

## **Working Mother Attitude and Practices of Exclusive Breastfeeding in Amac, Fct-Abuja**

**UDOUDO, I.O AND AJAYI, P.H**

Department of Sociology, University of Abuja, Nigeria.  
Gwagwalada Abuja, Nigeria  
[udoudoinemesit@gmail.com](mailto:udoudoinemesit@gmail.com)

---

**Abstract:** *The study on working mothers attitude and practice of exclusive breastfeeding in AMAC. The respondents were selected through simple random sampling. In all a total of 324 were sample for the study. Data was collected randomly from various immunization clinics in AMAC, and analyzed using simple percentage methods. The findings showed that the variables like mothers level of knowledge, mother's attitude towards exclusive breastfeeding, mothers, level of education among others were all significant to their practice of exclusive of breastfeeding, while cultural beliefs are not associated with exclusive breastfeeding practice. In conclusion, the study recommended for better practice of exclusive breastfeeding. More education for mother's and the general public on the benefits and need for exclusive breastfeeding. Also the extension of maternity leave to enable other's have enough time to practice exclusive breastfeeding, and provision of creches in all offices to enable working mothers breastfeed their babies properly and teaching of mothers ways of expressing of o breast milk and storage of expressed breast milk so as to improve the rate of exclusive breastfeeding practice by working mothers and the society at large.*

**Keywords:** *Working-Mother, Attitude, Practices, Exclusive-Breastfeeding, AMAC-ABUJA*

---

### **1. INTRODUCTION**

Essentially, mother's milk has antibodies which are not present in infant formula. These antibodies are what protect the body and the boost the immune system of infant to enable them fight disease. The human milk in the right proportion also helps in robust and all round development of re infant (Jones, 1993: Tiwari, Zahariya and 2008). Hence absence of such antibodies and lack of adequate nutrients and vitamins in infant's formula, also the easy contamination of bottles and other artificial feeding methods exposes the infants to various diseases like respiratory tract disease, skin infection, diahorrea which is a serious problem in infants (Jone, 1993).

Exclusive breastfeeding is encouraged and recommended to all mothers worldwide with efforts being made both in the private and public sector as a way of achieving the Millennium Development Goals (MDGs) on improving maternal health. These efforts are also directed at reducing infant morbidity and mortality related to mixed-feeding as breast milk is very vital for the newly born babies. According to UNICEF (2010), exclusive breastfeeding is giving baby breast milk only and nothing else, not even sips of water except for medicines prescribed by the doctor or nurse for the first six months of life.

According to World Health Organization (2006), in 1991, United Nations International Children's Fund (UNICEF) and World Health Organization (WHO) began an international campaign called Baby Friendly Hospital Initiative. This initiative was meant to promote, protect and support breastfeeding. Most hospitals in Nigeria have Baby Friendly Initiative. One of the ten steps for Baby Friendly Initiative states that there should be no advertising of formula products used for babies under six months. In line with this agreement, Nigeria prohibits the advertisement of such products on all media in an effort to promote exclusive breastfeeding.

Consequently, this necessitated the Innocent Declaration commendation of 1990 by WHO/UNICEF Policy makers that all infants should be fed exclusively on breast milk from birth to 6 months of age (Galtry, 2003). However, this clarion call is to be answered by all mothers, in our contemporary society women are actively involved in paid job which has strict laws and codes of conduct which may not enable them have adequate time, to practice exclusive breastfeeding. In this study the researcher sets out to unravel those socio-economic determinates of exclusive breastfeeding among

working mother's in AMAC in order to give recommendations that will help improve the rate of exclusive breastfeeding.

## **2. BENEFITS OF EXCLUSIVE BREASTFEEDING TO THE CHILDREN IN NIGERIA**

The advantages of exclusive breastfeeding are widely documented (Dana, Price, Simon & Schuster 1987).

### **2.1. Provision of Colostrums**

During the early days after delivery breastfeeding provides the baby with the benefits of colostrums.

Colostrums is the premilk substance secreted by the breasts, until milk is produced usually about the second or third postpartum day. Colostrums is rich in all baby's essential need like vitamins, nutrients, fluids to help clear excess mucus from the or her mouth and throat, special laxative properties that help clear the baby's intestinal tract of meconium (baby's first stool) and substances that prevent infections and allergies (Jones, 1993). Breastmilk provide all the nutrient and vitamins the baby needs at least for the four to six months after birth. The baby receives everything she needs for needs for optional healthy development from the mother's milk with no supplement (Jones, 1995).

