AN APPRAISAL OF THE USE OF INTERPERSONAL COMMUNICATION IN PROMOTING ESSENTIAL FAMILY PRACTICES AMONG WOMEN OF REPRODUCTIVE AGE IN ANAMBRA STATE, NIGERIA

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Abstract
This study appraised the use of interpersonal communication in promoting Essential Family Practices (EFP) among women of reproductive age in Anambra State, Nigeria. Given that both a mother and her unborn child face increased risks of illness and death if she becomes pregnant before the age of 18 or after the age of 35, the study is predicated on the idea that EFP should be a universal health policy under the Sustainable Development Goals (SDGs). Grounded in the Diffusion of Innovation Theory (DOI), the study aimed to determine whether respondents were familiar with the use of interpersonal communication strategies to promote and scale up EFP, and whether the campaign had a significant impact on respondents' attitudes towards EFP. A total of 398 women of reproductive age were randomly selected from the population of women in Anambra State, located in Nigeria's South East, using quantitative survey techniques. The total population of the study area was 2,281,688. The researcher used a questionnaire as the research instrument, and results were presented in simple frequency distribution tables. Findings revealed a significant correlation between interpersonal communication and the promotion of EFP among respondents, as well as a significant positive relationship between interpersonal communication and the practice of Essential Family Practices. It is therefore concluded that interpersonal communication plays a crucial role in health promotion. Based on the findings of this study, it is recommended that interpersonal communication in health programmes should be strengthened and complemented with other participatory communication paradigms to achieve policy objectives.
Key Words: *Interpersonal, communication, Promotion, Essential, Family, Practices*

Background of the Study
In the past two decades, there were heightened activities about community development using the instrumentality of the interpersonal communication approach. Although community development is as old as mankind, the current global attention to it started in September 2000, when 189 countries of the United Nations signed a declaration which committed world leaders to combat poverty, hunger, disease, illiteracy, environmental degradation and discrimination against women (World Health Organization, WHO, 2018). According to the WHO (2018), the Millennium Development Goals (MDGS) was derived from the September 2000 UN declaration, which aimed at achieving the under-listed goals in 2015:

In July 2014, however, following the review of the progress achieved between 2000 and 2014, the MDGs were superseded by the Sustainable Development Goals (SDGs). The SDGs number three (3) targets at ensuring healthy lives and promoting well-being for all at all ages. Adopted by all United Nations Member States in 2015, the 2030 Agenda for Sustainable Development, provides a shared blueprint for peace and prosperity for people and the planet, now and into the future (United Nations, UN, 2022). The World Bank Group, WBG, (2022) informs that

at its heart 2030 agenda are the 17 Sustainable Development Goals (SDGs), which are an urgent call for action by all countries - developed and developing - in a global partnership.

The global efforts towards addressing the foregoing maternal and child health issues gave rise to what is generally known as the Essential Family Practices (WHO, 2023). According to the WHO (2023), the decline in the MMR and the under-five death is associated with acceptable therapeutic behaviours, which gave rise to what the UNICEF calls the Essential Family Practices (otherwise called the Key Family Care Practices (KFCPs). KFCPs are commonly practiced behaviours at household and community-level that impact on child survival, growth and development or on the causes of morbidity (illness/disease) and mortality (death) in children. WHO and UNICEF, based on available evidence, have identified 12 key family and community practices on child care. The twelve key family care practices identified by WHO to promote child survival, growth, and development include exclusive breastfeeding, complementary feeding, micronutrient supplementation, hygiene, immunization, malaria prevention, psychosocial development, home care for illness, home treatment for infections, compliance with advice, family planning, and recognizing danger signs (WHO, 2023). If properly promoted and adopted by the targeted communities, these practices would potentially contribute to improving child survival, growth and development. Effective interventions to promote these practices have an impact on child health. They require systematic planning, well-coordinated use of a combination of channels of communication, close follow-up, monitoring and supervision.

