

Awareness of Ahoada-East Male Residents of Reproductive Age on Public Enlightenment Messages on Caesrean Section

MAJOR, Onyinyechi Esther-Washington

Department of Linguistics and Communication Studies,
University of Port Harcourt, Rivers State
onyinyechimajor@gmail.com

UDOUDO, Aniefiok Jackson

Department of Linguistics and Communication Studies,
University of Port Harcourt, Rivers State
anieudodudo@yahoo.com

ASADU, Clement Afamefuna

Department of Linguistics and Communication Studies,
University of Port Harcourt, Rivers State
afamefuna.asadu@uniport.edu.ng

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Abstract

The aim of this study was to ascertain the awareness Ahoada-East male of reproductive age on public enlightenment messages on caesarean section. The theoretical framework of the study was drawn from the health belief model, multi-step flow theory, cognitive dissonance theory and perception theory. The research design adopted for this study was the descriptive survey design. The population of this study, according to National population commission, the 2006 population census of Ahoada-East male residents of reproductive age (15 to 49) years were 65,445. The Krejcie and Morgan Table which was used to determine the sample size of 400. The researcher used the multi-stage sampling technique. Data for the study were obtained using questionnaire. The data were analysed using the contingency tables to present data obtained from the questionnaire using weighted mean score. Findings from the study revealed that the extent to which Rivers State residents of reproductive age had knowledge on Caesarean Section through public enlightenment was low as the weighted mean score indicated 2.14. The study concluded that the low of awareness among Port Harcourt women of reproductive age regarding Caesarean Sections through public enlightenment signifies a critical need for more intense awareness campaigns to bridge the information gap. The study recommended that Government should increase public enlightenment efforts on Caesarean Section for Rivers State residents of reproductive age to improve awareness levels and promote informed decision-making.

Keywords: Perception, Port Harcourt Women, Reproductive Age, Public Enlightenment, Campaigns, Caesarean Section

Introduction

Communication is a catalyst to development and an effective application of it can make people accept and adopt new ideas. Communicating health issues among people is very important in economic development of any society or country and, health has remained one of the challenges every government has tried in one way or another to tackle. Through communication, health issues affecting people can be made public, as such, communication provides information on how they can be prevented, treated or managed in cases where they have gone viral.

Every health related communication message is packaged with so much information and with intent to influence or encourage people to adopt healthy lifestyle or positive practice. Communicating health in any society is important owing to the fact that only healthy people can contribute positively to economic growth. Reproductive health happens to be an aspect of health that is vital in the economic development of a country. World Health Organisation (2022) espouses that reproductive health implies that people are able to have a responsible, satisfying and safe sex life and that they have the capacity to reproduce and the freedom to decide to, if, when and how often to do so. This definition is encompassing, because it indicates that reproductive health is more than the process involved in having children.

The awareness of Ahoada-East male residents regarding public enlightenment messages on caesarean sections (CS) is crucial aspect of maternal healthcare communication. Awareness, in this context, refers to the degree to which individuals are informed about specific health topics and understand the importance, safety, and necessity of medical procedures like CS. Public enlightenment messages aim to educate the population, dispel myths, and promote informed decision-making regarding health intervention (World Health Organisation (WHO), (2020). The role of men in reproductive health, although often understated, is significant, as their support and understanding can influence the decisions of their partners and contribute to the overall success of maternal health initiatives.

Public enlightenment campaigns serve as a vital tool in bridging knowledge gaps and fostering positive health behaviours. These campaigns utilise various media channels, including radio, television, social media, and community outreach programmes, to disseminate information and create awareness among the public. In the context of CS, these messages are designed to address misconceptions, reduce stigma, and highlight the conditions under which CS becomes a life-saving procedure (Health Communication Capacity Collaborative, 2017). Effective public enlightenment campaigns not only target women of reproductive age but also involve men, acknowledging their role as key influencers in healthcare decisions within the family unit.

The awareness of men in Ahoada-East regarding CS is essential components in the broader framework of maternal and child health. It has shown that male involvement in reproductive health education leads to better health outcomes for both mothers and children (Babalola et al., 2018). By understanding and assessing the awareness levels of Ahoada-East male residents about CS, public health officials can tailor their messages to address specific gaps in knowledge and cultural barriers. This approach ensures that men are well-informed and supportive of CS when medically indicated, ultimately contributing to the reduction of maternal and neonatal mortality rates in the region.

Caesarean section and other health related issues are becoming more of public health concern. Accepting the caesarean section can be done through moral suasion. Communicating advocacy helps in moral suasion, acceptance and change of perception and attitude including behaviour. For such to take place effectively, there should be a degree of awareness of the caesarean section and knowledge of CS health benefits to the mothers. Besides, efforts have to

be ensuring to utilise appropriate communication sources to effectively enlighten on the caesarean section.