### **2.2. Prevention of Diseases**

Breastmilk contains immunologic factors and antibodies that help prevent a host of diseases. Antibodies are immune substances in blood and body fluids effective in fighting infections and other foreign substances in the blood.

Breast milk contains antibodies which protect the infant from any infections and diseases, particularly infection of the intestinal tract since also there is no exposure to infected water, contaminated bottles amongst other containments the breastfed baby is far less susceptible to diarrhea, which in infants, is a potentially serious condition (Jones, 1993), Measles, ear infection, and respiratory illnesses (Unicef 2001). Those who are not breastfed fall sick more often and visit hospitals and clinics more often and have 50% lower survival rate than the breastfed children.

### **2.3. Development of the Teeth and Jaw, Reduction of In famiile Obesity And Meeting of Emotional and Psychological Needs**

The body teeth and jaw develop best when the mother breastfeeds, sucking at the breast appears to lower the incidence of fault closure of the teeth malocclusion (Jones, 1993), Breastfeeding markedly reduced the chance of infants, obesity. Obesity in infantile can predispose the child to obesity later in life (Jones, 1993).

Breastfeeding fills many of the baby emotional and psychological as well as psychological needs. Breastfeeding offers a special closeness that helps develop the material child relationship during the early months of life. At the same time it gives the baby the emotional and physical pleasure (Lawrence 1995).

### **2.4. Reduction in Infant Mortality and Neurodevelopment and Child Growth**

Studies suggest decreased rates of sudden infant death syndrome in the first year of life and reduction in incidence of insulin dependent (typed 1 and non insulin dependent (type 2) diabetes mellitus, lymphoma and leukemia disease, overweight and obesity, hypercholesterolemia and asthma in older children and adults who were not breastfed (Kramarm, *et, al*, 2001:414).

It has been proven that and child growth breastfeeding has been associated with slightly enhance performance on tests of cognitive development (Jones, 1993). Also, child that is breastfed will have better weight and growth gain and development.

### **2.5. Attitude and Mothers Exclusive Breastfeeding Practice**

Research showed that a large number of mothers are not practicing Exclusive breastfeeding as a result of poor knowledge which result in poor attitude towards it.

For instance, Chetley (2003) identified negative perception of breastfeeding like insufficient milk, fear of weight gain, breast sagging, pain, sleep deprivation, exhaustion or maternal employment as the problems highlighted by poor attitude mothers who are not positive towards exclusive breastfeeding.

In the same vain inadequate knowledge or inappropriate practice of breastfeeding were identified as those factors which can lead to undesirable consequences which also affect mother's attitude.

Nevertheless, Mennela (2001) realized from his study that women who continued breastfeeding exclusively were more determined to success and overcome any barrier, relying mostly on family support and proper time management.

### 2.6. Attitude Solutions with Exclusive Breastfeeding Practice

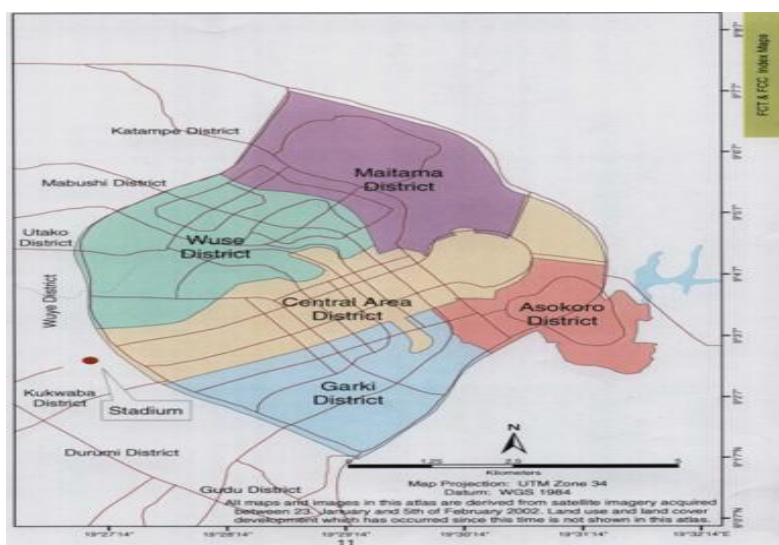
Although exclusive breastfeeding is an important behavior that has been identified as related to improved health of mothers, infants and children as well as lower health care cost. Exclusive breastfeeding based on available evidence, achievements of these goals are still far from the desired progress. Exclusive breastfeeding practices including initiation and duration are influenced by multiple interwoven factors which include health, psychosocial, cultural, political and economic factors. Among these factors, decision regarding exclusive breastfeeding in low-income countries are influenced by education, employment place of delivery, family pressure, cultural values, and spouse support within the home.

