

Knowledge, Attitude and Practices Towards Media Messages on Exclusive Breastfeeding among Women of Reproductive Age in South East, Nigeria

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Abstract

The communication of health related information is fundamental for the well-being of man-kind. Media messages on exclusive breastfeeding practices as recommended by UNICEF is a major campaign that is targeted at influencing positive attitude towards exclusive breastfeeding among women of reproductive age across the globe. This study therefore, seeks to examine the level of awareness, extent of knowledge and attitude towards exclusive breastfeeding practice as well as how well media have promoted it and how media messages on breastfeeding have influenced its practice among women of reproductive age in South East Nigeria. The study used the Knowledge Gap theory and the Health Belief Model to explain the phenomenon under investigation. The study employed the survey research design and the questionnaire was the instrument used to elicit behavioural responses from a sample of 388 women of reproductive age in south east, Nigeria. Findings reveal among other things that women of reproductive age in South East Nigeria are "Strongly Aware" and knowledgeable to a "Very Large Extent" about feeding patterns peculiar to only the new-born (i.e. children between 0 – 8 months old). There was positive attitude towards exclusive breastfeeding practice and minimal level of compliance found among the respondents. Hence, the study concludes that the correlation between awareness and knowledge does not imply full compliance in practice as there are factors that hinder compliance. The researcher therefore recommends among other things that media messages on exclusive breastfeeding should include real time testimonies from women who have benefited from the practice to enhance credibility.

Keywords:1. Attitude 2. Awareness 3. Knowledge 4. Media Messages
5. practices 6. Exclusive breastfeeding.

Introduction

Media messages on exclusive breastfeeding practices as recommended by UNICEF is a major campaign that is targeted at influencing positive attitude towards exclusive breastfeeding among women of reproductive age across the globe. Promoting exclusive breastfeeding throughout the first six months of life has received more attention in recent years than any other nursing practise. There's been an extensive campaign lately to promote "Exclusive Breastfeeding," which has increased knowledge about breastfeeding considerably. The media has the ability to inform expectant mothers and nursing mothers about the advantages of exclusive breastfeeding as well as practical application (Iheanacho, Anyaegbu, and Etumnu, 2021:168). Iheanacho, Anyaegbu, and Etumnu (2021:168) assert that one of the most significant sources of information for the general population regarding medical advancements and health education is the media, including both traditional and online media. According to Catalán-Matamoros and Peafiel-Saiz (2019), media's impact on viewers are well-established, and the type and amount of information it presents may influence people's perceptions of norms, beliefs, and behaviours (Catalán-Matamoros & Peafiel-Saiz, 2019).

Simply airing these media messages is insufficient; they also need to be carefully organised in order to achieve the production's goal. It involves conducting thorough research on the intended audience for the development communication to ensure that the appropriate medium, language, and message are all packaged to appeal to them. This will therefore promote their appreciation of and involvement in the development process. Despite all of the efforts implemented to accomplish the exclusive breastfeeding media campaign's objectives, which include reducing infant mortality and malnutrition, the project is not entirely successful. Oruamabo (2004:15), writing about effective breastfeeding promotion in the twenty-first century, claims that "women resident in the rural areas pose the greatest problems." Campaigns in favour of exclusive breastfeeding are extensively covered by the nation's mainstream media. The radio, television, newspapers, magazines, banners, posters, and flyers are a few examples of these media. At some hospitals, antenatal clinics and sessions for baby welfare clinics provide information on exclusive breastfeeding.

The United Nations Children's Fund (UNICEF) and the World Health Organisation (WHO) have recognised breastfeeding as a critical child survival strategy. Over the past few decades, there has been a growing body of evidence supporting the notion that exclusive breastfeeding (EBF) is the best feeding approach for newborns. Growing scientific evidence about the reduction in the death and morbidity of infant that comes from exclusive breastfeeding has been a major source of inspiration for this. Because inadequate and poor breastfeeding practises frequently result in infant malnutrition, which is the primary cause of

over half of all child fatalities, exclusive breastfeeding is thought to be crucial for newborn survival in resource-constrained environments (Sokol, Aguayo, and Clark, 2007). During the initial months of life, breastfeeding serves as the baby's main supply of nutrition and is the most natural way for humans (or mammals) to feed their babies (World Health Organization (2021). Because it contains the entire nutritional content needed to meet infants' and children's nutritional demands, it has been determined to be the most beneficial and safest approach for feeding infants (Oddy, 2002; Ibe and Nkanginieme, 1990).

