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Breastfeeding Behaviours of the Mothers Attending Comprehensive Health Centre- Shabu, Lafia North LGA, Nasarawa State

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Abstract

Breast milk had for a long time been recognized as the ideal food for babies. However, in many cultures it is common practice to give babies other substances to drink within the first days of life. The use of other substance has been found to result in the baby receiving insufficient breast milk and may lead to lactation failure, diarrhoea and shortening of the duration of breast-feeding. This cross-sectional study was conducted among mothers attending the child welfare clinic at the Comprehensive Health Centre Shabu, with the aim to determine the breast feeding behaviour of 125 mothers who had 0 -24 months old babies. The percentage of the mothers who breast fed their babies within one hour of delivery was 22.8% while 61.8% initiate breastfeeding within 24 hours of delivery. It was also found that 15.4% of the mothers' breast fed 24 hours after birth. Another finding of the study was that 75.3% of the mothers gave colostrums, while 24.7% of them didn't. The relationship between giving colostrums and education level of mothers and place of delivery was found to be significant ($P<0.05$). The result also showed that 64.0% of the mothers gave breast milk as the first food to their babies immediately after birth, while 30.2% and 2.5% gave water and herbs respectively, water was therefore found as most challenging factor to breastfeeding by mothers. The frequency of feeding also varies among mothers with about 42.2% feeding their babies between 7 -12 times per day while 43.3% more than 11 times daily. It was also found that 46.7% and 42.8% mothers allowed the babies to suckle until the child leave the breast or sleep off. The relationship between breastfeeding frequency and mothers age was found to be insignificant ($P<0.05$). The period in which the babies were fed on breast milk only without additional nutrient was found to vary as follows: 69.9% of the babies were breastfed less than 4 months while 22.6% and 7.5% between 4 – 6months and above 6 months respectively. The breastfeeding behaviours of the mothers were poor in quality and the duration also short. The use of water and the tendency to commence supplementary feeding before 6 months were also prominent. There is therefore need for improved health information and education of mothers.

Key words: Breast milk, Breast feeding, Initiation, Infants

Introduction

Food is one of the basic necessities of life (Okaka and Okaka, 2001). The need for food begins with the beginning of life, for it must provide the essential components of life and growth. The provision of adequate nutrition during infancy and early childhood is a

basic requirement for the development and promotion of optimum growth, health and behavior of the child (Cunningham et al, 1991). The period of birth to 2 years of age is recognized as a critical period for which adequate nutrition should be provided for the child to achieve optimum development and full potential.

Malnutrition is recognized as a global problem, which, beside weakening the immune system and worsening of illnesses, is the underlying cause of half the deaths of children less than five years of age (Jones et al 2003). The immediate causes of malnutrition in the first two years of life has been attributed to inappropriate breast feeding and complementary feeding practices coupled with hydrates of infections (Jones et al 2003). According to Black, (2008) 25% out of the 90% childhood deaths could be prevented each year through a package of effective nutrition intervention which includes breast feeding and appropriate complementary feeding.

The preferred form of nutrition for healthy infants is breastfeeding (Agostoni *et al.* 2009). Current global recommendations, derived from a technical expert committee report commissioned by the World Health Organization (WHO) (Kramer & Kakuma 2002), are that infants should be exclusively breastfed for the first 6 months of life with the introduction of complementary foods thereafter and continued breastfeeding for the first 2 years of the infant's life (WHO, 2003). This report concluded that infants who were exclusively breastfed for 6 months did not differ in growth from those exclusively breastfed for 4 months and experienced less morbidity from gastrointestinal infection.

Breast-feeding is the most useful nutrient due to the facts that its contents change according to the requirements of the newly – born, it prevents them against the infections and it meets all the physiological and psychological needs of the baby in the first six months and it is economical (Oni, 1996). The nutritional value and the anti-infective peculiarity of breast feeding along with its effect on delaying pregnancy not only increase the survival chance of the infants but also protects mothers from breast and uterus cancer types, providing contraception (Onay et al, 2009). It was proved that the infants who had breast – feeding in the first 6 months were likely to have 10-15 times more chances of survival than the ones who didn't. Depending on this fact, some international agencies have been taken a number of decisions to encourage breast-feeding since 1980s (Onay et al, 2009).

