

**Knowledge and Practices of Exclusive Breast-Feeding Related among Nursing Mothers attending Sam Ethnan Airforce Base Infant Welfare Clinic, Ikeja, Lagos, Nigeria**

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**Abstract**

*Exclusive Breast-Feeding is effective for preventing some childhood morbidities and promoting growth and development of children. However, information on the gaps in their knowledge and practices of exclusive breastfeeding has not been adequately documented. This study therefore designed to investigate the knowledge and practices relating to exclusive breastfeeding among nursing mothers attending the infant welfare clinic of Sam Ethnan Airforce Base, Ikeja, Lagos. The study was a cross-sectional survey involving all the consenting 423 nursing mother who registered their children at the infant welfare clinic from November-December, 2014. The purposive sampling technique was employed to select the eligible respondents. A self-structured questionnaire with cronbach's alpha of reliability of 0.86 on knowledge of breastfeeding and practices relating to exclusive breastfeeding was used for data collection. Data were analyzed using frequency count and percentage and F-test at 0.05 level of significance. The results revealed that sources of information on exclusive breastfeeding included clinic, radio and their own mothers. Majority knew the correct duration of exclusive breastfeeding to be six months. Factors that adversely affected respondents' exclusive breastfeeding practice included job demand, inadequacy of breast milk and ill health. Based on findings, the establishment of baby friendly initiative hospital is very important in Nigerian air force hospital; such institution will encourage the nursing mothers to practice exclusive breastfeeding even during work period.*

**Keywords:** Nursing mothers, Exclusive breast-feeding, Infant welfare, Military officer

**Introduction**

Breastfeeding is nationally promoted as the ideal method of infant nutrition due to its numerous benefits to mothers, children, and communities (Salone, Vann & Dee, 2013); (Colen & Ramey, 2014). According to the United Nations Fund for Children, optimal infant breastfeeding should be initiated within the first hour of birth, then exclusive breastfeeding continues for 6 months, and appropriate complementary feeding will commence after the 6<sup>th</sup> month together with breastfeeding for at least 2 years (UNICEF, 2009). Breastfeeding is the feeding of an infant or young child with breast milk directly from the breasts rather from a feeding bottle or container (Okolo, Adewunmi & Okonji, 1999). Breast milk is considered physiologically, biochemically, immunologically and psychologically best suited for promoting the health of infants (Singh, 2010). It is the safest and most nourishing for infants, it has for centuries been the commonest mode of infant feeding among all races. The last two decades have been

witnessing a decline in the practice of breastfeeding worldwide due to a number of reasons including a decline in promotion of the practice and the physical, economic and social burden that could be associated with the practice. This is in spite of the observation that death rates are lower among breast fed babies (Awosika, 2004).

Breastfeeding contributes to the health and well-being of mothers; delays menses, helps to space children, reduces the incidence of ovarian and breast cancer (Kramer & Kakumer, 2012). The close physical contact with the baby by its mother during breastfeeding and the particular manner in which the child is breastfed are important elements in terms of bonding between mother and child. This connection, or bonding, begins at birth, and increases the child's chances of continuing to receive its mother's care. Mother- Child bonding through breast feeding promotes a child's physiological health. (Danielle & Anneka, 2011). Breastfeeding is also associated with improved maternal recovery post partum. It is absolutely essential for the health and survival of the majority of children in the developing countries (Okolie, 2012). Exclusive breastfeeding, which is giving breast milk only and no other liquids, except drops or syrups with vitamins, mineral supplements or medicines, is superior to non-exclusive breastfeeding with a protective effect against both morbidity and mortality (Danielle & Anneka, 2011).

Breastfeeding is the preferred method of infant feeding for at least one year because of its numerous benefits, immediate and long term, for both mothers and babies. In 2002, 71.0% of mothers in the United States initiated breastfeeding, close to the Healthy People 2010 goal of 75% (United Nations International Children's Emergency Fund, 2000). To maintain or even increase this proportion, it is necessary to determine the multiple factors that influence a woman's decision to breastfeed or not to breastfeed. Given that many women have more than one child, understanding the infant feeding experiences of individual mothers with multiple children provides an important public health perspective on infant nutrition (Satcher, 2001).

