

**INFLUENCE OF OPINION LEADERSHIP COMMUNICATION STRATEGIES
ON EXCLUSIVE BREASTFEEDING IN MERU COUNTY, KENYA**

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**A RESEARCH THESIS SUBMITTED TO THE SCHOOL OF CREATIVE AND
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FEBRUARY, 2020

DECLARATION

This thesis is my original work and has not been presented for a degree in any other University.

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DEDICATION

This thesis is dedicated to my two lovely babies: Mbagara, who I fondly call ‘The General’ and Tunu, fondly known as ‘LilMissT’, for your patience and unconditional love throughout this amazing journey. And to mom and dad, I love you.

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ABBREVIATIONS AND ACCRONYMS

AIDS	Acquired Immuno-Deficiency Syndrome
APHRC	African Population and Health Research Center
BCC	Behaviour Change Communication
BFCI	Baby-Friendly Community Initiative
BFHI	Baby-Friendly Hospital Initiative
CBO	Community Based Organizations
EBF	Exclusive Breastfeeding
FGD	Focus Group Discussions
FGM	Female Genital Mutilation
HSA	Health Surveillance Assistant
HIV	Human Immunodeficiency Virus
IEBC	Independent Electoral and Boundaries Commission (of Kenya)
IRK	Islamic Relief Kenya
IYCF	Infant and Young Child Feeding
JICA	Japan International Cooperation Agency
JKUAT	Jomo Kenyatta University of Agriculture and Technology
KCCWG	Kenya Climate Change Working Group
KDHS	Kenya Demographic and Health Survey
KNBS	Kenya National Bureau of Statistics
KNNAP	Kenya National Nutrition Action Plan
MSGs	Mother Support Groups
NACOSTI	National Council for Science Technology and Innovation
OPLs	Opinion Leaders
PATH	Program for Appropriate Technology in Health
SBCC	Social and Behaviour Change Communication
SCC	Social Change Communication
SPSS	Scientific Package for Social Scientists
TV	Television
UNICEF	United Nations Children’s Fund
URT	Uncertainty Reduction Theory

USAID	United States Agency for International Development
VCHW	Volunteer Community Health Worker
W.H.O	World Health Organization
WVK	World Vision Kenya

OPERATIONAL DEFINITION OF TERMS

Attitude is a feeling, belief or opinion of approval or disapproval towards Exclusive Breastfeeding.

Behaviour is the action or reaction that occurs in response to one's attitude towards exclusive breastfeeding.

Exclusive Breastfeeding Behaviour is the practice of feeding only breast milk to an infant with the exception of oral rehydration solution, or drops/syrups of vitamins or medicines. The World Health Organization's recommended duration for exclusive breastfeeding is the first six months after birth.

Exclusive breastfeeding influence is the extent to which an opinion leader is able to convince a breastfeeding mother to adopt (or not adopt) recommended EBF practices.

Exclusive breastfeeding information is any processed data that is aimed at helping mothers respond successfully to any challenges related to Exclusive breastfeeding.

Exclusive breastfeeding practices are all the aspects related to EBF including, for example, duration, positioning of the baby, length of breastfeeding sessions, etc.

Lactating mother is a woman who uses her breast milk to feed an infant.

Maternal means "related to the breastfeeding mother"

Multiparous mother is a woman who has given birth more than once.

Opinion leaders are individuals who exert a considerable amount of influence on the opinions of residents of Igembe North Sub County about exclusive breastfeeding and are therefore considered an important element in the diffusion of exclusive breastfeeding

information in the community, be they health experts, family members, local leaders or other professionals.

Opinion Leadership is the degree to which an opinion leader is able to influence residents of Igembe North Sub County to practice exclusive breastfeeding through communication of relevant EBF information.

Opinion Leadership Communication tactics are the formal and informal ways (including interpersonal methods/channels of communication, choice of language, framing of key messages, follow up and feedback mechanisms) through and by which opinion leaders diffuse EBF information to residents of Igembe North Sub County. The tactics help in the implementation of the overall communication strategies.

Post-lacteals are foods given to a baby after initiation of breastfeeding.

Primiparous mother is a woman who has given birth only once.

Pro-lacteals are foods given to a baby before initiation of breastfeeding.

Social Change Communication is a communication approach that goes beyond individual behaviour change to address, in a participatory manner, the ecological factors leading to the unwanted behaviour or practice.

ABSTRACT

This study investigated the influence of opinion leadership communication strategies on Exclusive Breastfeeding in Meru County, Kenya in order to improve the Exclusive Breastfeeding practices for better maternal and infant health. To enable an effective appraisal, the study was carried out in Igembe North Sub County of Meru County. The study was guided by four specific objectives as follows: to establish which opinion leaders are engaged in Exclusive Breastfeeding campaigns in Igembe North Sub County; to examine which opinion leadership communication tactics are used in influencing Exclusive Breastfeeding in Igembe North Sub County; to evaluate the communicative attributes of opinion leaders influencing Exclusive Breastfeeding practices in Igembe North Sub County and to determine what socio-cultural factors influence the effectiveness of opinion leadership communication strategies for Exclusive Breastfeeding practices in Igembe North Sub County. The Two Step Flow and the Uncertainty Reduction theories of communication were used to guide the collection and interpretation of data. The study adopted the mixed research design: qualitative and quantitative. Multistage sampling technique was used to select a quantitative sample of 384 breastfeeding respondents that was determined using Fischer and Krejcie and Morgan's standard sample size calculation formulae. Ultimately, 372 respondents were surveyed, which was 96.8% response rate. Purposive sampling was used to select 32 respondents for the qualitative sample: 24 FGD participants and 8 Key Informants. A total of 31 qualitative data respondents were available for interviews and Focus Group Discussions. The survey method was used to collect quantitative data from four purposively sampled sub-locations of Igembe North Sub County. Interviews with all eight Key Informants were used to collect qualitative data. In addition, four focus group discussions were held comprising a total of 23 male and female participants. Quantitative data was analyzed using descriptive statistics (mainly percentages) with the aid of Statistical Package for Social Scientists (SPSS) and the results presented using tables. Qualitative data was analyzed using emerging themes and presented as narratives that were triangulated with the quantitative data. Study findings indicated that fellow mothers, mothers-in-law and healthcare workers were the most influential EBF opinion leaders. Secondly, the study concluded that Breastfeeding mothers in Igembe North Sub County rated EBF opinion leaders as more influential if they were highly knowledgeable on EBF, social and friendly, trustworthy and if they were their role models. Thirdly, although EBF opinion leaders in Igembe North Sub County had used the highly rated face-to-face communication methods and proper (local) language to communicate EBF information, the rate of EBF information adoption still remained low due to inapplicability of the message to the physical and social-cultural environments of the breastfeeding mothers. The study concluded that socio-cultural factors such as maternal occupation and workload, cultural infant feeding practices and pressure from relatives led to early EBF cessation. The study recommended that expert EBF opinion leaders should be supported to identify and empower many lay opinion leaders in order to ensure more frequent communication of positively influential EBF information at the community and household levels.

1.0 CHAPTER ONE: INTRODUCTION

1.1 Background to the Study

Social Change Communication (SCC) approaches have been rigorously evaluated with demonstrable impact in social change, raising awareness, and influencing social norms. They have been shown to make durable change in deeply rooted harmful practices, from domestic violence to drug abuse and even family planning and HIV/Aids (C-Change, 2012; HC3, 2012; K4health, 2012; UNAIDS 2007).

Social Change Communication has been defined as a process of public and private dialogue through which people define who they are, what they want and how they can get it (Gray-Felder and Deane, 1999). It seeks to clear false beliefs and myths that may inhibit adoption of a new, important behavior or idea. SCC looks at a problem from multiple sides by analyzing personal, societal, and environmental factors to find the most effective tipping points for sustainable change. While Behaviour Change Communication (BCC) can achieve individual empowerment, SCC is also using strategies that influence the physical, socio-economic, and cultural environment to facilitate healthy norms and choices and remove barriers to them (C-Change, 2012).

A strategic SBCC approach follows a systematic process including conducting formative assessment, identifying the most important barriers and motivators to behaviour change, and then designing and implementing a comprehensive set of interventions to support and encourage positive behaviour. SBCC is a continuous process guided by an ecological approach addressing both individual level change and change at broader environmental and structural levels (K4health, 2012).

One of the practices on which Social Change Communication approaches have, in recent years, been applied is Exclusive Breastfeeding. There is evidence that lack of breastfeeding is associated with various chronic diseases and obesity later in life, poor school performance, reduced productivity and impaired intellectual and social development (UNICEF, 2014). Consequently, there has been use of advocacy, media and

even interpersonal communication, and social mobilization to systematically accelerate change in breastfeeding, among mothers both in urban and rural areas (PATH, 2014; UNICEF, 2010).

However, there have been a lot of challenges associated with failure by social change communicators, and specifically those targeting Exclusive Breastfeeding, to influence the lactating mothers' perception of Exclusive Breastfeeding. Most of the communication strategies have not always yielded success, and although they have often succeeded in enhancing public awareness, few of them have gone beyond awareness creation, to stimulate positive changes in attitudes and practices toward creating lasting social change (Cardey, 2006; Gray-Felder, 2002; Parker, 2004; Schiavo, 2016; UNICEF, 2010). Most of these challenges emanate from the communicators' failure to fully involve the target communities by trying to fully understand the reasons for their attitudes and behaviour towards the issues under discussion (Servaes, 2001). This study therefore sought to find out the specific challenges that EBF opinion leaders in Igembe North Sub County, faced in communicating EBF information, and the extent to which their strategies were able to translate EBF awareness into actual practice.

Sustainability of social change in general and specifically change in the practice of Exclusive Breastfeeding is more likely if the individuals and communities most affected *own* the process and content of communication (Gray-Felder & Deane, 1999; Reardon, 2003; Servaes, 2008; Singhal, 2001; UNFPA, 2002; Waisbord, 2001).

This argument probably explains why, according to UNICEF (2010), despite the recent change in the communication approach to Exclusive Breastfeeding campaigns in many countries (including Kenya), the changes in EBF practice still remain minimal (UNICEF, 2010). Although the Exclusive Breastfeeding rates in Kenya rose from 13 per cent in 2003 to 32 per cent in 2008 (KDHS, 2014), many Kenyan children still miss out on the important nutritional benefits of breast milk. In 2014, Kenya's health Cabinet Secretary, Mr. James Macharia, noted that out of approximately 1.5 million children born each year in Kenya, only 500,000 of them were exclusively breastfed (Matiri, 2014). This study

investigated the EBF levels in Igembe North Sub County, and revealed the factors influencing the breastfeeding levels.

Kenya has had various Exclusive Breastfeeding communication campaign programmes with varying levels of success both at the national and community levels. According to the Kenya National Nutrition Action Plan (KNNAP, 2012-2017), one of its key strategic objectives was to improve nutrition knowledge, attitudes and practices among the population by building the capacity of frontline field staff, including teachers, extension agents, health practitioners and other service providers to incorporate nutritional and food safety considerations and messages into their routine work (KNNAP, 2012-2017). The Baby Friendly Community Initiative (BFICI) aimed at improving maternal and infant feeding practices at the community level given that most deliveries occur at home and for those who deliver at hospital, they only stay for a day or less. Social pressure, along with traditional beliefs and practices in their home environment strongly influenced how the mothers feed their infants. The 7th step of the BFICI emphasizes the creation of community support groups - mother-to-mother support groups encouraging inclusion of men and other community members who are the main influencers of feeding practices at household level. As such, health care workers in collaboration with various community members communicate proper EBF practices through community participation (Matiri, 2014).

However, although such efforts have generated some improvements, they have not produced desired changes in EBF practices on a wide scale. This Study aimed at investigating the various factors influencing the effectiveness of the opinion leadership communication strategies used in the implementation of the BFICI in Igembe North Sub County.

1.2 Opinion Leadership and Exclusive Breastfeeding

An effective communication strategy is designed with the complexity of human behaviour in mind and consequently targets interventions appropriately. It targets audience's barriers to knowledge/adoption and communicates accordingly (C-Change, 2012; UNICEF, 2010).

One such method of communication that has been found to effectively include community participation and support as well as continuous communication is opinion leadership. It is one of the most effective interpersonal methods of communicating change and influencing socio-economic development both at the national and even community levels. Flodgren et al. (2011) note that opinion leaders are at the center of interpersonal communication networks and are therefore very influential in their systems' communication structure. They have greater effectiveness in dealing with recipient apathy and/or resistance (Orr, 2003) since they are more trusted than many other channels. Face-to-face approaches in opinion leadership have been found to be very rich and effective in achieving socio-economic development through community participation. According to Quirke (2000), communicating change is best done face-to-face.

On channel richness and media suitability to communicate change, face-to-face is the richest medium because it has the capacity for direct experience, multiple information cues, immediate feedback, and personal focus (Lengel and Daft, 1988; Thonsen and Beard, 1948). This study investigated the extent to which interactive face-to-face approaches influenced EBF practices in Igembe North Sub County of Meru County.

However, Iyengar et al (2011) while studying opinion leadership and social influence among physicians found that it was important to consider the local nature of social influence. They observed that whereas nationally reputed "expert opinion leaders" may be respected for their research or their credibility, to most physicians their input is less informative than that from local "peer opinion leaders", who are members of their own community and face patients and working conditions similar to their own. Local leaders are also more accessible (Iyengar et al. 2011). This study sought to find out the most effective EBF opinion leaders in Igembe North Sub County, as well as the specific factors influencing their effectiveness.

The influence of local opinion leaders can further be corroborated by a UNICEF study conducted in Garissa and Moyale (Kenya) in 2004 with regards to Female Genital Mutilation (FGM), which found that about 60 per cent of FGM practitioners said that local

community and religious leaders provided the strongest motivation to abandon the rite, with only 40 per cent citing an increased awareness of girls' rights (UNICEF, 2004). With regards to HIV and AIDS awareness and prevention campaigns in Southern Africa, local traditional leaders were shown to play key roles, as they were in direct contact with remote communities and very influential (Palitza, 2010).). The researcher recommended the involvement of local female traditional leaders, such as wives of chiefs and members of royal families, in HIV/AIDS education, especially for young girls.

Similarly, in relation to adaptive climate change communication, Gatwiri (2015) found that Kitui Central Constituency residents identified village administrators such as chiefs and sub-chiefs, agricultural extension officers, women group leaders, fellow farmers, community elders and religious leaders as the most trustworthy opinion leaders diffusing adaptive climate change information among them (Gatwiri, 2015).

From their research, Iyengar et al (2011) suggest that self-reported opinion leadership captures self-confidence, whereas a central position in the social network captures true leadership. Sociometric techniques identify true opinion leaders more effectively than self-reports. They therefore suggest that word-of-mouth programs targeting sociometric leaders are expected to be more effective than programs targeting self-reported leaders (Iyengar et al. 2011).

These observations point to the importance of considering the characteristics or attributes of the people used as opinion leaders in effecting social change (Katz, 1957, Myers & Robertson, 1972). It is evident, from the above observations, that not all opinion leaders have the same impact on the members of the community whose social behaviour they intend to change. Communicative attributes such as knowledgeability, friendliness and relatability, as well as accessibility have been found to highly improve an opinion leader's ability to influence behaviour. This study sought to investigate the most influential attributes of EBF opinion leaders in Igembe North Sub County.

UNICEF notes that successful approaches to improve breastfeeding practices should emphasize interventions to change behaviour and social norms—to clear up false beliefs,

lower barriers and increase social support for the practice. These results can be reached only through a combination of strategic communication activities that will result (among others) in: (1) supportive national policies and legislation, (2) increased number of healthcare providers who have skills in counseling and communication and work within a responsive health system, (3) community participation and support of EBF; and (4) continuous communication efforts at all levels (C-Change, 2012; IRK, 2013; UNICEF, 2010;WHO,1993).

In Igembe North, Meru County, the ministry of health has tried to implement such approaches mainly through the Baby Friendly Community Initiative (BFICI). Although the Mother- to-mother support group concept has recently been introduced in Igembe North Sub County, the Exclusive Breastfeeding rates still remain low (Matiri, 2014).

1.3 Statement of the Problem

In order to improve the low EBF rates, Kenya has been shifting focus from the traditional communication approaches in enhancing Exclusive Breastfeeding to the more inclusive social change approaches that aim at promoting collaboration between healthcare staff, and the local community members. Among the said new approaches are opinion leadership communication strategies, which have shown results when applied in correcting various social problems. Low EBF rates in Igembe North Sub County of Meru County, led to the use of opinion leadership communication strategies in the implementation of the Baby- Friendly Community Initiative. However, before this study, these strategies were yet to be evaluated for efficacy as communication strategies for improving Exclusive Breastfeeding and general infant health in the community where they are used.

This study therefore, sought to investigate the particularities of the opinion leadership communication strategies used to communicate information on best Exclusive Breastfeeding practices to breastfeeding mothers in Meru County, in a bid to establish their influence in the practice of EBF.

1.4 Purpose of the Study

To investigate influence of Opinion Leadership Communication Strategies on Exclusive Breastfeeding in Meru County, Kenya

1.4.1 Specific Objectives

The specific objectives of the study were:

1. To identify which opinion leaders are engaged in exclusive breastfeeding campaigns in Igembe North Sub County.
2. To examine which opinion leadership communication tactics are used in influencing exclusive breastfeeding communication campaigns in Igembe North Sub County.
3. To evaluate the communicative attributes of opinion leaders influencing exclusive breastfeeding in Igembe North Sub County.
4. To determine the socio-cultural factors that influence the effectiveness of opinion leadership communication strategies in changing exclusive breastfeeding practices in Igembe North Sub County.

1.4.2 Research Questions

From the above objectives, the study sought to answer the following questions:

1. Who are the opinion leaders engaged in exclusive breast feeding campaigns in Igembe North Sub County?
2. What are the opinion leadership communication tactics employed in exclusive breast feeding communication campaigns in Igembe North Sub County?
3. What are the communicative attributes of opinion leaders engaged in campaigns for exclusive breastfeeding in Igembe North Sub County?
4. What Socio-cultural factors influence the effectiveness of opinion leadership communication strategies in changing exclusive breastfeeding practices in Igembe North Sub County?

1.5 Justification of the Study

Historically, Exclusive Breastfeeding communication interventions in Kenya focused on the traditional media campaigns that employed the one-way linear model of communication with little or no feedback from the target audience, especially in rural

areas (WVK, 2012). The use of television and radio messages in isolation has been found to be ineffective, giving way to a more balanced approach that requires a balance between mass media campaigns and the more inclusive community-based communication approaches that rely on credible community members (opinion leaders) to train and inform each other on the benefits of Exclusive Breastfeeding (Orr, 2003; UNICEF, 2010).

There was great need therefore to evaluate the opinion leadership communication strategies in use so as to establish how well they were being employed in changing the attitudes, beliefs and consequently exclusive breastfeeding practices of lactating mothers in Meru County in order to establish what needs to be done differently to achieve a more productive outcome.

1.6 Significance of the Study

The findings of this study will enable breastfeeding mothers as well as future mothers to make more informed breastfeeding choices by isolating and vetting the breastfeeding knowledge they receive from various EBF opinion leaders. Similarly, the findings will benefit government policy makers at the national and county levels by aiding in the development and implementation of proper communication strategies aimed at Infant and Young Child Feeding programs at the two levels. The findings also revealed further gaps in opinion leadership for Social and Behaviour Change knowledge that can be picked for further research by academic institutions both in Kenya and the region.

1.7 Scope of the Study

The study was restricted to investigation of opinion leadership communication strategies and their influence on exclusive breastfeeding practices in Igembe North Sub County of Meru County in Kenya, specifically the four sub locations in two wards of the sub County. It did not focus on other communication methods and channels such as broadcast and print media, which have also been used to enhance dissemination of exclusive breastfeeding information to residents of rural Kenya (UNICEF, 2010). Investigation of the influence of opinion leadership communication strategies on Exclusive Breastfeeding behaviour was given priority because it was expected to generate results for improvement of interpersonal communication methods, which are regarded as rich media in cascading

complex and non-routine messages such as those on exclusive breastfeeding (Axley, 2000; Lengel & Daft, 1988; Quirke, 2000).

Theoretically, the study was narrowed down to the propositions of the Two Step Flow and the Uncertainty Reduction theories of communication, as they could be used to understand the particularities of opinion leadership communication strategies under study.

1.8 Limitations of the Study

Firstly, since this study focused on a single communication approach (opinion leadership), it generated limited data towards improvement of communication campaigns targeting exclusive breastfeeding in Meru County. This is because in ordinary circumstances, communication occurs via multiple channels (Green, 1989). In fact, UNICEF (2010) notes that successful breastfeeding programmes implement a comprehensive communication strategy that uses multiple channels to address barriers to breastfeeding in specific regions or among specific participant groups (UNICEF, 2010).

Secondly, although the researcher ultimately achieved more than 90% response rate, data collection was slowed greatly by low attendance rates in the health facilities. Additionally, males were initially unwilling to participate in the Focus Group Discussions, and when finally convinced to attend, the researcher had to persuade them to fully engage in the discussions, as most of them couldn't open up to talk about the "women's issue" that is breastfeeding. In fact, many of the men recommended that I should instead look for women to participate in the discussions because, in their opinion, women would be of greater help to me.

Thirdly, a lot of the empirical studies in the area of breastfeeding have approached the subject from a clinical nutrition point of view and not the communication and social change point of view, which was the approach of this study. This led to a literature review limitation. To address this limitation, the researcher had to borrow heavily from studies in other areas of study such as HIV/Aids, Family Planning and even climate change in order to add more scholarly thought to the available literature.

2.0 CHAPTER TWO: REVIEW OF RELATED LITERATURE

2.1 Introduction

Research has shown that Social Change Communication (SCC) has been used vastly in changing the attitudes and behaviour for enhanced living among communities, ranging from health matters such as HIV/Aids, family planning and even social issues such as domestic violence (UNAIDS 2007, C-Change, 2012, K4health, 2012, HC3, 2012). In recent approaches, EBF campaigns have focused on the use of opinion leadership communication strategies to achieve social and behaviour change among mothers at the community level (IRK, 2013; JICA, 2010; Matiri and Kavle, 2015; UNICEF, 2010; WVK, 2012).

This chapter reviews literature that is relevant to opinion leadership communication strategies and their application in changing Exclusive Breastfeeding practices in Meru County. Existing knowledge gaps emerging from this review justify the need for this study.

The Two-Step Flow and Uncertainty Reduction theories of communication were used to analyze the type of opinion leaders involved in EBF campaigns and their communicative attributes as well as the communication tactics and social-cultural factors influencing their effectiveness, respectively. Also presented in this chapter, is a conceptual framework showing the inter-relationships that may exist between these variables.

2.1.1 Global breastfeeding score Card

According to the 2018 Global Breastfeeding Scorecard, only 42% of all babies are breastfed within an hour of birth, 41% of all babies aged six months and below are exclusively breastfed, while 45% of babies are still breastfeeding at the age of two years. These statistics are against the 2030 global targets of 70%, 70% and 60% respectively. Similarly, 58% of the primary healthcare facilities in the world provide Infant and Young Child feeding (IYCF) counselling, and 54% of all the world districts have Community IYCF programmes against 2030 world targets of 80% and 80% respectively (WHO,

2018). Kenya's EBF prevalence is above 50% (KDHS, 2014) which is above the global rates. This above-average prevalence rate can largely be attributed to the two government initiatives – the Baby-Friendly Hospital Initiative (BFHI) and the Baby-Friendly Community Initiative (BFCI) - aimed at improving exclusive breastfeeding at the hospital and Community levels respectively. At the community level, the BFCI is mainly implemented by use of both formal and informal opinion leadership communication strategies.

2.1.2 Opinion Leaders in EBF Campaigns

In modern social systems, opinion leaders are innovative (Le Anh Tuan, Dzung & Palis, 2010). However, in traditional social systems, part of which are rural communities like those found in the area under this study, opinion leaders may not only adhere to local values and practices, but also, in some cases, even strongly oppose change or external influence. Loudon and Britta (1979), attribute this to the fact that traditionally, opinion leaders are vested with leadership and authority in specific areas, and therefore have to reflect underlying norms and values for that area of consumption leadership. As such, they are often traditional leaders who are also the custodians of a community's traditions, beliefs and culture (Palitza, 2010). In Exclusive Breastfeeding, these custodians often constitute elderly mothers and mothers-in-law, who pass on (often harmful) breastfeeding practices such as early introduction of post-lacteal feeds to infants (Gitonga, 2014).

Opinion Leadership in Exclusive Breastfeeding began in the 1950s with the establishment of Mother Support Groups (MSGs) and has continued to grow rapidly over the years. In 1989, there were approximately 48 MSGs in more than 40 countries with over 15000 qualified breastfeeding counselors (Kyenhya-Isabirye and Magalhaes, 1990; Labbok, 1990). In Brazil, the Ministry of Health mounted extensive mass media campaigns in 1981 and 1982 and initiated other promotional activities on a smaller scale, including health worker education, hospital programs, and organization of support group (Monteiro et al., 1987). Although most EBF support groups are based on the “experienced mother helping the new mother” concept, many groups embrace trained, but not necessarily experienced, peer counseling as acceptable and appropriate (WHO, 1993). However, opinion leaders in EBF in rural areas need to be more informed and appreciative of the need to adopt new

EBF practices. According to Rogers (2003), new innovations are more likely to gain popularity within a social system when opinion leaders are supportive. Conversely, opinion leaders can hinder the diffusion of innovations they perceive negatively. They act as a source of social pressure toward a particular choice and as a source of social support to reinforce a choice once it has been made (Rogers, 2003). In EBF, some fellow mothers and mothers-in-law have been found to use their position as trusted sources of EBF information to encourage early EBF cessation by reinforcing cultural infant feeding practices such as introduction of porridge, and dairy milk at very early ages (Gitonga, 2014). This study investigated the influence of trusted peer relations on the practice of EBF in Igembe North Sub County.

Across the world, there is evidence of the use of opinion leadership as a strategy to influence EBF and other social issues. In Cambodia, for example, an extensive, robust network of community health volunteers across various local communities has ensured a sustained campaign against EBF cessation over the years since the year 2000, hence improving EBF rates by over 30%. Similarly, in Malawi, the intensive use of men in community mobilization, use of non-clinical/support staff to offer counselling and follow up on EBF in communities where expert health care professionals are overburdened, as well as the training and use of Health Surveillance Assistants (HSAs) as agents of EBF change, yielded significant changes in EBF rates (UNICEF, 2014).

Regionally, in Uganda, through a community based peer counselling for support of Exclusive Breastfeeding, Nankunda et al. (2006) assessed the feasibility of training community based peer counsellors to support Exclusive Breastfeeding in a rural district in Uganda and found that the trainees appreciated the benefits of breastfeeding and identified the factors affecting breastfeeding. The peer counsellors were able to identify common problems affecting breastfeeding such as insufficient milk, sore nipples, breast engorgements, and poor positioning of the baby at the breast.

With regards to Female Genital Mutilation (FGM), NGO workers in Tanzania carried out a door to door campaign in their effort to raise awareness of the dangers of FGM. They

approached families with the assistance of respected community members and held village meetings to discuss the practice, and to designate people to serve on committees which monitored FGM. In addition, activists used films that warned about the side effects of circumcision (Exodus online, Jan19, 2005). This use of fellow community members was found to be a very effective way of persuading FGM proponents to abandon the harmful cultural practice.

Gatwiri (2015), while studying opinion leadership in influencing adaptive climate change in Kitui central constituency, Kenya, found that chiefs, agricultural officers, religious leaders and even fellow farmers used opinion leadership strategies to communicate adaptive climate change messages. Similarly, in Igembe North Sub County, there is evidence of studies that have focused on opinion leadership communication as used in behaviour and social change in various social issues. With regards to Female Genital Mutilation, for example, a FRONTIERS study showed that 70 percent of the girls said that their mothers had influenced their decision to be cut and 40 percent said the decision was also influenced by their fathers (Humphreys et al, 2008; Nation, 30 March, 1999).

In recognition of the power of interpersonal interactions and community involvement in social change, EBF campaigners in Kenya have in recent years focused more on the bottom-up participatory approach that involves the target community members to champion EBF practices at the community level (JICA, 2010; Matiri and Kavle, 2015; Opiyo, 2014; PATH, 2016). This shift has been informed partly by the realization that residents of many rural areas, apart from lack of access to major mainstream media channels, have little trust in both news and advertising from mass media, and would instead prefer recommendations from friends, family, coworkers, and peers (Keller & Berry, 2003). As Servaes (2008) points out, while Mass Communication media are important tools in achieving Social Change, their use is not an aim in itself - interpersonal communication too must play a fundamental role. This study sought to find out the extent to which family and other local community members influenced EBF practices in Igembe North Sub County.

EBF Opinion leaders can be selected using any of the known and tested methods. Valente (2007) acknowledges ten methods namely: celebrities, self-selection, self-identification, staff selection, positional approach, judges' ratings, and expert identification, and snowball method, sample sociometric and sociometric methods. In the observation method, an independent observer is used to identify opinion leaders amongst a group of professionals interacting with one another in a work context. The informant method relies on individuals to identify other individuals who act as principle sources of influence in various areas. The sociometric method uses a standardized, self-reported questionnaire, to ask members of a network to judge individuals according to the extent to which they are educational, influential, knowledgeable and humanistic. The self-designating method requires that members of a professional network report their own perceptions of their role as an opinion leader. Nisbet and Kotcher (2009) analyzed the impact of some of these methods and concluded that whereas self-designated survey scales are perhaps the least expensive and the easiest way for organizations to identify opinion leaders, respondents may overestimate or underestimate the actual degree of influence they have in their communication network. In order to effectively capture a valid sample of the opinion leaders within a particular communication context or targeted population, it is best to use a combination of methods (Nisbet & Kotcher, 2009).

