

Evaluation of Women's Attitude Towards Exclusive Breastfeeding Awareness Campaign in Rivers State and its Counselling Implications

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ABSTRACT

The study evaluated women's attitude towards exclusive breastfeeding and examined the extent they practice exclusive breastfeeding in Rivers State. Four (4) research questions guided the study. The study adopted survey research method. The population of the study comprised 1,464,000 breastfeeding women from Rivers State and sample size of 400 was drawn using simple random sampling technique. The instrument used was a self structured questionnaire titled: Women's Attitude towards Exclusive Breastfeeding Awareness Campaign Questionnaire (WATEBACO). Simple percentage was used to calculate the data analysis for the study. Findings shows that women in Port Harcourt were disposed to the campaign on exclusive breastfeeding, therefore, adhered to the message. It was also found that the practice of exclusive breastfeeding by women in Port Harcourt metropolis was to a large extent, The study discovered that the most popular and regular programme on breastfeeding was a talk show which geared towards creating awareness on the efficacy of the practice. The most regular channel adopted for the awareness campaign was radio among others. The study recommended that awareness campaign should be more towards exclusive breastfeeding to bring it to its peak. Communication strategies should be adopted in other to boost this awareness campaign towards exclusive breastfeeding. Other channels like television, newspaper, internet etc should be included in the awareness campaign for exclusive breastfeeding, husbands, relations etc should put all hands on desk to make sure that nursing mothers are well fed to eliminate the quest for hunger, weakness which are associated with breastfeeding among others.

Keywords: Mother, Exclusive, Breastfeeding, Attitude, Awareness Campaign.

INTRODUCTION

The place of the media in health communication strategies is clear. The media are important stakeholders in mobilizing, sensitizing and enlightening the people in the society especially the women towards exclusive Breastfeeding. The ability of the media to reach a widely scattered, huge audience at the largest possible cost makes them effective tools for influencing the health behaviour of the women. Robertson & Wortzel (2008) posit that there are two ways in which the media affect behaviour, knowledge, and attitudes towards health care. The media may deliberately impact knowledge, attitudes and behaviour through campaigns specifically designed for such impact. The media may do so in an incidental or unintended sense when media audiences are exposed to media messages that contain health related issues intended to impact health knowledge, attitudes and behaviours.

The message occupies an important place in health communication whether the objective is to create awareness or to effect behavioural change. There is no communication without the message.

Therefore, how the message is articulated and delivered has a lot of bearing on the communication campaign outcomes. Sometimes campaign messages fall short of their objectives or even backfire. Wakefield, Loken & Hank (2010) identify a number of factors that could lead to message failure: inadequate funding, the increasingly fractured and cluttered media environment, use of inappropriate or poorly research format (e.g. boring factual messages or age in appropriate content), or a combination of these features.

Health communicators rarely speak to heterogeneous audiences; often the heterogeneity of the audience throws up challenges of navigating safely through language and myriad cultural barriers. Those without cultural capital can hardly succeed. Heterogeneity, therefore, demands engaging in intercultural communication. The implication of this reality is that health communicators usually face the challenge of designing messages for a cultural, diverse health communication audience.

The challenge lies in the fact that a homogenous message might fail to persuade a heterogeneous audience in view of disparity in language, literacy, culture and socio-economic status. The institute of Medicine (2002), as cited in Freimuth & Quinn (2004) suggests three ways of designing messages to overcome this challenge: By developing a communication campaign with a common denominator messages relevant to most audiences, by developing a unified campaign with systematic variations in messages to increase relevance for different audience segments, retaining one fundamental message, and by developing distinctly different messages or intervention for such audience segment. The media are generally regarded as those media that make use of technology in order to reach their audience who are scattered far and unknown, of different age groups, classes and cuts across gender and cultures (Anyawu, 2017). The media which include broadcast (radio and television) and print media (magazine, newspapers amongst others) can contribute towards influencing the attitude of women towards exclusive breastfeeding.

Furthermore, to create awareness, interpersonal communication which include face to face communication between two people, dyadic communication when as more groups is involved and macro group communication can wake a great impact. For instance, there could be house to house visitation by health workers to give counseling to the nursing mothers and women alike. The reason for the counseling is to enlighten them on the benefits of exclusive Breastfeeding for babies, how to remain healthy and some of the likely attendant challenges that could affect them and how to cope with them tactfully.

Talks during ante-natal clinics and at the village squares in the rural areas can also help to spread the information about Exclusive Breastfeeding to nursing mothers and women. Workshops are organized from time to time by health workers and officials among other to ensure that information is disseminated to nursing mothers and women on Exclusive Breastfeeding. Such talks can be extended to schools, churches, work places and meeting venues. The instructors are well trained. Posters of nursing mother giving adequate attention to their babies are displayed at strategic places. Additionally, pamphlets are distributed and the messages are made clear and brief because of the poor reading culture prevalent in our society, while addresses and phone numbers of where to go for more information are provided appropriately.

