

MATERNAL-INFANT HEALTH BELIEFS AND PRACTICES OF MOTHERS IN RESETTLEMENT SITES IN THE PROVINCE OF ALBAY

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Abstract: The general objective of the study is to contribute to the Millenium Development Goal which is to reduce the infant and maternal mortality and morbidity rates of the country. Specifically, the study aims to determine the maternal health beliefs and practices of mothers on prenatal, intranatal and postnatal periods; to determine infant health beliefs and practices of mothers in infant feeding, hygiene and care of sick infant; to determine the degree of conformance and percentage of compliance to BEMONC protocols (basic emergency obstetric and newborn care) of maternal and neonatal care; to identify the implications of health beliefs and practices on the health of the mother and infant and; and to develop IEC materials to enhance the knowledge and improve the practices of mothers along maternal and infant care.

This study utilized the descriptive survey method. A questionnaire-checklist translated in Bicol dialect was used to gather data from women with children 0-1 year old residing in Taysan Resettlement Site, Legazpi City and Arandurugan Village, Guinobatan, Albay at the time of the study. The resettlement sites are shelters for families displaced by typhoons and eruptions of Mayon Volcano. The study is based on Leininger's Culture Care Theory.

Mothers eat nutritious foods, vitamins and minerals and submit to regular prenatal check up. There are respondents who still hold beliefs that have no scientific basis especially in terms of foods to eat during pregnancy. Some respondents no longer believe in myths and folkloric beliefs regarding labor and delivery but there are those who believe. Respondents lack information about new health practices during delivery. Respondents strongly believe in proper nutrition, breastfeeding and use of herbal preparations after delivery. They lack belief in terms of fever, contraception, bathing and rooming-in. Respondents always have prenatal checkup, tetanus toxoid immunization, take vitamins and eat nutritious food. There are still those who go to the hilot, rub the abdomen against the post and avoid sexual contact when pregnant. Respondents take a bath before delivery in order to be clean & comfortable and water provides support and buoyancy that enables women in labor to relax and take advantage of the weightless feeling it provides. Some respondents still practice that pregnant woman must avoid eating when in labor and taking a bath before delivery will cause painful delivery. Respondents eat greater amount and variety of nutritious and health foods, breastfeed 8 or more times a day and are given herbal preparations to drink with meals to prevent relapse. But there are those who don't ambulate after pregnancy.

The respondent mothers strongly believed that breastfeeding promotes bonding between mother and baby and that Breast milk is better than infant formula because it contains vitamins & other nutrients needed for the growth & development of the child. They also believed in applying chewed leaves or

saliva on the baby's abdomen to treat colic or bloated belly. Likewise, they moderately believed that we should bathe the baby any day except Tuesday and Friday to prevent illnesses and diseases brought by evil spirits and to tie a cloth around the abdomen to prevent colic and bloated belly. On the other hand, they no longer believe that mother should continue breastfeeding even if she has communicable disease, breastfeed the baby while the mother is hungry, Some believe in bringing the infant to a hilot/albularyo for any illness or health problems or the wearing of red bracelet or amulet to ward off evil spirit and to always bathe the baby with boiled leaves of guava and santol after an illness or sickness.

Breastfeeding the infant on regular schedule and breastfeeding infant on the other breast if one breast is sore or infected, giving prescribed medications on fever, flu and colds only after consultation prescribed by a doctor consulting a doctor when infant is sick or ill and bringing the infant to a doctor immediately when having diarrhea and stomach flu were always practiced by the mother respondents. Breastfeeding the infant 30 minutes after normal delivery, and 4 hours after caesarian delivery as well as applying 70% alcohol on the umbilical cord 3X a day to prevent infection, bathing the baby only when not sick or not febrile and to give paracetamol to lower down high temperature or fever are frequently practiced by the mother respondents. There are also health practices that they don't adhere to like giving of pacifiers or artificial teats to breastfeeding infants. They initiates breastfeeding right after delivery as part of the "Unang Yakap" advocacy. They avoid giving solid or liquid foods to the newborn unless medically indicated.

The recommendations include: Mothers should have access to information and must be aware of current and latest information with regards to maternal and infant care so that they could use this information in their everyday endeavour and advocate correct health practices. The community should actively participate in conducting activities that will enhance their knowledge and understanding regarding health. The Department of Health should provide the community with specific information on maternal and infant care, feeding and other related topics in order to increase awareness through lectures, training, seminars and other activities. There should be close coordination between the DOH and the health workers Health care providers must be aware of how beliefs and practices affect a person's response to health. Some beliefs are so powerful that it convinces a lot of people particularly the rural folks. Efforts should be made to become familiar with the beliefs to provide adequate and quality care.

