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Prevalence of Exclusive Breastfeeding and the Associated Factors Among Mothers with Infants Aged 0-5 Months in Nandi County: A Systematic Review

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Abstract:

- ***Introduction:***

When a baby is exclusively breastfed, they are only given breast milk and no other foods or beverages, with the exception of any prescription medications, vitamins, minerals, or oral rehydration treatments. This should be done within the first six months, according to the World Health Organization. Mothers make feeding decisions based on their expertise, discomfort, family input, and the level of help they receive following childbirth.

- ***Methods:***

The protocol will specify the eligibility requirements. The databases PubMed/MEDLINE, African Journals Online, and Google Scholar will be searched for papers from Kenya and national survey reports. Data extraction, quality evaluation, and record screening will all be done separately by two reviewers. The prevalence findings will be categorized by feeding technique; only comparable studies will undergo a meta-analysis. The data will be explained with the aid of the qualitative narratives. PRISMA.2020 is used in the selecting process.

- ***Results:***

According to the 2022 Kenyan Demographic and Health Survey, 60.1% of infants less than six months were exclusively breastfed. Local statistics, however, differed significantly: 45.5% in Wajir, 52.3% in western Kenya up to six months, and 73% as reported by mothers in a nationwide clinic study. Higher breastfeeding rates were attained when moms received help at home or at work, according to research on interventions. The issues noted included going back to work, moms going hungry, being abused by partners, thinking there wasn't enough milk, feeling under pressure to offer water or other food, and getting false information.

- ***Conclusion:***

Although exclusive breastfeeding has improved in Kenya, it is still not consistently maintained over a six-month period. Assistance should address the conditions under which mothers are feeding their infants rather than just giving them advice. Priorities should continue to include employers with enforceable breastfeeding policies, community counseling, support for maternal mental health, and dietary aid.

Keywords: *Exclusive Breastfeeding, Infant Feeding, Prevalence, Factors Associated with it.*

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I. INTRODUCTION

With the exception of specific situations requiring oral rehydration solutions and medicinal or micronutrient drops or syrups, the World Health Organization defines exclusive breastfeeding as being fed solely breast milk, without water or any other meal or drink (Cato et al., 2019). Exclusive breastfeeding should be maintained for the first six months, according to WHO and UNICEF, after which appropriate complementary foods should be provided in addition to ongoing nursing (Froń & Orczyk-Pawiłowicz, 2024)

Although the 2022 Kenya Demographic and Health Survey is a valuable source of information about mother and child health, it should not be believed that the national statistics accurately represent the prevalence rates among infants who visit a specific hospital. A longitudinal study of first-time mothers in rural Kilifi, research involving employed women, and an outpatient study in Wajir are some of the other studies conducted in Kenya (Talbert et al., 2020)). While maintaining the study circumstances, procedures, and the mothers' own viewpoints, the current review aims to update and meticulously arrange the Kenyan data.

The percentage of infants between the ages of 0 and 5 months who were exclusively breastfed yesterday, as reported using the WHO/UNICEF indicator, will be the primary outcome of the review.

➢ *Broad Objectives*

To ascertain the prevalence and contributing factors of exclusive breastfeeding among infants in Nandi County who are between the ages of 0 and 5 months.

➢ *Specific Objectives*

- To determine the sociodemographic characteristics linked to infants' exclusive breastfeeding.
- To determine the physiological aspects of exclusive breastfeeding.
- To find gaps in the body of knowledge regarding breastfeeding screening for mother and child health in Nandi County.

II. MATERIALS AND METHODS

➢ *Introduction And Design*

Narrative synthesis was used to conduct a systematic review. This method adhered to the primary reporting standards set forth by PRISMA in 2020(Page et al., 2021) .Because the assignment entailed a targeted examination that mostly relied on data from the WHO, UNICEF, national initiatives, and the most recent Kenyan research, a quick approach was used. Prior to summarizing the evidence, the review question and the selection criteria were established.

➢ *Research Inquiries*

- Based on the metric used in each study, what proportion of Kenyan mothers' infants in the 0–5-month age range are exclusively breastfed?
- Which characteristics pertaining to mothers, infants, households, health services, and employment are said to be linked to exclusive breastfeeding?
- What difficulties do moms face in continuing to exclusively breastfeed?

➢ *Design of the Study*

A comprehensive evaluation of the literature in accordance with Prisma 2020 (*PRISMA 2020 Statement*, n.d.) Setting.

Kenya's Nandi County served as our main context. We looked at pertinent evidence from western Kenya because there wasn't much published evidence from Nandi County.

