

Awareness And Involvement Of Exclusive Breastfeeding Among Rural Residents Of Nsukka, South Eastern, Nigeria

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Abstract

The purpose of the study was to examine the awareness and involvement of exclusive breastfeeding among rural residents of Nsukka zone in Enugu State, Nigeria. A cross-sectional study was carried out to examine the awareness and involvement of exclusive breastfeeding among rural residents of Nsukka-Nigeria. A sample of 976 respondents was randomly selected for the study. The data were processed and analyzed using statistical package for social sciences (SPSS)... The findings indicated that the younger respondents were more likely than the older respondents to support the practice of exclusive breastfeeding [$\chi^2, N=976=76.329, P \leq 0.00$]. The study therefore highlights the need to employ education to modify the cultural barriers that discriminate against exclusive breastfeeding in Nigeria.

KEYWORDS: Awareness, Exclusive Breastfeeding, Rural residents, Infant mortality, Nsukka, Education, Involvement

Introduction

Studies have shown that malnutrition is widespread in Nigeria and has persisted at alarming high rate. Malnutrition which is largely preventable contributes to more than half of the deaths of one fifth of the five million babies born in Nigeria (Onyezili, 2005). According to Obionu (2001), childhood mortality accounts for approximately 40 percent or more of the total mortality rate in most developing countries. Poor nutrition prevents children and communities from reaching their full potential and from participating fully in social and economic life (Burgess & Grace, 1998). Poor nutrition is also caused by non-exclusive breast feeding, the early introduction of foods other than breast milk and inadequate amount of complimentary foods starting at about six months. Promotion of breastfeeding and improved weaning practices are considered to be effective and feasible interventions in the reduction of childhood mortality and morbidity (Obionu, 2001). Many children suffer from diseases that could have otherwise been prevented by eating appropriate foods and adhering to the ten steps of exclusive breastfeeding.

When mothers fail to observe or practice exclusive breastfeeding for at least 6 months, it decreases the chance of survival of children many times more and may also increase the chances of an HIV –positive mother passing on the virus via breastfeeding .The victims of sub-optimal breastfeeding practices are the children who pay with their lives through frequent infections triggered by inappropriate use of substitutes and their mothers whose more frequent pregnancies are detrimental to both their health and socio economic well-being. Without enough financial resources to take care of breastfeeding mothers, they tend to drop the idea of practicing exclusive breastfeeding for longer periods. Studies have also shown that the poor people cannot afford to eat properly and inadequate diet makes them more susceptible to illnesses.

The major obstacle to exclusive breastfeeding includes its cultural unacceptability especially as it relates to not allowing the infants to drink water. This may be as result of ignorance of some mothers especially those who are not educated or exposed to the benefits or importance of exclusive breastfeeding to children. If all mothers in developing countries are to be persuaded to breastfeed their babies for at least four to six months, a million children would be saved annually (Onyezili 2005.) According to NDHS survey(2003), the median duration of exclusive breastfeeding in Nigeria is half a month, showing that Nigerian infants are still being fed other foods or drinks in addition to breast milk before the recommended age of six months. From this observation we can infer that in Nigeria, as in many other developing countries, malnutrition is aggravated by sub-optimal use of resources, including care giver's knowledge, beliefs and confidence to put knowledge to practice (Onyezili,2005)

Exclusive breastfeeding (EBF) for the first 6 months of life improves the growth, health and survival status of new born (WHO,2000), and it is one of the most natural and best forms of preventive medicine(WHO,1991 & 2008) Exclusive breastfeeding plays a pivotal role in determining the optimal health associated with a decreased risk for many early-life diseases and conditions, including respiratory tract infection, diarrhea, and early childhood obesity (IPS,Chung M, Raman G, Chew P, Magula N, Devine D,Trikalinos T,Lau J et al(2007). Studies have shown that EBF reduces infant mortality rates by up to 13% in low-income countries (Jones, Steketee, Black, Bhutta, Morris, the Bellagio, 2003). A large cohort study undertaken in rural Ghana concluded that 22% of neonatal deaths could be prevented if all infants were put to breast within the first hour of birth (Edmond,Zandoh, Quigley, Amenga-Etego, Owusu-Agyei, Kirikwood, 2006) . The importance of breastfeeding as a determinant of infant nutrition, child mortality and morbidity has long been recognized and documented in the public health literature.