Therefore, it is indisputable that breastfeeding is unquestionably the greatest method for providing newborns with the nutrition and infection protection they need, as well as having a major positive effect on the health of mothers. It continues to be a remarkable way to give babies the right nourishment for a healthy start in life, and as such, it is recognised as an essential component of reproduction with significant effects on mothers' health. Furthermore, studies have shown that the healthiest way to nourish babies is to breastfeed them exclusively for a period of six months. Additionally, even once the baby begins to take supplementary foods, this approach should be continued (Victora et al., 2016; AAP, 2012; WHO, 2011; Ashraf et al., 1993). It has also been shown that exclusive breastfeeding lowers the infant mortality rate related to common paediatric illnesses like pneumonia and diarrhoea.

Media messages on exclusive breastfeeding as recommended by UNICEF is regarded as imperative for influencing positive attitude among women of reproductive age across the globe. The benefits of exclusive breastfeeding are promoted using a variety of media, including radio, TV, newspapers, magazines, new media, flairs, banners, posters, in-person interactions, hospital and prenatal education, and infant welfare. To achieve the intended behavioural change (exclusive breastfeeding), the media must be used because it has the ability to reach a larger audience. Breastfeeding promotion must be given top priority if we want to see improvements in children's health and families' quality of life. It is important to adapt the tactics to the cultural qualities, habits, beliefs, and socioeconomic position of the community. Mothers in south-east Nigeria who work in the formal sector, industry, and commerce might not be able to breastfeed their babies exclusively following maternity leave due to unsupported work environments and workplace amenities. It doesn't seem like work situations and exclusive breastfeeding go together well; in fact, most job environments don't function well with exclusive breastfeeding.

The media campaigns in South East Nigeria lack a holistic approach because they focus primarily on urban issues and marginalise rural communities. The expansion of these modern mass media is frequently hampered by a lack of basic infrastructure amenities such as power and a reliable transportation system. We cannot disregard traditional forms of communication, in contrast to

metropolitan communities where development communication messages are disseminated through contemporary mass media. Media campaigns in the south-east Nigeria local are funded by foreign the state government or national organisations that organise, place, and publicise these campaigns in national media outlets and through and the campaigns are disseminated throughout the federation via its network channels. Although media massages are commonly funded by private entities or used to promote a specific global effort, their quantity is insufficient to sustain the process until the intended behavioural shift happens, resulting in the developmental phase. Some of this media messages in South East Nigeria are Urunwa, Breakfast show, healthtitude, healthline, Healthwatch and Ahu Ike.

The study, which focuses on South East Nigeria, evaluates the reproductive age women in the area who appear particularly worried about exclusive breastfeeding in order to develop practical recommendations that would not only help to consolidate the gains that have been made from these media messages, but also awaken more favourable attitudes towards the practise given its immense benefits. Sadly, not many women or mother are aware of the numerous advantages of exclusive breastfeeding. Given this, the purpose of the current study was to ascertain how well-informed South East Nigerian women of reproductive age were regarding exclusive breastfeeding.

Objectives of the Study

The general objective of this study

1. Ascertain how knowledgeable women of reproductive age in south east Nigeria are about exclusive breastfeeding.
2. To find out if their exposure to Exclusive Breastfeeding media messages influenced their practice.
3. Determine the attitude of women of reproductive age towards media messages on exclusive breastfeeding in south east Nigeria.

Research Questions

The paper answered the following research questions:

1. How knowledgeable are women of reproductive age in South East Nigeria about the exclusive breastfeeding practice recommended by UNICEF?
2. What extent has the exposure to Exclusive Breastfeeding media messages influenced their practice.
3. What is the attitude of women of reproductive age towards media messages on exclusive breastfeeding in south east Nigeria?

