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Availability and Utilization of Breastfeeding Information by Nursing Mothers in Onitsha Metropolis, Anambra State, Nigeria

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Abstract: ***The study investigated the availability and utilization of breastfeeding information by nursing mothers in Onitsha Metropolis, Anambra state, Nigeria. Descriptive survey design was used. Population of the study consists of three (3) of the major and highly accessible hospitals in Ontisha Metropolis, Anambra State, namely, General Hospital Onitsha, Holy Rosary Specialist Hospital Waterside and Iyi-Enu Specialist Hospital Ogidi. A total of 220 targeted respondents (nursing mothers) thatattended the postnatal clinics of the three hospitals were all used at their various clinics. So a total of 220 questionnaires were distributed to them and 203 were returned out of which 197 (90%) were duly completed and found usable. Approvals were sought and obtained from the Management of the Hospitals; the intent of the study was also explained to the nursing mothers for their consent before the questionnaires were administered to them. The research questions responded to was analysed using simple percentage and presented in tables.The findings revealed high availability of Information on Breastfeeding. It also showed that Antenatal and postnatal clinics were major sources of information available to the nursing mothers. It was also revealed that the nursing mothers in Onitsha Metropolis of Anambra State engage in exclusive breastfeeding as a result of the information on breastfeeding they received.The result will encourage government at all levels and other stakeholders to continue intensified exclusive breastfeeding sensitization with more emphasis on the rural dwellers whose socioeconomic status are low.***

Keywords: Availability, Utilization, Breastfeeding Information, Exclusive Breastfeeding, Nursing Mothers, Nigeria

1. Introduction

Breast milk has been adjudged the safest and healthiest infant food,hence, Kalaowubo (2018) states that breast milk is best for each of the earth's 4,300 species of mammals as each of them has its milk specially designed for its young one. Therefore, experts have consistently affirmed that human breast milk is very useful for the child's development and total wellbeing, especially exclusive breastfeeding. Exclusive breastfeeding is defined as a practice whereby the infants receive only breast milk and no other food or liquid, not even water, tea and herbal preparations during the first six months of life, with the exception of vitamins, mineral supplements, or medicines (Nkala and Msuyain Mbah, Eme and Ogwu, 2013). Breast milk is rich in protein, energy and every other nutrient the child needs to develop and in the right quantity too. The first milk, colostrum has been reported to be rich in antibodies that helps keep diseases away from the baby even up to their later days in life.

The benefits of long time breastfeeding are not only to the child but also to the mother. Notably among them are saving them from the risk of diabetes, osteoporosis, breast, ovarian and endometrial cancers, breastfeeding helps the mother heal after delivery; avoid post-partum bleeding as have been variously reported etc. More so, according to WHO (2017), breastfeeding is critical for the achievement of many of the Sustainable Development Goals. For instance, the (SDG2) is to improve nutrition, (SDG3) to prevent child mortality and decreases the risk of non-communicable diseases, and (SDG4) support for cognitive development and education. Breastfeeding is also an enabler to ending poverty, promoting economic growth and reducing inequalities. These benefits and many others constitute the information on breastfeeding the mothers need to know.

Due to the nature of information, various definitions have been given on information. However, that of Owusu-Ansah (in Anunobi and Udem, 2014) suffices in this study. Owusu-Ansah, defines information as factual data, ideas, and other knowledge emanating from any society that are identified as being of value, sometimes gathered on a regular basis, organized in some fashion, transmitted to others, and used in some meaningful way. Information has the ability to change our behaviours rightly or wrongly depending on the information we received. This is in line with the position of Umeji, Chukwuji, Ejezie and Nwosu (2018) that information has the potential of transforming life. Breastfeeding information is knowledge generated through researches across the world and disseminated to families, particularly nursing mothers as the benefits or otherwise of engaging in breastfeeding. Therefore, initiating and continuing exclusive breastfeeding should be as a result of the right information giving to the nursing mothers.

Given again the varied nature of information and human endeavour, it holds that information need varies, so information needs of nursing mothers will be quite different from that of HIV patients, Cancer patient, etc. they need to know the benefits and otherwise of breastfeeding, particularly

for the firsts six months as recommended. There are several sources of disseminating public information both formal and informal. The place of dissemination of information in anything we do cannot be overemphasized. Because of the relative nature of information, source of information for every identified audience is very essential. Most of the information on breastfeeding is given at antenatal and postnatal clinics as validated by the study of Mbah, Eme and Ogwu (2013). However, the fact that information no matter how right it is, does not bring about desired change in behaviour except it is utilized cannot be said to be over emphasized. When the information/knowledge is rightly applied, it produces a healthy, buoyant and intellectually sound society, thereby enhancing national development, if not the society suffers it in high infant and maternal mortality rate, poor academic performance, low income population etc. Modern economies are judged rich or poor based on the quantity and of course the quality of information available and accessible to the government and citizens of the nation.