Many studies have shown that exclusive breastfeeding saves lives in the neonatal and post-neonatal periods of infancy and beyond (UNICEF, 2005). There are documented evidence showing that studies in developing and industrialized nations confirm the life saving benefits of breastfeeding, particularly in preventing diarrhea, pneumonia and sudden infant death syndrome (SIDS). Studies have also shown that up to 70% of newborn deaths can be averted by ensuring clean delivery, providing early initiation of exclusive breastfeeding, hygienic eye and cord care, and early recognition and treatment of illness (Tinker, Parker, Lord, Gear, 2010). The Innocenti Declaration on the protection, promotion and support of breastfeeding affirms the role of EBF in fulfilling the basic human rights of the child to attain the highest standards of health (UNICEF, 2005).According to (UNICEF,2009), the last 20 years have witnessed much success in exclusive breastfeeding and the overall increase was about 5-6 percent where some countries doubled, tripled, and even quadrupled exclusive breastfeeding rates, especially in the most threatened urban areas. The overall increase noted in the exclusive breastfeeding rates in the urban areas could be attributed to the immense benefits of EBF. However, Lynn, et al, (Lynn, Marie, Jeanettia, 2001) outlined the following advantages of breastfeeding:

- Has all of the nutrients needed by the infants for the first six months.
- Contains proteins that are more digestible than cow's milk protein.
- Provides antibodies that protect the infants from some infectious illnesses.

Is less likely to cause food allergies. And it is inexpensive, convenient and is always at the correct temperature.

From one month to 6 months, breast milk is the prime source of nutrients and optimal breastfeeding practice becomes a critical factor in child survival and development. In-fact, exclusive breastfeeding is one of the child survival techniques used to decrease mortality and morbidity of children from birth until 6 months. However, the objective of this study was to examine the awareness and involvement of exclusive breastfeeding among rural residents of Nsukka, South Eastern Nigeria, to determine the respondent's knowledge and influences of socio-economic status of parents on exclusive breastfeeding.

Theoretical Framework

The Health Belief Model by Rosenstock (1974) was adopted to anchor this study. A group of social psychologists developed the Health Belief Model (HBM) in an attempt to understand the widespread failure of people to accept disease prevention or early response to disease. The basic components of the health belief model are derived from a well-established body of psychological and behavioral theory whose various models hypothesize that behavior depends mainly upon two variables, namely, the value placed by an individual on a particular goal and the individual's estimate of the likelihood that a given action will achieve that goal (Maimman, and Becker, 1974).

When these variables were conceptualized in the context of health-related behavior, the consequences were (1) The desire to avoid illness and (2) the belief that a specific health action will prevent or (ameliorate) illness (ie the individual's estimate of the threat of illness and of the likelihood of being able, through personal action to reduce that threat.

The understanding of HBM in this study is useful and important in all ramifications. This is because the value placed on the importance of exclusive breastfeeding is high and the mothers and other caregivers who comply to EBF practices do so because of the enormous benefits attached to EBF. The consequences of non-compliance to EBF results to the death of many children (0-5 years) in Nigeria. The desire to avoid death of children necessitated parents especially mothers to comply with EBF practices in Nigeria. EBF is a critical factor in child survival and development. Rosenstock (1974) notes that the combined levels of susceptibility and the severity provided the energy or force to act and the perception of benefits provided a preferred path of action.

Significance of Study

Promotion of breastfeeding practices have been considered to be effective and feasible interventions in the reduction of childhood mortality and morbidity. Therefore this study will hopefully (1) supply information to parents especially mothers and other child caregivers on the needs to promote, protect and support exclusive breastfeeding.

(2) Raise awareness of exclusive breastfeeding in Enugu state of Nigeria and to provide necessary information that will help the ministry of education and the ministry of health to join hands to keep child health care on the right track in the country.

