

# **AWARENESS AND EXPOSURE OF ‘GET IT TOGETHER’ MEDIA CAMPAIGN ON FAMILY PLANNING PRACTICES AMONG WOMEN OF REPRODUCTIVE AGE IN SOUTH-EAST NIGERIA**

**Chukwudi Justus ANYIANUKA, PhD**

Institute of Management and Technology, Enugu, Nigeria  
canyianuka@imt.edu.ng

## **Abstract**

Nigeria's burgeoning population currently estimated at 195 million, with a high fertility and equally high maternal and morbidity rates, has been subject of several social commentaries and academic inquiries predicting looming demographic danger and advocating effective family planning policies in the face of dwindling natural resources, decay in infrastructure and absence of social services. This study investigated the 'get it together' media campaigns of the Nigerian Urban Reproductive Health Initiatives - NURHI - designed to address the population challenge. The campaign employs multi-platform social media components, song, skits and regional ambassadors, and uses newspaper, magazine, television and radio channels to create awareness and persuade couples in South-East Nigeria to embrace family planning practices. This study, therefore, sought to determine the extent of exposure of women of reproductive age in South-East Nigeria to the messages of the 'get it together' media campaigns and their family planning awareness and practices. Deploying survey research design, a sample size of 384 women of reproductive age (15-49 years) in South-East Nigeria was used for the study. Findings indicate that women of reproductive age in the zone have low knowledge of family planning techniques promoted by the campaign and that respondents are exposed to it through radio, TV and the social media. It is therefore recommended that NURHI should carryout an evaluation of the 'get it together' campaign, to re-strategize and increase public knowledge of the campaign.

**Keywords: Awareness and Exposure, Get It Together, Media Campaign, Family Planning South-East Nigeria**

## **Introduction**

Maternal and infant morbidity, as well as mortality rates, constitute critical challenges in the health sector. These issues are essential because of the pivotal place of maternal health as an indicator of the quality of a health system. Lawton (2013) affirms that maternal mortality is one of the most important indicators of population health and the quality of health care in society. Lawton regrets that in addition to an increase in maternal mortality, there is a rise in maternal morbidities, both preexisting conditions and illness or injury arising from complications of pregnancy or medical intervention. The World Health Organization (2015), report that an estimated 303,000 women died as a result of pregnancy and childbirth-related complications. According to the report, most of these deaths occurred in low and middle-income countries (LMICs). Also, Sub-Saharan Africa was reported to have had the highest maternal mortality ratio (MMR). The report further adds that an estimated 546 maternal deaths occur per 100,000 live births; the MMR for high-income countries (HICs) was an estimated 17 maternal deaths per 100,000 live births. According to United Nations International Children Emergency Fund (UNICEF 2016), in 2016 alone, 7,000 newborn babies died daily while newborn deaths constituted 46 percent of all child deaths, an increase from 41 per cent in 2000. UNICEF revealed that most of these deaths were completely preventable because they happen because of pregnancy, complications during labour and birth, and infections like sepsis, pneumonia, tetanus, and diarrhea.

Women of reproductive age have also been affected as a result of complications arising from childbirth. World Health Organization (2016) disclosed that every day, approximately 830 women die from preventable causes related to pregnancy and childbirth and that 99% of all maternal deaths take place in developing countries. Also, according to UNICEF (2017) one woman dies every ten minutes in Nigeria, because of pregnancy or childbirth, giving a total of 53,000 per year. Thus, about 800 women die in every 100,000 live births in Nigeria. The situation is said to be worse in northern

Nigeria, where the dominant religion promotes polygamy. Also, in northern Nigeria, early marriage is common practice. The South-East Nigeria has the third highest number of maternal mortality rate (UNICEF, 2017). According to UNICEF, 286 out of 1000 women from South-East Nigeria die during childbirth. To reduce the rate of maternal and infant death, family planning is required. Family planning is beneficial to the health of mothers and their children. Other benefits include socioeconomic benefits; for example, women can advance their education and careers by delaying or limiting childbearing, and this can bring better economic prospects to their household (Smith, Ashford Gribble & Clifton, 2009). Moreland and Talbird (2006) maintain that family planning serves to reduce child and maternal morbidity and mortality by preventing unintended pregnancies and unsafe abortions. The World Health Organization (1999) avers that family planning also promotes birth spacing, ultimately reducing child mortality while enhancing the nutritional status of both mother and child.

