

**DETEMINANTS OF EXCLUSIVE BREASTFEEDING PRACTICE AMONGST
MOTHERS WITH CHILDREN AGES BELOW SIX MONTHS LIVING IN
DAYAH IDP CAMP MOGADISHU, SOMALIA**

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**A THESIS SUBMITTED IN PARTIAL FULFILLMENT OF THE
REQUIREMENT FOR THE AWARD OF THE DEGREE OF MASTER OF
PUBLIC HEALTH DEGREE IN EPIDEMIOLOGY AND DISEASE CONTROL
OF
MOUNT KENYA UNIVERSITY**

OCTOBER, 2021

DECLARATION

I declare that this thesis is my original work and has not been presented for a degree in any other University or for any other award.

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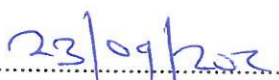
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DEDICATION

This study is wholeheartedly dedicated to my beloved parents my dear mother Daruuro Omar and my dear father Hussein Abdulle, brothers, sisters, relatives, friends and classmates. Thank you for all your support.



ACKNOWLEDGEMENT

First of all I am thankful to Almighty Allah who made me able and gave me the opportunity to do this thesis. Without His numerous blessing it would not have been possible.

I would like to extend my deepest gratitude to my supervisors, special thanks to Professor. Mbaruk Abdalle Suleiman for his valuable comments and patience. Without his support I would have never been succeeded in achieving this milestone. He has not only given feedback but also supported and motivated me for work. I am also grateful to Mount Kenya University for providing an enabling environment for my studies.

I would also like to thank to my friends who motivated me and stood beside me throughout my thesis project.

Last but not least I would like to praise my parents and family members, with whom this thesis project came into reality. May Allah praise our parents.

ABSTRACT

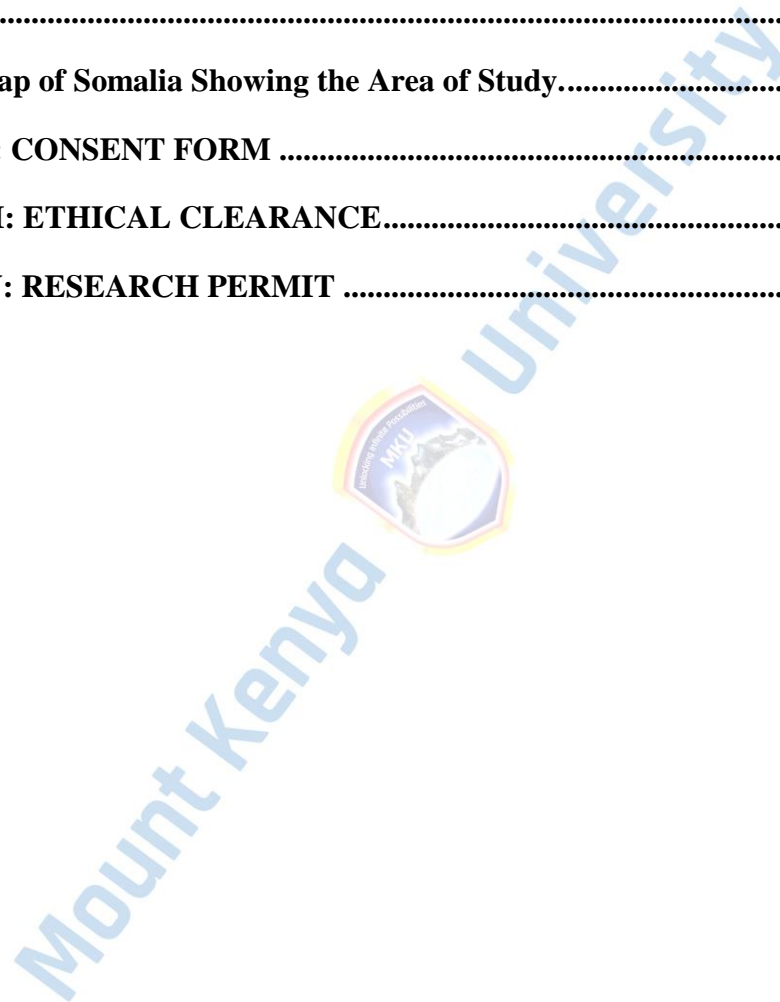
Breastfeeding is pivotal for the infant to grow healthy. The features influencing breastfeeding ought to be perceived so as to help it and give effective breastfeeding counselling. Prevalence of EBF is modest globally (35 percent), and it varies between 22 and 33 percent in Sub-Saharan Africa. The goal of this study was to look into the factors that influence exclusive breastfeeding among mothers with children under the age of six months who live in the Dayah IDP Camp in Mogadishu, Somalia. The study specifically aimed at establishing knowledge level about exclusive breast feeding (EBF) among mothers with children below six months living in Dayah IDP camp in Mogadishu, Somalia; to determine socio-demographic factors that influence (EBF) in the camp and to determine socio-cultural factors affecting EBF in the IDP camp. The target population in the camp was 900 mothers with children. Study population worked out to 399 and 10% was added to account for loss of respondents. A total of 438 respondents were chosen for the study using systematic random sampling. A descriptive cross-sectional study design was deployed. Structured questionnaire was used to collect qualitative data. Quantitative data were collected at the Camp from two Focus Groups Discussion comprising nine mothers who delivered at home with the assistance of Traditional Birth Attendants and nine who delivered who delivered at a healthcare facility within Dayah IDP camp. The gathered data was analyzed using statistical program for social studies (SPSS) Version 25 and a regression model was utilized to determine the association between variables. Ethical approval for the study was obtained from the Mount Kenya University ethical review committee. Study participants gave written consent prior to responding to the questionnaires. The findings on the respondents recorded that 92.7% were knowledgeable about EBF but only 20.1% of them were practicing EBF, 44.6% provided water and breast milk although 76.2% believed that breast milk is sufficient for infants. In terms of age, marital status, literacy and employment 47.4% of the women were aged between 26 and 35 years, 73.2% of them were married, 56.1% were illiterate and 69.4% unemployed. Mothers with babies that were 6 months were 20.8% of whom 52.6% were females. In conclusion results of the study show that respondents' knowledge level and socio-cultural factors had a substantial impact on exclusive breastfeeding practices, however sociodemographic parameters had no impact. This gap could be explained by the huge number of respondents who acquired information from health facilities. The study subjects received accurate information from health facilities regardless of their demographic characteristics. It is recommended that programmes focusing on informing expectant mothers and those that are nursing infants about exclusive breast feeding be emphasised. In addition, impeding socio-cultural norms ought to be identified and addressed to enhance the WHO recommended practice of feeding babies below six months strictly on breast milk. Additionally, expectant mothers must be encouraged to deliver in health facilities where they are attended to by female trained staff and are coached to solely breastfeed the infants.

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LIST OF ABBREVIATIONS AND ACRONYMS

EBF	Exclusive breastfeeding
HIV	Human Immunodeficiency Virus
WHO	World Health Organization
IDP	Internally displaced person
FSNAU	Food security and nutrition analysis unit
BFHI	Baby Friendly Hospital Initiative
IBFAN	International Baby Food Action Network
UNICEF	United Nations Children's Education Fund
IYCN	Infant and young child nutrition
HIV	Human Immunodeficiency Virus
TBA	Traditional birth attendant
NGOs	Non-governmental organizations
USB	

CHAPTER ONE

INTRODUCTION

1.0 Introduction to the Chapter

Chapter One carries the background information on the research topic, contains description of the research problem, purpose of the research, objectives and research questions and hypothesis to be addressed. There is also justification of the study, limitations and delimitations and the operational terms. The chapter encompasses information intended to bring a reader into focus with the issue at hand and how it is to be resolved.

1.1 Background of the study

Global target of 50% for exclusive breast feeding (EBF) of infants below six months by 2025 was set by World Health Assembly in 2012 (World Health Assembly, Geneva, May 2012; WHO Global targets 2025: 2014). Exclusive breastfeeding is nourishing an infant solely on its mother's milk without any other source of nutrition, though medicine and mineral supplements are permitted. Conversely, partial breastfeeding allows other food sources example bottle and cup. The World Health Organization (WHO) and the United Nation Children's Fund UNICEF have collectively made a very strong recommendation that mothers to start breastfeeding in the first one hour after delivery and continue doing the same for the following six months exclusively for up to two years (WHO/UNICEF, 2019). However, Zong et al (2021) reported that in fifty seven low and middle income countries (LMICs) the prevalence for early introduction of breast feeding was 51.9% and only 45.7% for EBF. They concluded that although there is continued improvement globally towards EBF policy the practice is below the WHO/UNICEF recommendations and that there are considerable regional variations in adherence.

