

INFLUENCE OF EXCLUSIVE BREASTFEEDING CAMPAIGNS ON KNOWLEDGE, ATTITUDE AND PRACTICE AMONG WOMEN IN AWGU LOCAL GOVERNMENT AREA OF ENUGU STATE

NWOSU, Michael Onwumelu
Department of Mass Communication
Godfrey Okoye University Enugu
mnwosu@gouni.edu.ng; 070395664599

EZEMA, Louis Chidi
Department of Mass Communication
Godfrey Okoye University, Enugu
louiezema@gouni.edu.ng; 08067102917

Abstract

The study examined the influence of exclusive breastfeeding campaign on knowledge, attitude and practice of exclusive breastfeeding among women in Awgu Local Government Area of Enugu State. The study sought to find out the knowledge, attitude and practice of exclusive breastfeeding among the women of child bearing age in Awgu. Related literature was extensively reviewed as a guide for the theoretical framework of the study, which was anchored on the belief model. Five research questions and three hypotheses were examined and tested using data collected through survey and analyzed. Pearson Product Moment Correlation, commonly symbolized as r , was used to test hypotheses one and two while T. Test was used to test hypothesis three. The survey research method was thus used and the population were women of reproductive or child bearing age. A cluster sampling approach was used in selecting the sample size of 379 respondents. The findings showed that hypothesis one has positively weak correlation and hypothesis two has negatively weak correlation while hypothesis three was statistically supported according to the decision rule which states: Reject H_0 if $t_{cal} > t_{cv}$, otherwise accept at $\alpha = 0.05$. This means that there is no correlation between the knowledge created by exclusive breastfeeding campaigns and the practice of exclusive breastfeeding among women in Awgu. The result of hypothesis two means that there is no significant correlation between level of awareness created by exclusive breastfeeding campaign and the attitude of women in Awgu L.G.A towards exclusive

breastfeeding. Also, hypothesis three result showed there are some factors seriously militating against the practice of exclusive breastfeeding by women in Awgu L.G.A. The researchers recommend that adequate enlightenment especially during antenatal and immunization services are vital in promotion of exclusive breastfeeding among women in Awgu L.G.A.

Keywords: Exclusive breastfeeding, Campaign, Knowledge, Attitude, Practice, Women

Introduction

In 2012 the world health assembly resolution 65.6 endorsed a comprehensive implementation plan on maternal infant and young child nutrition (Resolution WHA 65.6 2012), which specified six global nutrition targets for 2025 (WHO Global Target 2025). Breastfeeding policy brief covers the fifth target to at least 50% the rate of exclusive breastfeeding in the first six months. The purpose of this policy brief is to increase attention to investment in and action for a set of cost-effective intervention and policies that can help member states and their partners in improving exclusive breastfeeding rates among infants less than six months. Exclusive breast feeding is a cornerstone of child survival and child health because it provides essential, irreplaceable nutrition for a child's growth and development. It serves as a child's first immunization-providing protection from respiratory infections (Nwonye et al, 2020; Horta, and Ola, 2013), diarrhoea disease and other potentially life-threatening ailments. Exclusive breastfeeding also has a protective effect against obesity and certain non-communicable disease later in life. (Horta, and Ola, 2013).

[Globally, only 38% of infants 0 to 6 months old are exclusively breastfed (Black, Ola, Walker, Bhutta, Christian de Onism et al 2013; World Health Organization 2013). Recent analysis indicates that sub optimal breastfeeding contributed to 11.6% of mortality in children under 5 years of age. This was equivalent to about

804, 000 deaths in 2011 (Black, Ola, Walker, Bhutta, Christian de Onism et al 2013). The convention on the elimination of all forms of discrimination against women (1979) is relevant to food rights and breastfeeding. This convention is in line with the universal declaration of human rights (1948), International Covenant on Economic, Social and Cultural Rights (1976) and Convention on the Rights of the child (1990). The world Alliance for Nutrition and Human Rights acknowledged the importance of breastfeeding at its first meeting in 1993 and maintained that, hindrance to adequate nutrition, food and care, the alliance pledges itself to further the principles of Innocenti Declaration on the Protection, Promotion and Support of Breastfeeding (1990). The Lancet series on child survival (2003) underscored that exclusive breastfeeding (EBF) and continued breastfeeding with complementary feeding are major factors in the child survival, growth and development. Evidence also demonstrates that lack of breastfeeding is associated with various chronic diseases and obesity later in life.

According to Adeyoju (2015) cited United Nations Children Fund noted with concern that “Every day Nigeria loses 2,300 under-five year olds and 145 women of child bearing age,” adding that the mind-boggling statistics has made the country the second largest contributor to the under-five and maternal mortality rate in the world. Breast milk contains the entire nutrient an infant need in the first six months of life. Breastfeeding protects against diarrhoea and common childhood illnesses such as pneumonia and may also have longer- term health benefits for the mother and child such as reducing the risk of overweight and obesity in childhood and adolescence, Adeyoju added. In apparent reference to WHO the coordinator explained that a child that was exclusively breastfed for the first six months of life would achieve optimal growth development and health. Regrettably, Adeyoju (2015) submitted that Nigeria is the 9th worst place in the world to be a child. According to Adeyoju:

One in every eight children today born in Nigeria will not reach their fifth birthday this means that

850, 000 children under the age of five die every year, more than half of these deaths are caused by the three main killers of children in the world: diarrhea, pneumonia and malaria.

Children have been described as precious gifts to every family. They are also referred to as the hope of a nation’s future. Unfortunately, however, available records in African countries particularly Nigeria point to the contrary. The reason, according to Save the Children International (a Non-governmental Organization) is that few Nigerian children enjoy exclusive breastfeeding especially within the first six months of life. Experts have advocated that colostrum, milk produced at the end of pregnancy contains antibodies that protect infants from childhood illnesses like respiratory infections, diarrhea, bacteria and viruses (Anowor et al, 2019). This knowledge, coupled with the staggering statistics of the country’s global rating on child and maternal health, compelled Save the Children International in partnership with the Lagos State Government to seek to add diarrhea morbidity through a systematic campaign on breastfeeding as the world marked “World Breastfeeding Week,” an annual celebration commemorated from August 1-7 as declared by the United Nations Agency World Health Organization. Breastfeeding is an unequalled way of providing ideal food for the healthy growth and development of infants; it is also an integral part of the reproductive process with important implications for the health of the mothers. To enable mothers to establish and sustain exclusive breastfeeding for six months, WHO and UNICEF recommended:

- Initiation of breastfeeding within the first hour of life.
- Exclusive breastfeeding- that is the infant only receives breast milk without additional food or drink, not even water.
- Breastfeeding on demand- that is as often as the child wants, day and night.
- No use of bottles, teats or pacifiers. (WHO/UNICEF, 2003).

