

**ASSESSMENT OF THE IMPACT OF THE FEDERAL GOVERNMENT AND NATIONAL  
PRIMARY HEALTH CARE DEVELOPMENT AGENCY (NPHCDA's) EXCLUSIVE  
BREASTFEEDING TELEVISION CAMPAIGNS ON THE BREASTFEEDING PRACTICE  
AMONG ONITSHA NURSING MOTHERS**

**ORITSETEMISAN OJABO**

Student, Department of Mass Communication,  
Nnamdi Azikiwe University, Awka, Anambra State, Nigeria

**ABSTRACT**

*For some years now, there has been rising interest in the encouragement of the art and practice of exclusive breastfeeding. This is so because it has been scientifically proven to be the best method of feeding for neonates and infants and thus, has also played a role in the reduction of infant morbidity and mortality. To encourage the practice of exclusive breastfeeding in Nigeria, the Federal Government and the National Primary Health Care Development Agency (NPHCDA) embarked on television campaigns. This study, therefore, aimed to find out the level of exposure to the Federal Government and the National Primary Health Care Development Agency (NPHCDA's) exclusive breastfeeding television campaigns among Onitsha nursing mothers, the extent to which they practice exclusive breastfeeding and the extent to which the Federal Government and the National Primary Health Care Development Agency (NPHCDA's) exclusive breastfeeding television campaigns shape their breastfeeding practice. This was done using the descriptive survey research design. With the 2024 projected population of the female residents of Onitsha which is 205, 153 and the Meyer (1973) sample size determination table, the researcher determined the sample size of this study (383) and selected the samples using multi-stage sampling procedure. Using this procedure, the researcher randomly selected 2 communities (Akpaka and Enu-Onicha [Inland Town]) from Onitsha North and 2 communities (Awada and Odoakpu) from Onitsha South. The researcher again randomly selected 2 wards from each of the communities. From Akpaka, American Quarters and Government Residential Area (GRA) were selected while Inland Town I and Inland Town II were selected from Enu-Onicha [Inland Town]. Fegge I and Fegge II were selected from Awada while Odoakpu I and Odoakpu II were selected from Odoakpu. In collecting data from the nursing mothers, the researcher used pre-tested copies of close-ended questionnaires and analyzed the collected data using frequency tables and simple percentages. From the study, the researcher found, among others, that the Federal Government and the National Primary Health Care Development Agency (NPHCDA's) exclusive breastfeeding television campaigns largely shapes the breastfeeding practice of Onitsha nursing mothers. Based on the findings of this study, it was recommended, among others, that all Onitsha nursing mothers should consistently allow the Federal Government and the National Primary Health Care Agency (NPHCDA's) exclusive breastfeeding television campaigns and other campaigns from other genuine sources to shape their breastfeeding practice in order to ensure that they are always taking the right health measures and not unproven and unscientific measures that can negatively affect them in the long term.*

**INTRODUCTION**

Exclusive breastfeeding has been defined as feeding of an infant with breast milk only without giving any other foods, not even water except the prescribed medicines, immunizations, vitamins and mineral supplements (Otubah, 2024). WHO (1999) cited in Otubah, (2024), also recommended exclusive breastfeeding of infants for the first 6 months of their life and continued breastfeeding for up to 2 years, with the introduction of other foods. Breastfeeding is the act of milk transference from mother to baby that is needed for the survival and healthy growth of the baby into an adult (Otubah, 2024). Breastfeeding, according to her, creates an inimitable psychosocial bond between the mother and baby, enhances modest cognitive development. Furthermore, breastfeeding reduces the risk of neonatal complications, respiratory and other varieties of illnesses (Otubah, 2024). Based on anecdotal and empirical evidence on the benefits of breastfeeding to the mother and baby, the World Health Organization (WHO) cited in Otubah (2024) has recommended 2 year breastfeeding that is; first 6 months exclusive breastfeeding; more than 8 times

breastfeeding of the baby per day. Exclusive breastfeeding for the first 6 months of life improves with the growth, health and survival status of newborns (WHO 2017) and is one of the most natural and best forms of preventive medicine (Otubah, 2024).

However, a lot of factors not limited to race and cultural beliefs, maternal characteristics, infant health problems, socio-economic status and some psychosocial factors may hinder the full realization of exclusive breastfeeding (Otubah, 2024). In Nigeria, these factors vary widely across different settings and even in similar demographic conditions (Ihudiebube-Splendor, Okafor, Anarado, Jisieike-Onuigbo, Chinweuba, Nwaneri, Arinze & Chikeme, 2019; Joseph & Earland, 2019; Agho, Dibley, Odiase & Ogbonmwan, 2011 cited in Mopa-Egbunu, 2021; Ogbonna & Daboer, 2007 cited in Mopa-Egbunu, 2021). For instance, some studies have demonstrated that education and parity was significantly associated with EBF (Atimati and Adam, 2020; Ihudiebube-Splendor *et al.*, 2019), while some others have shown that EBF practice increased with increasing age of women (Ngwu, 2015; Agho *et al.*, 2011 cited in Mopa-Egbunu, 2021). In addition, normative expectations and a network of social support have been shown to influence the forms and quality of infant feeding practices (Qureshi, Oche, Sadiq & Kabiru, 2011 cited in Mopa-Egbunu, 2021).

Probably due to the fact that exclusive breastfeeding rates is low while infant feeding practices are sub optimal in Nigeria (Atimati & Adam, 2020; Akadri & Odelola, 2020; Peterside, Kunle-Olowu & Duru, 2013 cited in Mopa-Egbunu, 2021; Agunbiade & Ogunleye, 2012 cited in Mopa-Egbunu, 2021; Uchendu, Ikefuna & Emodi, 2009 cited in Mopa-Egbunu, 2021; Otaigbe, Alikor & Nkanginieme, 2005 cited in Mopa-Egbunu, 2021), the Federal Government and the National Primary Health Care Development Agency (NPHCDA) embarked on television awareness campaigns to promote and encourage exclusive breastfeeding in Nigeria. This is an indication that the campaigners are aware that media campaigns use integrated tactics to communicate messages that aim to inform, influence, and convince target audiences to change or sustain healthy behaviors and can be delivered via several kinds of channels, including conventional media [e.g., TV, radio, newspapers], the Internet and social media [e.g., websites, Facebook, Twitter], small media [e.g., brochures, posters, fliers], group interactions [e.g., workshops, community forums], and one-on-one interactions [e.g., hotline counseling] (Baron, Melillo & Rimer, 2010 cited in Idehenre, 2024).

