

Information Sources as Predictors of Knowledge of Exclusive Breastfeeding among Nursing Mothers in Anambra South Eastern Nigeria

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Abstract

Exclusive Breastfeeding (EBF) practice has become global phenomenon considered gold standard for optimal infant health care. Variations in proportions of women adopting appropriate breastfeeding practices have been observed and these are important from a medical perspective, as individual's decisions on breastfeeding have implications for infant health. Aware that poor knowledge of EBF has been linked to its non-adoption, this study investigated influence of information sources on knowledge of EBF among nursing mothers in Anambra State, South-Eastern Nigeria. Information Processing Theory provided the theoretical underpin while survey and Focus Group Discussion (FGD) were employed as research designs. Two hundred and eleven systematically selected nursing mothers responded to the questionnaire while 24 purposively selected discussants took part in the FGD. Finding revealed that health personnel (HP) especially nurses were major information sources on EBF practices. Pearson's correlation analysis showed a significant relationship between mass media (specifically radio, billboards/posters) and nursing mothers' knowledge of EBF. Stakeholders in health sector, including Federal and State governments, non-governmental organizations (NGOs), donor agencies and other health planners involved in health campaign, are advised to adopt radio as a channel of communication especially in rural communities where knowledge of EBF needs to be scaled up.

Keywords: Exclusive Breastfeeding, Infant Nutrition,

Information Sources, Nursing Mothers, South-Eastern Nigeria

Introduction

Infant nutrition should provide food but it is desirable that the right types of food are provided in the right proportion for nourishment and survival of the child. The place of breast feeding, a practice naturally endowed on mothers to meet the nutritional needs of their babies, has continued to dominate global narratives in recent times. This renewed interest cannot be disconnected from the observed recurring variations in the proportion of women who adopt breastfeeding practice and its attendant medical implications for infant health (Foss and Southwell, 2006). Beyond this natural endowment for infant feeding, which Reid (2017) regarded as the main planks of the infant welfare movement, women still play very critical role in meeting the nutrition needs of all other members of their families.

Indeed, it has been observed that in Africa where poverty and poverty elimination are still part of the narrative, Nwobi and Onwuasoanya (2014), believe that African rural women have the additional responsibility to eliminate malnutrition from their families. Beyond this expectation, African rural women are perceived as people that are conservative and the bedrock of the socio-cultural values of traditional societies (Antai and Antai, 2008). Therefore, rural women globally are not just the bed rock of the society; they are the drivers of transformational socio-economic activities for achieving desired sustainable development in their localities in particular and national development in general.

It may be argued that self determinant approach to malnutrition elimination drive for infants presupposes the inclusion of breast feeding in the nutrition plan adopted by these rural nursing mothers. However, exclusive breast feeding (EBF) further guarantees positive health outcomes for their babies when carried out by nursing mothers within the specified guidelines. For instance, it lowers the risk of chronic conditions such as obesity, high cholesterol, high blood pressure, diabetes, childhood asthma (UNICEF, 2013). Furthermore, it is a most effective preventive intervention in the reduction of infant morbidity and mortality (UNICEF, 2013) and creates an emotional bond between mother and her child (Foss and Southwell, 2006). However, appropriate and adequate information is mandatory to ensure that EBF practice is carried out within specified guidelines.

Information sources are key components in the provision of information especially with respect to health issues like EBF. Scholars (Ansu-Kyeremeh, 2005; Ruppel and Rain, 2012; Johnson & Meischke cited in Sokey, Adjei and Ankrah, 2018) have identified two main sources of health information namely, interpersonal and mass media sources. The interpersonal sources of health information comprise of doctors, nurses, friends, family, health groups, and the other professionals allied to medicine.

On the other hand, mass media sources include radio, television, newspapers, magazines, books, posters and handbills).

The mass media (broadcast, print and even Internet) which are referred to as formal sources of information have been identified as veritable tool for promoting public health (Noar, 2006), as well as important ally in public health situations (Happer and Philo, 2013). Their focus on health issues can influence health consciousness, knowledge, attitudes and bring about behavioural and social change (Bridges, 2010). One of such health issues which the mass media have been known to promote is the practice of exclusive breastfeeding (Oche, Umar and Ahmed, 2011). The peculiarity of mass media (especially radio and television) in reaching a disparate and wide heterogeneous audience simultaneously might make them ready option for agencies and health professionals targeting the public with health campaign messages. In essence, media outlets have substantial influence to identify and report societal health issues that affect socio-cultural and economic development of any nation (Okorie, Oyesomi, Olusola, Olatunji and Soola, 2014).

