

## Perception of Port Harcourt Women of Reproductive Age About Public Enlightenment Campaigns on Caesrean Section

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DOI: 10.56201/rjmcit.v10.no4.2024.pg75.90

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### **Abstract**

*The aim of this study was to ascertain the perception of Port Harcourt women of reproductive age about public enlightenment campaigns on caesarean section. The theoretical framework of the study was drawn from the health belief model, 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 Port Harcourt women of reproductive age (15 to 49) years were 474,600. 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

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## Introduction

The importance of communication in bringing about changes in the society cannot be over emphasized, as it is capable of changing the attitude and perception of the people through the information they get from campaigns, public enlightenment and other sources. Many persons or experts constantly turn to the media seeking solution to some of the many societal problems, because there is a nexus between communication and national development. Currently, the use of integrated communication systems is being advocated to reach members of the public with ideas that can transform their lives. This is as a result of the fact that there are people who do not get their information from the mass media, but from friends, organisations, and family (McPhilip, 2010).

Health communication is a field of study that cuts across other fields of study, and every realm of human endeavour. Schiavo (2017) posits that health communication is a multifaceted and multidisciplinary approach to reach different audiences and share health related information such as Caesarean Section with the goal of influencing, engaging and supporting individuals, communities, health professionals, special groups, policy makers and the public to champion, introduce, adopt, or sustain a behaviour, practice or policy that will ultimately improve health outcomes.

There are many issues to be considered. For instance, pregnancy, unwanted pregnancies, Caesarean Section, antenatal and post natal care, abortion and post abortion care, sexually transmitted diseases, HIV, family planning, the use of contraceptives, infertility among others. There are important issues that come to bear when reproduction comes to mind. Most often, in some culture, men see issues of reproductive health as women's problem and which should be handled by women. In a bid to reduce maternal mortality in Nigeria, the government and development agencies have engaged different means in order to prevent or reduce the complications and death resulting from reproductive related issues especially, Caesarean Section, uterine cancer, endometriosis, gynaecologic cancer, polycystic ovary syndrome (PCOS), and intestine cystitis (Kwawukume, 2012).

Caesarean Section refers to the delivery of a foetus, placenta and membranes through the abdominal and uterine incision after 28 weeks of gestation (Ayano et al., 2015). This is performed when vaginal delivery is not possible or safe and if delayed, the outcome could be catastrophic leading to complications such as foetal asphyxia (lack of oxygen and blood flow to the brain), fetal death, uterine rupture (spontaneous tearing of the uterus), maternal and obstetric fistula (RVF) (an abnormal opening between the rectum and vagina).

In Nigeria, though not outrightly rejected, necessary Caesarean Section, is not fully accepted as there are several factors making people assume that a woman must experience the normal vaginal delivery. A number of reproductive age women believe Caesarean Section is a last resort used to deliver a pregnant woman of her baby. Many mothers assume that being told that they are going to deliver their babies through Caesarean Section is like being given a death warrant. This attitude towards Caesarean Section influences women's acceptance of the procedure and sometimes, results in psychological depression that woman of reproductive age and their family usually experience when being told that their baby will be delivered through Caesarean Section.

Caesarean Section (CS), as the birth of a foetus through a surgical incision on the abdominal wall (laparotomy) and uterine wall (hysterotomy), is among the most widely practised obstetric surgical procedures worldwide. It is usually perceived as a simple and safe alternative to natural birth. However, in some instances, this surgical procedure can be technically difficult with consequent health hazards for both the mother and the foetus. There

are many possible reasons for a CS to be “difficult” such as: a lower uterine segment hard to access, a complex foetal extraction, an abnormal placentation and some non-gynaecologic organ injuries or lacerations hard to repair (Mi & Fliu, 2014).

Also, there are different perceptions that surround Caesarean Section which may have a significant role in the decision making process for both men and women. Jukelvis (2011) affirms that the decision making process may be influenced by multiple complex factors like the reason for which the caesarean was performed, a woman’s cultural values, beliefs, possible traumatic events in her life and available social support. The cultural perception of the individual communities is vital to the acceptance of the procedure because the observed trend is a great reluctance among women and their relations to accepting the procedure. This cultural perception may possibly and partly explain why the number of women who booked for antenatal care in a health centre is significantly different from the actual number of those who delivered in the centre.