Breastfeeding is the natural method of feeding a child and involves two major methods namely partial and exclusive breastfeeding (Tampa-Naah et al 2019). The partial breastfeeding is most fashionable but is not healthy for the infants. Exclusive breastfeeding is the most valuable method for the infant and has numerous benefits such as emotional, physical, mental and psychological health. Besides, it creates natural bonding

with the mother (Hunegnaw, 2017; Tampah-Naah et al, 2019). It leads to protection from diarrhoea and respiratory infections because the mother imparts immunity against the various diseases and consequently reduce deaths arising from the infectious diseases (Abdulla et al 2020; North et al 2022).

Mother feeding their infants exclusively have long lactation periods and are less likely to develop osteoporosis in later life (Cardwell and Maffel, 2014). Throughout the world exclusive breast feeding is largely recommended. UNICEF and WHO recommend exclusive breastfeeding and no other form of liquid for the first six months for a healthy growth of the infant (Gostelow, 2017). However, a study in Bangladesh found that estimates of EBF in clinical trials were inflated (Roberts et al 2018). Similar findings were reported by Mulol et al (2018) in South Africa.

Only 39% of all children under the age of six months in low-income countries were exclusively breastfed during the first six months of their life, according to a WHO report from 2010. Those who were not nursed accounted for 6%, those who were kept on nursing for 6 to 11 months accounted for 86 percent, and those who were breastfed for 12 to 23 months accounted for 68 percent.

Mother's breast milk keeps the new born healthy. Talbert et al (2020) reported that in rural Kenya there are varied reasons against EBF from birth to 6 months and that it is uncommon although such a new borne remains healthy, falls sick less often and experience fewer deaths than those that are not breastfed. A number of sub-Saharan countries are still struggling to reach the ideal results since exclusive breastfeeding remains low (Zong et al 2021). In the rest of the world prevalence of breastfeeding is not decreasing, indeed it is slowly increasing in the last ten years; however, only a paltry 39 percent of the babies are breastfed in the first six months after being born and 58 percent of the infants from 20 to 23 months benefit from feeding naturally on their mother's breasts. Findings of studies by Zong et al (2021) reported that global prevalence of exclusive breastfeeding between 2010 and 2018 stood at 45.7%; Africa-wide the prevalence was 41.5%.

Studies in Ghana suggest that there is a variation in prevalence of breastfeeding between mothers in rural and urban areas (Manyeh et al, 2020; Mensah et al., 2017). Similar

findings were reported in Ethiopia (Hunegnaw et al., 2017). In Somalia a number of studies have reported that there is low prevalence of exclusive breastfeeding largely because of lack of awareness about the benefits to the baby and the mother (Mohamud, Mativo and Muhamud 2021; Mohamed and Mohamud, 2018).

To encourage mothers to suckle their children, breastfeeding was initiated from the maternity centers (Mohamed, Mativo and Muhamud 2021). Suckling comes naturally to mothers in Africa making this practice a great success however breastfeeding declines as the child grows older. As per International Baby Food Action Network (IBFAN) figures for breastfeeding at three to four months were as follows:

Malawi and Eritrea tied at 72 percent, Botswana was solo at 37 percent, Ghana was next at 43 percent, Kenya at a paltry 35% and last on the list was Lesotho with 54% (Liamputtong, 2012). In most societies South of the Sahara suckling babies is still seen as the best option for feeding infants especially for parents whose HIV/AIDS status is unknown though it is being challenged by feasibility studies (Belay and Wubneh, 2019). In Somalia, a study done by World Commemorates showed that three out of ten mothers exclusively breastfed their young ones till six months (WHO, 2017).

1.2 Problem Statement

WHO recommended exclusive breastfeeding (EBF) of newborn babies until the age of six months (WHO, 2016). Complementary nutrition may be added beyond the age of six months with continued breastfeeding (Tampah-Naah et al 2019). Globally, however, there are a number of impediments to implementing the WHO recommendation of EBF (Arif et al 2021). Low production of milk and insufficient nutrition for the mother are common in a number of low and medium income communities around the world. In Somaliland, a country across the border to Somalia, Jama et al (2020) reported that low exclusive breastfeeding was associated with lack of formal education of the mother, low income, lack of support of the husband and delivery of a female child. A study by Talbert et al (2020) among first-time mothers in a rural setting reported that there varied factors determining EBF among them are age and marital status of the mother. Elderly female relatives have major influence of exclusive breastfeeding of babies. There is a perception that when a newborn cries it is suggestive of hunger and that a baby needs to be fed with maize porridge to provide semi solid feed from the age of three months (Talbert et al 2020). Manyeh et al (2020) in Southern Ghana reiterated that age of the mother determines the extent of adhering to WHO recommendation of EBF for the first six months. Additionally they reported that employment, size of household and environment within which the mothers live; that higher numbers of unemployed mothers practice EBF compared to employed, mothers in larger household are more likely to practice EBF and those in a farming communities in Southern Ghana adhere to EBF more than in a fishing area.

WHO (2017) and UNICEF (2017) published policy documents on infant and young child feeding and on practices of breastfeeding, complementary feeding respectively. Early introduction of solid meals and other liquids limits the child's capacity to take enough mother's milk, reduces their ability to properly absorb the nutrients in the milk, increases the child's risk of diarrhea and serious respiratory infections, and causes poor growth (Zong et al, 2021). It also has a negative impact on the mother by decreasing postpartum amenorrhea and increasing the likelihood of multiple pregnancies (Saeed et al 2020). Every year, approximately 1.24 million infants die as a result of a lack of understanding of the importance of exclusive suckling until the sixth month (Abdulla et al 2022).

Dahiya IDP camp is a restrictive environment accommodating over 900 mothers caring for babies and infants of various age groups. This study focused on babies below the age of six months. According to Jama et al (2020) education level of mothers, gender of the baby and level of income influence EBF of the baby in a broader no-restrictive zone. Therefore, it was of great interest to determine the factors which set the tone in a camp accommodating people up-rooted from their natural environments. Dahiya was a suitable habitat where the occupants are not in control of their accustomed day to day life.

1.8 Justification

Globally, exclusive breastfeeding rate amongst young children of ages below six months stand at 40% (WHO 2017). The strategy for the Sustainable Development Goals is to bring that up to 50% for children under age five (WHO Development Goals, 2017). In Somalia factors related to breast feeding among the economically unstable has not been properly investigated and dealt with so this study provides the data necessary for understanding how exclusive breast feeding is understood amongst the economically unstable people especially those in Dayah IDP Camp in Mogadishu Somalia. This study provides evidence for policy makers and NGOS for improving health and survival of infants. Understanding factors influencing exclusive breast feeding is key to achieving maximum growth development and health.

In resource-constrained settings (for example, human and infrastructural requirements), increasing exclusive breastfeeding during the first six months of a child's life is the best way to reduce infant sickness and death (Abdulla et al 2022). Somalia has one of the highest infant mortality rates in the world, with one in seven infants dying before the age of five years. It is linked to or blamed on a lack of breast-feeding or what babies eat during their first six months of life.

1.3 Objectives of the study

1.3.General objective

To investigate determinants of exclusive breastfeeding practice amongst mothers with children of ages below six months living in Dayah IDP Camp Mogadishu, Somalia.

1.3.2 specific objectives

1. To establish knowledge level regarding exclusive breastfeeding practice amongst mothers with young children of ages below six months living in Dayah IDP camp, Mogadishu, Somalia.
2. To establish socio-demographic factors influence exclusive breastfeeding among mothers with children under the age of six months in the Dayah IDP camp in Mogadishu, Somalia.
3. To determine socio-cultural factors affecting exclusive breastfeeding practice amongst mothers with young children below ages of six months living in Dayah IDP camp, Mogadishu, Somalia.

1.4 Research Questions

1. What is the degree of knowledge about exclusive breastfeeding among mothers with babies under six months in Dayah IDP camp, Mogadishu, Somalia?
2. What socio-demographic factors influence exclusive breastfeeding practice among women with infants less than six months in Dayah IDP camp, Mogadishu, Somalia?
3. What socio-cultural factors influence exclusive breastfeeding among moms with infants less than six months in Dayah IDP camp, Mogadishu, Somalia?

1.5 Null hypothesis

1. The association between socio-demographic characteristics and exclusive breastfeeding practice has little statistical significance.
2. There is no statistical significance of relationship between knowledge level of the mothers and exclusive breast feeding practice?
3. The association between sociocultural factors and exclusive breastfeeding practice has little statistical significance.

1.6 Limitations of the study

Information bias can affect the accuracy of the result was obtain.

Recall bias can affect the accuracy of the data.

The study was cross-sectional which will enable to bring out association but was not explain why such association is existing.

1.7 Delimitations of the study

The research questions were meticulously crafted.

