Absence of Enabling Law to Back Up Nutrition and Breastfeeding Policies in Nigeria: Implication for Child's Rights to Survival and National Development

By

Moses Osamudiamen Izevbizua, PhD
Institute of Public Administration and Extension Services,
University of Benin, Benin City, Edo State Nigeria.

&

Felix Sado Osayande Osaghae PhD
Institute of Public Administration and Extension Services,
University of Benin, Benin City, Edo State Nigeria.

Abstract

The period of birth to two years of age is recognized as a critical period for which adequate nutrition should be provided for the child to achieve optimum development and full potential. Exclusive breastfeeding for the first six months and introduction of nutritionally adequate complementary foods from six months with continued breastfeeding for up to twenty-four months has been the policy in Nigeria. The paper thus intends to examined the extent to which the law guarantees and protects the maternity rights of the working mother, and the interplay between the law and the National Breastfeeding Policy. It stated the aim is to make people aware of this interplay and protect women from some of the practices against them in employment relations in Nigeria, with a view to encouraging exclusive breastfeeding by employed mothers in order to ensure child's rights to survival. The paper concluded that the absence of enabling law to back up the national policy initiative as it affects employer and employee relations in this regard are not in accord with the international standards, as it does not guarantee and protect the freedom of the nursing mothers to exclusively breastfeed the child for at least six months as propagated by the National Breastfeeding Policy. It therefore recommended among others a legal framework for effective implementation of the National Breastfeeding Policy for women in dependent labour relations as well as those who are unemployed.

Keywords: Law, Nutrition, Breastfeeding, Child's rights to survival, National Development

Introduction

The provision of adequate nutrition during infancy and early childhood is a basic requirement for the development and promotion of optimum growth, health and

behaviour of the child. Adequate nutrition is defined as the intake and utilization of enough energy and nutrients to maintain wellbeing, health and productivity of an individual, in this case, the child (Izevbizua, 2018). Appropriate and safe infant and young child feeding (IYCF) practices have been shown to improve child health and development, including changing nutritional needs (Rollins, Bhandari, & Hajeebhoy, 2016). Based on the benefits of optimal feeding practices in early childhood, the World Health Organization and United Nation Children's Fund (WHO/UNICEF) recommend the initiation of breastfeeding for all newborns within the first hour of life, exclusive breastfeeding (EBF) for the first six months of life, and continued breastfeeding for two years and beyond with nutritionally appropriate and safe complementary foods introduced around the sixth months (WHO, UNICEF, 2008)). A recent report that out of the approximately seven million children born in Nigeria every year, only 27 percent are exclusively so breastfed from age zero to six months, leaving a deficit of 73 percent, being denied the right, is not a good human development story. The development in Africa's most populous nation denying millions of such children the benefits of breast milk has become unnecessary and unacceptable phenomenon that should be vigorously campaigned against (Guardian, 2019)..

The stereotype that 'productive paid work is a man's role', historically and currently prevalent in many societies often means that working practices, structures and legislation are not conducive to combining paid work with child care practices such as breastfeeding. According to Worugji and Etuk, in their conceptual paper on the National Breastfeeding Policy in Nigeria, legal provision for maternity protection does not allow sufficient time for working mothers to breastfeed exclusively for the first six months in line with global recommendations (Worugji & Etuk, 2005). Health policies are therefore undermined by the failure of legal maternity entitlements in countries where such legislation has been inadequately formulated or where it is not well publicized or adhered to. For working women, especially poor women in developing countries, including Nigeria, who often carry a disproportionate burden of domestic labour and are employed under oppressive work conditions, there may be no choice but replacement feeding. The opportunities to continue breastfeeding at workplaces are rare in such countries.

As the first 1,000 days of child's life offer a unique window of opportunities and its consequences. Nigeria has the second highest burden of stunted children in the world, with a national prevalence rate of 32 percent of children under five. An estimated two million children in Nigeria suffer from severe acute malnutrition, but only two out of every 10 children affected is currently reached with treatment. Exclusive breastfeeding rates have not improved significantly over the past decade, with only 17 percent of babies being

exclusively breastfed during their first six months of life. Just 18 percent of children aged 6-23 months are fed with the minimum acceptable diet, which constitutes a threat to child's rights to survival (SAM,2020). High rates of malnutrition has posed significant public health and development challenges for the country. Stunting, in addition to an increased risk of death, is also linked to poor cognitive development, a lower performance in education and low productivity in adulthood. All these are contributing factors to economic losses, which go a long way to affect national development negatively. The main aim of the paper therefore, is to examine the absence of enabling law to back up nutrition and breastfeeding policies, as it affects child's rights to survival and growth in the nation's national development, and to suggest a legal framework for effective implementation of the National Breastfeeding Policy for women in dependent labour relations. It is hoped that such laws will not only limit some of the practices against women in employment but will also encourage and promote exclusive breastfeeding behaviour by unemployed mothers.