It has been noted that breast fed babies experience fewer infections compared with those fed with artificial milk or infant formula (Lucas & Cole, 1990). In fact, long-term breastfeeding depends on exclusive breastfeeding initiation in early postpartum (Holmberg, Peterson & Oscarsson, 2014). It is widely recognized that breastfeeding is a learned skill because breastfeeding is not a single suckling action but a series of behaviors which depends on the integrated coordination between mothers and infants (Stuebe, Horton, Chetwynd, Watkins, Grewen & Meltzer-Brody, 2014). However, low rates of breastfeeding initiation and early cessation of breastfeeding are prevalent in many industrialized countries (Zanardo, Canella, Maone & Straface, 2013).

Muula (2009), quoting the World Health Organisation (WHO, 2008) stated that, it is the practice of breastfeeding a baby for the first six months without giving the child any other food supplement or liquid with a continuation of breastfeeding thereafter with supplementary food for two years or more. The WHO advocates that breastfeeding is the best source of food for optimal infant growth and development (World Health Organisation, 2008). Quoting the World Health Organisation (WHO, 2008); Kramer, (2004) noted that infants should be exclusively breastfed, receiving no other foods or liquids besides breast milk, until 6 months of age. For children, breastfeeding supports optimal development and protect them against acute and chronic illnesses while for mothers breastfeeding helps with recovery

from pregnancy and child birth and provides lifelong health advantages. There are various socio-cultural norms that could act as barriers to the practice/adoption of Exclusive Breastfeeding (EBF) by mothers in Nigeria (Ogunlesi, 2010). The cultural barrier against breastfeeding with colostrum has been previously reported in Nigeria; the fluid is regarded as a "poison" (Nwankwo & Brieger, 2005). In addition, use of pre-lacteal feeds to complement breastfeeding has also remained a challenge in Nigeria (Nwankwo & Brieger, 2005).

According to Chung and Raman, (2007) stated that early practice of exclusive breastfeeding is widely regarded as an important intervention that reduces neonatal, infant, and child mortality, and remains a basis for child survival strategies. On 18 May 2001, the World Health Organization (WHO) endorsed exclusive breastfeeding (EBF) until an infant is 6 months of age. If universal exclusive breast feeding is observed in the first 6 months, an estimated 1.5 million lives could be saved each year (Abdul-Ameer, Alhadi & Abdulla, 2008).

Exclusive breastfeeding, which is giving breast milk only and no other liquids, except drops or syrups with vitamins, mineral supplements or medicines, is superior to non-exclusive breastfeeding with a protective effect against both morbidity and mortality (Danielle and Anneka, 2011). Exclusive breastfeeding provides low cost, complete nutrition for the infant, protects him/ her against infections including infant diarrhea, and prolongs lactational amenorrhea, thereby increasing birth spacing (Oche, Umar & Ahmed, 2011). Exclusive breastfeeding reduces infant mortality due to common childhood illnesses such as diarrhoea or pneumonia, and helps for a quicker recovery during illness. Exclusive breastfeeding is a practicable child feeding practice. Most mothers can breastfeed for six months or more, without the addition of infant formula or solid food (Ogbonna & Daboer 2007).

Exclusive breastfeeding is a practice from which under five mothers derive some health related benefits (Ogunlesi, 2010). The increasing use of infant formula or breast milk substitutes early in children's lives contributes to their under - development and malnutrition (International Breastfeeding Journal, 2009). Military workplaces such as Barracks or military bases do not have policies which encourage women to practice exclusive breastfeeding. Military formations in Nigeria are governed by peculiar culture, values, laws and regulations which do not allow nursing mothers to bring their babies to workplaces. Nursing mothers in the barracks who carry out military, paramilitary or related duties are thus different from their counterparts in civilian populations in several respects including the practice of exclusive breastfeeding. The Nigerian Air force base consists of different categories of people. It includes male and female officers and men as well as their dependants including wives of male officers and men. The population of officer's wives is higher than the population of female officers living in the base. Many of the wives of officers and men at the base as well as female officers and women of reproductive age who are nursing mothers constitute a unique population whose culture is different from the civilian population.

The objective of the study was to assess the Knowledge and practices of Exclusive Breast-Feeding knowledge and practices as well as the factors which influence the practice at the Nigerian Sam Ethnan Air force base, Lagos State. The specific objectives of the study were to:

1. Assess the knowledge of nursing mothers at the Air force base relating to breastfeeding.
2. Assess the level of awareness of nursing mothers at the Air force base relating to

exclusive breastfeeding

3. Determine the practice of exclusive breastfeeding among nursing mothers at the Air force base.

The three research questions were formulated and answered for the study were:

1. What is the level of knowledge of nursing mothers on Exclusive Breast-Feeding at Air force base?
2. Are nursing mothers aware of Exclusive Breast-Feeding at the Air force base?
3. What is the prevalence of Exclusive Breast-Feeding among nursing mothers at the SEAFB?