Much sensitization/information on breastfeeding have been going on across the globe over the years by stakeholders like WHO, UNICEF, Government of various countries, including Nigeria, nutritionists, Physicians, nurses etc, yet according to Osazuwa (2018), only 25% of infants under six months in Nigeria are exclusively breast fed. The poor rate of exclusive breastfeeding according to Ukegbu, Ukegbu, Onyeonoro, Ubajaka (2011) have been attributed as**,** a major cause of neonatal and infant mortality. In addition, 52% of childhood deaths in Nigeria, are also attributed to outcome of malnutrition on disease and likewise 21% of infant deaths result from poor breastfeeding practices (Ukegbu et al, 2011). The level of sensitization should suggest that the women are aware of the importance of exclusive breastfeeding as well as the consequences. Why then has the exclusive rate remained low? To the best of the researchers' knowledge, there is not much study on breastfeeding information in this part of the country, hence, this study intends to fill this gap. This paper, therefore, does not intend to go into the detailed technicality of health and breastfeeding, but rather to investigate utilization of available information on exclusive breastfeeding by nursing mothers in Onitsha Metropolis, Anambra State, Nigeria.

1.1 Statement of Problem

The rate of exclusive breastfeeding across the globe including Nigeria has remained low despite the level of global efforts to institute breastfeeding culture in the world. The world bodies and other stakeholders in the health sector including WHO, UNICEF, Physicians, Nutritionists, have stated that the first 1,000 days of life are the most crucial part of a child's development and could make or mar the development and total wellbeing of the child (Osazuwa, 2018). Hence, their recommendation of exclusive breastfeeding which starts from the first hour of the child's birth up to at least six month of birth. Feeding the child exclusively with her mother's breast milk keeps the child away from diseases and sickness as well as guaranteeing other benefits associated with exclusive breastfeeding, The resultant effect of not initiating and continuing exclusive breastfeeding is high rate of malnourishment, neonatal mortality, mal-development/stunt growth, poor cognitive development, poor economic achievement etc among children in various parts of Nigeria as well as postpartum problems, high cases of diabetes, osteoporosis, breast (especially pre-menopausal), ovarian and endometrial cancer among women and these have continued unabated and poses serious challenges to the society and of worry to stakeholders.

According to Ekeanyanwu (2018) Nigeria is actually a breastfeeding nation, recording a 95 percent breastfeeding rate and a 71 percent rate of predominant breastfeeding (PBF), but the problem is continuation of exclusive breastfeeding. Only 23.7% Percent of Nigerian babies are exclusively breastfed compared to Ghana's 63 percent (Ekeanyanwu, 2018). In place of exclusive breastfeeding, mothers/families introduce other foods or supplements and substitutes including the biggest threat to exclusive breastfeeding, infant formula. No wonder Nigerian market prides as the second largest destination for breast milk substitutes, otherwise known as infant formula, only second to India (Osazuwa, 2018). Is it that at national, states, local and community levels that commensurate and sustained efforts are not being made in terms of packaging and disseminating proper and right information to the nursing mothers? These are worrisome situations considering the importance of breastfeeding to both the mother and child and the larger society by extension. It is therefore the intention of this study to investigate the availability and utilizationof breastfeeding information by nursing mothers in Onitsha Metropolis, Anambra state.

1.2 Brief Historical Background of Onitsha Metropolitan City

According to Wikipedia (2018) Onitsha is a city located on the eastern bank of the Niger River, in Nigeria's Anambra State. The Metropolitan city of Onitsha is known for its river port and as an economic hub for commerce, industry, and education. It hosts the Onitsha Main Market, the largest market in Africa in terms of geographical size and volume of goods. The metropolitan city is made up of the following areas, Onitsha Urban (Onitsha North and South LGAs), Fegge, Inland Town, Omagba, Akpaka, GRA, Okpoko, Nkutaku/Ogbaru Metro, 3/3 area, Obosi/ Awada / Ugwuagba / Odume Layout, Nkpor area up to Ugwunwasike/ New Tarzan, Nsugbe Urban, NkwelleEzunnaka Urban and Ogidi Urban. The city is predominantly Igbo and Igbo language is the main language with Christianity as the predominant religion. Onitsha is the gateway city into the Eastern Nigeria through the old Midwestern Region (Edo and Delta) crossing the River Niger. According to Nairaland (2018) Onitsha urban metropolis has been duly recognized as one of the most populated and built up urban (not necessarily "most developed") areas in the world. In a 2018 article published by DEMOGRAPHIA titled Demographia World Urban Areas (Built up Urban Areas of World Agglomerations):14th Annual Edition. Available @ http://www.demographia.com/db-worldua.pdf, Onitsha was ranked as the 49th Largest Built-Up

Urban Area in the World by Population with an estimated population of 7,850,000 people and is the 47th Largest Built-Up Urban Areas in the World by Land Area.

