**Family Planning Communication Strategies for Couples in South East Nigeria: Insights from Nigerian Television Authority’s (NTA) Health Watch**

**ABSTRACT**

**Background:** Family planning is concerned with all aspects of reproductive health, fertility regulation, and family planning programmes, targeted at stopping unsafe abortions and preventable pregnancy-related deaths among nursing mothers and women of childbearing age.Both the mother and her unborn child face increased risks of illness and death if she becomes pregnant before the age of 18 or again after the age of 35. This is predicated on the idea that child spacing and family planning should be universal health policies under the Sustainable Development Goals (SDGs). The knowledge that after four pregnancies, a woman's health and that of her unborn child are in jeopardy informs both child spacing and family planning policy. **Aim**: This study analysed how the Nigerian Television Authority (NTA) programme Health Watch Magazine affected reproductive health decisions made by couples in Southeast Nigeria. The purpose of this study, which was grounded in the Diffusion of Innovation Theory (DOI), was to determine whether or not respondents were familiar with the NTA's health watch programme and whether or not the campaign had a significant impact on respondents' attitudes towards family planning. **Methodology**: The population of the study was 23,281,688 people. A total of 995 reproductive couples were selected at random from the population of the five states in Nigeria's South East (Abia, Anambra, Ebonyi, Enugu, and Imo) using both quantitative survey and qualitative interview techniques. A multi-stage sampling strategy was adopted in selecting the samples for this study. **Results**: The study was presented in simple frequency distribution tables and the explanation building techniques. The results revealed that there was a significant correlation between the broadcast media campaign on family planning and the level of awareness of the family planning practices among the respondents, and that there was a significant positive relationship between the broadcast media campaign and the practice of family planning among the respondents. **Conclusion**: It is therefore concluded that broadcast media health campaigns must collaborate with engagement communications for full health impact. In line with the findings made in this study, it is recommended that mass media campaigns for the health programmes should be reinforced and complemented with other engagement communication paradigms for policy objectives to be achieved.

**Keywords**: *Communicating, Family, Planning, Choice, Couples, Reproductive, NTA, Magazine*

**Introduction**

Family planning is an important part of reproductive health, which assists couples and individuals to make decisions regarding the timing, spacing, as well as number of desired children (Ofurum et al., 2023). According to the World Bank Group (2019), family planning is concerned with all aspects of reproductive health, fertility regulation, and family planning programmes, targeted at stopping unsafe abortions and preventable pregnancy-related deaths among nursing mothers and women of childbearing age. Specifically, the concept of child spacing is one of the key reasons behind family planning. The philosophy behind child-spacing and family planning is for families/individuals to decide when to start having babies, how many to have, when to have them and when to stop. This philosophy is guided by the fact that pregnancy before the age of 18 years or after the age of 35 years puts the lives of the mother and her baby in danger of diseases and early death (UNICEF, 2018). Furthermore, it was recommended that a woman should wait for at least 2 years before getting pregnant again, and that there is danger to the life of the mother and her unborn baby, after a woman has had four deliveries (UNICEF, 2018).

WHO (2020) reveals that when women above the age of 35 years get pregnant, the danger of pregnancy and childbirth is higher, because women’s bodies become weak and vulnerable to diseases after having many deliveries. UNICEF (2021, p. 59) gives a vivid description of the scenario as follows: After more than four deliveries, the woman may have problems of anaemia (thin blood, or not enough blood), serious bleeding (haemorrhage) during childbirth, and the womb may tear. These may lead to the death of the woman and her baby may be in danger of having health problems (small size at birth and dying in the womb.

In a related development, UNICEF (2021, p 59) posits that a woman should wait for at least 2 years before getting pregnant again, adding that: More babies and other children in the family may die when their mothers do not wait for up to two years before getting pregnant again. This is because the mother will stop breastfeeding and giving proper care to the child born before the new one. This will prevent the child not to growing well. The mother’s body also needs to rest for two years and be strong before having another pregnancy. This will help her to get back all that she lost during the last pregnancy and childbirth. After reviewing the current global statistics of maternal deaths (as presented earlier), UNICEF (2021) asserts that “family planning can stop many of these deaths and other problems.” To that extent, therefore, Nigeria’s herculean task of achieving a 93% reduction of MM in 2030 should put the campaign for family planning on the front burner of her health promotion. This requires that couples of reproductive age have to be sufficiently informed about the policy imperatives of family planning, their health benefits, and the available family planning choices. It also entails that the right attitudes be influenced in the couples, so that they will significantly adopt the health behavioural practices necessary for the expected change. These can be achieved through communication.

Effective family planning methods are shown to save lives, contribute to gender equality, and boost economic development. Mass media communication campaigns in low- and middle-income countries have been effective in increasing contraceptive use, although the strategies that increase the likelihood of success are unclear (Rogers et al., 2021). Despite the expanded access to the internet, most countries in Sub-Saharan Africa still rely on traditional mass media such as radio, television and print to mobilise and sensitise communities on a range of health issues, including family planning. Mass media can affect FP attitudes and behaviour by providing new information and alternative forms of behaviour, or alter ideation pathways by shaping a consumer’s aspiration and self-identity (Mutumba, 2022). Indeed, evidence from previous studies indicates that mass media exposure can increase knowledge and uptake of family planning, even among men (Babalola et al., 2017; Barber & Axinn, 2004; Do, M et al., 2020). As veritable and indispensable institutions in any health intervention campaign, broadcast media have been successfully used in previous health intervention programmes such as the use of the Insecticide Treated Mosquito Nets (ITNs) for pregnant women (Ankomali, Adebayo, Arogundade, Anyanti, Nwokolo, Inyang, Oladipupo, Ipadiola & Meremiku, 2014), the campaign against HIV/AIDS (Lijadu, & Makonjuola, 2015), poliomelytis, exclusive breastfeeding (Ezeaka, 2018), among others.