Aversion to Caesarean Section is one of the factors (Umezuruike & Udoudo 2008) recognises that leads to maternal mortality. In some cultures, any woman who cannot give birth by the natural means should not be seen as a true woman. So, in a bid to avoid the socio-cultural stigma, some women decide to have their babies vaginally which may lead to maternal deaths even when some of them have been booked for Caesarean Section. Traditionally, some Nigerian women are unwilling to have CS because of the general belief that abdominal delivery is reproductive failure on their part regardless of the feasibility of vaginal birth after Cs and the decreasing mortality from Caesarean Sections (Jeremiah, et al., 2011). There have been traditional midwives who the ancient people believed that their skills come from the gods.

Caesarean Section and other health related issues are becoming more of public health concern. Accepting the Caesarean Section can be done using moral suasion. Communication 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, on obstetric care for health professionals placed emphasis on the need for public enlightenment messages 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. A project; #GivingBirthInNigeria# which was sponsored by MSD for Mothers and implemented by Africare, Nigeria Health Watch and EpiAFRIC was carried out in 18 communities across six states representing the six geopolitical zones in Nigeria. It lasted for 18 months and the findings raised awareness why women are dying in communities while giving birth and addressed some underlying causes of the deaths. It was from the report of the project that the story of Asmau who died with her unborn baby because the husband refused to sign the consent form for her to be operated on emerged in Kebbi. Also, in Rivers State, there is a public enlightenment programme entitled, “You and Your Health,” by Dr. Richard Okoye which is usually aired online and on AIT every Monday 9:30am, Today FM 95.1 Saturday 8am, and NTA – 8pm to 9pm stations with edition on Caesarean Section enlightenment.

The motivation for this work was stirred up in the year 2019 at Obio Cottage Hospital in Rivers State where as a new mother, I saw two different women who could have saved lives lose them because they initially rejected Caesarean Section. One lost both her baby and womb,

and the most annoying one was the lady who had waited for 8 years before conception, a banker with an enlightened man as a spouse lost her life and that of her son because her pastor advised her never to agree to surgery. With these incidents, it became curious to know if the people are aware of public enlightenment messages on CS and what they make of these messages.

### **Statement of the Problem**

In response to evade CS, there have been some public enlightenment programmes carried out by the government of Rivers State and non-governmental organisations. The focus of the programmes has been on the need for people of reproductive age to accept Caesarean Section as a life-saving measure instead of the loathsome attitude of many to Caesarean Section. One of such programmes is Dr. Richard Okoye's "You and your Health" on AIT. The perception of women of reproductive age in Port Harcourt regarding caesarean section (CS) remains critical public health concern, significantly influenced by public enlightenment campaigns. Despite efforts by healthcare providers, government agencies and non-governmental agencies to educate women on the safety, necessity, and benefits of CS, many still hold misconceptions and exhibit reluctance toward the procedure. This issue is compounded by cultural beliefs, misinformation, and a lack of trust in the healthcare system, leading to an underutilization of CS when medically necessary.

The gap between the intended outcomes of these campaigns and the actual perceptions of the target audience necessitates a thorough investigation to understand the underlying factors contributing to this disparity. The effectiveness of public enlightenment campaigns in Port Harcourt is often hindered by various barriers, including inadequate reach, insufficient engagement strategies, and the inability to address the specific concerns of women in this demographic. Many campaigns fail to consider the socioeconomic, educational, and cultural contexts of their audience, resulting in limited impact and persistence of negative attitudes towards CS. The concern of this study however, is on how Port Harcourt women perceive these programmes, resulting from their attitude towards the programmes.

### **Aim and Objectives of the Study**

The aim of this study is to ascertain the perception of Port Harcourt women of reproductive age about public campaigns on caesarean section. The specific objectives of the study are to:

1. determine the extent of knowledge that Port Harcourt women of reproductive age have on Caesarean Section through the public enlightenment messages;
2. evaluate the perception of public enlightenment messages on Caesarean Section by Port Harcourt women of reproductive age; and

### **Research Questions**

The study attempts to answer the following research questions:

1. To what extent do Port Harcourt women of reproductive age have knowledge of Caesarean Section through the public enlightenment messages?
2. What is the perception of public enlightenment messages on Caesarean Section by Port Harcourt women of reproductive age?

### **Literature Review**

#### **Conceptual Review**

#### **Perception**

It is common knowledge that humans are creatures that are capable of processing information obtained around them. Humans can assess what they see, feel, or think. Therefore, humans can perceive something according to their thoughts. Perception is an opinion on something in an environment. Perception is a term that is closely related to human psychology and it has been defined in various ways. According to Martono (2015), perception is a process in assessing or

building impression towards various things that exist in the human senses. Nelson and Quick (1997) posit that perception is a process used to analyse information provided by others. Zulhernanda (2017) states that perception is the processes whereby people select, organise, and interpret sensory stimulations into meaningful information about their work environment.