Conceptual Clarification

Law`

If a group of society is to continue, some form of social order is necessary. Law can therefore be defined as a rule of human conduct, imposed upon and enforced among members of a given state (Onyeakagbu, 1997). Law is also seen as a system of rules created and enforced through social or governmental institutions to regulate behaviour (Willis, 1926). State-enforced laws can be made by a group legislature or by a single legislator, resulting in statutes; by the executive through decrees and regulations; or established by judges through precedent, usually in common law jurisdictions. The creation of laws themselves may be influenced by a constitution, written or tacit, and the rights encoded therein. Laws scope can be divided into two domains. – Publiclaw concerns government and society, including constitutional law, administrative law, and criminal law. Private law deals with legal disputes between individuals and organizations or between organizations in areas such as contracts, property, torts/delicts and commercial law (Horwitz, 1982).

Law is for the guidance of human conduct. Men resort to various kinds of rules to guide their lives. While ethics deal with the absolute ideal, rules of morality prescribe actual standards of behaviour which are adopted in the life of any particular community. Morality has behind it the unorganized, though effective sanction of public opinion. Law on the other hand, has behind it the organized, predetermined and coercive sanction of the state. Law is imposed. One sometimes think of laws as being laid down by some authorities such as a king, dictators or group of people in whom some special power is vested. In

Nigeria, one can point to statute law as examples of law laid down by a sovereign body, such as the National Assembly (Onyeakagbu, 1997).

Law must be enforced. Unless a law is enforced, it ceases to be a law and persons subject to it will regard it as dead. The chief characteristic of law is that it is enforced, such enforcement is carried out by the state. The force used is known as a sanction and it is this sanction which the state administers to secure obedience to its rules. Consequent upon the above, any policy without an enabling enforced law, amounts to absence of law/policy and such policy would achieve little or nothing as regards the purpose for which it was established.

Nutrition/Breastfeeding

Nutrition is the process of taking in food and using it for growth, metabolism, and repairs. Nutrition stages are ingestion, digestion, absorption, transport, assimilation, and excretion (Charles, 1996). In other words, it is the biochemical and physiological process by which an organism uses food to support its life. The science that studies the physiological process of nutrition is called nutritional science (Whitney &Rolfes, 2013). Food serves multiple functions in most living organisms. For example, it provides materials that are metabolized to supply the energy required for the absorption and translocation of nutrients, for the synthesis of cell materials, for movement and locomotion, for excretion of waste products, and for all other activities of the organism. Food also provides materials from which all the structural and catalytic components of the living cell can be assembled.

Infant nutrition describes the dietary needs of infants. A diet lacking essential calories, minerals, vitamins, or fluids is considered inadequate. Breast milk provides the best nutrition for these vital first months of growth when compared to infant formula. For example, breastfeeding aids in preventing anemia, obesity, and sudden infant death syndrome, and it promotes digestive health, immunity, intelligence, and dental development. Although every infant and child has the right to good nutrition under the convention of the rights of the child, in many countries, including Nigeria, less than a fourth of infants have access to the required dietary diversity and feeding frequency. Inappropriate feeding practices contribute up to a third of all cases of child malnutrition (WHO, 2021). This is compounded by the proliferation of processed foods like infant formula and products rich in salt, free sugars and trans fats. This causes an increase in poor diets, obesity and a marked reduction in the number of mothers breastfeeding their babies. Breastfeeding has been shown to be of critical importance to a child's development, including increased school performance and higher income in adult life. World Health Organization (WHO) continues to work with member states and partners to promote

proper infant and child nutrition, including breastfeeding information campaigns and efforts to prevent malnutrition at the local, national, and international levels (WHO, 2021). The quest for adequate breastfeeding which guarantees child's survival can be subjected to abuse, if there are no relevant policies and laws to promote and protect the practice.

Child's rights to survival

The United Nations Convention on the Rights of the Child is an important agreement by countries who have promised to protect children's rights. A child is any person under the age of eighteen, and all children have these rights, no matter who they are, where they live, what language they speak, what their religion is, what they think, what they look like, if they are boys or girls, if they have a disability, if they are rich or poor, and no matter who their parents or families are or what their parents or families believe or do. The Convention on the Rights of the Child (CRC) was adopted in 1989, with 196 signatory parties. World leaders came together to make the historic agreement, making a promise to every child that they will do everything they can to protect and fulfill their rights.