However, Schafer and Taddicken (2015), in a study on the evolving nature of Opinion leadership, suggest that although many roles that have been identified previously in opinion leadership research still hold up, the changing media environment has given rise to the “mediatized Opinion Leader”, who uses a broader range of media sources for information and interaction with others (Schafer and Taddicken 2015). The current study investigated the extent to which EBF opinion leaders in Igembe North Sub County conformed to the traditional characteristics, if at all.

2.1.3 Opinion Leadership Communication tactics in EBF Strategy

UNICEF (2005), in a working paper on *Strategic Communication for Behaviour and Social Change*, defined an effective Social change communication strategy as follows:

Strategic Social Change Communication is an evidence-based, results-oriented process, undertaken in consultation with the participant group(s). It is intrinsically linked to other programme elements, cognizant of the local context and favouring a multiplicity of communication approaches, to stimulate positive and measurable behaviour and social change. By no means does it suggest that there is a singular approach to strategic communication; rather, that strategic communication involves a mix of appropriate multiple and synergistic communication approaches that can foster individual and social change. Communication programmes need to be responsive to peoples' wants, needs and desires.

What is more, communication programmes must be geared to stimulate social change in more effective ways through careful communication research, analysis, planning, coordination, implementation, management, monitoring and evaluation. Communication strategies need to extend beyond individuals and households to include service providers, traditional and religious leaders, and decision makers at different levels to engender systemic social change. Research, monitoring and evaluation are essential, and ought to be part of any strategic communication plan. Participatory communication methods yield results, if planned well and if they are responsive to people's needs (C-Change, 2014; UNCEF, 2014; UNCEF 2005).

An effective Social Change Communication Strategy should be informed by insights, data and evidence. Atkin & Freimuth (2001) identify an effective communication strategy by its ability to bridge the attitudinal gap between communication campaigners and their target audiences. The scholars add that before designing a SCC strategy, campaigners should do thorough background research in order to obtain critical information about the focal segments of the target audience and their interpersonal influencers. A Situational Analysis helps campaign developers to get as complete a picture as possible of the challenge, the current situation and the group(s) most affected by the challenge. Communication Strategy development may include a literature review on the current situation for the issue of concern, the major barriers and facilitators to social and

behaviour change, and emerging issues. Additionally, a proper review of literature provides an overview of similar challenges in other countries/communities that focused on similar contexts or groups, and how they were addressed (Health Communication Capacity Collaborative, HC3 2014).

Further, an effective Social Change Communication Strategy should involve Community mobilization, which is a capacity-building process through which community individuals, groups or organizations plan, carry out and evaluate activities on a participatory and sustained basis to improve their lives, either on their own initiative or stimulated by others. A successful community mobilization effort not only works to solve problems at the community-level but also aims to increase the capacity of a community to successfully identify and address its own needs (HC3, 2014; UNICEF, 2014).

While behaviour change implies individual level change; social change seeks to create an enabling and favourable environment for change. Since some of the existing or recommended behaviours may be mandated by society itself, it is critical for communicators to have an all-inclusive, two-way communication strategy that builds capacity for the target community to identify and propose solution to their own problems and challenges (UNICEF 2005).

Fraser and Villet (1994), argue that, in rural communities in developing countries where folks lack the communication infrastructures and systems to make informed contributions as development participants, communicators should aim at not only increasing the quantity and accessibility of information, but also ensuring that the information is communicated in the most appropriate ways possible. Communicators should, therefore, endeavor to elicit more information from community members themselves, and let the people guide development planning. As such, effecting communication of EBF information should entail a carefully formulated strategy that involves communication tactics that are tailor-made to involve channels and messages that are applicable within the contexts of the breastfeeding mothers. Local EBF opinion leaders are at the center of the implementation of these context-specific strategies, given their understanding of the socio-cultural and physical environments of target communities. It is critical, therefore to

carefully isolate the most applicable communication tactics in order to appeal to not only cultural but also the socio-economic situations of the target audience.

According to Communication for Change, C-Change (2012), in Social and Behaviour Change Communication, a message is a brief, value-based statement that captures a positive concept and is aimed at an audience. Messages should include specific suggestions on actions people can take, and they should communicate key parts of an intervention (C-Change 2012; HC3, 2014; UNICEF, 2010). In Nepal for example, clear, targeted messages in an intensive community mobilization campaign to control vitamin A deficiency in 1993 achieved major success through messages that were disseminated through various sections of the community through diverse sectoral partners. Similar success stories were also observed in Soul City's campaign against domestic violence in South Africa, the UNICEF polio eradication campaign in Uttar Pradesh, and HIV/AIDS prevention in Uganda and Thailand (UNICEF, 2004).

Nisbet & Kotcher (2009) note that in a campaign aimed at influencing change (such as change in EBF practices in Meru County), suitable strategies of influencing change should form the core of the campaign. As such tactics such as how the EBF message is developed, framed and packaged as well as choice of media and methods that opinion leaders will employ to disseminate information; education, training, and support of opinion leaders by key stakeholders to regular monitoring and evaluation of the processes in use.

With regards to EBF, UNICEF (2010) notes that communicators should reinforce messages with repetition throughout the community because people need to see and hear the same few messages many times in different formats and through different channels, to participate in the social transformation process and ultimately adopt new behaviours (UNICEF, 2010). As discussed in Chapter Four of this study, EBF Opinion leaders in Meru still face a challenge with regards to their ability to communicate EBF information frequently enough. Jones (2010) points out that the key to success in opinion leader campaigns is in the ability to keep things simple and flexible. In this context, 'simple'

means having a learning goal that is not overly ambitious, as well as creating an experience that is easy for both the opinion leader and target audience to understand and participate in (Jones, 2010).

In recent years in Kenya, Exclusive Breastfeeding opinion leadership has used interpersonal communication, and mostly the face-to-face medium to influence change in the EBF practices among lactating mothers (Matiri and Kavle, 2015; Opiyo, 2015). In Wajir County, for example, a mother to mother support group initiative for breastfeeding formed in January 2012 reported marked improvement in MIYCN indicators when results are compared before and after formation of the Mother to mother support groups. Exclusive breastfeeding of infants aged 0 -5 months during the previous 24 hours before the survey increased from 21.1% in July 2011 to 53.7% in February 2013 (APHRC, 2014). This reinforces the effectiveness of interactive interpersonal communication methods in EBF campaigns. Strategic use of opinion leadership communication strategies can, indeed, easily soften cultural and other barrier to EBF adoption.

Interpersonal communication through Word Of Mouth (WOM) has been shown to influence a variety of conditions, including awareness, expectations, attitudes, behavioural intentions as well as behaviour (Buttle, 1998). Sheth (1971) found WOM to be more important than advertising in creating awareness of an innovation as well as securing the decision to try the product. Day (1971) inferred that this was due to source reliability and the flexibility of interpersonal communication. Gatwiri (2015) found that most residents of Kitui Central constituency indicated that chief's barazas and face-to-face conversations were the most effective methods of communicating adaptive climate change information, further reiterating the power of word of mouth in influencing behaviour.

Studies also show that face-to-face recommendations are still overwhelmingly preferred over digital sources of information among many publics (Berry & Keller, 2006; Carl, 2006; Gatwiri, 2015; Xue & Phelps, 2004). Nevertheless, the spreading of online and social media might redefine the concept of opinion leadership as they become ever more available in formerly non-mediated settings as a result of mobile communication and

wireless Internet access, and increasingly pervasive in social relation (Schäfer and Taddicken 2015).

Exclusive Breastfeeding communication strategies should be responsive to socio-cultural, economic and even geographical realities of target the audience. In the western cultures, for example, one EBF-related myth is that a breastfeeding mother must wash her nipples every time before feeding the baby (Pearson-Glaze 2018). On the other hand, in Ghana (and many other similar socio-economic conditions), breastfeeding mothers were found to “breastfeed on the go”, (UNICEF, 2005) often due to the belief that a baby can adequately breastfeed while the mother performs other chores. Such mothers do not take breastfeeding as an activity that requires extreme concentration and effort. As such, breastfeeding mothers in a western culture would require a different EBF strategy from those based in, for example, an African culture. Socio-cultural, economic and physical realities shape strategy. Strategic use of EBF communication strategy (including what to say, and how to say it based on why to say it) can be used to soften various socio-cultural, economic and physical barriers to adoption of recommended EBF practices. This Study sought to determine the specific opinion leadership communication strategies used in communicating EBF information and their influence in propagating recommended EBF practices in Igembe North, Meru County.

2.1.4 Communicative Attributes of Opinion Leaders in EBF

According to Nisbet (2009), an effective opinion leadership campaign is preceded by the recruitment of specific individuals within a social system that have the attributes of effective opinion leaders. Effective Interpersonal communication skills, for example have been found to immensely impact on an individual’s ability to communicate and effect change (such as change in EBF practices). In fact, in their emphasis on the importance of effective interpersonal communication skills in influencing change at the community level, Fraser and Villet (1994) argue that as agents of social change at the rural community level, communicators should possess excellent interpersonal communication skills, including ability to demonstrate messages through techniques such as focus group discussions and other audiovisual channels.

Katz (1957) found that there are important traits and behaviours of effective opinion leaders, including certain personality characteristics or values held by an individual, as well as their degree of knowledge and expertise about an issue. As such, individuals who act as opinion leaders in Exclusive Breastfeeding may not be considered influential with regard to other issues (Valente, 2003). Since they provide advice and information to other members of their own communities, EBF opinion leaders have to maintain a high level of credibility. However, opinion leaders may not necessarily hold formal positions of power or prestige in their communities but instead, serve as the connective communication tissue that alert their peers to what is important among political events, social issues, and consumer choices (Van Eck, Jager & Leefalang, 2011; Nisbet & Kotcher, 2009). Opinion leadership tends to be issue-specific – an individual may be an opinion leader on one issue, while on a different issue they are opinion seekers or recipients.

The Social Learning Theory hypothesizes that individuals perceived as credible, likeable and trustworthy are likely to be persuasive agents of behavioural change. In further agreement with this claim, one of the guiding theories of this Study, the Uncertainty Reduction theory, proposes that skills in verbal communication, as well as a communicator's nonverbal warmth (traits such as friendliness and relatability) lead to a reduction in uncertainty levels between communicators, leading to more effective communication.

Effective communication of EBF messages requires a trustworthy source of the communication messages and in this regard family, friends and healthcare workers are given higher trust as sources of information by the public than scientists (Campbell 2011). Opinion leaders are more gregarious than non-leaders (Loudon & Britta, 1979) and are individuals with strong personality traits of confidence, leadership, and persuasiveness. They are found to be socially connected to a greater number of other community members and therefore are more likely to influence the opinions of others (Weimann, 1994). For example, in the Dominican Republic, Catholic Relief Services ran a breastfeeding campaign using experienced, credible promoters between 1983 and 1986 and achieved remarkable success (Green, 1989). In this study, the communicative attributes of

individuals using opinion leadership to influence the practice of EBF in Meru County were evaluated in order to determine the most influential attributes of EBF opinion leaders.

2.1.5 Social-Cultural Factors Influencing Effectiveness of Opinion Leadership Communication Strategies in Changing EBF Practices

Jones & Boyd (2011) found that a community's belief systems can constitute one of the greatest barriers to the implementation of communication strategies by opinion leaders. Strongly held beliefs, cultural practices and value systems and the general worldviews of individuals or groups, greatly influence their perceptions of an issue (Jones & Boyd, 2011). Culture is central to not only the decision to adapt, but also to the identification of risks and the subsequent implementation of appropriate adaptation strategies (Adger, Barnett, Brown, Marshall & O'Brien, 2012). With regard to climate change for example, , different cultural groups in the same geographical regions may act differently in their response to issues such as the adverse impacts of climate change (Adger *et al.*, 2012), and such responses may be greatly influenced by the pre-existing belief systems as well as group norms and values (Moser & Ekstrom, 2010). Similarly, different communities have different myths and other factors related to early EBF cessation (Kimani-Murage, 2011; Mututho, 2013; Nankunda, 2006; Pearson-Glaze, 2018). To ensure effectiveness, therefore, EBF opinion leadership communication strategies ought to be designed with the target community's socio-cultural context in mind.

Similarly, other research suggests that individuals view incoming information through a 'cultural' lens, meaning that they understand and evaluate information through a filter that is coloured by their general beliefs about society, the world, and right or wrong (Moser & Dilling, 2012). Culture is prior to facts in the cognitive sense that, what group members believe about the empirical consequences of [certain actions or] policies, derives largely from their cultural worldviews (Kahan & Braman, 2006). Therefore, people tend to selectively hear and collect evidence that supports their beliefs and underlying values (CRED, 2009; Kahan & Braman, 2008). In cultures where breast milk expression is taboo, for example, messages on how to express breast milk are dismissed as inappropriately propagating unnatural behaviour (See Chapter 4 of this study). Hornik (2002) refers to this

as ‘audience members’ rejection of unappealing behavioural recommendation’ and Atkin and Rice (2012) agree that messages that are deemed as misleading, confusing or offensive are less likely to influence behaviour.

Social norms – the “unwritten rules” that members of a community adhere to – have been found to determine how a community behaves in response to various issues. UNICEF (2009) notes that:

Individuals may engage in specific behaviours as a result of their perceptions about (1) the consequences of not conforming to social norms, (2) what others in their social network are doing and how they are behaving, and/or (3) what others in their social network think they should be doing.

In countries such as Benin, Ethiopia, Ghana and Mali, UNICEF (2010) notes that social norms and myths associated with EBF were major hindrances to the adoption of the practice of EBF. The use of evidence from studies of knowledge, attitudes and practices and barrier analysis to design EBF communication strategies, enhanced the chances of changing EBF behaviour at the community level. In Malawi and Cambodia, the use of participatory communication approach to EBF campaigns, enabled campaign implementers to address the social norms and practices such as the giving of supplementary foods before the age of six months, leading to significant increases in EBF rates (UNICEF, 2010).

Exclusive Breastfeeding campaigns in Kenya have faced many challenges, the major ones being various myths and beliefs associated with the practice. According to UNICEF (2010), there still exists a myriad of negative social norms and myths that make the adaptation of EBF practices difficult especially in rural areas (C-Change, 2014; Green, 1989; UNICEF, 2010). Some of the EBF-related myths which include the belief that the size and shape of a mother’s nipples and breasts in general affects breast milk production and the belief that breastfeeding makes one’s breasts saggy. Other challenges identified include lack of proper nutrition for breastfeeding mothers, teenage motherhood as well as

lack of social and professional support for mothers (Business Daily, August 8, 2017; Kimani-Murage, 2015). Other studies have found out that societal norms and traditions such as introduction of herbs and milk to supplement breast milk play a major role in early EBF cessation among Kenyan Communities (Gitonga, 2014, Kobia, 2015). As a result of these deeply-entrenched myths and beliefs about the practice of breastfeeding, communicators find it difficult to influence EBF practices among individual mothers, unless there is concerted effort to influence the traditional leaders (who, for EBF, may include elderly women in the community) who are custodians of such norms and traditions and are viewed as trustworthy sources of EBF advice.

These scholarly views on EBF clearly show that the effectiveness of a communication strategy on EBF depends not only on the target mothers' experience and characteristics (including cultural norms and beliefs), but also the kind of people used as opinion leaders, the communicative attributes of the opinion leaders, the communication methods used and the context within which communication occurs. Prior to this study, it was noted that In Igembe North Sub County, despite the efforts of the health professionals through the BFCI, the rates of EBF for the first six months after birth still remained low (UNICEF, 2010; WVK, 2014). In order to understand the reasons for this low EBF rates, this study investigated the various social cultural factors influencing the effectiveness of opinion leadership communication strategies used in EBF in Meru County.

To understand why some messages work better in achieving opinion leaders' objectives, it is useful to explain the forces at work between senders of opinion and target recipients of the same. In this study, the two-step Flow and Uncertainty Reduction theories were used to facilitate an explication of the relationships between EBF opinion leaders and their target audiences. These two theories are discussed in the ensuing sub-headings.

2.2 Theoretical Review

2.2.1 The Two-step Flow Theory

In 1944, Paul Lazarsfeld, Bernard Berelson and Hazel Gaudet first introduced the two-step flow of communication hypothesis in a study, *The People's Choice*, focusing on the

process of decision-making during the American Presidential election campaign. In the study, these researchers discovered that informal personal contacts were mentioned far more frequently than exposure to radio or newspaper as sources of influence on voting behaviour (Lowery & Defleur, 1995). Later, Katz and Lazarsfeld (1955) used the data from the Lowery and Defleur study to develop the two-step flow theory.

According to the two-step-flow theory of communication, media messages first reach individuals [opinion leaders] who pay close attention to the mass media and its messages and who, then, pass on their own interpretations in addition to the actual media content. In so doing, opinion leaders are quite influential in getting people to change their attitudes and behaviours and as such, their personal influence seems more important in decision making than the mass media (Flynn, Goldsmith & Eastman, 2001). The reliance on opinion leaders could be explained by the wide ‘distance’ between the mass media and the masses, many of whom could not access media channels. As such the ‘elite’ in society, who had the capacity to access the media channels, played the role of opinion leaders, providing media messages down to the audiences. This can be illustrated in figure 2.1.

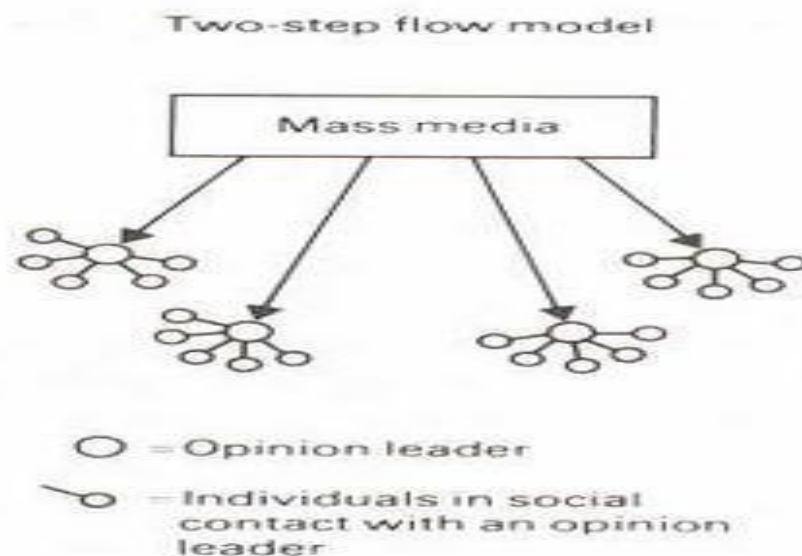


Figure 2. 1: Katz & Lazarsfeld (1955) Model of Two Step Flow Theory

Source: <http://www.utwente.nl>

As illustrated on Figure 2.1, mass media messages flow from opinion leaders through interpersonal contacts. As such effective opinion leaders must have good verbal and non-verbal interpersonal communication skills in order to effectively communicate the original media messages within the contexts of their respective audiences. Further, as opinion leaders exist in a social context, they themselves are influenced by other opinion leaders, supporting the notion that information from opinion leaders flows to a second, third and even fourth hand in a multistep flow of communication (Menzel & Katz, 1955, p. 352) as individuals further interact within a social system.

EBF national policies which guide the implementation of recommended EBF practices at the community level, are inevitably communicated via mass media and other formal trainings such as seminars and conferences for health care professionals. Messages on proper EBF practices are not pervasively available in society for everyone to consume; some mediation through health experts and relevant people in society is required to facilitate the communication of the messages to stakeholder consumers (breastfeeding mothers). Therefore, local health professionals attend workshops and seminars during which national EBF policy guidelines are communicated to them (Matiri and Kavle, 2015) as well as, access media platforms (such as radio, TV, Print and social media) in order to update themselves with developments in EBF from other parts of the world. The health professionals may then pass the information directly to individual breastfeeding mothers, as well as train individual mothers and other volunteers who, through further interpersonal communication methods such as mother-to-mother support group discussions, help in cascading the EBF information to the end-users. In this flow of EBF information, the various EBF policy documents available on various media platforms, act as the original source of EBF information, but it is the interpersonal contacts between various levels of opinion leaders and the individual breastfeeding mothers, that can be relied on to influence EBF practices in rural community.

Brosius and Weimann (1996) explain one of the benefits of the two step flow theory as reemphasizing the role of the group and interpersonal contacts. The scholars pose that individual communicators mediate between the media and the public and play a major role in not only diffusing information from the media to the public but also in further

explaining issues among the public. With regards to EBF, opinion leaders such as health care workers may be in more frequent contact with breastfeeding mothers than mass media channels and this explains their critical role in cascading media messages on EBF to the mothers.

According to Griswold (2007), word-of-mouth, which is the most powerful and efficient medium in effecting change, is generated only by reaching the influential society members with other forms of media. Face-to-face channel is a rich channel in communicating change because it has the capacity for direct experience, multiple information cues, immediate feedback, and personal focus. Face-to-face discussions enable the assimilation of broad cues and deep, emotional understanding of the message unlike telephone conversations and written media.

The Two Step Flow of communication theory has been used to study opinion leadership communication strategies in many parts of Kenya. For example in 2013, an empirical study by KCCWG in Kitui County revealed high access of climate change information from interpersonal communication with up to 32.4 % preference by locals to get climate change information through community barazas and another 19.9% through workshops. The study also revealed that the residents shared information with others (peer to peer influence), hence illustrating what Puri (2011) meant by saying that information can reach a member of audience directly or through reaching a second hand, third hand or even fourth hand. This study sought to find out who the opinion leaders of Igembe North Sub County with regards to Exclusive Breastfeeding are, and whether they have effectively used opinion leadership communication strategies to influence the EBF practices of mothers in the study area.

While the researcher used the Two-Step Flow propositions in facilitating the collection and interpretation of data on the individuals engaged in opinion leadership for EBF change and their communicative attributes, the propositions of the Uncertainty Reduction Theory supplemented by aiding in the collection and interpretation of data relating to the opinion leadership communication tactics and the social-cultural factors that influence the

effectiveness of the EBF communication strategies in communicating EBF messages in Igembe North Sub County of Meru County.

2.2.2 The Uncertainty Reduction Theory

Uncertainty Reduction theory (URT) is accredited to Charles R. Berger and Richard J. Calabrese (1975) who proposed that reducing uncertainty is a central motive of any communication. Berger and Calabrese (1975) adopted concepts from the information theory by Shannon and Weaver (1949), which proposed that uncertainty existed in a given communication situation when there was a high amount of possible alternatives. They then expanded the concept of uncertainty to fit interpersonal communication by defining uncertainty as the “number of alternative ways in which each interactant might behave” (Berger and Calabrese, 1975). According to the scholars, the greater the level of uncertainty that exists in a communication situation, the smaller the chance that communicators will be able to predict each other’s behaviours. In their theory of information, Shannon and Weaver (1949) showed that the need to reduce uncertainty motivates individual’s communication behaviour.

Berger and Calabrese (1975) pointed out that individual communicators can effectively decrease uncertainty in communication by establishing predictable patterns of interaction. They added that reducing uncertainty can help foster effective communication and the development of relationships. Uncertainty was related to seven other communication and relational-focused axioms. The axioms include:

a) Verbal communication

The theory proposes that an increase in the amount of verbal communication between communicators decreases the level of uncertainty, leading to more effective communication. Conversely less verbal communication increases uncertainty levels, leading to ineffective communication. Redmond (2015) relates this to the fact that as communicators exchange verbal words, they are able to gain enough information about each other, leading to more trust and, consequently, more communication intimacy.

b) Nonverbal warmth

The theory proposes that people are more likely to communicate more effectively if they possess traits such as friendliness and relatability, usually expressed through nonverbal behaviour such as pleasant facial expressions, gestures and general body language. Decreases in uncertainty level conversely cause increases in nonverbal affiliative expressiveness, as parties build trust in each other leading to more credibility, hence more effective communication.

c) Shared networks

Effective communicators have a wide communication network. With regards to opinion leadership in general and particularly EBF opinion leadership, audiences are more likely to be influenced by an opinion leader with whom they share a communication network. Communication network also implies not only a wider reach by an opinion leader, but also the likelihood of the opinion leader sharing a similarity (such as a mutual friend or acquaintance) with their target audience.

d) Self-disclosure

High levels of uncertainty in a communication context cause decreases in the intimacy level of communication content, while low levels of uncertainty produce high levels of intimacy. Redmond (2015) defines intimacy level of communication content as ‘the degree to which personal information is low risk, such as demographics, versus high risk, such as beliefs, attitudes, and opinions’. As such, audiences are more likely to ‘open up’ more on high risk information when there is low uncertainty in a communication context. Since EBF is a highly private yet culturally-determined practice (Gitonga, 2014, Kimwele, 2013, Kobia, 2015), it involves high risk personal information. EBF opinion leaders therefore, need to consciously device ways of reducing uncertainty levels when communicating EBF information to community members.

e) Reciprocity

Reciprocity refers to the ability for parties in a communication context to share information back and forth in equal measure. It implies an exchange, rather than a one-

way communication process (Kellerman & Reynolds, 1990). When EBF opinion leaders allow for an exchange of ideas and give room for feedback from the target community members, levels of uncertainty are more likely to reduce, leading to more effective communication of EBF information.

f) Similarity

Similarities between parties in a communication context reduce uncertainty, while dissimilarities produce increases in uncertainty. As Redmond (2015) suggests, similarity between communicators implies shared attitudes, beliefs and norms. This in turn enables communicators to engage in communication that reflects agreement. EBF opinion leaders are more likely to be believed if they are in one way or another, ‘similar’ to their target audiences. This further reiterates the importance of understanding the cultural background of EBF mothers, before developing a communication strategy for EBF campaigns at the community level.

g) Liking

As an audience’s similarity with a communicator increases, the audience is more likely to develop positive regards and attitudes towards the communicator, leading to decreases in uncertainty levels and consequently, more effective communication.

This study applied the propositions of the Uncertainty reduction theory in determining the various communication strategies employed in opinion leadership with regards to adoption of EBF in Igembe North Sub County as well as the social-cultural factors influencing the effectiveness of the said strategies. As the theory proposes, an opinion leader’s nonverbal warm (including traits such friendliness, relatability and accessibility), greatly reduce uncertainty during communication, hence enhancing their effectiveness as EBF influencers. Similarly, mothers believe their peers more, because they find a lot more similarities between them, as opposed to, for example, NGO workers who may be perceived as “outsiders” with little or no capacity to empathize with the breastfeeding mothers.

Weimann (1994) supports the axiom on shared networks (shared communication networks reduce uncertainty, while a lack of shared networks increases uncertainty) by Berger and Calabrese (1975), by arguing that individuals with strong personality traits of confidence, leadership, and persuasiveness are found to be socially connected to a greater number of other community members and therefore more likely to influence the opinions of others (Weimann, 1994). Exclusive breastfeeding opinion leaders are more likely to succeed in changing the EBF practices of the target audience, if they are likable and drawn from the same social environment as the community members targeted by the Social and Behaviour Change Communication message (Berger, 1975; Gray-Felder & Deane, 1999; Reardon, 2003; Servaes, 1999; UNFPA, 2002; Waisbord, 2001).

Borrowing from the Uncertainty Reduction, Exclusive Breastfeeding opinion leaders in Igembe North Sub County are more likely to be trusted and believed if they understand the perceptions, beliefs and likes and dislikes of the target audiences in order to find some common ground and communicate from the community members' point of view (Berger and Calabrese, 1975; Campbell, 2011; Flodgren *et al.* 2011). As earlier noted, breastfeeding mothers want to hear practical things from a person who understands their challenges and limitations. Although many peer mothers may be found to largely perpetuate Early EBF cessation, they are believable because they use the “been-there-done-that” ideology to convince other mothers that early EBF cessation is not necessarily harmful to their babies.

The operationalization of the variables derived from the application of the two theories is illustrated by the conceptual framework in Figure 2.2.

2.3 Conceptual Framework

In view of the propositions of the Two Step Flow and the Uncertainty Reduction theories, it was possible to identify and operationalize the variables for evaluating opinion leadership communication strategies used to influence Exclusive Breastfeeding in Meru County. The relationships between the variables are represented as the conceptual framework (Figure 2.2) for the study which formed a context for interpreting and explaining the study findings.

