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Prevalence of Exclusive Breastfeeding and the Associated Socio-Cultural Beliefs and Practices among Mothers of Children Aged 0-5 Months in Garissa County, Kenya

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Abstract

Breastfeeding is a method in which the infant obtains milk from the mother's breast. On the other hand, exclusive breastfeeding is defined as a way of feeding an infant with just breast milk not even water is allowed, apart from prescribed medicines, immunization, mineral and vitamin supplementation. Breastfeeding exclusively is an important child health and existence intervention that makes it possible to prevent 14% of all < 5 years of age deaths every twelve months and this decode preventing almost 11,000 deaths in Kenya per year. The study aimed to inaugurate the cultural beliefs practices and misconceptions around exclusive breastfeeding. The research was carried out in Garissa County; the County is one of the ASAL counties/areas in Kenya. Simple random sampling was used in selecting the wards and households per village to be visited. The study design was a cross-sectional descriptive investigation conducted among 365 mothers with children under 6 months of age. The study utilized questionnaires and focus group discussion guides as data collection tools, encompassing both quantitative and qualitative data. Data analysis was performed using Statistical Package for Social Science (SPSS) version 22.0. The results indicated that among the infants studied, 51.5% were boys, and 48.4% were girls. Furthermore, approximately 10.3% of the infants were less than a month old, 27.6% were aged 1-2 months, 33.9% were aged 3-4 months, and 27.9% were aged 5-6 months. A significant majority of the mothers, approximately 94%, were married. Additionally, 51.55% of the mothers had received formal education, while 48.4% had not attended school. Among the participating mothers, 88.2% had breastfed their infants in the last 24 hours. The prevalence of exclusive breastfeeding (EBF) based on 24-hour recall was 50.8%. Nearly half of the mothers had supplemented their infants'

diets with other foods or fluids at the time of the study. Approximately 80% of the mothers demonstrated knowledge about breastfeeding. The study established a significant relationship between social-cultural beliefs and breastfeeding practices (p=0.005). In conclusion, the study found that cultural and social beliefs in Garissa County had a substantial influence on breastfeeding practices. Consequently, it is recommended that both governmental and private organizations design and implement behavior change interventions aimed at improving breastfeeding practices. Furthermore, community involvement in nutrition interventions should be emphasized to promote optimal breastfeeding.

Keywords: *Exclusive breastfeeding, prevalence of exclusive breastfeeding, culture, Somali women, misconceptions*

1.0 Introduction

Breastfeeding is the process by which a baby receives milk directly from the mother's breast. Conversely, exclusive breastfeeding is clearly defined as the practice of nourishing a newborn solely with breast milk, without even allowing the use of water. However, this definition does permit the use of prescription medications, immunizations, minerals, and vitamin supplements. Breastfeeding exclusively is an important child health and existence intervention that makes it possible to prevent 14% of all <6 years of age deaths every twelve month and this decodes to preventing almost 11,000 deaths in Kenya per year.

According to the Global nutrition report (2014) in Kenya, based on culture ideas, myths, and misunderstandings have been identified as some of the barriers to optimum breastfeeding in the nation, as well as one of the likely reasons for the poor breastfeeding rates in rural areas. In most communities, local traditions and cultural beliefs play a major role in defining health - related behaviors, and have been recognized as one of the predictors of breastfeeding behaviors (LANCET, 2016). As a result, societal belief systems and behaviors that may be incompatible with exclusive breastfeeding among Garrisa women must be explored. As a result, this research will record the social economic beliefs, practices, and misunderstandings about breastfeeding in Garrisa County. The information gathered will be utilized to help develop put in to place the rules and policies to enhance breastfeeding, child nutrition and health in these and other settings.

1.1 Problem Statement

Exclusive breastfeeding rate in Kenya stands at 61%, and still 4 out of 10 children are not exclusively breastfed approximately 15% of the children are put on other foods in less than six months (KDHS, 2014). According to Garissa County MIYCN KAP survey report 2017, EBF rate in Garissa County, Kenya, stands at 43.4% which is less below the national rate and the WHO target of 90% (WHO, 2003). With the median duration of exclusive breastfeeding in Garissa County below one month. There are a number of factors that makes this unachievable. An example of these factors include: cultural factors, attitude, knowledge, socio economic factors, illiteracy coupled by lack of maternal knowledge, health seeking habits amongst others. A study done by LANCET (2014) states that cultural beliefs and the norms has a big impact on human nutrition. Currently there exists little information on the specific cultural beliefs and practices on breastfeeding in Garissa County. Numerous studies have highlighted the need of understanding and incorporating cultural attitudes and practices into health and nutrition treatment formulation and construction (semega-janneh *et al.*, 2001).

