A GENDER ANALYSIS OF COMPLEMENTARY FEEDING AMONG CHILDREN UNDER FIVE YEARS IN KAMUKUNJI INFORMAL SETTLEMENTS IN NAIROBI.

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APRIL 2022

DECLARATION

This research project is my original work and has never been presented for examination in any other university.

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Signature: *Ben Yumbya* Date: 10/04/2022

This research project has been submitted for examination with my approval as the university supervisor.

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DEDICATION

This project is dedicated to the young children of Africa as the continent strives to reduce the cases of malnutrition and child mortality.

TABLE OF CONTENT

LIST OF TABLES

LIST OF FIGURES

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ABSTRACT

Family is the basic unit of society. Family involvement in complementary feeding offers the prospect of improved child nutrition as it serves as the mother's social support aiding her decision-making process regarding feeding children under five years. Whereas most research on complementary feeding and child care focuses on women, this research used an all-inclusive approach by involving all members of the household at the nuclear and extended levels of the family. The study examined the specific gender roles played by all the actors within the household setup assessing how gender norms and perceptions influenced their attitudes and behaviour towards complementary feeding. The study adopted an exploratory descriptive design and utilized the social role theory framework to identify the different household members, their roles, responsibilities, and gender norms and perception in complementary feeding of children under five years. Qualitative data collection methods were applied by using in-depth interviews, focus group discussions, and unstructured observation. Transcripts were reviewed for quality check and coded using Nvivo into quotes and citations according to themes to inform the study. The study findings stated that gender roles were prescriptive as the woman was the primary caregiver while the man was the secondary caregiver. The man was supposed to provide financial and emotional support for the mother and the child, while the mother's primary duty was to prioritize the child's well-being. In addition, sociocultural, and religious factors influenced the roles of the primary and secondary caregivers in complementary feeding and their perceptions of the introduction of complementary feeding and the kind of foods to be introduced. Therefore, health programs should target primary, and secondary caregivers to sensitize them on the appropriate complementary feeding practices.

LIST OF ABBREVIATIONS AND ACRONYMS.

ASF – Animal Source Food.

BMI – Body Mass Index.

FGD – Focus Group Discussion

GAM - Global Acute Malnutrition.

HH – Households.

IDI – In-depth interview

IYCF – Infant and young child feeding.

LMIC - Low Middle-Income Countries.

MIYCN - Maternal, Infant, and Young Child Nutrition.

OECD - Organization for Economic Cooperation and Development

SAM - Severe Acute Malnutrition.

UHC - Universal Health Coverage.

UNICEF - United Nations Children's Fund.

WASH - Water, Sanitation, and Hygiene.

WHO – World Health Organization

WID – Women in Development.

CHAPTER ONE: INTRODUCTION AND BACKGROUND TO THE STUDY

1.1 Introduction

This chapter summarizes the research topic, A Gender analysis on complementary feeding practices among children under five years in Kamukunji informal settlements in Kenya. It highlights the specific research questions to be investigated and justifies the importance of the research. Finally, it offers the preconceived assumptions about the study and its scope and limitations.

1.1.2 Background to the study

Malnutrition is a persistent problem facing Improved child nutrition is key to reducing child mortality rates worldwide. In 2020, 149.2 million children under five years were stunted, 45.4 million wasted, and 38.9 million were overweight or obese globally. With the exception of Africa, then the number of stunted children is decreasing in all regions. (UNICEF, 2020). The first phase of complementary feeding is vital in preventing malnutrition. It is usually from six to twelve months (World Bank 2005). After about two years, stunting from earlier developmental stages is almost irreversible (Martorell *et al.,* 1994). This indicates that complementary feeding is a 'crucial phase' for ensuring growth doesn't negatively fluctuate, reducing micronutrient deficiencies, and infectious illnesses considering it is during this stage children are at a high risk of undernutrition. In Kenya stunting affected 26% of children under five years, while 4% were wasted, and underweight children ranked at 11% (KNBS, 2014). In 2020, there was a noticeable improvement in underweight children as they ranked at 9.6%, while stunting remained at 24%, and 4.4% were

severely stunted, although the underweight rate distribution among boys and girls was at 10.5% and 8.5% respectively (SMART, 2020).

There is a lot of emphasis on Optimal Infant and Young Child Feeding (IYCF) practices as they are deemed impactful on the child's nutrition. According to Jones et al., (2003), the adaptation of optimal breastfeeding and suitable complementary feeding practices can reduce the rate of death among children under the age of five years by 13% and 6% respectively. At six months, it becomes progressively challenging for breastfed infants to solely have their dietary requirements met by human milk alone. Furthermore, it is during this age that most infants are developmentally ready for diversity in their meals.

In Low- and Middle-Income Countries (LMIC), less than 20% of children under the age of five can receive a minimum acceptable diet (UNICEF, 2020). In Nigeria, only 11% of children received a minimally acceptable diet in 2018 (National Population Commission and ICF, 2018). According to a study on complementary feeding practices in Nairobi's informal settlements, 62.6 % of children under the age of five had the minimum dietary diversity, 54.8% had the minimum acceptable diet, 69.6% had the minimum meal frequency, and 75.9% had a timely introduction to complementary feeding (Concern Worldwide, 2014). In developing countries, complementary foods are frequently contaminated because of failure to observe water, sanitation, and hygiene (WASH) practices (Giugliani & Victora, 2000) and lack of knowledge on food safety (Msuya, 2016). Globally, 88% of childhood mortality is caused by poor sanitation, contaminated water, and not maintaining high levels of personal hygiene (Usfar et al.,2010).

The growing proportion of women in employment in most OECD countries has created a significant change in the labour market. The unprecedented growth in women's labour force

participation rates over the last four decades has increased the need for non-maternal child care significantly (Zamarro, 2011). As a result, several European countries have devised policies that target families intending to provide affordable and high-quality child care. The link between child care and engagement in the labour force has received minimal attention. A lot of literature on child care and labour supply mainly concentrates on the cost of child care and its effect, while little focus has been channelled on informal care provided by grandmothers. According to Zamarro (2011), grandmothers are a valuable source of non-maternal care as they serve as Europe's key child care providers. Their participation is also considered an important intergenerational transfer of resources. The study further found evidence of the efforts of offspring on labour participation. The probability of providing grandchild care increased drastically in instances when the offspring was a daughter. It suggests that mothers frequently offer time transfer to their daughters, particularly in the Netherlands and Greece (Zamarro, 2011).

A study in South Africa on the allocation of roles in maternal and child nutrition at the household level identified elderly women to play a key advisory role in child and maternal nutrition. The study further identified patriarchal perceptions of the division of labour endorsed by men and older women. It ensured that the mother remained the primary caregiver, in charge of the child's nutrition (Erzse et al., 2021).

The role of the family unit in child care is now growing in prominence. Initially, efforts on caregiving targeted the mothers since they were considered as the primary caregivers, this perception was informed by the gender roles and relations. Dinga et al., (2018) argued that fathers are not fully aware of the appropriate breastfeeding and feeding practices, thus interventions on enhancing their involvement in infant feeding practices are critical to improving the nutritional outcomes of children. There is now more focus on the secondary caregiver and the role they play

in facilitating complementary feeding of children. Changing times and gender roles now do not specifically restrict either the man or woman to be considered as the primary caregiver. There is need for a holistic approach to complementary feeding of children under five years in households.

Synonymous with the African proverb “it takes a village to raise a child” there is inadequate evidence on the role of the household in enhancing complementary feeding practices for young children. This project focused on Kamukunji Sub County in Nairobi, Kenya which comprised of different informal settlements such as Kiambiu, Majengo. Kamukunji Sub County has the highest prevalence in malnutrition in children under five years. This can be attributed to the social characteristics of its occupants such as; area of residence, socio-economic factors, marital status, education level, and lifestyle. Therefore, this study sought to conduct a gendered analysis on complementary feeding practices among children under five years in Kamukunji informal settlements in Kenya.

1.2 Problem statement

In 2007, the Kenyan government developed a national strategy targeting to improve optimal infant child feeding practices (Ministry of Public Health and Sanitation, 2007). Among the issues highlighted in this strategic document is the father's role in infant feeding. Some of these roles include; complementary decision making on child feeding practices, and supporting the breastfeeding mother financially, psychologically, and physically (Ministry of Public Health and Sanitation, 2007).

Within 10 years, exclusive breastfeeding in Kenya has surged from 13% in 2003 to 61 % in 2014 (KNBS 2014). Contrary to impressive gains and receptiveness in exclusive breastfeeding, the

adaptation of complementary feeding has not been as positive as its progress is slow, and the country is yet to meet its targets. This can be attributed to the single dimensional approach to complementary feeding as the mother is expected to assume all roles and responsibilities pertaining to childcare. The government and various stakeholders have utilized different approaches and policies to address poor complementary practices in Kenya (Kimani-Murage et al., 2011).

Muchina (2010) found socio-economic challenges to be associated with inadequate complementary feeding habits. Such included insufficient knowledge on optimal feeding habits and maternal level of education, especially for the urban poor. Efforts in improving childcare are often targeted at the mother since she is considered the primary caregiver. They fail to account for the role of the family as the basic unit of society, as a mother's decision-making is influenced by the people within her social network from the household to the community. Understanding the household composition is key to mapping the caregivers, their roles, and perceptions associated with complementary feeding for children under five years. A gender analysis of complementary feeding would enable the exploration of the roles, responsibilities, gender norms, and perceptions in the caregiving and complementary feeding of under-five children. A gender analysis of complementary feeding practices of children under five years in informal settings in Kamukunji Sub County was conducted. This gender analysis study applied a gender lens through the social role theory to explore the roles, responsibilities of different household members in complementary feeding. The study sought to respond to the following research questions:

1. What are the gender roles of the different household members in the complementary feeding of children under-five years?

2. What are the gender specific responsibilities in complementary feeding of children under five years?
3. What are the gender norms related to complementary feeding of children under-five years?
4. What are the gender-related perceptions of the different household members in complementary feeding of children under five years?

1.3 General objective

The general objective of the study was to assess complementary feeding practices of children under-five years in informal settings of Kamukunji Sub County, Nairobi, Kenya.

1.3.1 Specific objectives

1. To identify the gender roles associated with complementary feeding in households with children under-five years in informal settings of Kamukunji Subcounty, Nairobi, Kenya.
2. To examine the gender specific responsibilities in complementary feeding in households with children under-five years in informal settings of Kamukunji Subcounty, Nairobi, Kenya.
3. To explore the gender norms relating to complementary feeding in households with children under-five years in informal settings of Kamukunji Subcounty, Nairobi, Kenya.
4. To assess the gender related perceptions in complementary feeding in households with children under five years in informal settings of Kamukunji Subcounty, Nairobi, Kenya.

1.4 Assumptions of the study

1. Gender roles associated to complementary feeding are universal and specific to men and women.
2. Gender specific responsibilities linked to complementary feeding vary in households with children under-five years in informal settings of Kamukunji Subcounty, Nairobi, Kenya.
3. Gender norms relating to complementary feeding are evolving.
4. Gender perceptions in complementary feeding can be better informed to improve the nutritional outcomes of children under five years.

1.5 Justification of the study

According to WHO, there are low levels of acute malnutrition in Nairobi. However, with the high population density in the county, stunting levels of 24%, and 9.6% for underweight children were considered to be high (SMART, 2020). Kamukunji Sub County experienced the highest prevalence levels of malnutrition among the counties as wasting was at 9.6% and severe wasting was 1.9% (Concern Worldwide, 2017). This serves as an impediment for Kenya as it strives to fulfil the goals of Vision 2030. The country seeks to improve the quality of life through actualizing the Big four agenda on food security and affordable health care which links with the Sustainable Development Goals (SDG), particularly SDG number two on zero hunger and better nutritional outcomes (UNICEF, 2014).

The study focused on complementary feeding habits for children under-five years in Majengo, and Kiambiu informal settlements, Kamukunji Sub County. Child care is most of the time left under the stewardship of women as most social norms concur that it is the domain of a woman to handle

the reproductive duties of the household. It was vital to investigate different roles played by the entire household in the complementary feeding of children under five years. The findings from this study sought to highlight the different roles played by various caregivers in complementary feeding for children under five years. The study intended to generate information that would be useful in informing policies related to child care and child nutrition. Kamukunji Sub County has experienced numerous cases of severe acute malnutrition (SAM) in children under five years. Therefore, the information generated from the study would be useful to policymakers concerned with complementary feeding and the well-being of children under-five years by coming up with systems that can holistically involve everyone in the household to be active participants in complementary feeding for children under five years. Furthermore, the outcomes of this study would be valuable to other scholars and academics because it would generate information that would add to the ever-growing knowledge base on child nutrition in general.