Media Messages on Exclusive Breastfeeding

Media messages are communications that influence the target audience to determine their actions with multiple intentions behind them, it also aims at educating, entertaining or persuading the viewers. Media messages aimed at orienting and educating mothers about the importance of adopting and maintaining healthy behaviours—particularly exclusive breastfeeding—are skilfully organised by the media. The media's overwhelming influence must be acknowledged, especially when it comes to campaigns aimed at raising public awareness of new public policies, pressing issues, or dangerous situations. Beatty (2006) asserts that in addition to communications intended for public consumption, the mass media also disseminate messages that are not accurately classified as propaganda or persuasion. He said, there are others who argue that these signals affect behaviour, especially in children. The messaging must be captivating and enticing in order to be effective. Additionally, they ought to foster trust by citing well-known personalities or referencing commonly accepted customs or ideas (Rasmuson et al., 1988). Every media message to raise awareness about exclusive breastfeeding has been centred around the mainstream media, which includes radio, television, newspapers, and magazines. Additional avenues for mobilisation include friends, family, and health professionals, with the goal of influencing the broader population in the desired ways.

In south east Nigeria media messages on exclusive breastfeeding aired in different types of media to reach masses women of reproductive age. Some of this media messages in South East Nigeria are Urunwa, Breakfast show, healthitude, healthline, Healthwatch and Ahu Ike. The media messages lack a holistic approach since they focus primarily on urban issues and marginalise rural communities. According to (Mboho, 2005:114), communicating with rural populations is a difficult task that combines traditional and contemporary mass media. One cannot disregard traditional forms of communication, in contrast to metropolitan communities where development communication messages are disseminated through contemporary mass media. This is due to the fact that the lack of essential infrastructure facilities such as power and a dependable transportation system frequently hinders the expansion of these modern mass media. These media messages are usually funded by non-profit organisations or used to promote a particular global effort; yet, their frequency is insufficient to maintain the process until the intended behavioural change takes place, triggering the developmental process. Furthermore, the best media for the optimal target audience needs to be used to get the desired result.

The campaigns in the south-east Nigeria are funded by foreign the state government or national organisations that organise, place, and publicise these campaigns in national media outlets and through and the campaigns are

disseminated throughout the federation via its network channels. Women may find it difficult to obtain copies due to the requirement that readers exhibit literacy abilities and the high expense of purchasing them particularly, women residing in rural regions. Consequently, this medium may not be effective in educating women in south east Nigeria who are interested in the campaigns. Many academics have said that electronic media has shown to be more effective than all other types of communication. Because information is also conveyed through the use of vernacular language, radio has the tendency to resonate better with its listeners, even those who reside in rural areas, in the language used for delivery as well as the content of the programme. As such, the campaigns fall short of what was intended when they were created. This regresses the development process.

Even though rural women may breastfeed their children exclusively more frequently than their urban counterparts, it's possible that they lack complete knowledge about when to start breastfeeding, how long to do so, and how to nurse a child properly. Therefore, in order to attain holistic outcomes, it is imperative that these messages be conveyed to them. Despite several campaigns by the mainstream media to promote optimal breastfeeding, there appears to be a communication gap between nursing women in remote areas in Nigeria. These women frequently appear aloof while discussing the need of exclusive breastfeeding (Oruamabo, 2004:16). The bulk of Nigeria's media channels are obviously located in the country's cities, and they frequently don't even make it to the people who live in the more rural parts, leaving them behind. Based on this point, there is a need to also adopt the traditional communication systems, making use of both verbal and non-verbal platforms of communication for the enlightenment of nursing mothers about exclusive breastfeeding, so long as it could be understood by the rural women (Tom et al, 2020).

The implication is that mass media content transcends the physical micro-environment, bringing essential programmes into people's private domains and allowing them to interact with the entire globe. This power of mass media, as stated above, is unique and unrivalled at any period. There is no doubt that the above-mentioned influence of the media has resulted in a high dependency situation in which humans typically rely on the media for regular updates, which include information on exclusive breastfeeding. Every society depends on information, and the media are powerful in its dissemination, especially health related issues including exclusive breastfeeding (Agi & Wagbara, 2018).