Keywords: health beliefs and practices, maternal care, infant care, neonatal care.

I. Introduction

This study hopes to contribute to the attainment of MDG 4 and MDG 5: two of eight Millennium Development Goals adopted by world leaders at the Millennium Summit at the United Nations in 2000, with the global aim of reaching equitable development by 2015. MDG 4 aims to improve neonatal health by reducing infant mortality; MDG 5 is to improve maternal health by reducing maternal mortality by three quarters of its 1990 value, and by ensuring skilled birth attendance for all. In 2005 the international community added a second target to MDG 5: universal access to reproductive health.

Filipino people are also very spiritualistic and religious. They fear to discard traditional practices because their ancestors might become angry at them, cause trouble to their life and community. Another reason is that, the cultural beliefs and practices were already merge with their attitudes and behaviors as well as their cognitive aspect, thus they doubt these new ideas and finding because of their strong beliefs in what they already know and practice for a long period of time.

Health belief and practices during child bearing stage which were rooted in tradition are still prevalent because even when people grasped intellectually that a particular practice has no scientific validity or even that it dangerous to health, they may still adhere to it for various reasons. Maybe some of its reason is that giving it up might lead to bad omen and induce the death of the unborn others may be related to respect to elders authority insisting the continuation of their ritualistic tradition. Hence, this study will address not just one but a number of issues related to maternal and infant care and contribute to educating the public towards better health for the family and the community.

II. Main Text

Profile of Respondent Mothers. The respondent mothers are 31-35 years old, married, with an average monthly income of 5,999 pesos and below. They are housewives. The husbands are laborers or construction workers. They have an average of 3 children, 3 pregnancies and deliveries and had their first pregnancy at age 18-22 years old.

III. On Maternal Health Beliefs and Practices.

Prenatal health belief. The mothers “strongly believe” regular prenatal check-up, eating nutritious food, regular exercise, having tetanus toxoid and taking vitamins will contribute to a normal pregnancy. There is a “slight belief” on rubbing a pregnant woman’s abdomen against a post near delivery; massaging the abdomen to turn the position of the baby and having a birth and emergency plan. They “don’t believe” on some practices that result to delivering twins, dark-skinned or ugly child, babies with congenital defects, convulsions, miscarriage or abortion.

Intrapart health belief. The mothers “strongly believe” that baby should be placed prone on the mother’s abdomen after drying after delivery. Some “moderately believe” pregnant woman must take a bath before delivery, and push as she wishes during contractions. They “believe” the baby is breastfed immediately inside the delivery room.

They “slightly believe” pregnant woman should lie on her left side during labor, avoid eating, and episiotomy is performed routinely on all primigravidas.

Postpartum health belief. Mothers “strongly believe” in rooming-in, avoiding sexual contact until perineal wound is healed, breastfeeding up to 6 months and postpartum check up for fever. They believe in proper nutrition and the best time to inform about contraceptive choices is after delivery. They “moderately believe” in giving herbal preparations to drink to prevent relapse and woman fully breastfeeding is less likely to become pregnant three months after delivery. Some “moderately believe” mothers should not follow myths and fallacies about food, others “moderately believe” there is no harm in observing them. Mother can have a full bath after 7 days after a good delivery with herbal preparations. Bathing the baby with herbal preparations prevents skin diseases. They “slightly believe” non-breastfeeding women can use IUD 48 hours after delivery and a full bath 15 days after a difficult delivery. They “don’t believe” in having a full bath 24 hours after delivery or a full bath when vaginal discharge is clear.

Prenatal health practice. Regular pre-natal check-up at the health center, tetanus toxoid immunization for 5x during the entire child-bearing years, having a birth & emergency plan and eating food rich in protein, calcium are practiced “always”. Practices “frequently” done by the mothers were tetanus toxoid immunization 2x during 1st pregnancy, taking vitamins and regular exercise. The mothers “often” avoiding sexual contact during pregnancy. A few mothers have tetanus toxoid immunization 2 weeks before delivery and avoid looking at ugly objects. Mothers “never” turn or adjust baby’s position with the help of hilot or midwife; “never” rub the abdomen on a post during labor; or “never” go to a hilot for pre-natal check-up.

