

## **Influence of Awareness Campaigns on Knowledge and Adoption of Six-Month Exclusive Breastfeeding in Lagos and Ogun States, Nigeria**

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**Abstract.** The World Health Organisation (WHO) recommends that infants aged 0 to six months should be breastfed exclusively; adequate complementary feeding is only permitted after six months, along with breastfeeding, until the child turns two years and beyond. Even though Nigeria's National Policy on Infant and Young Child Feeding (IYCF) expresses its commitment to WHO's recommendation, six months exclusive breastfeeding however seems to be perpetually confronted with various obstacles. This study therefore investigates the level of awareness and adoption of exclusive breastfeeding by nursing mothers in Lagos and Ogun States, South West Nigeria. Hinged on diffusion of innovations, knowledge gap, information processing and cognitive dissonance theories, the study adopted qualitative and quantitative survey design. A 23-item questionnaire was administered on 1,500 nursing mothers who patronised infant welfare clinics at government-owned Primary Healthcare Centres (PHCs) in the two selected states. Key informant interview sessions were also held with health workers in maternity centres in the area of study. Findings show that the majority of the nursing mothers were aware of the six months exclusive breastfeeding campaign; the dominant source of awareness was health workers at pre natal and infant welfare clinics; a majority of respondents claimed to have adopted six months exclusive breastfeeding but more than half of them confessed to introducing substances such as water, infant formula and herbal preparations to their infants well before such babies turned six months. The study recommends that health workers should be used to emphasise the benefits of exclusive breastfeeding; and TV and radio should be utilised with intensity to enhance awareness and knowledge of the benefits of exclusive breastfeeding.

**Keywords:** Adoption, awareness, breast feeding campaign, exclusive.

### **1. Introduction**

The Federal Ministry of Health (FMOH) in its National Policy on Infant and Young Child Feeding (IYCF) in Nigeria, states its commitment to the promotion of exclusive breastfeeding for the first six months of a child's life and the introduction of adequate complementary feeding thereafter along with breastfeeding until the child is two years and beyond. This policy is in line with the provisions of The Convention of the Rights of the Child (Article 24) and World Health Organisation's (WHO) Global Strategy for Infant and Young Child Feeding. The goal is to "ensure the optimal growth, protection and development of the Nigerian child from birth to the first five years of life" (FMOH, 2011:4).

The *Innocenti Declaration* of 1990, endorsed by the 45th World Health Assembly and the Executive Board of the United Nations Children's Emergency Fund (UNICEF) in 1992, states that breastfeeding must be protected, promoted and supported. Six months exclusive breastfeeding is the foundation for adequate infant and young child nutrition (FMOH, 2011), so as "to protect, promote and support exclusive breastfeeding for the first six months of life" as well as "create and sustain a positive image for breastfeeding throughout the society". WHO's recommendation includes the initiation of breastfeeding within one hour of birth.

However, despite the benefits of exclusive breastfeeding, the level of adoption among mothers of infants is very low (UNICEF, 2010, 2015). Stressing the need for mothers to exclusively breastfeed their infants for six months, Ibgedio

(2018) reveals that pupils who were exclusively breastfed as infants will perform far better than those who were not exclusively breastfed. When those who were exclusively breast fed are subjected to cognitive tests, they will be found to perform better than those who were not exclusively breastfed. According to him, when a high powered microscope was used to check the brain cells of a child adequately nourished as a result of exclusive breastfeeding, it was discovered that the brain neurons were well connected, compared to that of a child who was not exclusively breastfed. Igbedio (2018) warns that when a child is not well nourished as a result of non – practice of exclusive breastfeeding, the brain neurons are not well connected.

*The Innocenti Declaration on the Protection, Promotion and Support of Breastfeeding* recognises the benefits of breastfeeding such as providing ideal nutrition for infants and contributing to their healthy growth and development, reducing the risk and severity of infectious diseases thereby reducing the rate of death among infants, reducing the risk of breast and ovarian cancer among mothers, increasing the spacing between pregnancies and providing mothers with a sense of satisfaction when it is done properly. These advantages are strengthened when infants are fed exclusively on breast milk for the first six months of their lives and subsequently with the introduction of complementary feeding. Accordingly, this study investigates the level of awareness and adoption of exclusive breastfeeding by nursing mothers in Lagos and Ogun States, South West Nigeria.

