

The influence of baby showers on breastfeeding practices: Qualitative findings from mothers

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Abstract

Breastfeeding is a critical practice that does not only help children survive, but provides them with nutrients required for optimal growth, physical and mental development as well as prevent infant mortality. In Botswana, available national data suggest that 40 percent of mothers initiate breastfeeding after birth (UNICEF, 2013). It has been observed that few babies (20 percent) are exclusively breastfed during the first six months of life (UNICEF, 2013). Additionally, very few babies (6.9 percent) are breastfed to the recommended age of two (UNICEF, 2013). This suboptimal early nutrition profile may predispose Botswana children to poor health outcomes in both their infancy and childhood years as well as in adulthood. The government of Botswana has made efforts to promote best breastfeeding practices but given the decline in the rate of breastfeeding, such efforts appear futile. In recent decades, there has been a shift in global health activity, with an emphasis on a return to support for community-based interventions for child survival (Infant & Young Child Nutrition Project, 2012). In this regard, the current study sought to explore the influence of baby showers on

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breastfeeding practices. The researcher conducted five (5) focus group sessions with 42 mothers participating in baby showers and with experience in breastfeeding. The findings of the study suggest that baby showers have the potential to modify breastfeeding intention and self-efficacy. Baby showers appear to be promoting breastfeeding. In particular, baby showers encourage early initiation of breastfeeding. However, the findings suggest that baby showers discourage mothers from exclusive breastfeeding and continued breastfeeding up to the recommended age of two. There are several cultural norms and myths that are shared with expectant mothers during baby showers which discourage optimal breastfeeding. The study recommends that health workers target baby showers to promote best breastfeeding practices and reconstruct the teachings shared during baby showers.

Keywords: *baby showers, expectant mothers, breastfeeding*

Introduction and Background

Breastfeeding is a critical practice that does not only help children survive, but provides them with nutrients required for optimal growth, physical and mental development as well as prevent infant mortality. Additionally, improving breastfeeding practices is a fundamental driver in achieving the 2030 Sustainable Development Goals. In Botswana, available national data suggest that 40 percent of mothers initiate breastfeeding after birth (UNICEF, 2013). It has been observed that few babies; 20

percent, are exclusively breastfed during the first six months of life (UNICEF, 2013). Additionally, very few babies; 6.9 percent, are breastfed to the recommended age of two (UNICEF, 2013). This suboptimal early nutrition profile may predispose Botswana children to poor health outcomes in both their infant and young child years as well as in adulthood. The government of Botswana has made efforts to promote best breastfeeding practices but given the decline in the rate of breastfeeding such efforts appear futile. In recent decades, there has been a shift in global health activity, with an emphasis on a return to support for community-based interventions for child survival (Infant and Young Child Nutrition Project, 2012). In this regard, the current study sought to explore the influence of baby showers on breastfeeding practices.

The Benefits of Breastfeeding

Despite world-wide promotion of breastfeeding and its established benefits, there is a declining trend in the practice of breastfeeding in many communities (Allen and Hector, 2005; Rollins *et al.* 2016). This section elaborately discusses the importance of breastfeeding in order to indicate the need to breastfeed children. Breastfeeding improves the health of both the mother and child, promotes growth and development, and has significant economic and environmental benefits.

Maternal and Child Health Benefits

Globally, the World Health Organization (WHO), governments, health practitioners and academic