On the other hand, the informal sources of information also referred to as lay interpersonal sources are key in a face-to-face communication context. Although technological development has made interpersonal communication possible in a mediated form, the physical proximity confers some degree of warmth in a face-to-face encounter. This fact may have prompted Parrott (2004) to observe that these face-to-face information channels are preferred for information dissemination and the teaching of complex skills that need two-way communications between individuals. Health professionals (HP) who are part of interpersonal sources play important roles in health delivery in any society. They have a crucial role in the promotion, support, and management of breastfeeding; it is not surprising, therefore, that pregnant and breastfeeding women seek support from a variety of sources particularly health professionals (James and Berkowitz, 2012).

Despite the perceived roles that could be played by these sources (both mass media and interpersonal) in the provision of health information, studies have established that poor knowledge of the benefits of exclusive breastfeeding and the risks of suboptimal breastfeeding were reasons for non-adoption (Awogbenja, 2010; Haider, Rasheed, Sanghvi, Hassan, Pachons, Islam and Jalal, 2010; Oche et al., 2011). Empirical studies have also provided correlation between information sources and knowledge of health issues. Over two decades ago, Chew, Palmer and Kin (1995) observed that empirical studies showed that sources of information do vary and reliance on specific information sources can influence health knowledge. A more current study by Wen, Wang, Chen, Chen, Zhang, Xu and Sun (2015) has shown that subjects who had more information sources are more knowledgeable about HIV/AIDS than subjects who had less sources of information.

Sadly, women living in rural areas of Nigeria are generally known to be suffering from general deprivation including information sources (Zaid and Popoola, 2010). Admittedly, the deprivation as well as variations in the sources of information to which the nursing mothers in these rural areas are exposed to, may have great implications on their knowledge of EBF. The situation does not portend well for the well-being of their babies going by the already reported low EBF practice in Nigeria (UNICEF, 2013; NPC, 2013). National Population Commission (2014) reports revealed that EBF practice in Nigeria is 17% which is far below the expected EBF coverage of 90% requirement in order to benefit from 11.6 % reduction of child death in low income countries.

Considering that women who reside in rural parts of Nigeria suffer deprivation including information sources, it has become imperative to interrogate various sources of information on EBF that are available to nursing mothers, especially those in rural areas. What are the information sources available to nursing mothers on breastfeeding in the study area? What is the knowledge level of nursing mothers in the study communities about exclusive breastfeeding? What relationship exists between exposure to information sources and knowledge of exclusive breastfeeding among nursing mothers in the study communities?

In order to address these questions, this study set out to investigate the correlation between information sources and knowledge of EBF among nursing mothers in the rural areas of Anambra State, South-East Nigeria. The rationale for selecting the study area was based on studies (e.g. Ugboja, Nwosu, Igwegbe and Obi-Nwosu, 2013) that identified low EBF practice in this geo-political zone of Nigeria.

Theoretical Framework

The Information Processing theory, which was propounded by Miller in 1965, is adopted as the theoretical framework for this study. The emergence of World War II resulted in the development of this theory. Within the context of World War II, scientists and engineers of 1940s and 50s succeeded in developing technologies (such as television, telephone and computers) that assisted in the execution of the war (Moos, n.d.). With such technological development, phrases such as “communication channels,” “coding information,” and “dual processing” emerged on the communication lexicon in an attempt to describe the process of information transmission (Miller, cited in Moos, n.d.). This emerging scene created a window of opportunity for cognitive psychologists to have an understanding of how people processed information by drawing an analogy between the computer and the human brain.

The basic idea of this theory is that the human mind is like a computer or information processors rather than the notion that people merely respond to stimuli

(Hardcastle, 1995; David, 2015). Hunt, cited in Swanson (1987), states that information processing approach is conceptualised as a study of how sensory input is transformed, reduced, elaborated, stored, retrieved, and used. This theory views humans as actively inputting, retrieving, processing, and storing information. Swanson (1987) identified three general components that underlie information processing theory to include: a constraint or structural component, a control or strategy component, and an executive process, by which learners' activities are overseen and monitored. Of interest to this study is the structured component where information is processed in stages identified by David (2015) to include sensory memory, working or short term memory and long term memory. In the context of the Information Processing Theory, learning navigates through a series of processing stages involving visual, phonological and episodic memory systems until it is finally comprehended in the semantic system (LaBerge and Jay Samuels, 1974).

