionally, many Kenyan mothers face socioeconomic challenges such as poverty and food insecurity, which can hinder their ability to maintain a nutritious diet while breastfeeding (Kimani-Murage et al.,

2021). Inadequate nutrition can lead to maternal malnutrition, exhaustion, and weakened immunity, thereby affecting maternal and child health.

Another common challenge is the need for support and education on breastfeeding techniques. Many mothers, especially first-time mothers, may lack knowledge about proper breastfeeding positions, latching techniques, and the importance of exclusive breastfeeding for the first six months. (Dinga et al., 2018b). Inadequate support and education can lead to difficulties in successful breastfeeding, which can take an emotional toll on the mothers. Recognizing the importance of maternal health and well-being in the context of breastfeeding, various support systems exist to help Kenyan mothers overcome challenges and enjoy breastfeeding. These support systems include health services, community initiatives and family networks.

Kenya's healthcare facilities and professionals are vital in supporting breastfeeding mothers. Prenatal and postpartum clinics offer advice on breastfeeding techniques, provide information on maternal nutrition, and address concerns regarding breastfeeding (Wanjohi et al., 2016). Additionally, healthcare providers can identify and treat postpartum mental health issues, ensuring that mothers receive the treatment and support they need. Community organizations and initiatives are essential for promoting maternal health and breastfeeding.

Family support is invaluable for breastfeeding mothers. Family members,

including grandmothers, aunts, and spouses, can provide emotional support, help with housework, and advice on traditional breastfeeding practices. These family networks create a stimulating environment that promotes maternal well-being. Overall, Wainaina et al. (2018) found that women in Nairobi expressed inadequate social, healthcare and workplace support regarding lactation education and preferred to get information from online sites, not healthcare professionals.

Socioeconomic Factors and Breastfeeding

Socioeconomic factors also play an important role in breastfeeding habits. Economic status is the primary determinant of breastfeeding in Kenya. Mothers from different socioeconomic backgrounds face unique breastfeeding challenges and opportunities. Wanjohi et al. (2016) examined sociocultural factors influencing breastfeeding practices in two slums in Kenya. They acknowledge that interventions such as peer education and postpartum therapy may help improve the rates. Although breastfeeding is often considered a cost-effective nutritional method for infants, the socioeconomic circumstances of Kenyan mothers may affect their ability to exclusively breastfeed their infants for the recommended time.

Kimani-Murage et al. (2021) noted several socioeconomic factors that may influence breastfeeding rates or contribute to suboptimal feeding practices, including the mother's education level, family

planning, spousal support, income and place of residence like the slums. Low-income mothers may face financial constraints that limit access to the nutritious foods needed to maintain milk production and the health of the mother and baby (Wanjohi et al., 2016). These mothers may struggle to obtain a varied diet that meets their nutritional needs while breastfeeding. As a result, the baby may be more susceptible to malnutrition and the mother may be exhausted, which compromises successful breastfeeding.

In Nakuru County, Webb-Girard et al. (2012) found that food insecurity was linked to poorer breastfeeding outcomes because the mother perceives her milk supply as insufficient and is physically unable to breastfeed her baby. Her study in Nakuru documented findings from 148 HIV-positive breastfeeding women, 21% of whom self-identified as the heads of their households and therefore also lacked paternal support, and 77% of them lived with moderate or severe food insecurity.

In Kenya, 64% of women aged ≥ 15 years are in the workforce, mainly in the agricultural sector (World Bank, 2019). The type of employment or income-generating activity in which a mother engages also affects breastfeeding rates. (Ickes et al., 2021). A study in Naivasha reported that mothers began mixed feeding at about the 3-month in preparation for return to work. They cited challenges such as the inability to commute home to breastfeed the baby and long hours of work for those engaged in casual labor jobs. Those in formal employment faced similar hurdles and lacked private spaces

at work in which to express breast milk, with some resorting to expressing in unsanitary washrooms and even in their vehicles(Njeri, 2015)

In contrast, mothers with higher economic status often have better access to resources such as maternity leave, breastfeeding-friendly workplaces, and breastfeeding consultants (Pérez-Escamilla, 2020). Interestingly, Wainaina et al. (2018) found that increased socioeconomic class (SES) reduced exclusive breastfeeding rates in Kenya. Mothers can afford to buy formula as an alternative to breastfeeding, which, although not recommended by medical professionals, seems more practical for working mothers to enjoy economic freedom.

Education plays a central role in the breastfeeding decisions and practices of Kenyan mothers. Mothers with higher education levels are more likely to initiate and maintain breastfeeding (Dinga et al., 2018). They tend to have better access to accurate information about breastfeeding benefits, allowing them to make informed choices. Education level also affects mothers' ability to adapt to the recommended breastfeeding practices. Well-educated mothers are more likely to understand the importance of exclusive breastfeeding for the first six months of their baby's life. Based on the advice of medical experts, they are better equipped to overcome difficult feeding or low milk supply.