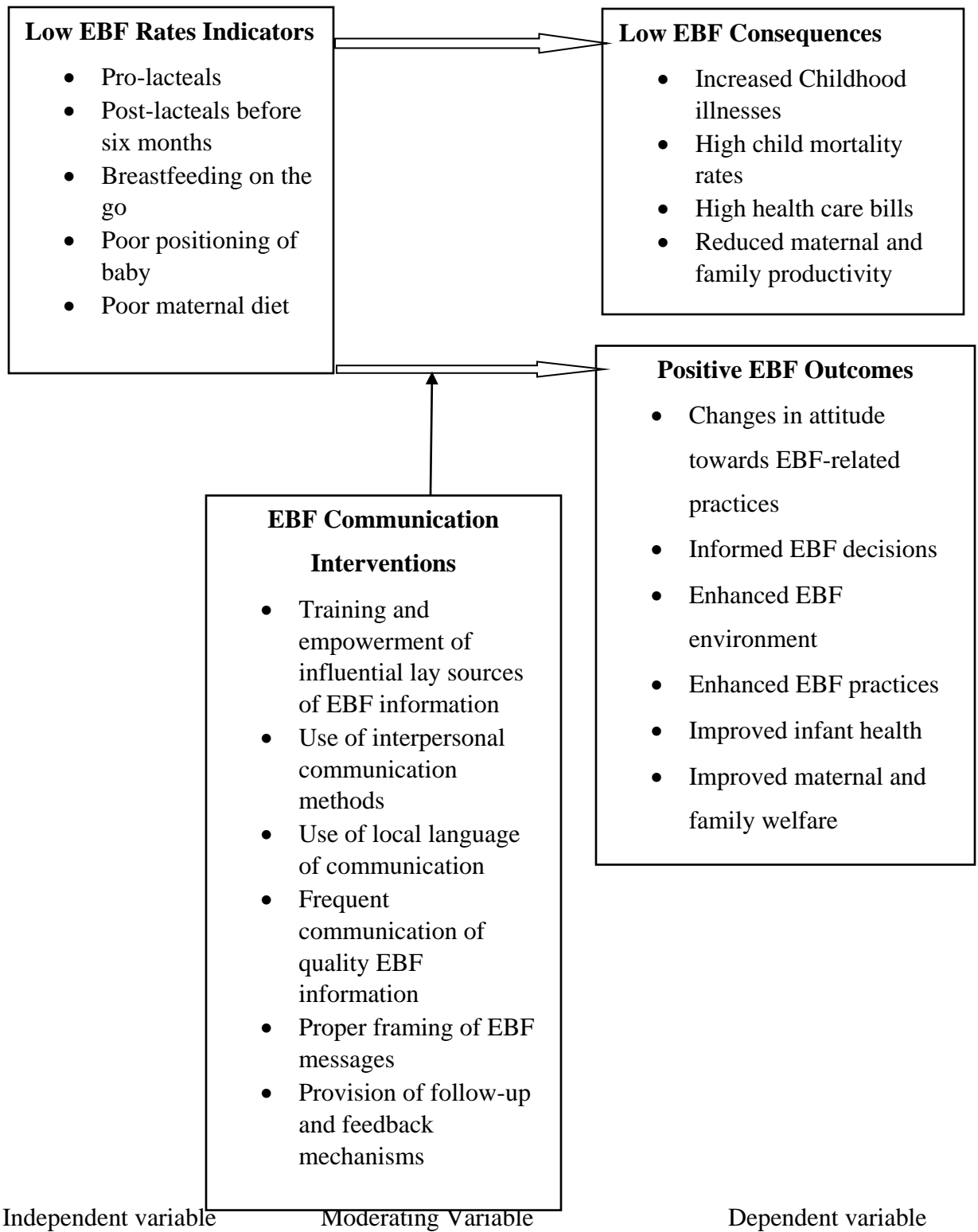


Figure 2. 2: Conceptual framework

As shown on the conceptual framework, low EBF rates indicated by social-cultural practices such as introduction of pre and post lacteals before six months, breastfeeding “on the go”, poor positioning of the baby as well as poor maternal diet can lead to negative consequences such as increased childhood illnesses, which can lead to very high child mortality rates. As a result of frequent illnesses, the family of an infant that is not exclusively breastfed for the recommended six months can incur many unnecessary hospital bills. Poor infant health also has a direct negative effect on maternal productivity as many mothers stay away from their businesses and/or employment offices to take care of the ill infant. Consequently, the entire family welfare is affected, especially in households where mothers are the primary breadwinners as well as care givers to their families. However, through communication interventions (such as use of carefully-evaluated opinion leadership communication strategy), EBF rates can be improved and, depending on how appropriately various communication tactics are employed, this can result in a positive influence on EBF. Effective communication of EBF best practices can lead to maternal and societal changes in attitudes towards EBF, leading to informed EBF choices and consequently, improved infant and maternal health and welfare.

3.0 CHAPTER THREE: RESEARCH METHODOLOGY

This chapter addresses the research design, the physical study area, study population, sampling techniques, sample size, data collection instruments, data collection methods and procedures, pre-testing, study validity and reliability, data collection techniques, data analysis, logistical and ethical considerations as well as the conceptual framework that were used to investigate the influence of Opinion Leadership Communication Strategies on EBF among Lactating Mothers in Meru County.

3.1 Research Design

This study adopted the *mixed research method* which entails use of both qualitative and quantitative methods to tackle the research problem. While qualitative data was generated mainly through the use of open-ended questions in the questionnaires, Focus Group Discussions guides and key informant interviews, the researcher used carefully-formulated closed-ended questions to generate quantitative data from the respondents. The study therefore used the *concurrent triangulation* mixed methods research design.

The use of the mixed research approach provided a better understanding of the problems under study because it enabled the researcher to validate quantitative survey responses with qualitative narratives on EBF opinion leadership communication strategies in Igembe North Sub County, and as such, make conclusions that are more accurate. Respondents in the survey were asked to explain many of the closed ended questions to further probe on the variables under study. Similarly, when discussing the study's findings, the researcher used triangulation to validate survey findings by using narratives from FGDs and Key Informant Interviews to either support or refute the findings.

3.2 Physical Study Area and Population

The study was carried out in Igembe North Sub County in Meru County. According to the Independent Electoral and Boundaries Commission (2012) the Sub County covers approximately 1,164.60Km², with a total population of 154,814 (IEBC, 2012). It is an administrative sub-county of Meru county in what was formerly known as eastern Province. The other sub-counties in the county are North Imenti, Tigania East, Tigania West, Igembe South, Igembe Central, South Imenti, Buuri and Central Imenti. The Sub

County has five wards- Kabachi with a total population of 44,264, Naathu with a total population of 29,555, Antubetwe Kiongo with a total population of 32,204, Ntunene with a total population of 19,560 and Antuambui with a total population of 29,231. The use of IEBC data on the study area was found appropriate since it was more accurate and more recent, given that it is updated every 5 years. Besides, the Sub County was also originally a constituency before it was renamed.

The County of Meru has a birth rate of 4.7, which is slightly higher than the Country's birth rate of 4.5 (KDHS, 2014). The researcher purposively chose Igembe North Sub County as the study site from among other rural Sub Counties because it is one of the communities where there has been the use of the Baby Friendly Community Initiative (BCFI), an initiative that seeks to improve EBF practices by involving community members (Matiri and Kavle, 2015; PATH, 2012; *The Star*, 2015; WVK, 2014). This fact means that relevant data capable of fulfilling the objectives of this study is available in this location. Specifically, the researcher was able to gather data on communication strategies being used in the BCFI campaigns as well as the specific individuals using opinion leadership communication strategies in the campaigns.

3.3 Target and Accessible Population

The target population for the study's survey consisted of the 116,827 female residents of Igembe North Sub County spread among 44,493 households (2009 National census), as well as key stakeholders in EBF campaigns found in the Sub County including professional health officers from the local government and private health dispensaries as well as Volunteer Community Health Workers (VCHWs) . The accessible population was the individual breastfeeding mothers in the Sub County.

3.4 Sampling Frame

The sampling frame for the study was the 2009 National Census Report retrieved from the Kenya National Bureau of Statistics (KNBS, 2011). The units of analysis in the report were individual breastfeeding mothers from the four target sub-locations. Sampling frames of key informants for interviews were employee registers or human resource records available in respective health centers in each sub location, that show the ranks and job

titles or descriptions of the stakeholders in EBF campaigns and, as such, sampling of representative Key Informants was well founded.

3.5 Sample Size

In this study, the quantitative sample size was determined according to Fischer *et al* (1991) and Krejcie and Morgan (1960) formulae designed for large populations. In Fischer's formula, any population of more than ten thousand (10,000) people is considered infinite, and the sample size is calculated using the formula: $n = Z^2 \cdot P \cdot q/d^2$ where:

n = sample size,

z = the value at the chosen confidence level (1.96 for a confidence level of 95%),

p = estimated population with attributes of interest which if infinite $p = 0.5$,

q = $1-p$, and

d = degree of desired precision (0.05 was used in this study).

Therefore, the sample size **n** for this study was: $(1.96)^2 \times 0.5 \times (1-0.5)$

$$\frac{\quad}{(0.05)^2} = 384$$

Krejcie and Morgan (1960) also created an efficient method of determining the sample size needed to be representative of a given population, according to which, the population size for this study (116,827) needed a sample size of 384. The study therefore targeted 384 breastfeeding residents of Igembe North Sub County. However, as noted in the ensuing chapter, only 372 survey respondents actually participated in the study.

In addition, **32 key informants** were selected as the qualitative sample; 24 as participants in four focus group discussions (FGDs) and 8 as key informant interviewees. This qualitative sample was sufficient according to Mason (2010) who found a mean sample size of 31 after studying 560 PhD qualitative studies, Creswell (1998) who advocates a qualitative sample size of 20 to 30 informants as sufficient, and Green and Thorogood (2009) who state that the experience of most qualitative researchers is that in qualitative

studies little that is 'new' comes out of transcripts after one has interviewed 20 or so people (Creswell, 1998; Gatwiri, 2015; Green and Thorogood, 2009; Mason, 2010). 31 key informants were available for the study: all 8 key informant interviewees, and 23 FGD participants.

3.6 Sampling Techniques

Multistage sampling was used to select the quantitative sample of 384 respondents while purposive sampling was used for the 32 key informants. As such, the study employed both probability and no-probability sampling.

3.6.1 Multistage Sampling

The researcher divided the population of Igembe North Sub County into its five Wards (*Clusters*): Kabachi, Naathu, Antubetwe Kiongo, Ntunene and Antuambui, and two of these wards, Kabachi and Naathu, were selected in the first stage through *simple random sampling*. Each of the two selected wards was then divided into its sub-locations and since each of the said wards has only two sub-locations, the two were chosen by *purposive sampling* from each ward (*second stage*). Hence, a total of four sub-locations were selected namely: Amwathi I and Amwathi II in Kabachi ward and Naathu and Nkandone in Naathu ward.

From each of the selected sub-locations, two health centres were purposively selected: one private and one public/government facility. A sample of 48 breastfeeding mothers from each health center ($48 \times 2 \times 4 =$ the required 384) were surveyed for the quantitative data. A UNICEF-funded integrated survey in Meru North showed high immunization levels for BCG (86.1%), oral polio vaccination (1 (89.0%) and 3 (83.0%)) and measles vaccine (86.4%), all of which are given at various health facilities (Wambua/UNICEF, 2013). This is an indication that a good number of breastfeeding mothers was to be found seeking post-natal care within the health facilities. The sampling of both private and public health centers produced varying data on the socio-economic statuses of the mothers and their influence on EBF practices because a mother's education, employment and socio-economic background affects EBF outcomes (Kristiansen et al., 2010; Mauricio et al., 2008 and Ochola et al., 2008). Mothers who can afford private health care are expected to

be more financially stable and are therefore of a higher social-economic status (and sometimes higher literacy levels) than those attending public health facilities for both postnatal and infant health care.

3.6.2 Purposive Sampling

The key informants and FGD participants were purposively selected based on their ability to provide relevant data for the study. As such, the researcher engaged 23 participants in four Focus Group Discussions (FGD) — one FGD in each sub-location — and 8 key informants from the health sector in the Sub County. Similarly, the individual mothers in the purposively-selected health facilities were also purposively selected based on their age (18 years and above) and breastfeeding statuses. The researcher approached the purposively-sampled health facilities and introduced herself to the management through a letter from both the University and NACOSTI, and, in collaboration with the healthcare practitioners, identified breastfeeding mothers of children aged between 0-24 months. Upon consent from the target mothers, the survey questionnaire was then administered. The researcher used the same procedure to identify individuals involved in EBF campaigns, and upon consent from both the health facility management and the target Key Informants, interviews were conducted. For female FGD participants' selection, the researcher approached two local women's groups in the target Sub Locations and informed them of her intent to conduct a discussion on EBF and the inclusion criteria for the Study and many willing women came forward expressing their willingness to participate in the FGDs. The researcher then randomly selected 12 participants. However, since many men were unwilling to take part in the study, the researcher resorted to the snowball method of sampling: the researcher approached one willing man and asked him to direct her to other men that would be willing to participate in the FGDs. The researcher involved 11 male participants.

3.7 Exclusion and Inclusion Criteria

The inclusion criteria for the survey in this study was women aged 18 years and above who were breastfeeding children aged 0-2 years at the time of study. Studies on fertility trends in Kenya have shown that the peak fertility age in rural Kenya is between 20-24 years, and the levels drop sharply after age 39 (KDHS, 2014; Opiyo, 2004). This has been

attributed to unfavourable factors associated with rural socio-economic statuses such as early marriages that force younger women to give birth earlier. As such, the researcher considered 18 years representative enough of the beginning of child bearing in Igembe North Sub County. The exclusion criteria were breastfeeding mothers whose children were older than 2 years, as well as mothers who chose not to breastfeed their children for health reasons. The inclusion criteria for the male FGD participants was male residents of Igembe North Sub County aged 25 – 45 years, while for female FGD participants was women residents of Igembe North Sub County aged 18 years and above. The inclusion of males in the study ensured that the researcher analysed the opinions of men concerning their role in the EBF-related practices.

3.8 Research Instruments

To collect relevant data, the researcher used three key instruments for this study. A questionnaire was used to do the survey for quantitative data collection from the 384 survey respondents, while an interview guide and a FGD guide was used to collect qualitative data from 8 key informants and 24 focus group discussions participants, respectively.

3.8.1 Self-administered Questionnaire

The researcher developed and administered a questionnaire (Appendix 5.4) to 384 respondents in eight sampled health facilities with the help of three trained assistants. The questionnaire had two sections (A and B) for respondents to complete. While Section A focused on demographic information of the respondents, Section B was divided into four Parts with each part catering for the four objectives of the study, respectively. Brief yet exhaustive, unambiguous and logically ordered questions with clear instructions were used to ensure collection of all the relevant data. To create a rapport between the researcher and respondents, an introduction letter (Appendix 5.1) was attached to each questionnaire. Additionally, a consent form (Appendices 5.2 and 5.3) was filled by each respondent, further reassuring them of the good motive of the study.

3.8.2 Interview Guide for Key Informant Interviews

An interview guide (Appendix 5.5) for gathering relevant qualitative data from the eight key informants was prepared in advance so as to ensure it was comprehensive enough.

This instrument was aimed at achieving quick purposive conversations that focused on collection of qualitative data to meet study objectives.

3.8.3 Focus Group Discussion Guides

To gather qualitative data from the 24 participants in four focus group discussions, an FGD guide (Appendix 5.6) was used to provide the researcher with carefully thought-out guiding questions to elicit focused discussions. As such, the researcher was guided by the research objectives in formulating the items in the guide. A consent form was also given to each participant to sign.

3.9 Pre-testing of the Study

A pilot test of the survey questionnaire was carried out using a small sample of breastfeeding mothers of Amwathi II sub-location of Igembe North Sub County. These were not part of the final sample. Isaac and Michael (1995) suggest 10 to 30 participants for pretests in survey research, whereas Julious (2005) and Belle (2002) suggest 12. This study used a sample size of 20 respondents for the pilot test to test the appropriateness of questions in generating important data, precision and clarity of questions and whether the order of questions would influence responses, after which changes were made to make them appropriate as was found necessary.

3.10 Validity and Reliability

Validity refers to the accuracy and meaningfulness of inferences which are based on research results, while reliability has been defined as the measure of the degree to which a specific research instrument yields consistent results after repeated trials (Mugenda and Mugenda, 1999; Saunders, Lewis and Thornhill, 2009). As a validation measure, the study survey questions' face value was established by experts, including the study supervisors. Additionally, the researcher conducted a pilot study using 20 respondents in the target location and, to ensure validity and reliability, the questions were carefully worded and revised after the pilot test, as was found necessary. Further, the validity of the findings was enhanced by the researcher's choice of triangulation in the collection and analysis of data.

3.11 Data Collection Techniques

3.11.1 Survey Method

The survey method was used to investigate influence of opinion leadership communication strategies on EBF in Meru County. A self-administered questionnaire was used to obtain data from the respondents. The main advantage of the questionnaire method is that it guarantees complete anonymity (Baya, 2015). Campbell *et al.*, (1999) say that the use of self-administered questionnaires is particularly useful in the collection of data on sensitive topics (such as EBF).

3.11.2 Focus Group Discussions

For this study, the participants in the focus group discussions were purposively selected based on their age (both male and female adults aged 25 years and above), as well as their knowledge and experience in EBF practices. Focus Group Discussions can produce a lot of information quickly and are good for identifying and exploring beliefs, ideas or opinions in a community (Gatwiri, 2015). The FGDs helped to generate data on the opinion leadership communication strategies as well as the socio-cultural factors influencing their effectiveness in EBF. The researcher in this study held four Focus Group Discussions – one in each of the four sub-locations under study. In Amwathi I and Naathu sub-locations, each FGD targeted six male participants, and in Amwathi II and Nkandone sub-locations the participants in each FGD were six females, all drawn purposively and carefully to ensure that they were as familiar with each other as possible, and homogeneous in terms of gender. However, while all the female participants attended the discussions, only 11 of the targeted 12 male participants were available for the discussions. Familiarity has advantages such as reducing initial tension (Ndati, 2013). Homogeneity reduces the danger of the discussions being inhibited by considerations of status or hierarchy (Campbell, et al., 1999) and for this study, gender.

3.11.3 Key Informant Interviews

Key informant interviews allow greater detail of information and good opportunity to share and understand the viewpoints of informants, and how beliefs, experiences and vocabularies relate to the wider issues surrounding EBF practices (Ndati, 2013). For this study, Key informants targeted were the Volunteers and professionals in the health sector

in the Sub County who have knowledge and experience about EBF practices within the area. This choice was informed by the fact that the health professionals and workers have been at the fore front of implementing the BFCI, which seeks to employ opinion leadership in enhancing EBF practices at the community level (Matiri and Kavle, 2015; PATH, 2012 ; WVK, 2014,). The final sample of key informant interviewees was purposively selected based on the findings of the pilot test on the individuals who use opinion leadership communication strategies in passing EBF messages. A total of eight key informants were interviewed from the relevant sector. These in-depth interviews were used to provide insights in understanding the opinion leadership communication strategies and their influence on EBF in Meru County.

Key-informant interviews were of a conversational style rather than a formal question-answer format, as this reduced tension and created a good rapport, maximizing the potential for useful data collection. A semi-structured interview guide was used to gather qualitative data from the key informants.

3.12 Data Analysis

This research generated both quantitative and qualitative data, and therefore integration of these different types of data was done. From the three approaches of integrating data (merging data, connecting data, and embedding data) advanced by Creswell *et al* (2011), merging was adopted to integrate the mixed research data. The qualitative data in the form of texts (narratives) were combined with the quantitative data in the form of numeric information. The researcher first reported the quantitative statistical results followed by qualitative texts or themes that supported or refuted the quantitative results as advocated by Creswell *et al* (2011). Before processing the responses for quantitative data, completed questionnaires were serialized and checked for completeness and consistency and then coded to enable responses to be grouped into various categories for easy analysis. Data collected was analyzed using the Statistical Package for Social Scientists (SPSS). These quantitative data were then analyzed using descriptive statistics (mainly percentiles). Quantitative reports were generated and presented using tables. Written and recorded discussions from interviews and FGDs were transcribed according to emerging themes in view of the study objectives and research questions. Key themes and texts were then

isolated and merged with quantitative data accordingly, and then presented in form of narratives. Since the development and administering of the interview guides and FGD guides were guided by the objectives of the study, it was easy for the researcher to isolate emerging themes depending on their relevance to specific objectives of the study.

3.13 Logistical and Ethical Considerations

As an ethical consideration, participants in the study were informed about the purpose, procedure and benefits of the study. In addition, participants were reassured of privacy and confidentiality of the information they provided to the researcher. Participation in the study was voluntary and the participants were informed that they had a right to refuse to answer any questions if they so wished.

As the researcher intended to record the interviews, participants in key informant interviews and FGD were asked to consent to audio recording of their discussions. The researcher endeavored to assure the participants that the recordings of the interviews and discussions would be used strictly for purposes of the study and nothing else. The researcher did not offer any monetary incentives to the willing participants. However, in the male FGDs and one female FGD, the participants objected to the audio recording of the conversations and the researcher resorted to writing down their sentiments, sometimes asking the participants to repeat their views to ensure accuracy in the reporting.

For authorization to carry out the study, the researcher contacted Igembe North Sub County governing authorities and stakeholder organizations through an introduction letter of the researcher as a PhD candidate in the Department of Communication and Media Studies of Kenyatta University. She also acquired a research permit from the National Council for Science Technology and Innovation (NACOSTI).

4.0 CHAPTER FOUR: PRESENTATION, ANALYSIS OF DATA, FINDINGS AND DISCUSSION

4.1 Introduction

This chapter presents analyses and interpretations of the collected data on Influence of Opinion Leadership Communication Strategies on Exclusive breastfeeding in Meru County, Kenya. The analyses were done in relation to the four specific objectives of the study: To establish which opinion leaders are engaged in exclusive breastfeeding campaigns in Igembe North Sub County; to examine which opinion leadership communication strategies are used in influencing exclusive breastfeeding in Igembe North Sub County; to evaluate the communicative attributes of opinion leaders influencing exclusive breastfeeding in Igembe North Sub County and to determine what socio-cultural factors influence the effectiveness of opinion leadership communication strategies in changing exclusive breastfeeding practices in Igembe North Sub County.

4.2 Survey Response Rate

In order to fully understand the analyses and interpretations of the data collected in this study, it is important to begin with an explanation on the source of the data. The study targeted 384(100%) breastfeeding mothers from four sampled sub locations (Amwathi I, Amwathi II, Naathu and Nkandone) in two wards (Naathu and Kabachi) of Igembe North Sub County of Meru County. 372 survey questionnaires were correctly completed and returned from the sampled health facilities. This represented 96.8% response rate, which the study found representative enough for analysis.

It is however important to note that the data collection rate was greatly slowed down by low turnouts of breastfeeding mothers seeking health care in the target health facilities, both in the delivery wards and post-natal care wards. In fact, the research assistants were unable to access any respondents on some clinic days, especially in the relatively more rural sub-locations of Amwathi I and Amwathi II of Kabachi ward. Very few breastfeeding mothers of children aged two years and below (the targeted mothers) visited the health facilities on days other than those allocated for immunization. In addition, mothers of children aged more than nine months rarely visited the health facilities for

immunization, and only did so whenever their child was unwell. As a result, data collection took a little longer than anticipated, although the study achieved the required response rate. Involvement of, and collaboration with the health care workers in the said facilities, greatly improved the response rate.

The response rate per sub location was shown on Table 4.1.

Table 4. 1: Distribution of Survey Respondents

Ward	Sub-location	Frequency (n)	Percentage (%)
Naathu	Nkandone	95	25.5
	Naathu	96	25.8
Kabachi	Amwathi I	89	24.0
	Amwathi II	92	24.7
	Total	372	100

Table 4.1 1

Each of the target sub locations was expected to produce at least 25 percent of the quantitative sample size. However, the relatively more “urban” sub locations of Naathu and Nkandone in Naathu ward produced higher response rates, due to the easy access to the health facilities by the breastfeeding mothers. In the other sub-locations of Kabachi Ward, the health facilities are further apart making their accessibility a bit more difficult. In addition, the study targeted 32 informants for qualitative data, comprising 24 Focus Group Discussion participants and 8 key informants drawn from the health sector within the Sub county of Igembe North. Ultimately, 31 of the 32 targeted respondents for qualitative data were interviewed - all the 8 key informants and 23 FGD participants-and the researcher considered this sufficient for analysis. The respondents were distributed as shown on the Table 4.2.

Table 4. 2: Distribution of Study Informants

Type	Targeted	Actual
Interview Key Informants	8	8
Female FGD participants	12	12
Male FGD participants	12	11
Total	32	31

As shown on Table 4.2, all the key Informants targeted, granted interviews. However, of the four Focus Group Discussions held, two that consisted of male participants, proved hardest to constitute, as most males were not interested in discussing the “women’s issue” that is breastfeeding. They expressed their lack of time to discuss breastfeeding and laughed out loud at the thought of engaging in EBF-related activities. In fact, the researcher had to negotiate and persuade the male participants by explaining to them the importance of airing their views on the wellbeing of their young children. By introducing the infant health angle to the issue, it became increasingly easier to convince them to participate in the discussions.

This resistance clearly brought to the fore the indifference with which the men in the target area dealt with breastfeeding and related topics. This indifference was associated with the community value and belief system that does not allow men to be directly involved in “women’s issues”, as this could be seen as a sign of weakness. Gender-related norms and social expectations of the roles that men should play in reproductive health affects their attitudes and behaviours about childbirth, newborn care and child care. As Hofstede et al. (2012) put it, ‘In masculine societies, men should be authoritarian, harsh and focused on material success, while women should be modest, gentle and concerned with quality of life’. In fact, one way of emasculating a man in the community in which this study was carried out, is to liken them to a woman.

However, as this study found out, breastfeeding is a demanding practice and requires both time and resources. As such, women do require a lot of support from their baby’s father in

order to initiate and continue breastfeeding for the required six months. Studies have found that when husbands are involved in the decision making process regarding EBF, mothers felt more emotionally and physically secure and were, therefore, more likely to initiate and continue optimum breastfeeding practices (Mithani Y., Premani Z.S., Kurji Z, Rashid S., 2015). Besides, in many rural communities, fathers are viewed as authority figures and their opinions on any issues are taken as the final word.

4.3 Socio-demographic Profiles of Survey Respondents

The study sought to establish the following socio-demographic profiles of the survey respondents: age, level of education, occupation, number of other children, age of youngest child, and Exclusive Breastfeeding duration. An analysis of each of these demographics is presented under each of the following sub-titles:

4.3.1 Age of Respondents

Table 4. 3: Age of Respondents

Age in years	Frequency (n)	Percentage (%)
18-20	7	1.9
21-30	202	54.3
31-40	163	43.8
Total	372	100.0

The study found out that a majority (54%) of the respondents were aged between 21 and 30 years, while 43.8% were aged between 31 and 40 years. Only 1.9% of the mothers targeted by the study were aged between 18 and 20 years. This could partly be explained by the increase in enrollment levels to secondary schools, as a result of the government’s establishment of day secondary schools in the study area. A study by Muyalo (2017) on Parent-related factors influencing learners’ academic performance in Kenya Certificate of Secondary Education in Igembe North Sub county found out that 56% of learners in the target secondary schools were female, further confirming the increase in enrolment in

secondary education. This was further confirmed by the level of education of the respondents in this study as shown on Table 4.4.

4.3.2. Level of Education of Respondents

Table 4. 4: Level of Education of Respondents

Level of Education	Frequency (n)	Percentage (%)
Never been to school	6	1.6
Ngumbaru (<i>informal adult education</i>)	2	0.5
Primary education	27	7.3
Secondary education	205	55.1
College education	109	29.3
University education	23	6.2
Total	372	100

A majority (55.1%) of the mothers targeted by the study had actually graduated from secondary school, while only 7.3 % had primary school level of education. 29% and 6.2% of the respondents had acquired college and university levels of education, respectively, further ascertaining the improved enrollment levels to post-primary education for girls in Igembe North Sub County in recent years. Few (0.5%) respondents were found to have gone through the Kenyan adult education programme, popularly known as *Ngumbaru*, to attain literacy. Similarly, a minimal number (1.6%) of the mothers surveyed had no literacy levels whatsoever, having never been to any school. The improved literacy levels made it easier for most of the respondents to read, understand and answer the survey questions for the study. Nevertheless, the researcher provided translation to the respondents whenever it was required.

The study found that literacy levels played a major (81.4%) role in the understanding and adoption of EBF messages communicated by opinion leaders in Igembe North Sub County. These findings were consistent with findings by Mututho (2013), on factors

influencing Exclusive Breastfeeding among infants less than six months in Molo District, Kenya, which indicated that maternal education level influenced their decision to not only initiate, but also continue EBF for the recommended six months. In Accra Ghana, a cross-sectional study on 376 women with infants less than six months, indicated a positive relationship between maternal education and the practice of EBF, with mothers with secondary level of education twice more likely to practice EBF than those with primary level of education (Aidam, Perez-Escamilla & Lartey (2005). Similar findings were revealed in Brazil, where mothers with tertiary level of education were found more likely to exclusively breastfeed their infants than those with lower levels of education (Lutter et al. 1997). However, in some countries like Egypt, women with higher levels of education were found less likely to exclusively breastfeed their babies than those with no education at all, with over 50% of them citing nipple pain as the leading cause of breast milk supplementation (Abdul – Fadl et al ,2012; Hwang *et Al.* 2006; UNICEF, 2010). This is unlike the findings of this study, where maternal pain was not cited as a reason for EBF cessation among mothers in Igembe North Sub County.

4.3.3 Occupation of Respondents

Table 4. 5: Respondents’ Occupation

Occupation	Frequency (n)	Percentage (%)
Farmer	35	9.4
Livestock keeper	17	4.6
Livestock and farming	84	22.6
Business	125	33.6
Other	111	29.8
Total	372	100

Many (33.6%) of the respondents were found to be engaged in some form of business as a way of earning a living, while 22.6% were engaged in both farming and livestock rearing. Few (9.4% and 4.6%) were engaged in only farming and livestock keeping, respectively. The study found out that 29% of the mothers surveyed were in other forms of occupation, including teaching and nursing. This engagement in knowledge and skill-intensive occupations such as business and other occupations (mostly teaching and nursing), can further be used to confirm the improvement in education levels among the target respondents. However, study findings also indicated that maternal occupation and workload largely inhibited the adoption of EBF in Igembe North Sub County. Majority (62.6%) of mothers surveyed reported that they did not exclusively breastfeed their baby for the recommended period, with 60.1% of them reporting that they had to go back to work.

The study also sought to determine the number of children each of the respondents had, excluding the ones breastfeeding at the time of the survey, and a majority (96%) were found to have other children. In order to determine the specific number of children each respondent had, the 96% were further asked to indicate the number of other children they had, and the data were recorded on Table 4.6

4.3.4 Number of Other Children

Table 4. 6: Number of Other Children

Number of other children	Frequency(n)	Percentage (%)
One	142	39.8
Two	134	37.5
Three	67	18.8
More than three	14	3.9
Total	357	100

The study found out that 39.8% of the mothers with other children had only one other child, while 37% had two other children. Only 18.8% of these mothers had three other children and a minimal 3.9% had more than three other children. These statistics indicate a decline in fertility rates in Kenya in general, and Meru County in particular (UNICEF, 2015), probably fueled by the delay in bearing the first child, and are consistent with the Kenya Demographic and Health survey findings of 2014, that found the fertility rate in Meru to be 3.1 (KDHS, 2014).