The research is hinged on the diffusion of innovations theory, articulated by Everett Rogers, McGuire’s information processing theory and Leon Festinger’s cognitive dissonance theory. Diffusion of innovations examines the conditions which will increase or hinder the chances that a new practice will be adopted by members of a particular culture. It shows that the media and interpersonal relationships provide information and also influence people’s judgment and views; information flows through networks and opinion leaders and change agents are important in the diffusion process (Anaeto et al, 2008). Rogers (2003) posits that the five stages of the decision making process are knowledge gained through exposure to the innovation; persuasion; decision (to adopt or reject the idea); implementation and confirmation— which could be in the form of reinforcement or reversal of the decision. Again, Rogers (2003) reveals that adopters of an innovation are in five categories, namely innovators; early adopters; early majority; late majority and laggards. McGuire’s information processing theory, at the first

stage, indicates that attitudinal change involves six steps; at the second stage, it is said to involve eight steps. At the third stage it is said to involve twelve steps, which are: exposure to the persuasive communication; paying attention it; becoming interested in it; comprehension of the message; learning how to operate the idea being promoted; yielding to the position presented; agreement; information retrieval; taking a decision based on retrieval; behaving in line with the decision taken; reinforcement of the desired acts; and then consolidating the behaviour. However, each step is a precedent for the next; besides, any independent variable in the communication situation can affect one or more of the steps (Anaeto et al, 2008).

Leon Festinger’s cognitive dissonance theory holds that people experience mental conflict when their behaviours and beliefs do not align. This may also occur when a particular person holds two beliefs that contradict one another. Dissonance in cognition causes feelings of unease and tension, and people try to relieve their discomfort in different ways, such as explaining things away, rejecting new information that conflicts with their existing beliefs, devising their own version of the idea, misperceiving it or even diminishing its importance.

## 2. Statement of the Problem

WHO ( 2017) maintains that not more than 40 per cent of infants are exclusively breastfed globally and if breastfeeding were scaled up to close to universal levels, about 820,000 child lives would be saved every year. A multiple Indicator Cluster Survey carried out 2017 showed that even though 95% of Nigerian women breastfed their infants, only 25% breastfed exclusively and 5% did not breastfeed at all (Ojerinde, 2018). Tradition continues to pose a challenge to exclusive breastfeeding. In their explanation of the importance of rural health communication, Asemah, Nkwam-Uwaoma and Tsegysu (2017) lament that most women do not believe in breastfeeding babies for a long time after birth, as they still believe in feeding their infants with substances such as pap and water. Despite available evidence worldwide, only 45% of children begin breastfeeding within the first hour after birth; two out of five children under six months of age are exclusively breastfed, and only 45% of young children continue to be breastfed during their first two years of life (Casanovas *et al*, 2019). Onyedika-Ugo-Eze et al (2020) report Osgie Ehanire’s, (Nigeria’s health minister) revelation that despite the benefits of exclusive breastfeeding, Nigeria’s breastfeeding indices were low.

Citing Miriam Labbok of University of North Carolina, UNICEF (2010) states that even though breast milk is the best food, it has the worst marketing, it continues to be low priority, it is under-supported or neglected, and it is controversial, misrepresented, under-taught and countered by many forces. Examples of such forces as shown by various scholars are: tradition, age, ignorance, inadequate or no formal education, a lack of understanding of the concept, poverty, lack of social support to the nursing mothers, inability of mothers to handle their health challenges and those of their infants, fear of older relations who would normally try to enforce the tradition of mixed feeding, the necessity for mothers to resume paid employment and other economic activities shortly after child birth and communication barriers between the promoters of exclusive breastfeeding and their audience. Urging countries to reinforce a “breastfeeding culture” and put up a vigorous defence against a “bottle-feeding culture”, the *Innocenti Declaration* explains that empowering women to breastfeed requires the removal of all barriers to breastfeeding in society and “a responsive and comprehensive communications strategy involving all media and addressed to all levels of society”.

Anaeto and Solo-Anaeto (2010) stress that people’s quality of life is improved by the dissemination of relevant information that will increase their knowledge and effect changes in their attitudes and values for the better. The scholars note that for people to make the changes being proposed by the originators of messages, such stakeholders should explain the messages to the members of the audience, teach them how to practise the innovation being proposed and then mobilise them by making them willing to accept the change. Breastfeeding in itself is not new to human life, but breastfeeding babies exclusively for six months, without the inclusion of even water remains the innovation. Accordingly, the purpose of this study is to investigate the level of awareness of the six months exclusive breast feeding campaign among nursing mothers in Lagos and Ogun States, Nigeria; sources of exposure to the six months exclusive breastfeeding campaign; level of understanding of six months exclusive breast feeding; and rate of adoption of six-month exclusive breast feeding. The specific research questions are as follows:

- What is the respondents’ level of awareness of the six months exclusive breastfeeding campaign?
- What are respondents’ sources of exposure to six months exclusive breastfeeding campaign?