To address the issue of population growth and save lives of hundreds of thousands of women who die yearly due to complications from pregnancies and child birth, the United Nations had in 2000 adopted the Millennium Development Goal 5, targeting the reduction of maternal mortality by 75% and achieving universal access to reproductive health by 2015 (MDG Monitor, 2016). The Sustainable Development Goal 3 (2015-2030), which aims to ensure healthy lives and promote wellbeing for all at all ages replaced the MDG goal. To date, Nigeria is reported to still have the lowest family planning rates in the world, with only 10% of married women reporting use of a modern contraceptive method (NDHS, 2013). Admittedly, there are cultural and socio-economic barriers that may account for the contraceptive prevalence rate, but the major barrier to the low utilization of family planning is weak policy support by the Nigerian government.

Only recently (February 2017), government through the Federal Ministry of Health launched the National Family Planning Communication Plan (2017–2020) with the aim to reduce maternal and infant mortality and morbidity by increasing the knowledge and use of modern family planning methods among women of reproductive age (15-49 years) in Nigeria, and to reach a target of 7.3 million women of reproductive age as new users of modern Family Planning methods by December 2018 (Federal Ministry of Health, 2017). The plan aims at increasing the knowledge of about twenty (20) percent of the 36,756,680 women of reproductive age, who do not wish to get pregnant now or ever again and are not currently using any family planning method (Federal Ministry of Health, 2017).

The 'get it together' media campaign on family planning, the brain child of the Nigerian Reproductive Health Initiative (NURHI), an organization of the Bill and Melinda Gates Foundation, established to promote innovative family planning programmes in India, Nigeria, Kenya and Senegal, appears a direct response to the MDG goal 5 and SDG goal 3. NURHI began operation in Nigeria in 2009 with the objective to address the gaps in access to reproductive health services by Nigerian urban poor communities (Nigeria Health Watch, 2015). To generate demand for family planning services NURHI designed and began implementation of a media campaign titled 'get it together', employing radio, television, newspaper, magazine and below the line advertising to spread messages on reproductive health and to persuade couples to embrace modern family planning practices. The project was initially executed between 2010 and 2014 in six pilot cities: Abuja, Benin, Ibadan, Ilorin, Kaduna and Zaria. In 2016, the 'get it together' media campaign was redesigned and expanded to a national scale, integrating multi-platform social media components, a song by two pop stars, skits and regional ambassadors.

Two Nigerian pop stars, Tiwa Savage and Paul Okoye of P-Square, performed the 'get it together' song used in the radio, TV and social media ads. The song, which has recorded almost four million views and 11, 547 shares on YouTube, is delivered in contemporary Nigerian pop music style, trending with the youth. Kott (2016) observed that the song encourages listeners to become "the people weysabi" (cool or happening people) who know the importance of planning and spacing pregnancy. From its language, beat, lyrics and general delivery, the message is apparently targeted at the urban-mobile couple. One wonders why the rural couple is alienated from this campaign, more so, when research has shown that there is a higher fertility rate among the rural population than in the

urban population in Nigeria. Again, it is critical to note that the song has a strong similarity with the 'wait for me' and 'choices' songs, performed in the 1980's by music legends, OnyekaOnwenu and King Sunny Ade, which promoted abstinence from sex by couples until marriage, and family planning practices by couples. It is not known if the 'get it together' campaign and song is predicated on the success of the 'wait for me' and 'choices' songs. In the South-East campaign ad, executed in Igbo language, a man who on the visit to his shop by his wife to be, expresses excitement about their union and boasts of how he would make their wedding the talk of the town and give his wife the best of life. His bride however threads cautiously and suggests they begin family planning. This he enthusiastically accepts. Mike Ezuronye, a popular Nollywood star, who is the campaigns South-East ambassador featured in the Igbo skit described. Again, one questions if using celebrities for the media campaign could affect the target audience's acceptance and assimilation of the messages.

