

PERCEPTION AND PRACTICE OF EXCLUSIVE BREAST FEEDING AMONG STUDENT- AND WHITE COLLAR- MOTHERS IN ZARIA, KADUNA STATE

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ABSTRACT

This study examines the health benefits of exclusive breastfeeding between exclusively breastfed babies and non exclusively breastfed babies of white collar mothers in Zaria. Questionnaire was used as research instrument to collect data from white collar mothers in Zaria. Purposive sampling technique was used in selecting some institutions and organizations in Zaria where women work in the two Local Government Areas of the study. Three hundred questionnaires were administered to white collar mothers who are presently breastfeeding or who had breastfed in the last thirteen years ie between 1997-2010. The method of data analysis used was simple percentage and chi-square. Research findings reveal that about 64% of the mothers are aware of exclusive breastfeeding and practiced it. It was also discovered that majority of babies who are not exclusively breastfed (58%) fell ill very often during the first year of life in contrast to 15% of those who were exclusively breastfed. The findings also indicate that most of the babies exclusively breastfed suffered no illness during their first year of birth, in contrast to only 16% of those who had complementary feeding. It is therefore recommended that mothers should be enlightened on the benefits of exclusive breastfeeding on the health of their children

Keywords: Exclusive breastfeeding, perception, practice, white-collar mothers, nursing mothers.

INTRODUCTION

Breastfeeding is the natural means of feeding babies within the first twenty-four months of life. However, with modernization, more families move to towns and women go out to work to support the family, hence leaving their babies to nannies for care. Breast milk substitutes such as infant formula has become the modern means of feeding. Human milk according to Goldman(2003) is highly protective against infections especially diarrhea diseases among children. However, breastfeeding has declined partly because of pressure of modernization that increase the working hours of nursing mothers. The introduction of cow milk known as infant formula increased as many women prefer giving their babies infant formula than breastfeeding the babies (Akre, 2001).

Human milk as a main source for water and nutrient for babies is the best food for infants. Gopalan (2000) has observed that if all mothers adhered to the practice of exclusive breastfeeding for a period of six months of a child's life; it would save more than a million lives yearly. WHO (2000) and UNICEF,(2000) maintained that breast milk substitutes, apart from being inferior in quality, are often diluted with unclean water in poor communities which makes babies more prone to diarrhea and pneumonia, resulting to deaths.

UNICEF(2001) also added that the decline in breast milk as a major means of feeding babies led to serious concerns which in 1982 made WHO and UNICEF to jointly draw up a 'code of practice' for the marketing of breast milk substitutes. The numerous advantages of

breastfeeding also led to the 1990 Innocenti Declaration in Italy to protect and promote breastfeeding. At the declaration, women were urged to exclusively breastfeed infants and babies for six months from birth and continue breastfeeding with complementary foods well into two years or beyond. To achieve this, the World Health Assembly declared 1st-7th August of every year as a World Breastfeeding Week for the member countries (W.H.O. 2004). The sharp decline in exclusive breastfeeding and increase in the use of infant formula in the early 1970s, according to Breastfeeding Newsletter (2000) led the UNICEF and WHO to initiate the Baby Friendly Hospital Initiative (BFHI) in Ankara, Turkey in 1991 with the primary aim of promoting exclusive breastfeeding. To achieve this objective, marketing of breast milk substitutes, and all public advertisement and supplies of free infant formula were banned. Women were empowered to see children as priority and as such to exclusively breastfeed their babies for six months and continue with complementary foods well into the second year (Grant, 2000).

Breastfeeding, one of the major roles of nursing mothers does not pose much of a problem as it can be done periodically with other supplementary foods or liquids given in between. The major problem of breastfeeding is doing it exclusively as the child's demands without giving any water, liquids or foods to supplement it. Exclusive breastfeeding which must be done for a period of six months from birth poses problems for white collar mothers as their jobs and academic activities demand them to leave their various homes early in the morning (at times 7.30am and not to return until around (about 5.30 pm) in the evening. This makes exclusive breastfeeding almost impossible for this category of mothers.

Several studies conducted around the world reveal that exclusive breastfeeding (EBF) is the best method of feeding babies from birth to the first six months of life (Gopalan 2000, Omogbarale and Ibadin 2000, WHO 2000, UNICEF 2001). Exclusive breastfeeding is noted to be able to satisfy the energy requirements of the average infant for the first six months of life (Akre, 2001). Despite the intervention of Baby Friendly Hospital and introduction of exclusive breastfeeding in 1991 there is still the recognition of large scale infant malnutrition particularly in African countries (Breastfeeding Newsletter, 2000). Exclusively breastfed babies not only usually have reduced incidence of sickness and abdominal upsets, but well built tissues and adequate growth as a result of the intake of the colostrum which has high protein content (Ebrahim, 2003). The colostrum also builds up the child's immunity against diseases (UNICEF, 2001).