- What is the respondents’ level of understanding of six months’ exclusive breastfeeding?
- What is the rate of adoption of six months exclusive breastfeeding?

### 3. Method and Materials

This study investigated the extent to which the six months’ exclusive breastfeeding campaign reached women in different socio-economic strata of the society, their level of understanding of the messages and the perceived influence of the campaign practice. This study covered two states in South-West Nigeria, namely Lagos and Ogun States.

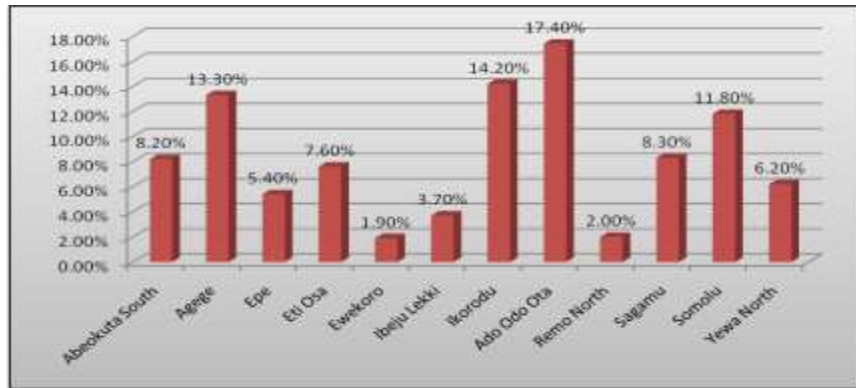
A triangulation of qualitative and quantitative methods was utilised. The qualitative phase involved conducting in-depth interviews with key stakeholders and community health promoters of six months exclusive breastfeeding in both Lagos and Ogun States, including directors of nutrition, chief health educators, and the apex nurses of selected local government areas. For the quantitative phase, considering that Lagos and Ogun States have twenty local governments’ areas each, the local government areas were purposively bifurcated into urban and rural settlements using the stratified sampling technique. Three local government areas were randomly selected from each stratum in each state, making a total of 12 local government areas. Local government areas from urban Lagos were Agege, Etiosa and Shomolu; from non-cosmopolitan (rural) Lagos, Epe, Ibeju –Lekki and Ikorodu Local Government Areas were selected and while Sagamu, Ado-Odo Ota and Abeokuta South Local Government Areas were selected from urban Ogun and Remo North, Yewa North and Ewekoro Local Government Areas from rural settlements.

Prior to this, letters of introduction were delivered to the Ministries of Health of both Lagos and Ogun States, and the health departments of the offices of the selected local government areas. Primary Healthcare Centres (PHCs) were then randomly selected from the lists obtained from the health departments of the selected local government areas. A broad survey was conducted among randomly selected 1,500 mothers of infants aged 0 to 12 months, who attended infant welfare clinics at the PHCs and who were willing to participate in the study. Data gathering instruments were an interview schedule and a 23-item questionnaire. Data for the quantitative phase of the study were analysed using the Statistical Product and Service Solution (SPSS) and have been presented in percentages, using bivariate and multivariate tables, pie charts and bar charts.

4. Results

*Respondents' Demographic Details*

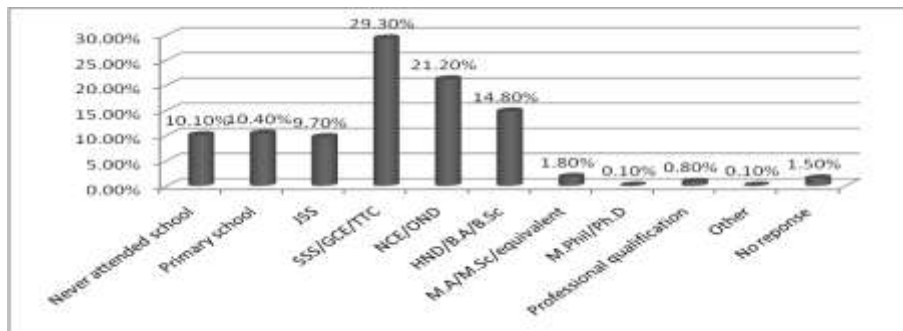
One thousand five hundred (1,500) copies of the questionnaire were administered and 1,405 were successfully completed and returned; giving a response rate of 93.6%. The responses were collated and analysed. Figure 1 gives graphic details of the percentages of respondents, proportionate to their locations as per local government areas.