1.3 Purpose of the study

The study sought to:
1) Identify the types of Breastfeeding Information available to Nursing Mothers in Onitsha Metropolis, Anambra State;
2) Identify the sources of information to the Nursing Mothers in Onitsha Metropolis, Anambra State.
3) Examine the extent of utilization of Breastfeeding Information by Nursing Mothers in Onitsha Metropolis, Anambra State;

1.4 Research Questions

The following research questions were formulated to guide the study:
1) What are the types Breastfeeding Information available to Nursing Mothers in Onitsha Metropolis, Anambra State?
2) What are the Sources of Breastfeeding Information to the Nursing Mothers?
3) In what way do Nursing Mothers in Onitsha Metropolis, Anambra State utilize Exclusive Breastfeeding Information?

2. Review of Literature

2.1 Availability of Information to Breastfeeding Mothers

Many literatures abound on breastfeeding but there seem to be little or none specifically on breastfeeding information. Stakeholders mount various programmes to sensitize/educate nursing mothers on the benefits and otherwise of breastfeeding. Pannu, Giglia, Binns, Scott, and Oddy 2010 (in Jefferson 2015) examined the effects that health promotion material and education had on breastfeeding antenatally, postnatally, or both and a positive association was found when women received individualized information about breastfeeding. The findings of Phillips (2011) and Pannu et al.'s (2010) (in Jefferson, 2015) corroborated that realistic information improved breastfeeding preparation, attributing this difference to mothers receiving information that outlined breastfeeding as the healthy thing to do. Breastfeeding have been found to be a way of bonding between mother and baby, provide them with good nutrition as well as ensure food security (Ackerman, 2018). Breastfeeding contributes to the benefits of increased sensitivity and attachment between mother and infant, healthy infant weight gain, and assistance in fighting off infections (Britton, Britton, &Gronwaldt, 2006; AWOHNN, 2015 in Wallace, 2015).

In another report, Kellem (2018), says that as a pediatrician, she is well versed in the intergenerational benefits of breastfeeding—which she gave, in infantsas less likelihood of breastfed baby to have respiratory and ear infections; be diagnosed with asthma; and die from sudden unexplained infant death while on the part of mothers she said they can experience short-term benefits from breastfeeding including decreased blood loss after birth and long-term effects such as a decrease in the risk for breast and ovarian cancer, high blood pressure, and diabetes. Brenner &Buescher, in Strauch (2015) also gave breast and ovarian cancer as well as decreased incidence of obesity, diabetes mellitus, hypertension, and hyperlipidemia as benefits of breastfeeding.

While on the economic benefit of exclusive breastfeeding, Ripley (2018) quoted McGovern to have shown that from their research, "adults who were breastfed had a 10 per cent higher household income and on cognitive, they have a higher score on memory tests at age 50 for breastfed babies, as against those who were not breastfed". On breastfeeding care, it is important for the mother to wipe her nipples with a clean, moist cloth and not to use soap to avoid cracking of the skin, sore nipples and infections Kalaowubo (2018). He further says that if mothers with short nipples squeezes them severally before pregnancy, her child will suck with ease and she would less likely get sore nipples. Non practice of breastfeeding puts the mother at loss on all these mentioned benefits and many others. However, Ukegbu, Anyika-Elekah, Uwaegbute, Ignatious, Echendu, Nkwoala, Nzeagwu, Asumugha and Henry-Unaeze (2013) reported that there is a dearth of information on exclusive breastfeeding practices in rural communities of Abia State, Nigeria. Mbah, Eme and Ogwu (2013) reported that majority of the mothers in their study area (95.0%) have heard about exclusive breastfeeding. Adebayo, Leshi, and Sanusi (2014) in their own study found out that there was a high level of awareness of exclusive breastfeeding among mothers with (94.4%) response rate. They said that their report is similar to that of Mbah et al (2013) in Ife. While, Ukegbu et al (2011) also reported in Anambra that (54.4%) and 84 (36.8%) of the mothers had good and very good knowledge of breastfeeding respectively. However, lower awareness than those reported above were reported in Nsukka by Onuoha and Ene-Obong (2005) as well as Nwonwu and Nwakoby (2001) in Enugu.

2.2 Source of Breastfeeding Information

There are several sources of disseminating public information both formal and informal. The place of dissemination of information cannot be overemphasized, because of the relative nature of information, source of information for every identified audience is very essential. Breastfeeding is what affects everybody directly or indirectly. Most of the information on breastfeeding is given at antenatal and postnatal clinics as validated by the study of Mbah, Eme and Ogwu (2013) who reported that majority of the mothers (95.0%) have heard about exclusive breastfeeding and a higher percentage of them (55.6%) got the information from antenatal clinics. According to them their study was similar to the findings of Mustapha et al (2008) who reported that most of their respondents got the information about exclusive breastfeeding from clinics and hospitals.

The study of Ukegbu et al (2013) is in line with the two studies above on antenatal being the main source of the mothers' information on exclusive breastfeeding with (71%). It is followed by electronic media with (10.5%). Adebayo, Leshi and Sanusi (2014) in their study showed that the high awareness level of nursing mother they studied could be as a result of more enlightenment programmes on infant feedings through mass media in urban areas. Similarly, University of Illinois at Urbana-Champaign, (2018) reported Sutter as saying that more than 95 percent of breastfeeding mothers and 78 percent of the mothers who used breast pumps reported that they received information and support from professional sources. However, Sutter also revealed that mothers' sources of information and support were linked with demographic differences.