World Health Organization (WHO) and United Nation Children Education Fund (UNICEF) issued a report including 'Ten Steps to Successful Breast-feeding' with an aim to create "Baby Friendly Hospital" which put these recommendations into practice (Table 1) (WHO, 1989).

Although, breast milk had for a long time been recognized as the ideal food for babies. However, in many cultures it is common practice to give babies other substances to

drink within the first days of life (Hossain et al, 1995; WHO 1997). The use of other substance has been found to result in the baby receiving insufficient breast milk and may lead to lactation failure, diarrhoea and shortening of the duration of breast-feeding (Blomquist et al, 1994; Hossain et al, 1995).

Table 1: Ten steps to successful breastfeeding (WHO, 1989).

Every facility providing maternity services and care for Newborn should:

- 1. The health facility first sets up some rules regarding breastfeeding that are to be routinely followed by all health staff.*
 - 2. Train all health care staff in skills necessary to put these rules into practice.*
 - 3. Inform all pregnant women about the benefits and management of breastfeeding.*
 - 4. Help and encourage mothers to start breastfeeding within half an hour after giving birth.*
 - 5. Show mothers how to breastfeed and how to maintain breastfeeding even if they are separated from their infants.*
 - 6. Give newborn infants no food or drink other than breast milk for the first 4-6 months of life unless medically indicated.*
 - 7. Practice rooming-in. This means allowing mothers and infants to remain together 24 hours a day.*
 - 8. Encourage breastfeeding on demand. The mother should give the baby the breast every time the baby indicates a need to breastfeed.*
 - 9. Give no artificial teats or pacifiers (also called “dummies” or “soothers”) to breastfeeding infants.*
 - 10. Encourage the formation of breastfeeding support groups and refer mothers to them on discharge from the health facility.*
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Nigeria was one of the twelve Countries which started the Baby-friendly Hospital Initiative (BFHI) in 1989 in Ankara. This was followed by the “Innocent Report which recommended that a suitable environment be established for mothers to breast feed in the first six months and the additional food given after six months besides breast – feeding (WHO, 1990).

The Comprehensive Health Centre (CHC), Shabu, serves the rural population of Shabu, Ombi, Azuba , Gwandara and other adjacent communities in Lafia North LGA of Nasarawa state. Mothers attending both the antenatal and post natal clinics as well as the delivery services in the health centre are routinely counseled on various Nutrition interventions such as Breast feeding , appropriate complementary feeding , e.t.c, which can enhance child survival. Thus it is expected that message on appropriate breastfeeding such as initiation, colostrums consumption, breastfeeding techniques etc would spread far and wide in its wide catchment area. The aim of the study is to determine the breast feeding behaviors of mothers who had 0-24 month old babies attending the Health centre.

METHODOLOGY

Study area:

This cross sectional descriptive study was conducted at the child welfare clinic unit of the comprehensive Health Centre Shabu. This is a rural community setting, inhabited majorly by the Gwandaras one of the major tribes in Nasarawa State and is the Headquarter of the Lafia North Development Area. Shabu is surrounded by other villages namely Ombi, Azuba , Gwandara, Sabon-Fegi and Akuruba which on their own do not have any Health Facility to attend to their health care needs and therefore depends on the Comprehensive Health Centre Shabu.

Study Population:

The study population comprised of mother and child (0 – 24 months old) majorly of the Gwandara ethnic stock attending the Comprehensive Health Centre operated by the Nasarawa State government. The age category of infants and children was chosen based on the WHO/UNICEF (2003) recommendation while mothers were selected as the source of information.

Sampling:

A randomly chosen 125 volunteered mother/child paired participated in the study. As mothers arrived, immunization cards were obtained to ascertain the child's age. Those who met the criteria was identified and targeted for inclusion in the study. An open-ended questionnaire for the study was administered to the mothers. Socio-demographic information including the ages of the children and mothers, maternal occupation and education and place of delivery were obtained. Details on Breast feeding behavior, such as initiation time, colostrums consumption were also recorded. Data collection was conducted over a period of five weeks by trained undergraduate students at the clinic centre.

Data Analysis:

Statistical package for social sciences (SPSS) version 15.0 was used in the evaluation of the data and the mean, standard deviation ($X \pm SD$) absolute values and percentage (%) were calculated. Chi-square significance test was also used when needed.

