Journal of Biology, Agriculture and Healthcare
ISSN 2224-3208 (Paper) ISSN 2225-093X (Online)
Vol.4, No.24, 2014

A Review on Facilitators and Barriers to Exclusive Breastfeeding in West Africa

Paschal Awingura Apanga
Tongo Hospital, Ghana Health Service,Tongo, Upper East Region, Ghana
Email: awingura@yahoo.com

Abstract
Exclusive breastfeeding for six months continues to be the gold standard for optimal growth and development of the newborn. Despite the enormous benefits of exclusive breastfeeding, its practice remains low in West Africa. The aim of this review was to examine the facilitators and barriers to exclusive breastfeeding. Findings of this review is necessary as it will inform policy and decision making so as to promote exclusive breastfeeding practice within the West African sub-region and beyond. Relevant papers were selected after a detailed literature search using CINAHL, MEDLINE and EMBASE databases where relevant papers were selected. This paper revealed that mothers who were aware that exclusive breastfeeding could make their children grow well and mothers who were educated were more likely to practice exclusive breastfeeding. Additionally, mothers who benefited from antenatal care services, supervised delivery at health facility and lactation counselling were also more likely to practice exclusive breastfeeding. However, breast sagging of mothers, socio-cultural beliefs, lack of education among mothers, mothers delivering at homes, cracked nipples and breast engorgement of mothers were found to be major barriers to exclusive breastfeeding practice. In conclusion, this paper revealed that exclusive breastfeeding for six months is the best practice for optimal growth and development of the newborn, although it's acceptor rate still remains low. Strenuous efforts needs to be done to scale up the practice of exclusive breastfeeding especially at the community context. Interventions should therefore be focused on creating awareness on the benefits of exclusive breastfeeding as well as correct misconceptions about its practice.
Keywords: Exclusive breastfeeding, mothers, facilitators, barriers, benefits

Introduction

Exclusive breastfeeding is the provision of only breast milk to a baby for the first six months without the introduction of water or other feeds (Aborigo et al., 2012; Qureshi et al., 2011). Its practice should be initiated within an hour after birth and children exclusively breastfeed for six months (WHO, 2011; Aborigo et al., 2012). The introduction of supplementary feeds before six months of age must be avoided as it is associated with increased incidence of neonatal and infant morbidity and mortality.

Exclusive breastfeeding is a cornerstone of care for childhood development (WHO, 2014); as its practice in the first six months of life builds the child immunity, protects the child from diarrhoeal and respiratory diseases and improves the child response to vaccination (UNICEF, 2006; WHO, 2008). Globally, breast milk has been described as the Gold Standard of infant feeding (MacDonald, 2003). It provides complete nutrients for infant and childhood development (Aborigo et al.,2012; WHO, 2002; Aryeetey and Antwi, 2013; Tampah-Naah and Kumi-Kyereme, 2013). In 2002, the United Nations Children's Fund and the World health organization jointly came up with a global policy for infant and young child feeding. This policy emphasized breastfeeding as an irreplaceable practice of providing infants with the ideal nutrients for optimal growth and development. The policy is built upon the Innocenti Declaration (1990) and the Baby-Friendly Hospital Initiative (1991) which were programmes that sought to address the problems of infants born to HIV mothers, infants of low birth weight and infants in critical situations. It focused on breastfeeding as an important practice in such circumstances to protect them from the adverse effects of poor nutrition and low immune response to enable them grow to their full potentials.

The American Academy of Paediatrics (1997) strongly endorsed exclusive breastfeeding in a historic policy statement. This recommended breastfeeding as an important practice and the various roles pediatricians can help promote the practice. Similarly, in Africa, six months of exclusive breastfeeding has been emphasised, which should be followed by an introduction of nutrient dense complementary feeds till the child is two years old or more (Aborigo et al., 2012; Lauer et al., 2004).