2.3 Utilization of breastfeeding Information

What we learn can only change our behaviour if we use them accordingly. That is to say that it is only when nursing mothers engage in exclusive breastfeeding through the information/knowledge they gained from the education and sensitizations on breastfeeding that the efforts will yield positive results as will be reflected in high initiation and continuation rate of exclusive breastfeeding. However, Bunik et al. (in Jefferson, 2015) found that failure to breastfed was not related to a lack of knowledge about breastfeeding and the importance of breastfeeding. Burks (2015) found out that although the majority of new mothers in the United States initially breastfeed their infants, most of them do not continue up to six months. According to Burks, in 2011, 79.2% of US women initiated breastfeeding, 49.4% got to six months, while 26.7% continued breastfeeding to twelve months. These statistics differ slightly from 2010 data where 76.5% of women initiated breastfeeding, 49% were still breastfeeding at six months, and 27% continued breastfeeding to twelve months.

According to University of Illinois at Urbana-Champaign (2018), Sutter in her study found that some of the mothers, along with women participating in WIC, were less likely to breastfeed their infants, even though WIC provides educational materials and assistance to mothers who do so. In the same vein, Studies like that of Guise et al., 2003; Hector, King et al., 2004 in Meedya (2015) have revealed that passive educational does not result to change in behaviour. Corroborating this, other studies on breastfeeding duration showed increase when some media - posters, photographs and flip charts were used during educational programs and home visits. Similarly, a randomized control trial where 401 Singaporean women who watched a breastfeeding DVD as well as received lactation counseling and other educational materials breastfed longer than those in the standard care group (Mattar et al., 2007 in Meedya, 2015). This shows that education for these mothers is necessary but it has to be with a practical approach, since it is natural for people to remember easily what they see than what they hear.

Deepika (2018) reported that globally, only 36% of infants aged 0-6 months were exclusively breastfed between the periods 2007-2014. While in India, only 41.6% children under three years were breastfed within one hour of birth and only 54.9% were exclusively breastfed up to the recommended six months as per the National Family Health Survey (NFHS)-4 (2015-16),. While this is a slight improvement over global statistics, it still means that nearly half of our children are not being breastfed as per the WHO guidelines Deepika concluded. Moreover, a large longitudinal national survey conducted in Australia in 2006-2007 showed a decrease in breastfeeding rates with each month post birth. According to this survey, as a result of the breastfeeding initiation rate of 92%, the rates of any type of breastfeeding were 83% at one month, 73% at three months, 63% at four months, 56% at six months, 30% at 12 months and 5% at 24 months (Australian Institute of Family Studies in Meedya, 2015)

According to the 2014 Nutrition and Health Situation of Nigeria report, only one fourth of Nigerian mothers met the recommendation to exclusively breastfeed children for the first six months of life, consequently, a large percentage of children under 6 months (75%) were given plain water and other non-milk liquids alongside with breast milk (Ekeanyanwu, 2018). For Ukegbu et al, (2011) less than half, 110 (48.2%) of the mothers in their study area initiated breastfeeding immediately (<1 hour) after delivery. Adebayo, Leshi and Sanusi (2014) also reported early initiation with about two thirds of the infants being breastfed within an hour after their birth. Mbah, Eme and Ogwu (2013) in their study in Obimo, Nsukka discovered that there was early initiation (1hour) and that few of the mothers (16.7%) engaged in exclusive breastfeeding. This according to them was similar to the findings of Lancet (2003) who reported less than 17%., however, these are higher than the approximately 10% reported in South Africa by Mustaphl et al (2008).

Adebayo, Leshi and Sanusi (2014) reported that only 8.4% of the mothers they studied did exclusive breastfeeding. However, Adeyemi, Leshi and Sanusi (2014) revealed that the knowledge of the benefits by the nursing mothers was not sufficient to result in breastfeeding practice (utilization). The high awareness and poor practice was also reported by Ukegbu, Anyika-Elekah, Uwaegbute, Ignatious**,** Echendu, Nkwoala, Nzeagwu, Asumugha and Henry-Unaeze (2013) in their study. According to them, only few (11.5%) engaged in exclusive breastfeeding for first six months. They blamed this poor engagement on poor socioeconomic status and low education level. Ukegbu et al (2011) reported that although the mothers revealed a good knowledge of breastfeeding, that, there was no significant association between their knowledge and their practice of exclusive breastfeeding. This, they said shows that the mothers know that it is right to breastfeed and might have been willing to do that, but for other negative influences. Their finding, however, is in contradiction with that of Zhou, Younger and Kearney (2010), Benson (2004), and Scott, Binns, and Oddy (2006) in Adebayo, Leshi and Sanusi (2014) who reported that maternal breastfeeding knowledge and attitudes influences infant feeding behaviour.

Poor utilization or practice of exclusive breastfeeding was reported by Mbah, Eme and Ogwu (2013) in their study, this is because of mothers' own perception that the babies were not satisfied with the breast milk only and the influence of their relatives.

