



Factors Influencing Female Teachers Attitude Towards Exclusive Breast Feeding In Port Harcourt LGA Of Rivers State, Implication For Curriculum Developers

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ABSTRACT

The study examined factors influencing exclusive breast feeding among female teachers in Port Harcourt Local Government Area of Rivers State. The research adopted the survey design and was guided by four research questions and corresponding hypothesis. The sample was made up of 225 female teachers drawn from 15 public secondary schools in Port Harcourt Local Government Area of Rivers State through simple random sampling technique. Instrument used for the study was self structured questionnaire, tagged Teachers Attitude Towards Exclusive Breastfeeding Questionnaire (JATEBQ) which was made up of 20 items measured on 4 points rating scale. TATEBQ was validated by experts and subjected to reliability test using test-retest which yielded 0.86. The instrument was administered by the researchers. Findings revealed that maternal socio-economic status, income and family type has significant influence on Teachers Attitude Towards Exclusive Breastfeeding while maternal health does not have significant influence on exclusive breastfeeding. Based on the findings, the study recommended among others improved advocacy on exclusive breastfeeding in families and school setting.

Keywords: Teachers, Attitude, Exclusive Breastfeeding.

INTRODUCTION

The teacher's roles and responsibilities have found extension outside the classroom. The implementation of educational policies, transaction of curricula and spreading awareness the main areas which keep teacher in the forefront. Changing times have added new dimension to this profession, which requires specified competencies and right attitude. Behavior, attitude and interest of teacher help in shaping the personality of the student.

An attitude is "a relatively enduring organization of beliefs, feelings, and behavioral tendencies towards socially significant objects, groups, events or symbols "(Hogg, & Vaughan 2005)." a psychological tendency that is expressed by evaluating a particular entity with some degree of favor or disfavor" (Eagly, & Chaiken, 2003). According to (Hogg, & Vaughan 2005) Attitude is made up of three components affective, psychomotor and cognitive hence acts as a yardstick of the individual behaviors. All these skills come into play during the act and process of breastfeeding.

Immediately after delivery, the next challenge is breastfeeding. While some mothers cannot breastfeed for medical reasons, others may opt out of tight work schedule, finds it almost impossible to breastfeed and they result to infant formula. Breastmilk, in comparison with infant formula have many benefits among which are improved immune stem by the first milk production (colostrums),

easily digestible protein and fat, vitamins and mineral making breast fed babies stronger and healthy with good senses of hearing and vision. Breastfeeding is an attitudinal way of providing ideal nutrition for the healthy growth and development of infants. The global public health recommendation is that infants should be exclusively breastfed for the first six months of life to achieve optimal growth, development and health (WHO, 2014). Exclusive breastfeeding in the first six months of life stimulates babies' immune systems and protects them from diarrhea and acute respiratory infections, two of the major causes of infant mortality in the developing world and improves their responses to vaccination (UNICEF, 2015).

The past few years have witnessed new and exciting observations worldwide concerning the biochemical, anti-infective, emotional and economic benefits of breastfeeding. In an attempt to achieve successful breastfeeding globally by the year 2000, the World Health organization (WHO) and United Nations International Children's Fund (UNICEF) launched the Baby Friendly Hospital Initiative (BFHI) in 1991. The BFHI is a global effort involving 160 countries, of which 95 of them are in the developing world where Nigeria belongs. BFHI is a project through which the practice of exclusive breastfeeding is being supported, promoted and protected. Breastfeeding activities are carried out worldwide in order to fulfill the WHO and UNICEF recommendation that infants be breastfed exclusively for six months and thereafter until 24 months. In view of the many benefits to mothers and children afforded by breastfeeding, governments have, set goals and rates for breastfeeding practices.

