THE ROLE OF FATHERS IN THE PROMOTION OF EXCLUSIVE BREASTFEEDING AMONG THE MARAKWET COMMUNITY, IN MARAKWET WEST SUB COUNTY, KENYA.

By:

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DECLARATION

I declare that this is my original work and has not been presented in higher learning institutions for a degree or any other award. No part of this research may be reproduced in any form without prior permission of the author and Moi University.

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This thesis has been submitted with our approval as university supervisors.

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DEDICATION

I dedicate this work to my parents the late Hon. V. Komen Arap Too and the late S. Kimoi Too.

ABSTRACT

Introduction: Breast feeding has been endorsed by the World Health Organization and scientific organizations as the best start for infants. Exclusive breast feeding for the first six months of life provides all the nutrients for growth and protection against infections hence, preventing malnutrition. It has been proved to reduce infant mortality rates by 13%. For mothers to exclusively breast feed, they need support from all the stakeholders especially fathers, because of their position as decision makers, providers and caretakers at the household level. This study explored father's role in promoting exclusive breast feeding in Marakwet West Sub- County, Kenya.

Objectives: This study aimed at determining the prevalence of exclusive breastfeeding in the Marakwet community and to describe the role of fathers in promoting exclusive breast feeding. It also sought to establish the knowledge of breast feeding among fathers as well as views of women on fathers' support of breast feeding in their community.

Methodology: This was a cross sectional descriptive study where both qualitative and quantitative research methods were employed. The study involved 30 fathers and 405 mothers/women, who had children aged two years and below. Qualitative data was collected through recorded focus group discussions involving 30 fathers and 17 mothers in six focus group discussions. The data was then transcribed verbatim, processed by cleaning, coding, entry, and analysis done thematically. The quantitative data was collected using questionnaires administered to 388 mothers seeking maternal child health services at Chebiemit Sub County Hospital. The data was then entered into database created in SPSS version 17. Frequency tables were generated for categorical variables while mean as a measure of central tendency was used for continuous variables to get the mean age of exclusively breast feeding mothers and when breast feeding stops. A confidence interval of 95% against the estimated prevalence was computed using confidence interval computation of proportions formula**.**

Results: Prevalence of exclusive breast feeding in Marakwet West Sub- County was 20% with a 95% confidence interval of [16%, 36%]. As much as breast feeding was a common practice, with 88% of the mothers breast feeding their infants, there was a high uptake of prelacteal feeds which contributes to low prevalence of exclusive breast feeding. Findings showed that fathers support the mother in carrying out household chores, mostly through, securing a 'helper'; provided food that met the nutritional requirements of the mothers; played a connecting role between the mother and her in-laws, and gave emotional support mothers emotionally by being available. Fathers/partners were reasonably knowledgeable about breast feeding and perceived breast feeding as the only healthy way to feed an infant. They demonstrated their understanding of exclusive breast feeding but were aware of the non- exclusive breast feeding practices. Women viewed the role of fathers as supportive of exclusive breast feeding by providing nutritional support and relieving the mother of household chores by getting a 'helper' or performing other duties personally.

Conclusion: In Marakwet West Sub-County, fathers showed their support for exclusive breast feeding through their family members, especially mother in-laws (the man's mother), facilitating availability of helpers and basic needs especially food. They are knowledgeable about and valued breast feeding as the only healthy way to feed infants.

Recommendation: The study findings provide useful information to Elgeiyo Marakwet County Government Programmers and researchers interested in breast feeding support by males and feeding practices in Marakwet community. Further research should be done on ways of improving exclusive breastfeeding in the County.

TABLE OF CONTENTS

LIST OF TABLES

LIST OF FIGURES

LIST OF ABBREVIATIONS

AIDS- Acquired Immune Deficiency Syndrome

BFHI- Baby Friendly Hospital Initiative

CHW- Community Health Worker

EBF- Exclusive breast feeding

FGD - Focus Group Discussion

HIV- Human Immunodeficiency Virus

IMR- Infant Mortality Rate

KDHS- Kenya Demographic Health Survey

KIHBS- Kenya Integrated Household Budget Survey

MTCT- Mother to Child Transition

MTRH - Moi Teaching and Referral Hospital

UNAIDS- Joint United Nations Program on HIV and AIDS

UNICEF- United Nations Children's Educational Fund

USBC - United States Breast feeding Committee

USD – United States of American Dollar

WHO- World Health Organization

DEFINITION OF TERMS

Adult: Male or female aged eighteen years and above

Exclusive breast feeding: Mother giving her infant only breast milk except for drops or syrups of medicines, when medically indicated.

Father(s): Is used interchangeably with man (men)/partner(s) in this study

Knowledge: The Oxford Dictionary defines **knowledge** as the information, understanding and skills that is gained through education or experience. Knowledge was assessed in terms of the participants (fathers) awareness of the importance of breastfeeding and its implications on the child's and mother's health, for the purpose of this study.

Low income: Population living on an income of below USD 1 per day.

Mother(s): Is used interchangeably with wife/partner /women in this study

Reproductive age: Woman aged between eighteen and forty-nine years.

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CHAPTER ONE

1.0 Introduction

This chapter gives a background of breastfeeding, the benefits and why it should be promoted and supported.

1.1 Background

The recommended feeding practice for infants under the age of six months is exclusive breast feeding. This means the infant feeds on breast milk only for this period. At the age of six months an infant should be introduced to other foods in addition to breastfeeding, which should continue until, at least, the age of twenty-four months (WHO, 2002). This has been endorsed universally by the world's health and scientific organizations as the best way of feeding infants (WHO, UNICEF and UNAIDS 1997).

Research has shown that exclusive breastfeeding supports optimal growth and development of infants and young children. Breastfeeding protects against adverse effects of respiratory tract infections (Arifeen et al, 2001&Seema et al, 2008). Exclusive breastfeeding reduces the prevalence of lower respiratory tract infections according to a study in China (Binns et al, 2016*).* Furthermore, it lowers the risk of gastrointestinal infections (Kramer & Kakuma, 2002). For mothers, exclusive breast feeding helps with recovery from pregnancy. In an American experimental study to examine the effects of breast feeding on maternal stress and mood, it revealed that breast feeding is associated with decrease in negative mood (Mezzacappa et al, 2002*).* It is estimated that more than 90% of children living with HIV acquired the virus through mother to child transmission and of this 20-40% through breastfeeding

(UNAIDS, 2008). Nonetheless, exclusive breast feeding has more advantages, over non-exclusive breast feeding (Kuhn et al, 2007).

Feeding practices play a fundamental role of determining growth, both physical and cognitive development, nutrition and health of infants and young children. It is a public health recommendation that infants should be exclusively breast fed for six months of life to achieve optimal growth, development and health (Kramer & Kakuma, 2002). Exclusive Breast feeding provides ideal nutrition despite any social or economic disadvantages that may exist for the child (USBC, 2002).

As a general principle, in all populations, irrespective of HIV infection rates, breast feeding should continue to be protected, promoted and supported (UNAIDS, WHO and UNICEF, 1997).

Globally, 40% of infants are exclusively breast fed (WHO & UNICEF, 2017; Sguassero, 2008). In Kenya, sixty percent 60% of infants are exclusively breastfed for six months while in Rift valley province the median duration of exclusive breastfeeding is 1.7 months (KDHS, 2014). As much as breastfeeding is still considered an important part of the traditional culture and is actively supported as a norm by many communities in Kenya, exclusive breastfeeding is not common.

Low exclusive breastfeeding rates with HIV/AIDS continue to pose challenges to child survival; impacts on nutritional status of children and incidence of common childhood infections. Under nutrition affects immunological functions and as a result, it increases the incidence, severity and duration of common childhood diseases such as diarrhea and acute respiratory infection (Arifeen et al, 2001& Seema et al, 2008*).*

For successful exclusive breastfeeding, support from family members, healthcare service providers and the media is critical. Responsibility for providing this support lies with both public and private sectors (USBC, 2002). Lack of adequate support for exclusive breastfeeding by family, worksites and communities; the objectification of women's breasts; public aversion to the "maternal breast" which stigmatizes public breast feeding and failure to adequately inform women about benefits of breastfeeding, help to create an environment that undermine women's capacity to exclusively breastfeed.

1.2 Problem Statement

Inadequate support for infant and young child feeding is one of the contributing factors for poor breastfeeding (WHO, 2003). Support programmes is one of the priorities of Global Breastfeeding Collective, a partnership led by WHO and UNICEF, call to action for policy makers worldwide(WHO&UNICEF,2017).The support and companionship that fathers provide as the family providers and care givers, enhances exclusive breastfeeding but fathers are often left out by those providing health education (Engebretsen et al, 2010). Current information, education, and communication activities on exclusive breastfeeding only target mothers, fathers are rarely actively involved in such activities, although there is some evidence that they have a positive influence on the adoption of healthy infant care practices (Arts et al, 2011).

Despite the recommendation that infants should be exclusively breastfed for the first six months of life, exclusive breastfeeding remains a challenge in much of the developing world. Sub optimum breastfeeding, especially non-exclusive breastfeeding in the first six months of life, results in 1.4 million deaths and contributes to 10% of

global disease burden in children younger than 5 years, and together with nutrition related factors, responsible for about 35% of child deaths and 11% of the total global disease burden (Kuhn et al, 2007).

In Kenya, nationally the infant mortality rate is 39 per 1000 live births. Regionally, Rift Valley, where, Marakwet west sub county lies, the IMR are 34 per 1000 live births while in Marakwet is 39 per 1000 live births. Child mortality rate, in Kenya, is 14 per 1000 live births, in Rift Valley is 12 per 1000 live births and Marakwet is very close to the national rates at 39 deaths per 1000 live births (KDHS,2014 and Marakwet Development Plan, 2008).

1.3 Justification

Studies on breastfeeding support have been done with a lot of attention on women (Kamau-Mbuthia, Elmadfa & Mwonya 2008). In the study area very few or limited studies have been done on breastfeeding and especially on breastfeeding support. This study, therefore, explored promotion and support for exclusive breastfeeding from important others, specifically fathers. The findings of the study provide information to the public health policy makers, planners, implementors and researchers on breast feeding practices and support by males in Marakwet community. It also informs on the need to repackage exclusive breastfeeding messaging and areas of further research on involving males to improve support on exclusive breast feeding.

The commitment of UNICEF and WHO to protect, promote and support breastfeeding has seen a lot of progress through the Innocente Declaration Goals (1991), of Baby Friendly Hospital Initiative (BFHI) and International code of marketing of breast milk substitutes (WHO, 2002). The WHO/UNICEF Global strategy reconfirms these goals

and adds new attention to the community and the family support (UNICEF report, 2009).

1.4 Research Question

What is the role of fathers in promoting exclusive breastfeeding in the Marakwet Community?

1.5. Research Objectives

1.5.1 Broad objective

To assess fathers' involvement in promoting exclusive breastfeeding in the Marakwet Community.

1.5.2 Specific objectives

1. To determine the prevalence of exclusive breastfeeding in the Marakwet community
2. To investigate the role of fathers in promoting exclusive breast feeding in the Marakwet Community.
3. To establish the knowledge of breastfeeding among fathers of the Marakwet community.
4. To explore the views of women on fathers supporting breastfeeding in the Marakwet community.

1.6 Study Limitations

Chebiemit Division in Marakwet west sub-county was considered for this study because Chebiemit sub county hospital which offers MOH Maternal and Child Health services and the presence of Community Health Workers (CHW). With the presence of the two, the community was exposed to exclusive breast-feeding messaging.

Consequently, sampling was limited to two sub-locations in the division and therefore study results cannot be generalized even though the Marakwet community are inhabitants of Marakwet west and Marakwet East Sub Counties spread in the three different topographic zones.

CHAPTER TWO

LITERATURE REVIEW

2.0 Introduction

This is a description of literature on breast feeding promotion and Support.

2.1 Exclusive Breast Feeding Overview

Breast feeding is still a norm in many parts of the world, especially in Africa, where a woman who has given birth is expected to breastfeed. In Western countries, breastfeeding is not predominant and breast feeding rates differ from country to country. In Europe Norway has a very high rate of breast feeding while France and Italy have the lowest rates (EU, 2008).

A study in Northern Uganda revealed that breastfeeding is generally practiced but exclusive breastfeeding was not common (Engebretsen et al, 2007). In Zambia Breastfeeding is universal but few practiced exclusive breastfeeding (Fjeld et al, 2008).

However, introduction of prelacteal feeds is very common in sub-Saharan countries.
Just like in other Sub-Saharan countries, in Kenya breastfeeding is common, but not exclusive breastfeeding at 32% (KDHS, 2009) but has significantly improved to 61% (KDHS 2014). In other regions in Kenya, which had reported low prevalence previously, the prevalence have also improved significantly. According to a Nairobi study, 99% of the mothers participating in the study breastfed their infants but only 2% exclusively breastfed for the first six months (Kimani-Murage et al, 2011). Older women and women who are new parents are likely to exclusively breastfeed their infants. This is according to a study done in Eldoret, Kenya (Naanyu, 2008). Another study in Nairobi showed that Women from low socio-economic background and those

who work in shifts breastfed their infants exclusively for a longer period compared to those of higher socio-economic group and those who work for fixed number of hours (Lakati, 2002 & Onyango, 2000).

2.2 Support of Exclusive Breast Feeding

Support from significant others is key for mothers to succeed in exclusively breastfeeding their infants. Research has demonstrated that knowledge and support is essential for helping mothers establish and continue breastfeeding as they return to work and make use of child care services (Seema et al, 2008). In a survey conducted by the Australian Breastfeeding Association, there are five defined areas in which mothers of infants sought help for: reassurance, feed frequency, positioning and attachment; and fatigue/tiredness (Grieve & Howarth, 2002).

It is an assumption that media messages about infant feeding can influence how a mother decides to feed her infant. It is noted that there is a relationship between media messages and breastfeeding rates (Foss & Southwell, 2000). In Uganda, an evaluation of a campaign showed there is media effects on women's knowledge of six months as the ideal duration for exclusive breastfeeding (Gupta, Katende & Bessinger, 2004). The role of healthcare providers in the support and promotion of exclusive breastfeeding is vital. In the United States it was identified that the gaps in providers' breastfeeding knowledge, counseling skills, professional education, training, culture and attitude affect breastfeeding promotion and support (Szucs et al, 2009).

In many Sub Saharan countries, communities often take the recommendations of health care service providers as the final word (Piwoz et al, 2006). Health care service providers support can effectively increase the rates of exclusive breastfeeding because, in their position they have great influence in the mother's decision on infant

feeding. With this important role, healthcare professionals, in recent years, have had a renewed interest in knowledge of lactation and infant feeding, and maternal satisfaction with the provision of breastfeeding support (Dykes, 2006). On the contrary, health providers sometimes use their own breastfeeding experiences to replace evidence-based knowledge.

Family support has been associated with increased duration of exclusive breastfeeding. Within the family, grandmother and father play a key role in a mother's choice to breastfeed (Cernades et al. 2003). In Zambia, grandmother showed considerable authority in the mothers' infant feeding decision (Bentley et al, 2003 & Fjeld et al 2008) but the father's influence need to be explored more in the African setting.

