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Exploring Media Exposure and Exclusive Breastfeeding Practices among Working-Class Mothers in Southwestern Nigeria

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Abstract: *Exclusive breastfeeding (EBF) is widely recognized as the most effective infant feeding method, delivering critical nutrients and immunological benefits that significantly reduce infant morbidity and mortality rates. Notwithstanding sustained promotion by the World Health Organization (WHO) and UNICEF, Nigeria continues to experience sub-optimal EBF prevalence, especially among employed nursing mothers who encounter distinctive socioeconomic and cultural challenges. This research examines how media utilization influences the awareness, perceptions, and implementation of exclusive breastfeeding practices among working-class nursing mothers in Southwestern Nigeria. Grounded in the Health Belief Model and Diffusion of Innovations Theory, the investigation employs a mixed-methods research design, integrating survey responses from 400 nursing mothers with qualitative interviews conducted with purposively selected healthcare professionals and media practitioners. The anticipated findings are expected to illuminate media exposure patterns, assess the efficacy of health communication interventions, and elucidate the impact of cultural convictions on breastfeeding choices. This study enriches the scholarly discourse by demonstrating how media-based advocacy strategies can be contextualized to address the lived experiences of working-class mothers, ultimately providing evidence-based recommendations for policy formulation and programmatic interventions aligned with Sustainable Development Goal 3, which emphasizes universal health and well-being.*

Keywords: Exclusive breastfeeding, media advocacy, working-class mothers, Nigeria, health communication

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INTRODUCTION

Breastfeeding remains a universally acknowledged practice with immense nutritional and health benefits for infants and has continued to elicit sustained campaign for its adherence from place to place. Breast milk provides essential nutrients and antibodies that protect against common childhood illnesses, reduce infant mortality, and contribute to long-term health outcomes (Ajayi, 2012; WHO, 2011). In recognition of these benefits, the World Health Organisation (WHO) and UNICEF recommend early initiation of breastfeeding within the first hour of birth, exclusive breastfeeding (EBF) for the first six months, and continued breastfeeding with complementary foods up to two years or beyond (WHO & UNICEF, 2022). Despite this guidance, global statistics reveal gaps: only 44% of infants are exclusively breastfed for six months, with even lower rates in West Africa (UNICEF, 2022). This statistic is alarming when placed side by side by the global campaigns in favour of the practice.

To address these challenges, WHO and UNICEF launched the Baby-Friendly Hospital Initiative (BFHI) in 1991, encouraging hospitals to adopt practices that support breastfeeding. In Africa, Nigeria joined this effort, establishing six university teaching hospitals as BFHI centres (Salami, 2006). Nevertheless, adherence remains sub-optimal. Surveys indicate that fewer than 20% of Nigerian infants are exclusively breastfed for the recommended six months (Ojo & Opeyemi, 2012). Barriers include traditional beliefs (such as discarding colostrum), maternal employment, inadequate antenatal education, and socio-cultural pressures and some other allied societal challenges peculiar to a developing economy (Emeruwa, 2016; Wanjohi et al., 2016).

The International Code of Marketing of Breast Milk Substitutes, adopted by the World Health Assembly in 1981, further underscores the need to protect breastfeeding from aggressive formula marketing. While the Code is not legally binding, it provides an international framework for governments to regulate the promotion of breast milk substitutes and safeguard breastfeeding practices. Nigeria has attempted to implement aspects of the Code, but enforcement remains inconsistent (WHO, 2011). In addition to structural challenges, advocacy and sensitisation remain critical. The media have been central in and to promoting breastfeeding awareness through radio, television, print, health communication campaigns and online presence (Ndolo, 2006). Effective campaigns can generate behavioural change, but in Nigeria, communication gaps persist, particularly in rural communities where infrastructural barriers limit access to modern media (Mboho, 2015). Moreover, campaigns often fail to localise content, reducing their

resonance with target audiences, especially in agrarian communities where poverty and lack of access remain a recurring decimal.

