



## **Acceptance of Exclusive Breast-Feeding Among Female Teachers in Government Secondary Schools in IMO State**

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### **ABSTRACT**

The need to increase the acceptance of exclusive breastfeeding among mothers necessitated this study. The study determined the acceptance of exclusive breastfeeding among female teachers in government secondary schools in Imo State. The study adopted survey design using a population of 980 childbearing female teachers in public secondary schools in Imo State. A-17 item structured questionnaire validated by three experts in the field of Human Kinetic and Health Education and Measurement and Evaluation was used for data collection. The reliability of the instrument was established using a pilot test and data collected were analyzed using Cronbach Alpha which yielded co-efficient value of 0.84. Data collected were analyzed using the frequencies, percentages, mean, standard deviation and t-test statistic. Findings showed that the level of acceptance of exclusive breast-feeding among female teachers is high, both maternal age had the same level of acceptance on exclusive breastfeeding except in one item where they differed. Teachers with higher educational qualification had slight greater percentage of acceptance of exclusive breast-feeding. It was also revealed that maternal age and educational qualification were significant factors in the level of acceptance of exclusive breast-feeding among child bearing female teachers in government secondary schools in Imo State. Based on the findings of the study, the researchers recommended among others that; government should use female teachers with higher educational qualification to sensitize the community women about exclusive breast-feeding and its benefits to the mother, child, family and society as a whole since they have had greater percentage of acceptance of exclusive breast-feeding.

**Key Words:** Acceptance, exclusive Breast-Feeding, Female Teachers

### **Introduction**

Exclusive Breast-Feeding (EBF) is the feeding of infants with breast milk alone and allowing for drugs such as syrups and multivitamins (as prescribed by the doctor) in the first 6 months of life. EBF is an important component of child's survival strategy and Baby-Friendly Initiative (BFI), and the best way of enhancing the health of mothers and infants. EBF has recently gained attention globally and hailed by health professionals as the simplest and healthiest feeding method that fulfills the infants' needs. It provides low cost, complete nutrition for the infant, protects the infants against infant diarrhea, and prolongs lactation amenorrhea, thereby increasing birth spacing. It also serves as family planning, and saves money. EBF does not need additional calcium, salt, vitamins, iron and phosphate which are already present in the breast milk (Oche, Umar and Ahmed, 2011).

Exclusive Breast-Feeding (EBF) is defined as exclusive intake of breast milk by an infant from its mother or wet nurse or expressed milk with addition of no other liquid or solid with the exception of drops or syrups consisting of vitamins, mineral supplements, or medicine and nothing else for the first six months (WHO/UNICEF, 2010). Breast-feeding is done in response to the baby's needs (demand feeding). The baby must also be fed at night, and more than six breast-feeds in 24 hours (the sum total of the breast-feeds must be more than 60 minutes in 24 hours). If the babies are given other food or drink, even in small amounts, or if they suck a dummy, some of the advantages of breast-feeding may be lost (Ogbalu, 2009).

Exclusive Breast-Feeding (EBF) for six months is important for both infant and maternal health. Infants who are not exclusively breast-fed are more likely to develop gastrointestinal infections. Infant and young child feeding practices directly affect the nutritional status of children under two years of age and ultimately impact child survival. Worldwide, more than 9,000,000 children under five years of age die each year. WHO (2012) reported that over two-thirds of these deaths are associated with inappropriate feeding practices which occur in the first year of life. Optimal breast-feeding (early and exclusive breast-feeding) has the potential to prevent over 800,000 deaths (13% of all deaths) in children under five in the developing world. Complementary feeding interventions alone were estimated to prevent almost one fifth of deaths in children (Begna, Kefale, Galetaw, Abdella, Chinasho, and Alemayehu, 2015).

In recognition of the importance of exclusive breastfeeding to infants survive, growth and development, the United Nations International Children's Emergency Fund (UNICEF) and World Health Organization (WHO) in 1991 launched the Baby Friendly Hospital Initiative (BFHI) as a global effort to improve the role of maternity services to enable mothers breast-feed babies for the best start in life. The aim of this initiative is to improve the care of pregnant women, mothers and newborns at health facilities that provide maternity services. This will enable them protect, promote and support breast-feeding in accordance with the International Code of Marketing of Breast milk Substitutes (UNICEF, 2011). To achieve this objective, a number of Teaching and Specialist Hospitals (TSH) were designated as baby friendly hospitals following the "Innocenti declaration of 1990". The Innocenti

Declaration according to Oche, Umar and Ahmed (2011) is a global effort to implement practices that protect, promote and support exclusive breast-feeding worldwide.