Recently, the Ministry of Health, in obstetric care for health professionals placed emphasis on the need for public enlightenment during antenatal sessions in hospitals to improve reproductive maternal and child health, sexual health, guidelines on health facilities abilities to deliver quality care and safe motherhood. This public enlightenment is to reduce maternal and new-born illness and death due to pregnancy, childbirth and unsafe abortions. Also, in Rivers State, there is a public enlightenment programme entitled, “You and Your Health,” by Dr. Richard Okoye which is usually aired on AIT – 8pm to 9pm, Wazobia FM – 7pm, to 8.30pm, Treasure FM – 10:30pm to 11:30pm and NTA – 8pm to 9pm stations with edition on caesarean section enlightenment.

Statement of the Problem

In Ahoada-east, the awareness of male residents regarding public enlightenment messages on caesarean sections (CS) is critically low, contributing to a significant public health issue. Despite on-going campaigns aimed at educating the populace about the benefits and necessity of CS, many men in this community seem to remain uninformed or misinformed about the procedure. This lack of awareness among men who often play a pivotal role in healthcare decision-making within families, can lead to resistance against medically advised CS, thereby increasing the risks of maternal and neonatal complications. The gap in knowledge not only perpetuates misconceptions but also hinders the overall effectiveness of public health initiatives aimed at improving health outcomes.

Several factors may contribute to the low awareness levels among Ahoada-East male residents. Cultural beliefs and traditional gender roles often exclude men from discussions on reproductive health, leading to their limited involvement and understanding. Additionally, public enlightenment campaigns frequently fail to engage men adequately, focusing predominantly on women and children. This oversight results in a lack of targeted messages that address the specific informational needs and concerns of men. The existing sufficiently communication strategies do not consider the cultural context and social dynamics that may influence male attitudes toward CS, thereby limiting their reach and impact.

The implications of inadequate awareness among Ahoada-East male residents are profound. Without the support and understanding of their male partners, women may face increased pressure to avoid CS, even when it is medically necessary. This situation can lead to delayed decision-making, complications during childbirth, and higher rates of maternal and infant mortality. Addressing this problem requires a comprehensive evaluation of current public enlightenment efforts and the development of more inclusive and culturally sensitive communication strategies. By increasing awareness and involvement of men in reproductive health issues, public health campaigns can achieve greater success in promoting the acceptance and appropriate utilisation of CS, thus, improving health outcomes for mothers and their babies in the community. This study, therefore, examines the awareness of Ahoada-east residents on public enlightenment messages on caesarean section.

Aim and Objectives of the Study

The aim of this study is to ascertain the awareness of Ahoada-East male residents of reproductive age on public enlightenment on caesarean section. The specific objectives of the study are to:

1. ascertain the level of awareness among Ahoada-East male residents of reproductive age about the public enlightenment on caesarean section;

2. examine the sources of awareness by Ahoada-East male residents of reproductive age on public enlightenment on caesarean section; and
3. identify factors militating against compliance with public enlightenment on caesarean section by Ahoada-East residents of reproductive age.

Research Questions

The study attempts to answer the following research questions:

1. What is the level of awareness among Ahoada-East residents of reproductive age on the public enlightenment on caesarean section?
2. What are the sources of awareness of Ahoada-East residents of reproductive age on public enlightenment on caesarean section?
3. What are the factors militating against compliance with public enlightenment programmes on caesarean section by Ahoada-East residents of reproductive age?

Literature Review

Conceptual Review

Awareness

Awareness is seen as the ability of people to realize or know that something exists. It can also be defined as one's knowledge or understanding of a particular subject, situation or trend. Merriam–Webster (2022) describes awareness as understanding a lot about what is happening around someone and the person or persons paying attention to it either positively or negatively. Awareness is a situation where someone is informed of something. It is the act of knowing about the existence of something. Awareness can also be defined as the act of having perception or wide knowledge of the existence of something. The term awareness, according to Cambridge Dictionary (2020) is knowledge that something exists, or understanding of a situation or subject at the present time based on information or experience. The Macmillan Dictionary (2021) describes awareness as “knowledge or understanding of a subject, issue, or situation” or ...the ability to notice things.

Dourish and Bellotti (2011) explain that awareness is an understanding of the activities of others, which provides a context for your own activity. The awareness step consists of the processing of information to provide it to the other participants. Therefore, awareness is a process that sums up the knowledge extracted from an environment and updates it thanks to the interaction between the participants and their environments. According to Schmidt (2002), awareness is an attribute of action. Doing one thing while taking heed of other relevant occurrences as two parallel lines of action, namely: heedfully, competently, mindfully, and accountably. Heath et al., (2012) see awareness as a feature of practical action which is systematically accomplished within developing course of everyday activities.