Discussion on perception often contains various meanings, the varying meanings lie in the connotation of the term perception itself. Perception according to Nurohman (2018) is the perception is defined in accordance with the opinions and views of someone. And Solso (2008) posits that perception is an advanced cognitive level in the interpretation of sensory information. The term perception according to Lindgren (2013), perception is viewed as the mediating processes that are initiated by sensations. Clifford (2011) states that perception is the process of discriminating among stimuli and of interpreting their meanings while, Huffman and Vernoy (2010), perception is the process of selecting, organizing, and interpreting sensory data into useable mental representation of the world.

Worchel and Shebilske (2019) state that perception is the process of interpreting information. Szilagy and Wallace (2010) explain perception as a process by which individuals attend to incoming stimuli, organise, and interpret such stimuli into message that in turn indicate an appropriate action or behaviour. Thus, perception is an action in which someone gives the stimulus and response about something which happens in reality. Although some people are facing a similar object, they may have a different perception about it. It is because everyone has their own experience in the past. There are many experts that describe the relation between people's experience and perception (Szilagy & Wallace, 2010).

### **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 Centuries 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 of all issues of national importance and has played strategic role in influencing official policies and government decisions (Smith, 2009). WHO recommends 5% for Caesarean Sections. In Lagos, State government recently announced the launch of a new health insurance scheme that will make Caesarean Sections free (WHO, 2017).

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. Ayo says further that enlightenment thinkers were the liberals of their day. They believe 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. Adepeju Jaiyeoba, founder of Nigeria's Brown Button Foundation – an establishment that works to reduce maternal deaths observes that involving Traditional Birth Attendants (TBA) widely known as massagers in their public enlightenment programmes have yielded positive results than when they eluded them. He sees public enlightenment as a tool to teach on some programmes that is obtainable from federal and state governments like, MDSR

(Maternal Death Surveillance & Response) and MPDSR (Maternal and Perinatal Death Surveillance and Response) which will help couples know the efforts government is making in order to preserve lives of mothers and their babies. The “Why Are Women Dying While Giving Birth in Nigeria?” report is an analysis of findings from a community-informed maternal death review that was implemented under the Giving Birth in Nigeria project.

### **Communication**

Communication is an important aspect of in human life. Everybody uses communication as a tool for social interaction with others. Communication process will run well if the sender and the receiver understand each other about the message. Therefore, communication skills are needed to create a good communication process. According to Effendy (2013), the term of communication originates from the Latin word "communicatio", which comes from the word communis which means common. In this case common means "same meaning" (p.9). The implication here is that communication is the process of delivering information, ideas, emotions, knowledge, and to get mutual understanding, similar meaning and to change the behaviour.

Many scholars have tried to give a definitive meaning to communication. The general view of communication is that it is an interaction within a social context. Communication usually involves the sender (source) and the receiver. It involves the interlocutors exchanging signals. These signals could be verbal or graphic, it could be gestural or visual (photographic). In essence, communication involves using codes that are done with the eyes, body movement or sounds made with the voice. Whichever way it is done, there is always a process in which someone initiates a meaning intent that is passed to the interlocutor (receiver). Daniel (2016) asserts that it is when feedback, which involves the receiver responding to the signal by initiating another circle of meaning exchange, has been sent to the sender (source) that the communication process has gone full circle and become complete.

### **Health Communication**

The use of various forms of communication to disseminate messages that are health-based are described as health communication. It has to do with asking public issues that affect healthy practices that citizens ought to be aware of. Prvanta (2011) sees health communication as “the study of the use of communication strategies to influence individual and community decisions that enhance health” (p.3). This makes reference to the fact that all communication that is focused on health is disseminated with the intention to informing members of the public as well as influencing them to make necessary changes based on factual information. Torkkola (2016) explains health communication from two perspectives which are based on social and cultural practices.

Thomas (2016) opines that health communication encompasses the study and the use of communication strategies to inform and influence individuals and community knowledge, attitudes and practices with regards to health and health care. Payne and Horn (2017) claim that health communication involves trying to persuade a person or people to take a recommended course of action. The definitions of these authors show that health communication is centred around influencing and persuading people to engage in activities that will foster and promote good health practices.