Researcher must be careful to ask each study participant the research questions so as not to influence the responses.

Appropriate data collection was used.



CHAPTER TWO

LITERATURE REVIEW

2.0 Introduction to the Chapter

In this chapter the work of other workers in the field is cited and reviewed in relation to this study. The literature covers global, regional, national and where available on Somalia where the research was conducted.

Peer reviewed articles are reviewed extensively in this chapter.

2.1 Benefits of exclusive breastfeeding

Breast feeding is the natural way to nurture an infant. This is very important to note. There are two methods namely partial and exclusive with the latter being the most beneficial to the child. Exclusive breast feeding has numerous advantages (CDC, 2021): emotional, physical, mental both for the mother and the child (Kresheh, 2016). Exclusive breast feeding helps the child's immunity as the mother's antibodies are naturally passed through colostrum on from mother to child making the child resistance to certain common ailments that other infants would be overwhelmed with (Abdulla et al 2020). Babies below the age of 6 months that are not on EBF present with a multiple of infectious diseases including diarrhoea and respiratory infections.

2.2 Knowledge level regarding exclusive breastfeeding practice

Knowledge of EBF is understood as to mean that upon delivering a baby the mother religiously undertakes to start breastfeeding within the first hour initially with colostrum and continues to practice on full time basis for six months upto 24 months. This is in accordance with WHO definition of EBF. In the initial period neither water no supplements are provided although medicines are allowed. In East Africa mother's knowledge of EBF coupled with good attitude are key to adherence of the WHO/UNICEF recommendation (Dukuzumuremyi et al. 2020). Jama et al (2020) reported that the level of knowledge of the mother is associated with practicing EBF in Burao District in Somaliland. However, studies in Pakistan suggest that regardless of knowledge

of benefits of EBF mothers aged between 20 and 40 years did not breastfeed their babies as per the internationally approved method (Chachar, Azam and Hassan, 2019).

2.3 Socio-demographic factors

In a study in a rural setting in Kilifi, Kenya Talbert et al (2020) established that young first time mothers were greatly influenced by older women with regard to EBF. Such mothers would feed porridge to their babies from 3 months of age because they are convinced that a baby is not satisfied with breast milk exclusively and that when crying suggests hunger.

According to Lio et al (2021) conducting a study in Italy an increasingly higher percentage of an educated population practiced exclusive breastfeeding compared to a less educated one. They found that there was a positive correlation between education level and breastfeeding. In addition, they reported that in their study population mothers who had achieved mid-level education and were full time employed were positively correlated with adhering to exclusive breastfeeding for the first six months.

2.4 Socio-cultural factors

Exclusive breastfeeding is greatly affected by factors which are socio-cultural for example, in the villages, exclusive breast feeding is practiced as though it were a tacit rule. It is the norm, the culture and the most accepted practice (Jama et al 2020). It receives support from grandmothers and all around the breastfeeding mother, these grand mothers are the ever-present silent enforcers of the law of exclusive breast feeding so they even encourage young mothers to continue this internationally lauded practice. They, the grandmothers, play the role of leaders (Grassly, 2016).

Some traditional cultures dictate that a mother should not breast feed if she has lost a child who was still being breast fed for her breast milk had been poisoned by the spirits. Even others believe that a mother should cease to breast feed if her baby teeth on the upper jaw before the lower (Dibley, 2015). In developing countries, the choices of the breastfeeding mother are greatly influence by the awareness of the partner therefore depending on the level of awareness or unawareness the partner is may affect the breastfeeding mother positively or negatively.

Cultural traditional beliefs and customs can have a big impact on human nutrition, and they are one of the elements that decide whether or not to breastfeed (Grassly, 2016). The worldwide plan for baby and early child feeding also emphasizes the need for those who engage in exclusive breast feeding to respect the socio-cultural and natural environment in which they do so.

Psychologically, exclusive breastfeeding makes the mother bond with her child making the child confident, mature quickly and indeed be secure (Perry et al, 2014). Studies prove that infants that are breast feed for six months do not acquire HIV/Aids from their mother as opposed to those that are fed otherwise. Mixed feeding or partial breast feeding was associated with diarrhea, infant mortality and respiratory infections. (Abdulla et al 2020).

Mothers who exclusively breast feed have longer lactation amenorrhea and are less likely to develop osteoporosis later on in life. (Cardwell and Turner-Maffel, 2014). Mothers may have a decline in mineral density during the breast- feeding period but it is naturally replenished when this period is over. Mothers who practice exclusive breast feeding have less chances of acquiring ovarian, breast or urinary cancer (Falvo, 2014).

2.5 Exclusive Breastfeeding Has Public Health Benefits

There are financial benefits to the family, society, insurer, employer, and other government programs, in addition to the numerous benefits of breast feeding. According to a study (Patrick and Reinhold, 2015), 13 billion dollars might be saved if mothers just breastfed their babies until they were six months old. When infants are breast fed the family saves approximately 1,500 dollars a year and the family saves a lot more in indirect costs of hospital bills and in food supplements. Further fewer man hours are saved as mothers are ever present to take care of their infants only at the appropriate times and this is because the infants are healthy and their parents are in proper psychological health so they are even more productive.

When employers supported exclusive breast-feeding, they got back \$3 for every \$1 invested. Decreased turnover rates prompted cost reserve funds in enrollment and preparing, less non-attendance and enormously diminished expenses in medical coverage claims (Bartick & Reinhold, 2010). Breast feeding is environment al friendly as it does

require any artificialities such as refrigeration, cutting down of trees, manufacturing plants, storage, transportation and all that. It does not generate wastes and has no need of renewal of wastes. (UNICEF 2012). Researchers approximate for one million formulae food fed to babies, 150 million vessels were utilized in food formula wrapping and disposal (USDHHS, 2011).

2.6 Exclusive breast feeding practice

IYCF practices have a direct impact on the nutritional status of children under the age of two and, as a result, influence child survival. Every year, more than 9,000,000 children under the age of five die around the world. In Ethiopia, one out of every 17 children dies before reaching primary school age, and one out of every 11 small children dies before reaching the age of five (Perkins et al, 2014).

More than 66% of these passings are related with improper encouraging activities and happen in the primary year of life. Ideal breast feeding (early and elite breast feeding) can possibly avert more than 800,000 passings (13 % everything being equal) in youngsters under five in the creating scene. Though, correlative sustaining mediations alone were evaluated to avert just about one fifth of passings in kids matured years (Jones et al, 2016).

Breastfeeding exclusively before the first six months of life is essential for both the newborns and the mother's health. Not just in developing nations, but also in industrialized countries, young children who are not only nursing are going to develop gastrointestinal disorders. The risk of mortality from loose bowels and other sanitary disorders can increase many-fold in newborn children who are either halfway breastfed or didn't breastfeed at all through any means. In the first two months of life, non-breastfed babies are almost three times more likely to succumb to irresistible diseases than breastfed babies; between the ages of two and three months, non-breastfed babies are three times more likely to succumb to irresistible diseases than breastfed babies (Bahl et al, 2005).

Breastfeeding has numerous benefits for both the infant and the mother, but the rate of breastfeeding continues to decline, particularly in low-income countries such as Ghana. In this approach, knowing how to design and carry out effective intercessions requires a grasp of breastfeeding behaviors and the elements that influence them.

Breastfeeding practices that are optimal reduce child mortality and contribute significantly to children's long-term strength (França et al, 2016). In 2016, a Lancet study estimated that optimal breastfeeding techniques could prevent 823,000 deaths among young children under the age of five per year (Victora, 2016). Breastfeeding methods that are optimal reduce hospitalizations in children under the age of five years due to loose bowels, respiratory infections, and otitis media (Krasevec 2016).

In light of the advantages of breastfeeding, starting breastfeeding as soon as possible after birth, exclusively breast feeding (EBF) for the first six months of life, and continuing breastfeeding with appropriate complementary foods for two years or longer are recommended as one of the best baby feeding plans for optimal development, improvement, and wellbeing (WHO, 2016).

However, about 80% of breastfed newborns began nursing within the first hour of birth, and late breastfeeding initiation is still a challenge in low-income countries. The rate in which breast feeding likewise seem, by all accounts, to be declining among poor moms (Krasevec, 2016). Internationally, 38% of infants below ages of six months are given breasts milk only for the first six months (UNICEF 2015).The pattern of select breastfeeding among newborn children under a half year in creating nations has assumed control over 10 years to increment from 33% in 1995 to 39% in 2010 (Wardlaw at al, 2012).

Among elements distinguished to impact breastfeeding rehearses in both creating and created nations are sociodemographic factors. Discoveries from various examinations have underlined maternal training (Ogbo et al, 2015). Furthermore, in the examination by Viera and Associates, moms who had training for a long time or less were at 34% higher danger of halting restrictive breastfeeding (Vieira, 2014).