Results

Table2 shows the Socio-demographic information of the participants. Sixty-Five (52.0%) of 125 who participated in the study are boys with mean age of 2.3 ± 1.4 months and 60 (48.0%) were girls with mean age of 2.4 ± 1.5 months. The ages of the mothers vary from 15 to 44 years and their average age is 25.6 ± 6.0 years old. 36.5% of mothers had no education while 21.4% had only primary education and most of them

(91.1%) are married with 57.6% been full time housewives (Those without paid job). The highest (32.6%) number of children per family varies between 2 and 4. It was found that majority (72.0%) of the mothers delivered their babies at home.

Mothers were expected to put their babies to breast within an hour of delivery. The percentage of the mothers who did that was found to be 22.8% while 61.8% less than 24hours and 15.4% after 24hours. Another finding of the study was that 75.3% of the mothers gave colostrums while 24.7% did not. The reasons gave by mothers for not given colostrums include their superstitions belief that it is harmful (55.4%), tradition and culture (22.3%), ignorance (11.6%) and family influence (5.4%). (Table3.)

It was also observed in this study that appreciable proportions (64.0%) of mothers choose breast feeding as the first nutrient for their babies after birth. This was followed by water, with one third of the mother admitting given water first. The breakdown of the first food given by mothers to their babies is as shown on Table 4. When mothers were asked why they gave other foods instead of breast milk immediately after delivery, the most influencing factor was tradition\culture (54.5%) which was followed by thirst (24.5%) and delay Lactation (17.1%).

Regarding the frequency of breast feeding most mothers appeared to adequately nurse their infants with about 42.2% feeding between 7 and 11 times daily while 43.3% feeds their child above 11 times daily. The result also showed that 46.7% of mothers allowed sucking until the child voluntarily leaves the breast while 24.6%, suckle till the child sleep – off (Table 5).

Table 2: Socio-Demographic characteristics of mother and Child

Characteristics	Frequency (f)	Percentage (%)
Mother's age (years)		
15 – 19	14	11.5
20 – 24	41	32.1
25 – 29	35	28.1
30 – 34	21	16.8
35 – 39	10	8.3
40 – 44	04	3.2
Total	125	100
Marital status of mother		
Single	04	3.2
Married	119	95.5
Divorced	1	0.93
Separated	1	0.37
Total	125	100
Sex distribution of child		
Male	65	52.0

Female	60	48.0
Total	125	100
Educational level (mother)		
None	46	36.5
Islamic & Qu'ranic Education	26	20.8
Primary	27	21.4
Secondary	22	17.8
Tertiary	04	3.5
Total	125	100
Mother Occupation		
Full time Housewife	72	57.6
Civil Servant	05	3.7
Trader	16	12.5
Artisan	20	15.6
Farming	12	10.6
Total	125	100
No of child per mother		
1	20	16.1
2 – 3	41	32.6
4 – 5	35	28.2
>6	29	23.1
Total	125	100
Place of delivery		
Home	90	72.0
Health facility	35	28.0
Total	125	100

Majority (95.7%) of the mothers were still breast feeding as at the time this study been carried out. The study further revealed that more than one third (75.8%) of them would continue breast feeding for 7-12 months. The reasons given by mothers who were not breastfeeding at the time of study were the child gave it up, the amount of breast milk was insufficient, and as a result pregnancy. The breakdown of the duration in which the infants were given only breast milk is given on table 6. It was observed in the study that the majority (69.9%) of the participants had breast fed infants with breast milk only less than 4 months, 22.6% did that between 4 -6 months and 7.5% of them above 6 months.

Table 3: Breakdown of the findings of breastfeeding practice

Variable	frequency (f)	percentage (%)
Breastfeeding initiation		
Within one hour	29	22.8
≤ 24 hours	77	61.8
24 hours after birth	19	15.4
Total	125	100
Giving of colostrums		
YES	94	75.3
NO	31	24.7
Total	125	100
If NO, reasons for not giving		
Harmful	17	55.4
Tradition/culture	6	22.3
Peer/family influence	2	5.4
Ignorance	4	11.6
Mother/child Health	2	5.3
Total	31	100

Table 4: The breakdown of the first food given by mothers to the immediately after birth