Exclusive breastfeeding rate is an important indicator of child health outcomes in any population. Kenya EBF rate is way below the global EBF coverage target of at least 90% with only 61% of infants exclusively breastfed (KDHS, 2014). A study done by LANCET (2014) states those cultural beliefs and the norms has a big impact on human nutrition. Cultural norms and beliefs are of importance when it comes in determining the behaviour of health in most of the communities and this has been identified determinant of breastfeeding practices (LANCET, 2016). Furthermore, there is limited empirical data regarding the particular cultural beliefs and customs around nursing, particularly in Northern Kenya where there is a prevalent issue of inadequate breastfeeding habits. In this scenario, it is imperative to conduct an investigation of the cultural belief systems and practices that can hinder exclusive breastfeeding among women in Garrisa.

1.2 Purpose and Objectives of the Study

To determine the prevalence of exclusive breastfeeding, socio-cultural beliefs, and practices towards exclusive breastfeeding among mothers of children aged 0-5 months in Garissa County.

The objectives of this study were to:

i. Determine prevalence of exclusive breastfeeding among mothers with infants 0-5 months old (0 to <6 months) in Garissa County.
ii. Determine knowledge on breastfeeding among mothers with infants 0-5 months old (0 to <6 months) in Garissa County.
iii. Establish the sociocultural beliefs, practices and its association towards breastfeeding among mothers with infants 0-5 months old (0 to <6 months) in Garissa County.

2.1 Theoretical Framework

Benefits of Exclusive Breastfeeding for the Infant

Exclusive breastfeeding has numerous benefits to both the infant and the mother (Ku C-M, 2010). Breast milk promotes cognitive and sensory development in infants and provides protection against chronic diseases and infections (Mika, 2011). Colostrum, also referred to as first milk, serves as the initial vaccination for newborns due to its high concentration of antibodies, vitamin A, and other protective substances such as immunoglobulin A (IgA). There is a correlation between introducing solid foods to infants at an early stage and an increased likelihood of developing diabetes, obesity, and childhood leukemia. An infant under six months of age is at a higher risk of mortality from diarrhea if they are not breastfed, according to the World Health Organization (2011). Exclusive breastfeeding of infants under 6 months of age provides protection against diarrheal illnesses through various mechanisms: Firstly, it is important to note that breast milk contains both non-specific and specific antimicrobial elements that help boost the immune system. Secondly, exclusive breastfeeding ensures that the baby is not exposed to potentially contaminated water and food.

Benefits of Exclusive Breastfeeding for Mothers

Exclusive breastfeeding facilitates postpartum weight loss and reduces the risk of acquiring type 2 diabetes and specific types of cancer (Kramer, 2012). Mothers who engage in breastfeeding develop a deep emotional connection with their infants, leading to increased feelings of security in the kid during early stages of life as they mature (Perry, 2014). Additionally, breastfeeding can significantly decrease the likelihood of developing many life-threatening illnesses. According to Mika (2011), women who breastfeed their children have a reduced risk of developing breast and

ovarian cancer. The study conducted by Mika et al. demonstrates a positive correlation between breastfeeding and improved mental health in women.

Table 1: Prevalence of Exclusive Breastfeeding Rates Worldwide

Countries	Percentage %
Central Asia & Eastern Europe	33
Central Africa and West Africa	34
Northern Africa and middle East	30
North America	35
Pacific and Asia	30
South Asia	54
Latin America and the Caribbean	38%

Kenya has a great breastfeeding rate, with 99 percent of babies being nursed at some point, but only 61 percent being breastfed exclusively (KDHS 2014).

Socio Cultural Beliefs and Practices around Breastfeeding

Various cultures worldwide promote the practice of early and diverse nourishment to boost breast milk, which is considered insufficient for optimal newborn growth. Several studies have observed that community attitudes regarding colostrum have an impact on the practice of exclusive breastfeeding. Both Islamic and Arabic cultures commonly practice breastfeeding, and the Islamic faith strongly encourages Muslim mothers to breastfeed their children for a duration of two years (Zahed Pasha et al., 2013). The endorsement of breastfeeding by the Islamic faith underscores the significant value of breastfeeding for the well-being of humanity. However, in Arabic culture, offering nutrients other than breastfeeding, like as water, juice, or herbal tea, is a frequent practice. Only 43% of women in a survey of 221 moms in the United Arab Emirates maintained exclusive breastfeeding after a month, while others used large amounts of fluids such as water, tea, and herbal mixtures (Al Tajir, Suleiman & Badrinath, 2006).