Intrapart health practice. Mothers “always” practice delivery in a health facility or birthing clinic, and pray & ask God’ help for a safe delivery. The baby is “always” placed skin-to-skin on mother’s abdomen prone after drying the baby; “always” urinating & defecating and bathing before delivery. “Frequently” practiced is breastfeeding immediately after delivery. Presence of husband during delivery and pushing during contractions are “often” practiced. Practices “seldom” observed are: applies pressure on abdomen during delivery; and eating preferred food while in labor. “Never” practiced are use of incense during labor, eating “roasted cacao” and chocolate. A few avoid bathing after delivery; don’t deliver at home or “never” delivered by a “hilot”.

Postnatal health practice. “Always” practiced by the mothers during the postnatal period are: breastfeeding; avoids sexual contact until perineum is healed; and drinks herbal medications. “Frequently” practiced are: reports for post natal check up one month after delivery; bathes with herbal preparations; eats plenty of nutritious food and chooses appropriate contraceptive. Mothers “often” practice eating any preferred food; bath one week after delivery; and wear cap or covers the head when leaving. Practiced “sometimes” were

reports for post natal check up one week after delivery; bathes any day except Tuesday & Thursday; goes to the hospital for check up when there are signs of complication; and ties the umbilicus of the newborn. The practices “never” done were: early ambulation (around 6 hours) after delivery; bathes when there is no more vaginal discharge, 1.42. and bathes 24 hours after delivery.

Arandurugan Village. Respondents eat nutritious foods, vitamins and minerals and submit to regular prenatal check up. There are respondents who still hold beliefs that have no scientific basis especially in terms of foods to eat during pregnancy. Some respondents no longer believe in myths and folkloric beliefs regarding labor and delivery but there are those who believe. Respondents lack information about new health practices during delivery. Respondents strongly believe in proper nutrition, breastfeeding and use of herbal preparations after delivery. They lack belief in terms of fever, contraception, bathing and rooming-in.

Respondents always have prenatal checkup, tetanus toxoid immunization, take vitamins and eat nutritious food. There are still those who go to the hilot, rub the abdomen against the post and avoid sexual contact when pregnant. Respondents take a bath before delivery in order to be clean & comfortable and water provides support and buoyancy that enables laboring women to relax and take advantage of the weightless feeling it provides. Some respondents still practice that pregnant woman must avoid eating when in labor and taking a bath before delivery will cause painful delivery. Respondents eat greater amount and variety of nutritious and health foods, breastfeed 8 or more times a day and are given herbal preparations to drink with meals to prevent relapse. But there are those who don't ambulate after pregnancy.

IV. ON INFANT HEALTH BELIEFS AND PRACTICES

Health Beliefs on Infant Feeding. The mother “strongly believe” that breastfeeding promotes bonding between mother and baby and that Breast milk is better than infant formula. Likewise, they “strongly believe” that Colostrum in breast milk has vitamins & other nutrients needed for the growth & development of the child and that Breast milk is best for babies up to two (2) years. On the other hand, some of the mothers “don't believe” that mother should continue breastfeeding even if she has communicable disease and to give milk to baby only after digestion of food taken.

Health Beliefs on Hygiene. The mothers “moderately believe” to bathe the baby any day except Tuesday and Friday to prevent illnesses and diseases brought by evil spirits and tie a cloth around the abdomen to prevent colic and bloated belly. Mothers on the contrary, “don't believe” on the following: prevent umbilical cord from getting wet to prevent infection, apply baby oil on the head to remove “cradle cap” to prevent skin breakage and infection, use herbal leaves in bathing the baby to prevent skin disease, cut the nails any day except during Tuesdays and Fridays to have good nail growth and to bathe the infant when sun is already up about 9 am.

Health Beliefs in the Care of the Sick Infant. The mothers “strongly believe” in applying chewed leaves or saliva on the baby's abdomen to treat colic or bloated belly. This was followed by treating wounds with “mama” or chewed leaves as “slightly believe” While the mothers “Don't believe” with the rest of the indicators, like breastfeeding the baby while the mother is hungry can cause ill health, Bringing the infant to a hilot/albularyo for any illness or health problems, Wearing of red bracelet or amulet to ward off evil spirit and always bathing the baby with boiled leaves of guava and santol after an illness or sickness.

