

# **INFLUENCE OF GRANDMOTHERS BELIEFS, KNOWLEDGE AND ATTITUDE ON BREASTFEEDING PRACTICES IN SOUTHWESTERN NIGERIA**

By

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## **Abstract**

The older generation, particularly the infant's grandmothers, play a central role in various aspects of pregnancy decision-making and child rearing within the family unit. This study investigated knowledge and beliefs of grandmothers on breastfeeding practices of mothers. The study was carried out in Southwestern Nigeria. A total of one hundred and eighty-five grandmothers were selected for this study using the snowball methodology. Interview schedule was used to collect information on the knowledge, attitude and belief of grandmothers on breastfeeding. Focus group discussion was also done to elicit information about breastfeeding. Data was analyzed using SPSS version 20. Correlation analysis was carried out to examine relationship between variables.

The results showed that 667.6% of grandmothers were still married and the mean age was  $56.7 \pm 7.5$ . Only 20% of grandmothers did not have formal education while 73% had either primary or secondary education. Most (77.3%) of the grandchildren were between the age of 1-12 months, 13-24 months (20.5%) and 25-36 months (2.2%). Majority (87.6%) of the grandmother claimed to have influenced their daughters. Only 24.3% of the grandchildren were exclusively breastfed for six months. Children were given formula (98.4%), glucose (94.6%), water (90.8%) and other things such as herbal drinks. The level of knowledge of grandmothers on breastfeeding was good (69.7%), average (25.9%) and poor (4.4). Less than half (45.9%) of the grandmothers had positive attitude towards breastfeeding. About 79.5% believed that breast milk makes up a complete diet for the infant but however grandmothers believed that many women are not able to make enough milk to feed their baby (47.6%). Correlation analysis showed a negative and significant association between the grandmothers attitude ( $r = -0.428$ ,  $p \leq 0.01$ ) and positive association with knowledge ( $r = 0.206$ ,  $p \leq 0.01$ ) the practice of breastfeeding). It is concluded that grandmothers passed on their knowledge, beliefs and poor attitude towards breastfeeding. Intervention on improvement of breastfeeding practices should be taken out of the hospital environment to include all stakeholders that may influence breastfeeding practices especially the grandmothers.

**Keywords:** grandmothers, belief, knowledge, attitude and breastfeeding

## **Introduction**

Breastfeeding is a cultural practice, and traditions and messages from previous generations may affect breastfeeding (BaronaVilar, 2009). The older generation, particularly the infant's grandmothers (either the maternal mother or the paternal mother), play a central role in various aspects of pregnancy decision-making and child rearing within the family unit (Chang et. al., 2012). Grandmothers' infant feeding practices influence new mothers' decisions to initiate and continue breastfeeding (Dykes et. al., 2003). Grandmothers who breastfed transmit not only their practical knowledge of how to breastfeed but also their confidence that breastfeeding is the normal way to feed an infant (Dykes et. al., 2003). If a grandmother has not breastfed, she may offer advice that reflects experience with bottle-feeding and thus undermine her daughter's confidence and ability to successfully establish breastfeeding (Grassley, 2008). Benjamin et. al., 2001 study also indicated grandmothers as the main group that affect breastfeeding period and support new mothers the most. Similarly, a Nepalese study among mothers-in-law noted that they "see themselves as key providers of, and decision-makers in, perinatal care practices" (Masvie, 2006). A female respondent in a Ghanaian study on stated that she would only go to the clinic if her baby was sick with "my mother-in-law's permission" (Gupta et. al., 2015). Within certain contexts, evidence indicates that this influence can be particularly deleterious to exclusive breastfeeding rates. A 2012 study from Nigeria, found that paternal grandmothers pressured 25% of the mothers enrolled in the study to not exclusively breastfeed (Agunbiade et. al., 2012).