In the early years, mothers practiced Exclusive Breastfeeding, where there were no alternative foods for their babies and this resulted to well behaved members of the public, but lately the culture of practicing exclusive breastfeeding has declined and is on the low rate. This equally has resulted to all manners of ill happening in the society. Children who were fed with animal milks or formulas and substitute for breast milk grow up and tend to engage in all manners of bad behaviours. Also children who were not exclusively breastfed are said to have been deprived of some benefits associated with breast milk. Over the years, women breastfed their children for as long as two years but now there seems to be a decrease in the practice of exclusive breastfeeding, some of them ignorantly discard the colostrum (the yellowish milk). Owing to the poor attitude of mothers to give proper breastfeeding to children, has made some children suffer ill – health due to lack of antigens to fight diseases.

Some mothers do not engage in Exclusive Breastfeeding due to the fact that they work and find it difficult to balance work and family, while some have the wrong belief that Exclusive breastfeeding could sag their breasts and this is because they do not want to lose their physical attraction, while some say it makes them eat too much thereby gain more weight which is not pleasing to them. Some say the children refuse or find it difficult to eat other foods after exclusively being breastfed. While

some women are ashamed to breastfeed in public so they prefer feeding the baby with other foods when they are out of their comfort zone.

Statement of the Problem

The importance of breast feeding cannot be overemphasized because of its nutritious nature for the growth of a new born baby. In the previous years newly born babies were characterized with diseases like diarrhea and its likes. It was because of these diseases that medical practitioners carried out a research and advised breastfeeding mothers to embark on exclusive breastfeeding whereby a new born baby will be fed for 6 months before taking other foods. The problem now is that while some nursing mothers practice exclusive breastfeeding, some are of the opinion that it will make the baby reject any other food later on. While others say it will distort the activities of their work. This research seeks to address awareness campaign on Exclusive Breastfeeding in order to achieve maximum result from the breast feeding mothers.

Research Questions

1. To what extent are women in Port Harcourt disposed to Exclusive Breastfeeding?
2. What are the communication strategies adopted in creating awareness campaign on Exclusive Breastfeeding?
3. What is the duration at which exclusive breastfeeding is being practiced among women in Rivers State?
4. What are the challenges facing Port Harcourt women in the practice of Exclusive Breastfeeding?

REVIEW OF RELATED LITERATURE

The Concept of Exclusive Breast Feeding

Breastfeeding is a way to nourish the baby with milk from the mother's body. Breast milk is produced in the mammary glands, travels through the milk ducts to openings in the nipples. When the baby suckles on the breast, the body releases the hormones called Prolactin and Oxytocin. Prolactin controls milk production and Oxytocin controls the release or let down of milk through milk ducts (Nucleus Medical Media 2014). It is a fluid that is whitish in colour. The milk is produced by oxytocin and prolactin which is let down by suckling.

Exclusive breast feeding is a global issue that has attracted so many views and concerns on the maternal health of the family. So many scholars in the field of Medical Science and Public Health sector have ascribed a plethora of definitions to the phenomenon 'Exclusive Breastfeeding'. Suffice to say that the World Health Organization (WHO, 2009) sees exclusive breastfeeding as a practice whereby an infant receives only breast milk from the mother or expressed breast milk. The WHO and UNICEF both recommend that mothers should breastfeed their children exclusively, for the first 6 months and continue breastfeeding up to 2 years or longer rather than stop exclusive breastfeeding practice as from 4 – 6 months.

Also, Hanif (2011) sees exclusive breastfeeding as a condition whereby a mother only gives breast milk to her baby for a specified period of six months for growth and development of the baby.

Brown & Lee (2010) corroborates the assertion that, exclusive breastfeeding could be termed as 'baby friendly' where the mother gives the child only breast milk for a period of 4 – 6 months in order to avert any ailment that may likely befall the child and help to build the tissues of the child and establish mutual intimacy between the mother and the child. Although breast feeding an infant exclusively for the first 6 months of life carries numerous benefits, many studies are centered on the 'weaning dilemma'. In developing countries which involve choosing between the protective effects of exclusive breastfeeding against infectious disease and the insufficient breast milk to meet the infant's energy and micronutrient needs beyond four months of age.

Breastfeeding according to Sadoh & Oniyelu (2011) is beneficial both to the infant and the mother. However, owing to certain circumstances, mothers are unable to breastfeed so they wish to express their milk because it is the only opportunity for the infant to have the human milk. Expressing milk is simply a way of taking milk from the breast without the baby suckling and this can be achieved either by the use of hand or manual pump or electric pump. The human milk is species-specific and is superior to any other breast milk substitute and it is also assumed to be the ideal food for infant during the first 4 – 6 months, ensuring proper growth and development. Human milk which is the most natural food available for infant is unique whereby its nutritional composition varies from mother to

mother, from day to day, during the day and during a feed. Human milk contains several factors such as immunoglobulin, Thymocytes, enzymes such as lysozymes, phagocytes among others which are not present in breast milk substitute.

Similarly, the human breast milk is unique in its physical structure, types and concentrations of protein, fat, carbohydrate, vitamins and minerals, enzymes, hormones, growth factors, host resistance factors, inducers and modulators of the immune system and anti-inflammatory agents. Breastfeeding is universally endorsed by the World Health and Scientific Organization as the best way of feeding infants. It has helped according to World Health Organization (2011) to lower risk of Otitis media, gastroenteritis, respiratory illness, sudden infant death syndrome (SID), necrotizing enter colitis, obesity, hypertension, reduced risk of breast and ovarian cancer, diabetes, post partum depression and decrease in health care related cost and fewer absences from work.