Methodology

Design of the Study: The study adopted a qualitative research design. Survey method was employed in collecting data for the study. The population of the study comprised all women of reproductive age in south east, Nigeria. Three states, Anambra, Ebony and Enugu were randomly selected for the survey. From a population of 596,730 women of reproductive age

resident in the three states, the Australian calculator was used to draw a sample size of 414 respondents.

Population of the Study: The population for the study was 414 which comprised women of reproductive age in South-east, Nigeria. Based on the figures above, the total population of this study can be = 596,730. With 414 residents as sample size. The multi-stage sampling procedure involving simple random sampling, purposive sampling and Systematic simple random .

Instrument for Data Collection: The questionnaire was developed by the researchers through review of available literature on the topic. The instrument was validated by two experts in mass communication and measurement and evaluation respectively from the University of Nigeria, Nsukka. The Systematic sampling was used to administer the questionnaire. The data were analysed using simple percentage. The result were presented using tables. The instrument was validated by two experts in mass communication and measurement and evaluation respectively from the University of Nigeria, Nsukka.

Data Collection Techniques: The structured questionnaire was administered on the respondents by the researcher through personal contact with the help of two research assistants, who helped in distribution and retrieval of the instrument. 414 copies of the questionnaire were administered to the respondents and all copies of the instrument were retrieved.

Data Analysis Techniques: The Australian calculator was used to draw a sample size of 388 respondents. Multistage sampling technique was used to further break down the sample size for easy distribution of the questionnaire which was the instrument of data collection. The Systematic sampling was used to administer the questionnaire. The data were analysed using simple percentage. The result were presented using tables.

Research Question One: How knowledgeable are women of reproductive age in South East Nigeria about exclusive breastfeeding practice as recommended by UNICEF?

Table 1: Distribution of responses showing extent of knowledge on exclusive breastfeeding practice among women of reproductive age in South East, Nigeria

S/N	Variables	VLE	LE	SE	NAA	Mean	St.D	Dn
1	Do you know you should breastfeed the child within the first few hours of birth?	311	48	13	16	3.69	0.729	VLE
2	Do you know you should breastfeed the child within the first few days of birth?	324	38	12	14	3.73	0.690	VLE
3	Do you know you should breastfeed the child within 0 5 years of birth?	98	36	66	188	2.11	1.257	SE
4	Do you know you should start giving the child solid food after 2 years of birth?	224	60	39	65	3.14	1.154	LE
5	Do you know you should start giving the child semi-solid food after the first 6 months of birth?	281	57	27	23	3.54	0.863	VLE
6	Do you know you should start giving the child solid food after 8 months of birth?	232	101	29	26	3.39	0.890	LE
7	Do you know you should breastfeed the child without water within the first few hours of birth?	308	41	21	18	3.65	0.785	VLE
8	Do you know you should breastfeed the child with water within the first 6 months of birth?	166	64	53	105	2.75	1.250	LE

The analysis of the result in Table 1 above was carried out using the Limit of Real Numbers stated below:

For Very Large Extent decisions = (4.00 3.45) = 4 points

For Large Extent decisions = (3.44 2.45) = 3 points

For Some Extent decisions = (2.44 1.45) = 2 points

For Not At All decisions = (1.44 0.45) = 1 point

Out of the eight (8) responses indicating extent of knowledge of exclusive breastfeeding among women of reproductive age in South East, Nigeria, 4 responses had mean scores leading to the Limit of Real of Numbers for Very Large Extent (i.e. 3.45 4.00). These responses include:

Do you know you should breastfeed the child within the first few days of birth? (mean = 3.73)

Do you know you should breastfeed the child within the first few hours of birth? (mean = 3.69)

Do you know you should breastfeed the child without water within the first few hours of birth? (mean = 3.65)

Do you know you should start giving the child semi-solid food within the first 6 months of birth? (mean = 3.54).