2.3 Fathers' Role and Involvement in Exclusive Breast Feeding Support

According to Fjeld et al (2008), the father's opinion can either support or dissuade a woman's decision to breastfeed. A review of literature on fathers and breast feeding indicate that father influences four aspects, in particular: the breastfeeding decision, assistance at feeding, duration of breastfeeding, and risk factors for bottle feeding. It also found association of fathers' positive attitudes towards breastfeeding and the intentions of the mother to breastfeed (Bar-Yam & Darby, 1997). In Vietnam, the feeding preferences of a husband is one of the determinants that could influence the initiation and breastfeeding pattern (Duong et al, 2004) while a study in Sweden established that increased involvement of fathers in the first year of infant's life may have beneficial effects to breastfeeding in the first six months. From this study, Social economic status of the father also had effects on breastfeeding of an infant. Infants whose fathers are from a low social economic status were likely not to breastfeed.

Attitude of partners towards breastfeeding was the most important factor associated with breastfeeding (Elsa et al, 1994).

Traditionally in the African society, breastfeeding is considered a woman's issue. Like the African Society, a study done in Brazil concluded that knowledge and emotions involved in fathers' participation in breastfeeding are the products of socialization of both men and women (Pontes et al, 2008). In the United States, the role of the father has been identified as one of the strongest influences on the initiation and duration of breastfeeding (Cohen et al, 2002).

Other studies too, have shown that father participation in breastfeeding process increases the initiation and the duration of breastfeeding. The results of a controlled trial of the father's role in breastfeeding promotion in Italy, demonstrated that the prevalence of full breastfeeding at six months was 25% (35 of 140) in the intervention group and 15% (21 of 140) in the control group. Among the women who had reported difficulties with lactation in the intervention and control groups, the prevalence of full breastfeeding at six months was 24% and 4.5%, respectively. According to this study fathers are important in the maternal decision on how to feed the infant and that, mothers choose to bottle feed or breast feed for a shorter time when the father is not supporting breast feeding (Pisacane et al, 2005). An interventional study in Brazil on inclusion of fathers in the promotion of breastfeeding it showed a significant decreased risk of discontinuation of exclusive breastfeeding before six months, when fathers are included in breastfeeding promotion (Susin & Giugliani, 2008). In Hong Kong, the common factors influencing decision to breastfeed are; personal, cultural, social and environmental but mother's knowledge and attitudes, and husband's support, were identified as important in influencing infant feeding choice (Kony &

Lee, 2004). A study done in Kitale, a rural town in Kenya, concluded that male partners involvement influenced infant feeding decision especially breastfeeding (Bii et al, 2008). Researchers have recommended further research into husband's role, recognition, perceptions, involvement and support for infant feeding in different settings (Susin & Giugliani, 2008, Kony & Lee, 2004, Matovu et al., 2008).

2.4 Fathers' Knowledge on Breast Feeding

Lack of knowledge on exclusive breast feeding on the part of fathers and how to target this group in health education are challenges that demand immediate attention, if, promotion of exclusive breast feeding is to succeed (Fjeld et al., 2008). Moreover, fathers are poorly informed about the advantages of breast feeding and may have many concerns that are poorly addressed which can negatively influence initiation and duration of breastfeeding (Pisacane et al, 2005). Findings from an Australian qualitative study to explore paternal support for breast feeding highlighted that men want to be involved in the support for breast feeding but they need more information and knowledge (Tohotoa et al, 2009).Fathers need to be more informed about breastfeeding in order for them to adequately support.

2.5 Women's Views on Fathers Support on Breast Feeding

Research has shown that one of the common reasons why bottle-feeding was chosen included: mothers' perception of fathers' attitude (UNICEF, 2007). Fathers are important in the maternal decision on how to feed the infant and that mothers choose to bottle feed or breast feed for a shorter time when the father is not supporting breast feeding. According to an Australian study, it emerged from the mothers interviewed in focus group discussions that dad's support made a difference (Tohotoa et al, 2009). Women in Namibia turned to their spouses or partners for support on feeding

decisions (Amandhila, 2005) contrary to Kenya where women sought support for feeding decision from their partners if they were diagnosed to be HIV infected (Gewa et al.2011). The fathers' attitude towards breast feeding, as perceived by mothers, influenced them not to breast feed (Arora et al, 2000).

There still a lot of room to explore how mothers perceive their support provided by fathers on breast feeding.

2.6 Conceptual Framework

This conceptual framework shows how the role of fathers may influence support and exclusive breast feeding outcomes

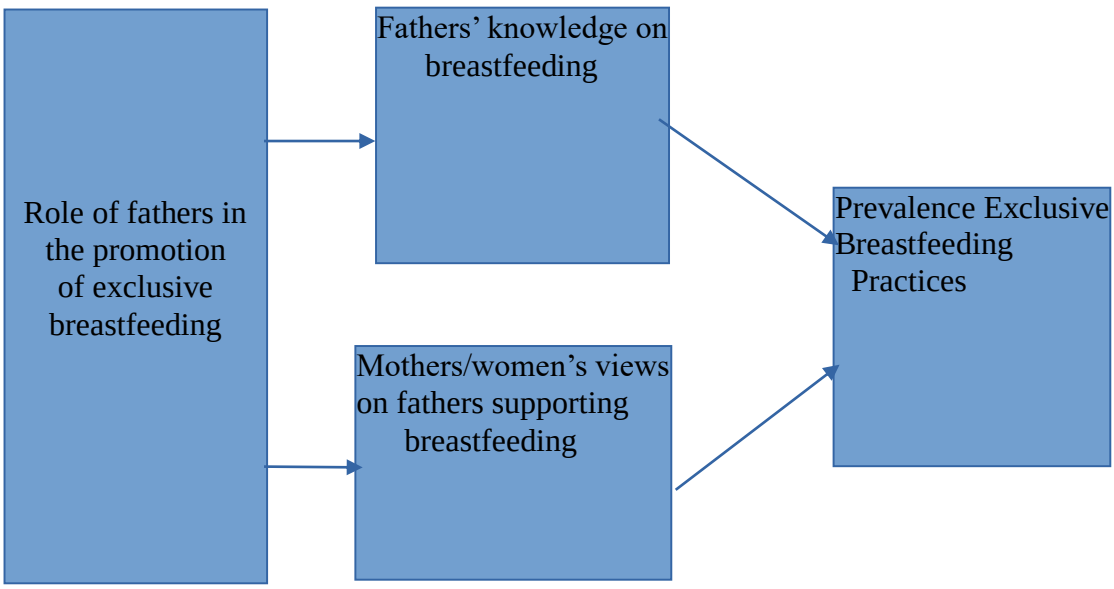

Figure1: conceptual framework on father's promotion of exclusive breastfeeding

Adopted and modified M.M. Thet et al. (2016)

CHAPTER THREE

METHODOLOGY

3.0 Introduction

This chapter explains how the study was conducted. It describes the design of the study, where it was conducted, the participants, and how they were selected. It also explains how the data was collected and analyzed.

3.1 Study Design

This was descriptive cross-sectional study. It employed mixed methods approach where both qualitative data were collected using focus group discussions and quantitative data was collected using researcher administered questionnaire. This mixed approach especially qualitative method of data collection provided insight on how fathers understood their role in promoting exclusive breast feeding and the feelings of mothers on the men promoting exclusive breast feeding.

3.2 Study Area

The Kenyan constitution which was promulgated on 27th August 2010 provides two tier government structure one National government and forty-seven county governments (The Constitution of Kenya, 2010).

Elgeiyo Marakwet County is one of the Counties. Counties are structured into administrative and political units. Elgeiyo Marakwet County is therefore divided into four major administrative units namely Marakwet East, Marakwet west, Keiyo North and Keiyo South Sub Counties. A sub county is further divided into divisions, locations, sub locations and the smallest unit is a village. It borders West Pokot County to the Northwest, Baringo County to the east, Trans-Nzoia County to the west, and Uasin Gishu County to the South.

This County is uniquely divided into three topographical zones, namely the highland plateau, the escarpment, and the Kerio valley.

The Marakwet people are largely the inhabitants of two administrative units of Marakwet East and Marakwet West. Marakwet West sub county is situated about 30 km North of Iten town, the county headquarters, and 60km North of Eldoret town, the business capital of the Northern part of Rift Valley region. The population of Marakwet West Sub County is approximately 138,000(KNBS (2019), Kenya Population and Housing Census).

The community comprises low and middle-income inhabitants according to Kenyan standards and largely depends on subsistence farming and small-scale enterprises for living. The sub county population is regarded as 43.6% poor (KHIBS, 2018).

Chebiemit Division is in the highland plateau in the newly curved Marakwet west sub county. It is the third populous division in the Sub County after Kapcherop and Kapsowar divisions respectively, (Elgeiyo Marakwet CIDP II, 2018).

The study was carried out in Nerkwo sub-location and Chebiemit sub location, Chebiemit Location, Chebiemit Division, Marakwet west Sub County, Elgeiyo Marakwet County, Kenya. Chebiemit Division in Marakwet West Sub County was purposively selected because it hosts Chebiemit sub county hospital which offers MOH Maternal and Child Health services and there is the presence of community health workers (CHW). With the presence of the two, the community was exposed to exclusive breast-feeding messaging. There are not many studies which have been done in this county before, in relation with breast feeding.

3.3 Study Population

The study population was comprised of men and women who had young children aged two years and below (0-2years).

3.4 Sample Size

For quantitative data to determine prevalence of exclusive breastfeeding in Marakwet West Sub County, the calculated sample size was 334. These were mothers who had children two years and below who were seeking MCH services at Chebiemit Sub County Hospital.

This sample size was calculated based on Fischer's formula as cited by Mugenda (Mugenda and Mugenda, 2003).

$$n = \frac{Z^2 pq}{d^2}$$

Where: -

n= the desired sample size

Z=the standard normal deviate at the required confidence level

P=proportion in the target population estimated to have characteristics being measured. The prevalence of exclusive breastfeeding in Kenya 32 % (KDHS, 2008)

q=1-p

d=the level of statistical significance set.

Taking;

Z=1.96

p=0.32

q=1 – 0.32 (0.68)

d=0.05

$$n = \frac{1.96^2 \ x\ 0.32\ x\ 0.68}{(0.05)^2}$$

Sample size = 334

The Sample size for objectives number two; the role of fathers in the promotion of exclusive breastfeeding, objective three; Fathers knowledge on breastfeeding and objective four; Views of women/mothers on fathers support on breastfeeding, a sampling frame of fathers and mothers who had young children aged two years and below, was generated with the help of the head of the sub-location (sub-chief). Two sampling frames of 80 names each were generated.

Therefore, each name in the sample frame was assigned a number from one to eighty (1-80). Since four focus group discussions were desired for father participants, fifteen names were randomly selected by writing all the numbers (1-80) in small papers, folded and were put in a container. The container was then shaken before the researcher randomly picked fifteen numbers for each focus group. After revealing the numbers, each number was matched with the names in the sampling frame. The names and the villages where the selected participants came from were listed and were invited through the Sub-chief's office, by the village elders, to participate in the study. The day, date and the venue where the focus group discussions were to be conducted were also communicated to those who volunteered to participate in the study, through the same channel.

The same process was undertaken, from the sampling frame of mothers, who participated in two focus group discussion for the purpose of objective number four.

A sample size of 15 participants per group discussion selected but an average of 8 participated in the focus group discussions. A sample of between six to twelve (6-12) participants is adequate for a focus group discussion (Russell, 2006).

3.5 Sampling

The study employed purposive, random and consecutive sampling methods.

3.5.1 Sampling of study area

i). The Sub County and Division were purposively selected. Marakwet West is generally inhabited by the Marakwet community. Chebiemit Division was purposively selected because it hosts a Sub County Hospital which is the only facility that offers MoH Maternal and child health (MCH) services with a large catchment population and the presence of community health workers (CHW). With the presence of these two, the community was exposed to exclusive breast feeding messaging. There are not many studies on breast feeding that have been done in this County.

ii). The Sub Locations were randomly selected. The names of the sub locations in Chebiemit Division were entered into a database and were randomly sampled using Microsoft access.

3.5.2 Participants

i) For the objective number one, to determine the prevalence of exclusive breast feeding, the mothers who participated were consecutively selected. Consecutive sampling is where all mothers, who met the criteria and were waiting to be served at MCH clinic of Chebiemit Sub County Hospital, were selected. This was done until the desired sample size was attained and interviewed.

ii) For the purpose of objective number two; the role of fathers in the promotion of exclusive breast feeding, objective three; Fathers knowledge on breast feeding and objective four; Views of women/mothers on fathers support on breast feeding the participants who participated in this study, through focus group discussions, were selected purposively. The study targeted specific population of fathers who had children aged two years and below (0-2 years).

ii) For the purpose of objective number four women/mothers who participated in this study, through focus group discussions, were selected purposively because the study was seeking specific views from women/mothers on fathers promoting exclusive breast feeding.

3.6 Sampling Procedures

Inclusion and Exclusion criteria.

3.6.1 Inclusion criteria

i) For objective number one: To determine the prevalence of exclusive breast feeding,

- Mothers who were not natives of the Marakwet community (by birth), but were married into the Marakwet community, were included in the study.
- Mothers who had children < 2 years with congenital malformation which affect breast feeding
- Single mothers were included in the study.

ii) For objectives number two and three

- Fathers who were married but not living with the spouse during the time of the study were also included in the study.

ii) For objectives four

- Mothers who were married but not living with the spouse during the time of the study were also included in the study.
- Mothers who were not natives of the Marakwet community (by birth), but were married into the Marakwet community, were included in the study.

3.6.2 Exclusion criteria

i) For objective number one:

-Mothers under the age of eighteen years

- Mothers who were not mentally stable

ii) For objective number two; the role of fathers in promoting breast feeding and objective number three: The knowledge of fathers on breast feeding.

- Fathers under the age of eighteen years.

-Fathers who were not natives of the Marakwet community (Marakwet by birth)

-Single fathers of children two years and below.

ii) For objective number four; Views of women/mothers on fathers supporting breast feeding

- Mothers under the age of eighteen years.
- Mothers who were not natives of the Marakwet community (Marakwet by birth).
- Single mothers of children two years and below

3.7 Data Collection and Tools

Data were collected through interview guide (Appendix 2&3 in English, appendix 6&7 in Kiswahili and appendix 12&13 in Marakwet) for focus group discussion and interviewer administered questionnaire (Appendix 4 in English, 8 in Kiswahili and 14

in Marakwet). The interviewer administered questionnaire was translated to Kiswahili (This is the language understood most by the respondents), and to the local dialect for further explanations where the participants did not understand, and back translated to English.

3.8 Data Collection Procedures

Before the study commenced, two research assistants with qualification of bachelor's degree, who could speak and interpret the local dialect were recruited and trained in order to obtain reliable information. The two-day training included familiarization with the study and the study tools, how to administer the questionnaire, interview participants, scribe notes during focus group discussions and other study logistics.

The questionnaires were administered, and interviews conducted in a language that the participants understood. Responses for the questionnaire and the interview guide were written in English. The research assistants internalized the questions in the questionnaires and interview guide, so that they could explain to the participants, in the local dialect, where any participant did not understand and/or needed clarification.

3.8.1 Focus group discussions

A total of six focus group discussions were conducted. Four focus group discussions were conducted for fathers (for the purpose of objective number two and three) and two for mothers (for the purpose of objective number four), who had children two years and below (0-2years). There was an average of 8 participants per discussion group.