In Africa, one out of three children have been exclusively breastfed (WHO, 2012). Lauer et al. (2004) and Aborigo et al. (2012) observed that the situation is even worse in West Africa, where 6.1% of babies six months old or younger are exclusively breastfed. Aborigo et al. (2012) noted that it is surprising despite the high awareness of exclusive breastfeeding in West Africa, its practice remains low. There is the likelihood that although most people were aware of exclusively breastfeeding, they are not well informed about the benefits of exclusively breastfeeding. Hence, this review sought to explore the facilitators and barriers to exclusive breastfeeding in West Africa. This study would address the following research questions: 1) What are the

benefits of exclusive breastfeeding? 2) What are the facilitators to exclusive breastfeeding? 3) What are the barriers to exclusive breastfeeding? In addressing these research questions, findings will be used to inform policy and programming to develop interventions that will help promote exclusive breastfeeding in West Africa.

Methods

The study adopted a narrative synthesis of literature rather than a systematic review. Detailed literature search using CINAHL, MEDLINE, and EMBASE databases as they provide comprehensive literature on healthcare (Higgins and Green, 2011). Also, relevant references from the selected papers were reviewed. The review included papers that employed quantitative and qualitative methods to get a broader view of facilitators and barriers to exclusive breastfeeding in West Africa. The published literature was searched using the following search terms: facilitators, barriers, benefits, exclusive breastfeeding and West Africa. The inclusion criteria for selected papers for the review included studies that were conducted in English. Additionally, studies that are cross-sectional, case-control, cohort and other studies that focused on exclusive breastfeeding were included in this review. All papers that did not meet the inclusion criteria were excluded in the review.

Search Results

The literature search using the inclusion and exclusion criteria yielded, a total of eighty one (81) papers were retrieved. The papers retrieved were further scrutinized by going through their titles, abstracts and full text of the papers appropriately. Seventeen (17) papers were included in the final review. Additionally, nine (9) relevant references were obtained from scanning the seventeen (17) papers included in the review, this produced a total of twenty six papers (26) papers. Figure 1 shows a PRISMA diagram which shows a flow of the scientific literature results obtained.