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researchers have universally recommended breastfeeding as the optimal strategy for feeding newborns and infants (Craig and Dietsch, 2010). All research argues that breast milk is an optimal nutritional source for the growth and development of infants (Kim *et al.*, 2018). It has a positive impact on the general health of infants as it can potentially reduce the risk of different acute and chronic diseases such as diarrhoea, respiratory tract infections, pneumonia, bacterial meningitis, allergic and gastrointestinal diseases, non-communicable diseases, and obesity (Alen and Hector, 2005; Haroon *et al.*, 2013; Heinig *et al.*, 2001; Imdad, Yakoob and Bhutta, 2011; Kim *et al.*, 2018; Mitra and Rabbani, 1995). A study commissioned by Lamberti, and colleagues (2011) indicates that 0-5 month old infants who are not breastfed have a 165% increased chance of having diarrhoea and 6-11 month old infants have a 32% increased chance of diarrhoea if not breastfed. Beyond the benefits for the infants, breastfeeding has substantial benefits on maternal health which include improving childbirth spacing and decreasing the risk of such conditions as post-partum haemorrhage, some cancers like ovarian and breast cancer, type II diabetes and some heart related diseases (Nzioki *et al.*, 2016). Breastfeeding therefore contributes towards reduction of the incidence of morbidity and mortality among infants (Haroon *et al.*, 2013). According to Victora *et al.* (2016), if breastfeeding was scaled up to universal targets, about 823 000 annual deaths in children below 5 years and 20 000 annual deaths from breast cancer could be prevented.

Socio-Emotional and Psychological Benefits

Research shows that there is an association between breastfeeding and the socio-emotional development of infants. This component is enhanced by frequent mother to child interactions which leads to high social competence (Kim *et al.*, 2018). In some studies, breastfeeding has been linked to healthy brain development, higher intelligence quotient scores, and better school performance (Nzioki *et al.*, 2016).

Economic Benefits

Besides the maternal and child benefits, breast milk is beneficial economically in that it does not need to be purchased. It is cheaper relative to formula milk in which case the formula and feeding equipment need to be purchased. Additionally, breastfeeding reduces costs associated with morbidity as well as improve the academic potential of children hence their earnings as adults (Rollins *et al.*, 2016).

Ecological Benefits

On the ecological aspect, breastfeeding is environmentally friendly as it is a natural, renewable, and readily available food that needs no packaging, transportation, storage or cooking (Nzioki *et al.* 2016). “By contrast, breast milk substitutes leave an ecological footprint and need energy to manufacture, materials for packaging, fuel for transport distribution and water, fuel, and cleaning agents for daily preparation and use” (Rollins *et al.*, 2016: 499).

WHO Recommended Breastfeeding Practices

Despite the wide range of benefits of breastfeeding, the practice of breastfeeding has been declining with years and global breastfeeding rates remain below international targets (Rollins *et al.*, 2016). Scientific evidence has guided policymakers and international agencies in the development of international recommendations on optimal breastfeeding practices. It has been agreed that initiation of breastfeeding must be done within the first hour of life (WHO, 2018). It is also recommended that, on a population basis, exclusive breastfeeding from birth to 6 months of age (breast milk only with no other liquids or foods given) and thereafter should continue to breastfeed up to 2 years or beyond with introduction of suitable complementary foods (Meedy *et al.*, 2015; Rollins *et al.*, 2016; WHO, 2018).

The Evolution of Baby Showers

Fischer and Gainer (1993) describe baby showers as social functions held in honour of women who are about to be mothers. Before the advent of baby showers in Botswana, mothers-to-be were given information about childcare by older mothers, often family members like grandmothers, mothers, and aunts. It was uncommon and culturally unacceptable to be given gifts for the baby before birth. As baby showers evolved, such events were exclusively for females with attendants being the mother to be, recipient's mother, sisters, close female relatives and close friends and often these had to be people who have already had children (Fischer and Gainer, 1993). Of recent, the showers have both female and

male guests attending the shower – mixed sex shower (Fischer and Gainer, 1993). In baby showers, the mother-to-be is given gifts, and these may include necessities for the baby like clothes, blankets, toys, toiletries, nappies, and other essentials. Teachings about how to take care of a child are shared. The shower also serves to indoctrinate the woman into the behavior expected of her in the new role as a mother.