The interviewer, who occasionally jotted down field notes, moderated all the discussions. The discussions were also audio recorded and timed by a research

assistant. During the discussions the recorder was occasionally stopped when the participants were not comfortable with some information being recorded. This happened in one of the fathers group discussions at Katee and two of the group discussions at Kapkoros, this happened only once during each discussion. The research assistant continued to scribe notes from the discussions and the interviewer continued to jot down notes from the unrecorded discussion. The discussion took place in a quiet room at the chief's office compound for Katee group discussions and a class room at Kapkoros primary school for the Kapkoros group discussions, the discussions took 50 minutes on average.

Through the focus group discussions for fathers, information on their involvement in the support for exclusive breast feeding and knowledge on breast feeding was gathered. From the Mothers focus group discussions, their views on the fathers supporting exclusive breast feeding were collected. From the six focus group discussions conducted, the number of study participants was spread and heterogeneity of the focus group discussions provided rich data for analyses.

3.8.2 Researcher administered questionnaire

The questionnaires were administered to mothers, who had young children two years and below, seeking services at MCH clinic at Chebiemit Sub County Hospital, as they came. A colored sticker was put on the child's and mother's clinic card, to avoid interviewing a mother more than once in case they visited the facility twice during the time of the study.

3.8.3 Response rate

In total 388 mothers, with children 2 years and below, who were seeking Maternal and child health services at Chebiemit Sub County Hospital, Marakwet West sub

County, completed a questionnaire. This was overwhelmingly above the calculated sample size of 334. This was a result of an effort to improve the response rate given the sensitivity of the question at hand. Six focus group discussions (4 focus group discussions with father participant and two focus group discussions with mother participants) were conducted. In summary, the number of study participants was spread and heterogeneity of the focus group discussion provided rich data for analyses.

3.9 Data Management and Analysis

Qualitative data collected were transcribed verbatim, processed by cleaning, coding, entry, and analyzed thematically. Coding involved grouping collected data into themes and ideas that form patterns. Quantitative data collected using interviewer administered questionnaire was entered into database created in SPSS version 17. Frequency tables were generated for categorical variables while measures of central tendency (mean) was used for continuous variables to get the mean age of exclusive breast feeding, mothers, and when breast feeding stops. A confidence interval of 95% against the estimated prevalence was computed using confidence interval computation of proportions formula.

All data were saved in a password secured external computer memory device and a password secured folder on a computer.

3.10 Ethical Consideration

Before the study was conducted a clearance from Moi University School of Public Health and an approval from the Institutional Research and Ethics Committee was sought. A formal approval was granted. Reference: IREC/2012/226, Approval number: 0001011(Appendix 14).

Permission to conduct the study in the Sub County administrative units was sought from the County Commissioner in Marakwet West Sub County. For the data collection which took place at the Chebiemit Sub County Hospital, approval to carry out the study in the facility was given by the County Health Department through the Medical Superitendant of the facility. (Appendix 15).

The participants, who volunteered and were recruited to participate in the study, were given an explanation on the purpose of the study and written consent was obtained before they participated in the study. The participants were also assured of the confidentiality of their identity and the information they gave. A consent form, which elaborated the purpose of the study and the researcher's assurance of confidentiality, was signed by each participant (Appendices1 (English), 5(Kiswahili) and 11(Marakwet)). They were informed that the study report was to be shared with the relevant authorities.

CHAPTER FOUR

RESULTS

4.0 Introduction

This chapter explains the results from the analysis and findings from the study. Quantitative data analysis was used to estimate the prevalence of exclusive breast feeding in Marakwet West Sub County. These analyses also provided what fathers perceived to be their role in the promotion of exclusive breast feeding. Thematic analysis on data from the focus group discussions was used to explore the father's roles and their knowledge on exclusive breast feeding and the perceptions of the women on the role of fathers and partners in supporting exclusive breast feeding.

4.1 Demographic Characteristics of Mothers in the Quantitative Data Collected

Table 4.1. below summarizes the demographic characteristics of mothers who participated in the study to determine the prevalence of exclusive breast feeding. It was found that 65% of all mothers were from the Marakwet ethnic group while the rest were distributed among the other broader Kalenjin ethnic groups. Only 1.3% of these mothers had no formal education. Another 78% these mothers were married and living with their husbands, at the time of the study.

Table 4.1: Demographic characteristics of mothers quantitative data collected

Socio-demographic characteristics	N (%)
Ethnic group	
Marakwet	252 (64.9)
Other Kalenjin tribe	136 (35.1)
Age group of the respondents	
18-24	139 (35.9)
25-30	178 (45.9)
31-36	58 (14.9)
37-42	12 (3.1)
43-48	0.3 (1)
Marital status	
Married	303(78.1)
Single	68(17.5)
Divorced	11(2.8)
Separated	6(1.5)
Parity	
At least 2 children	189(48.7)
3-5 children	190(49)
Above 5 children	40(10.3)
Highest level of education attained	
None	5(1.3)
Primary	160(41.3)
Secondary	154(39.8)
College	62(16)
University	6(1.6)
Occupation	
None	203(52.3)
Formal employment	62(16)
Informal employment	68(17.5)
Other	55(14.2)
Other sources of income	
Subsistence farming	260(67)
Business	68(17.5)
Salary/wages	39(10.1)
Other	22(5.8)
Religion beliefs	
Christian	385(99.2)
Muslim	2(0.5)
Other	1(0.3)

4.1.1 Demographic characteristics of fathers and mothers who participated in FGD

Focus group discussions with father participants and mother participants were conducted for the purpose of study objectives number two, the role of fathers in the promotion of exclusive breast feeding; objective three; fathers knowledge on breast feeding, and objective four; the views of mothers on fathers' support on breast feeding. A total of 30 fathers in four FGD and 17 mothers in two participated in the discussions. Table 4.2 and Table 4.3 summarize the demographic characteristics of the focus group discussions participants.

Table 4.2: Demographic characteristics of father participants in FGD

Location/ venue of FGD	Unit demographic characteristics		Summary	
	Age	Occupation	Mean age	Any important comments
Kapkoros 1	28 31,33,34,35,36, 36, and 48	6 farmers 1 commercial driver and 1 security guard	35	Rural setting
Kapkoros 2	27,28 30,31,38 43 and 43	4 farmers 1 commercial motorcyclist 1 electronic technician 1 commercial shopkeeper	34	Rural setting
Katee1	25,28,28,29,30,32,33 37	4 teachers 1 commercial motorcyclist 1 mason 2 farmer	30	They requested to have the recorder turned off mid-interview
Katee2	28,33,35,36,37,39.42	4 farmers 2 carpenters 1 teacher	3	Rural setting

Table 4.3: Demographic characteristics of mother participants in FGD

Location/venue of FGD	Unit demographic characteristics		Summary	
	Age	Occupation	Mean age	Any important comments
Katee	25.27.28. 28.28. 31.31 32	5 farmers 1 nurse 1 teacher 1 did not disclose	26	Rural setting
Kapkoros	22,23,23, 24,25,28 35,40 and 45	6 farmers 2 student 1 shopkeeper	29	Rural setting

4. 2. Prevalence of Exclusive Breast Feeding in Marakwet West Sub County

Overall prevalence of exclusive breast feeding in Marakwet West sub County is 21%. The highest prevalence of exclusive breast feeding was registered among mothers who had attained a university education 33% and single mothers 31% while the lowest prevalence of exclusive breast feeding was recorded among mothers who had more than 3 children 11% and those mothers who had started formal education but did not advance beyond primary school education at 14%. Generally, the prevalence of exclusive breast feeding in Marakwet West County is lower than the national prevalence rate. A summary of the results is provided in Table 4.4.

Table 4.4: Prevalence of exclusive breast feeding

Characteristic	Prevalence	95% Confidence Interval on the Prevalence
Ethnic group		
Marakwet	21%	[16%, 26%]
Other Kalenjin ethnic group	19%	[12%, 26%]
Maternal age		
18-24	29%	[21%, 37%]
25-30	16%	[11%, 21%]
31-36	17%	[7%, 27%]
37-42	17%	[-4%, 38%]
Mother's occupation		
None	23%	[17%, 29%]
Formal	21%	[11%, 31%]
Informal	19%	[10%, 28%]
Mother's level of formal education		
Never attended school	20%	[-15%, 55%]
Primary School	14%	[9%, 19%]
Secondary School	25%	[18%, 32%]
College/tertiary	22%	[12%, 32%]
University	33%	[-5%, 71%]
Mother's Marital status		
Single	31%	[20%, 42%]
Married	18%	[14%, 22%]
Divorced/separated	18%	[0%, 36%]
Number of children		
At most 3 children	24%	[18%, 30%]
Above 3 children	11%	[7%, 15%]

4.3 Role of fathers in promoting exclusive breast feeding in the Marakwet community

From the focus group discussions, fathers from the Marakwet community were keen to support and, to any extent, create an environment conducive for exclusive breast feeding. A very strong theme that occurred across all the father FGD was their incapability to fully enforce and promote exclusive breast feeding. The role of fathers

in the promotion of EBF among the Marakwet community, therefore, was summarized in the following thematic area;

4.3.1 Reliever

They relieve the mother of house chores by getting a **'helper'.**

From the discussions, fathers are sensitive to the mother's needs and they help create an environment conducive to support the pregnancy. Among the most common things mentioned is helping to secure a 'helper' (someone who can help handling household chores). They believe that once, the mother is free from other commitments in the home; she can concentrate on breast feeding the baby.

> '*If there is a helper to look after animals and do any other chores, she will be able to rest, because she needs to rest and take care of the baby.'* (Rural Katee FGD, men)

4.3.2 Provider

According to the fathers, it was their role and responsibility to provide food to meet the nutritional requirements of the mother. This came out clearly across all the focus group discussions. The fathers described and were described as the primary provider of food. Some fathers explained how they went out of the way to make sure that they provided food that were nutritionally rich. It was a bit unclear, how they determined which food was rich in what nutrients but their commitment to provide for their family, whether through purchasing food, providing finances for food or growing the food in their farms was very clear. They described providing food as a key contributor to ensure that the mother can produce enough breast milk for the baby.

> *'The mother has to be well fed so that she can be able to produce milk.'*(Katee FGD, men)

4.3.3 Emotional supporter

Fathers discussed about being available for the mothers: Regardless of the geographical location of the fathers, a strong call for all fathers and future fathers to be available for the mothers was clear especially immediately postpartum. Most of the fathers in the FGD mentioned that they provide company to the mother either directly or indirectly. The fathers agreed that the paternity leave opportunity, given by the government to men in formal employment, was an opportunity for fathers to be available to support the mother through the first days postpartum. They felt that paternity leave is very important. Even those in informal employment take time from their motorcycle transport businesses, farms or construction work, for example, to make sure that they are near the mother and the infant. To them, being available for the mother during postpartum was important. In the rural Katee focus group discussion, the fathers challenged each other to make sure that they made time and be available for the mothers postpartum. They identified 'going for shopping' and 'helping in doing simple chores' as activities that they can carry out.

> *'You know women are like children, if you show them love they reduce stress (their stress level reduces). For example, eating together she feels nice that "father of the house loves us" and this increases the flow of milk. When a husband is around after delivery that means what a woman's needs is made available (if there is also an important thing, is to just be around even if one does not have money).She feels happy and secure when her husband is at home even if you give everything and you are not around she can be stressed*. (Kapkoros FGD, men)

4.3.4 Connecting the mothers to their mother's in-law

A significant role played by the fathers from the Marakwet community was that of connecting the mothers (wives) to their mothers in-law. This appeared to be a common and rooted culture in the Marakwet community. The purpose of the fathers facilitating this was to ensure that they connect, the mothers, emotionally with their

mothers in-law and that there is a constant ‘helper’ in terms of coping with body changes postpartum and raising of the infant. Fathers through the discussion groups highlighted the experience their mothers had and the invaluable contribution that they had been offering to women in terms of ‘feeding babies’. The fathers felt that, this emotional connection between the mothers and their mothers in-law, boosted breast feeding and created an environment where both the mother and the infant can thrive. From all focus group discussions, regardless of age, fathers appreciated how knowledgeable and experienced their mothers were in breast feeding and dealing with mothers and babies postpartum. Strengthening the relationship between their mothers and their wives and their children was a key role for them. In a sense, the fathers supported the decisions that their mothers came up with, regarding exclusive breast feeding:

> *‘Getting a helper and support from my mother, especially, when they have a good relationship with my wife is important. As a man, I have to work extra hard to provide for my wife and family. My mother will be there to support if she is good. If my wife has a question, she can ask me directly or ask my mother, then mother will answer because mothers know many things. Most of the time there are herbs (for the lactating mother) that we do not know and mother knows where to source them, especially from grandmothers, and my mother facilitates this. Babies are also given a small spoonful of ‘kipsuruny’, it relieves stomach pain called* ‘*kata*’. (Katee FGD, men)

4.4 Breast Feeding Knowledge among Fathers in Marakwet Community

All fathers in the focus groups were familiar with the concept of breast feeding and particularly exclusive breast feeding. Generally, they were in favor of it but were quick to point out some recurrent factors that may prevent exclusive breastfeeding. Their understanding of breast feeding as part of the growth of the child was important. They were also knowledgeable on the initiation of the breast feeding, benefits of

breast feeding and they highlighted barriers to exclusive breast feeding in the Marakwet community.

4.4.1 The only first food for a new born

According to fathers from the Marakwet community, the only way to feed a new born was to breast feed it and thus breast feeding had a central position in the local infant feeding culture. They described breast feeding, in general, as 'the only way to feed' an infant. Fathers from the Katee FGD stressed that the baby should be breast feed on demand.

> *'I think a baby is not able to digest other food and the mother's milk is a whole food. It has all the nutrients required by the baby. There is nothing else the baby can eat. It is only breast milk'.* (Kapkoros FGD, fathers)

4.4.2 Initiation of breast feeding

The fathers understanding of initiation of breast feeding in general, was not significantly varied. Nearly all the fathers from the four focus group discussions were aware of the time to initiate breast feeding after delivery. To them, 'as soon as the baby could feed' was the most appropriate time to initiate breast feeding. But, even if the intention to start breast feeding immediately after delivery was there, 'lack of milk' was the main reason reported by the fathers for delayed initiation of breast feeding. Furthermore, the fathers mentioned that a sick newborn baby or a baby incapable of suckling as an obvious reason to delay initiating breast feeding.

> *'Immediately the baby cries and she is through with the process of labor, She rests a little. The baby's mouth is like that of a sheep, maybe within one hour the baby may forget to suckle. We say "weti kut".(Delay in sucking reflex).The problem comes when the mothers conscious is not back, or the milk doesn't flow. Milk might flow after 1 hour. That is the much we know (since) we don't know what else the nurses do, because we don't go there (to the labor and delivery room)'.* (Kapkoros FGD, fathers)

4.4.3 Exclusive breast feeding

The fathers who participated in the study understood and explained that exclusive breast feeding was feeding the baby on breast milk alone for the first 6 months of life without giving them 'anything'. They expressed 'anything' as 'herbs', 'ash' or 'water'.

They were quick to point out that their wives/partners understood exclusive breast feeding but were not keen to follow through with the practice.