1.6 Scope and limitation of the study

The study took place in Majengo, and Kiambiu informal settlements of Kamukunji Sub County, Nairobi. The participants in the study were the immediate caregivers in charge of complementary feeding at that moment in time. The study looked at the role of socialisation through gender roles and norms in influencing the allocation of responsibilities and also how it affected perceptions in complementary feeding of children under-five years. In-depth interviews and focus group discussions were carried out with different caregivers from the community to understand the personal and also group dynamics and perceptions in complementary feeding of children under-five years.

Only a small number of participants were involved in the study because of its qualitative nature which limited the generalization of the study results. However, the study findings would be valuable in addressing how gender norms influence the roles played by the different caregivers in the complementary feeding of children under-five years.

1.7 Definition of terms

Gender analysis: it is a systematic analysis that examines men's and women's relationships, their inequalities with power dynamics, and the allocation of roles and responsibilities in the household.

Complementary feeding: is the period in which the mother's breast milk can no longer offer the nutritional needs of the growing infant, other foods are now introduced to the child simultaneously with the breastmilk. These foods are mainly liquid or semi-liquid.

Informal settlements: this kind of settlement that entails poor housing conditions which lead to overcrowding, lack of access to clean water and poor sanitation.

Household: is conventionally labelled, as a single economic component that "works as a group for its own good", all the household members work altruistically towards the success and operation-ability of the household.

Gender - is a social construct about the qualities of a man and a woman in terms of their roles, responsibilities, and how they should relate.

Gender roles and responsibilities – socially define the expected tasks, responsibilities, and rights of both women and men.

Gender perceptions: this is a framework used to view the roles played by men and women in the community.

Gender norms - are categorised under social norms. They pinpoint specific gender differences in how women and men need to conduct themselves.

CHAPTER TWO: LITERATURE REVIEW AND THEORETICAL FRAMEWORK.

2.1 Introduction.

This chapter gives a general overview of the literature on gender roles and responsibilities of complementary feeding in households with children under five years in informal settings of Kamukunji Subcounty, Nairobi, Kenya. This chapter also details the theoretical and conceptual framework used to guide the study.

2.2 Gender roles and responsibilities of complementary feeding in households

Gender roles and responsibilities socially define men and women, their presumed tasks, and responsibilities. Gender roles are nearly universal in nature as they are divided on the basis of productive, and domestic activities. This study viewed gender roles and responsibilities from two distinct dimensions namely; decision making, and division of labour.

2.2.1 Decision Making and complementary feeding

In most cultural and traditional societies, the man is generally considered as the head of the household, this implies that he makes majority of the decisions. However, due to the women's compatibility to child care, because of their ability to conceive, give birth and breastfeed, decisions on child welfare were left to women. In this study, decision-making was viewed in the spheres of access and control, knowledgeability, and respect accorded to different household members and the community.

According to Zahiruddin et al., (2016) study on the complementary feeding patterns and challenges of women in rural India showed that women did not exclusively breastfeed their children for six

months as they returned to work as early as three months after childbirth. Among the factors for the women returning to work earlier included, fear of unemployment and financial distress. Weber, (2011) in Australia found resuming to work was the primary reason mothers stopped breastfeeding, as 40% of the women who went back to work being able to breastfeed compared to 60% who were unable to do so. Support for the working to mothers to continue breastfeeding came from partners 84% and 74% from family as their support perceived to come from the organization. The study further went to show the non-working mothers breastfed for an average of 25.1 weeks as compared fulltime working mothers who breastfed an average of 16.5 weeks. Studies from Batal et al., (2010); Fein et al., (1998) showed women in employment to introduce complementary food early than six months.

Wachs, (2008) identified learned mothers to be better equipped to promote child nutrition and health, as their reproductive roles did not put children in any potential danger as they could be stopped and resumed whenever the child required care. Additionally, mothers were found to being actively involved in the food that was purchased and consumed by the family. It was economically efficient, and convenient for women to perform other domestic tasks like cooking since they were at home nurturing young children (Wachs, 2008). Furthermore, attaining higher education ensures are mother better engaged in the allocation of resources in the household. An educated mothers' ability to attain employment improves her ability to access resources outside the household, thus fostering their empowerment (Wachs, 2008).

Wijndaele et al., (2009) found a higher likelihood of complementary foods being introduced earlier among mothers with lower levels of education. In Addis Ababa, Gebru (2007) established that stay-at-home mothers were less likely to introduce complementary foods earlier before six months than working women. In Burkina Faso, Sawadogo et al., (2011) highlighted that mothers who were

below 25 years were more likely to embrace complementary feeding a little bit later than the older group of women. In Kenya, Kimani-Murage et al., (2011) assessment of determining child feeding patterns identified marriage unions to play a significant role in complementary feeding. Women who were never married had a 23% likelihood of introducing complementary foods earlier than six months. Thus, incorporating the father and grandmothers ensures social support and also offers a repository of knowledge on complementary feeding practices (Mukuria et al., 2016).

The caregiver's capacity to make use of household resources and make decisions on the child's health, and nutrition, corresponds with their capability to adhere to the recommended infant feeding program (Shroff *et al*., 2009). Men can directly or indirectly participate in complementary feeding as caregivers, their access and control over household resources ensures they have the purchasing power over the dietary diversity (Alive & Thrive 2010), or over the distribution of food to the different family members (Kuhnlein & Pelto 1997). Improved infant nutrition now recognizes the father's involvement in supporting the mother both practically and emotionally. The actualization of the father's support is viewed to be enhanced through health structures (Matovu et al., 2008).

Allotey et al., (2022) and Thiuta et al., (2016) stated that the men's main role in complementary feeding of children under five years was providing resources and food. According to Gebremedhin et al., 2017 male involvement in childcare has a positive impact on child nutrition. A study in Ethiopia showed that children below two years had an increased in their dietary diversity by 13% when their fathers were involved. The fathers' role in decision making featured mainly on informing and motivating the mother on when complementary feeding would begin, the kinds of meals, and how often the child was meant to be fed (Dinga et al., 2018).

The importance of grandparents was first discussed by Margaret Mead, an anthropologist (Mead, 1970). She discussed how the model way of life is passed down to the younger generation by the elders, including how to raise and educate children. The wellness of children and mothers was left to the older women as well as dealing with health complications and counselling. Elderly men offered general support to the family. They were only involved in matters that relate to women and children when the situation was dire or when there was a need for more resources (Aubel, & Alvarez, 2011). Recent studies focus on the act of caregiving but largely exclude the aspect of guidance or advice since it is immeasurable as the criteria for caregiving are not clearly outlined. The grandmother's advisory role in complementary feeding might even have more impact than their involvement in feeding (Aubel, & Alvarez, 2011). Positive reviews on breastfeeding by the grandmother drastically impact the mother's decision to start nursing by 12% (Negin, 2016). On the other hand, an unfavourable attitude is likely to negatively affect breastfeeding by 70%. In Nigeria, among the Yoruba and Edo ethnic groups exclusive breastfeeding is considered harmful to the child's health (Negin, 2016).

In a comparative study by Liu (2003) between educated and illiterate grandmothers, established educated grandmothers were more likely to influence mothers against exclusive breastfeeding. According to Liu (2003), improved family socioeconomic levels might depict the reason educated grandmothers have led to a decrease in exclusive breastfeeding and the growth in demand for formula milk. In developed economies such as the United Kingdom, the mother's experiences being influenced by the grandmother in exclusive breastfeeding might be different from those in low-income countries (Negin, 2016).

2.2.2 Division of labour

Gender roles and responsibilities differentiate that men are expected to participate in productive work while women engage in reproductive work (Moser, 1989). The extremely high levels of interaction and dependency in men and women are believed to anchor this prescriptive tendency. (Fiske, & Stevens 1993). According to Moser (1989) women are faced with the triple role that entails; the reproductive, productive, and community management roles. It is vital to consider all these aspects when investigating the allocation of tasks among the household members in the complementary feeding of children under five years. Earlier studies indicate mothers are overburdened with chores, limiting their interaction time with their children during feeding and care. (Komatsu et al., 2018; Nankumbi & Muliira, 2015).

Allotey et al., (2022) study in Nigeria identified the theme of the father's role confined to being the provider in the family while supervising the mother, with little involvement in activities on complementary feeding. The study further highlighted that once fathers revealed their expectations, they anticipated mothers to better organize their time in conducting their caregiving tasks without the assistance of fathers. In conclusion, some fathers considered providing emotional support for the mother as part of their duty in facilitating complementary feeding for the child. The finding corresponds with Lamb's (2000) conclusions the father's involvement is more inclined to the emotional and psychological sustenance of the mother.

Equitable decisions and intrahousehold food allocation are more likely when mothers can participate economically boosting the availability of healthy meals for young children (Harris-Fry et al., 2020), serving as an upgrade to complementary feeding practices (Sariyev et al., 2020). There is also more equitable distribution of responsibilities in the household in instances where

the mother contributes economically. Allotey et al., (2022) found families where fathers and mothers performed ‘non-conventional’ gender roles. Despite social criticism, fathers carried out domestic chores such as cooking and feeding the child while the mother provided resources.

Men may refuse to engage in activities perceived to be women's responsibilities like child care, and feeding (Vollmer et al., 2015). Moyo, & Schaay, (2019) study in South-Western Zimbabwe found that men’s behaviour had significantly changed over the past 10 years on their perspectives and experiences in child care and feeding. For instance, they assist by playing with the child, getting firewood and water in large quantities, and preparing modest meals for the children, although the latter only happens when the mother is away. However, several fathers are conscious of the stipulated roles and responsibilities of men by the prevailing culture on complementary feeding (Moyo, & Schaay, 2019).

Zahiruddin et al., (2016) found that men’s involvement in childcare to be insignificant as this was traditionally considered as a mother’s responsibility due to social norms. When mothers had to go to work the only option they had was leave the child with the elders, or neighbours since it was challenging to take the children to work. Thus, the mother's social network ought to be considered during complementary feeding, as they too have a role to play in this process (Affleck & Pelto 2012).

A study in Pakistan highlighted the intricate association between the grandmother’s participation and the children’s emotional, and social skills, visual and motor skills, and intellectual ability during their early years (Chung et al., 2020). Paternal grandmothers in Northern Malawi play a significant role within the wider family such as in farming activities, marital affairs, and child care.

Grandmothers were always present from birth of a child and offered clothes, advised the new mother and also engaged in feeding the child (Kerr et al., 2008).

2.3 Gender norms and perceptions that influence complementary feeding practices.

Gender social norms are either injunctive or descriptive. Injunctive gender norms provide an insight into the expectations/requirements that need to be met (Cislaghi & Heise, 2019). They are made up of what is deemed as culturally appropriate behaviour in the allocation of tasks and responsibilities by gender in the household. Descriptive gender norms define the current trends occurring in society (Cislaghi & Heise, 2019). The study intended to compare whether gender roles and responsibilities associated with complementary feeding of children were injunctive or descriptive considering the changing gender norms and perceptions. This study viewed sociocultural and religious factors to informing gender norms and perceptions in complementary feeding.

2.3.1 Sociocultural factors influencing gender norms and perceptions in complementary feeding

Feeding habits are influenced to different degrees by knowledge, cultural perceptions, and beliefs (Kuhnlein & Pelto 1997). There may be preconceived notions on what foods and preparation procedures are suitable for young children, the timing, and the type of complementary foods that are supposed to be first introduced during complementary feeding. The notion might extend to the person best qualified to feed the child, the feeding process for sick children, how to tackle responsive, and non-responsive feeding, and the foods that enhance or intrude on a child's sleep (Dettwyler 1986; Paul *et al*., 2011). These beliefs are significantly influenced by the caregiver's

social networks such as the spouse, relatives, grandparents, in-laws, neighbours as well as healthcare professionals the caregiver relies on for support (Kerr *et al*. 2008). Moreover, in instances when the mother works far away family and friends or day-care centres may help in complementary feeding.

Culture plays a role in the choices of delicacies and flavour preferences. During complementary feeding, infants are introduced to recipes and flavour preferences associated with a particular cultural group or family (Uvere & Ene-Obong 2013). Exposure to a range of meals regularly promotes acceptance increasing the probability of the child consuming those foods in the future (Mannella & Trabulsi 2012). Thus, encouraging a more diverse diet in childhood is likely to ensure lasting healthy feeding habits. However, caregivers in settings with limited resources are hesitant to provide costly meals such as animal source foods to young children with the fear that they might not be able to sustain their food preferences in the future based on the household's budget (Colecraft et al., 2006). A mother's decision on the appropriate foods to first introduce to the child is determined by their consistency, pudding and yoghurt were highly recommended as they were considered soft foods are preferred (Nousiainen, 2014). Zimbabwean mothers also advocated for soup and soft foods such as porridge, and peanut butter for young children (Cosminsky et al., 1993). Mothers considered fruits like bananas and oranges. They said they were "good for bodybuilding and energy".