UNICEF (2023) informs that the interventions towards addressing the maternal and child health issues need to go beyond knowledge acquisition to facilitate changes in behaviour. This is because behavioural changes take time to occur and, once initiated, need to be sustained over a relatively long period of time. Adequate resources must therefore be identified within and outside the community to support the intervention in the long term. The more actively the community is involved and participates in the intervention, the higher is the possibility that the intervention will be sustainable and result in the desired outcome. The health system plays an important role in supporting families in their child care responsibility.

A close look at the trend of events in South Eastern states of Nigeria, in particular, and Nigeria in general, will show that the identified MDGs/SDGs targets constitute the thrust of development challenges in rural communities of these states. In an effort to mitigate these challenges, the important and indispensable role of communication in national and rural development has assumed a global full-fledged recognition as a vital component of development process. For the past fifteen years, UNICEF/WHO has collaborated with the state ministries of information, primary Healthcare development agencies and National Orientation Agency (NOA) to promote scale up practices of the EFP during the women's Annual August meetings. In Anambra State, for example, the foregoing ministries and agencies, under the supervision of the UNICEF desk office in Enugu formed the Social Mobilization Technical Committees (SOMETC), which uses the development communication strategies to promote community development via the women's annual august meeting. Each year, the Chief Orientation and Mobilization Officers (COMOs), who are Assistant Directors in each of the 21 Local Government Areas, LGAs in Anambra State, prepares and submits to UNICEF a programme implementation matrix for visits to twenty (20) communities during the women august meeting. The COMOs, with the assistance of the Social Mobilization Officers (SMOs)/Health Educators in each of the LGA execute this programme under the tight supervision of the state and the zonal monitoring team from UNICEF (see Appendix1 for pictures of programme execution).

The approaches to execution of these programmes are Community Dialogue, Focus Groups Discussion (FGD), Community Theatre (CT), Theatre for Development (TfD), among others. Considered engagement in nature, these strategies are aimed at eliciting favorable therapeutic attitudes and behaviours towards the EFP. Against this background, therefore, this study is set to appraise the efficacy of interpersonal communication as a strategy for promoting the ESP among women of child-bearing age in Anambra state

Statement of the Problem

Communication is a key factor to begin and keep a proper and sustainable community development because it provides a veritable platform that enables dialogue and also allows communities to express their aspirations and concerns and participate in decisions. Since interpersonal communication is a dialogue based process which enables the application of communication approaches, methods and/or technologies for social change, it is germane for promoting acceptable health behaviours. In view of the foregoing, this paper appraised the influence of interpersonal communication as a strategy for promoting the ESP among women of reproductive age in Anambra State, Nigeria. The widespread advocacy for the use of interpersonal communication has sparked concerns about its potential impacts on health promotion, health literacy and health education, particularly regarding the therapeutic behaviours to mitigate maternal and child mortality rates. However, the extent to which usage of interpersonal communication strategies and the type of content exposure influence the understanding of the EFP remains unclear, necessitating an in-depth investigation. The campaign on the EFP has been highly

promoted, with various donor agencies leveraging on interpersonal communication strategies to scale up understanding, adoption and practices of the therapeutic behaviours. Despites its growing importance in shaping health communication and health literacy discourses, there is a knowledge gap regarding how exposure to different kinds of contents of interpersonal communication messages influences the attitudes of women towards the adoption of the EFP, highlighting the need for empirical research.

Objective of the Study
The general objective of this study was to appraise the use of interpersonal communication strategy in promoting the essential family practices among women of reproductive age in Anambra state, Nigeria. The specific objectives of the paper are as stated below:
1. To identify the interpersonal communication strategies used in reaching out to the women of Anambra states during their annual August meetings.
2. To find out if respondents were aware of what constitute the Essential Family Practices.
3. To find out if interpersonal communication strategies were used in promoting the Essential Family Practices initiative. at their annual August meetings.
4. To ascertain if the respondents are sufficiently sensitized to adopt positive attitudes towards the ESP initiatives addressed during their meetings.