Exclusively breastfed infants obtain most of the nutrients required to support growth until six months. Vitamin D which is insufficient in breast milk is supplemented by exposure to sunlight for the skin to synthesize it while iron and zinc are supplemented by prenatal stores (Butte, Lopez-Alacom and Garza, 2009). Exclusive breastfeeding during the initial months of life and continued breastfeeding through at least the first year of life is associated with substantial reduction in the burden of infections (Fisk *et al.*, 2010:

Arifeen *et al.*, 2001; Brown *et al.*, 2009). Breastfeeding reduces the mother's risk of fatal postpartum hemorrhage, the risk of breast and ovarian cancer, and of anemia, and by spacing births, breastfeeding allows the mother to recuperate before she conceives again (Leon-Cava *et al.*, 2002). In urban poor settings in Kenya, poor infant feeding practices have been identified. While close to 40% of the infants are not breastfed within 1 hour following delivery, only 2% are exclusively breastfed for the first 6 months, and 15% stop breastfeeding by the end of 1 year (Kimani-Murag *et al.* 2011). As a possible consequence of poor infant feeding practices among other potential causes such as poor water and environmental sanitation and access to health services (African Population and Health Research Center 2002a,b; Kimani-Murage & Ngindu 2007), high levels of malnutrition have been documented among urban poor residents with stunting prevalence of over 40% (Ahuya *et al.*, 2012). Various quantitative studies in developing countries have identified factors associated with suboptimal breastfeeding and complementary feeding practices. These include maternal characteristics such as age, marital status, occupation and education level; antenatal and maternity health care seeking; health education and socio-economic status; and the child's characteristics including birth weight, method of delivery and birth order, but these findings are conflicting with regard to the consistency of the associations and the magnitude of the effects (Morisky *et al.*, 2002; Pascale *et al.*, 2007; Akter & Rahman 2010; Patel *et al.*

Studies have identified various factors that influence breastfeeding practices such as inadequate knowledge of the health benefits of breastfeeding (Ochola 2008; inadequate antenatal counseling on breastfeeding (Dhandapany *et al.*, 2008) and belief that breast milk is insufficient (Savage, Canahuati and Osorno, 2004). A range of maternal and child health attributes such as marital status, economical status and child age also influence the practice of exclusive breastfeeding (Alemayehu, Haidar and Habte, 2009). To make better feeding choices, mothers need specific, culturally appropriate, information that responds to their constraints and concerns (LINKAGES, 2004). Thus this research is conducted to show the factors influencing female teacher's attitude towards exclusive breast feeding.

Statement of the Problem

Breast feeding policy is one of the early childhood policies that have strongly been implemented in Nigeria. This is as a result of the fact that the federal government of Nigeria under its ministry of

health has identified the importance and health benefits of breast feeding to the child and the mother. In response to this, the ministry of health has built, established and funded baby friendly hospitals all over the country as a measure of encouraging exclusive breast feeding. Intensive campaign programs and three months maternity leave is also wanted to working class mothers to effectively an end to their babies through exclusive breast feeding. Despite these efforts and other some research evidence has shown that working class mothers still have negative attitude to exclusive breast feeding. Research work such as Brown (2014), Gwandimn (2016) has examined the factors responsible for this among working class mothers in other professions such as Law and Accounting in other parts of Nigeria. None of this works and others has examined the factors influencing exclusive breast feeding among Female teachers in Rivers State. Despite the importance of teachers as key factor in the implementation of the programs. This research work is carried out to fill that gap by examining the factors influencing female workers attitude towards breast feeding in Port Harcourt,

Purpose of the study

The major purpose of this study was to examine the factors that influence teacher's attitude towards breast feeding. More specifically the study was designed to achieve the following objectives.

1. To determine the influence of maternal health towards breast feeding.
2. To determine the influence of maternal income towards breast feeding.
3. To determine the maternal socio-economic status towards breast feeding.
4. To determine the influence of maternal family type towards breast feeding.

Research questions

The following research question guided the study.