### **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 human growth. This is the reason why governments at different levels are interested in the state of reproductive health in their domains. In 2005 The 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.

From the foregoing, it can be deduced that reproductive health issues affect every member of the society and is not restricted to only men and women. The information aspect of this definition is the basis upon which this study is based. The United Nations Population Fund (2021) states that to maintain good reproductive health, people need access to accurate information. They must be informed and empowered to protect themselves from sexually transmitted diseases and other infections that are capable of affecting their reproductive organs. Anderson (2015) asserts that reproductive health is not only about child bearing and about women. It is also about men, the young, the aging, homosexuals, refugees, the disabled and the infertile.

### **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 developed countries. Despite the lack of evidence supporting substantial maternal and perinatal benefits with CS, so many persons are yet to key in. 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).

A study by Adageba et al., (2018) revealed that of 317 women interviewed, 304 (96%) had heard of the operation; however only 43 (13.5%) could mention specific indications for it. Vaginal delivery was preferred by 296 (93.3%) while 11 (3.5%) preferred planned caesarean delivery; the remaining 10 (3.2%) were undecided. Although 164 (51.7%) perceived it as being dangerous to the mother and baby, 287 (90.5%) were willing to undergo the operation when indicated; 19 (6%) would refuse the operation even when indicated. Almost all the women, 311 (98.1%), wanted Caesarean Section to be part of client education at the antenatal clinic and 314 (99.1%) wanted to be informed about the specific indication before surgery

Caesarean Section is the delivery of a foetus after 28 weeks gestational age by abdominal surgery, requiring an incision through the uterine wall. Twenty eight weeks is taken arbitrarily because foetuses born at or after this period tend to survive, and is called the period of viability. In the UK, this gestational age has come down to 24 weeks, while in the United States, it has dropped more to 20 weeks gestation, or a baby weighing not less than 500g is considered viable. This is attributed to the improved neonatal services in those countries. Caesarean Section is an ancient operation. It was first reported as early as 715 BC when Rome was ruled by Numa Pompilius (Philips, 2018). The “Lex Ceasera Law” at the time, decreed that, when a woman died in child birth, the infant was to be delivered by an incision in the uterus;

and that is how it became known as Caesarean Section. Another narrative postulates that the name was driven from the Latin verb, caedere, meaning to cut, and that Julius Caesar birth was through an abdominal delivery. Recently, it has been amended to caesarean birth.

### **Complications of Caesarean Section**

Caesarean Section is a major abdominal surgery, and as, with any other major surgical procedure, it carries risks and complications. The estimated risk for a woman dying after CS 18 is less than one in 2,500, compared to less than one in 10,000 for vaginal delivery. Woman with pre-existing medical conditions such as heart disease, diabetes or hypertension have an increased risk, nearly to double (Chazotte & Cohen 2010). Complications of caesarean delivery affect both the mother and the foetus. They are related either to the anaesthesia, the procedure or may occur post-operatively.

Anaesthesia carries a major risk to the mother. Induction of anaesthesia and endotracheal intubation may cause cardiac arrest and consequently death if not recognised earlier and prompt cardiopulmonary resuscitation initiated. Wrong intubation into the oesophagus may lead to maternal death due to hypoxia. A sudden rise in blood pressure at induction of anaesthesia in a woman with previously high blood pressure may lead to cerebral haemorrhage, with its long term sequelae or death. Vomitus may be inhaled during anaesthesia causing Mandelson's syndrome and chemical pneumonitis which may be catastrophic. Mother's health could be endangered by unexpected responses or reactions to anaesthesia or other medications given during surgery. Intra-operatively, bleeding and organ injury are well documented. They are known for their grave short-term and long-term effects. Normally, blood loss on the average, at CS is about twice as much as with vaginal birth. However, blood transfusions are rarely needed (Chazotte & Cohen, 2010).

### **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 Rivers State residents of reproductive age about public enlightenment on Caesarean Section.

### **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. Rivers State residents of reproductive age will if possible, shape their interpretation of a public enlightenment/campaign messages to be congruent with his/her existing belief as a result of the following factors: interests, beliefs, knowledge, perceptions, needs, and values. They will perceive messages differently because of their innate compositions and abilities, before the Rivers State residents of reproductive age decide to ponder on a Caesarean Section message they would have to screen it to make sure that it is cognisant with what they believe in or are comfortable with. They selectively perceive process and interpret public enlightenment/campaign messages or form the perception of the other party in the process, to misperceive and misinterpret messages, which has the capacity to reduce the potential for changing perceptions, values, opinions or images.