This theory has been applied severally in certain learning behavioural contexts. Studies have variously used this to examine learning behaviours for the development of habitual aggressive behaviour during early childhood (Huesmann, 1988). In a study titled, "Is Working Memory Still Working", Baddeley's (2001) best known work has revealed how working memory is structured to handle processing and active maintenance of task-relevant information. This work has also established the centrality of working memory to cognitive function (Baddeley, 2001).

In a nutshell, this theory focuses on the processes that occur as people attend to environmental events (stimulus), encode information to be learned and link it to knowledge in the memory, store newly acquired knowledge in the memory and retrieve it as needed. The theory, therefore, formed the underpinning for this study in order to gain insight on how respondents' exposure to information sources results in their knowledge gain of EBF practices. In their interaction with information sources such as mass media, interpersonal, and indigenous sources, information about breast feeding practices are constantly accessed, processed and stored. It is important to note that in this learning process, nursing mothers selectively attend to information that they deem important and this may ultimately influence their knowledge gain on EBF. In this context, therefore, it is important to investigate the information sources that the nursing mothers in the study community are exposed to, as well as understand their knowledge of EBF practices.

Methodology

This is a second part of a study that investigated information sources in relation to EBF adoption and knowledge among nursing mothers in Anambra State, South East Nigeria. The first part of this study which focused on information sources and adoption of EBF had been concluded. This study employed cross sectional survey and focus

group discussion (FGD) as research designs. The population for the study consisted of nursing mothers (whose babies aged 0-6 months old) who practiced EBF for their babies for the first-six months. The selection of samples was done using stratified, simple random and purposive sampling procedures. In order to select non-human samples, the state was stratified into LGAs while simple random procedure was adopted for the selection of Orumba North, Aguata and Oyi LGAs. Three (3) designated government health facilities that run baby-friendly programmes, including EBF were purposively selected from these LGAs. They include Primary Health Centre, Amaokpala (representing Orumba North LGA), Model Primary Health Centre, Nkpologwu (representing Aguata LGA) and Government of Anambra State Primary Health Care Centre, Ogbunike (representing Oyi LGA). Such health facilities are located in the rural areas in these councils to cater for the health needs of the local folks.

Furthermore, purposive sampling procedure was used to select a total of 211 nursing mothers who responded to the questionnaire and 24 discussants who took part in the Focus Group Discussion (FGD). These nursing mothers were purposively selected to ensure the inclusion of only nursing mothers with babies aged 0-6months. Collection of data was done at the three health centres during their post-natal visits. The research instruments used for the study were questionnaire and focus group discussion guide.

Descriptive statistics (expressed in values of frequency counts and percentages), Pearson's Correlation and post hoc analysis were used to analyse quantitative data. Qualitative data were analysed by extracting direct quotations from the FGD that best project the opinions of the discussants.

Analysis of Findings

Socio-Demographic Information of the Nursing Mothers

Socio-demographic information of the respondents in Table 1 reveals that majority of the respondents were in the 20-29 years age bracket (n=158; 74.9%), were married (n=197; 85.3%), had senior secondary school certificate (SSCE)(n=144; 68.2%) while (n=114; 54%) were traders/businesswomen.

Table 1: Socio-demographic information of the nursing mothers (n=211)

Characteristics	Frequency	%
Age (years)		
15-19	12	5.7
20-24	80	37.9
25-29	78	37.0
30-34	41	19.4
Total	211	100
Marital status		
Single	13	6.2
Married	197	85.3
Widowed	1	0.5
TOTAL	211	100
Education level		
First School Leaving Certificate	21	10.0
SSCE	144	68.2
OND/ NCE	26	12.3
Degree/ HND	20	9.5
Total	211	100
Occupation		
Unemployed	29	13.7
Trader / Businesswoman	114	54.0
Farmer	6	2.8
Civil Servant	33	15.6
Students	29	13.7
Total	211	100

Main Information Sources on Breastfeeding Practices

Recognising that some information sources may be key to providing the nursing mothers with information on breast feeding practices, discussants were asked to identify such sources during FGD session. Information sources identified by the discussants were grouped under interpersonal, mass media, indigenous and Faith-Based Organizations (FBOs). However, health personnel more than any other sources dominated the responses of the discussants. But this finding was not very surprising because the study was conducted in a hospital setting. Indeed, one of the discussants (FGD Discussant, 23 year old unemployed nursing mother) responded this way:

...concerning giving your baby only breast milk for the first six months, they say it everywhere.... For me oh, I learnt a lot about exclusive breastfeeding at the health centre; that is, during antenatal when the nurses were teaching us about it.