1. To what extent does teacher's maternal health influence their attitude towards breast feeding?
2. To what extent does teacher's maternal income influence their attitude towards breast feeding?
3. To what extent does teacher's socio-economic status influence their attitude towards breast feeding?
4. To what extent does teachers maternal family type influences their attitude towards breast feeding.

Research Hypothesis

These studies were guided by the following Hypotheses and were tested at 0.05 level of significance.

1. Maternal socio-economic status has no significant influence on teachers' attitude towards exclusive breastfeed.
2. Maternal income has no significant influence on teachers' attitude towards exclusive breastfeeding
3. Maternal family type has no significant influence on teachers' attitude towards exclusive breastfeeding.
4. Maternal health has no significant influence on teachers' attitude towards exclusive breastfeeding.

METHODS

The research design adopted for this study was the survey. The population was made up of 20 public secondary schools in Port Harcourt Local Government Area of Rivers State with a total of 1,250 teachers during the 2019/2020 academic session. The sample was made up of 225 female teachers drawn from 15 secondary school through the simple random sampling technique. The instrument used for the study was a self structured questionnaire tagged Teachers Attitude Towards Exclusive Breastfeeding questionnaire (TATEBQ). The questionnaire was made up of 20 items measured on 4 point rating scale of the Likert type. The instrument was validated by experts and subjected to reliability test which yielded 0.86. Instrument was administered by the researchers themselves on the subject. Data collected was analyzed through mean and standard deviation.

DATA ANALYSIS AND INTERPRETATIONS

Research Question 1: *How does teacher's socio economic status influence their attitude towards exclusive breastfeeding?*

Table 1: Mean and standard deviation responses on the influence of teacher's socio-economic statuses towards exclusive breastfeeding.

S/N	Questionnaire items	SA	A	D	SD	Mean	Remark
1	Most teachers often feel embarrassed about breast feeding in public.	50	40	70	40	2.65	Agree
2	Most teachers prefer formula because of low breast feeding confidence.	70	80	30	20	3.0	Agree
3	Most teachers use formula because of their culture may see public breastfeeding as taboo.	10	20	40	130	1.65	Disagree
4	Socio-economic status has no significant association with exclusive breastfeeding.	10	50	21	20	3.24	Agree

Table 1 above shows how social economical statuses influence teacher's attitude towards breast feeding. The mean score of 2.65 indicates that respondents are of the opinion that most teachers often feel embarrassed about breast feeding in public. Similarly, most of the respondents agreed that teachers prefer formula because of low breast feeding confidence. This position is represented by the mean score of 3.0, on the contrary the mean score at 1.65 implies, that respondents Disagreed that most teachers use formula because of their culture may see public breastfeeding as taboo. Furthermore, most of the respondents strongly agreed as reflected by the mean score of 292 that Socio-economic status has no significant association with exclusive breastfeeding.

Research Question 2: *In what way does teacher's maternal income influence their attitude towards exclusive breastfeeding?*

Table 2: Mean and standard deviation responses on the influence of teacher's income towards exclusive breastfeeding

S/N	Questionnaire items	SA	A	D	SD	Mean	Remark
1	Teachers with tight work schedule find it almost impossible to breastfeed and they result to infant formula.	20	40	72	68	1.9	Disagree
2	Teachers that come from wealthy homes prefer baby friendly than exclusive breastfeeding.	10	40	50	130	1.95	Disagree
3	Teacher's income has nothing to do with exclusive breastfeeding.	10	20	60	40	2.55	Agree
4	Because of the cost of formula teachers prefer exclusive breastfeeding.	10	50	40	130	1.55	Disagree

Table 2: above shows the How maternal income influence teacher's attitude towards breast feeding. The mean score of 1.9 indicates that respondents strongly disagreed that Teachers with tight work schedule find it almost impossible to breastfeed and they result to infant formula In the same vein, a mean score of 1.95 implies strongly disagree by respondents that Teachers that come from wealthy homes prefer baby friendly than exclusive breastfeeding. Furthermore, most of the respondents agreed as reflected by the mean score of 2.55 that Teacher's income has nothing to do with exclusive breastfeeding. Lastly respondents disagree that Because of the cost of formula teachers prefer exclusive breastfeeding as denoted by the mean score of 1.5.