Breast milk is the natural first food for babies; it provides all the energy and nutrients that the infant needs for the first six months of life and it continues to provide up to half or more of a child's nutritional needs during the second half of the first year and up to one-third during the second year of life. Breast milk promotes sensory and cognitive development and protects the infant against infections and chronic diseases. Exclusive breastfeeding reduces infant mortality due to common childhood illnesses such as diarrhoea or pneumonia and helps for a quicker recovery during illness. These effects can be measured in resources poor and affluent societies (Kramer, M, et al., 2001; Onodugo et al, 2019). Breastfeeding contributes to the help and well-being of mothers. It helps to space children, reduces the risk of ovarian cancer and breast cancer, increases family and national resources, is a secure way of feeding and is safe for the environment. (Kramer, M. et al 2001). WHO and UNICEF launched the Baby-Friendly Hospital Initiative (BFHI) in 1992 to strengthen maternity practices to support breastfeeding. The foundation for the BFHI is the Ten Steps to Successful Breastfeeding described in Protecting, Promoting and Supporting Breastfeeding: a Joint WHO/UNICEF statement.

Situation of Breastfeeding in Awgu

Breastfeeding is encouraged at any point in time be it, in the open/public or in isolation. The belief of Africans is that breastfeeding is an ingredient of promotion of closeness to mothers and a concept of bringing the mother and child closer to one another. It is even seen as a taboo for a mother not to breastfeed her child. Nowadays many of the women in Awgu L.G.A engaged in various form of economic activities such as petty trading, hawking, menial jobs and other forms of economic activities to the total neglect of exclusively breastfeeding their children. Hence, this study is meant to ascertain, whether the exclusive breastfeeding campaigns are creating and having desired positive influence on knowledge, attitude and practice of exclusive breastfeeding among women of Awgu L.G.A. Several studies have demonstrated that mothers with good knowledge of exclusive breastfeeding

were more likely to breastfeed their infants exclusively in the first six months of life.

Statement of the Problem

Since the advent of western education and introduction of feeding formula, many Awgu women have practically discarded what is culturally seen as a child's right. Breastfeeding in the Awgu setting used to be a child's right, but today the reverse is the case. Experts agree that breastfeeding is beneficial and have concern about the effects of artificial formulas. Artificial feeding is associated with more deaths from diarrhea in infants in both developing and developed countries (Horton et al., 1996). Other dangers associated with not breastfeeding as recommended include high infant death rates caused by lowered protection against harmful bacteria and other gastrointestinal infections and slow recovery from illness. (WHO, 2001). It is estimated that sub-optimal breastfeeding, especially non-exclusive breastfeeding in the first six (6) months of life, result in 1.4 million deaths and 10% of the diseases burden in children younger than five-year (5) years of age (WHO, 2009).

Some researchers have proposed that lack of suitable facilities outside of the home, inconvenience, conflicts at work, family pressure and ignorance adversely affect the willingness of women to practice exclusive breastfeeding (Ogbonna et al., 2000 p. 109; Forbes et al., 2003 p.380) The Nigerian government established the Baby-Friendly Hospital Initiative (BFHI) in some states within the country with the aim of providing mothers and their (children) infants a supportive environment for breastfeeding and to promote appropriate breastfeeding practices thus helping to reduce infant morbidity and mortality rates (Abdulmaleek and Musa, 2016; Agbarakwe et al, 2018). Despite these efforts, child and infants' mortality continue to be major health issues affecting Nigeria. In the olden days, it is seen as a taboo for a mother not to breastfeed her child in Awgu Local Government Area, Nowadays many of the women in Awgu Local Government Area engaged in various form of economic activities such as petty trading, hawking, menial jobs, civil

service and other forms of economic activities to the total neglect of exclusively breastfeeding their children. Hence, this study is meant to ascertain whether the exclusive breastfeeding campaigns are creating and having desired positive influence on knowledge, attitude and practice of exclusive breastfeeding among women of Awgu.

Objectives of the Study

The main objective of the study is to find out the knowledge, attitude and practice of exclusive breast feeding among women of Awgu Local Government Area of Enugu State. However, the specific objectives are:

1. To ascertain the level of awareness of exclusive breastfeeding campaigns by women of Awgu
2. To assess the knowledge of exclusive breastfeeding by women of Awgu local government area
3. To assess the attitudes of Awgu women toward exclusive breastfeeding.
4. To identify the factors that militate against exclusive breastfeeding by women of Awgu local government area
5. To identify the factors that encourage exclusive breastfeeding among women in Awgu L.G.A.

Research Questions

The following research questions guided the study;

1. To what extent are the women of Awgu local government area aware of the exclusive breastfeeding campaigns?
2. What is the level of knowledge of exclusive breastfeeding among women in Awgu local government area?
3. How have exclusive breastfeeding campaigns affected the attitude of Awgu women toward exclusive breastfeeding?
4. What are the factors that militate against exclusive breastfeeding by women in Awgu L.G.A?
5. What are the factors that encourage exclusive breastfeeding among women in Awgu L.G.A?

Research Hypotheses

Three research hypotheses were formulated to guide this study.

- H₀₁: There is no significant correlation between knowledge created by exclusive breastfeeding campaigns and the practice of exclusive breastfeeding among the women of Awgu L.G.A.
- H₀₂: There is no significant correlation between level of awareness created by exclusive breastfeeding campaigns and the attitude of women in Awgu L.G.A towards exclusive breastfeeding.
- H₀₃: There are no factors militating against exclusive breastfeeding among women in Awgu L.G.A.

Review of Literature

Conceptual Review

The Concept of Exclusive Breastfeeding

Breastfeeding is the feeding of an infant or young child with breast milk directly from female human breasts (i.e. via lactation) rather than using infant formula from a baby bottle or other container (Await et al., 2009 p.395). Breastfeeding is the ideal method suited for the physiological and psychological needs of an infant (Subbian, 2018 p.178). Under modern health care, human breast milk is considered the healthiest form of milk for babies (Picciano, 2001 p.55). Breastfeeding has been accepted as the most vital intervention for reducing infant mortality and ensuring optimal growth and development of children (Gupta et al., 2007). The beneficial effects of breastfeeding in the prevention of morbidity and mortality from diarrhoea in infants have been documented (Gupta et al., 1990). Scientific researches, such as 2007 review for the World Health Organization (WHO), have found numerous benefits of breastfeeding for the infant (Horta et al., 2007).