Maternal Knowledge on Benefits of Exclusive Breastfeeding

Increased maternal knowledge of the benefits of breastfeeding and assistance may help enhance breastfeeding rates, including early commencement of breastfeeding, globally. Agreeing to Shammo, Sohair, and Shubrumi (2014), harmful impacts on newborns were found in a study conducted in Saudi Arabia due to a lack of maternal awareness regarding nursing. Enhanced maternal education enhances mothers' understanding and recognition of the advantages of exclusive breastfeeding, enabling them to resist extraneous influences and interference. The citation is from Uchendu et al. (2009). Conversely, mothers who had completed secondary education or above exclusively breastfed their children at a rate of 0.5%, while those with no education did so at a rate of 0.6% (KDHS, 2008).

Socio Demographic Characteristics of the Infants

A study conducted by Nyanga et al. (2012) in Nyando, Kenya, found a significant association between infant sex and exclusive breastfeeding. Female newborns were seen to be 3.4 times more likely to be exclusively breastfed for the first 6 months of age compared to male babies. The age of the newborn is another demographic variable that has been significantly associated with exclusive breastfeeding in several studies. A study conducted by Nyanga et al in Nyando (2012)

revealed that the rate of exclusive breastfeeding decreased as the infants' age advanced. Moreover, exclusive breastfeeding has been linked to promoting optimal development during infancy.

Socio Economic Characteristics of the Mothers

As stated by a study that was put through in Nyando by Nyanga et al. (2012), women who were employed were unlikely to rehearsal exclusive breastfeeding. Odindo et al. (2014) conducted a study in Siaya among women of childbearing age (15-49) with children under the age of five years, and the results were similar. The research found a link between the main source of income and exclusive breastfeeding, with jobless women reporting a greater percentage than working adults. Similar findings were found in a Meru research of lactating moms, who found that severe maternal workload as soon as the postpartum period for women who worked round the clock was a barrier to an exclusive breastfeeding (Kobia, 2014). Moreover, Ochola et al. (2012), found out that increased workload is a barrier to exclusive breastfeeding.

2.2 Literature Review

The literature examined demonstrates that exclusive breastfeeding has a significant and well-documented effect on reducing illness and death among newborns. However, the adoption of this practice is still limited in many regions in Kenya. In target counties like Garissa, current data on exclusive breastfeeding and supplemental feeding practices is scarce. Human nutrition is heavily influenced by cultural ideas and traditions (LANCET, 2014). In most communities, cultural beliefs and local traditions play a major role in defining health behavior, and have been recognized as one of the predictors of breastfeeding behaviors (LANCET, 2016) Mothers require specific information/data which is appropriate that may respond to their concerns and issues in order to make better feeding decisions (LINKAGES 2004).

3.0 Methodology

The study design employed in this study was a descriptive cross-sectional study. This design is suitable for collecting data at a single point in time, making it appropriate for this study, which aims to provide a snapshot of the health-related characteristics of variables in a population at a specific moment. The study took part in Garissa sub-county, Garissa County, Kenya. It covers an area of 2538.5 Km2. The sub-county is one of the five other sub-counties in the county which includes; Lagdera, Ijara, Fafi, Dadaab, and Balambala. Data was collected via surveys, where research assistants and the lead investigator engaged in individual interactions with the moms. The pre-testing of surveys was done in bordering Sub County which borders Garissa County and has a population with similar characteristic. The data underwent coding and was analyzed using Version 22.0 of the statistical program for social science. The information was organized, classified, and purified according to the study factors.

4.0 Results and Discussion

Out of 365 respondents whom had been subjected to answer the questionnaires only 318 were able to give their responses. This is equivalent to 87% and according to (Romano & Bailey, 2018), when response rate is greater than 50% then it is considered to be adequate. Hence, on our study case a response rate of more than 80% is excellent thus giving a nod on the analysis and reporting.