Traditional gender norms and responsibilities may have detrimental effects on the care, health, and nutrition of the child due to inequality on various fronts at the household level such as decision making, and meal distribution with limited support from the father in childcare and resources (Dickin et al., 2021; Chintalapudi et al., 2018; Schriver et al., 2017). In retrospect, Bezner Kerr, (2016) study in Northern Malawi focuses on perceptions of masculinity and the desire to adopt

gender norms surrounding child care. It ascertained that fathers were comfortable partaking in complementary feeding despite the presence of traditionally pervasive gender norms.

In a study to establish the link between the nutritional status of children and social-cultural practices in Brazil, there were disparities between the boys and girls where older women influenced the infant feeding practices. Cultural practices dominated the study as girls were more malnourished and stunted than boys (Oliveira et al., 2014). It highlights that girls had suffered from more food deprivation. When comparing the frequency of malnutrition in boys and girls in Narok, stunting for boys was at 33% compared to 36% in girls. While both sexes were underweight, this was different as 22.9% of girls were underweight compared to 35% of their male counterparts (Koini et al., 2019). Stunting rates in girls are elevated, presumably due to the emphasis on the boy child and the fact that girls are not as valued (Koini et al., 2019. This idea could imply that boys are more favoured.

Numerous anthropological studies (Paul et al., 2011, Cosminsky et al., 1993) and ethnographic studies (Monterrosa et al., 2012) have discussed the capacity of a child to consume various foods. The beliefs are linked to the structure of food and the child's perception of their ability to chew and ingest specific foods like meat. Caregivers might be more inclined to opt for soft foods as they are considered most appropriate during complementary feeding. According to Monterrosa et al., (2012) Mexican women primarily gave their children semi-liquid foods made up of slices of meat, vegetables, and beans (legumes).

Ochola, (2008) showed that mothers' perception of not having enough breastfeeding milk, had a higher tendency of initiating complementary feeding before six months. According to Joshi et al., (2012) women who believe they cannot produce enough breast milk start using animal milk as

supplementary food. In Nepal, Siegel et al., (2006) highlighted the misconception by mothers that children who were below a year old could not digest foods such as meat meant the likelihood of such children feeding on animal source food (ASF) was limited. According to Wanjohi, (2017) mothers feared breastfeeding their children out in the public out of fear of the evil eye. Their evil eye was considered as witchcraft and had the capacity to harm the child. This was a common belief among the Kamba and Luhya communities in Kenya who started bottle feeding or avoided breastfeeding their children whenever they were out in the public because they feared that the evil eye would make the mother's milk dry up (Wanjohi, 2017).

Complementary feeding of children under the age of five years and the subsequent transition to the foods consumed by the family is often initiated in response to a child's developmental milestones such as teething (Sellen 2001). In Mexico, certain body and hand movements as well as the appearance of teeth served as indicators for the mother to start serving solid foods to the child (Monterrosa et al., 2012). Young mothers residing in Korogocho informal settlements, Kenya held the opinion that prolonged breastfeeding would cause their breasts to sag thus making them unattractive which made them stop breastfeeding Wanjohi, (2016). Contrary to this, a different set of mothers believed that if they solely breastfed their children, they would end up being intelligent. Wanjohi, (2016) highlighted that mothers avoided exclusively breastfeed since the children would turn down food in favour of breast milk.

2.3.2 Religious factors influencing gender norms and perceptions in complementary feeding

Religious beliefs encourage specific feeding practices which affect the care givers perception and views directly or indirectly on the procedures they ought to follow while feeding a new born (Oladejo et al., 2019). This was demonstrated by a study conducted by Aborigo, (2012) comparing

two religious communities in Northern Ghana, the consensus of the study was that religion influenced and affected exclusive breastfeeding practices of both groups. Compared to Christian mothers, Muslim mothers breastfed more. “Tahneek” is a Muslim tradition in which Prophet Muhammad offered new born babies crushed dates as part of a religious ceremony. This was done to ensure the child’s initial taste would be sweetness, signifying they would lead happy lives (Shaikh & Ahmed, 2006). Oladejo et al., (2019) highlighted Islamic religious leaders stressed on the need of using honey, taramu seed, and water to carry out the rite before the baby started nursing. Contrarily, WHO declared that honey consumption for pre-lactating infants was detrimental since it increased the child’s risk of developing botulism (Jones et al., 2014).

Islam requires men to provide for the family which ensures that lactating mothers have plenty of time to lactate because the father is expected ensure healthy nutrition and clothing for the mother during this period even in instances when they are apart (Mehrpisheh, 2020). In cases when the man is deceased, his kin is expected to look after the mother. According to Mehrpisheh, (2020) states that the Quran recommended the mother should breastfeed the child for two years, and argued that the father’s role was to support the mother even if it meant forcing her to breastfeed. The mother who instantaneously began breastfeeding after giving birth was highly regarded and would have a glowing light glittering during judgement day for her for every single time her child suckled her breast (Mehrpisheh, 2020).

2.4 Theoretical framework and conceptual framework.

This study adopted the social theory to inform the study objectives. This study utilized the social theory to conduct a gender analysis of complementary feeding of children under five years in households.

2.4.1 The Social Role Theory.

The social roles theory is also referred to as the social structural theory. Its proponents are Eagly and Wood (1999). The Social structural theory states that social roles are the right and acceptable forms of behaviour as stipulated by social norms. Roles are defined as a set of expectations, behaviours, and norms a person is expected to fulfil. The social role theory states that an individual behaviour pattern is context specific and might be affected by cultural or social position.

Rhoodie, 1989 states social structure is mostly characterized by social organization, particularly gender hierarchy and sexual division which facilitates sex differentiated behaviour. Sex differences in behaviour borrow from the perceived roles of men and women. These sex differences give rise to the acquisition of specific skills and resources that are associated with successful role performance by adopting their social behaviour to role requirement (Eagly et al., 2012). The sex differentiated skills, and beliefs stem from the cultural, social and economic expectations on men and women. According to the social structural theory, the society's perception of division of labour initiates all other gender differences in behaviour. Biological differences between men and women highlight the difference of their choice of work as productive and reproductive as this is emphasized by culture (Eagly et al., 2012), while psychological gender differences result from individuals taking up adapting roles that are prescribed to them. Men and women assimilate roles presented to them by acquiring role related skills, for instance the woman and girls learn how to cook and care for children while men look for economically rewarding tasks (Eagly et al., 2012). Gender roles account for the activities carried out by men and women. The expectations linked with gender roles serve as normative pressure which accounts for men and women conforming to gender specific roles assigned to them. However, social roles can become

outdated due to change in social conditions facilitating to role change because of social pressure. In some instances, role conflict is bound to happen when an individual is expected to concurrently undertake numerous roles that are contrary to expectations (Eagly et al., 2012).

Therefore, the social role theory examined how both genders behaved within partnerships and their perception to their partners h, thus targeting gender relations that will aid in understanding how men and women are expected to conduct themselves in complementary feeding. The social role theory identified the varying degree of dynamics in households and therefore, it is critical to comprehend the local context of the roles of caregivers and their perceptions of complementary feeding.

2.4.2 Relevance of the theory

The social role theory is relevant to the study on a gender analysis of complementary feeding of children under five years in households as it sought to identify the socially constructed roles and responsibilities in society for men and women. This helped address the study objectives by understanding the gender specific roles and responsibilities and how men and women complement each other in attaining these gender roles. It further investigated how gender norms and perceptions hindered the changing gender roles in the community.

2.5 Conceptual Framework

The conceptual framework guiding the study is shown in figure 2.1. In relation to this study, for complementary feeding of children under five years to occur the specific gender roles have to be outlined clearly. Gender roles are either productive or reproductive. This further defines the gender-related responsibilities as women being the primary caregivers because of their

reproductive roles, and men being secondary caregivers since they were not actively involved in the complementary feeding of children. Gender roles and gender-specific responsibilities are defined by gender norms and gender-related perceptions as they are influenced by sociocultural and religious factors that define the way of life in society. Gender norms and gender-related perceptions are constantly changing because of modernization, merged with the adaptation of new cultures which ensures a new way of life. Therefore, an interaction between gender norms and gender-related perceptions positively or negatively influences the complementary feeding of children under five years.

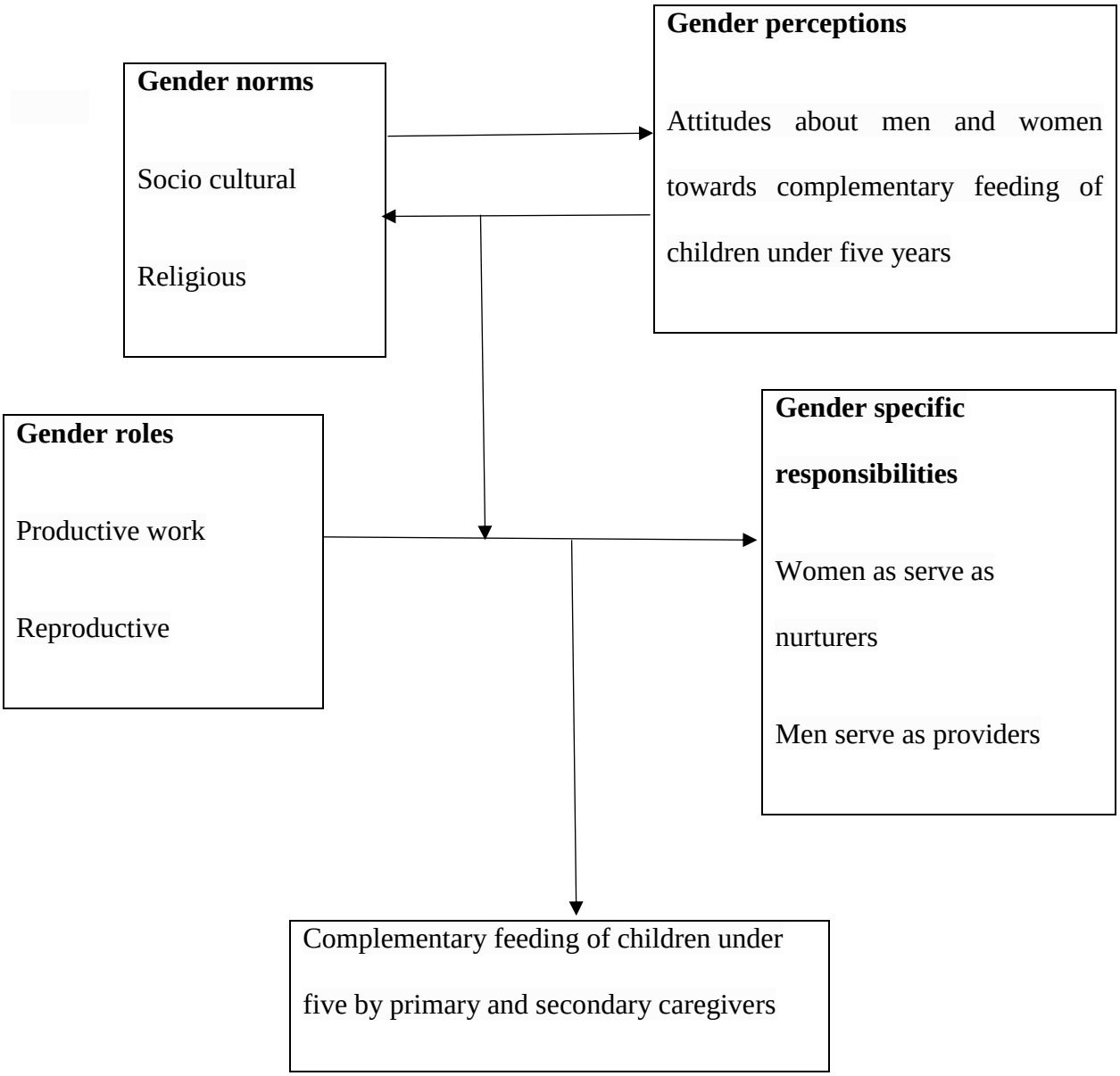

Figure 2.1 Conceptual framework

CHAPTER THREE: METHODOLOGY

3.1 Introduction

This chapter comprises the methodology used that was used to conduct the study. It also consists of the study design, study population, unit of analysis, sample design, data collection procedures, data processing and analysis. It also entails ethical considerations which were observed before and during the study.