The CRC comprises four main pillars, namely, the right to survival, the right to protection, the right to development and the right to participation. These rights are based on the non-discrimination principle and all actions must be in line with the best interest of children. Concerning the right to survival, the moment children are born, they have the right to life. They have the right to a registered name and nationality. They have the right to be cared for and protected by their parents and not be separated from their families. The government needs to safeguard these rights and provide basic services for children to survive and thrive. This includes quality healthcare, age-appropriate nutrition, clean drinking water and a safe place to live as well as access to future opportunities for development (UNICEF, 2021). The above listed rights would amount to an exercise in futility, if adequate attention is not given to exclusive breastfeeding which serves as catalyst to child's survival.

National development

The term national development is very comprehensive. It includes all aspects of the life of an individual and the nation. It is a process of reconstruction and development in various dimensions of a nation and development of individuals. According to John (1962), a renowned economist, national development is the total effect of all citizen forces and addition to the stock of physical, human resources, knowledge and skill. The pride of any government is the attainment of higher value level of development in such a way that its citizens would derive natural attachment to governance. Gboyega (2003) captures development as an idea that embodies all attempts to improve the conditions of human

existence in all ramifications. It implies improvement in material wellbeing of all citizens in a sustainable way such that today's consumption does not imperil the future. It also demands that poverty and inequality of access to the good things of life be removed or drastically reduced. It seeks to improve personal physical security and livelihoods and expansion of life chances.

Naomi (1995) believes that development is usually taken to involve not only economic growth, but also some notion of equitable distribution, provision of health care, education, housing and other essential services, all with a view to improving the individual and collective quality of life. Furthermore, Chrisman (1984) views development as a process of societal advancement, where improvement in the wellbeing of people are generated through strong partnerships between all sectors, corporate bodies and other groups in the society. It is reasonable to know that development is not only an economic exercise, but also involves both socio-economic and political issues and pervades all aspects of societal life.

The hallmark of national development is embedded on the development of individuals which commences from childhood. Exclusive breastfeeding guarantees the emergence of well- fed babies that grow healthily and rapidly into adults with meaningful contributions to the socio-economic and political development of a nation. In a country where breastfeeding policy does not have legal backing, the emergence of such healthy and excellent category of citizens might not be guaranteed.

Legal Implication of Nutrition and Breastfeeding Policies in Nigeria

The period of birth up to two (2) years of age is recognized as a critical period during which adequate nutrition should be provided for the child to achieve optimum development and full potential. Malnutrition in children manifests as stunting, wasting and underweight in individuals and could be due to deficiencies in macro- and micro-nutrients especially vitamin A, iodine, iron, zinc and folic acid. Further consequences of malnutrition include impaired immune system leading to significant illnesses, recurrent and severe diarrhea as well as acute respiratory infection (Izevbizua, 2018). In the long term, malnutrition can result in impairment of intellectual performance and work capacity. It could also have adverse reproductive consequences, delayed mental and physical development as well as death during childhood. In Nigeria, malnutrition is widespread, for example, 41% of all children less than five years of age are stunted, 14% wasted and 23% are underweight (Izevbizua, 2018). The causes of malnutrition in Nigeria are many and complex. The immediate causes of malnutrition in the first two years of life are inappropriate breastfeeding and complementary feeding practices coupled with high rates of infections.

Following the WHO/UNICEF recommendations on improving infant and young child feeding practices, Nigeria initiated several programmes and policies responses to promote and support infant and young child feeding practices. These included the Baby Friendly Hospital Initiative (BFHI) in 1992 (Ogunlesi, Dedeke, Okeniyi & Oyedeji, 2004), The National Breastfeeding Policy in 1998 (UNICEF, 2000), the National Policy on Food and Nutrition in 2001 and the National Policy on Infant and Young Child Feeding in 2005 (FMH, 2005). Some improvements were observed in early or timely initiation of breastfeeding following the introduction of the BFHI, from 31.4% in 1990 to 39.2% in 2008 (Yahya, & Adebayo, 2003). In comparison to other developing countries such as Ethiopia and Indonesia where the national policy, strategy, and plans of action and health system framework to improve Infant and Young Child Feeding (IYCF) practices are poor, Nigeria has an established national legislative and health system framework to promote and support infant and young child feeding practice (UNICEF, 2012). Despite these initiatives, malnutrition, and early childhood feeding related diseases and mortality still remain problems of public health importance in Nigeria (Ogbo, Agho & Page, 2015). For example, there are approximately 2,300 deaths per day among children under five years in Nigeria attributable mainly to preventable diseases, and suboptimal infant feeding practices play a major role (UNCF, 2016). Furthermore, there has been a drop in the proportion of children under 24 months of age who were fed in accordance with IYCF (breastfeeding and complementary feeding) guidelines in Nigeria, from 30% in 2009 (NPC, 2009) to 10% in 2014 (NPC, 2014).