Reports from a 2015 evaluation of the impact of the 'get it together' media campaigns of 2010 – 2014, in the six pilot cities earlier identified, indicate that it helped achieve an 11% increase in modern contraceptive prevalence rate (Health Watch, 2015). Moreland and Talbird (2006) maintain that family planning serves to reduce child and maternal morbidity and mortality by preventing unintended pregnancies and unsafe abortions. The World Health Organization (1999) avers that family planning also promotes birth spacing, ultimately reducing child mortality while enhancing the nutritional status of both mother and child. Considering the benefits of family planning, it could help in reducing the maternal and child death in South-East Nigeria. This study, therefore, sought to ascertain awareness of 'get it together' media campaigns and the family planning practice among women of reproductive age in South-East Nigeria.

### **Statement of the Problem**

Although the 'get it together' family planning campaign has been promoted in South-East Nigeria through different channels like the radio, TV, newspaper, magazines and the new media, it cannot be assumed that such messages reach the target audience - women of reproductive age. Understanding exposure to such campaign is critical in taking strategic decisions that will improve the campaign. Also problematic is the uncertainty regarding the media through which women of reproductive age in South-East Nigeria are exposed to 'get it together' media campaign on family planning. In addition, there is lack of empirical evidence concerning the extent of awareness of family planning techniques promoted in the 'get it together' media campaigns. These issues are essential to the GIT campaigns, as they will provide fresh perspectives on how to make the campaign better, hence the need for this study.

### **Research Questions**

This study sought answers to the following questions:

1. What is the level of exposure to 'get it together' media campaigns on family planning among women of reproductive age in South East Nigeria?
2. What are the media through which women of reproductive age in South-East Nigeria are exposed to 'get it together' media campaign on family planning?
3. What is the extent of awareness of family planning techniques promoted in the 'get it together' media campaigns among women of reproductive age in South-East Nigeria?

### **Family Planning Techniques promoted in the get it together Campaign**

Certain family planning techniques are promoted in the 'get it together' media campaign. The family planning techniques promoted in the campaigns include:

**Injectables:** This describes the method in which a woman gets an injection every two or three months, depending on the type of injectable.

**Condoms:** Condoms are thin rubber barrier, which is rolled on to the penis before sex. There are condoms for both men and women.

**The implant:** This is made up of two small rods the size of a matchstick. They are put under the skin in the inside of the arm of a woman.

**Intrauterine Device:** This is made of plastic and copper that is inserted into the womb (uterus) by way of the vaginal canal.

**Exclusive breast-feeding:** This is based on the fact that when a woman exclusively breast feeds for six months she is prevented from pregnancy.

**The Pill:** It is taken orally by women to prevent pregnancy, and, when taken correctly, it is up to 99.9% effective.

**Emergency contraceptive pills:** These are tablets which can prevent pregnancy when taken up to 120 hours after sex.

**Tubal ligation:** This is a method of permanent contraception for women who do not want to get pregnant again.

**Vasectomy:** It is a permanent contraception for men who do not want any more children.

### **Media Campaigns and Behaviour change through health Communication**

The media are essential tools through which health information can be disseminated. It will be very difficult for any health campaign to succeed without the full involvement of the media. Ramsay and Minozzi (2002) did a worldwide review of 20 studies that investigated the effects of mass communication on the use of health services and reported that all of the studies except one showed the effectiveness of the media campaigns in health promotion. Media campaigns can serve as effective tools through which health initiatives can be promoted. Media campaigns are, thus, needed in health promotions.

Media campaigns describe objective- driven media contents, usually defined by time frame with a target population. Locksley (2009) opines that media campaigns are essential ways of behaviour change communication. According to Locksley, the storyline is simple; the media can contribute to development by bringing about beneficial changes in the behaviour of individuals, groups, and organizations. Fishbein and Azjen (2010) posit that many campaigns aim to directly affect individual recipients by invoking cognitive or emotional responses. Such programmes are intended to affect decision-making processes at the individual level. Anticipated outcomes include the removal or lowering of obstacles to change, helping people to adopt healthy or recognize unhealthy social norms, and to associate valued emotions with achieving change. These changes strengthen intentions to alter and increase the likelihood of achieving new behaviours. Behaviour change might also be achieved through indirect routes. The United Nations Population Fund (2003) assert that change campaigns are usually done with a view to promoting participation in local or national elections, encouraging school enrollment, improving understanding of health and nutrition issues, spreading best practices on agricultural techniques, or supporting greater tolerance of certain groups in society - all of which contribute to the development process. Change campaigns usually involve a media component. The media can equally produce behavioural change where campaigns occur in developed countries to produce results in developing countries. Combined with the plurality and transparency storyline, the behavioural storyline is also a way of influencing the responsiveness and accountability of business and political decision-makers to customers and citizens (Locksley, 2009). Hornik and Yanovitzky (2003) hold that mass media campaigns can work through direct and indirect pathways to change the behaviour of whole populations. The fundamental point is that media campaigns are critical to behaviour change communication.

