



MEDIA ADVOCACY AND PERCEPTION OF CAESAREAN SECTIONS: INSIGHTS FROM PORT HARCOURT RESIDENTS

¹CHUKU, Kezinuruhuka Divine

²JOE, Sarah Chidiebere

³NWANKPA, Nduka N.

¹²³Rivers State University, Nigeria

Corresponding Author: Chuku, Kezinuruhuka Divine, Email: kezinuruhuka.chuku@ust.edu.ng

ABSTRACT

This study investigated media advocacy and the perception of caesarean sections among Port Harcourt residents. Guided by two research questions, it was theoretically framed using the Health Belief Model and Social Constructivism theories. A mixed-methods approach was employed, incorporating a survey and focus group discussion. Quantitative data were analysed using mean scores, while qualitative data were thematically analysed following Braun and Clarke's (2006) thematic analysis framework. The study revealed high awareness about Caesarean sections among Port Harcourt residents, primarily driven by healthcare institutions and interpersonal networks. Traditional media and religious institutions had minimal influence. However, societal stereotypes, religious beliefs, financial barriers, and distrust in medical institutions emerged as significant challenges, highlighting the need for targeted advocacy and education to improve acceptance of the procedure. The study concluded that the lack of targeted media advocacy programmes has perpetuated misconceptions and low compliance with the procedure. It recommends that stakeholders, government, media, social institutions, and NGOs prioritise culturally sensitive public education campaigns to dispel myths, leverage local languages for inclusivity, and incorporate testimonials and success stories to humanise the procedure and alleviate fears. Advocacy efforts should also specifically target men to foster supportive attitudes.

Keywords: Caesarean Section, Maternal Mortality, Media Advocacy, Perception, Vagina Delivery

Introduction

According to the World Health Organisation (WHO) (2023), a pregnant woman dies every two minutes in Nigeria, contributing to the country's high ranking as a leading source of maternal deaths globally. This issue persists despite advancements in female reproductive health and alternative delivery options, such as C-sections, which have been proven to decrease maternal and child mortality (Ye et al., 2015; Panth et al., 2020).

While some countries have experienced an increase in C-sections, leading to instances of overuse (WHO, 2021), Nigeria is among those with the lowest C-section rates (Adewuyi et al., 2019; Ajayi et al., 2023), attributed to a range of economic and socio-cultural factors, even when the procedure is deemed medically necessary.

Although differences exist in C-section perceptions in the country across age, education, occupation, religion and location of residence, many men and women in the country are averse to the procedure, viewing it as an abnormal mode of delivery and a sign of weakness (Adewuyi et al., 2019; Amiegheme et al., 2016; Elom et al., 2023). These outcomes have prompted calls for public awareness and health campaigns aimed at addressing misconceptions regarding the procedure (Ordinioha & Ugboma, 2009; Robinson-Bassey & Uchegbu, 2017).

Research indicates that exposure to media messages significantly enhances public understanding, improves perceptions, and dispels myths about C-sections while reducing the preference for elective C-

sections (Majlesi et al., 2020; Novitasari et al., 2023). This underscores the necessity to explore the role of media advocacy in shaping awareness, perceptions, and decision-making concerning surgical deliveries.

This study investigates the influence of media advocacy on the awareness and perception of C-sections among residents of Port Harcourt, the capital of Rivers State in Nigeria. It explores the level of understanding of the procedure and examines gender-based differences in perception within the capital. By addressing these aspects, the study aims to uncover deficiencies in current media advocacy strategies and propose evidence-based interventions to enhance public awareness and understanding of C-sections in Port Harcourt and similar environments.

Major et al., 2024a; Major et al., 2024b, exploration of gender dynamics in perceptions of C-sections remains limited, especially in contexts where patriarchal norms influence healthcare decision-making. This study fills this gap by integrating an analysis of gender-specific perceptions and offering actionable recommendations for optimising media advocacy efforts.