#### **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. The major assumptions of the theory according to Anaeto et al., (2008) are that; people tend to evaluate persuasive messages according to how these messages fit or fail to fit their own cognitive (meaning) pattern; a message that fits into the receiver’s cognitive pattern ensures a balance in his state of mind while the one that does not fit causes internal inconsistency; to restore internal balance, the receiver has to change his perceptions towards the subject matter or the source; and a receiver who holds a mild opinion on a pertinent topic may change his perception towards the topic, whereas a receiver who holds a strong opinion on the topic is more likely to change his perceptions towards the source.

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**

Faremi et al., (2020) carried a study on “Attitude of pregnant women in South Western Nigeria towards Caesarean Section as a method of birth.” The study assesses knowledge of pregnant women about Caesarean Section, their attitude towards it and level of acceptance of the methods of birth among women. Methods: This descriptive study was carried out in a government owned hospital in south western Nigeria. Respondents were selected using

accidental sampling techniques. Questionnaire whose validity and reliability has been previously ascertained was the instrument used for data collection. Data generated was analysed using SPSS. The results showed that 17.1% of the women have good knowledge of Caesarean Section as a method of birth. Majority of the respondents agreed that vaginal delivery creates more mother-baby relationship than Caesarean Section. 69.5% of the respondents agreed that Caesarean Section is preferable to vaginal delivery as the pain in vaginal delivery is usually unpleasant, 66.0% disagreed that babies born through Caesarean Section are more healthy than their other counterpart that are born through vaginal delivery. Only 6.9% accept Caesarean Section. The study concluded that mothers should therefore be educated on the process involved in caesarean birth and the advantage of this method of birth over other birth method. The reviewed study and the current study are related as both focus attitudes towards Caesarean Section. But whereas the reviewed study focused on attitude of pregnant women in South Western Nigeria towards Caesarean Section as a method of birth, the pioneer study focuses on awareness and perception of Rivers State residents of reproductive age about public enlightenment on Caesarean Section. The difference is on the objective, scope and methodology.

Robinson-Bassey and Uchegbu (2017) did a paper work on “Perception and attitude of pregnant women towards Caesarean Section delivery in University of Port Harcourt Teaching Hospital, Rivers State.” The study aimed at determining perception and attitude of pregnant women towards Caesarean Section delivery in University of Port Harcourt Teaching Hospital, Rivers State. Three objectives, three research questions and two hypotheses were formulated to guide this study. A descriptive study design was used and using the Yaro Yamane formula for sample size determination, a sample size of 325 respondents was drawn from a target population of 1720 pregnant women attending antenatal clinic in UPTH. A simple random technique was used to draw respondents that participated in the study. A self-structured questionnaire was used as the instrument of the study and a 92% return rate left the sample population of the study at 298 pregnant women. Data was presented on tables and analysed using simple percentages, hypotheses were analysed using chi-square test.

The result showed that 186 (62.42%) respondents possessed a good knowledge, 61(20.47%) respondents possessed a fair knowledge while 51(17.11%) had a poor knowledge on Caesarean Section delivery. Another finding revealed that 103 (34.56%) respondents have positive perception while 195 (65.44%) respondents had a negative perception about Caesarean Section delivery. 125 (41.95%) respondents have positive attitude while 173 (58.05%) respondents had a negative attitude towards Caesarean Section delivery. Finally the result showed that there is a significant difference between respondents’ educational status and attitude as well as a significant difference between perception and attitude towards Caesarean Section delivery. The study recommended that the hospital management should take health education of pregnant women very seriously and Information, Education and Counselling should target pregnant women attending antenatal clinics in both group discussions and personal counselling sections. The reviewed study and the present study are related as both hinge on perception and attitude towards Caesarean Section. But whereas the reviewed study centred on perception and attitude of pregnant women towards Caesarean Section delivery in University of Port Harcourt teaching Hospital, Rivers State, the present study focuses on awareness and perception of Rivers State residents of reproductive age about public enlightenment on Caesarean Section. The difference is on the objective, scope and methodology.

Mbazie and Samuel (2020) carried out a paper on “awareness and response of Rivers State 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 Rivers State residents to Covid-19 enlightenment, the current study focuses on awareness and perception of Rivers State residents of reproductive age about public enlightenment on Caesarean Section. The difference is on the objectives, scope, theoretical underpinning and methodological approach.