4.4.4 The benefits of breast feeding

Fathers exhibited knowledge about the benefits of breast feeding and the timing. The most mentioned benefits of exclusive breastfeeding were the nutritional value of breast milk, the ease of breast feeding the baby and bond that is created between the mother and the baby during feeding.

4.5 Views of Women on Fathers Support for Breast Feeding in the Marakwet Community

According to women from the Marakwet community, most fathers get involved in the support of feeding a child by asking about the baby's welfare. Most of the fathers will ask if baby has breast fed and especially when they cry.

> *"The baby can be unwell and crying a lot and is like every day. So the father may observe and ask why the baby was crying. So as the mother, I explain to him exactly how it has been. He will suggest taking the baby to hospital because if a baby is not breast fed it is a concern to their fathers and most likely the baby might not be feeling well, when they are not breast feeding."* (Kapkoros FGD, women)

Women expressed, from their experiences, that there were two key roles played by fathers in the Marakwet community. These included fathers assisting in relieving the women from the pressures of house chores through getting a 'helper'. Even after

getting a helper to relieve the mother of house chores, the mothers voiced their appreciation of the father being around the family to be able to help with other chores.

The second significant role that women pointed out was fathers being the providers of food and nutritional support through buying and growing variety of food and providing finances to purchase nonfood items.

Mothers had a contrasting view on the role that culture played in the promotion of exclusive breast feeding by fathers. The cultural practice of separating mothers from fathers postpartum, took whole or at least half of the exclusive breast feeding period. This culture does not allow fathers to provide optimal support for exclusive breast feeding to the mothers. On the contrary, this culture protected mothers from early conception postpartum.

They also expressed the desire for more fathers to be available to support mothers especially immediately postpartum. They lauded paternity leave.

> *"It is important for the government to continue to give this paternity leave. If they don't, this man whose wife has given birth will ask for days off to come and attend to his wife. So it is important for him to be given this leave, even if he will get house help he has to be there to make sure that the wife feeds well."* (Kapkoros FGD, women)

CHAPTER FIVE

DISCUSSION

5.0 Introduction

Exclusive breast feeding for six months is a key child survival intervention that prevents 13% of all under-five deaths annually and this translates to preventing 11,000 deaths in Kenya annually (Black et al, 2008). UNICEF and WHO recommend that children be exclusively breast fed during the first six months of life. It is recommended because breast milk is uncontaminated and contains all of the nutrients necessary for children in the first several months of life. In addition, the mother's antibodies in breast milk provide immunity to disease.

While health programs continue to initiate and run strategies that are likely to promote and support exclusive breast feeding, multiplicities of factors determine the successes of these programs. From literature, gender factors affect maternal and child health in many ways. These often manifest in terms of gender inequality through control of resources, decision-making, and access to health information. These behaviors may in turn affect the mother's and her child's health including exclusive breast feeding (Kraft et. al, 2014).

A key constraint to exclusive breast feeding in some lower- and middle-income countries (LMIC) is lack of knowledge and support from household members who wield authority over many household practices, including infant feeding decisions, particularly fathers and grandmothers (Perez-Escamilla et.al, 1995 & Dinga et., al 2018). There have been many social and behavior change efforts to engage men in reproductive health program interventions, but evidence regarding the impact on breast feeding practice is mixed (Aguiar et.al). With a sustained low uptake of

exclusive breast feeding practice in Kenya, this study investigated the role fathers play, especially in rural Kenya.

5.1 Prevalence of Exclusive Breast Feeding

The Overall prevalence of exclusive breast feeding and early initiation of breast feeding was 21% and 44%, respectively. This is almost a reflection of results from other countries. Uganda, Ethiopia, and Tanzania had higher exclusive breast feeding prevalence compared with Nigeria and Niger. Prevalence of exclusive breast feeding was highest in Mali and lowest in Kenya (Ogba et. al., 2017).

From KDHS (2014), 62% of infants were exclusively breastfed and 91% were breast fed during the first day of life. Exclusive breast feeding has increased from 32% in 2008-2009. On average, Kenyan children are exclusively breast fed for 4.3 months.

A study by Ayisi (2013) showed that the prevalence of exclusive breast feeding was 45.5% among infants aged 0-6 months in Kangemi, Nairobi and the practice of exclusive breast feeding decreased with the age of the infant.

The results of this study are slightly lower than the national results with the overall prevalence of exclusive breast feeding in Marakwet West Sub County being 20%. The overall prevalence of exclusive breast feeding in Elgeiyo Marakwet County is at 35% (ENRICH Project Baseline report, 2017) and in the rural of neighboring Uasin Gishu County is 40% (Mdoga, Limo & Bor, 2019) which is higher than these results from Marakwet West Sub County.

From the results of this study, there are variations in prevalence in mothers basing on the ethnicity of the mother, maternal age, parity, marital status, highest level of formal education attained and occupation. The highest prevalence of exclusive breast feeding

was registered amongst mothers who had attained a university education (33%) and single mothers 31%. On the contrary, the lowest prevalence of exclusive breast feeding was recorded in mothers who had more than 3 children at 11% and those who had started formal education but did not advance beyond primary school education (14%). Mothers with university education were most likely to exclusively to breast feed because of their exposure to information.

Initiation of breastfeeding after delivery was 64% while 22% of the mothers initiated breast feeding between an hour and two hours. These results are higher than results of a study conducted in the neighboring Baringo County, which showed that 54% of mothers did not breast feed their babies immediately after delivery (Limo, 2018) but lower than MTRH in neighboring Uasin Gishu County at 67%. (Boor, Ogada &Kimiywe 2018). While the results of this study are encouraging, it is important to note that 33%, of the mothers give prelacteal feeds before initiating breast feeding. Major reasons for introducing other food substances before initiating breast feeding were their belief that the 'baby's system' needed to be cleaned at 30%. These results are higher than the Kenya national results which showed that 16% of infants received a prelacteal feed (KDHS, 2014).World Health Organization recommends that children receive nothing but breast milk (exclusive breast feeding) for the first six months of life.

While these results demonstrate opportunities for early initiation of breast feeding and ensuring exclusive breast feeding, it is important to note the willingness of mothers to breast feed their babies. Studies have shown that the major risk of delayed onset of breast feeding is neonatal mortality, since infants are susceptible and easily predisposed to infections (Edmond et al., 2006). Infants who are not breast fed on the

first hour of life are fifteen times more likely to die from pneumonia and eleven times more likely to die from diarrhea, both diseases caused by bacteria, virus and parasites. Early breast feeding give newborns essential nutrients, exposure to the bacteria on the mother's breast milk helps to colonize a newborn's digestive system with essential antibodies (Watson & Mason, 2015).

5.2 Role of Fathers in Promoting Exclusive Breast Feeding in Marakwet

The participating fathers from Marakwet saw themselves as stakeholders in decision-making relating to how their children were fed. Major thematic areas identified from this research include their role in relieving the mothers of the house chores by getting a helper, provision of food to meet the nutritional requirements of the mother, being available for mothers and playing the role of connecting the mothers to their mother in-laws. The theme of being a provider and giving emotional support to the mother echoes the results of a Nairobi study (Mubachi et, al 2020). In summary, the fathers' accounts on breast feeding and their role on exclusive breast feeding shows that most of them acknowledge their role in creating a conducive environment for exclusive breast feeding. These results imply that investing in getting fathers in the communities to be involved in the promotion for exclusive breast feeding; and empowering men to support the mothers and be a voice when it comes to making feeding decisions for the infant, is critical for improving exclusive breast feeding and ultimately lead to a healthier first 1000 days of life.

Studies have shown that infant feeding decision is an influential practice, where mothers may or may not have much control over infant feeding decision (Swisher, 2016; Freire, 2005). There are numerous factors in literature to show how and why such decisions are made. For this study, it was critical to understand the role of fathers

in promoting exclusive breast feeding. A study by (Tan, 2011) in Peninsular Malaysia showed that there is a significant association between a male partners' support and exclusive breast feeding. Studies have shown that most fathers view their role as more complex than the limited role of exclusive breast feeding facilitator (deMontigny et al. 2018; Mahesh et al., 2018; Hansen et al. 2018) which resonates with the results of this study. In summary, the view that fathers have a more complex role in breast feeding resonates with the findings of this study. As indicated in the literature review, father's opinion can either support or dissuade a woman's decision to breast feed (Fjeld et al 2008). Furthermore, literature shows that a father may influence breast feeding decisions, assistance with feeding, and duration of feeding and risk factors for bottle feeding. While this research did not categorically look at these crucial points of influence, the overarching theme that men see themselves in creating an environment conducive for mothers to breast feed, is a testament that they see their role as that which looks beyond that of an exclusive breast feeding companion. The fathers in this study regarded breast feeding as entirely as a mother's duty while there is a men's role of creating an environment where breast feeding could flourish. These results are important in showing how the men see their role just as the results of a study in Western Kenya (Thuita et, al, .2015).

5.3 Breast Feeding Knowledge among Fathers in Marakwet

The findings of this study showed that Marakwet men were knowledgeable about breast feeding contrary to studies which have shown that men need to be more informed about breast feeding like cited in a Kisumu study (Dinga, Kiage and Kyallo, 2018). Particularly, this result showed that Marakwet men understood breast feeding as the only way to feed an infant because of the central position breast feeding had in the local infant feeding culture. Nearly all the fathers from the four focus group

discussions were aware of the time to initiate breast feeding postpartum. To them, ‘as soon as the baby could feed’ was the most appropriate time to initiate breast feeding. But, even if the intention to start breast feeding immediately after delivery was there, ’lack of milk’ was the main reason reported by the men for delayed initiation of breast feeding immediately after delivery. The results of this study, were contrary to literature which showed that limited or lack of knowledge on breast feeding on the part of fathers (Thet, et. al., 2015). Targeting this group in health education are challenges that demand immediate attention, if, promotion of exclusive breast feeding is to succeed (Fjeld et al, 2008). Moreover, fathers are poorly informed about the advantages of breast feeding and may have many concerns that are poorly addressed which can negatively influence initiation and duration of breast feeding (Pisacane et al, 2005). Findings from an Australian qualitative study to explore paternal support for breast feeding highlighted that men want to be involved in the support for breast feeding but they need more information and knowledge (Tohotoa et al, 2009). Fathers need to be more informed about breast feeding in order for them to adequately support.

5.4 Views of Mothers/Women on Fathers Support for Breast Feeding in Marakwet Community

The two key roles played by fathers in the Marakwet community include fathers assisting in relieving the women from the pressures of house chores through getting a ‘helper.

The benefits of getting fathers involved in exclusive breast feeding and infant feeding practices cannot be overemphasized. As highlighted in literature, fathers are important in the maternal decision on how to feed the infant and that mothers choose to bottle

feed or breast feed for a shorter time when the father is not supporting breast feeding. Studies have shown that mothers perceive a dad's support made a difference (Tohotoa et al, 2009).

Women in Namibia turned to their spouses or partners for support on feeding decisions (Amandhila, 2005). These results compliment the results of this study which showed that women felt, from their experiences, that fathers assisting in relieving them from the pressures of house chores through getting a 'helper', was a big role. The second significant role that women pointed out was fathers/males providing nutritional support through buying or growing variety of food or providing money to purchase the varieties of food. In Myanmar, during breast feeding, mothers discussed about the support they needed with their husbands (Thet et.al. 2015).

Other studies have shown that infant feeding decision is an influenced practice, where mothers may or may not have much control over infant feeding decision (Swisher, 2016; Freire, 2005, Mubachi et al., 2020).

The views of mothers / women on the role of fathers in promoting exclusive breast feeding echoes what fathers explained was their role.

The Marakwet culture seemed to still influence how mothers viewed the support of fathers on breast feeding because the culture demanded that upon delivery, a mother lives separately from the father of the infant.

CHAPTER SIX

CONCLUSION AND RECOMMENDATIONS

6.0 Introduction

This chapter gives the conclusion and the recommendations from the results of this study.

6.1 Conclusion

The prevalence of exclusive breast feeding in Marakwet West Sub County was 21%. This was lower than the county's 35% (ENRICH, 2017) and National's 62% (KDHS, 2014). Breast feeding in Marakwet West Sub- County was a common practice because the majority of the mothers, 88% breast fed their infants. This study found that there was a high uptake, 33%, of prelacteal feeds leading to a low prevalence of exclusive breast feeding of 20%. Contrary to the most prescribed role of fathers in supporting exclusive breast feeding, the findings of this study showed that fathers view their roles as more complex and indirect to encompass duties such as supporting the mother in household chores.

Fathers, in this study, were reasonably knowledgeable about breast feeding and perceived breast feeding as a central practice in an infant's feeding culture. They valued breast feeding as the only healthy way to feed infants.

Women from the Marakwet community had a positive view of the fathers role in promoting exclusive breast feeding.

6.2 Recommendations

The following are critical recommendations for further research.

6.2.1 Policy

i. The Elgeiyo-Marakwet County Government needs to assess her health education services offered during antenatal and postnatal care on exclusive breast feeding and identify gaps relaying information to mothers postpartum: Create community linkages to involve fathers and important others in support for exclusive breastfeeding.

ii. The Elgeiyo Marakwet County government and community-based organization dealing with child health programs should foster the formation of support groups like mother to mother, peer counselors and community-based interpersonal communication in the county to protect, promote and support breast feeding.

iii. Breast feeding Strategies approved by Ministry of Health for implementation by health workers , should be modified to target the key role players in breast feeding who are; fathers, traditional birth attendants and all grandmothers with an objective to encourage and support mothers to breast feed their infants within the first half hour of birth, on demand and exclusively up to the first six months of age.

6.2.2 Education

i) To mainstream gender and cultural issues in Health Education and other health curricula.

6.2.3 Training

i. Department of health in Elgeiyo- Marakwet County should train health care providers on policies of infant and young child nutrition which should be kept up to date through refresher training.

ii. Department of health to offer continious training for community health workers, volunteers and health worker on infant and young child feeding strategies, especially exclusive breast feeding, and involve fathers with an objective of improving the exclusive breast feeding rates in the sub county

6.2.4 Future research

i. Further research should be done on fathers involvement in breast feeding support with focus on ways of improving breast feeding counselling and support.

ii. Other research on involving important others; grandmothers and other family members, at the maternal and child nutrition and at the community level, with the objective of making counselling and support effective to enhance good infant feeding practices in the County.

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APPENDICES

Appendix 1: Consent Form

Title: ***The role of Fathers in the Promotion of Exclusive Breastfeeding in the Marakwet Community- Kenya.***

Investigator

Fanice J. Komen-Towett

Moi University School of Public Health

Introduction

I am Fanice J. Komen –Towett currently undertaking a Master's Degree course in public health at Moi University. I am doing research on the roles and support for breastfeeding among Fathers in the Marakwet Community- Kenya.

I am going to give you information and invite you to be part of this research. Before you decide, you can talk to anyone you feel comfortable with about the research.

There may be some words that you do not understand. Please ask me to stop as we go through the information and I will take time to explain. And later if you have any questions, you can ask.

Purpose and background

The purpose of this study is to assess the roles and support for breastfeeding among fathers in the Marakwet community.

Participant selection

Since it was not possible to include all fathers in the Marakwet community in the research, a sample of the fathers' population has been selected. Therefore you have been selected as a participant in this research.

Procedure

Upon agreeing to participate in this research, questions will be asked individually by administering a questionnaire or by being interviewed in a group of not more than twelve people.

