#### International Journal of Innovation Scientific Research and Review

Vol. 03, Issue, 11, pp.1974-1979, November, 2021 Available online at http://www.journalijisr.com SJIF Impact Factor 4.95

# ISSN: 2582-6131

#### **Research Article**

### EFFECTS OF MOTHERS FEEDING HABITS ON THE NUTRITIONAL STATUS OF INFANTS (3-6 MONTHS) IN OWERRI WEST L.G.A, IMO STATE, NIGERIA

<sup>1, \*</sup> Onyeneke E. N., <sup>1</sup>Akujobi, C.I. and <sup>2</sup>Ekeogu, E.C.

<sup>1</sup>Department of Nutrition and Dietetics, Faculty of Health Sciences, Imo State University, Owerri, Imo State. <sup>2</sup>Department of Nutrition and Dietetics, Imo-State College of Health and Management Sciences, Amaigbo Orlu, Imo State.

Received 16th September 2021; Accepted 17th October 2021; Published online 30th November 2021

#### **ABSTRACT**

The study aimed at investigating the effect of mothers feeding habits of the nutritional status of infants (3-6 moths) in Owerri west L.G.A Imo State. It was found that mothers of infants tend to employ poor feeding practices or habits especially when the infants are not yet of age. Five specific objectives were formulated which guided the study. The study employed a simple random method of simple selection. The sample size of 200 subjects determined a validated questionnaire was used to collected data on Anthropometry. Socio economic status, dietary and nutritional assessment of the responded. Data was shown as frequency and percentage and was analyzed using the statistical package for social science (SPSS 2020) chi Square were used data collected revealed that 63.5% of this mothers were married women, 31% single, divorced 5%. The respondents who practiced complementary feeding for the infants were 49% while 44% practiced Exclusive Breastfeeding (EBF). The socio economic status of the respondents showed that 71.5% were educated to O' level standard. The Anthropometric indices of respondents with their respective BML showed that 27% of mothers had normal weight, 61% overweight and 12% obese. The BML also showed that there was a significant difference in the weight and height of respondents (P<0.05). Based on the findings, it is recommended that Nutritional programmes and Intervention should be practiced in most areas as it will help improving feeding habits of mothers.

Keywords: Mothers, Feeding habits, Nutritional staus, Infants, Owerri West.

#### **INTRODUCTION**

The state of being a mother or the state or experience of haring and raising a child is referred to as motherhood (WHO, 2003). Adequate nutrition and health care during the first few months of life is fundamental for child survival and prevention of malnutrition (Atimo and oyewole, 2008). It is important to know, that it is during infancy and early motherhood that irreversible faltering occurs (Engberg, 2007). Growth during the first year of life is greater than at any other time after birth. An infant birth weight will usually double by four to six months of age and triple by the first birthday. Good nutrition and feeding practice during the period of rapid growth is vital to ensure that infants develop both physically emotionally and mentally to the fullest potential (Federal ministry of health Abuja, 2006). Inadequate nutrition during the initial formulative months and the feeding habits leading pattern of the mothers has both immediate and long term consequences (WHO, 2003). During the early months of infancy, nutritional needs can be entirely met with breast milk so it the preferred milk for infants and best in their first six months of life that is why mother feeding habits is considered. It is perfectly suited and the nutritional needs of infants formula and cow's milk (maltel, 2008). The immediate consequences of poor nutritional status of infants include morbidity, mortality and delayed mental and physical development, while the long-term consequences include impaired vision, intellectual performances, week capacity and increased risk of chronic diseases. According to (Luther, 2003) the causes of malnutrition in children can be summarized and know to be poor feeding habits of mothers which in turn does not provide adequate supply of breast milk for be infants which is known to be a behavioral cause. Studies and past research works has shown that promotion of exclusive breast feeding ranked first among the intervention program for reducing under five mortality