It is important to note from the above findings that all the responses was on knowledge about breastfeeding for the new-born. Women of reproductive age in South East Nigeria were found to have received extensive knowledge of all exclusive breastfeeding patterns. This supported the findings in Table 1, which demonstrated a relationship between level of awareness and extent of knowledge. This demonstrates that a high degree of awareness, as shown by Strongly Agree, leads to a high level of knowledge, as indicated by Very Large Extent, on related problems, as observed among women of reproductive age in South East Nigeria.

Out of the remaining 4 responses, 3 had mean scores leading to Large Extent decision rule and they are:

Do you know you should start giving the child solid food after 8 months of birth? (mean = 3.39)

Do you know you should start giving the child solid food after the first 2 years of birth? (mean = 3.14)

Do you know you should breastfeed the child with water within the first 6 months of birth? (mean = 2.75)

The implication of the above findings is that most responses with Large Extent as decision rule on extent of knowledge were predominantly feeding patterns relating to solid food for children. This pattern of extent of knowledge was found to be replicated with the Aware level of awareness as seen in the results in Table 1 as stated earlier. This goes to show that there is a correlation between Aware in level of awareness and Large Extent in the extent of knowledge. What this means is that what respondents were Aware of in the level of awareness correlates with what they had Large Extent of in their extent of knowledge. Hence, women of reproductive age in South East, Nigeria are more concerned about how to care for their new-born than they are concerned about how to care for the grown-up children.

Research Question Two: What extent has the exposure to Exclusive Breastfeeding media messages influenced their practice?

Table 2: Distribution of responses indicating whether or not their exposure to Exclusive Breastfeeding media messages influenced their favourable attitude towards breastfeeding

S/N	Variables	SA	A	D	SD	U	Mean	St.D	Dn
1	I practice exclusive breastfeeding for my children because of the way the media exposure it.	84	92	12 4	58	30	3.37	1.19 6	D
2	I practice exclusive breastfeeding not because I got to know about it from the media.	160	10 3	60	51	14	3.89	1.18 7	A
3	I practice exclusive breastfeeding from what I learnt during ante-natal and other health workshops I attended.	266	58	25	-	38	4.32	1.23 0	A
4	I practice exclusive breastfeeding because I hear other women like me talk about its importance.	163	15 4	39	11	21	4.10	1.05 5	A
5	I practice exclusive breastfeeding because I watched it from a TV programme.	79	93	14 6	48	22	3.41	1.11 4	D
6	I don't practice exclusive breastfeeding because of the way it is being exposure in the media.	44	64	13 2	110	38	2.91	1.13 6	D
7	I dont practice exclusive breastfeeding because I was not taught about it.	34	25	13 5	161	33	2.65	1.02 6	D
8	I practice exclusive breastfeeding because I heard about it on radio for the first time.	61	64	16 4	71	28	3.15	1.11 6	D

Key: SA = strongly agree; A = agree; D = disagree; SD = strongly disagree; U = undecided; Dn = Decision

The analysis of the result in Table 2 above also used the Limit of Real Numbers as mentioned earlier in this study. Findings from the results revealed that the media messages exposed to women did not have any influence on exclusive breastfeeding practice among women of reproductive age in South East, Nigeria. Most of the responses pointed this out and these responses include:

I practice exclusive breastfeeding not because I got to know about it from the media (mean = 3.89).

I practice exclusive breastfeeding from what I learnt during ante-natal and other health workshops I attended (mean = 4.32).

I practice exclusive breastfeeding because I hear other women like me talk about its importance (mean = 4.10).

All of the responses above had mean scores that were within the Limit of Real Numbers, resulting in an Agree judgement (i.e. 3.45 4.44). This suggests that women of reproductive age in South East Nigeria agree that they were heavily

motivated to engage in exclusive breastfeeding by what other women said about its importance, as well as what they learned at ante-natal and other health workshops (trainings).

