Article DOI: https://doi.org/10.37284/eajhs.8.1.2647

East African Journal of Health and Science
eajhs.eanso.org
Volume 8 Issue 1, 2025
Print ISSN: 2707-3912 | Online ISSN: 2707-3920
Title DOI: https://doi.org/10.37284/2707-3920

EAST AFRICAN NATURE & SCIENCE ORGANIZATION

Original Article

Use of Peer Support Group to Improve Knowledge on Exclusive Breastfeeding among Women of Reproductive Age in Kenya

Teresia Mwikali Kyulu[1], Prof. Kenneth Ngure, PhD[1] & Dr. Joseph Mutai, PhD[2]*

[1] Jomo Kenyatta University of Agriculture and Technology, P. O. Box 62000-00200, Nairobi, Kenya.
[2] Kenya Medical Research Institute, P. O. Box 62000-00200, Nairobi, Kenya.
* Author for Correspondence ORCID ID: https://orcid.org/0000-0002-6367-8172; Email: kyuluteresia@gmail.com

Article DOI: https://doi.org/10.37284/eajhs.8.1.2647

Publication Date:

29 January 2025

Keywords:

Exclusive Breastfeeding, Peer Support Group, Knowledge.

ABSTRACT

Introduction: The World Health Organization (WHO) in collaboration with the United Nations Children's Fund (UNICEF) advocates and promotes continued feeding of breast milk for children at least six months with no other liquids or solids given. The foremost maternal problems that have been recognized for not continuing feeding the infant on breastmilk for the first six months of their life consist of knowledge on how to manage insufficient breast milk, cracked, sore or painful nipples, engorged breast that causes mother's pain during breastfeeding, return to work or school by the mother and poor latching. Methods: A quasi-experimental intervention was undertaken in Makueni County, with a sample size of 721 participants. Pregnant mothers recruited at their second trimester of pregnancy the mother-baby pair followed up till 6 months after delivery. The peer support group as an intervention was used to deliver concepts on exclusive breastfeeding in the intervention group, while the control group received the routine health information as indicated in the Ministry of Health guidelines. Results: The results of an independent t-test for knowledge on exclusive breastfeeding in the intervention group indicated the mean score for knowledge improved from 38.2% to 81.64%. Women in the intervention group were more knowledgeable about exclusive breastfeeding than those from the control group post-intervention (81.64% & 47.24%, respectively) (p-value <0.001). Conclusion: Peer support is a key intervention in supporting mothers to improve their knowledge and demystify myths and misconceptions about exclusive breastfeeding, therefore engaging the mother and encouraging her to sustain the skill of exclusive breastfeeding.

APA CITATION

Kyulu, T. M., Ngure, K. & Mutai, J. (2025). Use of Peer Support Group to Improve Knowledge on Exclusive Breastfeeding among Women of Reproductive Age in Kenya. *East African Journal of Health and Science*, *8*(1), 79-87. https://doi.org/10.37284/eajhs.8.1.2647

Article DOI: https://doi.org/10.37284/eajhs.8.1.2647

CHICAGO CITATION

Kyulu, Teresia Mwikali, Kenneth Ngure and Joseph Mutai. 2025. "Use of Peer Support Group to Improve Knowledge on Exclusive Breastfeeding among Women of Reproductive Age in Kenya". *East African Journal of Health and Science* 8 (1), 79-87. https://doi.org/10.37284/eajhs.8.1.2647.

HARVARD CITATION

Kyulu, T. M., Ngure, K. & Mutai, J. (2025) "Use of Peer Support Group to Improve Knowledge on Exclusive Breastfeeding among Women of Reproductive Age in Kenya". *East African Journal of Health and Science*, 8(1), pp. 79-87. doi: 10.37284/eajhs.8.1.2647.

IEEE CITATION

T. M., Kyulu, K., Ngure & J., Mutai "Use of Peer Support Group to Improve Knowledge on Exclusive Breastfeeding among Women of Reproductive Age in Kenya", *EAJHS*, vol. 8, no. 1, pp. 79-87, Jan. 2025.