The first five years of life are the most crucial to the physical and intellectual development of children and can determine their potential to learn and thrive for lifetime. For young children, every single day counts. The name of the child is today, tomorrow may be too late. Child survival in Nigeria is threatened by nutritional deficiencies and illnesses, particularly malaria, diarrhea diseases, acute respiratory infections (ARI), and vaccine preventable diseases (VPD), which account for the majority of morbidity and mortality in childhood. Other threats include high maternal morbidity and mortality. There is the need for an enabling environment through well-articulated policies, projects, and programmes to ensure wholesome development of Nigerian children and enhance the quality of life. In Nigeria, more than 50 percent of all childhood deaths have under-nutrition as an underlying factor (NPC/UNICEF, 1998). Progress in nutrition is assessed from indicators of malnutrition, breastfeeding, salt iodization, and vitamin-A supplementation for children under five. WHO/UNICEF (1989) recommends that children be exclusively breastfed for the first four to six months of life, and thereafter introduced to appropriate and adequate complementary foods along with breast milk. According to the 1999 NDHS, 96 percent of mothers admitted to breastfeeding their babies, and 86 percent of children

ages 12-23 months were still being breastfed. Although, it appears from these data that breastfeeding is widely practiced, reports from early 1990s revealed that only 1 percent of infants less than six months were exclusively breastfed. The 1999 NDHS reports that about 19.6 percent of infants less than three months and 8 percent of infants less than six months were exclusively breastfed. Despite the slight improvement, these rates suggest that Nigerian infants are not getting the maximum benefits of exclusive breastfeeding, given that about 40 percent of infants ages 2-3 months were already receiving supplements, thus putting them at risk of diarrhea infection, an underlying factor in malnutrition.

Nigeria has in place several policies and plans that affect the survival of children and their mothers. Some of these have been adopted and are being implemented, whereas some are drafts or under review. These documents include Maternal and Child Health (MCH) Policy (1994), National Immunization Policy and Standards of Practice (1996), and Breastfeeding Policy (1999). In addition, the government adopted the policy on Fortification of Food with Vitamin A, National Programme of Action for the Survival, Protection, and Development of the Nigerian Child (1992). There is also a draft Child Policy, which had been approved by the president. This policy provides broad-based direction to various levels of government, donor agencies, NGOs and the private sectors, and other concerned stakeholders in survival, development and total well-being of the Nigerian child. However, it does not address the issues of orphans and vulnerable children and weakly articulates the survival issues, especially those in relation to nutrition, immunization, and other health issues. These omissions underscore the need for multisectoral collaboration and widespread stakeholder contributions to such documents. In addition to the above named factors threatening child survival in Nigeria, though there is a National Breastfeeding Policy, the interplay between Nigerian laws and the National Breastfeeding Policy reveals that the provisions of the labour law are not in accord with the contemporary international standards for the protection of pregnancy and maternity. It does not guarantee and protect the freedom of the nursing mother to exclusively breastfeed the child at least for six months as propagated by Baby Friendly Hospital Initiative (BFHI) and the National Breastfeeding Policy. Moreover, there is no enabling law to back up the National Policy Initiative as it affects employers and employees relationship. A legal framework for effective implementation of the National Breastfeeding Policy for women in dependent labour relations is advocated. It is hoped that such laws will not only limit some of the practices to women in employment, but also will encourage and promote exclusive breastfeeding behavior by unemployed mothers, in order to enhance the accessibility of Nigerian children to their rights for survival and contributes meaningfully to national development.

The Role of Law in Exclusive Breastfeeding by Working Mothers

Researches have showed that workplace barriers contribute to low rates of breastfeeding, hence it was advocated that public health professionals should explore ways to improve legal support for all working mothers wishing to breastfeed. That researchers should identify the laws that are most effective and assist policy makers in translating them into policy (Gartner, Morton & Lawrence, 2005).