As the study targeted breastfeeding mothers of children aged 0-2 years, the respondents were then asked to indicate the age of their breastfeeding child and the data were tallied and recorded as shown on table 4.7

4.3.5 Age of Breastfeeding Child

Table 4. 7: Age of Breastfeeding Child

Age of Breastfeeding Child	Frequency(n)	Percentage (%)
0-6 months	152	40.9
7 months-12 months	139	37.4
13 months -24 months	81	21.7
Total	372	100

As shown on Table 4.7, majority (78.3%) of the target mothers were breastfeeding children aged between 0-1 years, compared to 22.7 % that were still breastfeeding children older than one year.

In order to determine the duration of exclusive breastfeeding among the target mothers, the respondents were asked to indicate how long they had, or intended to breastfeed their

children before introducing any other foods, and their responses were as shown on Table 4.8.

4.3.6 Exclusive Breastfeeding Duration

Table 4. 8: Exclusive Breastfeeding Duration

Exclusive Breastfeeding duration	Frequency(n)	Percentage (%)
Less than six months	233	62.6
Six months	139	37.4
Total	372	100

The study found out that a majority (62.6%) of the mothers surveyed had, or intended to breastfeed their children for less than six months, as compared to 37.4% who were willing to breastfeed their youngest child for at least six months before introducing other foods. These findings point to the relatively low exclusive breastfeeding rates among mothers in Igembe Sub County, despite the introduction of the Baby Friendly Community Initiative (BFCl) that was implemented to help improve EBF rates by involving community members in creating a conducive environment for mothers to exclusively breastfeed their babies. As Mututho (2013), found out in a study on factors influencing EBF among infants less than six months in Kasarani, Molo District, Kenya, many mothers introduced complementary food to their babies between the third and sixth months after birth, due to factors such as maternal work load and cultural infant feeding practices.

It was evident from the findings of this study too, that many mothers introduced post-lacteal feeds before the sixth month after birth. In one of the FGDs conducted for this study, many (9 out of 12) female participants confessed to having introduced their infants to complementary feeds such as porridge and warm water, between the ages of two to six months. Some of their responses when asked why they did not exclusively breastfeed for the recommended six months, were as follows:

Q: Would you advocate for the exclusive breastfeeding of a baby for at least six months?

P3: *Ni ngumu* (It is difficult).

P2: Not really

P 1: It is very difficult to accomplish

Q: Why?

P3: *Mtoto hawezi shiba maziwa peke yake, especially ukimwacha na mtu mwingine mchana* (A baby cannot be satisfied by breast milk only, especially when you leave it with another person during the day).

P1: Most mothers do not spend much time at home after birth...some of them actually leave the baby as early as one month after birth to go back to work.

P7: (Laughs) *Mwalimu majukumu ni nyingi. Huwezi kaa nyumbani miezi sita ukimyonyesha mtoto tu* (Teacher, responsibilities are many. You cannot stay home for six months just breastfeeding the baby).

In order to further probe on the reasons for this early introduction to post-lacteal feeds, the researcher asked the survey respondents to state the reasons for their choice to exclusively breastfeed for the period they had indicated, and a summary of the responses they gave was as categorized according to emerging themes as shown on Table 4.9.

Table 4. 9: Respondents' Reasons for Choice of EBF Duration

EBF for six months	Reason	Frequency(n)	Percentage (%)
Yes	It enhances baby's immunity	102	73.4
	It ensures bonding with baby	10	7.2
	It protects baby from future illnesses	27	19.4
No	Went back to work	140	60.1
	There wasn't enough milk production	33	14.2
	The baby cried of hunger	60	25.8

The study found out that 73.4% of the respondents who breastfed their babies for the recommended six months cited breastmilk's potential to boost the infant's immunity as the reason for their choice, while 19.4% and 7.2% cited baby's protection from future illnesses and bonding respectively, as their reasons for choosing to exclusively breastfeed for six months.

On the other hand, a majority (60.1%) of those who chose to breastfeed for less than 6 months said that they had had to go back to work and therefore, could not continue

exclusively breastfeeding. In addition 25.8% said that the baby had cried of hunger, forcing them to introduce post-lacteal feeds, while 14.2% said they could not produce enough breast milk to satisfy their baby for up to six months. This points to not only the effect of maternal socio-economic status on EBF, but also maternal perception on breastmilk properties and nutritional value. Many mothers believe that breast milk is too watery and cannot satisfy a baby without any complementary foods (UNICEF, 2014). Besides, as UNICEF (2010) found out, many mothers do not understand the fact that more exclusive breastfeeding leads to more breast stimulation and therefore increased breast milk production. They therefore have the perception that they do not have enough breast milk, leading to unnecessary EBF cessation. However, these could also point to the inability by breastfeeding mothers to get enough balanced meals to enable enough breast milk production for the required six months of EBF. As a Volunteer Community Health worker pointed out, some mothers were so evidently hungry that proposing exclusive breastfeeding for up to six months proved very difficult. Breastfeeding is an intensive process that requires proper maternal nutrition if optimum breast milk production is to be achieved. There is, therefore, need to reevaluate campaigns to include more maternal-empowering economic and social activities as well as capacity building on nutritional needs for breastfeeding mothers.

These findings are also consistent with other EBF study findings that found socio-economic and cultural factors such as maternal occupation and workload, and maternal perception on insufficient milk production, as having an influence on Exclusive Breastfeeding practice (Kimwele, 2013; Kobia, 2015 & UNICEF, 2014). Further, according to UNICEF (2010), lack of support for breastfeeding at home, in the community, in health care facilities and in workplaces (e.g., policies for maternity leave and worksite facilities for breastfeeding) can be linked to the perception that EBF practice is difficult or even impossible.

4.3.7 Test of Associations between Respondents' demographics and the positive Influence of EBF opinion leadership communication strategies

Table 4. 10: Respondents' Demographics and positive Influence of Opinion Leadership Communication Strategies

Variable	Opinion Leadership Communication		Total	P-value
	Not Influential (ineffective)	Influential (effective)		
Age				
<=30 Years	138 (66.0%)	71 (34.0%)	209	0.501
>30 Years	113 (69.3%)	50 (30.7%)	163	
Education				
Never/Ngumbaru/Primary education	35 (100.0%)	0 (0.0%)	35	<0.001
Secondary education	102 (70.3%)	43 (29.7%)	145	
College education	62 (56.9%)	47 (43.1%)	109	
University education	39 (47.0%)	44 (53.0%)	83	
Education				
Secondary and below	137 (76.1%)	43 (23.9%)	180	<0.001
Above secondary	101 (52.6%)	91 (47.4%)	192	
Occupation				
Farmer (all types of farming)	193 (73.9%)	68 (26.1%)	261	<0.001
Business	45 (40.5%)	66 (59.5%)	111	
Occupation				
Farmer	30 (85.7%)	5 (14.3%)	35	<0.001
Livestock keeper	10 (58.8%)	7 (41.2%)	17	
Livestock and farming	60 (71.4%)	24 (28.6%)	84	
Business	93 (74.4%)	32 (25.6%)	125	
Other	45 (40.5%)	66 (59.5%)	111	
Have other children				
No	12 (80.0%)	3 (20.0%)	15	0.187
Yes				

For this study, Opinion leadership communication strategies were considered positively influential (effective) if: the respondent had received correct EBF information from an opinion leader, could clearly explain the correct meaning of EBF and related practices, was breastfeeding/willing to breastfeed her baby for a period of six months and beyond. As shown on table 4.10, the study found no difference in the level of positive influence (effective EBF communication) of opinion leadership communication strategies with regards to the age of the survey respondents ($p>0.05$). This can be attributed to the fact that the study targeted mothers breastfeeding babies aged two years and below, and as such a majority of the mothers surveyed were aged 40 years and below. Similarly, there was no significant relationship between the presence of a breastfeeding baby’s siblings and their mother’s likelihood to find opinion leadership communication strategies influential ($p>0.05$). However, variables such as maternal education ($p<0.05$) and occupation ($p<0.05$) were found to influence the effectiveness of EBF opinion leadership communication strategies in Igembe North Sub County. Mothers with secondary level of education and beyond were three times more likely to find EBF opinion leadership communication effective, while those in business were four times more likely to effectively interpret EBF opinion leadership messages as shown on Table 4.11

Table 4. 11: Logistic Regression of Maternal Education and Occupation

Variable	OR(95% CI)	P-value
Education		
Secondary and below	Ref	
Above secondary	2.871 (1.840, 4.478)	<0.001
Occupation		
Farmer (all types of farming)	4.163 (2.604, 6.654)	<0.001
Business		

4.4 Study Variables Analyses

In this section the researcher used descriptive statistics to present analyses of the quantitative study data and triangulated the same with narratives emerging from the qualitative data collected, in order to better interpret the findings of the study. The study objectives were used to guide data collection and as such, were also used to logically organize this section.

4.4.1 Opinion Leaders Engaged in Exclusive Breastfeeding Campaigns in Igembe North Sub County.

The first objective of this study was *to establish the opinion leaders engaged in exclusive breastfeeding campaigns in Igembe North Sub County*. This study objective was based on the premise that, in order for the researcher to assess the influence of opinion leadership communication strategies on Exclusive Breastfeeding in Meru County, she would first need to understand who were the people involved in diffusing Exclusive Breastfeeding messages to the breastfeeding mothers in the study area. Whereas some past studies have found traditional opinion leaders such as mothers-in-law to influence EBF in many areas (Gitonga, 2014; Kobia, 2015; Mututho, 2013), the researcher was also cognizant of the evolving nature of opinion leadership in recent years. For example, the use of changing media technologies such as mobile telephone influences not only who opinion leaders are, but also how opinion leaders in general gather and disseminate information to target audiences. It was therefore important to investigate the extent to which these sentiments are true for EBF opinion leaders in Meru County.

To get this information, the survey respondents were asked a set of questions. To begin with, they were asked whether or not they had ever heard of Exclusive Breastfeeding. This was premised on the fact that before respondents were asked to identify EBF opinion leaders, it was important that the researcher established whether or not the respondents were aware of what EBF meant, to start with. Their responses were tallied and are recorded in Table 4.12.

Table 4. 12: Awareness of Exclusive Breastfeeding

Ever heard of exclusive breastfeeding	Frequency (n)	Percentage (%)
No	4	1.1
Yes	368	98.9
Total	372	100

As shown on Table 4.9, an overwhelming majority of surveyed mothers (98.9%) acknowledged that they had heard about exclusive breastfeeding, with only 1.1% stating that they had never heard of exclusive breastfeeding.

In order to establish whether the mothers understood what exclusive breastfeeding meant, the 98.9% (368 respondents) were further asked to briefly describe ‘exclusive breastfeeding’ in their own words. The responses were analysed and recorded in Table 4.13.

Table 4. 13: Respondents’ Definitions of Exclusive Breastfeeding

Knows correct definition of EBF	Frequency (n)	Percentage (%)
No	48	13.0
Yes	320	87.0
Total	368	100

As shown on Table 4.10, a majority (87.0%) of the survey respondents who were aware of the concept of exclusive breastfeeding, also understood the meaning of the concept, compared to 13.0% who had heard of Exclusive Breastfeeding, but could not really explain what it meant. These findings were further corroborated by qualitative data from

the FGDs, where a majority (7 out of 12) of the Female participants had not only heard about EBF, but could also clearly explain its meaning.

However, unlike the female participants, only two of the 11 male FGD participants could actually explain correctly the meaning of the concept EBF, as most of them confessed to paying very little attention to breastfeeding and related discussions. As discussed earlier, many of the men were surprised when they were asked about exclusive breastfeeding, because in their opinion “*hayo ni mambo ya wanawake*” (those are women’s issues).

On the contrary, the majority of the women were able to explain the fact that Exclusive Breastfeeding requires a mother to give only breast milk to the baby, with some of them even quoting the World Health Organization (WHO)’s recommendation of Exclusively Breastfeeding for at least 6 months. When asked to explain their understanding of Exclusive Breastfeeding, some of the female participants gave the following explanations:

Q: What do you understand by Exclusive Breastfeeding?

P1: It is giving only breast milk to a baby until they are six months old.

P4: *Kupea mtoto maziwa peke yake bila kitu ingine* (Giving only (breast) milk without anything else).

P2: *Unafaa kupea mtoto maziwa ya mama peke yake mpaka afikishe miezi sita* (You are supposed to give only a mother’s milk until they are six months old).

P6: It is giving strictly breast milk to a baby...unless *iwe ni kitu kama dawa* (Unless it is something like medicine).

P8: *Tunaambiwa tungoje mtoto afikishe miezi sita kabla kumpea chakula* (We are told to wait until the baby attains the age of six months before giving it food).

The researcher found this level of awareness quite commendable, as it could provide a good starting point to EBF behaviour change. As Communication for Change (C-Change, 2015) notes, awareness creation should be the first step to improving EBF practices, as many communities have very little knowledge of what EBF is all about. However, awareness alone is not enough to influence EBF practices. As Mohamed et al. (2018) found out, beyond maternal awareness of EBF, there was need for a positive maternal attitude towards breastfeeding in general, if optimum EBF was to be achieved. Atkins (2001), observes that most social change campaigns present messages that attempt to increase awareness, informing people what to do, specifying who should do it, and cueing them when and where it should be done. Social change in general and specifically change in Exclusive Breastfeeding practice, is more likely if the individuals and communities most affected *own* the process and content of communication. It should be empowering, horizontal (versus top-down), give a voice to the previously unheard members of the community, and be biased towards local content and ownership (Gray-Felder & Deane, 1999; Reardon, 2003; Servaes, 1999; Singhal, 2001; UNFPA, 2002; Waisbord, 2001).

Part of *owning* the process and content of EBF communication is use of opinion leaders from within the target community to influence maternal attitudes towards EBF. In further keeping with these sentiments and the study's first objective of establishing the opinion leaders engaged in EBF in Igembe North Sub County, therefore, the respondents were then asked whether there were any people in their community that were involved in Exclusive Breastfeeding awareness creation. Their responses were as indicated in Table 4.14.

Table 4. 14: Presence of Opinion Leaders in Igembe North Sub County

Acknowledge Presence of EBF opinion leaders in community	Frequency (n)	Percentage (%)
No	2	1.6
Yes	366	98.4
Total	368	100

The study findings as indicated on Table 4.12 showed that a majority (98.4%) of the surveyed respondents acknowledged the presence of people within their community who informed them of Exclusive Breastfeeding, as compared to only 1.6% that were not aware of any such people.

Across various areas of study, village administrators such as chiefs and sub-chiefs, community group leaders, peers, community elders and religious leaders as well as professionals in the respective areas, have been cited as the most trustworthy opinion leaders diffusing the relevant information among community members (Atkin, 2012; Gatwiri, 2015, Gitonga, 2014; UNICEF, 2014). In this study, the 98.4% respondents with knowledge on presence of EBF Opinion Leaders were asked to state any specific people in their community that were involved in Exclusive Breastfeeding awareness creation. Their responses were as indicated in Table 4.15.

Table 4. 15: Types of EBF Opinion Leaders

People who have been informing on EBF	Frequency (n)	Percentage (%)
Village administrators	161	43.3
Community elders	28	7.5
Healthcare workers	231	62.1
NGO workers	24	6.5
Religious leaders	151	40.6
Teachers & other professionals	102	47.4
Mother-in-law	182	48.9
Husband	50	13.4
Fellow mothers	333	89.5
Others	12	3.2

**All the responses above were multiple responses*

The study findings indicate that fellow mothers (89.5%) were acknowledged to be the Opinion leaders mostly informing the Igembe North community breastfeeding mothers on exclusive breastfeeding. Healthcare workers were ranked closely in second place with 62.1% of the respondents acknowledging their role, while NGO workers (6.5%) least informed the mothers on exclusive breastfeeding. Other EBF Opinion leaders whose role was acknowledged included: mothers-in-law (48.9%), village administrators (43.3%), religious leaders (40.6%), teachers and other professionals (27.4%), as well as husbands and community elders (13.4% and 7.5% respectively).

These findings are congruent to the findings of other studies on opinion leadership across various fields of study, which have found that highly influential persons in society were commonly named as opinion leaders by members of the social system in social surveys, sometimes making opinion leadership identification a fairly straightforward process (Rodgers, 2003). However, this study's findings also indicate that the kind of "influence"

regarded highly in EBF is not necessarily related to positions of authority of the opinion leaders. As such, positional opinion leaders such as administrators and professionals were not as highly regarded as, for example, fellow mothers and mothers-in-law, further confirming the findings of Valente's (2007), study on opinion leadership for health communication, which indicated that 'formal' opinion leaders may not be viewed as effective opinion leaders within their 'informal' communities. This can be related to the perception by many community members, especially in rural areas, that formal leaders are meant to impose policy guidelines that are often viewed as external influence on the community's social norms and practices. Besides, such "formal" opinion leaders do not interact with the community members as often as other "informal" opinion leaders such as peers, who are more available and often more friendly and relatable than the authority figures (Valente & Pumpuang, 2007).

These findings were further confirmed by 60% of FGDs' female participants, who identified healthcare workers, mothers-in-law, and fellow mothers as the sources of exclusive breastfeeding information. Many (7 out of 11) men that participated in the FGDs argued that they did not provide any exclusive breastfeeding information to their wives, because their wives were expected to get such information "out there". The study later found out that "out there" meant "amongst themselves". A conversation on whether or not the men in Igembe North Sub County shared exclusive breastfeeding information with breastfeeding mothers is contained in the following extract from a FGD that constituted only men:

Q: Do you usually share information on exclusive breastfeeding with the women in your community?

P1: (Laughing out loud) *wewe mwalimu wacha maneno yako*

(You teacher stop the many stories)

P5: *Yau i maantu ya aka we bwana* (those are women's issues, man!)

P4: *Indimwiraa rii arambuuria* (I inform her (on breastfeeding) whenever she asks about it)

P1: (waving his hand) *Hio maneno si wanajulia huko?*

(They learn about those things “out there”). *Wanaambiana na wamama wengine; hio sio kazi ya wanaume* (they discuss with other women; that is not a man’s role).

Q: Why do you feel that breastfeeding is a women’s issue?

P1: How can I sit in the kitchen with my wife discussing breastfeeding issues? I would rather spend that time making some money for their upkeep! (P5 strongly nods in agreement).

P2: No, we actually discuss breastfeeding whenever necessary. When my wife comes from the clinic, she sometimes shares some of the information from the nurse with me. But mostly whenever other women come to visit, you hear them discussing things like colic, weaning, and amount of milk she is able to produce...

P3: It’s not bad to discuss about breastfeeding, but it’s also not a topic you want to spend the whole day discussing. Only when my wife brings it up.

From this FGD, it was evident that breastfeeding was not taken as seriously by men as it was by the women. As such, men were not ready to share exclusive breastfeeding information, unless women brought it up, and even then, the men did not find it important enough a topic to spend too much time on. It is no wonder then, that a low 13.4% of the respondents cited their husbands as having informed them on EBF. However, in other studies on paternal support of EBF, male support has been demonstrated to influence maternal motivation to prolong the duration of breastfeeding. One study conducted in the United Kingdom, for example, proved that at six weeks after delivery, fathers’ and family support was the main influence for sustaining breastfeeding (Ingram et al. 2002). This

can largely be attributed to the emotional and physical support accorded to the breastfeeding mother, making the process easier and more comfortable. On bravadodesigns.com, an award-winning maternity and nursing products' website, one mother, in reference to the role her close family played in helping her breastfeed her newborn baby, Sammy, says "I would be propped up on the bed holding Sammy trying to get him to latch on and my two moms would be looking on with joy and pride, assisting with pillow positioning and wiping up any sprayed milk". This affirms the critical role of not only close family members, but also the community at large in supporting breastfeeding mother physically and emotionally in order to make breastfeeding an easy, enjoyable process.

When interviewed, a healthcare worker confirmed that other than herself, mother-to-mother support groups were of great help in creating awareness on proper exclusive breastfeeding practices in Igembe North Sub County:

We mostly use fellow mothers to champion Exclusive Breastfeeding awareness campaigns, especially in areas where healthcare workers are not readily accessible...mothers educate each other, although sometimes some mothers influence others to actually begin weaning their babies quite early... but we try our best.

In fact, on the most preferred method of communicating Exclusive Breastfeeding information, a majority (86.8%) of the mothers surveyed said they would prefer mother-to-mother support group discussions, further confirming the influence of peer mothers on EBF practices, not only in the study area, but also across various other communities.

In Danaba village in Wajir County, North Eastern Kenya, for example, a group of eleven community health volunteers, pregnant or lactating women, and caregivers, frequently meet together in a Mother-to-Mother group called Kulmiye. Kulmiye, which means "togetherness" in the Somali language, is one of the 35 Mother-to-Mother groups initiated by Islamic Relief in partnership with the Ministry of Health (IRK, 2013). These groups provide a sound and practical way to reduce social isolation, equip mothers with

information and training, and create a forum for sharing experiences and raising awareness in a given community (IRK, 2013, PATH, 2013, WHO, 1993). The women of the Kulmiye Support Group meet regularly within the week and are trained by lead mothers and facilitators in collaboration with the Ministry of Health and MIYCN on topical issues such as pregnancy, lactation, Exclusive Breastfeeding, breastfeeding difficulties and advantages, infant feeding practices, hygiene, and immunization (IRK, 2013). However, as the study established, Peer mothers were mostly only positively influential during mother-to-mother support groups which involve health experts and trained volunteer mothers to champion EBF best practices. At the community interpersonal level, peer mothers were more likely to exert negative influence during interactions beyond the Mother-to-Mother support group discussions. As such, although they were influential, the quality of EBF knowledge shared was more often than not, based on personal breastfeeding experiences rather than the WHO-recommended breastfeeding practices. In fact, the study established that only health care workers (including professionally-trained health experts and Volunteer Community Health Workers such as trained peer mothers) exerted positive influence on EBF. The findings on the influence of various EBF opinion leaders are contained on Table 4.16

Table 4.16: Test of Associations between type of EBF opinion leader and positive influence of EBF communication

Variable	Opinion Communication		Leadership	Total	p-Value
	Negatively influential	Positively Influential			
Communication by Village admin					
No	86 (61.0%)	55 (39.0%)	141		0.349
Yes	152 (65.8%)	79 (34.2%)	231		
Communication by community elder					
No	223 (64.8%)	121 (35.2%)	344		0.233
Yes	15 (53.6%)	13 (46.4%)	28		
Communication by health worker					
No	153 (72.5%)	58 (27.5%)	211		<0.001
Yes	85 (52.8%)	76 (47.2%)	161		
Communication by NGO Staff					
No	226 (64.9%)	122 (35.1%)	348		0.140
Yes	12 (50.0%)	12 (50.0%)	24		
Communication by religious leaders					
No	145 (65.6%)	76 (34.4%)	221		0.428
Yes	93 (61.6%)	58 (38.4%)	151		
Communication by teachers and other prof					
No	179 (66.3%)	91 (33.7%)	270		0.130
Yes	59 (57.8%)	43 (42.2%)	102		
Communication by mother in law					
No	115 (60.5%)	75 (39.5%)	190		0.156
Yes	123 (67.6%)	59 (32.4%)	182		

Communication by biological mothers	21 (53.8%)	18 (46.2%)	39	0.164
No	217 (65.2%)	116 (34.8%)	333	
Yes				
Communication by fellow mothers	232 (64.4%)	128 (35.6%)	360	0.305
No				
Yes	6 (50.0%)	6 (50.0%)	12	

The study considered the influence of opinion leadership communication strategy to have been positive (leading to effective communication and hence likely to cause EBF) if: the survey respondent had received correct EBF information from an EBF opinion leader, could clearly explain the correct meaning of EBF and related practices, and was breastfeeding/willing to exclusively breastfeed her baby for a period of six months and beyond. Based on these criteria, the findings of the test of association between various EBF opinion leaders and positive influence on EBF were as indicated on Table 4.16.

Study findings indicate that only health workers (expert opinion leaders) were found to positively influence EBF practices ($p < 0.05$). While other EBF opinion leaders may have had remarkable influence on exclusive breastfeeding in Igembe North Sub County, the influence was negative hence did not lead to the adoption of proper EBF practices. This was especially true with regard to the duration of Exclusive breastfeeding as recommended by the World Health Organization (WHO). Peer mothers for example, were found to exert a lot of (negative) influence on fellow mothers as a result of their availability and willingness to respond to EBF-related concerns from less experienced mothers. As such they were viewed as “effective”, their flawed knowledge notwithstanding. Breastfeeding mothers measured effectiveness of an opinion leader mostly based on the leader’s availability and frequency of communication rather than quality of EBF knowledge possessed. As such, quality knowledge was considered to be that which is readily available and applicable to the social, cultural and physical contexts of the breastfeeding mother, whether or not it advocated for best practices. In fact, during one FGD, mothers wondered where they would be expected to get a health care

professional as frequently as they would need one, indicating that they only had access to a health care professional during ante-natal visits and, later, only during well-baby clinic visits. Consequently, they often had to turn to peer mothers, mothers-in-law and biological mothers for EBF-related advice. These findings bring to the fore the need for expert opinion leaders to isolate and train as many “lay” opinion leaders as possible in order to counter the effects of ‘flawed’ EBF knowledge propagated by the more accessible, but misleading opinion leaders at the community and household level. This isolate-and-empower approach would turn the lay opinion leaders from obstacles to resources in the fight against premature cessation of exclusive breastfeeding.

On the contrary, key the informants interviewed confirmed the lack of commitment to EBF support among the men in Igembe North Sub County. During an interview, one Volunteer Community Health Worker noted:

We do not see many men accompanying their wives to either ante-natal or post-natal clinics. Most men give financial support but rarely offer any emotional or physical support to their breastfeeding partners. *Hata kuongea tu maneno ya kunyonyesha...* (Even just talking about breastfeeding) is uncomfortable for some of them.

However, more importantly, other than these traditional EBF opinion leaders, this study found out that 3.0% of the respondents mentioned other opinion leaders, such as their elder children, as people they sought Exclusive Breastfeeding information from. The mention of elder children as sources of Exclusive Breastfeeding information for their mothers was particularly revealing for this study, because it showed an unconventional but slowly growing trend in opinion leadership that involves an opinion leader that uses a broader range of media sources for information and interaction with others. Traditionally, a child wouldn’t know much about issues such as exclusive breastfeeding, and would in fact, rely on their mothers for such knowledge. However, this study found that in Igembe North Sub County children have been the source of such information, therefore, confirming what Schafer and Taddicken (2015) found out in dealing with the question of how opinion leadership has evolved in changing media environments. The scholars

acknowledged the emergence of the “mediatized opinion leader”: one who differs from the traditional opinion leader in many ways, including age and the range of media sources for their information. Further confirming the survey findings, one female FGD participant explained that her elder daughter once informed her of a Facebook group that provides support for breastfeeding mothers. She explained that upon inquiring further, her daughter explained that she was a member of the group and that the information she shared with her mother was often retrieved from discussions on the group. These findings were also consistent with the propositions of Two-step flow theory, one of the guiding theories for this study, on the role of opinion leaders in interpreting media messages to other individuals who are in contact with them, as well as the opinion leaders’ increased access to media channels that may not be available to other community members.

The confirmation of the presence EBF opinion leaders in Igembe North Constituency is consistent with the goal of the Baby- Friendly Community Initiative (BFCl), which is to involve people within the community of breastfeeding mothers, in order to achieve better EBF results. However, presence of opinion leaders alone might not automatically translate to improved EBF levels. It is important that the specific people involved in disseminating EBF messages are well placed and have the capacity to influence EBF practices among the mothers (UNICEF, 2014). As Kelly *et al* (2004) found out, Opinion Leaders need to be trained and supported in order to enhance their effectiveness in influencing behaviour. Capacity in the EBF communication context, could mean financial resources, training on message development and dissemination, as well as use of appropriate methods of communication within the context of the mothers’ socio, cultural and economic environments.

Younger people’s access to and use of media platforms that are not readily accessible to their parents, for example, can enable them access knowledge and information that is unavailable to the elder members of their community. Increasingly, the use of traditionally unavailable media, is changing who opinion leaders are, and how they disseminate messages to their target audiences.

This argument can further be confirmed by the findings of this study on the type of media used to communicate Exclusive Breastfeeding messages, where the survey respondents listed new media technologies such as mobile phone calls (46.2%), mobile phone short message services (SMS) (1.9%), social media networks (Facebook, Twitter and WhatsApp) (0.8%) and Emails (0.8%) as the methods used to communicate Exclusive Breastfeeding messages to them. All the eight Key Informants corroborated this finding by stating that they had, on at least two occasions, made calls or sent text messages to follow up on a breastfeeding mother's progress after an initial face-to-face meeting. Similarly, on the use of social media networks as methods for communicating EBF messages, one of the Key Informants, a nurse explained:

...we only use platforms such as *WhatsApp* to communicate information with literate mothers who have access to smart phones...the rest of the mothers may really not find such platforms useful because they do not own smart phones...I have also on several occasions directed some mothers to Facebook groups such as *Support for Pregnant and Nursing Mothers*, which has very insightful discussions on the whole pregnancy and breastfeeding issue...

As noted earlier, one mother in a FGD recalled hearing her daughter cite Facebook as the source of EBF information she shared to her. This affirms the place of emerging media technologies as not only sources of EBF information for opinion leaders but also communication methods for cascading the EBF information further down to the end-users.

As part of establishing the capacity of the identified EBF opinion leaders in the study area, the researcher formulated an objective to determine the EBF opinion leadership communication strategies they used.

4.4.2 Opinion Leadership Communication tactics used in Influencing Exclusive Breastfeeding in Igembe North Sub County.

An opinion leadership communication strategy entails all the formal and informal tactics (including frequency of communication, framing of the specific message, method of communication, as well as choice of language) through which an opinion leader diffuses Exclusive Breastfeeding information in Igembe North Sub County. Nisbet & Kotcher (2009) note that in influencing change (such as change in EBF practices in Igembe North Sub County), crafting suitable strategies of influencing change form the core of the campaign. These strategies include tactics such methods of message development, framing and packaging; choice of channels and methods that opinion leaders will use to disseminate information, as well as education, training, and support of opinion leaders by key stakeholders; to regular monitoring and evaluation of the processes in use.