### **Review of Empirical Studies**

In this segment of the study, previous studies that are related to the current one have been reviewed. Onyeizu and Binta (2014) carried out a study on 'Newspaper coverage of health issues in Nigeria (A Study of the *Guardian* and the *Punch* newspapers January 2010 to December 2011) and sought to establish the extent to which the media are working to set public agenda for the health sector so that it can mobilise both the government and the governed towards achieving a healthy state. The research methodology used was content analysis and the purposive sampling technique was adopted. The research covered a 24-month period. A total of 554 health reports were found and analysed on the

selected health issues. The researchers reported that the single disease that garnered the most media attention was HIV/AIDS, and the most reported genre was straight news story. The researchers further found out that the newspapers did not give prominence to health issues. The researchers, however, paid no attention to reproductive health.

Gupta and Sinha (2010) in a research work on health coverage in mass media, deployed content analysis to study the health-related messages that appeared in the print and electronic media. Taking a sample of two newspapers, the messages appearing in them were studied for the year 2008, while a study of the electronic media was done through observation. The researchers reported that all types of media provide information regarding health matters, but political, social, crime and sports news were primarily covered in both print and electronic media. The missing link here again is the failure of the researchers to focus on reproductive health and family planning.

Olusola and Taiwo (2015) in a study on 'Newspaper promotion of health Millennium Development Goals in Nigeria' investigated how selected Nigerian newspapers cover health millennium development goals such as, child mortality, maternal health, HIV/AIDS, malaria and other diseases with emphasis on the extent of coverage of health promotions concerning the diseases mentioned and the format in which they were reported, as well as the direction of coverage and the major characters. The method this research adopted was content analysis. The researchers found that health stories were highly reported. The study also showed that the health stories mostly reported were HIV/AIDS and malaria, while child mortality and maternal health were least reported. Based on their results, the researchers concluded that health-related MDGs when adequately covered by newspapers would help the people to know health issues as it affects them and enhance individual and communal health.

Agha and Van Rossem (2002) reported that mass media campaigns influence the intention to use a female condom in Tanzania. Rogers and Sood (2010), who examined the effect of media messages on husbands' involvement in safe motherhood campaign in Indonesia, found that husbands exposed to the mass media campaigns from television, radio, and print materials, aimed at promoting male involvement in birth preparation, were more likely to report new knowledge on birth preparedness and to participate in birth preparation than those not exposed to such messages. In another study, Bajoga, Atagame, and Okigbo (2015) found that 71% of women are exposed to family planning messages in the media, while the main sources of media exposure were mobile phones (48%), radio (37%), and television (29%). Babalola, Folda and Babayaro (2008) in their research, noted a moderate level of campaign exposure to media campaigns on family planning. Overall, their study indicated that only 26% of the sexually experienced female respondents reported having been exposed to the media campaign. The major source of exposure was through the radio.

### **Theoretical Framework**

This study is founded on agenda-setting theory and the health belief model.

### **Agenda Setting Theory**

Agenda setting theory describes the "ability of the news media to influence the salience of topics on the public agenda" (Asemah 2011). It is the creation of public awareness and concern of salient issues by the news media. Two basic assumptions underlie most research on agenda-setting:

1. The press and the media do not reflect reality; they filter and shape it;
2. Media concentration on a few issues and subjects lead the public to perceive those issues as more important than other issues.

Maxwell McCombs and Donald Shaw proposed the agenda setting theory in 1972. The theory is important because it provides the framework for understanding awareness of the 'get it together' media campaigns among women of reproductive health. When the media set agenda on an issue, it is expected that the public will be aware of it.

### The Health Belief Model

The Health Belief Model (HBM) is an intrapersonal (within the individual, knowledge and beliefs) model used in health promotion to design intervention and prevention programmes. The frustration as to why the public was not responding to the Government of the United States of America's offerings of free health prevention programmes in the 1950s sparked the research of three psychologists, Irwin Rosenstock, Godfrey Hochbaum and Stephen Kegels (Burke 2013 and Maguire 2010).