Health Practices on Infant Feeding. Breastfeeding the infant on regular schedule and Breastfeeding infant on the other breast if one breast is sore or infected were “Always” practiced by the mother respondents. Among the indicators that the respondents “Frequently” practiced are Breastfeeds the infant 30 minutes after normal delivery, Breastfeeds the infant 4 hours after caesarian delivery and Gives “mebendazole” or any antihelmintic drugs to babies with parasitic infection, pale and weak. While the rest of the respondents “Never” practiced the following: Giving supplementary and formula feedings if the infant has not gained weight after 2 weeks of breastfeeding, Gives pacifiers or artificial teats to breastfeeding infants, Avoid giving solid or liquid foods to the newborn unless medically indicated and Initiates breastfeeding right after delivery as part of the “Unang Yakap” advocacy.

Health Practices on Hygiene. The mother respondents “Frequently” practiced on applying 70% alcohol on the umbilical cord 3X a day to prevent infection. This was followed by Applying 70% alcohol on the umbilical cord 3X a day to promote wound healing with and to bathe the infant with warm water. Some of the respondents “Often” practiced the following: Covers the umbilical cord with dressing when bathing the baby to prevent it from getting wet, rubs the body with baby oil to remove lanugo, applies baby oil to the body before bathing to prevent coldness, applies baby oil on the scalp to remove dried vernix caseosa, cleans breasts with soap and water before breastfeeding, keeps the windows and doors closed when bathing the baby to prevent draft and cold and cuts the hair only when the child reaches 1 year old. On the other hand, some respondents “Sometimes” practices to prevent the umbilical cord from getting wet when bathing the baby.

Health Practices in Care of the Sick Infant. Giving prescribed medications on fever, flu and colds only after consultation prescribed by a doctor, consulting a doctor when infant is sick or ill and bringing the infant to a doctor immediately when having diarrhea and stomach flu were “Always” practiced by the mother respondents. Some others “Frequently” practices to bath the baby only when not sick or not febrile and to give paracetamol to lower down high temperature or fever. While some “Never” practice the following indicators: Brings the infant to a hilot/albularyo when not treated with medications, applies chewed atis leaves on the stomach when suffering from colic and bloated belly,

Gives medications on fever, flu and colds even without the doctor's prescription, Gives medications to the infant even those not prescribed by the doctor and brings the infant to a midwife when sick or ill.

Aranduragan Village. Mothers strongly believe in the benefits of breastfeeding, bathing baby when the sun is up and preventing the umbilical cord from getting wet. Some mothers believe in using herbal leaves in bathing the baby and applying baby oil on the head to remove cradle cap. Some still believe in cutting or trimming nails and bathing the baby any day except Tuesdays and Fridays. Some mothers believe in bringing the infant to a hilot/albularyo for any health problem and bathing the baby with boiled leaves of guava and santol after an illness. Some mothers still believe that breastfeeding the baby while the mother is hungry can cause ill health, applying chewed leaves or saliva on the baby's abdomen can treat colic or bloated belly, wearing red bracelet, amulet or religious articles ward off evil spirits and chewed leaves are used to treat wounds. Breastfeeding was always practiced but some mothers give pacifiers or artificial teats. Often practiced by mothers were applying 70 % alcohol on the umbilical cord, bathing the infant with warm water, covering the umbilical cord with dressing when bathing the baby, and cleaning breasts before breastfeeding. Mothers frequently apply baby oil on the scalp and the body, cuts the hair only when child reaches 1 year old, and keeps windows/ doors closed when bathing the baby. For sick infants, they consult the doctor or midwife. Sometimes, mothers give medications not prescribed by the doctor.

Some recommendations of the study include: Pregnant women should give ample time for prenatal care. Prenatal care consists of much more than just monitoring the mother's diet and weight. They should keep in mind that during pregnancy it is not just the health of the pregnant woman that must be watched, but also the health of the unborn baby. Maternal difficulties such as diabetes, insufficient weight gain, and high blood pressure, if gone untreated, can be harmful to the fetus. Pregnant women should be made aware of BEmONC and CEmONC approach and practices so that they can cooperate and participate in the birthing process. They should pay special attention to their post-pregnancy practices even if they find difficulty to devote the time and effort in it. Post-natal care is important especially for new mothers. The academe in partnership with the Department of Health should develop IEC materials on the BEmONC CEmONC approach and other health practices during pregnancy, labor, and delivery. The academe and the Department of Health should conduct information dissemination through IEC materials, seminars, trainings and workshops on maternal and child care.