In 2003, the World Health Organization and UNICEF recommended enacting imaginative legislation protecting the breastfeeding rights of working women and establishing means for its enforcement by all governments (WHO/UNICEF, 2003). Though many countries lack relevant laws that support breastfeeding, especially in Sub-Sahara Africa where exclusive breastfeeding remains short of expectations and consistently low. In United States of America, there are laws and policies that can enable women to initiate and sustain breastfeeding successfully through the first year of life. Relevant federal laws in the country include the following:

- Family and Medical Leave Act (FMLA);
- Patient Protection and Affordable Care Act (Affordable Care Act), which gave rise to most health insurance plans covering breastfeeding support and supplies as preventive services without sharing; and
- The Break Time for Nursing Mothers provision of the Fair Labour Standard Act.

In addition, federally-funded initiatives to support recommended maternity care have accelerated efforts to advance breastfeeding. The federal Family and Medical Leave Act (FMLA) guarantee eligible employees (those who work for an employer with 50 or more employees and who have been employed for at least 12 months and worked 1,250 hours in the past 12 months) up to 12 weeks of unpaid leave each year to care for a newborn, a newly adopted child, or a seriously ill family member; or to recover from their own serious health conditions, including pregnancy (Apupelbaum& Milkman, 2011).

State laws also affect breastfeeding through parental leave policies, licensure of lactation consultants, workplace accommodation for breastfeeding, and protection of a mother's right to breastfeed in public spaces. These laws also enable breastfeeding through multiple mechanisms, including exempting breastfeeding mothers from jury duty, exempting breastfeeding products from sales tax, considering how to support mothers who are in school or incarcerated, and providing for human milk banking (Bartick, Edwards, Walker &Jenkins, 2010). In addition, state public health departments have developed recognition programmes for hospitals, workplaces, and child care facilities that implement policies to

enable breastfeeding. Collaboration among stakeholders, such as hospitals and health departments, have helped to facilitate quality improvement initiatives that have resulted in system-level practice change improved health outcomes (Mannel & Bacon, 2014). Provisions for paid parental leave for city or county employees in a growing number of jurisdictions have the potentials to support more women to breastfeed. Alongside these laws and policies, national guidance from medical and public health organizations supporting continued breastfeeding informs maternity practices, along with child care and workplace policies. As of December, 2019, nine states and the District of Columbia guarantee paid family and medical leave, and these programmes are contributing to improved breastfeeding outcomes. In California, access to paid family leave doubled the median duration of breastfeeding for all new mothers who used it during the first six years after the state's law went into effect in 2004 (Appelbaum, 2011). On a popular level, Paid leave in California was associated with a 10-20% increase in absolute rates of any breastfeeding at 3, 6, and 9 months postpartum (Huang & Yang, 2015). In a study examining the role of maternity leave and occupational characteristics on breastfeeding among women who were employed full-time in California, researchers found that women with maternity leave of 12 weeks or less were less likely to start breastfeeding and more likely to stop after successfully beginning than women who did not return to work. Women with a short maternity leave who were non-managers or had inflexible jobs had poorer breastfeeding outcomes than their counterparts with more leave (Guendelman et al, 2009). The chart below exemplifies the characteristics of paid family leave laws that have been passed in a number of states.

State Paid Family Leave Laws

State, Year Enacted	**Length of Leave**	**Maximum Benefit**	**Funding Mechanism, Eligible Employees**
California, 2004	6 weeks to care for a new child (birth, adoption, foster) or family member with a serious health condition. 52 weeks to care for the employee's own disability, including pregnancy	Between 60% and 70% of a worker's average weekly wage, depending on their income (up to a maximum of $1.173/week as of January, 20018)	Funded by employees contributions. All private sector employers and some public employees.
Rhode Island, 2014.	4 weeks of paid leave for family care	Approximately 60% of a worker's	The programme is funded by employees

	or 30 weeks of the employee's own disability, with no more than 30 weeks total per year for combined own disability and family care	AWW, up to a maximum amount based on statewide average weekly rate (the January, 2018 maximum rate was $833 per week)	contributions. All private sector employees and some public employees.
New York, 2018	8 weeks for bonding with a new child (birth, adoption, foster); to care for a family member with a serious health condition; to care for an individual's own disability; or for a qualifying exigency arising out of spouse, domestic partner; child or parents being on active duty. When the programme is fully phased in, workers will be able to take up to 12 weeks of family leave.	The weekly benefit rate for family care will began at 50% of a worker's average AWW, not to exceed 50% of the state AWW increase annually, rising to 67% of the worker's weekly wage up to 67% of the state AWW in 2021.	Leave for one's own disability is funded jointly by employees and employers payroll contributions; family care is funded by the employees only. Most private sector employers are covered; self-employed individuals and certain public employers (other than the state government) can opt in to family care or own disability.