Furthermore, Heath et al., (2012) state that awareness is a social activity, in that we take cues from those around us which can influence our understanding and lead to a greater shared awareness; and that awareness can be achieved in collaboration with others. Fullard (2017), awareness is the state or the ability to perceive, to feel, or to be conscious of events, objects or a new trend such as new technology or system. Broadly, Fullard further stated that awareness is the state or quality of being aware of something. In general perspective, Rahman and Ramzy (2014) posit that awareness maybe referred to public, common knowledge or understanding about a social, scientific or political issue. Subair and Kgankenna (2012) explain awareness as the state of having knowledge or cognisance of something. It is the knowledge gained through one's own perceptions or by means of information. Awareness also means having knowledge of, appreciation of, recognition of, attention of, perception of, consciousness of, acquaintance with, enlightenment with and familiar with new trends or issues (Arunachalam

2011). Awareness is the state of being informed of something. According to Danis (2017), concept of awareness revolves around acceptance and knowledge of existence and relevance of any technology. Furthermore, Danis stated that awareness of any system or technology goes with the activities of others which play important role in enabling effective collaboration among distributed work group members that are involved in the system.

Public Enlightenment

Enlightenment has been defined as an advanced stage of getting the populace informed on their rights and duties. It also implies, keeping the general public wary of current developments that affects their living or an act of giving someone knowledge or understanding about a concept (Baje, 2018). For example, the age of Public enlightenment in Europe started during the 17th and 18th century and was considered by scholars as an intellectual movement driven by reason (Baje 2018). It was an ideological and philosophical movement marked by the rejection of all conservative factors that have impeded development for a long period of time. Public education in some developed countries has kept the citizenry abreast on all issues of national importance and has played strategic role in influencing official policies and government decisions (Smith, 2009).

The concept of public enlightenment has a global relevance in all ramifications. Ayo (2018) describes public enlightenment which he also calls the 'Age of Enlightenment' as a programme carried out by the government agency or an organization aimed at achieving clarity of perception, reason and knowledge in a community. Effective public enlightenment brings development in a society like Nigeria. This is because the enlightenment of people makes them to live in peace and harmony. He further says that enlightenment thinkers were the liberals of their day. They believed that rational thought could lead to human improvement and was the most legitimate mode of thinking. They saw the ability to reason as the most significant and valuable human capacity.

Health Communication

Health communication encompasses several areas, including edutainment or enter-education, health journalism, interpersonal communication, media advocacy, organizational communication, risk communication, social communication and social marketing. In this respect, health communication becomes an increasingly important element to achieving greater empowerment of individuals and communities. Communication about health in the popular media comprises both planned and unplanned content, which has the potential to communicate positive, neutral or negative health messages to the public. Planned messages follow specific strategies for design and placement and are intended to change public beliefs, perceptions and behaviours (Glik, 2014).

According to Sharma (n.d), given that many health decisions occur in places other than medical settings, it is imperative that people are provided access to accurate health information. Patients and health consumers have expressed greater desire for more information, but are often unable to obtain the relevant materials. This has increased the salience of understanding the development of effective health communication practices. A variety of approaches are employed to find health information. Health-orientated people, those engaged in healthy lifestyles, health issues and health information practices are more likely to discern health information, even if it is unintended. People who pursue active health information strategies tend to have healthier outcomes than those using passive approaches. The foregoing aptly captures the relevance of the media in health communication. Active involvement with communication is related to greater amounts of information processing and involvement, when an issue is positively associated with information-seeking related to that

topic. According to Moynihan (2011), the news media are an important source of information about health and related therapies and there is widespread interest in the quality of reporting. The relevance of health communication is key to its effectiveness as a catalyst for change. Communication plays a key role in the society. Healthy people run the various segments of the society. Thus, Nwabueze (2010) states that the state of the health sector has an effect on other sectors of the society; communication is so rooted in human societies that it is difficult to think of social or behavioural event that are absent in communication.

The foregoing explains why communication or health communication describes passing information to the public in order to create awareness about health issues. This implies that health communication plays a significant role in the society, and perhaps explains why Nwabueze (2010) describes health communication as the process of using or adopting communication strategies to enlighten the public on health-related issues or matters and influence individual, government or community decisions that positively affect or impact on health. Health communication is relevant in disease prevention and health promotion in the following ways: health professional-patient relations, individual's adherence to clinical recommendations and regimens, the construction of public health, messages and campaigns, the dissemination of individual and population health risk information, that is, risk communication images of health in the mass media, whether print or electronic and the culture at large, the education of consumers about how to gain access to health and health care system, the development of tele-health applications, individual's exposure to search for and use of health information (Nwabueze, 2010).