Table 2: Demographic Information

Variables		N=318 n	%
Gender of the child.	Male	164	51.57
	Female	154	48.43
Children age.	0-1 months	33	10.37
	1-2 months	88	27.67
	3-4 months	108	33.96
	5-6 months	89	27.98
Marital status of the mother,	Single	9	2.83
	Married	299	94.03
	Divorced	3	0.94
	Widow	4	1.26
	Separated	3	0.94
Academic level of the mothers.	Never went to school	154	48.43
	Primary	72	22.64
	Secondary	74	23.27
	Tertiary	8	2.5
	Graduate	10	3.14
	Post graduate	0	0
Occupation of the mother.	House wife	269	84.6
	Employed	22	6.9
	Self-employed	27	8.45
Husbands' occupation,	No job	6	1.9
	Self-employed	203	63.8
	Employed	97	30.5
	Casual job	10	3.1

As per the Table 2 above, Male infants dominated the study compared to their female counter parts since out of three hundred and eighteen participants; 51.57% were male and 48.43% were females. children's age ranges between 0-6 months However, majority were of two months representing 24.76%, followed by those with four months (16.61%), five months (14.66%), one month (14.98%), three months (13.36%), six months (2.93%) and minority were those between two weeks and three weeks.

A standard deviation of 4.98465 accounts for the statistical aspect that majority of the mothers age were so disperse. Nevertheless, an average age of the respondents was twenty-seven and a minimum age of eighteen was recorded while the maximum age was thirty-eight. 94.03% of mothers were married and 48.43% of the study population never went to school On the other hand, 22.64% represented those who had attained primary level and 23.27% representing those of secondary level. Majority were house wife representing 88.20% with two hundred and sixty-nine respondents. They were followed by those whom were employed representing 7.21% and minority were self-employed represented by fourteen participants out of the expected three hundred and eighteen.

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Table 3: Twenty-Four Hours Recall Based Breastfeeding Practices

Variables.		N=318	
		n	%
Opinion on whether they had breastfed their children in the last 24 hours.	Yes	278	88.25
	No	37	11.75
Opinion from the participants why they haven't breastfed their children in the last twenty-four hours.	The mother has been feeling unwell.	7	30.43
	The mother was busy at work.	3	13.04
	The child was feeling unwell.	13	56.52
Whether respondents think of resuming the children to breast.	No	53	46.09
	Yes	47	40.87
	Not sure	15	13.04
Opinion on whether the children had been given any liquids in the past twenty-four hours.	No	154	50.83
	Yes	145	47.85
	Not sure	4	1.32
Opinion from the respondents on the kind of liquids they had given their children.	Glucose/sugar water.	53	37.32
	Formula milk.	26	18.31
	Porridge/cereals.	8	5.63
	Non-maternal milk.	55	38.73
	Advise by TBA.	7	5.04
Views on the reason why they had administered the infants with the liquids.	Infant had soothing stomach pain.	32	23.02
	Advised by health care provider.	11	7.91
	Advice from friends/relatives.	36	25.90
	There was no enough milk to feed the child.	12	8.63
	The infant was so hungry.	41	29.50
Breastfeeding status	Exclusive breastfeeding status	154	50.83

Experience of Delivery and Early Practices of Breastfeeding

Results on experience of delivery and early practices of breastfeeding are being presented in table 3 and there underlying reporting on each of the variable is being presented. Majority 82.70 of the mothers gave birth at health facility. Furthermore, 85.52% of births were given naturally, while the remaining births were either aided or performed via caesarian section. 94.03% of the interviewed mothers nursed their kids. Approximately 67.57% of the moms began breastfeeding within one hour after giving birth, while the remaining mothers experienced a delay in starting breastfeeding. The primary factors contributing to the delay in commencing breastfeeding are maternal illness, delayed lactation, infant illness, hunger, and advice from friends, family, and relatives.

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Knowledge of Maternal on Exclusive Breastfeeding

Results in Table 4 expound more on the respondents' views pertaining knowledge of maternal on exclusive breastfeeding. The findings are presented in whether the respondents welcomed the opinion not sure and were not of the view. Descriptive statistics are tabulated to show the measures of dispersion per each underlying variable.