Media platforms can be leveraged to promote campaigns, advocacy, and behavioral change by disseminating vital information and influencing public opinion (Idehenre, 2024). This is particularly important for development programs like exclusive breastfeeding, where targeted media campaigns can shape beliefs, opinions, and norms, ultimately driving behavior change (Catalán-Matamoros & Peafiel-Saiz, 2018). This is why Idehenre (2024) believes that the media has the potential to assist pregnant and nursing women in learning about the benefits of exclusive breastfeeding, as well as how to implement it. Based on the foregoing, this study, therefore, sought to assess the impact of the Federal Government and the National Primary Health Care Development Agency (NPHCDA's) exclusive breastfeeding television campaigns on the breastfeeding practice among Onitsha nursing mothers.

The objectives of conducting this study are:

1. To find out the level of exposure to the Federal Government and the National Primary Health Care Development Agency (NPHCDA's) exclusive breastfeeding television campaigns among Onitsha nursing mothers.
2. To ascertain the extent to which Onitsha nursing mothers practice exclusive breastfeeding.
3. To examine the extent to which the Federal Government and the National Primary Health Care Development Agency (NPHCDA's) exclusive breastfeeding television campaigns shape breastfeeding practice among Onitsha nursing mothers.

## **LITERATURE REVIEW**

### **Conceptual Review**

#### **Concept of Exclusive Breastfeeding**

Breastfeeding is one of the most effective ways to ensure a child's health and survival (Nkoka, Ntenda, Kanje, Milanzi & Arora, 2019). Despite evidence of breastfeeding benefits, children are sub optimally breastfed with less than fifteen percent of newborns being breastfed within one hour of birth (Atimati & Adam, 2020; Eke, Odetunde, Uwaezuoke, Muoneke, Onyire, Ekwochi & Onwasigwe, 2019). More so, nearly two out of three infants are not exclusively breastfed for the recommended six months, a rate that has not improved in two decades (World Health Organization, WHO, 2019 cited in Osuorah, Okoronkwo,

Maduakolam, Nwaneri, Chinweuba & Madu, 2024) and Masuke, Msuya, Mahande, Diarz, Stray-Pedersen, Jahanpour & Mgongo (2021) affirms that children who started complementary feeding early, were stunted, wasted, and underweight as the meal diversity and frequency were low compared to WHO recommendations. Since breastfeeding is a cultural norm and the benefits of breast feeding are known in Nigeria (Ahmad & Khani, 2022), the existing challenge is to shift breast feeding knowledge closer to exclusive breast feeding (Anaba *et al.*, 2022 cited in Osuorah *et al.*, 2024).

Exclusive breastfeeding, according to Nkala and Msuya (2011) cited in Oladimeji, Eyefujinrin and Abdullahi (2022), is a practice whereby the infants receive only breast milk without mixing it with water, other liquids, tea, herbal preparations or food in the first six (6) months of life, with the exception of vitamins, mineral supplements or medicines. The World Health Organization (WHO) cited in Oladimeji *et al.*, (2022), recommends that, infants be exclusively breastfeed for the first six (6) months followed by breastfeeding with complementary foods for up to two (2) years of age or beyond (Hanif, 2011 cited in Oladimeji *et al.*, (2022). According to the World Health Organization (WHO) cited in Oladimeji *et al.*, (2022), exclusive breastfeeding means that the infant receives only breast milk. No other liquids or solids are given not even water- with the exception of oral rehydration solution, or drops/syrups of vitamins, minerals or medicines. The WHO (2017) and United Nations Children's Fund [UNICEF] (2017) cited in Oladimeji *et al.*, (2022), have offered an even stronger recommendation. They are:

- Initiation of breastfeeding within the first hour after birth
- Exclusive breastfeeding for the first six (6) month
- Continued breastfeeding for two (2) years or more together with safe, nutritionally, adequate, age appropriate, responsive complementary feeding starting in the sixth (6th) month.

### **Concept of Health Broadcasting**

Health broadcasting simply refers to the process of transmitting aural or audio-visual contents that concern health issues, themes, events, situations or circumstances, especially as it may pertain to transmitting messages that bother on disease outbreak, history, nature, prevention, risk factors, treatment options, and lifestyle changes (Zarcadoolas, Pleasant & Greer, 2006 cited in Obong & Senam, 2024; Prilutski, 2008 cited in Obong & Senam, 2024; Parrott & Kreuter, 2011 cited in Obong & Senam, 2024; Ruben, 2015). It is basically an approach that utilizes the radio and/or television to propagate health-themed messages to the receiving public in society (Obong & Senam, 2024). Health broadcasting suggests the use of broadcast media to inform and influence individuals and communities about health-related issues and to enforce behavior changes (Prilutski, 2008 cited in Obong & Senam, 2024) that must consider individual and social prisms through which information is received and processed (Rimal & Lapinski, 2009 cited in Obong & Senam, 2024).

Health broadcasting is an aspect of health communication but limited in scope in the sense that while health communication is all encompassing of diverse media, approaches, techniques, and strategies to reach the public, health broadcasting represents an idea of broadcast-mediated attempt to reach the public with health messages (Obong & Senam, 2024). In this sense, according to them, health broadcasting is limited, restricted and confined within the precinct of radio and/or television broadcasting. This implies that if the members of audience are not in possession of the receiving sets of broadcasting (radio and television), they cannot have access to health messages (Obong & Senam, 2024).