MLA CITATION

Kyulu, Teresia Mwikali, Kenneth Ngure & Joseph Mutai. "Use of Peer Support Group to Improve Knowledge on Exclusive Breastfeeding among Women of Reproductive Age in Kenya". *East African Journal of Health and Science*, Vol. 8, no. 1, Jan. 2025, pp. 79-87, doi:10.37284/eajhs.8.1.2647

INTRODUCTION

Breastfeeding is a high-impact also low-cost preventive health intervention, it is known for protecting towards long and short-term illnesses and this in turn saves lives also dollars for health care services (WHO/UNICEF, 2018). Globally studies have shown exclusive breastfeeding has benefits both to the child and the lactating mother. WHO and UNICEF encourage mothers to start breastfeeding in the first hour after delivery. However, globally only 50% of mothers do so (Victora *et al*., 2016). Published reports in 2013 and 2015 on systematic reviews concluded that putting the neonate on breastmilk early (described in the reviews as putting babies on breast milk 24 hours after delivery) was linked to a low incidence of neonate deaths (Khan *et al.*, 2015; Debes *et al*., 2013). In addition, feeding infants 0-6 months on breast milk only and not giving other fluids or solids reduces child mortality.

Studies indicate when a child is breastfed continuously for six months with no other liquids or solids it helps the infant survive and sustain good health. Breast milk provides a child with essential nutrients, which protect the child from illnesses such as diarrhoea, pneumonia and respiratory infections, contributing to primary causes of childhood mortality. In Horta and Victora's discussions, breastmilk can also serve as immunization to diseases and other potentially life-threatening ailments protecting the child. Other benefits associated with continuous breastfeeding for six months with no other liquids or solids include protecting children against obesity and non-communicable infections later in life (Horta *et al*., 2015; Victora *et al*., 2016). In their systematic review and meta-analysis study Smithers argues that infants 0-5 months of age who are not or partially breastfed do have a risk of death from diarrhoea and other infections (Smithers *et al.*, 2015). More so children 6–23 months of age who never breastfed had an increased risk of death due to all causes and infection related than those children reported to have continued breastmilk past 6 months of age. Thus, good breastfeeding practice among mothers protects their children (Sankar *et al.*, 2015).

Globally, 40 % of children are fed breast milk only throughout their first six months of life, therefore WHO recommends, counselling and linking of mothers into breastfeeding mothers peer support groups for continuous support (WHO, 2014). The Kenya demographic health survey indicates that 2.5% of infants from the Eastern Region where the study site is located were fed breast milk for at least six months with no other liquids or solids after delivery, which is below the Kenyan national percentage of 61(KDHS, 2015).

Studies have recognized factors that hinder many mothers from exclusively breastfeeding their infants. They range from a simple decision by the

Article DOI: https://doi.org/10.37284/eajhs.8.1.2647

mother to settle for foods other than feeding the baby on breast milk only, absence of knowledge on breastfeeding the mother, perceived inadequacy of breast milk, to more complex socio-cultural beliefs, customs and traditions that embrace other forms of feeding infants other than breast milk. The intensity of challenges is even more for first-time mothers who are viewed as having no skill at all in child care and therefore have to rely on the older female members (Haroon *et al*., 2013). Information to mothers during their antenatal time can help the women understand the infants' hunger signals if the infant is adequately receiving enough breast milk, also the production process in her body and the mechanism of boosting it (Matsuyama *et al.*, 2013; Haroon *et al.,* 2013). Insufficient knowledge and information on the adequacy of breast milk for the infant has driven many women in rural areas to opt to feed their babies with other foods during infancy. During the breastfeeding period, mothers undergo structural and social barriers, including poor knowledge, poor social and professional support; myths and misconceptions; poverty, livelihood and living arrangements; early and single motherhood; HIV; and unintended pregnancies (Kimani-Murage *et al.,* 2015). Even though mothers receive intensive counselling their cultural perceptions about breastfeeding from their families and community pressure drive them to include complementary feeding. The mothers hold misconceptions about the lack of adequate breast milk, perceptions about other competing household responsibilities, and time spent away from home which makes it impossible for them to adhere to exclusive breastfeeding practices (Ochola *et al.,* 2013). Mothers especially the young ones require adequate information and encouragement to sustain feeding the baby on breast milk for at least six months with no other liquids or solids, despite the anxiety they undergo on breast milk production.