Reproductive Health

Health issues that affect the human reproductive system cannot only left uncared for bearing in mind that it can have adverse effect on the economic development and growth of human. This is the reason why governments at different levels are interested in the state of reproductive health in their domains. In 2005 United Nations Secretary General said that sexual and reproductive issues are to be included in national, regional and international poverty reduction strategies, and sexual and reproductive health is central to reaching development goals. World Health Organisation (2018) posits that reproductive health simply implies that people are able to have a responsible, satisfying and safe sex life, and that they have the capacity to reproduce, and the freedom to decide if, when and how to do so. Implicit in this right of men and women to be informed of and to have access to safe, effective, affordable and acceptable methods of fertility regulation of their choice and right of access to appropriate health care services.

Issues pertaining to reproductive health cover a wide range health-related matters that affect the human reproductive system. According to World Health Organisation (2018) sexual and reproductive health care has five components, which are: improvement of antenatal, perinatal-postpartum and new-born care, provision of high quality services for family planning including infertility services, elimination of unsafe abortions, prevention and treatment of STIs including HIV, reproductive tract infections, cervical cancer and other gynaecological morbidities and promotion of healthy sexuality (WHO, 2018). Colle (2011) agrees with the above assertion and also adds more components of reproductive health that were not mentioned by World Health Organisation, that reproductive health is concerned with family planning prevention of material and new-born deaths and disabilities, prevention and management of sexually transmitted disease and AIDs, harmful traditional practices, such as female genital mutilation (FGM), rape, domestic violence, forced prostitution and human trafficking, infertility, malnutrition and anaemia, osteoporosis, uterine prolapse, reproductive tract infections and cancer.

Caesarean Section

A caesarean section (CS) is a life-saving surgical procedure when certain complications arise during pregnancy and labour. However, it is a major surgery and is associated with immediate maternal and perinatal risks and may have implications for future pregnancies as well as long-term effects that are still being investigated (Gregory et al., 2012). The use of CS has increased dramatically worldwide in the last decades particularly in middle- and high-income countries, despite the lack of evidence supporting substantial maternal and perinatal benefits with CS rates higher than a certain threshold, and some studies showing a link between increasing CS rates and poorer outcomes. The reasons for this increase are multifactorial and not well-understood. Changes in maternal characteristics and professional practice styles, increasing malpractice pressure, as well as economic, organizational, social and cultural factors have all been implicated in this trend. Additional concerns and controversies surrounding CS include inequities in the use of the procedure, not only between countries but also within countries and the costs that unnecessary caesarean sections impose on financially stretched health systems (Gibbons et al., 2012).

However, Katz et al., (2015) believe this terminology is still inadequate and that a medical procedure is rarely named after historic figure, and almost never after an ancient Roman law. They suggest that the word hysterectomy is objective and appropriately describes the procedure. They proposed the use of neoclassical hysterectomy to substitute classical caesarean section, contemporary hysterectomy for lower segment incision, and transitional hysterectomy for hockey stick or J-shaped incision. Although, revision of terminology will keep obstetrics at the forefront of medical sciences, much debate and consensus is still awaited, and the use of caesarean section, though best describes post-mortem abdominal delivery, will not fall out of literature anytime soon (Wallin et al., 2019).

Theoretical Framework

Health Belief Model

Health Belief Model is an example of behaviour change theories. Health Belief Model can be applied to guide health promotion and drug prevention programme. It was first developed in the 1950s by social psychologists Hochbaum, Rosenstock and Kegels to understand the failure of people to adopt disease prevention protocols, while working in the United States Public Health Services. The thrust of the HBM revolves around four main constructs: perceived seriousness, perceived susceptibility, perceived benefits and perceived barriers (Guvenc, et al., 2013). The focus of Health Belief Model is to assess health behaviour of individuals through the examination of perceptions someone may hold towards certain health practices and of disease and negative outcomes of certain actions. The relevance of the HBM to this study is borne out of the fact that an understanding of the study population that they are susceptible to these conditions which portend severe consequences, will likely make them conclude that the benefits outweighs the barriers associated with changing their behaviours to prevent negative perception of Ahoada-East residents of reproductive age about public enlightenment on Caesarean Section.

