

## **Attitude of Nursing Mothers Towards Exclusive Breastfeeding: A Study of Owerri Municipal Council, Imo State**

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### **Abstract**

*This study was aimed at ascertaining the attitude of nursing mothers towards exclusive breastfeeding in Owerri Municipal Council Area of Imo State. Five objectives, five research questions and four (4) research hypotheses were formulated for the study. Descriptive survey research design was adopted for the study. A sample of three hundred (300) nursing mothers was used for the study. Multi-stage sampling technique was adopted for the research. The researcher made use of a validated and reliable questionnaire with a correlated coefficient of 0.84. Data collected was analysed using descriptive statistics of frequency count and percentage, as well as inferential statistics of chi-square ( $\chi^2$ ) to test the research hypotheses. The results showed that majority of the nursing mothers in Owerri Municipality have negative attitude towards exclusive breastfeeding. Based on the findings, it was concluded that level of education has a major influence on the attitude of nursing mothers towards exclusive breastfeeding. As such, it was recommended that all nursing mothers should be educated and sensitized through conferences, seminars and workshops by health workers and allied educators, so that most nursing mothers will develop positive attitude towards exclusive breastfeeding, in order to reduce the high rate of infant morbidity and mortality in Owerri Municipal Council Area of Imo State.*

**Keywords:** Attitude, Nursing, Mothers, Exclusive, Breastfeeding.

### **Introduction**

Immediately after the umbilical cord is cut off during the process of delivery, the neonate changes from the former way of obtaining nutrition, via the mother's trans-placental route to obtaining nutrition, through breastfeeding, except where medical conditions preclude them. Exclusive breastfeeding should therefore be initiated, as recommended by World Health Organization (WHO) and United Nations International Children Emergency Fund (UNICEF) immediately after birth. This is because, it is identified that effective initiation of exclusive breastfeeding will result in preventive interventions, by reducing the high rate of morbidity and mortality among children, with the potential of saving millions of lives across the globe (WHO, 2009).

Historically, in the early years of human species, breastfeeding was common, as there was no alternative food for infants. As such, lactating mothers had no choice but to breastfeed their infants. As opined by Echem (2013), the

royalty considered breastfeeding as something to be done by the lower cadre of the society, mostly among the Egyptian, Greek and Roman empires, who employed nurses to breastfeed their children. In the late 15<sup>th</sup> century, formula feeding first became popular, and many mothers substituted to cow or goat milk for their own breast milk, which was helpful especially among the employed nursing mothers who did not have time to breastfeed their infants. This practice was latter minimized in the 1900s when the problems associated with formula milk became noticeable. To this effect, breastfeeding was increasingly becoming popular, partly because it was discovered to have unrecognized emotional and health benefits for both the baby and the mother (Echem, 2013).

Despite campaigns and promotions done on breastfeeding, 30% of lactating mothers discontinue exclusive breastfeeding prematurely (Scatter, 2000). A research done in America revealed that 60% of mothers leave hospitals planning to breastfeed their babies exclusively, however only 22% of the 60% were still breastfeeding exclusively for six months (American Academy of Pediatrics Committee on Nutrition, 2004). Exclusive breastfeeding rate in Nigeria continue to fall below the WHO and UNICEF recommendation of 90% exclusive breastfeeding in children less than six months (WHO, 2009). According to Ibadin and Omoigberale (2001), mothers who have negative attitude towards exclusive breastfeeding are likely not to practice it. The unanswered question is, why are some mothers' attitude towards exclusive breastfeeding still not encouraging even in this 21<sup>st</sup> century? Some demographic and socio-economic factors such as; age, parity, marital status, health status, socio-economic status, attendance to ante-natal clinic and diverse opinions may have affected the attitude of mothers towards exclusive breastfeeding. Infant mortality rate for the most recent five years period (1999-2003) is about 100 deaths per every 1000 live births, probably due to non-practicing of exclusive breastfeeding by mothers (Asuquo, Ekanem, Ekanem & Eyo, 2012).