The launching of Baby Friendly programme initiative in the United States of America (USA) in March, 1992, has led the Federal Ministry of Health (FMH) to inaugurate four teaching hospitals in Nigeria as Baby Friendly Hospital Initiative (BFHI) centres (Onuzulike, 2016). The goal of BFHI in Nigeria is to mobilize health care systems and workers toward promoting and supporting health care activities for the well-being of babies, and implementing a standard package of counseling and support for pregnant women and mothers to enhance acceptance of exclusive breastfeeding (Equitable Health Access Initiative (EHAI), 2019). In view of this, efforts are being made at creating public awareness for parents and caretakers of babies on the benefits of the programme.

The acceptance of exclusive breast-feeding according to Tadele and Habta (2015) may be influenced by knowledge of the benefits of exclusive breast-feeding. It may also hinge on other factors such as maternal age and educational qualification, employment, parity, place of delivery, family pressure, and cultural values. In support of this, Okhia, Okojie, Ejide, Izeftua, Aigbokhaebho and Nwadike (2015) stated that mother's prenatal intention to breastfeed is a consistently strong predictor of decisions to accept exclusive breast-feeding. Giglia and Binns (2015) opined that the number of women who accept breast-feeding varied throughout the world and these were usually influenced by many factors.

Research findings have shown that mothers with poor knowledge of EBF exhibit negative attitude about EBF (Nwachukwu and Nwachukwu 2017). The study of Murdaugh and Parsons (2012) identified mothers' educational level as a factor that can significantly affect their level of awareness of EBF. Tyndall, Kamai and Chanchangi (2016) observed that there was lack of awareness and education on exclusive breastfeeding among women. Murdaugh and Parsons (2012) opined that most women who had formal education reside and work in the urban areas that have baby friendly hospitals which exposed them to mass media and hand bills on EBF thus, creating awareness on the benefits of breast feeding, resulting in its acceptance.

Additionally, maternal age could be an interesting factor that influences breast-feeding acceptance among mothers. Forde and Miller (2010) revealed that the influence of maternal age on exclusive breast-feeding acceptance was inconsistent. Furthermore, Akter and Rahman (2010) reported early cessation of breast-feeding among younger maternal age than older maternal age. Additionally, Cascone, Tomassoni, Napolitano and Giuseppe (2019) reported high level of knowledge of exclusive breastfeeding among women while Abasiattai, Etukumana, Nyong and Eyo (2014) observed poor acceptance of exclusive breastfeeding in nursing mothers.

In Nigeria, despite the efforts of various governments and non-governmental organizations in creating awareness on the benefits of exclusive breast-feeding, Tadele and Habta (2015) revealed that the level of mothers' knowledge towards exclusive breast-feeding in the country is still low, which accounts for about 36 percent. In agreement, the Federal Ministry of Health (FMOH) in her document "Saving Newborn lives Maternal and Child Health" reported that Nigeria has one of the lowest knowledge of exclusive breast-feeding rates in the African continent (Akinremi and Samuel, 2015).

In Imo State, mothers could accept exclusive breast-feeding so as to prevent their new born from contacting infectious diseases thereby ensuring healthy living. On the other hand, mothers may fail to accept exclusive breast-feeding due to factors such as maternal age, education, employment and health related conditions among others. However, the fact that the level of acceptance of exclusive breast-feeding among mothers in Nigeria are still low despite years of WHO/UNICEF/Federal Ministry of Health and Non-Governmental Organizations campaign over the issue remains a cause for concern. Therefore, there is need to ascertain the acceptance of exclusive breast-feeding among female teachers in government secondary schools in Imo State.

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## Statement of the Problem

Annually, nearly 1,000,000 children die in Nigeria before they reach the age of 5 years, 41 % of the children under-5 years of age are stunted with an increase from 27% at age 6 months to 50% at 23 months. Similarly, about 23 % of children under-5 years are underweight with the prevalence among children aged 6–23 months to be 24%. These health issues have been directly linked with poor breast-feeding acceptance among mothers in Nigeria (WHO/UNICEF, 2011).