On May 21, 1981, WHO, UNICEF and International Baby Food Action Network (IBFAN) came up with a Breastfeeding code to checkmate the activities of the manufacturers of breast milk substitutes so mothers are not discouraged from Breastfeeding. The code addresses; the mothers, health workers, health care systems, the manufacturers of breast milk substitutes

Components of Breast Milk

The breast milk comprises of essential nutrients like; Water, Protein, Vitamins/Mineral, Fat, Carbohydrates, Calcium and Iron

Types/Stages of Breast Milk

1. Colostrum: This is produced within the first few days after birth. It contains very high nutritional values.
2. Transitional milk: This is the transition from colostrums to mature milk.
3. Mature milk: This is produced from 20 days after birth. It provides immune factors and nutritional components to the infant

Importance of Exclusive Breast Feeding

Breastfeeding has been seen universally and locally as the best way to nurture and cater for children and infants. Parents and families have been enlightened to appreciate the wonders and inherent benefits of practicing exclusive breastfeeding. Today, so many medical consultants and experts have streamlined the enormous advantages of exclusive breastfeeding. This is associated to their wealth of experience and intensive research carried out in most homes, hospitals, clinics and maternity centers.

However, Tamuno (2015) has posited strongly that exclusive breastfeeding has helped tremendously in the speedy growth of the children. He also stated that, it has assisted immensely in reducing mortality rate among mothers especially in Port Harcourt metropolis. It is instructive to assert that, Exclusive Breastfeeding has a plethora benefits. Emmanuel (2014) notes further that, Exclusive Breastfeeding has helped to build great intimacy between the mother and the children and it becomes impossible for any terrible accidents to happen since the mothers are always watchful at them.

Obinna (2017) reported that Breastfeeding provides ideal, nutrient for the healthy growth and development of infants, it is also an integral part of the reproductive process with important implications for the health of mothers. Exclusive Breastfeeding for the first six (6) months of life is the optimal way of feeding infants. To enable mothers to establish and sustain exclusive breastfeeding for the first six months of giving birth, World Health Organization (WHO) and United Nations International Children Emergency Fund (UNICEF) recommends;

- (i) Initiation of breastfeeding within the first hour of life.
- (ii) Infants only receive breast milk without any additional food or drink not even water.
- (iii) Breastfeed as often as the child wants day and night.
- (iv) No use of bottles, teats or pacifiers.

Benefits of Exclusive Breastfeeding to the Baby

These are some of the benefits babies gets when they are Exclusively Breastfed:

- i. Breast milk provides the optimal balance of nutrients to the baby
- ii. It provides antibodies to support the bay's immune system.
- iii. Reduced risk of asthma, allergies, colic, obesity, diarrhea and certain ear and lungs infections are made possible through Exclusive Breastfeeding.

- iv. Provision of nutrients that are easily digested can be obtained through Exclusive Breastfeeding
- v. Reduced risk of Sudden Infant Death Syndrome (SID) is facilitated through Exclusive Breastfeeding (Nucleus Medical Media 2014).
- vi. It is readily available and accessible
- vii. It comes with the right taste and temperature
- viii. Exclusive Breastfeeding increases the intelligence of baby.
- ix. It aids faster growth and development

Benefits of Exclusive Breastfeeding to the Mother

Mothers also enjoy loads of benefits when they exclusively breastfeed, which include:

- i. Convenient, inexpensive nourishment for the baby.
- ii. Losing excess body weight.
- iii. Breastfeeding helps the uterus to contract quickly after delivery.
- iv. It increases the bond between mother and child.
- v. Exclusive Breastfeeding delays the return of menstrual cycle and may prevent pregnancy occurring too soon. (Nucleus Medical Media 2014).

Positions of Breastfeeding

There are four basic positions the mother can use when breastfeeding; they are:

- i. Cradle position
- ii. Side lying position
- iii. Cross cradle position
- iv. Football hold position

The baby is born with the instinct to clinch the nipple with an open mouth and suck. To trigger this instinct, slightly stroke the nipple downwards from under the baby's nose to the lips. When the baby opens the mouth, position the nipple towards the roof of the mouth and pull him/her close to the breast. It may take some time for the baby to learn to get his/her mouth around the nipple or latch on. When properly latched, the baby's mouth will cover the nipple and most of the areola (the darkened area around the nipple). The baby's lips will crawl out and the nose will touch the breast. Usually a smooth and long sucking sound along with swallowing let the baby suck as long as he/she wants. Many new born babies suck up to 8 to 12 times a day (Nucleus Medical Media, 2014).

ABC of Breastfeeding

A= Awareness: The mother should watch out for the baby's sign of hunger. The first few weeks, the baby may suck 8-12 times every 24 hours. Hungry infants move their hands towards their, mouth make sucking noises or mouth movements or move towards their mothers Breast. Do not wait for the baby to cry, that is a sign that the baby is too hungry.

B = Be Patient: The mother should Breastfeed as long as the baby wants each time. She should not hurry the baby through feedings. Infants typically feed for 10 to 20 minutes on each feed.

C= Comfort: Mother should relax while breastfeeding her baby and this makes the milk more likely to flow (Benaroch, 2015).