Breastfeeding promotes health for both mother and infant and helps to prevent disease. Longer breastfeeding has also been associated with better mental health through childhood and into adolescence (Oddy et al., 2010, p.572). Breastfeeding appears to reduce the risk of extreme obesity in children (Armstrong & Reilly,

2002). Due to many health benefits of breastfeeding to mothers and children, governments of many nations have set goals for breastfeeding practices and rates (Vogel et al., 1999, p.1322). The BFHI has been implemented in about 16,000 hospitals in 171 countries and it has contributed to improving the establishment of exclusive breastfeeding worldwide and Nigeria is among these countries promoting and sustaining exclusive breastfeeding through BFHI. While improved maternity services help to increase the initiation of exclusive breastfeeding support throughout the health system is required to help mothers sustain exclusive breastfeeding.

Table 1: Summary of the benefits of exclusive breastfeeding

Benefits to infants	<p>Provides adequate water for hydration.</p> <p>Provides superior nutrition for optimum growth.</p> <p>Protects against infection and reduces overall child mortality. The biggest impact on reducing illness relates to diarrhoea, through two mechanisms: (1) reduced risk of bacteria from contaminated formula, other liquids and foods and (2) transfer of antibodies through breast milk.</p> <p>Reduces overall neonatal mortality by around 20% (early initiation of breastfeeding).</p> <p>Promotes bonding and development.</p> <p>Results in better cognitive development and IQ than in formula-fed children.</p> <p>Lowers the risk of chronic conditions such as diabetes, heart disease, obesity, certain cancers etc. compared with formula-led infants.</p>
Benefits to mothers	(Early initiation) helps contract the uterus, expel the placenta and reduce bleeding.

	<p>Helps mothers' returns more rapidly to their pre-pregnancy weight and a lower body mass index after 5-6 years.</p> <p>Lowers risk of pre-menopausal breast cancer and ovarian cancer.</p> <p>May delay return of fertility</p>
Benefits to society	<p>Lowers family food and health expenditures.</p> <p>Decreases workforce absence due to decreased infants and maternal illness.</p> <p>Lowers health care provider costs due to decreased infant and maternal illness, staff time, kitchen requirements, space, nursery beds, etc.</p> <p>Is a basic human right and may help bridge the divide between marginalized and vulnerable populations and more privileged groups.</p>

. It is estimated that global burden of children who are not exclusively breastfed is around 32 million children. Challenges to improving practices include:

- Complacency, which may be one of the biggest threats to optimal infant feeding
- Widespread promotion of breast-milk substitutes
- Belief that infants need water in addition to breast milk
- The issue of breastfeeding and HIV transmission
- Lack of support for breastfeeding at home, in the community, in health care facilities and in workplaces (e.g., policies for maternity leave and worksite facilities for breastfeeding), linked to the perception that behaviour change is difficult or even impossible
- Poor understanding of the role of breastfeeding in advancing human and health rights

Empirical Review on Exclusive Breastfeeding

Breast milk is a natural resource that has a major impact on a child's health, growth and development and therefore, WHO and UNICEF recommended that infants should be breastfed exclusively for 6 months and thereafter until 24 months. As such, breastfeeding activities are carried out worldwide in order to fulfil this recommendation. Although, the practice of breastfeeding in Nigeria has been a major aspect of infant feeding, EBF practice is poor. Numerous researchers have identified several factors attributed to such effect, these includes, but not limited to, lack of adequate information and support on good feeding practices, EBF in particular; poor attitudes towards and poor practices of EBF. In a study carried out on breastfeeding knowledge, attitude and practice of mothers in five rural communities in savannah region of Nigeria (Toto LGA in Nasarawa State), 310 mothers were recruited. All mothers attend antenatal clinic but only 33.3% received instruction from health workers on breastfeeding, 54% did not give colostrum to their babies and only 28.6% breastfed their babies within 24 hours of birth. Although breastfeeding is widely practiced, none of the mothers exclusively breastfed their babies and pre-lacteal feeds ranging from water, formula or herbal tea were given by all mothers. (Okolo; Adewumi and Okonji, 2018, p.324).

The study conducted in Bayelsa state of Nigeria to ascertain the knowledge and practice of exclusive breast feeding among mothers in Gbarantoru Community, by Peterside et al., (2013, p.36), it was reported that, 134 women were interviewed with age range of 20 to 35 years with 59.7% and 29.9% of which had secondary and primary level of education respectively. 59.7% of the mothers knew the correct definition and duration of exclusive breastfeeding while 19.4% had never heard of exclusive breastfeeding. 80.6% of the mothers heard about exclusive breast feeding from health workers during antenatal clinic visits, 10.4% heard about it from either the television or radio and 9.0% heard about exclusive breast feeding from relatives and/or friends. All (100%) mothers breastfed their babies within the first 6 months of

life. However, only 44.8% of them breastfed exclusively for 3 to 6 months with a mean duration of 5.4 months. The study also showed that, the rate of exclusive breastfeeding increased with increased maternal age as well as higher maternal education. In a similar study conducted in Yobe State, 78.4% of the mothers interviewed were not aware of exclusive breastfeeding. Out of the 21.6% of mothers that were not aware of exclusive breastfeeding, 64.5% of them obtained such information from health workers, 9.0% from the media and 7.3% from their husbands and only about 27% could give the correct definition of EBF. 78.8 % of mothers-initiated breastfeeding within one hour of delivery and only 57% gave colostrum to their babies. While 39% of the mothers gave their babies breast milk immediately after delivery, 30% gave water, 17.8% gave animal milk as the first food and 4.3% commenced breast milk substitutes.

The study also reveals that there is positive correlation between educational attainment of respondent mothers and awareness on EBF and that the more the educational level, the more likely the chances of giving colostrum to the child (Bolanle, 2013). Another study from Calabar, Cross River state also reported that majority of the mothers were aware of EBF, believed that the practice is desirable and of low cost and knew that breast milk alone is sufficient for the baby for the first six months, yet less than two-thirds of them actually practised EBF. Less than one-third of the respondents who had received information about EBF from health workers actually practised it (Essien, Samson, Ndebbio & John, 2019, p.68). In a study conducted on Growth faltering among exclusively breastfed infants in Ogun State, Nigeria by Amosu, et al., (2010, p.310), the focus group discussions' findings showed that majority of nursing mothers received information on breastfeeding from the nurses, community health workers and community health extension workers. Nearly all the nursing mothers could explain exclusive breastfeeding correctly as the process of feeding babies with breast milk alone without adding even water for the first six months, though many confessed that they didn't find it easy. Ekanem et al (2012) reported that

attendance of ante-natal clinic enhances mothers' understanding and appreciation of the demands and benefits of EBF and empowers them to resist external interferences and pressures even though 10% of the women never practiced EBF believing that their breast milk was insufficient for babies need.