Conversely, mothers with less education may be less knowledgeable about the benefits of breastfeeding,

leading to misconceptions or false beliefs that may discourage them from breastfeeding. Closing the education gap is essential to ensure that all mothers can access accurate information and make informed breastfeeding decisions.

Father's Role in Breastfeeding Support

Fathers play an important role in supporting breastfeeding mothers; however, their involvement is often overlooked. Mwamba (2019) assessed breastfeeding knowledge among Congolese men and found that most did not have enough knowledge to support mothers effectively. Kenyan society has traditionally assigned separate roles to men and women, with the primary responsibility for childcare and breastfeeding placed on mothers. Citing previous research, Dinga et al. (2018) noted that a mother's decision to initiate and continue breastfeeding is strongly linked to the father's support and influence. However, some cultural norms may prevent fathers from being actively involved in supporting breastfeeding, because they may view it as the sole responsibility of the mother. Many fathers are not fully aware of the benefits of breastfeeding and the practical ways in which they can provide support. This lack of understanding can hinder the provision of meaningful help to breastfeeding mothers. In many households in Kenya, fathers are often the main earners and may have to work long hours and travel long distances. These limitations may limit their ability to support breastfeeding or engage in co-parenting activities

(Dinga et al., 2018b). Some fathers may face opposition or ridicule from friends or family members if they publicly support breastfeeding. This social pressure may prevent them from participating in the breastfeeding process.

Fathers can provide crucial emotional support to breastfeeding mothers. They can offer encouragement, comfort, and sympathy during difficult times. A positive nurturing environment is essential for mothers to feel confident and comfortable while breastfeeding. Fathers can actively participate in other aspects of newborn care, such as changing diapers, bathing, and putting the baby to sleep. (Dinga et al., 2018a). They can also care for older siblings and promptly ensure that basic needs are met. This allows mothers to rest and recover, thus making breastfeeding easier.

Fathers can seek information about the benefits and techniques of breastfeeding. By educating themselves, they can offer practical advice and support to mothers. Attending prenatal and postpartum classes together can be an excellent way for parents to learn more about breastfeeding (Kimani-Murage et al., 2021). Fathers can advocate breastfeeding in their families and communities. By openly discussing the importance of breastfeeding and its benefits, fathers can help dispel myths and misconceptions that discourage mothers from breastfeeding. Effective co-parenting, in which both parents are actively involved in caregiving responsibilities, can have profound benefits for breastfeeding mothers.

Mothers will be less stressed and less tired when fathers share the burden of care. Reducing stress levels can positively impact milk production and the mother's overall health. Mothers are more likely to breastfeed for extended periods when they receive strong support from their husbands (Dinga et al., 2018b). This increase in time contributes to the health and development of infants. Breastfeeding mothers who feel supported by their partners often report emotional improvement. They are more confident in their parenting abilities and feel more connected to their partners. Effective co-parenting promotes teamwork and cooperation among parents. This can lead to greater relationship satisfaction and stronger bonds between parents, which benefits the overall family dynamics.

Several strategies can be used to encourage fathers to participate actively in breastfeeding support in Kenya. Public health campaigns and community initiatives should educate mothers and fathers about the benefits of breastfeeding and the importance of paternal involvement (Dinga et al., 2018a). These campaigns could target both urban and rural areas to ensure broad coverage. Initiatives must be culturally sensitive, recognizing that cultural norms vary among Kenyan communities. Involving local leaders and traditional authorities can help promote fathers' involvement in breastfeeding support. Healthcare providers should engage fathers in prenatal and postnatal care visits, allowing them to learn about breastfeeding and to ask questions. Fathers should be encouraged to attend

breastfeeding classes with their partners. Employers can support fathers by offering flexible working hours and designated lactation rooms in the workplace. These accommodations allow fathers to spend more time with their partners and infants.

Public Health Interventions and Policy Implications

Promoting breastfeeding in Kenya requires a multifaceted approach involving health policies, public health initiatives, and community support. The breastfeeding policy in Kenya has evolved over the years, guided by international recommendations and the need to improve maternal and child health. The Kenyan government has recognized the importance of breastfeeding, and through the 2017 Health Act, steps have been taken to promote and protect breastfeeding by proposing a refrigerated lactation space at every workplace (Government of Kenya, 2017). Interventions that are likely to improve exclusive breastfeeding duration are improved work schedule flexibility, provision of day-care services, availability of lactation rooms, increased maternity leave duration and improvement of breastfeeding and breastmilk education. (Ickes et al., 2021)