➢ *Study Population*

Teenagers (16–18 years old) and adults (18–40 years old).

➢ *Search Methodology*

In order to find sources from the World Health Organization (WHO), the United Nations Children's Fund (UNICEF), the Demographic and Health Surveys, and pertinent program publications, a systematic review was conducted using PubMed searches. The terms associated with exclusive breastfeeding, prevalence or its determinants, and Kenya were the subject of the PubMed search, which ran from January 2014 to December 2025. Included were English-language studies involving Kenyan mothers or infant caretakers during the first six months of life, regardless of whether they were quantitative, qualitative, or mixed-methods.

Table 1 Boolean Terms

Concept	Keywords	Boolean words
Exclusive breast feeding	Exclusive breastfeeding, exclusive breast feeding	Exclusive breastfeeding OR exclusive breast feeding
Infants	Infant, newborn, young infant	Infant OR newborn OR young infant
Mothers	Mother, women, lactating women	Mother OR women OR lactating women
Prevalence	Prevalence, proportion, rate	Prevalence, proportion, rate
Associated factors	Determinants, factors, predictors, barriers	Determinants OR factors, predictors OR barriers

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- *Inclusion Criteria:*

✓ Have babies between the ages of 0 and 5 months.
✓ Visited Sun County Hospital in Nandi Hills.
✓ Are prepared to take part and give their informed consent.
✓ Are able to give details about how their babies are fed.

- *Exclusion Criteria:*

✓ Mothers whose infants are older than six months.
✓ Infants with disorders like cleft palates that interfere with nursing.
✓ Mothers withdraw their consent and refuse to take part.
✓ Mothers are unable to give information about their child.

➢ *Data Extraction and Procedure*

The following information was gathered for each of the included empirical studies: the environment, the study design, the sample, the technique of measuring exclusive breastfeeding, the reported prevalence, the characteristics associated with it, the author and the year of publication, and the primary outcomes of the intervention. Finding out whether the prevalence statistic was based on a 24-hour recall, feeding at a specific infant age, or continuous exclusive breastfeeding from birth to five months was given particular attention. The review also confirmed that every research addressed the primary confounding variables, chose suitable samples and measures, clearly described its population and environment, and provided statistics to back up its assertions.