Further research reveals that women of reproductive age in South East Nigeria did not agree on the following reasons for exclusively breastfeeding:

the way the media exposed it (mean = 3.37)

watching it from TV programme (mean = 3.41)

because I was not taught about it (mean = 2.65)

I heard about it from radio for the first time (mean = 3.15)

The above finding suggests that the practise of exclusive breastfeeding among women who are of reproductive age has nothing to do with how it is portrayed in the media, particularly TV, or with the possibility that they were not taught by their own mother or heard about it for the first time on the radio. However, it is entirely related to the prenatal health education that was received and the comments made by other women regarding its significance.

This indicates that respondents' justifications for adhering to UNICEF's recommended exclusive breastfeeding practise are unaffected by media messaging about exclusive breastfeeding. It is also important to highlight that, despite watching TV shows on exclusive breastfeeding, the respondents were not persuaded to practise exclusive breastfeeding by the shows' content.

Table 2 above, showed that both Vocational and Technical Education lecturers and students agreed strongly in almost all the item of the instrument on the Interpersonal and marketing skills needed for enhancement of self-employment of Vocational and Technical Education Students in a recessed economy.

Research Question There: What is the attitude of women of reproductive age towards media messages on exclusive breastfeeding in south east Nigeria?

Table 3: Distribution of responses showing attitudes of women of reproductive age towards media messages on exclusive breastfeeding in South East, Nigeria

/N	Variables	A			D		ean	t.D	n
	I feel practising exclusive breastfeeding for my children will make me have a flat breast too early	9	0	03	31	5	.15	.201	
	I feel practising exclusive breastfeeding is good because I learnt it from the media	4	2	20	8		.37	.196	
	I feel practising exclusive breastfeeding is good because I learnt it from my mother	42	7	8	6	5	.79	.172	
	I feel practising exclusive breastfeeding is good because I learnt it during ante-natal and other health workshops I attended.	74	0	5		8	.32	.230	
	I dont feel practising exclusive breastfeeding is good because I want my children to be used to soft food early	05	9	25	5	4	.12	.349	
	I dont feel practising exclusive breastfeeding is good because of the kind of work I do	2	1	39	7	9	.15	.184	
	I dont feel practising exclusive breastfeeding is good because I was not taught about it.	0	7	56	14	1	.82	.128	
	I feel like stopping the practice of exclusive breastfeeding since most of my children prefer other semi-solid food.	3	5	43	05	2	.72	.170	
	I feel exclusive breastfeeding is good due to its benefits on my children	41	8	2	0	7	.10	.385	
0	I feel practising exclusive breastfeeding is good even though I dont really know its importance but I learnt it from my mother.	42	08	4	7	7	.78	.211	

1.	I feel practising exclusive breastfeeding is good because I learnt women who breastfeed have reduced risk of breast and ovarian cancer	86	4	1	0	7	.80	.415	
2	I feel practising exclusive breastfeeding has its perceived effect on my body as a woman but I still do it	8	9	4	04	3	.27	.223	
3	I dont feel practising exclusive breastfeeding is good because people say that after 3 or 4 children I will have flat breast	0	4	11	51	2	.84	.185	

Key: SA = strongly agree; A = agree; D = disagree; SD = strongly disagree; U = undecided; Dn = Decision

The analysis of the result in Table 3 above also used the Limit of Real Numbers as stated earlier in the study. From the findings in the result above, there is a preponderance of positive attitude towards exclusive breastfeeding media message among women of reproductive age in South East, Nigeria. This can be seen in the following responses with mean scores leading to Agree decision rule (i.e. 3.45 4.44):

I feel exclusive breastfeeding is good - :

because I learnt during ante-natal and other health workshops I attended (mean = 4.32).

due to its benefits on my children (mean = 4.10).

because women who breastfeed have reduced risk of breast and ovarian cancer (mean = 3.80).

even though I dont know its importance (mean = 3.78).

because I learnt it from my mother (mean = 3.79).

because I learnt it from the media (mean = 3.37).

Others that have mean scores leading to Disagree decision rule (i.e. 2.45 3.44) include:

I feel practicing exclusive breastfeeding will make me have flat breast too early (mean = 3.15).

I dont feel practicing exclusive breastfeeding is good because I will have flat breast (mean = 2.84).