### **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 a study involves the people or subjects about which a researcher needs information. The population of this study consisted of the Port Harcourt women in Port Harcourt City local Government Area of Rivers State. According to the National Population Commission, 2006 census of Rivers State, women of reproductive age (15 to 49) years were 234,558. This was projected at 2.7 as growth rate for 19 years (that is from 2006 – 2024) which gave a projection of 474,600. From the entire population of 474,600, 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 380. Since 380 is just 0.0040% of 474,600. The sample size was adjusted a little higher to 400 which is 0.00042% of 474,600. 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. Research assistants were trained and used to assist the researcher in administering and retrieving copies of the questionnaire across the Port Harcourt LGA. Respondents were met at their homes, places of work, hospital during ante-natal and community health centres. 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: Port Harcourt Women of Reproductive Age knowledge of Caesarean Section through the Public Enlightenment Programmes**

S/N	Items	SA	A	D	SD	Total	Total Weighted (fx)	Decision
1.	CS reduces loss of bladder control	18 72	134 402	102 204	131 131	809	2.10	Disagreed
2.	CS lowers risk of urinary incontinence	5 20	74 222	154 308	152 152	702	1.82	Disagreed
3.	CS causes repeat CS delivery in future pregnancies	9 36	165 495	71 152	140 140	823	2.14	Disagreed
4.	CS reduces injury to vagina	0 0	92 276	157 314	151 151	741	1.92	Disagreed
5.	CS causes heavy bleeding during and after delivery	0 0	63 189	153 306	169 169	664	1.72	Disagreed
6.	CS reduces illness and death rates	12 48	150 504	65 124	158 158	834	2.17	Disagreed
7.	CS causes an infection of the lining of uterus	0 0	67 201	169 338	149 149	688	1.79	Disagreed
8.	CS takes longer recovery times	138 552	189 567	68 136	0 0	1255	3.26	Disagreed
9.	No damage to pelvic floor	0 0	61 183	175 350	149 149	682	1.77	Disagreed
10.	Reduces pain during the birth	2 8	35 105	165 330	183 183	626	1.63	Disagreed
11.	Best option for macrosomia (large babies)	0 0	49 147	148 296	188 188	631	1.64	Disagreed
12.	Higher risk for c-section ectopic	6 24	28 84	175 350	176 176	634	1.65	Disagreed
13.	Higher risk of complications with CS	124 496	175 525	86 172	0 0	1193	3.10	Disagreed
14.	Baby not experiencing trauma with passing through birth canal	137 548	248 744	0 0	0 0	1292	3.36	Disagreed
15.	Lowers risk of baby being deprived of oxygen during delivery	56 224	75 225	154 308	100 100	857	2.23	Disagreed
16.	Blood clots	48 192	77 231	152 304	8 8	735	1.91	Disagreed
<b>Weighted Mean</b>						<b>823</b>	<b>2.14</b>	<b>Disagreed</b>

Data in Table 1 reveal that the Port Harcourt of reproductive age have knowledge of Caesarean Section through the public enlightenment messages such as CS reduces loss of bladder control, lowers risk of urinary incontinence, causes repeat CS delivery in future pregnancies, causes heavy bleeding during and after delivery etc., was low.

**Table 2: Perception of Rivers State Residents of Reproductive Age of Caesarean Section resulting from Public Enlightenment Programmes Enlightenment**

S/N	Items	SA	A	D	SD	Total	Total Weighted (fx)	Decision
17.	Caesarean Section is a safe method of delivery	15	67	102	201			
		60	201	204	201	666	1.73	Disagreed
18.	Babies delivered through CS are normal babies	159	226	0	0			
		636	678	0	0	1314	3.41	Agreed
19.	Women who deliver through CS are not subhuman	220	165	0	0			
		880	495	0	0	1375	3.57	Agreed
20.	It is not a taboo to deliver through CS rather a simple and safe alternative to natural birth	50	92	157	101			
		200	276	314	101	800	2.01	Disagreed
21.	You will agree to have Caesarean Section next delivery if indicated (for female respondent only)	165	69	101	50			
		660	207	202	50	1119	2.91	Disagreed
22.	You will consent to your wife having a CS section next delivery if indicated (for male respondent only)	158	150	65	12			
		632	504	124	12	1272	3.30	Agreed
23.	CS is like being given death warrant	0	67	169	149			
		0	201	338	149	688	1.79	Disagreed
24.	CS brings negative reception at home by family and community members	138	145	68	44			
		552	435	136	44	1167	3.03	Agreed
25.	CS is a reproductive failure	82	61	115	127			
		328	183	350	149	1010	2.62	Agreed
26.	CS is bad because it exposes women to male physician in healthcare facilities	162	135	65	23			
		648	405	130	23	1206	3.13	Agreed
	<b>Weighted Mean</b>					<b>1062</b>	<b>2.76</b>	<b>Agreed</b>