According to Arifen (2000), the most important benefits of exclusive breastfeeding is the infant survival. In a study carried out in the urban area of Bangladesh among a combined sample population of 1,677 infants who were either exclusively or non exclusively breastfed, there were 180 infant deaths that is 107 deaths per 1,000 births. The study showed that there were 26 infant deaths (14%) due to diarrhea and acute respiratory infections. The result revealed that non exclusively breastfed and partially breastfed infants had a risk of diarrhea death five times greater than exclusively breastfed infants. Another study carried out in Malawi among 4,838 singleton births of 2,911 women aged 15-49 years found that children who had never been exclusively breastfed or had stopped breastfeeding abruptly because of illness were 5 times more likely to die in infancy than those exclusively breastfed for six months (Manda, 2001).

According to Hutchinson's (2003) study of Nicaragua infant's feeding, 92% of infants were breastfed for some period, but only 11% were exclusively breastfed up to four months of age and the average period of exclusive breastfeeding was 18 days. The result was a high infant mortality rate but in 2000 the rate of exclusive breastfeeding for six months increased to 29.4%

due to the success of Baby Friendly Hospital Initiation(BFHI). This progress was said to have brought about a reduction of about 35% in the infant mortality rate in Nicaragua for that period.

Omoigbarele and Ibadin (2000) analysed the data of 1,800 babies delivered between 1995 and 1997 at the University of Benin Teaching Hospital (UBTH) Benin City, of which 1,020 (57%) were exclusively breastfed. Seven hundred and eighty (43%) babies were not exclusively breastfed. Out of those not exclusively breastfed, four hundred (51%) had water and other breast milk substitutes in addition to breastmilk. The study revealed that babies exclusively breastfed had daily weight gain and monthly weight gain of between 700 and 1,220 grams. These babies also doubled their birth weight at between 2 and 3 months of life and tripled their birth weight at between 5-6 months of age. Babies not exclusively breastfed had a daily weight gain that ranged between 12 and 70 grams and monthly weight gain of between 400 and 800 gramme. Such babies doubled their weight at 6 months of life. The study therefore has shown that exclusively breastfed babies grow faster than non exclusively breastfed babies hence the benefits of exclusive breastfeeding as optimal growth of babies.

A related study by Mikhail (2004) in Egypt, revealed that majority of literate house wives were supplementing breastfeeding with dried milk formula while the less educated group favoured breastfeeding alone and a small proportion supplemented breastfeeding with non nutritious drink. The author noted that one of the reasons for prolong breastfeeding was the belief that breastfeeding was a natural contraceptive device. Also in Egypt babies breastfed for 15-20 months in 1981 have a 93% survival probability while babies fed only on the bottle have 54% survival probability. Another study conducted by Eyong-Efobi and Tetanye (2001) in Northern Cameroon showed that there is no advantage in giving even water to breastfed babies, instead there is increase risk of enteric infections if infants are giving water supplement and they conclude that no substitute has the nutritional quality of human breastmilk.

From the available studies, it can be said that the use of infant formula and the declining trend in breastfeeding is partially responsible for a change pattern of morbidity and mortality in childhood. This issue despite its potential impact on maternal and child health has not been investigated in Zaria. This is a problem addressed by the paper. The essence of this study is to find out the perception of health benefits of exclusive breastfeeding, comparing between exclusively breastfed and non exclusively breastfed babies of white collar mothers in Zaria. The choice of these particular mothers is because they have attained a high level of western education and have access to information about exclusive breastfeeding.

The objectives of this study are to; find out the awareness and practice of exclusive breastfeeding, examine the perception of mothers on health benefits between exclusively breastfed and non exclusively breastfed babies, and to analyse the health benefits of practicing exclusive breastfeeding by white collar mothers.

Three hypotheses posited are:

- 1.White collar mothers are likely to exclusively breastfeed their babies.
- 2.Exclusively breastfed babies are likely to enjoy a life free of illness even after weaning.
- 3.Non-exclusively breastfed babies are likely to suffer various illness in their first year of life.