Globally the percentage of infants under six months receiving the benefits of exclusive breastfeeding is less than 50% (UNICEF, 2011). In the developing world, less than 40 % of infants under 6 months old receive the benefits of exclusive breastfeeding. The rate is particularly low in Africa, where less than one third of infants under 6 months old are exclusively breastfed (UNICEF, 2009). According to the National Demographic and Health Survey (NDHS, 2013), the

percentage of children less than 6 months that were exclusively breast fed in Nigeria was reported to be 17.2% in 2004, 13.1 % in 2008 and 17% in 2013. This indicates a decline and fluctuation in the practices of exclusive breastfeeding among mothers in the urban and rural settings in Nigeria. In many societies around the world, older women are seen as owners of traditional knowledge and cultural history which has strong community significance (Bezner et. al., 2008). Most health programs target the individual person most directly involved in the target behaviour usually new mothers (Lewycka et. al., 2013) without a commensurate understanding of who else influences those decisions.

While the benefits of breastfeeding are well documented, many women continue to choose to formula feed rather than breastfeed or stop breastfeeding prior to the recommended 6-month breastfeeding (Thrower and Peoples, 2015). Women commonly have little or no information about breastfeeding before falling pregnant. Many have had little contact with women who successfully breastfeed and do not know what to expect. Knowledge and attitudes (psychosocial factors) are important factors that influence breastfeeding prevalence in general (Chambers et. al., 2007). Lack of knowledge, negative attitudes and beliefs about breastfeeding by others (partners, family members, support people and the general public) can be unsupportive. The study therefore investigated the influence of grandmothers' beliefs, knowledge and attitude on breastfeeding practices in Southwestern Nigeria.

## **Methodology**

The study was conducted in Ikorodu Local Government Area of Lagos state, Nigeria. Lagos lies in  $6^{\circ}27'11$  North,  $3^{\circ}23'45$  East/  $6.45306^{\circ}$ North and  $3.39583^{\circ}$ East. The urban area is  $999.6\text{km}^2$  ( $385.9\text{sq mi}$ ). A total of 185 grandmothers were selected through a non-random sampling method of Snowball. Interview schedule was used to collect information on knowledge and beliefs on

breastfeeding practices. Focus groups discussion was also employed to collect qualitative data. A total of 4 focus groups were conducted and open-ended question was used to guide discussion. The groups ranged in size of five to ten and each of the discussion lasted for between 40-90minutes. Descriptive statistical analyses such as frequency counts, percentages, cross-tabs was used to describe the data collected while correlations was used to test hypotheses.

### **Ethical clearance**

Informed consent was sought and obtained from mothers and the study was approved by the University Research Ethical Committee Board.

### **Results**

#### **Socio-economic characteristics of grandmothers**

Table 1 shows that 23.2% of grandmothers were below age fifty and 50.3% were between age 50 and 60. About 67.6% were married while only 21.6% were widowed. About 77.3% of the last grandchild were between the age of 1 – 12 months old and 13 – 24 months (20.5%). Only 20.0% of the respondents had no formal education and 46.5% had secondary education.

**Table 1: Socio-economic characteristics of grandmothers**

<b>Characteristics</b>	<b>Frequency (185)</b>	<b>Percentage (%)</b>
<b>Age of respondents (years)</b>		
Less than 50	43	23.2
51 - 60	93	50.3
61 – 70	43	23.2
71 and above	6	3.2
<b>Marital status</b>		
Married	125	67.6
Divorced	12	6.5
Separated	8	4.3
Widowed	40	21.6
<b>Years of formal education</b>		
No formal education	37	20.0

1 – 6	49	26.5
7 – 12	86	46.5
13 – 18	10	5.4
<b>Age of last grandchild (months)</b>		
1 – 12	143	77.3
13 – 24	38	20.5
Greater than 24	4	2.2

### **Influence on feeding practices of daughters**

Data from Table 2 shows that 87.6% of the grandmothers and mothers-in-law had influence on the feeding practices of their daughters. More than one third (75.7%) of the grandchildren were fed other things apart from breastmilk before the age of six months. Grandchildren were fed formula (98.4%), glucose (94.6%), and water (90.8%). One third of the children were also breastfed after their first birthday. Reasons for termination of breastfeeding include teething/biting (30.3%), baby not sucking well (10.8%), mothers did not like breastfeeding (9.2%) and going back to work (13.5%).