To further explain, much research which looks at exclusive breastfeeding behavior shows that there are complex relationships to it which involves not only incentives, but disincentives as well. Often the disincentives outweigh the advantages for many women. These disincentives form any barriers to compliance with the breastfeeding recommendations. These common factors which affect exclusive breastfeeding practice are the mother returning to work outside of the home, the support of the other within the home and mother psychological health (Chudasama, Patal and Kavishwar, 2009).

Gundelman *et al*, (2009) identified lacking job flexibility and psychosocial stress as the barriers to exclusive breastfeeding practice by working mothers. Further explanation puts in that one of the problems continually encountered by working mothers which tends to reduce the rate of exclusive breastfeeding is sex-specific, and therefore, cannot be viewed as gender neutral in child bearing. The act of breastfeeding becomes even more difficult because many do not consider exclusive breastfeeding to be critical for baby survival. Thus specific legislation on breastfeeding of the right to pump milk, lactation at work, extra package to boost breastfeeding working mothers still remain a mirage.

### 2.7. Study Area of Abuja Municipal Area Council (Amac)

This study was carried out in Abuja Municipal Area Council (AMAC). Abuja Federal Capital Territory Nigeria.



The Area Council is located on the eastern wing of the federal capital territory. It has a land mass of 1,200 sq km (approximately and the population of (AMAC Diary), The Area Council is accessible by land, air and telecommunication the area is accessible from other parts of the country by road through the Abuja Suleja road on the north, on the east through the eastern Keti-Nyanya road and through the Lokoja-Gwagwalada road on the west within the Area Council itself is a well laid good network of roads.

Also, AMAC is bounded on the east by Nasarawa state, Kuje Area Council on the west and on the North, by Gwagwalada Area Council and Niger State.

Furthermore, the Area Council is clustered into 12 wards namely the Wuse ward, (owagwa ward, Kabusa ward, Nyanya ward, Orozo ward, Garki ward, city centre ward, Jiwa ward, Gui ward, Karu ward, Karchi ward and Gwarimpa ward.

Though its secretariat is at Area 10, Garki Abuja with some of the AMAC people being employed by Government a good number of them are engage in Agriculture, both crop cultivation and animal rearing, sculpture calving and trading. The bulk of federal Institutions, ministries and Embassies are located with the confines of the Area Council. This provides employment for the AMAC people making it possible for a great work force to concentrate with the Area.

**2.8. Population of Study**

The population of the study comprises of 778,567 people (census 2006). The people they are found in various parastals and ministers located in Abuja Municipal Area Council (AMAC) of Federal Capital Territory (FCT).

**2.9. Data Analysis**

A total of 324 questionnaires were administered out of which 305 were duly completed and returned and they were all found fit for the analysis. This represents 93% response rate. The high rate could be attributed to the researcher's effort in administering the instruments personally and also researcher wisdom in choosing two experienced researcher assistance to help the researcher in data collection.

**3. WORKING MOTHER’S ATTITUDES AND THEIR PRACTICE OF EXCLUSIVE BREASTFEEDING**

**3.1.Data Analysis**

A total of 324 questionnaires were administered out of which 302 were duly completed and returned and they were all found fit for the analysis. This represents 93% response rate. The high rate could be attributed to the researcher's effort in administering the instruments personally and also researcher wisdom in choosing two experienced researcher assistance to help the researcher in data collection.

*Knowledge and Practice of Exclusive Breastfeeding*

**Table1.** Cross tabulation or working mothers level of knowledge of exclusive breastfeeding and their practice of exclusive breastfeeding

Working mothers level of knowledge of exclusive breastfeeding				
	Question	Yes	No	Row Total
Practice of Exclusive breastfeeding	Yes Frequency	198	1	199
	Percentage (%)	99.5	5	100
Column Total	No Frequency	87	16	103
	Percentage (%)	84.5	15.5	100
	Frequency	255	17	302
	Percentage (%)	94.4	5.6	100

On the level of knowledge of exclusive breastfeeding and practice, the table1 above shows that 99.5% of the respondents on the question on working class mothers' knowledge of exclusive breastfeeding (i.e item 11 in section. It cross tabulated with responses on the practice of breastfeeding (i.e item 14) in section B of the questionnaire believed their mother level of knowledge on exclusive breastfeeding does affect their practice of it. The implies that working mothers who are well informed on exclusive breastfeeding do practice it.