I dont feel practicing exclusive breastfeeding is good because of the kind of work I do (mean = 3.15).

I feel like stopping the practice of exclusive breastfeeding since most of my children prefer other semi-solid food (mean = 2.72).

The above data demonstrated a favourable attitude towards exclusive breastfeeding among women of reproductive age in South East Nigeria. Some of the reasons for these positive attitudes towards exclusive breastfeeding can be traced back to information obtained during ante-natal and other health workshops, as well as information about the benefits of exclusive breastfeeding for both the mother and the child. These benefits range from lower risk of breast and ovarian cancer for the mother to faster growth and nutrition for the child. This data implies that exclusive breastfeeding among women of reproductive age has nothing to do with information obtained from the media or what their own mother may have taught them. However, it has everything to do with prenatal health education. Their favourable views were influenced by information that promised some benefits, which was discovered to be the basis for women of reproductive age in South East Nigeria's positive attitude towards exclusive breastfeeding.

Further finding revealed that even with some perceived negative information about exclusive breastfeeding which may not have been substantiated, women of reproductive age in South East, Nigeria still did not stop practicing exclusive breastfeeding. What this means is that benefits of exclusive breastfeeding practice that have been validated by media reports seem to override the perceived disadvantages of exclusive breastfeeding practice which does not have any negative effect on the child. Hence, respondents tend to cope with perceived disadvantages of exclusive breastfeeding so long as it does not affect the growth and nourishment of the new-born.

Discussion of Findings

The findings of the study in **research question 1** revealed the respondents' extent of knowledge regarding UNICEF's recommended exclusive breastfeeding practise. The findings indicate that South East Nigerian women of reproductive age are knowledgeable to a Very Large Extent on those feeding patterns that concerns the new-born (i.e. children from 0 8 months old). These feeding patterns include:

- Breastfeeding the child within the first few hours of birth
- Breastfeeding the child within the first few days of birth
- Giving the child semi-solid food after the first 6 months of birth
- Breastfeeding the child without water within the first few hours of birth

The above findings are as recommended by UNICEF on how to feed the new-born with Breast Milk. This finding corroborates with earlier findings in this study on level of awareness on the recommended breastfeeding practice by UNICEF where the study found that the respondents were strongly aware of all

the feeding patterns that concerns the new-born. This research suggests that, when it comes to information seeking, respondents' level of awareness is largely closely correlated with the extent of knowledge about the topics they prioritise or value higher. Furthermore, these kinds of problems have to have accumulating advantages that people can readily connect to in real life.

Further findings reveal that those with very large extent in their extent of knowledge on the issue under investigation were found to be young married Christian women with First Degree as their highest educational qualification and also have between 1-3 children which also implies that their marriage may be quite young. The findings show a positive connection between mothers' exclusive breastfeeding practises and the extent of knowledge. Inadequate knowledge of exclusive breastfeeding can result in malnutrition and numerous other illnesses in infants aged 0–6 months.

The findings of the study in **research question 2** revealed that, breastfeeding patterns among women in South East Nigeria who are of reproductive age were not influence by media messages about exclusively breastfeeding practises. According to the study, South East Nigerian women of reproductive age exclusively breastfed for the following reasons:

- because of what other mothers like them say about exclusive breastfeeding.
- because of its benefits to the new-born.
- because of what they learnt during ante-natal services.
- Not because they heard about it from the media

Knowledge indeed influences practice. This was found to be effective based on the response of the women that their decision to adopt exclusive breastfeeding as a regular practice was as a result of the way they were trained during ante-natal. This is consistent with previous research findings in this study, which showed that Health Talks and leaflets with message on exclusive breastfeeding practises were useful in emphasising the benefits of exclusive breastfeeding and assisting the target audience women of reproductive age in realising the significance of the practise.

The above finding collaborated with the Health Belief Model, which suggests that mothers who believe breastfeeding has advantages for her child are more likely to do so. Furthermore, encouraging an individual's health and making healthcare more accessible will both improve health and lower disease.

The exclusive breastfeeding practise is not adhered to by South East Nigerian women of reproductive age due to all of these factors. According to research findings, some nursing mothers hardly ever reach their personal goals for sticking to professional advice about exclusive breastfeeding.