➢ *Prisma Flow Diagram*

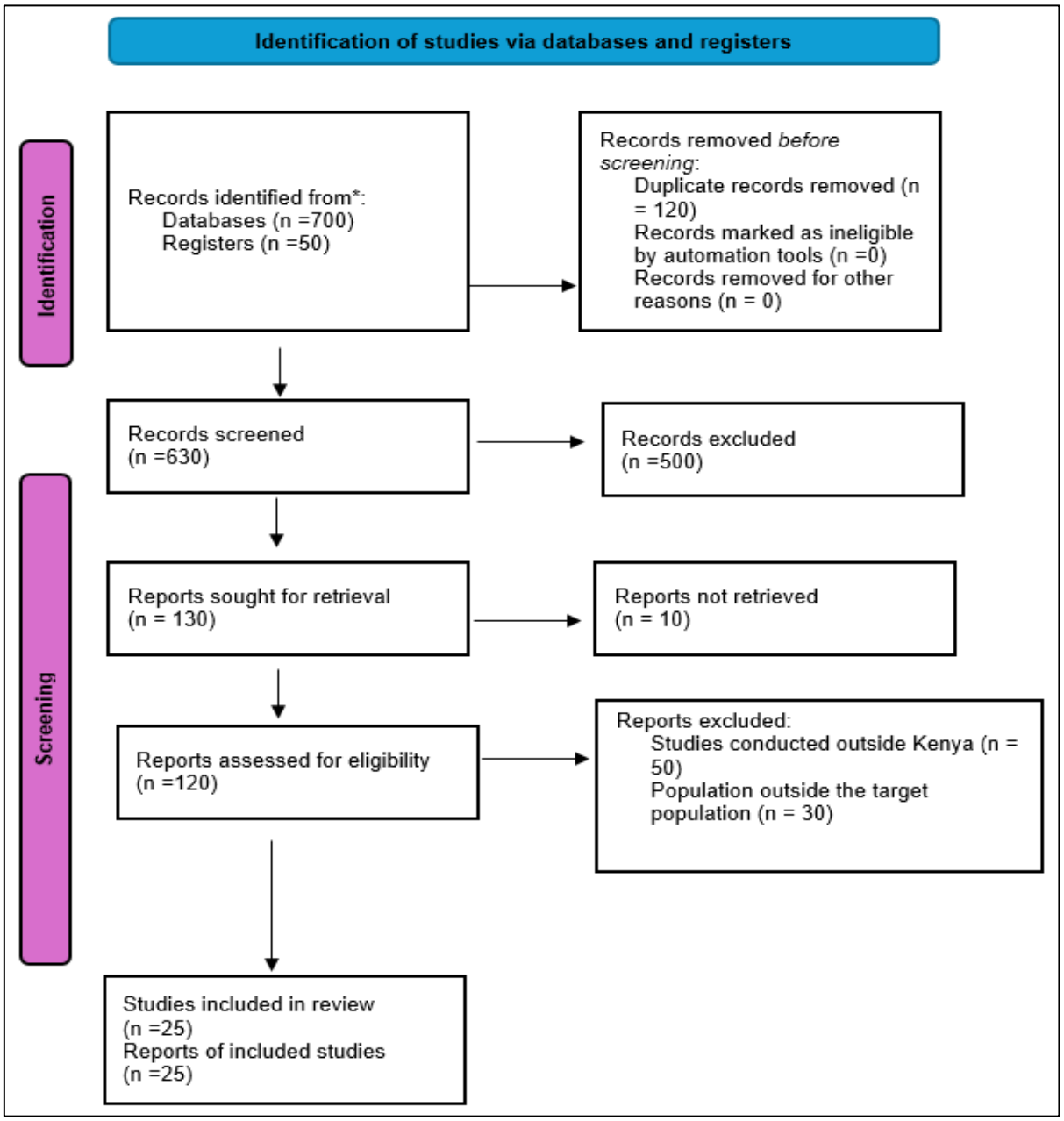

Fig 1 Prisma Flow Diagram

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III. RESULTS

➢ *The Prevalence of Exclusive Breastfeeding*

The KDHS 2022 produced the most useful national statistic. 60.1% of the 3,658 infants who stayed with their mothers and were between the ages of 0 and 5 months were exclusively breastfed(Pullum et al., 2023). .This is comparable to the national estimate from 2014, which was between 61 to 62%, indicating that following previous gains, development had stalled(Kim et al., 2016). The varied populations selected and the different techniques used to evaluate feeding can be blamed for the disparate rates observed in different individual research (Wang et al., 2022). Using a 24-hour recall, Mohamed and colleagues in Wajir County discovered a prevalence of 45.5% among 281 mothers whose infants were between 0 and 5 months old; the figure was 39.4% for women who had given birth for the first time and 49.3% for those who had given birth previously, though there was no statistically significant difference between the two groups (Mohamed et al., 2020) .Water availability, family pressure, and traditional beliefs were significant obstacles, according to a later qualitative study conducted in that region(Balogun et al., 2015). 52.3% of the 275 women Tuthill and colleagues tracked in western Kenya continued exclusive breastfeeding for up to six months (Cuenca-Viñas et al., 2025). Rather than suggesting a biological consequence of HIV, this change seems to reflect better and more consistent counseling for women receiving HIV care(Segala et al., 2025). 93% of nursing mothers were exclusively breastfeeding at six weeks, according to a 2024 population-level clinic survey that covered 141 Kenyan facilities. 73% of the mothers surveyed when their kids were nine months old recalled continuing to breastfeed exclusively for six months(Madeghe et al., 2016).

The dependence on maternal recall and attendance at immunization clinics must be considered when interpreting these high numbers (Dzinamarira et al., 2026) . As the babies grew older, there was a significant reduction in employment, according to other studies. The practice of exclusive breastfeeding did not differ among the Naivasha participants based on their employment level at six weeks or at the time of delivery (McCardel et al., 2024).. But at fourteen weeks, 59% of women with formal jobs were exclusively breastfeeding, compared to 95.4% of those without; at twenty-four weeks, the percentages were 19% and 49.6%, respectively (Mohammed et al., 2025).These patterns demonstrate why successful early initiation does not guaranty six-month feeding continuation(Mohamed Ahmed et al., 2023)

➢ *The Mothers Knowledge Beliefs and Confidence*

In rural Kenya, a greater comprehension of the recommendations, confidence in the advantages for both the mother and the child, and feeling validated by significant others all contributed to a lower likelihood of stopping breastfeeding early, even though information-aided approaches were insufficient on their own(Balogun et al., 2015). Positive attitudes were associated with exclusive breastfeeding in Wajir, but due to social pressure, some knowledgeable mothers continued to give their infants water or other meals