In pursuance of the foregoing statutory responsibilities/mandates, the Nigerian Television Authority (NTA) has developed a magazine programme called “Health Watch”, through which family health matters are discussed for the benefit of the viewers. According to the producer/anchor of the programme, Cynthia Orji (2022), Health Watch deals with varied health-related matters, which include Child Spacing/Family Planning, Exclusive breastfeeding, Immunisation, and other essential family practices. It is against this background, therefore, that this study was set to investigate the influence of the television campaign on family planning choices among couples of reproductive age in the Southeastern, Nigeria.

**Statement of the Problem**

Mass media are used variously in the society, to shape culture, influence politics, play important roles in business, as well as affect the daily lives of millions of citizens by shaping their thinking through the issues they (mass media) treat and the ideas they transmit. The media surveys the environment and sets agenda for the public. They give the public what to think about in a bid to shape their opinions and beliefs, change habits and mould behaviour. In public health promotion, such as the campaign for family planning, expectations are high for the key responsibilities of the mass media. The bogging questions are: what is the proportion of the target population that is aware of the family planning media campaign? What is the significant proportion of the target population that is sufficiently informed about the family planning choices? Has the family planning media campaign influenced the reproductive lives of the target audience? What are the attitudes of the target populace on the family planning campaign? Are the target populations ready to carry out advocacy on family planning choices as a result of the mass media influence on the subject matter? Thus, the problem that has been investigated by the study is that of misinformation and ignorance about the concept of family planning. This study will therefore fill the gap of addressing the myths about family planning.

**Objectives of the Study**

The general objective of this study is to evaluate the influence of television broadcast campaigns on family planning choice among couples in southeastern Nigeria. The specific objectives of the study are to:

1. Ascertain the relationship between the health watch media campaign on family planning and the level of awareness of the family planning choices among the respondents.
2. Find out the proportion of the respondents who were aware of the *Health Watch Magazine Programme* in Southeast Nigeria
3. Evaluate the extent to which the influencing power of the health watch media campaigns has affected the attitudes of the respondents about family planning.
4. Ascertain if the health watch media campaign on family planning has significantly influenced the family sizes of the respondents.
5. Determine the readiness of the target population to carry out advocacy on family planning choices as a result of the health watch media campaign on the subject.

**Conceptual Review**

**Family Planning: An Overview:** Family planning is the process by which couples determine how many children they want to have, when they want them to be born, and how far apart they want to have their births. It can also be viewed as a method of controlling fertility through which a couple determines the number and spacing of their offspring. Services provided to a couple prior to the occurrence of a pregnancy are considered part of family planning according to the United Nations and the World Health Organisation (WHO, 2018). United Nations Funds for Population Activities (UNFPA) (2018) defines family planning as "the process of determining a couple's or family's desired future size (in terms of both the number of children and the amount of time between births). According to Shaw (2010, p.137), family planning is "a voluntary, responsible choice that individuals and couples on the intended family size and timing of birth." For this reason, family planning services are a cornerstone of the sexual and reproductive health initiative. Family planning allows individuals and couples to plan for and achieve their desired number of children and the spacing and timing of their births, as stated by the World Health Organisation (WHO, 2021, p. 4). Methods of contraception and medical intervention for idiopathic infertility are employed to accomplish this. A woman's health and the outcome of each pregnancy are directly affected by her ability to control the number of children she has.

The above text lays out the overarching goal of family planning: to increase women's earnings and to enhance mother and child health care. Few things have a stronger impact on a woman's life than the number and spacing of her children, UNFPA Executive Director Dr. Natalia Kanem (UNFPA, 2021). World Health Organisation statistics (2021, p. 22) suggest that if an additional $89 million had been spent on contraceptives and medicines for maternal health in 2018, 10 million unwanted pregnancies, 2,500 maternal deaths, 150,000 newborn deaths, and 3.2 million unsafe abortions may have been avoided.

As a result, proponents of public health and foreign donor organisations agree that family planning contributes to better mother health and lower child death rates. Therefore, 20th century public health programmes were generally effective in reaching the desired birth spacing and family size. This shift may lead to better conditions for women in public life and the workplace (WHO, 2021).

In preparation for the announcement of the SDGs, the World Health Organization (WHO) adopted a consensus statement and detailed strategy paper on ending preventable maternal mortality (EPMM). The UN Maternal Mortality Estimation Inter-Agency Group (2017) reported that SDG objective 3.1: Reduce global MMR to less than 70 per 100,000 live births by 2030, was adopted from the EPMNS target for lowering the global MMR by 2030.

Two hormonal treatments (birth control pills and Depo-Provera) as well as the Intrauterine device and barrier methods, make up artificial family planning/birth control (the latex condom, cervical cap, diaphragm, and spermicides). Family planning has many positive effects on public health, but it is not without its detractors. Not everyone agrees that family planning is a necessary and humane measure, though. Family planning, according to Habibor and Zainiddinor (2017), is a hotly contested issue at the intersection of religious and cultural norms, patriarchal subjection of women, social class development, and international political and economic ties. According to Habibor and Zainiddinor (2017, p. 142), attempts to regulate human reproduction are not a new occurrence. They go on to say that humans have always engaged in pro- and anti-natalistic actions with the intention of improving society.