(pellertier and frongillo, 2003). Reports shows that only about 35% of infants worldwide are exclusively breastfed during the first three months of life (WHO,2003). Mothers who have poor feeding habits or tend to eat very little always seem to introduce infants to complementary feeding too early or too late and foods given are often nutritionally inadequate and unsafe (Egal and Lopriore, 2006). In Nigeria, about 40% of infants are exclusively breastfed (11TA,2004) they are consequently an increased number of malnourished children in Nigeria due to their respective mothers do not get enough food that would provide the required nutrients and antibodies in their breast milk (11TA, 2004). In Nigeria, mild and moderate malnutrition contributed to 35% death than severe malnutrition which contribute only 10% (NDHS, 2003) national data from Nigeria food consumption and Nutrition Survey (NFCN 2001-2003) on under five nutrition showed that 42% of the children are stunted 25% where under weight and 9% were wasted. These are the indicators that under nutrition of infants are prevalent in the country. Poor feeding practice of months is one of the major threat and among the most serious obstacles in attaining and maintaining health of infants in the first few months of life (WHO, 2003). Studies have shown that infants whose mothers practice good feeding habit and are exclusively fed for the first six months with good immunization and complementary feeding are seen to be mentally and physically good (WHO, 2003). Current data shows that 55% of Nigerian mothers are ignorant of exclusive breast feeding (11TA, 2004). It has been reported zero awareness of exclusive breast feeding in rural areas of Nigeria especially in Owerri west Local Government Area of Imo State.

#### **MATERIALS AND METHODS**

#### **STUDY AREA**

This survey was carried out in Owerri west local government Area of Imo State Nigeria. Owerri west is a local government area of Imo

1Department of Nutrition and Dietetics, Faculty of Health Sciences,Imo State University, Owerri, Imo State.

<sup>\*</sup>Corresponding Author: Onyeneke E. N.,

state Nigeria. Its headquarters are in the town of Umuguma Owerri west was carried out of the former Owerri local government area in 1996. A very large portion of the local government constitute the capital city of Imo state Nigeria it has an area of 295km² and a population of 99,265 at the 2006 census. The communities in Owerri west local government area are:

- Umuguma (Capital)
- Avu
- Oforola
- Obinze
- Nekede
- Ihiagwa
- Eziobodo
- Okolochi
- Emedbiam
- Irete
- Orogwe
- Amakohia
- Ndegwu
- Ohii

Owerri west local government area is located with habitude 5% 30<sup>11</sup> N and 50<sup>0</sup> 31<sup>1</sup> 30<sup>11</sup> N, longitude 6<sup>0</sup> 1<sup>1</sup> 00<sup>11</sup> E and 7<sup>0</sup> 5<sup>1</sup> 00<sup>11</sup>.

#### SAMPLE SELECTION

The group of mothers that were used for this research were selected form hospital, churches, markets, using simple random sampling technique and the data was collected using the longitudinal techniques. The sample was selected using simple random method and the area sampling technique.

#### SAMPLE SIZE DETERMINATION

The sample size was determined using the formula

$$n = \frac{N}{1 + n (e)^2}$$

$$n = \frac{400}{1 + 400(0.05)}$$

$$n = \frac{400}{2} = 200$$

Sample size = 200

Where n = sample size

N = population size

I = constant

E = margin of error fest of significance

Sample size = 200

#### STUDY SELECTION

Out of the 15 towns and villages of Owerri west local government areas of Imo state 4 town was used purposed on the account of the most responding mother of infants or young children. The town include.

- Obinze
- Irete
- Umuguma
- Nekede

Women in these towns who are either farmer or market women were addressed on the objective of the research and those who were recruited as respondents. Only mothers of infants were used in the study (Demissie et al., 2003)

#### **DATA COLLECTION**

A Semi Questionnaire was designed and pretested according to the study objective and was validated in the department of nutrition and dietetics Imo state University, Owerri.

#### ANTHROPOMETRIC MEASUREMENT

#### **WEIGHT MEASUREMENT**

Accurate measurement of weight using a well standardized scale were taken from the respondents. Weight was measured to the nearest 0.1kg (Kathleen and Janice, 2017)

#### **HEIGHT MEASUREMENT**

Accurate measurement of Height using a well standardized standiometre were taken from the respondents. height was measured to the nearest 0.1cm (Kathleen and Janice, 2017.

#### **BODY MASS INDEX (BMI)**

Figures gotten from the weight and height measurement was used to determine individual body mass index as a means of determining nutritional status and it's done by dividing weight(kg) by height(m).

#### **DATA ANALYSIS**

Data obtained was coded and analyzed using Stastical method for the social science (SPSS 2020) and the results was present in tables, frequency and percentiles. Chi square test was used to test for the level of significance at 95% confidence level (P= 0.05).