In order to remedy the situation, the Federal Ministry of Health launched baby friendly hospital initiative centers to mobilize health care systems and workers towards creating public awareness for parents and caretakers of babies on the benefits of exclusive breast-feeding (Ong, 2017). In view of this, publicity on exclusive breast-feeding is ongoing across Nigerian and information on acceptance is frequently carried on both in the electronic and print media. Despite these efforts, exclusive breast-feeding acceptance had received low adoption rate in Nigeria (WHO, 2010). This level of acceptance of exclusive breastfeeding posed great concern considering its acclaimed benefits especially in Nigeria including Imo State.

In Imo State, it is doubtful how childbearing female teachers are going about exclusive breast-feeding. It is also doubtful the extents to which secondary school female teachers accept exclusive breast-feeding. The problem is, do female secondary school teachers have knowledge of exclusive breast-feeding, and to what extent do they accept the innovation especially in the context of independent variables such as academic qualification and maternal age? In view of the aforementioned problems, and bothering on persistent high mortality and morbidity rate of infants, this study specifically determined the level of: (1) acceptance of exclusive breast-feeding among child bearing female teachers in government secondary schools in Imo State. (2) acceptance of exclusive breast-feeding among child bearing female teachers in government secondary schools in Imo State based on maternal age. (3) acceptance of exclusive breast-feeding among child bearing female teachers in government secondary schools in Imo State based on educational qualifications.

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## Research Questions

1. What is the level of acceptance of exclusive breast-feeding among child bearing female teachers in government secondary schools in Imo State?
2. What is the level of acceptance of exclusive breast-feeding among child bearing female teachers in government secondary schools in Imo State based on maternal age?

State based on maternal age?

3. What is the level of acceptance of exclusive breast-feeding among child bearing female teachers in government secondary schools in Imo State based on their educational qualification?

## Null Hypotheses

The following null hypotheses were tested at 0.05 level of significance:

1. There will be no significant difference in the level of acceptance of exclusive breast-feeding among child bearing female teachers in government secondary schools in Imo State based on maternal age.
2. There will be no significant difference in the level of acceptance of exclusive breast-feeding among child bearing female teachers in government secondary schools in Imo State based on educational qualification.
3. There will be no significant difference in the practice of exclusive breast-feeding among child bearing female teachers in government secondary schools in Imo State based on maternal age.

## Methods

This study adopted survey research design. The study was conducted in Imo State. The population for this study consisted 980 all the childbearing female teachers in public secondary schools in the three Educational Zone in Imo State namely; Owerri, Orlu and Okigwe. A sample size of 197 was drawn using proportionate sampling technique. A-17 item structured questionnaire titled "Acceptance of Exclusive Breastfeeding Questionnaire (AEBQ)" was used for data collection. The questionnaire contained two main sections, A and B. Section A has two items on the background information of the respondents while section B contains 17 items. The questionnaire items were rated on a 4-point scale of strongly agree (SA), agree (A), disagree (D) and strongly disagree. Face and content validity of the research instrument were established using two experts in Department of Human Kinetic and Health Education and one expert in Measurement and Evaluation from the Department of Educational Foundations, all from Faculty of Education, Nnamdi Azikiwe University, Awka. The reliability of the instrument was established using a pilot test and data collected were analyzed using Cronbach Alpha which yielded co-efficient value of 0.84. Data collected were analyzed using the frequencies, percentages, mean and standard deviation, and t-test statistic. A hypothesis was rejected where the p-value is less than the significant value of 0.05. Otherwise, the null hypothesis was upheld.

## Results

**Research question 1:** What is the level of acceptance of exclusive breast-feeding among child bearing female teachers in government secondary schools in Imo State?

**Table 1:** Frequency and percentage responses of child bearing female teachers on the level of acceptance of exclusive breast-feeding in government secondary schools in Imo State.