A more detailed understanding of exclusive breastfeeding is needed to develop effective interventions to improve the rates of EBF and thereby reduce infant mortality in Nigeria. The purpose of the study was to examine the awareness and involvement of exclusive breastfeeding among rural residents of Nsukka zone in Enugu State, Nigeria.

Methodology

A cross-sectional design was employed in the study to measure the awareness and involvement of exclusive breastfeeding among rural residents (husbands and wives) based on some key variable responses. The study which was conducted in 2011 used simple random sampling to select respondents from rural communities. The instrument used for the study was a set of questionnaire that consists of close and open-ended questions on awareness and involvement of exclusive breastfeeding.

Study site

The study was undertaken among married women and their husbands in 10 rural communities of Nsukka zone. The communities include the following: Nru, Orba, Obukpa, Opi, Obimo, Lejja, Nkpunanor, Ede-Oballa, Akpa-Edem and Eha-Alumona.

Participants:

The study involved married women of reproductive ages (18-49 years) and their husbands aged 18 years and above. The target population for this study was households with children aged between 0-5 years. The multi-stage sampling approach was adopted in order to select the above named communities as well as the villages, households and respondents for the study. The ten communities chosen were divided into villages where 20 villages were selected through balloting and purposive sampling techniques. Fifty (50) respondents were selected from each of the 20 villages bringing the total respondents to one thousand but a total of 976 questionnaires were returned and analyzed. The FGD guide was developed in relation to the issues raised in the research questions. Respondents that formed the FGD teams were purposively selected from persons who were not involved in the questionnaire study and included specific target groups preferably of the same sex, age groups and socioeconomic background, whose ideas and experiences were germane to the study.

This study was approved by the University of Nigeria, Nsukka institutional review board and was not a product of any publicly available data set, because the research was a fresh study conducted by me in 2011

Results

Demographic Characteristics of Respondents

Table 1: Sex of respondents and their support of exclusive breastfeeding (EBF)

Sex	Exclusive Breastfeeding		Total
	Support EBF	Don't Support EBF	
Male	238(34.9%)	151 (51.2%)	389 (39.9%)
Female	443 (65.1%)	144 (48.8%)	587 (60.1%)
Total	681 (100.0%)	295 (100.0%)	976 (100.0%)

$X^2 (1, N = 976) = 22.641, p \leq 000.$

Table 2: Status in the family and exclusive breastfeeding

Status in the family	Exclusive Breastfeeding		Total
	Support EBF	Don't support EBF	
Husband	202 (29.7%)	122 (41.4%)	324 (33.2%)
Wife	293 (43.0%)	131 (44.4%)	424 (43.4%)
Caregiver	33 (4.8%)	14 (4.7%)	47 (4.8%)
Daughter	127 (18.6%)	15 (5.1%)	142 (14.5%)
Son	26 (3.8%)	13 (4.4%)	39 (4.0%)
Total	6.81 (100.0%)	295 (100.0%)	976 (100.0%)

Table 3: Level of income and exclusive breastfeeding

Level of income	Exclusive Breastfeeding		Total
	Support EBF	Don't support EBF	

Low income	383 (56.2%)	140 (47.5%)	523 (53.6%)
Medium income	255 (37.4%)	134 (45.4%)	389 (39.9%)
High income	43 (6.3%)	21 (7.1%)	64 (6.6%)
Total	681 (100.0%)	295 (100.0%)	976 (100.0%)

$X^2 (2, N = 976) = 6.454, P \leq 0.40.$

Table 4: Health status of the child and the support of exclusive breastfeeding

Health status of the child	Exclusive Breastfeeding		Total
	Support EBF	Don't support EBF	
Falls sick frequently	62 (9.1%)	50 (16.9%)	11 (11.5%)
Does not fall sick	619 (90.9%)	245 (83.1%)	86 (88.5%)
Total	681 (100.0%)	295 (100.0%)	976 (100.0%)

$X^2 (1, N = 976) = 12.470, P \leq 0.00.$

Table 5: Logistic regression predicting the influence of supporting exclusive breastfeeding