Methodology

In this study, a qualitative or exploratory research design was considered the most appropriate. According to Craig and Dietsch (2010), qualitative methodologies are the most suitable approaches for discovering and understanding individual's perceptions and lived experiences. Qualitative research methodologies allow for depth and breadth of understanding when exploring human behavior and practices. Specifically, the researcher conducted focus group discussions with attendants of baby showers (mothers) to explore the influence of baby showers on breastfeeding practices.

Study Location

Data were collected in four areas in the Southern region of Botswana – Gaborone, Mmopane, Tlokweng and Mochudi. The study sites were conveniently selected as they were areas at which the lead researcher was invited for baby showers. The data were collected over a (6) six-month period, from February 2017 until August 2017. During this period, a total of five (5) baby showers were attended, which means that five focus group sessions were conducted.

Participants Selection

As suggested by De Vos and colleagues (2011), purposive sampling was applied to identify participants for the focus group discussions. A total of 42 mothers participated in one of the five (5) focus group discussion sessions. Mothers participating in baby showers and with experience in breastfeeding were identified as relevant for the study.

Data Collection Procedure

The current study employed a focus group discussion technique. This technique was appropriate for the study as it enabled the researcher to explore multiple viewpoints or perceptions of participants regarding the influence of baby showers on breastfeeding practices. Focus group sessions were conducted in a conversational style, so the precise nature of the questions had not been predetermined. The process of data collection entailed detailed recording of perceptions, teachings, values, norms, and misconceptions about breastfeeding practices which were shared and discussed by mothers attending baby showers. Careful attention was paid to the positive and negative connotations of the discussions as they related to the practice of breastfeeding. The contemporaneous data were recorded on the researcher's diary as well as typed notes using the iPhone notes application. The recorded data were converted into field notes at the end of each baby shower session to ensure accuracy of the data gathered (De Vos et al., 2011).

Data Analysis Tools

Thematic analysis was used to identify the prominent patterns and themes that indicate the influence of baby showers on breastfeeding practices. Using the guidelines suggested by Braun and Clarke (2006), thematic analysis was manually conducted using the Word and Excel applications. An initial code framework was developed using themes and patterns derived from existing literature on the influence of community interventions on breastfeeding practices. During the process of data analysis, codes that emerged from the data were added to the initial framework, allowing for creation of new themes and patterns hence contributing theory to existing literature. Data matrices were used to categorically display coded data.

Findings and Discussion

Baby showers serve as forums where knowledge and perceptions about childcare including breastfeeding are shared. Additionally, organizers and attendants of baby showers grace the expected baby with gifts. Some of the knowledge and perceptions as well as gifts shared may encourage optimal breastfeeding practices as recommended by WHO while others do not align with the WHO recommendations. Below is a detailed discussion of how baby showers can possibly influence to initiate breastfeeding immediately after birth, exclusive breastfeeding, and continued breastfeeding.

Immediate Initiation of Breastfeeding

Generally, attendants of baby showers agree that newborns should be given breast milk immediately

after birth, which is positively commended for strengthening the maternal-infant bond. In a study commissioned by Hawley and colleagues (2015), participants also agreed that immediate initiation of breastfeeding is an important way of bonding and establishing a close mother-child relationship. However, in the current study, contradicting views were expressed regarding the golden milk or colostrum. The younger baby shower attendants advised expectant mothers to ensure that they offer their infants colostrum as it helps boost the immune system of the baby. Kimani-Murage and colleagues (2014) agree that positive views about colostrum feeding appear to result from education on the importance of colostrum and breastfeeding within the first few hours of life. The older generation advised against colostrum, referring to it as the dirty milk that needs to be expressed and thrown before feeding the baby. This is consistent with the findings of Sibeko and colleagues (2005) who found out that feeding colostrum vary among cultural groups; some encourage colostrum feeding while others prescribe discarding colostrum prior to feeding. Other studies also support that views on feeding colostrum to babies vary across communities with the majority of people considering it to be highly nutritious and a few discouraging colostrum and regarding it as a taboo (Wanjohi *et al.*, 2017).

