ABSTRACT

Exclusive breast-feeding (EBF) is recognized globally as the best way of ensuring child survival. The major challenge has been the low rates of EBF globally (36%) despite the gradual increase in EBF rates in recent years. Prevalence of EBF is 32% and 18.6% in Kenya and Igembe South Sub-County the study site, respectively. There is scarcity of data on the effectiveness of MTMSGs in promotion of EBF in Kenya. The aim of this study was to assess the effectiveness of MTMSGs in promoting EBF in Igembe South Sub-County, Meru County, Kenya. The study adopted a cluster randomized controlled trial design in which the 3 health centres were randomly allocated on a 1:1:1 ratio to 3 study groups; 2 treatment groups and one control group (CG). In one treatment group (MES), the mothers in the MTMSGs received education support whereas in the second treatment group (MESIGA) the mothers were engaged in an income generating activity (IGAs) in addition to receiving education support. In both groups, the mothers held 7 monthly meetings, one pre-natally and six post-natally. There was no intervention in mothers in control group. The sample sizes were: MES 88; MESIGA 82; and the control group 79 mothers.

Data on infant morbidity and weight measurements was collected on a monthly basis. Six focus group discussions were held to collect in-depth information on the rationale for maternal choices of infant feeding methods. The study outcome was EBF prevalence at 6 months as defined by cross-sectional data based on 24-hour recall and cumulative or continuous EBF to six months. Data was entered using Epi-Enfo 3.5 software (CDC), cleaned using SPSS software Version 17.0 and analysed using SAS 9.3 software. Mothers in MESIGA and MES were two times more likely to exclusively breastfeed at 6 months compared to mothers in CG \( \{RR=2.42; CI(1.36-4.28); (p=0.004)\} \) and \( \{RR=1.89; CI(1.02-3.49); (p=0.033)\} \) respectively using cross-sectional 24-hr recall data. There was no significant difference between EBF rates at 6 months in MES and MESIGA.

The median duration of cumulative EBF for the CG was significantly lower at 0.68 months as compared with MES at 2.8 months and MESIGA at 3.4 months \( (p=0.001) \). IGAs significantly \( (p<0.001) \) improved the rates of attendance to MTMSG meetings. The predictors of EBF were: not giving infants post-lacteal feeds \( (OR=0.17(0.05-0.55); (p=0.003)) \), infants not falling sick \( \{OR=0.27(0.12-0.63); (p=0.002)\} \) and receiving breastfeeding information from a health facility \( (OR=2.45(1.24-4.87); (p=0.010)) \). The major barriers to EBF were: pressure from partners/relatives, cultural infant feeding practices such as giving of pre- and post-lacteal feeds, heavy maternal workload, and maternal separation from infants for long periods. The study findings show that MTMSGs, a community-based intervention is an effective strategy in...
promoting EBF and should therefore be strengthened in the promotion of EBF programmes by Ministry of Health (Kenya) and its partners.