.

**Nigeria Television Authority (NTA) *Health Watch Magazine Programme***.

The then Federal Ministry of Government, through Decree 24 of 1977, established the Nigeria Television Authority. With this establishment, the ten existing television stations under the control of the federal government in Nigeria were brought under the country of the federal government of Nigeria. These stations, established by their various regional governments, include: Western Nigeria Television (WUTV), Eastern Nigerian Television (ENTV), and Radio Kaduna Television (RKTV). Growing with the dynamics of the society, NTA later expanded, with each state and city in the federation having an ancillary station. The NTA's zone network centre for Southeastern Nigeria is located in Enugu. The zonal network manages the National Public Radio (NTA) stations in each of the state capitals in the zone. Inside this comprehensive infrastructure, the NTA has developed into a primary hub for the dissemination of health-related information.

The NTA's Health Watch magazine programme is an outreach effort to increase knowledge about family health issues, alter people's perspectives on these issues, and inspire action. Due to the comprehensive nature of the health initiative, it also addressed issues of family planning and the appropriate number of children to raise. Prevention of mother-to-child transmission of HIV (PMTCT), immunisation, hand washing with detergent and water (HWSW), the open defecation method (ODM), and other important family behaviours. Every week, from 7:30 to 8 p.m. on Sundays, you may tune in to Health Watch, where a guest expert will address a different topic. Nigerian Health Watch uses campaigning and communication to influence health policy and seek greater health and access to health care, with the overarching goal of making use of some of the wonderful efforts happening in the health sector, challenging the bad, and creating positive ideas and actions. Orji (2022) claims that the Nigerian health watch offers insightful criticism and thorough analysis of health-related topics in Nigeria. The programme's reach is considerable, and it is widely recognised as a powerful advocate for the betterment of health among the people of Nigeria.

Orji (2022) says that individuals who lack the information should choose effective health services or to demand quality improvement because health issues are so prevalent in the media. This suggests that health concerns are intricate and call for specialised attention. This is why there is a need for health education and health communication.

**Empirical Review**

Mghweno, L.R., Katamba, P. and Anner Marie, N. (2017), in a study titled, “influence of mass media on family planning methods use among couples in Gashenyi sector, Rwanda,”published in the In a study published in the International Journal of Multidisciplinary Research and Development (4, 6, pp. 336-343), the researchers surveyed 352 married couples from two health clinics in the Ganshenyi sector, as well as the clinics' and sector's administrative secretaries and the health clinics' respective needs. The goals of this research are to assess the extent to which the media is used, the prevalence of family planning methods, and the impact of media praising. A self-administered questionnaire and a structured interview were used to compile the study's information. Statistical tools and Pearson's product-moment correlation were used to assess the frequency of family planning method use and the effect of media strategy on method conformity, respectively. The researchers also utilised thematic analysis to examine the key informant data. The results showed that the prevalence of radio listening was high, whereas the prevalence of reading posters and newspapers and viewing television was low. Furthermore, the results showed a weak positive association between mass media techniques and the use of family planning methods. Thus, the study's authors draw the inference that inhabitants of Gashenyi have not been affected to change their approach to family planning by the media.

Mass media-delivered family planning programmes in underdeveloped countries were also assessed by Dana, R. (2018), who found mixed results in terms of successfully boosting contraceptive use. The findings of this study, which used a series of bivariate meta-analyses with two types of random-effects analysis (the Hedges vevea method and the Hunter-Schmid method), supported the idea that family planning campaigns disseminated via the media can influence people to take more responsible approaches to their families.

Citing a study by Ahmed, M., and Abdu, S. (2020), we have: "Association Between Exposure to mass media family planning messages and utilisation of modern contraceptives among urban and rural youth." Women in Ethiopia," the authors argue that family planning aids in lowering rates of poverty, promoting parity between the sexes, blocking the spread of STIs, and decreasing mortality rates among newborns and young children. The researchers used data from the 2016 EDHS (Ethiopia Demographic and Health Survey) to conduct a comparative cross-sectional analysis. The study included data from 23,40 urban women and 6,401 women in rural areas. The study found that while women in urban regions were less likely to take contemporary contraception after being exposed to media family planning messaging, the opposite was true for women in rural areas. Overall, the report found that structural and intermediary factors play a larger role in shaping inequalities in the use of contemporary contraceptives (religion, household wealth, education and number of children).

Using a meta-analytical approach, Dana, R. (2018) investigated the effects of media-delivered family planning efforts in low-income countries. The research is founded on the idea that family planning is a vital part of the fight against preventable deaths among mothers and their newborn children and a positive factor in community wellness as a whole. The study's goals were to determine the typical effect size of a family planning campaign disseminated via mass media in low and middle-income countries and to compare the success of such campaigns to those disseminated via other means, such as community-based or health care professional communication. The study was theoretically grounded in the media dependency theory and methodologically grounded in quantitative meta-analyses.