Theoretical Framework
Diffusion of Innovation Theory: Baran and Davis (2020) states that Diffusion of Innovation (DOI) theory is one of the oldest social science theories and was developed by Everett Rogers in 1962. According to Baran and Davis (2020), DOI originated in communication to explain how, over time, an idea or a product gains momentum and diffuses (or spreads) through a specific population or social system. Baran and Davis (2020) state that the end result of this diffusion is that people, as part of social system, adopt a new idea, behviour or product. DeFleur and DeFleur (2022) corroborate the foregoing and further explain that adoption means that a person does something differently than what they had previously (purchase or use a new product, acquire and perform a new behavior, etc.) DeFleur and DeFleur (2022) quote Des Wilson (2010, p423) as arguing that the key to adoption is that the person must perceive the idea, behavior or product as new or innovative adding that it is through this that diffusion is possible.

McQuail and Deuze (2020) explain that there are five established adopter categories, and while the majority of the general population tends to fall in the middle category, it is still necessary to understand the characteristic of the target population. When promoting an innovation, there are different strategies used to appeal to the different adopter categories. These are innovators, early adopters, early majority, late majority and laggards (McQuail and Deuze 2020).

1. **Innovators:** - These are people who want to be the first to try the innovation. They are venturesome and are interested in new ideas. These people are willing to take risk, and are often the first to develop new ideas. Very little if any needs to be done to appeal to this population.
2. **Early Adopter:** - These are people who represent opinion leaders. They enjoy leadership roles and embrace change opportunities. They are already aware of the need to change and so are very comfortable adopting new ideas. Strategies to appeal to this population include how-to-manuals and information sheets on implementation. They do not need information to convince them to change.
3. **Early Majority:-**These people are rarely leaders, but they do adopt new ideas before the average person. That said, they typically need to see evidence that the innovation works before they are willing to adopt it. Strategies to appeal to this population include success stories and evidence of the innovation's effectiveness.
4. **Late Majority:-**These people are skeptical of change, and will only adopt an innovation after it has been tried by the majority. Strategies to appeal to this population include information on how many people have tried the innovation and have adopted it successfully.
5. **Laggards:-** These people are bound by tradition and very conservative. They are very skeptical of change and are the hardest group to bring on board. Strategies to appeal to this population include statistics, fear appeals and pressure from in the other adopter group

The Theory of innovation diffusion is suitable to this work because adoption of new idea is caused by human interaction through interpersonal network. Since the adopters are categorized, it is useful for a change agent to be able to identify which category certain individuals belong to, since the short term goal of most change agent, to facilitate the adoption of an innovation. If the initial adopter of an innovation discusses it with members of a given social system, and they also become adopters who pass the innovation along to two peers, and soon, the resulting distribution follows a binomial expansion. Using women of reproductive age as a case, the World Health Organisation, WHO, the United Nations Children's Funds, UNICEF, the United Nations Funds for Population Activities, UNFPA, and other donor agencies have used the forum as a veritable platform for maternal and child health promotion. The idea is that these mothers will assimilate the therapeutic behaviours and carry out advocacy on the interventions.

Conceptual Review
An Overview of the Essential Family Practices (EFPs)
EFPs are behaviours that can be promoted at individual and/or group level, with no need to involve the health care infrastructure (UNICEF, 2021). These KFPs play an essential role in improving maternal health, reach the most vulnerable children and families, have a long-term impact and limit the costs of medical and technical interventions (UNICEF, 2018). KFPs are most beneficial when they are adapted to the social and cultural context of mothers and children. WHO and UNICEF, based on available evidence, have identified 12 key family and community practices on child care. If properly promoted and adopted by the targeted communities, these practices would potentially contribute to improving child survival, growth and development. Effective interventions to promote these practices have an impact on child health.

Exclusive breastfeeding: Breastfeed infants exclusively for up to 6 months. (Mothers found to be HIV positive require counselling about possible alternatives to breastfeeding).

Hygiene: Dispose of faeces, including children's faeces, safely, and wash hands after defecation before preparing meals and before feeding children.