### **Methodology**

Cross-sectional survey research design was adopted. The population of the study comprised of mothers of under-five children working in Sam Ethnan Air Force Base, Ikeja, Lagos. The purposive sampling technique was employed to select the eligible respondents, because of different in appointment date of the nursing mothers. Any eligible respondents that were available at the clinic and had given consent were given the questionnaire. The process was repeated for eight (8) days which is four (4) weeks.

A self-structured questionnaire which consists of four sections: A, B, C and D was used for data collection. Section A focuses on the socio-demographic characteristics of nursing mothers while section B was used for measuring the respondents' general knowledge relating to EBF. The third section C consists of questions on exclusive breastfeeding related knowledge. Section D focuses on breastfeeding practices Questionnaires.

The validity of the research instrument was ensured by drawing the items for the questionnaire to correspond with the objectives of the study in order to ascertain the content and construct validity of the instrument. The outcome of a review of literature relating to breastfeeding was used to guide the design of the questionnaire. The questionnaire was subjected to in-house pre-testing. This was done by giving the draft instrument to experts in health promotion and education in the faculty of public health to review. Their comments were used to fine-tune the instrument.

The reliability of the instrument was pretested among 42 nursing mothers (i.e. is 10% of the study population) who were different from the sample population but have similar demographic characteristics with the study population. The reliability of the instrument was 0.86, using the cronbach's alpha. The questionnaire was distributed with the help of four trained research assistants who spent four weeks to administer the instrument. Four hundred and twenty three questionnaires administered, same were duly filled and collected. Data was analyzed using descriptive statistics of frequency count and percentage and F-test to answer the research question at 0.05 level of significance.

### **Results**

**Q1:** What is the level of knowledge of nursing mothers at the Air force base relating to Breastfeeding?

**Table 1: Respondents' general knowledge on breast feeding**

Knowledge Variables	True (%)	False (%)	Don't know (%)	Total (n=423)
Breast milk is the best food for babies	416 (98.3)*	5 (1.2)	2 (0.4)	423(100)
The yellowish first part of breast milk comes out of a mother's breast is not good for the health baby	109 (25.8)	271 (64.1)*	43 (10.2)	423(100)
A baby should not be breastfed immediately is born	76 (18.0)	317 (75.1)*	30 (7.1)	423(100)
Breast milk does not contain all the nutrients a baby need to be healthy before the age of six months	52 (12.3)	367 (86.8)*	4 (0.9)	423(100)
The more a baby is made to suck breast milk, the more the breast is naturally stimulated to produce milk for the baby	404 (95.5)*	14 (3.3)	5 (1.2)	423(100)
Breast milk alone is not enough for babies to grow and be strong	86 (20.3)	323(76.4)*	14 (3.3)	423(100)
Breast feeding should be stopped immediately a mother introduces other foods to the child	25 (5.9)	139 (32.9)*	259(61.2)	423(100)

\*Correct response

Table 1 above shows general knowledge on breast feeding. Most respondents (98.3%) were knowledgeable about breastfeeding. Majority of the respondents' (64.1%) stated correctly that the assertion that the yellowish first part of breast milk that comes out of a mother is not good for the health of the baby is false. Only 18.0% of the respondents' were wrong in stating that a baby should not be breastfed immediately. Majority (86.8%) said correctly that the statement that breast milk does not contain all the nutrients a baby needs to be healthy before the age of six months is false.

Most respondents' (95.5%) were knowledgeable about the fact that the more a baby is made to suck breast milk, the more the breast is naturally stimulated to produce milk for the baby. Majority (76.4%) stated wrongly that breast milk alone is not enough for babies to grow and be strong. Only 32.9% declared correctly as false the statement that breast feeding should be stopped immediately a mother introduces other food to the child. (See table 1 for details).

