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Original article

AFRICAN TRADITIONAL APPROACHES TO CHILD HEALTH AMONG TEENAGE MOTHERS IN KENYA

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Abstract

Background. Traditional African healthcare beliefs and practices are part and parcel of the maternal and child well-being in the Kenyan rural settings, particularly amongst vulnerable groups including teenage mothers. Focus has been given to this particular group because children born to adolescent mothers are at a high risk of health complications yet they frequently lack access to basic formal healthcare due to factors such as culture, economic challenges and social aspects. Due to these circumstances, traditional birth attendants, herbal medicine and spiritual interventions often shape caregiving behavior.

Purpose. This study explores ways in which African cultural traditions influence health outcomes of children aged five and below born to adolescent mothers. By giving focus to the interrelation between traditional practices and modern medicine in the context of adolescent mothers, the study contributes to the international discussion on culture sensitive healthcare.

Materials and methods. In order to collect qualitative data, desktop research method was applied in synthesizing results from peer-reviewed articles, public health records and use of ethnography. Thematic analysis was conducted to come up with patterns, trends and associations from the data collected through coding. This analysis enabled the researcher to identify themes representing key patterns including communal caregiving, dependence on herbal medicine and spiritual healing, lack of trust towards biomedical systems and future prospects to incorporate traditional and modern health systems.

The **results** show both the positive and negative aspects of African traditional practices. Even though cultural practices may help in provision of emotional and social support to adolescent mothers, they are also associated with delayed clinical interventions, which may have detrimental effects.

Conclusion. The study recommends the integration of cultural strategies in healthcare through the engagement of traditional practitioners, promoting reverential clinical settings and supporting adolescent mothers by ensuring they are fully included when adopting health policies.

Keywords: religious beliefs; African traditions; African religion; adolescent mothers; care givers; motherhood; Kenya; retrogressive cultures; child mortality; traditional birth attendants; herbal medicine; modern medicine

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Introduction

African traditional health practices and beliefs have continuously played a significant role in shaping child healthcare among adolescent mothers mainly in rural and low-resource parts of Kenya. Focus is given to adolescent mothers because they and the children they give birth to remain vulnerable for a wide range of reasons. The children may have health complications due to being born prematurely while the adolescent mothers, especially those who are still schooling, are stigmatized both within their communities and within the school environment. Although the policy on National Guidelines for School re-entry in Early Learning and Basic Education (2020) advocate for adolescent girls to continue with their education after delivery, most of them do opt not to go back to school. The demands of schooling coupled with socio-economic challenges contribute to a complex web of health and development challenges for their young children. Among vulnerable populations, such as children born to teenage mothers, access to modern medical services is often limited due to socioeconomic, cultural and infrastructural barriers. In Kenya, where adolescent pregnancies remain a pressing public health

issue, traditional African approaches to child health care are still widely practiced and deeply rooted in local belief systems [1; 2].

The study draws from literature on the statistics that evidence the challenges faced by children under the age of five and especially those born of adolescent mothers. This is double-vulnerability because as studies show, these mothers not only lack the prerequisite knowledge on healthcare for children, but they are also categorized as children themselves since they are yet to attain adulthood. Culture and religion play a crucial role in relation to food, mental development and access to healthcare services. The traditional African belief and practices define how caregivers, including the adolescent mothers, rely upon this belief system for the healthcare of these young children [3]. The study argues that culture and traditional observances, which are part of religious beliefs and practices for African communities and specifically Kenya, are a constantly ignored angle of focus in the health of these vulnerable children. It is noted that the policies in place treat all mothers as a single group. There is no distinction of the various vulnerabilities, including those of children born of adolescent mothers. Other determinant factors that influence child survival and growth, such as culture and religious traditions remain key ones, yet the policies in place hardly take these into account. Culture and religious beliefs and practices around health and healthcare go hand in hand with modern medicine and as the study will show this influence to a great extent, ways in which the healthcare provision of children born of adolescent mothers is determined.