Handwashing. Handwashing practices are often poor. Although the impact on diarrhoea morbidity varies considerably between studies, there is evidence that interventions successfully promoting handwashing have resulted in significant reductions in diarrhoea incidence, by a median of 33% according to a review (Family and community practices that promote child survival, growth and development: a review of the evidence). The impact has been higher for interventions focusing only on handwashing and no other practice.

Immunization: Take children as scheduled to complete a full course of immunizations (BCG, DPT, OPV and measles) before their first birthday. The benefits of immunization have been demonstrated widely. Increases in immunization coverage in the past decades have contributed substantially to decrease under-five mortality.

Malaria - use of bednets: Protect children in malaria-endemic areas, by ensuring that they sleep under insecticide-treated bednets. Use of insecticide-treated bednets has been associated with a reduction in child mortality (by 17%) and malaria morbidity (by 48% in stable malaria areas), according to "Family and community practices that promote child survival, growth and development – A review of the evidence".

Antenatal Care: Ensure that every pregnant woman has adequate antenatal care. (This includes having at least four antenatal visits with an appropriate health care provider and receiving the recommended doses of the tetanus toxoid vaccination. The mother also needs support from her family and community in seeking care at the time of delivery and during the postpartum and lactation period)

Complementary feeding: Starting at about 6 months of age, feed children freshly prepared energy and nutrient rich complementary foods, while continuing to breastfeed up to two years or longer. Complementary feeding refers to feeding solid or semisolid foods in addition to—and not in replacement of—breastmilk to meet child's increased nutritional requirements. **Micronutrients:** Ensure that children receive adequate amounts of micronutrients (vitamin A, iron and zinc, in particular), either in their diet or through supplementation.

Home care for illness: **Continue to feed and offer more fluids, including breast milk, to children when they are sick.**

Interpersonal Communication and ESP
The two-prong communication strategy can play a significant role in behaviour change for effective communication campaign for ESP prevention.
- Interpersonal communication
- Use of Mass media

Interpersonal communication is the most effective means in influencing the behaviour of an individual or a small group of people because of the following reasons. (a) The message is delivered by a person who belongs to that particular group to whom the message is constructed (opinion leader influence). (b) Content of message is more harmonized with local culture, tradition, norms and values. (c) interpersonal communication has been considered a successful way of addressing the sensitive issues of sexual behaviour. (d) the mass media campaigns are typical of limited duration. Therefore, for sustained promotions among individuals and groups, it requires an interpersonal communication component for behaviour change, especially in EFP promotion campaign.

Despite the effectiveness of interpersonal communication, there is some weakness in this approach. (1) Interpersonal communication reaches fewer people than the mass media. (2) Interpersonal communication results in behaviour change that cannot be evaluated as easily as creating and maintaining awareness through the mass media.

Therefore, to overcome the weakness in interpersonal communication, mass media communication plays a vital role in behaviour change. Firstly, media campaigns can play an effective role in reinforcing interpersonal communication by, for example, focusing on gender roles in the family and community. This has encouraged men to engage in dialogue on EFP promotion, rather than placing all the burden of decision making on women. The importance of families for men and their protective roles in their families and community can be reinforced by

mass media especially in rural and uneducated communities of Asia and Africa. Secondly, mass media plays a vital role in the dissemination of information to the large public with a diverse demographic profile.

To sum up, media campaigns and interpersonal communication complement each other in the development of communication interventions for EFP promotion and care. The mass media can convey information effectively and thereby provides effective support for face-to-face communication. The combination of mass media with interpersonal communication allows for addressing diverse individual and group concern while honouring the delicate, private nature of human sexuality. Therefore, the five interrelated domains of context that should be the focus for a comprehensive communication strategy for EFP promotion and support include:

(1) Government policy: the role of policy and law in supporting or hindering intervention efforts, (2)Socioeconomic status: collective and individual income that may allow or prevent adequate intervention, (3) Culture positive: unique or negative characteristic that may promote or hinder prevention and care practices, (4) Gender relation: status of women with men in society and community and the influence on sexual negotiation and decision making, (5) Spiritually: role of spiritual/religious values in the promotion or hindering the translation of prevention messages into positive health actions. (UNAIDS-Penn State Project, 1999)

An Overview of Interpersonal Communication

Interpersonal communication involves the information, ideas, and feelings being exchanged verbally or non-verbally between two or more people. Face-to-face communication often involves hearing, seeing, and feeling body language, facial expressions, and gestures. In other terms, Interpersonal communication is exchanging information, meaning, feelings, and opinions between two or more people via verbal and non-verbal means (Terra, 2024). Although we mentioned "face-to-face" communication previously, today's technology compels us to expand its definition to include media such as phone calls and online messaging (Terra, 2024).