Variables	B	Exclusive Breastfeeding			Sig	Exp (B)
		S.E	Wald	Df		
Age of respondents	1.182	.149	62.844	1	0.00**	3.262
Education	.265	.116	5.236	1	.022**	.767
Level of income	.079	.124	.407	1	.524	1.082
Location	.056	.151	.138	1	.710	.945
Sex	.533	.154	11.985	1	0.01**	1.587

Significant levels are denoted as** p<0.05

Awareness of Exclusive Breastfeeding

A sample size of 1000 respondents was initially chosen to participate in the study and later, only 976 questionnaires were found to be duly completed and they were subjected to analysis excluding 24 of them. The awareness of exclusive breastfeeding will be discussed and measured, using the respondents' support for exclusive breastfeeding, duration of exclusive breastfeeding and whether exclusive breastfeeding is negatively perceived or not in their communities. Table 1 revealed that more than two-thirds (69.8%) of the sample population affirmed that they supported exclusive breastfeeding and a small proportion (18.5%) did not support exclusive breastfeeding while 9.2% and 2.5% was not sure about exclusive breastfeeding. It is believed that the constraints to exclusive breastfeeding in Nsukka zone are based on laziness in some women, not having enough time to practice it, availability of infant formulas, cultural beliefs, and poverty.

On the issue of how long mothers breastfeed their children exclusively, table 1 showed that more than one-third (37.3%) of the respondents breastfed their babies exclusively from one to three months. The greater proportion in this group (47.7%) breastfeed exclusively from four (4) months and above. Only 12.9% had no answer to offer while 1.5% disagreed on the practice of exclusive breastfeeding. The reason for their refusal to practice exclusive breastfeeding has been ascertained during the focus group discussion

(FGD). For instance, one of the FGD participants (adult male, 48) in Nru in Nsukka LGA also identified among the other reasons why mothers are not interested in exclusive breastfeeding. According to him,

Grandmothers at times do not allow their daughters to breastfeed exclusively because of their social/ cultural beliefs. Some mothers do not want their breasts to be floppy. They want to retain their breast shapes and this is due to their poor ideology. Some of them are ignorant and do not know the importance of exclusive breastfeeding. Moreover, some of them feel that they are not fit enough to breastfeed exclusively for six months.

The study also sought to know whether exclusive breastfeeding is negatively perceived in Nsukka, Enugu state. It was revealed that almost half of the respondents affirmed that exclusive breastfeeding is negatively perceived in Nsukka rural communities. This level of understanding could be understood against the background that majority of them in this group come from rural setting where mothers are not exposed to receiving training on health education, and often do not listen to radios and TV announcements on breastfeeding regularly. Those who felt that exclusive breastfeeding is perceived negatively in communities constitute (44%) of the sample. As noted earlier, the negative perceptions of mothers could be attributed to social/cultural practices of the people and their feelings of appearing younger to attract opposite sex by insisting on retaining breast shapes.

The main objective of this study was to examine the awareness of exclusive breastfeeding and relationship between some demographic variables and some major research issues in Nsukka, Nigeria. The socio-demographic variables used in correlating the awareness of exclusive breastfeeding are the independent variables which include: - age, sex, level of education, income level, marital status, health status and status in the family. Chi-square was conducted to determine if there were any significant relationships between the independent variables and the dependent variables.

Looking at the demographic variables, gender has always been regarded as an important determinant of reactions, opinions and attitudes towards the knowledge of exclusive breastfeeding. Table 1, sought to know the difference between the male and female respondents on exclusive breastfeeding. The results, however, showed that there is a significant difference between sex of respondents and the support of exclusive breastfeeding. For those who support exclusive breastfeeding, 65.1% of them were women while only 34.9% were men, indicating that there was a significant difference between them ($X^2(1, N = 976) = 22.641, p \leq .000$). The reason for this result may be clear; many mothers through nutrition education have learnt that exclusive breastfeeding increases the chance of child survival and invariably reduces the child morbidity and mortality in the first 2 – 3 years of life.