A research in Nageria revealed the mothers who attended antenatal care clinics were decidedly connected with exclusive breastfeeding and moms who dwelled in provincial zones were less inclined to exclusive breast feeding practices (Odiase et al, 2012).

As indicated by Seid et al, (2013), in Ethiopia, as a housewife, developing a pre-birth exclusive breast feeding plan, conceiving an child vaginally and getting newborn child

feeding guiding was related with the act of selective breastfeeding. Discoveries from another examination in Ethiopia has seen that moms with less salary status are emphatically connected with routine with regards to elite breastfeeding (Shifraw, Worku, Berhane 2015).

Around the world, there are boundaries related to poor practices of selective bosom bolstering. These poor practices ought not impede the integrity of selective bosom encouraging. They should be discovered, separated and managed. They are absence of information, lactation issues, poor family and social help, social standards, humiliation, business and youngster care, wellbeing administrations issues (USDHHS 2011).

2.7 Maternal Factors

Marital status affects the EBF as unmarried mothers breast fed less than the married mothers. In certain communities, especially urban, the unmarried mothers do not want their breasts to look flabby so they resist breastfeeding their babies. Another interesting finding was that educated mothers do not like to breastfeed their babies. This is because they have greater employment opportunities and therefore, are unavailable for the task of baby feeding (Tewodrose et al, 2013). Another interesting phenomenon is the relationship between the mother's age and breast feeding. Younger mothers tend to breastfeed less than their older counterparts as Okegbu discovered in his research done in Nigeria (Okegbu, 2016).

2.8 Maternal and Child Health

Mothers in the child bearing age and their children below age five are vulnerable to get diseases and so they need special care. They are the majority of the population. Maternal care needs to be designed for such mothers (Vinodet al, 2011). They are susceptible to acquiring malaria, HIV/AIDs, tuberculosis and even to being abused. An HIV/AIDS positive has a 20% to 50% chance of transmitted the virus to her unborn baby during birth, pregnancy complications, illness or disability or even death (Ferrara, 2010).

Maternal mortality reduces the chances of the baby surviving. Less than 10% of the babies who lose their mothers live up to one year. More than half a million women die in the third

world countries creating serious emotional, social, cultural and economic problems to the community and their babies in particular (Ballantine and Spade, 2012).

Mothers play a central role of the children therefore their health is co-related to the health of their infants. They should be specially fed. Their immunity is low and their diet should be balanced. Many maternal complications go unreported therefore they need to be identified in time, discussed and treated if not prevented as there are many cultural beliefs that these difficulties are curse-related. Indeed, untruly so. They are nutrition related and are related to cleanliness. They can be explained medically so as to avoid unfounded cultural beliefs (Nastas&Borja, 2015).

2.9 Physio-social factors and Social Support

A number of studies have cited physio-social factors as necessary for aiding the mother initiate and maintain exclusive breastfeeding up to six months after birth of the baby. Many studies prove that physio-social factors greatly influence exclusive breastfeeding practices. (WHO, 2017).

2.10 Economic factors

A very large number of women in developing nations are being relied on for financial support partly because, there are few job opportunities and because some men have abrogated their responsibilities. Breast feeding mothers are therefore expected to leave their children and go fend for the family (Alemayehu et al, 2009). The tight schedule of paid jobs and the long hours required for such jobs, keep the mother and baby apart for several hours making it hard for mothers to practice Exclusive Breast-feeding. Current practice is for such mothers to squeeze milk into containers before leaving home and preserve in cool environment such refrigerators. Such practice is not possible in IDP Camps and is culturally unacceptable among communities in Somalia. This makes it necessary for mothers to use house helps who themselves are often children who need care themselves (Taveraset al, 2011).

2.11 Theoretical Framework

This research utilized King's Conceptual system (King,1981) to build up the interactive theory of breast feeding. Ruler's Conceptual System was chosen, which is open and interrelated, and made out of three intuitive frameworks: individual; relational; and social. The idea of an individual framework incorporates seven angles: observation; self; self-perception; development; improvement; time; and space. A relational framework is made out of individuals who collaborate in this framework and it incorporates the ideas of cooperation, correspondence, exchange, job, and stress. A social framework is shaped by the mix of relational frameworks with the accompanying pertinent ideas: association; expert; control; status; and basic leadership.

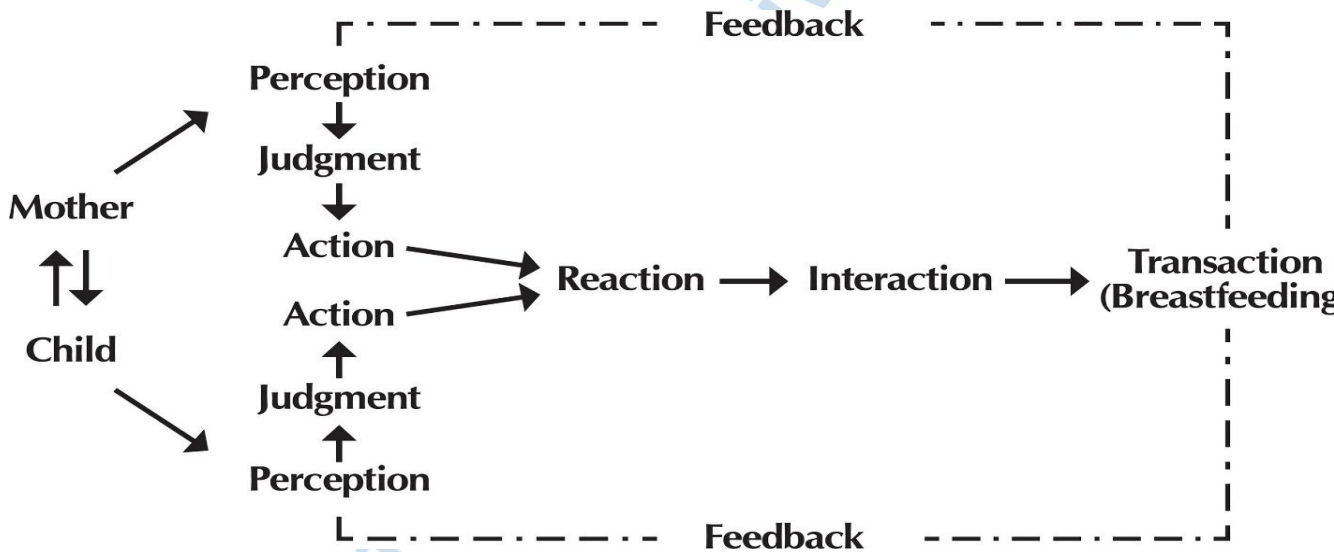


Figure 1.2 : Process of mother-child interaction to perform breastfeeding derived from King's interaction-transaction process