The need for culture appropriate healthcare systems has been emphasized by World Health Organization (WHO) in order to improve child health outcomes in low-resource settings [2]. Nevertheless, there still exists a major literature gap in understanding ways in which African traditional practices and beliefs impact the health of children born to adolescent mothers; a group at a high risk of challenges such as high rates of newborn health complications, malnourishment and child mortality. The study therefore examines the traditional practices and beliefs to show how, on the one hand, they complement modern healthcare services, but on the other hand, in certain instances, they compromise the

children's health, given the new health challenges that present themselves in the contemporary society. The current study uses a qualitative, desktop research approach, guided by secondary data from public health records, ethnographic research and applicable sociocultural assessments from Kenya. Distinct focus is given to rural societies where traditional practices in caregiving are still rampant.

Purpose of the study

The current study looked at the impact of African traditional practices to health of children born to teenage mothers in Kenya. By giving focus to the interrelation between traditional practices and modern medicine in the context of adolescent mothers, the study contributes to the international discussion on culture sensitive healthcare. Further, the findings of the current study can be useful to policy makers and other stakeholders. By seeking a deeper understanding of the place of traditional practices on the wellbeing of the children, it provides valuable insights for policymakers, public health employees and non-governmental organizations based in Africa, where conventional practices are frequently resisted or there is minimal reach.

Literature review

Globally, the health and wellbeing of children aged 5 and below born to adolescent mothers has become a growing concern, mainly in less developed countries, including Kenya. A study done by UNICEF and WHO shows that children born to adolescent mothers are at a high risk of low birth weight, delayed development and vulnerability to early childhood diseases. In most African countries, these risks are further intensified by challenges such as inadequate accessibility to healthcare, dropping out of school among adolescent girls, poverty and cultural constraints. Research done in the past highlighted the biological and social susceptibilities associated with adolescent mothers. From a physiological view, their bodies may not be wholly developed to be able to carry pregnancies securely which increases the risk of pregnancy related complications. Socially, the adolescent mothers in most cases lack stable support from

family members, access to formal education since most of them drop out of school and they also lack financial freedom. These factors negatively influence the health and nutrition of their children [4; 5].

Traditional beliefs and practices influence ways in which adolescent mothers and their extended families provide care and support to the newborns. These cultural dictates have been inherited by generations. In the African context, where these cultures are still in use, they determine behaviors and attitudes of mothers and other caregivers towards their newly born children. In most African countries, there is a tendency to link illnesses to culture, traditions and spiritual causes. A wide range of studies indicate that the cause of disease in many African communities, especially diseases that may not be easily attributed to biomedical factors, is evil or bad spirits, spell-casting, witchcraft, disobeying taboos and anger of gods. Diagnosis of ill health would then be through divination or prayer, that is, by consulting the spiritual world to identify the causes of diseases for healing methods to be determined. The belief that diseases have a spiritual connection and thus origin in the context of African communities drives many African families to seek solutions from traditional healers. Healing then is achieved through sacrifices, spiritual cleansing, spiritual protection, exorcism, pouring of libation, prescription of herbs, prayer, counselling, among other processes. Therefore, the healthcare seeking behaviour for African communities would be pluralistic, that is, it is structured around three main systems: biomedical care, traditional and faith healers as well as popular knowledge. In Kenya, traditional doctors, herbalists and traditional birth attendants play a major role in maternal and child health practices, particularly in rural settings. Although the efforts of these specialists maybe beneficial, other practices including the delay of modern medical care or avoidance of immunizations mostly undermines child survival efforts [6; 7]. In spite of the promotion of biomedicine by international healthcare organizations, traditional medicine remains the primary form of healthcare of most African populations. These practices are then passed to the adolescent mothers who learn the norms and traditions from the elderly in the community [8; 9].