Through this examination, the research contributes to the broader discourse on utilising media as a transformative tool for advancing maternal health outcomes and addressing societal barriers to C-section acceptance in Nigeria. Thus, the research questions in this study focus on (a) What is the level of awareness regarding caesarean sections among Port Harcourt residents? (b) How do these perceptions vary between male and female residents of Port Harcourt?

Caesarean Section

A caesarean section is a life-saving intervention for mothers and babies involving the incision made on in the mother's abdomen and uterus. The term "caesarean" derives from the Latin word "caesus," meaning "cut," which reflects the nature of the procedure. This method dates back to ancient civilisation and was used as a surgical intervention performed on deceased mothers to save their babies (Antoine & Young, 2020).

Although C-sections are a major type of surgery associated with immediate and future risks for mother and child, medical advancements from the 19th and 20th centuries have enhanced its safety and feasibility, resulting in increased acceptance as a viable option for childbirth, particularly in instances of obstructed labour foetal distress.

Although C-sections are recognised as one of the most common surgical procedures performed worldwide, researchers and analysts have highlighted global disparities in rates both across and within countries (Betran et al., 2021; Boerma et al., 2018). While C-section rates in some areas have continued to rise, raising concerns among healthcare providers and governments particularly when carried out without medical necessity (Ye et al., 2014) sub-Saharan Africa is home to countries with the lowest rates globally (Betran et al., 2021).

For example, only 2% of births in Nigeria utilise this procedure (Ajayi et al., 2023). The ongoing discourse about these disparities highlights the need for increased information and education about the benefits and risks associated with C-sections in ways that would bring about informed decision-making by families.

Perception of Caesarean Section

Perception is the process of interpreting, organising, and making sense of information, experiences, and events influenced by socio-cultural and psychological factors. In the context of healthcare, it reflects individuals' attitudes, beliefs, and understanding of medical procedures, such as C-sections.

The perception of C-sections varies significantly worldwide due to cultural, socioeconomic, and healthcare system factors. In many developed countries, the procedure is viewed as safe and an alternative to vaginal delivery, leading to a dramatic rise in elective cases, which can pose potential risks for mothers

and infants (Rehalia & Chaudhary, 2020; Attokaran et al., 2020). However, the situation is different in developing countries.

Research also shows that in Nigeria, “maternal education level, rural-urban residence, wealth index, maternal age, antenatal contact, birth order, birth type, birth size, frequency of Internet use, maternal religion, and permission to access healthcare services” (Adewuyi, 2024, p. 4) significantly influence C-section acceptance and utilisation. This accounts for the disparities in C-section access and acceptance within the country and possibly in other nations with marked income inequalities.

Media Advocacy

Media advocacy involves strategically using media channels and platforms to shape public opinion, influence policies, and promote social change. It also includes the targeted application of communication tools to raise awareness about specific issues, mobilise communities, and advocate for causes that address social injustices or health disparities.

Media advocacy is based on the belief that the media plays a significant role in shaping public perceptions and attitudes regarding various issues (Sandell et al., 2013; Thanh & Tùng, 2021). This supports the importance of strategic messaging within media advocacy, which aims to inform and encourage appropriate action and behaviour.

Media advocacy has been employed in the health sector to address various challenges, including maternal health. Studies have indicated, for example, that negative perceptions of caesarean sections among women can lead to poor maternal and perinatal outcomes (Ezeonu et al., 2017; Adewuyi et al., 2019). Media advocacy plays a crucial role in reshaping these perceptions by providing accurate information, dispelling myths, and promoting the benefits of medically indicated C-sections.

By utilising media platforms, advocates can reach a broader audience, thus influencing public attitudes and encouraging informed decision-making regarding childbirth options (Amiegheme et al., 2016). This is particularly significant in low-resource settings, where access to quality healthcare is limited. For instance, the low acceptance of caesarean sections among women has been linked to fears of complications and negative perceptions of the procedure (Adewuyi et al., 2019).

Media campaigns that focus on educating the public about the safety and necessity of caesarean sections can help alleviate these fears and enhance maternal health outcomes. By highlighting personal stories and testimonials, media advocacy can humanise the issue and foster a supportive environment for women facing challenging childbirth decisions (Ezeonu et al., 2017).

