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2010/04/11

Innovation



A MULTIDISCIPLINARY JOURNAL OF THE GRADUATE SCHOOL, UNIVERSITY OF UYO, UYO NIGERIA

Vol. 1, NO. 1

April 2013

THE CULTURAL CONTEXT OF INFANT BREASTFEEDING IN AKWA IBOM STATE

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ABSTRACT

This study investigates the socio-cultural factors influencing breastfeeding practices of nursing mothers in 2 rural Ibibio communities of Akwa Ibom State, Nigeria. Conducted in two phases, the study involved a survey of 142 participants selected through multi-stage sampling method and Focus Group Discussion (FGDs) with mothers attending antenatal care at the local health facility. Data show that nursing mothers in these communities possess a fairly high level knowledge of the benefits of optimal breastfeeding. They also affirm the responsibility of the mother to breastfeed her baby optimally in order to guarantee the child's health and well-being. But such knowledge is seldom translated into practice. Apart from considering their health and that of the child in making breastfeeding decisions, the breastfeeding practices of rural mothers are adversely influenced by their work, cultural attitudes towards breastfeeding espoused by mothers-in-law and spouses' lack of social support. Local breastfeeding practices reflect the ways in which human agency is circumscribed by the larger socio-cultural context. To address the constraints of the socio-cultural context on breastfeeding, policies should include advocacy and community health education to engender changes in cultural attitudes and guarantee optimal breastfeeding of infants.

Key Words: Culture, Infant, Breastfeeding Practices, Rural, Nigeria

INTRODUCTION

Since the 1990s, there has been renewed vigour in advocacy for optimal breastfeeding of infants by experts and feminist groups (Law, 2000; Wall, 2001; Galtry, 2003; Smith, 2004). The advocacy, which was largely prompted by decline in the levels of infant breastfeeding owing to the aggressive promotion of infant milk as the ideal means of feeding babies, culminated in the formal launching of the Baby Friendly Hospital Initiative (BFHI) through a collaboration of the World Health Organization (WHO) and United Nations International Children's Fund (UNICEF). The Initiative, which has been adopted by 160 countries including Nigeria, seeks to promote, support and protect the practice of breastfeeding exclusively for the first six months of a child's life, and breastfeeding along with supplementary foods for up to two years. The premise of the advocacy, and the resulting institutional response, is the

overarching discourse of the universal beneficence of breastfeeding for babies, mothers and the society at large.

An expanding body of research findings show that adequate breastfeeding enhances the growth and development of the child. It provides valuable nutritional and immunological benefits, which lasts longer than the first year of the child's life (Lawrence and Lawrence, 1999; Goldman and Golblum, 1983). It also prevents infant illness (Gulick, 1986), and enhances cognitive development (Rogan and Gladen, 1993). The World Health Organization (WHO, 1993) reports that 500 milligrams of breast milk per day can provide at least one third of the protein and energy, 45% of vitamin A, an almost all of the vitamin C that a child needs up till the second year of life. Adequate breastfeeding of infant (for up to two years) is associated with greater bone mineral acquisition (Backstrom et. al., 1999).

Studies reveal that mothers also benefit from the breastfeeding of their infants. Maternal benefits from breastfeeding include lower risk of anemia, osteoporosis and breast cancer, and post partum weight loss (Zheng et. al., 2000; Melton et. al., 1993). Breastfeeding also serves as a type of contraceptive inducing temporary infertility. It *prolongs the period of post-partum amenorrhea and suppresses ovulation, thus producing in most women the effect of temporary sub-fecundity. Weeks (1999) points out that 'the stimulation of the nipple during nursing sets up a neuro-endocrine reflex that reduces the secretion of Luteinizing Hormone (LH) and thus suppresses ovulation'*. The natural contraceptive effect of breastfeeding also enhance infant survival by providing a respite for subsequent pregnancy long enough to allow an infant to be nourished and immunologically protected by her/his nursing mother (Dada et. al., 2002).