Peer support and counselling is recognized by the WHO and UNICEF as a key action to sustain the feeding of infants on breastmilk only with no other liquids or solids for six months after delivery and provision for continuity for up to the age of 2 years (WHO/UNICEF, 2018). The tenth step in the BFHI (Baby Friendly Hospital Initiative) endorses the formation of breastfeeding peer support groups and referring mothers to them at the point of discharge at maternity. Peer support groups for mothers were singled out as one of the interventions which promote and support mothers to sustain feeding the baby on breast milk for at least six months with no other liquids or solids by building the mothers' breastfeeding self-efficacy and confidence (Sudfeld *et al*., 2012).

METHODOLOGY

Study Design

A cross-sectional descriptive study was conducted at baseline to determine the demographic characteristics and knowledge data. A quasi-experimental intervention study was undertaken between the years 2022 to 2023 in Mbooni and Kilome Sub County (intervention and control site) respectively. The sample size was determined by use of the Kelsey et al formula for sample size determination (Kelsey *et al.,* 1996). The study enrolled 360 participants in the control group and 361 participants in the intervention group by use of a systematic sampling technique. The participants were assigned to the peer support group by use of a simple random technique.

Recruitment

Participants were enrolled into the study from the antenatal clinic during the 2nd trimester of their pregnancy. The mothers were randomly assigned to a peer support group. The peer support groups met monthly until 6 months after delivery. A peer support guide was developed by the WHO/UNICEF infant and young child feeding policy. The peer support group guide was packaged to equip the mothers with concepts on knowledge, which include the benefits of exclusive breastfeeding and breastfeeding to the child, mother, and family community, early initiation of breastfeeding after delivery, the art of positioning, latching and

Article DOI: https://doi.org/10.37284/eajhs.8.1.2647

attachment during breastfeeding sessions, the frequency and duration of exclusive breastfeeding, the problems associated with breastfeeding and their coping mechanism, expressing breast milk and storage for use, and the act of sustaining exclusive breastfeeding practice for six months after delivery. At each session, the mothers watched a video from the global health media on breastfeeding.

Data Collection and Analysis

Quantitative data was collected by use of self-administered questionnaires from participants who gave written consent to participate in the study. The confidentiality and privacy of participants were highly observed throughout the study period. Approval to conduct the study was obtained from KNH-UoN (Kenyatta National Hospital University of Nairobi) Kenya ethical research committee, NACOSTI (National Commission for Science, Technology and Innovation) also the Makueni County Director of Health in Kenya. An Independent t-test was used to determine the effect of the peer support group on the knowledge of exclusive breastfeeding.

RESULTS

The study enrolled 721 participants (361,360) in the intervention and control sites respectively.

Table 1: Social Demographic Characteristics (n - 721)

Variable		Study site		Total	df	Chi-Square	P value
		Intervention	Control				
Childs Sex	Male	179 (49.7%)	181(50.3%	360			
	Female	181(50.3%)	179(49.7%)	360	1	0.022	0.881
	Total	360	360	720			
Mothers attended school	Yes	360(99.7%)	356(98.9 %)	716	1	Fischer's exact	0.217
	No	1(0.3)	4(1.1%)	5			
	Total	361	360	721			
Spouse's level of education	Never attended School	0	3(1.1%)	3			
	Less than primary	2 (0.9%)	4(1.5%)	6			
	Primary	24 (11.4%)	46 (17.6%)	70			
	Post-primary /vocational	21 (10%)	30 (11.5%)	51		10.78	0.13
	Secondary /A level	72 (34.1%)	93 (35.6%)	165			
	College	66 (31.3%)	65 (24.9%)	131			
	University	25 (11.8%)	18 (41.9%)	43			
	Postgraduate degree	1 (0.5%)	2 (0.8%)	3			
	Total	211	261	472			

The sex distribution of the children between the two study sites was not statistically different. The male children in intervention and control sites formed 49.7% & 50.3% of the population respectively (p-value 0.881). The majority of the mothers reported to have attended school. The proportion of the mothers who attended school in the intervention and control sites was 99.7% and 98.9% respectively (p-value 0.217). There was no statistically significant difference between the study sites on the issue of spouse's educational level (p-value 0.13).