3.1 Research site

This study was carried out in low-income settings of Nairobi County, specifically, informal settlement areas of Kamukunji Sub-County. According to MOH (2017) Kamukunji, Sub County consists mainly consists of individuals residing in informal settlements. The areas' sanitation was compromised and the children had a 9.6% rate of wasting which was the highest (MOH, 2017). Children suffering from severe acute malnutrition (SAM) were 5-20 times more likely to die than healthy children (WHO, 2013). This area has had the highest caseloads of acute malnutrition in comparison to the other informal settlements in Nairobi (MOH, 2017).

The study site included: Majengo and Kiambui informal settlements in Kamukunji Sub County. The people living in this informal settlement came from various ethnic groups in the country. The areas were selected because earlier studies showed that malnutrtion rates were high (Asudi, 2016; Odhiambo, 2013). The majority of the people living in Majengo were Muslims as the informal settlement was located next to the Pumwani Riyadha Mosque. Kiambiu was located in Eastleigh South and was adjacent to the riverbanks of the Nairobi River.

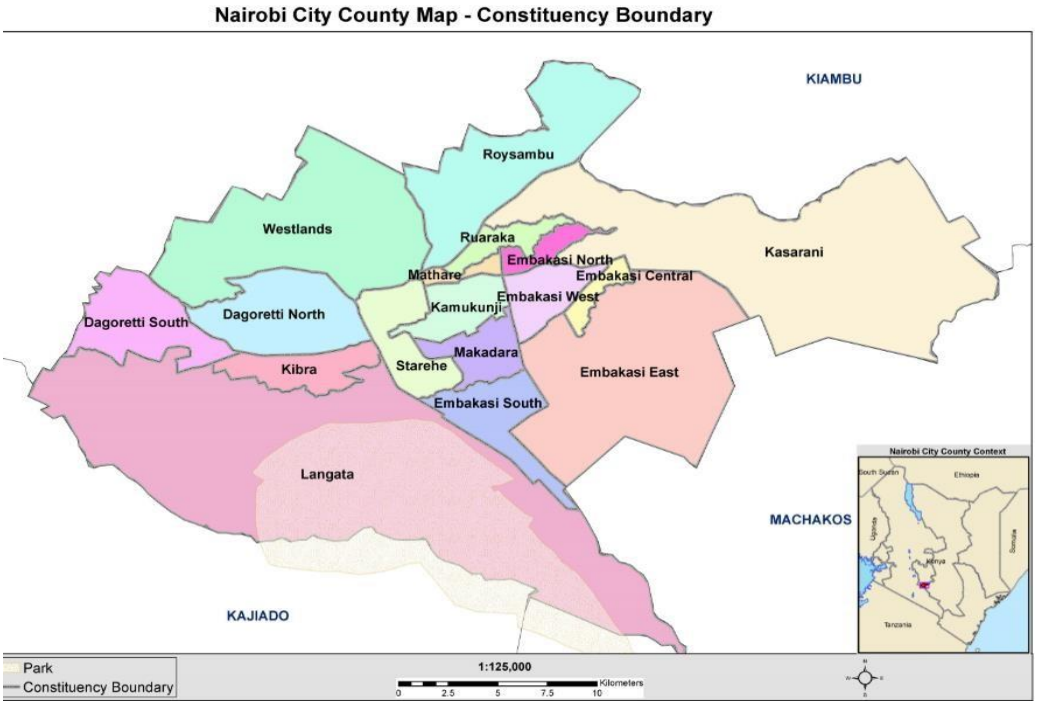

Figure 3.1 Map of Nairobi County

Nairobi County Smart Survey Report. February 2020.

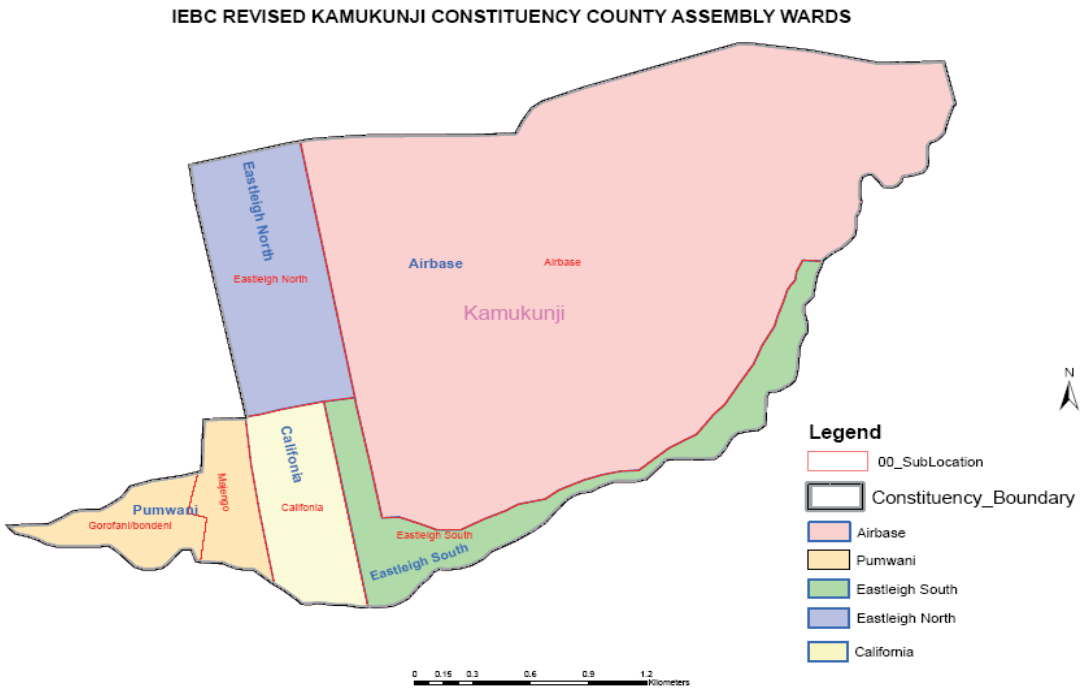

Figure 3.2: Map highlighting Kamukunji Sub county

https://kenyacradle.com/kamukunji-constituency/

3.2 Research Design

The study adopted an exploratory descriptive study design that utilized qualitative research methods in the exploration of the gender roles, responsibilities, norms, and perceptions associated with complementary feeding of children under five years in Kamukunji Sub County.

The study sought to get in-depth information on complementary feeding practices among caregivers of children under five years since this was an area with little information. The research relied on in depth interviews (IDIs) with primary and secondary caregivers of children under five years. Focus group discussions complemented the IDI. These research methods elicited data on; gender roles, gender specific responsibilities, gender norms related to feeding and gender related perceptions to complementary feeding children under five years. This led to the production of qualitative data that aligned to the research objectives.

3.3. Study population and Unit of Analysis

According to Smart (2020), a survey in Nairobi slums 79% of family heads were married while 15% were single, 4% were separated, and 1% were widowed. In terms of source of income, 61.7% of household heads engaged in wages and causal labour while 15.7% were employed.

The study population was households with children aged under five years living within Kamukunji Sub County namely in Kiambiu and Majengo informal settlements. The participants included both men and women who served as primary and secondary caregivers. The caregivers were aged 18 years and above. The study targeted a sample population including forty caregivers.

The unit of analysis was the households with children under five years.

3.4 Sample size and sampling procedure

Purposive non-probability sampling was used to choose the sample population in the study. The study sampled a total of 72 caregivers in Kamukunji Sub County. A total of 36 study participants were interviewed in each study site, comprising 20 IDI, and 16 FGD participants. The study sample size was on the estimated number of people required in a study to avoid saturation (Guest et al., 2020). The criteria for inclusion in the study entailed men and women who identified as caregivers and were above the age of 18 years old and were directly involved in complementary feeding of children under five years. The study participant's availability and willingness to participate were considered. In instances where a household had more than one caregiver, the study focused on the primary giver. Relatively in households with more than one child who was under five years, the study focused on the youngest child who was past the age of being exclusively breastfed.

3.5 Data collection procedures

In-depth interviews (IDIs) were the primary data collection method complemented by focus group discussions. The study utilized IDIs to gain a better understanding of the gender roles and responsibilities, gender norms' effect on complementary feeding of children under five years in Kamukunji Sub County as well as reviewing the state of hygiene practices in the area.

3.5.1 In-depth interviews

In-depth guides were used to gain a better understanding of the gender roles and responsibilities, gender norms' effect on complementary feeding of children under five years in Kamukunji Sub County. In-depth interviews entailed conducting detailed individual interviews targeting a limited number of people to investigate a situation. Forty participants were interviewed.

The in-depth interviews of the caregivers sought to understand their different intra-house dynamics in terms of; gender roles and responsibilities, gender norms and how they influenced complementary feeding for children under five years, and the hygiene practices.

3.5.2 Focus group discussions

Four focus group discussions were carried out with different groups of caregivers who participated in complementary feeding for children under five years. Two FGDs were conducted in each of the study areas. Each FGD was constituted of eight participants. The first FGDs was constituted of the primary caregivers of the children under five years while the second FGD constituted the secondary caregivers both male and female. The FGDs complemented the in-depth interviews and provided additional information to better understand the intra-house dynamics, gender roles and responsibilities, gender norms and how they influenced complementary feeding for children under five years, and the hygiene practices through group/peer discussions.

3.6 Data processing and analysis

The audio recording obtained from the IDIs and FGDs were first translated and transcribed into English verbatim. Field notes too were transcribed into text and set alongside the audio transcripts. Reviews were conducted on the transcripts to ensure full verbatim transcription. Once this was ascertained, the researcher used this review in the development of a code book to facilitate the identification of emerging themes in the study. Qualitative data was analysed thematically. NVivo was used to code the data as the themes derived from the data to inform the study as guided by its specific objectives. Direct quotations and narratives were used to present the study findings.

3.7 Ethical considerations

Throughout the study, ethical considerations were observed. Permission and clearance for conducting the study was obtained from the National Commission for Science, and Technology Innovation. The study participants were apprised on the aim of the study and the methods too. Consent was sought from the participants and permission to publish the results of the study. During data collection, the researcher obtained informed consent from the participants. The participant's anonymity and confidentiality were upheld and respected during the data collection period and the successive analysis. The participants were informed of the voluntary nature of their participation in the study. They had the right to participate or leave the study at their convenience without any repercussions.

CHAPTER FOUR: PRESENTATION, ANALYSIS AND INTERPRETATION OF RESULTS AND DISCUSSION.

4.1 Introduction

This chapter presents the findings of a gender analysis among children under five years in Kamukunji Sub County. The chapter will present in-depth insights of the different roles and responsibilities associated with complementary feeding. It will also focus on the gender norms and perceptions of household members in the complementary feeding of children under five years in informal settlements in Kamukunji Sub County.

4.2 Demographic characteristics of the respondents

The section details the characteristics of the participants educational levels, marital status and religion.

4.2.1 Level of education of the respondents

Only one of all the participants, a man reported to have attained a postgraduate degree while three participants attended tertiary institutions, two men and one woman. Twelve and four men reported to have attained secondary and primary education respectively while thirty-five and twelve women mentioned to have achieved secondary and primary education respectively as illustrated by Table 1.

Table 1: Education level of participants

Education level	**Male**	**Female**
Primary	4	14
Secondary	12	35
Tertiary	1	1
College	1	0
Postgraduate	1	0
None	2	1
Totals	21	51

4.2.2 Religion

The study comprised two religious groups Christians and Muslims. 90% of the Muslim participants lived in Majengo because of the presence of the Riyadha Mosque. On the other hand, the majority of the Christians 90% resided in Kiambiu.

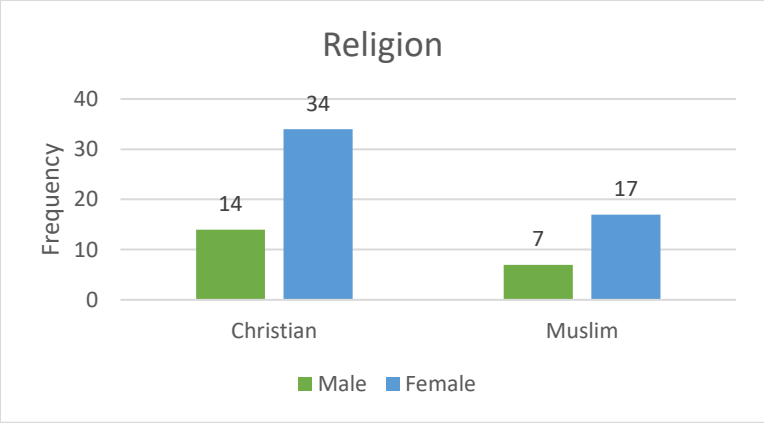

Figure 4.1 Level of education

4.2.3 Marital status

Table 2: Marital Status of Participants

Marital status	**Male**	**Female**
Single	5	14
Married	16	32
Separated	0	2
Divorced	0	1
Widowed	0	2
TOTAL	21	51

The marital status of the study participants was 66% of the study sample while those who were single were 26%, and the separated and widowed groups were at 2 % each, and the divorced were at 1%. This depicted that the number of married participants made up the largest proportion of the study participants.