A significant proportion of Nigerian women practice exclusive breastfeeding. The 1999 Demographic and Health Survey (DHS) puts the median duration of infant breastfeeding in Nigeria at 19.5 months. It has, however, been observed that the duration is higher in urban centres than rural areas. Similarly, in both urban and rural areas a growing number of women decline exclusive breastfeeding, even though most of them are aware of the benefits. They prefer feeding their babies with infant milk formula because it gives them flexibility to go to work while someone else cares for their baby. Apart from the benefit of flexibility, the prestige associated with bottle-feeding as opposed to the 'peasant' activity of breastfeeding adds to the popularity of infant formula among lactating women, even in rural areas.

Breastfeeding is one of the platforms on which the struggle for women's autonomy is staged. It is also the basis for local and particular framings of human agency constituted by various intersecting and contested discourses. Its theoretical significance has been shaped by its relations to particular social structures incorporated within various theoretical perspectives. Here, two theoretical paradigms stand-out: socialist feminism and social interactionism. Within the socialist feminist paradigm, materialist class analysis and feminist social protest are brought together at the intersection of infant breastfeeding practices to explain the oppression of women in capitalist society. Infant feeding is closely linked to gendered social processes such as child-rearing, home maintenance, including unpaid, invisible domestic tasks; care-giving and emotional sustenance of self and others (J.engermann and Neibrugge-Brantley, 2000).

Breastfeeding is a form of reproductive labour which does not attract remuneration, as such it contributes to the marginalization of women in the modern

economy by preventing them from participating in productive work. Women's desire to surmount this barrier to participation in the productive sector of the economy leads to further oppression as manufacturers of infant milk formula capitalize on this desire to exploit poor women economically. Infant milk industry generates an estimated 5 to 6 million dollars in profit annually (Tamaro, 1998). The economic interests of these powerful multinational companies in lower rates of infant breastfeeding and the intensive marketing of infant formula through media campaigns partly explains the decline in levels of breastfeeding among women, particularly among those who work in the formal sector of the economy.

In social interactionist analyses, the subjective dimension of decision making regarding infant feeding is brought into focus. Social interactionism centralizes the self framed through the imaginative construction of others' attitudes and anticipation of others behaviour towards particular social roles. Thus, the 'generalized other', constitutive of the rules and conventions of the society, exerts considerable influence on role development. In regards to infant feeding, Newman and Pittman (2002) argue that media portrayals of infant feeding may serve as this 'other', constituting what is conventional regarding infant feeding. Social pressures towards role performance also emerges from ones 'reference group', including family members, neighbours, peers and colleagues at the work place. In this view, 'a mother whose family has a tradition of formula feeding has a reference group, which may encourage continued formula feeding' (Sika-Bright, 2010). The strongest source of pressures, however, are ones 'significant others'. A husband, for instance, can influence a woman's infant feeding practice by supporting or discouraging particular practices.

These theoretical perspectives indicate that breastfeeding practices are constituted by broader social processes and patterns of interactions as much as it is by the intentions of the breastfeeding mother. However, campaigns seeking to promote infant breastfeeding has focused on women, following the assumption that women make autonomous decision regarding infant feeding (Sika-Bright, 2010). Studies reveal that the factors influencing infant breastfeeding practices include age, level of education, income, availability or lack of social support, work and locally specific normative prescriptions on motherhood and child-care. Older and educated women are more likely to breastfeed longer than any other group (Scott and Binns, 1999). Studies also show that full time employment or school enrolment are associated with decreased breastfeeding duration due to the demands of work and school (Spisak and Gross, 1991). Similarly, the link between social support and early initiation and prolongation of breastfeeding has been demonstrated by studies (Meyerink and Marquis, 2002). But there are variations across contexts in the influence of socio-cultural factors on infant breastfeeding, which suggests the need for context specific studies using ethnographic methods in order to inform policies that are locally appropriate.