Obong and Senam (2024) pointed out that it may sound trite to emphasize, but it is true that lack of acquisition of broadcast receiving sets is still a major issue plaguing people's access to broadcast contents such as health programs. For them, this reality is even more alarming in rural and poverty-stricken areas of the world where acquisition and possession of broadcast receivers are considered luxury that cannot be afforded by a great majority. Available evidence shows that a wide margin exists between lack of ownership of broadcast receiving sets and access to socially relevant broadcast programs (Mohammed, 2013). If this empirical evidence is something to go by, then, it is implicative that a great percentage of potential audience of health broadcasting domiciled in poverty-stricken areas, are technically decimated from accessing health-related messages on the broadcast media (Obong & Senam, 2024).

The nature of the broadcast media and the changing nature of audience's media consumption pattern, have made it imperative for health broadcasters to rethink their broadcast media strategies if they must reach and sustain a large audience base (Obong & Senam, 2024). This is consequent on the fact that alternative

broadcast mediated strategies are necessary in promoting healthy practices and behaviors in low-resource settings by leveraging innovative approaches such as mobile theatres, community radios, and SMS-based platforms (Obregon & Hickler, 2014). These strategies can be designed to engage communities, mobilize stakeholders, and promote healthy practices and behaviors (Obregon & Hickler, 2014).

The fleeting, temporal, and ephemeral nature of broadcast messages raise concerns in health broadcasting as far as audience retention, content appreciation, and reception are concerned (Obong & Senam, 2024). According to them, broadcast audiences who are not in terms with how broadcast messages are presented, are turning to alternative media to satisfy their health-related media needs. As the evaluation of broadcast communication interventions is challenging given the fact that the root causes of human behavior reside at multiple levels that reinforce each other, health promoters must adapt to changing and dynamic ways of using broadcast communication channels (Rimal & Lapinski, 2009 cited in Obong & Senam, 2024).

The uniqueness of the broadcast media being utilized in spreading health-related messages, is that audiences who have access to the broadcast media are exposed to the ideals of the messages in real time (Obong & Senam, 2024). This means that breaking stories about health can be communicated on the spur of the moment and simultaneously to diverse audiences dispersed by time and physical location in fragment of seconds compared to interpersonal approaches (Obong & Senam, 2024). Pertaining to health broadcasting, the broadcast media have been found to be unique in giving members of the audience what they want more than what they need (Lwoga & Matovelo, 2005 cited in Obong & Senam, 2024).

The sound bites and visual illustrations that accompany radio and television broadcasting, accord health-related issues that are transmitted with descriptive and explanative imageries and analogies that push believability and understanding of the subject matter further (Obong & Senam, 2024). The audience, through health broadcasting, seemingly get to 'hear' and 'see' the events, situations, circumstances, and conditions unfold before their 'eyes' and within their 'ear shot'. The audience members get to deduce meaning from the broadcast messages as they form impressions of the subject matter displayed or narrated before them (Obong & Senam, 2024). This is as the display or narration about health themes is transmitted to make the audience have an idea of what they must deal with or what is about to befall them if they do not take precautionary actions.

The animative and emotive language styles that are unique to broadcasting make health-themes portrayed vivid, clear, and real rather than appearing or sounding strange and abstractual (Obong & Senam, 2024). Also, in the case of television, the animation that accompanies moving pictures makes the health messages come to life while the audience can easily relate with health messages characterized by motion, animation, visuality, and sound (Obong & Senam, 2024). These characteristics, in their opinion, make health broadcasting concrete, forceful, exciting, and active.

The purposes of health broadcasting are to inform, educate, mobilize, sensitize, and awaken the consciousness of the receiving public to the mysteries, misconceptions, misperceptions, and misunderstanding shrouding health conditions, realities, and eventualities in society (Obong & Senam, 2024). The purposes of health broadcasting also include "disseminating health knowledge, delivering health concepts, teaching health recovery methods, and building a platform for health communication" (Tingting, 2021).

The essence is anchored on the premise that when the public are knowledgeable, informed, educated, and exposed to the health conditions and realities in their immediate environment, they can take informed actions in safeguarding their state of health (Obong & Senam, 2024). According to them, the health broadcast made available to the receiving public is to put them at a vantage point to acquire and vent knowledge on health-themed issues that affect or may affect them. Health broadcasting aims to promote understanding, awareness, and action regarding health issues, as well as to improve health literacy, and health outcomes (Ruben, 2015). It also serves as a communication link and social service channel for health promoters in promoting long-term health issues in the aspect of introducing health care methods, conducting psychological counseling, disseminating popular science knowledge, providing leisure and entertainment, as well as organizing offline interactions (Tingting, 2021).

**The Federal Government's Exclusive Breastfeeding Television Campaign**  
*Mama Bunmi: Congratulations to everybody.*

*Bunmi: Mummy, thank you.*

*Mama Chukwudi: Bunmi, this baby looks thirsty. Have you given her water? Water is very essential for babies ooo.*

*Bunmi: Mama, I just finished breastfeeding the baby.*

*Mama Chukwudi: Chukwudi, I gave you water when you were small. You didn't die. Give babies water, our weather is very hot.*

*Bunmi: When I went for ante-natal, the doctors and the health workers strongly advised me against giving my baby water...In the first six months, only breast milk.*

*Chukwudi: That's true, mama. I attended with my wife during the ante-natal and I learnt a lot. The doctor said, giving water to babies under six months old can harm their health.*

*Mama Bunmi: Yes.*

*Chukwudi: He also said...The stomach of babies at birth is very small. So, giving water reduces the quantity of breast milk she gets.*

*Bunmi: Breast milk contains all the water, all the important nutrients that this baby needs to grow and develop. Even in this hot weather you are talking about.*

*Mama Bunmi: You see my in-law, back then, we were ignorant. From my third daughter, I encourage everybody not to give water to their babies...in the first six months. When you look at the children, beautiful, healthy...strong kakaraka, they never fell sick.*

*Mama Chukwudi: During our own time, we even gave them herbal concoction to make them strong.*

*Mama Bunmi: Hei!!! Agbo?*

*Mama Chukwudi: Eee*

*Chukwudi: Mama, that's not a healthy practice. See mama, it has now been proven that giving breast milk only for the first six months of life is the best way to give the baby the best start in life.*

*Mama Bunmi: Hails Chukwudi in Yoruba language*

*Chukwudi: In fact, mama, babies given breast milk only for the first six months are protected from illnesses...*

