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ABSTRACT (ARIAL, BOLD, 11 FONT, LEFT ALIGNED, CAPS)

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Aims:The aim of this study was to assess the knowledge and attitude of Nigerian men working in a tertiary institution toward infant feeding.

KNOWLEDGE AND ATTITUDE OF MALE STAFF IN A NIGERIAN

TERTIARY INSTITUTION TOWARDS INFANT FEEDING

Study design: The study was cross sectional in design.

Place and Duration of Study:The study was carried out in University of Ibadan, Ibadan, Nigeria between April 2013 and May 2013.

Methodology: A pretested, self-administered questionnaire was used to obtain information on the socio-demographic characteristics, knowledge and attitude of 170 male staff of the University of Ibadan regarding infant feeding. Knowledge questions and attitude statements were scored and categorized as adequate or inadequate knowledge; positive and negative attitude. Data was analyzed using descriptive statistics and association between knowledge and attitude was analyzed using chi square test with level of significant set at P<0.05.

Results:The mean age of the men was 41 ± 9 years and a large proportion (87.6%) were married. The respondents were largely (75.9%) non-academic staff. About two-third (67.6%) of the men had poor infant feeding knowledge while three out of then had good knowledge. Most of the men (76.5%) had negative attitude towards infant feeding while only two out of ten men had positive attitude. Three-quarters (75.7%) of men with poor infant feeding knowledge had negative attitude towards infant feeding while only 2 out of every 10 men with adequate infant feeding knowledge had positive attitude towards infant feeding. However, no significant association was reported between the knowledge and attitude of respondents toward infant feeding (*P*=.72)

Conclusion:Poor infant feeding knowledge and negative attitude towards infant feeding exhibited by men is of great concern. Intervention should therefore be targeted towards improving the breastfeeding knowledge and attitude of male partners especially those working in tertiary academic institutions.

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8 Keywords: Male, Knowledge, Attitude and Infant feeding

9 1. INTRODUCTION

Infant and young child feeding practices directly affect the nutritional status of 10 11 younger children and ultimately impact child survival [1]. Exclusive breastfeeding 12 from birth to 6 months has been shown to be the most effective preventive intervention for ensuring child survival and is estimated to save 13 percent of all 13 deaths in children vounger than five [2]. Also, appropriate complementary feeding at 14 6 months could prevent an additional 6 percent of deaths in this age group [2]. 15 16 Studies have suggested that engagement of key influencers other than facility-17 based health workers is critical for promoting adoption of optimal infant and young child feeding practices [3-5]. Infant and young child feeding practices have however 18 19 been shown to be influenced by household factors, social networks, and modern 20 and health institutions [5]. It is also embedded within traditional relationship in which both relatives and breadwinners have influence and even authority over options and 21 22 modes of infant feeding [1].

A combination of factors have been indicated to influence infant feeding decisions of mothers, some of which include; knowledge, attitude, societal norms, support from

partners and family members [6,7]. Mother's perception of father's preference for 25 26 breastfeeding has emerged as a pertinent factor affecting the decision to 27 breastfeed, especially in western countries [8-10]. To ensure optimum infant 28 feeding, it is essential that mothers receive accurate information on infant feeding as well as support from family members especially their partners. Evidence from 29 studies has shown that engagement of men can significantly improve infant and 30 31 young child feeding practices [11,12]. The involvement of male partner in ensuring 32 optimum feeding for the infant position them as a key stakeholder in infant nutrition. 33 In Africa, male partners are found to be primarily responsible for providing financial resources for basic household activities, including food; financial and logistical 34 resources for health care; and resources for various activities outside the 35 36 household that are critical to family survival [13]. Studies from many African countries consistently show that men's knowledge of and involvement in maternal 37 38 and child nutrition and health issues is limited compared to that of women [14-20]. Partner's support during infant feeding especially breastfeeding has been reported 39 in previous studies [21,22]. Fathers have been indicated as one of the most 40 influential persons to the mother, and they act either as key supporters or deterrents 41 to breastfeeding [23,24]. There is however strong evidence that fathers can 42 43 influence the breastfeeding decision [25], breastfeeding initiation [26,27], breastfeeding duration [25] and maternal breastfeeding confidence [23,28,29]. They 44 as well influence decisions regarding feeding with bottle and weaning [25,30]. 45 46 Engaging male partners in breastfeeding promotion and education, as well as providing fathers with knowledge and skills for optimal breastfeeding practices have 47 48 also been shown to positively impact exclusive breastfeeding rates [11,12]. 49 Opportunity for fathers to support their partners towards breastfeeding has been associated with their understanding of the importance of breastfeeding and the 50 51 benefits it affords to both the baby and the mother [31]. Little information is however available on knowledge and attitude of Nigerian men towards infant feeding. The 52 purpose of this study was to assess the knowledge and attitude of men toward 53 54 infant feeding. Male staff in a Nigerian higher institution of learning were the focus, 55 with the assumption that they are generally knowledgeable about a wide range of issues because of their exposure to information in the academic workplace setting. 56 57