Another discussant (FGD Discussant, 24 year old undergraduate) captured it this way:

It was at the hospital. Before we see our doctors the nurses will always teach us how to breastfeed our babies. They taught us that breast milk is the best for our babies. They showed us how to breastfeed our babies; in fact they taught us so many things about how to take care of our babies.

According to another nursing mother (FGD Discussant, 35year old business woman):

When it comes to getting useful information on breastfeeding practices, I think that health personnel are the main people who give such information. I feel that they see it as their job to do this. Even when you get information from other sources such as radio or even friends, the information may not be as correct as what you get from the medical people.

Probing further for more specific responses, result revealed that nurses more than any other health personnel provided the nursing mothers with information on breastfeeding practices. Since health talks by nurses are regular features of antenatal and postnatal visits, it is not surprising that all the discussants identified nurses as the main providers of information on breast feeding practices.

One of the discussants (FGD Discussant, 29 year old unemployed graduate) responded this way:

We meet with the nurses first before seeing our doctors. They

teach us everything we need to know about breast feeding our babies. Our doctors don't really teach us things about breastfeeding. They only focus on our general well-being.

Another discussant (FGD Discussant, 22 year old undergraduate) said:

...during my pregnant days, nurses taught us important things about breastfeeding. I had my baby some months ago; they still teach us breastfeeding practice every time we come to immunize our babies. Every Wednesday when we come for immunisation, they also teach us about it (referring to breastfeeding practices) all the time.

Level of Knowledge of Exclusive Breastfeeding Practices by Nursing Mothers

In order to ascertain respondents' level of knowledge of exclusive breastfeeding, questions probed into nursing mothers' knowledge of certain exclusive breastfeeding practices, the benefits of exclusive breastfeeding and the consequences of suboptimal breastfeeding. Their responses were aggregated and rated on a score range of 0–10; with minimum score of 1 and maximum score of 10. As shown in Table 3, out of the total respondents, n=57; 27% and n=134; 64% had good and very good knowledge of exclusive breastfeeding respectively while only n=3; 1% and n=17; 8% had very poor and poor knowledge of exclusive breastfeeding practices respectively. These results imply that majority of the nursing mothers had very good knowledge of exclusive breastfeeding.

Table 3: Level of knowledge of exclusive breastfeeding among nursing mothers

Knowledge Rating	Score Range	No	Percentage (%)
Very Poor	0-2	3	1
Poor	3-4	17	8
Good	5-7	57	27
Very Good	8-10	134	64
Maximum Score = 10		211	100

Majority of the discussants who participated in the FGD also displayed good knowledge of exclusive breastfeeding practices. For instance, some of the recurring answers to the question of health benefits of exclusive breastfeeding given by the discussants include disease prevention, bonding between mother and child, prevention of bleeding, pregnancy control, healthy growth and mental development of a child. One of the discussants (FGD Discussant, 25year old civil servant) explained:

Mother's milk is good for the child. This is my 3rd child (pointing to her baby). He is four months old and I feed him on breast milk only. He does not fall sick at all. I did not give my first child only breast milk. She was not this healthy. But my second child did not give me any problem because I gave him breast milk only for the first six months before I gave them other foods.

Another discussant (FGD Discussant, 30year old petty trader) stated:

My son is five months old. I started breastfeeding him the day I delivered him. Since then I have not seen my period. This means I cannot get pregnant for as long as I breastfeed him. This has shown me that what the nurses told us during antenatal care is true. We were told that breastfeeding our babies for six months after delivering will help us not to get pregnant.

One of the discussants (FGD Discussant, 32years old secondary school teacher) explained the relational benefit of exclusive breastfeeding:

There is this bond that is established between mother and child during breastfeeding. Every time that a baby sucks and a mother looks straight into the child's eye, it's an opportunity to connect with the baby, to share that special love between mother and child.

Relationship between Type of Information Sources and Level of Knowledge of Exclusive Breastfeeding among Nursing Mothers

As shown in Table 4, information sources were categorised into mass media, interpersonal, indigenous, and faith-based organizations (FBOs). The result showed a significant relation between mass media information sources and level of knowledge of EBF ($r=0.188$; $p<.01$). Such relationship was not observed for the other variables: interpersonal sources ($r=0.071$; $p>.05$), indigenous sources ($r=0.088$; $p>.05$), and FBOs ($r=0.002$; $p>.05$) (see Table 4). The implication of this finding is that respondents who are exposed to the mass media were found to be more knowledgeable than those who were exposed to other sources of information.