The social demographic characteristics were aimed at determining the influence of levels of education, religion, and marital status on the primary and secondary caregiver's gender roles and responsibilities, as well as gender norms and perceptions. With education, participants who had at least attained tertiary education were more likely to introduce complementary feeding at six months compared to those who had secondary, and primary levels of education or those who did not have formal education. Further analysis showed no relationship between levels of education and perceptions of gender roles, responsibilities, and gender norms. In religion, the results showed a difference in complementary feeding on when mothers should completely stop breastfeeding children because, in Islam, gender roles and responsibilities were clearly defined compared to

Christianity. In marital status, the results showed that the married participants received more social support which positively impacted their perception of gender roles.

4.3 Gender roles and responsibilities in complementary feeding of children under five of age.

The study found different roles and responsibilities in complementary feeding assigned to the various household members with regard to their marital and economic status, age, and relationship to the children under five years as expounded in the subsequent subsection.

4.3.1 Fathers' roles and responsibilities in children's complementary feeding.

From the study, it is evident that in nuclear families where the father and mother are both present in the household, men took up the role of providing for the family which alienated them from being the primary caregiver since they had to work all day. Women and men agreed that in the household men were the primary providers as in the excerpts below:

> *My role as the man is to provide for the family so they don't sleep hungry, they dress well, they sleep well, and to also diligently satisfy them with the little income available. You know we are now in tough economic times* ***IDIM-M-10052201***

> *My role as the father is very minor because I am not around the child a lot. My work is to make sure I look for money so that the child can feed and live well* ***IDIM-K-29042201***.

Women participants also reaffirmed this roles and responsibilities of men as the primary providers. For the women, their main expectation of the man was that he always needed to ensure that the family was provided for at all times including food for everyone in the household:

> *He should know that there is a child who needs to be cooked for because me I can survive with leftover food which will not be easy for the child. So, the man is responsible for*

ensuring that the child has food that he will eat, lunch and supper. To ensure he provides what the child needs when he needs it. Let's say the child wants yoghurt, the father should take that responsibility ***IDIF-K-03052202****.*

Additionally, the study participants stated that the nature of men's work puts them outside the household for long durations of the day and exempted the man from complementary feeding duties such as cooking or feeding the children under five years. The key role and responsibility of men as the primary providers in the household meant that the men were not present most of the day to look after or participate directly in the complementary feeding of children under five years.

In most households it is the mother who prepares food. But my case is different, my wife passed away so, I am the one who prepares the food for the child ***IDIM-M-07052201***

My husband's main role is to provide for the family. He can also at times prepare food for the child as I may not be near the house. So, he will be the second-best person to prepare the meals. Sometimes you will also find I have prepared the food but I have some other work so he feeds the child. Sometimes you find that a child eats more when fed by the dad than when fed by the mum ***IDIF-K-30042203****.*

Different circumstances automatically promoted the father to serve as the primary caregiver since the mother was engaged with different activities as illustrated in the excerpts:

Yes, if I come when my wife is busy or is sick I go into the kitchen and cook for my child and he eats well. We all eat and are all happy. ***IDIM-K-03052201***

It is the mother that cooks for the child. I also cook when I am free. If I have not gone to work I can cook. I can cook for the child if the mother is busy because I can know how to cook ***IDIM-K-02052201****.*

We both cook. It just depends on whether the mother is busy. If she is busy I will cook. You know, living with your wife is more of a partnership, you need to understand one another.

You can't see a child being hungry, maybe the mother has gone somewhere, and then you say the food will be cooked when she comes back. That is not good. When you marry you agree to share responsibilities ***IDIM-K-29042203****.*

Further, in addition to their role as the primary providers, the study findings indicate it is important for the man to offer emotional support to both the mother and the children. This would be achieved by ensuring that there was a loving and conducive environment at home. This role and responsibility of the men in complementary feeding of children under five years was mainly discussed by women as in the excerpts:

The child's father should know how the child is feeding. To know if the child's needs are being met or not, if not he needs to tends to them. The father should know that the house needs love, that mother needs love, that child needs love. ***IDIF-M-09052201***

A parent needs to be loving. When he comes back he plays with the child for the child to know that this is my father. He cares for the child properly just like a father should. The work of the man is to love the child. The child will know that my father has carried me and cares for me. ***IDIF-M-04052201***

The men too recognized that they had a role of investing not only financially but also emotionally in the family as they believed it positively impacted the growth and development of the child in their view:

As the man of the house I should make sure the mother is not stressed. Because if she is stressed, breast milk won't be produced enough. If she is not well-fed, you see the child's cry that breast milk is not enough. So, I make sure the mother has eaten well so that she can breastfeed the child ***IDIM-K-02052202****.*

If you have a husband who does not love the child even the child can get confused when she is eating when she sees him the father must show love to the child because if you do not love the child there is no way you can give her a healthy diet. If the child hates you already there is no way I can leave you to feed her and when she sees you she gets scared ***IDIM-K-30042201***

The role of the men was also categorized as supervisory as highlighted in this study. The supervisory role played by the father highlighted the link between provision and complementary feeding. Mothers updated the father on the child's health status on a regular basis as the child's wants and needs were constantly changing. This sharing of information with the father was necessary for the wellbeing of the child. The father would use this information to plan so as to adjust the budget and efforts accordingly.

> *You are the one always with the child. If you see him eating a certain food, you will tell the father that the child loves this type of food more than the other one. So, in his mind he will know what the child likes. So, he will be buying and bring* ***IDIF-K-03052203***

> *Women's role mostly is cooking, and taking care of the child. In case the mother notices something different with the child, you'll see her informing the father on these new feeding patterns and preferences* ***IDIF-K-03052203****.*

From the study, it was evident that traditional gender roles and responsibilities are still upheld. Men are required to take up productive work thus being the breadwinners while women take up the role of caring for the children because of their reproductive responsibilities as stipulated by cultural and social norms. Thuita, (2011) supported this finding by stating that traditional societies channelled men's efforts toward acquiring food and resources for the family to facilitate the existence and survival of the household. On the other hand, women manage these resources acquired by the head of the household and some of their responsibilities include cooking, feeding, and raising young children. Therefore, the study concluded the expectations society has on the man to provide for the family prompted him to take up paid labour outside the household, and this resulted in him being relegated to playing a secondary role in complementary feeding. The

continued emphasis and application of the tasks conducted by men and women in turn facilitate specialization thus ensuring the creation of gender-specific roles in society.

4.3.2 Mothers' roles and responsibilities in children's complementary feeding.

The study points out the role of women as mothers of children under five years as the primary caregivers. This role is because of the expected mother's close proximity to the house and to the child of this age:

> *The mother cooks since she is the one who is nearest to the house. Mostly it is the mother because she knows things like porridge and sugar the way they can be measured. The men we live with don't know how to measure salt. The men just sit there when you finish with the child you will continue with cooking* ***FGD M11052201****.*

> *The mother feeds the child since she knows the amount of food that he is supposed to consume* ***IDIM-M-10052201***

> *It is the mother. The woman knows that potatoes alone are not good for the child. This is because potatoes are light and when you feed a child they will not stay for long before they cry of hunger This is the same for pumpkins too. Now that is why you see I mix all that food if the bananas will make the stool hard, the pumpkins will address that to be smooth. So, the mother should know the best foods* ***IDIF-M-04052201***

As such, the mother's roles included looking after the child which involves food preparation, and child feeding. However, food preparation did not presuppose that the mother would be the one to feed the child throughout. In some instances, someone else also took up the roles for food preparation and also feeding the child:

> *When I know I am very busy or I will go to wash clothes for other people or I need to go somewhere to work I always ensure I cook earlier in advance and put the food in his dishes. Even when I leave the child with someone the child has food* ***IDIF-M-09052202****.*

It is the mother that cooks for her. Even for me as the father, when I am free, I can cook for her if the mother is busy since I can also cook ***IDIM-K-02052201****.*

Furthermore, this highlighted the close relationship between food preparation and complementary feeding of children under five years. The study found that the feeding was most of the time carried out by the person who prepared the meal for the child, which in most instances was the mother of the child as illustrated in the excerpts:

I am the one who feeds my child, because I only trust myself. Someone else might feed the child too quickly or a lot of food ***IDIF-M-04052203***

Additionally, during instances when the child was unwell and needed more attention and care the mother was still considered to be the best candidate to feed and nurse the child back to health. This was attributed to the biological nature of women to care and nurture and the bond between a mother and a child

The mother [is the best person to care and feed a sick child??] because she is the closest person to the kid. She is the one who knows the discomfort of her child; what she likes and what the child does not like, so that she is the one who is at least close to the child and can soothe them ***IDIF-M 09052204***

When the child is sick it is the mother who feeds him because he doesn't accept anybody else because he is closer to the mother than anyone else ***IDIM-K-29042201***

Moreover, focusing on the role of the mother as the primary caregiver the study found that the mother was the person best suited serving at an advisory capacity to the father/family on the different foods depending on the child's preferences and needs in complementary feeding of children under five years. This is because, sometimes the father may forget what they buy for the

children hence their reliance on their wives to remind them and provide the necessary guidance to enable the purchase of relevant and appropriate items needed as illustrated in the excerpts?

> *When he goes to the market, he sometimes forgets what he is supposed to buy so he calls me and asks what he was supposed to buy. I tell him to buy arrow roots, potatoes for the child. He doesn't know.* ***IDIF-M-04052201***

> *As the mother it is mostly deciding what the child will eat and now educating, let's say like the father on those things he does not know. You are the one to give guidance on how he will eat* ***IDIF-K-30042203****.*

> *When the man brings the money, the mother is the who goes to buy food because the mother knows what is needed in the house* ***IDIF-M-07052202****.*

Women informants indicated that they desire the assistance of their spouse in accessing food for the children. This is exemplified in the following quote:

> *I would like him to help me provide for the child with different kinds of food and not the same foods every day. I would also like in a day to be able to get the child like snacks and different things and not just food from morning* ***IDIF-K-28042204***

The study findings highlighted that the woman's roles were versatile. Apart from performing the domestic duties and caring for the child, the woman was also expected to take up productive work to help in providing for the family.

> *The mother is the one who has the role of staying with him, knowing the kinds of food he eats. So, you know what she eats, he likes, he dislikes. She should also work since it is both parents who are supposed to buy food* ***IDIF-K-03052203****.*

[*The role of the mother is??] just ensuring that you have money to buy food to feed the child. And you are also available for your child whenever she needs you* ***IDIF-M-10052203***.

In respect to taking care of a child, as a mother who goes to work. Once back from work she needs to wash her breast then breastfeed the child. She should then know how the child has spent the day, how the child feels. She basically needs to vet her child so that she can know the difference between yesterday and today ***IDIF-M-09052201***.

I am the one who cooks before I leave for work. Since I have no helper, I just have to I just struggle and make it work. So, I will stop doing my errands and come home and cook ***IDIF-M-10052202***

It was evident that men reiterated the woman's main role in complementary feeding as caring and ensuring the child was well fed. Only 10% of the male participants mentioned the need for a woman to work and help in the provision.

Here, all of us provide for the child. The mom could be low on funds, and that doesn't mean I won't fail to buy food. On other instances I could also be low on funds she steps up too, so we help each other. I haven't seen any of us forfeit the duties to the other one. We just help each other. It is nice to be together ***IDIM-K-02052202***.

The only thing that a woman is not supposed to do is to go search for money. But all the other things are hers ***FGD-K-07052201***.

A mother is supposed to take care of the child, ensure the child is clean, the child is well fed. Yes, those. She can also hustle for the child ***FGD-K-07052202***.

It is important to note the changing roles of mothers as primary caregivers in the study setting. With the need to complement or take up family budgets, most of the women who are mothers also engage in wage-based income activities. In such a case where the women have to leave children

under five years behind as they go to work, mothers would mostly prepare the food and extend the role of feeding to secondary caregivers. In some instances, however, the secondary caregivers would take up the roles of food preparation and feeding as they looked after the children under five years in the absence of their mothers.

4.3.4 Roles and responsibilities of secondary caregivers in children's complementary feeding.

The study identified secondary caregivers as key in the complementary feeding of children under five years. In this study the secondary caregivers identified include household members such as older siblings, fathers and other relatives of the child, neighbours, friends and at times day-care centre-based caregivers.