The Theoretical Frame Work – The Health Belief Model

The Health Belief Model was developed in the 1950s to explain why medical screening programmes in the US were not successful (Hayden, 2009). Hayden (2009) concluded that “The underlying concept of the original Health Belief Model is that, health behaviour is determined by personal beliefs or perceptions about a disease and the strategies available to decrease its occurrence”. The main constructs of the model are: perceived susceptibility (individual's perception of exposure to danger and likelihood to contract a disease), perceived severity or seriousness (individual's perception of the gravity of disease), perceived barriers and perceived benefits (Janz and Becker, 1984, p.30; Hayden, 2009). Three more constructs were added later resulting in the expansion of the Health Belief Model to include modifying variables, cues to action and self-efficacy (Hayden, 2009). According to Hayden (2009), the first four constructs are modified by variables such as culture, past experience, educational level, skill and motivation to produce the individual perception. The individual perception together with cues to action and self-efficacy determine the health behaviour or action.

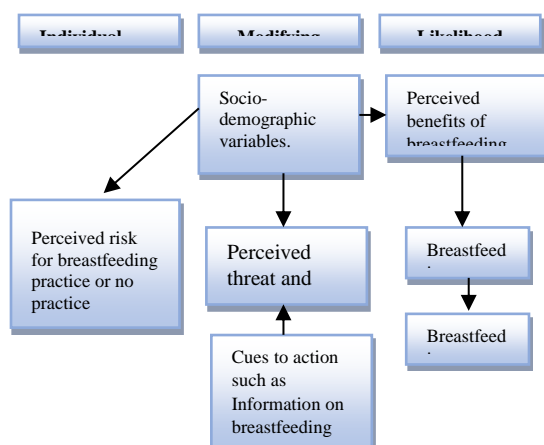


Figure 1. The Health belief model (Adopted from Kabiru, Beguo, Crichton, and Zulu, 2011)1.

The health belief model in figure 1 was originally used by Kabiru et al (2011) in a study of HIV/AIDS among youth in Kenya. For this study the topic has been changed from HIV/AIDS to breastfeeding.

Personal Perception

Perceived seriousness, Perceived susceptibility, Perceived benefits, and Perceived barriers/cost of action are important determinants of health behaviour. The practice of breastfeeding in a particular community depends on general perception of the community about breastfeeding.

Research Methodology

This study adopts survey which is a descriptive research design, hence questionnaire was used as the research instrument. The population of the study is 135,951. This is made up of women of reproductive age or child bearing age who are between the ages of 15-49 years, according to World Health Organization (WHO). WHO states that women of reproductive age are usually 22% of every female population. Hence the current population of women within reproductive age in the study area was obtained thus:

$$= \frac{22}{100} \times \frac{135,951}{1} = \frac{29,909.22}{100} = 29,909.22$$

Consequently, the target population of this study is 29,909. Wimmer and Dominick Online Sample Size Calculator was used to determine a sample size of 379. The sample size was distributed to one district hospital designated as Baby Friendly Hospital Initiative (BFHI) that was purposively selected and eight health centres that were selected using simple random sampling technique. The researcher used non-proportionate formula to determine the sample size of the Awgu District Hospital and the eight Health centres selected for the study.

Cluster sampling and simple random sampling methods were adopted as the sampling technique. The researcher used frequency tables and simple percentage to analyze the data while Pearson product moment correlation, commonly symbolized as r was used to test the hypotheses 1

and 2 whereas T-test was used to test hypothesis 3.

Data presentation, Analysis and Interpretation

A total of 379 copies of the questionnaire were distributed across the study area while 368 copies were retrieved, whereas 11 copies were not returned, hence treated as mortality. The mortality rate of 2.9% (11 copies), which is quite insignificant.

Table 1: Respondents' major source of information about exclusive breastfeeding campaign.

Major source of information	Frequency	Percent
Hospital	32	8.7
Maternal & child health	124	33.7
Health centres	138	37.5
Radio	10	2.7
Television	14	3.8
Family member	22	6.0
Relatives/Friends/		
Women organizations	28	7.6
Churches	0	
Others	0	-
Total	368	100

Field Survey 2022

Table 1 showed that the respondents' major source of information are health centres which has 138 respondents representing 37.5% while maternal and child health had 124 respondents, representing 33.7 percent, which is also health centre. In summary the major source of information for propagating, the messages of exclusive breastfeeding campaigns are health centres as shown on the above table 10.

Table 2: Ascertaining the level of awareness of Awgu women on exclusive breastfeeding campaigns

Assessment of the level of awareness of the women of Awgu on exclusive breastfeeding campaign	N	Likert mean	Responses					Mean \bar{X}	Decision Rule Reject $\mu < 3.0$
			SAS	AN	UN	D2	SD1		

1	The women are aware of exclusive breastfeeding campaign	368	3.0	171	140	21	20	16	42	Accept
2	Exclusive breastfeeding is giving the baby only breast milk for six (6) months without other food	368	3.0	141	180	15	18	14	41	Accept
3	Exclusive breastfeeding should start immediately after delivery	368	3.0	160	151	20	15	23	41	Accept
4	Exclusive breastfeeding gives natural immunity	368	3.0	150	158	20	26	14	41	Accept
5	Frequent sucking of the breast helps for the milk production	368	3.0	145	172	17	20	14	41	Accept
6	Breastfeeding increases the baby's intelligence growth and	368	3.0	185	136	20	15	12	43	Accept

	develo pment.									
7	Baby who received exclusive breastfeeding is less prone to get diseases	368	3.0	154	161	18	15	20	41	Accept
8	Exclusive breastfeeding is beneficial in spacing birth	368	3.0	143	171	20	19	15	41	Accept
9	Exclusive breastfeeding campaign has created adequate knowledge on breastfeeding among the women	368	3.0	146	160	28	14	20	41	Accept

Total = $37.2 \div 9 = 4.13$

Source: Field survey, 2020

Table 2 based on the data collected showed that women of Awgu are aware of the exclusive breastfeeding campaigns. Hence the nine items measured and tested were higher than the Likert mean of 3.0. In summary the nine items were taken to be positive (+ive), hence accepted. The average means of all the score is 4.13 which is higher than the likert means 3.0.

Table: 3. Level of knowledge of exclusive breastfeeding among Awgu women.