58 2. METHODOLOGY

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This cross sectional study was done among male staff of the University of Ibadan. A 60 pretested, self-administered questionnaire was used to obtained information on the 61 socio-demographic characteristic, knowledge and attitude of 170 male participants 62 towards infant feeding. Data on infant feeding knowledge of the respondents was 63 measured through a 12-point knowledge scale. Participants with score of 7 and 64 above were considered as indicating a high level of knowledge while those with 65 scores below 7 were regarded to have poor knowledge. The attitude of the 66 67 participants on the other hand was assessed through an 8-point attitude scale. A negative attitude was defined as a score below 4 points and below while positive 68 69 attitude was defined as a score of 4 point and above. Descriptive analysis of the 70 data was carried out using SPSS version 21.

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72 **3. RESULTS**

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74 The socio-demographic characteristics of 170 male staff from the University of

75 Ibadan are presented in Table 1. About 14% of the respondents were academic

staff while three-quarter (75.9%) were non-academic staff and 10% were technical

or laboratory staff.

One-third had been working in the University for less than 10 years while 5 out of 10 had worked between 10 to 19years. One-quarter of the respondents had Ordinary and Higher National Diploma. About 30% had Bachelor degree while 17.6% and 11.2% had Masters and Doctoral degrees respectively. The marital status of the respondents revealed that 87.6% of them were married while 11.2% were single and only 1.2% were widowed. Majority (86.5%) were Christians and only 13.5% were Muslims.

The average age of the respondents was 41±9 years with only 8.8% between 20-29 years and 37.6% between 40-49years. About 17% of the respondents had no child while 46.5% had three to four children. Of the 151 married respondents, 6.6% were yet to become fathers while 4 out of 10 fathers had children below 5years of age as their youngest child.

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91 Table 1: Socio-demographic Characteristics of the Respondents

Variable	Frequency	Percentage
Category		
Academic staff	14	14.1
Non-academic staff	129	75.9
Technical/Laboratory staff	17	10.0
Duration of working		
Below 10 years	59	34.7
10-19 years	78	45.9
20-29 years	24	14.1
30 years and above	9	5.3
Highest educational		
qualification		
O level	28	16.5
OND/HND	43	25.3
BSc	50	29.4
MSc	30	17.6
PhD	19	11.2
Marital status		
Single	19	11.2
Married	149	87.6
Widowed	2	1.2
Religion		
Christian	147	86.5
Islam	23	13.5
Age of the respondents		
20-29 years	15	8.8
30-39 years	58	34.1

40-49 years	64	37.6
50 and above	33	19.5
Mean age (±SD)= 41±9		
years		
Number of children		
No child	29	17.1
1-2 children	46	27.1
3-4 children	79	46.5
>4 children	16	9.4
Age of the youngest child		
(n=151)		
Yet to become father	10	6.6
Below 5 years	62	41.0
5-10 years	52	34.4
Above 10 years	27	17.9
Total	170	100.0

Table 2 shows the distribution of the respondents with correct knowledge regarding infant feeding. Majority (93.5%) of the respondents reported breast milk as the first

food to be given to infant after birth. About 70% of respondents believe that water or

96 glucose water should not be introduced to the infant in their first few days of life.