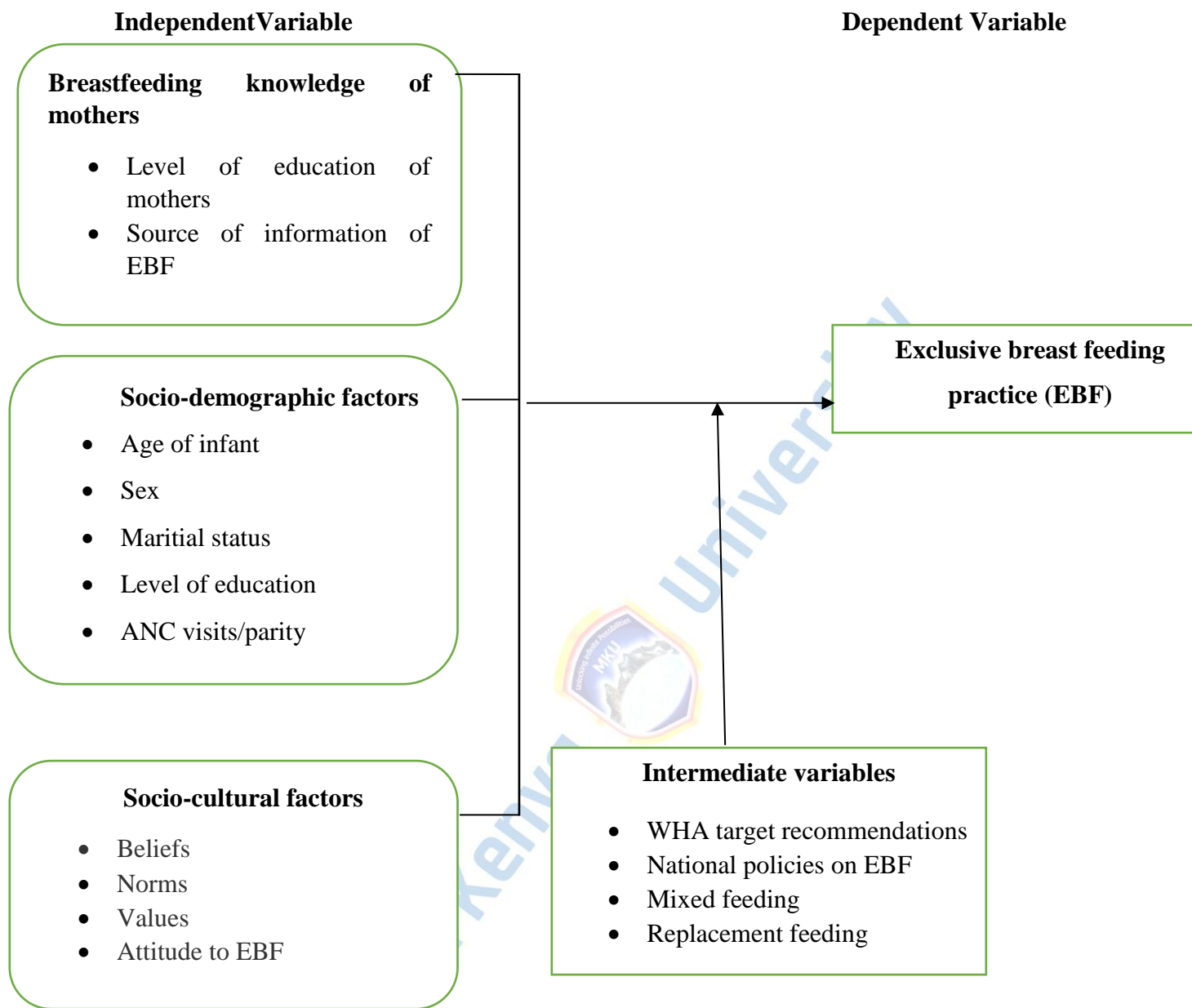


Figure 2. 2 Conceptual framework

Summary of conceptual framework

Figure 2.2 is a visual representation of the study independent and dependent variables; moderating variables involve mixed feeding and replacement feeding.

The study was focused on determining factors which influence exclusive breastfeeding (EBF) among mothers at a single research site in Dayah Internal Displaced Persons (IDPs) in Mogadishu, Somalia.

Independent variables

A. Knowledge level of mothers regarding EBF

Level of education of mothers: mothers who are illiterate are not well exposed to information. In their study Jama et al (2020) reported that level of education of mothers has serious influence on the extent of EBF. Dukuzumuremy et al (2020) in their review of literature found that the level of knowledge of mothers about EBF leads to religious application of WHO recommendation of exclusively breastfeeding their babies for more than six months. In this study independent variables on knowledge of mothers in Dayah IDP, Mogadishu, Somalia focused on what influenced them to practice EBF for six months or more.

The study subjects were questioned about their source of information of EBF which was one of the independent variables. In this research they received information from health institutions.

B. Socio-demographic factors

Target age of infant was from birth to six months; mothers in Dahiya IDP Camp carrying this age group were included in the study. Babies of both gender were included although Jama et al (2020) found that females infants were disadvantaged because fathers were ambivalent about their presence.

Married women of low education level generally do not have decision-making roles in local communities in Somalia.

C. Socio-cultural factors

In rural Somalia breastfeeding of babies is the norm. The mothers believe that mother's breast milk is beneficial for the nutrition of baby. However, Ndakwe and Tari (2020)

working in Gedo Region, Somalia found that the community believes in giving breast milk supplementing with animal milk and water. They believe that breast milk is insufficient and that the baby would not survive without complementing with additional fluids particularly in women with small breasts. Another complicating belief among pastoralists in South and Central Somalia is that if death of the baby occurs as a result of not providing water the baby will report the mother to God (FSNAU, 2016). Other cultural beliefs reported by Ndakwe and Tari (2020) are (a) breast milk contains human blood and, therefore, must diluted with water or else it burns the babies digestive system (b) women must spare one breast for her husband and hence must not feed from that breast to prevent sagging.

Dukuzumremy et al (2020) discussed extensively on the attitude of mothers in East Africa breastfeeding babies below six months. However, supplementary feeding is encouraged in some communities when a baby is three months and older.

Moderating variables

The World Health Assembly, Geneva 2012 recommended that babies from day 0 to 6 months and up to 24 months be fed exclusively on mother's breast milk. Implementation of this policy in Somalia is currently around 34% as reported in the Somali Government, UNICEF and WHO awareness campaign launched in August 2021.

In low and middle income countries are yet to attain the global recommendation of EBF for the first six months to the age of 24 months. Supplementary and replacement feeding are much encouraged in these countries. In Kenya first time young mothers are advised to feed their young babies with maize porridge from three months of age because they believe that each time a baby cries is due to hunger.

Dependent/outcome variable

Exclusive breastfeeding was the dependent variable and target outcome of the study. World Health Organization and UNICEF recommended that babies from day 1 of birth to six months be exclusively fed on breast milk. Implementation of this recommendation varies worldwide. It was the dependent variable of this research to determine the extent of

implementation among mother residing in the IDP Camp at Dahiya in Mogadishu. The awareness campaign mounted by Somalia Government, UNICEF and WHO in August 2021 set a target of 50% EBF by 2025 from the current 34%. Consequently health of babies aged 0-6 months will be elevated and their brain development plus reduced malnutrition will enhance childhood wellbeing.



CHAPTER THREE

RESEARCH METHODOLOGY

3.0 Introduction to the Chapter

Methodology of the research are described in this Chapter. The research was based on mothers inhabiting an IDP Camp within the capital city Mogadishu. Design of the study and data collection techniques on knowledge of the mothers on exclusive breastfeeding, socio-demographic and socio-cultural factors are described in here. A hypothesis was tested and is given.

3.1 Study Design

A descriptive cross-sectional study approach was adopted in this study. Mixed methods approaches (qualitative and quantitative methods) were used, allowing for triangulation of data validation and cross-verification, resulting in conclusions that were more valid, reliable, and generalizable.

3.2 Target Population

The target population involved all mothers having babies and living in Dayah IDP Camp in Mogadishu, Somalia. This is a single study site.

3.3 Study population

The study population incorporated all mothers with children of ages below six months living in Dayah IDP Camp in Mogadishu, Somalia. The study population is located in one site.

3.4 Study Area

This research was done within Dayah Internally Displaced Peoplecamp located in Deynile District in Mogadishu, Somalia. Mogadishu is the capital city of Somalia. It is the largest city in the country, which has over 2.5 million residents accounting for about one-quarter of the country's total population. It is the only city in Somalia that has a population of over

1,000,000. Deynile is large District southeastern Banaadir region in Somalia, the IDP camp located in Deynile is home to 92,168 IDPs.

3.4 Study Criteria

3.4.1 Inclusive Criteria

Mothers living in Dayah IDP camp with infants below six months.

3.4.2 Exclusive Criteria

Mothers having children ages six months and above

Validity

- The pre-test was conducted before the commencement of the study. The study sought to promote internal validity through ensuring randomness in selecting study participants.

Reliability

- Consistency was promoted by utilizing SPSS's Cronbach's alpha coefficient to assess the reliability of the data collection tools.
- Reliability was also ensured by conducting pre-test study. Completed questionnaires were checked daily and errors corrected.

3.5 Data Collection Tool

Quantitative tool

The following socio-demographic data, socio-cultural data, and knowledge of exclusive breast feeding practice among women with infants under six months residing in Dayah IDP camp were obtained using a structured questionnaire.

Qualitative tool

- FGD was used, the key aspects that the FGD captured the knowledge, pattern of feeding and socio-cultural of exclusive breast feeding. The study had two FGD groups in each group participated 9 mothers with infants below six months. The

mothers were divided into those who gave birth at home assisted by Traditional Birth Attendants (TBA) and mothers who gave birth in healthcare center living in Dayah IDP camp in Mogadishu.

3.6 Sampling Technique

The study's participants were chosen using both probability and non-probability sampling methods. The women with infants under the age of six months who live in the Dayah IDP camp were chosen for the study using a rigorous random sample method. Somalia is made up of six states that form a federal republic. Mogadishu was chosen for this study because it is the country's largest metropolis and has a higher population density than the rest of the country. Mogadishu, Somalia's capital, is divided into 17 districts. The study purposively chose Daynile District because it has more IDP camps than other Districts in Mogadishu; in Daynile district the study selected Dayah IDP camps purposively.

The initial four study subjects were selected randomly and from these every third mother was picked then every three women were picked until the total study population of 399 were achieved out of the target population of 900 mothers.. An additional 10% were similarly selected to account for non-respondents.