**Figure 1:** Study Locations and their Respondents

Details of respondents' age range are presented in figure 2. The majority of them were between the ages of 25 and 29 (29.6%) while 28.9% of them were in the range of 30 to 34 years. Respondents between the ages of 20 and 24 made up 18.5% while those between 35 and 39 years were 12.8%. Teenagers between 15 and 19 years accounted for 4.5% while respondents who were below 15 years accounted for 1.2%. Those who did not indicate their age made up 2.0%.

Data on the educational levels of respondents show that about a third of them did not go beyond senior secondary school level (29.3%). However, about 2 in 10 of them possessed NCE/OND certificate (21.2%) while 14.8% of them had HND/B.A/B.Sc. Also, 10.4% had primary school certificate while 9.7% did not go beyond junior secondary school. Those who never attended formal school accounted for 10.1%; while those who did not answer the question accounted for 1.5%. Obviously, due to certain factors beyond the scope of this study, many elitist mothers do not patronise government owned primary healthcare centres. This could partly be due to the rowdy and drab nature of most of the facilities. In some cases, not only was sitting arrangement inadequate, the seats were very uncomfortable and cooling systems (where the waiting areas are in an enclosure) may not function. Usually mothers needed to wait for a relatively long period to have their infants immunised.



**Figure 2:** Respondents' Highest Academic Attainment

Data on respondents' religious affiliations show that the majority of them (63.5%) practised Christianity, followed by those who practised Islam (31.9%). Only 1.7% said they practised African traditional religion. However 2.5% of them did not respond to the question.

RQ1: What is respondents' level of awareness of the six months exclusive breastfeeding campaign?

Respondents were first asked if they were aware of the campaign for six months exclusive breastfeeding. Most of them, about 9 in 10, said "yes" (94.7%) while 4.5% said "no". This shows a high level of awareness among respondents. To further investigate their awareness level, they were asked to indicate the extent to which they were exposed to the campaign. A large majority (75.5%), said "very much" while 14 % said "much". These outcomes show that there is a high level of awareness of six months exclusive breastfeeding among respondents. This is indicated in figures 3 and 4.

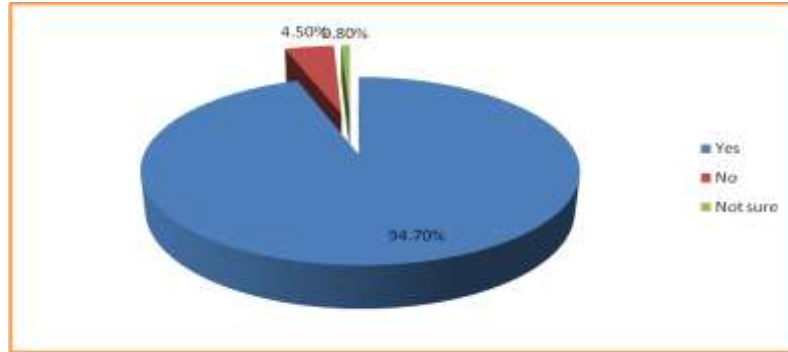


Figure 3: Respondents' Familiarity with the Campaign for Six Months Exclusive Breastfeeding

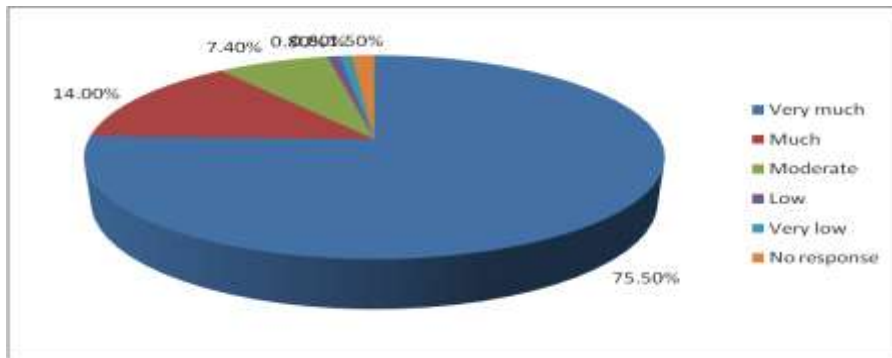


Figure 4: Extent of Respondents' Exposure to the Campaign for Six Months Exclusive Breastfeeding

RQ2: What are respondents' sources of exposure to six months exclusive breastfeeding?