Multi-Step Flow Theor

The theory was first introduced by Paul Lazarsfeld, Benard Berelson and Hazel Gaudet in 1944 and elaborated by Elihu Katz and Lazarsfeld in 1955. The multi-step flow theory states that ideas flow from the mass media to opinion leaders before being disseminated to a wider population. The multi-step flow theory offers a larger range of interaction sources and audiences than the two-step theory, which argues that information flows from the mass media directly to influencers who then directly share it with their audience. This theory accounts more

for the social nature of sharing information than the one or two-step flow theories (Stranbhaar et al., 2013). The two-step flow theory became popular but was unable to actually measure opinion leaders' influence on public's behaviour and opinion. To argue this, the multi-step theory was developed. The multi-step theory argues that opinion leaders are influenced by multiple sources (Foss & Stephen, 2006). The relevance of this theory to this study is that communicated messages from the media move in stages before finally reaching the audience. Communication flow therefore, involves the movement of information, ideas and knowledge from one stage to another. The media messages (public enlightenment message on Caesarian Section) first flow to the opinion leaders who in turn relay and interpret such messages to those who were not privileged to hear or see the messages directly from the primary channel. During the public enlightenment period particularly, messages are staged by government, non-governmental organisation (NGOs) and Health Ministry to sell the idea to the audience.

Perception Theory

The proponents of this theory are Berelson and Steiner (1964). It simply states that individuals have ways of shutting out information that is not in line with what they believe in. Weimann (2010) describes perception as the “complex processes by which people select, organize, and interpret sensory stimulation into meaningful and coherent picture of the world” (p.21). It simply means that individuals most often process campaign message to suit the worldview they are conversant with. According to him, studies in human perception has shown that people's values, needs, beliefs and perceptions play important roles in determining how they select stimuli from the enormous campaign content in their environment and how they ascribe meaning to such stimuli from their existing frame of reference. Anaeto et al., (2011) posit that “the theory tells us the process of interpreting message is complex and that these goals may be difficult to achieve” (p.66). Relating this theory to the study, it is in line with people's beliefs and perceptions, once a person has been exposed and given an attention to public enlightenment or campaign messages, the next stage has to do with analysing the message to make sure it is beneficial in the end. People will interpret the messages in a manner consistent with their pre-existing perceptions and beliefs. The perceptions and beliefs of people are what give them the basis for interpreting messages obtained from the campaigns.

Cognitive Balance Theory

The theory was propounded in 1968 by Sandra Ball-Rokeach. The theory holds that people have the tendency of evaluating persuasive messages according to how such messages fit into their cognitive patterns. The audience often judge the messages they receive based on how they understand such messages. This implies that people accept messages that are in line with what they already know. This is because people easily accept messages that are in line with what they already know than those messages that are not in line with what they already know. This explains why Anaeto et al., (2008) note that messages that blend into a receiver's level of understanding ensures a balance in his internal state while a message that does not blend causes internal inconsistency. Relating this theory to the study, the theory is relevant to the campaigner especially, the development communicator. Whenever a programme is being carried out, the communicator ought to find out what the people have already known and build on that. When public enlightenment design programmes to bring about perception and positive attitudinal change in the audience, they should endeavour to carry out a research so as to know what the people already know. This will make the programme to have positive effects on them.

Empirical Review

Mbazie and Samuel (2020) carried out a paper on “awareness and response of Ahoada-East residents to Covid19 enlightenment.” The objectives of the study were to find out the level of

awareness of residents of Rivers State on COVID-19 pandemic and determine the disposition of the residents to the enlightenment. The social relationships and individual differences theories formed the theoretical foundation for the study. For the research design, the survey was adopted for the study. The population of the study was 6,888,298. It was drawn from the Taro Yamane sample size formula, the sample size of the study was 400. The sampling techniques used for the study were the multi-stage and purposive sampling techniques. Findings revealed that the level of awareness of COVID-19 pandemic enlightenment was very high but the disposition and extent of compliance to the preventive measures of the residents to the enlightenment were poor. The researchers recommended that governments at all levels should place premium on health communication as a way of deepening the understanding of the citizens on health issues. The reviewed study and the present study are both related as they focus on awareness on health enlightenment. But whereas the reviewed study focused on awareness and response of Ahoada-East residents to Covid-19 enlightenment, the current study focuses on awareness and perception of Ahoada-East residents of reproductive age about public enlightenment on Caesarean Section. The difference is on the objectives, scope, theoretical underpinning and methodological approach.

Akpelu-Okereke and Eke (2021) carried out a study on “Broadcast media messages awareness of Port Harcourt residents towards the spread of COVID-19 pandemic.” The objectives of the study were to examine the level of exposure of the Port Harcourt residents to broadcast messages on the spread of COVID-19 pandemic; investigate Port Harcourt residents' defiance of the COVID-19 protocols among others. The design for this study is the descriptive survey, the people who reside in Port Harcourt metropolis formed the population of the study and the population of the study is 3,171,000. Through Meyer's recommendation, the sample size for the study was 384. The multi-stage sampling technique was used to select the subjects for this study. The instrument for data collection in this study was the questionnaire. The research questions were analysed using the descriptive and inferential statistical analysis using weighted means score.