**Table 2: Distribution of grandmothers' influence on breastfeeding practices**

<b>Variables</b>	<b>Yes (%)</b>	<b>No</b>
Influence child feeding	162 (87.6)	23 (12.4)
Grandchild fed anything other than breast milk before six month	140 (75.7)	45 (24.3)
<b>Prelacteal feeds</b>		
Formula	182 (98.4)	3 (1.6)
Glucose	175 (94.6)	10 (5.4)
Water	168 (90.8)	17 (9.2)
Others	170 (91.9)	15 (8.1)
Don't know	176 (95.1)	9 (4.9)
<b>Age of termination of breastfeeding (months)</b>		
Don't Know	66 (35.7)	
1 – 12	57 (30.8)	
13 – 24	62 (33.5)	

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**Reason for termination of breastfeeding**

No Reason	15 (8.1)
Baby ill	10 (5.4)
Baby not sucking well at breast	20 (10.8)
Back to work/school	25 (13.5)
Teething/biting	56 (30.3)
Mother didn't like breastfeeding	17 (9.2)
Not enough milk	13 (7.0)
Others	29 (15.7)

**Use bottle to feed grandchild**

111 (60.0)                      74 (40.0)

**Age of the grandchild when first fed infant formula (months)**

No feeding of formula	95 (51.4)
1 – 4	20 (10.8)
5 – 8	61 (33.0)
9 – 12	9 (4.9)

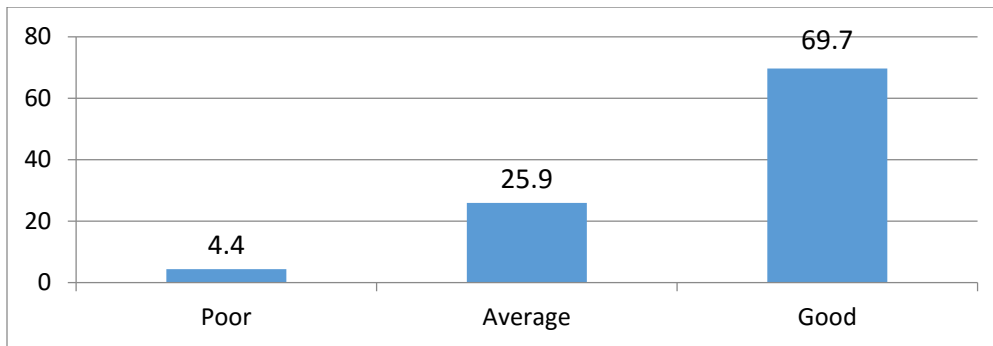
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**Breastfeeding knowledge of grandmothers on breastfeeding practices**

Table 3 shows that 96.8% know that breast milk is easily digested than formula (82.2%) and helps the uterus to return to its pre-pregnancy state more quickly (81.6%). Grandmothers have the knowledge that breastfeeding alone provides sufficient nutrition in the first few months of life for the baby(83.8%), colostrums contains essential antibodies necessary to help the child's immune system(89.7%) and 80.0% also know that babies who are formula fed have more illnesses than babies who are breastfed. Grandmothers were aware that breastfeeding should be started as soon as possible after the baby is born. However they were confused about the benefit of breastmilk as against infant formula as they think they are of the same benefit (79.5%). Data on Figure 1 reveals that 4.4% of the respondents have a low level of breastfeeding knowledge, average (25.9%) and have a high (69.7%) level of knowledge on breastfeeding practices.