Review of studies from developing countries shows that infants who are not breastfed exclusively are 6 to 10 times more likely to die in the first few months of life, than infants who are breastfed exclusively (WHO, 2000, Bahi, Frost, Kirkwood, Karen, Martins & Bhandari, 2005). It has been estimated that exclusive breastfeeding reduces infant mortality rate by up to 13% of low-income countries (Jones, Steketee, Black, Bhuta & Morris, 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 milk within the first few hours after birth (Edmund, Zandoh, Quigley, Amenga-Etego, Owusu-Agyei, & Kirkwood, 2006). Another research done by Johns Hopkins Bloomberg school of Public Health, at the University of Zimbabwe in 2005, found out that exclusive breastfeeding reduces the risk of diarrhoea, respiratory tract infections and allergies, three times as compared to mixed feeding (Humphrey, 2005). Studies also indicated that healthy exclusive breastfed infants in the first 6 months of life do not require additional fluid even in countries with extremely high temperature and low humidity (Lawrence, 2001).

According to Jelliffe and Jelliffe (2002), early ceasing of exclusive breastfeeding predisposes the infant to malnutrition and respiratory tract infection, this lack of exclusive breastfeeding results to increased infant morbidity and mortality rate, especially in developing countries. Exclusive breastfeeding for the first 6 months of life improves the growth, health and survival status of new-borns, and is one of the most natural, as well as the best form of preventive medicine (WHO, 2003). Exclusive breastfeeding plays pivotal role in determining the optimal growth and development of infants, and is associated with a decreased risk of many early life diseases and conditions, including otitis media, respiratory tract infections, diarrhoea and early childhood obesity (Ip, Change, Raman, Chew, Mangula, Devine, Trickalinos & Lan, 2007). Other advantages of exclusive breastfeeding include; maintaining the health of the child and mother, reduced child morbidity and mortality, as well as promotes bond between the mother and the child (Fishcer, 2000).

Nevertheless, a cursory observation revealed that some lactating mothers have negative attitude towards exclusive breastfeeding in Imo State, especially in Owerri Municipality. Some researchers have proposed that lack of suitable facilities outside the home, inconveniences, conflict at work, family pressure and ignorance, adversely affect the willingness of nursing mothers to practice exclusive breastfeeding (Ogbonna, Okolo & Ezeogu, 2000; Forbes, Adams-Curtis, Hamm & White, 2003). As such a more detailed understanding of the attitude of nursing mothers towards exclusive breastfeeding in Owerri Municipal Council Area of Imo State is important, in order to develop effective intervention programmes, so that most nursing mothers will develop positive attitude towards exclusive breastfeeding, as well as reduce infant morbidity and mortality rate.

### **Purpose and Objectives of the Study**

The purpose of this study was to determine the attitude of nursing mothers towards exclusive breastfeeding in Owerri Municipal Council Area of Imo State.

Specifically, the objectives of the study are:

1. To determine the attitude of nursing mothers towards exclusive breastfeeding in Owerri Municipal Council Area of Imo State.
2. To determine whether attitude of nursing mothers towards exclusive breastfeeding in Owerri Municipal Council Area of Imo State, differ by age.
3. To determine whether attitude of nursing mothers towards exclusive breastfeeding in Owerri Municipal Council Area of Imo State, differ by parity status.
4. To determine whether attitude of nursing mothers towards exclusive breastfeeding in Owerri Municipal Council Area of Imo State, differ by occupation.
5. To determine whether attitude of nursing mothers towards exclusive breastfeeding in Owerri Municipal Council Area of Imo State, differ by level of education.

## **Research Question**

Answer was sought to the following research question:

1. What is the attitude of nursing mothers towards exclusive breastfeeding in Owerri Municipal Council Area of Imo State?

## **Hypotheses**

The following hypotheses were tested at 0.05 level of significance;

1. Attitude of nursing mothers towards exclusive breastfeeding in Owerri Municipal Council Area of Imo State will not significantly differ by age.
2. Attitude of nursing mothers towards exclusive breastfeeding in Owerri Municipal Council Area of Imo State will not significantly differ by parity status.
3. Attitude of nursing mothers towards exclusive breastfeeding in Owerri Municipal Council Area of Imo State will not significantly differ by occupation.
4. Attitude of nursing mothers towards exclusive breastfeeding in Owerri Municipal Council Area of Imo State will not significantly differ by level of education.

## **Method**

The descriptive survey research design was employed in this study. The descriptive survey research design that was used is the cross-sectional survey, which is the study of a fraction of the population, which has the characteristics of the entire population at the same time.

The population for this study consisted of all nursing mothers in Owerri Municipal Council Area of Imo State, resident at home with an estimated population of three thousand (3,000) nursing mothers (Population Office, Owerri Municipal Council Headquarters, Imo State). A sample of 300 was used for the research work. The stratified sampling technique was adopted for the study. Owerri Municipal Council was stratified into five strata. Each of the strata was regarded as a stratum for where the respondents were selected using purposive sampling technique.