Respondents were asked to indicate the source(s) of their exposure to the campaign for six months exclusive breastfeeding and were given the freedom to choose as many options as they deemed appropriate. Their responses show in table 1 that interpersonal sources have been successful in getting women to know about the subject of investigation. The table shows that efforts by health workers at the pre natal clinics (22.44%) have been very successful in creating awareness and providing knowledge about exclusive breastfeeding; the same thing can be said of those at the child welfare clinics (15.33 %). Apart from the health workers, television (13.78 %), radio (11.04 %), the ante-natal card/booklet (6.12 %) and the child immunisation card/booklet (5.64 %) were other prominent sources of information about six months exclusive breastfeeding. Family members (3.77 %), the Internet (3.49%), religious leaders (3.34), friends (3.33 %), books (3.13 %) and newspaper (2.1%) provided information to relatively small numbers of respondents. A close examination of the responses reveals that health workers in both pre natal and immunisation clinics served as a source of exposure to the campaign to 37.77% of respondents while the conventional mass media vehicles of television, radio, books, newspaper and magazine were a source of exposure to 32 % of them. About three per cent (3.49%), of respondents indicated the new media served as their source of exposure.

**Table 1:** Respondents’ Sources of Exposure to the Campaign for Six Months Exclusive Breastfeeding

S/N	Source	Frequency	Percentage (%)
1	Health workers at ante-natal clinic	320	22.44
2	Health workers at child welfare clinic	219	15.33
3	Television	196	13.78
4	Radio	158	11.04
5	Ante-natal clinic card/booklet	87	6.12
6	Immunisation card/booklet	80	5.64
7	Family members	54	3.77
8	The Internet	50	3.49
9	Religious leaders	27	3.34
10	Friends	48	3.33
11	Books	44	3.13
12	Newspaper	30	2.1
13	Magazine	28	1.95
14	Community announcement	21	1.51
15	Billboards along the road	19	1.31
16	Posters/handbills	18	1.27
17	Others	6	0.44
	Total	1405	100

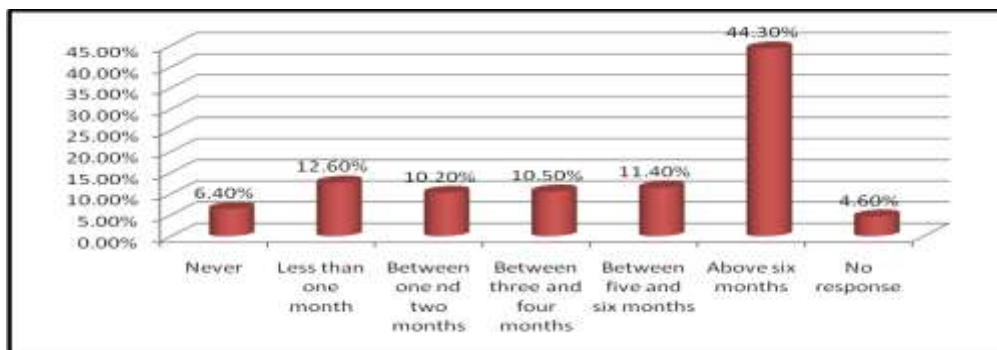
Upon enquiry as to their preferred source of information, the majority of respondents (31.9%) gave television as their preferred source of information while radio came second with 21.4% rating it as their preferred source of information. Also, 15.9% of respondents preferred information from experts and 6.1% indicated preference for books. The Internet was preferred by 7.7% of the respondents. Preference for the print media such as newspaper and magazine was indicated by 6.3% of respondents. It is noteworthy however that even though 23% said they had access to the Internet, only 7.7% of them indicated it was their preferred source of information.

RQ3: What is the respondents’ level of understanding of six months exclusive breastfeeding?

With a combined mean value of 55.44%, most respondents showed higher knowledge of exclusive breastfeeding as against 40.68% who showed varying degrees of disagreement, thereby showing lower levels of knowledge.

RQ 4: What is the rate of adoption of six months exclusive breastfeeding?

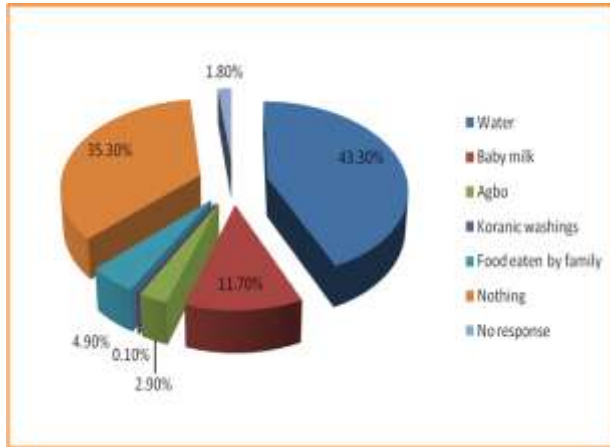
Figure 5 shows the length of period during which respondents have practised exclusive breastfeeding. About half of them (44.3%) said they had practised exclusive breastfeeding for more than six months while 12.6% said they had practised it for less than one month. However 10.2% of them said they practised it for between one and two months; 10.5% of them had practised it for between three months and four months; 11.4% of them practised it for between five and six months while 6.4% never practised exclusive breastfeeding. However, 4.6% of them did not answer the question.