What is the level of knowledge of exclusive breastfeedi	N	Li ke t m ea n	Responses					M ea n \bar{X}	De cisi on Rul e
			S A 5	A 4	U N 3	D 2	S D 1		

ng among women in Awgu L.G.A										Rej ect $\mu < 3.0$
1	The exclusive breastfeeding campaigns have made women to start practicing exclusive breastfeeding.	368	3.0	151	158	28	15	16	41	Accept
2	The women even practice exclusive breastfeeding beyond six months.	368	3.0	146	177	17	11	160	18	Reject
3	Mother who practice exclusive breastfeeding achieve pre-pregnancy weight faster	368	3.0	53	100	163	180	16	6	Reject
4	Mother who practice exclusive breastfeeding has a low	368	3.0	146	158	20	24	20	40	Accept

	risk of getting breast cancer.									
5	Frequent exclusive breastfeeding may prevent breast engorgement.	368	30	153	158	17	25	25	40	Accept
6	Babies will gain weight if they receive exclusive breastfeeding	368	30	147	160	25	16	20	41	Accept
7	Correct positioning helps to achieve exclusive breastfeeding	368	30	139	161	28	21	19	40	Accept
8	Colostrum is the mother's early milk which is thick sticky and yellowish in colour	368	30	152	163	20	18	15	41	Accept
9	Mothers give prelact	368	30	18	18	22	151	159	18	Reject

	eat foods before initiating breastfeeding									
10	Breastfeeding should be given on demand	368	30	148	156	24	21	19	41	Accept
11	Babies should be allowed to breastfeed for at least 10 – 12 minutes for each feeding	368	30	14	16	17	150	171	18	Reject
12	Breastfeeding should be continued up to 2 years even though the baby has received complementary food	368	30	160	149	19	22	18	41	Accept

Total = $39.6 \div 12 = 3.3$

Source: Field Survey 2020

Table 3: Shows that as a result of the exclusive breastfeeding campaign the Awgu woman have good knowledge of exclusive breastfeeding. In summary, the average means showed that the

women have good knowledge of exclusive breastfeeding with the average means score of 3.3.

Table 4: The extent exclusive breastfeeding affected the attitude of Awgu women towards exclusive breastfeeding.

	How have exclusive breastfeeding campaigns affected the attitude of Awgu women towards exclusive breastfeeding?	N	Likert mean	Responses					Mean \bar{X}	Decision Rule Reject $\mu < 3.0$
				Strongly Agree	Agree	Uncertain	Disagree	Strongly Disagree		
1	The exclusive breastfeeding campaigns have made women develop positive attitude towards exclusive breastfeeding	368	3.0	151	163	18	16	20	4.1	Accept
2	Exclusive breastfeeding is cheaper and better than artificial feeding.	368	3.0	140	170	20	20	18	4.1	Accept
3	Exclusive breastfeeding can lead to loss of weight among	368	3.0	30	24	34	130	150	2.1	Reject

	women.									
4	Exclusive breastfeeding makes to be hungry often.	368	3.0	138	167	20	23	20	4.0	Accept
5	Exclusive breastfeeding alters the sleeping pattern of women.	368	3.0	18	17	23	150	160	1.9	Reject
6	Exclusive breastfeeding can inflict some pains or discomfort on the woman (nipple pain).	368	3.0	9	8	22	148	171	1.9	Reject
7	Exclusive breastfeeding can result into sagging of breast.	368	3.0	4	7	20	153	164	1.8	Reject
8	The community prefers exclusive breastfeeding over artificial feeding.	368	3.0	63	30	30	23	22	4.1	Accept
9	Artificial feeding preserves	368	3.0	5	20	15	145	173	1.8	Reject

	woman's body and prevents obesity.									
10	Breastfeeding in public is embarrassing.	368	30	160	147	21	20	20	41	Accept
11	Breast milk is pure and cost nothing.			153	156	20	19	20	41	Accept
12	Exclusive breastfeeding prevents going to work.			13	17	16	158	164	18	Reject

Total = $35.8 \div 12 = 2.9$

Source: Field Survey 2020

Table: 4 Shows that seven (7) of the statements were accepted to be positive (+ive) while five of the statements were rejected being lower than the likert mean. In nutshell, the exclusive breastfeeding campaigns have affected the attitude of Awgu women negatively towards exclusive breastfeeding. Hence the average means scores is 2.9 which is lower than likert mean of 3.0.

Table 5: The factors that militate against exclusive breastfeeding by women in Awgu Local Government Area

4. What are the factors that militate against exclusive breastfeeding by women in Awgu L.G.A	N	Likert mean	Responses					Mean \bar{X}	Decision Rule Reject $\mu < 3.0$
			SAS	A4	UN3	D2	SD1		
1 Breastfeeding difficulties including nipple pains and	368	3.0	130	162	26	28	22	4.0	Accept

	ill health prevent the women from practicing exclusive breastfeeding.									
2	Tradition and belief system which maintain that every human being must drink water prevent women from practicing exclusive breastfeeding.	368	3.0	140	130	25	32	41	3.5	Accept
3	Many of the women are ignorance of the benefits or importance of exclusive breastfeeding.	368	3.0	145	138	27	25	33	3.9	Accept
4	Many of the woman are illiterates and no amount of advice will convince them to practice exclusive breastfeeding.	368	3.0	128	140	28	30	42	3.7	Accept
5	Economic hardship/poverty prevents women from breastfeeding their babies exclusively.	368	3.0	150	120	30	38	30	3.8	Accept
6	Women who are stressed will not produce enough breast milk for	368	3.0	147	150	27	24	26	4.0	Accept

	their babies.									
7	Lack of support from husband, family members, mother's close friends and peers groups during lactation discourage the practice of exclusive breastfeeding	368	3.0	150	148	20	25	28	4.0	Accept

Total = $26.9 \div 7 = 3.8$

Source: Field Survey 2020

Table 5: shows that there are some factors militating against exclusive breastfeeding practice by women in Awgu Local Government Area, hence the seven statement were tested positive (+ive) being higher than the likert mean of 3.0. Thus, all the statements were accepted. Thus, the average means score is 3.8

Table 6: The factors that encourage exclusive breastfeeding among women in Awgu Local Government Area

5. What are the factors that encourage exclusive breastfeeding among women in Awgu L.G.A.		N	Liket me an	Responses					Me an \bar{X}	Deci sion Rule Reje ct $\mu < 3.0$
				S A 5	A 4	U N 3	D 2	S D 1		
1	A combination of health education and health care professionals support encourage the practice of exclusive breastfeeding	368	3.0	153	148	25	20	22	4.1	Accept
2	Social support from	368	3.0	155	150	20	25	18	4.0	Accept

	women's partner i.e. husband's encouraging wives to breastfeed may promote and prolong breastfeeding									
3	The support from family members, close friends peers and mothers social network during lactation influence exclusive breastfeeding.	368	3.0	160	130	24	28	26	4.0	Accept
4	The educational level of the mothers encourage exclusive breastfeeding.	368	3.0	140	150	23	30	23	3.9	Accept
5	Post-natal support from experts increase breast feeding duration	368	3.0	130	145	25	28	40	3.8	Accept
6	The presence of mother-in-law in the home increase breastfeeding self-efficacy and implication for continuing breastfeeding.	368	3.0	125	150	24	30	39	3.8	Accept