**Theoretical Framework**

The Theory of the Spreading of Ideas (or DOI): The Diffusion of Innovation hypothesis, primarily chronicled by Everet M. Rogers (McQuail, 2005), pertains to the numerous attempts to apply the mass media's power to causes related to scientific progress, public health, and education (World Bank Group, 2014). The concept of "diffusion of innovation" (DOI) was developed in the field of communication to describe the gradual but steady growth and dissemination (diffusion) of a particular idea, concept, product, or thought within a specific audience or social system. Success in this endeavour is measured by the degree to which the intended audience or population adopts the new concept, behaviour, or product as part of a larger social system. Adoption, in this context, is that the target audience does something differently than it has in the past, as defined by Greehaulgh, Robert, Macfariance, Bate, and Kyriakidax (2014) (that is, acquires and performs a new behaviour or attitude). However, as the World Bank Group (2009) points out, the adopter's perception of the idea, concept, behaviour, or product as novel or innovative is crucial to its success. Rogers (1962) and Rogers and Shoemaker (1973) envisioned four stages (information, persuasion, choice or adoption, and confirmation) in their model of information spread (Greenhaudgh et al, 2014). Diffusion occurs when individuals move through the steps of being aware of the need for innovation (via exposure to information and persuasion), making the choice to use (or reject) the innovation, trying out the entrepreneurship for the first time, and then using it routinely.

Furthermore, Rogers (1962) describes how different demographic subsets of the intended market are involved at various stages of the acceptance of a new concept, behaviour, or product (Li, 2020). According to Rogers (1962), there are five types of adopters: the early adopters, the early majority, the late majority, and the laggards. For illustration purposes, consider the curve provided below.

First, there are the thinkers, who are eager to test out new developments before anyone else. They are bold and open to novel concepts. As a result of their high risk tolerance, marketing to this group typically requires less effort.

Since the goal of the family planning intervention is to get couples to change their sexual behaviour by using a certain method of birth control, the diffusion of innovations theory is a good fit for this research. However, the following restrictions are raised in opposition to the diffusion of innovation theory:

**Methodology**

Survey research was used once again because of its potential to shed light on the prevalence, dispersion, and connections between social and psychological factors. So the study's context required an in-depth examination of the characteristics of a certain population (couples of reproductive age) in order to anticipate specific patterns of behaviour, the foregoing also pertains to the applicability and appropriateness of the survey research design.

This research focused on the state in southeastern Nigeria. The states of Abia, Anambra, Ebonyi, Enugu, and Imo make up this part of Nigeria, which is one of the country's six geopolitical zones (Ibenegbu, 2017). The Igbo people make up 99.9% of the population in what was formerly known as eastern Nigeria in the region's south-east geopolitical zone (Uchendu, 1965, in Nweke, 2019). To the east is Cameroon, and to the south is the Atlantic Ocean (Ogbu, 2020). This study surveyed 23, 281, 688 people for the quantitative portion, and conducted focus groups with a census of all couples of child-bearing age and nursing mothers who attend antenatal and post-natal care at General Hospital, Umuahia (Abia State), Chukwuemeka Odumegwu Ojukwu University Teaching Hospital, Awka (Anambra State), Federal Medical Centre, Abakaliki (Ebonyi State), Park Lane Hospital (Imo State). Because there are an infinite number of married couples in the five states, we need to take a census. A total of 995 reproductive couples were selected at random from the population of the five states in Nigeria's South East (Abia, Anambra, Ebonyi, Enugu, and Imo) using both quantitative survey and qualitative interview techniques.

Cochran's parametric test was used to calculate a sample size of 995 reproductive adults for the quantitative study. A multi-stage sampling strategy was adopted in selecting the samples for this study. This is with a view to being precise and thorough because this sample population was so complex that only one sampling technique may not give the required result. To this end, therefore, stratified sampling techniques were first applied to define the sample size from each of the five states of the southeast as revealed in the table above. From the table, the identified states were General Hospital Umuahia (173), Chukwuemeka Odumegwu Ojukwu University Teaching Hospital Awka (254), Federal Medical Centre Abakaliki (132), Parklane Teaching Hospital Enugu (198) and Federal Medical Centre Owerri (238). Thereafter, a judgment sampling strategy was adopted for the study. Considering the target respondents for this study (couples of reproductive age), the use of any of the types of probability sampling strategy would certainly miss out a significant proportion of the respondents. The target respondents were a special class of people who could only be selected purposively, hence the justification for the judgmental sampling strategy. Study participants were selected using a judgment sampling (purposive sampling) technique. The respondents of interest in this study are couples of childbearing age; therefore, if a probability sampling approach were used, a large number of eligible couples would be excluded. It was necessary to use a judgmental sampling approach since the respondents were a unique group that could only be chosen in this way.

RESULT AND DISCUSSION

**Data Presentation**

**Biographic Data of the Respondents**

The questionnaire for this study had two sections: Section A dealt with the biographic data of the respondents, i.e. those pregnant women who attended antenatal care, while Section B dealt with the thematic data. The tables below explain the biographic characteristics of the respondents.

**Table 1: Sex of Respondents**

|  |  |  |
| --- | --- | --- |
| **Sex** | **Frequency** | **Percentage** |
| Male | 467 | 49.2% |
| Female | 482 | 50.8% |
| **TOTAL** | **949** | **100** |

**Source:** Field Survey 2024

In table 1 above, 482 respondents (50.8%) were female, while 467 respondents (49.2%) were male. The data revealed an almost even distribution of the respondents, according to their gender characteristics. However, the slightly higher number of females is an indication that women are more easily persuaded to respond to issues that deal with reproductive health.