Article DOI: https://doi.org/10.37284/eajhs.8.1.2647

Table 2: Socio-Demographic Continuous Data (Independent t-test)

Variable	Study site	N	Mean	sd	t	df	Sig. (2-tailed	Mean Difference
Mothers age	Intervention	361	27.84	5.566				
	Control	360	28.16	5.034	-0.786	719	0.432	-0.311
	Total	721	28	5.305				
	Control	360	29.58	16.609				
Months pregnant when received antenatal care	Intervention	361	3.72	1.334	-0.113	719	0.91	-0.01
	Control	360	3.73	1.113				
	Control	360	4.13	1.169				

The mean age of the mothers in intervention and control sites was not statistically significantly different. The average age of a mother in both areas was approximately 28 years (p-value 0.432). The respondents in both study sites received antenatal care (16 weeks) at approximately four months of gestation (p-value 0.91).

Table 3: Independent T-test for Knowledge on Exclusive Breastfeeding

	Study site	N	Mean	t	df	P-Value	Mean Difference
Baseline	Control	360	45.48	-7.463	719	<0.001	-7.253
	Intervention	361	38.22				
Post Intervention	Control	360	47.24	39.682	708.936	<0.001	34.398
	Intervention	361	81.64				

Kolmogorov-Smirnov tests were done and it showed that the data was normally distributed thus allowing the use of independent t-tests for hypothesis testing. Levene's test for equality of variances indicated that the variances were equal (F: 2.767; p-value 0.097). The mean score for knowledge in the intervention group improved from 38.22% to 81.64%. Exclusive breastfeeding knowledge score in the control group increased from 45.48% to 47.24%. Women in the intervention group were more knowledgeable about exclusive breastfeeding than those from the control group post-intervention (81.64% & 47.24%, respectively) (p-value <0.001).

DISCUSSION

This study builds on the evidence that demonstrates how effective peer support groups are in delivering information to support building the skill for exclusive breastfeeding for at least six months after delivery with no other liquids or solids. Notably, the knowledge of exclusive breastfeeding among mothers limits them on skill and practice, a delayed lactogenesis among first-time mothers who had no information, when faced with complications they opted to give alternative foods to the infants within six months after their delivery (Nommsen-Rivers *et al.*, 2010; Williamson *et al.*, 2012).

WHO recommends a knowledge level of 90% to support mothers make informed decisions on exclusive breastfeeding. In the study, the baseline mean score for knowledge in the control and the intervention group was (45.4% & 38.2%, respectively) which was below the recommended, after the intervention the mean score for knowledge was (47.2% & 81.6%) in the control and the intervention group respectively, indicating an improvement in the knowledge of the mothers in the intervention site. The increase in knowledge supports the mothers to make an informed decision on exclusive breastfeeding for six months with no other liquids or solids after delivery, as observed in interventions which reviewed the impact of educational interventions to improve breastfeeding in a systematic review which included 34 studies from developing countries and 76 developed countries in facility and community setting, which

Article DOI: https://doi.org/10.37284/eajhs.8.1.2647

involved either individual or group counselling using different models on feeding the baby on breast milk at least six months after delivery with no other liquids or solids the proportions improved as a consequence of educational intervention by 43% day 1, by 30% till 1 month, and by 90% from 1-5 months (Haroon *et al*.,2013). Similarly, a systematic review indicated the delivery of breastfeeding information in a mixed setting had an increased effect in promoting exclusive breastfeeding with accelerated efforts on the delivery of the information during the postnatal period (Skouteris *et al*., 2014). Similarly, peer counsellors in collaboration with community health workers have been beneficial in promoting primary prevention to improve health outcomes in maternal and child health, and also reduce infant readmission rates as observed in a review done by (Kimani-Murage *et al.,* 2017; Khan *et al.,* 2017).