Research Question 3: *How does teacher's maternal family type influence their attitude towards exclusive breastfeeding?*

Table 3: Mean and standard deviation responses on the influence of teacher's family type towards exclusive breastfeeding.

S/N	Questionnaire items	SA	A	D	SD	Mean	Remark
1	Teacher's level of education about breastfeed has a great impact on exclusiveness and duration of breastfeeding.	63	55	30	52	2.65	Agree
2	Most teachers do not have knowledge about breastfeeding but just do it as a norm.	60	40	60	40	2.6	Agree
3	Most teachers' breastfeed because of their partner's attitude and parental involvement towards breastfeeding programs.	60	50	50	40	2.65	Agree
4	Most family practice does not agree with exclusive breastfeeding for six months.	30	10	50	110	1.8	Disagree

Table 3: Above shows how maternal family type influence teacher's attitude towards breast feeding. The mean score of 2.65 indicates that respondents are of the opinion Teacher's level of education about breastfeed has a great impact on exclusiveness and duration of breastfeeding. Also, respondents agreed that Most teachers do not have knowledge about breastfeeding but just do it as a norm and this position is represented by the mean score of 2.6, furthermore the mean score at 2.65 implies, that respondents agreed that Most teachers' breastfeed because of their partner's attitude and parental involvement towards breastfeeding programs On the contrary, most of the respondents strongly disagreed as reflected by the mean score of 1.8 that most family practice does not agree with exclusive breastfeeding for six months.

Research Question 4: *In what way does teacher's maternal health influence their attitude towards exclusive breastfeeding?*

Table 4: Mean and standard deviation responses on the influence of teachers Health towards exclusive breastfeeding.

S/N	Questionnaire items	SA	A	D	SD	Mean	Remark
1	Most teachers that went through caesarean section prefer formula and do not breast feed their infants.	70	60	40	30	2.85	Agree
2	Exclusive breastfeed makes women eat excessively and wow fat.	63	55	30	52	2.64	Agree
3	Exclusive breast feeding make women have sagging breast.	50	50	50	50	2.5	Agree
4	Exclusive Breast feeding makes women not sexually attractive.	30	40	60	70	2.15	Disagree

Table 4 above shows how maternal health influence teacher's attitude towards breast feeding. The mean score of 164 indicates that respondents are of the opinion that most teachers that went through caesarean section prefer formula and do not breast feed their infants. Similarly, most of the respondents agreed that most teachers do not breastfeed because of it makes them eat excessively and grow fat. This position is represented by the mean score of 164, in the same vine the mean score at 15 implies, that respondents agreed that most teachers believe that exclusive breast feeding will

make them have sagging breast. On the contrary, most of the respondents disagreed as reflected by the mean score of 2.15 that exclusive Breast feeding will make them not sexually attractive.

Hypothesis Testing

Hypothesis 1: Maternal socio-economic status has no significant influence on teachers' attitude towards exclusive breastfeeding

Table 5: T-test analysis of the influence of socio-economic status on teachers' attitude towards exclusive breastfeeding

Socio-economic status	N	Mean	SD	t-Cal	α	Df	t-crit	Remarks
Low	76	10.87	0.96	8.15	0.05	198	1.96	Sig.
High	124	9.94	0.66					

Table 5 shows that at 198 degree of freedom and 0.05 significance level, the t-calculated value (8.15) is greater than the t-critical value (1.96). Therefore, the null hypothesis is rejected. This implies that socio-economic status has significant influence on teachers' attitude towards exclusive breastfeeding practice in Port Harcourt Local Government Area of Rivers State. The mean scores however, indicated that the attitude of teachers with low socio-economic status (10.87) is more influenced towards exclusive breastfeeding practice than those with high socioeconomic status (9.94).