4.3.4.1 Siblings' roles and responsibilities in children's complementary feeding.

Families with more than one child who was older expressed the relief of having someone reliable to help with the child during feeding. The responsibilities of the older siblings did not vary between boys from girls as either could cook and feed the child although the number of girls who cooked for the younger siblings was double that of the boys.

> *My oldest daughter is in secondary school. She is the one who is supposed to prepare the child's food. Even when I am around, and she is there, she is the one who wakes up and makes sure the baby is alright* ***IDIM-M-07052201****.*
>
> *Most of the time she helps in catering to the child, and when I am not there, she can cook, feed the child and wash him.* ***IDIF-K-02052201***
>
> *Mostly it is cooking when he is around because he is in school. The times he is here you will find he will cook, he will feed him and if there is no one around he will wash him when the time reaches* ***IDIF-K-30042203****.*

The finding further revealed that some parents preferred preparing the meals so that the older siblings would have an easier time feeding the children. In all these instances the older sibling ended up being the boy child.

> *He is still in school. When he has not gone to school like today he will look after the younger children. He is at the university. When I leave food, he will feed them. He doesn't cook* ***IDIF-M-10052202****.*

> *You know the 13-year-old is a modern child, when I am busy and I have prepared food I tell him to feed the child at a certain time and give water at a certain time too when I go to work. The second born looks after the child too. But the third born girl will eat the food if you tell her to feed the child, she is in class two* ***IDIF-M-09052202****.*

> *So, for me when I leave I make sure I have cooked or if I don't have the time to cook I give him forty or thirty shillings I tell him to go and buy choma and eat it* ***IDIF-K-03052201****.*

4.3.4.2 Relatives roles and responsibilities in children's complementary feeding.

The study pinpointed the grandparents as the most trusted secondary caregivers residing outside the homestead. The grandparents were not only considered as the pinnacle of knowledge on issues pertaining complementary feeding but also dependable. The grandmother is considered to engage actively in the complementary feeding as she is concerned with the child's welfare as indicated in the excerpts below.

> *My mom's role is making sure that the kids are okay. She is there as a support system for us and I think she is a backup mother, in another word, if I can say* ***IDIM-M-09052204***

> *She told us when the child gets to six months, we start to give food. She told us that a young child should breastfeed well.* ***IDIM-K-29042203****.*

My mother doesn't live far from here, whenever I am busy I will just take the kid to her. She cooks and feeds the child. Actually, most of the time it was my mother who used to feed her. You know, she was my first child and when it's the first child you don't know anything ***IDIF-K-02052202***

Sometimes when I'm near my mother with my baby, she will feed her. I won't even bother with it at that point. She will give her ***IDIF-K-28042203****.*

Further, the study results showed that the grandmother is considered as the custodian of the culture since she serves in an advisory capacity on the appropriate cultural ways to nurse a child to health and ensure that they are not sick.

Yes, that the child should be given food at one month, she will tell you that the child should not eat eggs and they say when a child eats eggs their tongue will be heavy and they will not talk early ***IDIF-K-30042203****.*

You know when my sister's child was very sick, she took her to my mother and she was told that her husband was the one having an affair. She just looked at the child and said this is chiraa. **IDIM-K-29042203**

It was evident that the grandparents were more involved in complementary feeding of children under five since they were also considered as providers. They had a role in ensuring that food was always provided for their grandchildren.

My father gives me money to buy food and snacks for my child ***IDIF-M-07052202****.*

Since my mom has a farm, at times she sends us vegetables, kienyeji, tomatoes, matoke. She sends us things. When the things are not there she will send for us some money and tell me to go and buy this and this for the kids ***IDIF-M-09052204****.*

The study participants are not only appreciative of the financial support from their parents but also prefer receiving food from the village as there is a perception that it is healthier and safer than the food sold in Nairobi.

> *When food is available in the farm my mother sends me some. Pumpkin, bananas, potatoes, raw beans. You know the food from the village is better than the food we buy here in Nairobi. Here you will find the bananas have been injected with chemicals, the ones from the village are clean* ***IDIF-K-28042203****.*

> *My mother is supposed to send us food because it is fresh. Some other times the herbal medicine that is not available in the hospitals for treating things such as rushes* ***IDIM-K-02052201****.*

The study indicated that the parents of the new parents were considered the most valuable source of information relating to complementary feeding of children under five years. The grandparents of the child under five years would on various occasions care for the child as if they were the biological parents because of their association through kinship and the responsibility entrusted to them. According to Leahy-Warren et al., (2012) first-time mothers identified their mothers as a source of informational, emotional, and practical support. Chivas, (2016) and Migiliorini et al., (2016) studied women in the United States and South American Women in Italy respectively, and found that women considered the advice offered by their mothers more desirable and effective compared to what was shared by their partners. This confers to the finding from the study on primary caregivers' preference of the grandmother over the grandfather

The study found out that other relatives such as brothers, sisters, aunties, uncles, and the in-laws except the father and mother in – law were expected to participate in children' complementary feeding. Relatives role is versatile as it ranges from offering advice to sharing resources (food) to facilitate complementary feeding of children under five years.

*My aunt helps me by advising me on how to feed the child. She will also teach me on the traditions that I might not know about **IDIF-K-30042203**.*

*My brother and sisters, always make sure they bring fruits and milk for the child whenever they come to visit **IDIM-K-02052202**.*

*Like for me I come from Kisii, my relatives from home, they usually send us food to feed the child. What is easily found at my home is avocados and bananas and that is food for the child. **IDIM-K-02052201***

Similar to the grandparents, relatives are required to play a role in their kin's life by offering advice on the various concepts of complementary feeding practised in their culture and also help in provision in instances when they have plenty. Unlike the grandparents who consider this a primary role in ensuring that their grandchildren are healthy and alive, the relatives consider this as a secondary role whereby this is not an obligatory role for them. The difference between the grandparents and relatives might stem from the fact that grandparents do not have a lot of immediate parental duties because of their age which prompts them to offer a lending hand to their own children.

4.3.4.3 Friends and neighbours' roles and responsibilities in children's complementary feeding.

The study findings showcased that friends, particularly the ones with older children, were considered as a reliable source of information relating to complementary feeding mainly by the younger parents and first-time parents.

*Whenever I have questions that relate to my child I always ask my friend. I will always look for the friend who has a child because they have some more experiences than me **IDIF-M-05052201***

There is one lady I go to seek advice from, she is my friend. She gives me advice and helps me. She tells me if it is a child do, this and that since she also has children **IDIF-M-10052201**

From the study, the primary caregivers stated that they expected their friends and neighbours to offer a helping hand in feeding the children instances they had errands to run and there was no one within the household to care for the child as illustrated in these excerpts:

I leave my kids with my friend whenever I am not around. She usually feeds them. If there is no porridge I boil milk. I usually pack their food in the hotpot, or thermos. So, there is no point at which she will warm the children's food. ***IDIF-M-04052202***.

When I am busy and I have errands to run, I take the child to stay with the neighbour, I cook and take everything to her. She is only supposed to feed him ***IDIF-K-30042203***

However, the study participant noted that unlike in rural areas where life was considered communal, they stated that they were hesitant on enquiring advice from everyone in their immediate surroundings. They attributed this distrust to the fact that Nairobi was a metropolitan made up of different people with different intentions and motives, so it was advisable to only seek advice from the hospital, your kin or closest friends. This also applied to also sharing with food with other people's children as exemplified in the following quote:

For instance, when a neighbour has a piece of bread they will first ask before giving my child as for me it's rare to find me giving people's children things without asking their parents unless I am used to the mother, and we are very close. I might feed someone's child they get a stomach ache and then I will be blamed ***IDIF-K-03052202***.

When a neighbour advises me I am usually cautious, I'll just choose what to believe in or not because not all neighbours are good some might mislead you, this is Nairobi **IDIM-K-30042201**.

Social support is care that is believed to be functional, where the one receiving the support has a sense of belonging in their community because they feel cared for and appreciated (Uchino et al., 1999). Social support can be offered by parents, spouses, friends, and family. According to the study, primary caregivers engaged individuals within and outside the household during instances, they required social support relating to the complementary feeding of children under five years. The study further revealed that the neighbours/ friends who were viewed as viable in offering support in complementary feeding of children under five years were all women. This is supported by Nia and Lin, (2011) who highlighted that during stressful periods, women are more probable than men to offer, access, and benefit from social support.

A qualitative systematic analysis conducted by Dennis and Chung Lee, (2006) across 11 countries showed mothers preferring to converse and receive social support from other women with children. They felt other mothers could relate to what they were going through and their opinions came from experience thus making them genuine. This might be a cause and effect of the assumption that women are better than men with young children and also the men's economic engagement keeping them away from home. It is important to note that this section was majorly 90% answered by female participants. The male participants stated that friends and neighbours did not have a role to play since the child did not belong to them.

4.4 Gender norms and perceptions on complementary feeding of children under five years.

The study found gender norms and perceptions in households with children under five years to be influenced by pre-conceived notions of the gender roles, culture, and religion as expounded in the subsequent subsection.

The study findings reiterated that gender norms are universal as the roles of men and women were similar among the different participants in the study who originated from different communities in Kenya and East Africa. The study analyses identified the mother as the primary caregiver not only because of her proximity to the child but because of her natural characteristics of being gentle in nature. The gentle nature was considered imperative whilst tending to a child's needs, this trait was not associated with men who were assumed to be impulsive and rough in nature as illustrated in the excerpts.

> *My wife knows how our son when he is sick. Women are not like men because they have faith in the child and want them to be better. It's not like men, if you try and feed the child and they refuse to eat after one spoon you will let them go.* ***IDIM-M-07052201***

> *It's me the mother who feeds a sick child. The father will have a hard time with our daughter, because when she is sick, she does not like to eat. But when I feed her it, I can try soothe her and tell her I will give her breastmilk but with the father, they will fight* ***IDIF-K-28042204***

Findings from the study highlighted that taking up domestic roles in house was considered as a form of punishment to the men. This was an opinion held by the female participants in the study. They attributed this mindset to the perception that when a man cooked he had been conquered by the wife as exemplified in the following quotes.

> *Men, most of the time I think it is just provision because it is hard to find a father has sat down and he is the one feeding the child. Very hard in this generation that we are living in. He will be told by others that he is being dominated by his wife* ***IDIF-M-09052204****.*

> *Like she said, the mother is the one who is supposed to prepare the food for the child I am just supposed to provide for the family* ***FGD-K-07052201****.*

> *I don't know why they don't like cooking for their wives but they say if they cook the wife is a dictator. Yes, as women we don't appreciate, if he helped once now you think it's something he should do on a daily basis. And when the man will come with a friend you will start ordering him around to cut onions. That's why it's difficult for men to cook for their wives* ***IDIF-M-05052202***.

The perception of men not cooking or taking up domestic roles is evolving with the constantly changing gender roles and norms. The study findings revealed that men did not mind cooking.

> *My job is like that of the mother, the only difference with the mother is that she breastfeeds her. But when it comes to everything else like buying the food and making sure the child is okay, we work together* ***IDIM-K-02052201***.

> *Help differs, as a man you see that the mother is busy you naturally help, but then you help then women make it a habit. That is why you will find men saying, that responsibility is for the mother* ***IDIM-K-29042203***.

Analysis of the study findings indicated that 80% of the men were only willing to partake in cooking and being responsible for any other domestic duties in instances when the woman was not in the household. This is because men's involvement in complementary feeding is hindered by social and cultural institutions which assign gender-specific roles to men and women (Van Den Berg et al., 2015). However, the study further stated that the man being the secondary caregiver didn't mean he was exempted from being involved in the complementary feeding of children under five years. This is supported by other studies by Doyle et al., (2018) and Martin et al., (2021) reported that fathers taking part in caregiving, and domestic tasks were among their responsibilities to facilitate complementary feeding in the modern day. The notion of men taking up an active role in complementary feeding of children under five years was further stressed by Allotey et al., (2022)

who found changes in conventional roles at home more profound in urban fathers as opposed to rural fathers. The fathers in urban wards were described as eager to help, whereas in rural wards, they expressed dissatisfaction with being expected to assist in performing domestic tasks. The use of dialogue was reported in urban wards where mothers and fathers stated employing mutual agreement in the allocation of tasks in the household (Allotey et al., 2022). This is further corroborated by Akanle et al., (2017) study in Nigeria on household chores and male roles study finding suggested urban fathers were more receptive to engaging in caregiving than their counterparts in rural areas because of urbanization. According to Allotey et al., (2022) fathers in rural wards were described as breadwinners and supervisors while mothers were caregivers which highlights their hesitation in taking part in complementary feeding. The men's hesitation in being part of tasks such as cooking and feeding children under five is because of the association of such tasks being labelled as a woman's job (Vollmer et al., 2015). McBride et al., (2005) state despite a man's willingness and consideration in taking part in complementary feeding, the women's perceptions of the roles of the man is also a defining factor in promoting or curtailing men's involvement in this process. Thus, according to the study findings, a lot of men were content in only providing for the family food and resources for the family because that was what the wife expected of them. Therefore, a woman's perception can affect a man's opinion on the extent he needs to participate in complementary feeding of children (Pasley et al., 2002).