7	Grandm others are influenti al in infant feeding choices and can positivel y influenc e breastfe eding	3 6 8	3.0	1 2 0	1 3 0	2 8	4 0	5 0	3.6	Acce pt
---	--	-------------	-----	-------------	-------------	--------	--------	--------	-----	------------

Total = $27.2 \div 7 = 3.9$

Source: Field Survey 2020

Table 7 shows that there are certain factors that encourage exclusive breastfeeding practice among women in Awgu Local Government Area, hence the seven statements tested positive (+ive) being higher than the likert mean of 3.0 means score of 3.9. This has demonstrated that with enough encouragement women in Awgu will practice exclusive breastfeeding to the later

Test of Hypotheses

H₀₁: There is no significant correlation between adequate knowledge created by exclusive breastfeeding campaign and the practice of exclusive breastfeeding among the women of Awgu Local Government Area.

$$r = \frac{N(\sum XY - \sum X \sum Y)}{\sqrt{[N(\sum X^2 - (\sum X)^2)][\sum Y^2 - (\sum Y)^2]}}$$

$$= \frac{10(130.51) - (41.5)(31.4)}{\sqrt{[10(172.29 - (41.5)^2)][10(124.65) - (31.4)^2]}}$$

$$= \frac{2}{(10.65)(262.54)} = \frac{2}{13.01} = 0.15$$

r = positively weak correlation

The result of this hypothesis showed that there was positively weak correlation between adequate knowledge and the practice of exclusive breastfeeding among Awgu women. In this case there is a serious demand on those people planning and executing the exclusive breastfeeding campaigns to intensify their efforts in this direction, so that their campaign efforts will match the actual practice of exclusive breastfeeding in order to achieve the desired results.

H₀₂: There is no significant correlation between level of awareness created by exclusive breastfeeding campaign and the attitude of Awgu women towards exclusive breastfeeding.

$$r = \frac{10(139.56) - (49.7)(33.6)}{\sqrt{[10(205.91) - (49.7)^2][10(120.16) - (33.6)^2]}}$$

$$= \frac{-274.32}{\sqrt{(389.18)(72.64)}}$$

$$= \frac{-274.32}{168.14} = 0.06.13$$

r = negatively weak correlation

The result of H₀₂ shows that of negatively weak correlation. This means that the level of awareness created by exclusive breastfeeding campaigns cannot affect the attitude of the women positively towards exclusive breastfeeding. Hence, there is the urgent need for the exclusive breastfeeding campaign planners to increase the tempo of their campaigns that is capable of changing the Awgu women's attitude from negatively weak correlation to positively strong correlation in order to achieve the desired results with regards to exclusive breastfeeding.

H₀₃: There are no factors militating against exclusive breastfeeding among women in Awgu Local Government Area.

$$tcal = \frac{\bar{X} - \mu}{s/\sqrt{n}}, \alpha = 0.5, df = 367, tcal = \frac{\bar{X} - \mu}{s/\sqrt{n}}, \mu = 0,$$

$$= \frac{3.8 - 0}{\frac{1.2}{\sqrt{368}}}, = \frac{3.8}{1.2} \times \sqrt{368}, = \frac{3.8 \times 19.2}{1.2}, = \frac{72.96}{1.2}$$

tcal = 60.8

tcv (tab) = 1.96

Decision Rule: Reject H₀ if tcal > tcv. Otherwise accept at $\alpha = 0.05$

Since tcal = 60.8 > tcv (tab) = 1.96, the researcher rejects H₀ at $\alpha = 0.05$.

Conclusion: Having rejected H₀, the researchers concluded that there are some factors militating against exclusive breastfeeding among women in Awgu Local Government Area. The result of this hypothesis showed that there are some factors seriously militating against the practice of

exclusive breastfeeding among women in Awgu L.G.A.

Tcal = T.Test calculated

Tcv (tab) = T.Test critical value (table value)

Similarly, in a study done in Malaysia on factors associated with exclusive breastfeeding, it was found that mothers with supportive husbands were more likely to exclusively breastfeeding compared to ones with non-supportive husbands (Kon, Leong Tan, 2011).

Discussion of Findings

Research question one states: To what extent are the women of Awgu local government area aware of the exclusive breastfeeding campaigns? The data generated from the responses of the respondents clearly demonstrated that Awgu women are quite aware of the exclusive breastfeeding campaigns. The average means of 4.13 is more than the Likert mean of 3.0 and this shows that the women of Awgu are really aware of the exclusive breastfeeding campaigns.

Research question two states: What is the level of knowledge of exclusive breastfeeding among women in Awgu L.G.A? The data generated from the respondents showed that Awgu women have good knowledge of exclusive breastfeeding campaigns. This was evidenced from the average means of 4.13 which is more than the Likert mean of 3.0. Research Question Three States: How have exclusive breastfeeding campaigns affected the attitude of Awgu women toward exclusive breastfeeding?

The data generated from the study showed that exclusive breastfeeding campaigns have not changed the negative attitude of the women of Awgu towards exclusive breastfeeding. This was demonstrated by the fact that the average mean scores of 2.9 is lower than the Liket mean which is 3.0. Hence Awgu women have negative attitude towards exclusive breastfeeding.

Research Question four states thus: What are the factors that militate against exclusive breastfeeding among women in Awgu L.G.A.? The data generated from the responses of the

respondents clearly showed that there are certain factors militating against exclusive breastfeeding among women in Awgu. Hence, the average mean score is 3.8 which is higher than the likert mean of 3.0. Based on the decision rule which states Reject if $\mu < 3.0$.

Research Question five states: What are the factors that encourage exclusive breastfeeding among women in Awgu L. G. A? The data generated from the study showed that there are some factors that encourage exclusive breastfeeding among women in Awgu L.G.A. This was demonstrated by the fact that the average mean score of 3.9 is higher than the likert mean which is 3.0. If these factors are put in place, the women in Awgu will no doubt practice exclusive breastfeeding to the later and as required. Similarly, in a study done in Malaysia on factors associated with exclusive breastfeeding, it was found that mothers with supportive husbands were more likely to exclusively breastfed compared to ones with non-supportive husbands (Kon, Leong Tan, 2011).

Result of Hypotheses

Three hypotheses were tested in the course of the study. The result of hypothesis one showed that $r = 0.15$ which is positively weak correlation, it means that intensive public enlightenments campaigns should be mounted so that knowledge of exclusive breastfeeding and its practice should be in tandem in order to achieve optimal result of exclusive breastfeeding among Awgu women. The result of hypothesis two showed that there is negatively weak correlation between level of awareness created by exclusive breastfeeding campaign and the attitude of Awgu women, hence $r = 0.06.13$ which is negatively weak correlation.