Hypothesis 2: Maternal income has no significant influence on teachers' attitude towards exclusive breastfeeding.

Table 6: T-test analysis of the influence of maternal income has no significant influence on teachers' attitude towards exclusive breastfeeding

Socio-economic status	N	Mean	SD	t-Cal	α	Df	t-crit	Remarks
Low	133	8.57	1.87	7.84	0.05	198	1.96	
High	67	6.75	0.44					

From the results in table 6 above, it can be observed that the t-calculated value (7.86) is greater than the t-critical value (1.96) at 198 degree of freedom and 0.05 significance level. The null hypothesis is therefore rejected. This implies that maternal income has significant influence on teachers' attitude towards exclusive breastfeeding practice. The mean scores indicates that teachers with low income (8.57) are better influenced towards exclusive breastfeeding practice than those whose income is high (6.75) in Port Harcourt Local Government Area of Rivers State.

Hypothesis 3: Maternal socio-economic status has no significant influence on teachers' attitude towards exclusive breastfeeding.

Table 7: T-test analysis of the influence of socio-economic status on teachers' attitude towards exclusive breastfeeding socio-economic status

Socio-economic status	N	Mean	SD	t-Cal	α	Df	t-Crit	Remarks
Small	118	9.47	0.50	-6.36	0.05	198	1.96	
Large	82	10.01	0.69					

Results in table 7above indicates that the t-calculated value (-6.36) is greater than the t-critical value (1.96) at 198 degree of freedom and 0.05 significance level. The null hypothesis is therefore rejected. This implies that maternal type has significant influence on teachers' attitude towards exclusive breastfeeding practice. The mean scores indicated that teachers whose material family type is large (10.01) are more influenced towards exclusive breastfeeding practice than those whose maternal family type is small (9.47).

Hypothesis 4: Maternal health has no significant influence on teachers' attitude towards exclusive breastfeeding.

Tables 8: T-test analysis of the influence of maternal health has no significant influence on teachers' attitude towards exclusive breastfeeding

Socio-economic status	N	Mean	SD	t-Cal	α	Df	t-crit	Remarks
Poor condition (with health issues)	61	10.28	0.64	0.79	0.05	198	1.96	
Good condition (without health issues)	139	10.09	1.85					

Table 8 above shows that the t-calculated value (0.79) is less than the t-critical value (1.96) at 198 degree of freedom and 0.05 significance level. The null hypothesis is therefore accepted. This implies that health has no significant influence on teachers' attitude towards exclusive breastfeeding practice.

DISCUSSION OF FINDINGS

Results of hypothesis I as shown in table 5 revealed that material socio-economic status has significant influence on teachers' attitude towards exclusive breastfeeding practice. This indicates that teachers' attitude towards exclusive breastfeeding practice is dependent on their socio-economic status. This finding corroborates Obermeyer and Castle (2012) who asserted that breastfeeding is a complex process governed by psychological and physiological factors which are in turn conditioned by a wide spectrum of environmental, socio-economic and cultural factors. The finding of this study also agreed with Alemayehu, Hdar and Habte (2015) when they observed that a range of material and child health attributes such as marital status, economic status and child age influence the practice of exclusive breastfeeding. To further buttress this finding, Libbus and Kolosto (2010) found that low- income pregnant women in Missouri felt that discreetly breastfeeding in one's home in front of visitors was acceptable, but less acceptable to breastfeed in public. However, Kelley, Watt, and Nazoo (2012) reiterated that social acceptability of breastfeeding varies by culture and ethnicity which has implications for breastfeeding rates.