**Q2.** Are nursing mothers at the Air force base aware of EBF?

**Table 2: Respondents awareness and Sources of information about Exclusive Breastfeeding**

	Yes (%)	No (%)	Total
<i>*Ever heard of EBF (N=423)</i>	414 (97.9)	9 (2.1)	423(100)
<i>*Sources of information on EBF (r=414)</i>			
Clinic/health center	397 (95.9)	17 (4.1)	414(100)
Newspaper	148 (35.7)	266 (64.3)	414(100)
Radio	308 (74.4)	106 (25.6)	414(100)
Television	253 (61.1)	161 (38.9)	414(100)
Magazine	146 (35.7)	268 (64.3)	414(100)
Mothers	263 (63.5)	151 (36.5)	414(100)
Friends	223 (53.9)	191 (46.1)	414(100)
Other sources	154 (37.2)	260 (62.8)	414(100)

Table 2; Awareness and knowledge of exclusive breastfeeding table 2 present's respondents' awareness and sources of information about exclusive breastfeeding. Most (97.9%) of respondents had ever heard of exclusive breastfeeding. Clinics/health centre (95.9%) topped the list of the various sources of information on exclusive breastfeeding. This was followed by radio (74.4%), mothers (63.5%) and television (61.1%). (See table 2 for details).

**Q3.** What is the prevalence of exclusive breastfeeding among nursing mothers at the Sam Ethnan Airforce Base?

**Table 3.1: Breast feeding practices of mothers of children aged more than six months but not more than twelve months**

Pattern of breastfeeding	.	%
<i>Ever breast fed any of the children with breast milk alone for six months (N=423):</i>		
Yes	191	45.2
No	232	54.8
<i>Whether breast fed the index child with breast milk alone for six months (N=191)</i>		
Yes	179	93.7
No	12	6.3

Respondents' breastfeeding practices among mothers of children aged more than six months but not more than twelve months (6-12 months) is shown in table 4.26. Only 45.2% of respondents ever breastfed their children with breast milk alone for six months. The proportion of respondents who breastfed their index children with breast milk alone for six months was 93.7% (see table 3.1 for details).

**Table 3.2 Time/period of initiated breastfeeding children aged 6months by mothers (ie in respect of index children being currently breastfed)**

<i>Time initiated breast feeding in respect to index child (n=189)</i>	.	%
Immediately after birth	38	9.0
A day after birth +	143	33.8
Third day after birth +	2	0.5
Fourth day after birth +	5	1.2
Fifth day after birth +	1	0.5
Unwilling to respond/No response	234	55.3

+ Wrong period of initiation of breastfeeding

Respondents' time/period of initiating breastfeeding children aged 6 months by mothers (index children being currently breastfed) is shown in table 4.27. About one third (33.8%) of the respondents wrongly initiated breastfeeding a day after birth of baby while 9.0% of the respondents correctly initiated breastfeeding immediately after birth of the index child. (see table 3.2 for details).

**Table 3.3: Comparison of respondents' Mean general knowledge scores on breastfeeding by Occupation**

Occupation	Number	Mean	Sd	F-test	P value
Civil servant	69	16.9	3.3		
Self employed	96	16.1	3.3		
Trading	133	14.6	4.0	7.737	0.000
Artisan	77	13.7	3.8		
Housewife	25	15.9	3.5		
Others	23	15.5	2.9		

P<0.05

Table 3.3 highlights the results of comparison of the mean general knowledge scores of the respondents' on breastfeeding by occupation. Respondents who were civil servants had the highest mean knowledge score (16.9± 3.3), followed by those who were self-employed (16.1± 3.3). Overall, there was no significant difference between respondents' occupation and mean knowledge score on breastfeeding (See table 3.2 for further details).

### **Discussion of Findings**

This study was on exclusive breast-feeding knowledge, perception and practices among nursing mothers attending Sam Ethnan Airforce Base infant welfare clinic, in Ikeja, Lagos, Nigeria. Each of the three research questions were analyzed based on the responses of the respondents, Table 1 shows that the respondents were knowledgeable about breast milk. Specifically the respondents' had knowledge relating to the facts that breast milk contains all the nutrients a baby needs to be healthy before the age of six months and that breast milk is highly nutritious for children. Many of them were knowledgeable that breast milk protects children from diseases as well as promotes bonding between mother and child. The importance of breast milk as articulated by respondents' has been well discussed (Bhutta, 2008). These views by the respondents were in line with those that have been articulated by several authorities such as Kramer & Ka kumer, (2012) and Bhutta, (2008). Breastfeeding is known to be the best food for feeding infants because it's providing the psychological and health benefits to both mother and child (Kramer &