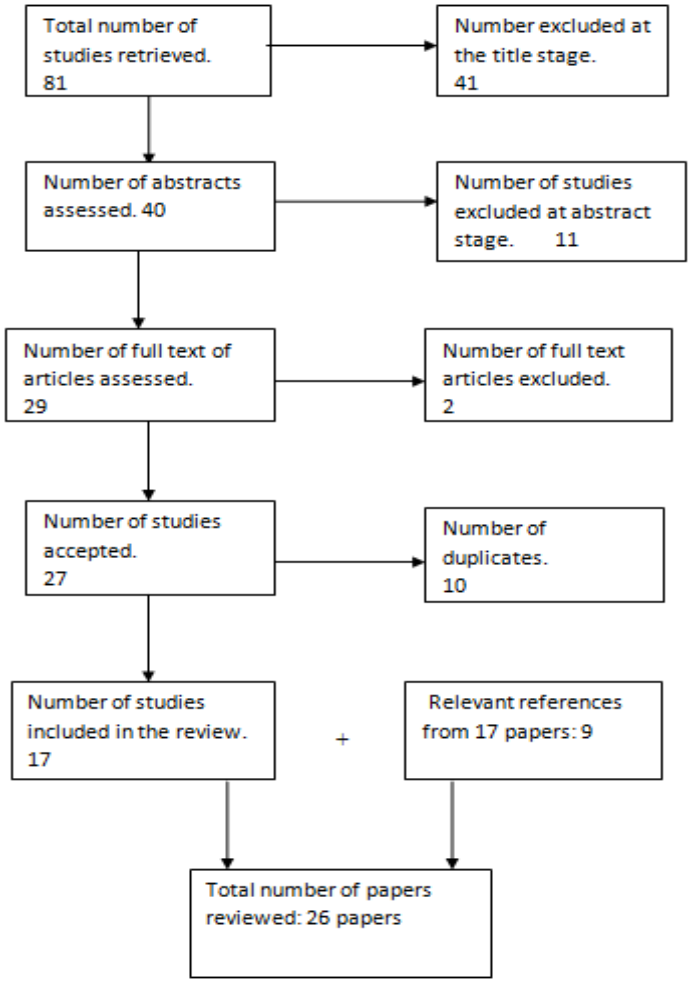

Figure 1: PRISMA diagram above

Findings of Review

The data that were extracted from the included studies were analyzed thematically. This identified three themes from the included studies which are; 1) Benefits of exclusive breastfeeding 2) Facilitators to exclusive

breastfeeding and 3) Barriers to exclusive breastfeeding.

Benefits of exclusive breastfeeding

A lot studies have revealed that exclusive breastfeeding for six months is the standard for optimal growth and development of the infant and young child. The benefits of exclusive breastfeeding can be categorised into benefits to the child, mother and community.

Benefits to the child

Exclusive breasting has been found to reduce the risk of respiratory tract infections such as pneumonia in children (Aborigo et al., 2012; Agho et al., 2011; Cai et al., 2012). It has also been observed by Aidam et al. (2005) and Aryeetey and Goh (2013) to reduce the risk of gastrointestinal infections such as gastroenteritis and acute watery diarrhoea. This reduction in the risk of acquiring infections is because breast milk strengthens the immune system of the child against various forms of infections (Agho et al., 2011; Aryeetey and Goh, 2013; Edmond et al., 2006).

Aborigo et al. (2012) revealed that because exclusive breastfeeding builds up the immune system of the child, it lowers the risk of the child getting non-communicable diseases like diabetes and hypertension later in life. It also reduces the likelihood of ear infections as well as prevent recurrence of ear infections (Agho et al., 2011). Protection from allergies has been observed as another benefit of exclusive breastfeeding (Aryeetey and Antwi, 2013; Tampah-Naah and Kumi-Kyereme, 2013). Other studies have stressed that exclusive breastfeeding promotes cognitive development of children (Aborigo et al., 2012). The Researchers argue that exclusive breastfeeding promotes brain and intellectual development.

Also, breast milk is readily available and sterile than formula feeds (Oche et al., 2011). Oche et al. (2011) argue that this makes breast milk more beneficial as its less expensive and healthier than formula feeds. Additionally, studies have observed that exclusive breastfeeding has been positively associated with a reduction in infant and child morbidity and mortality (Agho et al., 2011; Oche et al., 2011; Edmond et al., 2006; Tawiah-Agyemang et al., 2008). These findings were consistent with studies by Black et al. (2008) who found that because exclusive breastfeeding builds the immunity of the infant and child as well as reduce the risk of infections, it tends to reduce infant and child morbidity and mortality.

Benefits to the mother

Exclusive breastfeeding has also been found to be beneficial to the breastfeeding mother. Breastfeeding mothers are more likely to lose their weight and regain their pre-pregnancy weight if they exclusively breastfeed their children (Aborigo et al., 2012; Kramer and Kakuma, 2012). Similarly, the uterus also returns to normal size in mothers who exclusively breastfeed their children. Additionally, exclusive breastfeeding can delay menses of women therefore preventing them from becoming pregnant. Thus, breastfeeding mothers are able to space their children birth if they exclusively breastfeed (Aborigo et al., 2012; Kramer and Kakuma, 2004 ; Oche et al., 2011; Adongo et al., 2013) . Exclusively breastfeeding has also been reported to promote psychosocial bonding between the mother and the child (Chidozie et al., 2013; Okolo and Ogbonna, 2002).

Also, a reduction in the risk of type 2 diabetes as well as breast, ovarian and endometrial cancers have also been reported with women who exclusively breastfeed their children (Okobia et al., 2005; Kramer and Kakuma, 2012). Similarly, a reduction in the risk of women to osteoporosis has been observed in the postmenopausal periods of mothers who exclusively breastfed (Kramer and Kakuma, 2012).