#### **RESULT**

### DATA PRESENTATION AND ANALYSIS SECTION A: PERSONAL DATA OF MOTHER

Table 1

Sex	frequency	%
Female	200	100.0
Total	200	100.0
Marital status		
Married	127	63.5
Single	62	31.0
Divorced	11	5.5
Total	200	100.0
Age		
20-30years	35	17.5
30-35years	70	35.0
36-40years	90	45.0
41-45years	5	2.5
Total	200	100.0
Occupation		
Trader	73	36.5
Civil servant	31	15.5
Business	13	6.5
Farmer	33	16.5
None	5	2.5
Teacher	28	14.0
Cleaner	17	8.5
Religion		
Christianity	200	100.0
Total	200	100.0

Table 1 shows the personal information of the respondent, 63.5% were married,31% single,5.5% divorced.17.5% were between the age of 20-30,35% 30-35,45% 36-40 and 2.5% 41-45.36.5% were traders,15.5%civil servant,6.5% business,16.5 farmer,8.5% cleaner.

## SECTION B DIETARY ASSEMENT Table 2

Feed your baby		
One	10	5.0
Twice	61	30.5
Thrice	29	14.5
Regularly	100	50.0
Total	200	100.0
Exclusive		
Yes	88	44.0
No	122	56.0
Total	200	100.0
If yes why Don't feel like	78	39.0
None	110	55.0
No money	12	6.0
Total	200	100.0
Baby bottle		
Yes	28	14.0
No	172	86.0
Total	200	100.0
If yes why		
None	180	90.0
Feeding	16	8.0
No time	4	2.0
Total	200	100.0
Meals per day	_	
Once	7	3.5
Twice Thrice	63 130	31.5 65.0
Total	200	100.0
Skip meal		
Yes	35	17.5
No	165	82.5
Total	200	100.0
If yes why		
None	182	91.0
No appetite	10	5.0
Much work	8	4.0
Total	200	100.0
Fresh fruit	•	4.5
Daily Weekly	9 42	4.5 21.0
Monthly	42 39	21.0 19.5
Occasionally	110	55.0
Total	200	100.0
Alcohol frequently		
Yes	11	5.5
No	189	94.5
Total	200	100.0
•		
Complementary		09 40.0

98

22

80

200

49.0

11.0

40.0

100.0

Pap

Cereal

Others

Total

	Child a	ge				
	6months 5months Total	•			99 101 200	49.5 50.5 100.0
	Child s	ex				
	Male Female Total				101 99 200	50.5 49.5 100.0
	mean	SD	t-value	p-value	Df	
Height	0.68	0.02	431.98			
Weight	6.71	1.29	73.33	0.00	199	_

Table 2 shows the dietary assessment, 5% of the babies feeds once per day, 30.5% twice, 14.5% thrice, 50% feeds regularly. 44% were on exclusive, 56% were not on exclusive. 39% don't feel like using exclusive, 55% were none, 6% says no money. 14% uses baby bottle, 86% do not. 17.5% skip meal while 82.5% do not skip meals. 4.5% takes fruit daily, 21% weekly, 19.5% monthly, 55% occasionally. 5.5% takes alcohol, 94.5% do not. 49% takes pap as complementary, 11% cereal, 40% are others. 49.5% were 6months, 50.5% 5months 50.5% were male, 49.5% female. the mean and standard deviation for the height and weight of the children ( $0.68\pm0.02$ ,  $6.71\pm1.29$ ) with p-value of 0.00 that is (p<0.05), the degree of freedom 199.

## SECTION C SOCIO ECONOMIC STATUS

Education	frequency	%
FSLC	20	10.0
SSCE	143	71.5
BSc	33	16.5
Phd	1	0.5
None	3	1.5
Total	200	100.0
Monthly income		
<20,000	153	76.5
<50,000	41	20.5
<1000,000	5	2.5
>100,000	1	0.5
Total	200	100.0
Family size		
3	52	26.0
4	60	30.0
1	36	18.0
6	52	26.0
Total	200	100.0
House you live		
Thatched house	45	22.5
Mud house	62	31.0
Burgalow	93	46.5
Total	200	100.0
Source of water		
Borehole	124	62.0
Well	43	21.5
River	31	15.5
Other	2	1.0
Total	200	100.0

Table 3 shows the social economic status,

10% had FSLC,71.5%SSCE,16.5%BSc,0.5% pHD,1.5% none.76.5% earns less than 20,000 as monthly income,20.5%less than 50,000,2.5% less than 100,000,0.5% greater than 100,000 naira only.26% had a family size of 3,30% 4,18%1,26% 6.22.5% lives in thatched house,31% mud house,46.5% bungalows 62% drinks borehole water,21.5% well ,and 15.5% river water.