According to Okunna,(2013), in Nwammuo (2022), interpersonal Communication can be informal (the checkout line) or formal (lecture classroom). Often, interpersonal communication occurs in face-to-face contexts. It is usually unplanned, spontaneous, and ungrammatical. Think about the conversations that you have with your friends and family. These are mainly interpersonal in nature. It is essential to learn about interpersonal communication because this is the type of communication that you will be doing for most of your life. At most colleges, public speaking is a required course. Yet, most people will not engage in making a public speech for the majority of their life, but they will communicate with one other person daily, which is interpersonal communication. Interpersonal communication can help us achieve our personal and professional goals. In this chapter, you will learn the concepts associated with interpersonal communication and how certain variables can help you achieve your goals.

According to Okunna and Omenngha (2015), the most basic type of interpersonal communication is dyadic communication. Okunna and Omenngha (2015) explain a dyad is made up of two persons and is, therefore, the smallest group that can exist. This type of communication can be illustrated by any conversation between any two persons. Interpersonal communication can also take place among a small group, or several people referred to as a micro group, as well as in a large group of people, as in political rally or evangelical crusade, referred to as a macro group.

Interpersonal communication is the process of information exchange and emotion communication of people used by language signals or non-verbal signal in social activities. Its importance lies in the fact that human being cannot survive without society. Individuals live in a social group and establish distinct contact, of which interaction and relationship are built. Interpersonal communication is, thus, not only the bond by which interpersonal relationship is maintained and developed but the very foundation of certain social psychological phenomena such as public opinion, morale and fashion.

The idea of interpersonal communication efficacy was first pointed out by Xie in 2004, but only within China (Xie, 2004). Xie summarised six dimensions of Interpersonal Communication Efficacy which is the foundation of this research, by conducting large-scale research of 700 college students in five Chinese universities in Taiyuan City (Xie, 2004). According to Xie, the concept of Interpersonal Communication However, it should be noted that the research generalisation is hindered by the limited scope of the research context; it is only generalisable to certain education settings. Meanwhile, within the study, there is a research bias caused by the imbalanced proportions of the respondents in grades and disciplines. Regardless, the six dimensions mentioned by Xie can be utilised as a reference to research interpersonal communication efficacy.

Until 2019, there were 39 studies of the ICE in China, even though the term has not been translated into English. Based upon the theory of Xie, Wang conducted comparative research into interpersonal communication efficacy between Chinese and American students, aiming to identify the differences of interpersonal communication between two research groups (Wang, 2014). 305 undergraduate students in three Chinese universities in Shanghai

and 293 America students in American universities participated in the questionnaire survey. The study found that compared with Chinese students, American students are more likely to show self-interest in interpersonal communication. And because the data from the Chinese group was generated from only three Shanghai universities the findings may be skewed, and therefore, the findings are less generalisable to certain contexts. The theoretical definition of Interpersonal Communication Efficacy is given by Wang(Wang, 2014: 23).,

> "Interpersonal Communication Efficacy is a subjective judgement on whether an individual can reach a communication goal or not. It occurs before communication happens, and is an efficacy prediction on whether an individual can accomplish a goal or not" (Wang, 2014: 23).

According to Wang, a high ICE enables students to have confidence in their ability to communicate interpersonally and to finish tasks that are both skilled and challenging. On the contrary, low ICE will lead to a lack of confidence; hence, students are more likely to select highly simple tasks to make sure they succeed.