*Mama Bunmi: Yes*

*Chukwudi: Like pneumonia.*

*Mama Bunmi: One*

*Chukwudi: Diarrhoea*

*Mama Bunmi: Two*

*Chukwudi: Measles*

*Mama Bunmi: Three*

*Chukwudi: And other infections!!!*

*Mama Chukwudi: Heeiiii!!! So I'm the only one living in the past. I have learnt a lot from you people today.*

*Chukwudi: In that case, let's promise to support my wife so she can give our baby breast milk only for the first six months.*

*Mama Bunmi: I'm here to support you.*

*Chukwudi: yeeee*

*Mama Chukwudi: Breast milk all the way!!!*

*Mama Bunmi: All the way!!!*

*Choose breast milk only for the first six months of life without adding water or other fluids.*

*This message is brought to you by the Federal Ministry of Health with support from UNICEF and other nutrition partners.*

### **The National Primary Health Care Development Agency's Exclusive Breastfeeding Television Campaign**

*Olumide: Ngozi my dear wife, how are you and our baby today?*

*Ngozi: You're welcome, my husband, we are doing great.*

*Olumide: Ngoo, I heard a new one today o...that giving water to babies under six months can be harmful. That is what everybody is talking about.*

*Ngozi: Are you just hearing that?*

*Olumide: Hmmm*

*Ngozi: They told us at ante-natal and that is why I don't give Ada water. But mama said it's not true because she gave all of us water, and we survived.*

*Olumide: Haa!!! Mama sef, but what if she is right?*

*Ngozi: Haa! How can she be right biko? Anyway, let's not argue. It is better we ask our neighbor, Dr. Musa. He can tell us the right thing to do for our baby.*

*Dr. Musa: Hello Olumide and Ngozi. Yes, giving water to babies under six months old can harm their health. Breast milk has all the important nutrients babies need for growth and development.*

*Olumide: But isn't water important to keep them hydrated, especially in our hot weather?*

*Dr. Musa: Haba, that's not true.*

*Man: Breast milk has all the water your baby needs. Even in hot weather. Your baby's stomach is small and giving water reduces the quantity of breast milk she gets. In fact, babies given only breast milk for the first six months of life are protected from illnesses like; measles, diarrhoea, pneumonia, and other infections.*

*Ngozi: Let's promise to give Ada only breast milk for the first six months of her life.*

*Olumide: Yes, Ngoo. I promise to support you, even with household chores. We want our baby to have the best start in life.*

*Woman: Choose breast milk only for the first six months of life, without adding water.*

*This message is from the National Primary Health Care Development Agency with support from UNICEF and other nutrition partners.*

### **Empirical Review**

In their examination of the exposure and knowledge of media exclusive breastfeeding messages among mothers in Ebonyi, Enugu and Imo States, Mgboji and Ukonu (2024) adopted the survey research design and administered a structured questionnaire to 370 registered antenatal mothers from 3 primary and 3 tertiary hospitals in the three States who they selected using multi-stage sampling procedure. They analyzed the data they collected using frequency tables, simple percentages and the chi-square test of association. From the study, it was found, among others, that there is a significant relationship between the high awareness and knowledge of exclusive breastfeeding among the mothers that were studied and their awareness and knowledge of media messages on exclusive breastfeeding. Based on their findings, it was recommended, among others, that media messages should aim more at counteracting myths and misinformation. This study was conducted outside Anambra State while the current study was conducted within Anambra State.

In their assessment of mass media campaign on exclusive breastfeeding in Abeokuta South Local Government Area of Ogun State, Idehenre (2024) adopted quantitative (survey) and qualitative (in-depth interview) designs, administered questionnaires to 125 pregnant women and nursing mothers and interviewed 3 healthcare workers and 2 media practitioners in the area using interview guide. Idehenre (2024) analyzed the data she collected using the Statistical Package for the Social Sciences (SPSS) version 25.0, frequency tables, simple percentages, pie charts, mean and standard deviation while her hypothesis was analyzed using Multiple Regression Analysis. From the study, it was found, among others, that majority of the respondents are aware of media (radio) campaigns on exclusive breastfeeding. Based on their findings, it was recommended, among others, that more media campaigns on exclusive breastfeeding should be created using various media platforms. This study focused on radio campaigns on exclusive breastfeeding while the current study focused on exclusive breastfeeding television campaigns.

While examining audience (nursing mothers) response to media campaign on the importance of breastfeeding in Arochukwu community in Abia State, Chukwu-Okoronkwo and Onwuka (2022) adopted the survey research design and administered 185 copies of structured questionnaire to 185 nursing mothers in the area who they randomly selected for their study. They analyzed the data they collected using frequency tables, simple percentages and graphs. From the study, it was found, among others, that civilization/new cultural ideas were contributory to the decline in breastfeeding rate in Arochukwu community. Based on their findings, it was recommended, among others, that conscious efforts should always be made by media campaigners to appropriately select and utilize suitable media channels for effective realization of objective; more so, in the present context of addressing this key challenge of non-adherence to breastfeeding practice facing mothers generally and particularly mothers. This study focused on the response to media campaign

on the importance of breastfeeding while the current study focused on the impact of exclusive breastfeeding television campaigns.

To investigate the practice of exclusive breastfeeding and its associated factors among women of reproductive age in Egor Local Government Council secretariat of Edo State, Okafor, Omorogbe, Enatama and Akpobasa (2019) did a descriptive cross-sectional study of 206 women of reproductive age who were purposively selected for the study. They self-administered a structured questionnaire to them and analyzed the data they collected using simple percentages, frequency tables and the Statistical Package for the Social Sciences (SPSS) version 20. From the study, it was found, among others, that most of the women in the area practiced exclusive breastfeeding. Based on their findings, it was recommended, among others, that there should be education on breastfeeding and the creation of awareness on the subject matter. This study was conducted in Edo State while the current study was conducted in Anambra State.