Baby shower attendants also encouraged immediate initiation of breastfeeding with the view that children are born very hungry and thus should be breastfed immediately. Other attendants had contradicting views on the feasibility of immediate initiation of

breastfeeding under such circumstances as when the mother gave birth through Caesarian section, when the milk is failing to come out from breasts and if the mother's breast milk appears to be inadequate for the child. Wanjohi *et al.* (2017) shows that the perception that the baby is born hungry interferes with the practice to initiate breastfeeding immediately after birth and encourages prelacteal feeding – the practice of feeding newborns with foods such as cow's milk, sugar solution, light porridge and others before initial breastfeeding. In another study by Oweis, Tayem and Froelicher (2009), mothers were encouraged to discard colostrum and give boiled water to their neonates. Similar practices are encouraged in baby showers which may possibly negatively influence optimal breastfeeding practices.

Exclusive Breastfeeding

Very few attendants of baby showers advocate for exclusive breastfeeding for the first six months citing the neurological, health and growth benefits of exclusive breastfeeding and that it is a recommendation by the medical practitioners. Despite the knowledge on the potential benefits of exclusive breastfeeding, majority of the attendants are against it with the view that it is not a feasible feeding approach. It was noted that there are some factors that hinder exclusive breastfeeding including when the mother has to return to work. Attendants also held the perception that breast milk alone is not adequate for the infant up to the age of 6 months, noting that the child cannot thrive on breast milk alone. The general consensus was that it is acceptable

to initiate complementary foods at around 4 months of age otherwise the baby will not get full on breast milk alone. These findings are consistent to those of Wanjohi and colleagues (2017) who indicated that study participants acknowledged the importance of exclusive breastfeeding but found it impossible to practice.

Some attendants of baby showers bring such gifts as breast pumps for the mother to be and explain how it is used to encourage them to express breast milk and exclusively breastfeed. However, other attendants shared that from their experience, the use of breast pumps is very painful and that sometimes the breast pump fails to express enough milk. Opponents also expressed concern about proper storage of expressed breast milk. Others felt that it is unacceptable to express milk and expect caregivers or child minders to touch breast milk. Such contradicting perceptions may either encourage or discourage exclusive breastfeeding.

Continued Breastfeeding

Baby showers have the potential to either encourage or discourage breastfeeding to the age of two and beyond. The 21st century baby showers allow males to be part of them. Fathers to be are permitted to sit in when the mother receives teachings about child care as part of the baby shower proceedings. This is an important element that can possibly strengthen paternal support on childcare including optimal breastfeeding practices. Research (Kimani-Murage, 2014) argues that lack of social support at the household level is a key barrier to optimal

breastfeeding practices and some men consider issues of breastfeeding as ‘women’s issues.’ Along the same lines, Draman *et al.* (2017) as well as Thet *et al.* (2016) found out that fathers’ involvement and support on breastfeeding have a significant impact on optimal breastfeeding practices. Therefore, it can be expected that allowing men to take part in baby showers can possibly encourage them to be part of breastfeeding issues hence support continued breastfeeding.

Nowadays organizers of baby showers invite registered health professionals to baby showers to share information about childcare including breastfeeding practices. This is a commendable practice that may possibly support optimal breastfeeding practices including continued breastfeeding until the recommended age of two and beyond. A study conducted by Nzioki *et al.* (2016) in Kenya showed an increase in the prevalence of optimal breastfeeding when interventions are led by a health worker. The engagement of health workers is also good in that information shared is most likely to be accurate and inclined to promote breastfeeding.