The importance of interpersonal communication in healthcare cannot be overstated. It serves as a bridge that connects medical knowledge with the human experience. Clear and concise communication enhances patient satisfaction, ensures accurate diagnoses, and contributes to the overall effectiveness of treatment plans. Moreover, effective communication reduces the likelihood of medical errors resulting from misunderstandings – one of the biggest concerns raised by patients. Furthermore, in today's digital landscape, where people have access to vast amounts of medical information online, healthcare providers play a crucial role in deciphering and explaining complex terms and procedures. Interpersonal communication skills allow professionals to translate medical jargon into understandable language, empowering patients to make well-informed decisions about their health.

Empirical Literature
In another paper with the caption, "*Promotion of Key Family Practices in the Tanout and Magaria departments, Zinder region, Niger,*" **Ferdows** Ardei, **Amadou Maman** Aminou, **Souley** Ibrahim, **Bernard** Simon, **Julia** Bournat **and Nassima** Check-Abdoula (2021) aver that the adoption of Key Family Practices (KFP) plays a determinant role in improving the health and nutritional status of children under 5 years of age. In its community-based nutrition programme, the French Red Cross implemented a strategy of promoting KFPs in 75 villages in the Tanout and Magaria departments of Zinder region in Niger. The key actors in the implementation of this strategy were volunteer workers from the Niger Red Cross, who, after receiving training in KFP and communication and negotiation techniques, carried out awareness-raising activities to encourage behaviour changes through home visits and cooking demonstrations. Food taboos and ignorance are among the underlying causes of malnutrition and represent a true hindrance to the improvement of children's health and nutritional status. Awareness-raising is one of the pillars of behaviour-change interventions.

Nzewi and Ojiagu (2016), in a study with the title, "*Women August Meeting and Socio-economic Development of Selected Communities in Anambra state – a Perceptual Analysis,*" aimed at assessing the perception of members on whether training in skill acquisition has enhanced their income generation; and to find out the extent to which soft loan provision has facilitated investment in micro businesses. Descriptive survey research design was employed and data were analyzed with mean and standard deviations. One sample t-text of significance and Kruskal-Wallis test of independence were used to test the formulated hypotheses at 5% (percent) level of significance. Findings revealed that there is significant difference in responses of members that training in skill acquisition has enhanced their income generation. Besides, investment in micro-business depends on soft loan given to August Women members. It is therefore recommended that women should create new strategies for sourcing funds outside the churches and the government at all levels (local, state and federal) should provide grants to the women for comprehensive training in skill acquisition and establishment of micro-businesses. We therefore advocate that for any meaningful socio-economic development of communities in Anambra State, the Women August Meeting should elicit adequate financial and technical support from government and all stakeholders, [Inter-Agency Network on Women and Gender Equality (IANWGE), Women for Change Initiative and Non-Governmental organizations in the society].

Nwankwo, S. (2021), in a study with the title, "*Mainstreaming Women August Meeting In Southeastern Nigeria towards Community Development,*" reveals that the emergence of the annual Women August Meeting otherwise known as 'Home and Abroad Meeting' in Igbo land has been a major factor in the development efforts of women in Southeastern Nigeria. Nwankwo, S. (2021) adds that the Igbo ethnic nationality has continued to witness steady development in the socio-cultural, economic, religious, moral and political spheres through the activities of women during this popular gathering. However, recent incursion of unnecessary show of wealth and affluence, dress to kill syndrome, sense of jamboree and the accusation of promiscuity by some women, have robbed the season of its original objectives. Sociological approach was adopted to examine the challenges raised in the research. The essence of secondary sources of data collection and analysis cannot be over-emphasized in this work. The research uncovered that Women August Meeting in Igbo land has engendered significant development,

advanced the course of womanhood, created ample opportunities for socialization, and promoted peace and unity in the community. It recommended that the church should be fully involved in providing spiritual and moral assistance to women during the period. On the other hand, the government in Southeastern states should expedite action in supporting through seminars, workshops and financial aids to women during the period, to enable them actualize their developmental objectives in the various Igbo communities.