Although the African continent has a variety of traditional foods that mothers and children may benefit from, it is also true that cultural practices to a large extent impact on feeding decisions made by adolescent mothers and other caregivers. For instance, one of the major barriers to good complementary feeding practices is that some foods are forbidden for mothers and children. Although this may be as a result of some forms of misconception, these beliefs play a role in the health of children. A study done in Western Kenya showed there are food taboos regarding different type of foods for infants. For instance, most infants and children are forbidden from consuming eggs for it is believed that this will slow development in speech or they might end up as stammerers. These beliefs compromise complementary feeding. In addition, the majority of the caregivers prefer to feed their newborns on porridge. They perceive this type of meal to be appropriate in providing strength to the children. Often such porridge would be mixed with other ingredients that the child's digestive system may not be able to handle. The study observed that adolescent mothers who have no prior experience usually borrow such beliefs from older generations [10-12].

In the recent past, there has been a growing interest in integrating a culture appropriate healthcare system that incorporates traditional methods with evidence-based healthcare. Research has shown that involvement of traditional practitioners in healthcare system is capable of enhancing and improving health outcomes. The use of traditional birth attendants (TBAs) is common in Africa. They are equated to midwives or gynecologists in conventional medicine and provide both pre-natal and post-natal child care services to mothers. They advise expectant mothers using their past accumulated experience. Through the background information given by their clients and their familiarity with informal settings such as communal practices, they are able to carry out the services with success. This is the case because deliveries through caesarian section are rare, yet the use of TBAs in Africa and Kenya in particular is quite common. Research also showed that most young mothers in Kenya sought the services of TBAs due to inaccessibility of health centers. Low socioeconomic status is also an influencing factor since most of them do not have a source of income.

However, it is also true that they have a wealth of experience. Their ability to use their hands and traditional herbs to cure pains and complications of childbirth is a skill trusted by their clients. In rural settings, adolescent mothers, who rely on their families for healthcare decisions, may find this as the only option for pre- and post-delivery care. The only danger with the services of TBAs is that whenever major complications result, there is a likelihood of death of the child or mother, or both given that emergency services from specialized hospitals may not be readily available. Nevertheless, tension exists as a result of mistrust, divergent epistemologies and failure to have legal recognition among traditional healers. In spite of this, limited literature exists on how African traditional practices impact the wellbeing children born to adolescent mothers. Research done considers adolescent motherhood and traditional medicine as two separate aspects. This particular disconnect exposes a knowledge gap in comprehending how these aspects intermingle and shape the lives of both the adolescent mothers and their children [13-15].

Methodology

The current study uses a desktop review method which is qualitative in nature to understand the nexus between African traditional practices and wellbeing of children born to adolescent mothers in Kenya. Since the topic of study has a socio-cultural aspect, the objective is to analyze existing research, identify patterns and establish knowledge gaps in the connection between adolescent mothers, the wellbeing of their children and traditional medicine. This study has adopted a consolidative literature review method which allowed the researcher to utilize both theoretical and empirical data gathered from academic journals, use of ethnography, review of policy documents and information from public health records. This made it possible to critically examine the impact of traditional medicine in the health of adolescent mothers and their children.

Peer reviewed journals published between 2020 and 2025 from organizations such as WHO, UNICEF, Ministry of Health, qualitative research done from different parts of Kenya and other relevant databases were used. The keywords used are ‘Religious beliefs’, ‘African tradi-

tions', 'African religion', 'Adolescent mothers', 'Care givers', 'Motherhood', 'Kenya', 'Retrogressive culture'. The data was analyzed by use of thematic synthesis design. Themes were generated to capture the original content of the data collected. The researcher attempted to come up with patterns, trends and associations from the data collected through coding. This thematic analysis enabled the researcher to extract themes through assigning labels to recurring issues from different studies. The themes were evaluated in relation to the main objective of the study. As a desktop research study, the limitation faced was having to rely on the available secondary sources of data.

For identification and analysis of relevant research, published academic and policy reports were acquired from databases such as Scopus, Google Scholar and ResearchGate. The researcher conducted a thematic analysis by use of Literature Analysis Matrix (LAM) guided by a structure based on the four themes identified. The matrix allowed for systematically categorizing the studies with some being cross-cutting, with other studies addressing a particular theme in detail. Therefore, the current article is organized into four major parts. The introduction focuses on the theoretical and empirical aspects; the second section establishes the conceptual foundations of the research-policy interface; the third section interrogates the prospects for bridging research and policy in the context of social policy and the last section identifies the existing challenges that weaken the attempts to institutionalize the use of evidence when adopting policies. The results and discussion part of this article is guided by the four themes while the final part of the article synthesizes the major conclusions and policy recommendations that emerged after a detailed review.