First food	frequency (f)	percentage (%)
Breast milk	80	64.0
Water	38	30.2
Breast milk substitute	1	0.8
Herbs	3	2.5
Animal milk	1	0.6
Others (zam-zam, dates)	2	1.9
Total	125	100
Reasons for not giving Breast Milk		
Tradition/culture	24	54.5
Thirst	11	24.5
Delay lactation	8	17.1
Child cries	2	3.9
Total	45	100

Table 5: Percentage distribution of Breastfeeding duration, Breast feeds per day and duration of child suckling

Variable	frequency (f)	percentage (%)
Breast milk only		
Less than 4 months	87	69.9
4 – 6months	28	22.6
Above 6 months	10	7.5
Total	125	100
No. of breast feed/day		
1- 6 times	18	14.5
7 -11 times	53	42.2
Above 11	54	43.3
Total	125	100
Duration of Child suckling		
Till child leaves breast	58	46.7
Till child sleep off	54	42.8
Others	13	10.5
Total	125	100

Table 6: Findings related with whether the mothers are still breast feeding and how long they intend to breast feed.

Variable	frequency (f)	percentage (%)
Still Breastfeeding		
YES	120	95.7
NO	05	4.3
Total	125	100
Yes, how long mother tend to breast feed (months)		
< 6	4	3.3
7 – 12	91	75.8
13 – 18	19	15.9
> 18	4	3.3
As long as the babies need it	2	1.7
Total	120	100

Discussion:

Breastfeeding is a universal practice among the mothers attending the health centre, as reflected by 95.7% prevalence observed in this study. The high breastfeeding prevalence compares with previous community based studies Ilesa, Benin all in Nigeria where the prevalence of breastfeeding was 70.2% and 82% respectively (Ogunlesi et al, 2005, Salami 2006). This study confirms the level of awareness of mothers about the benefits of breastfeeding.

Time to initiation of breastfeeding is one of the key factors that have consistent influence on the overall breastfeeding practices irrespective of socio-cultural settings. Women are encouraged to initiate breastfeeding within an hour of birth because among other things it increases chances of breastfeeding. Only 22.8% (less than a third) commenced breastfeeding within an hour of birth compared with 73% and 37.4% reported by Egbonu et al(2004) and Ogunlesi et al (2005) respectively. The result obtained in this study is however higher than 7.5% reported in a similar study in Enugu, Eastern Nigeria (Ene-Obong et al 2010). The percentage of mothers (72.0%) who delivered at home was found to be more than those that delivered at the health facility. The relationship between giving breast milk within an hour and the place of delivery was test and found to be significant ($P < 0.05$). This means that mothers that delivered at home are less likely to initiate breastfeeding within an hour after birth. This study further confirmed the NDHS 2003 report which recorded a 40% of women, who delivered at a health care facility where there are professionals, initiated breastfeeding within an hour compared to less than 30% in those who delivered elsewhere. Therefore, the high rate of home delivery observed in this study as well as tradition/culture that allows mothers and infants to rest immediately after birth may explain the low rate of breastfeeding within the first hour of birth observed. Another reason is the challenge of disproportionate smaller population of skilled birth attendants who are skilled enough to encourage and assist in the process of achieving earlier initiation as defined by BFI target. Most traditional birth attendant are not skilled enough to offered assistance in proper positioning of the baby for ease of breastfeeding by the companions while the woman is still experiencing some after-pains.

The percentage of mothers (75.3%) who gave colostrums was lower than the 89.0% reported by Onay et al (2009) and also 93.5%, 86.3% for Kaduna and Kebbi State respectively but higher than 66.5% reported for Niger State by Anigo et al (2009). A strong relationship was observed between giving colostrums and mother education level. This study reveals that the more educated a mother, the higher the likelihood of mother giving her child the colostrums. These maybe because educated mothers are more exposed to many sources of information than other mothers. Also implicated is the notion by mothers that the colostrums are impure and harmful and therefore should be

discarded. Another variables that was found to have a significant relationship ($P < 0.05$) with giving of colostrums is occupations of mothers. The study revealed that above two-third of mothers who are traders and artisan gave colostrums to their child while less than half of the fulltime housewives gave the colostrums. This finding is contrary to general view that mothers who are full time housewife who generally are not working should have more time for adequate care of their children. The reason adduced for this may be that these housewives may not be adequately informed on the benefit of colostrums to their babies.