The average age of the mothers in the study was 28 years and mothers received antenatal care (16 weeks) at approximately four months of gestation, therefore, initiating peer support groups during antenatal care is critical in sight of the argument that many pregnant women have different perceptions on the breastfeeding practice from the communication they have received and what they have observed, the peer support group gives the mothers adequate information to support them to overcome the complications which include social pressure around breastfeeding practice, insufficient milk production, the stress associated with breastfeeding practice. This agrees with a study which concluded giving psychotherapy, instruction on breastfeeding practice with formal breastfeeding education during the antenatal period increased the proportion of feeding the baby on breast milk at least six months with no other liquids or solids after delivery (Lumbiganon *et al.,* 2016).

The results of the study indicate the use of peer support groups built the knowledge on the skill to practice exclusive breastfeeding this concurs with a systematic review which concluded information to the mother and continuous encouragement increases the initiation and length of feeding the baby on breast milk only in the first six months after delivery (Guise *et al.,* 2003). This study initiated peer support groups at the facility level however, a study done in Norwegian, observed improvement in feeding the infant on breastmilk only with no other liquids or solids for six months after delivery through a community breastfeeding initiative (Baerug *et al.,* 2016). The results also correspond with a meta-analysis review that reported a positive influence in increasing improvement in the length of feeding the infant on breastmilk only with no other liquids or solids for six months after delivery through peer support and the groups also supported mothers to avoid pre lacteal feeding (Shakya *et al.,* 2017). Likewise, similar findings reported the importance of peer support in increasing breastfeeding outcomes in low-income group mothers (Fairbank *et al.,* 2000). Equally, a meta-analysis study from countries of low and middle income indicated peer support at the community level was important in improving the practice of feeding the baby on breast milk for at least six months with no other liquids or solids after delivery compared to those who were not in peer support groups (Shakya *et al*., 2017).

CONCLUSION

This study highlighted the importance of using peer support groups during the antenatal period and post-delivery to improve the knowledge of mothers on exclusive breastfeeding, to build their capacity through educational sessions, sharing personal experiences and supporting each other for a positive change. The study concluded peer support group is an intervention which builds knowledge to practice the skill of exclusive breastfeeding. It also gives continuous support and encouragement among the mothers to develop a positive attitude and generate self-confidence in mothers who have uncertainty about the knowledge of exclusively breastfeeding with no other liquids or solids for six months after

Article DOI: https://doi.org/10.37284/eajhs.8.1.2647

delivery. This in turn will accelerate the nutritional global targets.

Recommendation

The study recommends the establishment of peer support groups during the antenatal period, with a guided structure through to 6 months after delivery to build the knowledge and sustain the skill of feeding the infant on exclusive breast milk. Also, possibility of transitioning the groups to the community level. Further studies on the use of technology to disseminate information within the peer support group.

Acknowledgement

The authors would like to thank the participants and their families for accepting to participate in the study, the Makueni County for their support, also Jomo Kenyatta University of Agriculture and Technology.

REFERENCES

Bærug, A., Langsrud, Ø., Løland, B. F., Tufte, E., Tylleskär, T., & Fretheim, A. (2016). Effectiveness of Baby-friendly community health services on exclusive breastfeeding and maternal satisfaction: a pragmatic trial. Maternal and Child Nutrition, 12(3), 428–439. https://doi.org/10.1111/mcn.12273

Debes, A. K., Kohli, A., Walker, N., Edmond, K., & Mullany, L. C. (2013). Time to initiation of breastfeeding and neonatal mortality and morbidity: a systematic review. *BMC Public Health*, *13*(Suppl 3), S19. https://doi.org/10.1186/1471-2458-13-S3-S19