The findings from the study revealed that the Port Harcourt residents were much aware about the COVID-19 pandemic messages and that the defiance of COVID-19 protocols were psychological state of residents and socio-economic situation; perception of COVID-19 being grossly politicized and monetized; marginalization due to lopsided delivery of palliatives. The study concluded that broadcast messages are effective tools for promoting attitude and behavioural change and advancing awareness of health issues. The following recommendations were made that broadcast stations should through their day to day reportage focus surveillance on the many health issues in the society so as to use them as themes for messages. Also, in adopting broadcast campaigns, government and NGOs can also adopt other communication channels such as interpersonal communication in handling health promotions for disease prevention. The reviewed study and the current study are related as they hinge on awareness of Port Harcourt residents on health communication issues. The reviewed study centred on broadcast media messages awareness of Port Harcourt residents towards the spread of COVID-19 pandemic. The pioneer study is on awareness and perception of Ahoada-East residents of reproductive age about public enlightenment on Caesarean Section. The difference is on the objectives, scope, theoretical underpinning and methods.

Lenee et al. (2021) conducted a study on “Audience perception and attitude towards media campaigns for COVID-19 vaccination in Rivers State, Nigeria.” The objective of the study was to ascertain the frequency of audience exposure to campaigns on COVID-19 vaccination. The social judgement and diffusion of innovation theories were adopted in the

study. The descriptive survey method was adopted to purposively select a sample size of 400 using the Taro Yamane formula. Data were analysed using the semi-structured questionnaire and interview protocols. Quantitative data were analysed using Explanation Building Technique. The study found out that the audiences were adequately exposed to the COVID-19 vaccination campaign through the media channels. The study recommended that the use of an integrated media approach and appeals to persuade people to accept the vaccine. The reviewed study and the present study are related as both studies focus on perception and attitude on health communication campaigns. But whereas the reviewed study hinged on the audience perception and attitude towards media campaigns for Covid-19 vaccination in Rivers State, the present study on awareness of Ahoada-East male residents of reproductive age on public enlightenment on Caesarean Section. The difference is on the objectives, scope, theories and method.

Methodology

The research design adopted for this study was the descriptive survey design. A descriptive survey design is used to document existing attitudes. The population of this study consisted of the Ahoada-East male residents of reproductive age. According to the National Population Commission, 2006 census of Ahoada-East male residents of reproductive age (15 to 49) years was 65,445 and was projected by National Bureau of Statistics in 2024, as 150,524. From the entire population of 150,524 the researcher was able to determine the number of respondents and find out the sample size through the Krejcie and Morgan Table which was recommended as 375. Since 375 is just 0.0040% of 150,524, the sample size was adjusted a little higher to 400 which is 0.00042% of 150,524. This adjustment is to check attrition rate which may emanate from casualty during the administration of the instrument. Coincidentally, the 400 is appropriate recommendation by Taro Yamane's sample Table for a population such as this one.

Sampling, on its part, involves the process of selecting a sample. To get to the respondents, the researcher utilised the multi-stage sampling technique. Data for this study were obtained using copies of questionnaire. The questionnaire was administered to residents of Ahoada East Local Government Area. Respondents were met at their homes, places of work, hospital during ante-natal and community health centres. Where respondents were not able to complete the questionnaire immediately, a date was agreed upon for the researcher to return and pick it up. Those who were hesitant in completing the questionnaire were encouraged to do so. All the copies of the questionnaire administered and filled correctly were collated for the study. Data were analysed using the descriptive and inferential statistical analysis. In other words, contingency tables were used to present data obtained from the questionnaire using weighted mean score (WMS).

Results and Discussion

Table 1: Heard, Seen or Read Messages about Caesarean Section

Status	Frequency	Percentage (%)
Yes	385	100%
No	0	0%
Uncertain	0	0%
Total	385	100%

From Table 4.5, all the respondents (385) representing 100% accepted to have heard, seen or read messages about Caesarean Section.

Table 2: Awareness of Indications for Caesarean Section

Options	No. of Respondents	Percentage
Previous CS, breech and abnormal lie.	108	28%

Maternal request, obstructed and prolonged labour.	125	32%
Fatal distress, HIV and eclampsia.	52	14%
Contracted pelvis, antepartum haemorrhage and prevention of mother to child transmission.	100	26%
Total	385	100%

From the Table, out of the total number of respondents sampled, majority of the respondents agreed that they were aware of the indications for Caesarean Section. 100% of them are aware of CS through various means. Such means are maternal request, obstructed and prolonged labour, previous CS, breech, abnormal lie, contracted pelvis, antepartum haemorrhage and prevention of mother to child transmission, fata distress, HIV and eclampsia.