Also, about 70% believed that breastmilk is more beneficial than the infant formula.

Sixty percent of the university male staff disagreed that it is common for mothers to

99 have insufficient milk in their breast while 49.4% of the respondents also disagreed

100 that mothers who feel they have insufficient breastmilk should feed with infant 101 formula in addition to breastfeeding.

102 Eighty four percent of the respondents disagreed that mothers should stop

103 breastfeeding a sick infant while 61.8% believed that breastmilk alone is sufficient to

104 provide all nourishment for infants in the first six months of life. Twenty two percent

105 were of the opinion that mothers should ensure that one breast is fully emptied

106 before introducing the second breast during a breastfeeding session. About 37%

agreed that exclusive breastfeeding may protect mothers from pregnancy in the firstfew months after birth.

Also, only 19.4% of the respondents disagreed with the introduction of infant formula

to infants at birth while 57.1% agreed that semi-solid/soft foods should not be

111 introduced to the infants before 6 months. About a quarter (24.1%) of the

112 respondents disagreed with abrupt cessation of breastfeeding the moment the baby

113 is introduced to complementary foods

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115 Table 2: Distribution of Infant feeding Knowledge of the Respondents

		Correct knowledge		
Knowledge item	Desired	Frequency (N)	Percentage (%)	
	response			
Breast milk is the first food given to a baby after birth	True	159	93.5	
Water or glucose water should be introduced to a baby	False	123	72.4	
in the first few days after birth				
Infant formula is more beneficial to the baby than the	False	122	71.8	
breast milk				

It is common for mothers to have insufficient milk in	False	102	60.0
their breast			
A mother who feels she has insufficient milk should	False	84	49.4
feed with infant formula in addition to breastfeeding			
Mothers should stop breastfeeding if their baby is ill	False	143	84.1
Breast milk alone (without adding water or other food)	True	105	61.8
is sufficient to provide all nourishment for a baby in the			
first 6 months of life			
Mothers should ensure that one breast is fully emptied	True	38	22.4
before the second breast is offered to the baby during			
breastfeeding session			
Exclusive breastfeeding may protect mothers from	True	62	36.5
getting pregnant in the first few months after birth			
A baby should be fed with infant formula as soon as	False	33	19.4
he/she is born			
Semisolid/soft food should not be introduced before	True	97	57.1
the age of 6 months			
Breastfeeding should be stopped the moment the baby	False	41	24.1
is introduced to semisolid/soft foods			

117 Table 3 shows the distribution of the respondents' attitude towards infant feeding.

About one-fifth (21.3%) of the men agreed that it is possible for mothers to practice

exclusive breastfeeding for six months. In the same way, 23.5% of the men agreed

120 that HIV positive mothers can breastfeed when duly advised by her doctor. A good

number of the respondents (74.7%) had positive attitude towards timely introduction

122 of complementary foods to the infants whilst 31.8% disagreed that herbal teas are

beneficial to the health of infants below 6 months. Most of the respondents (95.9%)

agreed that it is important to assist their wives in domestic duties to allow them

125 concentrate on child care. Similarly, 83.5% of the men agreed that it is important for

126 mothers to be assisted by grandmothers and other female caregivers in feeding the

127 child with complementary foods. However, one out of every three respondents

128 (31.2%) disagreed that a father should not be involved in any form of infant feeding.

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 Table 3: Distribution of Infant feeding Attitude of the Respondents

		Appropria	te Attitude
Attitude item	Desired	Frequency (N)	Percentage (%)
	response		
It is possible for mothers to practice exclusive	Agree	133	21.8
breastfeeding			
HIV positive mothers can breastfeed if advised by the	Agree	130	23.5
doctors			
It is necessary to introduce complementary foods to	Disagree	127	74.7
infant anytime			
Herbal teas are beneficial to the health of infants below	Disagree	116	31.8
6 months			

It is important to assist wife in domestic duties to allow	Agree	163	95.9
her concentrate on child care			
It is important to assist wife in feeding the child with	Agree	142	83.5
complementary foods	-		
Fathers are too busy to assist wife in ensuring that the	Disagree	53	31.2
child is well fed			
A father should not be involved in any form of infant	Disagree	53	31.2
feeding			

135 Figure 1 shows the bar chart distribution of knowledge and attitude categories of the

male towards infant feeding. About two-thirds (67.6%) of the men had poor infant

137 feeding knowledge which means that only three in every ten of them had good

138 knowledge. Similarly, most of the men (76.5%) had negative attitude towards infant

139 feeding while only 2 out of 10 men had positive attitude.