These patterns demonstrate why successful early initiation does not guaranty six-month feeding continuation (Mohamed Ahmed et al., 2023). Breastfeeding confidence was also crucial; in the western Kenyan group, greater self-efficacy lessened the effect of hunger on early feeding cessation (Kihagi et al., 2024) This suggests that rather than merely repeating the six-month guideline, counseling should provide practical reassurance, such as by assisting a mother in identifying typical baby behavior and addressing concerns about making adequate milk (Wong et al., 2021)

➢ *Maternal Mental Health, Safety and Food Insecurity*

Psychological and social pressures remained significant. moms in a low-income neighborhood of Nairobi who did not have postpartum depression were more than six times more likely to breastfeed exclusively than moms who did (Madeghe et al., 2016).Additionally, a history of intimate partner violence and depression symptoms were linked to decreased rates of exclusive breastfeeding at six months, according to the nationwide clinic study. Maternal hunger caused the rate of early halting in the western Kenya group to almost double, and probable depression had a similar effect (Gunarathne et al., 2023).

Food insecurity, stigma, fear of HIV transmission, and low male participation were shown to be obstacles based on qualitative data from Baringo (Otara, 2023).. These results collectively demonstrate that mother nutrition, mental health, respectful treatment, and security are inextricably linked to infant-feeding counseling (Kihagi et al., 2024)

➢ *Impact of Culture Perception and Norms*

Families frequently have an impact on a mother's choices regarding what to feed her infant in the larger social context (Ravikumar et al., 2022). Exclusive breastfeeding was hindered in Wajir by the pressure from mothers-in-law and traditional delivery attendants, as well as the notion that newborns require water to thrive (Mohamed et al., 2020) However, these challenges were surmounted with the help of supportive wives, helpful medical professionals, and Islamic teachings that promote breastfeeding (Tokhi et al., 2018). Mothers' perceptions of the local norms influenced feeding decisions. HIV-positive women in Baringo faced shame because it was mistakenly thought that exclusive breastfeeding was only appropriate for HIV-positive mothers. Poor policy communication, customs, a hidden status, and the lack of men all contributed to the difficulties in making these decisions (Samburu et al., 2021). Actions involving spouses, grandmothers, volunteers in the community, religious leaders, and other trustworthy sources are supported by the findings (Durrance-Bagale et al., n.d.).

➢ *Employment and Working Conditions*

One of the biggest challenges was going back to work. Mothers who worked in Naivasha typically ended exclusive nursing before returning to their careers(S. B. Ickes et al., 2021).. The primary explanations offered were going back to work, thinking the kids were ready for different kinds of food,

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and feeling that there wasn't enough milk (S. Ickes et al., 2020) Conversations with the women, their families, their employers, and their assistants showed that it was challenging to breastfeed exclusively for six months due to a lack of childcare services in the area, a lack of pumping expertise, and a lack of suitable rooms.

Just 34% of the 395 working moms who visited two hospitals in Nairobi knew enough about how to handle and store breast milk, and 41% said they expressed their milk frequently or infrequently (Kamau et al., 2022).Due to the lack of facilities at work, the majority of milk expression occurred at home (Edemba et al., 2022). Conversely, greater rates of exclusive breastfeeding in Naivasha were associated with the provision of on-site childcare, lactation rooms, and work housing (S. Ickes et al., 2020). According to these findings, employers and the execution of maternity protection regulations should also be held accountable, rather than just individual mothers(Rowe et al., 2023).

- *Health Services and Counselling Related to HIV*

Regular counseling was shown to be quite beneficial. 94% of HIV-positive moms in Busia choose to exclusively breastfeed their children (CDC, 2026).. Women were more likely to stick with this practice because they were aware of how exclusive breastfeeding and antiretroviral therapy, along with peer support and nutritional support, could lower the incidence of transmission (Assefa et al., 2026). However, there were still dangers associated with teenage pregnancy, illiteracy, and the requirement to work (Salma Nanjira Musa Mkanga et al., 2023)

In the 2024 national survey, Okanda and his colleagues also observed that mothers living with HIV were more likely to continue exclusive breastfeeding because they received more facility counseling than mothers without HIV. Women living with HIV also reported higher six-month exclusive breastfeeding rates, but they were still less likely to continue breastfeeding while introducing complementary food by nine months (Bosire & Jewett, 2025).The conclusion reached is that counseling arrangements utilized in HIV care should be customized for each mother rather than giving preference to any one group (Carlucci et al., 2026).

- *Evidence from Interventions in the Community and at the Workplace*

There was a lot of useful evidence from intervention research. One Baby-Friendly Community Initiative in Koibatek included public forums, mother-to-mother meetings, facility-based education, and home counseling by trained community health volunteers (Maingi et al., 2018). After six months, 81.7% of non-HIV women in the intervention areas and 42.2% in the control areas were exclusively breastfeeding(Onyango et al., 2023).. Additionally, children in the intervention areas were more likely than those in the control areas to have been exclusively breastfed until six months of age (79.2% versus 54.5%), according to a follow-up analysis (North et al., 2022).