Lastly, in an investigation of the extent career-oriented mothers in Awka and Onitsha are enabled to practice exclusive breastfeeding by their organizations, Adum, Ebeze, Ekwugha and Okika (2016) adopted survey research design and administered close-ended questionnaires to 400 career-oriented mothers who they selected using multi-stage sampling procedure. They analyzed the data they collected using frequency tables and simple percentages. From the study, it was found, among others, that the practice of exclusive breastfeeding is very rare among career-oriented mothers in Awka and Onitsha. Based on their findings, they recommended, among others, that the government should come out with a clear policy that will ensure greater breastfeeding-friendly workplace in government institutions and follow it up with firm implementation with appropriate sanctions applied in the case of non-compliance. This study focused on career-oriented mothers while the current study focused on nursing mothers regardless of whether they are working or not.

### **Literature Gap**

The reviewed empirical works above, only focused on exposure and knowledge of media exclusive breastfeeding messages, mass media campaign on exclusive breastfeeding, response to media campaign on the importance of breastfeeding, the practice of exclusive breastfeeding and its associated factors and of the extent career-oriented mothers are enabled to practice exclusive breastfeeding by their organizations. These studies differ but they point to the need for the promotion of exclusive breastfeeding and media sensitization campaigns on exclusive breastfeeding. However, they did not specifically focus on the assessment of the impact of the Federal Government and National Primary Health Care Development Agency (NPHCDA's) exclusive breastfeeding television campaigns on the breastfeeding practice among Onitsha nursing mothers. This represents, in the opinion of the researcher, a knowledge gap which the current study filled.

### **THEORETICAL FRAMEWORK**

This study was anchored on the health belief model. The Health Belief Model (HBM), according to Nnaemezie, Okafor and Nwankwo (2018), is a psychological health behaviour change model which was developed to predict health behaviours. In the area of accepting a health services, it was developed in the 1950s by social psychologists and remains one of the best theories in health behaviour research. The Health Belief Model was developed by social psychologists, Irwin M. Rosenstock, Godfrey M., Hockbaum S., Stephen Kegeles and Howard Leventhal at the U.S public health services to better understand the widespread failure of screening programs for tuberculosis, detection of a symptomatic diseases and receiving immunizations (Nnaemezie *et al.*, 2018). According to them, the model was amended in late 1988 to include emerging evidence within the field of psychology about the role of self-efficacy in decision-making and behaviours.

#### **Theoretical Constructs of Health Belief Model**

According to Nnaemezie *et al.*, (2018), the theoretical constructs are:

1. **Perceived severity:** This includes an individual assessment of the severity of a health problem and its consequences. After the assessment, they are more likely to engage in healthy behaviours to prevent or reduce the severity or occurrence.

2. **Perceived susceptibility:** It includes the assessment of the risk of developing a health problem. When an individual knows, he or she is susceptible to a particular health problem, the individual engages in behaviours to reduce the risk of developing the health problem. One may also believe that he or she is not likely to acquire any disease condition and therefore, engage in an unhealthy behaviour. Perceived severity and perceived susceptibility to a given health condition depend on knowledge about the condition (RosenStock, 1974).
3. **Perceived benefits:** An individual change in behaviour can be influenced by the perceived benefit of taking action. It refers to as an individual's assessment of the value or efficiency of engaging in a health-promoting behaviour to decrease the risk of contracting a disease. If an individual believes that a particular action will reduce susceptibility to a health problem or decrease its seriousness, then, the individual is more likely to engage in the behaviour regardless of objective facts regarding the effectiveness of actions.
4. **Perceived barriers:** This refers to an individual assessment of the obstacles to healthy behavioural change. When such individual perceives a health condition as threatening and believes that a particular action will effectively reduce the threat, barriers may prevent engagement in the health promoting behaviour. It is important to take note that perceived benefits should outweigh perceived barrier for change in behaviour to be seen.
5. **Modifying variables:** The characteristics of an individual which include demography, psychosocial and structural variable, can affect perception e.g. age, race, ethnicity and education, personality social class, peer group and also knowledge about a given disease are all modifying variables to health promotion behaviours. Modifying variables affect health behaviour indirectly by affecting perceived seriousness, susceptibility, benefits and barriers (Janz & Becker, 1984).
6. **Cue to action:** A cue or trigger is very important for immediate engagement in health promoting behaviours. This cue could be internal or external. Physiological cues e.g. pain, symptoms are known as internal cues. External cue includes information from friends, media, health care providers, could lead to health promoting behaviours, example, individuals who believe they are at a high risk for a serious illness and who have an established relationship with a doctor maybe easily persuaded to get screened for illness after seeing a public service announcement, whereas individuals who believe they are at low risk for the same illness and also do not have reliable access to health care, may require more intense external cues in order to get screened.
7. **Self-efficacy:** This was added to the other components of the health belief model. It is an individual's perception of their competence to successfully perform a behaviour. It explains individual difference. The model was originally developed in order to explain engagement in one-time health-related behaviours such as being screened for a disease or receiving an immunization. The developers of the model recognized that confidence in one's ability to effect change in health behaviour i.e. self-efficacy was an important component of health behavioural change. (RosenStock, Strecher & Becker, 1988).

Since the Health Belief Model (HBM), according to Nnaemezie, Okafor and Nwankwo (2018), is a psychological health behaviour change model which was developed to predict health behaviours based on the above seven theoretical constructs, it means that the breastfeeding practice/behaviour of Onitsha nursing mothers might be determined by their assessment of the severity of the diseases their children could suffer for lack of exclusive breastfeeding (perceived severity), their assessment of the risk of their children developing a health problem because of lack of exclusive breastfeeding (perceived susceptibility), their assessment of the value or efficiency of engaging in exclusive breastfeeding to decrease the risk of their children contracting a disease due to lack of exclusive breastfeeding (perceived benefit), their assessment of the obstacles to the adoption and practice of exclusive breastfeeding (perceived barriers), their demographic, psychosocial and structural characteristics (modifying variables), their internal cues [pain and symptoms] and their external cues [information from friends, media and health care providers] (Cue to action) and their perception of their competence to successfully practice exclusive breastfeeding (self-efficacy).