This finding also continued the positions of the discussants and information's. For example one of the discussants from the focus group in the capital Area puts her view thus.

"Exclusive breastfeeding is appreciated when you are well informed about it. This way you will not be pushed around by neighbors because you will be convinced that exclusive breastfeeding has a lot offer so you will go for it against all adds"

*Another participant still supporting the finding said "exclusive breastfeeding is good and my practice it was like war because my mother in-law did not like the idea at all, but I paid deaf ear and even when I resumed, I always drop my baby in our office creches and breastfeed conveniently for six months. That was my first child. This one everyone knows my stand so they milk less though are still on leave now, but I don't intend to stop before six months".*

*Attitude and Exclusive Breastfeeding Practice*

On the level of attitude of exclusive breastfeeding and practice. The table 2 above shows that majority of the respondents (98%) on the question on working class mother's attitude of exclusive breastfeeding (i.e item 17) in section B cross tabulation with responses on the practice of breastfeeding (i.e item 14) in section B of the questionnaire believed that mother attitude on exclusive breastfeeding does affect their practice of it.

This implies that working mothers who are well informed on exclusive breastfeeding and have positive attitude practice it. Therefore a mother who is not favourably dispose to exclusive breastfeeding does not find it wise to it.

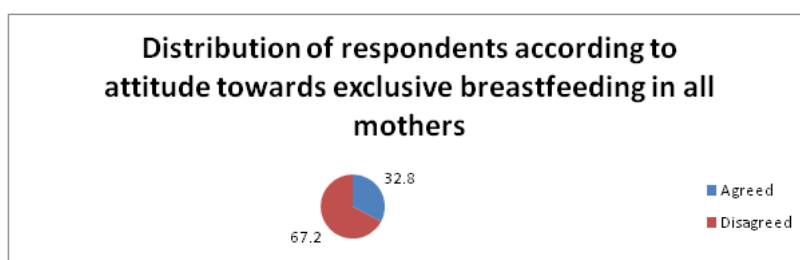
**Table 2:** Cross Tabulation of Working Mothers Attitude Towards Exclusive Breastfeeding and their Practice of Exclusive Breastfeeding

		WORKING MOTHERS LEVEL OF KNOWLEDGE OF BREASTFEEDING EXCLUSIVE		
PRACTICE OF EXCLUSIVE BREASTFEEDING	QUESTION	YES	NO	ROW TOTAL
	YES FREQUENCY	195	4	199
	PERCENTAGE (%)	98.0	2.0	100
COLUMN TOTAL	NO FREQUENCY	58	45	103
	PERCENTAGE (%)	56.3	43.7	100
	FREQUENCY	253	49	302
	PERCENTAGE (%)	83.8	16.2	100

**Table 3:** Distribution of respondents according to attitude towards exclusive breastfeeding in all mothers

Response	Number of respondents	Percentage.
Agreed	100	32.8
Disagreed	205	67.2
<b>Total</b>	<b>305</b>	<b>100%</b>

The above table 2 shows that 205(67.2%) of the respondents do not agree to the fact that exclusive breastfeeding is practical while 100(32.8%) agree that it's practical. This shows that most mothers do not believe that they can breastfeed their babies exclusively for six months. According to Abuja National Hospital of Obstetricians and Gynecologists, (2012), efforts are being done worldwide to educate mothers on exclusive breastfeeding as it is crucial and practical.



**4. RESULTS**

The finding was different from that of Salami (2004) and Calbury 2003 whose earlier research indicated that there was an affirmation between cultural beliefs, religion among others and the rate of exclusive breastfeeding.