**Figure 5:** Respondents’ Claimed Duration of Practising Exclusive Breastfeeding

Respondents were then asked to indicate other types of food/liquid given to their babies apart from breast milk. The details of their responses are presented in figure 6. The majority of them (43.3%) said they gave water to their infants in addition to breast milk, while 35.3% of them said they did not give their infants anything apart from breast

milk. However, 2.9% of them gave their babies herbal preparations (*Agbo*) while 11.7% gave infant formula apart from breast milk.



**Figure 6:** Additional Liquids/Food Consumed by Babies

Respondents were further asked to indicate when they introduced other food/liquids apart from breast milk to their infants. The majority of them (25.9%) said when the baby was less than one month old. Sixteen per cent (16%) of them said this occurred when the baby was between one to two months, 7.4% of them said when the baby was between three and four months, 7.1% said when the infant was between five and six months, 15.1% said when the baby was between seven and eight months and 4.5% indicated it was when the baby was more than eight months. Twenty-four per cent (24%) of them did not answer the question. This shows that even though the majority of respondents claimed to be adopters of exclusive breastfeeding less than twenty per cent (19.6%) actually adopted the practice.

**Table 2:** Time of Introduction of other Food/Liquids by Respondents

Time of introduction	Frequency	Percent (%)
When baby was less than one month	364	25.9
When baby was between one and two months	225	16.0
When baby was between three and four months	104	7.4
When baby was between five to six months	100	7.1
When baby was between seven and eight months	212	15.1
When baby was more than eight months	63	4.5
Total	1068	76.0
No response	337	24.0
Total	1405	100.0

Those who claimed to have practiced exclusive breastfeeding were asked about the main influence behind their decision. An examination of data shows that were it not for the health workers at the pre natal (46.8%) and immunisation clinics (25.9%), respondents may not have engaged in the practice. The mass media's role was insignificant as only 3.3% attributed the practice to it. Significantly, seeing the effect of exclusive breastfeeding on other children at the health centres influenced 5.5% of respondents to adopt the practice. However, 8.6% of them did not respond to the question. Rogers (2003) shows that interpersonal relationships are powerful in the diffusion process. Mass communication channels are important at the stage of providing information and

knowledge but interpersonal relationships are important at the stage of persuasion. McGuire (1968) explains that the journey towards change commences with communication of information and its receiving the attention of the audience. Health workers provide information on exclusive breastfeeding to pregnant women and mothers of infants while they wait to receive medical attention. In those circumstances, the women do not have the choice of selective exposure and selective attention. Anaeto and Solo-Anaeto (2010) offer that not only should there be an arrangement to reach the audience through a variety of media; messages should be repeated over time for emphasis and to ensure recall and comprehension.

## 5. Discussion

Campaign strategies deployed by relevant authorities in Lagos and Ogun States for the promotion of six months exclusive breastfeeding include social mobilisation of communities and public places during notable events such as Maternal and New Born Child Health Week, organised for one week in May and November of every year; World Breastfeeding Week which takes place yearly in the first week of August; Safe Motherhood Day; Day of the African Child and Micronutrient Day. Seminars are conducted periodically during which selected members of the public are educated on exclusive breastfeeding and how to support lactating mothers. Appropriately designed flyers and stickers are distributed to members of the public during these notable events and messages on the practice are disseminated via mass media channels such as radio, television and newspaper.