## **METHODOLOGY**

The researcher adopted the descriptive survey research design in the conduct of this study. With the 2024 projected population of female residents of Onitsha which is 205, 153 and the Meyer (1973) sample size



determination table, the researcher determined the sample size of this study (383) and selected the samples (nursing mothers) using multi-stage sampling procedure. Using this procedure, the researcher randomly selected 2 communities (Akpaka and Enu-Onicha [Inland Town]) from Onitsha North and 2 communities (Awada and Odoakpu) from Onitsha South. The researcher again randomly selected 2 wards from each of the communities. From Akpaka, American Quarters and Government Residential Area (GRA) were selected while Inland Town I and Inland Town II were selected from Enu-Onicha [Inland Town]. Fegge I and Fegge II were selected from Awada while Odoakpu I and Odoakpu II were selected from Odoakpu. In collecting data from the nursing mothers, the researcher used a pre-tested close-ended questionnaire and analyzed the collected data using frequency tables and simple percentages.

**FINDINGS**

**Response Rate**

The researcher administered 383 copies of questionnaire to the respondents but not all them were recovered as shown in the table below.

**Table 1: Response Rate**

	<b>Frequency</b>	<b>Percentage</b>
Recovered	377	98
Not recovered	6	2
Total	383	100

**Source: Researcher’s Field Survey, 2024**

Table 1 shows the response rate of the respondents. It shows that out of the 399 questionnaires that were administered to the respondents, the researcher only recovered 98% of them and did not recover the remaining 2%.

**Demographic Data of the Respondents**

**Table 2: Demographic Characteristics of the Respondents**

<b>Items</b>	<b>Frequency</b>	<b>Percentage</b>
Age		
18-24	22	6
25-34	116	31
35 and above	239	63
Total	377	100
Marital Status		
Single	0	0
Married	367	97
Separated	4	1
Widowed	6	2
Total	377	100
Occupation		
Student	15	4
Trader	251	67
Civil Servant	43	11
Tailor	59	16
Others	2	1
Unemployed	7	2
Total	377	100

**Source: Researcher’s Field Survey, 2024**

Table 2 shows the demographic characteristics of the respondents. It shows that out of the 377 respondents that were studied, 6% are between 18 and 24 years old, 31% are between 25 and 34 years old while 63% are 35 years and above. It also shows that 97% of the respondents are married while 1% of the respondents are not with their spouses. Out of the 377 respondents that were studied, 2% are widows while none of the respondents is single. In terms of what they do for a living, 4% of the respondents are students, 67% are traders, 11% are civil servants, 16% are tailors, 1% are into other things while the remaining 2% are unemployed.

**Analysis of Data from the Research Questions**

**Research Question 1: What is the level of exposure to the Federal Government and the National Primary Health Care Development Agency (NPHCDA’s) exclusive breastfeeding television campaigns among Onitsha nursing mothers?**

**Table 3: Onitsha nursing mothers’ response as to whether or not they are exposed to the FG and the NPHCDA’s exclusive breastfeeding television campaigns among Onitsha nursing mothers**

Items	Frequency	Percentage
Yes	373	99
No	4	1
Total	377	100

**Source: Researcher’s Field Survey, 2024**

Table 3 shows the respondents’ response as to whether or not they are exposed to the Federal Government and the National Primary Health Care Development Agency (NPHCDA’s) exclusive breastfeeding television campaigns among Onitsha nursing mothers. It shows that out of the 377 respondents that were studied, 99% of the respondents are exposed to the campaigns while the remaining 1% of the respondents are not exposed to the campaigns. This finding, therefore, shows that the respondents are exposed to the campaigns.

**Table 4: Onitsha nursing mothers’ level of exposure to the FG and the NPHCDA’s exclusive breastfeeding television campaigns among Onitsha nursing mothers**

Items	Frequency	Percentage
Very high	84	22
High	289	77
Low	3	1
Very low	1	0
Total	377	100

**Source: Researcher’s Field Survey, 2024**

Table 4 shows the respondents’ level of exposure to the Federal Government and the National Primary Health Care Development Agency (NPHCDA’s) exclusive breastfeeding television campaigns among Onitsha nursing mothers. It shows that out of the 377 respondents that were studied, 22% of the respondents’ level of exposure to the campaigns is very high while that of 77% of the respondents is high. As for the remaining 1% of the respondents, their level of exposure to the campaigns is low. This finding, therefore, shows that the respondents are highly exposed to the campaigns.

**Research Question 2: What is the extent to which Onitsha nursing mothers practice exclusive breastfeeding?**

**Table 5: The response of Onitsha nursing mothers as to whether or not they practice exclusive breastfeeding**

Items	Frequency	Percentage
Yes	366	97
No	11	3
Total	377	100

**Source: Researcher’s Field Survey, 2024**

Table 5 shows the respondents’ response as to whether or not they practice exclusive breastfeeding. It shows that out of the 377 respondents that were studied, 97% of the respondents practice exclusive breastfeeding while the remaining 3% of the respondents do not practice exclusive breastfeeding. This finding, therefore, shows that the respondents practice exclusive breastfeeding.

**Table 6: The extent Onitsha nursing mothers practice exclusive breastfeeding**

Items	Frequency	Percentage
Very often	42	11
Often	215	57
Sometimes	109	29
Rarely	3	1

Not practicing	8	2
Total	377	100

**Source: Researcher’s Field Survey, 2024**

Table 6 shows the extent the respondents practice exclusive breastfeeding. It shows that out of the 377 respondents that were studied, 11% of the respondents practice exclusive breastfeeding very often while 57% of the respondents often practice exclusive breastfeeding. It also shows that out of the 377 respondents that were studied, 29% of the respondents practice exclusive breastfeeding sometimes while 1% of the respondents rarely practice exclusive breastfeeding. However, the remaining 2% of the respondents do not practice exclusive breastfeeding. This finding, therefore, shows that the respondents often practice exclusive breastfeeding.

