C-SECTION: AN INVESTIGATION INTO REFUSAL BY NIGERIAN PREGNANT WOMEN

A Radio Documentary on factors contributing to the refusal of C-section by Nigeria pregnant women in the face of obvious risk.

BY

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A dissertation by practice submitted in partial fulfilment of the requirements for MA in Journalism & Media Communications (QQI)

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DECLARATION

I hereby certify that this material, which I now submit for assessment on the programme of study leading to the award of the MA in Journalism & Media Communications, is my own; based on my personal study and/or research, and that I have acknowledged all material and sources used in its preparation.

I also certify that I have not copied in part or whole or otherwise plagiarised the work of anyone else, including other students.

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ABSTRACT

C-section: An Investigation Into Refusal By Nigerian Pregnant Women is a radio documentary project that captures the plight of expectant mothers in Nigeria faced with making the difficult decision of accepting a caesarian delivery because vaginal delivery would be too risky. The radio documentary explores, through the personal experiences of some women, the different factors they and their families consider when they are advised by their doctors to opt for C-section, especially in a society that still upholds vaginal delivery as the ultimate delivery method.

The documentary explores how factors such as fear, stigmatisation, consent, religion, alternative providers etc., are contributing to the refusal of C-section by expectant mothers in Nigeria, even when vaginal delivery is unsafe. The project also captures the experiences of health professionals in the maternity ward who assist these women pre and post surgery.

The documentary explains how the financial cost of the procedure is a major constraint in Nigerians accepting C-section and investigates the programmes available to them in regard to financing the cost of the surgery; and the role the government of Nigeria plays in subsidising the cost. The research also explores how non-governmental organisations (NGOs) are making efforts to educate the public on the need to accept the surgical procedure when vaginal delivery is risky.

The dissertation outlines the whole process involved in the production of *C-section: An Investigation Into Refusal By Nigerian Pregnant Women* from the research level down to the pre and post production. It details my interest in the topic, why I think it’s time to talk about it, and some of the things I believe should be done to right things.

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CHAPTER ONE

INTRODUCTION

A C-section, also known as a Cesarean Section or Cesarean Delivery is "a surgical procedure used to deliver a baby when vaginal delivery cannot be safely done". (Cleveland Clinic, 2018).

The history of the procedure remains quite complex. However, the procedure has been recognised around the world for thousands of years and exists in both western and non-western folklore. For example, According to Greek mythology, Asclepius was a demigod born of a mortal mother and divine father, Apollo. The mother fell in love with a mortal man and married him. Their marriage angered Apollo and he struck the couple dead. With Coronis lying on the funeral pyre, Apollo made an incision in her abdomen and delivered Asclepius. (Osborne, 2007).

It is a common belief that the surgical procedure originated from the birth of Gaius Julius Caesar, mainly because of the term "Caesarean"(Sewell, 1993). However, this has been disputed as his mother Aurelia Cotta was reputed to have lived during the period Julius Caesar invaded Britain (Sewell, 1993).

> "…Aurelia did not die in childbirth; it is extremely unlikely that she underwent a Cesarean Section... "As far as historians can tell, nearly all, if not all, operations ended in the mother's death in those days." (Upton, 2013).

Though the history of C-section remains shrouded, the first documented case of a mother surviving a cesarean apparently took place in Prague on Feb. 25, 1337, according to an article in the New York Times "What in the World" section, on 23rd November 2016. Beatrice of Bourbon, second wife of the King of Bohemia and Count of Luxembourg, survived a cesarean in giving birth to her only child, Duke Wenceslaus I, according to archival documents found by Czech researchers. (Goeij, 2016).

The first successful C-section by a British surgeon was in 1820 in South Africa by a woman masquerading as a man, the famous James Barry, born as Margaret Ann Bulkley in Cork, Ireland. On July 25, 1820, they were asked to see a Mrs. Munnik, who was progressing slowly in labour. She was the wife of a prominent merchant in Cape Town, Thomas Munnik. Dr. Barry performed an emergency Csection, delivering a live male infant and saving the mother's life. The delighted parents named the boy after Barry and asked them to be his godfather. This operation was the first to be performed in the colony where both mother and child survived. (Upton, 2013).