## **Instrument for data collection**

The structured questionnaire was subjected to content and construct validity. The validation of the questionnaire was ascertained by three (3) lecturers in the Department of Physical and Health Education, Alvan Ikoku Federal College of Education Owerri, (AIFCE) whose scrutiny and suggestions assured the validity of the questionnaire. However, inconsistencies that were observed were corrected before the final production of the questionnaire.

The reliability of the instrument was carried out using test re-test method. Ten copies of the questionnaires were given to ten nursing mothers in Owerri North Local Government Area of Imo State. After two weeks, the questionnaires were redistributed to the same nursing mothers. The data collected were analysed using Pearson Product Moment Correlation. The correlation coefficient was found to be 0.84.

## Data collection and analysis

The researchers collected a signed letter from the Head of Department, Physical and Health Education, AIFCE, Owerri for identification purpose. The letter was presented to the women leader who later sent two women to assist us in the distribution of the questionnaire. The copies of the questionnaire were distributed and collected immediately. The gathering of the data took two weeks.

The completed copies of the questionnaire were collated, coded and analysed using both descriptive and inferential statistics. Descriptive statistics of frequency counts and percentage were used to analyse the demographic data while the inferential statistics of chi-square was used to test the hypotheses at 0.05 level of significance. Research questions were answered using percentages while null hypotheses were tested using chi-square ( $\chi^2$ ).

## Results

### Research Question 1

What is the attitude of nursing mothers towards exclusive breastfeeding in Owerri Municipal Council Area of Imo State?

**Table 1: Respondents' attitude toward exclusive breastfeeding**

S/N	Items	Positive Attitude (Agreed)	Negative Attitude (Disagreed)
1	I will like to breastfeed my infant exclusively	141(47%)	159(53%)
2	I will give my baby formula milk to supplement my breast milk within the first six months after birth	169(56.33%)	131(43.67%)
3	I will like to work in the home to enable me practice exclusive breastfeeding	128(42.67%)	172(57.33%)
4	I will be supportive of exclusive breastfeeding anywhere, whether inside or outside the home	134(46.67%)	166(55.33%)
5	I will advise all nursing mothers to have positive attitude towards exclusive breastfeeding	126(42%)	174(58%)
6	I will advise any nursing mother in the civil service not to resign her job, in order to practice exclusive breastfeeding.	129(43%)	171(57%)
7	I will advise any nursing mother who wants to work to be self-employed, to enable her practice exclusive breastfeeding.	137(45.67%)	163(54.33%)
8	I will support longer maternity leave of 6 months for nursing mothers, to enable them practice exclusive breastfeeding.	133(44.33%)	167(55.67%)
9	I will support the provision of private areas or facilities at work places, for nursing mothers to practice exclusive breastfeeding	153(51%)	147(49%)
10	I will support additional break for any female employee who wants to practice exclusive breastfeeding to enable her do so	140(46.67%)	160(53.33%)
<b>Total</b>		1390	1610
<b>% total</b>		463.34%	536.66%
<b>Average</b>		139	161
<b>% Average</b>		46.33%	53.67%

Table 1 showed the attitude of nursing mothers towards exclusive breastfeeding in Owerri Municipal Council Area of Imo State. From the table, out of the 300 respondents, 139(46.33%) had positive attitude towards exclusive breastfeeding, while 161(53.67%) had negative attitude towards exclusive breastfeeding. On the basis of the findings, it was discovered that, majority of the respondents in Owerri Municipal Council Area of Imo State, have negative attitude towards exclusive breastfeeding.

### Hypothesis 1

Attitude of nursing mothers towards exclusive breastfeeding in Owerri Municipal Council Area of Imo State will not significantly differ by age.

**Table 2:** Chi-square analysis of respondents' attitude towards exclusive breastfeeding based on their age.

Age of Respondents	Agreed		Disagreed		Total
	O	E	O	E	
20 years and below	25	26.55	34	32.45	59
21-30years	30	31.95	41	39.05	71
31-40years	54	55.35	69	67.65	123
41years and above	26	21.15	21	25.85	47
<b>Total</b>	<b>135</b>		<b>165</b>		<b>300</b>

Cal  $x^2$  value = 2.46, table value = 7.815,  $df=3$ ,  $p > 0.05$

Table 2 above revealed that the calculated  $x^2$  value of 2.46 is less than the table value of 7.815, 3 degree of freedom ( $df$ ) at 0.05 level of significance. The null hypothesis which stated that attitude of nursing mothers towards exclusive breastfeeding in Owerri Municipal Council Area of Imo State will not significantly differ by age is therefore accepted by the researchers. This means that there is no significant difference in the attitude of nursing mothers towards exclusive breastfeeding in Owerri Municipal Council Area of Imo State based on their age.