Kenya has a national breastfeeding policy that aims to create a supportive environment for breastfeeding (Wanjohi et al., 2016). This policy outlines strategies to promote breastfeeding, protect breastfeeding mothers' rights, and ensure that health facilities are breastfeeding-friendly. Kenya has also adopted the Baby-Friendly Health Initiative (BFHI),

a global program launched by the World Health Organization (WHO) and UNICEF to provide women with a clinical and comprehensive community to promote exclusive breastfeeding (Kimani-Murage et al., 2021). The BFHI aims to ensure that health facilities provide mothers optimal breastfeeding support. Hospitals and maternity units that meet the BFHI criteria will be accredited. Kenya has implemented the International Marketing Code for Breastmilk Substitutes, which limits the marketing of infant formulas and encourages exclusive breastfeeding for the first six months of life. Despite these policies and initiatives, challenges remain in ensuring that breastfeeding is the norm among Kenyan mothers. One of the key challenges lies in the gap between policy implementation and practice, which requires critical assessment of the current state of breastfeeding promotion in Kenya.

Healthcare providers play a central role in promoting and ensuring successful breastfeeding. They are the main sources of information, first contact after delivery, and crucial support for mothers during prenatal and postnatal care. Women feel that health professionals should offer more sensitive and individualized practical breastfeeding support before and after birth (Blixt et al., 2019). Healthcare providers can encourage immediate skin-to-skin contact between mothers and infants after birth, thereby facilitating breastfeeding initiation (Kimani-Murage et al., 2021). They should help during the first breastfeeding session and provide advice and postpartum

support to mothers, including advice on breastfeeding positions, correcting common breastfeeding problems, and monitoring the development of newborns. This support is essential for the early detection and resolution of problems. Healthcare facilities should actively pursue BFHI accreditation to ensure that they meet the highest standards of breastfeeding support. This initiative emphasizes the importance of creating an environment conducive to breastfeeding in health facilities.

Trained community health workers can educate families about breastfeeding, support breastfeeding mothers, and address common breastfeeding challenges. They bridge the gap between the medical facilities and communities. Community support groups for breastfeeding mothers provide a platform for sharing experiences and receiving emotional support (M' Liria et al., 2020). These groups play an important role in normalizing breastfeeding and providing practical advice. Public awareness campaigns and advocacy efforts can help dispel myths and misconceptions regarding breastfeeding. They also highlight the role of fathers and extended family members in supporting breastfeeding mothers.

It is necessary to ensure that existing breastfeeding policies, such as the National Breastfeeding Policy and the BFHI, are consistently implemented in health facilities in urban and rural areas. Monitoring and evaluation mechanisms should be implemented to assess policy compliance. Healthcare providers

should receive continuing education on breastfeeding support and counseling. Additionally, fathers and other family members should be involved in educational programs to better understand the benefits of breastfeeding and their role in supporting mothers.

Community initiatives must be expanded and supported to include more families. Community health workers can play an important role in raising awareness of breastfeeding and providing support at the local level. Employers should implement breastfeeding-friendly policies such as lactation rooms and flexible work schedules to support breastfeeding mothers returning to work (Perez-Escamilla, 2020). Public awareness campaigns, especially on social media, should be used to challenge the cultural norms that hinder breastfeeding and encourage fathers and families to actively support breastfeeding.

Conclusion

This theoretical article addresses the challenges, desires, and needs of breastfeeding Kenyan mothers, and seeks to understand the role that fathers play. Drawing on cultural knowledge and the existing literature, it was found that the fathers' role is essential, and they need to be informed about the benefits of breastfeeding, their role in providing emotional and practical support, and the importance of a co-parenting relationship. Engaging fathers in breastfeeding education and support programs can promote strong family relationships and contribute to the well-being of both

parents and infants. Healthcare providers should prioritize cultural sensitivity by recognizing and understanding the different cultural norms and beliefs that influence breastfeeding decisions. Contextualizing breastfeeding education materials creates comprehensible and acceptable breastfeeding promotion education. Improving health services through postpartum breastfeeding support includes comprehensive lactation counseling to teach and promote exclusive breastfeeding. Socioeconomic disparities in breastfeeding support can be addressed by ensuring that all Kenyan mothers, regardless of their economic status, have access to the nutritional resources necessary to breastfeed successfully, thus promoting breastfeeding equity. Implementing government and private sector policies that ensure employers provide necessary accommodations for breastfeeding mothers and even fathers at work and creating public spaces where mothers can breastfeed comfortably are needed. Breastfeeding is not a woman-only problem, and more research is needed on how fathers can realistically and practically promote breastfeeding in Kenya. Interventions at workplaces and public spaces that allow women to feel supported during breastfeeding are still sub-par, and there is room for more innovation. Hospitals and healthcare providers could benefit from more training on breastfeeding medicine, with facilitation for recognition of lactation specialists being critical to improving breastfeeding support in healthcare facilities.

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