STUDY AREA

Zaria, the area of study is made up of two Local Government Areas (LGAs): Zaria LGA (which includes Zaria city, Wusasa, Kongo and Tudun Wada), and Sabon- Gari LGA (which consists of Sabon-Gari, Basawa, Chikaji, and Samaru). The combined population was 975,153

(Nigeria population Census, 2006). Zaria has several industries and institutions of learning, which include primary schools, secondary schools, and tertiary institutions of learning of various kinds. In addition to Ahmadu Bello University Teaching Hospital in Shika, there are several Health Centers in Zaria such as Sabon-Gari Public Health Center, Kofan Gaya Hospital in Zaria city, Public Health Clinic in Samaru and several other public health clinics which propagate the practice of exclusive breastfeeding to working mothers who patronize them for ante-natal and post natal clinic.

Apart from the Hausa and Fulani people of Zaria, the other major ethnic groups found in the study area include Yoruba, Igbo, Nupe, Idoma, Ebira and many more that have various different cultural and religious backgrounds. Islam is the dominant religion in the area. Although a large proportion of the people in the area are subsistence farmers, the immigrant population is mainly a combination of civil servants and traders.

MATERIALS AND METHODS

The groups of people studied in this work are the white collar mothers who had delivered at least one live baby in the previous two years or who are nursing a baby at present. This study is targeted at white collar mothers who are still in reproductive age or who had given birth in the previous two years. Such mothers were drawn from different institutions and organizations within the study area. The organizations studied were classified into two categories, namely government agencies and private organizations. Five government institutions and four private organizations were purposively selected in the two local government area of the study. Information was collected from women who were breastfeeding at the time of the study or who had breastfed in the previous two years.

In Sabon-Gari Local Government Area, the institutions and organizations identified are: British American Tobacco Company (BATC), Ahmadu Bello University (Samaru Campus), Ahmadu Bello University Teaching Hospital (ABUTH) Shika, National Institute of Transport and Technology (NIIT), Electric Meter Company of Nigeria (EMCON), Power Holding Company of Nigeria (PHCN), Sabon-Gari Secretariat, Nigeria College of Aviation Technology, Leather Research Institute, National Research Institute for Chemical Technology (NARICT), Zaria Academy, Therbow Schools, First Bank of Nigeria, Union Bank of Nigeria, United Bank for Africa, and Afribank Plc., etc.

In Zaria Local Government Area, the institutions and organizations identified include: Local Government Area Secretariat, Ahmadu Bello University Annex Kongo Campus Federal College of Education (FCE, Kongo), St. Lukes Hospital Wusasa, Nuhu Bamali Polytechnic Gaskiya, Kofan Gaya Hospital Zaria City, Alhudahuda Secondary School Zaria City, St. Bartholomew's Schools Wusasa, and Kufena Science Secondary School Wusasa. Therefore the sample size for this study is 42 from each of the government organization and 10 from each private organization, making total of three hundred. Purposive sampling was employed.

The collection of data was done through the use of questionnaires. In the selected institutions and organizations, mothers were selected in such a way that only those who are still giving birth or had given birth in the previous two years was given the questionnaire to fill. To get such mothers, the researcher after introducing the purpose of visit asked the age of the last child. This question enables the researcher to know whom to give the questionnaire to fill. The researcher after giving the questionnaire to eligible respondents explained the essence of the

research i.e. to know the perception and practice of exclusive breastfeeding among white collar mothers in Zaria.

All data were edited, coded and fed into computer. This was facilitated by the use of the Statistical Package for Social Science (SPSS) of data processing unit Institute of Agricultural Research (IAR) Ahmadu Bello University, Zaria. The use of percentage and chi-square are applied in data analysis.

ANALYSIS AND DISCUSSION OF FINDINGS

Of the three hundred questionnaires issued, two hundred and forty-seven were completed and returned. These were valid for analysis.

Knowledge and Practice of Exclusive Breastfeeding

This section presents knowledge and practice of exclusive breastfeeding (EBF) by mothers across some socio-demographic characteristics. The key variables of interest that are considered to play roles in determining behavioural patterns in exclusive breastfeeding include: highest educational qualification, occupation and age at marriage. On knowledge of exclusive breastfeeding, 64% of respondents said that they have heard of and indeed practice exclusive - breastfeeding.

Table 1: Highest Educational Qualification and Practice of Exclusive Breastfeeding

Highest Educational Qualification	Practice of Exclusive Breastfeeding				TOTAL	
	Exclusive Breastfeeding		Complementary Feeding		F	%
Sub degree	F	%	F	%	F	%
	31	63.5	28	36.7	59	100
Degree	104	65.3	84	34.7	188	100
Total	135	64.4	112	35.6	247	100

$X^2 = 0.17, df=1, \text{critical value}=3.841, \text{not significant at Alpha level } 0.05$

Source: Author's Fieldwork (2008)

P value i.e. when $P \leq \text{table chi-square}$ it shows that there is significant relationship

$P \geq \text{table chi-square}$ it shows that there is no significant relationship

Table 1 reveals that both categories of mothers practise EBF which simply means that the practice of EBF is not peculiar to particular level of educational attainment but rather cut across all categories of mothers. The educational attainment is categorised into sub degree and degree. Those classified under degree are those that have university education, graduate of polytechnic and graduate of college of education while others are categorised as sub degree.