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Figure 1: Distribution of Knowledge and Attitude Categories of Men towards Infant feeding.

As shown in Table 4, no significant association was reported between the

145 knowledge and attitude of male staff in tertiary institution towards infant feeding

146 (*P*=.72). Most (75.7%) of the men with poor infant feeding knowledge also had

negative attitude towards infant feeding. Similarly, those with good knowledge alsolargely had negative attitude.

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Table 4: Association between Infant Feeding Knowledge and Attitude of the Respondents

	Negative attitude	Positive attitude	Total	Chi-square	P-value
Poor knowledge	87(75.7)	28(24.3)	115(100.0)	0.13	.72
Good knowledge	43(78.2)	12(21.8)	55(100.0)		

153 154 **4. DISCUSSION**

Studies have established that the father of the baby is one of the most influential 155 persons to the mother, and that they can act as either key supporters or deterrents 156 157 to infant feeding [23-26]. It is therefore important for fathers to be better prepared to 158 assume their new role as breastfeeding supporters [32]. It was observed from the current study that most of the respondents had poor knowledge towards infant 159 160 feeding. This finding is consistent with the study obtained from Uganda [33]. The knowledge of the participants in this study is also similar to that of Alvarado and 161 162 colleagues where low level of knowledge towards infant feeding was reported 163 among prospective fathers [34]. In the present study, the lowest level of knowledge was observed concerning the perceived benefit of introducing infant formula to the 164 165 child. This could be attributed to the fact that the participants in this study live within a metropolitan area and may easily be exposed to the infant formula, also their 166 167 socio-economic status may have further influenced their access to breast milk 168 substitutes.

In a study on gender perception on infant feeding in Uganda, men were generally 169 170 unfamiliar with the idea that an infant should be breastfed exclusively for the first six months [33]. The observation made from the current study on the concept of natural 171 172 birth control as a result of exclusive breastfeeding is similar to that reported by 173 Alvarado and colleagues in Brazil [34]. Breastfeeding especially exclusively for six months liberates the hormone oxytocin, which stimulates uterine contractions, and 174 175 thus helping to expel the placenta and to reduce blood loss after child birth [35]. If the mother maintains breastfeeding for a longer period, the subsequent contractions 176 will help her uterus recover its original size. Exclusive breastfeeding for 6 months 177 178 may hence delay fertility of mothers. In line with the view of men in this study, most 179 men in Uganda were also of the opinion that production of breast milk by mothers is 180 not sufficient and exclusive breastfeeding is not feasible [33]. According to 181 Engebretsen and colleague [33], sickness was reported as one of the major reasons for poor milk production and hence rationale for the introduction of other foods. In 182 the same vein, most participants in this study were also of the opinion that mothers 183 184 should halt breastfeeding whenever the baby is ill. Studies have shown that mothers' perception of fathers' preference for 185 186 breastfeeding has been identified as a pertinent factor affecting the decision of mothers to breastfeed [8-10]. Bentley et al further established that the intention of 187

mother to breastfeed is significantly related to the partner's attitudes towards 188 189 breastfeeding [36]. The attitude of most men towards infant feeding were also found 190 to be negative in this study; this is in contrast to was obtained from a previous study 191 [34] where it was reported that males with positive disposition towards breastfeeding had better knowledge and attitudes related to infant feeding than those with less 192 193 disposition. In another study, paternal attitude towards breastfeeding was found to 194 be a determinant of breastfeeding [37], while Littman and Colleagues had also established a strong relationship between father's approval to breastfeed and 195 196 breastfeeding incidence [38].