In Africa, a British medical practitioner named Robert William Felkin with interest in Ethnomedicine and tropical diseases reported a C-section he witnessed in 1879. The surgery was carried out by Ugandans and both mother and child survived (Sewell, 1993). Felkin recorded that the skilled surgeon used banana wine as both antiseptic and anaesthetic to semi-intoxicate the mother, clean the mother's abdomen and wash his hands. He then made an incision in the mother's abdomen with a knife and then massaged the uterus to make it contract. After delivery, the abdominal wound was pinned with sharp spikes. A paste prepared by chewing two different roots and spitting the pulp into a bowl was then thickly plastered over the wound, a banana leaf warmed over the fire was then placed over it, and the mother's abdomen was tightly bandaged with Mbugu (bark cloth). The wound was dressed from time to time with pastes prepared with roots. (Felkin, 1884). He noted that, "until the pins were placed in position, the patient uttered no cry and an hour later after the operation, she appeared to be comfortable." (Felkin, 1884).

Though today, pregnant women can often choose the type of delivery they prefer (Gallagher, 2011), certain condition(s) have to present before a health professional advises a C-section. These include when the baby is breech or a lower part of the body instead of the head is in the birth canal, the baby's head is too large to pass through the birth canal, multiple babies, the baby's heartbeat is slowing down or there is insufficient delivery of oxygen to the baby, umbilical cord issue, prolonged labour, the baby has a birth defect which makes vaginal delivery unsafe, or the mother has a health condition which puts her or both mother and baby at risk such as high blood pressure, HIV, certain heart conditions, etc. (Cherney, 2012).

Today, due to medical advances, C-section has become better and safer, resulting in lower maternal mortality and morbidity rates. It has also increased in popularity as the safe alternative to vaginal deliver. In a series paper describing the frequency, determinants, trend and inequalities in the use of C-section both globally and regionally, based on data collected from WHO and UNICEF database in 169 countries that include 98.4% of world births, the report estimates that 29·7 million (21·1%) births occurred through C-sections in 2015, which was almost double the number of births by this method in 2000, 16.0 million (12·1%, births) (Boerma et al, 2018).

The series further stressed that in certain parts of the world, as in Latin America and the Caribbean region, the procedure was used almost ten times more frequently— 44.3% whereas in West and Central Africa, the procedure was used in only 4.1% of births.

The country with the lowest C-section rate of 0.6% in 2010 was South Sudan and the country with the highest, at 58.1% in 2014, was the Dominican Republic. Other countries where the procedure was initiated for more than half of the births include Brazil, at 55.5% in 2015; Egypt, at 55.5% in 2014; Turkey, at 53.1% in 2015; and Venezuela, at 52.4% in 2013. The study concluded that: while C-section has continued to be "overused" in North America, Latin America, Western Europe, and the Caribbean, it is rapidly increasing in South Asia, and making much slower progress in Africa (Boerma et al, 2018).

In 2017 alone, about 295,000 women died during and following pregnancy and childbirth, and a vast majority of these deaths occurred in low-resource communities and were preventable and treatable.(WHO, 2019). Whilst some deaths were caused by severe bleeding, infections, complications from delivery, high blood pressure, chronic conditions such as cardiac diseases or diabetes and infections such as malaria, others were due to inadequate or poor quality services, distance to facilities, cultural belief and practices and poverty (WHO, 2019). According to the report, 94% of these deaths occurred in fragile humanitarian settings. Sub-Saharan Africa and Southern Asia accounted for 86% (254,000) of these deaths. Sub-Saharan Africa alone accounted for two-thirds (196,000) while Southern Asia accounted for one-fifth (58,000) of these deaths. (WHO, 2019). Countries considered to be "very high alert" or "high alert" for maternal mortality

include South Sudan, Somalia, Central African Republic, Yemen, Syria, Sudan, the Democratic Republic of the Congo, Chad, Afghanistan, Iraq, Haiti, Guinea, Zimbabwe, Nigeria and Ethiopia, (WHO, 2017).

In Nigeria, over 600,000 maternal deaths were recorded between 2005 and 2015 and no less than 900,000 maternal near-miss cases occurred. By 2015, the estimated maternal mortality ratio of the country was over 800 maternal deaths per 100,000 live births, with nearly 58,000 maternal deaths during the year. In most developed countries of the world, the risk of a woman dying during pregnancy, postpartum and post-abortions is 1 in 4900 whereas the Nigerian woman has a 1 in 22 lifetime risk. (WHO, 2019). The percentage of C-section deliveries in Nigeria in six years; 2003, 2008, 2011, 2013, 2017 and 2018 was 1.7%, 1.8%, 4.7%, 2.0%, 2.8%, and 2.7% respectively (UNICEF Data). The percentage of C-section deliveries in Nigeria was highest in 2011. WHO recommends a 10-15% rate of C-section to effectively prevent maternal mortality and morbidity (WHO, 2015). Unfortunately, Nigeria is still a long way from this rate.