The implication of this result is that exclusive breastfeeding campaign planners should intensify their efforts and diversify the exclusive breastfeeding campaign messages through various channels so that the message will reach many people, thereby yielding the much-needed results, which will change the $r =$ from being negatively weak correlation to positively strong correlation. The result of hypothesis three

showed that there are some factors militating against the practice of exclusive breastfeeding among women in Awgu Local Government Area. Hence $t_{cal} = 60.8$ while $t_{cb} (tab) = 1.96$, the researcher rejects H_0 . Conclusion: Having rejected H_0 , the researcher concludes that there are some factors militating against exclusive breastfeeding among women in Awgu Local Government Area.

Summary of Findings

The study explored the influence of exclusive breastfeeding campaigns on knowledge, attitude and practice of exclusive breastfeeding among women in Awgu Local Government Area of Enugu State.

The findings of this study are as follows:

- (1) That the exclusive breastfeeding campaigns made or increased the level of awareness of Awgu women on the benefits of exclusive breastfeeding.
- (2) That the exclusive breastfeeding campaigns have created adequate knowledge of exclusive breastfeeding among Awgu Women. That is the Awgu women are now better informed about exclusive breastfeeding.
- (3) That the exclusive breastfeeding campaigns have not really succeeded in affecting the attitude of women in Awgu positively towards exclusive breastfeeding, hence the mean score of 2.9 is less than the Likert mean of 3.0.
- (4) That there are factors militating against exclusive breastfeeding among the women in Awgu L.G.A. These factors discourage the practice of exclusive breastfeeding. Hence the average mean of 3.8 was significantly higher than the likert mean of 3.0.
- (5) That there are some factors that encourage exclusive breastfeeding practice among in Awgu L.G.A. Hence, the average mean score of 3.9 was significantly higher than the likert mean of 3.0.
- (6) Hypothesis one states that there was no significant correlation between adequate

knowledge created by exclusive breastfeeding and the practice of e exclusive breastfeeding. Hence $r = 0.15$ which is positively weak correlation.

- (7) Hypothesis two states that there was no significant correlation between level of awareness created by exclusive breastfeeding campaigns and the attitude of Awgu women towards exclusive breastfeeding was statistically supported. Hence $r = 0.06.13$ which is negatively weak correlation.
- (8) Hypothesis three states (H_{03}): There are no factors militating against exclusive breastfeeding among women in Awgu L.G.A. was statistically rejected. Hence $t_{cal} = 60.8$ while $t_{cv} (tab) = 1.96$. The implication of this result is that there are lot of factors hindering the practice of exclusive breastfeeding among women in Awgu local government area.

Conclusion

There is no significant correlation between adequate knowledge created by exclusive breastfeeding campaigns and the practice of exclusive breastfeeding among Awgu women. Also, there is no significant correlation between level of awareness created by exclusive breastfeeding campaigns and the attitude of Awgu women towards exclusive breastfeeding. More so, there are some factors militating against the practice of exclusive breastfeeding by women in Awgu. Hence all the stakeholders in the exclusive breastfeeding campaign in Awgu L.G.A. must intensify their efforts to make sure that the campaigns reach all the nook and cranny of the local government area.

Recommendations

Based on the findings made in this study, the researchers made these recommendations for the development of the exclusive breastfeeding campaigns aimed at behaviour and social change:

- 1 Adequate enlightenment especially during antenatal care and immunization services are vital in promotion of exclusive breastfeeding. This public enlightenment will help in changing the

- negative attitude of Awgu women to positive attitude towards exclusive breastfeeding.
- 2 Exclusive breastfeeding campaign planners should diversify the sources or channels for the propagation of the exclusive breastfeeding campaigns to include various women social organization networks, and various churches. This will enhance to increase the level of awareness and knowledge of women in Awgu LG.A. on the importance of exclusive breastfeeding
- 3 They should increase the usage of radio and television and also in corporate social media platform for the spread of the exclusive breastfeeding campaign among the women
- 4 They should create advocacy groups and advisory groups or committee whose responsibilities are to visit various women groups, church organisations and other social groups to give the women special talks on the benefits of exclusive breastfeeding.
- 5 We suggest that the Nigerian government should increase the maternity leave of women who are working i.e. gainfully employed from three months to six months; this will enable them to practice exclusive breastfeeding to the required six months duration.
- 6 The stakeholders in the exclusive breastfeeding campaign should take the messages to all the various men organizations, because men are strong force in the successful implementation and practice of exclusive breastfeeding to the fullest.
- 7 The researchers recommend that the exclusive breastfeeding campaign planners should incorporate in their messages the various factors that either encourage or militate against the practice of exclusive breastfeeding among women in Awgu L.G.A, so that they will

- take precaution any measures to guide either for or against it
- 8 We suggest that similar study should be carried out in other local government areas and states of Nigeria to enable us ascertain the extent of knowledge, attitude and practice of exclusive breastfeeding among women of reproductive age.

References

- Agbarakwe, H. U., Anowor, O. F. & Ikue J. (2018). Foreign resources and economic growth in English speaking ECOWAS countries. *Opción (Universidad del Zulia, Venezuela)*, 34 (14), 117–136.
- Amosu, A. M., Oyewole, O. E. & Ojo, E. F. (2010). Growth faltering among exclusively breastfed infants in Ogun State, Nigeria; *Biomedical Research*; 21 (3): 311-313.
- Anowor, O. F.; Nwonye, N. G.; Okorie, G. C. & Ojiogu, M. C. (2019). Health Outcomes and Agricultural Output in Nigeria. *International Journal of Economics and Financial Research*, 5(5), 106-111.
- Armstrong, J., Reilly, J. J. (2002). Breastfeeding and lowering the risk of childhood obesity, *Lancet* 359 (9322): 2003–4.
- Await, M., Olfa, G., Imed, H., Kacem, M., Imen, C., Rim, C., Mohamed, B., Slim, B. A. (2009). Breastfeeding reduces breast cancer risk: A case–control study in Tunisia, *Cancer Causes & Control* 21 (3): 393–397.
- Black, R.E, Victora C.G, Walker S.P, Bhutta Z.A, Christian P, de Oni's M et al (2013). Maternal and child undernutrition and overweight in low-income and middle-income countries. *Lancet.*; 382:427–51. doi:10.1016/S0140-6736(13)60937-X.