Having this in mind, the researcher formulated a set of questions, each targeting one tactic of the communication strategy identified above. First, the respondents were asked how frequently the opinion leaders they had identified, communicated exclusive breastfeeding information to them. Their responses were tallied and recorded as shown in Table 4.17.

Table 4. 17: Frequency of EBF Communication

Frequency of EBF messages	Frequency (n)	Percentage (%)
Weekly	0	0
Once every month	22	7.0
Once every 3-4 months	1	0.3
Once every 6 months	10	2.7
Once a year	10	2.7
Only when I am pregnant/breastfeeding	325	87.3

Study findings indicated that a majority (87.4%) of the mothers surveyed acknowledged receiving exclusive breastfeeding messages only when they were either pregnant or breastfeeding. This, as compared to 7.0% that acknowledged receiving the communication once every month. 2.7% of the mothers acknowledged receiving the information once every six months and a further 2.7% once every year. Only 0.3% of the respondents said that they received exclusive breastfeeding messages once every three to four months, while no respondent acknowledged receiving messages weekly.

This frequency of communication of Exclusive Breastfeeding messages was further confirmed by more than six out of eight key informants, who agreed that a lot of communication on Exclusive Breastfeeding took place only when the mothers were expectant or breastfeeding, citing unwillingness by other women to attend any Exclusive Breastfeeding fora. They further noted that many women who were not breastfeeding could not find time to attend such meetings, as they were busy taking care of their families. This confirms the sentiments of the WHO (2014), who, in a statement on Exclusive Breastfeeding across the world, noted that lack of maternal support by the community left many women with little time to attend to breastfeeding activities, hence

causing early EBF cessation as mothers found it difficult to balance between the two roles of being family caretakers and breastfeeding for the recommended six months. Besides, lack of enough resources makes it difficult to bring the EBF fora close enough to all the target audience. As one Key Informant noted, the budgetary allocation for EBF activities within the health facilities cannot cater for more frequent meetings with the target mothers.

Additionally, during FGDs, many (10 out of 12) female participants acknowledged that they did not seek any Exclusive Breastfeeding information unless they were pregnant or breastfeeding. One female participant argued that if she received any Exclusive Breastfeeding information long before she got pregnant, she would most probably forget it because she had “*mambo mengi kwa akili*” (a lot of things on her mind).

Other participants agreed that they were too busy taking care of their families to attend exclusive breastfeeding meetings. “We let those in need of the information at that particular time to attend the meetings”, one participant quipped.

It was evident from both the group discussions and the survey, that the frequency of communication of Exclusive Breastfeeding messages was largely determined by the mothers’ pregnancy and lactation, and little communication was targeted at the mothers outside of this period. Key Informants also added that, the frequency of Exclusive Breastfeeding message communication was dependent on availability of resources to mobilize Volunteer Community Health Workers and breastfeeding mothers to form mother-to-mother support groups for the awareness creation.

This low frequency of communication contradicts UNICEF’s, recommendation on Exclusive Breastfeeding message formulation, which notes that EBF communicators should reinforce messages with repetition throughout the community, because people need to see and hear the same few messages many times in different formats, and through different channels, in order to participate in the social transformation process and ultimately adopt new breastfeeding practices (UNICEF, 2010).

Nisbet & Kotcher (2009) found that Opinion leaders should be individuals who not only pay close attention to an issue, but also frequently discuss it. There is no doubt that when an issue is frequently discussed, the target audience is more likely to be persuaded to adopt the recommended practice. The EBF opinion leaders in Igembe North Sub County were found to be ineffective with regards to how frequently they discussed the issue of Exclusive Breastfeeding. It is no wonder then that, as noted earlier, 62.6% of the survey respondents had, or intended to only exclusively breastfeed their children for a period less than the WHO-recommended six months.

Next, the respondents were asked what specific EBF messages the opinion leaders communicated to them. This was aimed at finding out how relevant and practical the messages were to the practice of Exclusive Breastfeeding. The survey responses were as shown in Table 4.18.

Table 4. 18: Specific EBF Messages

Specific EBF message	Frequency (n)	Percentage (%)
How to position the baby during breastfeeding	332	89.2
		96.5
How often I should breastfeed the baby	359	
How long I should breastfeed the baby during each feeding	351	94.4
How long I should breastfeed the baby before introducing other foods	314	84.4

How I should express breast milk to feed the baby whenever I am away from him/her	13	3.5
How I should store breast milk for the baby in case I am away	10	2.7
Other	3	0.8

**All these responses were multiple responses*

Study’s findings on the specific Exclusive Breastfeeding messages indicated that the respondents acknowledged getting information on how often they should breastfeed their infants (96.5 %), how long each breastfeeding session should last (94.4%), how to position the baby during breastfeeding (89.2%) as well as how long they should breastfeed their infants before introducing other foods (84.4%). However, only 3.5% of the mothers indicated that they had received information on how to express milk to feed the baby whenever they were away while 2.7% of the respondents indicated that they had received messages on how to store breast milk to feed their infants whenever they were away. A further 0.8% said they had received other messages such as how to ensure cleanliness during breastfeeding and how to wean their infants.

These findings show that the opinion leaders in Igembe North Sub County paid attention to their strategies of communicating the breastfeeding messages with regards to how specifically the messages were packaged. Studies have shown that messages aimed at social change should include specific suggestions on actions people can take, and they should communicate key parts of an intervention (C-Change 2012; HC3, 2014; UNICEF, 2010).The clarity and accuracy of the exclusive messages were further emphasized by the participants across the two FGDs that constituted of females, when asked how the opinion

leaders explained exclusive breastfeeding messages to them. Some of their responses were as follows:

Q: Through what methods do you share/receive Exclusive breastfeeding information? How do the opinion leaders explain EBF to you?

P1: *Mara nyingi huwa tunaelezea tukienda clinic kujifungua au kupewa chanjo* (Most times we are informed whenever we visit the clinics to give birth, or for (baby's) immunization).

P3: *Yeah, hio ni ukweli. Nurse huwa wanatuelezea mambo ya kunyonyesha watoto* (Yes, that's true. The nurses usually inform us about breastfeeding).

Q: What exactly about breastfeeding do they inform you? What specific things do you get to learn?

P4: *Mambo kama kushika mtoto vizuri ili anyonye vizuri, kumuosha, kumvalisha nguo... mambo mengi tu kuhusu watoto wadogo...*

(Things like how to properly position the baby so that they can breastfeed well, how to clean them, how to dress them up ...many things about small babies...)

Q: So do they demonstrate these things? Like how to hold the baby, dress them...do they show them practically to you?

All: *Ndio!!* (Yes)

P2: *Mara nyingi mtoto yuko tu hapo na wewe kwa hivyo nurse anamshika anakusaidia kumnyonyesha vizuri.*

(Most times the baby is just there with you, so the nurse holds (the baby) and helps you breastfeed properly.

P6: *Hata kumuosha wanakuonyesha ukishajifungua*

(They even demonstrate how to clean the baby after giving birth)

These sentiments were also consistent with other studies that suggest that Messages for change - such as change in exclusive breastfeeding practices - must be personally appealing and discuss only one or two key points (UNICEF, 2014).

However, the opinion leaders seemed to have paid little attention to the more culturally controversial information on breast milk expression and storage, as only a few (3.5% and 2.7%) of the mothers acknowledged having received information on how to express and store breast milk, respectively. Even when the messages on breast milk expression are communicated, they were not taken as seriously as those targeting other EBF-supporting practices such as the positioning of the baby during breastfeeding, how to deal with colic and baby discomfort or how long each breastfeeding session should last. Similarly, breastfeeding mothers did not seek information on any of the “culturally-inappropriate” EBF practices. This confirms the sentiments of scholars that have suggested that people understand and evaluate information through a filter that is coloured by their general beliefs about society, the world, and right or wrong (Moser & Dilling, 2012), and that culture is prior to facts in the cognitive sense that what group members believe about the empirical consequences of [certain actions or] policies, derives largely from their cultural worldviews (Kahan & Braman, 2006). Therefore, people tend to selectively hear and collect evidence that supports their beliefs and underlying values (CRED, 2009; Kahan & Braman, 2008). As such, breastfeeding mothers in the study area seem to have selectively ignored messages that contradicted their belief that breast milk expression is unnatural and therefore, taboo. In fact, during a FGD, the female respondents had the following sentiments on the type of EBF information they sought:

- Q: What type of EBF information do you commonly seek or share with the people in your community?
- P10: *Kama kushikilia mtoto vizuri ukimnyonyesha...* (For example how to properly hold the baby when breastfeeding...)
- P9: We ask about things like, how to deal with colic (laughs).
- All: Laugh out loud
- P7: Yeah. Colic is really stressing! *Mara nyingi mtoto anashinda akilia... hata kumnyonyesha ni vigumu* (Many times the baby keeps on crying...even breastfeeding them is difficult).
- P3: Even things like, how to burp the baby after breastfeeding.

As a way of determining the methods used to communicate Exclusive Breastfeeding messages in Igembe North Sub County, the survey respondents were asked to indicate what methods were employed by the opinion leaders to inform them about exclusive breastfeeding, and their responses were as recorded on Table 4.19.

Table 4. 19: Specific Methods Used to Communicate EBF Information

Method used to communicate EBF	Frequency (n)	Percentage (n)
Mobile phone SMS	7	1.9
Mobile phone calls	172	46.2
Twitter, Facebook and other social media platforms	3	0.8
Emails	3	0.8

Community Seminars	223	59.9
Workshops	206	55.4
Community Barazas	225	60.5
Leaflets and other informational materials	13	3.5
Interview programmes on local radio stations	41	11.0
Opinion leaders' visits to churches to give Exclusive Breastfeeding lectures	43	11.6
Mother-to-mother support group discussions	242	65.1
Opinion leaders' visits to the homes of breastfeeding mothers	76	20.4
Others (Clinic discussions)	90	24.2

****All the above responses were multiple responses***

Results indicated that mother-to-mother support group discussions (65.1%), community barazas (60.5 %), community seminars (59.9%) and workshops (55.4%) were the most used methods of communicating Exclusive Breastfeeding information by the Opinion Leaders in Igembe North Sub County. In contrast, mobile SMSs (1.6%), social media networks (Facebook, Twitter and WhatsApp) (0.8%) and emails (0.8%) were cited as least used methods. This can be attributed to the inability by most mothers in the study area to

afford smart phones, which are the only phones that can accommodate such new media platforms. Other methods cited by the respondents were one-on-one and group discussions during clinic visits (24.2%).

These findings support those of other EBF studies around Kenya that have revealed an increase in EBF mother-to-mother support groups, indicating the government's commitment to the implementation of the BFCI. In Bondo Sub County, for example, the initiative showed marked improvements in maternal, infant and young child nutrition indicators. According to Matiri and Kavle (2015), the program involved key community influencers—fathers, grandmothers, mothers-in-law and local leaders to pass Exclusive Breastfeeding information to mothers. An assessment conducted of two groups of mothers—those who did and did not attend BFCI support groups—revealed greatly improved breastfeeding practices among the former group. Mothers who attended support groups were more likely to attend more than three antenatal care visits (63% vs 38%) and to deliver in health facilities (86% vs. 51%), than non-attenders (Matiri & Kavle , 2015). Mothers who were actively involved in support groups improved their knowledge of both initiation of breastfeeding within the first hour after birth and non-use of pre-lacteal feeds, and were better equipped to resolve any breastfeeding problems in comparison with non-attenders (Matiri & Kavle, 2015). Such revelations have, therefore, motivated many more EBF opinion leaders to encourage the formation of EBF mother-to-mother support groups at the community level. Mother-to-mother support groups have the advantage of enabling participants to learn from each other's successes and failures, besides the strength that individual mothers get from knowing that many other mothers are facing the same challenges as they. The findings of the current study are a clear indication of the need to further strengthen the EBF mother-to-mother support groups by identifying and building the capacity of more early adopters in order to widen their reach beyond the formally organized support group discussions. As the study revealed, more EBF opinion shaping occurs during informal interactions away from the support group meetings. As such, even mothers who may be willing to consider exclusive breastfeeding for their babies are likely to abandon the thought as they interact frequently with negatively-influencing peer

mothers, further reinforcing the power of frequent face-to-face interactions in influencing change as well as entrenching negative perceptions at the community level.

These findings are also congruent to the findings by Doumit *et al* (2007), who suggested that informal strategies such as one to one teaching, and small group discussions are some of the strategies employed in opinion leadership communication for change. In this study, an interview with a key informant confirmed that interpersonal communication methods were very applicable in passing EBF messages to the target mothers. She said:

You see, a lot of these messages need a lot of demonstration for mothers to understand. We prefer to meet them in small groups where we show them, for example, how to hold babies to ensure optimum breastfeeding of the baby...Also when you meet them in groups you reduce the cost of having to go round in homesteads teaching one mother at a time” But, yes, face to face is very helpful.

In another Key Informant interview with a Volunteer Community Health Worker (VCHW), the study found that interpersonal face to face conversations were very helpful in enhancing chances for adoption of the EBF practices. He remarked:

Whenever I get a chance, I make sure that I actually personally meet the mothers face to face, rather than calling them, because sometimes I meet mothers who have not eaten anything the whole day and yet they are expected to exclusively breastfeed their babies...*nikimwangalia tu hivi ninajua hajakula, ama ako na stress* (Just a look at the mother and I can tell that she has not eaten or she is stressed). You can't communicate well to these mothers unless you meet them face to face either in a group or one- on –one.

While these sentiments point to the commendable EBF opinion leaders' use of face-to-face discussions both in one-to-one as well as one-to-many interactions, they also reveal the need to approach EBF in a broader perspective. EBF duration is an important message in EBF campaigns. However, there is need to go beyond just duration and empower target

communities with information and activities that can enhance maternal economic statuses as well as nutrition to ensure that breastfeeding is not unnecessarily draining to hungry mothers.

The study findings also suggested an increase in the use of mobile phone technology, especially mobile phone calls (46.2%), as an EBF opinion leader's communication method. EBF Opinion leaders seem to have increasingly embraced digital methods of communication as a way of disseminating messages. Although they are less traditional and can lack the richness of face-to-face interactions, mobile phones are increasingly becoming affordable and consequently available across the various social strata in Kenya, and this has greatly reduced the digital divide because most mothers can afford mobile phones. This coupled with the convenience of receiving and/or making calls within the comfort of the mother's home, makes it a very applicable method of communicating EBF information.

In fact, the study found out that mobile phone calls were some of the most preferred methods for communicating EBF information, with the surveyed mothers rating them at 78.2%, coming second only to the most preferred method, which was mother-to-mother support group discussions (86.8%). The rest of the findings on the most preferred method of communication are as shown in Table 4.20.

Table 4. 20: Most Preferred Method for Communicating EBF Information

Most Preferred Method	Frequency (n)	Percentage (%)
Mother-to-mother support group discussions	323	86.8
Mobile phone calls	291	78.2
Community Barazas	254	68.3
Community Seminars	245	65.9
Workshops	221	59.4
Opinion leaders' visits to the homes of breastfeeding mothers	122	32.8
Mobile phone SMS	49	13.2
Interview programmes on local radio programmes	36	9.8
Opinion leaders' visits to churches to give Exclusive Breastfeeding lectures	35	9.4
Leaflets and other informational materials	18	4.8
Twitter, Facebook and other social media platforms	16	4.3
Emails	0	0

**All the above responses were multiple responses*

Study findings indicated that most mothers preferred and found the following methods to be more influential in communicating EBF information to them: mother-to-mother support groups, rating them at a high of 86.8%, mobile phone calls (78.2%) and community barazas (68.3%). Exclusive Breastfeeding workshops were rated at 59.4% while opinion

leaders' visits to the homes of breastfeeding mothers were rated at 32.8%. The mothers, however, cited radio talk shows (9.8%), EBF church lectures (9.4%), social media networks such as Facebook and twitter (4.3%), leaflets (4.8%) and emails (0%) as the least preferred methods for communicating EBF information in Igembe North Sub County.

These findings were further confirmed by FGD participants, one of whom, with regards to the methods they found most influential in EBF communication, remarked that:

Mimi napenda zaidi hizo group za wamama...unajua unasikia vile wengine wanaendela, pia wanakuelezea vile unaweza fanya ndio mtoto wako apate maziwa ya kutosha.

(I like those mothers' groups the most...you know, you get to hear how other mothers are faring (with breastfeeding) and also they explain to you what you can do in order to get your baby enough (breast) milk).

In explaining her preference for community barazas, another mother opined that:

When you have many mothers together, there are many ideas that they bring. One of them might know how to do this, another one might know how to do that...you see? It becomes even more interesting to learn.

Similarly, when asked whether they used some methods more often than others, all the key informants agreed that they, more often than not, chose methods that involved informal face-to-face interactions because they found them more influential than the more formal strategies such as EBF lectures. One clinical officer who was recognized as an EBF opinion leader in Naathu sub location said:

Even when we attend seminars or other more formal meetings to be trained on EBF policies and practices, or receive the information via (mass) media channels, we are forced to come back and disseminate the information through less formal and more interactive and interesting methods. Most

mothers in this area are in rural parts and do not like the idea of lectures...they prefer to interact among themselves, learning from each other. That is why we have volunteer mothers who help explain and demonstrate these skills during some of these EBF discussions.

Other than emphasizing the effectiveness of the more interactive interpersonal methods of communicating EBF information, the above Key Informant's sentiments are consistent with the proposition of the Two-Step flow theory on the source of information communicated by opinion leaders: the opinion leaders pay attention to media messages, which they later interpret to the target audience. In this study, the 'media' was also found to include the various EBF policy documents that (especially) the healthcare providers used as their source of EBF information. Such policies include the Baby-Friendly Hospital Initiative and the Baby-Friendly Community Initiative that contain guidelines towards the improvement of the care given to pregnant women, mothers and newborns at health facilities and community level, respectively. During a Key Informant interview with another clinical officer, the Key Informant also reiterated the importance of mass media as a source of EBF information for the EBF opinion leaders in Igembe Sub County. The following is an excerpt from the interview:

Q: Where do you get the EBF information that you communicate to the community members?

KI: Mostly whenever there is a new policy guideline on EBF, we are sensitized through seminars and workshops...but we also rely on the media quite a lot for such information...with social media platforms like Facebook and Twitter it is very easy to also keep abreast with new, better ways of communicating the messages...I also (use) google a lot (Laughs).

Q: What do you google?

KI: Everything, really. I like to visit websites for organizations that are involved in EBF research and advocacy just to see what the (EBF) best practices and laws are...all the laws governing EBF really are in media platforms...you can't have all of them off head.

This Study's findings on most preferred method for communicating EBF information in Igembe North Sub County, also agree with Ryan (2002), who suggested that Opinion Leaders become less influential when they communicate in more formalized methods such as mail-outs, lectures and teaching rounds. It is no wonder that emails (0%), leaflets (4.8%) and church lectures (9.4%) were not as popular as the more informal methods, and were found to have less influence on EBF behaviour. The findings also support Lengel and Daft (1988), who analyzed channel richness and suitability to communicate change as follows:

Face-to-face is the richest medium because it has the capacity for direct experience, multiple information cues, immediate feedback, and personal focus. Face-to-face discussions enable the assimilation of broad cues and deep, emotional understanding of the message. Telephone conversations and interactive electronic media provide rapid feedback, but lack the element of 'being there'. Eye contact, gaze, blush, head nods, posture and other body language cues are eliminated. Electronic media therefore fall short of the richness of face-to-face communication. Written media that are addressed, such as memos, notes, and reports, can be personally focused, but they convey limited cues and are slow in feedback. Impersonal written media (including fliers, bulletins, and standard computer reports) are the leanest, providing no personal cues, and not enabling feedback (Lengel & Daft, 1988: 226).

Other than the method used, a proper EBF communication strategy includes, to a large extent, the language used in communicating the message. Opinion leaders seeking to influence EBF practices should avoid jargon and technical terms (HC3, 2015) and use simple language, closer to spoken language than written language (UNICEF, 2014). In order to further examine the opinion leadership communication strategies used to influence EBF in Igembe North Sub County, the study sought to establish the appropriateness of the language used to package and communicate EBF information. To achieve this, the researcher asked the survey respondents to indicate the language mostly

used by Opinion Leaders to communicate EBF information and the findings were as recorded in Table 4.21.

Table 4. 21: Language Used Most by Opinion Leaders to Communicate EBF

Language	Frequency (n)	Percentage (%)
English	2	0.6
Kiswahili	131	36.8
Kimeru	233	62.6

Survey findings showed that EBF opinion leaders mostly used Kimeru (62.6%), the local language of Igembe North Sub County, to inform mothers on EBF, while Kiswahili (36.8%), Kenya’s national language, was rated the second most used language in EBF communication. Only 0.6% of the survey respondents cited English as the most used language of communication in EBF awareness campaigns. It was therefore clear that, in keeping with the breastfeeding mothers’ environment and culture (part of which is language), EBF Opinion Leaders chose the right language of communication.

However, the study found out that despite this proper choice of EBF communication language, a majority (64%) of the respondents said that they did not always understand the Exclusive Breastfeeding messages shared by the opinion leaders while the remaining 34% of the respondents said that they always understood the messages as shown in Table 4.22.

Table 4. 22: Understanding of EBF Messages

Always understand EBF messages	Frequency (n)	Percentage (%)
Yes	128	36
No	238	64

To further establish what influenced the mothers' understanding (or lack thereof) of EBF information, the study probed both the 64% and 36% respondents on what made them understand or not understand the Exclusive Breastfeeding messages communicated to them. The objective was to largely identify specific message and other characteristics that either aided or inhibited the understanding of EBF information in Igembe North Sub County. The responses were as shown in Tables 4.20 and 4.21, respectively.

To begin with, the 36% respondents that said they always understood the EBF messages were asked to identify the specific things that made the message easier to understand. Their responses are as indicated in Table 4.23.

Table 4. 23: What influenced Understanding of EBF Messages

What influenced understanding	Frequency (n)	Percentage (%)
The simplicity of the message	104	82.7
The applicability of the message	7	0.6
The believability of the message	57	41.9
The familiarity with language the message is given in	102	80.6
The method through which the message is given	44	31.8
My familiarity with the person who gives the message	97	55.9

The opinions of my family/friends/neighbours on the message	23	14.2
My attitude towards the subject of exclusive breastfeeding	92	70.7
Other	11	2.0

**All the above responses were multiple responses*

A majority (82.7%) of the respondents who said they always understood the exclusive breastfeeding messages shared, cited the simplicity of the message as what influenced their understanding, while another 80.6% cited the language of communication as influencing their proper understanding of the message. Also found to highly (70.7%) influence understanding of the EBF message was the respondents' attitude towards the subject of EBF.

From the responses, it was clear that respondents that understood the message suggested that the EBF messages were simple, the language of communication (earlier cited as mostly Kimeru (62.6%)) of the message was appropriate and that they had a positive attitude towards exclusive breastfeeding, hence making it easier for them to understand the information shared.

On the other hand, those who said that they did not always understand the EBF messages cited their influencing factors as indicated in Table 4.24.

Table 4. 24: What Influenced Lack of Understanding of EBF Messages

What influenced lack of understanding	Frequency (n)	Percentage (%)
The complexity of the message	37	9.9
The inapplicability of the message	239	98.6
The unbelievability of the message	37	9.9
My unfamiliarity with language the message is given in	10	2.6
The method through which the message is given	44	11.8
My unfamiliarity with the person who gives the message	35	7.9
The opinions of my family/friends/neighbours on the message	196	66.2
My attitude towards the subject of exclusive breastfeeding	218	86.6
Other	11	3.0

**All the responses above were multiple responses*

Quantitative data findings indicated that a majority (98.6%) of the respondents that did not understand the EBF messages were influenced by the inapplicability of the communicated EBF message, while another 86.6% cited their attitude towards the subject of EBF, as what made them not understand an EBF message communicated by the opinion leaders. A further 66.2 % cited the opinions of their family and neighbours as what influenced their lack of understanding of EBF messages. Also found to influence the lack of understanding of opinion leadership EBF messages in Igembe North Sub County was the method of delivering the message (11.8%), Complexity (9.9%) and believability (9.9%) of the message. This means that, whereas the recommendations of the EBF opinion leaders might have been potentially beneficial to the target mothers and their infants, the mothers found the recommended practices unrealistic within their social and cultural contexts. As Atkin (2012) puts it, ‘to augment the influence on behaviour, the presentation should be personally relevant, such that the receivers regard the recommendations as applicable to their situation and needs’.

These results were also consistent with the findings of Nisbet (2009) who, in reference to applicability of climate change Opinion leadership communication, suggested that selectively framed information should resonate well with the background of the targeted audience and address their personal perceptions and information needs. Qualitative data from both the FGDs and the Key Informant interviews further qualified the influence that applicability of EBF messages has on the understandability of messages. The following is an excerpt from a Focus Group Discussion on the factors that determined the adoption of the EBF information shared by the opinion leaders in Igembe North Sub County:

Q: What makes you either adopt or not adopt the EBF information that you receive?

P2: *Mara nyingi wanakuambia mambo na unasikia ndio, lakini kuna vitu zingine huwezi fanya...haziwezekani*

(Yes, most times they tell you some things and you get them, but there are some things that you can't do...they are impossible)

Q: *Vitu kama gani haviwezekani?* (For example, what are some of the things that are impossible?)

P4: *Sasa mtu akikwambia ukamue maziwa* (Laughing out loud), *utakamua je na utaweka wapi? Si itaharibika? Na lazima uache mtoto. Sasa hata kama anasema ati hio ndio itasaidia mtoto unaona tu wacha upatie mtoto uji ama kitu ingine.*

(Now, when someone tells you to express (breast) milk, how do you do that? Won't the milk go stale? So even if they say that that (Expressing and storage of breast milk) is what will help the baby, you just decide to give the baby some porridge or something else).

The whole group: Laughs out loud

P6: I think sometimes you are willing to exclusively breastfeed your child for a long time, *hata kama ni miaka tano* (even if for five years), but you realize that it is not realistic to go even for two months with only breast milk.

Q: Why is it not realistic?

P1: The baby cries of hunger and you can't spend the whole day there; you have to go fend for the others. So you have to leave the baby sitter with something to give the baby.

Q: So you usually have to leave the infant early in the morning?

All: Yes! (Unanimously)

Q: At what age do you have to leave the baby with the baby sitter?

P3: *Inalingana na mtu...wangu huwa nawaacha hata na mwezi moja*
(It depends on an individual (mother)...I leave my babies even after just a month)!

P5: *Hata na wiki mbili* (Even at two weeks).

These sentiments shared by the FGD participants further point to EBF messages that might have been well packaged in terms of the language used (62.6% local language use), but which were not resonating well with the social background of the targeted mothers, hence making the information not applicable in their day-to-day lives. They did not always understand, for example, how one could express their own breast milk (they laughed out loud at the thought of it) and store it for the baby while they were away.

In a 2010 webinar titled “*Improving Exclusive Breastfeeding Practices by using Communication for Development in Infant and Young Child Feeding Programmes*”, UNICEF identified key differences between previous communication approaches to EBF and the more recent Communication for Development (C4D) approach. They noted that the objective of the communication approaches has changed from increase in knowledge as a health intervention, to a change in social behaviour and social norms as part of the social transformation process that involves women and other key participant groups such as grandmothers, spouses and health workers. They noted that approach to EBF communication has also shifted to a two-way dialogue with active participants across all levels with messages tailored to circumstances of different groups of women and other participant groups (C-Change, 2012). Breastfeeding is no longer viewed as easy, natural behaviour with focus on individual mother, but rather as behaviour that requires support of family, community, health system, employers and ultimately is agreed upon by each community (PATH, 2011; UNICEF, 2010).

The (lack of) applicability of EBF messages in Igembe North Sub County was further discussed with a female EBF crusader, who in a Key Informant interview observed that:

...it is difficult to discuss Exclusive Breastfeeding realistically without involving breast milk expression and storage, because, how would one breastfeed exclusively for at least six months without leaving the baby at some point? You see? So that makes it almost impossible to train on EBF without encouraging breast milk storage. But that again poses a challenge because culturally, expressing one's own milk is taboo and is frowned upon.

The key informant continued to explain the danger posed by lack of applicability of an EBF information:

The mothers block the entire EBF message just because you mentioned that they should express and store breast milk for later use. You continue explaining but most times you can tell from their facial expressions that they are dismissive. I have found it easier to discuss such EBF issues with mothers who live in the shopping centers away from their mothers and mothers-in-law, but it is also because a lot of them are more exposed to more modern ways of life... (Laughs) you know...and they also have access to electricity so they can store milk in the fridge. But you find most of them still introduce babies to things like fruits before six months.

These findings confirm the importance of applicability as a key component of any EBF message. The applicability of the message seemed to affect the target mothers' overall attitude towards EBF, making it difficult to understand and adopt the information shared. This can be confirmed by the 66.7% of the respondents that cited their (negative) attitude towards EBF as the determining factor in their lack of understanding of the EBF messages they had received. Just as P4 in the FGD and the Key Informant in the above excerpt noted, many mothers have a negative attitude towards EBF, as they think it is difficult to

achieve and some of its requirements contradict their cultural beliefs. They therefore dismiss the entire EBF message on grounds of (lack of) applicability.

Atkins (2001) observes that most campaigns present messages that attempt to increase awareness, informing people what to do, specifying who should do it, and cueing them when and where it should be done. However, as the scholar later emphasizes in his 2010 publication on advances in public communication, social change campaigners should focus more effort and resources on changing the environmental conditions that contribute to the specific behaviour (Atkin, 2010).