Successful media advocacy often relies on effective collaboration and partnerships with key stakeholders, including healthcare providers, policymakers, community leaders, and non-governmental organisations. Engaging advocates enhances credibility and extends reach, ensuring the messages resonate with the target audience (Kingdon et al., 2018). Moreover, partnerships with grassroots organisations can facilitate organic mobilisation and amplify the effectiveness of advocacy efforts (Sandell et al., 2013).

Theoretical Support

Health Belief Model and Social Constructivism

The Health Belief Model (HBM) is a well-established theory for understanding and predicting health-related behaviours and choices structured around parameters such as perceived susceptibility, perceived severity, perceived benefits, perceived barriers, cues to actions, and self-efficacy (Wang et al., 2021, p. 2). Perceived susceptibility refers to an individual's belief about their likelihood of experiencing a health issue, which can drive preventive actions when the perceived risk is heightened (Qiao, 2024; Chen, 2024).

Similarly, perceived severity reflects beliefs about the seriousness of a health problem, with a higher perceived severity motivating compliance with health recommendations, including vaccination or lifestyle changes (Mbiereagu & Etumnu, 2020). Nour & Baktash, 2022; Alagili & Bamashmous, 2021; Abraham et al., 2023). Perceived benefits and barriers influence health behaviour decisions by emphasising the effectiveness of action in reducing health risks while acknowledging potential obstacles; evidence suggests that interventions targeting these perceptions enhance behaviour adoption (Kolaç, 2024; Zhang et al., 2020; Khodaveisi et al., 2021).

Cues to action, such as reminders or social influences, initiate decision-making processes and are most effective when aligned with individual health beliefs (Li et al., 2021; Vionalita, 2023). Finally, self-efficacy, or confidence in one's ability to perform a behaviour, plays a critical role, as increased self-efficacy is consistently associated with a higher likelihood of initiating and sustaining health-promoting behaviours (Kim et al., 2012; Qiao, 2024). These constructs collectively determine a person's rationale for engaging in health-promoting behaviours and avoiding health risks (Yastica et al., 2020; Wang et al., 2021; Alagili & Bamashmous, 2021).

Following the HBM, if residents of Port Harcourt perceive a high risk of complications from vaginal delivery and believe that C-sections provide a safer alternative, they may be more inclined to accept the procedure. Media advocacy can play a vital role in addressing these barriers by providing clear, evidence-based information about the safety and necessity of C-sections, thereby enhancing women's confidence in their choices (Walker & Boling, 2022).

Social Constructivism is a theoretical framework that outlines the impact of social interactions and cultural contexts on shaping people's perceptions and beliefs. Grounded in the works of Lev Vygotsky, the theory posits that learning is a social process in which individuals actively engage in knowledge creation through their interactions with others and their environment (Zhang et al., 2020; Schreiber & Valle, 2013).

Consequently, this theory is relevant in understanding how societal norms and values may influence perceptions of C-sections in Port Harcourt. For instance, cultural beliefs surrounding childbirth, religious teachings, and societal expectations regarding childbirth may dictate residents' views on C-sections as either a legitimate option or a failure of natural childbirth (Amjad et al., 2020).

Media advocacy efforts must consider these cultural dimensions to effectively reshape perceptions. By engaging local communities and incorporating culturally relevant narratives, media campaigns can challenge existing norms and promote a more nuanced understanding of C-Sections (Walker & Boling, 2022). Furthermore, involving community leaders and healthcare professionals in advocacy efforts can help legitimise the messages and foster trust among the target audience (Dorfman & Krasnow, 2014).

Empirical Review

While existing research on the awareness, knowledge, and acceptance of C-sections in Nigeria presents varied outcomes across regions, a general aversion to the procedure persists. Socio-cultural factors such as gender norms, religious ideologies, misconceptions, and entrenched traditional beliefs predominantly influence this. The literature underscores the pivotal role of strategic health education and public awareness campaigns in mitigating negative perceptions of C-sections.