**Table 2: Age of Respondents**

|  |  |  |
| --- | --- | --- |
| **Age** | **Frequency** | **Percentage** |
| 15 – 20 years | 111 | 11.7% |
| 21 – 30 years | 356 | 37.5% |
| 31 – 39 years | 482 | 50.8% |
| **TOTAL** | **949** | **100%** |

 **Source:** Field Survey 2024

The data in Table 2 above revealed that the respondents between 31 and 39 years had the highest frequency (50.8%). The respondents under 21 years and 30 years had a 37.5% frequency, while respondents within 15 years and 20 years had an 11.7% frequency. The implication of this frequency distribution was that the majority, representing more than four-fifths (88.3%) were the adult index of 18years, which made them competent to be able to make decisions.

**Table .3: Educational Qualification of Respondents**

|  |  |  |
| --- | --- | --- |
| **Education Level** | **Frequency** | **Percentage** |
| FSLC | 12 | 1.3% |
| SSCE | 210 | 22.1% |
| ND/NCE | 279 | 29.4% |
| HND/FIRST DEGREE | 302 | 31.8% |
| 2ND DEGREE | 128 | 13.5% |
| OTHERS (Ph.D) | 18 | 1.9% |
| **TOTAL** | **949** | **100%** |

**Source:** Field Survey 2024

In the table above, the respondents with HND/First Degree had the highest frequency (31.8%). This is followed by respondents who possess ND/NCE with a 29.4% frequency versus the total frequency. While the respondents who possess FSLC were 1.3%, the respondents who possess SSCE were 22.1%. The respondents with a second degree were 13.5%. The implication of the frequency of educational qualification of the respondents is that a significant proportion of the respondents were well-informed, and therefore can vividly understand and interpret the central messages on reproductive health programmes in the NTA

**Table 4: Occupation of Respondents**

|  |  |  |
| --- | --- | --- |
| **Occupation** | **Frequency** | **Percentage** |
| Student | 20 | 2.1% |
| Civil Servants | 242 | 25.2% |
| Traders | 284 | 30% |
| Artisans | 306 | 32.2% |
| Others (Politicians) | 97 | 10.2% |
| **TOTAL** | **949** | **100%** |

**Source:** Field Survey 2024

The data in the Table 4 above indicate almost an even distribution in the percentage frequency of respondents who were civil servants (25.5%) and traders (30%). However, artisans had the highest frequency (32%) among the respondents. This data indicated that a significant proportion of the respondents were engaged in meaningful ventures, and therefore will be interested in the subject matter of the study

**Thematic Data**

In this section, the data relating to the central theme of the study are presented in simple frequency distribution tables and analysed afterwards.

**Table 5: Watching of television programmes on family health**

|  |  |  |
| --- | --- | --- |
| **Cluster of Respondents** | **Options** | **Total** |
| **Yes** | **No** | **Can’t Recall** |
| Umuahia | 140 | 3 | 27 | 170 |
| COOUTH/Awka | 163 | 20 | 45 | 228 |
| FMC/Abakaliki | 112 | 9 | 38 | 159 |
| Park Lane/Enugu | 160 | 8 | 12 | 180 |
| FMC/Owerri | 170 | 18 | 24 | 212 |
| **TOTAL** | **745 (79%)** | **58 (6%)** | **146 (15%)** | **949** |

**Source**: Field Survey 2024

The data in Table 5 above revealed that 745 respondents (79%) affirmed they had listened to and/or watched a radio/television programme on family planning, while 58 respondents (6%) indicated they had not. This implies that the respondents have awareness about the family planning programme. This goes further to indicate the place of television for mass awareness of health campaigns.

**Table 6: family planning alternatives mentioned in the TV family planning programmes**

|  |  |  |
| --- | --- | --- |
| **Cluster of Respondents** | **Options and Frequencies** | **Total** |
| **Yes** | **No** | **Neutral** |
| Umuahia | 13 | 28 | 12 | 170 |
| COOUTH/Awka | 190 | 15 | 23 | 228 |
| FMC/Abakaliki | 130 | 10 | 19 | 159 |
| Park Lane/Enugu | 160 | 5 | 15 | 180 |
| FMC/Owerri | 190 | 6 | 16 | 212 |
| **TOTAL** | **808 (85%)** | **72 (8%)** | **85 (9%)** | **949** |

**Source**: Field Survey 2024

Data in table 6 above indicate that 808 respondents (85%) affirmed that they could recall all or some of the family planning alternatives mentioned in the radio/television family planning programmes. Sixty-four (64) respondents (7%) did not affirm, while 85 respondents (9%) were neutral. The implication of this data is that Television is a medium with impact, given that it is audio and visual in nature.

**Table 7: Watching magazine programme sufficiently created requisite awareness on family planning**

|  |  |  |
| --- | --- | --- |
| **Cluster of Respondents** | **Options and Frequencies** | **Total** |
| **Yes** | **No** |  |
| Umuahia | 142 | 28 | 170 |
| COOUTH/Awka | 199 | 29 | 228 |
| FMC/Abakaliki | 132 | 27 | 159 |
| Park Lane/Enugu | 152 | 28 | 180 |
| FMC/Owerri | 180 | 32 | 212 |
| **TOTAL** | **805 (85%)** | **144 (15%)** | **949** |

**Source**: Field Survey 2024

A total of 805 respondents, representing 85%, agreed with the statement analysed in Table 7 above, while 144 respondents (15%) disagreed. This implies that Television is an efficacious medium for health communication.