Sustainability of social change in general, and change in Exclusive Breastfeeding behaviour in particular, is more likely if the individuals and communities most affected *own* the process and content of communication. It should be empowering, horizontal (versus top-down), give a voice to the previously unheard members of the community, and be biased towards local content and ownership (Atkin, 2010; Gray-Felder & Deane, 1999; Reardon, 2003; Servaes, 1999; Singhal, 2001; UNFPA, 2002; Waisbord, 2001).

In the present study's findings, Opinions of the respondents' family, friends and neighbours, were cited as playing a big (64.2%) role in the (lack of) understandability of EBF information. This meant that even well packaged messages could be dismissed because they advocated for practices that were contrary to those viewed as proper by people around the EBF mother. One Female FGD participant reported that she found it difficult to go against her mother-in-law's opinion about EBF out of respect, and therefore the mother-in-law's opinions were important to her.

In addition, one male FGD participant, on the issue of breast milk expression, remarked:

Mtu anawezaje kujikamua? Kwani yeye ni ng'ombe?

(How can a human being milk herself? Is she a cow?)

Most (7 out of 11) male FGD participants, actually, strongly disagreed with the concept of expressing and storing breast milk, with one even expressing disgust at the thought of watching his wife express her own milk. Another female FGD participant also narrated how she had once tried to express breast milk as recommended by the maternity nurse, but her mother-in-law strongly reprimanded her, claiming that such behaviour was unnatural and should be reserved for animals. In reference to the incident, she added:

Hata sikuwa najikamua ya kupea mtoto; ni vile hio siku matiti yalikuwa yamejaa sana na mtoto alikuwa ameshindwa kumaliza maziwa, so matiti ikaanza kuuma nikaamua kukamulia kwa kikombe.

(Actually I didn't even intend to feed the baby with the expressed milk; it's just that that day my breasts were so engorged and the baby could not feed on all the milk, so my breasts became painful and I decided to express in a cup).

Her sentiments were echoed by many (7 out of 12) other female participants who agreed that the older women in their community, especially their biological mothers and mothers-in-law, could not support expression of one's own milk to feed the baby from a bottle. They termed that taboo. Another female participant reported that her elder sisters-in-law had informed her that the family she had married into, introduced complementary feeding to their infants as early as two months, and that her attempts at exclusively breastfeeding her then four-month-old baby were causing the baby unnecessary distress. She added:

One day I left my mother-in-law with my then four-month-old boy to go and visit a sick relative for only two hours, and instructed her not to give him anything because I would only be gone briefly...*nilikuta amempikia uji akampee* (I found her having cooked and fed the baby on porridge)...

When asked what reasons the mother-in-law gave for feeding the baby on porridge against its mother's instructions, the participant said:

Aliniambia tu mtoto aliamka na akalia sana...lakini nilijua tu alikuwa anangoja ile siku atapata nafasi ya kumlisha mtoto chakula.

(She just told me that the baby woke up and cried too much... but I just knew that she had been waiting for a day when she could get a chance to give (complementary) food to the baby...

This kind of perception could lead to early Exclusive Breastfeeding cessation, because even a willing mother could easily feel the pressure to stop the “disgusting, unnatural” practice of expressing breast milk. WHO (2010), notes that breastfeeding practices may be largely determined by expectations within a social network, and that group norms, rather than individual preferences, may be the key factors influencing breastfeeding practices, and, therefore, mothers across the world find themselves in situations where health services are not supportive and where the cultural norms are hostile to Exclusive Breastfeeding. There is need to intensify training of the peer mothers on the benefits of breast milk expression and storage as critical aspects of EBF. Use of role models who are more receptive to the breast milk expression practice could yield better results. The expert opinion leaders should empower as many receptive peer mothers as possible in order to dispel the myths associated with breast milk expression. Frequent practical demonstrations by the empowered peer mothers can also be used to illustrate that breast milk expression is harmless to a breastfeeding mother.

The current study’s findings also strongly support the findings of a study by Kobia (2015), which found out that family members’ opinions were a major barrier to Exclusive Breastfeeding in Igembe South Sub County. A similar study by Gitonga (2015) on factors influencing EBF for the first six months after birth in Thika, indicated that 71% of the mothers were influenced to introduce solid feeds to their infants by friends and relatives. This was also consistent with other similar studies that have shown that cessation of EBF before the recommended six months is often influenced by people closely related to the breastfeeding mother (UNICEF, 2015). A key Informant quoted earlier in this study, confirmed that peer mothers were very useful in cascading the EBF information to the

community, but also expressed concern that some of these same mothers were the greatest source of influence with regards to early weaning of infants. This is partly because more experienced mothers advise newer mothers mostly based on their (old mothers') own experience and perceptions, and as such, could be misleading because different mothers have different EBF experiences.

In order to effectively communicate EBF information, therefore, opinion leaders require specific attributes that help break these barriers that could be both cultural and technical (related to message construction and dissemination). In order to establish whether or not the opinion leaders in Igembe North Sub County possessed these attributes, the third objective of the study was formulated *to evaluate the communicative attributes of opinion leaders influencing Exclusive Breastfeeding in Igembe North Sub County*. The findings under this objective are presented under the next sub-title.

4.4.3 Communicative Attributes of Opinion Leaders Influencing EBF in Igembe North Sub County

As earlier discussed, 98.4% of the quantitative survey respondents acknowledged that there were people in Igembe North Sub County that informed the community on exclusive breastfeeding practices. Further, the respondents cited fellow mothers (89.5%), healthcare workers (62.1%), and mothers-in-law (48.9%) as the opinion leaders that mostly informed them on EBF practices. However, as earlier studies have found out, presence of EBF opinion leaders and communication of EBF information does not always translate to understanding and adoption of the communicated information (Mututho, 2013; UNICEF, 2014). In fact, in this study, 64.0% said they did not always understand EBF information shared, with 96.6% of them confirming that inapplicability of the message made them not understand the message. Opinion leaders are usually ranked highly based on some specific attributes. According to Rodgers (2003), the defining characteristic of Opinion Leaders is that they are well respected in their social system. Whereas respect can be associated with higher socio-economic status (higher level of education and high income), it can also be derived from other communicative attributes of the EBF Opinion leader.

In trying to determine the communicative attributes of EBF Opinion Leaders in Igembe North Sub County, the respondents were first asked to rate the Opinion leaders they had identified, by indicating those that met their EBF needs best. The findings were analyzed and recorded as shown in Table 4.25.

Table 4. 25: Influence of EBF Opinion Leaders

Most influential EBF opinion leader	Frequency (n)	Percentage (%)
Village administrators	161	43.3
Community elders	28	7.5
Healthcare workers	231	63.1
NGO workers	50	13.4
Religious leaders	91	24.9
Teachers & other professionals	92	25.1
Mother-in-law	182	49.7
Husband	24	6.5
Fellow mothers	313	85.5
Others	12	3.2

**All the responses were multiple responses*

The findings revealed that Fellow mothers were rated highly by most (85.5%) of respondents with regards to their influence in communicating EBF information, while healthcare workers came second with a rating of 63.1% influence. Additionally, mothers-in-law were found to be influential by 49.7% of the survey respondents. Others with relatively high ratings in effectiveness were: Village administrators, such as chiefs and sub-chiefs (43.3%), teachers and other professionals in the community (25.1%), and religious leaders (24.9%). However, NGO workers (13.4%) and husbands (6.5%) were rated least influential EBF opinion leaders in Igembe North Sub County.

These findings confirm the sentiments of most (10 out of 12) female FGD participants, who acknowledged that peer mothers, mothers-in-law and health workers were the most influential in communicating EBF information in the community. On the most preferred method of communicating exclusive breastfeeding information, a majority (86.8%) of the mothers surveyed said they would prefer mother-to-mother support group discussions compared to 78.2% that cited one-to-one mobile phone calls as the most preferred method of EBF communication. This further confirmed the impact of fellow mothers as rated by the study respondents. The findings also confirm the impact of self-selected opinion leaders as opposed to the more ‘formal’ positional opinion leaders in influencing EBF practices in Igembe North Sub County. However, influence of EBF opinion leaders needs to be weighed from two perspectives: the ability to “make sense” to the breastfeeding mother regardless of the quality of knowledge shared, and the ability to positively influence EBF hence leading to the adoption of EBF best practices. While lay peer mothers were “influential” in their ability to frequently share EBF information and communicate from the breastfeeding mothers’ cultural and socio-economic points of view, the expert opinion leaders (including trained healthcare professionals, and volunteer community health workers) and positional opinion leaders (chiefs, village administrators) were more effective in selling best practices.

Further, respondents were asked to indicate the qualities that made them rate some of the identified EBF opinion leaders as more effective than others in meeting their EBF needs. Their responses were as shown in Table 4.26.

Table 4. 26: Qualities of Influential EBF Opinion Leaders

Quality	Frequency (n)	Percentage (%)
The position of authority they hold	26	6.8
They are trustworthy and credible	109	29.3
They seem very knowledgeable on Exclusive Breastfeeding issues	309	83.1

They are social and friendly and easy to relate with	290	78.0
They frequently inform me and others about Exclusive Breastfeeding issues	36	9.7
They are easily available when I need some information	69	39.8
They are more educated than most other community members	52	14.0
It is their job to inform me about Exclusive Breastfeeding	48	12.9
They always seem aware of what the radio, TV and newspapers say about Exclusive Breastfeeding	17	4.6
They explain/illustrate Exclusive Breastfeeding information until I understand	25	6.7
They are my role model in life	271	72.8
Other	8	2.2

In the multiple response question, the findings indicated that opinion leaders with high levels of Exclusive Breastfeeding knowledge met the EBF needs of the respondents best and were rated as most effective (83.1%) , while those that were social, friendly and easy to relate with, were rated second at 78.0%. Opinion leaders who were viewed as role models, were also found very effective, with a rating of 72.8%. In addition, 39.8% cited those who were easily available to provide EBF information when needed, while 29.3% of the respondents cited trustworthy and credible opinion leaders as most effective in

meeting their EBF needs. These findings confirm the propositions of one of the study's guiding theories, the Uncertainty Reduction Theory, which proposes that nonverbal warmth (including traits such as friendliness, relatability and likeability), reduces the level of uncertainty between communicators, making communication more effective. The theory also suggests that similarities and familiarity between parties improve their communication, further confirming the study's findings on the impact of role models such as peer mothers, in communicating EBF information in Igembe North Sub County.

Conversely, only 4.6% of the respondents cited apparent more access to radio, TV and newspapers by the opinion leaders as an important attribute for effective communication of EBF information. This finding indicates that, in communicating EBF information, the target mothers did not attach a lot of importance to mass media and what they contained, but rather paid attention to knowledgeable of the Opinion leader as the source of the message. As such, an opinion leader's access to mass media did not seem to necessarily make him more believable on matters regarding EBF. This apathy towards mass media was also emphasized more by the low (15.1%) number of respondents that preferred radio programmes as a method of communicating EBF information.

These findings seem to disagree with earlier Opinion leadership study findings by Katz & Lazarsfeld (1955), that indicated that (effective) Opinion leaders were individuals with more access to and use of mass media (Radio, TV, and Newspaper). However, with regards to EBF opinion leadership in Igembe North Sub County, it seemed that while access to mass media was okay, the opinion leader had to demonstrate his/her knowledge of EBF information in a friendly and relatable manner in order to be effective. This is because, as the study found out, Exclusive Breastfeeding is a very private, yet almost communal practice that can easily be intertwined with a community's cultural norms and practices, and the use of mass media needs to be carefully evaluated to avoid the risk of the source seeming like an outsider imposing their new norms on the target audience. This notwithstanding, many Key Informants in the study, acknowledged that they received EBF information via mass media channels, including new media such as Facebook and twitter. This corroborates the propositions of the Two-step Flow Theory, that opinion leaders first

access media messages and then translate them to the end-users. In this study, the mass media, therefore was found to play a major role in providing the original EBF information, especially on EBF legal frameworks and policy guidelines, but it was the interpersonal contacts between the opinion leaders, who had accessed the guidelines, and the local mothers that bore the most fruits in influencing EBF practices at the community level.

However, the findings are consistent with studies that have found out that effective opinion leaders were knowledgeable, social and friendly as well as role models to the target audience. In EBF opinion leadership, this study found out that message applicability was very crucial in understanding and adoption of the recommended practices. Target mothers wanted to hear and see something that was not only logical, but also doable within the context of their breastfeeding physical and social environments. Messages that were deemed to be in contradiction of what was logical in these environments were more likely to be dismissed altogether, as earlier indicated by a Key informant and FGD participant. This could explain the reason for the relatively low rating of position of authority of an opinion leader as a measure of effectiveness in EBF communication. This is because, as compared to the more readily available and often more friendly fellow mothers, many people in authority (such as chiefs and sub chiefs) often push for policy documents on EBF, most of which contain messages targeted at behaviour (individual level) change rather than social (community) change.

Across categories of opinion leaders, there are important shared traits and behaviours that can be divided into a few dimensions (Katz, 1957): *Who one is* - certain personality characteristics or values held by the individual; *What one knows* - the degree of knowledge and expertise that one has about a particular issue or product; and *Whom one knows* - the number of contacts one has as part of his/her circle of friends and acquaintances. Opinion leadership is not a general characteristic of a person but rather limited to specific issues. Individuals who act as opinion leaders on one issue may not be considered influential in regard to other issues (Valente, 2003).

From the current study's findings, it was very clear that Opinion leadership communicative attributes regarded highly by target respondents (knowledgeability, friendliness, relatability, availability and role modelling) are more often than not, present in many peer mothers, who were in turn, rated as most preferred opinion leaders through mother-to-mother support group discussions. As a Volunteer Community Health worker put it:

Sometimes in order to even address some of these women gatherings, you have to go through their women leaders and show humility and be friendly, because sometimes whenever you begin to talk about EBF, they shout you down, especially when you suggest six months of Exclusive Breastfeeding. Someone once asked me 'while I stay home and breastfeed my baby for six months, will you go to my *shamba* and prepare it for me before the rains'?

These findings indicate that individuals that could demonstrate in a knowledgeable, friendly manner that their recommended EBF practices were realistic within the physical and social environments of the target audience, were more likely to influence EBF in Igembe North Sub County. Target mothers were more likely to believe a fellow mother who had their grown up child to demonstrate that early EBF cessation for "reasonable" causes such as going back to work, or "satisfying" a crying infant, does not necessarily hurt an infant's health. On the contrary, a knowledgeable health worker who is not always readily available to answer questions and provide clarifications, and who suggests physically and culturally "inappropriate" practices, might be more easily dismissed on matters EBF, their quality of knowledge notwithstanding.

It was also clear from the study that, whereas knowledgeability was an important communicative attribute for an EBF opinion leader, it is important to question the quality of knowledge that the opinion leader passes on to the community around them. This is because, as the qualitative findings through the Key Informants indicated, some of the popular opinion leaders can also pass on their culturally conforming, yet misleading, knowledge of EBF to the target audience. In fact, the definition of exclusive breastfeeding

concerning the duration of breastfeeding before introduction of post-lacteal food was highly distorted when communicated by lay peer mothers. As such whereas the study found out that peer mothers were the most popular EBF opinion leaders, it was also evident from the qualitative data that more often than not, the peer mothers helped propagate messages that contradicted the recommendations of expert opinion leaders such as health care professionals and Volunteer Community Health workers. Whereas the mother-to-mother support groups discussed best practices related to exclusive breastfeeding, the peer mothers were found to discourage breastfeeding mothers in their daily interactions at the community and household levels. Since these interactions are inevitably more frequent than the mother-to-mother discussions, these ‘lay’ opinion leaders (peer mothers, mothers and mothers-in-law) exerted more negative influence on the practice of exclusive breastfeeding than did the EBF-championing peer mothers and Volunteer Community Health workers. These revelations point to the need to leverage on the widespread presence of lay peer mothers and to isolate as many as possible mothers who are early adopters of EBF best practices and train them to diffuse recommended EBF information in their more regular interpersonal interactions.

Hall (2012) and Nisbet & Kotcher (2009) noted that other than personal communicative attributes (such as knowledgeability, trustworthiness and friendliness), qualities such as personal motivation and willingness enable an opinion leader to more effectively influence behaviour. In this study, the respondents were asked to indicate whether or not the opinion leaders they had identified were willing and available to further explain any EBF information they did not understand. Their responses were as shown on Table 4.27.

Table 4. 27: EBF Opinion Leaders’ Motivation and Availability for Feedback

EBF Opinion Leaders are always available and willing to clarify EBF information	Frequency (n)	Percentage (%)
Yes	70	19.2
No	296	80.8

As the findings indicate (Table 4.24), a majority (80.8%) of the study respondents indicated that the EBF opinion leaders were not always available and willing to explain EBF messages. This lack of motivation was also confirmed by the Key informants and FGD participants engaged in the qualitative data collection. Most (7 out of 8) key informants interviewed indicated that financial constraints made it difficult for Opinion leaders to access the more remote areas of the Sub County, and this demoralized them. One Key Informant, a volunteer Community Health Worker, acknowledged that she faced a lot of challenges in trying to reach out to all the mothers within her sub-location of operation. She added:

A lot of times I have to use my own money to hire a motor bike to take me to the women group meetings, where I talk to the mothers about EBF. There are times when I am informed of such meetings taking place but realize that the venues for the meetings are too far off and I am unable to attend.

Another Key Informant, a clinical officer, noted:

The budgetary allocation for such trainings are normally very little...mostly the trainings are cost-effectively done within the health facility, after mothers have given birth, but this leaves out mothers who deliver away from the health facility, and does not offer much opportunity to follow-up on the mothers once they have left the clinic...unless they come back for babies' immunization. So, yeah, the little financial facilitation sometimes demotivates those of us that are involved in championing these practices.

During a FGD, similar sentiments were shared by the participants on the motivation and availability of the EBF opinion leaders. The participants indeed cited lack of access to especially health care workers, as one big challenge that hindered mothers from successfully breastfeeding for the recommended period. The following is an excerpt from the FGDs:

Q: Do you feel that the people teaching you on EBF are always available and willing to clarify what you do not understand?

P1: *Inalingana...kama nurse sasa utamtoa wapi? Labda uende hospitali ama uulize jirani yako ama mama mwenzako mwenye anajua maneno ya kunyonyesha...umuulize kama amewahi pitia kitu Kama hio.*

(It depends...Like a nurse, where would you get them? Unless you go to the hospital or ask a neighbour or a fellow mother who knows about EBF...You ask her if she has ever gone through the same thing).

P3: Even fellow mothers are not always there all the time to explain to you...sometimes they are very busy...they come only to see the baby once and they go back to their business...or they tell you they have never seen such thing before (laughs).

P5: *Ukiwa na kitu inakusumbua labda ungoje ile siku unaenda clinic ndio uulize nurse...lakini nurse wengine pia wako rude sana! ukimuuliza kitu anakujibu vibaya.*

(If you have something bothering you, you have to wait for the day you can go to the clinic so that you can ask the nurse...but some nurses are also very rude when you ask them something they answer rudely).

However, one Key Informant, a Volunteer Community Health Worker, said that she was so passionate about improving EBF levels in Igembe North community that she was always motivated and willing to reach out to the mothers wherever they were, financial constraints notwithstanding. She noted that she had never failed to attend a mother-to-mother support group meeting, even when she had had to meet the cost of transport and other training materials herself. The sentiments of this Key Informant emphasized the advantages of self-selected opinion leaders in communicating EBF messages - other than

sharing cultural norms and values with the target audiences, they are also self-motivated and hence more likely to achieve better results (Valente, 2007).

In order to clearly evaluate the influence of specific attributes of EBF opinion leaders in Igembe North Sub County, the top four qualities cited by the survey respondents were subjected to a test of association in order to determine their significance in influencing the positive outcome of an opinion leader’s communication of EBF information. The findings were as shown on Table 4.28.

Table 4.28: Test of Association between Opinion Leader’s qualities and influence of Opinion leadership communication of EBF

Quality	EBF Communication			P value
	Not Influential	Influential	Total	
Willing and available				
No	77 (55.4%)	62 (44.6%)	139	0.014
Yes	154 (68.1%)	72 (31.9%)	226	
Role model				
No	107 (88.4%)	14 (11.6%)	121	<0.001
Yes	131 (52.2%)	120 (47.8%)	251	
Knowledgeable				
No	107 (88.4%)			<0.001
Yes	131 (52.2%)	14 (11.6%)	121	
		120 (47.8%)	251	
Social and Friendly				
No	193 (73.9%)	68 (26.1%)	261	<0.001
Yes	45 (40.5%)	66 (59.5%)	111	

The findings indicate that knowledgeability ($p < 0.05$), friendliness ($P < 0.05$), role model ($p < 0.05$) and availability ($p < 0.05$) were all significant in determining the ability by an EBF opinion leader to influence EBF practices in Igembe North Sub County. These findings justify the overwhelming influence (albeit mostly negative) of peers and elderly women on the practice of not only exclusive breastfeeding but also general infant health in many local communities. Whereas health care professionals possess quality knowledge on best practices as recommended by the WHO, it is the lay opinion leaders (peer mothers, mothers-in-law and biological mothers) who are more often than not, able to communicate (often misleading) EBF information more frequently and in a more friendly manner. However, despite their misleading advice, these opinion leaders are viewed as role models in child rearing at the community and household level and are therefore believed to be credible sources of EBF information. This is an indication that a change in communication approach to include participation in EBF decision making by communities is not in itself enough if optimum uptake of best practices is to be achieved. There is need to evaluate further, ways of isolating and helping lay opinion leaders unlearn harmful practices and adopt new, recommended EBF practices. Expert EBF opinion leaders can then leverage on their (lay opinion leaders') widespread presence at the community and household levels to exert positive influence on EBF practices.

Clearly, despite a change in the communication approach to Exclusive Breastfeeding in Kenya, the practice still continues to face social cultural barriers, making the adoption of proper EBF practices a slow process (Matiri ,2014; UNICEF, 2014; & WHO, 2014). In order to find out the social cultural factors at play in Igembe North Sub County, this study formulated a fourth objective: *to determine what socio-cultural factors influence the effectiveness of opinion leadership communication strategies in changing exclusive breastfeeding practices in Igembe North Sub County*. The data collected to achieve this objective were analyzed and the findings reported under the next sub-heading.

4.4.4: Social-Cultural Factors Influencing Effectiveness of Opinion Leadership Communication Strategies for EBF in Igembe North Sub County.

Cultural identity plays a major role in how people receive, interpret and apply Social Change information, hence the role of culture-specific communication messages cannot be

gainsaid. In reference to the place of cultural identity in Social Change Communication (such as EBF communication), Servaes (2008) notes that:

The participatory model of communication incorporates the concepts in the framework of multiplicity. It stresses the importance of cultural identity of local communities and of democratization and participation at all levels—international, national, local and individual. It points to a strategy, not merely inclusive of, but largely emanating from, the traditional ‘receivers’. Paulo Freire (1983) refers to this as the right of all people to individually and collectively speak their word: ‘This is not the privilege of some few men, but the right of every man. Consequently, no one can say a true word alone—nor can he say it for another, in a prescriptive act which robs others of their words’.

These sentiments emphasize the need for EBF opinion leaders to partner with the end-users of their messages in the design and implementation of EBF campaigns. As such, they communicate from the physical, economic and cultural points of view of the breastfeeding mothers, rather than as ‘outsiders’ challenging the beliefs and social practices of the target community.

Previous study findings have found that proper EBF communication strategies had failed to achieve desired effects due to some specific social, economic and cultural factors within the target communities (Kobia, 2015; Matiri, 2014; UNICEF, 2014). In Ghana, for example, UNICEF (2010) identified the problem of “breastfeeding on the run”—a common practice in which mothers gave a little bit of milk from both breasts, depriving the breastfeeding infant of the rich, more nutritious hind milk. Consequently, mothers were tempted to supplement breast milk with other foods because they thought their babies were always hungry (they were). An understanding of the cultural practices of the local community therefore, would guide EBF opinion leaders to provide information on how to breastfeed, rather than how often to breastfeed babies (mothers were already breastfeeding much more often than the recommended at least 10 times a day).

In this study, the survey respondents were asked to indicate which socio-cultural factors influenced their response to or use of the EBF information they received from the Opinion leaders. “Use of” EBF information in this context implied adoption of the EBF practices recommended by the Opinion leaders.

4.4.4.1 Respondents’ Adoption of EBF Information

First, the respondents were asked whether or not they used the information they had received from the EBF Opinion Leaders in their community, and their responses were as indicated in Table 4.29.

Table 4. 29: Respondents’ Adoption of EBF information

Used EBF Information received	Frequency	Percentage
Yes	50	13.7
No	316	86.3
Total	366	100

Study findings show that a majority (86.0%) of the respondents did not actually use the EBF information they had received from the opinion leaders, compared to the 14% that adopted the information received. This finding points to what many (6 out of 8) Key Informants indicated with reference to the adoption of appropriate EBF practices across Igembe North Sub County. During an interview, one of the Key informants, a lactation expert, remarked that:

One major challenge that we are trying to overcome is that of making follow-ups with the trained mothers to ensure that they not only start, but also sustain the practices they have learnt, because a lot of them promise to keep up with the practice when you are present, but as soon as you leave, they do very few recommended things...mostly they will only try to adopt practices such as how to position the baby, feeding the baby at correct intervals...such practices, but generally there is very low use of the information we give..

Q: Try? So they find it hard to adopt even the correct positioning of the baby during breastfeeding?

Key Informant: (Laughs) yes! Do you know some of these mothers literally breastfeed the baby on the go? Someone breastfeeds the baby while washing utensils at the same time...or feeding an older (baby's) sibling...

Similarly, in a female FGD, the participants had the following to say regarding their use of EBF information:

Q: Do mothers actually do all the things that the EBF Opinion Leaders tell them to do?

P1: *Haai! Hapana!* (Hey! No!)

P3: *Sio zote. Ninafanya tu zile zinawezekana.* (Not all the things...I only do what I am able to)

P5: You can't do some of the things they recommend! How can you stay home for six months just breastfeeding a baby?

P2: No, it's hard to do them.

P4: Well, I try but I find myself dropping the routine (laughs) *mara nyingi hata nasahau ni nini walisema* (most times I even forget what they said).

It was clear from these conversations, that there was general apathy towards actual implementation of the EBF recommendations made by the Opinion leaders, and, as some of the participants had pointed out, sometimes the mothers were willing to not only begin, but also sustain the proper EBF practices, but they found it difficult.

In order to probe further on the causes of this low rate of EBF information adoption therefore, each group was further asked to indicate the factors that influenced their use or lack thereof, of the EBF information they had received from the Opinion Leaders.

4.4.4.2: Factors Enabling the Adoption of EBF Information in Igembe North Sub County

First the 52 (14%) respondents who acknowledged that they used the EBF information were asked what factors influenced their adoption of EBF practices, and their responses were as shown in Table 4.30.

Table 4. 30: Factors Enabling Adoption of EBF Information in Igembe North Sub County.

Factors enabling EBF Information adoption	Frequency(n)	Percentage (%)
My education level	42	81.2
Information was consistent with the social norms and values of my community	3	5.8
Information was consistent with the cultural practices of my community	0	0
Information was consistent with my religious beliefs	24	46.2
Information was consistent with the views and practices of my peers	5	9.6
My familiarity with the person giving the information	35	67.3
My occupation	20	38.5

**All the responses were multiple responses*

Study findings indicated that a majority (81.2%) of the respondents that used EBF information communicated by the opinion leaders, were influenced by their level of education, while another 67.3% cited their familiarity with the person giving them the information as their influencing factor. In addition, 46.2% of the respondents cited the message's consistency with their religious beliefs as their motivating factor to adopt the EBF information given to them. Another 38.5% cited their occupation as enabling them to adopt the EBF information.

These findings suggest that majority of the respondents who adopted EBF messages did so because they were educated, as their level of education impacted on not only their message reception and interpretation, but also on their overall (socio-economic) capacity to implement the opinion leaders' EBF recommendations. According to Kobia (2015) and UNICEF (2014), education improved a breastfeeding mother's capacity to overcome pressure from family, friends and peers, and significantly improved her chances of EBF for at least six months. In their study involving contextual and individual determinants of breastfeeding, Venancio and Monteiro (2006) found a positive relationship between maternal economic status and Exclusive Breastfeeding. They pointed out that high Exclusive Breastfeeding rates were more prevalent among women with higher incomes, largely because a woman's economic situation can have profound effect on both physical and emotional well-being. Similarly, de Oliveira et al (2005), found that breastfeeding cessation was associated with impoverished living conditions.

This was confirmed by key informants in the qualitative data interviews for the current study. On the level of adoption of EBF across mothers' education levels, one maternity nurse said:

..Yes, there is a difference between the way the educated receive and respond to the messages and the way the mothers with lower (education) levels respond to it. The (more) educated mothers adopt the information better.

Q: Can you please elaborate on that?

Key Informant: You see, the educated mothers a lot of times are more likely to have access to things like electricity because of better paying jobs or businesses. And most times these educated mothers live at the shopping centers and towns, and not really deep inside the village. I mean, if you can afford to leave your baby with a house help that you are paying every month, it is easy for you to give instructions that she should only give the breast milk to the baby...but a lot of mothers that leave their infants with their mothers-in-law or other elderly women come back in the evening and find that the baby was already fed with other foods...and mostly these mothers are deeper in the village, and mostly have lower than secondary education.

Another Key Informant, a clinical officer, on the same question, explained:

...definitely those mothers that are more educated are able to interpret messages from a health point of view rather than cultural point of view. So when you tell them something they are willing to do it...but also because they can afford some of the practices like storing breast milk throughout the day, and even getting enough balanced meals to ensure enough breast milk throughout the day for up to six months. They are mostly better placed economically...they are employed or in business...

These arguments are consistent with this study's findings on education levels indicating that 29.3% and 6.2 % of the respondents had attained college and university education levels respectively, with 33.6% and 29% of them indicating that they were in business and other forms of employment (mostly as teachers and nurses), respectively. This indicates that at the time of this study, there were breastfeeding mothers within the Igembe North Sub County community, who could fit in the category that the key informants

identified as ‘able to interpret EBF from a health point of view’ and also able to sustain EBF practices such as expression and storage of breast milk throughout the recommended six months. This also explains the 14% of respondents that acknowledged that they used the EBF information they received, although the bigger percentage (86.0%) of the respondents said they did not use the information they received from the EBF opinion leaders.