Scientific evidence underscores the stakes. Early initiation of breastfeeding can reduce neo-natal mortality by up to 22% (Nigam & Sinha, 2012). Globally, exclusive breastfeeding could prevent 1.45 million child deaths annually, largely from diarrhoea and respiratory infections (Danso, 2014). EBF also reduces risks of obesity, diabetes, and certain cancers in mothers (Norouzinia, 2015). Despite such compelling evidence, many mothers perceive exclusive breastfeeding as difficult, burdensome, or socially undesirable (Nwachukwu & Nwachukwu, 2017). These attitudes highlight the need for sustained, culturally sensitive education delivered both in antenatal settings and through community-based initiatives. Ultimately, breastfeeding advocacy must be multi-dimensional combining health education, supportive policies, and effective media strategies to tackle the challenge. Governments and stakeholders must prioritise investment in breastfeeding programmes, equip health workers with counselling skills, and shield caregivers from the influence of formula marketing (WHO & UNICEF, 2022). Family-friendly policies, such as maternity leave and workplace provisions for breastfeeding, are equally vital. Strengthening these measures in Nigeria, alongside more tailored communication campaigns, is crucial for improving exclusive breastfeeding rates, reducing child mortality, and advancing progress toward the Sustainable Development Goals.

Conceptual Clarification

This study is anchored on the concept of exclusive breastfeeding *(EBF)*, which is defined by the World Health Organisation (WHO) as feeding infants only breast milk without water, other liquids, or solid foods for the first six months of life, except for prescribed medicines or vitamins. Exclusive breastfeeding is distinguished from partial breastfeeding, where breast milk is supplemented with other foods or liquids. EBF is not only a nutritional practice but also a health intervention, associated with reduced risks of diarrhoea, pneumonia, malnutrition, and infant mortality. Within this study, the term is employed both as a public health strategy and as a behavioural practice influenced by social, cultural, and institutional factors.

Another key concept is breastfeeding advocacy, which refers to deliberate efforts by stakeholders' health organisations, governments, and civil society to promote awareness and adoption of breastfeeding practices. Advocacy involves the use of policies, health campaigns, and educational programmes designed to influence attitudes and behaviours. This study views advocacy as a multidimensional process: it encompasses health education during antenatal care,

community sensitisation, and media-led campaigns that frame breastfeeding as essential for child and maternal health.

Closely tied to advocacy is the *role of the media*. The media, in this context, include traditional outlets such as radio, television, newspapers, and magazines, as well as interpersonal and community channels of communication. The media function as agents of social mobilisation by providing information, shaping public perceptions, and influencing policy discourse. In Nigeria, where cultural norms, limited literacy, and infrastructural challenges affect health communication, the media are central to bridging knowledge gaps and reinforcing breastfeeding messages. Thus, media advocacy is understood here as the strategic use of communication platforms to create awareness, dispel misconceptions, and generate behavioural change regarding EBF. Finally, the study engages with the concept of barriers to exclusive breastfeeding. These barriers include socio-cultural practices (such as discarding colostrum or early introduction of water), economic constraints, maternal employment, inadequate maternity leave, family pressure, and ineffective health communication. Understanding these barriers is crucial, as they shape mothers' perceptions of breastfeeding and determine the success of advocacy campaigns.

By clarifying these concepts exclusive breastfeeding, advocacy, media, and barriers—the study positions itself to investigate how communication strategies can improve awareness and practice of EBF in Nigeria. Together, these concepts form the analytical lens for assessing the extent to which media advocacy contributes to bridging the gap between international recommendations and local practices.