The findings of the study in **research question 3** revealed that, mothers in South East Nigeria who are of reproductive age exclusively breastfeed their babies because it benefits both them and the baby in the long run, not because of

what the media says. Even though, the study found that these women are aware of some perceived disadvantages that exclusive breastfeeding can have on their physical appearance or fitness (how they look) that did not stop the respondents from practicing exclusive breastfeeding.

The findings of this study indicate that, in accordance with UNICEF's recommendation, 92% of South East Nigerian women who are of reproductive age exclusively breastfeed their children for the first six months following delivery. Further research revealed that the women exclusively breastfeed their infants, regardless of the potential consequences for their future physical appearance, as long as it promotes the infant's healthy growth and development. According to the findings, an increase in extent of knowledge on exclusive breastfeeding is leads to a more positive attitude towards the practise.

The findings align with the health belief model (HBM), which postulates that individuals who believe they are susceptible to a problem, believe it to be severe, and believe taking action will improve their health will continue to maintain healthy habits to prevent illness and health difficulties. What this means is the more women know about exclusive breastfeeding the chances for their attitude towards it to increase (in the positive direction).The implication of this finding is that young married women care more about their new-born even if such care will jeopardize their physical body in the future. Also, concern for the new-born shapes the general attitude on every young growing mother (especially women whose marriages are still young or those who have not gained considerable knowledge on how to care for the new-born).

Further implications reveal that positive attitude is influenced (or fuelled) by perceived benefits which can be immediate or delayed (in the long run). Evidences of these benefits have the tendency to fuel compliance and high level of adherence as can be seen from the responses in the findings from the study.

This finding disagrees with earlier findings in literature. Agi & Wagbara (2018) state that some women choose not to breastfeed exclusively when they are employed. They also mentioned how hard it is for them to carve out time for exclusive nursing. Some were discovered to have a negative attitude towards exclusive nursing, stating that they would not want to compromise their physical attractiveness and that exclusive breastfeeding may cause their breasts to sag.

Conclusion

This study made some considerable findings from the investigation of the phenomenon under study. It is based on these findings that the following conclusions are drawn:

- One is likely to practice exclusive breastfeeding if one is strongly aware of its benefits and gains knowledge to a very large extent of its importance.

- There is the tendency for one to continue practicing what gives one some lasting health benefits like exclusive breastfeeding especially when such health benefits has been envisaged.
- Information received from a given health practice influences the decision of the receiver of the information to believe in such health practice and engage in it.
- When the benefit of a given health practice out-weighs its perceived negative effect there is a high chance that one is likely to engage in such health practice due to its accruing benefits.
- There is the tendency to develop a positive attitude towards any health practice that has convincing health benefits.
- Face-to-face communication has a greater influence in influencing the adoption of a given health practice than messages from the media (i.e. print or broadcast).

Recommendations

From on the study's findings and conclusions, the researcher recommends the following actions:

- Media messages on exclusive breastfeeding must include real time benefits which the target audience can easily related with possibly using testimonials (i.e. shared experiences of women who have benefited from it).
- Media programmes on exclusive breastfeeding practice should be engaging possibly using a phone-in aspect where women of reproductive age can have opportunity to ask questions on areas they need clarifications.
- Media houses should develop programmes on exclusive breastfeeding that will also cater for the interest of women in remote areas (villages) especially the grass-root. This will help for the sustainability of the programme in the long run.
- In communicating the essence of any health programme, media should give equal attention to women in both rural and urban areas so that there would be equal benefit on both ends.
- Media messages on any health practice should not just focus on the benefits of such health practice. There is also the need to educate women on the adverse effect of such practice (if any) so that they can make informed decisions.
- Leaflets containing messages on exclusive breastfeeding should also be written in local languages and made available to women in rural areas.

Also, during sensitization, there is need to get an interpreter that will aid communication of intended message to the target audience.

- Ministry of health should also organize health talks and seminars for women of reproductive age during their August meetings and other social gathering among women associations.

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