On the other hand, findings implied that EBF messages in Igembe North sub County may not necessarily have been consistent with the cultural practices of the community, or the social norms and values of the community. This was indicated by the low numbers of respondents that described the EBF messages received as having been: consistent with the views and practices of their peers (9.6%), consistent with the social norms and values of their community (5.8%) as well as consistent with the cultural practices of their community (0%).

4.4.4.3 Factors Inhibiting use of EBF Information in Igembe North Sub County

The study also probed the other 316 (86%) of the respondents on the factors inhibiting their use of EBF information received from EBF opinion leaders. Their responses were as recorded in Table 4.31.

Table 4. 31: Factors inhibiting use of EBF Information in Igembe North Sub County

Inhibiting factor	Frequency (n)	Percentage (%)
My education level	112	35.4
Information contradicted the social norms and values of my community	303	95.8
Information contradicted the cultural practices of my community	12	98.7

Information contradicted with my religious beliefs	18	5.7
Information contradicted the views and practices of my peers	308	97.4
Lack of familiarity with the person giving the information	25	7.9
My occupation	116	36.7
Others	0	0

****All the responses were multiple responses***

Study findings indicated that a majority (98.7%) of the respondents that did not use the EBF information communicated to them, cited the EBF message's contradiction with the cultural practices of their community as what inhibited their use of the message. Similarly another majority (97.4%) of the respondents said that the messages' Contradiction with the views and practices of their peers inhibited their use of EBF information, while 95% of the respondents did not use EBF information communicated to them because the information contradicted with the social norms and values of their community. The qualitative data collected during FGDs were very consistent with these findings, as noted in the following excerpt from one of the discussions:

Q: What determines your adoption of EBF information that you receive? What makes you either do or not do what you are told by Opinion leaders?

P6: *Mara nyingi ni kukosa wakati wa kufanya yale mambo wanataka tufanye...huwezi kaa na mtoto ukimyonyesha tu hadi miezi sita.*

(Most of the time, it is lack of time to do the things they (EBF Opinion leaders) want us to do...you can't just stay with the baby and breastfeed them for six months)

Q: Why?

P3: If you stay home idling away with the baby for up to six months, the rest of the children will starve to death...most times we have to leave the baby to go back to fend for the family.

Q: What does everyone else think? Is that the reason why you can't use the EBF information given?

All: Yes! (Unanimously)

P1: Yes, and when you leave the baby, *unakuja unapata ameshapewa uji, ama maji...chakula yoyote tu yenye watoto wengine wanakula...* (You come back and find that the baby has already been given porridge, water...whatever food the rest of the children are eating).

Q: But why can't you express breast milk and leave behind for the baby to take throughout the day?

P4: Expressing your own milk is taboo! Mostly mothers only express their own milk whenever their baby has died...it is considered bad omen to express your own breast milk.

P1: *Na ukikamua si itaharibika kabla urudi jioni? Utaweka wapi?*

(And when you express, won't the milk go stale before you come back in the evening? Where will you store it?)

As Kimani-Murage (2015) points out, urban poor women share the same problems with Kenyan rural women, when it comes to adopting recommended EBF practices. The urban

poor mothers are constantly looking for a job, and when they get one, it is often casual labour that does not provide for maternity leave. Due to limited pay, they are unable to save enough for post-natal care, leading them to resume work shortly after giving birth. Similarly, rural mothers often make a living from casual farm labour, mostly working on someone else's farm for long hours, or toiling on their own farms, sometimes miles away from their homesteads. Consequently, they have to leave their babies under the care of other people, and post-lacteal foods are inevitable. This points to cultural norms that do not empower women enough to comfortably earn a decent living. Besides, some of those norms place the burden of fending for the family entirely on the shoulders of women, who often feel overwhelmed by the many responsibilities.

In regard to Cultural practices, a clinical officer interviewed during a Key Informant interview noted that:

...they play a big role. It's actually one of the biggest challenges we face in trying to sell proper EBF practices to this community. A lot of the mothers say it to your face, 'I introduced all my older children to porridge as early as one month after birth, and they are all doing well'. A lot of them breastfeed only for the period they are in the maternity ward...back in their homes, their mothers and mothers-in-law are waiting (Laughs).

These findings further corroborate the findings of other scholars such as Cherop (2010), Gitonga (2015) and Kobia (2015), who emphasized the role of cultural norms and practices in the cessation of EBF before six months. Similarly, Ochola (2010), found out that cultural infant feeding practices involving the introduction of post-lacteal feeds such as water, honey, and bitter herbs, presented some of the biggest barriers to EBF across Kenyan communities. This explains why, as earlier noted, despite the high levels of awareness on EBF among the survey respondents (98.9% had heard of EBF and 87.0% of these could correctly explain its meaning), a majority (62.6%) of the surveyed mothers were not practising EBF for the recommended 6 months, with some of them even admitting to having introduced complementary feeding at the age of four months, as

earlier noted in a FGD Excerpt. As Mohamed et al. (2018) found out in Wajir county, Kenya, both primiparous and multiparous mothers were aware of the benefits of breastfeeding their infants, and were also aware that breastfed babies were healthier than non-breastfed babies. However, the researchers also found out that negative attitudes towards some Exclusive Breastfeeding aspects caused low EBF levels. As such, they concluded that positive attitudes towards breastfeeding were associated with EBF, but maternal knowledge of EBF was not. In this study, the negative maternal attitude towards EBF were found to result from the mothers' perception of breast milk as inadequate, as well as the cultural norms that prohibit EBF-supporting aspects such as breast milk expression and storage.

Apart from causing the cessation of EBF altogether, pre-lacteals and post-lacteals were found to dramatically reduce breast milk production, because breast milk production is stimulated by the infant's suckling (UNICEF, 2014 ; WHO, 2014). As the study found out, majority (60.1%) of the survey respondents said that they introduced post-lacteal feeds because they had to go back to work and leave the baby. Additionally, 25.8% said that the baby cried too much as a result of hunger and that forced them to introduce complementary food, while another 14.% cited inadequate breast milk as their reason for early EBF cessation. The belief that breast milk was not enough for the baby was found to be a hindrance to EBF among the target respondents for this study.

These findings bring to the fore the role of cultural beliefs, norms and practices, pressure from family and peers as well as maternal occupation and workload, in EBF cessation in Igembe North Sub County. As Pearson-Glaze (2018) notes, sometimes the pressure for mothers to stop EBF can come from well-meaning but ill -informed friends and relatives, or society in general. This emanates from the perception that breastfeeding is just a way of feeding a baby and can be easily changed in the same way one might shift from one brand of nappy to another. However, as the author points out, breastfeeding is not just a biologically appropriate food. It is a relationship as well.

In many rural areas, the community views mothers as the sole care takers for their families and as such, they are mostly left to look after the family single-handedly, as the men go out and spend a lot of their time away from the family. Women in the FGDs acknowledged the pressure they were under, in trying to balance between EBF and maternal workload. This, coupled with persistent pressure from family and peers, made it very difficult to practice EBF for the recommended six months after birth. Besides, even mothers willing to practice EBF for the recommended period, faced challenges with breastmilk expression and storage, partly because they found the practice unnatural, but also because of lack of storage facilities such as refrigerators, as the more rural parts of the study area are still not connected to the national electricity grid. Although freshly pumped breast milk has been found to last for up to 6 hours without refrigeration, many rural mothers may not practice proper hygiene when handling the milk. This reiterates the critical relationship between maternal economic empowerment and the success of the government-initiated Baby-Friendly Community Initiative (BFICI) in rural communities.

However, the study findings also revealed a need to change the existing discourse relating to husbands and mothers-in-law and their role in enhancing Exclusive Breastfeeding at the household level. In many cases, and as this study found out, mostly husbands and mothers-in-law have been conceptualized and positioned as “risks” rather than resources in the EBF campaigns. Consequently, many opinion leaders approach them as barriers to overcome rather than resources to work with in the fight against early EBF cessation. During a Key Informant interview, for example, a volunteer Community Health worker, in reference to the role of men in enhancing EBF practices in Igembe North Sub County, remarked:

They are one of greatest inhibitors of EBF in this community...a lot of them do not even accompany their wives to the ante-natal clinics, leave alone the breastfeeding fora. Most mothers also report that their husbands do not help with taking care of the baby, especially during the early months when the baby needs a lot of attention and care. So the mothers get very little rest, both

at night and during the day...consequently there is a drop in the amount of breast milk produced due to (maternal) fatigue and stress...

There is need to change these established ways in which EBF advocates perceive fathers in their EBF campaigns. Research has established the great potential that fathers have to impact on the general health of children (Sherriff & Hall, 2011). Apart from being bread winners and providing for their families, fathers can provide a lot of physical and emotional support to their partners, but only when their contribution to their infant's wellbeing is clearly explained to them. Rather than emphasize on their invisibility in the breastfeeding journey, EBF Opinion leaders could consider engaging the fathers in more meaningful and practical ways of supporting their partners in EBF.

According to Palitza (2010), in the African culture, “traditional leaders wield the power, and they are almost all men”. Part of these men include husbands of breastfeeding women. Exclusion of these traditional leadership from discussions regarding social issues such as EBF, therefore, makes it very difficult for women to take up the recommended practices as their social and even physical environment becomes uncondusive. Besides, many rural women take more seriously instructions from their husbands, given the latter's authority in the household. In fact, men are strong opinion leaders on various matters regarding different practices at the household level. They make many monetary and other decisions for their families. As such, proper training of men on the impact of optimum EBF on issues such as the household's spending on healthcare and consequent economic status of their families, is likely to yield better results. Mothers would more likely feel obligated to take up EBF practices just because the head of the family, the husband, recommended them.

In the context of this study, traditional leaders also constituted mothers-in-law and other elderly women who are the custodians of tradition and culture with regards to EBF practices. As Palitza (2010) points out, “in African society, the sphere of influence of traditional leaders continues to be strong, especially in rural areas. As heads of their communities, traditional leaders are key decision makers and the custodians of tradition, and culture”.

From the current study findings, it was evident that the effective communication of EBF information by opinion leaders in Igembe North Sub County, depended on various factors, including presence and appropriateness of the opinion leaders themselves, the appropriateness of their communication strategies as well as their ability to overcome the moderating factors within the community. The study analysed the findings on the influence of opinion leadership communication strategies on EBF in Meru County, Kenya, with reference to each of these determining factors.

4.4.5: Effective Opinion Leadership Communication of Exclusive Breastfeeding Messages in Igembe North Sub County

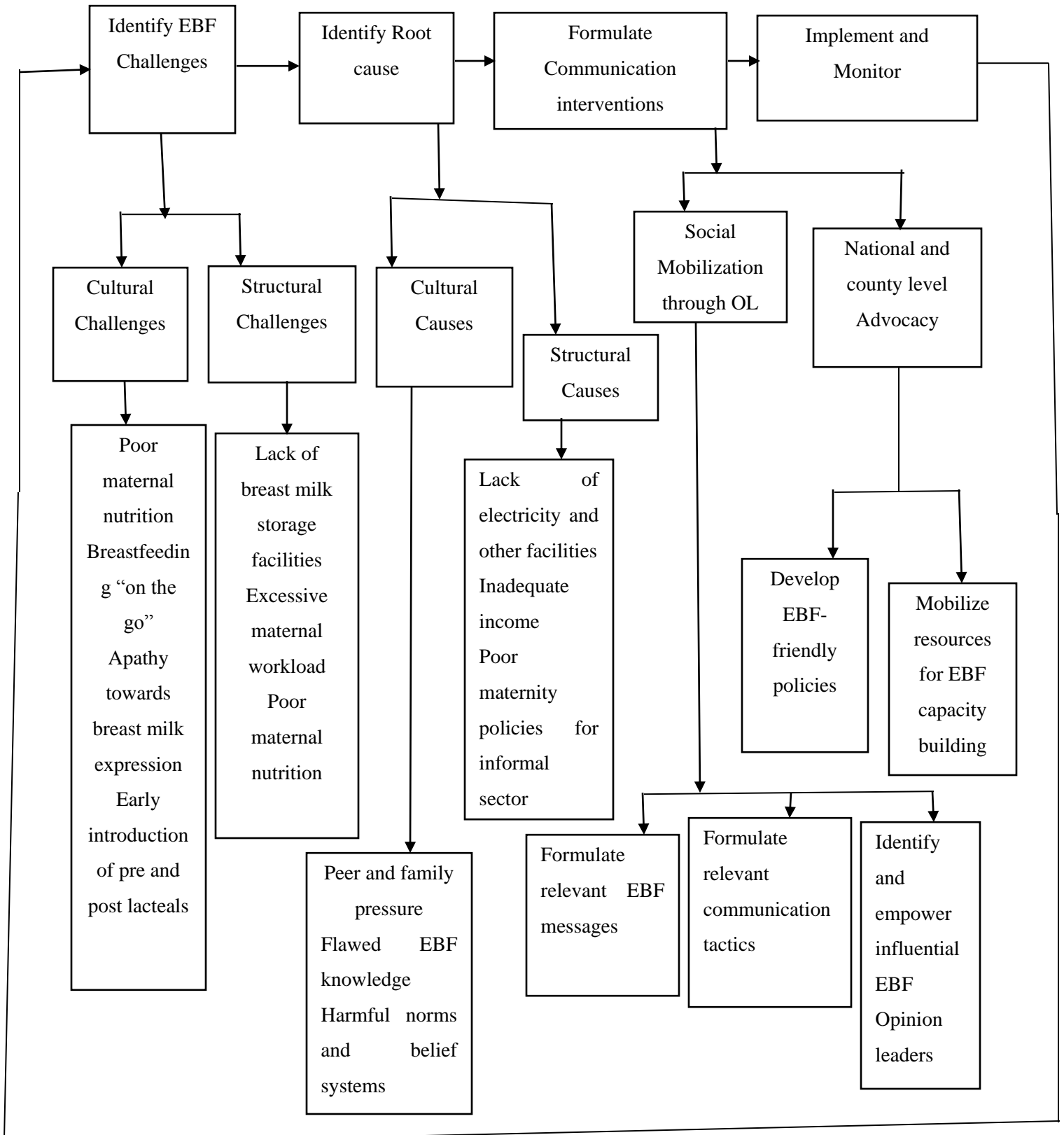
UNICEF notes that successful approaches to improve breastfeeding practices should emphasize interventions to change behaviour and social norms—to clear up false beliefs, lower barriers and increase social support for the practice. These results can be reached only through a combination of strategic communication activities that will result (among others) in: (1) supportive national policies and legislation, (2) increased number of healthcare providers who have skills in counseling and communication and work within a responsive health system, (3) community participation and support of EBF behaviour; and (4) continuous communication efforts at all levels (UNICEF, 2010; WHO, 1993; IRK, 2013; C-Change, 2012).

An effective community-based intervention to improve EBF practices, should include a root-cause analysis that aims at identifying not only any conditions that cause the problem to occur and/or persist, but also the problems that might coexist with the central problem. This in turn allows for the proper identification of communication challenges that the program should anticipate, hence allowing for the prioritization of the challenges to be addressed (UNICEF, 2014; WHO, 2014; Hall, 2012). Needless to say, the opinion leaders involved in changing EBF practices at the community level should possess specific communicative and other attributes, in order to influence EBF behaviour.

This study identified various important aspects of each variable under study that were necessary for effective opinion leadership communication of EBF information in Igembe North Sub County. Through the survey, Key informant interviews and focus group

discussions, the study revealed striking perspectives on each variable, which were then weighed against the findings of local and international studies on opinion leadership, and more specifically, the effectiveness of opinion leaders in EBF campaigns, over the years. Based on the study findings, the researcher formulated a proposed model for implementation of EBF best practices through communications interventions as shown on Figure 4.1

Figure 4. 1 Proposed EBF Communication Interventions Model



As indicated on the proposed model, an effective communications intervention for EBF must begin with the identification of key EBF-related challenges both at the cultural and structural levels. There is need to then identify the root cause of the identified challenges before a communications intervention is formulated. This study revealed that, whereas the use of opinion leadership as a strategy to improve EBF rates can help in changing cultural norms, beliefs and practices that inhibit the adoption of recommended EBF practices, there are EBF-inhibiting challenges that specifically require national and county level advocacy in order to influence policy and build the capacity of EBF mothers beyond the cognitive/awareness level. This can best be achieved through the partnership of expert opinion leaders and positional EBF opinion leaders both at the national and county levels. There is need for example, to facilitate the acquisition of milk-storing baskets/coolers that may not cost as much as a fridge, but which can help a breastfeeding mother store their breast milk each day at a time for up to the recommended 24 hours whenever she is away from the baby. Mothers can also carry the basket to their places of work and express breastmilk for future use. This can work very well especially for mothers with positive perceptions of breast milk expression and storage, but who lack the capacity to store breast milk due to their social-economic statuses. Similarly, such mothers can be facilitated with manual breast pumps to ease breast milk expression. As the study findings revealed, EBF was in some cases inhibited by poor/inadequate maternal nutrition. Mothers that would otherwise adopt EBF best practices were unable to do so because they could not access proper nutrition to support EBF for up to six months. This points to the need for mothers to be facilitated with both knowledge and resources to increase their crop production by growing small kitchen gardens to ensure proper nutrition for not only themselves, but also their families in general. These measures can be taken by positional EBF opinion leaders to supplement cognitive capacity building by the expert opinion leaders and trained lay opinion leaders. With this overall capacity building, changes in beliefs and perceptions are more likely to translate into real changes in breastfeeding behaviour.

5.0 CHAPTER FIVE: RESEARCH SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

5.1 Introduction

This study sought to investigate the influence of opinion leadership communication strategies on the practice of Exclusive Breastfeeding in Meru County, Kenya. To ensure an effective appraisal, the study location was narrowed to Igembe North Sub County of Meru County. The study findings sought to answer the following questions: Who are the opinion leaders engaged in Exclusive Breast feeding campaigns in Igembe North Sub County?; What are the opinion leadership communication tactics employed in Exclusive Breastfeeding campaigns in Igembe North Sub County?; What are the communicative attributes of opinion leaders engaged in campaigns for Exclusive Breastfeeding in Igembe North Sub County?; What Socio-cultural factors influence the effectiveness of opinion leadership communication strategy in changing Exclusive Breastfeeding practices in Igembe North Sub County?

This chapter presents a summary of major findings of the study, the relevant discussions and conclusions, and outlines the recommendations for practice, policy and further research, as derived from the study findings.

5.2 Summary of Study Findings

Findings relating to the four specific objectives of the study were summarized as follows, based on both quantitative and qualitative data analyses output.

5.2.1 Who are the opinion leaders engaged in Exclusive Breastfeeding campaigns in Igembe North Sub County?

Study findings indicated that fellow mothers (89.5%) were acknowledged to be the Opinion leaders mostly informing the Igembe North community breastfeeding mothers on exclusive breastfeeding. Healthcare workers were ranked closely in second place with 62.1% of the respondents acknowledging their presence, while NGO workers (6.5%) least informed the mothers on Exclusive Breastfeeding. Other EBF Opinion leaders whose

presence was acknowledged included: mothers-in-law (48.9%), village administrators (43.3%), religious leaders (40.6%), teachers and other professionals (27.4%), as well as husbands and community elders (13.4% and 7.5% respectively). However, findings also indicated that whereas expert opinion leaders (health care professionals and trained VCHWs) provided quality knowledge on EBF in Igembe North Sub County, it was the lay opinion leaders (peer mothers, mothers-in-law and biological mothers) that exerted mostly negative influence with regards to Exclusive breastfeeding practices such as duration of EBF, expression and storage of breast milk hence causing premature EBF cessation.

The findings confirm the need for an identify-and-empower approach in order to ensure more involvement of more well informed and experienced mothers in the EBF campaigns at the community level, since they were very critical in influencing not only what newer mothers knew about EBF practices, but also whether or not the newer mothers breastfed for the recommended period before introducing post lacteal feeds. Valente & Pumpuang (2007) observe that local opinion leaders are critical in providing legitimation to change agents coming from outside the target community as well as reporting back to the change agents on the progress of a programme's implementation. They can also help cascade information on recommended practices further down to the community members, but most importantly, they act as 'capital' that continues the communication of change long after external agents have left the community. However, as this study found out, with regards to EBF in Igembe North Sub County, there is need to train the peer mothers and monitor their influence, because, as the study revealed, there was great risk of passing on their biases and negative perceptions of EBF to the newer mothers who trusted their "knowledgeability" on EBF matters. Similarly, husbands were found to be some of the least involved in EBF communication, largely due to cultural norms that related breastfeeding to motherhood, but also due to the lack of awareness on the role of fathers in enhancing Exclusive Breastfeeding practices at the household level. As Fraser and Villet (1994) argue, an intensified exchange of ideas among all members of a community can lead to greater involvement of people in a common cause. Therefore, aggressive and regular communication of EBF information with all stakeholders, including the men in a community is likely to influence their perception of their role in enhancing EBF practices.

There is need to create awareness on the role of emotional and physical support to EBF mothers by their spouses in ensuring not only initiation, but also continuation of EBF for six months. For example, EBF opinion leaders need to revisit the use of EBF informational materials such as the charts and leaflets used in EBF campaigns, to include fathers in the breastfeeding photos, in order to challenge the perception that breastfeeding is a mother's responsibility.

However, the study also revealed an important opinion leader that did not necessarily fit the traits of people traditionally viewed as opinion leaders in earlier opinion leadership studies. 3.2% of the respondents acknowledged having received EBF information from their elder children. This confirms the evolving nature of opinion leadership as cited by Schafer and Taddicken (2015) who found out that although many aspects of traditional opinion leadership still remain the same, the concept and practice of opinion leadership was slowly evolving in response to changing media environments, leading to the emergence of what they referred to as the "mediatized opinion leader" - one who did not fit in the brackets of traditional opinion leadership, especially with regards to access and use of media. As the study revealed through one of the FGD female participants (See Chapter 4), a breastfeeding baby's elder siblings may have access to social media platforms such as Facebook, Twitter and Google, which contain very helpful tips on how to ensure optimum EBF.

5.2.2 What are the opinion leadership communication tactics employed in Exclusive Breastfeeding campaigns in Igembe North Sub County?

In this study an opinion leadership communication strategy entailed all the formal and informal tactics (including frequency of communication, framing of the specific message, method of communication, as well as choice of language) through which an opinion leader diffused Exclusive Breastfeeding information in Igembe North Sub County.

With reference to frequency of EBF communication, study findings indicated that a majority (87.4%) of the mothers acknowledged receiving Exclusive Breastfeeding messages only when they were either pregnant or breastfeeding. This, as compared to

7.0% that acknowledged receiving the communication once every month. 2.7% of the mothers acknowledged receiving the information once every six months and a further 2.7% once every year. Only 0.3% of the respondents said that they received exclusive breastfeeding messages once every three to four months, while no respondent acknowledged receiving messages weekly. Qualitative data from the key informant interviews and focus group discussions also confirmed that EBF information was only shared during pregnancy and after delivery. These low levels of frequency could have contributed to the inability of the expert opinion leaders to influence the attitudes and perceptions of the community on EBF-related issues such as breast milk nutritional value as well as the importance of breastmilk expression and storage, among other EBF related matters, that seemed to inhibit the adoption of EBF information. The unavailability of expert opinion leaders left the breastfeeding mothers at the mercy of lay opinion leaders who interpreted EBF based on their social, cultural and physical realities, which are often not supportive enough of exclusive breastfeeding practices. As such, breastfeeding mothers interpreted “quality” breastfeeding information to mean that which suits their current social, cultural and physical contexts, whether or not such knowledge advocated for the WHO-recommended aspects of EBF.

In framing of the specific EBF messages, the study found out that the respondents acknowledged getting information on how often they should breastfeed their infants (96.5%), how long each breastfeeding session should last (94.4%), how to position the baby during breastfeeding (89.2%) as well as how long they should breastfeed their infants before introducing other foods (84.4%). However, only 3.5% and 2.7% , indicated that they had received messages on how to express and store breast milk to feed their infants whenever they were away respectively, while 0.8% said they had received other messages such as how to ensure cleanliness during breastfeeding and how to wean their infants. This shying away from culturally-inappropriate EBF messages are indicative of communication from lay opinion leaders – since peer mothers, mothers-in-law and biological mothers were more available to frequently offer breastfeeding advice, it was only logical that they offered advice on what the cultural norms support and most likely, left out “unnatural”

practices such as own breast milk expression and storage as well as “child-starving” practices such as giving only breast milk for up to six months after birth.

However, the study also noted that EBF communication materials such as the charts in the health care facilities were biased in their illustration of the participants in breastfeeding: the charts showed pictures of a mother breastfeeding an infant, while leaving out the spouse/ father of the infant, who, as Mithani, Prema, Kurji & Rashid (2015) found out, have great potential in influencing EBF choices, if involved in a meaningful rather than condescending manner. This bias in the illustration of EBF messages most likely continue to perpetuate the notion that men have no role in EBF activities.

With regards to the choice of methods used by opinion leaders to communicate EBF messages, results indicated that mother-to-mother support group discussions (65.1%), community barazas (60.5 %), community seminars (59.9%) and workshops (55.4%) were the most used methods of communicating exclusive breastfeeding information by the Opinion Leaders in Igembe North Sub County. In contrast, mobile SMSs (1.6%), social media networks (Facebook, twitter etc.) (0.8%) and emails (0.8%) were cited as least used methods. Other methods cited by the respondents were one-on-one and group discussions during clinic visits (24.2%). In addition, the study found out that most mothers preferred and found the following methods to be more influential in communicating EBF information to them: mother-to-mother support groups, rating them at a high of 86.8%, mobile phone calls (78.2%) and community barazas (68.3%). Exclusive breastfeeding workshops were rated at 59.4% while visits to the homes of breastfeeding mothers were rated at 32.8%. The mothers, however, cited radio talk shows (15.1%), EBF church lectures (9.4%), social media networks such as Facebook and twitter (4.3%), leaflets (4.8%) and emails (0%) as the least preferred methods for communicating EBF information in Igembe North Sub County. The high preference rate for mobile telephone calls indicates an earlier noted growing trend in the use of new communication media across communities which is in turn expected to influence how opinion leaders in general, and EBF opinion leaders in particular, disseminate information to their target audiences.

On the opinion leaders' choice of language for EBF communication, findings indicated that EBF opinion leaders mostly used Kimeru (62.6%), the local language of Igembe North Sub County, to inform mothers on EBF, while Kiswahili (36.8%), Kenya's national language, was rated the second most used language in EBF communication. Only 0.6% of the survey respondents cited English as the most used language of communication in EBF awareness campaigns. According to the Uncertainty Reduction theory, familiarity between communicators (including shared characteristics such as culture and language) reduce uncertainty and improve the chances for effective communication. As such, the use of language familiar to the target audience was a good choice by the EBF opinion leaders in Igembe North Sub County. Similarly, as indicated earlier in Table 4.23, the respondents in this study, cited friendliness and relatability of the EBF opinion leader as some of the qualities that made one an effective EBF communicator, further confirming the proposition of the Uncertainty Reduction theory that non-verbal warmth increases the effectiveness of communicators.

5.2.3 What are the communicative attributes of opinion leaders engaged in campaigns for Exclusive Breastfeeding in Igembe North Sub County?

The findings revealed that fellow mothers were rated highly by most (85.5%) of respondents with regards to their effectiveness in communicating EBF information, while healthcare workers came second with a rating of 63.1% effectiveness. Additionally, mothers-in-law were found to be effective by 49.7% of the survey respondents. Others with relatively high ratings in effectiveness were: Village administrators (43.3%), teachers and other professionals in the community (25.1%), and religious leaders (24.9%). However, NGO workers (13.4%) and husbands (6.5%) were rated least effective EBF opinion leaders in Igembe North Sub County.

In a multiple response question, the findings indicated that Opinion leaders with high levels of exclusive breastfeeding knowledge met the EBF needs of the respondents best and were rated as most effective (83.1%, $P < 0.05$), while those that were social, friendly and easy to relate with, were rated second at 78.0%, $P < 0.05$). Opinion leaders who were viewed as role models, were also found very effective, with a rating of 72.8% ($P < 0.05$). In

addition, 39.8% ($p = 0.014$) cited those who were easily available to provide EBF information when needed, while 29.3% of the respondents cited trustworthy and credible opinion leaders as most effective in meeting their EBF needs. These findings confirm the propositions of one of the study's guiding theories, the Uncertainty reduction theory, which proposes that nonverbal warmth (including traits such as friendliness, relatability and likeability), reduces the level of uncertainty between communicators, making communication more effective. The theory also suggests that similarities and familiarity between parties improve their communication, further confirming the study's findings on the effectiveness of role models such as peer mothers, in communicating EBF information in Igembe North Sub County. However, as noted earlier, "EBF knowledge" was interpreted differently, depending on the source of the message and the social-cultural and physical needs of the receiver. Coming from an expert source, "EBF knowledge" meant information on EBF best practices as advocated by the WHO guidelines of EBF. On the other hand, coming from a lay source, it meant what has worked for the source within their social, cultural and physical realities. Unfortunately, the latter interpretation of "EBF knowledge" was more likely to be spread and adopted by breastfeeding mothers due to the frequency with which this flawed information was passed, compared to the quality knowledge from the expert opinion leaders. As such, knowledgeability as an attribute could exert either positive or negative influence on EBF among breastfeeding mothers in Igembe North Sub County.

Conversely, as noted earlier in Table 4.23, only 4.6% of the respondents cited apparent more access to radio, TV and newspapers by the opinion leaders as an important attribute for effective communication of EBF information. This finding indicates that, in communicating EBF information, the target mothers did not attach a lot of importance to mass media and what they contained, but rather paid attention to knowledgeability of the opinion leader as the source of the message. As such, an opinion leader's access to mass media did not seem to necessarily make him more believable on matters regarding EBF. This apathy towards mass media was also emphasized more by the low (15.1%) number of respondents that preferred radio programmes as a method of communicating EBF information.