197 In a study by Falnes and colleagues[39], majority of the fathers were of the opinion 198 that infant feeding is a decision to be made by the mother and that the father should

199 not get involved as long as the mother feeds the infant according to the customary 200 pattern. This is in conformity to the current study where most men were of opinion 201 that fathers should not be involved in any form of infant feeding and that they are too 202 busy to assist wife in ensuring that the child is well fed. However, in a related study on paternal support for breastfeeding in Western Australia, it was reported that 203 204 fathers wanted to be involved with parenting and parenthood, but many of them felt 205 they were unprepared and lacked the relevant information to be effective in their 206 parenting role [31]. Susin and Giugliani [11] found that mothers would like more 207 help from their partners regarding the feeding of the infants, but most fathers did not 208 know what they could do to help. Tohotoa and colleagues [31] further reported that fathers believed they need to be knowledgeable on nutrition in infancy especially 209 210 need for information about difficulties associated with breastfeeding. 211 Inadequate breastfeeding knowledge of the fathers is one of the barriers to effective breastfeeding [31]. The findings from this study revealed that most male partners 212

breastfeeding [31]. The findings from this study revealed that most male partners had poor knowledge and negative attitude towards infant feeding. According to the study among fathers by Ingram and Johnson [40], it was reported that two factorsfathers' attitudes to breastfeeding in public and knowing how much milk the baby was getting had the most influence on whether they supported their partner to continue to breastfeed. It is important for the fathers to have basic understanding of infant feeding which will be reflected in their level of knowledge and attitudes in

219 other to adequately equip them as advocates for optimum nutrition in infancy.

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221 **5. CONCLUSION**

In conclusion, this study has shown the level of knowledge and attitudes of men in 222 223 the University of Ibadan towards infant feeding. Despite working within the higher 224 institution of learning, the men exhibited a poor infant feeding knowledge and negative attitude towards infant feeding. It may then be argued that working in such 225 226 an academic environment is not a guarantee for good infant feeding knowledge. Intervention should therefore be targeted towards improving the breastfeeding 227 228 knowledge and attitude of male partners working in the academic settings, this will 229 ensure their more involvement in infant feeding hence optimum growth and development of their children. 230

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232 Limitation

The findings of the current study cannot be generalized as this study was carried out in only one of the thirty six Federal universities in Nigeria.

235 236

237 **REFERENCES**

- 238
- 239 240
- Thuita FM. Engaging Grandmothers and Men in Infant and Young Child Feeding and Maternal Nutrition. United States Agency for International Development, Infant & Young Child Nutrition Project. 2010.
- Young Child Nutrition Project. 2010.
 Jones G, Steketee R, Black R, Bhutta Z, Morris S. How many child deaths can we prevent this year? The Lancet. 2003; 362(9377):65–71.
- Green CP. Improving Breastfeeding Behaviours: Evidence from Two decades of Intervention Research. Washington, DC: Academy for Educational Development LINKAGES Project. 1999.