S/N	Acceptance of Exclusive Breastfeeding	Yes	%	No	%	RMK
1	Exclusive breastfeeding for six months is ideal for the baby	130	66.0	67	34.0	High
2	Babies that are breastfeeding exclusively for six months usually grow healthier and stronger than those fed with artificial milk	122	61.9	75	38.1	High
3	Exclusive breastfeeding saves the family's income	133	67.5	64	32.5	High
4	Exclusive breastfeeding prevents onset of ovulation in females	129	65.5	68	34.5	High
5	Exclusive breast-feeding is best for nursing mothers	197	100.0	-	-	High
6	Breastfeeding a baby exclusively disfigure the shape of the nursing mother's body	73	37.1	124	62.9	Low
7	Exclusive breast-feeding fosters love between mother and baby	122	61.9	75	38.1	High
8	Exclusive breast-feeding makes nursing mothers to grow old quickly	8	4.1	189	95.9	Low
9	Exclusive breastfeeding benefits the health of mothers	79	40.1	118	59.9	Low
10	Exclusive breast-feeding is too demanding and does not satisfy hungry infant	138	70.1	59	29.9	High
11	Exclusive breastfeeding is embarrassing and restricts mother from daily activities	14	7.1	183	92.9	Low
12	Exclusive breastfeeding is tiring; it is for mothers who are housewives	122	61.9	75	38.1	High
13	Breast milk alone without even water sustain the baby for six months	57	28.9	140	71.1	Low
14	Breastfeeding is old fashioned, embarrassing and should not be done in public	-	-	197	100.0	Low
15	Semi-solid/solid foods should be introduced to the baby at six months of age	197	100.0	-	-	High

Result on table 1 shows the frequencies and percentage responses of the child bearing female teachers in government secondary schools on the level of acceptance of exclusive breast-feeding. The result revealed that statements on items 1, 2, 3, 4, 5, 7, 10, 12 and 15 which includes; Exclusive breastfeeding for six months is ideal for the baby, Babies that are breastfeeding exclusively for six months usually grow healthier and stronger than those fed with artificial milk, Exclusive breastfeeding saves the family's income, Exclusive breastfeeding prevents onset of ovulation in females, Exclusive breast-feeding is best for nursing mothers among others were highly accepted while statements on items 6, 8, 9, 11, 13 and 14 were lowly accepted which includes; Breastfeeding a baby exclusively disfigure the shape of the nursing mother's body, Exclusive breast-feeding makes nursing mothers to grow old quickly, Exclusive breastfeeding benefits the health of mothers, Exclusive breastfeeding is embarrassing and restricts mother from daily activities among others.

**Research question 2:** What is the level of acceptance of exclusive breast-feeding among child bearing female teachers in government secondary schools in Imo State based on maternal age?

**Table 2:** Frequency and percentage responses of child bearing female teachers on the level of acceptance of exclusive breast-feeding in government secondary schools based on maternal age.

S/N	Age	20 -35				36 and above				
		Acceptance of Exclusive Breastfeeding	N	Mean	S.td	RMK	N	Mean	S.td	RMK
1	Exclusive breastfeeding for six months is ideal for the baby		105	1.495	.502	Low	92	1.848	.361	High
2	Babies that are breastfeeding exclusively for six months usually grow healthier and stronger than those fed with artificial milk		105	1.419	.496	Low	92	1.848	.361	High
3	Exclusive breastfeeding saves the family's income		105	1.524	.501	High	92	1.848	.361	High
4	Exclusive breastfeeding prevents onset of ovulation in females		105	1.495	.502	Low	92	1.837	.371	High
5	Exclusive breast-feeding is best for nursing mothers		105	2.000	.000	High	92	2.000	.000	High
6	Breastfeeding a baby exclusively disfigure the shape of the nursing mother's body		105	1.543	.501	High	92	1.174	.381	Low
7	Exclusive breast-feeding fosters love between mother and baby		105	1.419	.496	Low	92	1.848	.361	High
8	Exclusive breast-feeding makes nursing mothers to grow old quickly		105	1.076	.267	Low	92	1.00	.000	Low
9	Exclusive breastfeeding benefits the health of mothers		105	1.867	.342	High	92	1.359	.482	High
10	Exclusive breast-feeding is too demanding and does not satisfy hungry infant		105	1.867	.342	High	92	1.511	.503	High
11	Exclusive breastfeeding is embarrassing and restricts mother from daily activities		105	1.114	.319	Low	92	1.022	.147	Low
12	Exclusive breastfeeding is tiring; it is for mothers who are housewives		105	1.419	.496	Low	92	1.848	.361	High
13	Breast milk alone without even water sustain the baby for six months		105	1.133	.342	Low	92	1.467	.502	Low
14	Breastfeeding is old fashioned, embarrassing and should not be done in public		105	1.000	.000	Low	92	1.000	.000	Low
15	Semi-solid/solid foods should be introduced to the baby at six months of age		105	2.000	.000	High	92	2.000	.000	High