Posters depicting appropriate breastfeeding practices are displayed in waiting halls and along corridors in primary healthcare facilities. Lagos State *Maternal Health Booklet* which is given to pregnant women upon their registration for pre natal care and the *Child-Health Handbook* for patrons of the immunisation/infant welfare clinics contain brief but detailed explanations of six months exclusive breastfeeding and its advantages. The information in both materials is written in English. The information on breastfeeding in the *Maternal Health Booklet* is written in Yoruba in addition to the English version. Both booklets contain pictorial information in addition to the written one. The foregoing indicates that health officials promote exclusive breastfeeding to a large extent, as recommended by WHO/UNICEF and as stipulated by the Federal Ministry of Health in the *National Policy on Infant and Young Child Feeding in Nigeria*. According to the Policy, efforts to promote infant and young child feeding (the foundation of which is exclusive breastfeeding) should involve creating awareness about optimal infant and young child feeding at all levels, employing social marketing strategies to address related issues at all levels of society, encouraging the involvement of communities in related activities, utilising notable events to promote optimal infant and young child feeding. It also recommends the development and dissemination of communication for behaviour and social change packages and active involvement of the media and all advocacy and social mobilisation for all related issues. Health workers at the primary healthcare centres give “health talks” to patrons of both pre natal clinics and infant welfare clinics. Not only do such “talks” include appropriate

breastfeeding practices, they are mandatory and patrons become captive audience members since they have to sit through the talks between when they are registered to receive medical attention and when such attention is actually provided.

The majority of mothers who patronise government owned primary healthcare centres (94.7%) are aware of the campaign for six months exclusive breastfeeding and awareness does not depend on socio economic status. Interpersonal channels orchestrated by health workers at the pre natal clinics and immunisation clinics are the dominant sources of information to the subjects. Were it not for the efforts of the health workers, the mothers would probably not have taken six months exclusive breastfeeding seriously. Mass media sources, such as television, firstly, and then radio secondly were other significant sources through which respondents receive information on six months exclusive breastfeeding. The *Maternal Health Booklet* and *Child Health Handbook* provided by Lagos State to its patrons also serve as sources of information to the mothers, albeit in a small percentage of the cases.

Also, the majority of adopters of the practice indicated they were influenced to do so by the health workers at the health facilities. Even though the mass media cumulatively served as a significant source of information, mass media sources influenced adoption in a paltry 3.3% of cases. In consonance with the position of Everett Rogers (2003) and his diffusion of innovations theory, interpersonal channels of communication are powerful in effecting attitudinal change.

The majority of respondents (31.9%) gave television as their preferred source of information while radio came second with 21.4% rating it as their preferred source of information. Also, 15.9% of respondents preferred information from experts and 6.1% indicated preference for books. The Internet was preferred by 7.7% of the respondents. Preference for the print media such as newspaper and magazine was indicated by 6.3% of respondents. The majority of mothers even though literate, in a general sense did not pay attention to messages in print. Only 3.2% of them claimed to have noticed the posters displayed in the waiting areas of the health facilities which they attended regularly. This is not surprising; Straubhaar and LaRose (2000) note that newspapers perform functions for the elite. They submit that readers are generally older people, the majority being over 55years. Even though most newspaper readers prefer television, those with higher levels of education tend to rely more on newspapers than television.

Dominick (2011) notes that even though women watch television more than men, people in low income homes watch more TV than their middle income counterparts and those with more education watch less. The fact that the larger percentage of respondents did not go beyond secondary school may have accounted for this trend in preference.

Again, the fact that 5.5% of respondents indicated they were influenced to adopt exclusive breastfeeding due to its effects which they observed in other babies supports Rogers' (2003) stand that observability—the degree to which others can see the result of an innovation—will not only help reduce uncertainty, it will increase chances of adoption. Rogers (2003) also holds that incentives will increase chances of adoption. Seeing the effect of breastfeeding on other infants served as incentive to otherwise laggards and skeptics. The majority of mothers in the location of study understand messages on six months exclusive breastfeeding and knowledge does not depend on educational attainment, as a high level of knowledge of the concept is evident in all categories of educational attainment. Contrary to the postulation of Tichenor, Donohue and Olien (1970), propounders of the knowledge gap theory, there is no knowledge gap between mothers who are highly educated and those who are not. Respondents at all levels of educational attainment are information-rich as regards six months exclusive breastfeeding. This is attributable to the efforts of health workers at the PHCs who educate the mothers on the practice on virtually every visit.

Most of the mothers claim to have adopted exclusive breastfeeding. This claim to adoption of the practice does not depend on settlement patterns as it runs across both urban and rural areas. However, even though 11.4% claimed to have breastfed exclusively for between five and six months and 44.3% said they breastfed their babies for over six months, 43.3% indicated that their infants consumed water in addition to breast milk; 11.7% said they gave infant formula in addition to breast milk and 2.9% gave herbal preparations (*agbo*) in addition to breast milk to their infants. Interestingly, 25.9% of these same mothers confessed to having introduced other substances such as water, baby milk, herbal preparations (*agbo*) to their babies, when such infants were less than one month old; 16% when the babies were between one and two months and 7.4% when their babies were between three and four months. Cumulatively, these amount to 49.3% of babies who began ingesting other substances along with breast milk before they even turned five months. However, those who introduced other foods and liquids to their infants when they were between five and six months

comprised 7.1%, those who said they took such action when their infants were between seven and eight months and above eight months were 15.1% and 4.5% respectively. These figures indicate that about only 19.6% were adopters of exclusive breastfeeding. (The researcher is of the view that this percentage could be even be less, as respondents needed assurance that their responses as individuals would not be revealed to the health workers, hence they were not to write their names on the copies of the questionnaire).