Design of Research

Survey research was deemed appropriate for this study, because this focuses on humans and hence one of the most salient facts about humans, including their thoughts, feelings, motives, and actions, which are all amenable to study through this method. Geographically, the area of the study is Anambra State, Nigeria. According to information from National Population Commission (2006) the Female population of the Anambra statewas 2,059,844women. The total population of Anambra State in 2006 was 4,177,828, with 2,117,984 males. Eighteen (18) years have gone since the last census in 2006.Therefore, the current population of the Female residents of Anambra was projected to reflect this research using the UNDP population project index.

$PP = GP \times PT$

Where

PP = projected population

GP = Given population (as at last 2006 census) - 2,059,844

Pi = Population increase index   - 2.28% = 0.028

T = period between the given population and year of study – 2024-2006 = 18years

PP = 2,059,844 x 0.028 x 18 = 1,038,162 + 2,059,844 = 3,098,006

PP = 3,098,006

A sample size of398women of reproductive age was determined for the study, using the Cochran's statistical formula (Bukhari, 2020). as shown below:

$$n = \frac{Z^2NPq}{Ne^2 + Z^2pq}$$

where n =   sample size to be determined

z	=	standard score corresponding to a given population which this study gives as 1.96/95%
N	=	population
p	=	the estimated proportion of an attribute shared in proportion to the population percentage of success (0.5)
q	=	percentage of failure (0.5)
e	=	margin of error (0.05)

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 was first applied to define the sample size from each of the five states of the south east as revealed in the table above. From the table, the identified Clusters were General Chukwuemeka Odumegwu Ojukwu University Teaching Hospital Awka (154), Federal Medical Onitsha (132), and Nnamdi Azikiwe University Teaching Hospital Nnewi (112). Thereafter, judgement sampling strategy was adopted for the study. Considering the target respondents for this study (women 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 special class of people who can only be selected purposively hence the justification for judgemental sampling strategy. The research instrument for this study was the questionnaire. The questionnaire has two sections – section A and section B. While section A bore the biographic data of the respondents, section B bore the thematic questions.

Data Presentation

The data generated from this study are presented and analysed in this chapter, using the simple frequency distribution tables and the explanation building technique. A total of 398 copies of questionnaire were distributed to the respondents at three (3) designated clusters.

Biographic Data of the Respondents

Table 1.1:   Age

Sex	Frequency	Percentage
18 – 30 years	66	18%
31 – 40 years	168	47%
41 – 50 years	124	35%
TOTAL	**358**	**100**

Source: Field Survey 2025

The implication of this frequency distribution was that majority of the respondents were of the right age to make informed decision/input in health-related matters.

Table 1.2: **Educational Qualification**

Education Level	Frequency	Percentage
FSLC	64	18.3%
SSCE	96	26.7%
ND/NCE	94	26.1%
HND/FIRST DEGREE	88	24.4%
2ND DEGREE	16	4.4%
OTHERS	0	0%
TOTAL	360	100

Source: Field Survey 2020

In the table above, the respondents with SSCE has the highest frequency (26.7%). This is followed by respondents who possess ND/NCE with 21.1% frequency versus the total frequency. While the respondents who posses FSLC was 18.3%, the respondents who possess HND/First Degree and 2nd degree were 24.2% and 4.4% respectively. The implication of the frequency of educational qualification of the respondents is that a significant proportion of the respondents was well-informed.

Table 1.3: **Occupation**

Occupation	Frequency	Percentage
Student	64	17.8%
Civil Servants	108	30%
Traders	98	27.2%
Artisans	88	24.4%
Others (Politicians)	2	0.6%
TOTAL	360	100

Source: Field Survey 2025

The data in the table above indicate almost an even distribution in the percentage frequency of respondents who were civil servants (30%) and traders (27.2%).