Benefits to the community

The community derives its benefits from children and mothers being healthy. Communities with higher exclusive breastfeeding rates tend to have lower neonatal and infant mortality rates with most mothers being healthier (Aborigo et al., 2012; Oche et al., 2011; Agho et al., 2011). Also, communities in which a good number of mothers practice exclusive breastfeeding, tends to motivate other mothers to do same (Oche et al., 2011; Agho et al., 2011). This often results in increment in exclusive breastfeeding rates with corresponding healthier communities for children and mothers alike.

Facilitators to exclusive breastfeeding

Despite the enormous benefits of exclusive breastfeeding, many breastfeeding mothers practice exclusive breastfeeding for various reasons. In Southwest Nigeria, Agunbiade and Ogunleye (2012) found that some mothers practice exclusive breastfeeding because they are aware it helps newborns to grow very well. This finding is consistent with studies by Otoo et al. (2009) in Ghana, who observed that mothers tend to exclusively breastfeed for six month because they are aware that breast milk contains all nutrients including water that enables the newborn to grow well.

The socio-economic status of mothers has also been found to influence the decision of mothers to exclusively breastfeed. Agho and his colleagues found that mothers from socio-economically privileged groups were more likely to exclusively breastfeed than their counterparts in the lower socioeconomic status (Agho et al., 2011). The Researchers argue that mothers with higher socioeconomic status tend to have high education and

are more likely to be better informed about the practice of exclusive breastfeeding than mothers with lower socio-economic status who are more likely to have lower education. Additionally, Agho et al. (2011) found that mothers who accessed antenatal care services during pregnancy were more likely to practice exclusive breastfeeding as appropriate key messages were usually delivered during antenatal care services . This finding is in line with studies by Lawoyin et al. (2001).

Lactation counselling is another service that influences exclusive breastfeeding positively. Existing evidence by Qureshi et al. (2011) in Nigeria, Aidam et al. (2005) and Otoo et al. (2009) in Ghana revealed that lactation counselling has significantly been associated with increased in rates of exclusive breastfeeding. The Researchers noted that if pregnant women or mothers are counselled properly on the benefits of exclusive breastfeeding they are more likely to exclusive than their peers who are not counselled.

Also, the place/location in which a pregnant women delivers also has an influence on the decision of a mother to exclusively breastfeed. Aborigo et al. (2012) observed that women who delivered at a health facility, for example in a hospital, were more likely to practice exclusive breastfeeding than mothers who delivered at home. Aborigo et al. (2012) and Qureshi et al. (2011) explained that mothers who deliver at health facilities are more likely to be counselled on exclusive breastfeeding and therefore tend to practice exclusive breastfeeding than mothers who delivered at home.

Furthermore, Otoo et al. (2009) observed that a previous bad experience with mothers who did not exclusively breastfeed their children could increase exclusive breastfeeding rates. For example, Otoo et al. (2009) found that a mother was advocating for all mothers not to give water during the first six months of exclusive breastfeeding because she did that and got her elder child falling sick often, and this motivated her not to provide water but only breast milk when she had her second child. Additionally, some mothers tend to exclusively breastfeed their children as breast milk is readily available, easy to give and provides them with time to carry out other activities as they do not have to think about preparing separate food for the child (Otoo et al., 2009). Also, the expensive nature of formula feeds than breast milk has also been found to motivate mothers, making them more likely to exclusively breastfeed (Aborigo et al., 2012; Otoo et al., 2009). Aborigo et al. (2012) and Otoo et al. (2009) reported that the higher the awareness and knowledge of exclusive breastfeeding by mothers, the more likely they are to practice it.