Knowledge of Exclusive Breast Feeding (EBF) is not synonymous with its practice in the study area. The fact that 65% of the respondents have been informed of EBF did not guarantee their practicing it. The rural women need to be educated on the advantages of EBF over traditional more familiar inclusive Breast Feeding (IBF). The findings in Table 2 that nursing mothers above the age of 1 years and prim-parous were less likely to practice EBF is in consonance with Mascarehas et al (2006) and Nwosu et al (2004); however, this finding was at variance with Rajesh et al (2009) who posited that maternal age which was considered factor affecting Exclusive Breast Feeding has not shown any significance. This new finding was congruent with the reports of Lawoyin et al (2001); Ojofehintimi et al (2001) and Aghaji (2001). The reason for this finding may not be unconnected with the fears held by these young ladies that EBF may make their breast to become flaccid, saggy and unattractive to their husbands.

The findings that married mothers who are living with their husbands practice EBF more than single, divorced or widowed mothers is an indication of husbands influential role as breadwinners and decision makers in family matters. Husbands probably give the much needed financial support to promote and sustain EBF till 6 months. This finding is congruent with Onayade et al (2004).

The findings that nursing mothers on paid employment, like civil servants practice EBF more than any other occupational group but discontinue midway without sustaining it till 6 months is in consonance with the work of Agbaji (2002), Nwankwo and Brieger (2002) and Rajesh (2009). The reason could be that they discontinue with EBF on resumption of duty from maternity does not exceed 3 to 4 months (ogbona et al, 2000) The finding that peasant farming mothers least practice EBF than any other occupational group is attributable to ignorance, low level of education, abject poverty because of their low level of income. This finding corroborates the work of Nwankwo and Breiger (2002); Nwosu et al. (2004); Onayade et al. (2004); Rajesh et al (2009) and Losch et al. (1995).

## 5. CONCLUSION AND RECOMMENDATIONS

According to the research, exclusive breastfeeding is very crucial for the health of babies as mixed feeding results in diseases among babies. Despite the health education done at hospitals and communities on awareness of exclusive breastfeeding up to six months, mothers are reluctant to stick to the teachings. Failure to follow exclusive breastfeeding is attributed to social, cultural and religious factors which promote other feedings as a way of safekeeping of the babies. Working mothers also showed that they have a problem in exclusive breastfeeding their babies since the maternity leave is short and they will have to supplement breast milk with other feeds when they are at work which includes porridge and baby milk bought in shops. The greater number of child bearing mothers is aged between 20-30 years and the research reveals that the mothers are literate but they think that exclusive breastfeeding is associated with the mother being HIV positive. There is also a perception by junior mothers who feel breast milk alone for less than six months is not enough to satisfy the baby.

*In a way to improve exclusive breastfeeding, the research came up with the following recommendations:*

1. Formation of social support group on exclusive feeding
2. Nursing mother working hour of half a working day for the period of 1 year after delivery to enable the mother care adequately for the infant.
3. Health workers especially nurses should try and leave by example. It is discouraging for nurses to preach about exclusive breastfeeding while they themselves do not practice it.
4. Copies of this report should be circulated to all health parastals in the country, this will be informative and educative to every category of health worker as a prelude to the real training of health workers on modern breast feeding management which, is part of the activities of the Breastfeeding promotion And Counseling Group (B.P.C.G.) stated for 1998.

## REFERENCES

- [1] Adeniyi, G. Razag, O. 7 Afeikhena J. (2005) Statistics for the Social Sciences Ibadan, Ibadan University Press.
- [2] Al-Sahab, B. Lanes, A Feldman, Mc Tamin, H. (2010) uPrevalence & predicators of 6 months Exclusive Breastfeeding among Canadian Women". A national survey utilized USA; Little field, Adams & Co Publishers.
- [3] American Academic of Pediatrics: Medical Home Initiative for Children with Special needs Project Advisory Committee. The Medical Home Pediatrics 2002: 110-184
- [4] Andu Aggarival et al (1998) breastfeeding among urban women of low socio-economic states, Factors influencing introduction of supplementation feeds before four months of Age", Indian Pediatrics 35 (3) 10-11.
- [5] Arnold, M. Culture and Anarchy: (1882) New York: Macmiljan and Co. Publishers.
- [6] Bandyopadhyary M: Macpherson S. (1998) Women and Health: Tradition and Culture in Rural India UK: Ashgate Publishing Ltd.