#### **SECTION D**

#### 24HOURS DIETARY RACALL

Table 4

Breakfast	frequency	%
Spaghetti Pap Custard Fufu Garri Tea and bread Rice Beans Yam Total	32 6 2 12 9 53 61 18 7 200	16.0 3.0 1.0 6.0 4.5 26.5 30.5 9.0 3.5 100.0
Lunch		
Rice and stew Yam Garri Spaghetti Fufu Beans Moimoi Fruits Total	95 30 13 19 16 24 1 2 200	47.5 15.0 6.5 9.5 8.0 12.0 0.5 1.0
Mid lunch		
Fruit Snacks Fufu Yam None Rice Beans Total	19 20 11 12 128 6 4 200	9.5 10.0 5.5 6.0 64.0 3.0 2.0 100.0
Dinner		
Fufu Garri Moimoi Yam Rice Beans Spaghetti Breadfruit Total	59 23 2 24 67 19 5 1	29.5 11.5 1.0 12.0 33.5 9.5 2.5 0.5 100.0

Table 4 shows the food consumed in the past 24 hours,26.5% takes tea and bread for break fast,30.5% eats rice,16% eats spaghetti, etc.

Mother age		
<30	44	22.0
30-35	70	35.0
36-40	86	43.0
Total	200	100.0
Sex		
Female	200	100.0
Total	200	100.0

22% of the mothers age were below 30 years, 35% between 30-35,43% 36-40.

#### **BODY MASS INDEX**

Mother BMI	Frequency	%
Normal	54	27.0
Overweight	122	61.0
Obese	24	12.0
Total	200	100.0

27% women were normal,61% overweight,12% obese.

	Mean	SD	t-value	p-value	Df
Height	1.63	0.12	182.35		
Weight	71.84	7.38	137.51	0.00	199

The mean and standard deviation of the result, height 1.63±0.12, weight 71.84±7.38 with p-value of 0.00,degree of freedom 199. Frequency Table

#### **DISCUSSION**

This cross sectional study was carried out to assess the feeding habits of mothers and the effect it has on the nutritional status of their infants in Owerri west L.G.A Imo State. Findings in this study in table 4.1 revealed that 63.5% of this mothers were married women whose occupation were mostly trading and farming. This study assessed the nutritional status, Anthropometric indices and feeding habits of both the mothers and their respective infants. The present study also showed that about 49% of the mothers in table 4.2 practiced complementary feeding habits for their infants which was corn porridge (ogi/Akamu) and were not supplemented with infant formula rather they used satched milk which they purchased. From Local Vendors or Soybean powder which they processed themselves. In the present study. In table 4.2 About 44% of mothers practiced exclusive breastfeeding for their infants while the rest 56% couldn't do so because they skipped meals most times or eat twice a day which was because of their socio economic status. The study recorded a decrease in the range of Fresh Fruit and vegetables consumption as most mothers failed to consume fresh fruit and vegetables which are rich in fibre and which is needed for the proper digestion assistance of both the mother and infants. This is in line with the works of (Laska, 2012) he documented that fibre help to slow transmit time and as well add a lot of bulkiness of food, moderate physical activities and boast calories. Findings in this study in table 4.3 revealed that 71.5% responded were just educated to O' level standard, a possible contributor to the fact that most of them did not have the knowledge to practice good feeding habits. Nutritional Education offers leverage for improving nutritional status of infants but it turns out that most mothers were ignorant of it especially when it comes to exclusive breast feeding (EBF). It is also revealed in table 4.3 that the socio economic status of the mothers also had a hand in the effect of the nutritional status of the infants as 20.5% earned less or equal to \$\frac{4}{2}\$0, 000 (Twenty thousand naira) in a month. The meal skipping has been associated to the social economic status owing to the fact that they are from rural area and could provide little or no amount of food for themselves and family as well. This study also recorded in table 4.4 of the mothers 24 hours, dietary recall a high consumption of carbohydrate e.g. Fufu. Garri pasta and Rice. It is possible that mothers in this study become more urbanized and adopt lifestyle that will alter and make an increase in the nutritional status of their infants (Banwell et al., 2009). It is suggested that an interaction for feeding habits and nutritional status is urgently needed for this population.