Table 4: Relationship between type of information sources and level of knowledge of exclusive breastfeeding among nursing mothers

	Knowledge of EBF	Mass Media	Interpersonal Sources	Indigenous Sources	Faith-Based Organizations (FBOs)
Knowledge of EBF	1				
Mass media	.188**	1			
Interpersonal Sources	.071	.566**	.		
Indigenous Sources	.088	.607**	1	1	
Faith-Based Organizations (FBOs)	-.002	.220**	.489**	.548**	1
			.300**		

** . Correlation is significant at the 0.01 level (2-tailed).

Regression analysis was carried out to ascertain the contributing influence of each of the mass media on level of knowledge of exclusive breastfeeding among respondents. Result revealed that radio and billboard or poster have a significant influence (B=.161, t=1.378; P<.05) and (B=.206, t=1.765; P<.05) respectively on nursing mothers' knowledge of exclusive breastfeeding (see Table 5). However, other forms of mass media (television, newspaper, magazine and pamphlet) did not have any significant influence on nursing mothers' level of knowledge of exclusive breastfeeding.

Table 5: Regression Analysis on influence of different mass media on level of knowledge of exclusive breastfeeding among the respondents

Model	Unstandardized Coefficients		Standardized Coefficients	T	Sig.
	B	Std. Error	Beta		
Radio	.358	.260	.161	1.378	.012
Television	-.107	.284	-.049	-.378	.706
Newspaper	.151	.344	.063	.437	.663
Magazine	-.290	.359	-.113	-.807	.422
Pamphlets	.387	.323	.162	1.198	.234
Billboard or Poster	.511	.289	.206	1.765	.041

Discussion

Most antenatal and postnatal clinics and facilities worldwide promote the adoption of exclusive breastfeeding in line with the Baby-friendly Hospital Initiative (BFHI) of WHO/UNICEF in partnership with governments all over the world (Mbada et al., 2013). Keying into this practice, health talks by Health Educators (especially nurses, dieticians) have become integral part of antenatal and post natal health promotion programmes organised for pregnant and nursing mothers especially in government health facilities in Nigeria.

The role of nurses in health promotion can lead to many positive health outcomes including adherence, quality of life, patients' knowledge of their illness and self-management (Bosch-Capblanc *et al.* cited in Kempainen, Tossavainen and Turunen, 2013). It is, therefore, not surprising that nursing staff, were the major source of information for the nursing mothers on exclusive breastfeeding practices. Health care workers are important in the promotion, protection and support of breast feeding (Sadoh, Sadoh and Oniyelu, 2011).

This is additional to the concerted efforts in the health sector towards tackling the prevalence of mother and infant morbidity and mortality cases in Nigeria. For instance, United Nations Children's Emergency Fund (UNICEF) estimates cited in Ifijeh (2016) showed that Nigeria loses about 2,300 children under five and 145 women of childbearing age daily. According to the report, Nigeria took the second position as the largest contributor to the under-five and maternal mortality rate globally. Although the Nigerian Government scaled up efforts to address this worrisome trend, it failed to achieve the Millennium Development Goal 4 (MDG 4) target of a two-thirds reduction in the under-five mortality by the end of 2015 set by UNICEF (Ifijeh, 2016).

Radio and television, follow health officials in the ranking order, as major sources of information on breast feeding for the nursing mother. This finding is not surprising considering Ghanta's (2012) observation that news media tend to increase their coverage of health concerns as they affect the society's mainstream and/or the greatest number of people in their audience.

There has been consensus among development communication scholars that radio is most accessible and common medium in developing nations, especially in the rural areas because radio is not constrained by barriers of cost, illiteracy, electricity, time, space and technical know-how (Soola, 2003; Yahaya, 2003; Ojebode, 2003). Moemeka cited in Yahaya (2003) had argued that these peculiarities make radio medium of mass communication most appropriate for rural intervention. With

technology architecture that brought about GSM telephone, access to radio stations through this device may have increased radio listenership, not just in Nigeria but across the globe. There is no doubt that many poor rural dwellers who could not afford transistor radios, now have the opportunity to listen to different radio stations via their mobile phone in the comfort of their homes, shops, and work places.