This study uses ethnographic methods to investigate the socio-cultural context of infant breastfeeding practices among the rural Ibibio people of Nigeria. It probes the ways in which local health beliefs, nutritional practices, lack of income and work shape infant breastfeeding practices. The findings will make obvious the complexity inherent in the practice of exclusive breastfeeding as shaped by local cultural beliefs and practices and the social organization of child care. Relevant policy suggestions will follow from these findings.

METHODS

Study Area

The ethnographic context of the study was the Ibibio society, Akwa Ibom State of Nigeria. The specific study sites were *Mbiokporo* and *Afaha Offiong* communities in Nsit Ibom Local Government Area of the state. Each community has an estimated population of thirteen thousand persons (NPC, 2006). The people live in very poor socio-economic conditions (poverty level in the area is estimated at 75% [FERT, 2004]). They have very limited access to basic social amenities such as good roads, portable water supply, electricity, healthcare services, housing and modern telecommunication services. Farming is the traditional occupation of the people. They cultivate different types of food crops such as cassava, yam, maize and vegetables, mostly for domestic consumption. Farming is aided by the undulating nature of the landscape, which can collect water for several months of the year, enabling the people to cultivate the land for a greater part of the year. Due to poor geographic and economic access to formal health facilities, majority of the women in these communities deliver babies under the care of Traditional Birth Attendants (TBAs).

Population and Sampling

The study population consisted of mothers with infants between the ages of 0 and 2 years. The choice of this category of mothers was informed by the Baby Friendly Hospital Initiative (BFHI) conception of adequate breastfeeding as involving 6 months of exclusive breastfeeding, and then breastfeeding along with supplements until the baby is at least 2 years old. A total of 142 nursing mothers were included in the sample. Sampling relied on a multi-stage sampling method (Barker, 1999) involving identification and enumeration of households with nursing mothers in the community. A sampling frame was constructed from the enumeration result and every fifth household in the frame were selected to participate in the study. The third stage involved visits to the selected households for the purpose of interviewing nursing mothers residing in those households. The total number of participants interviewed were 142 women.

Data Collection and Method of Analysis

The study was conducted in two inter-related phases. The first phase of the study, which took place between April and June 2011, relied on a survey method to obtain data. In this phase, 142 breastfeeding mothers were interviewed individually by 10 trained female fieldworkers. The instrument of data collection was in-depth personal interviews based on a semi-structured personal interview guide which sought information from participants on their knowledge of exclusive breastfeeding and its benefits; practice of exclusive breastfeeding; and the factors affecting the practice of exclusive breastfeeding. The research instrument was independently assessed by social research methodologists from the local university. The interviews were recorded with a portable device with the verbal consent of each participant. The recorded responses were thereafter played and transcribed in English Language.

The second phase of the study aimed at generating a more comprehensive qualitative data on breastfeeding practices in the local culture. Focus Group Discussions

(FGDs) were conducted with selected participants. They consisted of breastfeeding mothers attending ante-natal consultations at the local health facility. The relatively small size of the FGD groups allowed all participants to express their opinion freely. Five FGD sessions were conducted with 5 participants per session. The FGDs also enabled the researchers to phrase questions and tailor probes to each participant. The discussion covered most of the issues that formed the focus of the survey. The thematic content analysis procedure (Berg, 2007) was used in the analysis of the data. Following transcription of the recorded responses, the transcripts were reviewed for accuracy by the researcher assisted by the field workers. A preliminary analysis involving comparison of the transcripts of the group discussions with those of individual interviews, was conducted. Since there were no significant differences between the two, both transcripts were merged and analyzed comprehensively.