The purpose of this research is to create an original 30 minutes radio documentary exploring the world of C-section in Nigeria through the eyes of people who have lived through the experience, especially women who have had to make the decision to undergo the surgery during the course of their pregnancy. I aim to find out and discuss the various reasons why pregnant women in Nigeria find it difficult and quite often refuse to undergo C-section, when recommended by their healthcare team due to health risks with vaginal delivery, through my participants' birth experiences. I hope to get them to describe how they felt at the time, the next step they took after their healthcare team recommended C-section, if they sought a second opinion and if so from whom, ie another medical doctor, a religious leader, a herbalist, older midwives or otherwise. I also want to find out if they were stigmatised by families, friends and neighbours since the surgery. I also want to find out if there are methods non-governmental organisations are employing to change Nigerian Society's perception regarding C-section, how they are employing it and the success rate. I also want to evaluate, through these women's experiences, their present and future attitudes towards the subject, ie if they would undergo the surgery themselves again and encourage someone else to do so.

My interest in creating a radio documentary on the subject stems from my experience of looking after my sister, who was in labour in the maternal ward in one of the biggest hospitals in 2016, in Imo State, Nigeria. During this time, I witnessed a lady who had been in labour for nearly 48 hours but not progressing. Her doctor informed her that labour wasn't progressing as it should and as a result, she may need to be operated on to deliver her baby, she should call her family and inform them in order to obtain consent before the surgery can start, as this is a hospital policy.

She was afraid at first but after having a word with her healthcare team, she gathered courage and informed her husband. Minutes later, he arrived with his mother, he was briefed on the situation on ground and he in turn briefed his mother. Surprisingly, the mother-in-law blatantly refused, she claimed the procedure is performed on women who have been unfaithful to their husbands and told the son not to sign the papers authorising the procedure. She urged the woman to confess her unfaithfulness to the public so she would be free and not have to undergo the procedure. The pregnant woman argued she hadn't slept with any man except her husband and pleaded with the husband to sign the papers, but he refused. Health workers encouraged her to call some other family member to give consent as this was the hospital policy. She called her sister who came through for her, signed the papers and the procedure began. However, the baby died.

There is an urgent need to make expectant mothers in Nigeria understand that the most important people during pregnancy are the mother and unborn child. My intention is to create a 25-30 minutes radio documentary, detailing my participants' birth experiences and the factors they believe affected their decision in choosing C-section as a delivery method. The reason for choosing the radio format is to be able to broadcast it in some of the widely listened to radio stations in Nigeria with the hope that women across Nigeria will listen to it and learn to put their lives and their unborn children's' first before anything else. I have also chosen the radio format because it can be easily accessed by anyone from anywhere in Nigeria.

In chapter two, I will discuss the researches undertaken about the refusal of C-section by pregnant women in Nigeria, and how factors such as stigmatisation, finance, religion, alternative providers, and fear contribute to the refusal.

Chapter three centres on how I constructed and designed my radio documentary, how I contacted my participants, how I interviewed them, why I used the voice over narrator, why I decided to use certain sound and music, and the various difficulties I encountered while undertaking my research, such as the inability to access a studio and travel due to the Corona virus pandemic, and the ethical considerations which presented limitations as to how far I could go in obtaining information.

My final chapter is a reflection of my journey creating my radio documentary, the decisions I took and why I made such decisions. My journey with my three supervisors, why I omitted certain parts of my audio interviews with my participants and how my research has changed my initial position about Nigerian women and their difficulty in accepting C-section when vaginal delivery is unsafe. The final part of my work is the conclusion where I state the various factors I found out that contributed to the refusal of C-section for my interviewees and the various measures I believe could be employed to foster acceptance of C-section when the health of the mother and child is endangered.