**Table 8: Properly educated on the health benefits of family planning through the NTA programme campaign**

|  |  |  |
| --- | --- | --- |
| **Cluster of Respondents** | **Options and Frequencies** | **Total** |
| **Yes** | **No** | **To an Extent** | **Can’t Tell** |
| Umuahia | 80 | 30 | 40 | 20 | 170 |
| COOUTH/Awka | 110 | 38 | 55 | 25 | 228 |
| FMC/Abakaliki | 85 | 25 | 30 | 19 | 159 |
| Park Lane/Enugu | 85 | 35 | 38 | 22 | 180 |
| FMC/Owerri | 115 | 45 | 30 | 22 | 212 |
| **TOTAL** | **475 (50%)** | **173 (18%)** | **193 (20%)** | **108 (11)** | **949** |

**Source**: Field Survey 2024

The data in table 8 above indicate that 475 respondents (50%) agreed that they have been properly educated on the health benefits of family planning through mass media campaigns, while 173 respondents (18%) simply disagreed. A total of 193 respondents (20%) indicated they were educated to some extent, while 108 respondents (11%) said they could not just tell. This data implies that television is a didactic medium, being that it is imbued with the quality of daring programmes theatrically developed and presented to the target audience. Programmes communicated through communication theatre and/or theatre for development are recalled more easily than audio programmes.

**Table 9: Family planning practice as a result of the influencing powers of mass media campaign of the subject**

|  |  |  |
| --- | --- | --- |
| **Cluster of Respondents** | **Options and Frequencies** | **Total** |
| **Yes** | **No** | **Can’t Tell** |
| Umuahia | 127 | 28 | 15 | 170 |
| COOUTH/Awka | 184 | 30 | 14 | 228 |
| FMC/Abakaliki | 117 | 29 | 13 | 159 |
| Park Lane/Enugu | 150 | 16 | 14 | 180 |
| FMC/Owerri | 180 | 18 | 14 | 212 |
| **TOTAL** | **758 (80%)** | **121 (13%)** | **70 (7%)** | **949** |

**Source**: Field Survey 2024

In table 9 above, the data revealed a strong correlation between mass media exposure on family planning and positive disposition to the campaign. A total of 758 respondents (80%) strongly agreed with the statement, while 121 respondents (13%) merely did not. 70 respondents (7%) were undecided. This implies how effective the media campaign had been, given the high number of respondents who were positively disposed to the message of the campaign.

**Discussion**

The first hypothesis in this study tested whether there is a significant correlation between the mass media campaign on family planning and the level of awareness of the family planning choices among couples in South East Nigeria. The chi-square goodness of fit was used to test this hypothesis, and the result revealed that the calculated chi-square of 31.2 was greater than the table value of 4.8, at a 0.05 level of significance and 8 degree of freedom (χ2cal = 31.2 >χ2(0.05, 8) = 4.8). This finding is consistent with the diffusion of innovation theory. The central idea behind the family planning campaign is to create awareness about the intervention and to influence the target audience to adopt and practice the innovation, so as to improve their reproductive health. Therefore, when sufficient awareness is created about family planning through broadcast media campaign, the target populace is influenced to develop a positive attitude to practice the health intervention. The findings of hypothesis one are also in tandem with the research by Ardiansyah (2016), Westoff and Rodriguer (02006), Glennerster et al (2021), among others. While Glennerster, et al (2021), in their study titled, “*The mass media or the message-experimental evidence on mass media and modern contraceptives uptake in Burkinafaso*,” concluded that access to mass media can change a highly consequential fertility behavior, Ardiansyal (2016) concluded that increased exposure to mass media results to exposure to family planning use. Furthermore, the findings of the research hypothesis one is consistent with the findings by Dana (2018), which evaluated the impact of mass media delivered family planning campaigns in developing countries and found a positive impact on family planning behaviour.

The second research hypothesis in this study tested if there is a significant positive relationship between the mass media campaign and the practice of family planning among the respondents. Again, this hypothesis was tested, using the chi-square goodness of fit, and the result revealed as follows: X2cal = 14.499 > X2(0.05,8) = 4.8. In line with these statistics, we rejected the null hypothesis and accepted the alternative hypothesis, as stated. The central idea behind the practice of family planning is for child spacing, determination of the number of births and improvement of reproductive health among couples of childbearing age. The finding of the second hypothesis, therefore, aligns with both the diffusion of innovation theory and the theory of reasoned action/theory of planned behaviour. In the stages of innovation adoption (awareness/information, decision to adopt, testing and continued testing), the decision to adopt an innovation (family planning) gives rise to the practice of the innovation. Again, its adoption and practice of the innovation is based on the theory of Reasoned Action/ the theory of planned behaviour which addresses the correlation between attitudes and behaviours with human action. A person’s behaviour towards a given intervention is a factor of the benefits derivable from the intervention.

Finally, our third hypothesis revealed that there is a significant positive influence on the number of children by the respondents as a result of the mass media campaign in family planning. The third hypothesis was tested using the F-test statistics, and the result revealed that: Fcal = 0.9 > F(0.05, 8) = 0.483. This finding is in tandem with the theory of planned behaviour. The expected health behaviour with the aim of achieving a particular benefit from a health intervention programme is the central idea behind this theory. Television as a broadcast medium is engaged in a public health campaign to give out information on health issues in order to inform, educate, influence and change health behaviours of the public. With respect to the health watch campaign in the NTA, what is paramount is to influence and change the attitude of the respondents on the number of children per household. Evidence from the study revealed that respondents were positively disposed to the thrust of the campaign and therefore willingly regulated the number and timing of their births. The third finding further correlates with the diffusion of innovation, which ultimately regulates the number of births for couples. The reduction in the family size means that the innovation has significantly diffused. The findings are further in tandem with the media dependency theory as well as the cultivation theory.