RESULTS

Socio-demographic Characteristics of the Participants

The breastfeeding mothers who were interviewed fell between the age range of 24–45 years. The highest proportion were between the age of 36 and 40 years. Participants' average age stood roughly at 35 years. The majority of the participants (75.3%) were married, 20.4% were single, while a small percentage (4.2%) were divorced or separated. The bulk of the participants (46.4%) had no formal education, 26% had primary education, 14% had secondary education, and 13.3% had tertiary education. Data on religious affiliation indicates that 71.8% were Protestants, while 22.5% were of the Catholic faith. A small proportion (5.6%) were adherents of traditional religion, particularly various forms of naturism (the worship of nature). Their occupational profile shows that they were farmers (50.7%), petty traders (44.3%), white collar workers (9.7%) and students (20.4%). On the average, the participants had about 4 children.

Knowledge of the Benefits of Breastfeeding

The participants view breastfeeding as an essential part of the nourishment of infants. Breastfeeding was also said to be essential for the growth and development of the new born. This makes breastfeeding an important task for the mother. The participants posited that adequate breastfeeding ensures the health and survival of the baby. Conversely, failure to breastfeed babies optimally will result in ill-health and developmental problems such as stunted growth, physical disability and mental retardation.

Bulk of the participants (76%) maintained that a mother has the inalienable responsibility of breastfeeding the baby adequately and ensuring that it does not starve. This, according to them, will guarantee that the baby is healthy. They provided very glowing descriptions of breastfeeding such as: 'feeding a baby with breast milk', and 'nourishing a baby with natural milk from the mother's breast'. According to one of the participants: *ado adi bok nsek eyen ke mmon eba eka*, (which means, 'to feed a child with milk from the mother's breast'). They lauded breast milk as the best nutritional option for the baby, pointing out that breast milk is better than infant milk formula. A young mother told us:

Breast milk is very good. There is nothing to compare with it. Breast milk has all the ingredients which a baby needs to grow and develop optimally ... you cannot compare breast milk with bottle milk (that is, infant milk formula).

The participants were also of the view that a baby who has not been adequately breastfed by the mother will not develop properly. They referred to such babies as 'cow babies' who continually suck feeding bottles. In their view, such babies are at risk of ill-health. Some of them attributed infant developmental problems to lack of adequate breastfeeding. A participant summed up this opinion thus: "*A baby who has not been adequately breastfed is usually not healthy. It will be sickly all the time. A baby who has been sufficiently breastfed by the mother is strong, healthy and growing*".

A sizeable proportion of the participants (23%) did not see breastfeeding as a better alternative to infant milk formula. While they acknowledged the benefits of breastfeeding, especially for the infant, they believed that infant milk formula is as good as breast milk. Infant milk, they observed, is manufactured by experts based on very sophisticated scientific knowledge of infant nutritional and developmental needs. One of them stated that 'bottled milk is good because foreign experts produced it'. This view, which is clearly inconsistent with mainstream opinion, may partly account for the discontinuities in the practice of exclusive breastfeeding in the community.

Socio-Cultural Factors influencing Breastfeeding Practices

Data revealed variations in the duration of breastfeeding as practiced by the study participants. The duration of breastfeeding ranged from 13 months to 2 years, while the average duration of breastfeeding was roughly 10 months. How long the women breastfed their babies was said to be influenced by many factors. The health condition of the baby was an important consideration. The availability of supplementary foods (such as bottle milk) also influenced decision to continue or discontinue breastfeeding. The participants stated that the mother should breastfeed the baby for 2 years. A participant (41 years of age) remarked:

... How long I breastfeed a baby depends on how healthy the baby is. If the baby is healthy and strong, I can stop breastfeeding. But if it is sick, I will continue giving it breast milk ...

The participants further stated that a sick baby should be breastfed for a longer period than a healthy one. This should be so because a sick baby cannot feed on supplementary foods. In such situations, the mother should continue to breastfeed the baby. They pointed out that breast milk will respond effectively to childhood malady and guarantee the optimal growth of the child. They also noted that breastfeeding should be continued where there are no supplements with which to feed the baby. In rural communities, poor women combine breast milk and supplements to ensure optimal infant nourishment. They do so because the mothers feel they do not have sufficient breast milk with which to feed the baby. They, therefore, introduce supplements early to avoid infant malnutrition and/or starvation.