In Table 2, the opinions or attitudes of family members were sought on the exclusive breastfeeding. The question of whether they support the practice of exclusive breastfeeding or not was asked. Results showed that status in the family does in fact have a relationship with views about exclusive breastfeeding. The study revealed that married women or wives (43.0%) support exclusive breastfeeding more than their husbands (29.7%), showing that there was a significant relationship between status in the family and the support of exclusive breastfeeding among the rural residents of Nsukka zone [$X^2(4, N = 976) = 34.782, p \leq .000$]. The result here is not surprising since mothers have known about the benefits of exclusive breastfeeding and consequences of not practicing it. In this regard,

women require more social support to enable them fulfill their productive and reproductive role.

On the issues of relationship between the level of income and exclusive breastfeeding, the study revealed that there is a significant relationship between them; table 3 showed that more of the low income group (56.2%) support exclusive breastfeeding more than the medium and high income groups (37.4% and 6.3%) respectively. This result is unexpected because the low income groups are poor people who always complain that they may not sustain the six months duration of exclusive breastfeeding. According to literature (Brieland, Costin & Atherton, 1980), opined that good health and high income are positively related. Without enough food and financial resources to take care of breastfeeding, mothers tend to drop the idea of practicing exclusive breastfeeding for longer periods. Studies also showed that the poor (low income group) cannot afford to eat properly, so, inadequate diet makes them more susceptible to illnesses.

An important finding from this study is that most of the younger respondents (75.2%) acknowledged the support of exclusive breastfeeding as against their older respondents (24.8%). Results of chi-square testing revealed considerable differences in age of respondents and their support of exclusive breastfeeding. For example, younger respondents were more likely than the older respondents to support the practice of exclusive breastfeeding (72.2% Vs 24.8%). The reasons why the younger respondents were more in support of exclusive breastfeeding may be that the younger respondents fall within the age of child bearing groups and should be eager to learn about breastfeeding and dietary practices more than their older respondents. This group could be more knowledgeable about exclusive breastfeeding because of their inquisitiveness to utilize information which has been shown to depend on the needs, skill and attitudes of individuals. However, poverty was found to be more pronounced among younger mothers and those with low income. (WHO/UNICEF, 1989), recommends that children be exclusively breastfed for the first four to six months of life and thereafter introduced to appropriate and adequate complementary foods along with breast milk. Mothers should be acquainted with the importance of breastfeeding as it provides a lot of health benefits to children compared with the commercial milk that is sold in the market.

On the issues of relationship between health status and exclusive breastfeeding, it has been noted in table 4 that there was a significant relationship between the two variables. The result showed that most of the respondents whose children did not fall sick often (90.9%) supported exclusive breastfeeding as against 9.1% of those respondents whose children fell sick frequently. Exclusive breastfeeding is said to be positively related to child survival strategies. Literature supports the above assertion. According to (Onyezili, 2005) , from one month to six months, breast milk is the sole or prime source of nutrients for babies and optimal breastfeeding practice becomes a critical factor in child survival and development in all countries including Nigeria. In Nigeria, more than 50 percent of all childhood deaths have under-nutrition as an underlying factor (NPC,1991) . Progress in nutrition is assessed from indicators of malnutrition, breastfeeding, salt-iodization and vitamin- A supplementation for children under – five.

In Table 5, we conducted logistic regression analysis using the five socio-demographic variables to determine which one could predict future support of exclusive breastfeeding. From the analysis, it does appear that age of respondents (.000) is the best predictor of the support of exclusive breastfeeding. This is closely followed by sex of respondents (.001). Level of education of the respondents was also found to be a strong predictor of whether exclusive breastfeeding is perceived as very important to the children or not. The findings showed that the younger respondents will most likely support exclusive breastfeeding, when their poverty level is improved by the government of Nigeria.

The cross tabulated data on age of respondents and perception of support on exclusive breastfeeding indicates that most younger respondents (75.2%), who supported exclusive breastfeeding also had more knowledge of breastfeeding needs than their older respondents. Therefore the study revealed that level of income is negatively associated with the support of exclusive breastfeeding. In other words, it means that a unit change in the level of income of respondents (decrease in level of income) will bring about an increase in the support of exclusive breastfeeding. This relationship was not statistically significant [$P \leq 0.05$]. It can then be concluded that Enugu state government needs to strengthen the campaign in the state with the aim of mobilizing the older and younger respondents of childbearing age so as to reduce drastically the number of deaths among children arising from preventable diseases.