3.7 Sample Size Determination

The study adopted the formula by Yamane (1969).

$$n = \frac{N}{1 + Ne^2}$$

Where: n = Sample size

N = Target Population

e = Error = 0.05

n = 900

$$1 + 900(0.05 * 0.05)$$

$$= 399 + 10\% = 438$$

3.8 Data Analysis and Presentation

- Data was entered in the Microsoft Excel, cleaned to detect missing values; extreme cases of inconsistent data were identified to ensure quality data. The data was later imported into the SPSS and coded ready for analysis.
- Both demographic and study variables were investigated using descriptive statistics. Categorical data was described using frequency distribution tables, bar charts, and percentages. The mean and standard deviation were presented for normally distributed data, while the median and interquartile range were presented for skewed data.
- Bivariate analysis was employed to establish whether there is association and the strength of the associations between the variables, regression model was used.
- The correlations between the variables were established using logistic regression analysis.

3.9 Ethical Considerations

- i. Permission was sought from MKU Postgraduate School.
- ii. The Mount Kenya University Ethics Research Committee was consulted for ethical approval. The researchers sought the approval of Somali Research Council, Mogadishu, Somalia
- iii. Permission was sought from Gate keepers of Dayah IDP Camp, Mogadishu, Somalia
- iv. Informed consent was sought from study participants.

CHAPTER FOUR

RESEARCH FINDINGS AND DISCUSSIONS

4.1 Introduction to the Chapter

The findings of a study on the determinants of exclusive breastfeeding habits among mothers with children under the age of six months in the Dayah IDP Camp in Mogadishu, Somalia, are presented in this chapter. The demographics of the participants and the study's objectives will influence the results. The study's aims were as follows:

1. To establish knowledge level regarding exclusive breastfeeding practice amongst mothers with young children of ages below six months living in Dayah IDP camp, Mogadishu, Somalia.
2. To find out what socio-demographic factors influence exclusive breastfeeding among mothers with children under the age of six months in the Dayah IDP camp in Mogadishu, Somalia.
3. To determine socio-cultural factors affecting exclusive breastfeeding practice amongst mothers with young children below ages of six months living in Dayah IDP camp, Mogadishu, Somalia.

4.2 Response Rate

Data from the field was gathered through the use of questionnaires, which were given to 438 people. Only 399 surveys were returned out of this total, representing a 91.1 percent response rate. Table 4.1 shows the response rate.

Table 4.1: Response Rate

	Frequency	Percent
Response	399	91.1%
Non-response	39	8.9%
Total	438	100%

4.3 Research Findings

As indicated earlier, the presentation of findings was guided by the study objectives.

Objective 1: Knowledge level of mothers on EBF

The researcher wanted to discover if the participants were aware of the benefits of exclusive breastfeeding. Tables 4.2 and 4.3 present the findings.

Table 4.2 shows that majority of the respondents (92.7%) knew about exclusive breastfeeding compared to 7.3% who did not know. Over two thirds (67.2%) of them obtained the information from health institutions while 6% did not know anything about EBF. Less than half of the respondents (44.6%) reported that breast milk and water were recommended to give a child under six months and 4.4% maintained that it is any other food. Over three-quarters (76.2%) said breast milk alone was sufficient for newborns during the first six months, while the rest (23.8%) disagreed. EBF for the first six months is believed to prevent diarrheal and respiratory disorders in infants by the vast majority (83.5%), while 5.3 percent disagree.

Table 4.2: Frequency Table of knowledge of EBF

	Frequency	Percent
Do you know what it is like to only feed breast milk?		
Yes	370	92.7
No	29	7.3
What is your information source?		
Friends	58	14.5
Mass media	49	12.3
Health institutions	268	67.2
Do not know	24	6.0
What food or fluids should a child under the age of six months be given?		
Breast milk is the only source of nutrition.	80	20.1
Water and breast milk	178	44.6
Animal milk or infant formula	128	32.1

Others	13	3.3
Is breast milk sufficient for an infant's first six months?		
Yes	304	76.2
No	95	23.8
Total	399	100.0
Is EBF given to a newborn for the first six months to prevent diarrhea and respiratory infections?		
Yes	333	83.5
No	21	5.3
I do not know	45	11.3
Total	399	100.0

Table 4.3 shows that the majority of respondents agreed with the statement that giving breast milk to an infant immediately after birth is important ($M=1.38$, $sd=.590$) but disagreed with the other statements: discarding colostrum before giving it to a newborn is important ($m= 3.04$, $sd=.570$), giving three-month-olds only breast milk may not be sufficient and they may need water and other nutrients ($m= 3.04$, $sd=.570$), and giving infants.

Table 2.3: Descriptive Statistics for knowledge of EBF

	N	Minimum	Maximum	Mean	Std. Deviation
It is critical to provide breast milk to a newborn within an hour of birth.	399	1	4	1.38	.590
Before providing milk to a newborn, it is critical to discard the initial milk or colostrum.	399	1	4	3.04	.570
Giving a three-month-old baby simply breast milk may not be enough, and the baby may require water and other fluids to stay hydrated.	399	1	4	3.03	.758

It is critical to provide complementary foods to an infant before the age of six months.	399	1	4	3.27	.785
Aggregate Score	399			2.68	0.6757

Objective 2: Influence of socio-demographic factors on EBF

4.3.1 Mothers' Exclusive Breastfeeding Practice Is Influenced by Socio-Demographic Factors

The study's second goal was to find out what socio-demographic characteristics influence mothers' exclusive breastfeeding practices. The results are listed below.

Demographic Characteristics of the Respondents

Age, marital status, education level, work status, infant's age, times mother visited antenatal clinic, parity, place of delivery, and mode of delivery are the demographic features of the study respondents.

Table 4.4 shows that nearly half of the respondents (47.4%) were between the ages of 26 and 35, with those aged 45 and up accounting for only 4% of the total. About three quarters of the respondents (73.2%) were married while 8% were widowed. Over half 56.1% were illiterate and 12.8% had secondary education and above. Those who were unemployed accounted for over two thirds (69.4%) and more than a quarter (30.6%) were employed. Majority of the infants were aged between 6 and 12 months as opposed to less than a quarter (20.8%) who were below 6 months. Slightly over half (52.6%) of the infants were female and less than half (47.4%) male. More than a third (35.6%) of the respondents had attended antenatal clinic three times while less than a quarter (19.5%) had only done so for only one time. Almost half (46.9%) of the respondents were on multi para and slightly below a quarter (24.1%) were on primary gravida. Majority of the respondents (84.2%) had delivered in a health facility compared to the 15.8% who delivered at home. Almost all the deliveries were normal (98.2%) with only 1.8% delivering through caesarian section.

Table 4.4: Demographic Characteristics of the Respondents

Age Category	Frequency	Percent
15-25	101	25.3
26-35	189	47.4
36-45	93	23.3
45+	16	4.0
Marital Status		
Married	292	73.2
Divorced	75	18.8
Widowed	32	8.0
Education level		
Illiteracy	224	56.1
Primary	124	31.1
Secondary and above	51	12.8
Employment status		
Employed	122	30.6
Unemployed	277	69.4
Infant's age		
6 m	83	20.8
6-12 m	316	79.2
Infants gender		
Male	189	47.4
Female	210	52.6
Times you visited ANC		
Only one time	84	21.1
Twice	78	19.5
Three times	142	35.6
Four times and above	95	23.8

Parity

Prim gravida	96	24.1
Multi para	187	46.9
Grand multi para	116	29.1

Location of delivery

Medical facility	336	84.2
Home	63	15.8

Delivery Methods

Normal	392	98.2
C/s	7	1.8
Total	399	100.0

Objective 3: Socio-cultural factors affecting EBF

The researcher went ahead to inquire about the exclusive breastfeeding practices of the respondents. The findings are reported in Table 4.5.

The respondents' exclusive breastfeeding practices are shown in Table 4.5. Over a third (36%) of the respondents believed that EBF helps their child to grow well while less than a third (30%) breastfed for the health of the infant. Nearly all (98.2%) had breastfed their infants and the rest (1.8%) did not. Over three quarters (78.2%) exclusively breastfed their children while less than a quarter did not. After delivery, more than half (57.4%) breastfed their infant within an hour compared to the 11% who did not remember what they did. Majority (87.7%) breastfed their child with the first milk and 12.3% discarded it. More than three quarters (78.9%) had given fluids to their infant in the first six months while 21.1% did not. Over half (55.9%) started giving food and drink to their infant within the first three months compared to 6.5% who gave within five months. Less than half (45.9%) gave food and fluids to their infant within the first 6 months because of hot weather while 6.8% did so because they could not combine work with breastfeeding. Majority of the respondents (85.2%) breastfed their infants every less than 8 hours compared to 14.8% who breastfed after 8 hours or more. Over two thirds (68.4%) of the respondents did not give prelacteal feeding to their infants before breast milk compared to the 31.6% who

gave. Finally, less than half (41.6%) breastfed their infant when it cried and 19% did so on schedule.