The questionnaire will take at most 30 minutes of your time and the interview will take between 45- 60 minutes. The group interview will be audio recorded and will take about one hour. If you feel that some information should not be recorded, I will stop the recorder and only record information that you feel is acceptable to record.

Benefits and Risks

There are no direct benefits for you, but your participation is likely to influence health policy makers in identifying the need to improve support for exclusive breastfeeding which has great benefits for the health of your children and the community at large. There are no anticipated risks for participating in this research.

Confidentiality

The information that I will collect from this research will be kept confidential. All your records will have a number on it instead of your name or your identifying information. This information will only be accessible to me and will be kept under lock and key.

Voluntary participation

Your participation in this research is entirely voluntary and you have the option to participate or not. You may also stop participating in the research at any time you choose. You can ask me any questions about the research study, now or any other time if you wish.

Contact

For any questions you want to ask now or later, even after the study has started, contact me on any of the following: Fanice Komen-Towett, P.O. Box 4606, 30100. Eldoret, Telephone- 0735 990193 or 0722312802

Consent

I have read the above information/ I have been explained to in details about the study. I have asked questions and received answers and I agree to participate in the study.

Participant Signature _____ Date _____

For participants who can't write:

Thumb print _____ Witness_____

Signature _____ Date _____

Interviewer Signature _____ Date _____

Appendix 2: Focus group discussion guide for fathers

Data collection tool for:

1. **'The role of fathers in the breast-feeding process in the Marakwet community**.'
2. **'Breast feeding knowledge of fathers in the Marakwet community.'**

Focus group interview guide for fathers

My name is Fanice Towett a student at Moi University School of Public Health. I would like to thank you for agreeing to participate in this study on the 'Roles and support for breast feeding among fathers in the Marakwet community.' Your responses will help the healthcare providers and the policy makers identify the need for improving support on exclusive breast feeding. Feel free to ask questions during and after the interview.

Thank you for participating in this interview.

1. When you learn that your wife is pregnant,what goes through your mind?

Probes:

- when do you make a decision to start ante natal care and where the baby will be born.(ANC)
- What other preparations do you put in place for the new born baby?
- How are the ANC and delivery expenses met?

2. How do you make sure that your wife and baby are comfortable after delivery?

Probes:

- How do you make sure that your baby is comfortably and well fed.
- How do you know that the child is breastfed?
- In which way are you involved in order for your wife to breastfeed well?
- Taking some time off to stay home with your wife can help her breastfeed the baby well.What is your opinion on this?

- Have you heard about paternity leave?

3. Why is breastfeeding important?

Probes:

- When should an infant start to breastfeed?
- For how long should an infant breastfeed before being given other drinks or food or even water?

4. How are you involved in the decision of how the child is fed?

5.What do you think can be done in order for men to support their wives to exclusively breastfeed their babies?

6.What does your culture/tradition say about breastfeeding?

Appendix 3: Focus group discussion guide for women.

Data collection tool for:

3.'the views of women on fathers support on breast feeding in the Marakwet community'

Focus group interview guide for women

My name is Fanice Towett a student at Moi University School of Public Health. I would like to thank you for agreeing to participate in this study on the 'Roles and support for breastfeeding among fathers in the Marakwet community.' Your responses will help the healthcare providers and the policy makers identify the need for improving support on exclusive breastfeeding. Feel free to ask questions during and after the interview.

Thank you for participating in this interview.

1. When you learn that you are pregnant,what goes through your mind?

Probes:

- when do you make a decision to start ante natal care and where the baby will be born.(ANC)
- Who else is involved in the decision making ?
- What preparations do you put in place for the new born baby?
- How are the ANC and delivery expenses met?

2. Where do you get support to make sure you are comfortable after delivery?

Probe:

- How do ensure that the child breastfeds well?
- In which way is your husband involved in order for you to breastfeed well?
- Taking some time off to stay home with you can help your husband support you to breastfeed the baby well.What is your opinion on this?
- Are you aware of paternity leave?

3**.**Why is breastfeeding important?

Probe:

- When should an infant start to breastfeed?
- For how long should an infant breastfeed before being given other drinks or food or even water?

4**.** What type of support do you think fathers can give breastfeeding mothers in order for them to exclusively breastfeed?

5 .What are the factors that may hinder the father of your baby from supporting you ?

6.What does your culture/tradition say about breastfeeding

7. What do you think can be done in order for men to support you to exclusively breastfeed your babies?

Appendix 4: Questionnaire: For determining the prevalence of exclusive breastfeeding

Data collection tool for:

3. The prevalence of exclusive breastfeeding in the Marakwet community

My name is Fanice Towett a student at Moi University School of Public Health. I would like to thank you for agreeing to participate in this study on the 'Roles and support for breastfeeding among fathers in the Marakwet community.' Your responses will help the healthcare providers and the policy makers identify the need for improving support on exclusive breastfeeding. Please feel free to ask questions during and after the interview. Thank you.

Serial No…….. Sub Location: _____ Date_____

A. Personal Information

1. What is your ethnic group?

[ ] Marakwet

[ ] other Kalenjin tribe

[ ] Other

2. How old are you?

[ ] 18-24

[ ] 25-30

[ ] 31-36

[ ] 37- 42

[ ] 43-48

[ ] 49 and above

3. How many children do you have?

[ ] one

[ ] two

[ ] three

[ ] four

[ ] five and above

4. a) Are you pregnant?

[ ] Yes

[ ] No

b) Are you breastfeeding?

[ ] Yes

[ ] No

5. What is your marital status?

[ ] Separated

[ ] Married

[ ] Divorced

[ ] Widowed

6. What is your level of Education?

[ ] None

[ ] Primary level complete

[ ] Primary incomplete

[ ] Secondary level complete

[ ] Secondary level incomplete

[ ] College level

[ ] University

7. What is your occupation?

[ ] None

[ ] Formal employment (specify).....

[ ] Informal employment (Specify).....

[ ] Other (specify).....

8. What is your other source of income?

[ ] Salary

[ ] Subsistence farming

[ ] Business

[ ] other (Specify).....

9. What is your religion?

[ ] Muslim

[ ] Christian

[ ] Other specify

10. How old is your youngest child?

[ ] Birth-2 months

[ ] 3-6 Months

[ ] 7-12months

[ ] 13-24months

11. What is the birth order of your youngest child?

[ ] First

[ ] second

[ ] Third

[ ] Fourth

[ ] Fifth and above

B. Breastfeeding initiation and prelacteal feeds

1. Where was your youngest child born?

[1] Government hospital/health centre

[2] Private hospital/clinic

[3] Home

[4] Other specify_____

2. Who conducted the delivery?

[1] Midwife/doctor

[2] Traditional Birth Attendant

[3] Relative (mother, in-laws, sister)

[4] Other specify_____

3. When you gave birth to your youngest child, after how long did you start to breast feed?

[1] Within half hour

[2] Between one and two hours

[3] More than two hours

[4] More than 24 hour's

[5] I did not breastfeed my child

4. a) Before you started to breastfeed the child, what did you give him/her to eat or drink?

[1] Nothing

[2] Water

[3] Animal milk

[4] Herbs

[5] Other_____.

b) Give reasons for giving something before breastfeeding

[ ] The baby was crying

[ ] I was not ready to breastfeed

[ ] I had complication after birth

[ ] It is good to clean baby's system

[ ] It is our culture to give something before breastfeeding

[ ] I do not know, it is hospital staff who gave the feed.

C. Exclusive and duration of breastfeeding

1. For how long did you breastfeed before giving your baby any food or drink?

[1] Immediately after birth

[2] Not more than one month

[3] Between two and three months

[4] After three months

[5] Four months

[6] Five to six months

[7]Other_____

2. Are you still breastfeeding?

[1] Yes

[2] No

If yes skip to question 3C

3. a) For how long did you breastfeed your baby?

[1] Six months and below

[2] Between six and 12 months

[3] Between 12 and 18 months

[4] Nineteen to 24 months

[5] Above 24 months

[6] N/A

b) Why did you stop breastfeeding?

[ ] The child was old enough not to be breastfed

[ ] The child refused

[ ] I had breast problem

[ ] I got pregnant

[ ] I had to go back to work

[ ] I did not have enough milk

(c) For how long will you breastfeed your baby?

[1] Six months and below

[2] Between six and 12 months

[3] Between 12 and 18 months

[4] Nineteen to 24 months

[5] Above 24 months

D. ANC and infant and young child feeding counselling

1. When you were pregnant, did you attend Ante Natal Clinic?

[1] Yes

[2] No

2. Where did you go for Ante-Natal Care?

[1] MOH clinic

[2] Private clinic

[3] Other (specify)

If it is not a health facility, do not answer question 3-5.

3. How many times did you attend ANC clinic?

[1] Once

[2] Twice

[3] Three times

[4]Above three times

4. When you attended ANC, were you given any counselling on infant feeding?

[1] Yes

[2] No

5. What did they talk about?

[ ] Exclusive breastfeeding

[ ] Benefits of breastfeeding

[ ] complementary feeding

[ ] Formula feeding

[ ] Other (specify).....

E: Social support and breastfeeding.

1. a) Who besides you is involved in making the choice regarding infant feeding method for your baby?

[1] No one

[2] Husband

[3] Mother-in-law

[4] Grand Mother

[5] Friend

[6] Mother

[7] Other Specify _____

b) Which infant feeding option was popularly recommended to you as the best feeding option for your baby?

[1] Breast milk only

[1] Mixed feeding (Breast milk with herbs, milk, *uji*, teas, juice, water)

[2] Infant formula

[3] Animal milk

[4] Other. Specify _____

c) Do you encounter any pressure when making a choice about feeding your baby?

[1] Yes (mention what kind of pressure).....

[2] No

[3] Undecided

d) Are you getting any support when making a decision on which feeding option to feed your baby?

[1] Yes

[2] No

[3] Undecided

2. What role do you play in choosing the best method for feeding your baby?

[1] Make decision alone

[2] Seek advice from others

[3] Don’t know

[4] Other. Specify _____

3. What role does the father of your child play in choosing the method for feeding your baby?

[1] He Makes decision alone

[2] We make the decision together

[3] He does not play any role

[4] I don't know

4. Where else have you been looking for help on how to feed your baby after you deliver?

From:

[1] Health care provider

[2] Traditional birth attendant

[3] Friend

[4] Mother

[5] Grand mother

[6] Other Specify_____

5. What are some of the problems that may prevent you from breastfeeding your baby?

[1] HIV infection

[2] Doctors/ Health care provider's advice

[3] Husbands decision

[4] Mother/Mother in-laws decision

[5] Influence from others

[6] Culture

[7] Other. Specify _____

6. What do you think about the father of your child supporting you to exclusively breastfeed you baby?

   [1] It is important

   [2] Our culture does not allow

   [3] He is not interested in the issues of feeding a child

   [4] He does not understand how a child is fed

   [5] He will not because of Influence from others

   [7] Other. Specify _____

****

Thank you very much for your assistance and co-operation.

Appendix 5 Consent form:(Kiswahili version)

Title: The role of fathers in the promotion of exclusive breastfeeding in the Marakwet Community- Kenya.

Mtafiti

Fanice J. Komen-Towett

Moi University School of Public Health

Utangulizi

Jina Langu ni Fanice J. Komen –Towett, mimi ni mwanafunzi wa chuo kikuu cha Moi, shule ya afya ya umma. Ninafanya utafiti kuhusu jukumu ya akina baba kwa kuunga akina mama kunyonyesha watoto, katika jamii ya Wamarakwet hapa nchini Kenya.

Ninaenda kuwapa ujumbe na ninawaalika kuhusika katika utafiti huu.Kablaa ya kuamua kuhusika katika utafiti huu, unaweza kushauriana na mtu yeyote unayaemuamini, kuhusu utafiti huu.

Kuna uwezekano kwamba maneno mengine hauyafahamu tunapoendelea kupitia ujumbe huu.Tafadhali uniulize na nitachukua fursa kukueleza.Hata baadaye ukiwa na swali lolote, nitaweza kujibu.

Nia ya utafiti huu

Nia ya utafiti huu ni kupeleleza jukumu ya akina baba ya kuwaunga akina mama kunyonyesha watoto, katika jamii ya Wamarakwet hapa nchini Kenya.

Uchaguzi wa wahusika.

Kama vile haingewezekana akina baba wote kutoka jamii hii yaWamarakwet kuhusika katika utafiti huu, kundi ndogo la akina baba limechaguliwa kuhusika kwa niaba ya akina baba wote wa jamii ya Wamarakwet. Kwa hivyo wewe umechaguliwa kuhusika kwa utafiti huu.

Utafiti itakavyoendeshwa

Punde utakapo kubali kuhusika kwa utafiti huu, maswali ya kibinafsi yataulizwa kutumia Orodha ya maswali au kwa kuhojiwa katika kikundi cha watu wasiozidi kumi na wawili..

Orodha ya maswali itachukua muda wako wa kadri ya dakika 30 na mahojiano ya kikundi itachukua kadri ya dakika 45-60. Mahojiano ya kikundi itarekodiwa katika kifaa cha kurekodi sauti.Ukihisi kwamba ujumbe fulani haifai kurekodiwa, nitakisimamasha kifaa kinachorekodi sauti na ujumbe inayokubalika pekee ndio itarekodiwa.

Faida na hatari.

Hakuna faida ya moja kwa moja kwako, lakini kuhusika kwako itawashawishi wapangaji wa sera za afya kutambua umuhimu wa kudumisha unyonyeshaji wa watoto hasa wa chini ya umri wa miezi sita.Hii ina faida kuu kwa afya ya watoto na jamii nzima.

Hakuna hatari ambazo zatarajiwa kwa kuhusika kwa utafiti huu.

Siri

Ujumbe yote ambayo itatoka kwako/kwenyu itawekwa katika siri.Rekodi zote hazitakuwa na majina bali ni nambari tu zitatumika kutambua ujumbe.Ujumbe huu haitawezekana mtu yeyote kupata ila ni mimi pekee na itawekwa mahala pa siri..

Kuhusika kwa hiari.

Kuhusika kwako kwa utafiti huu ni kwa hiari kabisa na una uhuru wa kuhusika au kutohusika. Unaweza pia kukataa kuhusika wakati wowote.

Unaweza kuniuliza maswali yeyote kuhusu utafiti huu, sasa au hata wakati mwingine ukipenda.

Mawasiliano

Kwa maswali yeyote unayotaka kuuliza sasa au baadaye, hata baada ya utafiti huu kuanza, wasiliana nami kama ifwatavyo: Fanice Komen-Towett, S.L.P. 4606, 30100. Eldoret, Simu Ya rununu- 0735 990193 au 0722312802

Kibali

Nimesoma /nimeelezewa ujumbe kuhusu utafiti huu kwa undani. Nimeuliza maswali na nimepata majibu.Nimekubali kuhusika kwa utafiti huu..

Sahihi ya muhusika _____ Tarehe _____

Kwa wahusika wasiojua kuandika:

Alama ya kidole gumba _____

Mshahidi_____

Sahihi _____ Tarehe _____

Sihihi ya anayehoji _____ Tarehe _____

Appendix: 6 (Kiswahili version): Focus group discussion guide for fathers

Data collection tool for:

4. **'The role of fathers in the breast feeding process in the Marakwet community**.'
5. **'Breast feeding knowledge of fathers in the Marakwet community.'**

Mahojiano ya kikundi-wamaume

Jina langu ni Fanice Towett mwanafunzi wa chuo kikuu cha Moi Shule ya aya ya umma.Ninawashukuru kwa kukubali kushiriki katika utafiti huu kuhusu jukumu ya akina baba kwa kuwaunga akina mama kunyonyesha watoto, katika jamii ya Wamarakwet hapa nchini Kenya.