V. CONCLUSIONS

On **Maternal** Health Beliefs and Practices of Mothers: The mothers believe in having a regular prenatal checkup but some mothers still have some misconceptions and traditional beliefs about pregnancy. The mothers believe in BEmONC/CEmONC strategies although they are not aware that their beliefs are some of the DOH protocols to be observed during pregnancy, labor and delivery, and immediate postpartum period. Some respondents no longer believe in myths and folkloric beliefs

regarding pregnancy, labor and delivery but there are those who still believe. Some of the mothers have no regular prenatal checkup, lack immunization, and other prenatal health practices. The mothers always deliver in a birthing facility but some do not practice proper breastfeeding and other DOH protocols. There are some health practices the mothers must do to maintain good health both for the mother and the baby. Pregnant women have special dietary needs above and beyond those of non-pregnant women. Good nutrition is critical in the post-natal period to help mothers recover and keep up with the demands of motherhood.

On **Infant** Health Beliefs and Practices of Mothers: Beliefs and practices of mothers along infant feeding, hygiene and care of sick infant varies; Mothers' beliefs are congruent with their practices particularly on infant feeding however some health practices need a paradigm shift in conformance with the Essential Newborn Care (ENC) protocols of the Department of Health; and There is a great need to educate the mothers particularly on hygiene and care of sick infant.

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Appendix: (These will be presented in the final paper. To include the questionnaire.)

REFERENCES

- [1] Maternal and Neonatal Death Review System A Manual for Health Workers in Eastern Visayas March 2012, DOH/JICA/IC Net Limited/HANDS
- [2] Centers for Disease Control and Prevention. (2011). *Fetal alcohol spectrum disorders*. Retrieved August 1, 2012, from <http://www.cdc.gov/Features/FASD> [top]
- [3] NIH Office of Dietary Supplements. (2009). *Dietary supplements fact sheet: Folate*. Retrieved July 30, 2012, from <http://ods.od.nih.gov/factsheets/Folate-HealthProfessional> [top]
- [4] Department of Health and Human Services. (2009) *Prenatal care fact sheet*. Retrieved July 31, 2012, from <http://www.womenshealth.gov/publications/our-publications/fact-sheet/prenatal-care.html> [top]
- [5] www.choosemyplate.gov/pregnancy.../pregnancy-nutritional-needs.html Onayade AA
- [6] ¹, Akanbi OO, Okunola HA, Oyeniyi CE, Togun OO, Sule SS. "Birth preparedness and emergency readiness plans of antenatal clinic attendees in Ile-ife, Nigeria". Niger Postgrad Med J March 2010 17(1):30-9
- [7] <http://www.babycenter.in/x1023109/why-and-when-is-the-tetanus-toxoid-tt-vaccine-given-during-pregnancy#ixzz3B1pwHouK>
- [8] <http://www.babycentre.co.uk/x536429/is-it-safe-to-have-sex-during-pregnancy#ixzz3B1t6NkOV>
- [9] http://www.healthnews.com/en/news/5-Misconceptions-about-Childbirth/2FDW_IuC55Lg7efLoFE6jS/
- [10] <http://www.kcparent.com/KC-Baby/Spring-2013/Labor-and-Delivery-Myths-and-Misconceptions/>
- [11] Carroli, G, Mignini, L. "Episiotomy for vaginal birth". *Cochrane Database Syst Rev*. 2009 Jan 21; (1): CD000081.
- [12] D. C. Dutta, *Textbook of Obstetrics*, 7th edition, 2011.
- [13] Thacker, S. B., Banta, H. D. (1983). "Benefits and risks of episiotomy: An interpretative review of the English language