Theoretical Framework

This study is anchored on two interrelated communication and health behaviour theories: the Health Belief Model (HBM) and the Diffusion of Innovations Theory.The Health Belief Model (HBM), developed by Rosenstock in the 1950s, is widely used to explain why individuals adopt or fail to adopt preventive health behaviours. The model posits that health decisions are shaped by perceived susceptibility to disease, perceived severity of the health threat, perceived benefits of the recommended behaviour, and perceived barriers to action. In the context of exclusive breastfeeding (EBF), mothers' choices are influenced by their beliefs about the susceptibility of their infants to illnesses such as diarrhoea and pneumonia, the seriousness of these illnesses, the perceived benefits of EBF (stronger immunity, lower mortality), and the perceived barriers (work pressure, cultural practices, social stigma). Cues to action, such as media messages, antenatal counselling, and community sensitisation, play a vital role in shaping these perceptions. Thus,

the HBM provides a framework for understanding why Nigerian mothers may accept or resist exclusive breastfeeding despite its proven benefits.

Complementing this is Everett Rogers' Diffusion of Innovations Theory (1962), which explains how new ideas and practices spread within a society. The theory identifies stages of adoption—knowledge, persuasion, decision, implementation, and confirmation and highlights the role of opinion leaders, communication channels, and social systems in influencing adoption. Exclusive breastfeeding, though natural, has been reframed by WHO and UNICEF as an "innovation" requiring structured adoption through health campaigns, policy interventions, and advocacy. In Nigeria, where cultural practices often conflict with global recommendations, the diffusion process relies heavily on mass media and interpersonal communication. Opinion leaders such as health workers, religious leaders, and respected community figures are critical to persuading mothers and families to embrace EBF as the norm.

Together, the Health Belief Model and Diffusion of Innovations Theory offer complementary insights. The HBM explains breastfeeding decisions at the individual level, while the Diffusion framework accounts for how breastfeeding advocacy messages spread and gain social acceptance. This dual framework is particularly useful for examining the effectiveness of media advocacy in promoting exclusive breastfeeding in Nigeria, where both personal beliefs and community-level dynamics determine maternal health behaviour.

LITERATURE REVIEW

Global Evidence on Exclusive Breastfeeding

Exclusive breastfeeding (EBF) for the first six months of life is endorsed by the World Health Organization (WHO) and UNICEF as the optimal feeding practice for infants because it delivers complete nutrition, strengthens immunity, and reduces morbidity and mortality from diarrhoeal and respiratory illnesses (WHO, 2021; UNICEF, 2020). Despite broad consensus on its benefits, global adherence remains suboptimal. Recent monitoring reports indicate that EBF rates for infants under six months have increased over the past decade but still hover below global targets, averaging 48% worldwide short of the World Health Assembly target of 50% by 2025 and far from the aspirational 90% coverage required for maximal public health impact (Victora et al., 2016; WHO, 2021). These global figures underscore the need for continued, context-specific interventions that bridge policy intentions and community-level realities.

Intervention studies confirm that well-designed communication and support programs can raise EBF rates. Randomised and quasi-experimental trials show that multi-component interventions

such as interpersonal counselling, mobile phone messaging, and mass-media campaigns significantly improve initiation and short-term EBF prevalence (Sinha et al., 2015; Kimani-Murage et al., 2021). However, impact varies by context, policy environment (e.g., maternity protections, workplace lactation support), and program fidelity (Rollins et al., 2016).

Nigerian Studies on Breastfeeding Challenges

Nigeria's Demographic and Health Surveys (NDHS) reveal chronic under-utilisation of EBF despite high initiation rates. While recent NDHS reports show modest improvements, prevalence remains below global targets and varies widely by region, education, residence, and socio-economic status (National Population Commission [NPC] & ICF, 2019). Such disparities reflect the influence of cultural practices, health system limitations, and labour market conditions on infant feeding. Empirical studies repeatedly cite barriers such as maternal employment, limited maternity leave, inadequate breastfeeding-friendly workplace facilities, cultural practices (e.g., discarding colostrum, early water introduction), insufficient antenatal counselling, and aggressive infant formula marketing (Agho et al., 2011; Adewuyi & Auta, 2020). Among working mothers, employment constraints are a leading reason for discontinuing EBF before six months. Qualitative research in Lagos and other urban centres shows that many women view breastfeeding as incompatible with formal employment without workplace lactation support (Ogbo et al., 2019). Program evaluations, however, indicate that targeted interventions such as combining facility-based counselling with mHealth support and community media campaigns can increase breastfeeding duration and exclusivity (Sadoh et al., 2019).