Fairbank, L., O'Meara, S., Renfrew, M. J., Woolridge, M., Sowden, A. J., & Lister-Sharp, D. (2000). A systematic review to evaluate the effectiveness of interventions to promote the initiation of breastfeeding. *Health Technology Assessment (Winchester, England)*, *4*(25), 1–171. Retrieved from http://www.ncbi.nlm.nih.gov/pubmed/11111103

Guise, J.-M., Palda, V., Westhoff, C., Chan, B. K. S., Helfand, M., Lieu, T. A., & U.S. Preventive Services Task Force. (2003). The effectiveness of primary care-based interventions to promote breastfeeding: systematic evidence review and meta-analysis for the US Preventive Services Task Force. *Annals of Family Medicine*, *1*(2), 70–78. https://doi.org/10.1370/AFM.56

Haroon, S., Das, J. K., Salam, R. A., Imdad, A., & Bhutta, Z. A. (2013). Breastfeeding promotion interventions and breastfeeding practices: a systematic review. *BMC Public Health*, *13*(Suppl 3), S20. https://doi.org/10.1186/1471-2458-13-S3-S20

Horta, B. L., Loret de Mola, C., & Victora, C. G. (2015). Breastfeeding and intelligence: a systematic review and meta-analysis. Acta Paediatrica, 104, 14– 19. https://doi.org/10.1111/apa.13139

Kelsey, Jennifer; Whittemore, Alice; Evans, Alfred: Thompson, D. (1996). Methods in Observational Epidemiology. Retrieved July 8, 2019, from https://books.google.co.ke/books?hl=en&lr=&id=Xnz6VgL22osC&oi=fnd&pg=PA113&dq=Kelsey,+J.L.%3B+&ots=kMN520ZzOh&sig=ri2ZPL4x7trzeDMLRaNZ-sclLlQ&redir_esc=y#v=onepage&q=Kelsey%2C J.L.%3B&f=false

Kenya National Bureau of Statistics. (2017). *Population Estimates*.

Skouteris, H., Nagle, C., Fowler, M., Kent, B., Sahota, P., & Morris, H. (2014). Interventions Designed to Promote Exclusive Breastfeeding in High-Income Countries: A Systematic Review. Breastfeeding Medicine, 9(3), 113–127. https://doi.org/10.1089/bfm.2013.0081

Khan, A. I., Kabir, I., Eneroth, H., El Arifeen, S., Ekström, E.-C., Frongillo, E. A., & Persson, L. Å. (2017). Effect of a randomised exclusive breastfeeding counselling intervention nested into the MINIMat prenatal nutrition trial in

Article DOI: https://doi.org/10.37284/eajhs.8.1.2647

Bangladesh. *Acta Paediatrica*, *106*(1), 49–54. https://doi.org/10.1111/apa.13601

Khan, J., Vesel, L., Bahl, R., & Martines, J. C. (2015). Timing of Breastfeeding Initiation and Exclusivity of Breastfeeding During the First Month of Life: Effects on Neonatal Mortality and Morbidity—A Systematic Review and Meta-analysis. *Maternal and Child Health Journal*, *19*(3), 468–479. https://doi.org/10.1007/s10995-014-1526-8

Kimani-Murage, E. W., Wekesah, F., Wanjohi, M., Kyobutungi, C., Ezeh, A. C., Musoke, R. N., Griffiths, P. (2015). Factors affecting actualisation of the WHO breastfeeding recommendations in urban poor settings in Kenya. *Maternal & Child Nutrition*, *11*(3), 314–332. https://doi.org/10.1111/mcn.12161

Lumbiganon, P., Martis, R., Laopaiboon, M., Festin, M. R., Ho, J. J., & Hakimi, M. (2016). Antenatal breastfeeding education for increasing breastfeeding duration. *Cochrane Database of Systematic Reviews*, (12). https://doi.org/10.1002/14651858.CD006425.pub4