247	4.	United Nations Children's Fund (UNICEF), Government of Kenya. Qualitative
248		Assessment of Infant Feeding Practices in 10 UNICEF Focus Districts. 2007
249	5.	Nduati R, Arum S, Kageha E. Beliefs and Attitudes around Infant and Young Child
250		Feeding in Kenya: Findings from a Rapid Qualitative Assessment. Nairobi, Kenya:
251		PATH. 2008.
252	6.	Mukuria, AG. Exclusive Breastfeeding and the Role of Social Support and Social
253		Networks in a Slum Community of Nairobi, Kenva, {dissertation}, Baltimore, MD,
254		Johns Hopkins University, 1998.
255	7.	NARESA, Rapid Qualitative Assessment on IYCE in Kenva, Nairobi: PATH: 2008.
256	8	Scott JA Binns CW Aroni RA The influence of reported paternal attitudes on the
257	0.	decision to breastfeed J Paediatr Child Health 1997: 33:305-7
258	9	Scott JA Landers MC Hughes RM Binns CW Factors associated with
259	0.	breastfeeding at discharge and duration of breastfeeding. I Paediatr Child Health
260		2001·37·254-261
261	10	Arora S. McJunkin C. Webrer J. Kubn P. Major factors influencing breastfeeding
201	10.	rates: Mother's perception of father's attitude and milk supply. Pediatrics, 2000:106:
202		Fates. Mother's perception of father's attitude and milk supply. Fediatrics. 2000, 100.
203	11	Sucia LPO and Ciugliani EPL Inclusion of fothers in an intervention to promote
204		Sushi LKO and Giugilani EKJ. Inclusion of fathers in an intervention to promote
200	10	Diegono A. Continicio CL. Aldinucci M. D'Amoro S. Continicio D. A controlled trial of
200	12.	Pisacane A, Continisio GI, Alumucci M, D'Amora S, Continisio P. A controlled that of
267	40	Autor Literature Deview on the rates and influence of mandred there and menu
268	13.	Aubei J. Literature Review on the roles and influence of grandmothers and men:
269		Evidence supporting a family-focused approach to optimal infant and Young Child
270		Nutrition. United States Agency for International Development, Infant & Young Child
271		Nutrition Project. 2010.
272	14.	Waltensperger KZ. Cultural Beliefs, Societal Attitudes and Household Practices
273		Related to the Care of Newborns. Lilongwe, Malawi: Save the Children. 2001.
274	15.	Matinga PU. Saving Newborn Lives Formative Study. Lilongwe, Malawi: Save the
275		Children. 2002.
276	16.	Niang CI. Formative Research on Peri/Neonatal Health in the Kébémere Health
277		District, Senegal. Dakar, Senegal: Basic Support for Institutionalizing Child Survival.
278		2003.
279	17.	Ouoba MD. Rôles des Grand-mères dans l'Education et la Perpétuations des
280		Savoirs Locaux et Modernes en Matière de Santé/Nutrition et Bien-Etre des Enfants
281		et des Femmes. Rapport d'Etude. Ouagadougou, Burkina Faso: Helen Keller
282		International and Terre des Hommes. 2008.
283	18.	Aubel J, Ould Yahya S, Diagana F, et Ould Isselmou S. Le. Contexte socio-culturel
284		de la malnutrition à Arafat, un milieu péri-urbain de Nouakchott: L'experience et
285		l'autorite dans la famille et la communauté. Une étude rapide et qualitative.
286		Nouakchott: World Vision. 2006.
287	19.	Aubel J, Ali MM, Abdou SI, Kamil FM, Moussa KM, Ali HA, et Habib O. Femmes
288		conseillères: actrices incontournables. Une étude qualitative sur les rôles et
289		influence dans la famille et la communauté sur l'alimentation du jeune enfant, de la
290		femme enceinte et allaitante. 2007.
291	20.	Keith N and Kone M. Etude sur les connaissances, attitudes, comportements et
292		pratiques des communautés/populations vis-à-vis de la nutrition, des soins primaires
293		de santé pout la femme enceinte et le nourrisson. l'accès à l'eau potable. l'hvoiène
294		et l'assainissement, l'accès aux soins de santé pour le jeune enfant dans la region
295		de Maradi au Niger. United Nations Children's Fund. 2007.
296	21.	Gage JD and Kirk R. First-time fathers: perceptions of preparedness for fatherhood.
297		Can J Nurs Res. 2002; 34:15-24.