**Conclusion**

Results from this study indicate that the adoption of family planning practices can be enhanced through exposure to television programmes such as the NTAs health watch magazine program. The study found that NTA was highly accessible by the respondents, who relied on it for awareness of the family planning alternatives and subsequent adoption. The findings in this study were as follows:

There are significant correlations between the broadcast media campaign on family planning and the level of awareness of family planning practices among the respondents.

There is a significant positive relationship between the broadcast media campaign and the practice of family planning among the respondents.

There is a significant positive influence on the number of children by the respondents as a result of the broadcast media campaign on family planning.

**Recommendations**

The study found out and thus recommends as following:

The use of television for creating awareness of public health issues should be reinforced. This is because television is accessible and has a wider outreach than the printed media. Television also breaks the language barrier and is therefore considered the medium for both literate and illiterate audiences.

It is, also recommended that television should be used in any public health campaign that involves attitude and behavioural change. Given that the campaign on family planning is aimed at influencing couples of reproductive age by timing the period of pregnancy and determining the number of children, the campaign involves social and behavioural change strategies. Television is considered a veritable medium for the adoption of specific therapeutic health practices because of its audio-visual features. Community theatre can be used in television for behaviour change. Therefore, the use of television should be upheld.

1. Mass media campaign for the health programmes should be reinforced and complemented with other engagement communication paradigms for policy objectives to be achieved.

2. There should be capacity-building programmes on communication and public health promotion among primary health care workers.

3. WHO, UNICEF and other donor agencies should initiate Volunteer Community Mobilizers (VCM) at rural villages. The VCM, as is currently used for the essential family practices programme by UNICEF, should personally visit households and educate them on the need for family planning.

4. WHO, UNICEF and others should partner with the relevant agencies of the federal government (the National Orientation Agency, NOA, for example) to cascade the campaign for family planning campaigns to the grassroots.

Disclaimer (Artificial intelligence)

Option 1:

Author(s) hereby declare that NO generative AI technologies such as Large Language Models (ChatGPT, COPILOT, etc.) and text-to-image generators have been used during the writing or editing of this manuscript.

Option 2:

Author(s) hereby declare that generative AI technologies such as Large Language Models, etc. have been used during the writing or editing of manuscripts. This explanation will include the name, version, model, and source of the generative AI technology and as well as all input prompts provided to the generative AI technology

Details of the AI usage are given below:

1.

2.

3.

**References**

Agenga, G. O. (2015). *Influence of mass media on contraceptive use among Kenyan women.* A Dissertation in Population Studies, university of Nairobi.

Ali-Pate, M. (2019). *Why protecting, Promoting essential services for women and children.* Washington DC, USA: World Bank Group.

Bauserman, M., Thorsten, V.R., Bose, C., & Nolem, T.L. (2020). Maternal mortality in six low and middle income countries from 2010 – 2018: Risk factors and trends. *Reproductive Health*, 17, 173, <https://doi.org.10.1186/512978-020-00990-2>

Dorrington R. E. & Brandshaw, D. (2016). Acknowledging Uncertainty about maternal mortality estimates, *Bulletin of WHO,* 94, 155 – 156.

Echner, J. (2016). “The medium is the massage” Resaerch Technology Management Informa UK Limited, 59(5): 9-11. doi:1080/08956308.2016./20 90 66

Ezeoka, N. (2018). *Evaluation of the impact of the UNICEF’s volunteer community mobilizers (VCM) in maternal/child health in rural communities.* A Ph.D Seminar Paper, Department of Mass Communication, Chukwuemeka Odumegwu Ojukwu University, Igbariam.

Federal Ministry of Health FMOH (2019). Maternal mortality in Nigeria: A literature review. *World Medical and Health Policy*, II, IP83-04.

Finetti, J. (2020). *Family planning – Mass media campaign,* Charity Entrepreneurship Research Project.

Gerson, I. (2017). Language and the newness of media. *Annual Review of Anthropology,* 46 (1), 15 – 31.

Glennerster, R., Murray, J. & Pouliquen, V. (2021). *The mass media or the message. experimental evidence on mass media and modern contraception uptake in Burkina Faso.* Oxford, London: Centre for the Study of African Economics.

Habibor, N. & Zainiddinov, H. (2017). Effects of television and radio family planning messages on the probability of modern contraceptive utilization in post-soviet central Asia. *International Journal of Health Planning Management.*

Ibenegbu, G. (2017). *Geopolitical zones in Nigeria and their states*, [www.legist.ng](http://www.legist.ng)

Kairu, B.W. (2017). *Effect of advertising in contraceptive usage among the youth in Turkana country.* A Thesis for the Award of Master of Science in Health Economics and Policy, University of Nairobi.

Li, J. (2020). *Bockchain technology adoption: Examining the fundamental drivers.* Proceeding in the second International Conferences Management Science and Industrial Engineering Alm Publication, 253-260.

Lijadu, M.O. & Makanjuola, A. E. (2015). Influence of mass media campaign on HIV/AIDS among students of federal college of education, Abeokuta, Nigeria, *Nigerian Journals of Social Studies,* xviii (20).

Mbungu, F. (2013). *Influence of contraceptive advertising into consumers’ purchasing decision. The case of PSI Tanzania*. A Masters Degree Thesis in Business Administration, Open University of Tanzania.

McArthur, J.W., Rasmussen, K. & Yamay, G. (2018). How many lives are at stake? Assessing 2030 Strategic Development Goals (SAGs) strategies for maternal and Child Health. *British Medical Journal*, 360, k373.