3. Theoretical Framework

The Social Cognitive Theory (SCT) of Albert Bandura (1977) was used for this study. It is a good theory used in promotion of health advocacy. The theory focuses on how individuals, their environment, and health behavior interact. This specific chain of interaction is termed reciprocal determination and as such was well emphasized throughout this theory. SCT highlights that an individual's or group's environment has to change to support new behaviours. This change can only come when needed information is made available and utilized too.Nursing mothers are expected to engage in exclusive breastfeeding after receiving beneficial information. For the purpose of this study, reciprocal determination, facilitation and observational learning constructs of the theory were used.

Reciprocal determination: This is when an interaction between an individual and his or her environment results in change of behaviour of the individual. Reciprocal determination will be measured by the level of information and awareness gained by nursing mothers through various sensitization programmes on breastfeeding mounted by various stakeholders that should trigger (change in behavior) exclusive breastfeeding initiation and continuation.

Facilitation: Facilitation entails going beyond just talking but going extra miles by Providing the needed resources and tools to make the change possible and easier too. This construct is relevant in this study as it will help in finding out whether nursing mothers that participated in the various sensitization programmes were given necessary support like one on one expert counseling, scheduled visits by health workers and materials like flyers, handbills, breast pumps etc. if they are practically equipped with these resources, it will enhance (change their behavior) their breastfeeding initiation and help them overcome known or perceived challenges and of course continue breastfeeding up to recommended period of at least six months).

Observational learning: This SCT construct entails learning a new behaviour by exposure to interpersonal or media displays of the new behaviours. Dramatizing of the intended behaviour is encouraged also through peer modeling as posited by Glanz, et al., in Wallace, (2015). Observational learning is governed by four processes: attention, retention, production, and motivation (Wallace 2015). Sensitizations and workshops organized for nursing mothers like, the annual Quintessence Challenge — a worldwide event meant to normalize and celebrate breastfeeding, with mothers' breastfeeding simultaneously and designed to celebrate and promote breastfeeding as well as protection and support for breastfeeding women and their families. The event started in British Columbia in 2001 and now takes place in cities across Canada and all over the world (Ackerman 2018). This instance suits the OL construct as mothers are brought together, seeing each other breastfeeding, sharing experiences and skills, thereby learning and getting encouragement from each other. This will certainly motivate them to initiate and continue (change their behavior).

4. Methodology

Descriptive survey design was used for this study.Population of the study consists of three (3) of the major and highly accessible hospitals in Onitsha Metropolis, Anambra State namely, General Hospital Onitsha, Holy Rosary Specialist Hospital Waterside and Iyi-Enu Specialist Hospital Ogidi. A total population of 220 nursing mothers thatattended their postnatal clinics (for various postnatal issues like immunization etc) were all used at their various clinics. So a total of 220 questionnaires were distributed to them and 203 were returned out of which 197 were duly completed and found usable. Approvals were sought for and obtained from the Management of the Hospitals; the intent of the study was also explained to the nursing mothers for their consent before the questionnaires were administered to them. The research questions responded to by the respondents was analysed using simple percentage and presented in tables.

5. Data Presentation and Analysis

Table 1: Response rate of the respondents

S/N	Hospital	Questionnaire Distributed	Questionnaire Returned and used	Percentage of Respondents (%)
1.	General Hospital Onitsha,	71	67 (94%)	34
2.	Holy Rosary Specialist Hospital Waterside	95	83 {87%)	42
3.	Iyi-Enu Specialist Hospital Ogidi	54	47 (87%)	24
	Total	**220**	**197 (90%)**	**100**

Source: Field record

Table 2: Socio-demographic Data of Respondents

S/N	Parameters	No of Respondents	Percentage of Respondents
1	**Age**:		
	20-30	100	51%
	31-40	52	26%
	41-50	45	23%
2	**Educational Qualification**		
	Did not go to school at all	0	0%
	Only Primary Education	18	9%
	Secondary School	85	43%
	Higher Institution	94	48%
3	**Number of years Married**		
	1-10	158	80%
	11-20	13	7%

	21-30	26	13%
	Over 30 years	0	0%
4	**Number of Children alive**		
	1-5	19	197%
	6-9	5	3%
	10 and above	1	0.50%
5	**Occupation**		
	Civil Servant	36	18%
	Student	31	16%
	Petty Trader	24	12%
	Business Woman	56	28%
	Housewife	5	3%
	Entrepreneur	9	5%
	Private practitioner (Lawyer etc)	36	18%

Table 2 above shows the socio-demographic data of the 197 respondents used in this study. The findings showed that 100 (51%) are between the ages of 20-30 years, 52 (26%), 31-40 years and 45 (23%) 41-59 years. Their educational qualification revealed that the greatest number of 94 (48%) attended higher institution, followed closely by 85 (43%) who said they attended Secondary school, while only 18 (9%) agreed to have stopped at primary school. On number of years they have been married, the highest respondents 158 (80%) have been married for 1-10 years. Followed by 26 (13%) who have been married for 21-30 years. On number of living children, they have, 191 (97%) claimed to have 1-5 children while 1 (0.5%) said they have 10 children and above. Highest number 56 (28%) are business women while civil servant and private practitioners/professionals (like Lawyers etc) recorded 36 (18%) respectively.