#### CONCLUSION

This research was conducted among 200 mother in Owerri west local government area of imo State in order to assess their feeding habits and the effects it had on the nutritional status of their infants (3.6 months). It has concluded that few of the respondents had good nutritional knowledge and feeding habits. Also we saw a high percentage of mothers whose socio economic status were beyond standard These factors points towards increased efforts for higher feeding habits and good maintenance of the nutritional status of both mothers and infants

#### REFERENCES

- AbadaTs, Trovato F Lalu N. (2001) Determinants of breastfeeding in the philipines: A survival analysis SocSci Med; 52: 71-81.
- AdewujiEo, Adefemi K. Breastfeeding in Nigeria: A systematic review. *Int J community Med Public health* 2016; 3:385-96.
- Aggarwal A, Venna S, Farid M, (2008) Dayach and complementary feeding reasons for inappropriate in harng quantity and consisterncy. *Indian journal of peadiatics*. jan; 75Ci): 49-53.
- American Dietetic association (2005) position of the American dietetic association: promoting and supporting breastfeeding. Journal of the American dietetics association 105: 810-18.
- Amosu A.M, Degum AM, Atumolah N.O.S, Olanrewju MF, (2011). A study of the nutritional status of under five children of low-income Earner in South western community current Research journal of Biological Science 3(6):578-585, 2011.
- Anieekan A, Etiobng E, Eno N, Ukeme F. (2104) knowledge and practice of exclusive breastfeeding among antenated attendance in Uyo, Southern Nigeria. Ciaaziantep med.: 2030-135
- Anoshinke C, Ejeogo C, Nwosu C, (2014) Infant feeding practices among mother and their infant attending maternal and child health in Enugu, Nigeria. Journal of biology Agricultural and healthcare 4: 130-139.
- Asha K, Salil S: (1998) Nutrient intake of lactating mothers from rural areas and urban areas. Indian J Soc Res, 39:2.
- Atimo, J, Oyewole O.E (2005) Nutrition related millennium development goals (NutR-MDGs) in Nigeria. The Journey so far. Proceedings of 39th conference and scientific meeting of the nutrition society of Nigeria Nssukka, UNN Pp 8-16.
- Awogbenja MD, Ugwuona FU(2010) (feeding Practice and Nutritional Status of Under five children in Nasarawa State Nigeria. PAT.; 6Ci); 23-35
- Bitew FH, David St (2010). Undernutrition among women in Ethiopia: rural Urban Disparity. DHS working paper no 77 calverton, Maryland, USA: ICF macro: United state Agency for international development (USAID).
- Black RE, Allen LH, Bhuha 2A, Caulfield LE, Onis M, Ezzati M, mothers C, Revera (2008): maternal and child nutrition: global and regional exposures and health consequences. Lanct, 371: 243-260. 10. /106/ 50140-6736 (07) 61690-0.
- Black RE, Allen Lit, Blutta ZA, Caulfield LE, Onis M, ezzat M. (2008) Matrial and child under nutrition: global and regional exposures and health consequences. Lant. 2; 371: 243-60.
- Centers for disease control and prevention. Breast feeding among U.S children born 1999-2005, CDS national Immunization survey DM, Dhaniredly R.1998. human milk feeding and infection among very low birth weight infants peadialics 102 (3):38
- Daemans, Band R Saadeh 2003. Global initiatives to improve complementary feeding, Morera, AD (ED.) United Nations System Standing committee on nutrition, Larenhem Press, UK.., PP10-17