Barriers to exclusive breastfeeding

Although exclusive breastfeeding is overwhelmed with numerous benefits which is enough motivation for mothers to practice it, on the contrary, many mothers were reluctant or refuse to exclusively breastfeed their children on different reasons. In Nigeria, *Ogunlesi (2010) observed that although the initiation of exclusive breastfeeding is on the increase, the duration of the practice for six months continues to decline.* Agunbiade and Ogunleye (2012) in Nigeria *found that some mothers believed that their breast will sag when they exclusively breastfeed and therefore makes them unattractive to their partners. This was consistent with studies by* Aborigo et al. (2012) in Ghana, where younger mothers were found not practicing exclusive breastfeeding as they do not want to lose the shape of their breast.

Socio-cultural beliefs and practices has been noted as another major barrier to exclusive breastfeeding. For example, in rural Cameroon, Kakute et al. (2005) observed that mothers from some cultures introduce either water or food prior to six months of age, with almost 40% introducing water to children in the first four weeks of life with the belief that breast milk is an unbalanced diet that does not increase the child's weight. This finding agrees with many other studies that perceive exclusive breastfeeding as insufficient, unbalanced and makes the child not to grow well (Black et al., 2013; Otoo et al., 2009; Aryeetey and Antwi, 2013; Issaka et al., 2014; Black et al., 2008). Also, traditional practices which include testing the breast milk for bitterness before given it to the child tends to make mothers not to practice exclusively breastfeeding (Aborigo et al., 2012). The Researchers documented that when a baby is born, black ants are put into the breast milk of the mother and if these ants survive by crawling out, then the breast milk is wholesome and can be given to the newborn. However, if the ants die, it means the breast milk is toxic and poisonous and must not be given to the child until the woman undergoes some ritual before the breast milk can be purified and given to the newborn (Aborigo et al., 2012). Thus, during such instances water and other feeds are given to the newborn until the ritual is completed. Additionally, the traditional practice of given water to babies delivered to quench their thirst has prevented mothers from practicing exclusive breastfeeding (Iddrisu, 2013; Tampah-Naah et al., 2013; Otoo et al., 2009; Aryeetey and Antwi, 2013). The Authors observed that newborns were given water and other concoctions as a sign of quenching their thirst or a sign of welcoming them into the world. Similarly, Aborigo et al. (2012) noted that newborns were given water at birth with the notion that the child is born into a hot environment.

Pressures from families on breastfeeding mothers have also been reported to have a negative influence on exclusive breastfeeding practice. Kakute et al. (2005) reported that mothers practised mix-feeding due to cultural beliefs and pressures from families. For example, Kakute et al. (2005) in rural Cameroon observed that mothers were pressured by family to feed their newborns with food because they viewed it as a taboo not to give

newborns with food grown by the family.

Also, the educational level of mothers has been reported to have an influence on the decision of mothers to exclusively breastfeed (Issaka et al., 2014; Qureshi et al., 2011). Mothers who had no formal education were more unlikely to practice exclusive breastfeeding than their peers with higher education as mothers with no education tend not to be well informed about the benefits of exclusive breastfeeding as compared to their counterparts with higher education (Qureshi et al., 2011).

Other studies have observed that some mothers do not practice exclusive breastfeeding because they have cracked nipples or engorged breast that causes them pain during breastfeeding. Additionally, mothers who delivered at home are more unlikely to practice exclusive breastfeeding than their counterparts who delivered at a health facility because they may not be privileged to receive lactation counselling (Qureshi et al., 2011; Aidam et al., 2005).

Conclusion

In conclusion, this study has explored the main barriers and facilitators to exclusive breastfeeding in West Africa. Although the findings of this study have revealed some motivating factors for exclusive breastfeeding, a lot more needs to be done to scale up exclusive breastfeeding among mothers as they are challenged with numerous problems. Scaling up exclusive breastfeeding should involve policy and programme interventions at regional and community levels of various countries within the sub-region. Exclusive breastfeeding programme interventions should be aimed at increasing uptake with emphasis on the benefits of exclusive breastfeeding as well as correct misconceptions about exclusive breastfeeding practice. Dissemination programme interventions on the awareness and benefits of exclusive breastfeeding among mothers at the community level should involve important key players such as community leaders, husbands , mother in-laws and grandmothers as they often influence in the decision of a mother to exclusively breastfeed. Mothers should also be encouraged to attend antenatal care services as well as deliver at a health facility. Further research is needed to explore the benefits of exclusive breastfeeding practice in West Africa. Research should also focus on the in-depth reasons that prevent mothers from practicing exclusive breastfeeding.