The respondents were then asked to score statements on the socio-cultural elements that influence EBF. As indicated in Table 4.5, the assertions were scored on a 4-point Likert scale with a minimum of 1 and a maximum of 4 (where 1=strongly agree, 2=agree, 3=disagree, and 4=strongly disagree).

Table 4. 3: Exclusive Breastfeeding Practices

What is your attitude of lactating towards breastfeeding?		
	Frequency	Percent
Health for the infant	122	30.6
Helps the infant to grow well	144	36.1
Breast milk is best food for the infant	133	33.3
Did you ever breastfeed?		
Yes	392	98.2
No	7	1.8
Did you ever EBF your infant?		
Yes	87	21.8
No	312	78.2
How soon after delivery did you start breast feeding the infant?		
Within an hour	229	57.4
After one hour	126	31.6
Do not remember	44	11.0
What did you do with the first colostrum or milk?		
Discard	49	12.3
Feed	350	87.7
Did you give liquid or fluids in the first six months?		
Yes	315	78.9
No	84	21.1
What age did you start giving food or drinking to the infant during the first six months?		
Three months and less	223	55.9

Four months	62	15.5
Five months	26	6.5
Six months and above	88	22.1
What is the reason for giving food and drink to the infant during first six months?		
Infant need water during hot weather	183	45.9
Breast milk production problem	61	15.3
Not able to combine work with breast feeding	27	6.8
Mother and child illness	38	9.5
Not applicable	90	22.6
What was breast feeding frequency per 24 hours?		
8hrs or more than	59	14.8
< 8 hours	340	85.2
Did you give the baby prelacteal feeding before commencing breast milk?		
Yes	126	31.6
No	273	68.4
What time to give breast feeding?		
On demand	157	39.3
When the baby cry	166	41.6
On schedule	76	19.0
Total	399	100.0

Hypothesis Testing

The researcher went ahead to test the study hypotheses. The study's hypotheses were as follows:

H₀ 1. The association between socio-demographic characteristics and exclusive breastfeeding practice has little statistical significance.

H₀ 2. There is no statistical significance of relationship between knowledge level of the mothers and exclusive breast feeding practice?

H₀ 3. The association between socio-cultural factors and exclusive breastfeeding practice has little statistical significance.

A Pearson correlation test was used to test the hypotheses as shown in Table 4.6.

Table 4. 4: Hypothesis Testing

Determinants of EBF		Exclusive Breastfeeding
Socio-demographic characteristics	Pearson Correlation	-.002
	Sig. (2-tailed)	.963
	N	399
Knowledge of EBF	Pearson Correlation	-.287**
	Sig. (2-tailed)	.000
	N	399
Sociocultural factors	Pearson Correlation	.183**
	Sig. (2-tailed)	.000
	N	399

** . Correlation is significant at the 0.01 level (2-tailed).

Table 4.6 shows the correlation analysis on determinants of exclusive breastfeeding. There was no statistically significant relationship between sociodemographic characteristics and EBF ($r(399) = .002$, $p = .963$). As a result, the null hypothesis one was accepted as:

H₀: There is no statistically significant link between sociodemographic factors and the practice of exclusive breastfeeding. A statistically significant negative correlation was found to exist between knowledge and exclusive breastfeeding ($r(399) = -.287$, $p = .000$) and the null hypothesis 2 was rejected therefore:

H_A: There is a statistically significant link between breastfeeding knowledge and exclusive breastfeeding.

The null hypothesis 3 was rejected since there was a statistically significant link between sociocultural practices and exclusive breastfeeding ($r(399) = .183$, $p = .000$).

H_A: Exclusive breastfeeding has a statistically significant association with sociocultural factors.

This implies mothers' sociodemographic characteristics may not determine the practice of EBF. Additionally, mothers' knowledge level and sociocultural factors may determine the practice of EBF.

The researcher then performed a regression analysis to assess the impact of the independent variable on the dependent variable. Tables 4.7, 4.8, and 4.9 summarize the findings.

Table 4. 5: Model Summary

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.315 ^a	.099	.093	3.04700

a. Predictors: (Constant), Sociodemographic factors, Knowledge of EBF, sociocultural factors

Table 4.7 reveals a R Square value of .099, indicating that sociodemographic, knowledge level, and sociocultural factors may account for 9.9% of changes in exclusive breastfeeding by mothers in the Dayah IDP camp.

Table 4. 6: ANOVA

Model		Sum of Squares	df	Mean Square	F	Sig.
	Regression	405.057	3	135.019	14.543	.000 ^b
1	Residual	3667.259	395	9.284		
	Total	4072.316	398			

a. Dependent Variable: Exclusive Breastfeeding

b. Predictors: (Constant), Sociodemographic factors, Knowledge level and sociocultural factors

Table 4.8 above shows the F-test ($F(3,395)=14.543$, $p<.000$) of the test suggesting that a linear relationship existed between the variables of sociodemographic factors, knowledge level and sociocultural factors and exclusive breastfeeding (EBF). The significance level for $p=.000$ is less than 0.05. This means the model was accurate enough to predict the impact of the specified factors on exclusive breastfeeding among moms in the Dayah IDP camp.

Table 4. 7: Coefficients

Model	Unstandardized		Standardized	t	Sig.
	Coefficients		Coefficients		
	B	Std. Error	Beta		
(Constant)	20.447	1.999		10.230	.000
Sociodemographic					
1 factors	-.010	.078	-.006	-.132	.895
Knowledge of EBF	-.511	.095	-.262	-5.385	.000
Sociocultural factors	.301	.110	.134	2.748	.006

a. Dependent Variable: Exclusive breastfeeding

The following regression model was developed using table 4.9:

$$EBF = 20.447 - 0.010 \text{ socioeconomic variables} - 0.511 \text{ EBF knowledge} + 0.301$$

sociocultural factors The regression provides a statistical model for determining the effects of the components. In the current study, keeping all of the variables at zero results in a 20.447 percent increase in exclusive breastfeeding. A.010 drop in EBF is caused by a change in a unit of sociodemographic variables. When all other parameters are held constant, a change in one unit of knowledge equals a.511 drop in EBF, and a change in one unit of sociocultural factors equals a.301 increase in EBF. All of the independent variables of sociodemographic characteristics, understanding of EBF, and sociocultural factors had non-zero coefficients. As a result, all of the independent variables were discovered to have an effect on the dependent variable.

CHAPTER FIVE

SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

5.1 Introduction

This chapter contains the summary, discussions, conclusions and recommendation of the study based on the study objectives.

5.2 Summary and Discussions

The goal of this study was to find out what factors influence women who exclusively breastfeed their infants under the age of six months.

Knowledge of mothers

The study discovered that 92.7 percent of respondents were aware of exclusive breastfeeding, with over two-thirds (67.2 percent) receiving this information from health facilities. This finding corroborates with the report by Dukuzumuryemi et al (2020) that showed that over 90% of mothers were informed amount EBF. Breast milk plus water were suggested for children under the age of six months by less than half (44.6 percent), while over three quarters said breast milk alone was sufficient for newborns during the first six months. Talbert et al (2020) working with rural community in Kenya Coast described similar mixed perceptions arising from advice given to first time teenage mothers by elder women. The majority of respondents (83.5%) stated that EBF for the first six months of an infant's life reduced diarrheal and respiratory illnesses. The majority of respondents agreed that breast milk should be provided to the newborn as soon as possible after birth and that it is crucial, but disagreed that removing colostrum before providing it to the infant is necessary. They also disagreed that breast milk may not be sufficient and that children may require additional fluids and supplemental foods before the age of six months, indicating that their knowledge level was favorable for exclusive breastfeeding. Studies conducted in Kenya supports the belief that babies need to be fed with maize porridge from the age of three months in addition to breast milk (Talbert et al, 2020; Tampa-Naah, 2019).

The study discovered that respondents' knowledge level and socio-cultural factors had a substantial impact on exclusive breastfeeding practices, however sociodemographic parameters had no impact. This gap could be explained by the huge number of respondents who acquired information from health facilities. As a result, they received accurate information from health facilities regardless of their demographic characteristics.

The findings are in tandem with Jama et al (2020) who found that married mothers exclusively breastfeed better compared to unmarried just as employed mothers living in urban feed less compared to unemployed ones. Still, young mothers feed less compared to the older ones as offered by Talbert et al (2020). The study found that sociodemographic characteristics were not correlated with exclusive breastfeeding. This means that regardless of what age, marital status, type or number of births, among others may not determine how an individual practices EBF. These findings are inconsistent with previous literature such as Manyeh et al (2020) and Grassly (2016) who found that mothers in developing countries are socialized to think exclusive breastfeeding is the norm for a new born. The reason to this could be exposure and access to knowledge received from health facilities which gives options to mothers especially those with chronic conditions like HIV/AIDS as offered by Samburu et al (2021).