Some Common Challenges with Breastfeeding

As natural as breastfeeding ought to be, it is fraught with so many challenges. It is important for every nursing mother to realize that successful breastfeeding is a combination of patience, good technique and determination.

Some common challenges that women experience during Breastfeeding which makes them uncomfortable and opt for formula foods are;

- i. Sore nipples: This happens in the first weeks of Breastfeeding.
- ii. Dry, cracked nipples: This can be controlled by applying lanolin.
- iii. Worries about producing enough milk, some women think they can't produce much milk because they have small breasts but this is wrong.
- iv. Inverted nipples.
- v. Breast engorgement: This means the blood vessels in the breast have become

- vi. congested. This traps fluid and makes them feel hard, painful and swollen.
- vi. Blocked ducts: This occurs when there is a sore on the spot but can be relieved by warm compresses and gentle massage over the area to release the blockage.
- vii. Breast Infection (Mastitis): This occurs occasionally when bacteria enter the breast often through a cracked nipple.
- viii. Stress: This happens when the mother is overly anxious or stressed and can interfere with the flow.
- ix. Exclusive Breastfeeding requires the mother to feed 8 to 12 times a day and it may be difficult for her to look after other household or work related chores.
- x. Nursing mothers are considerate and compromise on their diet considering that the only source of nutrition for the baby is through the mother.
- xi. Breastfeeding mothers tend to have low libido which pushes them to compromise their sex life.
- xii. Breastfeeding can be disadvantageous for the baby when there is inadequate supply of breast milk. If the baby is not well Breastfed, baby may experience weight loss, skin rash, diarrhea, crying after feedings, slow growth and development, difficulty in weaning (Kamalasanan, 2012).

Breastfeeding is a natural, healthy process but a mother should seek medical attention if:

- a. The breast becomes unusually red, swollen, hard or sore.
- b. There is unusual discharge or bleeding from the nipples.
- c. The baby isn't gaining weight or getting enough milk (Benaroch, 2015).
- d. The mother is infected with HIV/AIDS.
- e. She has tuberculosis.

It can be said that the rate of Exclusive Breastfeeding is low as reported by Obinna (2017). The factors responsible for these include:

- i. Ignorance of many mothers of the advantages of Exclusive Breastfeeding.
- ii. Lack of crèche at work place, where mothers can keep their babies and at intervals go there to breastfeed them and also some rigid working conditions that does not permit mothers to go to work with their babies.
- iii. Lack of training or periodic orientation of health workers on Breastfeeding and lactation management.
- iv. Wrong notion by some women that their breast will sag.
- v. The challenge for working mother to express breast milk and storing with fluctuations in electricity supply or non-availability of electricity if a mother cannot get home early due to work schedule, the amount of breast milk expressed may be insufficient. However expressed breast milk at the correct temperature can stay up to seven days.

Useful tips on Breastfeeding for Mothers:

The following tips can be helpful to breastfeeding mothers to help them achieve a convenient and successful breastfeeding session. These tips include:

1. They should pump breast milk on one side of the breast, while baby feeds on the other.
2. They should use a nursing stool to aid more comfort while breastfeeding, this is quite helpful for short mums.
3. They can make use of nursing pillows as well to help support themselves.
4. They should apply breast milk on nipples after feeding to soothe them to prevent sore and cracked nipples and allow air to dry it up.
5. Mothers should not give babies pacifiers as it may suppress the baby's hunger cues.
6. Mothers should ensure the baby's whole mouth covers the dark part of the breast as to help the baby have access to enough milk.
7. Mothers should lie on the side to breastfeed if C-section was done or if the mother is exhausted.
8. They should touch the baby with a wet cloth if the breasts are full and baby keeps drifting off to sleep while breastfeeding. This allows the mother to empty the breasts to prevent engorgement. A tickle on the bottom of the feet or gentle stroke on the chin could also do help (motherhood in style).

Reasons for Seeking Supplementary Milk among Mothers and Women in Port Harcourt

Scholars and experts have reportedly advised mothers and families to imbibe the culture of consistent and persistent practice of Exclusive Breastfeeding of children in this 21st century. Media reports and available research have presented exceptive cases where some homes and mothers bluntly refused to practice the baby friendly or the so called Exclusive Breastfeeding phenomenon. Okoye (2006) said that some mothers and women have refused to practice, Exclusive Breast feeding because they do not want their breast to flap or sag. They devised this reason because men go after their breast and so long as it still stands but when it sags, they run away including married women. They aver further that, when this happens their husbands look for other women outside the matrimonial homes and their marriage suffers due to the prevailing circumstance. This best explains the proverbial saying in Chinua Achebe's novel 'Things Fall Apart' that Neke the bird says since men have learnt how to shoot without missing; it has also learnt how to fly without perching. Women and mothers alike in Port Harcourt have also to toe that pattern to keep their homes and marriages intact.

Also, Silas (2013) portends that women and mothers within Port Harcourt tend to be workers and traders who may not have adequate time and resources to cope up with the stipulated Exclusive Breastfeeding syndrome of children. The work pressure and the demand of the home, upbringing, domestic chores and family pressures have made some women and mothers not to practice Exclusive Breastfeeding till date. Some say women do not want to practice Exclusive Breastfeeding because they want to remain athletic, sporty and strong in games and sports so that nothing would jeopardize their career not even the family pressures or family chores.