4.4.2 Gender norms and perceptions on roles and responsibilities of grandparents in complementary feeding of children.

The study findings indicated that the grandparents were always viewed as the to be a credible source of knowledge in instances that related to complementary feeding of children under the age

of five. Their advanced age, experience and parental track record of being able to care for the parent to the child who was under five years cemented this status.

> *You know she is 72 years old and she has been able to raise seven children this means she knows everything. And again, she used to take advice from her mother making her even more knowledgeable. It is not only us that run to her, so many people do. Even the young girls who have just gotten married go to seek advice from her. She is a midwife. So, she knows a lot* ***IDIM-K-29042203****.*

The study further identified the participants had a bias of preference when it came to choosing between the grandmother over the grandfather when seeking advice on complementary feeding. All the participants preferred talking to the grandmother as they believed she was all knowing in matters relating to children and complementary feeding unlike the grandfather. This perception can be attributed to the is old adage notion that mothers are supposed to nurture while the father is supposed to provide.

> *[Grandfathers??] They usually don't know. If you tell them the problem they will tell you to ask your mother. If you call them, they will tell you, "Aa, that one asks your mother." He will just be happy if the child is okay* ***IDIF-K-02052201****.*

> *Women understand children better. You know most men don't know these things. So, I usually ask my mother for advice relating to the child* ***IDIF-M-05052202***

> *When seeking advise you must go through your mother, if your mother can't help then you can consult with your father which is very rare occurrence because mother always know. You know the mother is the one who knows best because she has raised us.* ***FGD-K-07052202****.*

4.4.3 Culture and complementary feeding of children under five years.

Culture is regarded as the people's way of life which includes beliefs, practices, and norms. Study findings indicated that culture played an important role in complementary feeding. Culture influenced the perceptions of feeding habits of children under five years, and gender relations among people in the community. The study findings indicated culture influenced the different feeding practices adopted in complementary feeding. 55% of the study participants practiced unresponsive feeding. Unresponsive feeding is coercive feeding where a parent ignores the cues the child gives when he/she doesn't want to eat. These parents believed that this was the only way that the children would get to eat as illustrated in the following excerpts:

> *You are supposed to force the child. You cannot be soft with the child, at that age he has to eat so as to grow* ***IDIF-K-30042202****.*

> *I pour the porridge on my hand and hold her nose so that she swallows. Once she swallows it twice, I open her nose so that she can breathe. The more you do that, the more they take in. Because, you see if you pinch the nose, she opens her mouth and swallows.* ***IDIM-K-30042201****.*

The participants who had more than one child but still practised it recognized the dangers of practising unresponsive feeding. They emphasized on the need to be cautious whenever feeding the child using this method as illustrated by the quotes:

> *That method needs a person who knows how to use it. You can feed a child and the child dies. It is not anything that you can rush and do to a child. Newly married girls can't hold a child and start giving porridge, they must take the child to the grandmother because the grandmother knows how to hold the baby* ***FGD-K-07052202****.*

> *Children get chocked and die, we recently buried one. They were chocked by food. They held the child blocked the nose and gave put food in the mouth. It is a common thing down*

here, and it is not done by just one particular community, a lot of people do that ***IDIF-M-04052202****.*

45% of the respondents practiced responsive feeding as parents observed appetite signals from their children and responded accordingly. This group of participants had more than one child.

I cannot force him the way people force children to eat. The food might travel the wrong way in the throat. So, when I give him food and when he refuses to eat I will refuse to breastfeed him too. He will realize that he cannot breastfeed so he will eat ***IDIF-M-09052202****.*

At times the child might have come from playing and he is not hungry at that time and does not want to eat. I will just set food aside because I know that obviously he will come and eat when he is hungry ***IDIF-M-09052204****.*

Further, the study highlighted that cultural perceptions influenced when of animal source foods needed to be introduced. There was a lot of focus on the introduction of eggs and the effects they might have on the child's health.

When you give children eggs early, they will start stammering which is slowly killing the child. Eggs are very strong, even as an adult you are advised to eat a certain number of eggs in a month, then you go ahead and give eggs to a child ***FGD-M-11052202.***

Yes, when you give children eggs, their tongue becomes heavy and they won't be able to talk. But those are just beliefs because I gave my child eggs at six months and he spoke. My neighbour's child got rashes because of eating eggs ***IDIF-K-03052202****.*

You know there is a mother who gave the child meat, and the child started to have pimples all over the body, and also eggs. That is why I reduced giving her meat ***IDIF-K-28042203****.*

Cultural influences are critical in moulding a caregiver's perceptions of the complementary practices to be adopted when feeding children under five years (Lindsay, Le & Greaney., 2018).

Findings from the study identified the negative perceptions associated with foods with high protein levels during complementary feeding. Eggs were considered as harmful as they were believed to impair a child's speech pattern. These findings are similar to the Egyir et al., (2018) KEEA District (Ghana) and Kimwele, (2014) Kahawa West (Kenya) reported mothers prohibited the use of eggs because of the perceived damage they had on a child's speech. These results are contrary to the findings from Chapnick et al., 2021 in Ecuador which stated that eggs improved growth thus making them a safe option since they reduced stunting in children. Ahoya et al., (2019) reported that feeding children eggs did not in any way cause delayed speech or walking patterns. This effort copies the WHO complementary feeding standards. Kenya has adopted these WHO standards intending to address the taboos and cultural beliefs relating to animal source foods (ASF) in complementary feeding of children under five years. The Kenyan government's main strategy is improving communication with caregivers through context-specific counselling (Kenya, Ministry of Health, 2018).

Through analyses of the data, it was evident that participants who originated from the Abaluhya and Luo communities believed that being promiscuous had repercussions to the child's health. This act of promiscuity is referred to as *Chira*

> *Yes, if the father or mother has extra marital relations outside his house, the child is usually not healthy. And no matter what this child eats, they cannot have good health. If the husband is unfaithful and doesn't touch the child, it will not affect the child, but if the mother is promiscuous and then breastfeeds, it will affect the child* ***IDIF-K-02052201***.

> *Even at home we have medicine the child and the mother will be given to drink. So that if either parent is unfaithful no harm will come to them. When the mother drinks the medicine, she can go wherever she pleases and when he breastfeeds it won't affect the child* ***IDIF-K-03052201***.

Findings from the study showed that 60% of study participants preferred having children who were fat as this symbolized that the child was healthy and the parents were taking good care of their child as illustrated in the excerpts:

> *They have to talk. When a child starts getting thin, they start saying that the child is sick and the father is sleeping around. Maybe you are just out there doing your things* ***FGD-K-07052201****.*

> *Our community believe that a child who is fat is healthy and is well taken care of. A thin child means he is not well taken care of, not well fed. They are being denied food* ***IDIM-K-29042201****.*

> *People will say a fat child is healthy and they feed well and are taken care of well. For the thin one, there will be issues, they will say this one is thin, the parent does not have anything to feed them, they don't care for her* ***IDIM-K-30042201****.*

Contrary to the former opinion 40% of the study participants were not concerned about the body type of the child since they did not believe being was an accurate indicator of someone being healthy.

> *[A healthy child??] you cannot judge a healthy child solely on their looks. You might have a child with a tiny body who will still be healthier than the one with a big body. So, a healthy child is the one that at least eats on their own, a child who is a bit active* ***IDIF-M-09052204****.*

> *Let us say if the child doesn't easily get sick and is playful it doesn't matter if they are slender or not. You might find a fat child having difficulties in walking because they cannot manage their body. So, being fat is not a true representation of good health* ***IDIF-M-09052202****.*

The study further highlighted the need for parents to practise chastity during complementary feeding of children under five years. The study participants feared extramarital affairs during this period would attract bad omen to the household and the child's health would be negatively

affected. This finding concurs with those of a study conducted in informal settlements in Nairobi (Wanjohi et al., 2016). A mother in one of the focused group discussions shared these sentiments: *the more you have sex with many people the higher the chances the child will die when you are breastfeeding. It is a taboo for a mother who is breastfeeding to have sex with different men (FGD CHWs- Viwandani).* Similarly, a study in Malawi showcased grandmothers administered a local herbal concoction *mzuwula* brewed from indigenous tree leaves. They believed that it guarded the child against illnesses brought about by their parent's *"promiscuity*" or the other villagers in some cases (Kerr et al., 2007). Over half the children that participated in the study had taken the concoction when they were a month old.

4.4.4 Wet nursing and introduction of complementary feeding of children.

Wet nursing is the process of a woman who is not the biological mother of a child breastfeeding another woman's child. Wet nursing is also known as milk sharing or co-feeding. This occurs in instances when the mother was not present or could not breastfeed her child. All the study participants were against wet nursing. They argued wet nursing was an outdated practice because of the current surge of HIV/AIDS and other diseases.

> *It is bad because right now there are diseases. You cannot know me by just looking at me and I cannot know you by looking at you. Now when I find you have breastfed my child I will feel really bad. I cannot breastfeed another person's child, even my sister's child* ***IDIF-M-04052201****.*
>
> *No, it is difficult to be a wet nurse because we are not all the same health-wise. In breastfeeding I can breastfeed my sister's child but I should first know that I am okay health wise* ***IDIF-M-09052201****.*

> *If the child has lost the mother, in that case that can happen. It is possible but it should come with a lot of conditions, what caused the death of the mother? Maybe if she died by a car accident it's okay* ***FGD-M-11052202****.*

The participants do not believe that wet nursing would be an appropriate practice and thus argue supplementary feeding and complementary feeding might be introduced earlier than intended in such instances.

> *If the mother has died, the guardians should try and give the child Nan as is it the best for young children with no mothers* ***IDIF-K-30042202****.*
>
> *When I had a premature birth at the hospital, so the doctors tested my milk to check if I had any underlying illnesses such as diabetes. They also checked for the level of protein in my milk before they could give my milk to any other child. It is only when your milk is tested and it is perfectly okay that they can give it to another child, but in an ideal situation they should just give the child nun* ***IDIF-M-09052201.***

The study participants were sympathetic to any child that had lost their biological mother but had major reservations when it came wet nursing. Similar to the study Kilewo et al., (2009) state breastfeeding accounts for almost half of all mother-to-child HIV transmissions, this fact compounded the fears of the study participants. This led to their proposal of the adaptation and use of artificial infant feeds and a consequent loss or decrease in milk production in mothers. Contrary to this study finding wet nursing is still a common practice in Malaysia because of the awareness being raised on the importance of breastfeeding (Norsyamlina, 2021). Under Islamic law, relationships can be forged through matrimony, blood, or even milk, as nursing another woman's child creates a symbolic family relationship (Harrison et al., 1993). In these situations, the wet nurse was required to exhibit good manners, sincerity, intelligence, and physical attractiveness.

4.4.5 Religion and complementary feeding of children under five years

Religion here is regarded as the beliefs and practices defined by an individual's / community's relation with the deity or supernatural. Analyses of the data showed that religion influenced feeding of children under five years through the allocation of the roles and responsibilities and also the introduction and conclusion of weaning of children under five years.

The study findings indicated that in Islam the roles and responsibilities of the father and mother were clearly defined.

> *The duty of the father is to provide for the family but if the mother is not well the man can take care of her and cook for her. The mother is supposed to take care of the child and to cook for them* ***FGD M11052201***

> *Islam states that if your wife is sick and she cannot cook you are supposed to help her with the cooking. If she is unable to feed herself you can feed her and such things* ***IDIF-M-09052202***.

Furthermore, the study findings indicated that all Muslim mothers breastfed their children to at least two years. They attributed religion to be an influencing factor to this process.

> *Our religion states that when you fail to breastfeed a child for two years you are supposed to buy them gold. I do not have money to buy my child gold. I cannot afford so, you breastfeed children for two years* ***IDIF-M-07052201***.

> *Religion says that you breastfeed a child until the child is two years. If you are married you should stay in your marriage so that you can care for your child, and not end up sleeping with other men and affecting your child health negatively.* ***IDIF-M-09052202***.

Their male counterparts corroborated this by stating that breastfeeding was a child's birth right that a parent is required to give their children.

> *If you don't breastfeed for two years you are oppressing them. They have to get to those two years, to make sure the child can eat well can drink well* ***IDIM-M-07052201****.*

> *If you are breastfeeding like for instance in my religion, you should breastfeed a child for three years then you wean it off. If you have the ability, you buy the girl child earrings and if it's a boy, a small ring.* ***IDIM-M-07052203.***

Unlike the Muslims, the Christian participants did not specify the specific timeline set for them to wean their children or the difference in the allocation of roles and responsibilities in the household.