Table 4: Knowledge of Maternal on Exclusive Breastfeeding

Statement		Yes.	No.	Not sure.	Mean	S.D
Breastfeeding plays a role in protecting the child from illness.	F	284	9	25	1.1855	0.55616
	%	89.3	2.8	7.9		
Solid/liquid food should be introduced to the child during the six months of age.	F	277	19	22	1.1981	0.54605
	%	87.1	6	6.9		
Only breastfeeding nourishes the child for six months.	F	256	25	37	1.3113	0.66971
	%	80.5	7.9	11.6		
After the birth breastfeeding should be the first food for a baby.	F	301	4	13	1.0943	0.40955
	%	94.7	1.3	4.1		
The child should be fed with the yellowish milk/colostrum.	F	272	18	28	1.2327	0.56947
	%	85.5	5.7	8.8		
The child should be fed with expressed breastfeed when the mother is away.	F	240	32	46	1.3899	0.72723
	%	75.5	10.1	14.5		
The mother is protected from getting pregnancy through breastfeeding.	F	154	44	120	1.8931	0.92352
	%	48.4	13.8	37.7		

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Table 5: Beliefs on Exclusive Breastfeeding

Statement		Yes.	No.	Mean	S.D
Giving children water and commercially mixture keeps the child away from stomach problems.	F	239	79		
	%	75.2	24.8	1.2484	0.43278
Breastfeeding and doing other marital affairs is considered a bad omen.	F	250	66		
	%	78.6	21.4	1.2089	0.40714
Breastfeeding while engaging in extra marital affairs is a bad omen.	F	267	51		
	%	84	16	1.1604	0.36753
Breastfeeding is associated with saggy breast.	F	227	85		
	%	71.4	26.7	1.9066	0.29154
Opinion whether respondents can breastfeed in public.	F	180	138		
	%	56.6	43.4	1.4340	0.49640
Breastfeeding is associated with intellectual development and good health of the infants.	F	298	20		
	%	93.7	6.3	1.0629	0.24315

The study found that 78.6% of participants viewed breastfeeding during extramarital affairs as a negative sign. The mean value was 1.2089, and the standard deviation was 0.40714. In addition, 84% of participants held the opinion that breastfeeding during extramarital affairs was undesirable, a belief that had been transmitted through their family and friends. The results of this study align with a prior research conducted by Wanjohi et al. (2017) in Korogocho. The previous study discovered comparable beliefs within specific ethnic groups, specifically the Luo and Luhya communities. These communities regarded breastfeeding as impure if the mother engaged in extramarital relationships with men other than the baby's father.

Moreover, a significant majority of participants, specifically 71.4%, held the belief that breastfeeding is a contributing factor to the development of droopy breasts. It is worth noting that a considerable number of these participants were teenage mothers. This notion is refuted by the findings of Rinker et al. (insert publication date), which provide proof that nursing has no impact on breast attractiveness. With the increasing prevalence of adolescent pregnancies in North Eastern Kenya, it is imperative to prioritize efforts in tackling this issue. It is crucial to implement interventions and programs that are friendly to young people in order to encourage the best possible breastfeeding and infant feeding practices among young mothers. The concept of drooping breasts is derived from a traditional idea prevalent in the Somali society, wherein breast sagging is linked to breastfeeding and the concern that it may result in husbands seeking another wife.

Concerning Tahneek, the findings revealed that this practice is deeply embedded in Islamic customs. Tahneek is a practice where a sweet substance, like as dates, is placed in the mouth of a newborn baby shortly after delivery, usually before they are given milk. This practice is based on the teachings of Prophet Muhammad (peace and blessings be upon him). A study published in the British Medical Journal (June 10, 1995) has demonstrated that administering sugar to a newborn can diminish the sensation of discomfort during medical operations, hence offering additional validation for this approach.

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The study also uncovered gender disparities in breastfeeding attitudes, as participants attributed these disparities to the notion that males necessitate a greater amount of breastmilk owing to their perceived physical prowess. Another misunderstanding that was uncovered is that moms frequently introduce solid foods when infants reach four months of age, under the belief that breast milk alone is inadequate. Consequently, camel milk was introduced as a supplement due to its medical properties in Somali culture. The notion that breast milk alone is inadequate for healthy growth, along with the impression that certain mothers inherently produce insufficient milk, has been recognized as a prevalent factor for not engaging in Exclusive Breastfeeding (EBF).