Similarly, Mbaba (2016) posited that women and mothers within Port Harcourt hardly practice Exclusive Breastfeeding but opt for complementary milk due to the fact that, they want to look good, young and presentable to their husbands. He stresses further that women and mothers refused to practice Exclusive Breastfeeding because of their socio-economic stature. He said that some women whose husbands are poor or some who receive meager salaries find it very cumbersome to cope with the family pressure let alone embarking on Exclusive Breastfeeding to the babies which could be suicidal. They decried a situation when they find it difficult to eat good food, fruits, live in decent homes with items and clothing. This ugly trend tends to discourage expectant mothers to practice Exclusive Breastfeeding of children (Kamalan, 2012). More worrisome and disdainful is the traditional African belief of producing more children to constitute menace to the family and to the society at large. Ereforokuma (2016) submits that, the culture of the people have made some men to subject their wives to series of pregnancies without planning. This development has made women and mothers not to space and have enough time for children to have breast milk.

Other reasons why women do not exclusively breastfeed include:

- i. Some women do not like to Breastfeed in public in order not to expose their breasts.
- ii. Some prefer the flexibility of any care giver bottle-feeding the baby anytime
- iii. Babies tend to digest formula more slowly than breast milk, so bottle feeding may not be as frequent as Breastfeeding sessions.
- iv. Some women think that when they exclusively breastfeed, they tend to eat much in order to produce more milk therefore gain more weight, which many women do not want because they want to stay fit.
- v. Women say the baby may become addicted to them and will always want to be around them depriving them of the time to attend to other chores.
- vi. Some babies refuse to eat other foods later on, and the women feel it is stressful forcing them to eat other cereals as they make the eating sessions messy.
- vii. Exclusive Breastfeeding deprive women of their sleep because babies suck at nights.
- viii. Some women feel the babies suffer by not drinking water or eating other cereals.
- ix. Most women are ignorant of the benefits of Exclusive Breastfeeding to them and their babies.

Evaluation of the Attitude of Women towards Exclusive Breastfeeding Awareness Campaign

Acknowledging the surveillance function of the mass media in the society, Josephat (2008) observes that the surveillance role of the media presupposes that the media are the eyes and ears of the public. The media provide vital information and alert members of the public about the happenings or events around them. The media consistently survey the environment and convey salient or mediated messages to the audience in order to reduce uncertainties and consequently react to conflict or change

in a rational way. It is based on this essential function placed on the media that this study seeks to appraise the campaign efforts of the mass media in enlightening, sensitizing, mobilizing and creating the consciousness among the people. This presupposes that, extensive awareness campaign is carried out on women Within Port Harcourt on Exclusive Breastfeeding and their reaction to the campaign.

Amakiri (2015) asserts that, the well planned messages targeted at mothers and women in their respective homes, clinics, hospitals, schools, churches, market places and town halls through radio signals, television jingles, Radio and Television interview, articles in newspapers and magazines, the social media, regular visits, symposia, press conferences and seminars have helped immensely in re-orienting mothers and women to go back to the once abandoned mode of Breastfeeding children. This awareness had tremendously rewarded a great success because it has changed their attitude by giving priority attention to the practice of Exclusive Breastfeeding even in public places without shame, fear and inferiority complex. This corroborates Nwanne (2014) who attested to the vigorous and commendable efforts of the Nigerian media in creating awareness and providing information to the public in order to make the women and mothers imbibe consistently the culture of Exclusive Breastfeeding of their most cherished children.

In another Development, Nwachukwu (2015) posited that, women and mothers alike have changed their lifestyle from buying powdered milk or formula for their children and babies. In Port Harcourt the consistent awareness and enlightenment by the media have influenced the health behaviour of mothers towards breastfeeding. The resultant effect is that, children are healthy, robust and smart while their mothers are also healthy thereby building great affection and bond. The media by their inherent configuration are endowed with propensities to influence opinions, modify behaviour and precipitate social change as well as influence health behaviour among women, (Okon, 2015).

There is no contradiction that, their ability to give an account of the day's intelligence in a context that gives them meaning accords the media the platform to perform functions that dovetail within the framework of information and education. It must however be noted that the information thus provided by the media enables an individual that is mothers and women make sense of the programmes and awareness campaigns. This gives the women and mothers a sense of direction and vital information in the daily human existence. Remised on this idea is that, man naturally is limited by time, space and ability. The world on the other hand seems too complex for a single flip comprehension. What is however required to break even in this complex mass is a system that allows for main streaming. In this regard, diverse conceptions, motions and innovations are brought to bear for single digit assimilation. This is the beauty of the mass media, aptly described as the extension of man, (Okon, 2015).

The imputation is that, the media through content and portrayal can condense events beyond one's immediate physical environment, bring those events into an individual's private sphere and thus enable that individual to connect with the world. This ability of the mass media as described within the foregoing context is unparalleled and unrivalled.

Unarguably, the interplay described above has how led to a dependency situation where man naturally depend on the mass media for his daily dose of information. Information is a fundamental and key factor and the media in this regard are overtly powerful in the light of its dissemination. How an issue is reported in the mass media determines how much importance the audience will accord that issue. This no doubt goes to reinforce the key role of the media in opinion formation and the mitigation of a disposition. Port Harcourt women are greatly exposed to radio and television programmes, talk shows and short dramas and interactive programmes that enlighten them on the benefits of practicing Exclusive Breastfeeding.