Media's Role in Health Communication and Breastfeeding Advocacy

Media both traditional (radio, television, print) and new (social media, mobile applications) play an important role in shaping breastfeeding practices. Evidence suggests that mass-media campaigns improve awareness and attitudes, though their effect on sustained behaviour is modest when implemented in isolation. Larger and more durable effects occur when media campaigns are integrated with interpersonal counselling and enabling workplace or policy environments (Wakefield et al., 2010; Lutter et al., 2021).

In Nigeria, research on media interventions is emerging. Broadcast campaigns and social-media initiatives demonstrate growing relevance, especially in urban populations with smartphone access, though reach remains unequal across socio-economic groups (Iheanacho et al., 2020). Culturally adapted messaging delivered in local languages and supported by trusted community figures such as health workers or religious leaders enhances effectiveness (Olufunlayo et al.,

2019). Still, aggressive commercial marketing of breast-milk substitutes undermines public health messaging, with weak enforcement of the International Code of Marketing of Breast-milk Substitutes continuing to pose significant challenges (Sokol et al., 2017).

Despite a growing body of work, several knowledge gaps remain. First, most Nigerian studies address mothers generally, with limited attention to working-class nursing mothers, who face unique employment-related constraints and media access patterns. Second, while multi-channel interventions (media counselling and policy) show promise, little is known about which specific media platforms, message frames, and delivery approaches are most effective for employed mothers in Southwestern Nigeria. Third, there is a lack of longitudinal evidence on whether short-term gains in EBF are sustained up to six months and beyond when mothers resume work. Fourth, many studies treat "the media" as a monolithic category, overlooking differences in exposure and impact between broadcast, print, social media, and digital interpersonal communication. Finally, few studies explicitly apply behavioural theory (e.g., Health Belief Model, Diffusion of Innovations) to understand how media influence perceptions, motivations, and sustained breastfeeding practices.

Addressing these gaps requires focused, mixed-methods research that:

i. disaggregates employed mothers by occupation type and media access;

ii. measures both exposure and interpretation of breastfeeding messages, and

iii. links media use to sustained EBF outcomes.

The present study responds to these needs by examining media exposure, message interpretation, and EBF practices among working-class mothers in Southwestern Nigeria, thereby contributing context-specific evidence to inform more effective health communication strategies.

Analysis

Synthesis of Evidence: What the literature collectively shows

Taken together, the literature paints a consistent picture: exclusive breastfeeding (EBF) is both widely recommended and unevenly practised. Global programmatic experience demonstrates that multi-component interventions mixing interpersonal counselling, facility-level practices (like BFHI), workplace supports, and mass-media messaging produce the largest and most sustainable gains. At the national level in Nigeria, quantitative surveys and qualitative studies converge on a set of recurrent barriers: maternal employment without adequate workplace

supports, cultural beliefs (early introduction of water, fear or rejection of colostrum), aggressive formula marketing, and variable quality of antenatal education. Media campaigns have demonstrable reach but produce only modest behaviour change when implemented in isolation; their power lies in generating awareness and altering norms when they are tightly linked to on-the-ground supports. Crucially, working-class nursing mothers who must negotiate paid employment, household responsibilities, and childcare appear to be a distinct subgroup whose constraints and media access patterns require bespoke strategies rather than generic advice.