- Deherty T, Sanders D, Goga A, Jackson D. Implication of the new WHO guideline on HIV and infant feeding for child survival in South African. Bulletin of world health organization; 2010.
- Demissie T, Mekonen Y, Haider J: Agro-ecological comparison level and correlate of nutritional status of women. Ethiop J Health Dev 2003, 17: 189-196.
- Demlowym, Tafere TE, Abifew DB. Infant and young child feeding practice among mothers with 0-24months old children in sum areas of Balir Dar City, Ethiopia. International breastfeeding journal 12 (2017): 26.
- Department of health directorate nutrition: guideline on material nutrition 2008, south Africa: A manual for health care pessonnel.
- Deway K9, Cohen RJ, Brown, KH et al 2001, effects of exclusive breastfeeding for four versus six months on maternal nutritional status and infants motor development: results of two randomized trial in hondoras. Journal of nutrition 131: 262-7.
- Dewey K9- 2004. Impact of breastfeeding on maternal nutritional statu. Advances in experimental medicine and biology 554:91-
- Egal, F., Lopriore C. (2006) Agricultural health collaboration they key to fighting malnutrition in all its forms. SCN News. 33:15-17.
- Elizabeth IR and Leslie KE. (2003). Nutrition of women and Adolescent goals: why it mathers.
- Engberg- Peterson (2007). Achievement freedom from child hunger and Under Nutrition what the bilateral partner Can Contribute SCN News. 34:20-22.
- Federal Ministry of health Abuja (FMOH) (2006) National policy on child feeding in Nigeria PP 6.
- Fewtrell MS (2004). The long term benefits of having been breastfed. Current peadiatics 14:97-103
- Focus for health / chronic illness and our children health2015-07-17
- Ghana statistical Service (GSS), Ghana health service (GHS) and ICF international. 2015. Ghana demographic and health survey. Rock ville, Maryland, USA: GSS, GHS and ICF international; 2014.
- Haggerly PA, Ritstein So. Breastfeeding and complementary infant feeding and the post partum effects of breastfeeding. Demographic and health survey. Comparative studies. Cal verton, MD: Macro International Inc; 1999.
- Haileslassie K, Mulugeta a Girma M. (2013). feeding practices, nutritional status and associated factors of lactating women in same woreda, south eastern zone of Tigray, Ethiopia Nutr J, mar 1; 12:28.
- Hegar, Badriul; Nadenplas, Yran (2018) Breastfeeding for cut infant health <sup>11</sup> Indonesian Journal of Gas broenterology, Hepatology & Digestive Endoscopy 19:42-46 doi:10.24871/191201842-46
- Hockenbery, Marilyn J; inlson David (2015) worg's nursing care of infants and children Hockbery, Marilyn J., Wilson David, 1950 August 25-2015 (10<sup>th</sup> ed.) St Louis mission ISBN 9780323222419 OCIc 844724099.
- Horwood LJ, Darlow BA, Mogridge N. (2001). Milk feeding and congnitive ability at 7-8 years. Archives of disease in children tetal neonatal Edition F23-F27.
- IITa, (2004). Nigerian food consumption and nutrition survey 2001-2003 Maziyon-DisonOguntono, EB, Nokoes, Akinyele, OI, Sanusi RA and Owolabi O (ed) IITA Ibadan pp4-49.
- Jones, G., T.W. steketes, R.E black, 2.A. B hutta and S.S morns 2003. How many child death can we prevent this years? Lancet, 362: 65-71.
- Karlsson MK, Ahiborg Ha, Karlsson C. (2005. Maternity and bone mineral denity. Ata Orthopacdia 76:2-13
- Kassa T, Meshesha B, Haji J, Ebrahim J. Appropriate complementary feeding practices associated factors among mothers of children

- 6-23 months in Southern Ethiopia 2015. BMC pediatrics. 2016; 16: 131. Doi: 10.1186/512887-016-0675-x
- Kawatra A, SehgalS(1998). Nutrient intake of lactating mothers from rural and Urban areas. Indian journal of social research 39 (2):91-99.
- Kmger R, Gericks G.A Qualitative exploration of rural feeding and wearing practices, knowledge and attitudes on nutrition. Public health nutrition 2003.
- Kramer MS, chalmer B, Hodneh E, SerkovSkays Z, Drikorich I, Shapiro % et al; promotion of breastfeeding intervention mial: a randomized trial in the republic of Belanus. JAMA. 2001; 285: 413-20. Doi 10.1001/ JAMA. 285-4.413.
- Kramer ms, Kakuma R. the Optimal duration of exclusive breastfeeding a systematic review AdrExp Med Biol 2004; 554: 63-77
- Link age Publication: Academy for educational development. 2002, African: essential health sector actions to improve maternal nutrition in Africa, 3-7.
- Luther C. (2003). Meeting the challenge to Improve complementary. SCn News 27: 5-7.
- Lutter, C.K and J.A Rivera, 2003, nutritional status of infants and young children and characteristics of their diets J. nutr., 133: 2941s-2949s.
- Maltel (2008) Infants feeding guidelines Birth to six months.
- Metrger MW, MC Dade TW. Breastfeeding as Obesity prevention in the United state: a sibling difference model American Journal of Haman biology-2010; 22(3): 291-6. Doi: 10.1002 / a jhb.20982.
- Nalbusi M, why are breastfeeding rates low in habanon, A Qualitative study: Bmcpediat 2011; 11:75
- National Population Commission (NPC) and ICF International 2014.