CHAPTER TWO

EVIDENCE OF RESEARCH

This chapter explores the research undertaken regarding C-section aversion among Nigeria women for this documentary. This includes online journals, e-books, textbooks, internet websites, articles, newspapers, and other materials. I have also grouped my findings into the following sub-headings: Psychological; Traditional and Cultural Values; Religion and Alternative Providers; Economic/Financial and Stigmatisation. The essence of these findings is to note their relevance in my research and how they have come to form the basis for the interview questions and subsequent editing of the documentary.

It is an already established fact that the death of women from pregnancy-related issues among developing countries especially in Sub-Saharan of which Nigeria is part of is a cause for concern as seen in the previous chapter. Although one may argue that access to adequate medical facilities may be the major contributor to this trend, some researchers suggest there are socio-economic, cultural and religious contributing factors.

> "Interestingly, maternal mortality in most of the rural areas in Nigeria is caused by other precipitating factors that are non-medical. These factors range from poverty, low level of education or absence of it, prohibited food, low purchasing power and certain harmful cultural beliefs and practices;...". (Olawale et al, 2019).

One of the reasons C-section remains an important subject is because procreation is very important in preserving mankind; the ultimate desires of most couples is to have children. As essential as childbirth is, it remains a cause for concern why some societies still have aversion to a life-saving procedure such as C-section even in the face of obvious risks. The adverse outcome of this trend has drawn and continues to draw the attention of various researchers from various fields to identify why a good number of Nigerians women refuse the procedure, endangering both their lives and their unborn children's'.(Ugwu & Kok, 2015), (Lawani et al, 2019), (Olawale et al 2019), (Bello Et al, 2019), (Ezeonu et al, 2017).

Whilst providing efficient medical facilities to improve the health and well-being of mother and child is essential, there is also evidence that this might not be all that is needed to solve the problem. In a study exploring socio-cultural concerns that reinforce delays and non-acceptance of C-section in Nigeria through studying a hospital's delivery records from 2006 to 2010, and supplementing it with data collected during one month of semi-structured interviews, focus groups discussion and informal observation; the study found that 22% of maternity clients in total refused C-section, and more than 90% were emergencies. An indication of a low C-section rate is not only the problem but high emergency C-section rate as well.

> "We established a C-section rate of approximately 14 % in our study site. Emergency CS accounted for more than 90 % of all C-Sections, which suggests that delays occurred in one or several phases of the care seeking process. More so, 22 % of medically indicated C-sections were refused by the women." (Ugwu & Kok, 2015).

Ugwu et al 2015 further stressed that informed traditional gender roles, religious perceptions and the presence of influential alternative providers were also factors informing the decision to undergo the procedure. (Ugwu & Kok, 2015). Studies also established that religion, financial, relational, stigmatisation, alternative provision, psychological, cultural perceptions and traditional values, etc., contribute to the trend.

I. Psychological, Traditional and Cultural Values

In a study examining the socio-cultural factors, gender role and religious ideology as regards to Nigerian women's aversion to C-section, researchers identified the desire to experience vaginal delivery as one of the leading causes. The study suggested this stems from the societal perception that women who undergo C-section have failed productively. (Ugwu & Kok, 2015.) Thus, women who birthed their babies through C-sections are perceived as weaklings and failed mothers.

> "The construction of vaginal delivery as a normal, natural and preferred means of delivery appears linked to the social construction of gender and gender roles; vaginal delivery appears to be a symbol of womanhood. (Ugwu & Kok, 2015).

In an article titled *Why are women declining this surgery?* The writers observed: "the mythical ability to give birth vaginally – and unattended – has been upheld as a symbol of maternal virtue in Nigeria." (Bryce & Udobang, 2019). This implies that the woman who gives birth vaginally is the one whom the motherhood crown fits.

Similarly, another study on *The perception and socio-cultural barriers to the acceptance of C-section in a tertiary hospital in south east of Nigeria* identified similar cultural perceptions: the women were considered as weaklings and reproductive failures. "Failure to deliver vaginally was also attributed to a curse on an unfaithful woman." (Lawani et al, 2019).

There are studies that suggest giving consent for C-section is also a contributing factor to the trend. Some studies suggest that this decision lies in the hands of the husband. "Most of the consents in this study were given by the husbands and this further buttresses the deeply rooted subordination of women to men in the society" (Bako et al, 2011). Pregnant women have almost no say in the decision concerning their own bodies. The issue of consent always comes to mind as I have witnessed this whilst taking care of my sister in the maternity ward

> "However, the cultural setting may not permit them to consent for the treatment without the approval of their husbands. ... Obviously, there is the need to liberate our women from this retrogressive culture so that they can personally take critical life-saving decisions." (Bako et al, 2011).