Source: Comparative chart of paid family and medical leave laws in the United States (internet). New York City updated 2020. Available from :https://www.abetterbalance.org/resources/paid-family-leave-laws-chart.

Federal and state initiatives have helped to boost efforts to breastfeeding and childhood development in the United States. Many national programmes that affect child care include breastfeeding support. Early head start programmes provide child development and family support services to low-income infants and toddlers and their families as well as pregnant women and their families. Early Head Start programme performance standards

require programmes to promote breastfeeding, safely store and handle breast milk, accommodate mothers who wish to breastfeed during programme hours, and if necessary, provide referrals to location consultants or counselors, and provide breastfeeding information to families (Danley, 2020). Every state regulates child care setting and establishes health and safety protections for children receiving non-parental care in some manners. Researchers found that 12 states specifically mentioned support for breastfeeding and breastfeeding mothers in their child care regulations for centre child care settings. In regulations related to home child care settings, 7 states mentioned support for breastfeeding. These policies and regulations addressed breastfeeding in a variety of ways, including accommodation requirements for breastfeeding mothers; training requirements for child care workers on breast milk storage, handling, and preparation; and protection from discrimination (Public Health Law, 2016). For example, Mississippi law requires licensed child care facilities to provide breastfeeding mothers with a sanitary place to pump breast milk, a refrigerator to store it, and staff education in the proper way to store and handle the milk; facilities also must display breastfeeding promotion materials (Department of Health, 2016). Maryland mandates that child care facilities establish training and policies that promote breastfeeding (Child Care Centre, 2016). Louisiana prohibits any child care facility from discriminating against breastfed babies (Rules, 2018)). The Carolina Global Breastfeeding Institute (CGBI) developed the ten steps to Breastfeeding-Friendly Child Care, outlining how child care centres can provide support and encouragement for breastfeeding families. Finally, U.S federal legislation requires employers to provide many employees with break time and a private space to express breast milk during the work day (U.S Labour, 2019), and certain federal laws protect the rights of breastfeeding employees by requiring lactation accommodation; through antidiscrimination legislation, they also protect employees affected by pregnancy, childbirth, and related conditions.

The Benefits of Exclusive Breastfeeding to Child's Rights to Survival and National Development

Breast milk has been tested worldwide and found to be the ideal food for infants. It is safe, clean and contains antibodies which help to protect against many common childhood illnesses. Breastfeeding nourishes and provides all children with the best start in life. Breast milk acts as a baby's first vaccine, providing critical protection from diseases and even death. Breast milk is a whole food for the infant and contains all the needed nutrients for his/her 6 months in balanced proportions and sufficient quantities. It promotes adequate growth and development, thus preventing stunting. It contains enough water for the baby's needs and the frequent skin-to-skin contact between mother and infant leads to better psychomotor, emotional and social development of the infant.

Based on medical investigations and reports, breastfed children perform better on intelligence tests, and are less likely to be overweight or obese, thereby reducing the risk of suffering from diabetes later in life. Exclusive breastfeeding can also reduce the risk of coeliac disease, asthma and other allergic problems. Children who are breastfed also show better vaccine responses after vaccination against childhood diseases. Breast milk is available at all times, and at the right temperature. Most babies find it easier to digest and absorb breast milk than the infant formula (Adunwoke, 2017). Furthermore, it has been confirmed that women who breastfeed have a reduced risk of breast and ovarian cancers. This would no doubt help improve on the nation's health architecture, as the resources channel towards the treatment of diabetes, cancers and other related diseases can be used to address other developmental projects in the country. In the same vein, best brains as guaranteed by exclusive breastfeeding, increases the intellectual property of a nation which by implication, leads to its socio-economic and political development.

Recent analyses have revealed that increasing breastfeeding to near-universal levels could save the lives of more than 820,000 children aged under 5 years and 20,000 women each year. In addition, it could also add an estimated US$ 300 billion into the global economy annually, based on improvements in cognitive ability if every infant was breastfed until at least 6 months of age and their expected increased earnings later in life. Boosting breastfeeding rates would significantly reduce costs to families and governments for treatment of childhood illnesses such as pneumonia, diarrhea and asthma (WHO, 2021).