Majibu yenu itawasaidia na kuwashawishi wahudumu wa afya na wapangaji wa sera za afya kutambua umuhimu wa kuboresha na kudumisha unyonyeshaji wa watoto hasa wa chini ya umri wa miezi sita.Kuwa na huru wa kuuliza maswali yoyote tunapozungumza au baada ya mazungumzo.

Asante kwa kuhusika katika mahojiano haya.

1.Unapotambua kwamba mke wako ana mimba, ni nini inapita katika mawazo yako?

Uliza zaidi:

Ni wakati gani unafanya uamuzi wa mke wako kutembelea kliniki ya wamama wajawazito na uamuzi wa mahali mtoto atazaliwa?

- Ni mayarisho gani ambayo unaweka kwa mtoto ambaye mnamtarajia?
- Gharama ya kliniki na kuzaliwa kwa mtoto itagharamiwa namana gani?

2. Unahakikishaje kwamba mama na mtoto wamestareheka baada ya mama kujifungua

Uliza zaidi:

- Unahaikikishaje mtoto wako umestareheka na kulishwa vizuri?.
- Unajuaje mtoto ananyonyeshwa?

- Unahusika kwa njia gani kusudi mke wako anyonyeshe vizuri?
- Kuchukua muda kukaa nyumbani na mke wako inaweza kumsaidia kunyonyesha mtoto vizuri.Maoni yako kuhusu jambo hili nini?
- Umewahi kusikia kuhusu likizo ya kina baba, mama anapojifungua?

3**.** Kwa nini kunyonyeshwa kwa mtoto ni ya muhimu?

Uliza zaidi:

- Mtoto anafaa kuanza kunyonya wakati gani
- Kwa muda gani mtoto anastahili kunyonya kabla ya kumpa vinywaji au vyakula vingine, hata maji?

4.Unahusikaje kwa kuamua jinsi mtoto analishwa?

5**.** Kwa maoni yako , nini inaweza kufanywa kuwashawishi wanaume kuwaunga wake zao ili waweze kunyonyesha watoto kikamilifu kwa miezi sita bila kuwapa vyakula vingine, hata maji?

6**.**Itikadi au tamaduni za jamii hii inasema nini kuhusu kunyonyesha?

Appendix: 7 (Kiswahili version) Focus group discussion guide for women

Data collection tool for:

3.'the views of women on fathers support on breastfeeding in the Marakwet community' Mahojiano ya kikundi-wanawake

Jina langu ni Fanice Towett mwanafunzi wa chuo kikuu cha Moi Shule ya aya ya umma.Ninawashukuru kwa kukubali kushiriki katika utafiti huu kuhusu jukumu ya akina baba kwa kuwaunga akina mama kunyonyesha watoto, katika jamii ya Wamarakwet hapa nchini Kenya.

Majibu yenu itawasaidia na kuwashawishi wahudumu wa afya na wapangaji wa sera za afya kutambua umuhimu wa kuboresha na kudumisha unyonyeshaji wa watoto hasa wa chini ya umri wa miezi sita.Kuwa na huru wa kuuliza maswali yoyote tunapozungumza au baada ya mazungumzo.

Asante kwa kuhusika katika mahojiano haya.

1. Unapotambua kwamba uko na mimba, ni nini inapita katika mawazo yako?

   Uliza zaidi:

   - Ni wakati gani unafanya uamuzi wa kutembelea kliniki ya wa mama wajawazito na uamuzi wa mahali mtoto atazaliwa?
   - Ni nani mwingine anahusika kufanya uamuzi huu?
   - Ni matarisho gani unayoweka kabla mtoto hajazaliwa?
   - Gharama ya kliniki na ya kuzaliwa kwa mtoto itagharamiwa namna gani?

2. Usaidizi unapata kusudi uweze kustareheka baada ya kujifungua?

   Uliza zaidi:

   - Unahakikishaje kwamba mtoto ananyonya vizuri ?
   - Ni kwa njia gani mume wako anahusika kusudi wewe unyonyeshe vizuri?

- Mume wako anapochukua muda kukaa nyumbani inaweza kukusaidia wewe kunyonyesha mtoto vizuri. Una maoni gani kuhusu hili jambo?
- Umewahi kusikia kuhusu likizo ya a kina baba mama anapojifungua?

3. Kwa nini kunyonyeshwa kwa mtoto ni ya muhimu?

Uliza zaidi:

- Mtoto anafaa kuanza kunyonya wakati gani?
- Kwa muda gani mtoto anastahili kunyonya kabla ya kumpa vinywaji au vyakula vingine, hata maji?

4. Kwa maoni yako, ni usaidizi wa aina gani ambayo akina baba wanaweza kuwapa wamama wanaonyonyesha, kusudi wao wanyonyeshe kikamilifu kwa miezi sita bila kuwapa watoto vinywaji au vyakula vingine, hata maji?

5 .Ni mambo gani ambayo inaweza kuwazuia akina baba ili wasiwaunge kina mama kunyonyesha?

6. Itikadi au tamaduni za jamii hii inasema nini kuhusu kunyonyesha?

7. Kwa maoni yako , nini inaweza kufanywa kuwashawishi wanaume kuwaunga kina mama ili wanyonyesha watoto kikamilifu kwa miezi sita bila kuwapa watoto vyakula vingine, hata maji?

Appendix 8 (Kiswahili version)

Questionnaire: For determining the prevalence of exclusive breastfeeding.

Data collection tool for objective number 1

The prevalence of exclusive breastfeeding in the Marakwet community

Jina langu ni Fanice Towett mwanafunzi wa chuo kikuu cha Moi Shule ya aya ya umma.Nikushukuru kwa kukubali kushiriki katika utafiti huu kuhusu jukumu ya akina baba kwa kuwezesha akin a mama kunyonyesha watoto, katika jamii ya Wamarakwet hapa nchini Kenya.

Majibu yahoo itawasaidia na kuwashawishi wahudumu wa afya na wapangaji wa sera za afya kutambua umuhimu wa kuboresha na kudumisha unyonyeshaji wa watoto hasa wa chini ya umri wa miezi sita.Kuwa na huru wa kuuliza maswali yoyote tunapozungumza au baada ya mazungumzo.

Asante kwa kuhusika katika mahojiano haya.

Nambari…….. Kata Ndogo: _____ Tarehe_____

A. Habari za kibinafsi.

1. Unatoka katika jamii gani?

[ ] Marakwet

[ ]Jamii zingene za kikalenjin.

[ ] Nyingine(taja)_____

2. Una umri gani?

[ ] 18-24

[ ] 25-30

[ ] 31-36

[ ] 37- 42

[ ] 43-48

[ ] 49 na zaidi

3. Una watoto wangapi?

[ ] one

[ ] two

[ ] three

[ ] four

[ ] Tano na kwenda juu.

4. a) Je, una mimba?

[ ] Ndio.

[ ] La.

b) Je, unanyonyesha kwa sasa?

[ ] Yes

[ ] No

5. Je umeoleka?

[ ] Tumetengana.

[ ] Niko kwa ndoa.

[ ]Nimetalaki

[ ] Mjane.

6. Je, una kiwango gani cha masomo?

[ ] Sikusoma.None

[ ]Nilimaliza shule ya msingi.

[ ]Sikumaliza shule ya msingi.

[ ] Nilimaliza shule ya upili.

[ ] Sikumaliza shule ya Upili.

[ ] Chuo cha kadri.

[ ] Chuo kikuu.

7. Je. Unafanya kazi gani?

[ ] Sina hajira.(Mke nyumani)

[ ] Kazi ya kudumu(taja)._____

[ ] Kazi ya Kibinafsi(taja)_____

[ ] Nyingine(taja)_____

8. Je, una njia zingine za kupata mapato?

[ ] Mshahara?

[ ] Ukulima ndogo ndogo?

[ ] Biashara.

[ ] Nyingine (Taja) _____

9. Je wewe ni muumini wa dini gani?

[ ] Kiislamu.

[ ] Kikristo.

[ ] Nyingine. (Taja) _____

10. Mtoto wako mdogo ni wa umri gani?

[ ] Chini ya miezi 2.

[ ] Miezi 3-6.

[ ] Miezi 7-12.

[ ] Miezi13-24.

11. Je, mtoto wako mdogo ni namba ngapi kwa orodha ya kuzaliwa?

[ ] Kwanza.

[ ] Pili.

[ ] Tatu

[ ] Nne.

[ ] Tano na zaidi

B. Kuanzisha unyonyeshaji na Kupeana vyakula vingine.

1. Mtoto wako mdogo alizaliwa wapi?

[1] Hospitali ya serikali/zahanati.

[2] Hospitali ya kibinafsi/kliniki

[3] Nyumbani.

[4] Nyingine(taja). _____

2. Nani alikusaidia kujifungua?

[1] Mkunga /daktari

[2] Mkunga wa kienyeji(nyumbani)

[3] Jamaa kama vile mama mkwe, dada,mke mwenza.

[4] Nyingine(taja). _____

3. Ulipojifungua motto wako huyu mdogo,ulichukua muda gani kabla haujamnyonyesha?

[1] Kwa nusu saa.

[2] Kati ya saa moja na masaa mawili.

[3] Zaidi ya masaa mawili.

[4] Zaidi ya masaa 24.

[5] Sikumnyonyesha mtoto wangu.

4. a) Kabla kumnyonyesha mtoto wako, ulimpa nini kunywa au kula?

[1]Hakuna

[2] Maji.

[3] Maziwa ya Ng'ombe.

[4] Maji ya miti shamba.

[5] Nyingine _____

b)Nipe sababu za kumpa kitu kabla ya kumnyonyesha.

[ ] Mtoto alikuwa akilia.

[ ] Sikuwa tayari kunyonyesha.

[ ] Nilikuwa nachangamoto baada ya kujifungua.

[ ]Ni bora kusafisha tumbo na damu ya mtoo.

[ ] Katika mila zetu ni lazima mtoto kupewa kitu kabla ya kumnyonyesha.

[ ]Sijui.Ni wahudumu wa hospitali walimpa.

C. Muda wa kunyonyesha bila kumpa mtoto chochote na muda wa kunyonyesha kwa jumla.

1. Ni kwa muda gani ulinyonyesha mtoto wako kabla ya kumpa vyakula vingine au vinywaji?

[1] Mara tu nilipojifungua.

[2] Muda usiosidi mwezi moja.

[3] Kati ya miezi miwili na miezi mitatu.

[4] Baada ya miezi mitatu.

[5] Miezi minne

[6] Kati ya miezi mitano na sita.

[7] Nyingine._____

2. Je, bado unanyonyesha?

[1] Ndiyo.

[2] Hapana.

Kama ni ndiyo usijibu 3a na 3b.

3. a) Ulimnyonyesha mtoto wako kwa muda gani?

[1] Chini ya miezi sita.Six months and below

[2] kati ya miezi 6-12.Between six and 12 months

[3] Kati ya miezi 12-18.Between 12 and 18 months

[4]Kati ya miezi 19-24 Nineteen to 24 months

[5] Zaidi ya miezi 24Above 24 months

[6] N/A

b) Kwa nini uliwacha kunyonyesha?

[ ] Mtoto alikuwa amekuwa.

[ ] Mtoto alikataa.

[ ] Nilikuwa na shida ya matiti.

[ ] Nilipata mimba.

[ ] nilirudi kazini.

[ ] Sina maziwa ya kutosha.

(c)Utamnyonyesha mtoto wako kwa muda gani?

[1] Chini ya miezi 6.

[2] Kati ya miezi 6-12.

[3] Kati ya miezi 12-18.

[4] Miezi 19-24.

[5] Zaidi ya miezi 24.

D. Ujumbe wa Kliniki na ushauri wa kulisha watoto wachanga.

1. Je ulihudhuria kliniki ya wajawazito ulipokuwa na mimba?

[1] Ndiyo.

[2] Hapana.

2. Ulienda wapi kwa huduma ya wajawazito?

[1]Kliniki ya serikali.

[2] Kliniki ya kibinafsi.

[3] Mahali pengine (Taja) _____

Kama sio kituo cha afya usijibu maswali 3-5.

3. Mara ngapi ulihudhuria huduma za kliniki ya wajawazito?

[1] Mara moja.

[2] Mara mbili.

[3] Mara tatu.

[4] Zaidi ya mara tatu.

4. Ulipohudhuria huduma ya wajawazito, je ulipewa ushauri wowote wa kulisha watoto wachanga?

[1] Ndiyo.

[2] Hapana.

5. Walikushauri juu ya nini?

[ ] Kunyonyesha kikamilifu.

[ ] Faida za kunyonyesha.

[ ] Kulishwa kwa mtoto baada ya miezi sita.

[ ] Kulisha mtoto kutumia maziwa ya unga.

[ ] Nyingine (taja).....

E: Usaidizi wa kijamii na kunyonyesha.

1. a) Je, kuna mwingine, ila wewe, ambaye anahusika kwa kuchagua jinsi mtoto wenu atakavyolishwa?

[1] Hakuna mtu yeyoye.

[2] Mume.

[3] Mama mkwe.

[4] Nyanya.

[5] Rafiki.

[6] Mama.

[7] Nyingine (Taja) _____

b) Ni jinsi gani ya kulisha mtoto ambayo ilipendekezwa kwako kwamba ni nzuri zaidi?

[1] Maziwa ya mama pekee.

[1]Kulisha mchanganyiko(kunyonya, dawa yamiti shamba,maziwa,uji,chai, maji,matunda,

[2] Maziwa ya unga ya watoto.

[3] Maziwa ya ng'ombe.

[4]Nyingine (Taja) _____

c) Je, ulipata msukumo wowote ulipokua ukichagua jinsi ya kulisha mtoto?

[1] Ndiyo.

[2]Hapana

[3]Sijaamua

d) Unapata usaidizi wowote kwa kuchagua jinsi ya kumlisha mtoto wenu?

[1] Ndiyo.

[2]Hapana

[3]Sijaamua

2. Wewe una jukumu gani kwa kuchagua njia ya kumlisha mtoto wenu.

[1] Ninafanya uamuzi mwenyewe.

[2] Ninatafuta ushauri wa wengine.

[3] Sijui.

[4]Nyingine (taja) _____

3. Baba wa mtoto anayo jukumu gani unapochangua jinsi ya kumlisha mtoto wenu?

[1] Yeye anafanya uamuzi pekee yake.

[2] Tunafanya uamuzi pamoja.

[3] Hana jukumu yeyote.

[4] Sijui.

4. Ni wapi kwingine umekuwa ukitafuta usaidizi wa jinsi ya kulisha mtoto baada ya kujifungua?

[1] wahudumu wa afya

[2] Mkunga wa kienyeji.

[3] Rafiki

[4] Mama.

[5] Nyanya.

[6] Wengine(Taja). _____

5. Ni mambo gani mengine yanayoweza kukuzuia kunyonyesha mtoto?

[1] Kuambukishwa kwa UKIMWI.

[2] Ushauri wa daktari/wahudumu wa afya.