The participants also observed that breastfeeding should be discontinued when the baby starts digesting solid food. A young mother opined, *etok eyen ama-dia ndidia sio enye ke eba* (when a baby starts eating solid food, stop breastfeeding it). On the other hand, a baby who does not respond well to such food should still be breastfed. As noted by some of the participants, it is an indication that the baby is not to be weaned from the breast. They opined that discontinuation of breastfeeding in such circumstance might affect the health of the baby negatively.

The mother's health is another important consideration in determining the duration of breastfeeding. In the opinion of 87% of the participants, a woman who is not in good health does not have sufficient breast milk with which to feed the baby. Continuous breastfeeding may further compromise her fragile health. They advised that such a woman should introduce bottle milk. A participant, who said she was quite sick while nursing her second baby, told us: 'I did not breastfeed her long enough because of my condition. I feed her with bottle milk most of the time'.

Furthermore, cultural attitudes towards breastfeeding held by members of the extended family discourages women from breastfeeding older infants. Majority of the participants (72.4%) observed that they do not breastfeed their children beyond the first year because other women deride those who breastfeed beyond a year (except babies with ill-health). Such attitudes are often held by older women, especially mother-in-laws. Some participants (29.8%) observed that their mothers-in-laws disapprove of them breastfeeding a healthy baby beyond the first year because, according to them, it will make the baby dependent on the mother. In most cases, the opinion of mother-in-laws held sway because they are regarded as experienced persons and the custodians of child rearing customs. A young nursing mother (32 years old) noted:

My mother-in-law (eka-eba) does not want to see me breastfeed a baby who is more than a year old. She told me that they are no longer babies, and that if I keep breastfeeding them they will be stunted and will be sitting on my laps sucking breast all the time ... She (mother-in-law) knows better because she has raised many children.

Like the one quoted above, many participants told us that they accede to their mother-in-law's because of the latter's wisdom and experience. Apart from mother-in-laws, the husband of the woman may also interfere with breastfeeding. Men often disapprove of what a participant called 'too much breastfeeding'. Another participant stated it bluntly; 'even the man doesn't like long breastfeeding duration'.

Another factor affecting breastfeeding practices of the women is their desire to keep their breasts in 'proper' shape. A sizeable percentage of the participants (37%) told us that if they breastfeed for too long their breasts will 'fall' (*eba adwono*). This view was mostly held by younger mothers, who expressed the fear that if their breasts depreciate, even their husbands will not find them sexually attractive. Anxiety over the disfigurement of the women's breast was linked to the desire to remain sexually attractive to their spouses. This subjectivity may also explain the men's apprehension over long durations of breastfeeding.

The demands of farm work, domestic chores and formal employment also interferes with the duration of breastfeeding. About 47% of the participants reported that

they cannot breastfeed their babies for more than a year because of their work. They have to discontinue breastfeeding at most after a year and introduce supplements so that they may be free to go to work, engage in farming or perform household activities. By limiting their time and capacity, maternal work poses serious constraints on infant breastfeeding.

DISCUSSION

This study investigates the socio-cultural factors affecting breastfeeding practices of nursing mothers in rural Ibibio communities of Akwa Ibom State, Nigeria. The women who took part in the study knew about the immunological, nutritional, psycho-social and health benefits of breastfeeding for the baby and the mother. They acknowledged that adequate breastfeeding is essential for the health and optimal growth of the child, and most of them regarded it as a better option to infant milk formula. They were also unanimous in the view that mothers have a non-negotiable duty of breastfeeding their babies adequately. These findings resonates with other studies on infant breastfeeding. For example, a study carried out in a peri-urban community in Mexico reveals that 91% of the women endorsed the positive value of breastfeeding (Guerrero et. al., 1996). The researchers noted that the women 'consistently ranked breastfeeding to be the best nutrition for their infant' (Ibid). However, in most of these studies, as in the present one, most women do not conform to optimal breastfeeding practices that they know to be beneficial.