Results

Four major themes emerged from analysis of the data collected, including; communal caregiving, herbal and spiritual interventions, lack of trust in modern medicine and prospects for integration.

Communal caregiving and cultural practices play a major role especially in the rural area of Kenya. In the case of adolescent mothers, health-related responsibility is often a collective affair amongst every

member of the family. In most cases, grandmothers, who are the alternate caregivers and traditional birth attendants, offer the required care to the adolescent mothers by guiding them according to the culture and giving informal advice on matters health. It was established that the use of traditional medicine by adolescent mothers depends on the opinion given by “trusted” members of their community. Most of the adolescent mothers rely on opinion given by spouses, parents or grandparents on what steps need to be taken when their children are ill. It is a common belief that diseases like measles can be cured through traditional healers, who know the herbs for such diseases. In addition, signs of malaria such as convulsions were associated with the supernatural phenomenon and as such adolescent mothers are encouraged by the elderly in the community to visit traditional healers for assistance. These perceptions about various diseases have an impact on decisions taken by caregivers with the aim of seeking healthcare. Although it is true that indigenous knowledge systems may be useful in treatment of certain diseases, it is also true that in certain cases, this trust in traditional treatments may result in delay in accessing appropriate healthcare and management of serious illnesses.

Herbal medicine and spiritual interventions are commonly used to treat illnesses associated with supernatural causes amongst infants. Common interventions to curb these illnesses comprise of ritual processes, charms and medicinal herbs from plants. Even though such practices are culturally important, they are capable of delaying appropriate medical care. It was established that some caregivers believed that breaching of taboos by family or community members is a cause for ailments in children. To these communities, such ailments can only be cured or prevented through traditional approaches. This is the case for adolescent mothers, who have no experience and have to rely on older generations and community members for the wellbeing of their children. As noted, the delay in conventional health seeking habits, which in most cases are associated with the belief and trust in traditional approaches to cure and prevention of diseases in children, often results in failure to adhere to immunization procedures as well as other health needs of the young children. This contributes to the deterioration of the health of the children.

Lack of trust in modern medicine is a common phenomenon amongst caregivers in rural parts of Kenya. Adolescent mothers, especially those who are still schooling, are stigmatized both within their communities and within the school environment. Due to this, most of the adolescent mothers choose to seek the help of traditional doctors when they or their children require medical assistance. While some of these adolescents choose to either drop out of school, others, with the support of their families, continue with education while leaving their children under the care of relatives. Although the National Guidelines for School re-entry in Early Learning and Basic Education (2020) advocate for adolescent girls to continue with their education after delivery, most of them do opt not to go back to school. Further, although the policy provides for the adolescent mothers to be admitted in a different school as a way of reducing the stigma that they face and encourage them to go back to school, studies have shown that they still feel stigmatized. For the adolescent mothers in particular, traditional healers are considered to be more culture sensitive and much more accommodating which explains why the adolescent mothers prefer them despite possibly experiencing delay in accessing the medical care.

As a way integrating traditional practices into the modern health care, various strategies are now incorporating traditional healers in the modern medicine sphere. Efforts are directed towards training and cooperating with this group which serves as the link between traditional and formal health sector. There have been efforts to provide training to TBAs as a way of ensuring that both traditional and allopathic approaches yield positive results. According to the World Health Organization (WHO) skilled attendants refer to “qualified health professionals including doctors, midwives or nurses who have been trained on skills required in managing normal pregnancy, delivery as well as the ability to identify, manage and refer those with complications, both mothers and infants for specialized care.” This group of qualified personnel is rare in rural areas and as a result, most mothers rely on traditional birth attendants who may not have the necessary skills required in case of any complication. Due to shortage and unwillingness of Western-trained medical practitioners to work in rural areas in Africa given the poor terrain and

inadequate resources, child mortality remains high in these regions as access to proper healthcare is limited. On policy, most African countries and in particular Kenya, advocate for measures that ensure women deliver under the care of skilled attendants, be they traditional or medical to reduce maternal and child deaths.