Research Question 1:
What are the types information available to nursing mothers in Onitsha Metropolis, Anambra State?

Table 3: Available Breastfeeding Information to Nursing Mothers in Onitsha Metropolis

S/N	Item	SA	A	SD	D
1	Breast milk contains all nutrients the baby needs	128 (65%)	40 (20%)	10 (5%)	19 (10%)
2	The first milk from the breast (colostrum) contains antibodies that help build the child immune system	64 (32%)	88 (45%)	25 (13%)	20 (10%)
3	That breast milk contains over 70% water	119 (60%)	42 (21%)	19 (10%)	17 (9%)
4	The body produces enough breast milk per time	121 (61%)	41 (21%)	21 (11%)	14 (7%)
5	Exclusive breastfeeding is giving the child only breast milk for the first six months of birth	166 (84%)	40 (20%)	14 (7%)	6 (3%)
6	Exclusive breastfeeding should start 1 hour after the baby is born	137 (70%)	22 (11%)	4 (2%)	5 (3%)
7	Breastfeeding enhances the emotional bond between mother and child	122 (62%)	45 (23%)	18 (9%)	12 (6%)
8	It is cheaper than formula & saves time to give	105 (53%)	51 (26%)	22 (11%)	19 (10%)
9	It has economic benefits	77 (39%)	69 (35%)	14 (7%)	37 (19%)
10	It helps the mother to heal quickly after delivery	70 (36%)	57 (29%)	24 (12%)	46 (23%)
11	Exclusive breastfed children have high cognitive ability	134 (68%)	42 (21%)	11 (6%)	10 (5%)
12	It helps the mother avoid bleeding after delivery	59 (30%)	61(31%)	38 (19%)	39 (20%)
13	It helps the nursing mother return more quickly to pre-pregnancy weight (burning about 500 calories per day)	61 (31%)	64 (32%)	41 (21%)	31 (16%)
14	It helps the mother relax	57 (29%)	71 (36%)	33 (17%)	36 (18%)
15	None breastfeeding mothers are at higher risk of having diabetes, osteoporosis, breast, ovarian and endometrial cancers.	82 (42%)	67 (34%)	18 (9%)	30 (15%)
16	Un-sucked and painfully full milk may develop abscess.	88 (45%)	87 (44%)	12 (6%)	10 (5%)
17	Squeeze milk out by hand if the baby is not to suck them	69 (35%)	88 (45%)	18 (9%)	22 (11%)
18	Squeeze your nipples several times during pregnancy if you have short nipples. (to avoid sore nipples from baby's bites)	73 (37%)	87 (44%)	20 (10%)	17 (9%)
19	Not to use soap to clean your nipple before breastfeeding but to use clean and moist cloth	91 (46%)	71 (36%)	16 (8%)	19 (10%)
20	If you breastfeed exclusively for the first six months, your baby has low chances of having ear infections, respiratory illness and bouts of diarrhea etc	69 (35%)	93 (47%)	21 (11%)	14 (7%)
21	To start complimentary feeding (adding other foods items to the baby's diet) after 1 year	72 (37%)	89 (45%)	24 (12%)	12 (6%)
22	WHO feeding options for HIV-positive mothers.	77 (39%)	86 (44%)	12 (6%)	22 (11%)
23	Finish the milk in one breast before changing to the other one	92 (47%)	74 (38%)	18 (9%)	13 (6%)
24	How to express and store breast milk	79 (48%)	87 (44%)	19 (10%)	12 (6%)

Table 3 above shows response rates for the available information on breastfeeding to the nursing mothers. The result showed that the nursing mothers have knowledge of breastfeeding as expressed in their high response to the 24 items presented to them. The highest response rate of 166 (84%) Strongly Agreed to knowing the meaning of exclusive breastfeeding, this is followed by 137 (70%) for item 6 when to start exclusive breastfeeding.134 (68%) respondents Strongly Agreed to knowing about high cognitive chances of breastfed child, 128 (65%) Strongly Agreed that Breast milk contains all nutrients the baby needs. However, 93 (47%) Agreed to knowing that exclusively breastfed children have low chances of having ear infections, respiratory illness and bouts of diarrhea etc. The least response rate of 4 (2%) Strongly Disagreed to knowing that breastfeeding should start at least s1 hour after delivery.

Research Question 2: What are the Sources of information to the nursing mothers?