[3] Uamuzi wa mume.

[4] Uamuzi wa Mama/mama mkwe.

[5] Ushawishi kutoka wengine.

[6] Tamaduni(taja)

[7] Nyingine(taja) _____

6. Unaonaje baba wa mtoto akikuunga ili uweze kunyonyesha mtoto wenu kwa miezi sita bila kumpa vyakula vingine?

[1] Ni ya maana.

[2] Tamaduni zetu haziruhusu.

[3] Hana haja wala hausiki kwa mambo ya kulisha mtoto.

[4] Haelewi jinsi mtoto anvyolishwa.

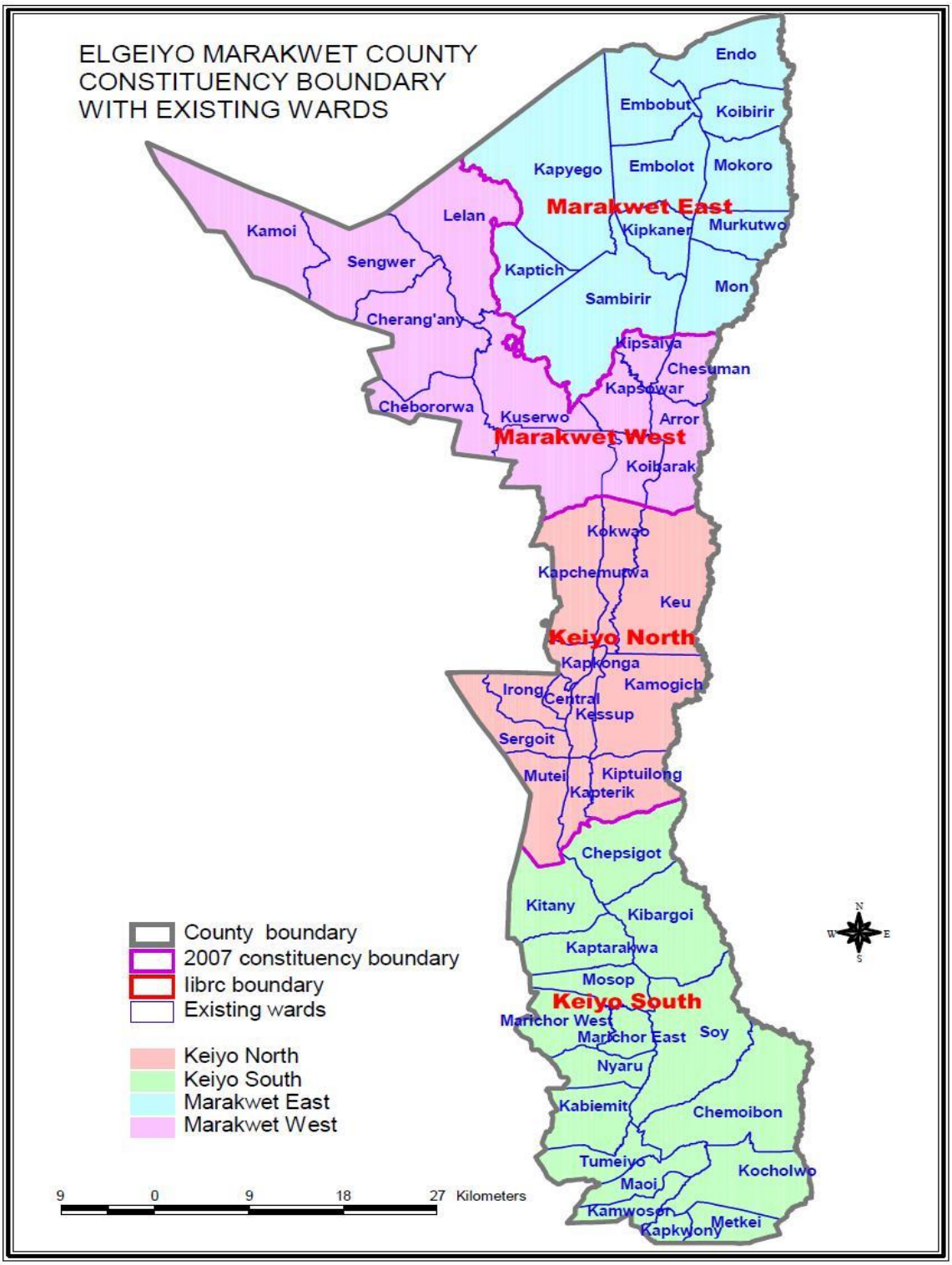
[5]Haweza kwa ajli ya ushawishi wa wangine.

[7]Nyingine,taja

****

Asante Sana kwa usaidizi wako na kwa kuhusika katika utafiti huu.

Appendix 9: Map of study area



Appendix 10: (Marakwet version) Consent form

Consent Form

Meti: Kepeepar nyoopo apootin choopo piipo Markweta-Kenya mu cheersoop keereeri laakooi kipaat kimokikoochi omiitwok alaak.

Chikiliin

Fanice J. Komen-Towett:*Moi University School of Public Health.*

Touneet

Anee kekuurenoo Fanice J. Komen –Towett, asoomenee *Moi University*,asoomenchinii ng'aleep tililin nyoopo poroor.Omii ooyie chikiliisio nyoomoche anaai 'Kepeepar nyoopo apootin choopo piip Markweta-Kenya mu cheersoop keereeri laakooi kipaat kimokikoochi omiitwok alaak. Oomoche ataachaak olokuu komoos nyoopo chikiliishionyeenyi,ak omwoowook ng'al chooting'eekei aakoo chikiliishe nyende.Kitoomo iinga'at nepootee chikiilishionyeenyi,iimuuche ing'ooloolchi chii akaatokool nyokemaach aakipo chikiliishionyeenyi.

Muuche kimii ng'ala chomemuchee iikuuyie, kaai kaai,teep neekimi ketesee taai soo oororuung karaam.Nee mii teepuut,oombo neekaa keewaang',iimuchee iiteep.

Makeetap chikiliishee.

Makeetap chikiliishionyeenyi, ku keeng'ataan Kepeepar nyoopo apootiin choopo piip Markweta-Kenya mu cheersoop keereeri laakooi kipaat kimokikoochi omiitwoo alaak.

1

Leweenishiie nyoopo piik choopoote chikikiliishee.

Amu momuuchekee keeleween apootiin tokool choopo Markweta mmu chikiliishionyeenyi,keeleweenee apootiin choong'ering kuuyoongndoochi poroor nyoopo apootiinop Markweta.Kiilee nyoonee,kukaakeleweeniing'e iileeku akeng'e nyoopoote chikilishionyeenyi.

Wolookuoiytooi chikiliishee

Neekaa iiyan iipootee chikiliishionyeenyi,mii teepuut chokiteepe chiichok, akii mii ng'olooluut choopo kokwo, nyoopo piich choo mosiire taman akoo oreeny.Teepuut choopo chiichok,kuiipee kasaar nyoo kapeepar nyopo saait akenge,kii nelee teepuutik/ng'oloolutik choopo kokwo kuiipee takiikeen cholee 45- 60. Nee lee Ng'ololuut choopo kokwo kereekotene mmu kiy nyoolee retio akuiipe saait akeng'e. Nee mii ng'ala choo momecheekwok keereekoten, kuutyakaat chii kiimwa simokiirekoten.Ng'aleek choo kiirekotene,ku ng'aleek chookachaamukwok keerekoten.

Keluut ak Aseenuut

Moomii Keelchiin nyoopo chiichok, kupaatee woluutiikaap chikiliishee kuumukei kuukoochi kiimnon piichu tiluu ng'etuut choopo tillillin,kuuroo kiile makaat keeipu paraak ng'aleep keereerii laakooi amu ting'eei keluut mmu poorwookaap laakooi akoo porooryee kimukuul.

Uung'ootio

Ng'aal tokool choo kimwooe ak choo kuuyuume mmu chikilishionyeenyi kuung'ootiin.Kiisire naamboos mmu kartasii parak nyoo kotokiisire kaayneeng'uung.Ng'aleek tokool ku anee nyii otung'uu momi chii akaa.

Koonuunoopkeei

Neepootee chikiliishionyeenyi ku aamu keekoonukeei aku iimuche iileween iipootee nda kumeepotee.Iimuuche iichorukeei mmu chikiliishionnyeenyi saait akatokool neroo iile maiimuuchee iiteestaai. Iimuuche,kinyile,iiteep teepuut chootiing'ekeei aakoo chikiliishionyeenyi,paanyeenyi nda ku saait aaka nyookeecham.

Woloo Kinyorchini chikiliin

Nee iiting'ee teepuut aaka tokool, oombo paanikakewaang chikiliishio,iisirchii: Fanice Komen-Towett, P.O. Box 4606, 30100. Eldoret, nda iipirchii *simu*- 0735 990193 or 0722312802

Chamtaaiyaat

Kaasoomanaa ak kakeemwoowoo ng'aaleek tokool chootiing'ekeei aakoo chikiliishionyeenyi.Kaateep teepuut ak kakeewolwoo, aaku kaayan oole oopootee chikiliishionyeenyi

Teben _____ Terik _____

Piik choo moomuuche kusir:

Teben nyoopo Mmoorn _____Ossiss_____ Teben _____ Terik _____

Teben(chikiliin) _____ Terik _____

Appendix 11: (Marakwet version)Focus group discussion guide for fathers

Data collection tool for:

1. **'The role of fathers in the breast feeding process in the Marakwet community.'**
2. **'Breast feeding knowledge of fathers in the Marakwet community.'**

Ng'olooluut choopo apootiin.

Anee kekuurenoo Fanice J. Komen –Towett, asoomenee Moi University,asoomenchinii ng'aleep tililin nyoopo poroor.Oomwooe kongoi amu keeyaan iileku akenge nyopootee chikiliishionyeenyi nyoomoche anaai 'Kepeepar nyoopo apootin choopo piip Markweta-Kenya mu cheersoop keereeri laakooi kipaat kimookikoochi omiitwok alaak. Woluut tokool chookoonuukwok kipeetii kuutorete piik choo ng'ete ng'otuut chootiing'ekeei akoo tilllillin nyoopo poroor kuuroo kiile nee nyoo makaat kutoreet keeiipu parak cheersoop keereeri laakooi kipaat kimookikoochi omiitwok alaak.Iitiakaat iiteep teepuut akatokool paanyeenyi nda kunee kaakewaang ng'oloolut.Kongoi amuiipootee chikiliishionyeenyi.

1. Kiineenai-inyee iile manakaat chepyooseng'uung,kii nee nyoo kiiweer meting'uung?

Teestaai iiteep:

- Oyuu yiong'atekwook kiile kitouu kilinik nyoopo chepyoosooi choomonokootiin?

- Teetuut nee choo choochepeekwook kitomo keesich laakwee?

- Ooliipendoikwook aano chepkondoop kilinik akoo choo kiituumee chepyoosee?

2. Iioe nee siiroo iile mii nyoo karaam chepyosee akoo laakwee paani kaakituum?

Teestaai iiteep:

- Iioe nee siiroo iile kapiyoong laakwee aak kimii nyoo karaam?

- Iinaiyee nee iile kakuureer laakwee karaam?

- Iitooreteenye chepyooseng'ung mmu oor nee si kumuuch kureeri laakwee karaam?

- Nee iip iinyee kasar mmu poisionikuuk siitepee kaa aakoo chepyooseeng'ung kumuuche kuutoreet nyoonee chepyoosee kuureeri laakwee karaam.Tos iimwoenyee nee aakipo ng'olyondonoonee?

- Kiikaas akupoo kasar nyoo kiikochinii apootiin nee tuum chepyooso? Kikuree mmu kuutiip chumba *paternity leave*?

3. Amu nee sikipo koomonuut keereeri laakwa?

Teestaai iiteep:

- Nyolchiinii kitou ooyuu laakwa kureer?

- Kiireerinii laakwa nyokekisiich mmu kasar nyootia kitomo kekochi amiitwok alaak?

4.Iipooteenyee kiile nee kelewene woloo kipeytoi laakwee nda kelewene keele kipeiye lakwee mmu oor nee?

5.Iipwooteenyee iile muuche keeai nee sikuutooret muren(apootiin)chepyoosookwaak kuureeri laakook (chookekisich) kureer kitiin orooik choo mokootiin kimookochi amitwok alaak kupaate chekaap kaameee?

6.Mwoe nee ateepuutik'aap piip Markweeta akipoo keereeri laakooi?

Appendix 12:(Marakwet version) Focus group discussion guide for women

Data collection tool for:

3.'the views of women on fathers support on breastfeeding in the Marakwet community'

Ng'olooluut choopo chepyoosooi.

Anee kekuurenoo Fanice J. Komen –Towett, asoomenee Moi University,asoomenchinii ng'aleep tililin nyoopo poroor.Oomwooe kongoi amu keeyaan iileku akenge nyopootee chikiliishionyeenyi nyoomoche anaai 'Kepeepar nyoopo apootin choopo piip Markweta-Kenya mu cheersoop keereeri laakooi kipaat kimookikoochi omiitwok alaak. Woluut tokool hookoonuukwok kipeetii kuutorete piik choo ng'ete ng'otuut chootiing'ekeei akoo tililin nyoopo poroor kuuroo kiile nee nyoo makaat kutoreet keeiipu parak cheersoop keereeri laakooi kipaat kimookikoochi omiitwok alaak.Iitiakaat iiteep teepuut akatokool paanyeenyi nda kunee kaakewaang ng'oloolut.Kongoi amuiipootee chikiliishionyeenyi.

1. Neenai iinyee iile iimanakaat, nee nyooweere metiing'unge?

Teestai iiteep:

- Ooyuu nyoo iitileenyee iile kotou kilinik nyoopo chepyoosoi akoo wolo kisiikchinii laakwee.

- Ng'oo aake nyoo tile/mwouu ng'aleep kilinik akoo wolo kisikchinii lakwee?

- Teetuut nee choo chopeekwook kitoomo kesiich laakwee?

- Ooliipendoikwook aano chepkondoop kilinik ako choo kiituumeeniing?

2.Iinyoorchiniinyee anno toreto siiroo iile keemuuny nyoo karaam nee kaaituum?

Teestai iteep:

- Iioe nee siiroo iile kareer laakwee nyoo karaam?

- Mmu Oor nee nyoo toreting'e pondeng'uung siimuuch iireerii laakwee karaam?

- Nee iip Pondeng'uungee kasar mmu poisionikyik siikitepo kaa aakoo inyee kuumuuche kuutoreetiing'e iireeri laakwee karaam.Tos iimwoenyee nee aakipo ng'olyondonoonee?
- Kiikaas akupoo kasar nyoo kiikochinii apootiin nee tuum chepyooso? Kikuree mmu kuutiip chumba *paternity leave*?

3.Amu nee sikipo koomonuut keereeri laakwa?

Teestaai iiteep:

- Nyolchiinii kitoou ooyuu laakwa kireer?

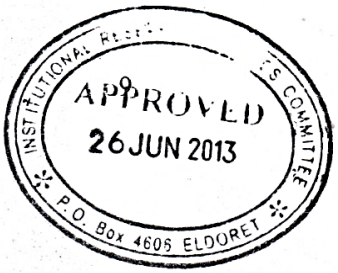
- Kiireerinii laakwa nyokekisiich mmu kasar nyootia kitomo kekochi amitwok alaak,ommbo peei?