References

Aborigo, R.A., Moyer, C.A., Rominski, S., Adongo, P., Williams, J., Logonia, G., Affah, G., Hodgson, A. and Engmann, C. (2012) Infant nutrition in the first seven days of life in rural northern Ghana. *BMC Pregnancy Childbirth*, Vol. 12, August, pp.76.

Adongo, B.P., Tapsoba, P., Phillips, F.P., Tabong, T.P., Stone, A., Kuffour, E., Esantsi, S.F and Patricia, Akweongo. (2013) The role of community-based health planning and services strategy in involving males in the provision of family planning services: a qualitative study in Southern Ghana. *Reproductive Health.*[Online]. Available from: http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3726500/ [Accessed September 12, 2014].

Agho, E.K., Dibley, J.M., Odiase, I.J. and Ogbonmwan, M.S. (2011) Determinants of exclusive breastfeeding in Nigeria. *BMC Pregnancy Childbirth.* [Online]. Available from: http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3025918/ [Accessed September 20, 2014].

Agunbiade, M. O. and Ogunleye, V. O. (2012) Constraints to exclusive breastfeeding practice among breastfeeding mothers in southwest Nigeria: implications for scaling up. *International Breastfeeding Journal, Vol. 7, April, pp. 5.*

Aidam, A.B., Perez-Escamilla, R. and Lartey, A. (2005) Lactation Counseling Increases Exclusive Breast-Feeding Rates in Ghana. *Community and International Nutrition.*[Online]. Available from: jn.nutrition.org/content/135/7/1691.full [Accessed September 19, 2014].

American Academy of Paediatrics (1997) Breastfeeding and the use of human milk. Journal of the American Academic of Paediatrics. Vol. 100, No. 6, December, pp. 1035-1039.

Aryeetey, O.N. R. and Antwi, L. C. (2013) Re-assessment of selected Baby-Friendly maternity facilities in Accra, Ghana. *International Breastfeeding Journal.*[Online]. Available from: http://www.internationalbreastfeedingjournal.com/content/pdf/1746-4358-8-15.pdf [Accessed September 6, 2014].

Aryeetey, R. N. O and Goh, Y. E. (2013) Duration of Exclusive breastfeeding and subsequent child feeding adequacy. *Ghana Medical Journal*, Vol. 47, No. 1, March, pp. 24–29.

Black, R.E., Allen, L.H., Bhutta, Z.A., Caulfield, L.E., de Onis, M., Ezzati, M., Mathers, C. and Rivera, J.(2008) Maternal and child undernutrition: global and regional exposures and health consequences. *Lancet*, Vol. 371, No. 9608, January, pp. 243-60.

Black, R.E., Victora, C.G., Walker, S.P., Bhutta, Z.A., Christian, P., de Onis, M., Ezzati, M., Grantham-McGregor, S., Katz, J., Martorell, R. and Uauy, R. (2013) Maternal and child undernutrition and overweight in low-income and middle-income countries. *Lancet*, Vol. 382, No. 9890, pp. 427–451.