Discussion

The major demographic trend involved age of respondents, with more younger respondents demonstrating significantly better knowledge and support of exclusive breastfeeding. This may be because the younger respondents belong to the group of child-bearing age who seem to be more energetic, serious and more educated and as such more eager to get information that will better the lot of their children, especially in the areas of child survival and development. It is often true, that the middle-aged group perform best, as was found in the present study. The poor scores of the older respondents probably reflect their inability to comply with the “ten steps to successful breastfeeding”. It then seems understandable that older people are less receptive to new guidelines. They tend to have more attachment to cultural practices that insist on giving new born infants water or food other than breast milk. Many researchers have established that breast-milk is perfectly suited to nourish infants and protect them from illness. Babies who are not exclusively breastfed for six months are more likely to develop a wide range of infectious diseases.

Results from the study showed that almost half of the sample population (44%) perceived exclusive breastfeeding negatively in their different rural communities. Some of the respondents believed that if they breastfeed their infants exclusively, they will not retain their breast shapes while others felt that they are not fit enough to breastfeed exclusively for six months. It is an unfounded truth that women loose breast shapes in the course of breastfeeding exclusively (Ngwu, 2011). However, Garba (2013), insists that it is nature and not breastfeeding that causes drooping breasts. He concluded that when breasts are pulled down by gravity, genes determine the elasticity of the skin and ligaments are the only things that can prevent them from sagging. It is necessary that every body especially mothers should be made to know about the benefits of exclusive breastfeeding. Though, it was discovered that many mothers who breastfeed do not know the benefits of exclusive breastfeeding. If mothers are properly educated, focusing on the gains of exclusive breastfeeding, the rate of breastfeeding among mothers will certainly double.

The goal of educating mothers is not only to increase their breastfeeding knowledge and skills, but also to influence their attitudes toward breastfeeding. The major obstacle to exclusive breastfeeding is its cultural unacceptability especially as it relates to not allowing the infant to drink water. The lack of support to exclusive breastfeeding by mothers was revealed to be one of the best predictors of frequent illness by infants (Ngwu, 2011). In other words, the support of exclusive breastfeeding will help to reduce the probability of sudden infant's death syndrome (SIDS). This, therefore, calls for massive enlightenment of the entire populace and not just the married couples. Health workers and social workers should raise awareness and increase understanding of issues affecting exclusive breastfeeding amongst general population through advocacy and social mobilization.

Finally, Education was found to be a major factor that influenced people's perception of exclusive breastfeeding in Nsukka, South Eastern, Nigeria. The researcher

found a significant relationship between level of education and support of exclusive breastfeeding [$X^2(2, N=976 = 11.809, P \leq .003]$. Education is necessary especially when the benefits of EBF are not immediately apparent to the mothers. Education is more likely to address this situation and emphasize the superiority of breast milk on the basis of overwhelming scientific proof. The NDHS survey noted that women with higher education exclusively breastfeed their babies for 2-5 months. From this observation, it showed that exclusive breastfeeding and level of education are positively related.

Conclusion

Given all the benefits of breastfeeding, mothers should breastfeed their babies for first six months of life, disregarding their traditional cultural beliefs such as the conviction that breasts sag as a result of exclusive breastfeeding. Public enlightenment campaign directed to dissuade customers/consumers from the use of infant formula should be adopted and encouraged to do away with the cultural beliefs of Nsukka people regarding exclusive breastfeeding practices. The study recommends that an overhaul of breastfeeding policy in Nigeria is urgently needed, since breastfeeding is not only about the breast milk and its effects on the survival of the child, but also the long lasting effect of creating bonding between child and mother. Education is also recommended to be used to correct many of these cultural practices prevalent in rural communities of Nigeria, so that children will benefit from physical activity and learning experiences through exclusive breastfeeding. If all mothers in developing countries are to be persuaded to breastfeed their babies for at least four to six months, a million children would be saved annually⁽¹⁾.