For example, Maduka and Okubor (2023) documented high acceptance rates (91.1%) among pregnant women in South-South Nigeria. They, however, also noted that a small proportion (1.9%) expressed aversion due to fears of postoperative complications and distrust in medical practitioners' competence. Similarly, Ogunlaja et al.'s (2018) analysis of knowledge, attitude and willingness to accept C-Section among women in Ogbomoso, southwest Nigeria, indicated that 63.2% of the 410 study participants demonstrated a good understanding of the procedure. Conversely, Major et al. (2024a; 2024b) reported alarmingly low levels of CS awareness among women and men of reproductive age in Port Harcourt and Ahoada-East, while Elom et al. (2023) found negative attitudes toward C-sections among

male partners in Ebonyi State, influenced by demographic variables such as age, education, and religion. This latter study emphasised the necessity of health campaigns targeting male partners as influential decision-makers in reproductive health.

Ugwu and de Kok (2015) focused on the sociocultural dimensions of C-section refusal, identifying delays in care and misconceptions, such as viewing the procedure as a sign of weakness, as substantial barriers. They advocated for culturally adaptive interventions and partnerships with traditional healthcare providers to enhance acceptance. Similarly, Anozie et al. (2019) explored barriers to C-Section in Southeast Nigeria, reiterating the importance of community engagement and robust communication strategies to address the underlying cultural and informational gaps.

Whereas many scholars have concentrated on specific demographics such as women (Ogunlaja et al., 2018), pregnant women (Maduka& Okubo, 2023), and men and women of reproductive age (Major et al., 2024a; 2024b), this study focuses on residents of Port Harcourt. A study centred on residents' perceptions offers a more comprehensive and inclusive understanding of community dynamics than one focused solely on a particular demographic.

It captures the diverse perspectives and lived experiences of key stakeholders, including women, men, healthcare providers, and community leaders, thereby providing a holistic view of the factors shaping decisions regarding C-sections. Such an approach enhances data representativeness, mitigates potential biases, and uncovers the complex interplay of cultural, social, economic, and gender influences that inform perceptions.

Furthermore, it facilitates the development of targeted interventions that address the unique concerns of various groups, ranging from educating women on the benefits of C-section to engaging men and community leaders in supportive advocacy. The broader scope of this study ensures that the findings are generalisable to similar contexts and yield actionable insights for designing impactful media advocacy campaigns that resonate across diverse population segments. Ultimately, a residents' perception study is better equipped to address the multifaceted challenges surrounding C-section acceptance and drive transformative change at the community level.

Methodology

This study integrated quantitative data obtained through structured questionnaire with qualitative insights derived from Focus Group Discussions (FGD), ensuring a thorough exploration of the research questions.

The survey included male and female residents of Port Harcourt, while 12 participants for the FGDs were purposively selected. These included medical professionals, journalists, and other stakeholders knowledgeable about C-sections or media advocacy. Taro Yamane's formula determined a sample size of 400 respondents, ensuring a diverse representation of Port Harcourt residents.

The structured questionnaire included Likert-scale items to capture perceptions and attitudes towards Caesarean sections. Simultaneously, the FGD guide facilitated discussions on media advocacy, cultural beliefs, and societal perceptions of Caesarean delivery.

Quantitative data were analysed using **weighted mean scores (WMS)** to evaluate participants' perceptions and opinions on key variables. Qualitative data from the FGDs were transcribed and thematically analysed, following **Braun and Clarke's (2006) framework**.

Discussion of Findings

Media Advocacy Theory

Influence of media on awareness: The study highlights the moderate role of social media (WMS = 2.9) in raising awareness about C-sections, supporting the Media Advocacy Theory.

Limited traditional media engagement: The findings indicate that traditional media (television, radio, and print) have minimal impact on awareness efforts, suggesting a need to reassess and enhance their engagement in health communication campaigns.

Gap in targeted advocacy: The study identifies a significant gap in media advocacy, with most respondents not encountering specialized media programs addressing C-sections, emphasizing the need for targeted advocacy efforts.

Health Belief Model (HBM)

Perceived benefits and barriers: The findings reveal that respondents perceive C-sections as necessary in cases of childbirth complications (WMS = 3.3), but also identify barriers such as societal and familial stereotypes, religious beliefs, and financial concerns.