**Table 3: Distribution of breastfeeding knowledge of the grandmothers on breastfeeding practices**

S/N	Knowledge statements	Yes (%)	No (%)
1	Breast milk is easily digested than formula	179 (96.8)	6 (3.2)
2	Breastfeeding helps the uterus to return to its pre-pregnancy state more quickly	152 (82.2)	33 (17.8)
3	Breastfed babies are smarter than babies who are not breastfed.	151 (81.6)	34 (18.4)
4	There is no difference between breast milk, cow's milk, and soy milk.	38 (20.5)	147 (79.5)
5	Breastfeeding alone provides sufficient nutrition in the first few months of life for the baby.	155 (83.8)	30 (16.2)
6	Nicotine, caffeine, alcohol, and medicine are passed from the mother's body to breast milk.	97 (52.4)	88 (47.6)
7	Most women make enough breast milk to adequately feed the baby.	147 (79.5)	38 (20.5)
8	Babies who are formula fed have more illnesses than babies who are breastfed.	148 (80.0)	37 (20.0)
9	Breastfeeding helps prevent infections in the baby.	163 (88.1)	22 (11.9)
10	Breastfeeding helps protect babies from having allergies.	149 (80.0)	36 (20.0)
11	Breastfeeding should be started as soon as possible after the baby is born.	152 (82.2)	33 (17.8)
12	Colostrum contains essential antibodies necessary to help the child's immune system.	166 (89.7)	19 (10.3)



**Figure 1: Grandmothers' knowledge on breastfeeding practices**

**Breastfeeding attitude of grandmothers' breastfeeding practices**

Table 4 revealed that 56.2% felt that formula feeding is more convenient than breastfeeding however 55.1% agreed that breastfeeding is more convenient showing a confusion. Grandmothers felt formula feeding is a better choice if a mother plan to work outside the home (52.5%) and that

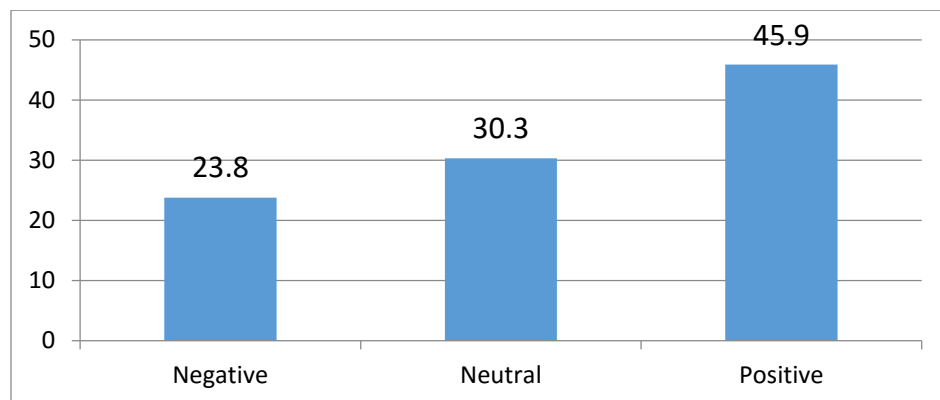
formula is as healthy for an infant as breast milk (52.9%). Data as shown on Figure 2 reveals that 23.8% of the respondents have a negative attitude, 30.3% have a neutral attitude and 45.9% have a positive attitude towards breastfeeding practices.

**Table 4: Distribution of breastfeeding attitude of the grandmothers and mothers-in-law on breastfeeding practices**

S/N	Attitudinal statements	SA	A	N	D	SD
1	Formula feeding is more convenient than breastfeeding	49 (26.5)	55 (29.7)	2 (1.1)	41 (22.2)	38 (20.5)
2	Breastfeeding increases mother-infant bonding	65 (35.1)	37 (20.0)	12 (6.5)	31 (16.8)	40 (21.6)
3	Formula-fed babies are more likely to be overfed than breastfed babies	35 (18.9)	59 (31.9)	20 (10.8)	40 (21.6)	31 (16.8)
4	Formula feeding is the better choice if a mother plans to work outside the home	18 (9.7)	58 (31.4)	12 (6.5)	68 (36.8)	29 (15.7)
5	Mothers who formula feed miss one of the great joys of motherhood	42 (22.7)	44 (23.8)	11 (5.9)	44 (23.8)	44 (23.8)
6	Women should not breast feed in public places such as restaurants	33 (17.8)	59 (31.9)	11 (5.9)	52 (28.1)	30 (16.2)
7	Babies fed breast milk are healthier than babies who are fed formula	65 (35.1)	43 (23.2)	5 (2.7)	21 (11.4)	51 (27.6)
8	Fathers feel left out if a mother breastfeeds	51 (27.6)	47 (25.4)	25 (13.5)	31 (16.8)	31 (16.8)
9	Breast milk is the ideal food for babies	57 (30.8)	42 (22.7)	8 (4.3)	27 (14.6)	51 (27.6)
10	Formula is as healthy for an infant as breast milk	39 (21.1)	44 (23.8)	4 (2.2)	65 (35.1)	33 (17.8)
11	Breastfeeding is more convenient than formula feeding	35 (18.9)	67 (36.2)	17 (9.2)	45 (24.3)	21 (11.4)
12	Breast milk is less expensive than formula	47 (25.4)	35 (18.9)	28 (15.1)	29 (15.7)	46 (24.9)