4.Nee lee apootiinap laakooi kuumuuche kukoochi chepyoosookwaak toreto nyoolee nee si kuumuuch kuureeri laakook kimokoochi amiitwok alaak,ommbo peei, mmu orooik chomokotiin?

5 .Nee nyoo muuche kukartaa apotaap lakookuuk simootoreting kitiing'keei aakoo keereeri laakwa?

6. Mwoe nee ateepuutikaap piip Markweeta akipoo keereeri laakooi?

7. Iipwooteenyee iile muuche keeai nee sikuutooret muren chepyoosookwaak kuureeri laakook (chookekisich) kimookochi amitwok alaak kuupaate kureer cheekaap kamme mmu orooik chomokootiin?



Appendix 13: Questionnaire (Marakwet version)

Data collection tool for: For determining the prevalence of exclusive breastfeeding.

<u>Keenai keele tia laakookap Markweta choo kiireerinii kimookikoooochi amiitwok alaak kupaatee cheekaap Kaame.</u>

Anee kekuurenoo Fanice J. Komen –Towett, asoomenee Moi University,asoomenchinii ngaleep tililin nyoopo poroor.Omwooe kongoi amu keeyaan iileku akenge nyopootee chikiliishionyeenyi po anaai 'Kepeepar nyoopo apootin choopo piip Markweta-Kenya mu cheersoop keereeri laakooi kipaat kimookikoochi omiitwok alaak. Woluut tokool chookoonuukwok kipeetii kuutorete piik choo ng'ete ng'otuut chootiing'ekeei akoo tilllillinpo poroor kuuroo kiile nee nyoo makaat kutoreet keeiipu parak cheersoop keereeri laakooi kipaat kimookikoochi omiitwok alaak.Iitiakaat iiteep teepuut akatokool paanyeenyi nda kunee kaakewaang ng'oloolut.

Kongoi amuiipootee chikiliishionyeenyi.

Namba..... ***Sub Location:*** _____ **Terik**_____

A. Lokooi choopoo chiichok

1. Iipoonyee ano?

[ ] Marakwet

[ ] Piik alaak choopo Kalenjin

[ ] Alaak

2. Iitiinye kenyiishek ata?

[ ] 18-24

[ ] 25-30

[ ] 31-36

[ ] 37- 42

[ ] 43-48

[ ] 49 kutaas taai

3.Iitiinye laakook ata?

[ ] Akeng

[ ] Areeny

[ ] Somook

[ ] Ang'waan

[ ] Muut kutaastai

4. a) Iimanaakaat?

[ ] Eiyo

[ ] O'loo

b) Iireeriniinye lakwa?

[ ] Eiyo

[ ] O'loo

5. Kiikeetuning?

[ ] Kikeepesio

[ ]O'otunoot

[ ]Kiitiokootiin

[ ] Ooii mosookio

6. Kiisooman akooi anno?

[ ]Maasooman

[ ] Kiawaang *Primary*

[ ]Maawaang *Primary*

[ ]Kiawaang *Secondary*

[ ] Maawang *Secondary*

[ ] Kiawaang *College*

[ ] Kawaang *University*

7. Iioe poisio/kaasi nee?

[ ] Moomi kaasi

[ ] O'oye Kaasi nyoo kikisiira (mwaa).....

[ ]O'oye kaasisiekyuu choo mengechen (mwaa).....

[ ] Alaak (mwaa).....

8. Iinyoorchiinii anno chepkoondoi choo iipoisie?

[ ] Melekuut(mushara)

[ ] Kolsoop paar

[ ] Mung'aara

[ ] Alaak (mwaa).....

9. Iisooe *dini* nee?

[ ] Isilaam

[ ] Ooii Kiristionin

[ ] Alaak(mwaa)

10. Tinye kenyiishiek ata laakweeng'uung nyoo mining?

[ ] Orooik 0-2

[ ] Orooik 3-6

[ ] Orooik 7-12

[ ] Orooik 13-24

11. Poo ata laakweeng'uung nyoo mining?

[ ] Tai

[ ]Areeny

[ ] Somok

[ ]Angw'aan

[ ]Muut ak kutaas taai

B. Keetou keereeri ak amitwok choo kikoochinii laakwa nee kisiich.

1. Kiisikchi anno laakweeng'uung nyoo mining?

[1] Siptali nyoopo sirkali

[2]Kilinik nyoopo chii

[3] Kaa

[4] Woldo aaka(Mwaa)_____

2. Kii tuuming ng'o?

[1] Taktari/chepkirichoo mmu siptali/taresaya

[2]Chepyooso nyoo tumepiich mmu kaa

[3] Tilia(nyolee-chepyosoop yukoi,cheptonyoo)

[4] Alaak (Mwaa)_____

3. Kii nee kaituum iinyee lakweeng'uung nyoo mining,kiip kasar nyoo tia kitomo iireerii?

[1] Kapepaar nyoopo saait

[2] Saait1-2

[3] Siire saaisiek 2

[4] Siire saaisiek 24

[5]Mooreeriianee laakweenyuu nyoo mining.

4. a) Kitomo iireerii laakweng'uung,kiikochi nee kuaam/kuiyee?

[1] Moomi kiy

[2] Peei

[3] Chee choopo tany/aara

[4] Saakit

[5] Alaak(mwaa)_____.

b) Kii ammu nee si iikoochii kiy nyoo aame nda ku nyoo iyee?

[ ] Kiiirire laakwee

[ ] Kii moochopoot ooreeri laakwee

[ ] Maakaraam porto paana kii kootuum?

[ ]Karaam keuun lakwee moo

[ ]Ateep nyoopo Markweta keekochini laakwa kiy kitomo keereeri

[ ] Moonget,kikochi taktariin mmu siptali.

C. Kasar nyoo Kiireerini laakwa

1. Kiireerii laakweeng'uung mmu kasar nyootia kitomo ikoochi amitwok alaak mmbo chee nda ku peei?

[1] Kiineekisiich kipaat

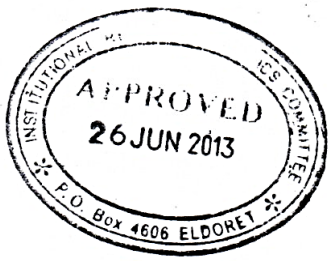
[2] Kimoosiir araawa

[3] Kung'eetee orooik areeny akoi somook

[4] Orooik somook

[5] Orooik Ang'waan

[6]Orooik muut akoi llo



[7]Alaak (mwaa)_____

2. Tii mii iinyee iireeriini?

[1] Eiyo

[2] o'loo

Nee eiyo iiwo 3C

3. a) Kiireeriinyee laakweeng'uung orooik ata?

[1] Moosiir orooik 6

[2] Kung'eetee orooik 6-12

[3] Kung'eetee orooik 12-18

[4] Kung'eetee orooik 19- 24

[5] Kiisir orooik 24

[6] N/A

b) Kiiay nee sii motoee kiitin?

[ ] Kii kaa kueetu laakwee

[ ] Kiitai laakwee

[ ] Kiiama kiitiin

[ ] Kiiamanak

[ ]Kiia wektakeei kaasi

[ ] Kiimootinye cheep kiitin

(c) Iikochiinii laakweeng'uung kiitin akoi ooyu?

[1] Moosiire Orooik 6

[2] Kung'eetee orooik 6-12

[3] Kung'eetee orooik 12-18

[4] Kung'eetee orooik 19- 24

[5] Akoi kusiir orooik 24

D. Kilinik nyoopo chepyoosooi ak ng'otuut choopo woloo kipeitooi laakooi.

1. Kiineemanakaat kiweenyee kilinik?

[1] Eiyo

[2] O'loo

2. Kiweenyee kilinik anno?

[1] Siptali nyoopo sirkali

[2]Kilinik nyoopo chii

[3] Alaak(mwaa)_____

Nee moo siptali meewoluu tepuut 3-5.

3. Kiwenyee kilinik kinnyil ata?

[1] Akenge

[2]Areeny

[3]Somook

[4]Siiree kinnyil somook

4. Kiineewenyee kilinik kiki orooruung'ee woloo kipeitooi laakooi?

[1] Eiyo

[2] O'loo

5. Kiing'alaalee nee?

[ ] Keereeri laakwa kimookikoochi kiy aka tokool.

[ ] Keluut choopo keereeri laakwa

[ ]Woloo kipeitooi laakwa nyoo kaa kwomisio

[ ] Woloo kipeitooi laakwa nyoo kikoochini chee chopoo mikepe

[ ]Alaak(mwaa).....

E: Toreto nyoopo piikap poroor/kookwee kiting'keei ak keereeri laakooi .

1. a) Iinyee akoo Ng'oo aaka nyo lewenuu woloo kipeitooi laakwee?

[1] Moomi chii

[2] Poondeenyu

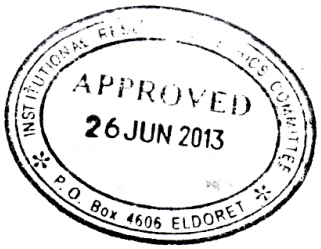
[3] Chepyooseenyuu po yukoi

[4] Koko

[5]Choorweenyuu

[6]Eiyoonyuu

[7] Alaak (mwaa)_____



b) Kiikimwouung'ee kiile oor nee nyoo karaam kepaaee laakwee?

[1] Cheekaap kiitin kupaat

[1] Keereeri ak keekoochii amitwok alaak (kilee muusar,saakit,cheee,*chai* ako peei.)

[2] Cheekaap mikepe

[3] Cheekaap tany

[4] Alaak (mwaa)_____

c) Tos iinyooru kiy/ng'olyo nyoo koroom nee lewene woloo iipeitooi laakweeng'uung?

[1] Eiyo (mwaa ile nee nyoo kikoroom).....

[2] O'loo

[3] Toomo aanai

d) Tos iinyooru toreto aka tokool nee lewene woloo iipeeitoi laakweeng'uung.

[1] Eiyo

[2] O'loo

[3]Toomo aanai

2. Nee kepeepar nyoong'uung'e mmu keelewene woloo kipeitooi laakwee?

[1] Aneendee nyoo lewene

[2] Oowechinii piik alaak si kutikoono

[3] Moonget

[4] Alaa.(mwaa) _____

3. Tinyee kepeepar nee apootaap laakweeng'uung'e keelewene woloo kipeitooi laakwee?

[1]Nyeendee nyoo lewenuu/nyoo mwouu wolo kipeitoi laakwee.

[2] Kilewene tuwaai wolokipeotoi laakwee

[3] Moomi Kiy nyoo mwouu nyeendee mmu woloo kipeeitoi laakwa

[4]Moonget

4. Anno woldo aaka woloo kicheeng'eenyee toreto/kootukoono nyoopo wolookipeeitoi laakwa kii nee kaaiituum?Kiiowechi:

[1] Piik cho poishe mmu sipitali,taktariin/taresaiin

[2] Chepyooso nyoo tuumepiich kipkaa

[3]Chorweenyuu

[4]Eiyonyuu

[5] Kokonyuu

[6] Alaak.(Mwaa)_____

5. Nee nyoomuuche kikarta'aiing kutu'mmeereeri laakweeng'uung?

[1] Mioondaap HIV

[2]Ng'aleek chotukone piich Chepkirichiin/taktariin/teresaiin

[3] Ng'otuut nyoopo poondeeng'uung

[4] EIyoong'uung/chepyosoop'yukoi

[5] Ng'aleekaap piik alaak

[6] Atepuutikyook(piik'aap Markweta)

[7] Alaak. Mwaa _____

6. Iirootitooi iinyee aano toreeteetaap apootap lakwee kuutoreting siimmuch iireeri laakweng'uung kimekoochi amiitwok alaak mmu orooiik choo moktootiin?

[1] Po komonuut kuutoreto

[2] Machaamtaat mmu ateeptap piikaap Markweta

[3] Mamochee/machome kukoochikeei ng'aleep keepai laakooi.

[4] Mokuuisoot wolo kipeeitoi lakooi.

[5]Moomuuche ammu koosee ng'aleekaap piik alaak

[7] Aaka(Mwaa) _____

****

Kongoi nyoo ooh mmu toreteeng'uung ak konuuneeng'uung pokeei.

Appendix 14: IREC formal approval

INSTITUTIONAL RESEARCH AND ETHICS COMMITTEE (IREC)

MOI TEACHING AND REFERRAL HOSPITAL
P.O. BOX 3
ELDORET
Tel: 33471//2/3

MOI UNIVERSITY
SCHOOL OF MEDICINE
P.O. BOX 4606
ELDORET
Tel: 33471/2/3

Reference: IREC/2012/226
Approval Number: 0001011

26th June, 2013

INSTITUTIONAL RESEARCH & ETHICS COMMITTEE
APPROVED
26 JUN 2013
P.O. Box 4606 ELDORET

Towett Fanice Jerop Komen,
Moi University,
School of Public Health,
P.O. Box 4606-30100,
ELDORET-KENYA.

Dear Ms. Komen,

RE: FORMAL APPROVAL

The Institutional Research and Ethics Committee have reviewed your research proposal titled:-

"The Role of Fathers in the Promotion of Exclusive Breastfeeding among the Marakwet Community, Kenya."

Your proposal has been granted a Formal Approval Number: **FAN: IREC 1011** on 26th June, 2013. You are therefore permitted to begin your investigations.

Note that this approval is for 1 year; it will thus expire on 25th June, 2014. If it is necessary to continue with this research beyond the expiry date, a request for continuation should be made in writing to IREC Secretariat two months prior to the expiry date.

You are required to submit progress report(s) regularly as dictated by your proposal. Furthermore, you must notify the Committee of any proposal change (s) or amendment (s), serious or unexpected outcomes related to the conduct of the study, or study termination for any reason. The Committee expects to receive a final report at the end of the study.

Sincerely,

Aruasa 26/06/2013
DR. W. ARUASA
VICE- CHAIRMAN
INSTITUTIONAL RESEARCH AND ETHICS COMMITTEE

cc:
	Director	-	MTRH
	Principal	-	CHS
	Dean	-	SOM
	Dean	-	SPH
	Dean	-	SON
	Dean	-	SOD

Appendix 15: MOH permission letter to carry out research

MINISTRY OF HEALTH

Telephone: 020-2308816

When replying please quote

mohmarakwet@yahoo.com

DISTRICT MEDICAL OFFICER OF HEALTH
MARAKWET DISTRICT
P.O BOX 3 - 30706
CHEBIEMIT

15TH AUGUST, 2013

REF:MOH/MRT/VOL.11/GEN.1/73

FANICE JEROP KOMEN –TOWETT
P.O BOX 5216
ELDORET-30100

Dear Madam

RE: PERMISSION TO CARRY OUT RESEARCH

This is to confirm that the office has no objection to you carrying out the said research in Marakwet (The role of father's in the promotion of exclusive breastfeeding among Marakwet community).

The office will give you support and we look forward to sharing your research findings.

Thank you.

Yours faithfully

DR. ISAAC N. ONDICHO
DISTRICT MEDICAL OFFICER OF HEALTH
MARAKWET DISTRICT

MEDICAL OFFICER OF HEALTH
MARAKWET DISTRICT
15 AUG 2013
TEL/FAX 020-2308816
P.O. BOX 3 CHEBIEMIT