Interpreting findings through theory

Applying the Health Belief Model (HBM) and Diffusion of Innovations theory clarifies how media and other interventions interact to shape EBF outcomes. The HBM highlights four drivers that must be addressed: perceived susceptibility (do mothers believe their infants are at real risk from not being exclusively breastfed?), perceived severity (do they appreciate the health consequences?), perceived benefits (do they trust that EBF will meaningfully reduce risk?), and perceived barriers (work, stigma, practical difficulty). Media messages typically operate as *cues to action* or as persuasive inputs to perceived benefits and severity; however, unless media content also reduces perceived barriers (for example, by demonstrating safe expressed-milk storage, or by legitimising breast-milk expression at work), knowledge gains may not translate into sustained behaviour change.

Diffusion of Innovations supplements this by focusing on the social and systemic pathways through which new practices spread. EBF, framed as an "innovation" in some communities (because traditional practice differs), requires knowledge, persuasion, decision, implementation, and confirmation stages. Mass media accelerates the knowledge and persuasion stages but must be complemented by credible opinion leaders and health workers, religious figures, workplace supervisors who reinforce decisions at the interpersonal level. Moreover, the adoption curve in many Nigerian communities depends on social proof: visible early adopters and local champions reduce uncertainty and normalise the practice. For working mothers, workplace policies and visible breastfeeding-friendly practices serve as structural "trialability" and "observability" cues that increase adoption probability.

Implications for media strategy and policy

The evidence and its theoretical interpretation suggest a set of practical priorities for advocacy and policy:

i. Integrate media campaigns with interpersonal supports**.** Media should not be the endpoint but the bridge: high-quality messaging must point audiences to immediate resources (BFHI services, workplace lactation rooms, peer-counselling hotlines) so that knowledge converts to action.

ii. Localise messages and frames for working mothers. Content that addresses the realities of employment practical demonstrations of milk expression, storage, and safe feeding; testimonials from working mothers; employer-focused narratives will reduce perceived barriers and increase the messages' credibility.

iii. Engage opinion leaders and workplaces as diffusion nodes. Health workers, union leaders, human-resources managers, and community elders can act as intermediaries to translate media cues into social norms and policy changes (e.g., flexible breaks, lactation spaces).

iv. Counteract formula marketing strategically**.** Strong enforcement of the International Code remains essential; media advocacy should include watchdog reporting on violations and public education about the nature of commercial marketing tactics that undermine breastfeeding.

v. Policy enablers: maternity protections and workplace infrastructure**.** Messaging yields limited returns if mothers return to unsupportive workplaces. Advocacy must therefore be paired with policy campaigns for paid maternity leave, workplace lactation facilities, and employer incentives.

Methodological reflections and limitations in the literature

The existing evidence base offers useful signals but suffers from several methodological constraints. Many intervention studies report short-term follow-up, leaving questions about long-term sustainability to six months and beyond this is especially problematic in employed populations where return-to-work events often precede sustained adherence. There is also heterogeneity in intervention descriptions and outcome measures (differences in how EBF is defined and measured, variations in exposure metrics for media), which complicates synthesis and meta-analytic inference. Qualitative studies richly document socio-cultural drivers but are often localised and small, making generalisation hazardous. Finally, few studies disaggregate "working-class" mothers by employment type (formal vs. informal, shift vs. salaried), and this obscures nuance that is crucial for designing tailored interventions.

Priorities for future research and practice

To address these gaps and operationalise the insights above, research and programmatic efforts should prioritise:

- Longitudinal mixed-methods studies that follow working mothers from late pregnancy through at least six months postpartum to capture the dynamics of return-to-work and sustained EBF.
- Comparative media-channel evaluations that test which combinations of broadcast, mobile, social media, and interpersonal digital supports are most effective for employed mothers with varied literacy and technology access.
- Implementation research in workplace settings to identify low-cost facility designs, supervisory practices, and policy incentives that enable breastfeeding without compromising productivity.
- Theory-driven evaluation that explicitly measures HBM constructs and diffusion-stage markers to unpack causal pathways from media exposure to behaviour change.
- Robust monitoring of formula marketing and evaluation of enforcement strategies for the International Code in both traditional and digital media ecosystems.