Health Communication Process

Health communication is process driven and therefore should be well-planned and executed to avoid failure because it is not every health campaign that succeeds. UNESCO (2005) outlines twelve steps which have been proven effective in achieving desired health communication outcomes:

1. Define clearly what health behaviour one is trying to promote.
2. Decide exactly who in the population you are trying to influence. This is important because such knowledge is necessary to produce age appropriate and culturally inoffensive messages.
3. Ask whether the new health behaviour requires new skills.

4. Learn about the present health knowledge beliefs and behaviours of the target audience.
5. Enquire whether the health behaviour you are trying to promote has already been introduced in the community.
6. Investigate the target audience's present sources of information about health.
7. Select the communication channels and media which are most capable of reaching and influencing the target audience.
Mass media channels in this context include radio, television, newspapers and magazines. Interpersonal channels include; health professional, community health workers, religions/community leaders, traditional health practitioners, women and youths organizations, school teachers, trade union leaders, development workers and government workers.
8. Design Health messages which are:
 - i. Easily understandable, using local languages or dialects and colloquial expression.
 - ii. Culturally and socially appropriate.
 - iii. Practical
 - iv. Brief
 - v. Relevant
 - vi. Technically correct
 - vii. PositiveThey added that health communicators should not only rely on a single means of communication, but to "always use a mix of various channels and media so that the target audience receives the message from all side and in many variations".
9. Develop and test your educational programmes with other health and development services. This point raised by UNESCO is immensely important because health communication will not compensate for the absence of hospitals and drugs, doctors and other health care workers.
10. Synchronize your educational programmes with other health and development services.
11. Evaluate whether the intended new behaviour is being carried out.
12. Repeat and adjust the message at intervals over several years.

Also, the Centre for Diseases and Control (2011) summed it up thus:

1. Review background information to define the problem (what is out there?)
2. Set communication objectives (what do we want to accomplish?).
3. Analyze and segment target audience (who do we want to reach).
4. Develop and pre-test message concepts (what do we want to say)
5. Select communication channels (where do we want to say it).
6. Develop promotion plan/production (How do we get it used).
7. Implement communication strategies and conduct process evaluation (letting it out there).
8. Conduct outcomes and impact evaluation (How well did we do it).

Similarly, Shiavo (2014) streamlines the following as the role of health communication in influencing women behaviour toward Exclusive Breastfeeding and baby care:

1. Raise awareness of health issue and sensitize them accordingly.
2. Increase understanding of the many sided socially determined factors that influence health and illness so that they can be adequately addressed at the population and community levels.
3. Influence women's perceptions, beliefs and attitudes about Exclusive Breastfeeding, its attendant benefits and dangers of not practicing it.
4. Show benefits of and encourage behavioural change.
5. Provoke public discussion to drive disease diagnosis, treatment or prevention.
6. Suggest and prompt action.
7. Support health and social change across different sectors and communities.
8. Improve patient appliances and outcomes.

In the same vein, Moemeka (2000) posited that health officers in a bid to create awareness and carryout campaign on women towards Exclusive Breastfeeding employ jingles, announcement, talks, features, short stories, questions and answers setting. Exclusive Breastfeeding would give infants access to vital nutrients for growth. Adequate breastfeeding provides necessary nutrients in the first six months of life that would enhance a child's physical and mental development. Denying the baby of Exclusive breast milk affects the baby physically and mentally.

Communication and Public Enlightenment

Communication is the sending and transmission of messages from the source to the receiver who decodes, assimilates the message and responds with appropriate feedback. The message itself is a generic component which could imply an idea, knowledge, attitude, belief. At all times members of the public need to be aware of the realities of health issues and realities of their environment and what happens within the environment. Attaining this desire is the whole gamut of public enlightenment. Communication is the means by which the public are linked to the updates in the society, lest they wallow in ignorance and become victims of lack of information or misinformation. In view of this, the citizen should be kept abreast of the happenings in the society. One of the ways of achieving this is public enlightenment. Public enlightenment enables the public to be acquainted with information about the inherent benefits of Exclusive Breastfeeding by mothers and women in Port Harcourt and their attendant dangers when they to adhered strictly to the practice in real life situation. Public enlightenment necessarily demands refuse effective communication in order to engender positive attitude to norms and laws, articulate social interactions, peaceful co-existence and harmony in the society. Effective communication fosters social rest and development (Okeke, 2003). For communication to be effective in the millions of public enlightenment, a combination of all or most of the following variables must be present:

- i. Appropriate and effective medium of communication
- ii. Sufficient exposure or access of members of the public to the message.
- iii. Open minds of members of the public
- iv. Appropriate message and effective delivery of the contents.
- v. High level of commitment of both the source and the receiver.
- vi. The views and attitude of pears, relations and opinion leaders.