This model is related to this study because the focus of the study is to ascertain the health behaviour of individuals through examination of perceptions and attitudes someone may have towards disease and negative outcomes of certain actions.

### Methodology

**Design and area of the study:** This study adopted survey research design to achieve its aim. It was decided that survey was best for the study because it is the most suitable to determine knowledge and use of family planning methods promoted in the 'get it together campaign'. The study was conducted in South-East Nigeria.

**The population of the study:** The target population of this study was all the women of reproductive age (15-49 years) in South-East Nigeria. However, there is no official figure on the exact number of women of reproductive age from the zone, so the researcher made use of the number of women from the zone. According to the National Bureau of statistics (2012), the total number of women from South-East Nigeria is shown below:

**Table 1: Population of the study**

Abia	1,415,082
Enugu	1,671,795
Anambra	2,059,844
Ebonyi	1,112,791
Imo	1,951,092
<b>Total</b>	<b>8,210,604</b>

**Sample and Sampling Technique:** The sample size for this study was made up of 384 women of reproductive age (15-49). The researcher made use of the Cochran formula to derive the sample size. To sample for the individual states, the procedure was as follows:

$$\text{Abia } \frac{1,415,082}{8,210,604} \times 384 = 67$$

$$\text{Anambra } \frac{2,059,844}{8,210,604} \times 384 = 96$$

$$\text{Ebonyi } \frac{1,112,791}{8,210,604} \times 384 = 52$$

$$\text{Enugu } \frac{1,671,795}{8,210,604} \times 384 = 78$$

$$\text{Imo } \frac{1,951,092}{8,210,604} \times 384 = 91$$

The researcher adopted cluster and purposive sampling techniques to select the individual respondents. First, the individual states (Abia, Anambra, Ebonyi, Enugu and Imo) were considered as clusters. In the second place, the researcher purposively selected all the state capitals (Umuahia, Awka, Abakaliki, Enugu and Owerri) and their urban centres respectively, for the survey. This was based on the fact that the state capitals and urban centres offer the possibility of allowing people from different senatorial zones to be included in the sample. Also, the design and delivery of the message of the campaign appears targeted at the mobile-urban woman. Such other factors as ownership of

smartphones, affordability and access to the Internet, magazines, newspapers, television and radio also informed the decision for the selections.

Through a purposive means and working with four trained research assistants, the researcher purposively selected the women of reproductive age by visiting residential houses in the urban centres within the state capitals, between the hours of 4 pm and 7 pm to create a balance between working hours and closing hours. Only women who were aged 15-49 were eligible for inclusion. Also, only women who were married were included in the sample.

### Data Analysis and Results

A total of 384 copies of the questionnaire were administered to the respondents but only 361 copies representing 94% were returned and found useful.

**Table 1: Level of exposure to campaigns**

Level of exposure	Frequency	Percent
No exposure	24	6.6
High exposure	52	14.4
moderate exposure	103	28.5
low exposure	182	50.4
Total	361	100.0

The result of the study above suggests that most of the respondents reported that they were lowly exposed to get it together media campaign. That is, they were exposed to the campaign between 1-2 times weekly. To ascertain the media through which they are exposed to the message, the following table was computed:

**Table 2: The media exposed to campaigns on 'get it together'**

Existing Media	$\bar{x}$	SD	Remarks
1 Radio	3.0	0.73	Agree
2 Television	2.9	0.69	Agree
3 Newspaper	2.2	0.89	Reject
4 Magazine	1.2	0.72	Reject
5 Social media	2.7	0.76	Accepted
6 Website	2.1	0.63	Reject

**Note:** Multiple responses were encouraged

Based on the result from the table above, it can be seen that the respondents reported that they mostly received information on the 'get it together' campaign from the radio, television and the social media. This is because the mean scores for these items were within the acceptable benchmark of 2.5, which is the acceptable benchmark.

**Table 3: Extent of awareness of family planning methods**

Existing Media	$\bar{x}$	SD	Level of Knowledge
1 Emergency contraceptive pills	1.4	0.91	Low extent
2 The Pills	0.88	0.83	Low extent

3	Condoms	2.7	0.72	High extent
4	Intrauterine device	0.78	0.86	Low extent
5	Implant	1.5	1.5	Moderate extent
6	Injectable	2.8	1.8	High extent
7	Vasectomy	0.78	1.2	Low extent
8	Tubal ligation	0.98	1.7	Low extent
9	Exclusive Breasts feeding	2.0	2.6	High extent

From the table above, it can be seen that the respondents only have high knowledge of condom, Injectable and exclusive breastfeeding and have moderate knowledge of implant and low knowledge of the rest of the techniques. This calls for more work in creating awareness of the other family planning techniques.