Water was found to be most (30.2%) prominent prelacteal food given by mothers. The result obtained in this study is lower than the national figure of 34.0% (NDHS, 2008). In a similar study conducted in North Western Nigeria, Anigo et al (2009) found that 81.0%, 49.2% and 17.1% gave plain water in Kebbi, Niger and Kaduna respectively. Though the result obtained in the study is lower than that of Kebbi and Niger, the use of water in this study is still worrisome which is mostly due to misunderstanding about the adequacy of milk. Most of the reasons given by mothers in this study were similar to those commonly given by mothers in different studies (Anigo et al 2009, Onay et al 2009, Bhan et al 2004). However, most of their reasons for given other foods have no scientific basis. There is no need to give extra fluids to quench thirsts. Studies have shown that babies do not need extra water even in extremely hot countries or areas (Almorth or Bidinger, 1990, Goldberg & Adam, 1983). One main challenge that arises from this study is the influence of tradition/culture which most (54.5%) mothers said it was passed to them by elders in their community. This influence of tradition was also observed by Anigo and co-workers (Anigo et al 2009) where they reported 37.0% in Kebbi & Niger State respectively. It has been observed internationally that complementing breast milk with water in the first months of life may increase the risk of diarrhea as extra solids and liquids are often contaminated (Arifeen et al 2001, Oni, 1996, AHR, 2007). Provision of other foods in addition to breast milk is only recommended if medical reasons exist.

The main question that arises from this study is if the place of delivery exerts any influence on what was giving to a child immediately after birth, and the reasons why mothers preferred to deliver at home rather than the Health facility. Though no significant relationship ($P < 0.05$) was observed between what was given immediately after birth and place of delivery in this study but since the traditional birth attendants are sometimes the custodian of tradition and cultures of the people it is possible to assume that they encourage the administration of prelacteal foods. On why mothers preferred to deliver at home rather than the health facility, the mode of delivery in the health facility maybe the most probable explanation. It is belief that mothers find it easier and less painful to deliver a child in a squatting position rather than lie down on a bed as is the

case in the health facility and this explain why a mother may attend the ante natal clinic but on the day of delivery still prefer to deliver at home by traditional birth attendants who may not have the full knowledge of the importance of early initiation and giving of colostrums. Another reason that be contribute is the attitude of the health workers who instead of given the women enough attention usually shout on them.

Breastfeeding at least every two to three hours have been found to help maintain milk production (Even horse, 2005). For most (85.5%) mothers in this study, 7 and above 11 breasts feeding seasons every 24 hours was reported. Feeding when the baby shows signs of hunger rather than by schedule have been found to maintain milk production and ensure the baby needs for milk and comfort are been met. However, it may be important to recognize whether a baby is truly hungry, as breast feeding too frequently may mean the child receives disproportionately high amount of fore milk and not hind milk (Gartner et al, 2005). But with majority 89.5% of mothers leaving their child to suckle until they leave the breast or sleep off, Gartner and co-workers view cannot be said to be true in this case therefore it can be deduced that the children were given enough hind milk. The relationship between breastfeeding frequency and mother age was found to be insignificant ($P>0.05$) in this study.

The findings of early introduction of supplementary foods compare with numerous studies (Ogunlesi et al ,2005, Anigo et al, 2009). These findings suggest that there may be strong cultural issues attached to it which need to be addressed. Nationally, in Nigeria only 13% (down from 17%) of infants were exclusively breastfed up to the age six months, while the remaining majority had been introduced to complementary feeds/fluids (NDHS, 2008). The findings that 22.6% of mothers in this study exclusively breastfed their child up to the age six months, though higher than the national figure of 13% still suggest that there is need to educate mothers. Mothers need to know that children require a lot of time to master the act of feeding on family diet and taking a child if breast milk prematurely sets the template for starvation, malnutrition and other nutrition related diseases.

Conclusion/Recommendation

This study shows that the breastfeeding behavior of the mothers is poor both in quality and duration, with most of the mothers not initiating breastfeeding within one hour of delivery and also with most giving breast milk only for less than 4 months which falls short of WHO recommendations of breast feeding initiation within an hour of delivery and also feeding babies on breast milk only for 6 months. From the results of this study also, it appears that if the issue of water can be eliminated, both initiation of breastfeeding and non-use of prelacteal foods can be improved by considerable measures.

Concerted efforts should therefore be made by Health workers to encourage timely commencement of breast feeding and exclusive breastfeeding for the first six months of life.

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