Results in table 6 which focused on hypothesis 2 revealed that material income has significant influence on teachers' attitude towards exclusive breastfeeding. This finding may not be unconnected with the fact that for a woman (mother) to stick to exclusive breastfeeding, such a women (mother) may need enough money to maintain her body, feed well and balance her diet. However, when the income level of the husband of the woman is low as to properly take care of the woman, the woman may seek either to return to her part-time work or full-time work in order to support the family financially, and this could affect her ability to observe exclusive breastfeeding. Noble (2001) who conducted a survey study to determine the association between breastfeeding and employment reported that mothers who planned to return to work before six weeks postpartum were significantly ($p < 0.05$) less likely to initiate breastfeeding compared to 35 mothers who were not planning to return to work. Also, Bullock (2017) revealed that in the Ross Mother's survey, only 22% of women employed full-time breastfed their infants compared to 35% of mothers who were not employed. Contrarily, Visness and Kennedy (2015) noted that maternal employment was not responsible for low rates of breastfeeding initiation. The more a female teacher who is nursing baby intend to return to either part-time work or full-time work in order to make money to support the family, the more her chances of practicing exclusive breastfeeding decreases.

Results in table 7 showed that material family type has significant influence on teachers' attitude towards exclusive breastfeeding. This finding buttressed McMurray's (2014) description of family as a mediating structure which serves as a link between individuals and the society in which they live, and through which the society's norms, values, roles and responsibilities are transmitted. He further observed that in traditional Ghanaian Societies as it is in many parts of the Sub-Saharan Africa, the institution of family is conventionally conceived in terms of its core functions, e.g. child birth, kingship ties etc. The perceptions of partners in a family setting about exclusive breastfeeding may differ which could affect its practice. Studies have revealed that in the developed world, women's breastfeeding decisions have been shown to be influenced by their perception and

partner's attitudes (Arora, Mcgunkin, Wehrer and Kuhun, 2015) and paternal involvement in breastfeeding promotion programmes (Susin and Giugliani, 2013). Limited knowledge about exclusive breastfeeding, pressure from family and friends to introduce complementary foods and excessive demands on material time against other competing responsibilities have been shown to negatively influence the practice of exclusive breastfeeding (Ochoba, 2015). With these findings, there is strong evidence to show that maternal family type is a strong factor that can influence the attitude of teachers, who are members of the family positively or negatively towards exclusive breastfeeding practice.

Results in table 8 indicated that maternal health has no significant influence on teachers' attitude towards exclusive breastfeeding practice. The implication of this finding is that whether the teachers are in good or poor health conditions, their attitude towards exclusive breastfeeding practice may not change significantly. However, while some teachers who are nursing mothers may not practice exclusive breastfeeding for health or medical reasons, others may out of tight class schedule find it almost impossible to breastfeed their babies, hence they result to infant formula. This is as against the global public health recommendation by the World Health Organization (WHO, 2014) that infants should be exclusively breastfed for the first six months of life to achieve optimal growth, development and health. Studies have identified several factors associated with suboptimal breastfeeding or lack of exclusive breastfeeding and complementary breastfeeding practice, which include material characteristics such as age, marital status, occupation and education; antenatal and maternity health care seeking; health education and socio-economic status; and child's characteristics including birth weight, method of delivery and birth order (Morisky, 2014; Pascale, 2015 and Akter and Rahman, 2017).

CONCLUSION

Exclusive breastfeeding is vital in order to stimulate the babies' immune systems and protect them from child killer infections and diseases like diarrhea and acute respiratory infections. From the findings however, it can be concluded that maternal factors such as socioeconomic status, income, family type and health has influence on teachers' attitude towards exclusive breastfeeding practice, but their influence is in varying strength and direction.

RECOMMENDATIONS

Based on the findings of the study, the following recommendations are made:

- Health care officers should increase the awareness campaign on exclusive breastfeeding of the child in family and school settings.
- The government should establish laws or bills that will make it compulsory for all parents irrespective of the nature of their jobs or family type to observe exclusive breastfeeding to observe exclusive breastfeeding.
- The government in partnership with the communities should provide health facilities and community health officers in all communities for better health information and health delivery.
- The school management should endeavour to grant teachers (women) six months maternity leave to enable them properly practice exclusive breastfeeding.

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