The study found that knowledge level and socio-cultural factors influenced exclusive breastfeeding practices. The findings resonate with those by Dibley (2015) who found that mothers' awareness on the benefits of exclusive breastfeeding are likely to help them find ways of covering for their absence even when they are away from their infant. Such ways may include, expressing where the infant is able to consume mothers milk instead of supplements or animal milk.

Socio-demography

Nearly half of those polled (47.4%) were between the ages of 26 and 35, and nearly three-quarters (73.2%) were married. Over half of the population (56.1%) was illiterate, and over two-thirds of those who were were illiterate (69.4 percent). The majority of the babies (79.8%) were between the ages of 6 and 12 months, and more than half of them were female (52.6 percent). Over a third (35.6%) had gone to the prenatal clinic three times, and

nearly half (46.9%) were multipara. The majority of the respondents (84.2%) gave birth in a health facility, and 98.2% gave birth vaginally.

Socio-cultural factors

Grassly (2016) observed that socio-cultural norms may affect exclusive breastfeeding practices because a mother practices what has been handed over in their society. The current study found a positive influence of sociocultural factors on exclusive breastfeeding. This implies that the more a person has better knowledge of the cultural norms, the more they are likely to engage in exclusive breastfeeding.

In South Africa Chakona (2020) found that social situations such as dependence of mothers on lack of income and cultural beliefs have major bearings on EBF. He reported that fathers have no say on breastfeeding and young mothers were unwilling to follow cultural norms of feeding babies.

5.3 Conclusions and Recommendations

The study makes the following conclusions and recommendations according to the study objectives.

5.3.1 Conclusions

In the Dayah IDP camp, sociodemographic factors had no significant impact on mothers' exclusive breastfeeding. As a result, any interventions aimed at improving EBF can be implemented to women regardless of their social standing, such as age, residency, economic situation, or educational level.

The level of information has a substantial impact on the practice of exclusive breastfeeding. As a result, if moms are trained on how to facilitate exclusive breastfeeding, greater outcomes for the child's health may be reached than if they are not implemented.

There was also a significant influence of socio-cultural factors on exclusive breastfeeding. This means that sociocultural practices that facilitate proper EBF may need to be empowered and encouraged and those that hamper it may need to be discouraged for better outcomes on the health of the child.

5.3.2 Recommendations

The study makes the following recommendations for policy and suggestions for further studies.

Recommendations for policy

The study found out that socio-demographics do not influence exclusive breastfeeding practices. Unified policies that target breastfeeding mothers as a whole may be necessary to promote exclusive breastfeeding as well as complementary practices in case of mothers with special needs like those with HIV/AIDS.

Mothers' exclusive breastfeeding practices were found to be influenced by their level of knowledge. Women who are expecting or nursing infants may be subjected to policies aimed at raising awareness about exclusive breastfeeding. This will result in better health results for them and their children.

The practice of exclusive breastfeeding among women is influenced by sociocultural influences. To achieve the best results, policies that identify and promote constructive norms in various social groupings may be required. In addition, sociocultural habits that obstruct exclusive breastfeeding may need to be identified and avoided.

Further Research Suggestions

This research looked at three factors that influence exclusive breastfeeding in mothers with infants under the age of six months. Other studies may be conducted with specific age groups, such as 15-25 or 26-35, to see if similar results can be obtained.

The current study found that sociodemographic characteristics had no significant impact on the practice of exclusive breastfeeding. Other research may concentrate on specific demographics to determine which are more influential than others.

This study used a cross-sectional survey design. Other studies that utilize experimental designs may be used to determine if there are significant differences in exclusive breastfeeding with different knowledge levels.

The study explored on whether sociocultural norms influence exclusive breastfeeding. Other studies may be conducted on specific norms that are more influential than others for facilitation of exclusive breastfeeding.



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APPENDICES

Appendix I: Map of Somalia Showing the Area of Study.



APPENDIX II: CONSENT FORM

Title of the study: Determinants of exclusive breast feeding practices among mothers with infants living in Dayah IDP camp in Deynile Mogadishu Somalia.

Researcher: Amal Hussein Abdulle

Introduction

You are being asked to participate in a research study being conducted by Amal Hussein Abdulle, master of Public Health student department of Epidemiology at Mount Kenya University.

Purpose

The purpose of this study is to determine the determinants of exclusive breast feeding practices among mothers living in Dayah IDP camp in Daynile District Mogadishu Somalia.

Procedure

You will be interviewed about your experiences of exclusive breast feeding of your infant's first six months. The interview will last approximately 30 minutes. Our goal is to understand

factors influencing exclusive breast feeding practices. The researcher is asking to audio record so that we get accurate information about your experience.

All recording and writing data will be password-protected on a computer drive. Only the researcher will have access to the password. At the conclusion of the Study, all computer files and recording will be deleted.

Risks/benefits

Though unlikely, it is possible that the interviews could spark anxious or depressed mood for participants.

There will be no direct benefit from your participation, however the community will benefit from the findings of the study. The need identified through the study will be

presented to potential stakeholders could offer support in creating programs designed to meet those needs

Confidentiality

Your study results will be handled as confidentially as possible. If the results of this study are published or presented, individual name and other personally identifiable information will not be used.

Contact

If you have any question about this research project, feel free to contact the Chairman, Mount Kenya University. IREC, P.O Box 342-01000, Thika.

Voluntary participate

Your participation of this study is voluntary. Even if you decide to participate. You may withdraw from the study without the penalty at any time during or after the study

Statement of Consent

I agree to participate in this study and to the use of this study as described above. By signing below, you indicate that you have read the information in this document and are agreeing to participate in the study outline.

Signature..... Date.....

Participant's Signature

Signature..... Date.....

Researcher' Signature

Mount Kenya University



REF: MKU/ERC/1547

TO: AMAL HUSSEIN ABDULLE

REG: MPH/2018/20446

Date: 30 January 2020

Dear Sir/Madam,

RE: DETERMINANTS OF EXCLUSIVE BREAST FEEDING PRACTICES AMONG MOTHERS WITH INFANTS BELOW SIX MONTHS LIVING IN DAYA IDP CAMP MOGADISHU, SOMALIA

This is to inform you that **Mount Kenya University** has reviewed and approved your above research proposal. Your application approval number is **649**. The approval period is **29/01/2020 – 28/01/2021**.

This approval is subject to compliance with the following requirements;

- i. Only approved documents including informed consents, study instruments, MTA will be used
- ii. All changes including amendments, deviations and violations are submitted for review and approval by **Mount Kenya University**
- iii. Death and life threatening problems and serious adverse events or unexpected adverse events whether related or unrelated to the study must be reported to **Mount Kenya University** within 72 hours of notification
- iv. Any changes, anticipated or otherwise that may increase the risks or affect the safety or welfare of study participants and others or affect the integrity of the research must be reported to **Mount Kenya University** within 72 hours
- v. Clearance for export of biological specimens must be obtained from relevant institutions
- vi. Submission of a request for renewal of approval at least 60 days prior to expiry of the approval period. Attach a comprehensive progress report to support the renewal
- vii. Submission of an executive summary report within 90 days upon completion of the study to **Mount Kenya University**

Prior to commencing your study, you will be expected to obtain a research license from National Commission for Science, Technology and Innovation (NACOSTI) <https://oris.nacosti.go.ke> and also obtain other clearances needed.

Yours sincerely,

The Chairman
Mount Kenya University
Ethics Review Committee
P.O. Box 342 - 0100, Thika

Prof. Francis W. Muregi
Chairman, Mount Kenya University IERC

APPENDIX IV: RESEARCH PERMIT



Somali Federal Republic
Ministry of Health & Human Services

ETHICAL APPROVAL

This is to certify that the proposal submitted by:

Principal Investigator

Name of Researcher responsible for project: Amal Hussein abdulle

Reference No:

MOH&HS/DGO/0393/March /2021

Full project Title:

Determinants of exclusive breastfeeding practice among mothers with infants below six months living in Dayah IDP camp Mogadishu Somalia

Starting: Date 28/1/2020

Finishing Date: 29/1/2021

Has been approved by the Research & ethics committee at the Ministry of Health
On the 01-3 - 2021

Director of Policy & Planning

A handwritten signature in blue ink, appearing to be 'Amal Hussein', written over a horizontal line.



Secretary

A handwritten signature in blue ink, written over a horizontal line.

Email: dg@moh.gov.so / P.O BOX 22