The result on table 2 showed the mean and standard deviations of respondents on the level of acceptance of exclusive breast-feeding among child bearing female teachers in government secondary schools in Imo State based on maternal age. The result revealed that items 3, 5, 9, 10 and 15 were highly accepted by both maternal ages, this is because their mean values are above 1.515 set as criterion mid-point for high level. Items 8, 11, 13 and 14 had low level of acceptance since their mean values are below the criterion mean level of 1.515 for both maternal ages while items 1, 2, 4, 7 and 12 were low for 20 – 35 maternal age respondents, they were high for 36 and above maternal age respondent, for item 6, it was high for the 20-35 maternal age respondents and low for 36 and above maternal age respondents.

**Research question 3:** What is the level of acceptance of exclusive breast-feeding among child bearing female teachers in government secondary schools in Imo State based on their educational qualification?

**Table 3:** Mean and standard deviation score response of child bearing female teachers on the level of acceptance of exclusive breast-feeding in government secondary schools based on maternal age.

S/N	Qualification	Acceptance of Exclusive Breastfeeding	NCE				B.sc./B.ed and above			
			N	Mean	S.td	RMK	N	Mean	S.td	RMK
1		Exclusive breastfeeding for six months is ideal for the baby	88	1.386	.489	Low	109	1.881	.327	High
2		Babies that are breastfeeding exclusively for six months usually grow healthier and stronger than those fed with artificial milk	88	1.296	.459	Low	109	1.881	.327	High
3		Exclusive breastfeeding saves the family's income	88	1.421	.497	Low	109	1.881	.327	High
4		Exclusive breastfeeding prevents onset of ovulation in females	88	1.386	.489	Low	109	1.872	.336	High
5		Exclusive breast-feeding is best for nursing mothers	88	2.000	.000	High	109	2.000	.000	High
6		Breastfeeding a baby exclusively disfigure the shape of the nursing mother's body	88	1.659	.477	High	109	1.138	.346	Low
7		Exclusive breast-feeding fosters love between mother and baby	88	1.296	.459	Low	109	1.881	.327	High
8		Exclusive breast-feeding makes nursing mothers to grow old quickly	88	1.091	.289	Low	109	1.000	.000	Low
9		Exclusive breastfeeding benefits the health of mothers	88	1.273	.448	Low	109	1.501	.502	Low
10		Exclusive breast-feeding is too demanding and does not satisfy hungry infant	88	1.796	.406	High	109	1.624	.487	High
11		Exclusive breastfeeding is embarrassing and restricts mother from daily activities	88	1.136	.345	Low	109	1.018	.135	Low
12		Exclusive breastfeeding is tiring; it is for mothers who are housewives	88	1.296	.459	Low	109	1.88	.327	High
13		Breast milk alone without even water sustain the baby for six months	88	1.205	.406	Low	109	1.358	.482	Low
14		Breastfeeding is old fashioned, embarrassing and should not be done in public	88	1.000	.000	Low	109	1.000	.000	Low
15		semi-solid/solid foods should be introduced to the baby at six months of age	88	2.000	.000	high	109	2.000	.000	high

The result on table 3 showed the mean and standard deviations of respondents on the level of acceptance of exclusive breast-feeding among child bearing female teachers in government secondary schools in Imo state based on educational qualification. The result revealed that items 5, 10 and 15 were highly accepted by both educational qualification holders, this is because their mean values are above 1.515 set as criterion mid-point for high level. Items 8, 9, 11, 13 and 14 had low level of acceptance for both educational qualification holders since their mean values are below the criterion mean level of 1.515, items 1, 2, 3, 4, 7 and 12 were low for NCE holders and were high for B.sc./B.ed and above holders. For item 6, it was high for the NCE holders and low for b.sc./B.ed and above holders.