Table 2 shows that the perception of Port Harcourt women of reproductive age of Caesarean Section resulting from public enlightenment programmes were positive as they accepted that babies delivered through CS are normal babies, women who delivered through CS were not subhuman, it was not a taboo to deliver through CS rather a simple and safe alternative to natural birth, CS is not a death warrant, the female respondents agreed to have Caesarean Section if indicated and the male agreed to give consent if indicated. On the contrary, they perceived CS is not a safe method of delivery, brings negative reception at home by family and community members, a reproductive failure and bad because it exposes women to male physician in healthcare facilities.

### Discussion of Findings

**Research Question 1: To what extent do Rivers State residents of reproductive age have knowledge of Caesarean Section through the public enlightenment?**

From the results of the study, it was revealed that the extent to which Port Harcourt women of reproductive age had knowledge on Caesarean Section through public enlightenment was low as the weighted mean score indicated 2.14. This finding is in tandem with the study of Faremi et al. (2020) on “Attitude of pregnant women in South Western Nigeria towards Caesarean Section as a method of birth.” Their study showed that not much of the women had good knowledge of Caesarean Section as a method of birth. The study of Robinson-Bassey and Uchegbu (2017) on “perception and attitude of pregnant women towards Caesarean Section delivery in University of Port Harcourt Teaching Hospital, Rivers State.” supported the finding of this study as it pointed out that the respondent had a negative perception about Caesarean Section delivery.

Perception theory and health belief model that this study is underpinned gave validation to this finding. The perception theory highlights the importance of understanding how individuals interpret information, suggesting that interventions should consider and address any misconceptions or barriers influencing the perception of Caesarean Sections. The health belief model becomes pertinent in designing awareness campaigns that not only provide information but also consider individuals’ beliefs, perceived risks and benefits, aiming to promote a positive attitude towards gaining knowledge about Caesarean Sections, integrating these theoretical frameworks can enhance the effectiveness of public health initiative and contribute to improving awareness levels in the target population.

**Research Question 2: What is the perception of public enlightenment messages on Caesarean Section by Rivers State residents of reproductive age?**

The results revealed that the perception of Port Harcourt women of reproductive age of Caesarean Section resulting from public enlightenment programmes was positive as they accepted that babies delivered through CS were normal babies, women who delivered through CS were not subhuman, and CS was not a death warrant as the female respondents agreed to have Caesarean Section if indicated and the male agreed to give consent if indicated. This was indicated as weighted mean score was 2.76. On the contrary, the respondents perceived CS as not a safe method of delivery, as they see it as costly and bring negative reception by family and community members, a reproductive failure and bad omen.

This finding aligns with the finding of Faremi et al. (2020) on “Attitude of pregnant women in South Western Nigeria towards Caesarean Section as a method of birth.” Their study revealed that few women only accepted Caesarean Section. Also, the study of Robinson-Bassey and Uchegbu (2017) on “perception and attitude of pregnant women towards Caesarean Section delivery in University of Port Harcourt Teaching Hospital, Rivers State.” The study gives support to this finding as stated that majority of the respondents had a negative perception about Caesarean Section and had a negative attitude towards Caesarean Section delivery. The study of Mbazie and Samuel (2020) on “Awareness and response of Rivers State residents on COVID-19 enlightenment,” is in line with the finding of this study as it was stated that the disposition and extent of compliance to the preventive measures of the residents to the enlightenment were poor.

The finding underscores the relevance of both cognitive balance theory and perception theory in understanding the contrasting attitudes towards Caesarean Section among Rivers State residents of reproductive age. The cognitive balance theory helps to explain the coexistence of positive perceptions regarding CS as normal with the negative perceptions associating it with safety concerns and reproductive failure. Meanwhile, perception theory sheds light on how individuals’ subjective interpretations influence their views on CS,

emphasising the importance of addressing misconceptions and promoting accurate information to achieve a balanced cognitive perspective.

### **Conclusion**

The study has established 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 and promote better understanding of the benefits of Caesarean Section in reproductive health needs.