298 299	22.	Garfield CF and Isacco A. Fathers and the well-child visit. Pediatrics. 2006; 117:e637-645
300	23	Hauck YI Hall WA Jones C. Prevalence self-efficacy and perceptions of conflicting
301	20.	advice and self-management: effects of a breastfeeding journal J Adv Nurs 2007.
302		57:306-317
303	24	Sherriff N Hall V Pickin M Fathers' perspectives on breastfeeding ideas for
304	2	intervention British Journal of Midwifery 2009:17:223-227
305	25	Bar-Yam NB and Darby L. Fathers and breastfeeding: a review of the literature
306	20.	Hum Lact 1997:13:45-50
307	26	Farle S Factors affecting the initiation of breastfeeding implications for
308	20.	breastfeeding promotion. Health Promot Int. 2002: 17:205-214
300	27	Ekstrom A Widstrom AM Nissen E Breastfeeding support from partners and
310	21.	arandmothers: percentions of Swedish woman Birth 2003: 30:261-266
311	28	Hauck VI. Eactors influencing mothers' decision to breastfeed in public. Breastfeed
312	20.	$R_{PM} = 2004 \cdot 12.15_{-23}$
312	20	Swanson V and Power KG. Initiation and continuation of breastfeeding: theory of
313	29.	planned behaviour. I Adv Nurs. 2005: 50:272-282
315	30	Scott 14 Aitkin I Binns CW Aroni RA Factors associated with the duration of
316	50.	broastfooding amongst women in Parth Australia Acta Paediatr Scand 1000:
317		89.416_421
318	21	Tobotos I Maycock B Hauck V Howat P Burns S and Binns C Dade make a
310	51.	difference: an exploratory study of naternal support for breastfeeding in Porth
320		Western Australia International Breastfeeding Journal 2000: 4:15
320		doi:10.1196/17/6.4259.4.15
321	22	Marrona Sanja Vagaltanz Halm Nanay and Halm Jaffray (2008) Attitudes
322	52.	Knowledge and Intentions Polated to Breastfeeding among University
323		Undergraduate Women and men: Journal of Human lactation: Vol. 24. No. 196
324	22	O'Koofo TD Honlo SI Anderson CM Broastfooding on campus: percent
325	55.	ovperiences beliefs and attitudes of the university community. I Am Cell Health
320		1009.47.120 124
321	24	Adebaye A A Leshi O O and Sanusi P A (2014) Breastfeeding Knowledge and
320	54.	Practice of Mothers with Infants less than Six Months Old in Kosofa Local
329		Government of Lagos State Nigeria Journal of Nutritional Sciences Vol 35 No. 2
331		60-67
332	35	Giudiani EP, Bronner V, Cajaffa W/T, Vogelbut I, Witter EP, Berman IA, Are fathers
333	55.	prepared to encourage their partners to breast feed? A study about fathers'
334		knowledge of breast feeding Acta Paediatr 100/: 83:1127-1131
335	36	Engebretsen IMS Moland KM Nankunda I Karamagi CA Tylleskär T Tumwine
336	50.	IK Gendered percentions on infant feeding in Eastern Liganda: continued need for
337		ovclusive breastfeeding support. International Breastfeeding Journal, 2010; 5:13
338	37	Alvarado IR Garcia V/V Torres RR Rodriguez P Exploratory study: Breastfeeding
330	57.	Knowledge Attitudes towards Sexuality and Breastfeeding and Disposition towards
340		supporting Breastfeeding in Future Puerte Pican Male Parents, PPHS I, 2006:25: 4:
340		337-3/1
342	38	Chus S Arulkumaran S Lim I Salamat N Patnam S Influence of breastfooding
342	50.	and ninnle stimulation on postnartum uterine activities B Obstat Gynacol 1004:
343		101. 804-805
344	30	Bantley ME Caulfield LE Gross SM Bronner V Janson L Kessler LA and Daige
346	59.	DM Sources of Influence on Intention to Breastfeed among African American
347		Women at Entry to WIC. Journal of Hum Lact 1999: 15: 27-34
0.11		

- 348 40. Tang L, Binns C, Luo C, Zhong Z and Lee A. Determinants of breastfeeding at discharge in rural China. Asia Pac J Clin Nutr. 2013;22 (3):443-448
 - 41. Littman H, VanderBrug S and Goldfarb J. The Decision to Breastfeed: The Importance of Fathers' Approval. Clin Pediatr. 1994;33: 214-219
- 351 352 353 354

350

- 42. Falnes EF, Moland KM, Tylleskär T, Manuela de Paoli M, Msuya SE and Engebretsen IM. "It is her responsibility": partner involvement in prevention of mother to child transmission of HIV programmes, northern Tanzania. Journal of the International AIDS Society. 2011; 14:21
- 43. Ingram J and Johnson D. A feasibility study of an intervention to enhance family
 support for breast feeding in a deprived area in Bristol, UK. Midwifery. 2004; 20:367379.