For public enlightenment to be effective, the source must address the issues through appropriate content, message structure and effective delivery. Every public enlightenment campaign aims at positive attitude formation and in the ultimate, a rational discernment on issues of significance. The public usually adopt, modify or relinquish certain attitudes after public enlightenment to fit their constantly changing needs, interests and aspirations. Anim (2007) asserts that one major element of the social environment that influences attitude is the availability of information. The adoption of a new attitude depends on who presents the message or information, how the information or campaign is presented, how the source is perceived and the state of mind of the receiver as well as how the receiver perceives the message. It is instructive to underscore the fact that in assessing attitude change process, who says what, how, through whom and of what effect approach to communication must be taken into account. Other factors of attitude change include; personality traits such as susceptibility or resistance to persuasion, intelligence quotient (IQ), readiness to accept change. Persuasion techniques, rhetoric and communication strategies are fundamental determinants of attitude change. In other words, attitude change is most likely to take place when: The message calling for the change is harmonious and congruous with valued norms of the receivers. The source of the message is perceived as trustworthy or credible. The message follows the basic rules of rhetoric: order, organization of contents, presentation, nature of appeals, etc.

METHODOLOGY

This project adopted the quantitative research method. The survey method was adopted for the study. According to statistics from World Health Organization (WHO, 2016), the population of breastfeeding women in Rivers State in 2006 was 1,200,000 with an annual growth of 2 percent. Therefore, the target population of this study is 1,464,000 which comprise women who breastfeed their babies within the Port Harcourt metropolis. The sample for this study constituted mainly the

women who experience or who are currently breastfeeding babies with sample size of 400 drawn from 5 zones in Port Harcourt using the Taro Yamane formula. Two types of instrument were used. These are the primary and secondary data. The primary data was the questionnaire and oral interview. Data collected from the field were presented in tables and values converted to percentages. This method was used to count the number of responses in each item in the questionnaire formulated for the study.

ANALYSIS /RESULTS

Table 1: Responses on the Extent of Disposition to Exclusive Breastfeeding

Responses	Frequency	Percentage
Large extent	170	49%
Very large extent	80	23%
Low extent	60	17%
Very low extent	40	11%
Total	350	100%

From the above, the extent of disposition of women to exclusive breastfeeding is to a large extent among women in Port Harcourt.

Table 2: Responses on the Extent of Practice of Exclusive Breastfeeding

Responses	Frequency	Percentage
Large extent	170	49%
Very large extent	80	23%
Low extent	60	17%
Very low extent	40	11%
Total	350	100%

The above table shows that the practice of exclusive breastfeeding is on the large extent among women in Port Harcourt

Table 3: Responses on the Duration of Exclusive Breastfeeding

Responses	Frequency	Percentage
4 months	160	46%
6 months	90	26%
3 months	60	17%
2 months	40	11%
Total	350	100%

The above table shows that most women exclusively breastfeed for 4months.

Table 4: Responses on the Experiences in the Practice of Exclusive Breastfeeding

Responses	Frequency	Percentage
Feeling stressful	60	17%
Feeling weak	40	11%
Easily feel hungry	80	23%
All of the above	170	49%
Total	350	100%

The table indicates that 170 respondents experience stress, weakness and hunger in the practice of exclusive breastfeeding

Table 5: Responses on the Benefits of Exclusive Breastfeeding

Responses	Frequency	Percentage
Healthy living of the baby	80	23%
Enhancement of the baby's growth	60	17%
Enhancement of the baby's intelligence	40	11%
All of the above	170	49%
Total	350	100%

The above table indicates that 170 respondents agree that exclusive breastfeeding is beneficial to the baby's healthy living, enhancement of growth and intelligence.

Table 6: Responses on the Communication Strategies Adopted in the Awareness Campaign on the Exclusive Breastfeeding

Responses	Frequency	Percentage
Jingles	90	26%
play lets	50	14%
Talk shows	160	46%
All of the above	30	8%
Total	350	100%

The above table indicates that 160 respondents chose talk shows. It is therefore, clear that talk show is the most communication strategy adopted for the awareness campaign of exclusive breastfeeding in Port Harcourt metropolis.

Table 7: Responses on the Regularity of the Programme

Responses	Frequency	Percentage
Jingles	90	26%
play lets	60	17%
Talk shows	145	41%
All of the above	55	16%
Total	350	100%

On the regularity of the awareness programme of exclusive breastfeeding, talk shows have the highest number of respondents. Therefore, it can be concluded that talk shows is the most regular programme for the awareness campaign on exclusive breast feeding.

Table 8: Responses on the Regularity of the Channels

Responses	Frequency	Percentage
Radio	155	44%
Television	94	27%
Newspapers	20	6%
All of the above	81	23%
Total	350	100%

The table above indicates that 155 respondents chose radio, this therefore, means that radio is the most regular channel through which awareness campaign for exclusive breastfeeding is mostly launched.

Table 9: Responses on the Beneficial Extent of Exclusive Breastfeeding

Responses	Frequency	Percentage
Large extent	90	26%
Very large extent	180	51%
Low extent	50	14%
Very low extent	30	8%
Total	350	100%

The table above is simple having indicated the extent of benefits from exclusive breastfeeding. 170 women said very large extent. It is therefore clear that they have benefited in a very large extent.

Table 10: Responses on the Challenges Facing Exclusive Breastfeeding Mothers in Port Harcourt Metropolis

Responses	Frequency	Percentage
Distortion of working activities	90	26%
Difficulty in adaptation of other foods by the baby	40	11%
Quick to hunger	50	14%
All of the above	180	51%
Total	350	100%

From the table above, it is said that distortion of working activities, difficulty in adaptation to other foods by the baby, quick to hunger are the challenges faced by women practicing exclusive breast feeding in Port Harcourt metropolis.