Despite public enlightenment programmes, there existed a prevailing perception among Rivers State residents of reproductive age as some of the residents do not see CS as a safe method of delivery but view it as a reproductive failure.

### **Recommendations**

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

1. 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.
2. There should be a promotion of accurate information through intensified public education, community engagement, accessible healthcare resources, comprehensive antenatal counselling and collaboration with both public and private healthcare providers to dispel misconceptions.

### **References**

- Adageba, R. K., Danso, K. A., & Adusu-donkor, A. (2018). Awareness and perceptions of and attitudes towards caesarean delivery among antenatal. *Ghana Medical Journal*, 42 (4), 137 - 40.
- Anaeto, S., Anaeto, M. & Tejumaiye, J. (2011). *Newspaper and magazine: Management, production and marketing*. Stirling-Horden Publishers Ltd.
- Anaeto, S., Onabanjo, O. & Osifeso, J. (2008). *Models and theories of communication*. African Renaissance Books.
- Ayo, O. B. (2018). *Imperative of public enlightenment for good governance*. Nsukka. Ephrata Press.
- Baje, A. O. (2018, October 26). Imperative of public enlightenment for good governance, *The Guardian Newspaper*.
- Chazotte, C., Cohen, W. R. (2010). Catastrophic complications of previous caesarean section. *American Journal of Obstet and Gynecology*, 163 (5), 738 - 742.
- Clifford, E. (2010). Role of socio-demographic factors on utilization of maternal healthcare services in Ethiopia. Sweden: Dissertation. Umeå University. [http://www.phmed.umu.se/digitalAssets\\_mph200920dagne-1-1-new1-.pdf](http://www.phmed.umu.se/digitalAssets_mph200920dagne-1-1-new1-.pdf)
- Daniel, D. K. (2016). *Dewhurst's textbook of obstetrics and gynaecology for post graduates*. (6<sup>th</sup> ed.). MPG books Ltd.

- Gibson, J. L., Ivanovich, J. M., & Donnelly, J. H. Jr., (2012). *Organizations: Structure, processes, behaviour*. Business Publication, Inc.
- Guvenic G. S., McEwen, A., Watters, T., Clough, A. R., & van der Zwan, R. (2013). Should anti-tobacco media messages be culturally targeted for Indigenous populations? A systematic review and narrative synthesis. *Tobacco Control*, 22 (2), 1 - 10.
- Jeremiah, I., Nonye-Enyidah, E., & Fiebai, P. (2016). Attitudes of antenatal patients at a tertiary hospital in Southern Nigeria towards caesarean section. *Journal of Public Health and Epidemiology*, 3 (13), 617 - 621.
- Jukelevics N. (2011). Women in the crossfire: Forced repeat caesareans. *Birth*, 29 (12), 49 – 150.
- Kwawukume, E. Y. (2012). Caesarean section. In E. Y. Kwawukume, & E. Emuveyan E, (Eds.). *Comprehensive obstetrics in the tropic*. (pp. 321 – 329). Asante and Hittcher Printing Press Limited.
- Lindgreen, D. H. (2013). Toward the development of critical health communication praxis. *Health Communication*, 6 (1), 55 - 67.
- NPC (National Population Commission) and ORC Macro (2006): Nigerian Demographic and Health Survey 2019, Key findings. Calverton, Maryland USA. National Population Commission ORC, Macro.
- Philips, S. K. (2018). Caesarean section: An evolving procedure. *British Journal of Obstetrics and Gynaecology October*. 105, (7), 1052 - 1055.
- Schiavo, B., (2017). *Health communication from theory to practice*. Jossey Press.
- Smith, E. (2009). Cognitive Psychology: History. *International Encyclopedia of the Social and Behaviour Sciences*, 1 (1), 2140 - 2147.
- Thomas, R. K. (2016). Health communication. Springer Science/Business Media Inc.
- Torkola, S. (2016). Multifaceted health communication. In V. Marinescu & B. Mitu (Eds). *Health and the media: Essays on the effects of mass communication*. (pp. 23 – 36). Mcfarland and Company Inc Publishers.
- World Health Organisation (WHO) (2017). Statement on Caesarean Section Rates. [http://apps.who.int/iris/bitstream/10665/161442/1/WHO\\_RHR\\_15.02\\_eng.pdf?ua=1](http://apps.who.int/iris/bitstream/10665/161442/1/WHO_RHR_15.02_eng.pdf?ua=1).
- World Health Organization (2018) *Education for Health: A manual for [health education](#): Primary health care*. Geneva.