Cai, Xiaodong., Tessa, W. and Brown, D.W. (2012) Global trends in exclusive breastfeeding. *International*

Breastfeeding Journal.[Online]. Available from: http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3512504/ [Accessed September 20, 2014].
Chidozie, E.M., Adekemi, E. O., Joel, O. F., Folasade, C. O., Funmilola, A. F., Abiola, O. O., Taofeek, O. A., Adepeju, A. O. and Oluwakemi, A. A. (2013) Knowledge, attitude and techniques of breastfeeding among Nigerian mothers from a semi-urban community. *BMC Research Notes.*[Online]. Available from: http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3878086/ [Accessed September 20, 2014].
Edmond, M.K., Zandoh, C., Quigley, A.M., Amenga-Etego, Owusu-Agyei, S. and Kirkwood, R. B. (2006) Delayed Breastfeeding Initiation Increases Risk of Neonatal Mortality. *Pediatrics*. [Online]. Available from: http://pediatrics.aappublications.org/content/117/3/e380.full [Accessed September 15, 2014].
Higgins, J. and Green, S. (2011) Cochrane Handbook for Systematic Reviews of Interventions Version 5.1.0 .[Online]. Available from: www.cochrane-handbook.org. [Accessed July 19, 2014].
Iddrisu, S. (2013) Exclusive Breastfeeding and Family Influences in Rural Ghana: A quality study. [Online]. Available from: http://dspace.mah.se/bitstream/handle/2043/15545/Exclusive%20Breastfeeding%20Thesis.pdf?sequence=2 [Accessed September 13, 2014].
Issaka, I.A., Agho, E.K., Page, N.A., Burns, P., Stevens, J.G. and Dibley, J.M. (2014) Determinants of Early Introduction of Solid, Semi-Solid or Soft Foods among Infants Aged 3–5 Months in Four Anglophone West African Countries. *Nutrients.*[Online]. Available from: http://www.ncbi.nlm.nih.gov/pmc/articles/PMC4113759/ [Accessed September 11, 2014].
Kramer, M.S and Kakuma, R. (2012) The optimal duration of exclusive breastfeeding: a systematic review. *Cochrane Database System.*[Online]. Available from: http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD003517/pdf [Accessed September 14, 2014].
Lauer, A.J., Betrán, P. A., Victora, G. C., Onís, M. and Barros, J.D. A. (2004) Breastfeeding patterns and exposure to suboptimal breastfeeding among children in developing countries: review and analysis of nationally representative surveys. BMC Medicine. [Online]. Available from: http://www.ncbi.nlm.nih.gov/pmc/articles/PMC455698/ [Accessed September 20, 2014].
Lawoyin, T., Olawuyi, J.F. and Onadeko, M.O. (2001) Factors Associated With Exclusive Breastfeeding in Ibadan, Nigeria. *Journal of Human Lactation*, Vol. 17, No. 4, pp. 321-325.
MacDonald, A. (2003). Is breast best? Is early solid feeding harmful? *Journal of Perspectives in Public health*, Vol.123, No. 3, September, pp.169 – 174.
Oche, M.O., Umar, A.S. and Ahmed H. (2011) Knowledge and practice of exclusive breastfeeding in Kware, Nigeria. *African Health Sciences*, Vol. 11, No. 3, September, pp. 518-523.
Ogunlesi, T.A. (2010) Maternal socio-demographic factors influencing the initiation and exclusivity of breastfeeding in a Nigerian semi-urban setting. *Maternal and Child health Journal*, Vol. 14, No. 3, May, pp. 459-465.
Okobia, M.N., Bunker, C.H., Lee, L.L., Osime, U. and Uche, E.E. (2005) Case-control study of risk factors for breast cancer in Nigerian women: a pilot study. *East African Medical Journal,* Vol. 82, No. 1, January, pp. 14-9.
Okolo, S.N. and Ogbonna, C. (2002) Knowledge, attitude and practice of health workers in Keffi local government hospitals regarding baby-friendly hospital initiative (BFHI) practices. *European Journal of Clinical Nutrition,*Vol.56, No. 5, pp. 438-441.
Otoo, G.E., Lartey, A.A. and Pérez-Escamilla, R. (2009) Perceived incentives and barriers to exclusive breastfeeding among periurban Ghanaian women. *Journal of human lactation*, Vol. 25, No. 1, February, pp. 34-41.
Qureshi, A.M.,Oche, O.M., Sadiq, A.U. and Kabiru, S. (2011) Using community volunteers to promote exclusive breastfeeding in Sokoto State, Nigeria. *Pan African Medical Journal.*[Online]. Available from: http://www.panafrican-med-journal.com/content/article/10/8/full/ [Accessed September 12, 2014].
Tampah-Naah, M. A. and Kumi-Kyereme, A. (2013) Determinants of exclusive breastfeeding among mothers in Ghana: a cross-sectional study. *International Breastfeeding Journal*. [Online] Available from: http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3852847/ [Accessed September 20, 2014].
Tampah-Naah, M. A. and Kumi-Kyereme, A. (2013) Determinants of exclusive breastfeeding among mothers in Ghana: a cross-sectional study. *International breastfeeding Journal.*[Online]. Available from: http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3852847/ [Accessed September 18, 2014].
Tawiah-Agyemang, C., Kirkwood, B.R., Edmond, K., Bazzano, A. and Hill, Z. (2008) Early initiation of breast-feeding in Ghana: barriers and facilitators. *Journal of Perinatology*. [Online]. Available from: http://www.ncbi.nlm.nih.gov/pubmed/19057568 [Accessed September 3, 2014].
United Nations Children's Fund (2006) Progress for children: A report card on nutrition. [Online] Available from: http://www.unicef.org/progressforchildren/2006n4/index_breastfeeding.html#13 [Accessed September 2, 2014].
World health organization (2008) Indicators for assessing infant and young child feeding practices. [Online].