- [7] Bartick M. Reinhold (2010) The Burden of Suboptimal Breastfeeding in the United States: A Pediatrics Cost Analysis Pediatrics 125 (5) 1048- 1056.
- [8] Bharati: S. R. (2000) Socio-economic Dimensions of Breastfeeding. A study in Hyberabad": Health and Population Perspectives and Issue 23 (2), 144-159 USA Cambridge University Press.
- [9] Oneney A. (2006) There is no substitute for mother's milk, world Health Magazine Feb-Mar 2003, 13-15.
- [10] Chighbu, A.E. (1990) Motherhood Pregnancy and Child Care, Onitsha: African publishers.
- [11] Chudasama, R.K. Patel, P.C. Karishwar A.B. (2009) "The Determinant of Exclusive breastfeeding in South Gujerant" 1(2) 102-108 India.
- [12] Chye, J and Lim, C. (1998) Breastfeeding at 6 months and effects on Infection 12(39) 551-556.
- [13] Dana, W. Price A, Simon and Schuster (1987) "The Determinants of Exclusive Breastfeeding Hew York: Macmillian Publishers.
- [14] Esterik, V. and Greiner, T. (1981) Breastfeeding & Women's work constraints and opportunities. Journal of Family Planning 12(4) 125-129.
- [15] Etobe, I.E. (2002) Sociology of Health and Rehabilitation Cataber: Baye Communications Ltd.
- [16] Etzel, R.A and Balk S.J. (2003) Report of the Committee on Infections Diseases America: EIK Grove.
- [17] Ford, K and Labbok M. (2008) Breastfeeding and Child Health in the States: 25 (2) 187-194.
- [18] Galtry, J. (2003). The impact on Breastfeeding of Labour Market Policy and Practice in Ireland Sweden and USA: Social Science & Medicine Journal 57 (1) 167-177, USA; Cambridge Publishers.
- [19] Gay, P. (1986) The Politics of Breastfeeding London: Pandora Press.
- [20] Gbadegeshin, A. Olopoenia, R. 7 Goldman, A. (2007) The Immune System in Human Milk and the developing infant: Breastfeeding Medicine (4) 195-2004.
- [21] Guendelman, S. Kosa, J.K., Peal, M., Graham, S., Goodman, J., and Kharrazi M. (2009). Juggling work and breastfeeding: Effects of maternity leave and occupational characteristics. Pediatrics, 123-e38-e46
- [22] Hanson, L. (2004) Immunobiology of Human Milk: How Breastfeeding Protects babies. USA: Pharmasoft Publishers.
- [23] Hawking, S.S., Griffiths, L.J., Dezateux C, Law C. (2007) The Impact of Material employment on breast-feedings duration in the UK Millennium Cohort Study Public Health Nutrition 10:891-896 Bilthoven: RIUM.
- [24] Heling M.T.' (2001) Host defense benefits of breastfeeding for the infant, Journal of Pediatrics 58(8) 105-125,218.
- [25] Horta, B. Bahl, R. Martines J and Victoria C. (2007) Evidence on the long- term effects of breastfeeding systematic reviews and metaanalyses. Wolrd Helath Organization, Geneva.
- [26] Howard, C.R. and Lawrence R.A. (1998) Breastfeeding and drug exposure obstetegynecol clin North America.
- [27] Jolliee, Cuming (1970) Lactation, Ferility and the working women, London: IPPF. "
- [28] Jones, C. (1993) Breastfeeding your Baby A Guide for the Contemporary Family. New York: Macmillam Publishing Company.
- [29] Khan, M. (1990) Breastfeeding and Wearing Practices in India.; Asia Pacific population Journal 5(1) 71-88.
- [30] Koosha, A., Hashemife Sharaki R., and Mousavinasab N. (2009) Breastfeeding Patterns and factors determining exclusive breastfeeding the Internet Journal of Family Practice-7 (2) India U.S.A. Cambridge University Press.
- [31] Kramer, M.S., and Chalmers, B. Hodnett E.D. et al (2001) Promotion of Breastfeeding Intervention Traial (PROBIT): A Randomized Trial in Republic of Belarus TAMA.205: 413-420.
- [32] Masarenhas, M.L.W., et al., (2006); 'Prevalence of Exclusive Breast Feeding and its determinants in the first 3 months of life in South of Brazil'. Journal of Paediatrics, 82; 289-294.