Matsuyama, A., Karama, M., Tanaka, J., & Kaneko, S. (2013). Perceptions of caregivers about health and nutritional problems and feeding practices of infants: a qualitative study on exclusive breast-feeding in Kwale, Kenya. *BMC Public Health*, *13*(1), 525. https://doi.org/10.1186/1471-2458-13-525

Nommsen-Rivers, L. A., Chantry, C. J., Peerson, J. M., Cohen, R. J., & Dewey, K. G. (2010). Delayed onset of lactogenesis among first-time mothers is related to maternal obesity and factors associated with ineffective breastfeeding. *The American Journal of Clinical Nutrition*, *92*(3), 574–584. https://doi.org/10.3945/ajcn.2010.29192

Ochola, S. A., Labadarios, D., & Nduati, R. W. (2013). Impact of counselling on exclusive breast-feeding practices in a poor urban setting in Kenya: a randomized controlled trial. *Public Health Nutrition*, *16*(10), 1732–1740. https://doi.org/10.1017/S1368980012004405

Sankar, M. J., Sinha, B., Chowdhury, R., Bhandari, N., Taneja, S., Martines, J., & Bahl, R. (2015). Optimal breastfeeding practices and infant and child mortality: a systematic review and meta-analysis. Acta Paediatrica, 104, 3–13. https://doi.org/10.1111/apa.13147

Shakya, P., Kunieda, M. K., Koyama, M., Rai, S. S., Miyaguchi, M., Dhakal, S., … Jimba, M. (2017). Effectiveness of community-based peer support for mothers to improve their breastfeeding practices: A systematic review and meta-analysis. *PLOS ONE*, *12*(5), e0177434. https://doi.org/10.1371/journal.pone.0177434

Skouteris, H., Nagle, C., Fowler, M., Kent, B., Sahota, P., & Morris, H. (2014). Interventions Designed to Promote Exclusive Breastfeeding in High-Income Countries: A Systematic Review. *Breastfeeding Medicine*, *9*(3), 113–127. https://doi.org/10.1089/bfm.2013.0081

Smithers, L. G., Kramer, M. S., & Lynch, J. W. (2015). Effects of Breastfeeding on Obesity and Intelligence. JAMA Pediatrics, 169(8), 707. https://doi.org/10.1001/jamapediatrics.2015.0175

Statistics, K. N. B. O. (2015). Kenya Demographic and Health Survey 2014. *Kenya National Bureau of Statistics: Nairobi, Kenya*.

Sudfeld, C. R., Fawzi, W. W., & Lahariya, C. (2012). Peer Support and Exclusive Breastfeeding Duration in Low and Middle-Income Countries: A Systematic Review and Meta-Analysis. *PLoS ONE*, *7*(9), e45143.

Victora, C. G., Bahl, R., Barros, A. J. D., França, G. V. A., Horton, S., Krasevec, J., … Rollins, N. C. (2016). Breastfeeding in the 21st century:

Article DOI: https://doi.org/10.37284/eajhs.8.1.2647

epidemiology, mechanisms, and lifelong effect. *The Lancet*, *387*(10017), 475– 490. https://doi.org/10.1016/S0140-6736(15)01024-7

WHO/UNICEF. (2018). *Protecting, promoting and supporting breastfeeding in facilities providing maternity and newborn services: the revised BABY-FRIENDLY HOSPITAL INITIATIVE*.

WHO. (2014). *WHO recommendations on postnatal care of the mother and new born 2013*.

WHO. (2018). Infant and young child feeding. World Health Organization, & United Nations Children's Fund. (2020). *Protecting, promoting and supporting breastfeeding in facilities providing maternity and newborn services: the revised Baby-friendly Hospital Initiative 2018 implementation guidance. Frequently asked questions*. World Health Organization.

Williamson, I., Leeming, D., Lyttle, S., & Johnson, S. (2012). 'It should be the most natural thing in the world': exploring first-time mothers' breastfeeding difficulties in the UK using audio-diaries and interviews. *Maternal & Child Nutrition*, *8*(4), 434– 447. https://doi.org/10.1111/j.1740-8709.2011.00328.x