### Hypothesis 2

Attitude of nursing mothers towards exclusive breastfeeding in Owerri Municipal Council Area of Imo State will not significantly differ by parity status.

**Table 3:** Chi-square analysis of respondents' attitude towards exclusive breastfeeding based on their parity status

Parity status of Respondents	Agreed		Disagreed		Total
	O	E	O	E	
1-3 children	55	47.84	49	56.16	104
4-6 children	46	51.52	66	60.48	112
7 children and above	34	38.64	50	45.36	84
<b>Total</b>	<b>135</b>		<b>165</b>		<b>300</b>

Cal  $x^2$  value = 3.95, table value = 5.991,  $df=2$ ,  $p > 0.05$

Table 3 above revealed that the calculated  $\chi^2$  value of 3.95 is less than the table value of 5.991, 2 degree of freedom (df) at 0.05 level of significance. The null hypothesis which stated that attitude of nursing mothers towards exclusive breastfeeding in Owerri Municipal Council Area of Imo State will not significantly differ by parity status is therefore accepted. This means that there is no significant difference in the attitude of nursing mothers towards exclusive breastfeeding in Owerri Municipal Council Area of Imo State based on their parity status.

### Hypothesis 3

Attitude of nursing mothers towards exclusive breastfeeding in Owerri Municipal Council Area of Imo State will not significantly differ by occupation.

**Table 4:** Chi-square analysis of respondents' attitude towards exclusive breastfeeding based on their occupation

Occupation of respondents	Agreed		Disagreed		Total
	O	E	O	E	
Civil servants	23	26.79	34	30.21	67
Public servants	56	64.86	81	73.14	137
Self-employed	25	21.15	20	23.85	45
House wife	19	16.92	18	19.08	37
Students	12	11.28	12	12.72	24
<b>Total</b>	<b>135</b>		<b>165</b>		<b>300</b>

Cal  $\chi^2$  value = 5.57, table value = 9.488, df=4,  $p > 0.05$

Table 4 above revealed that the calculated  $\chi^2$  value of 5.57 is less than the table value of 9.488, 4 degree of freedom (df) at 0.05 level of significance. The null hypothesis which stated that attitude of nursing mothers towards exclusive breastfeeding in Owerri Municipal Council Area of Imo State will not significantly differ by occupation is therefore accepted by the researchers. This means that there is no significant difference in the attitude of nursing mothers towards exclusive breastfeeding in Owerri Municipal Council Area of Imo State based on their occupation.

### Hypothesis 4

Attitude of nursing mothers towards exclusive breastfeeding in Owerri Municipal Council Area of Imo State will not significantly differ by level of education.

**Table 5:** Chi-square analysis of respondents' attitude towards exclusive breastfeeding based on their level of education

Level of education of respondents	Agreed		Disagreed		Total
	O	E	O	E	
Non-formal education	08	7.57	18	8.43	26
Primary education	17	17.99	24	20.01	41
Secondary education	63	69.58	86	77.43	149
Tertiary education	47	37.39	37	41.61	84
<b>Total</b>	<b>135</b>		<b>165</b>		<b>300</b>

Cal  $\chi^2$  value = 9.97, table value = 7.815, df=4,  $p > 0.05$

Table 5 above revealed that the calculated  $\chi^2$  value of 9.97 is greater than the table value of 7.815, 4 degree of freedom (df) at 0.05 level of significance. The null hypothesis which stated that attitude of nursing mothers towards exclusive breastfeeding in Owerri Municipal Council Area of Imo State will not significantly differ by level of education is therefore rejected. This means that there is significant difference in attitude of nursing mothers towards exclusive breastfeeding in Owerri Municipal Council Area of Imo State based on their level of education.

## ***Discussion***

### **Research question 1**

What is the attitude of nursing mothers towards exclusive breastfeeding in Owerri Municipal Council Area of Imo State?