Conclusion

It is sad and regrettable to note that Nigeria, the self-acclaimed giant of Africa, lack relevant laws that support and guarantee breastfeeding among its citizens. This in no small measure has affected Nigerian Child's rights to survival and the nation's national developmental efforts. Breastfeeding is a vital part of providing every child all over the world with healthiest start in life. It is a baby's first vaccine and best source of nutrition and bolster brain development. Breastfeeding also nurtures national economies. Increased rates of breastfeeding can improve a country's prosperity by lowering healthcare costs and producing stronger and more able workforces capable enough to contribute meaningfully to its socio-economic and political development.

However, breastfeeding is not just a one-woman job. It requires encouragement and support from skilled counselors, family members, health care providers, employers, policy makers and others. Government can as well take actions to drive progress on breastfeeding and raise the global rate of exclusive breastfeeding to at least 50 percent by the year 2025, as recommended by WHO and UNICEF.

Recommendations

Based on the advantages associated with exclusive breastfeeding and the need to protect and support child's rights to survival, for the enhancement of national development, Nigeria government should as a matter of urgency, embark on the followings:

1. Increase funding and other relevant resources to raise the rate of breastfeeding from birth to two years;
2. Adopt and monitor the international code of marketing of breast milk substitutes to ensure adequate regulation;
3. Enact relevant laws to protect working mothers, with paid family leave and workplace breastfeeding policies;
4. Implement the ten steps to successful breastfeeding in workplaces and maternity facilities;
5. Improve access to skilled breastfeeding counseling in workplaces and health facilities;
6. Strengthen links between health facilities and communities to support breastfeeding;
7. Monitor the progress of policies, programmes and funding for breastfeeding;
8. Maternity leave legislation with guaranteed implementation in support of breastfeeding; and
9. Resources and adequate protective policies for both working and non-working mothers are crucial to support breastfeeding.

References

Adunwoke, P (2017), Health Benefits of Exclusive Breastfeeding. The Guardian Newspaper of 30 July, 2017 https://guardian.ng.

Appelbaum, . E, Milkman, R. (2011), Leaves that pay: Employers and workers experiences with paid family leave in California. Washington (DC): Centre for Economic and Policy Research.

Bartick, M, Edwards, R.A, Walker, M, & Jenkins, L.(2010), The Massachusetts Baby-Friendly

Collaborative: Lessons learn from an innovation to foster implementation of best practices. J Hum Lactation. 26(4): 405-11.

Charles, P.D. (1996), Medical Definition of Nutrition. Reviewed on 29th March,2021, https://www.medicinenet.com

Child Care Centre, (2016), Rules and Regulations: Md. Code. Ann., 43-20-31 .

Chrisman, J.J.(1984), Small Business Social Responsibility: Some Perceptions. Cited by 98-First Published October 1, 1984 Research Article.

Danley, L.(2020), A Brief History and Overview of the Head Start Programme https://www.ffyf.org.

Department of Health, (2016), To promulgate regulations for child care facilities to promote breastfeeding by mothers of children being cared for in facility. Code. Ann. 43-20-31

Federal Ministry of Health (2005), National Policy on Infant and Young Child Feeding in Nigeria. Abuja: Nutrition Division.

Gartner, L.M, Morton, J, & Lawrence, R.A. (2005), Breastfeeding and the use of human milk. Pediatrics. 2005;115(2): 496-506 [PubMed]

Gboyega, A. (2003), Democracy and Development: The Imperative of Local Governance. An Inaugural Lecture, University of Ibadan, Pp. 6-7.

Guardian Newspaper, (2019), Exclusive Breastfeeding and Public Policy.https://m.guardian.ng

Guendelman, S, Kosa, J.L, Pearl, M, Graham, S, Goodman, J, & Kharrazi, M. (2009), Juggling work and breastfeeding: Effects of maternity leave and occupational characteristics, Pediatrics, 123(1):e38-46.

Horwitz, M.J. (1982), "The History of the Public/Private Distinction" University of Pennsylvania

Law Review. Retrieved on 3rd January, 2020.

Huang, R, & Yang, M. (2015), Paid maternity leave and breastfeeding practice before and after

California's implementation of the nation's first paid family leave programme. Econ 7 Human Bio. 16: 45-59.

Izevbizua, M.O. (2018), Reproductive Health Policy in Nigeria: Social Survey of the Accessibility of Beneficiaries in Six States (1994 to 2015). Being a PhD Thesis submitted to the School of Postgraduate Studies, University of Benin, in final fulfillment of the requirements for the award of Doctor of Philosophy in Public Administration. May, 2018.`

John, V. (1962), The Economics of Education, Free Press (Macmillan), New York, 1962.