Discussion

The current study highlighted how traditional practices can support and also undermine healthcare and wellbeing of children born to adolescent mothers. It was established that traditional practitioners often offer much required support to the adolescent mothers but their intervention is also associated with delaying or replacing essential medical interventions which negatively affects health of children.

Therefore, healthcare systems can mitigate lack of trust by adolescent mothers through responding to their needs in a greater culture sensitive manner. In the case of adolescent mothers, this can be achieved through the provision of medical services which are respectful, inclusive and youth-friendly.

Instead of rejecting traditional practices, the study recommends integration of this system into health policies. Proven success from other African nations revealed that well trained TBAs and herbalists are capable of offering effective services essential in the promotion of health access in rural areas. To achieve this, there is need to invest in trust-building, education and partnerships which are formal in nature.

Internationally, the insights from the current study emphasize the significance of culturally adaptive approaches in public health sector particularly when dealing with marginalized groups like the adolescent mothers in rural areas where culture and religious beliefs are deep-rooted.

Conclusion

The traditional healthcare system is widely applied in Africa and Kenya in particular. It is the case that modern medicine and traditional approaches to treat diseases in children find acceptance among communities. Although those who argue for modern medicine over traditional

approaches imagine a shift of people's minds from "irrational traditional beliefs", there is need for recognition of the relevance of African Traditional approaches to health and wellbeing. The chapter therefore argues that it is significant to accommodate the indigenous knowledge systems by combining Western medicine with traditional healing practices as this merger offers a complementary healthcare system with a pluralistic approach hence offering the caregivers exceptionally wholistic services which are comprehensive in nature. It, therefore, remains significant to ensure that cultural practices are genuinely respected and understood. Strategies should be adopted to not only to recognize these cultural practices but also to comprehend and validate the importance they have on families. There is need to consider the fact that Africans are a collective goal-oriented people and decisions about healthcare giving for children born of adolescent mothers rely on immediate and extended families. It is imperative to create awareness among the adolescent mothers on better child care practices, whether traditional or modern. This will equip them with skills on better feeding and health care seeking practices, and allow them avoid retrogressive practices while adopting only the life changing cultural practices. A proper means of sensitization and inclusion of communities in a hybrid model that encompasses allopathic and traditional approaches to healthcare for under five children remains key.

Recommendations

The study recommends policy integration through inclusion of traditional birth attendants in the maternal and child health outreach programs. This strategy includes encouragement of beneficial traditional practices while discouraging harmful practices that may cause delay in accessing health services.

Another recommendation involves cultural competence training aimed at educating health workers on ways of treating the adolescent mothers with compassion and respect. Equipping health workers with these skills will give a chance to more adolescent mothers to seek the help of a health professional for their children when necessary, reducing the risk of preventable deaths.

Another policy recommendation includes strengthening the school re-entry program for the adolescent mothers who in most cases drop out during pregnancy. By ensuring that they complete education, adolescent mothers become economically empowered and are capable of making better decision for the well being of their children. Additionally, the school curriculum should encompass a wide-range of sexual and reproductive health lessons in school as a way of providing teenage mothers with skills necessary for better sexual practices.

The study also recommends community-based education including working with traditional practitioners as a way of promoting safe practices. This goes hand in hand with engaging community leaders who help create awareness among young mothers on better practices and abandoning retrogressive cultures.

Another recommendation includes fostering collaboration among different governing bodies as a way of establishing multi-sectoral partnerships. This can be achieved by creating an enabling environment for collaboration between different sectors such as health, education and child protection to achieve a common objective.

There is need for further research by encouraging field studies which involve engaging directly with adolescent mothers and traditional practitioners. This allows for collection of quality and reliable data useful for planning, monitoring and evaluating the adopted policies.

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