**Table 4: Influence of GIT use of family planning technique**

	Res.	%
Yes	170	47
No	191	53
Total	361	100

The result from the table 4 above revealed that 47% of the respondents reported that GIT influences their family planning practice while 53% reported that it does. This result implies that most of the women of reproductive age from South-East Nigeria are yet to fully practice the family planning techniques promoted in GIT.

### Discussion of Findings

The result of this study showed that most of the women of reproductive age in South-East Nigeria have low exposure to ‘get it together’ family planning media campaign. This is because most of the respondents reported low exposure to the campaign. Low exposure to GIT campaign is a negative signal as it will be difficult for people to be influenced when they are not exposed to the message in the first place. Even the health belief model posits that exposure to health messages is very critical to health campaigns. This result has implications on the possible influence of the campaign on them because people can hardly be influenced by messages when they are not well exposed to it. The result has implications on the health belief model adopted in this study because the model specified that media messages are the cues that make health campaigns effective. Also, scholars (e.g., Burke 2013; Maguire 2010) found that exposure to health messages is critical to health campaigns. Also, Rogers and Sood (2010) after studying the effect of media messages on husbands’ involvement in safe motherhood campaign in Indonesia, reported that husbands exposed to the mass media campaigns from television, radio and print materials aimed at promoting male involvement in birth preparation were more likely to report new knowledge on birth preparedness and to participate in birth preparation than those not exposed. Such low exposure may have been responsible for the low practice of the family planning techniques promoted in the campaign.

The result of this study also revealed that most of the respondents reported that they are exposed to the campaign through the radio, TV and the social media. This result implies that media campaigns aimed at getting the attention of women of reproductive age must focus attention on the channels of dissemination.



This result is contrary to those of Bajoga, Atagame, and Okigbo (2015) and Babalola, Folda and Babayaro (2008) who did not identify social media as a source of information for women of reproductive age. The result also showed that among the nine family planning methods, promoted in the 'get it together' campaign, the respondents only have high knowledge of condom, Injectable and exclusive breast feeding and have moderate knowledge of implant and low knowledge of the rest of the techniques. This result has negative implications on family planning campaigns because lack of knowledge of family planning campaigns could negatively affect use of contraceptives, as according to Emens, [18] the actual use of contraceptives at the household level depends on the availability of accessible family planning services in the local environment, and on knowledge people have of family planning measures.

### Conclusion / Recommendations

Based on the result of this study, the researcher concludes that most of the women of reproductive age do have low exposure to the 'get it together' media campaigns. It is also the conclusion of this study that most of the women of reproductive age in South-East Nigeria are exposed to the campaigns through radio, TV and the social media. This study also concludes that most of the women of reproductive age within the study area have low awareness about the family planning techniques promoted by the 'get it together' media campaign. The result of this study has implications for health communication as well as behaviour change communication. This is because it has provided insights into the type of media to use when targeting women of reproductive age. This study has contributed to previous literature relating to the role of the media in family planning and health communication generally. This study makes the following recommendations:

1. There is the need for the Nigerian Urban Reproductive Health Initiative to redouble its effort at increasing public knowledge of the 'get it together' campaign.
2. Health campaigns should make effective use of radio, TV and the social media as the result showed that most of the respondents get health information through these media.
3. The Federal Ministry of Health, on its part, should be committed to its family planning communication plan and implement activities and programmes in educating women of reproductive age on the benefits of embracing modern family planning methods.