Mannel, R, &Bacon, N. (2014), Hospital efforts to improve breastfeeding outcomes: Becoming baby-friendly in Oklahoma. J. Oklahoma State Medical Ass. 107(9-10): 485-92.

Naomi, O. (1995), Towards an Integrated View of Human Rights. Hunger Teach Net, 6(6): 6-7.i,

National Planning Commission (NPC) and United Nations Children's Fund(UNICEF), (1998), Child Survival, Protection and Development in Nigeria: Key Social Statistics. Abuja and Lagos: NPC and UNICEF.

National Population Commission (NPC) [Nigeria], (2009), Nigeria Demographic and Health Survey 2008. Abuja: National Population Commission and ICF Macro; 2009.

National Population Commission (NPC) [Nigeria], (2014), Nigeria Demographic and Health Survey 2013. Abuja, Rockville: NPC and ICF International National Population Commission and ICF International; 2014.

Nigeria Demographic and Health Survey, (1999), Calverton Maryland: National Population Commission and ORC/Macro.

Ogbo, F.A, Agho, K.E, & Page, A. (2015), Determinants of Suboptimal Breastfeeding Practices in Nigeria: Evidence from the 2008 demographic and health survey. BMC Public Health, 2015;15:259.

Ogunlesi, T.A, Dedeke, O, Okeniyi, J, Oyedeji, G. (2004), Infant and Toddler Feeding Practices in the Baby Friendly Initiative (BFI) Era in Ilesa, Nigeria. The Internet Journal of Nutrition and Wellness, 1(2).

Onyeakagbu, P.A. (1997), Modern Nigerian Business Law for Business Studies (Theory and practice, Enugu State University of Science and Technology. Vox Nigeria Limited, Lagos.

Public Health Law Centre, (2016), Child Care Regulations, cited on 25 March, 2019. Grant No:72062. Supported by the Robert Wood Johnson Foundation. Available from: http://www.publichealthlawcenter.org/health/childcaremap2016html.

Rollins N.C, Bhandari, N, Hajeebhoy, N, Horton, S, Lutter C.K, Martines, J.C, et al (2016), Why invest, and what it will take to improve breastfeeding practices? Lancet. (10017): 491-504.

Rules, (2018), Regulations and Standards for Licenses: La. Sta. Ann. 407.40.

SAM, (2020), Report on Child's Malnutrition in Nigeria. https://www.unicef.org.nigeria.

United Nation Children's Fund, (2016), - Nigeria. Maternal and Child Health. Retrieved on March 20 2016 from http://www.unicef.org/nigeria/children_1926.htm.

UNICEF, (2000), Federal Ministry of Women Affairs and Youth Development: National Report on Follow-up to the World Summit for Children. In Abuja, Nigeria.

UNICEF, (2012), Infant and Young Child Feeding Programming Status: Results of 2010-2011 assessment of key actions for comprehensive infant and young child feeding programmes in 65 countries. In Nutrition section, New York.

UNICEF, (2021), Thailand Representative Goodwill Ambassador and Friends of UNICEF Programme Partners Corporate Engagementhttps://www.unicef.org

U.S Department of Labour, (2019), Wage and Hour Division: Break time for nursing mothers. Washington (DC): Available from :https://www.dol.gov/whd/nursing mothers/.

Whitney, E &Rolfes, S.R. (2013), Understanding Nutrition (13ed.). Wadsworth, Cengage Learning.Pp. 667, 670.

WHO, (2021), Marketing of Breast-Milk Substitutes: National Implication of the International code.

WHO/UNICEF, (2003), Global strategy for infant and young children feeding. Available at: http://www.who.int/child_adolescent_health/documents/9241562218/en. Accessed February 4, 2010.

WHO, UNICEF, USAID, FANTA, AED, UC, et al, (2008), Indicators for assessing Infant and Young Child Feeding Practices. Geneva: World Health Organization: 2008.

WHO, (2021), The UNICEF/WHO/WB Joint Child Malnutrition Estimates (JME) group released new data for 2021.

Willis, H.E. (1926), A definition of Law. Virginia Law Review 12(3). Retrieved on 3rd January, 2020.

WHO/UNICEF, (1989), Protecting, Promoting and Supporting Breastfeeding: The Special Role of Maternity services. Geneva: WHO.

Worugji, I.N and Etuk, S.J. (2005), The National Breastfeeding Policy in Nigeria: The working mother and the law. Health care.

Yahya, B.W, & Adebayo, B.S. (2003), Modelling the Trend and Determinants of Breastfeeding Initiative in Nigeria. Child Dev. Res. 1:1-9