Kakumer, 2012). Breastfeeding within the loudest of this study refers to the feeding of infants with breast milk directly from female human breast. The practice is known to promote sensory and cognitive development of infants (Okolie, 2012). This means respondents had the knowledge that the yellowish that comes out of a mother's breast within 24 hours when a baby is born (colostrums) contains essential nutrients that baby needs for growth and cognitive development. Reasons adduced by some women for not feeding their babies with colostrum was the perception that it is dirty and might be harmful to the baby. Oche, Umar & Ahmed, (2011) and Abdul- Ameer, Al-Hadi & Abdulla, (2008) reported that woman who share their perceptions reportedly give boiled water, honey, animal milk and wash outs from Quranic writing to babies to drink and these perceptions and practices can put babies at risk of diarrhea diseases and other infections and risky practices have been noticed among breastfeeding women

The result in table 2 shows that respondents' level of awareness on exclusive breastfeeding was very high and their main sources of information on exclusive breastfeeding were the clinic or hospital. A study conducted among mothers similarly showed that majority of the mothers were aware of the importance of exclusive breastfeeding and their main sources of information about breast feeding were primary health practitioners and health educators (EL-Kariri & Kanoa, 2007). Other studies carried out in Nigeria also revealed that mothers sources of information about breastfeeding and exclusive breastfeeding in particular were health facilities and health workers (Ukegbu, Ebenebe, Ukegbu & Onyenoro, 2011); This and previous studies therefore reveal the pivotal roles of health care facilities and health workers in the dissemination and promotion of breastfeeding and exclusive breastfeeding in particular among nursing mothers (Okolo, Adewunmi & Okoroji, 1999). Majority of the respondents in this study were knowledgeable about recommended duration of exclusive breastfeeding to be six months. According to the WHO and United Nation Children Emergency Fund, (2008) infants should be breastfed with only breast milk for a period 6 months without any additional food or drink, not even water. It has, however be advised that infants should however receive adequate complementary foods with continued breastfeeding for up to two years of age or beyond (Okolie, 2012).

Table 3 shows that majority of respondents' breastfed their index children with breast milk alone for six months. It is estimated that promotion of exclusive breastfeeding for six months, roughly defined as giving nothing but breast milk except vitamins, minerals or medicines, could prevent 8% global annual child mortality. Studies by Ojofeitimi, Esimai and Owolabi, (2000) revealed a prevalence of 61.0% of exclusive breastfeeding. A relatively recent study by Oche, Umar and Ahmed showed that only 17.0% of children younger than six months were exclusively breastfed. This statistics is show that the practice of exclusive breastfeeding fluctuating in Nigeria. Concerning the breastfeeding practices of the mothers, about one third (33.8%) wrongly initiated breastfeeding a day after delivery. Only 9.0% of the respondents correctly initiated breastfeeding immediately after birth of their index child. A previous study by Ogunlesi, (2010) showed that exclusive breastfeeding rate was 33.3% for children aged 0 – 3 months, 22.2% for children aged 4 – 6 months and 19.4% for children aged 3 – 24 months. A study conducted in Enugu, south east Nigeria, revealed that exclusive breast feeding rate was 33.3% (Aghaji, 2002). In Nasarawa, Nigeria, only 28.6% percent of babies were breastfed within 24 hours of birth, none of the

babies was exclusively breastfed (Okolo, Adewunmi & Okonj, 1999). In this study slightly over half (52.7%) of respondents reportedly breastfed their children when free from work. This pattern of breastfeeding has potential for compromising the health of children and promotes lack of compliance with exclusive breastfeeding.

### **Conclusion and Recommendation**

This study assessed exclusive breast-feeding knowledge and practices of nursing mothers attending Sam Ethnan Airforce base infant welfare clinic, in Ikeja, Lagos State, Nigeria. The variables were tested in form of questions and each was tested for significance at 0.05 alpha levels using chi-square statistical tool. Based on the findings of the study, the following conclusions were drawn: that majority of the nursing mothers knowledgeable about the initiation of breastfeeding. Secondly the study reflects source of information of nursing mothers for adoption of exclusive breastfeeding practices. Also, it is evident from the study that knowledge relating to what mothers could experience due to baby wrong sulking position shows that most baby's would be making a smacking sound when sulking in wrong position. Based on the findings of the study, the following recommendations were suggested:

1. The authority of Nigerian Air Force should create break time for nursing mothers to breastfeed their babies during working hours, so that their baby can be exclusively breastfed for the first six months of life to achieve optimal growth and development.
2. The establishment of baby friendly initiative hospital is very important in Nigerian air force hospital; such institution will encourage the nursing mothers to practice exclusive breastfeeding even during work period.
3. Since education remains the most viable means of reaching mothers on the benefits derived from exclusive breastfeeding, health care workers should intensify health education programme on breastfeeding to provide mothers with complete and current information on the methods and benefit of exclusive breastfeeding.

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