### References

- Agha S, Van Rossem R. (2002). Impact of mass media campaigns on intentions to use the female condom in Tanzania. *International Prospective on Sexual and Reproductive Health* 28 (3):151–8.
- Asemah, E. S. (2011). *Selected mass media themes*. Jos: University press.
- Babalola S, Folda L, Babayaro H. (2008). The effects of a communication program on contraceptive ideation and use among women in Northern Nigeria. *Study of Family Planning* 39(3):211-220.
- Bajoga, C. Atagame, K. and Okigbo, C. (2015). Media Influence on Sexual Activity and Contraceptive Use: A Cross Sectional Survey among Young Women in Urban Nigeria. *African Journal of Reproductive Health* 19[3]: 100-110).
- Burke, E. (2013). The health belief model. From [http://www.iccwa.org.au/useruploads/files/soyf/2013\\_resources\\_videos/the\\_health\\_belief\\_model.pdf](http://www.iccwa.org.au/useruploads/files/soyf/2013_resources_videos/the_health_belief_model.pdf)
- Federal Ministry of Health, (2017). National Family Planning Communication Plan (2017-2020) Strategy for Increasing the use of Modern Contraceptives in Nigeria.
- Fishbein M, Azjen I. (2010). *Predicting and changing behaviour: the reasoned action approach*. New York: Psychology Press,
- Grilli R, Ramsay C, Minozzi S. (2002). Mass media interventions: effects on health services utilisation. *Cochrane Database SystRev* (1). Available at: <http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD000389/abstract>

- Gupta, A. & Sinha, A. K. (2010). Health coverage in mass media: A content analysis. *Journal of Communication*. Retrieved from <http://www.krepublishers.com/02Journals/JC/JC-01-0-000-10-Web/JC-01-1-000-10-Abst-PDF/JC-01-1-019-10-004-Gupta-A/JC-01-1-019-10-004-Gupta-A-Tt.pdf>
- Hornik, R., Yanovitzky I. (2003). Using theory to design evaluations of communication campaigns: the case of the National Youth Anti-Drug Media Campaign. *Communication Theory*, 13, 204-24.
- Kott, A. (2016). Get it together family planning song is YouTube sensation. Retrieved from: <https://ccp.jhu.edu/2016/02/25/get-it-together-family-planning-song-is-youtube-sensation/>
- Lawton, E. (2013). Maternal and infant morbidity and mortality in California. Retrieved from [http://www.hqinstitute.org/sites/main/files/file-attachments/lawton\\_ca-pamr\\_11sept2013\\_v1.pdf](http://www.hqinstitute.org/sites/main/files/file-attachments/lawton_ca-pamr_11sept2013_v1.pdf)
- Locksley, G. (2009). The media and development what's the story? World bank paper number 158.
- Maguire, K. (2010). The health belief model. <http://lawrencelizewski.com/attachments/File/HBM.pdf>
- MDG Monitor (2016). MDG 5 – Improve maternal health. Retrieved from: [mdgmonitor.org/mdg-5-improve-maternal-health/](http://mdgmonitor.org/mdg-5-improve-maternal-health/)
- Moreland S, Talbird S. (2006) *Achieving the millennium development goals: the contribution of fulfilling the unmet need for family planning*. Washington, DC: Constella Futures, POLICY,
- Nigeria Health Watch (2015). Turning the tide of family planning services in Nigeria. Retrieved from: [nigeriahealthwatch.com/turning-the-tide-of-family-planning-services-in-nigeria/](http://nigeriahealthwatch.com/turning-the-tide-of-family-planning-services-in-nigeria/)
- Olusola, O.K. & Taiwo, N.T (2015). Newspaper promotion of health millennium development goals in Nigeria. From [https://www.academia.edu/293085/Newspaper\\_coverage\\_of\\_health\\_millennium\\_development\\_goals\\_in\\_Nigeria](https://www.academia.edu/293085/Newspaper_coverage_of_health_millennium_development_goals_in_Nigeria)
- Onyeizu, O.U. & Binta, D.O. (2014). Newspaper coverage of health issues in Nigeria (A study of the *Guardian* and the *Punch* newspapers January 2010 to December 2011). *International Journal of African and Asian Studies*, 4 83-90.
- Shefner-Rogers C, Sood S. (2010). Involving husbands in safe motherhood: effects of the SUAMI SIAGA campaign in Indonesia. *Journal of Community Health Nursing* 2010;9(3):233-58
- Smith R, Ashford L, Gribble J, Clifton, D (2009). *Family planning saves lives*. Washington, DC, USA: Population Reference Bureau
- United Nations International Children's Fund (2017). Levels and trends in child mortality. UNICEF World Health Organization (2016). Maternal mortality. Retrieved from <http://www.who.int/mediacentre/factsheets/fs348/en/>