Table 3: Sources of Awareness of Public Enlightenment Messages on Caesarean Section by Ahoada-East residents of Reproductive Age

S/N	Items	SA	A	D	SD	Total	Total Weighted (fx)	Decision
8.	You are aware of Caesarean Section through antenatal public enlightenment in hospital	122 488	184 552	62 124	17 17	1181	3.07	Agreed
9.	You are informed about CS public enlightenment through doctors' advice	88 352	134 402	128 256	35 35	1010	2.62	Agreed
10.	You got information on CS public enlightenment through friends	156 624	192 576	37 74	0 0	1274	3.31	Agreed
11.	You are exposed to CS public enlightenment through relations	138 552	176 528	64 128	7 7	1215	3.16	Agreed
12.	You got information on CS public enlightenment through posters, door bills and handbills	133 532	165 495	87 174	0 0	1201	3.12	Agreed
13.	You are sensitised through public enlightenment via radio	162 648	204 612	19 38	0 0	1298	3.37	Agreed
14.	You are aware of the information on CS enlightenment through television	164 656	188 564	33 66	0 0	1286	3.34	Agreed
15.	You obtained information on CS enlightenment through	0 0	149 447	75 150	161 (61)	758	1.97	Agreed

	newspapers and magazines								
16.	You got information on CS through talk-shows in the Churches	9 36	86 258	115 230	175 175	584	1.52	Agreed	
17.	You are aware of the information on CS enlightenment through talk-shows in the Mosques	15 60	5 15	190 380	175 175	630	1.64	Agreed	
18.	You obtained information on CS through talks-shows in the associations/clubs	130 520	134 402	110 220	11 11	1,153	2.99	Agreed	
19.	You got information on CS enlightenment through hospitals	220 840	150 450	10 20	5 5	1,315	3.42	Agreed	
20.	You are sensitised about CS through WhatsApp	220 880	144 432	20 40	1 1	1353	3.51	Agreed	
21.	You are aware of the information on CS through Facebook	170 680	190 570	10 20	15 15	1285	3.34	Agreed	
22.	You are sensitised about CS through Instagram	145 580	220 660	9 18	10 10	1268	3.29	Agreed	
23.	You got information on CS via Twitter	200 800	170 510	14 28	1 1	1339	3.48	Agreed	
	Weighted Mean					1134	2.95	Agreed	

Data in Table 3 show that the respondents were aware of public enlightenment messages on Caesarean Section through antenatal public enlightenment in hospital, doctors' advice, friends, relations, posters, door bills and handbills, radio, television, talk-shows in the associations/clubs, hospitals, WhatsApp, Facebook, Instagram and Twitter.

Table 4: Factors Militating against Compliance with public Enlightenment Programmes on Caesarean Section among Residents of Reproductive Age in Rivers State

S/N	Items	SA	A	D	SD	Total	Total Weighted (fx)	Decision
50.	Fear of death	122 488	184 552	72 154	7 7	1201	3.12	Agreed
51.	Cost of Caesarean Section	188 752	164 492	28 56	5 5	1305	3.39	Agreed
52.	Fear of discrimination	100 400	192 576	52 104	41 41	1121	2.91	Agreed
53.	Fear of family rejection	56 224	193 579	120 240	16 16	1059	2.75	Agreed
54.	Male physician in healthcare facilities	0 0	89 267	156 312	155 155	734	1.91	Disagreed

55.	Lack of antenatal check-ups	168	217	0	0	1323	3.44	Agreed
	Weighted Mean					1124	2.92	Agreed

Data in Table 4 show that the respondents agreed that there are factors that militate against compliance with public enlightenment programmes on Caesarean Section among residents of reproductive age, chief among which are costs of Caesarean Section and lack of antenatal check-ups.

Discussion of Findings

Research Question 1: What is the level of awareness of public enlightenment messages on Caesarean Section among Ahoada-East male residents of reproductive age?

The result showed that the majority of Ahoada-East residents of reproductive age had heard, seen or read messages about Caesarean Section to a low intensity. 100% of them were aware of CS through various means. Such means were maternal request, obstructed and prolonged labour, previous CS, breech, abnormal lie, contracted pelvis, antepartum haemorrhage and prevention of mother to child transmission, fata distress, HIV and eclampsia. This finding is in contrast with the study by Mbazie and Samuel (2020) on “awareness and response of Ahoada-East residents to COVID-19 enlightenment,” as their study found out that the level of awareness of COVID-19 pandemic enlightenment was very high. Also the finding refutes the studies by Akpelu-Okereke and Eke (2021) on “Broadcast media messages awareness of Port Harcourt residents towards the spread of COVID-19 pandemic,” and Lenee et al. (2021) on “Audience perception and attitude towards media campaigns for COVID-19 vaccination in Rivers State.” The finding of their study stated that the Port Harcourt residents were much aware about the COVID-19 pandemic messages. The audiences were adequately exposed to the COVID-19 vaccination campaign through the media channels. The imputation here is that COVID-19 affected both old and young people but Caesarean Section is for only the people of reproductive age.