Table 11: Responses on How to Overcome the Challenges

Responses	Frequency	Percentage
Giving of other foods to the baby	20	6%
Programming working activities	80	23%
Visits to postnatal clinics	90	26%
All of the above	160	46%
Total	350	100%

From the table above, it is said that giving of other foods to the baby, programming working activities and visits to postnatal clinics are ways to overcome the challenges faced by women practicing exclusive breast feeding in Port Harcourt metropolis.

FINDINGS

The research questions on the disposition of mothers on the exclusive breastfeeding. Large extent carries the highest frequency among very large extent, low extent and very low extent. Another research question was on the practice of exclusive breastfeeding. Large extent still carries the highest rate among very large extent, low extent and very low extent. Research question on the duration of exclusive breastfeeding. 4 months carries the highest frequency among 6 months, 3 months, 2 months and 1 month respectively. Another research question on the experiences of exclusive breastfeeding All of the above which comprises the options i.e feeling stressful, weak, hungry made up the highest occurrence. Research questions on the benefits of exclusive breastfeeding. All of the Above which comprises healthy living of the baby, enhancement of the baby's growth, enhancement of the baby's intelligence made up the highest frequency of 170 representing 49%. Communication strategies adopted in the campaign awareness of exclusive breastfeeding. Talk show carries the highest frequency among jingles, play let and all of the above on the regularity of the programme. Talk-show carries the highest frequency among jingles, play let and none of the above. Another question on the most regular channel for the awareness campaign for exclusive breastfeeding has radio as the highest frequency of 155 representing 44% among others.

On the beneficial extent of exclusive breast feeding, very large extent which carries the highest frequency of 180 representing 51% of the respondents among other options like large extent, low extent and very low extent. The researcher looked at the challenges facing exclusive breast feeding mothers in Port Harcourt metropolis and all of the above option which comprises distortion of their working activities, difficulty for the baby to adapt to any other food, quick to hunger made up the highest frequency of 180 representing 51%. Challenges faced by women who practice exclusive breast feeding are overcome by giving of other foods to the baby, programming working activities and visits to postnatal clinics, which All of the Above option carries the highest frequency of 160 representing 46%.

These findings therefore did not agree with the views of Freimuth & Quinn (2004) who suggest three ways of designing messages to overcome this challenge by developing a communication campaign with a common dominator messages relevant to most audiences. By developing a unified campaign with systematic variations in messages to increase relevance for different audience segments, retaining the fundamental messages. And by developing distinctly messages or intervention for such audience segments.

The findings agree with the view of Anyanwu (2017) which says that the media include broadcast (radio and television) and print media (magazine, newspapers among others) can contribute towards influencing the attitude of women towards exclusive breastfeeding. And furthermore, interpersonal communication between two people, dyadic communication as more groups is involved and macro group communication makes a great impact. It also agrees with the views of Robertson & Wotzel (2008) who posit that there are two ways in which the media affect behaviour, knowledge and attitudes towards health care. The media may deliberately impact knowledge, attitudes and behaviour through campaign specifically designed for such impact. In concordance with these findings is that of Loken & Hank (2010) who identify a number of factors that could lead to message failure e.g. inadequate funding, the increasingly fractured and cluttered media environment.

CONCLUSION

According to the findings of this study, the women in Port Harcourt metropolis are largely disposed to exclusive breastfeeding but not totally disposed as in very large extent. It could also be concluded that the practice of exclusive breast feeding is to a large extent but not very large extent hence the researcher is calling on more awareness campaign to bring it to maximum point. It is also possible to conclude that the major challenge the women are facing with exclusive breastfeeding is that it distorts their working activities hence the baby is totally fed on breast alone.

This means that they have to leave their working or trading hours to breastfeed the baby because even if the breast milk is pressed and kept in the refrigerator, the nannies might forget it until it gets soured which will be poisonous to the baby. Some babies also reject expressed milk. The researcher can equally conclude that the communication strategy that is adopted in the campaign awareness towards exclusive breastfeeding is mostly talk show. And the most regular channel is radio. The benefits of exclusive breastfeeding are numerous such as enhancement of the baby's growth, enhancement of the baby's intellectual ability, the baby's healthy living among others.

RECOMMENDATIONS

The findings of this study call for certain recommendations and these are as follows.

1. Even if the practice of exclusive breastfeeding is to a large extent as the researcher has seen in the study, effort should be doubled to bring it to the peak or very large extent.
2. As have seen in the study that the major challenges are the distortion of their working activities, difficulty for the baby to adapt to other foods, quick to hunger, stressfulness etc, efforts should be made to tackle these challenges such as programming of their work activities based on hours after breastfeeding the baby before any other work.
3. In the campaign towards exclusive breastfeeding jingles, playlet should be boosted in the programme as talk show.
4. Women practicing exclusive breastfeed should make sure that they complete the six (6) months duration.
5. Husbands and relations should make sure that women practicing exclusive breastfeeding are well fed in other to eliminate hunger and weakness.
6. As the researcher has seen in the study, where one communication strategy dominated others, other programmes or strategies should be included in the campaign awareness towards exclusive breastfeeding.

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