- literature, 1860-1980". *Obstet Gynecol Surv* **38** (6): 322–38.
[doi:10.1097/00006254-198306000-00003](https://doi.org/10.1097/00006254-198306000-00003). PMID 6346168.
- [14] Albers L. L. *et al.* (2006). "Factors Related to Genital Tract Trauma in Normal Spontaneous Vaginal Births". *Birth* **33** (2): 94–100. [doi:10.1111/j.0730-7659.2006.00085.x](https://doi.org/10.1111/j.0730-7659.2006.00085.x). PMID 16732773.
- [15] Rathfisch, G. *et al.* "Effects of perineal trauma on postpartum sexual function." *Journal of Advanced Nursing*. 2010 Aug 23.
- [16] Weber, A. M., Meyn, L. (2002). "[Episiotomy use in the United States, 1979-1997](https://doi.org/10.1016/S0029-7844(02)02449-3)". *Obstetrics & Gynecology* **100** (6): 1177–82. [doi:10.1016/S0029-7844\(02\)02449-3](https://doi.org/10.1016/S0029-7844(02)02449-3). PMID 12468160. Retrieved 2012-01-16.
- [17] Althabe, F., Belizán, J. M., Bergel, E. (2002). "[Episiotomy rates in primiparous women in Latin America: hospital-based descriptive study](https://doi.org/10.1136/bmj.324.7343.945)". *BMJ* **324** (7343): 945–6. [doi:10.1136/bmj.324.7343.945](https://doi.org/10.1136/bmj.324.7343.945). PMC 102327. PMID 11964339.
- [18] <http://www.whattoexpect.com/pregnancy/eating-well/week-40/eating-well.aspx>
- [19] www.aboutkidshealth.ca/en/resourcecentres/.../thepostpartumperiod
- [20] M.P. Bermudez; A.I. Sanchez, G. Buena-Casal (2001). "[Influence of the Gestation Period on Sexual Desire](https://doi.org/10.1023/A:1010708141414)". *Psychology in Spain* **5** (1): 14–16.
- [21] Reamy K; White SE; Daniell WC; Le Vine ES (June 1982). "Sexuality and pregnancy. A prospective study". *J Reprod Med*. **27** (6): 321–7. PMID 7120209.
- [22] http://www.babycenter.com/0_how-breastfeeding-benefits-you-and-your-baby_8910.bc
- [23] http://www.babycenter.com/404_when-can-i-take-a-bath-or-a-hot-tub-again-after-delivery_1156145.bc posted 11/07/2007 by jbreeding1110
- [24] http://www.unicef.org/philippines/brief01_fnl.pdf
- [25] DOH AO 2008-0029. "Implementing Health Reforms for Rapid Reduction of Maternal and Neonatal Mortality
- [26] www.mayoclinic.org/healthy-living/labor.../episiotomy/art-20047282
- [27] <http://unangyakap.doh.gov.ph/enc.html>
- [28] Republic Act No. 7600: The Rooming-In and Breastfeeding Act of 1992.
- [29] Glazener CM *et al.* 1995. Postnatal maternal morbidity: extent, causes, prevention and treatment. *BJOG*. 102:282.
- [30] copyright WWW.NEWHEALTHGUIDE.ORG © 2014, All rights Reserved. Last Updated 24 August, 2014.
- [31] <http://www.marchofdimes.com/pregnancy/prenatal-care.aspx>
- [32] <http://www.newhealthguide.org/Breastfeeding.html>
- [33] <http://www.midwiferytoday.com/articles/herbspstperineum2.asp>
- [34] ⁵⁴<http://taprootdoula.wordpress.com/postpartum/postpartum-herbal-survival-kit/postpartum-herbal-care>
- [35] Taylor, Carlos *et al.* *Fundamental of Nursing*, 2nd ed.
- [36] Pilliteri, Adelle, *Child Health Nursing: Care of the Growing Family* Second. Edition (Boston: Little, Brown)
- [37] Latham, Helen and Heckel, R.: *Pediatric Nursing 2nd Edition* (St. Louis: The C.V. Mosby Company)
- [38] Wong, Donna L. *Maternal Child Nursing Care* (St.Louis: Mosby Year Book Inc.)
- [39] Herbert, Mayling *et. al.*, "Infant Feeding In Metro manila: Infant Feeding Decisions,
- i. Infant health and Family planning in Low Income Families, RMAF. Research
- ii. Report (Manila: Ramon Magsaysay Award Foundation)
- [40] Leonardo Hyasa Jr., *Health and Home Magazine*
- [41] Mondragon, Loreta T. "Feeding Practices Among mothers in Lopez Quezon, M.A *UP College of Nursing Research Bulletin*
- [42] Facts for life. Manila: Philippine Information Agency
- [43] Villaviray, Johanna R., *Nutrition Problems and Promotion, The Healthy Index.*
- i. (Washington, DC: Government Printing Office)
- [44] Asaula. Francia Ginete. "Breastfeeding Practices among Mothers in Zone 2 Bulan, Sorsogon". (Unpublished Thesis)
- [45] Punzalan, Jocelyn. "Mother and Baby Friendly Hospital in Albay: An Evaluation Graduate School BU Legazpi City, 2000.
- [46] Belen, April. "Breastfeeding Practices among Primiparas in Selected Barangay of Bacacay, Albay (Unpublished Thesis)
- [47] <http://www.pchrd.dostgov.ph/herdin>
- [48] <http://metasearch.com/www.search/infantinteractioncgi.htm>
- <http://www.fda.gov/features/89brstfeed.html>
- [49] <http://www.cfsan.fda.gov/dms/wh-baby.html>