The multi-step flow theory and perception theory upon which this study was anchored, gave backings to this finding. The multi-step theory posits that information often flows through opinion leaders or influencers in a community before reaching the broader population. In the context of Caesarean Section awareness, identifying and targeting influential figures within the community, such as healthcare professionals or community leaders, could amplify the dissemination of information. By strategically involving these influencers, public health campaigns could potentially enhance the intensity and effectiveness of messages related to Caesarean Sections.

The perception theory states that individuals interpret and make sense of information. If the majority of the residents are not aware of messages about Caesarean Sections, it indicates a potential gap in the perceptual process. Insights into perception theory can guide communication strategies to address misconceptions, cultural beliefs, or informational barriers that may be influencing how residents perceive Caesarean Sections. By tailoring messages to align with existing beliefs and addressing any negative perceptions, awareness campaigns can become more impactful.

Research Question 2: What are the sources of awareness of public enlightenment messages on Caesarean Section by Ahoada-East male residents of reproductive age?

The results from the questionnaire revealed that the respondents were aware of public enlightenment messages on Caesarean Section through antenatal public enlightenment in hospital, doctors’ advice, friends, relations, posters, door bills and handbills, radio, television,

talk-shows in associations or clubs, hospitals, WhatsApp, Facebook, Instagram and Twitter as the weighted mean score was 2.95 . This finding corroborates the study by Lenee et al. (2021) on “Audience perception and attitude towards media campaigns for COVID-19 vaccination in Rivers State,” as found that the audiences were adequately exposed to the COVID-19 vaccination campaign through media channels. The multi-step flow theory from where this study is underpinned lends credence to this finding. The theory gives understanding that information on Caesarean Section among Ahoada-East residents is not only disseminated directly through hospitals but it also flows through secondary channels such as friends, relations, posters and social media platforms. This highlights the influential role of interpersonal connections and varied communication channels in shaping awareness, aligning with the multi-step flow theory’s concept of information passing through opinion leaders and social networks.

Research Question 3: What are the factors, if any, militating against compliance with public enlightenment programmes on Caesarean Section by Ahoada-East male residents of reproductive age?

The results showed that factors militating against compliance with public enlightenment programmes on Caesarean Section among Ahoada-East male residents of reproductive age were fear of death, cost of Caesarean Section, fear of discrimination, fear of family rejection and lack of antenatal check-ups. The finding has the significance of the health belief model and cognitive balance theory in understanding factors influencing compliance with public enlightenment programmes on Caesarean Section among residents of reproductive age. The health belief model helps to explain how perceptions of health risks such as fear of death and cost concerns influence decision-making, while cognitive balance theory is relevant in elucidating the conflicting attitudes and emotions surrounding Caesarean Section, aiding in the development of targeted interventions to address these factors.

Conclusion

There is a concern in the level of awareness among the Ahoada-East residents of reproductive age regarding Caesarean Sections, with exposure to information being low. This suggests a potential gap in communication channels or outreach efforts related to this critical aspect of reproductive health.

The study underscores the effectiveness of various channels in disseminating public enlightenment messages on Caesarean Sections among Ahoada-East residents. The awareness achieved through antenatal public enlightenment in hospitals, doctors’ advice, input from friends and relations, visibility on posters and engagement on Twitter, Instagram, WhatsApp, Facebook etc collectively indicate a comprehensive outreach strategy. The multifaceted approach suggests a positive trend in information dissemination, showcasing the significance of utilising diverse communication channels to reach a broad audience.

The study has established that non-compliance with public enlightenment programmes on Caesarean Section among residents of reproductive age is primarily influenced by multifaceted fears, including fear of death, concerns about the cost of Caesarean Section, fear of discrimination, apprehension about family rejection, and a notable lack of engagement in antenatal check-ups.

Recommendations

Based on the findings of the study, the following recommendations are made:

1. There is a need to increase the intensity of dissemination of messages on Caesarean Section in Rivers State to ensure that residents of reproductive age are well-informed about the procedure and its potential benefits and risks.

2. Campaigners should utilise a holistic approach, incorporating antenatal education in hospitals, doctors' advice, social networks, posters and social media platforms to further enhance public enlightenment on Caesarean Section among Ahoada-East residents.
3. Health campaigners should address fear of death, financial concerns, discrimination, family rejection and the lack of antenatal check-ups to improve compliance with public enlightenment programmes on Caesarean Section among Ahoada-East residents of reproductive age.

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