The survey result also reveals that exclusive breastfeeding knowledge among the respondents was high. Basically, if explained within the context of Information Processing Theory, the respondents were actively imputing, retrieving, processing, and storing information during interaction with the various information sources. Overtime this process resulted in their knowledge gain. Furthermore, their level of education (for example, n=144; 68.2% has SSCE; n=26; 12.3% has OND/NCE; n=20; 9.5% has degree/HND) could have played a contributing factor that enabled them to navigate through the learning process. The finding of this study also corroborates previous research findings that showed high levels of EBF knowledge among study participants (Ukaegbu, Ukaegbu, Onyenoro and Ugbajaka, 2011; Mbada et al., 2013; Onah, Osuorah, Ebenebe, Ezechukwu, Ekwochi and Ndukwu, 2014).

This notwithstanding, it does appear that knowledge is not a determinant factor in the uptake of EBF. For instance, studies have shown low adoption rates of EBF among respondents who are aware and knowledgeable about EBF (Agunbiade and Ogunleye, 2012; Onah et al., 2014;) as well as among those who have poor knowledge of the benefits of exclusive breastfeeding and the risks of suboptimal breastfeeding (Awogbenja, 2010; Haider *et al*, 2010; Oche *et al*, 2011). Onah *et al* (2014) have also alluded to the fact that awareness and knowledge of EBF do not equate practice. Perhaps, this fact may be explained by more recent studies that revealed some hindrances such as socio-economic factors (Ibe, Obasi, Nwoke, Nworu, Amadi and Nwifo, 2016); breast pain, difficult work schedule, poor partner support and perceived weight loss (Sholeye, Olayinka and Salako, 2015) militating against the uptake of EBF practices among nursing mothers.

The finding further reveals that only the mass media sources showed a significant relationship with knowledge of exclusive breastfeeding among nursing mothers. However, for other sources of information (interpersonal, indigenous and faith-based organisations) the relationships are insignificant. This finding strengthens the imperativeness of the mass media in educating the public. Generally, the mass media through their functions (information, education and entertainment) play key role in maintaining a functional society. Researchers have also acknowledged the role of the media in educating the people on a variety of issues such as health, politics,

economy, farming etc. For instance, Puthira and Ponnusamy (2006) admitted that traditional mass media, such as radio, television, print and recently, new media such as Internet have been playing a role in imparting knowledge to the farming community over the years. Again, de Vreese and Boomgaarden's (2006) study revealed that exposure to news outlets with high levels of political content (such as public television news and broadsheet newspapers) contributes the most to knowledge gains and increases the propensity to turn out to vote. On health issue, Onyechi and Ogude (2015, p.31) observed that "... the information provided by the mass media on cervical cancer can go a long way in making people aware and knowledgeable about the disease".

It is instructive to note, however, that only radio and bill boards/posters contributed significantly to this relationship. It is not surprising that out of the traditional mass media (radio, television, newspaper and magazine); radio is the only medium that has significant relationship with knowledge of EBF among the respondents. Considering the environment in which these respondents reside, radio may be most affordable and accessible mass communication channel to them. Radio is the medium of the masses especially for those residing in the rural areas. The possibility of accessing radio stations through the Global System of Mobile (GSM) telephone has also added to the value chain of the radio. Again, it is not uncommon to observe bill boards/posters strategically used in 'decorating' places especially health facilities as part of health campaign efforts on exclusive breastfeeding.

Conclusion and Recommendations

The current study has investigated the relationship between information sources and knowledge of EBF among nursing mothers in some rural communities in Anambra State, South East Nigeria. Health Educators (especially nurses) are the main sources of EBF information for the nursing mothers in the study communities. Nursing mothers who took part in the study have high knowledge of EBF. A positive correlation was established between mass media (specifically radio and billboard/posters) and knowledge of EBF among the nursing mothers who participated in the study.

Kemppainen *et al* (2012) asserted that nurses play an important role in promoting public health. Since there is no correlation between interpersonal sources (specifically nurses) and knowledge of EBF among the nursing mothers in the study communities, it is imperative that information, education and communication (IEC) component be introduced into the strategies adopted in instructing nursing mothers during the pre and post ante natal health talks. This would ensure that such guided talks are tailored towards providing nursing mothers with proper information and education

of EBF practices.

Finally, this study confirmed the critical role that the mass media (in this case radio) plays as purveyor of information and knowledge on variety of issues including health in the society. Stakeholders in health sector, including Federal and State governments, non-governmental organisations (NGOs), donor agencies and other health planners involved in health campaign efforts should adopt radio as a component of communication strategy in scaling up EBF adoption practices especially in rural communities.

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