> *As Christians, we don't have guidelines on how to feed the child. You should just make sure you feed your children* ***FGD-K-07052201****.*

> *People are also taught in churches and in women groups the need to care for the child. That is even in the bible the child has a right to be cared for but, all those are common things.* ***IDIF-M-04052202****.*

Religion can influence attitudes relating to IYFC. The study population consisted of Christians and Muslims. Unlike Christianity, Islam had stringent rules on complementary feeding, and the father's and mother's roles were clearly outlined. All the Muslim mothers in the study breastfeed their children for up to two years as stipulated by religion while only 40% of the Christian mother breastfed up to this time. This corresponds to Oladejo et al., (2019) in Nigeria which highlighted that Christian mothers did not breastfeed as long as Muslim mothers. This disparity was attributed to religion as in Islam not being allowed to work away from their homestead. This meant the man was the breadwinner ensuring that the woman was going to have more time to breastfeed. The influence of the religious leaders showed the effect religion has on the IYFC practices since parents

preferred to consult with religious leaders than health professionals. Mehrpisheh, (2020) further supports this finding as his study explained Muslims believed if a child does not breastfeed for two years they have not received half of their wealth. This is visible in the study as the findings further showed Muslim mothers taking pride in the fact they breastfed their children until they turned two years old.

CHAPTER FIVE:

SUMMARY OF THE FINDINGS, CONCLUSIONS AND RECOMMENDATIONS

5.1 Introduction

This chapter entails the summary of the main findings, conclusion and recommendations as guided by the findings from the study. This chapter is structured in line with the specific objectives of the study which are, the gender roles, gender specific responsibilities of the different household members in the complementary feeding of children under-five years and the gender norms and gender related perceptions on complementary feeding in households of children under-five years.

5.2 Summary

Traditional gender roles are held in high regard as the men are considered to be providers, and women are responsible for their reproductive duties throughout the study. There was also the undisputed opinion that times were changing as the availability of equal opportunities for all meant everyone had an opportunity to acquire paid labour. This has facilitated a shift in gender-specific roles as women also took up productive work supplementing their reproductive role to support their families. Men offered financial and emotional support to both the mother and the child. Generally, women expressed interest in men being part of complementary feeding, and not just providing food and resources. This opinion was not objected by the male counterparts as they too expressed their interest to be part of the process of complementary feeding. However, the men stated that their commitment to productive work meant their participation in complementary feeding would not be daily. Male involvement in complementary feeding of children under five years is considered as one of the most effective ways to improve the health outcomes of young

children as the child's dietary options improve. Few of the women (30%) highlighted that since they had a better understanding of the children's feeding needs they preferred the men to play a relegated role in complementary feeding which was the provision of resources for the household. They pointed out child care was a full-time occupation and thus they preferred if all the decisions such as budgeting for food and domestic needs were left to them so that they would also get to save some money for their personal use because they were not in any form of employment.

Social support from partners, family, and friends (secondary caregivers) was found to be a key aspect in ensuring the primary caregiver did not feel overwhelmed with complementary feeding. The need for the primary caregiver and child to feel part of a larger group/ community meant they needed to learn and borrow different complementary feeding practices from their immediate surroundings. Grandparents, and relatives ensured that cultural and social complementary feeding practices were observed. Friends/neighbours and partners in other instances shared contemporary and their own social and cultural perspectives on complementary feeding of children under five years. It is worth noting, that there was pessimism in involving other members of the society in the complementary feeding as there was the perception of a lack of kinship which harboured distrust in believing other people's intentions.

There was unanimous agreement that living in urban centres had led the caregivers to abandon cultural practices such as introducing complementary food earlier than six months and avoiding feeding children animal sourced food such as eggs. This was attributed to the frequent check-ups and reinforced advice and encouragement from the health practitioners in health centres.

5.3 Conclusion

The study concluded that gender roles and responsibilities relating to complementary feeding of children under five years are prescriptive. Men provide while women nurture. The study findings further emphasized that social support facilitates efficiency in implementing appropriate complementary feeding practices as the primary and secondary caregivers work towards achieving improved IYCF. Changing gender roles and norms positively impacts the complementary feeding of children under five since the mothers and fathers cooperate to bolster the child's health. This new understanding ensures enough support in the household to ensure the sufficiency of financial and emotional support to facilitate a conducive environment for the child to thrive and grow.

To promote complementary feeding for children under five years there is a need to engage all the members of the household. The household members have to understand the importance of complementary feeding and their roles in this process. Secondary caregivers are as important as primary caregivers therefore, there is also the need to actively involve all household members in complementary feeding of children under five years.

5.4 Recommendations

The study makes the following recommendations based on its findings.

Recommendations for nutrition and health programs

1. Outreach programs should target communities and sensitize the both men and women on the changing gender norms and need to abandon retrogressive cultural perspectives. These

retrogressive practices include the avoidance of feeding children under a year, animal source foods such as eggs and meat.

2. Health programs ought to target the primary, and secondary caregivers to sensitize them on the appropriate complementary feeding practices.

Recommendations for future research

1. Mixed methods research focusing on the intersections of complementary feeding and socio demographic characteristics of the people living in informal settlements in Nairobi is recommended. Such a study would detail how gender and other interesting variables including socio-economic status impacts the roles and responsibilities of caregivers in relation to complementary feeding at the household level.

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APPENDICES

APPENDIX I: INFORMED CONSENT

PARTICIPANT CONSENT FORM.

A GENDER ANALYSIS OF COMPLEMENTARY FEEDING OF CHILDREN UNDER FIVE YEARS IN HOUSEHOLDS IN KAMUKUNJI INFORMAL SETTLEMENTS IN NAIROBI.

Principal investigator/ institutional affiliation

Ben Yumbya,

Department of Anthropology, Gender & African studies, University of Nairobi

Introduction letter.

The above name researcher is a student from the University of Nairobi pursuing a Master in Gender and Development researching on a gender analysis of complementary feeding practices of children below five years in households in Kamukunji informal settlements in Nairobi. The interview will take at least an hour, if you would like to be excused at any point during the interview please free to do so. You are allowed to leave the interview at any given point in time.

Your permission/consent is required to per take in this study as you will be interviewed and your responses will be audio recorded. The study findings might be valuable to all young children. Once the study is concluded, your identity or contact details will be kept confidential and not published. The study does not offer its participants any personal or financial benefits. You will not be at any risk while participating in the study as the researcher will uphold all the ethical considerations.

Your involvement in the study is optional, since it is voluntary. Your participation will be greatly appreciated.

‘‘Do you have any questions? If you are satisfied with the explanation you have received from the researcher is sufficient and all your questions have been answered

Your signature or thumbprint, is an indication that all your questions have been answered and you understand the aim of the study. Please sign below if you agreed to participate.

Name of participant…….

Signature/ thumb print of the participant…….

Date……

For more information contact Ben Yumbya 0782 432 559

APPENDIX II. IN-DEPTH INTERVIEW GUIDES.

General questions on complementary feeding.

Tell me a little about the kinds of foods are eaten in this community/ household?

What kinds of foods are consumed by young children under five years in this community?

Roles and responsibilities on complementary feeding practices in households.

What do you understand by exclusive breastfeeding and complementary feeding? (probe on supplementary feeding)

What does your culture say about exclusive breastfeeding?

Tell me how you feed a child during their first year, what are the stages of feeding?

Is there a difference between feeding the boy and girls?

How old is the child and are they exclusively breastfeeding, or have begun complementary feeding? At what age did your child start complementary feeding and why? Which foods did you start with and why?

Generally, when should complementary feeding be introduced to a child, and when should one start and stop weaning and their child?

What are some of the child's favourite meals, snacks and fruits? How are three of these foods prepared? Who prepares the food? Who assists in preparing the food when the mother is away?

What do you consider when preparing your child's food? (Food accessibility, taste, price, and nutritional value).

What foods do you dislike giving the child? Why?

Who makes the decision on the right time to start and stop weaning and the kind of food to start introducing to the child? What ways do you use to stop a child from breastfeeding?

How many times does your child feed in a day (meal frequency) (who advises)? why? (How do you deal with unresponsive feeders)

What is the composition of these meals? (meal diversity) why? (who advises you on this)

When do you introduce ASF? How do you introduce it? (what informs your decision)

Whose opinion is considered (treasured) during the complimentary feeding of children. (Probe on the father, mother, relatives, the child too)

What are the sources of information on complementary feeding? (media, TV, radio)?

Who feeds the child? Who else is responsible for the feeding of the child? (why?)

How do you address teething? (loss of appetite)

What are some of the expected roles for your partner/ different members of the household in complementary feeding?

What do you think are the advantages of the entire household participating in complementary feeding of the child? do you think are any disadvantages?

How does your community describe a healthy child? (fat vs slender). Is there a difference in rural and urban children? (How do you manage an underweight child?)

Where/ who do you go and seek advice on optimal child feeding habits and why? Do you think the information you receive is adequate for your child? (Why?)

What are some cultural practices/beliefs on complementary feeding and weaning of children practised in your community?

Do you know of any other cultural feeding practices different communities?

Have you ever received bad advice on complementary feeding?

Do you know of any illnesses that affect young children that are related to feeding? (if yes, probe on their names). What causes the illnesses? How do you address such illnesses?

Who is responsible for feeding the child when they are unwell? (why?) Are there specific foods given to the child when they are unwell? What foods does your culture advise you give ill children?

Gender norms and perceptions on complementary feeding in households.

Only ask in instances when the caregiver is a woman? What do you think is the role of men/grandmothers/ older siblings/ in laws in the complementary feeding of children under five years (why)?

Only ask in instances when a caregiver is a man. What are the roles of the grandmothers/ older siblings/ in laws during complementary feeding of children under five years (why)?

What are some of the complementary feeding practices encouraged in your culture or your spouse for feeding children under five years?

What is the role of religion in complementary feeding?

What are some of the complementary child feeding habits practised in this area, and have you adopted any of these complementary feeding practices?

What responsibilities/ roles would you like the other members of the family to take up in complementary feeding/ weaning of children? Why these people and these roles?

APPENDIX III: FOCUS GROUP DISCUSSION

General questions on complementary feeding.

Tell me a little about the kinds of foods are eaten in this community/ household?

What kinds of foods are consumed by young children under five years in this community?

Roles and responsibilities on complementary feeding practices

Tell me how you feed a child during their first year, what are the stages of feeding?

What does your culture say about exclusive breastfeeding?

Is there a difference between feeding boys and girls?

What foods do you consider to be the best foods for introducing a child during weaning process? (Why?) Which foods do you consider to be the worst to introduce to a child during weaning (Why?)

When should parents begin weaning the child and stop weaning the child? Who advises the mother which is the appropriate time to start weaning and stop weaning?

What foods does the child like? What foods does the child dislike?

How frequent does your child feed in a single day? What is the meal composition?

Who is usually responsible for feeding the child? Who helps? (why?)

Who cooks? Who helps in cooking why?

When do you introduce ASF? How do you introduce? Why?)

What do you think are the responsibilities of men/boys in complementary feeding?

What are the responsibilities of women and girls in complementary feeding?

Whose opinion is treasured during the complimentary feeding of children. (Probe on the father, mother, relatives, the child too)

Do you know of any illnesses that affect young children that are related to feeding? (if yes, probe on their names). How do you address such illnesses?

How does your culture describe a healthy child?

How do you address teething in children under five years?

Who is responsible for feeding the child when they are unwell? (why) Are there specific foods given to the child when they are unwell? What does tour culture advise you to give sick children?

Gender norms and perceptions of complementary feeding in households.

What are some of your cultural practices/ beliefs associated with complementary feeding in your community?

Do you know any other cultural practices on complementary feeding from other communities?

Who do you consider should be the best person to serve as the secondary giver when the primary caregiver is not available? (Probe on the respondent criteria for choosing this secondary caregiver).

What does your religion say about complementary feeding?

Have you ever received bad advice/good advice on complementary feeding?

Do you think there are things that men shouldn't do in relation to complementary feeding?

What do you think are the responsibilities of women/girls complementary feeding, and do you think they require assistance from men?

Do you think there are things that men shouldn't do in relation to complementary feeding? (so, what should they do?)

What are some of the complementary feeding practices encouraged in your spouse's culture for feeding children under five years?

What role do your relatives play in complementary feeding? Would you consider their efforts to be encouraging or discouraging? (Why?)

What are some of the complementary child feeding habits practised in this area, and have you adopted any of these complementary feeding practices?

Have you seen some poor complementary feeding habits being practiced in your community, if, yes which ones are these?