Table 2 shows that occupation is not statistically significant with the practice of EBF. However, the high prevalence of EBF among both groups can be explained by educational attainment of the respondents. It could also be explained that since majority of the respondents claimed to be aware of the benefits of EBF, they decide to practice it. Civil servant mothers are better placed for EBF than student mothers because the former can breastfeed their babies at will as far as the babies are within their reach but the latter cannot because of their lectures. The lecturers will not be willing to wait for them to breastfeed babies before having the classes.

Table 2: Occupation and Practice of Exclusive breastfeeding

Occupation	Practice of exclusive breastfeeding					
	Yes		No		TOTAL	
	F	%	F	%	F	%
Student	12	66.7	4	33.3	16	100
Civil Servant	169	69.5	62	30.5	231	100
Total	181	73.3	66	26.7	247	100

$X^2=2.47,df=2$,critical value =5.991,not significant at Alpha level 0.05
Source: Author's Fieldwork (2008)

Table 3: Age and Practice of Exclusive or Complementary feeding

Age	Exclusive breastfeeding		Complementary feeding		TOTAL	
	F	%	F	%	F	%
25-30years	74	75.5	24	24.5	98	100
31-40years	60	60.9	37	38.1	97	100
41years and above	30	26.6	22	73.4	52	100
Total	164	66.4	83	33.6	247	100

$X^2=6.94,df=2$,critical value =5.991,significant at Alpha level 0.05
Source: Author's Fieldwork 2008

Table 3 depicts that EBF is highest among the younger mothers aged 25-30 years (76%) and lower among respondents who are 41 years or older (27%).The practice of complementary feeding is predominant among older categories of mothers. There is a significant relationship between age of mothers and practice of EBF. This is because the calculated X^2 is higher than the critical value. It should be observed that the onset of reproduction among some of the younger mothers was in the Post Innocenti Declaration Campaign (1991) on EBF. Hence some of them accepted the concept of exclusive breastfeeding and practiced it. In contrast, the peak reproductive age of the older women was during the period of aggressive promotion and marketing of breastmilk substitutes (1970-1980), hence some of them practiced complementary feeding for a number of these children.

Other factors that could explain the differences in pattern of breastfeeding among the various age group is that younger mothers were in their active fertility stage (25-40years) and could afford to try a new method of EBF. On the other hand older mothers (41 years and above) were in the declining fertility stage and those who had children in their late 40s and early 50s are used to complementary method of feeding.

Association between Exclusive Breastfeeding and Health of Mothers and Babies

This section presents data on how often the children fall ill within the first year of birth and the practice of EBF. The tables explain the magnitude of illness between the children who are exclusively breastfed and those that are complementary fed. The tables also explain whether the exclusively breastfed children are more free from illness than the complementary fed babies

Table 4: Frequency of illness among Exclusively Breastfed and Non Exclusively Breastfed Babies in First Years of Life

Practice of Exclusive breastfeeding	How often babies falls ill within first year of birth						TOTAL	
	Very often		Not often		Not at all			
	F	%	F	%	F	%	F	%
Exclusive Breastfeeding	20	15.2	51	20.0	93	64.8	164	100
Complementary feeding	53	69.7	20	20.1	10	10.2	83	100
Total	73	30.3	71	27.1	103	42.3	247	100

$X^2 = 19.667, df = 2, \text{critical value} = 5.991, \text{significant at Alpha level } 0.05$

Source: Author's Fieldwork (2008)

Table 4 reveals that majority of babies who are not exclusively breastfed (70%) fell ill very often during the first year of life in contrast to 15% of those who were exclusively breastfed. The X^2 also shows statistically significant difference between the frequency of falling sick for exclusively breastfed and non exclusively breastfed babies. The percentage suggest that EBF makes babies tend to be largely free from illness in their first year of birth.