Table 4: Sources of breastfeeding Information

S/N	Sources	SA	A	SD	D
25	At Antenatal Clinics	143 (73%)	38 (19%)	5 (3%)	11 (5%)
26	At Postnatal Clinics	135 (68%)	40 (20%)	12 (6%)	10 (5%)
27	From Health Extension Officers	55 (28%)	52 (26%)	50 (25%)	40 (20%)
28	From my Community Leader	14 (7%)	31 (16%)	101 (51%)	51 (26%)
29	From Women Leaders	39 (20%)	58 (29%)	59 (30%)	41 (21%)
30	From Radio / Television	53 (27%)	59 (30%)	48 (24%)	37 (19%)
31	From Newspapers	59 (30%)	61 (31%)	39 (20%)	38 (19%)
32	At NGOs Sensitization	41 (21%)	53 (27%)	56 (28%)	47 (24%)
33	From Friends/Relatives	53 (27%)	60 (30%)	52 (27%)	32 (16%)
34	From my worship center (Church/Mosque/Temple)	47 (24%)	48 (24%)	49 (25%)	53 (27%)
35	From Social Media (Facebook, WhatsApp etc)	50 (25%)	57 (29%)	50 (25%)	40 (21%)

Table 4 above shows the result for the research question on the sources of information available to the nursing mothers. The finding revealed that 143 (73%) Strongly Agreed that antenatal clinic is the major source of their breastfeeding information, this is followed by 135 (68%) respondent who claim to have gotten the information at postnatal clinics. 61 (31%) Agreed that they got the information from Newspapers, 60 (30%) Agreed to have gotten the information from Friends/relatives on the other hand, 101 (51%) Strongly disagreed to having received breastfeeding information from their Community leaders.

Research Question 3: In what way do nursing mothers in Onitsha Metropolis, Anambra State utilize breast feeding information for exclusive breastfeeding?

Table 5: Utilization of breastfeeding Information

S/N	Items	SA	A	SD	D
36	I do exclusive breastfeeding (without any other liquid except medications for the first six months) because I am aware of the benefits	119 (60%)	70 (36%)	6 (3)	2 (1%)
37.	I start breastfeeding 1 hour after delivery, because, I understand the benefits of the first milk (colostrum)	107 (54%)	71 (36%)	11 (6%)	8 (4%)
38.	I start breastfeeding few hours after delivery	40 (20%)	42 (21%)	66 (34%)	49 (25%)
39.	I start breastfeeding 1 or 2 days after delivery	34 (17%)	35 (18%)	69 (35%)	59 (30%)
40.	I do exclusive up to 2-3 months	31 (16%)	38 (19%)	68 (35%)	60 (30%)
41.	I stop exclusive between 4-5 months	40 (20%)	37 (19%)	54 (27%)	66 (34%)
42.	I do exclusive breastfeeding between 6 months to 1 year	90 (46%)	78 (40%)	9 (5%)	20 (10%)
43.	I breastfeed up to I year.	92 (47%)	74 (38%)	12 (6%)	19 (10%)
44.	I do not breastfeed at all (only baby food) from day one	10 (5%)	25 (13%)	89 (45%)	73 (37%)
45.	I do Predominant Breastfeeding from day one (i.e complementing breast milk with alternative liquids like water, glucose water, coconut water and baby feed)	30 (15%)	38 (19%)	74 (38%)	55 (28%)

Table 5 above presents the result for research question three which sought to find out whether the nursing mothers engage in exclusive breastfeeding as a result of the information they received. The result showed that 119 (60%) of the respondents Strongly Agreed to have engaged in exclusive breastfeeding because of the information they received. Only 2 (1%) of the respondents Disagreed to have engaged in exclusive breastfeeding. 107 (54%) of the respondents Strongly Agreed to have started breastfeeding 30 minutes after delivery because of the understanding of the benefits of the first milk, while 110 (56%) just Agreed to have started breastfeeding 1 hour after delivery. On doing exclusive for only 2-3 months, 68 (35%) Strongly Disagreed, 66 (34%) Disagreed that they do exclusive breastfeeding for 4-5 months. Furthermore, the findings revealed that 90 (46%) do exclusive between 6 months to 1 year. However, 89 (45%) of the respondents Strongly Disagreed to the statement that, 'I do not breastfeed at all, only baby food from day one' while just 10 (5%) Strongly agreed to the statement. Also, 74 (38%) Strongly Disagreed to the statement that they do Predominant Breastfeeding.

6. Discussion of Findings

The findings revealed a high response rate on the availability of Breastfeeding Information to nursing mothers in Onitsha Metropolis. This is an attestation to the global effort to establish breastfeeding culture through various sensitization and awareness programmes organized by various stakeholders. It shows that the nursing mothers know the benefits of breast milk through the information available to them and engaged in exclusive breastfeeding. This is in line with the report of Phillips (2010) and Pannu et al. (in Jefferson, 2015) that realistic information improved breastfeeding preparation, attributing this difference to mothers receiving information that outlined breastfeeding as the healthy thing to do.The finding also corroborates that of Mbah, Eme and Ogwu (2013) who reported that majority (95.0%) of the mothers in their study area have heard about exclusive breastfeeding. Also, Adebayo, Leshi, and Sanusi (2014) in their study discovered a high level of awareness of exclusive breastfeeding among mothers with (94.4%) response rate. According to them their report is similar to that of Mbah et al (2013) who studied

knowledge of breastfeeding in Ife. Furthermore, Ukegbu et al (2011) also reported in Anambra that (54.4%) and 84 (36.8%) of the mothers had good and very good knowledge of breastfeeding respectively. However, on the contrary, lower awareness than those reported above were reported in Nsukka by Onuoha and Ene-Obong (2005) as well as Nwonwu and Nwakoby (2001) in Enugu, these poor breastfeeding information findings corroborates the study of Ukegbu et al, (2013) which showed that there is a dearth of information on exclusive breastfeeding practices in rural communities of Abia State, Nigeria.