The duration and practice of breastfeeding are influenced by various of socio-cultural factors. Some of the considerations that inform decision-making regarding breastfeeding such as discontinuing breastfeeding after 2 years or due to the mother's ill-health conforms to acceptable standards of infant feeding. For example, considerations of the health status of the baby and the mother have been given sound emphasis in policy discussions. However, the problem is that the decision to discontinue breastfeeding of a sick baby for instance, is informed by the women's assessment, and not by clinical opinion as indicated in the communiqué of the National Conference on Adequate Infant Nutrition in Nigeria (2008). This is the bane of local women's breastfeeding practices; it follows blindly after traditional beliefs and practices often without recourse to professional guidelines.

Cultural attitudes towards breastfeeding prevent women from optimal breastfeeding with attendant adverse effects on the health and well-being of the child. These attitudes are expressed by mother-in-laws and spouses of the nursing mother. By espousing negative attitudes towards optimal breastfeeding, particularly exclusive breastfeeding, these 'significant others' deny nursing mothers the social support needed to initiate and sustain appropriate infant feeding practices. This factor, more than any other, highlights the critical influence of socio-cultural forces on infant feeding. It indicates that breastfeeding is not an autonomous human practice; it is shaped by the socio-cultural environment.

This insight is supported by a study of infant feeding practices among the Yoruba people of southwestern Nigeria (Jegede, Ajala et. al., 2006). The study found that mother-in-laws, acting in their roles as custodians of local child-rearing practices, enforced certain normative infant feeding practices by tutoring their daughter-in-laws on how to feed and rear their children. In their study, as in the present, the 'mother-in-law assumes a

significant role in decision making, especially in matters relating to child care, as reasons are found in experience and traditions' (Ibid). As these local infant feeding practices are often contradictory to acceptable standards of infant nutrition, such as exclusive breastfeeding practice encouraged by the BFIII policy of the WHO and UNICEF, they compromise adequate feeding of infant and pose serious threats to infant nutrition, health and well-being.

The study also reveals that the burden of work on nursing mothers impact negatively on breastfeeding. Maternal occupation is associated with decreased breastfeeding duration (Spisak and Gross, 1991). Farm work, domestic activities and formal employment, as reported by the participants of this study, are different types of maternal work which adversely effects breastfeeding practices of the women. They form part of the gender-based division of work, which imposes constraints on women's time, saps their energy and undermines their capacity to breastfeed their babies optimally. Taken together, these factors constitutes the socio-cultural context which influences infant breastfeeding practices. And since the influence they exert on local infant breastfeeding practices are largely adverse, appropriate policy measures should be adopted to address them and guarantee optimal breastfeeding of infants in these local communities.

Policy Implications

This study, which examined the socio-cultural factors influencing breastfeeding practices in local communities, underscore the fact that infant breastfeeding does not take place in a social vacuum, but within specific socio-cultural contexts. The largely adverse influence of the socio-cultural context explains the gap between knowledge and practice of breastfeeding. Although nursing mothers are knowledgeable regarding the different benefits of optimal breastfeeding, as captured in the concept of exclusive breastfeeding, their actual practice of breastfeeding are constrained by these factors, their intention to breastfeed babies optimally notwithstanding. Their agency in breastfeeding decision-making are circumscribed by the social organization of gender, work, economy and kinship, producing outcomes that are not only contrary to their knowledge and intentions, but also such as are largely inimical to the optimal health and well-being of their children. Therefore, infant feeding policy should be broadened beyond the provision of information and services to nursing mothers in hospital settings; it should include advocacy and community health education seeking to engender changes in attitudes and promote social support for optimal infant breastfeeding.

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