Mghweno, L. R., Katamba, P. & Nyirabavugirije, A. (2017). Influence of mass media on family planning methods use among couples in gashenyi sector, Rwanda, *International Journal of multidisciplinary Research and Development,* 4(6), 336 – 343.

Nwaubani, A. (2020). Remembering the war that many prefer to forget. *BBC News* 8th February.

Nweke, A. (2019).  *Rural-urban migration in Nigeria-implication on the development of the society: Anambra state as the focus of the study.* New York: Rochester.

Ogbu, Emma (2020). Solid minerals in Anambra State: Neglected gold mines, *Radio Nigeria,* Retrieved 26th May, 2020.

Okocha, C. (2020). Nigeria: The southeast is the only geo-political zone that has not presided over Nigeria, *ThisDay,* 8th January, 2020 interview.

Onumajuru, V.C. (2016). A contrastive study of two varieties of Onicha and the central Igbo language. *African Review of International Journal of Arts and Humanities,* 5(2), 225 – 240.

Orji, C. (2022). Interpersonal Interview conducted on 7th August 2022.

Osuala, E.C. (2013). Introduction to Research Methodology 15th (Edition). Onitsha, Anambra State: Africana-First Publisher.

Pacholoczyk, T. (2016). *Catholics and acceptable use of contraception*. National Catholic Bioethic Centre.

Rerenberry, J. & Vicker, L.A. (2017). *Applied mass communication theory,* New York: Routledge.

Sarek, K. & Hausen, E. (2020). *Family planning – Mass media campaign* (2020 Recommended Ideas). Charity Entrepreneurship Research Centre.

Sassman, R. & Gifford, R. (2019). Causality in the theory of planned behaviour. *Personality and Social Psychology Bulletin,* 45(6), 920-933.

Speizer, I. S., Guilkey, O.K., Escamilla, V., Lancer, P.M., Calhoun, L.M., Ojogun, O.T., *et al.* (2019). On the sustainability of family planning programmes on Nigeria when funding engels. *PLOSONE,* 14(9).

Stromberg, D. (2015). Media and politics. *Annual Review of Economics*, 7(1), 173 – 205.

Uchendu, V. C. (1965). *The igbo of south east Nigeria*, Holt, Rinehart and Winston.

Ukaegbu, M. & Elojah, E.O. (2016). Influence of family planning media programmes on the knowledge, attitudes and practices of residents of enugu metropolis. *London Journal of Research in Humanities and Social Sciences*

United Nation Department of Economic and Social Affairs (2019). *Family planning and the 2030 agenda for sustainable development data booklet.* New York, UN.

United Nations Children’s Funds UNICEF (2017). *Facts for Life* (5th Edition). Abuja, Nigeria: Federal Ministry of Health.

United Nations Children’s Funds, UNICEF, (2018). *Basic health information on maternal, new born and child health (MNCH)*. New York: UNICEF.

United Nations Population Fund (2018). *Family planning*. Retrieved March, 2018

United Nations, Maternal Mortality Estimation Inter-Agency Group, UN MMEIG (2019). *Trends in maternal mortality, 2000-2017; Estimates by WHO, UNICEF, UNPPA, World Bank Group, and United Nations population Division*. Geneva: WHO.

WHO (2016). Global causes of maternal dead: A WHO systematic analysis. *The Lancet Global Health,* 6(2), 78 – 94.

WHO (2018). *Family planning contraception*, World Health Organization Mensroom, Retrieved March 6, 2018

WHO (2019). *Maternal mortality: Levels and trends, 2000-2017.* Geneva: WHO <https://www.who.int.publications>

World Bank Group (2011). *Institutional diffusion*. Blogs.worldbank.org.2009-11-16

World Bank Group (2019). *Maternal mortality Ratio: Modeled Estimates Per 100,000 live births.*<https://date.worldbankgroup.org>.

World Health Organization (WHO) (2000). *Bulletin of the world health organization,* 78(9), 1156-1947.

World Health Organization (WHO) (2019). *Maternal mortality: Key facts.* Geneva: WHO

Ofurum , I. C., Mba , O. G., & Enyindah , C. E. (2023). Factors Associated with Unmet Needs for Family Planning among People Living with HIV/AIDS in the South-South Region of Nigeria. Journal of Advances in Medical and Pharmaceutical Sciences, 25(1), 10–22. <https://doi.org/10.9734/jamps/2023/v25i1594>

Rogers, D., Snyder, L. B., & Rego, M. (2021). The impact of mass media‐delivered family planning campaigns in low‐and middle‐income countries: A meta‐analysis of advertising and entertainment‐education format effects. Studies in Family Planning, 52(4), 439-465.

Mutumba, M. (2022). Mass media influences on family planning knowledge, attitudes and method choice among sexually active men in sub-Saharan Africa. Plos one, 17(1), e0261068.

Babalola, S., Figueroa, M. E., & Krenn, S. (2017). Association of mass media communication with contraceptive use in Sub-Saharan Africa: a meta-analysis of Demographic and Health Surveys. Journal of health communication, 22(11), 885-895.

Barber, J. S., & Axinn, W. G. (2004). New ideas and fertility limitation: The role of mass media. Journal of marriage and family, 66(5), 1180-1200.

Do, M., Hutchinson, P., Omoluabi, E., Akinyemi, A., & Akano, B. (2020). Partner discussion as a mediator of the effects of mass media exposure to FP on contraceptive use among young Nigerians: evidence from 3 urban cities. Journal of Health Communication, 25(2), 115-125.