Perceived susceptibility and severity: Respondents' willingness to undergo C-sections when medically necessary (WMS = 3.3 for females and WMS = 2.9 for males) suggests an understanding of the potential risks and benefits associated with the procedure.

Cues to action: The study highlights the importance of healthcare institutions, interpersonal networks, and social media in providing information and influencing perceptions about C-sections.

Social Constructivism Theory

Socially constructed meanings: The findings illustrate how societal and familial stereotypes, religious beliefs, and cultural norms shape perceptions and attitudes towards C-sections.

Influence of social networks: Interpersonal networks, such as friends, relatives, and colleagues, contribute significantly to awareness and perceptions about C-sections (WMS = 3.2).

Power dynamics and access to information: The study notes that some Muslim men restrict their wives' access to healthcare due to cultural concerns, highlighting the impact of power dynamics and social constructs on health-related decision-making.

Geographically all studies, including the initial study, focused on Nigeria, exploring aspects of C-sections and reproductive health. Investigation of awareness and perception, each study examined awareness, knowledge, attitudes, and perceptions related to C-sections among various populations. However, the studies reviewed and current study identified similar barriers and influencers consistently such as cultural, religious, economic, and societal factors influencing perceptions and acceptance of C-sections.

While the initial study focused on Port Harcourt residents, other studies explored different regions, such as South-South Nigeria (Maduka & Okubor, 2023), Ogbomoso (Ogunlaja et al., 2018), and Ebonyi State (Elom et al., 2023). In terms of population the Studies differed in their focus populations, including pregnant women (Maduka & Okubor, 2023), women of reproductive age (Ogunlaja et al., 2018), men and women of reproductive age (Major et al., 2024a; 2024b), and male partners (Elom et al., 2023).

There are differences in findings on awareness and acceptance, while the initial study reported high awareness but mixed perceptions, other studies found varying levels of awareness and acceptance, such as

high acceptance rates (Maduka and Okubor, 2023), good understanding of the procedure (Ogunlaja et al., 2018), low awareness (Major et al., 2024a; 2024b), and negative attitudes (Elom et al., 2023).

A methodological variation is also found; although all studies employed survey/questionnaire methods, but they differed in their sampling strategies, sample sizes, and data analysis techniques. More so, the current study mirrored the gap between the traditional media and Port Harcourt residents in creating public awareness/campaign programmes to address the negative perceptions towards the acceptance of C-section.

The overall findings of this study have significant implications for society, highlighting the need for targeted advocacy, education, and policy changes to promote improved maternal care and reduce maternal mortality.

Conclusion

This study examined the impact of media advocacy on the awareness and perceptions of C-sections among residents of Port Harcourt. It revealed shortcomings in current media advocacy strategies and recommended evidence-based interventions to improve public awareness and understanding of C-sections in Port Harcourt and similar contexts.

This study addressed two questions: (a) What is the level of awareness regarding caesarean sections among residents of Port Harcourt? (b) How do perceptions vary between male and female residents of Port Harcourt? The results indicate that residents of Port Harcourt are well aware of C-sections, with hospitals and social networks serving as sources of information.

Additionally, the study revealed that religious organisations and traditional media have minimal impact on awareness-raising initiatives. It also highlights the complex interplay of cultural, religious, and economic barriers shaping perceptions of C-sections. While the procedure is generally accepted, gender-based differences in perceptions underscore the need for targeted advocacy strategies that cater to the specific concerns and reservations of different demographic groups. Furthermore, the findings emphasise the importance of addressing mistrust towards medical institutions and ensuring that C-sections are performed only when medically necessary.

This study shows how important media advocacy is in influencing the general public's view of C-sections. By utilising the research's findings, healthcare professionals, government, and advocacy organisations can enhance maternal health issues in Nigeria, address cultural and societal barriers, and encourage informed decision-making. By promoting a nuanced understanding of C-sections, we can work towards a future where childbirth options are informed by evidence, empathy, and respect for individual choices.

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