Available from: http://whqlibdoc.who.int/publications/2008/9789241596664_eng.pdf [Accessed September 1, 2014].
World Health Organization (2011) The World Health Organization's infant feeding recommendation. [Online]. Available from: http://www.who.int/nutrition/topics/infantfeeding_recommendation/en/ [Accessed September 20, 2014].
World health organization (2012) Maternal, Newborn, Child and Adolescent health: Breastfeeding. [Online]. Available from: http://www.who.int/maternal_child_adolescent/topics/child/nutrition/breastfeeding/en/index.html [Accessed September 1, 2014].
World Health Organization (2014) Global Health Observatory: Early initiation and Exclusive breastfeeding. Available from: http://www.who.int/gho/child_health/prevention/breastfeeding_text/en/ [Accessed September 20, 2014].
World Health Organization and United Nations children's fund (1992) Baby- friendly hospital initiative. [Online] Available from: http://whqlibdoc.who.int/publications/2009/9789241594967_eng.pdf [Accessed September 3, 2014].
World Health Organization and United Nations children's fund (2002) Global Strategy for Infant and Young Child Feeding. [Online]. Available from: http://www.who.int/maternal_child_adolescent/documents/9241562218/en/ [Accessed September 2, 2014].

The IISTE is a pioneer in the Open-Access hosting service and academic event management. The aim of the firm is Accelerating Global Knowledge Sharing.

More information about the firm can be found on the homepage:
http://www.iiste.org

CALL FOR JOURNAL PAPERS

There are more than 30 peer-reviewed academic journals hosted under the hosting platform.

Prospective authors of journals can find the submission instruction on the following page: http://www.iiste.org/journals/ All the journals articles are available online to the readers all over the world without financial, legal, or technical barriers other than those inseparable from gaining access to the internet itself. Paper version of the journals is also available upon request of readers and authors.

MORE RESOURCES

Book publication information: http://www.iiste.org/book/

IISTE Knowledge Sharing Partners

EBSCO, Index Copernicus, Ulrich's Periodicals Directory, JournalTOCS, PKP Open Archives Harvester, Bielefeld Academic Search Engine, Elektronische Zeitschriftenbibliothek EZB, Open J-Gate, OCLC WorldCat, Universe Digtial Library , NewJour, Google Scholar