References

1. Brieland D, Costin LB, Atherton CR.(1980). *Contemporary social work: An introduction to social work and social welfare*: New York: MCGraw Hill Book Company.
2. Burgess A and Grace, M. (1998). *How to grow a Balance Diet*, London, The chamelon press.
3. Edmond KM, Zandoh C, Quigley MA, Amenga-Etego S, Owusu-Agyei S, Kirkwood BR.(2006) Delayed Breastfeeding initiation increases risk of Neonatal mortality, *pediatric; 117: e380-e386 Pubmed Abstract*.
4. Ip S, Chung M, Raman G, Chew P, Magula N, Devine D, Trikalinos T, Lau J.(2013). *Breastfeeding and maternal and infant health outcomes in developed countries*; 2007. <http://www.ahrq.gov/download/pub/evidence/pdf/brfout/brfout.pdf>, Rockville, MD: US, Department of Health and Human Services. Accessed January.
5. Jones G, Steketee R, Black R, Bhutta Z, Morris S, (2003).The Bellagio. Child survival study group. How many child deaths can we prevent this year? *Lancet*, 362 (19): 65-71. *Pubmed Abstract*.
6. Gains of exclusive breastfeeding.(2013 <http://www.thetidenewsonline.com/2013/04/10/gains-of-} exclusive breastfeeding;> Accessed April 10, 2013.

7. Lynn M; Marie C, Jeanettia R. (2001). *Health, Safety and Nutrition for the young child*, 5th edition, Delinary - Thomson Learning inc. Albany NY, USA.
8. Maiman, L.A. , & Becker, M.H. (1974). The health belief model: origins and correlates in psychological theory. *Health Education Monographs* , 2, 336-353.
9. National Population Commission (NPC) (Nigeria): 1991 population census of the federal republic of Nigeria: *Analytical Report at the National level*, Lagos, Nigeria; National Population Commission, 1998
10. Ngwu C. (2011). *Knowledge of infant nutritional needs in Enugu State: implications for child health in Nigeria*: (Dissertation) Department of social work, University of Nigeria, Nsukka.
11. Nhjjlonyezili F.(2005). Adequate *Nutrition for the Development of the rural child* invited paper delivered at the centre for rural development, University of Nigeria, Nsukka;.
12. Nigeria Demographic and Health Survey (NDHS), (2011). *National Population Commission*, Abuja, Nigeria; 2003. Available online http://pdf.usaid.gov/pdf_doc/PNACX579.pdf. Last accessed 1/14.
13. Obionu C (2001). *Primary Health Care for Developing Countries*, Enugu Nigeria –Delta Publication;.
14. Rosenstock, I. (1974). Historical Origins of the Health Belief Model. *Health Education Monographs*. Vol. 2 No. 4.
15. Tinker A, Parker R, Lord D, Grear K.(2010). Advancing newborn health: The saving Newborn lives initiative. *Glob Public Health*, 5 (1): 28-47. *Pub Med*.
16. UNICEF.(2005). Celebrating the Innocenti Declaration on the protection, promotion and support of Breastfeeding: past Achievements, present challenges and the way forward for infant and young child feeding. UNICEF innocenti Research Centre Piazza, SS, Annunziata. 1250122, Florence Italy www.unicef.inc.org and www.unicef.inc.org ; Accessed : 1/12/2011.
17. UNICEF.(2009). Maternal and Newborn health in Nigeria: Developing strategies to Accelerate progress; 2008. *The state of world's children*, pp. 19-22.
18. WHO.(1991). Indicators for Assessing Breastfeeding practices: HYPERLINK "https://extranet.who.int/iris/restricted/..l/who_CDD_SER_91.14" https://extranet.who.int/iris/restricted/..l/who_CDD_SER_91.14 pdf Report of an informal meeting, Geneva.
19. WHO.(2003). *The Global strategy for infant and young child feeding*, www.who.int/nutrition/publications/infantfeeding/9241562218 : publication date 2003 Geneva, WHO; Accessed 2011.

20. WHO/UNICEF.(1989) *Analysis of the Situation of children and women in Nigeria*, Lagos, and New York,.
21. WHO:(2008). Indicators for assessing infant and young child feeding practices. <http://whqlibdoc.who.int/publications/2008/9789241596664> , Washington DC. USA, WHO.