Table 5: Pattern of Feeding Babies and Types of Illness

Pattern of feeding babies	Types of illness										TOTAL	
	Diarrhea		Teething		Fever/cold		Rashes		None			
	F	%	F	%	F	%	F	%	F	%		
EBF	15	9.1	26	15.9	6	3.7	4	2.4	113	68.9	164	100
Comp. feeding	32	38.6	23	27.7	12	14.5	3	3.6	13	15.7	83	100
TOTAL	47	19.0	49	19.3	18	7.3	7	2.8	126	100	247	100

$X^2 = 51.119, df = 4, \text{critical value} = 9.448, \text{significant at Alpha level } 0.05$

Table 5 indicates that majority of babies exclusively breastfed (69%) suffered no illness during their first year of birth, in contrast to only 16% of those who had complementary feeding. Diarrhea, the most frequently stated complaint was reported by 39% of the mothers in contrast to only 9% of exclusively breastfed babies. In all a total of 81% of babies who are not exclusively breastfed suffered either diarrhea, teething, fever/cold, in their first year of life.

Table 6: Pattern of Feeding Babies and Mothers ailment

Pattern of feeding babies	Frequency of illness when breastfeeding						TOTAL	
	Very often		Not often		Not at all			
	F	%	F	%	F	%	F	%
Exclusive breastfeeding	28	18.9	2	1.4	118	79.9	148	100
Complementary Feeding	51	68.9	20	28.0	3	4.0	75	100
TOTAL	79	46.2	22	7.4	122	47.4	223	100

$X^2 = 57.7, df = 2, \text{critical value} = 5.991, \text{significant at Alpha level } 0.05$

Source: Author's Fieldwork 2008

Table 6 shows that while high proportion of mothers (80%) who practice exclusive breastfeeding are not falling ill at all, those that practice complementary (68%) were falling ill very often. The X^2 test also shows a statistically significant difference between the frequency of falling ill and not falling ill between mothers who practice EBF and those that practice complementary feeding for their babies. It can be deduced from this finding that exclusive breastfeeding tend to make mother and child healthy.

The findings established that there is awareness of EBF among working mothers in Zaria, as they access it favourably and practice it. This is contrary to study by Mikhail (2004) in Egypt, which revealed that majority of working mothers were supplementing breastfeeding with dried milk formula while the less educated group favoured breastfeeding alone and a small proportion supplemented breastfeeding with non nutritious drink. The findings of this study imply that mother's education do not significantly influence the practice of EBF among white collar mothers in Zaria. The reason for these findings is that both highly educated mothers and mothers with low education are enlightened about the importance and benefits of EBF. The study reveals that the babies who are not exclusively breastfed fall ill more often than those who are exclusively breastfed. This study agrees with the study of Cadwell in Barry, (2004) who assert that Breast-feeding is considered the most complete nutritional source for infants because breast milk contains the essential fats, carbohydrates, proteins, and immunological factors needed for infants to thrive and resist infection in the formative first year of life. While majority of the babies who were complementarily fed (70%) were reported to fall ill "frequently", only 15% of exclusively breastfed babies did so in the first years of life. The study also found that majority of mothers (80%) who practiced exclusive breastfeeding did not fall ill at all during the course of breastfeeding while 68% of those who did not practice exclusive breastfeeding often fall ill.

RECOMMENDATIONS AND CONCLUSION

The findings reveal that EBF is not peculiar to women of a particular class but rather cut across all the women. So also is occupation as all women whether student or civil servant exclusively breastfed their babies well above average. This indicates that there is awareness of EBF among the working mothers in Zaria. The findings show that in the first years of birth exclusively breastfed children do not fall ill at all while those who had complementary feeding suffer several illnesses in their first year of birth. While mothers who practiced exclusive breastfeeding do not fall ill at all while breastfeeding, those that practiced complementary feeding were falling ill very often.

From the findings of the study, it can be concluded that EBF for the first six months of children's life is of great benefit. It safeguards the children from common childhood diseases. Thus it reduces the episode of illness and helps in child survival. Socially as exclusively breastfed babies do not fall ill, it saves the mother from frequent visits to the hospital. The following recommendations are made in order to further encourage the practice of exclusive breastfeeding among white collar women:

Although EBF is highly practiced by white collar mothers, it will be easier if the government can extend maternity leave for working mothers to six months or in the alternative employers should make provision for creche or a day care centres in the ministries, parastatals and other working places where mothers can breastfeed their babies easily. Government should create crèche in all faculties of tertiary institutions as to enable student nursing mothers to practice exclusive breastfeeding while in school without disrupting their academic discourse.

Government should not relent on their effort in the enlightenment of the benefits of exclusive breastfeeding to women in sub urban area so as to ensure they also practice it as the working mothers does. All hospitals, clinics and primary health care in Zaria and it environs should be enabled and designated baby friendly so as to propagate the concept of exclusive breastfeeding to all mothers irrespective of their class. World breastfeeding week (1st-7th August) should be observed yearly with educational programmes to continue enlighten all classes of mothers on the benefits of exclusive breastfeeding.

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