In their examination of the offerings of McGuire's (1968) information processing theory, Anaeto *et al* (2008) explain that an independent variable can positively or negatively influence any of the steps involved in processing information, eventually affecting the result of the persuasive effort. Burton (1990) has noted that different people can derive different meanings from one message due to certain factors such as the receivers' prejudices and beliefs. UNICEF (2010) is aware its efforts could be hindered by many factors such as myths and traditional beliefs. This shows that generally the perception of mothers as regards exclusive breastfeeding does not coincide with that of the change agents. Rogers (2003) shows that the receiver's perception of the attributes of an innovation is of great importance as it is the receiver's perception (not necessarily that of the change agent) that will affect the rate of adoption. This could be attributed to the lack of knowledge or inaccurate perception of the relative advantage of the innovation by the audience. McGuire (1968) on his part indicates that receiving a message, attending to it and even comprehension will not automatically translate to a change as any independent variable in the communication circumstance can affect the entire process. Festinger (1957) in his cognitive dissonance theory offers that for certain reasons, people could find themselves acting contrary to their knowledge, beliefs and opinions. Such a state of affairs would generate pressure in the individuals concerned, making them seek ways to handle such pressure. Some of such ways apart from acting in consonance with knowledge could be to misperceive the information they have received or diminish its importance. Respondents in this study serve as a proof of cognitive dissonance as they have devised their own concept of exclusive breastfeeding even though they showed an understanding of what stakeholders promote. In the attempt to handle the discrepancy between their knowledge of appropriate breastfeeding practices and their behaviour, respondents could very well resolve the problem by justifying their behaviour, changing their perception of the subject (Leonard, J, 2019, Asemah, E.S.,

Nwammuo, A. N. & Nkwam-Uwaoma, A. O. (2017), more so as they must listen to the promotional messages by health workers before they receive actual medical attention.

However, Gamble and Gamble (2008) counsel that the attempt to persuade people to adopt a particular position should include the awareness that individuals could object to the offers being made them; the communicator should therefore be prepared to handle such objection. Not only do Coffman (2002) and Rice and Atkin (2001) recommend that originators of messages seek to understand their audience as they propose change, Anaeto and Solo-Anaeto (2010) caution that effort to effect a change may not be effective if the prospective beneficiaries of the programme are not involved in it. This implies that health workers should involve their patrons, part of which could be by allowing them to express their objections to the ideas they promote while they should be equipped and prepared to handle such objections. The usual pattern is for health workers to address the mothers while they listen and wait to take their turns for the immunisation of their children.

## 6. Conclusion

This study shows that relevant health authorities deploy various strategies to promote six months exclusive breastfeeding in Lagos and Ogun States. Mothers in the location of study are very much aware of the campaign for the practice and interpersonal sources orchestrated by health workers serve as the dominant source of awareness and the major influence behind adoption. However, even though mothers claim to have adopted the practice, less than twenty per cent of them actually breastfeed their infants exclusively as substances such as water, infant formula and herbal preparations are introduced to the infants well before they turn six months.

The study therefore recommends that health workers should be engaged to emphasise the benefits of exclusive breastfeeding, as they have proved to be very influential. Television and radio should be utilised with intensity to enhance awareness and knowledge of the benefits of exclusive breastfeeding, as the majority of respondents indicated preference for these mass media channels. Employment of the preferred outlets should however not be restricted to special week long / notable events. Social factors that have hindered the adoption of exclusive breastfeeding should be identified and addressed. All efforts to promote six months exclusive breastfeeding should emphasise the water content of breast milk, as many infants are made to consume water well before

they turn six months, while their mothers lay claim to the adoption of exclusive breastfeeding. Attributes of six months exclusive breastfeeding such as its relative advantage and observability as proposed by Rogers (2003) should be utilised with greater intensity to promote exclusive breastfeeding; its advantages over other forms of feeding should be promoted with greater intensity and events such as the competition organised by Lagos State should be utilised to show the positive effects of the innovation.

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