SA= strongly agree, A= agree, N= neutral, D= disagree, SD= strongly disagree, (% in parenthesis)





**Figure 2: Grandmothers' attitude on breastfeeding practices**

### **Belief of grandmothers and mothers-in-law on breastfeeding practices**

Data from Table 5 show that 79.5% believed that breast milk makes up a complete diet for baby and that no extras (foods, vitamins etc.) are needed until the baby is close to one year of age. Majority (71.4%) believed that if the breasts are small, it might not have enough milk to feed the baby; and that many women are not able to make enough milk to feed their baby (52.4%). Babies who are breastfed tend to get fewer allergies and have fewer infections than babies who get formula (83.8%).

**Table 5: Distribution of breastfeeding beliefs of grandmothers on breastfeeding practices**

S/N	Belief statements	Yes	No
1	Breastfeeding cuts down on the mother's bleeding after delivery.	161 (87.0)	24 (13.0)
2	Breast milk makes up a complete diet for baby. No extras (foods, vitamins etc.) are needed until the baby is close to one year of age.	147 (79.5)	38 (20.5)
3	If your breasts are small, you might not have enough milk to feed the baby.	132 (71.4)	53 (28.6)
4	When a mother is sick with the flu or a bad cold, she can usually continue to breastfeed her baby.	120 (64.9)	65 (35.1)

5	Babies who are breastfed tend to get fewer allergies than babies who get formula.	160 (86.5)	25 (13.5)
6	The pill is the best way to keep from getting pregnant while you are breastfeeding.	39 (21.1)	146 (78.9)
7	You shouldn't try to breastfeed if you are planning to go back to work or school since you won't be able to be with your baby for feedings.	52 (28.1)	133 (71.9)
8	The more often you breastfeed, the more milk you will have for your baby.	143 (77.3)	42 (22.7)
9	Babies who are breastfed tend to get fewer infections than babies who get formula.	155 (83.8)	30 (16.2)
10	Many women are not able to make enough milk to feed their baby.	88 (47.6)	97 (52.4)

**Source:** Field survey, 2017

### **Grandmothers' knowledge and attitude on breastfeeding practices**

The analysis on table 6 shows that there was a positive significant relationship between the breastfeeding knowledge ( $r = 0.206$ ,  $p \leq 0.05$ ) but a negative significant relationship between attitude of grandmothers ( $r = -0.428$ ,  $p \leq 0.01$ ) and the practice of breastfeeding.

**Table 6: Correlation analysis showing the relationship between grandmothers' knowledge and attitude on breastfeeding practices**

<b>Breastfeeding practices</b>			
	<b>r</b>	<b>r<sup>2</sup></b>	<b>% determination</b>
<b>Breastfeeding attitudes</b>	-0.428	0.086	8.6
<b>Breastfeeding knowledge</b>	0.206	0.104	10.4

### **Discussion**

Grandmothers play a pivotal role in advising mothers and families on how to raise young children and care for pregnant women, however their advice may not always lead to positive health

outcomes (Negin et. al., 2016). In this study, there were confusion about the health benefits and convenience of breastfeeding. Grandmothers were confused about the benefits of breastmilk and formula feeding, not been sure of which have an advantage above the other in their importance and advantage to child health. This is corroborated by Duong study that grandmothers may not necessarily convey adequate knowledge of infant feeding, leading to conflict situations (Duong et. al., 2005). Some mothers Duong study said their mother-in-law had given prelacteal feeds even without the consent of the mother.