- Bolanle, A. J. (2013). Appraisal of Nursing Mothers' Knowledge and Practice of Exclusive Breastfeeding in Yobe State, Nigeria, *Journal of Biology, Agriculture and Healthcare* 3(20), available at www.iiste.org.
- Ekambaram, M., Bhat, V.B., Asif, M., & Ahmed P. (2010) Knowledge, Attitude and Practice of Breastfeeding among Postnatal Mothers. *Currpediatr.Res* 14 (2):119-124.
- Ekanem, I., Ekanem, A., Asuquo, A. & Eyo, V. (2012). Attitude of working mothers to exclusive breastfeeding in Calabar municipality, Cross River State, Nigeria. *Journal of Food Research*. 1(2):71.
- Essien, N.C., Samson-Akpan, P. E., Ndebbio, T. J. & John, M. E. (2009). Mothers' knowledge, attitudes, beliefs and practices concerning exclusive breastfeeding in Calabar, Nigeria. *Africa. Journal of Nursing and Midwifery*, 11(1):65-75
- Forbes, G. B., Adams-Curtis, L. E., Hamm, N. R. & White, K. B. (2003) Perceptions of the woman who breastfeeds: the role of erotophobia, sexism, and attitudinal variables. *Sex Roles: A Journal of Research*, 49: 379-38
- Gupta, A., Arora, V. (2007). The State of World's Breastfeeding -Tracking Implementation of the Global Strategy for Infant and Young Child Feeding. *International Baby Food Action Network (IBFAN)*, Asia Pacific. South Asia report.
- Hayden, J.A. (2009). Introduction to health behavior theory. *New York Jones & Bartlett Publishers*.
- Horta, B.L, Victora, C.G. (2013). Long-term effects of breastfeeding: a systematic review. Geneva: *World Health Organization* (WHO); (<http://apps.who.int/iris/>)
- Horton, S., Sanghvi, T., Phillips, M., et al (1996). Breastfeeding promotion and priority setting in health. *Health policy plan* 11(2).
- Janz, N.K. & Becker, M.H. (1984). The health belief model: A decade later. *Health Education & Behavior*. 11(1): 1-47
- Kok Leong Tan, (2011). Factors associated with exclusive breastfeeding among infants under six months of age in Peninsular, Malaysia, *International Breastfeeding Journal*, 6:2
- Kramer, M., et al (2001). Promotion of breastfeeding intervention trial (probit): a randomized trial in the republic of Belarus. *Journal of the American medical association* 285 (4).
- Nwonye, N. G., Anowor, O. F., Uzomba, P. C., Abu, A., Chikwendu, N. F., Ojiogu, M. C., Edeh, C. C. (2020) Financial Intermediation and Economic Performance in Nigeria: An ARDL Approach, *International Journal of Advanced Science and Technology*, 29(7), 8353-8361.
- Oddy, Wendy, H., Kendall, G. E., Li, J., Jacoby, P. Robinson, M., de Klerk, N. H., Silburn, S. R., Zubrick, S. R., Landau, L. I. & Stanley, F. J. (2010) The Long-term Effects of Breastfeeding on Child and Adolescent Mental Health: A pregnancy cohort study followed for 14 years, *The Journal of Pediatrics* 156 (4): 568-574.
- Ogbonna, C., Okolo, A. & Ezeogu, A. (2000). Factors Influencing Exclusive Breastfeeding in Jos, Plateau State, Nigeria. *West African Journal of Medicine*, 19, 107-110.
- Ogbonna, Daboerjc, (2013). Current Knowledge and Practice of Exclusive Breastfeeding among Mothers in Jos,

- Nigeria, *Nigeria Journal of Medicine*; 16(3) 250-60
- Okolo, S. N., Adewumni, Y. B. & Okonji, M. C. (1999). Current Breastfeeding Knowledge, Attitude and Practices of Mothers in five Rural Communities in the Savannah Region of Nigeria, *Journal of tropical paediatrics*, 45(6): 323-326.
- Onodugo, V. A.; Anowor, O. F.; Ifediora, C.; & Aliyu N. (2019). Evaluation of Supply Chain Management Effects on Consumer Preference for Cowpea Quality Features and Price Trend in Niger State. *International Journal of Supply Chain Management*, 8(3), 503 – 516.
- Osuala, E.C. (2005). *Introduction to Research Methodology* 3rd Edition. Onitsha: (AFP) Africana-First Publishers
- Peterside, O., Onyaye, E. K., Duru, C. O. (2013). Knowledge and Practice of Exclusive Breastfeeding Among Mothers in Gbarantoru Community, *Journal of Dental and Medical Sciences*, 12(6): 34-40, available at www.iosrjournals.org
- Picciano, M.F. (2001). Nutrient Composition of Human Milk. *Pediatric Clinic North America*; 48(1):53-67.
- Subbian, N. (2003). A Study to Assess the Knowledge, Attitude, Practice and Problems of Postnatal Mothers regarding Breastfeeding. *Nursing Journal of India*; 94 (8): 177-179.
- Sumanti, R. & Mudambi. (1981). Breast-feeding Practices of Mothers from Mid-Western Nigeria, *Journal of Tropical Pediatrics*, 27(2):96-100.
- UNICEF and Academy for Educational Development (2010). Infant and Young Child Feeding Programme Review. Consolidated report of six-country review of breastfeeding programmes. New York: UNICEF; (http://www.unicef.org/nutrition/files/IYCF_Booklet_April_2010_Web.pdf, accessed 8 October 2017).
- United Nations Children's Fund; (2010). Improving exclusive breastfeeding practices by using communication for development in infant and young child feeding programmes. New York: (<http://www.cmamforum.org/Pool/Resources/C4D-in-EBF-manual-UNICEF-2010.pdf>, accessed 8 October 2017).
- Vogel, A., Hutchison, B. L., & Mitchell, E. A. (1999). Factors Associated with the Duration of Breastfeeding, *actapaediatrica*; 88: 1320-1326.
- WHO (1991) Indicators for Assessing Breast Feeding Practice Reprint Report of Informal Meeting 11-12 Geneva Switzerland Journal.
- WHO (2001). Global Strategy for Infant And Young Child Feeding. The Optimal Duration of Exclusive Breastfeeding. *Fifty World Health Assembly* WHO. Geneva
- WHO (2009). Infant and Young Child Feeding Model Chapter for Medical Students and Allied Health Professionals. Geneva. World Health Organization.
- WHO (2013). Essential Nutrition Actions: Improving Maternal, Newborn, Infant and Young Child Health and Nutrition. *Geneva*: World Health Organization.
- WHO/UNICEF. (2003). Global Strategy for Infant And Young Child Feeding. Geneva: World Health Organization; (<http://whqlibdoc.who.int/publications/2003/9241562218.pdf?Ua=1>, accessed 7 October 2017).