CONCLUSION OF ANALYSIS

The literature makes it clear that improving exclusive breastfeeding among working-class nursing mothers in Southwestern Nigeria is feasible but requires coordinated action: evidence-informed media campaigns, strengthened health services, supportive workplace policies, and enforcement of marketing codes. The Health Belief Model and Diffusion of Innovations together provide a powerful analytic lens to design interventions that not only inform but also remove barriers and reshape social norms. Future research that is longitudinal, theory-driven, and disaggregated by employment context will be pivotal in converting short-term gains into sustained public-health impact.

Recommendations

Based on the review of literature, theoretical insights, and analysis, the following recommendations are proposed to strengthen exclusive breastfeeding (EBF) promotion among working-class nursing mothers in Southwestern Nigeria:

1. Design context-specific media campaigns**.** Media advocacy should be tailored to the realities of working mothers. Campaigns must include practical demonstrations on breast milk expression, storage, and safe feeding while mothers are at work. Storytelling using testimonies of working mothers who successfully practised EBF can provide relatable models that reduce perceived barriers.

2. Strengthen integration of media with interpersonal communication**.** Media messages should not operate in isolation. Instead, they should be linked to counselling at antenatal and postnatal clinics, community support groups, and peer educators. Such integration will reinforce cues to action and provide mothers with tangible support.

3. Leverage workplace platforms as advocacy nodes. Employers should be sensitised through media campaigns and stakeholder engagement to provide breastfeeding-friendly environments, including lactation rooms, flexible breaks, and supportive supervisors. Policies mandating such facilities can be supported with media-driven advocacy and public accountability.

4. Promote enforcement of the International Code of Marketing of Breast-milk Substitutes. Government agencies and civil society should use both traditional and social media to monitor, report, and sanction violations. Counter-messaging to demystify formula marketing should be embedded in breastfeeding promotion strategies.

5. Adopt multi-channel, localised communication strategies**.** Different media channels should be strategically deployed to reach diverse categories of working-class mothers. Radio remains critical for rural and semi-urban women, while social media and mobile messaging are effective among urban populations. Content should be localised in language and cultural framing to enhance acceptance.

6. Advocate for stronger maternity protection policies. Advocacy should extend beyond awareness creation to lobbying for extended paid maternity leave, paternity leave, and institutional frameworks that protect nursing mothers. Media campaigns can frame these policies as investments in national health and productivity.

7. Support further research and evaluation**.** Longitudinal studies on the impact of media interventions and workplace policies on sustained EBF are needed. Monitoring and evaluation mechanisms should be embedded in advocacy programmes to assess reach, message recall, and behavioural outcomes.

By implementing these recommendations, stakeholders—including government agencies, health professionals, media organisations, and civil society—can collectively foster an enabling environment that supports exclusive breastfeeding (EBF) as both a health priority and a social norm. Government agencies have a central role in strengthening and enforcing maternity protection policies, expanding paid leave, and mandating workplace lactation facilities to reduce the structural barriers faced by employed mothers. Health professionals, particularly antenatal and postnatal care providers, are equally important in ensuring that mothers receive consistent, evidence-based counselling on breastfeeding practices, while also addressing cultural misconceptions that undermine EBF. Media organisations can amplify these efforts by designing culturally relevant campaigns that combine mass awareness with practical guidance, presenting breastfeeding as both achievable and compatible with modern work life. At the same time, civil society and community-based groups can provide peer support, advocate for stronger enforcement of the International Code of Marketing of Breast-milk Substitutes, and hold both public and private institutions accountable. Together, these actors can shift breastfeeding from being seen as an individual maternal responsibility to a shared societal investment in child survival and long-term public health. In doing so, they not only improve EBF outcomes but also strengthen maternal well-being and promote healthier future generations.

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