**Hypothesis 1:** There will be no significant difference in the level of acceptance of exclusive breast-feeding among child bearing female teachers in government secondary schools in Imo State based on maternal age.

**Table 4:** t-test comparison of the mean rating of respondents on their level of acceptance based on maternal age

Source of variation	N	Mean	SD	df	t-value	p-value	Decision
20 -36	105	21.971	2.939				
36 and above	92	23.609	2.043	195	4.474	.000	Significant

The result on table 4 shows that there is a statistically significant difference in the level of acceptance of exclusive breast-feeding among child bearing female teachers in government secondary schools based on their maternal age. This is so because, the p-value = .000 is less than the level of significance = 0.05. Therefore the null hypothesis was rejected.

**Hypothesis 2:** There will be no significant difference in the level of acceptance of exclusive breast-feeding among child bearing female teachers in government secondary schools in Imo State based on educational qualification.

**Table 5:** t-test comparison of the mean rating of respondents on their level of acceptance based on educational qualification

Source of variation	N	Mean	SD	df	t-value	p-value	Decision
NCE	88	21.272	2.795	195	7.879	.000	Significant
B. sc/B. ed and above	109	23.917	1.901				

The result on table 5 shows that there is a statistically significant difference in the level of acceptance of exclusive breast-feeding among child bearing female teachers in government secondary schools based on their educational level. This is so because, the p-value = .000 is less than the level of significance = 0.05. Therefore the null hypothesis was rejected.

**Hypothesis 3:** There will be no significant difference in the practice of exclusive breast-feeding among child bearing female teachers in government secondary schools in Imo State based on maternal age.

**Table 6:** t-test comparison of the mean rating of respondents on their level of practice of exclusive breast-feeding based on maternal age.

Source of variation	N	Mean	SD	df	t-value	p-value	Decision
20 -36	105	21.476	1.381	195	8.243	.000	Significant
36 and above	92	19.989	1.114				

The result on table 6 shows that there is a statistically significant difference in the level of practice of exclusive breast-feeding among child bearing female teachers in government secondary schools based on their maternal age. This is so because, the p-value = .000 is less than the level of significance = 0.05. Therefore the null hypothesis was rejected.

## Discussion

Findings from the study showed that child bearing female teachers highly accepted majority of the statement of the items like Exclusive breastfeeding for six months is ideal for the baby, Babies that are breastfeeding exclusively for six months usually grow healthier and stronger than those fed with artificial milk, Exclusive breastfeeding saves the family's income, Exclusive breastfeeding prevents onset of ovulation in females, Exclusive breastfeeding is best for nursing mothers among other items. The percentage value of 50% and above of these items confirmed the respondents acceptance of the items. The present finding agrees with the earlier results of Cascone, Tomassoni, Naplotano and Giuseppie (2019) which indicated that greater percentage of nursing mothers accepted exclusive breast-feeding. The finding is consistent with that of Danso, (2014) who maintained that breastfeeding is the optimal method for feeding infants and all the nutritional needs for most of these children are provided by breast milk in the right amounts and duration. However, the finding disagrees with that of Abasiattai, Etukumana, Nyongnand, Eyo (2014) who's study revealed poor acceptance of exclusive breast-feeding.

The result showed a significant difference in acceptance of exclusive breast-feeding of 20 – 35 and 36 and above maternal age and that of NCE holders and B.sc/B.ed and above qualification holders. This finding is in agreement with Ibrahim, Lawal and , zainab (2020) who carried out a study to examine educational influences on acceptance of EBF among health workers Federal Medical Centre (FMC), Birnin Kebbi, Kebbi State, Nigeria. Greater percentage of respondents were aware and also practice exclusive breast-feeding, because they practice what they are aware, it is the evidence of their acceptance of it.

## Conclusion

Based on the findings of this study, the researchers concluded that the level acceptance of exclusive breast-feeding is dependent on the maternal age and educational attainment. This is evident from the fact that the group of child bearing females teachers who are older and those that have higher educational qualification had higher level of acceptance of exclusive breast-feeding than the younger teachers and those that have lower educational qualification.

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## Recommendations

Since teachers with higher educational qualification had greater percentage of acceptance of exclusive breast-feeding, government can use them to sensitize the community women about exclusive breast-feeding and its benefits to the mother, child, family and society as a whole.

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