Data derived from this research question was analysed using descriptive statistics of frequency count and percentage. It was discovered that 53.67% of the respondents had negative attitude, while 46.33% had positive attitude towards exclusive breastfeeding. This result is in line with Edwards (2000) who stated that, the attitude of nursing mothers towards exclusive breastfeeding is low in Nigeria as recorded by demographic and health survey which showed that 52% of the subject supplement with water.

### **Hypothesis 1:**

Attitude of nursing mothers towards exclusive breastfeeding in Owerri Municipal Council of Imo State will not significantly differ by age.

Data derived from this research hypothesis was analysed using inferential statistics of chi-square. It was discovered that attitude of nursing mothers towards exclusive breastfeeding in Owerri Municipal Council Area of Imo State does not significantly differ by age. This result is in line with Ogbonna, Okolo, and Ezeogu (2000); Forbes, Adams-Curts, Hamm and White (2003) who stated that age was not a factor that hinders exclusive breastfeeding but rather lack of suitable facilities outside the home, inconveniences, conflict at work, family



pressure and ignorance, adversely affect the willingness of nursing mothers attitude toward exclusive breastfeeding.

### **Hypothesis 2**

Attitude of nursing mothers towards exclusive breastfeeding in Owerri Municipal Council Area of Imo State will not significantly differ by parity status.

Data derived from this research hypothesis was analysed using inferential statistics of chi-square. It was discovered that attitude of nursing mothers towards exclusive breastfeeding in Owerri Municipal Council Area of Imo State does not significantly differ by parity status. This result is in line with Ibadin and Omoigberale (2001) who stated that number of children was not a factor that interferes with exclusive breastfeeding but that ignorance due to their unbelief and misconception that exclusive breastfeeding will make their breast to sag.

### **Hypothesis 3**

Attitude of nursing mothers towards exclusive breastfeeding in Owerri Municipal Council Area of Imo State will not significantly differ by occupation.

Data derived from the research hypothesis was analysed using inferential statistics of chi-square. It was discovered that attitude of nursing mothers towards exclusive breastfeeding in Owerri Municipal Council Area of Imo state does not significantly differ by occupation. This result is in line with Echem (2013) who stated that occupation is not a factor to deny the child of his/her right of getting protected through exclusive breastfeeding.

### **Hypothesis 4**

Attitude of nursing mothers towards exclusive breastfeeding in Owerri Municipal Council Area of Imo State will not significantly differ by level of education.

Data derived from this research hypothesis was analysed using inferential statistics of chi-square. It was discovered that attitude of nursing mothers towards exclusive breastfeeding in Owerri Municipal Council Area of Imo State significantly differ by level of education. This result in line with Asuquo, Ekanem, Ekanem, Eyo (2012) who stated that a higher maternal education level was observed to favour exclusive breastfeeding significantly as compared to a lower education level.

### ***Conclusions***

By reason of this research, it has been revealed that greater proportion (53.67%) had negative attitude towards exclusive breastfeeding. It was also concluded that age, parity and occupation have no influence on attitude of nursing mothers towards exclusive breastfeeding while level of education had influence on the attitude of nursing mothers towards exclusive breastfeeding.

### **Recommendations**

Based on the conclusions drawn, the following recommendations were made:

1. The government should make available enough baby friendly hospital initiative with the aim of providing mothers and their infants a supportive environment for breastfeeding practices, thus helping to reduce infant morbidity and mortality rate. This will in turn help to create in mothers positive attitude towards exclusive breastfeeding
2. There should be enough social support for the younger nursing mothers especially from their mothers directly, or even their mothers-in-law to accompany nursing mothers during the confinement period mostly after the first delivery, so as to advance the effects of their efforts towards exclusive breastfeeding.
3. Effective family planning methods should be adopted by both the husband and the wife in order to control the number of children being born in a family so that nursing mothers can always cope with the demands of exclusive breastfeeding.
4. Employers of labour should provide private areas or facilities (crèche) at work places. So as to motivate most of the employed nursing mothers, especially those in the civil public service to have a positive change towards exclusive breastfeeding, since they are not given up to six (6) months maternity leave.
5. Nursing mothers should be educated and sensitizes adequately through conferences, seminars and workshops by health workers and allied educators for them to embrace exclusive breastfeeding for at least six (6) months, and even sustain appropriate breastfeeding practices after the introduction of complementary food with continued breastfeeding for up to two (2) years or beyond as recommended by WHO (2009).

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