Changes made to the workplace also had a big impact. A package that comprised flexible nursing leave, local childcare facilities, milk rooms, policy information, and home visits was linked to 80.8% exclusive breastfeeding at an agricultural site in Kericho, compared to 20.2% prior to the improvements (Madeghe et al., 2016).. Since return-to-work stress typically peaks around this time, the effect was particularly severe for infants between the ages of three and five months (Beijers, 2024)

IV. DISCUSSIONS

According to the Kenya Demographic and Health Survey, 60% of Kenyans are currently nursing. This suggests that the issue of exclusive breastfeeding is more than just a practice (Africa, 2026). Maternal depression, food insecurity, family violence, and work-related interventions are factors among moms that impact breastfeeding. Therefore, assistance outside of the healthcare industry is necessary to accomplish exclusive breastfeeding (Balogun et al., 2015).

Despite significant differences across various areas and healthcare institutions, the review shows that the percentage of mothers in Kenya who exclusively breastfeed is still over 60% overall (Mututho et al., 2017). Breastfeeding rates often decline as children grow older, although they are often greater in the weeks after birth (Mohamed, n.d.).The length of the recall period, different study methodologies, and different definitions of exclusive breastfeeding may all contribute to these discrepancies (Younas et al., 2023). However, social and economic aspects are equally important.

According to women(Younas et al., 2023). were more likely to stick with exclusive breastfeeding if they had enough food, received regular and helpful guidance, felt confident in their ability to breastfeed, and had support from both family members and medical professionals. However, returning to work, financial hardships, violence, maternal sadness, familial pressure, and concerns about not making enough milk were frequent challenges (Segala et al., 2025).

Additionally, the study demonstrates that providing information alone should not be the only way to support breastfeeding (Cato et al., 2019). Throughout pregnancy, after giving delivery, and prior to returning to work, women want continuous guidance. Giving children useful assistance with positioning, attaching, expressing, and storing breast milk might boost their self-esteem and encourage them to continue nursing (Sendas & Freitas, 2024). Screening for issues related to the mother's mental health, food insecurity, and violence should be included of breastfeeding care (Africa, 2026)

Fathers, grandmothers, and community members can help reduce detrimental cultural behaviors such introducing water or other foods at a young age (Martin et al., 2021). If exclusive breastfeeding is to be maintained, it is also critical to have supporting workplace regulations, such as maternity leave, nursing breaks, private locations for lactation, and childcare facilities (Madeghe et al., 2016).

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V. CONCLUSIONS

Exclusive breastfeeding remains a problem in the nation despite efforts by the healthcare industry and community healthcare professionals. Although different societies have varied opinions about breastfeeding children, work emerges as one of the primary factors supporting exclusive breastfeeding because the newborns are placed in the hands of caretakers. Teenage pregnancies also have an impact on this since they force teens to resume their education. In conclusion, the mother's mental health, work-related interventions, cultural views, and breastfeeding expertise all have an impact on exclusive breastfeeding. Giving accurate information, maintaining a cheerful outlook, getting support from friends and family, visiting clinics on time, having childcare facilities at work, having access to nursing rooms, and taking time off from work are all examples of useful actions.

RECCOMENDATIONS

- Enhances counseling at every level of care and educate patients about the value of breast milk throughout pregnancy, right after delivery, and during immunization intervals.
- Ensure that everyone who makes decisions for the family attends the course so they can comprehend the idea of exclusive breastfeeding.
- Encouraging the mother's health during the postpartum phase by feeding her on a regular basis and ensuring that the health of both the mother and the child is secure.
- Educate moms in remote areas about breastfeeding by using the trained community health professionals.

➢ *Source of Funding*

Since the draft of this systematic review used publicly accessible and published data from Nandi Sub County Hospital, it was completed without any outside support.

➢ *Contributions of Authors:*

Each contributor contributed to the development of the review concept. While the other members searched for the available data on the topic, Kelvin Kiprop conducted the research study and generated the article in the form of a table. Each member agreed to take responsibility for the integrity and accuracy of the work.

➢ *Ethical Approvals:*

This entire review is a systematic examination of the publicly available and already published literature on exclusive breastfeeding; it does not include the direct collection of any identifiable human data, and the subsequent primary study at Nandi County will need to secure approval from the appropriate institutional and national authorities.

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