A study, "*Attitudes to Caesarean Section amongst antenatal clients in Ibadan Nigerian",* showed that many women rely on their husbands or guardians to make the decision to have C-section or not. The guardian could be their mother-in-law or anyone they respect in the family. This was exactly the scenario that played out at the hospital. The authors wrote:

> "While it is desirable that couples discuss and decide together on having a CS, it is worrisome that so few women feel empowered to come to a decision without their husbands, even in emergency situations. The ensuing delay may contribute further to maternal and perinatal morbidity and mortality." (Bello Et al, 2019)

Similarly, Ezeonu et al observed the same in their research "*Perception of Caesarean Section among Pregnant Women in a Rural Missionary Hospital"*. They wrote:

> "A good number of women (66.5%) believe their husbands should be the one to give consent for the Caesarean Section. This is not entirely surprising in this setting as the majority of decisions are often left for the men who are believed to be the head of the family." (Ezeonu et al, 2017)

Maternal fear of death is also cited as one of the reasons. This fear creeps in through deaths of close relatives during the procedure, and unpleasant stories from other women. (Chigbu & Iloabachie, 2017).
"Also learning about C-section from neighbours, family, friends, colleagues etc., who obviously know little or nothing about the subject, instead of medical professionals, contributes to this fear." (Bello et al, 2011).

II. Religion and Alternative Providers

Some researchers identified religion as a contributor to the aversion. Ugwu and & Kok 2015 identified in their research that two forces come into play – the supernatural and the divine. Women believed that supernatural forces are responsible for the complications they experience during their pregnancy which, from a medical point of view, necessitates a C-section, and only divine intervention can help the woman deliver vaginally. Thus, to demonstrate their faith, they refuse C-section.

"…supernatural causes may lead to complications which, from a medical perspective, necessitate CS, and divine intervention can help a woman avoid this operation. ',,, asserting one's faith can help achieve vaginal delivery. Women who accept CS may therefore be viewed as not 'strong' enough as a woman but also in terms of faith." (Ugwu & Kok, 2015).

Bryce and Udobang attest that Nigeria is a country deep-rooted in spirituality. The Bible verse, Exodus 1:19 states: "The midwives answered Pharaoh, 'Hebrew women are not like Egyptian

women; they are vigorous and give birth before the midwives arrive.'" This statement has often been upheld as a symbol of maternal virtue in Nigerian society, upholding women who give vaginal birth as strong and deserving of motherhood.

> "Christian women commonly hear that giving birth vaginally like a "Hebrew woman" is a sign of strength and competency. This originates from a passage in the Bible, which tells the story of "vigorous" Hebrew women who stoically give birth unattended by midwives." (Bryce & Udobang, 2019).

Similarly, Bello et al wrote:

> "Religion comes through as a strong factor in the lives of women in this environment. Outside of the result of multivariate analysis, many women cited their religion as the basis for refusing Caesarean Delivery - some stating that surgical delivery is consequent to lack of faith or prayers on a parturient's part…" (Bello et al, 2011)

Owing to these religious perceptions, women seek alternative providers' help when medical professionals advise a surgical birth procedure. Some seek approval from their religious leaders before accepting the procedure. "Further influence of religion is depicted by some women seeking the opinion of their spiritual leader before giving consent for the surgery". (Bello et al, 2019).

> Some of these solutions could also come in the form of prophecies or assurance from pastors and spiritual directors. "…the participant had received a prophecy in the church that she will have normal delivery and believed it; since prophecies in her church always come to pass" (Chibgu & Iloabachie, 2007).

Also, Ugwu and Kok identified a similar factor and opined that religious leaders now perform the role of medical professionals. "some 'religious leaders' position themselves as people who can 'spiritually' guide women to reach the social goal of vaginal delivery even against medical advice." (Ugwu & Kok, 2015)

III. Economic/Financial

Some researchers claim finance contributes to the decision. Because couples can't afford to pay the cost of the procedure, they seek the help of alternative providers. Lawani et al 2019 wrote: "… and the high cost of the procedure in the absence of health insurance necessitating out-of-pocket health financing in a setting with a high poverty rate. The financial cost of C-section is higher than vaginal delivery, thus couples opted for the cheaper one".