  Nigeria Demographic and health Survey Abuja, Nigeria and Rickville, Maryland USA: NPC and ICF international; 2014
- National population commission (NPOPC) (Nigeria) and CCF international. Nigeria demographic and health survey 2013. Abuja Nigeria and Rockville Maryland USA: NPOPC and ICF international, 2014.
- Oddy W. 2007. The impact of breast milk on infants and child health. Breastfeeding review 10(3): 5-18.
- Osinusi K a study of the pattern of breasfeeding in Ibadian Nigeria. J Trop med hyg 1987; 90- 325-7
- Pellertier, DL, Frongillo, E.A (2003) Journal of Nutrition 133: 107-119.
- Ransom 1E, Elder KL: Nutrition of women and adolicent girls: why it matters? Population Reference Bureau. 2003
- Ronsmans. C, Collin S, Filipi V: Maternal mortality in developing countries: nutrition and health in developing countries 2008, 999 River view Drive, Suite 2008, Totowa NJ 07512 USA: Humana Press 2.

- Ruel, M.T 2003. Progress in Developing indicants to measure complementary feeding practice. In: Scn news. Meeting the challenge to improve complementary feeding, morera, A.D (Ed.) United nations system standing committee on nutrition, larenhm press, Uk, PP 20-22.
- Sandoral Priego, AA., H- Reyes-morals, D Perej- cueras, R.Abrego. blass and E.S oricco-tores, 2002. Family strategies of life associated with malnutrition in children less than 2 years of age. Salidpunlica de mexico, 44:1-9. World health organization. Global strategy for infant and young child feeding. World health organization: Geneva, 2003.
- Sika-Brights. Socio cultural factors influencing infants feeding practices of mother attending welf are chiric in cape coast 2011.
- Sylria B, many David S: the nursing mothers diet. The art of successful Breastfeeding: A mothers guide. 2002.
- Ugboaja Jo, Berth NO, Igwegbe AO, Obi-Nwosu Al. Barners to post natal care and exclusive breastfeeding among urban women in South eastern Nigeria. Niger Med j 2013; 54: 45-50
- Ukegbu Po (2014). A study of the nutritional status and dietary intake of lactating women in Umuahia, Nigeria. American Journal of health Research 2(1):20-26, Doi:10.11648 a Jhr. 20140201. 14.
- UNICEF 2001, children and women right in Nigeria: A wake up call. In : situation assessment and analysis Hodges A: (ED). National planning commission, Abuja and UNICEF, Nigeria.
- UNICEF and WHO. Global Strategy; breastfeeding critical for child survival 2004
- UNICEF Statistics. Progress for children: a child survival report carel 2006
- Victoria C9, De Onis M, Hallal Pc, et al. worldwide timing of growth fattening: revisiting implication for interventions. Peadialics 125 (2010): e473- e480.
- Walker M.2006. Breastfeeding management for the climician. Subary, mass a chussetts: jones and Bartleh publishers.
- Who 1979. Joint Who/ UNICEF meeting on infants and young child feeding. Statement and recommendations. Who Genev.
- Who, 2001 Who Eridence for information and policy. World health organization geneva.
- WHO. Global Strategy for infant and young child feeding. WH/A55/2002/REC/ Annex 2. Geneva 2002.
- WHO. Infant and Young child feeding 2015
- World health organization Infants and Young Child feeding 2016.
- World health organization. Exclusive breastfeeding for optimal growth, development and health of infants 2018.
- World health organization. Guiding principle for complementary feeding of breastfed child. Genera: who press (2001).
- Zhengi T, Holford T, Maynes et al 2001. Lactation and breast cancer risk: a case control study in connect British Journal of cancer.

\*\*\*\*\*\*