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 2.1: Can you recall all or some of the Interpersonal communication strategies used in promoting the Essential Family Practices in your area

Cluster of Respondents	Options and Frequencies			
	Yes	No	Neutral	Total
COOUTH/Awka	108	4	16	128
FMC/Onitsha	100	6	6	112
NAUTH, Nnewi	96	9	13	118
TOTAL	304 (85%)	19 (5%)	35 (10%)	358

Source; Field Survey 2025

Data in table 2.1 above indicate that 304 respondents (85%) affirmed that they could recall all or some of the interpersonal communication strategies. Nineteen (19) respondents (5%) did not affirm while 35 respondents (10%) were neutral. The implication of this data is that interpersonal communication is a medium with impact given that it is audio and visual in nature.

Table 2.2: Has interpersonal communication sufficiently created requisite awareness on the Essential Family Practices?

Cluster of Respondents	Options and Frequencies			
	Yes	No	Neutral	Total
COOUTH/Awka	118	4	6	128
FMC/Onitsha	100	6	6	112
NAUTH, Nnewi	106	4	8	118
TOTAL	324 (91%)	14 (4%)	20 (6%)	358

Source; Field Survey 2025

A total of 324 respondents, representing 91%, agreed with the statement analysed in table 1.2 above, while 14 respondents (4%) disagreed. This implies that interpersonal communication is an efficacious medium for health communication.

Table 2.3.: Is your positive disposition to Essential Family practice as a result of the influencing powers of Interpersonal Communication

Cluster of Respondents	Options and Frequencies			
	Yes	No	Neutral	Total
COOUTH/Awka	108	4	16	128
FMC/Onitsha	100	6	6	112
NAUTH, Nnewi	96	9	13	118
TOTAL	304 (85%)	19 (5%)	35 (10%)	358

Source; Field Survey 2025

Discussion of Findings

The first finding in this study tested if there is a significant correlation between interpersonal communication on essential family practices and the level of awareness of the essential family practices among women of reproductive age in Anambra state. This finding is consistent with the diffusion of innovation theory. The central idea behind ESP 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 ESP through broadcast interpersonal communication, the target populace is influenced to develop a positive attitude to practice the health intervention.

The second research finding in this study tested if there is a significant positive relationship between interpersonal communication and the practice of ESP among women of reproductive age The finding of this study therefore aligns with both the diffusion of innovation theory and the theory of reasoned action/theory of planned behavior. In the stages of innovation adoption (awareness/information, decision to adopt, testing and continued test), the decision to adopt an innovation (EFP) 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 behavior which addressed the correlation between attitudes and behaviours with human action. A person's behavior towards a given intervention is a factor of the benefits derivable from the intervention.

Conclusion

Results from this study indicate that the adoption of Essential Family Practices (EFP) can be enhanced through exposure to interpersonal communication strategies. The study found that interpersonal communication was highly accessible to the respondents, who relied on it for awareness of Essential Family Practices. In public health intervention programmes - otherwise referred to as health promotion - it is not only the content of the message that matters, but also the medium through which the central idea of the campaign is communicated. Engagement communication platforms are, undeniably, veritable channels for health promotion. In particular, interpersonal communication strategies offer several advantages, including wide reach, accessibility, the breaking of language barriers, and a sense of friendliness and trust. This explains why broadcast media also play important roles in public health campaigns. Health promotion efforts that require attitudinal and behavioural change depend largely on engagement communication paradigms. This is why, in recent times, organisations such as the WHO, UNICEF, and UNFPA, after the initial general awareness phase of public health campaigns, usually shift their emphasis to engagement communication platforms. It is therefore concluded that interpersonal communication remains indispensable in effective health promotion.

Recommendations

The study found that interpersonal communication plays a crucial role in promoting awareness of public health issues. Based on this finding, the following recommendations are made:

1. **Reinforcement of Interpersonal Communication:** The use of interpersonal communication in creating awareness about public health issues should be strengthened. This is because interpersonal communication strategies are inherently engaging and promote active participation.

2. **Bridging Language and Literacy Gaps:** Since interpersonal communication helps to break language barriers, it should be recognized as an effective medium for reaching both literate and illiterate audiences.

3. **Application in Behavioural Change Campaigns:** Interpersonal communication should be prioritized in public health campaigns that aim to achieve attitudinal and behavioural change.

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