As expressed during the focus group discussion that *“There are different types of breast and body. Some breast, no matter what you do, no matter the amount of food you eat, the amount of milk it would produce would still be very minimal”*. This statement from grandmothers can discouraged breastfeeding, affect mothers’ self-efficacy and encouraged the introduction of prelacteal feeding. Introduction of prelacteal feeds is a known barrier to continuation of exclusive breastfeeding (Khanal et al., 2013). Culturally, grandmothers are always present in first few days of birth to give support to the mother and also give their advice on child feeding. The first few days of birth is so critical to the adoption of appropriate breastfeeding practices of the mother. The knowledge or ignorance of the new mother may be confronted especially in the first day of birth which is characterized with little supply of breastmilk which may be confused that the breast is not producing enough milk for the baby. This could lead to early supplementation of breastmilk with infant formula, water, glucose and herbs. In this study 75.7% of grandchildren received pre-lacteal feeding before six months showing that only 24.3% of grandchildren were exclusively breastfed. Mothers need and want grandmothers' support, but their advice and concerns may reflect cultural beliefs that do not protect breastfeeding (Grassley and Eschiti, 2008). In this study grandchildren were given before six months. Some grandmothers allowed their daughter to take the decision on

whether to give water or not. This is expressed in focus group discussion as *“Like my daughter, she breastfed her child for six months without giving the baby water, yes, it now depend on how you choose to nurse your child. But after six month, she can now add water. But for me, I can give my baby breast, and I can give her water, it all depends on what you want”*. However another grandmother expressed her opinion on water as *“The water we are talking about is boiled water kept in a clean water flask. But breastfeeding is very important every minute, especially when the baby cries.”* This is also found in a 2012 study from Nigeria, found that paternal grandmothers pressured 25 % of the mothers enrolled in the study not to exclusively breastfeed (Agunbiade and Ogunleye, 2012).

Infant formula which is the most popular of prelacteal and supplementary feeding was introduced as early as first month of birth and as late as 12 months when the grandchild was on complementary feeding and the use of formula was not necessary because the child was supposed to be on specially prepared complementary food. Without being truly knowledgeable about the health benefits of breastfeeding, mothers may not have the determination to breastfeed and can be easily swayed by the perceived advantages of formula feeding, such as more convenient and less tiring (Zhang et.al., 2015).

One third of children were breastfed after six months and even after their first birthday. Reasons such as going back to work, biting from the child, baby not sucking well were some of the reason to discontinue breastfeeding. Grandmothers expressed the continuation of breastfeeding between the ages 12-18 months. *“For someone like me, if the baby has not started walking, I would not wean him. It ranges between a year and four months or even a year and half”*. Going back to work however may affect the duration of breastfeeding as one of the grandmothers expressed in this statement *“Some wean after three months, six months, ten months; that is those that do white collar*

*jobs. But others that have the time or do other things may wean after a year, a year and half, and even two years. It all depends on how the mother wants it. But the most important of all is a year and half’.*

Breastfeeding knowledge and attitudes are socially learned within the family since family members often have frequent and on-going interaction with the mother, providing her with practical information about breastfeeding and complementary feeding (Alexander et al, 2003). More than half of the grandmothers have good knowledge about breastfeeding but have negative attitude towards breastfeeding.

Grandmother felt that formula is as healthy for an infant as breast milk and formula feeding is the better choice if a mother plans to work outside the home because some of them were not comfortable with the feeding of expressed breastmilk. This is expressed in focus group discussion as *“I really do not subscribe to the idea of expressing breast milk for the child”.*

## **Conclusion**

Grandmothers are strong influence on the breastfeeding practices of their daughters. They have average knowledge breastfeeding practices, neutral attitude which is as a result of their confusion about the benefits of breastfeeding over formula feeding which encouraged the use of pre-lacteal feeding by daughters. Grandmothers however encouraged prolonged breastfeeding.

## **Recommendation**

It is recommended that intervention on promotion of breastfeeding should also include every other person that may influence mothers’ decision to breastfeed especially the grandmothers acknowledging the strong influence they have daughters.

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