**Research Question 3: What is the extent to which the Federal Government and the National Primary Health Care Development Agency (NPHCDA’s) exclusive breastfeeding television campaigns shape breastfeeding practice among Onitsha nursing mothers?**

**Table 7: Onitsha nursing mothers’ response as to whether or not the FG and the NPHCDA’s exclusive breastfeeding television campaigns shape their breastfeeding practice**

Items	Frequency	Percentage
Yes	363	96
No	14	4
Total	377	100

**Source: Researcher’s Field Survey, 2024**

Table 7 shows the respondents’ response as to whether or not the Federal Government and the National Primary Health Care Development Agency (NPHCDA’s) exclusive breastfeeding television campaigns shape their breastfeeding practice. It shows that out of the 377 respondents that were studied, the campaigns shape the breastfeeding practice of 96% of the respondents while the campaigns do not shape the breastfeeding practice of the remaining 4% of the respondents. This finding, therefore, shows that the campaigns shape the breastfeeding practice of the respondents.

**Table 8: The extent the FG and the NPHCDA’s exclusive breastfeeding television campaigns shape Onitsha nursing mothers’ breastfeeding practice**

Items	Frequency	Percentage
Large extent	222	59
Moderate	141	37
Low extent	14	4
Total	377	100

**Source: Researcher’s Field Survey, 2024**

Table 8 shows the extent the Federal Government and the National Primary Health Care Development Agency (NPHCDA’s) exclusive breastfeeding television campaigns shape Onitsha nursing mothers’ breastfeeding practice. It shows that out of the 377 respondents that were studied, the campaigns shape the breastfeeding practice of 59% of the respondents to a large extent while the campaigns moderately shape the breastfeeding practice of 37% of the respondents. As for the remaining 4% of the respondents, the campaigns shape their breastfeeding practice to a low extent. This finding, therefore, shows that the campaigns shape the breastfeeding practice of the respondents to a large extent.

**DISCUSSION OF FINDINGS**

From this study, the researcher made some findings. One, among the findings, is that Onitsha nursing mothers are highly exposed to the Federal Government and the National Primary Health Care Development Agency (NPHCDA’s) exclusive breastfeeding television campaigns. This is an indication that the selection of a broadcast medium by the campaigners for their campaigns was spot-on while Onitsha nursing mothers value the messages from the campaigns. It shows that the nursing mothers understand that the health broadcast made available to the receiving public is to put them at a vantage point to acquire and vent knowledge on health-themed issues that affect or may affect them (Obong & Senam, 2024). To help the nursing mothers to consistently expose themselves to the campaigns, Anambra State Government should collaborate with the Federal Government to provide adequate power supply in Anambra State and ensure

that electricity bills are largely affordable for the nursing mothers, their families and other residents of the State. This will go a long way to ensure that the high exposure of the nursing mothers to the campaigns is sustained.

It was also found from this study that Onitsha nursing mothers often practice exclusive breastfeeding. If they continue doing this, it will help them avoid having their babies come down with illnesses such as measles, pneumonia and diarrhea that will eventually make them spend a lot of money in different hospitals for the treatment of their babies in this current harsh economy of the country. Anambra State will also benefit from this in the sense that the State's child mortality rate will drastically reduce. It will equally make the State a good reference point in the aspect of exclusive breastfeeding practice while the babies who are exclusively breastfed and are the leaders of tomorrow, will inevitably enjoy healthy growth and development.

It was finally found that the Federal Government and the National Primary Health Care Development Agency (NPHCDA's) exclusive breastfeeding television campaigns largely shapes the breastfeeding practice of Onitsha nursing mothers. This gives credence to the position of Obong and Senam (2024) who stated that when the public are knowledgeable, informed, educated, and exposed to the health conditions and realities in their immediate environment, they can take informed actions in safeguarding their state of health. It means that allowing the campaigns to largely shape their breastfeeding practice, is an informed action which Onitsha nursing mothers took as a result of their exposure to the television campaigns (cue to action) which shaped their assessment of the severity of the diseases their children could suffer for lack of exclusive breastfeeding (perceived severity), their assessment of the risk of their children developing health problems because of lack of exclusive breastfeeding (perceived susceptibility), their assessment of the value or efficiency of engaging in exclusive breastfeeding to decrease the risk of their children contracting diseases due to lack of exclusive breastfeeding (perceived benefit), their assessment of the obstacles to the adoption and practice of exclusive breastfeeding (perceived barriers), their demographic characteristics (modifying variables) and their perception of their competence to successfully practice exclusive breastfeeding (self-efficacy), justifying the selection of the Health Belief Model for this study.

## **CONCLUSION**

The problems and illnesses associated with lack of exclusive breastfeeding can be avoided while the benefits of exclusive breastfeeding can be obtained. What will become the case next year and the years to come, depends on the health decisions of Onitsha nursing mothers and the level of support from the Anambra State Government. This is why the former should work tirelessly by consistently practicing exclusive breastfeeding while the latter should create an enabling environment for the former by collaborating with the Federal Government to provide adequate power supply and drastically reduce inflation for the former to seamlessly practice exclusive breastfeeding.

## **RECOMMENDATIONS**

Based on the findings of this study, the researcher recommends that:

1. All Onitsha nursing mothers should consistently allow the Federal Government and the National Primary Health Care Agency (NPHCDA's) exclusive breastfeeding television campaigns and other campaigns from other genuine sources to shape their breastfeeding practice. This is to ensure that they are always taking the right health measures and not unproven and unscientific measures that can negatively affect them in the long term.
2. The Federal Government should go beyond embarking and promoting exclusive breastfeeding campaigns to partnering with Anambra State Government to socially and economically improve the living conditions of Onitsha nursing mothers and other residents of the State. This is to ensure that nothing prevents them from fully practicing and encouraging exclusive breastfeeding.
3. Future studies should be conducted on the assessment of the impact of the Federal Government and the National Primary Health Care Agency (NPHCDA's) exclusive breastfeeding television campaigns on the breastfeeding practice of residents of other parts of Anambra State and residents of other States.