The study also revealed that antenatal and postnatal clinics were the major sources of information on breastfeeding to nursing mothers in Onitsha Metropolitan City. There are several sources of disseminating public information both formal and informal. Health facilities seem to be the most prominent. This finding is in line with that of Mbah, Eme and Ogwu (2013) who reported that majority of the mothers (95.0%) have heard about exclusive breastfeeding and a higher percentage of them (55.6%) got the information from antenatal clinics. According to them their findings was similar to the findings of Mustapha et al (2008) who reported that most of their respondents got the information about exclusive breastfeeding from clinics and hospitals. Again, the findings of Ukegbu et al (2013) agreed with the above findings that antenatal with 71% is the main source of the mothers' information on exclusive breast feeding. The findings of this study as well as others seem to favour health facilities as the major sources of breastfeeding information, for example, another finding of this study showed that 101 (51%) of the respondents Strongly Disagreed to having received breast feeding information from their Community leaders. This should not be, since there are people that do not have access to health facilities especially those in very remote areas, but they have organized community structure, so there is need to use all the agents of socialization and other identified stakeholders to disseminate exclusive breastfeeding information especially in the rural areas to ensure that the desired result of wider participation is achieved.

Another finding of this study is that there is a high rate of utilization of available breastfeeding information among the nursing mothers in Onitsha Metropolis. The study showed that 119 (60%) of the women engages in exclusive breastfeeding because of their awareness of available information. The findings of Zhou, Younger and Kearney (2010), Benson (2004), and Scott, Binns, and Oddy (2006) (in Adebayo, Leshi and Sanusi, 2014) agreed that maternal breastfeeding knowledge and attitudes influences infant feeding behaviour. Nevertheless, In contrast, Adebayo, Leshi and Sanusi (2014) reported that only 8.4% of the mothers they studied did exclusive breastfeeding. Their study further revealed that the knowledge of the benefits of exclusive breastfeeding by the nursing mothers was not sufficient to result in breastfeeding practice (utilization).High awareness and poor practice was also reported by Ukegbu, et al (2013) in their study. According to them, only few 11.5% engaged in exclusive breastfeeding for first six months. This is against the findings of this study that 90 (46%) do exclusive breastfeeding even beyond 6 months. Furthermore, Ukegbu, et al blamed the poor engagement of nursing mothers on poor socioeconomic status and low education level, again, their finding is in consistence with the findings of this study which shows that majority of the respondents, 94 (48%) went to Higher Institution, 85 (43%) are Secondary School leavers. Furthermore, 56 (28%) are business women, while 36 (18%) Civil Servants and Private practitioners/ professionals. These good socio economic indices contributed to nursing mothers the high engagement in exclusive breastfeeding and also reflection of the status of the inhabitants of the Metropolitan city of Onitsha which is a commercial nerve center and host to the biggest market in West Africa. But the findings of Ukegbu, et al (2011) in their study of determinants of breastfeeding patterns among nursing mother in Anambra State is not in line with the findings of this study as they reported that even though the mothers revealed a good knowledge of breastfeeding, that, there was no significant association between their knowledge and their practice of exclusive breastfeeding. This, they said shows that the mothers know that it is right to breastfeed and might have been willing to do that, but for other negative influences. Poor utilization or practice of exclusive breastfeeding was also reported by Mbah, Eme and Ogwu (2013) in their study, which they attributed the mothers' own perception that the babies were not satisfied with the breast milk only and the influence of their relatives.

7. Conclusion

From this study, it can be seen that there is adequate information on breastfeeding to nursing mothers in Onitsha Metropolis. This information which they got through various means especially through antenatal and postnatal clinics of the hospitals where they attend made them engage in exclusive breastfeeding.The study also showed that another thing that helped the nursing mothers engage in exclusive breastfeeding is their socioeconomic status like education and occupation some of the attributes of Metropolitan Cities. It was also seen that health facilities where mostly where nursing mothers sources their information, living out their community and women group leadership, worship centers, social media etc.

8. Recommendations

1) Governments at all levels should intensify sensitization efforts towards achieving wider coverage of exclusive breastfeeding through engaging all stakeholders including agents of socialization.
2) Government should tackle the issue of education for all seriously so as to create equal, affordable qualitative and accessible educational opportunities for the entire populace. This will help create an enlightened and rationale citizenry.
3) Stakeholders should give necessary supports to nursing mothers that will enable them initiate and continue exclusive breastfeeding.

9. Suggestion for further research

Further study of this nature should be carried out in the rural areas of the state

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