Table 6: Variables in the Equation

								95% C.I.for EXP(B)	
		B	S.E.	Wald	df	Sig.	Exp(B)	Lower	Upper
	Mothers' education level			7.598	4	.107			
	Mothers education level(1)	-.032	.853	.001	1	.970	.969	.182	5.153
	Mothers education level(2)	-.552	.805	.469	1	.493	.576	.119	2.793
	Mothers education level(3)	2.488	1.021	5.936	1	.015	12.035	1.627	89.042
	Mothers education level(4)	-18.073	12591.496	.000	1	.999	.000	.000	.
	Mothers age	-.084	.067	1.563	1	.211	.920	.807	1.049
	Maternal knowledge on exclusive breastfeeding	1.725	.873	3.901	1	.048	5.610	1.013	31.061
	Maternal attitude on exclusive breastfeeding	1.123	.887	1.603	1	.205	3.075	.540	17.497
	Social cultural Beliefs on exclusive breastfeeding.	-7.660	2.709	7.993	1	.005	.000	.000	.095
Step 1[a]	Constant	5.682	3.899	2.124	1	.145	293.452		

a. Variable(s) entered on step 1: mother's education level, mothers age, Maternal knowledge on exclusive breastfeeding, Maternal attitude on exclusive breastfeeding, Beliefs on exclusive breastfeeding.

According to Vakhitova and Alston-Knox, (2018), Wald test is a test that is used to account whether there is statistical significance of the independent variables of the study. In order to determine if the variables are significant, we locate it via the significance column. Hence, from the results we can figure out that mother's level of education (3) (p=0.015), socio cultural beliefs on exclusive breastfeeding (p=0.005) The model was statistically significant since $\chi 2(8) = 150.407$

and p < .0005, (p=0.005). Moreover, the model expounds that; (Nagelkerke R2) 27.5% of the breastfeeding rate variance. The odds of mothers whom breastfeed exclusively is 9.69 times greater for those who never went to school.

5.0 Conclusion

The rate of exclusive breastfeeding in Garissa is substantially lower than the amount suggested by the World Health Organization (WHO). Exclusive breastfeeding rates peak over the initial three months and then sharply decrease by the fifth month. Exclusive breastfeeding typically discontinues for the majority of infants when they reach approximately three months of age. Typically, the women in this area have a comprehensive understanding of nursing. The study conducted in Garissa demonstrates that socio-cultural views exert a significant impact on breastfeeding practices. A multitude of socio-cultural attitudes and practices pertaining to breastfeeding were identified among the community. Several of these ideas are in accordance with the criteria set by the World Health Organization (WHO), including the concept that colostrum has medicinal benefits, the perception that breastfeeding in public can attract negative attention, the adherence to religious advice for breastfeeding, and the recognition of the advantages of breastfeeding.

There are however alternative beliefs that contradict the recommendations of the World Health Organization (WHO). These include considering colostrum as impure, utilizing honey as a substitute for medicine, engaging in the practice of 'tahneek', depending on community networks for guidance, regarding camel milk as superior to breastmilk, adhering to a 40-day cultural custom, and holding the belief that boys should breastfeed more than girls. Most women in Garissa possess a considerable amount of knowledge regarding nursing. This study emphasizes that cultural and societal views have a substantial impact on the practice of exclusive breastfeeding in Garissa, making a significant contribution to the prediction model. This study highlights that cultural and social beliefs exert a significant influence on exclusive breastfeeding practices in Garissa, contributing significantly to the predictive model. The study also recommended the following recommendations.

6.0 Recommendations

Mothers should receive encouragement and support to breastfeed their infants within an hour of birth, on demand, and continue doing so for up to six months. Adequate knowledge of exclusive breastfeeding within the studied population had a positive impact on their practice of exclusive breastfeeding. To help mothers achieve six months of exclusive breastfeeding, new and creative strategies should be implemented. The Ministry of Health, county government medical directors, and non-governmental organizations focused on child health should promote awareness of exclusive breastfeeding within the community.

It is crucial to address negative attitudes and beliefs regarding exclusive breastfeeding, especially in messages about breastfeeding and during counseling sessions provided by nutritionists, healthcare professionals, and community health workers. This study found that expressing breast milk was considered culturally sensitive, and it was a widespread belief that poverty hindered exclusive breastfeeding. A research investigation into the determinants that impact the continuation of exclusive breastfeeding within the local community for duration of up to six months. This endeavor aims to pinpoint strategies for reducing the decline in exclusive breastfeeding, especially during the critical period between three to six months of an infant's life. Additional research is imperative to enhance the effectiveness of breastfeeding counseling at

healthcare facilities and to establish methods for maintaining optimal infant feeding practices within the community. Comparable research should be carried out in diverse settings to uncover the unique factors affecting exclusive breastfeeding, with the purpose of tailoring interventions that are specific to each context.

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