Similarly, Boniface et al 2019 in "Examining Inequalities in access to delivery by Caesarean Section in Nigeria" suggests that inability to afford the financial cost of the surgery was also a contributing factor to the refusal. As a result, women go on to endure prolonged labour and the entire family becomes more prayerful.

> "...the cost of CS is one of the main reasons women refuse birth by CS against competent medical advice. Women in the poorest stratum are unable to afford the cost of CS, and instead ... they and their family members begin a series of fasting and prayers for God to intervene and ensure they experience vaginal delivery even if it means they have to endure prolonged labour." (Boniface et al 2019).

IV. Stigmatisation

A society believing C-section makes one less of a woman, stigmatising C-section mothers, even when it was medically necessary, is eminent. "Concerns over the safety of the surgery, combined with religious and social factors, mean that C-sections are stigmatised in Nigeria."(Bryce & Udobang, 2019). Unfortunately, this might come from people who should know better, fellow women, family, neighbours or even one's spouse.

On April 17 2018, Punch, a well-known newspaper in Nigeria, published an online article titled: *Many maternal deaths are caused by stigma against Caesarean section, says cleric.* The article was based on an interview with a cleric Mr. Tunji Atolagbe of Christian Life Bible Church. The Cleric was quoted saying: "Many maternal deaths are caused by the stigma; even in religious houses they

condemn CS because religious leaders will never advise them to accept C-section after many days of induced labour." He accused religious bodies of encouraging the stigma and encouraged pregnant women choose C-section when professionally advised.

Stigma prevents women who undergo the procedure from talking about their birth experiences as they are afraid friends and neighbours will see them as inadequate. My documentary aims to give voice to women who have had the surgery and to help in spreading the message that there's nothing wrong in choosing a life-saving procedure when required, revealing the truth about the delivery procedure they undergo.

C-section aversion stems from various reasons. The people seem to be quite aware of the procedure, however, financial, physical, religious, alternative providers etc., all contribute to their refusal. One thing remains evident: these factors are intertwined. The documentary would look further into this and find out if there are any other key factors.

The Nigerian Health Watch film "*Perception of Caesarean Section in Nigeria"* (*https://www.youtube.com/watch?v=DQMmuRRKZZ0*) reinforced my interest in why it's time to talk about C-section in Nigeria. In the film, various people state their opinion on C-section, including health workers. One of the health workers told the story of a patient and her unborn child dying as a result of complications from herbalists whilst seeking their help after her healthcare team told her vaginal delivery was unsafe for her. The deaths of women and unborn children like these remains one of my driving forces. My radio documentary will feature perceptions of Nigerians on C-section, factors that contribute to, and the effects of the refusal, and how non-governmental organisations are helping in changing society's perception of the procedure.

CHAPTER THREE

CONSTRUCTING AND DESIGNING OF PRODUCT

Embarking on a radio documentary project isn't just about interviewing and putting the audio recordings together. A quality radio documentary requires in-depth research into a topic and assembling various additional elements such as voices, sounds, etc., to create an audience appealing output. The essence is in understanding the message the documentary is attempting to convey to the listeners and to use the best possible way to deliver this. A good radio documentary should be a road to gaining a deeper understanding of the subject topic. "A radio documentary is a story.... Like all good stories it will shed light on some aspect of what it is to be human. In that way, it may link to the news agenda, or to the issues agenda." (CBC Radio, 2016).

To understand the task ahead, listening to quality radio documentaries was important. I live in Ireland, fortunate to have a very good radio documentary resource, "*Documentary On One"* by RTÉ - Radió Teilifís Éireann, the principal radio channel of the Irish Public-Service broadcaster; RTÉ Radio 1 has won over 200 international and national awards and has a strong online presence. It prides itself as one of the most successful radio departments in the world, with the most popular online presence of any programme strand across all RTÉ Radio, and contains over 1500 documentaries. *Documentary on One* productions often centred on real life stories around the lives, events and experiences of Irish people (RTÉ, 2017). Each week, they broadcast a new documentary that runs for about 40 minutes; published on their podcast on Friday and broadcasted on RTÉ Radio 1 on Saturday and Sunday at 2pm and 7pm respectively. (RTÉ, 2020).