- [33] Mennella, J.A. (2001) Regulation of Milk Instate alter exposure to alcohol in mother's milk.
- [34] Nath, M. Dilip, C. Goswami, & Gul (1997) Determinants of Breastfeeding Patterns in Urban Society of India Human Biology 69 (4) 159.
- [35] Nwankwo, B.O. & Brieger, W.R. (2002); 'Exclusive Breast Feeding is undermined by Use of other Liquids in Rural South-Western Nigeria. Journal of Tropical Paediatrics 48(2); 109-112.
- [36] Nwosu, U.M et al., (2004); 'Factors Influencing the Practice of Exclusive Breast Feeding in Rural Communities of Abia State, Nigeria'. Nigerian Journal of Applied Psychology, 8(2); 133-147.
- [37] Okolo, S.N. et al (1999) Current Breastfeeding knowledge, Attitudes and Practice of Mothers in Five rural communities in the Savannah region of Nigeria Onitsha: Tropics Publishing Press.
- [38] Ogbonna, C et al., (2000); 'Factors Influencing Exclusive Breast Feeding in Jos, Plateau State, Nigeria'. West African Journal of Medicine 19(2); 107-117
- [39] Ojofeintimi, E.O. (2001); 'Promotion of Exclusive Breast Feeding'. The Need to Focus on the Adolescent Nutrition and Health. 15(1); 55-62
- [40] Onayade, A.A., et al., (2004); 'The First six months Growth and Illness of Exclusive and Non-Exclusive Breastfeed infants in Nigeria'. East African Medical Journal. 81(3); 146-199
- [41] Osuala, E.C. (2005) Introduction to Research Methodology Enugu: Africana Publishers.
- [42] Pandev, Rajender (1990) Breastfeeding and the working women in India: New Delhi Chugh Publishers.
- [43] Picciano, M. (2001) Nutrient Composition of Human Milk. Pediatric Clinic North America Journal 48 (1): 52-67.
- [44] Prasad, B. and Costello A. (1995) Impact and Sustainability of a "baby friendly" health education intervention at a district hospital in Britain. British Medical Journal 310 621 London: Oxford University Press.
- [45] Rasheed S. Siddiqui, I. and Baig, L. (2000) Decline in Breastfeeding who is to be blamed?!! A study of knowledge, attitude and practice of breastfeeding amongst nurses. Medical Association 50(1) 8-11 Philadelphia: Open University Press.
- [46] Riordan, J.M. (1997). The Cost of not Breastfeeding: A commentary, Human Lactation 13(2) 93-97.
- [47] Shirima, R. Gebre-Medem M & Greiner T. (2001) Breastfeeding: Practices in Rural and Urban Morogoro: Tanzania food and Nutrition 90 936- 942 Tanzania: Stockholm Publishers.
- [48] Tanaka, S. (2005) Parental Leave and Child Health Across Countries, the Economic Journal.
- [49] Thimmayamma, B.C. and Vidyavati M. (1980) Infant Feeding practices of working mothers in Urban Area-Journal of Medical Research 72:834-839.
- [50] Tile W.S. (1998) Medical Sociology and Social works Evolving: Professions for a Humane Society. Abuja: Vougasen Nigeria Lid.
- [51] Tile, S.W. (2009) Scientific Methodology and Sociological Knowledge, Abuja: Timeless publishers.
- [52] Tiwari, R. Mahajan, P & Zahariya, C. (2008). The Determinants of Exclusive Breastfeeding in Urban Slums: a Community based study. Journal of Tropical Pediatrics 8(2) 1-6.
- [53] UNICEF (1995) National Planning Commission causes of childhood mortality estimated contribution in Child Survival, Protection and development in Nigeria Key Social Statistics.
- [54] WHO, UNICEF (1991) Protecting, Promoting and Supporting Breastfeeding the Social role of maternity services Geneva.
- [55] Wray, J.D. (1987) Maternal Nutrition, Breastfeeding and infant survival. In National and Human Reproduction New. York-Plenum Press.
- [56] Tiwari, R. Mahajan, P and Zahariya, C. (2008). The Determinants of Exclusive Breastfeeding in Urban Slums: A Community based study. Journal of Tropical Pediatrics 8(2) 1-6
- [57] UNICEF (1995) National Planning Commission causes of childhood mortality estimated contribution in Child Survival, Protection and development in Nigeria Key Social Statistics.



- [58] UNICEF, (2010), Breastfeeding pamphlets. UNICEF in collaboration with Ministry of Health and Child Welfare in Nigeria.
- [59] WHO, UNICEF (1991) Protecting, Promoting and Supporting Breastfeeding the Social role of maternity services Geneva.
- [60] World Health Organization (2006), HIV and infant feeding: new evidence and programmatic experience. Report of a Technical Consultation.