## REFERENCES

- Adum, A.N., Ebeze, U.V., Ekwugha, U.P., & Okika, C.C. (2016). Health information, exclusive breastfeeding and career-oriented lactating mothers: An assessment of organizational sensitivity to breastfeeding-friendly workplaces in a developing country. *International Journal of Advanced Multi-disciplinary Research Reports*, 2 (1), pp. 1-22.
- Ahmad, S., & Khani, H. (2022). The situational analysis of teaching-learning in clinical education in Iran: A postmodern grounded theory study. *BMC Medical Education*, 22, pp. 520-529.
- Akadri, A., & Odelola, O. (2020). Breastfeeding Practices among Mothers in Southwest Nigeria. *Ethiopian Journal of Health Sciences*, 30 (5).
- Atimati, A.O., & Adam, V.Y. (2020). Breastfeeding practices among mothers of children aged 1–24 months in Egor Local Government Area of Edo State, Nigeria. *South African Journal of Clinical Nutrition*, 33 (1), pp. 10-16.
- Chukwu-Okoronkwo, S.O., & Onwuka, V.K. (2022). Communicating attitudinal change through breastfeeding practice media campaign: Review of responses from nursing mothers in Arochukwu, South-East Nigeria. *American International Journal of Humanities, Arts and Social Sciences*, 4 (1), pp. 7-15.
- Eke C., Odetunde O., Uwaezuoke S., Muoneke V., Onyire B., Ekwochi, U., & Onwasigwe C. (2019). Determinants of breast-feeding initiation time among newborns delivered in a tertiary baby friendly health facility in Enugu, Nigeria. *Open Journal of Pediatrics*, 9 (1), pp. 47-61.
- Idehenre, O.O. (2024). Assessment of mass media campaign on exclusive breastfeeding: Case study of Abeokuta South Local Government, Ogun State. *International Journal of Academic Multidisciplinary Research*, 8 (2), pp. 197-206.
- Ihudiebube-Splendor, C.N., Okafor, C.B., Anarado, A.N., Jisieike-Onuigbo, N.N., Chinweuba, A. U., Nwaneri, A.C., Arinze, J.C., & Chikeme, P.C. (2019). Exclusive breastfeeding knowledge, intention to practice and predictors among primiparous women in Enugu, South-East, Nigeria. *Journal of pregnancy*, 9832075.
- Janz, N.K., & Becker, M.H. (1984). The health belief model: a decade later. *Health Education and Behaviour*. 11 (1), pp. 1-47.
- Masuke R., Msuya S.E., Mahande J.M., Diarz E.J., Stray-Pedersen B., Jahanpour O., & Mgongo M. (2021). Effect of inappropriate complementary feeding practices on the nutritional status of children aged 6-24 months in urban Moshi, Northern Tanzania: Cohort study. *PLoS One*, 16 (5), e0250562.
- Mgboji, O.A., & Ukonu, M.O. (2024). Exposure to and knowledge of media messages on exclusive breastfeeding among mothers in three States in South East Nigeria. *Ianna Journal of Interdisciplinary Studies*, 6 (1), pp. 43-61.
- Mohammed, J. (2013). Challenges and opportunities in the use of radio broadcast for development in Ethiopia: Secondary data analysis. *Online Journal of Communication and Media Technologies*, 3 (2), pp. 1-32.
- Mopa-Egbunu, A. (2021). Breastfeeding practices and attitudes of post-natal mothers in a South-West Nigerian community. *Redeemer's University Journal of Management and Social Sciences*, 4 (1), pp. 1-13.
- Ngwu, C.N. (2015). *Knowledge of infant nutritional needs in Enugu State: Implications for child health in Nigeria* (Doctoral dissertation).
- Nkoka, O., Ntenda, P., Kanje, V., Milanzi, E., & Arora, A. (2019). Determinants of timely initiation of breast milk and exclusive breastfeeding in Malawi: A population-based cross-sectional study. *International Breastfeeding Journal*, 14 (1), pp. 37-45.
- Nnaemezie, N.O., Okafor, J.O., & Nwankwo, N.S. (2018). Theories and models as vehicles for health communication and promotion in contemporary Nigeria. *Nigerian Journal of Health Promotion*, 11, pp. 60-64.
- Obong, U.A., & Senam, N. (2024). Issues in health broadcasting in Nigeria. *Recent Archives of Journalism & Mass Communication*, 1 (3), pp. 001-0011.
- Obregon, R., & Hickler, B. (2014). Opportunities and challenges for health communication in health disparities settings. *Journal of Communication in Healthcare*, 7 (2), pp. 77-79.

- Okafor, F.U., Omorogbe, C.E., Enatama, M., & Akpobasa, B.O. (2019). Assessment of exclusive breastfeeding practice among women of reproductive age in Egor Local Government Council Secretariat, Edo State. *Benin Journal of Educational Studies*, 25 (1 &2), pp. 202-215.
- Oladimeji, S.A., Eyefujinrin, E.R., & Abdullahi, A.K. (2022). Health advocacy and benefits of exclusive breastfeeding among nursing mothers in health centers in Ilorin, Kwara State, Nigeria. *Al-Hikmah Journal of Education*, 9 (2), pp. 80-92.
- Osuorah, C.S., Okoronkwo, I., Maduakolam, I., Nwaneri, A.C., Chinweuba, A.U., & Madu, O. (2024). Effectiveness of midwife-led structured education intervention on optimal breastfeeding knowledge among primigravid women in Nigeria: A randomized control trial. *African Journal of Biomedical Research*, 27, pp. 397-406.
- Otubah, G.I. (2024). Challenges of exclusive breastfeeding among working class women in Nigeria. *Ideal International Journal of Igbo Scholars Forum, Nigeria*, 17 (2), pp. 23-34.
- RosenStock, I.M. (1974). Historical origin of the health belief model. *Health Education and Behaviour*: 2 (4), pp. 328-335.
- RosenStock, I.M., Strecher, V.J., & Becker, M.H. (1988). Social learning theory and the health belief model. *Health Education and Behaviour*. 15(2), pp. 175-183:
- Ruben, B.D. (2015). Communication theory and health communication practice: The more things change, the more they stay the same. *Health Communication*, pp. 1-11.
- Tingting, L. (2021). Opportunities and challenges: research on Chinese broadcast of health communication. *Advances in Social Science, Education, and Humanities Research*, 586, pp. 1011-1014.
- World Health Organization (2017). Exclusive Breastfeeding for six months best for babies everywhere. Retrieved on December 12, 2024 from <http://www.who.int/mediacentre/news/statements/2011/breastfeeding.20110115/en/>