These findings seem to disagree with earlier Opinion leadership study findings by Katz, E., & Lazarsfeld, P. (1955), that indicated that (effective) Opinion leaders were individuals with more access to and use of mass media (Radio, TV, and Newspaper). With regards to EBF opinion leadership in Igembe North Sub County, it seemed that, while access to mass media was okay (and, indeed many Key Informants acknowledged the role of media as source of original EBF information), the opinion leader had to demonstrate their knowledge of EBF information in a friendly and relatable manner in order to be effective. This is because, as the study found out, Exclusive Breastfeeding is a very private, yet almost communal practice that can easily be intertwined with a community's cultural norms and practices, and the use of mass media needs to be carefully evaluated to avoid the risk of the source seeming like an outsider imposing their new norms on the target audience. Nevertheless, the all the Key Informants interviewed acknowledged that they received EBF information from various mainstream and social media platforms and other formal sources including EBF policy documents, which they then interpreted for the target audiences in the community.

However, the findings are consistent with studies that found out that effective opinion leaders were knowledgeable, social and friendly as well as role models to the target audience. In EBF opinion leadership, this study found out that message applicability was very crucial in understanding and adoption of the recommended practices. Target mothers wanted to hear and see something that was not only logical, but also doable within the context of their breastfeeding physical and social environments. Messages that were deemed to be in contradiction of what was logical in these environments were more likely to be dismissed altogether, as earlier indicated by a Key informant and FGD participant. This could explain the reason for the relatively low rating of position of authority of an opinion leader as a determinant of their effectiveness as an EBF opinion leader. This is because, as compared to the more readily available and often more friendly fellow mothers, many people in authority (such as chiefs as sub chiefs) often push for policy documents on EBF, most of which contain messages targeted at behaviour (individual level) change rather than social (community) change.

5.2.4 What Socio-cultural factors influence the effectiveness of Opinion Leadership Communication Strategies in changing Exclusive Breastfeeding practices in Igembe North Sub County?

This study's findings showed that a majority (86.0%) of the respondents did not actually use the EBF information they had received from the opinion leaders, compared to the 14.0% that adopted the information received. This finding was further confirmed by many (6 out of 8) key informants who indicated that there was a low adoption rate with regards to the EBF information they had communicated to the target audience in Igembe North Sub County.

Further, the study's findings indicated that a majority (81.2%) of the 14.0% respondents that used EBF information communicated by the opinion leaders were influenced by their level of education, while another 67.3% cited their familiarity with the person giving them the information as their influencing factor. In addition, 46.2% of the respondents cited the message's consistency with their religious beliefs as their motivating factor to adopt the EBF information given to them. Another 38.5% cited their occupation as enabling them to adopt the EBF information.

However, of the 86.0% that admitted to not adopting the EBF information, a majority (98.7%) cited the EBF message's contradiction with the cultural practices of their community as what inhibited their use of the message. Similarly, another majority (97.4%) of the respondents said that the messages' contradiction with the views and practices of their peers inhibited their use of EBF information, while 95% of the respondents did not use EBF information communicated to them because the information contradicted with the social norms and values of their community. The qualitative data collected during FGDs were very consistent with these findings, as a majority (over 70%) of both the key informants and the focus group discussion participants agreed that socio-cultural factors inhibited the use of EBF information received from the EBF opinion leaders in the Sub County.

These findings were further corroborated by the findings on EBF message features, where a majority (98.6%) of the respondents that did not understand the EBF messages were influenced by the inapplicability of the communicated EBF message, while another 86.6% cited their attitude towards the subject of EBF, as what made them not understand an EBF message communicated by the Opinion Leaders. A further 66.2 % cited the opinions of their family and friends as what caused their lack of understanding of EBF messages. According to one of the study's guiding theories, the Uncertainty Reduction theory, similarity between communicators enhances communication. As such, communicators that were deemed to be communicating messages that contradicted the cultural norms and practices of the target audience were not as well received as those that were viewed as relatable and familiar to the breastfeeding mothers. This further explains the negative influence of lay opinion leaders on EBF. Their ability to communicate culturally appropriate messages enhanced their influence, their flawed knowledge notwithstanding.

5.3 Conclusions

This study concluded that, EBF opinion leaders in Igembe North Sub County fell into three categories: Expert Opinion Leaders (health care professionals, trained Volunteer Community Health workers and trained mother-to-mother support group facilitators), Positional Opinion Leaders (community leaders and administrators) and Lay Opinion Leaders (peer mothers, mothers-in-law, biological mothers and husbands).

Of these, those deemed as highly “knowledgeable”, social and friendly opinion leaders such as fellow mothers and healthcare workers are more influential in the communication of EBF information. However, study findings revealed that whereas expert and positional opinion leaders exerted positive influence on EBF by advocating for best practices, lay opinion leaders were more successful in exerting negative influence by passing on “flawed” EBF knowledge at the community and household levels. However, other non-traditional EBF opinion leaders such as elder children are increasingly communicating EBF information to their mothers.

Secondly, the study concluded that in trying to influence EBF practices in Meru County, Kenya, the opinion leaders have effectively influenced change at the individual cognitive/awareness levels, as a majority of the breastfeeding mothers acknowledged that

they had heard about Exclusive Breastfeeding and more importantly, could correctly explain the meaning of the concept. However, change at the community level still remains a concern as many husbands and relatives (such as biological mothers and mothers-in-law) are unsupportive to the breastfeeding mothers, making the practice impossible to achieve single-handedly. Lack of support from husbands, particularly, leaves breastfeeding mothers with very heavy maternal workload, which in turn makes it difficult to balance between exclusively breastfeeding for the recommended six months, and fending for their families. Mothers-in-law and relatives on the other hand, exert too much pressure on the breastfeeding mothers, leading to unnecessary early EBF cessation. Similarly, other structural challenges such as lack of breast milk storage facilities and poor/inadequate maternal nutrition continue to inhibit many mothers capacity to exercise EBF for the recommended six months. As this and other researchers have noted, communities should be the agents of their own change and emphasis should shift from persuasion and the transmission of EBF information from outside technical experts, to dialogue, debate and negotiation on issues that resonate with members of the community. Emphasis on outcomes should go beyond individual EBF practice to include social norms, policies, culture and the supporting environment. To achieve this, there is need to employ the Identify-and-empower approach, which entails the isolation of as many early adopters and role models as possible, and empowering them with both knowledge, skills and resources in order to counter the negative effects of flawed EBF information from the lay opinion leaders. Mothers should also be empowered with knowledge and resources to exercise proper nutrition before pregnancy, during pregnancy and during the breastfeeding period in order to ensure adequate breast milk for EBF.

Thirdly, the study also concluded that EBF opinion leaders in Meru County, to a large extent, used appropriate communication tactics in their EBF campaigns, as evidenced by choice of the right methods (face-to-face discussions) and language (local Kimeru) of communication as well as packaging of specific EBF messages. However, there is very little emphasis on the need to express and store breast milk for later use, as the (mostly lay) EBF opinion leaders keep off the culturally-inappropriate practice of breast milk expression and storage. This makes it difficult to achieve positive changes in EBF

practices since, as key informants indicated, it is impossible to hold a mother at home for the recommended six months, hence breast milk expression and storage has been found as the only way a mother can exclusively breastfeed while still attending to their daily work.

Despite the use of proper EBF opinion leadership communication tactics to a large extent, there is still very low EBF information adoption rates in Meru County, as many breastfeeding mothers are not ready to adopt the good EBF practices they have learnt from the opinion leaders due to various socio-cultural factors such as maternal occupation and workload, social practices, social norms and values, literacy levels as well as pressure from family and friends. Inadequate financial resources have also led to lack of capacity for EBF advocates to reach the target mothers as regularly as they should. This, in turn, has led to lack of motivation for the expert EBF opinion leaders, leaving breastfeeding mothers at the mercy of lay opinion leaders who propagate harmful cultural practices based their own individual breastfeeding experiences. Nevertheless, as Soetan (2001) poses, Culture is both evolutionary and revolutionary. It goes through internal growth, heterogeneity and coherence as well as a process of change, often adapting in response to contact with other cultures and influence of communication technologies. As a result, culture is not static but rather, must be seen as a dynamic mechanism that must adjust and adapt to external and internal conditions of existence. Since harmful breastfeeding practices are culturally cultivated by the community members, they make a critical part of a community's culture. It then follows that, since culture is dynamic, a community can be influenced, through appropriate communication strategies, to adopt new recommended breastfeeding practices. Breastfeeding mothers live within a social ecological system with cultural norms and practices. As such, EBF communication campaigns should go beyond individual-level behaviour change to create an enabling environment, by creating new EBF-friendly norms and removing bottlenecks that inhibit EBF at the household and community levels. Part of this bottleneck removal should entail the empowerment of many lay opinion leaders through both cognitive and other resource capacity building in order to ensure a force great enough to counter negative influences at the community and household level.

5.4 Recommendations

5.4.1-Recommendations for Practice

There is need to identify early adopters of recommended EBF practices as well as role model mothers, and empower as many of them as possible with the right EBF knowledge in order to counter the negative effects of lay opinion leaders at the community and household levels.

There is need to build the economic capacity of willing mothers through provision of breast milk storage coolers/cool boxes and manual breast pumps to facilitate breast milk storage. These mothers can in turn become champions of breast milk expression and storage through practical demonstrations.

5.4.2 Recommendations for Policy

The health stakeholders in the county should strengthen the formation of EBF mother-to-mother support groups by forming linkages with existing social infrastructure, including, for example, existing women's groups such as the popular women's guilds in the local churches.

5.4.3 Recommendations for Further Research

Further research should be conducted on the cost-effectiveness of the popular EBF mother-to-mother support groups, in order to establish ways of better financing and strengthening them to enhance the frequency of EBF message communication.

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APPENDICES

APPENDIX 5.1: Letter of Introduction

Kalangi Susan Kiambati
Department of Communication and Media Studies
Kenyatta University

TO WHOM IT MAY CONCERN

Dear Sir/Madam,

RE: COLLECTION OF RESEARCH DATA

I am requesting for your assistance in collecting data for a scholarly research. I am a post graduate student at Kenyatta University, School of Creative Arts, Film and Media Studies, Department of Communication and Media studies, pursuing a Doctor of Philosophy degree in Communication and Media studies. The research is titled “*Investigation into the Influence of Opinion Leadership Communication Strategies on Exclusive Breastfeeding among Lactating Mothers in Meru County*”, and is required for award of the doctorate degree.

Kindly assist me collect necessary data by filling out the attached questionnaire. This will not take more than fifteen minutes of your time. The information you provide will be used exclusively for academic purposes and will be treated with total confidentiality. You are free to withdraw from the process any time you need to.

Your co-operation is highly appreciated.

Kalangi Susan Kiambati
Cell phone: 0721 316 339
Email: kiambatisu2000@yahoo.com

APPENDIX 5. 2: Informed Consent for Survey Participants

Influence of Opinion Leadership Communication Strategies On Exclusive Breastfeeding In Meru County, Kenya.

Principal investigator: Kalangi Susan Kiambati

Department of Communication, Media, Film and Theatre Studies, Kenyatta University

Email: kiambatisu2000@yahoo.com

PURPOSE OF STUDY

You are being asked to take part in a survey for a research study. Before you decide to participate in this study, it is important that you understand why the research is being done and what it will involve. Please read the following information carefully. Please ask the researcher if there is anything that is not clear or if you need more information.

The purpose of this study is to investigate the influence of opinion leadership communication strategies on exclusive breastfeeding in Meru County, in order to establish what can be done better to improve maternal and infant nutrition.

STUDY PROCEDURES

You will be required to fill in the questionnaire attached by answering the questions as truthfully and honestly as possible.

RISKS

Although there are no immediate risks related to your participation in this survey, you may decline to answer any or all questions and you may terminate your involvement at any time if you choose. Your responses to this survey will be anonymous. Please do not write any identifying information on your questionnaire.

BENEFITS

Although there will be no direct benefit to you for your participation in this study, we hope that the information obtained from this study may improve breastfeeding practices in the county, leading to better health for both mothers and their infants.

CONFIDENTIALITY

Every effort will be made by the researcher to preserve your confidentiality as a participant in this study.

CONTACT INFORMATION

If you have questions at any time about this study, you may contact the researcher whose contact information is provided on the first page.

VOLUNTARY PARTICIPATION

Your participation in this study is voluntary. It is up to you to decide whether or not to take part in this study. If you decide to take part in this study, you will be asked to sign a consent form. After you sign the consent form, you are still free to withdraw at any time and without giving a reason. Withdrawing from this study will not affect the relationship you have, if any, with the researcher. If you withdraw from the study before data collection is completed, your data will be returned to you or destroyed.

CONSENT

I have read and I understand the provided information and have had the opportunity to ask questions. I understand that my participation is voluntary and that I am free to withdraw at any time, without giving a reason and without cost. I understand that I will be given a copy of this consent form. I voluntarily agree to take part in this study.

Participant's signature _____ Date _____

Investigator's signature _____

APPENDIX 5.3: Informed Consent for FGD Participants

Influence of Opinion Leadership Communication Strategies on Exclusive Breastfeeding in Meru County, Kenya

Principal Investigator: Kalangi Susan Kiambati

Department of Communication and Media Studies, Kenyatta University

Email: kiambatisu2000@yahoo.com

PURPOSE OF STUDY

You are being asked to take part in Focus Group Discussion for a research study. Before you decide to participate in this study, it is important that you understand why the research is being done and what it will involve. Please read the following information carefully. Please ask the researcher if there is anything that is not clear or if you need more information.

The purpose of this study is to investigate the influence of Opinion Leadership Communication Strategies on Exclusive Breastfeeding in Meru County, in order to establish what can be done better to improve maternal and infant nutrition.

STUDY PROCEDURES

You will be required to discuss specific questions/topics as truthfully and honestly as possible, with the moderation of the researcher.

The researcher will tape record the group discussions for reference and ease of data analysis later.

RISKS

Although there are no immediate risks related to your participation in this Focus Group Discussion, you may decline to answer any or all questions and you may terminate your involvement at any time if you choose. Your responses to this discussion will be anonymous.

BENEFITS

Although there will be no direct benefit to you for your participation in this study, we hope that the information obtained from this study may improve breastfeeding practices in the county, leading to better health for both mothers and their infants.

CONFIDENTIALITY

Every effort will be made by the researcher to preserve your confidentiality as a participant in this study. The information given will be used purely for academic purposes

CONTACT INFORMATION

If you have questions at any time about this study, you may contact the researcher whose contact information is provided on the first page.

VOLUNTARY PARTICIPATION

Your participation in this study is voluntary. It is up to you to decide whether or not to take part in this study. If you decide to take part in this study, you will be asked to sign a consent form. After you sign the consent form, you are still free to withdraw at any time and without giving a reason. Withdrawing from this study will not affect the relationship you have, if any, with the researcher. If you withdraw from the study before data collection is completed, your data will be returned to you or destroyed.

CONSENT

I have read and I understand the provided information and have had the opportunity to ask questions. I understand that my participation is voluntary and that I am free to withdraw at any time, without giving a reason and without cost. I understand that I will be given a copy of this consent form. I voluntarily agree to take part in this study.

PARTICIPANT'S SIGNATURE	DATE

Investigator's signature _____ Date _____

APPENDIX 5.4: Survey Questionnaire

QUESTIONNAIRE FOR ASSESSING THE INFLUENCE OF OPINION LEADERSHIP COMMUNICATION STRATEGIES ON EBF IN MERU COUNTY

NAME OF RESEARCH ASSISTANT _____ WARD _____

SUBLOCATION: _____ HEALTH CARE FACILITY S.N. _____

DATE _____ TIME _____

FILL IN YOUR ANSWER OR TICK THE APPROPRIATE BOX (ES)

SECTION A: DEMOGRAPHIC INFORMATION

PART I: PERSONAL INFORMATION

Place of Birth _____

Age (in years) _____ Gender: [] Male [] Female

1. What is your highest level of education? (Tick one)

- a) [] Never been to school
- b) [] Ngumbaru
- c) [] Primary education
- d) [] Secondary education
- e) [] College education
- f) [] University education

2. What is your occupation? (Tick one)

- a) [] Farmer
- b) [] Livestock keeper
- c) [] Livestock and farming
- d) [] Business
- e) [] Other (specify) _____

3. Do you have other children? (Tick one)

- a) Yes
- b) No

4. If 'yes', how many? (Tick one)

- a) 3. one
- b) two
- c) Three
- d) 6 More than three

5. How old is your youngest (breastfeeding?) child

- a) less than six months
- b) six months
- c) one year
- d) two years

7. For how long did/will you breast feed your child before introducing other foods (tick one)

- a) less than six months
- b) six months
- c) more than six months

8. Why did/will you breastfeed your child for the period specified in Q5 above?

SECTION B: OPINION LEADERSHIP COMMUNICATION STRATEGIES FOR EXCLUSIVE BREASTFEEDING IN MERU COUNTY

PART I: OPINION LEADERS ENGAGED IN EXCLUSIVE BREASTFEEDING CAMPAIGNS

9. Have you ever heard of exclusive breastfeeding? (Tick one)

- a. Yes
- b. No

10. If ‘Yes’ in Q9 above, what does exclusive breastfeeding mean? (Explain in the space provided)

11. Are there people in your community who inform you about Exclusive Breastfeeding? (Tick one)

- a. Yes
- b. No

12 If ‘Yes’ in Q11 above, who among these people have been informing you about exclusive breastfeeding? (Tick as many as appropriate)

- a. Village administrators e.g. the Chief and Sub-Chief
- b. Community elders
- c. Healthcare workers
- d. NGO workers
- e. Religious leaders e.g. pastors, priests and sheikhs
- f. Teachers or other professionals from the community
- g. Mother-in-law
- h. Husband
- i. Fellow mothers
- j. Others (specify as many as possible)

PART II: OPINION LEADERSHIP COMMUNICATION STRATEGIES FOR EBF IN IGEMBE NORTH SUB COUNTY

13. How often do the people you identified in Section B, Part I communicate Exclusive Breastfeeding information to you? (Tick one)

- a. Weekly
- b. Once every month
- c. Once every 3-4 months

- d. Once every 6 months
- e. Once a year
- f. Only when I am pregnant/breastfeeding
- g. Other (specify) _____

14. What specific exclusive breastfeeding messages do the people you identified in Section B Part I communicate to you? (Tick as many as appropriate)

- a. How to position the baby during breastfeeding
- b. How often I should breastfeed the baby
- c. How long I should breastfeed the baby during each feeding
- d. How long I should breastfeed the baby before introducing other foods
- e. How I should express breast milk to feed the baby whenever I am away from him/her
- f. How I should store breast milk for the baby in case I am away
- g. Other (specify) _____

15. Through what methods do the people you identified in Section B, Part I communicate Exclusive Breastfeeding information to you? (Tick as many as appropriate)

- a. Mobile phone SMS
 - b. Mobile phone calls
 - c. Twitter, Facebook and other social media platforms
 - d. Emails
 - e. Community Seminars
 - f. Workshops
 - g. Community Barazas
 - h. Leaflets and other informational materials
 - i. Getting hosted in local radio programmes
 - j. Visiting churches to give Exclusive Breastfeeding lectures
 - k. Mother-to-mother support group discussions
 - l. Visiting the homes of breastfeeding mothers
- Other (specify) _____

16. Which of the methods in Q15 above would you prefer most for communicating Exclusive Breastfeeding information to your community? (*Arrange starting with the most influential using no's 1-13 as given in Q15 to identify each*)

17. Which language do they use MOST in communicating exclusive breastfeeding information to you? (*Tick one*)

- a. English
- b. Kiswahili
- c. Kimeru
- d. Other (specify) _____

18. Do you always understand the Exclusive Breastfeeding information they share with you? (*Tick one*)

- a. Yes
- b. No

19. If 'yes', which of the following features would you say make you understand the Exclusive Breastfeeding messages they communicate to you? (*Tick as many as appropriate*)

- a. The simplicity of the message
- b. The applicability of the message
- c. The believability of the message
- d. My familiarity with the language the message is given in
- e. The method through which the message is given
- f. My familiarity with the person who gives the message
- g. The opinions of my family/friends/neighbours on the message
- h. My attitude towards the subject of exclusive breastfeeding
- i. Other (specify) _____

If 'no', on question 18 above, which of the following features would you say make you not understand the Exclusive breastfeeding messages they communicate to you?
(Tick as many as appropriate)

- a. The complexity of the message
- b. The inapplicability of the message
- c. The unbelievability of the message
- d. The unfamiliarity with language the message is given in
- e. The method through which the message is given
- f. My unfamiliarity with the person who gives the message
- g. The opinions of my family/friends/neighbours on the message
- h. My attitude towards the subject of exclusive breastfeeding

Other (specify) _____

PART III: COMMUNICATIVE ATTRIBUTES OF OPINION LEADERS IN EBF

20. Who among the people you identified in *Question 12* would you say meet your exclusive breastfeeding information needs BEST? *(Arrange starting with the most preferred using no's 1-10 as given in Q12 to identify each)* _____

21. What qualities in the people you have listed in Q20 above makes you rate them as more effective in meeting your exclusive breastfeeding information needs? *(Tick as many as appropriate)*

- a. The position of authority they hold
- b. They are trustworthy and credible
- c. They seem very knowledgeable on exclusive breastfeeding issues
- d. They are social and friendly and easy to relate with
- e. They frequently inform me and others about exclusive breastfeeding issues
- f. They are easily available when I need some information
- g. They are more educated than most other community members

- h. It is their job to inform me about exclusive breastfeeding
- i. They always seem aware of what the radio, TV and newspapers say about exclusive breastfeeding
- j. They explain/illustrate exclusive breastfeeding information until I understand
- k. They are my role model in life
- l. Other (specify) _____

22. Do you feel the people you identified in Q 20 are willing and available to explain further what you do not understand about Exclusive Breastfeeding? (Tick one)

- a. Yes b. No

PART IV: SOCIAL-CULTURAL FACTORS INFLUENCING EFFECTIVENESS OF OPINION LEADERSHIP COMMUNICATION STRATEGIES FOR EBF

22. Do you make use of the information you receive from the people you identified in Question 20?

- a. Yes () No ()

23. If 'yes' in Q22 above, which of the following factors influence your choice TO USE the Exclusive Breastfeeding information passed to you by the people you identified in Question 20? (Tick as many as appropriate)

- 1. My education level
- 2. Information was Consistent with the social norms and values of my community
- 3. Information was consistent with the cultural practices of my community
- 4. Information was Consistent with my religious beliefs
- 5. Information was consistency with the views and practices of my peers
- 6 my familiarity with the person giving the information
- 7 my occupation
- 8 Others (Specify) _____

If ‘no’ in Q22 above, which of the following factors influence your choice NOT TO USE the Exclusive Breastfeeding information passed to you by the people you identified in Question 20? (Tick as many as appropriate)

My education level

2. Information contradicted the social norms and values of my community

3. Information contradicted cultural practices of my community

4. Information contradicted my religious beliefs

5. Information contradicted the views and practices of my peers

6 my lack of familiarity with the person giving the information

7 my occupation

8 Others (Specify) _____

24. In your own opinion how do you think the factors you have identified in Q23 above can be managed in order to improve your usage of the received exclusive breastfeeding information? (Outline in the spaces provided below)

a. _____

b. _____

c. _____

Thank you once again for your cooperation.

APPENDIX 5.5: Interview Guide for Key Informant Interviews

1. Probes for individuals engaged in Exclusive Breastfeeding campaigns

- a. What is your occupation?
- b. What motivates you to be involved in communication of Exclusive Breastfeeding information?
- c. Which other people, besides you, are actively involved in communicating Exclusive Breastfeeding information to the community?
- d. Did anyone appoint you into this role or is it a personal initiative?

2. Probes for communicative attributes of opinion leaders engaged in Exclusive Breastfeeding campaigns

- (a) How often do you communicate Exclusive Breastfeeding information?
- (b) What determines this frequency?
- (c) For how long have you been communicating Exclusive Breastfeeding messages to the community?
- (d) What qualities do you possess that make you a good source of EBF information to the community? Explain.
- (e) Where do you get the EBF information that you communicate to the community?
- (f) Besides Exclusive Breastfeeding information, are you involved in communicating other types of information to the community? Explain.

3. Probes for opinion leadership communication strategies used in communicating EBF information

- (a) Through what methods do you communicate EBF information to the community? Explain the details of each method.
- (b) Do you use any particular method more often compared to others? Why?
- (c) Does any of the methods stand out as more popular with the community? Explain.
- (d) How do you frame EBF messages to ensure they are understood by the community? Any specific examples?
- (e) How do you package EBF messages to ensure they are understood by the community?

(f) How would you rate the community's comprehension of EBF messages that you share with them?

(g) Do you think the mothers' perception of EBF has improved since you began communicating to them? Explain

4. Probes for socio-cultural factors impacting on communication of EBF messages

(a) What obstacles do you encounter when communicating EBF information to the community?

(b) Is there EBF information you have shared a number of times but whose adoption is yet to take place? What socio-cultural factors do you think influence this?

(c) Other than lactating mothers, are there other community members that seek/are interested in EBF information? Explain.


(d) Any recommendations for improving communication of EBF information to the community?

APPENDIX 5.6: Focus Group Discussions Guide

1. What do you understand by Exclusive Breastfeeding?
2. Would you advocate for the exclusive breastfeeding of a child for at least six months? Explain.
3. Who are the people you mostly share with/seek EBF information from? Why?
4. How did you become a source of EBF messages in the community?
5. What type of Exclusive Breastfeeding information do you commonly seek/share with residents of Igembe North Sub County?
6. Do mothers actually do the things that EBF Opinion Leaders tell them to do?
7. Through what methods do you receive/share EBF information? Why?
8. What factors determine the adoption of the EBF information you receive/share with community members?
9. What challenges do you think hinder mothers from exclusively breastfeeding their children up to six months?

Thank you for taking the time to be part of this FGD

APPENDIX 5.7: NACOSTI Authorization


**NATIONAL COMMISSION FOR SCIENCE,
TECHNOLOGY AND INNOVATION**

Telephone: 020 400 7000,
0713 788787, 0735404245
Fax: +254-20-318245, 318249
Email: dg@nacosti.go.ke
Website: www.nacosti.go.ke
When replying please quote

NACOSTI, Upper Kabete
Off Waiyaki Way
P.O. Box 30623-00100
NAIROBI-KENYA

Ref No **NACOSTI/P/18/88604/21712** Date: **13th March, 2018**


Susan Kalangi Kiambati
Kenyatta University
P.O. Box 43844-00100
NAIROBI.

RE: RESEARCH AUTHORIZATION

Following your application for authority to carry out research on *“Influence of opinion leadership communication strategies on exclusive breastfeeding in Meru County Kenya”* I am pleased to inform you that you have been authorized to undertake research in **Meru County** for the period ending **13th March, 2019.**

You are advised to report to **the County Commissioner and the County Director of Education, Meru County** before embarking on the research project.

Kindly note that, as an applicant who has been licensed under the Science, Technology and Innovation Act, 2013 to conduct research in Kenya, you shall deposit **a copy** of the final research report to the Commission within **one year** of completion. The soft copy of the same should be submitted through the Online Research Information System.



DR. STEPHEN K. KIBIRU, PhD.
FOR: DIRECTOR-GENERAL/CEO

Copy to:

The County Commissioner
Meru County.

The County Director of Education
Meru County.

APPENDIX 5.8: Meru County Director of Education's Authorization



REPUBLIC OF KENYA
MINISTRY OF EDUCATION
State Department of Early Learning and Basic Education

Telegrams: "ELIMU" Meru
EMAIL: cdemerucounty@gmail.com
When Replying please quote

County Director Of Education
Meru County
P.O. Box 61
MERU

Ref: MRU/C/EDU/11/1/210

14th September, 2018

TO WHOM IT MAY CONCERN

RE: RESEARCH AUTHORIZATION – SUSAN KALANGI KIAMBATI

Reference is made to letter Ref: NACOSTI/P/18/88604/21712 dated 13th March, 2018,

Authority is hereby granted to **Susan Kalangi Kiambati** to carry out research on "*Influence of opinion leadership communication strategies on exclusive breastfeeding in Meru County, Kenya*, for the period ending **13th March, 2019**.

Kindly accord her the necessary assistance.

Nkonge J. E.
For: County Director of Education
MERU

COUNTY DIRECTOR OF EDUCATION
MERU COUNTY
P. O. Box 61-60200
TEL: 064-32372 MERU

APPENDIX 5.9: Meru County Commissioner's Authorization



THE PRESIDENCY
MINISTRY OF INTERIOR AND COORDINATION OF NATIONAL
GOVERNMENT

Telegrams:
Telephone:
Email: ccmeru@yahoo.com
Fax:

When replying please quote
Ref: *ED.12/3 VOL.III/49*

COUNTY COMMISSIONER
MERU COUNTY
P.O. BOX 703-60200
MERU.

Date: 13th September 2018

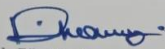
TO WHOM IT MAY CONCERN

RE: RESEARCH AUTHORIZATION – SUSAN KALANGI KIAMBITI

This is to inform you that **Susan Kalangi Kiambati** of **Kenyatta Universtiy** has reported to this office as directed by Commission for Science, Technology and Innovation and will be carrying out Research on “**Influence of opinion leadership communication strategies on exclusive breastfeeding in Meru County, Kenya**”.

Since authority has been granted by the said Commission, and the above named student has reported to this office, she can embark on her research project for the period ending **13th March, 2019**.

Kindly accord her any necessary assistance she may require.


W. K. Katonon
For: County Commissioner
MERU

COUNTY COMMISSIONER
MERU COUNTY
P. O. Box 703 -60200, MERU