The majority of baby shower attendants agree that continued breastfeeding is good for both the infant and the mother. The general discussions on perceived benefits of breastfeeding were that breast milk provides all required nutrients to the infant, it is perceived to be good for the health and growth of the child, promotes bonding between the mother and their child, helps with post-partum weight loss as

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well as reduces the mother's risk of developing breast cancer. Those who associated breastfeeding with such benefits expressed the desire to continue to breastfeed up to the recommended age. Hawley *et al.* (2015) shows that participants in their study indicated that they were motivated to breastfeed considering the benefits of infant breastfeeding. However, other studies show that there is often a disconnect between knowledge about optimal breastfeeding practices and actual practice (Thet *et al.*, 2016).

Some attendants of baby showers expressed a positive view of the convenience and ready availability of breast milk versus formula milk. They shared that with breast feeding there is no need for the cumbersome preparation that comes with formula feeding. In addition, breast feeding was supported as there is no need to wake up for late night feeding preparations as opposed to formula feeding. This improves the mother's sleep. In addition, some attendants expressed that breast milk is a cheaper option compared to formula milk. However, gifts brought by baby shower attendants such as bottle-feeding sets and pacifiers may interfere with continued breastfeeding. In support of this, a study conducted by Dewey and colleagues (2003) show that the continuation of breast feeding is poorer if the infant had already become used to bottle feeding and pacifier, which leads to a faulty, superficial nipple-sucking technique.

Even though the majority of baby shower attendants agree that continued breastfeeding has numerous benefits, there are some misconceptions and norms that attendants hold against breastfeeding a child up to the age of 2 and beyond. Some of the attendants discouraged mothers to be from breastfeeding for a long-time expressing concern that breastfeeding for a long duration makes breasts saggy and unattractive. This is consistent with findings of studies undertaken by Thet *et al.* (2016) and Wanjohi *et al.* (2017) which reported that there is a common belief among young mothers that prolonged breastfeeding makes breasts sag and render them unattractive. Additionally, baby shower attendants expressed that breastfeeding is painful because it can make nipples sore and as breasts get fuller from breastmilk, they become painful. Such expressions possibly instill fear in mothers to be and discourage them from continued breastfeeding. Many attendants agreed that breastfeeding should be stopped as soon as the mother engaged in sexual activity with the misconception that otherwise the infant's health and development may be compromised. Such misconceptions may influence mothers to discontinue breastfeeding at an early time.

Conclusion

This study indicates that baby showers may either encourage or discourage optimal breastfeeding practices as recommended by the World Health Organisation. It is therefore important for stakeholders like health professionals to carefully consider negative perceptions shared in baby showers that can discourage optimal breastfeeding

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practices so that such perceptions can be targeted and remedied when designing interventions to promote optimal breastfeeding. Health promoters need to take an upper hand in community initiatives like baby showers in order to share accurate information on optimal breast-feeding practices and clear myths and misconceptions held by the community. The Global Strategy for Infant and Young Child Feeding emphasizes on the need for stakeholders involved in promoting breastfeeding to understand the socio-ecological circumstances in breastfeeding, the evidence of this study provides useful information that can help such stakeholders understand barriers of breastfeeding at different levels. Health promoters can take advantage of such forums as baby showers to reinforce knowledge and awareness on optimal breast-feeding practices. At community level, it is important for organisers of baby showers to realize the need to extend teachings on childcare and breastfeeding beyond birth. It is recommended that inclusion of fathers in baby showers should be strengthened as support and involvement of the father is positively associated with optimal breastfeeding. Additionally, it may be essential to involve elderly women who are mostly involved in assisting new mothers with childcare during the first few months of infant life in baby showers to ensure that they benefit from the current knowledge that supports optimal breastfeeding practices. Educating mothers on how to express breast milk, proper storage and feeding expressed milk to babies is an essential component that can improve exclusive breastfeeding.

Limitations

This study, like other studies, had some limitations. The study focused on self-reflexivity; reflecting on the researcher's observations and insights learned through attending baby showers, hence the findings may not be generalizable. Further research may focus on applying quantitative approaches to establish the association of the knowledge and practices of baby showers on breastfeeding practices.

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