The *Sunday Feature* on BBC Radio 3 was also a rich resource. The Radio 3 Documentaries are in-depth documentaries exploring history, science, films, philosophy, visual arts, music and literature and aired Sundays from 18:45. The Sunday Feature is accessed via the BBC Radio 3 – Sunday Feature website, https://www.bbc.co.uk/programmes/b006tnwp. (BBC Radio 3, 2020). The BBC provides podcasts for free on the BBC Sounds app or the BBC Sounds Website.

Listening to these documentaries entertained and educated me on the elements important in the production of radio documentaries such as; settings, sounds, voice, silence, peoples' reactions, points of view and approaches, to capture the attention of listeners

INTERVIEWS AND PARTICIPANTS

A project of this nature involves identifying and selecting the most appropriate interviewees. Pregnancy and child-bearing are not unusual topics of discussion in any society; procreation after all is the key to continuing mankind. However, various people have different perceptions and opinions regarding the subject. For this topic I found that identifying and selecting the appropriate interviewees was extremely important. Finding willing participants was vital as issues regarding childbirth are quite personal. I was particularly looking for women who were willing to tell their personal and intimate experiences, willing to re-live the pain of childbirth, willing to talk about making the choice between preserving their lives and their unborn child's and going against what society thinks of women who undergo C-section. "Many women who need a C-section contemplate it for the first time when they already are in labour. At that point they're less likely to accept the surgery, because they're grappling with entrenched beliefs that they'll bring their families shame."(Bryce & Udobang, 2019).

The interview was a medium through which people who've lived through this experience could tell their own stories. "News involves people. Whatever news story you are researching, there will be a person or some people who know what you need to know, or who have relevant opinions. They will usually be happy to tell you". (Ingram & Henshall, 2008). The interview was one of the most important tools to tell the story. My documentary seeks to give a situational report on the refusal of Nigerian women to undergo a C-section delivery method when it's obvious vaginal delivery is risky to both them and their unborn babies. Interviewing these women helped to explain or account for their decisions, actions and inaction.

> "The aim of the interview is to convey or check information, to give expert or general opinion, to explain or account for an action or a decision, to describe an emotion or feelings, or to give an insight into a person's personality or history. It offers the opportunity to hear

the interviewee’s own words, their tone of voice and characteristics of delivery”. (Beaman, 2001).

Due to the nature of my documentary, I sought an interview with a health professional who worked in the maternity ward of a federal government owned hospital in Nigeria, for her day-to-day experiences with pregnant women who had to make this decision. I wanted to understand what her experience had been working with these women and their relatives, and what scenes she witnessed in the maternity ward when issues such as this arose.

Most research suggested the inability to finance the surgical procedure was a large contributor as it is expensive and patients have to fund it. I interviewed an Accounts Department, Assessment Officer of a federal government-owned hospital, to find the cost and how the payment system works, if patients are permitted to go home after the surgery and offset the bill following a payment plan.

Since it's established that Nigerians aren’t taking full advantage of C-section to save their lives and unborn children’s, I sought expert knowledge on how this issue is being tackled in Nigerian, and what activities non-governmental organisations are carrying out to help change various unhealthy perceptions of Nigerians regarding the subject, what they’re doing, and how. This led me to interviewing the Director of Africa Youth Development, an NGO focusing on women, youth and children’s health and well-being.

Most researchers mentioned consent, stigmatisation, cultural and traditional perceptions, religion and alternative providers as contributing factors to the refusal of C-section by Nigerian women. By interviewing women who have lived through this experience, I hoped to gather different relevant voices, back up presented facts (if possible) and be able to illustrate a story for the audience by using their voices. The interview was where I found the answers to most, if not all, of the “who, what, why, how, when and where” questions regarding this topic.

CONTACTING MY INTERVIEWEES

Finding the right people to interview was the hardest part of the production. The nature of the topic did not make it any easier, especially for the women. The COVID19 pandemic meant that hospitals wouldn't grant me approval to visit and so my solution was to contact a relative who was a midwife/ perioperative nurse in a Nigerian government owned hospital. I briefed her on my research topic and asked her if she would be willing to participate in the research. I also told her that I needed participants, especially mothers who had undergone C-section and were willing to tell their stories. I asked if she could link me to some of the women she had worked with recently or in the past. She readily accepted to be part of the research and told me she would contact me further if she finds other willing participants among the women whom she has worked with.

I informed her I wanted to interview someone from the hospital's Accounts department regarding the financial cost of the surgery. She soon contacted me with the contact details of some mothers she has worked with in the past and had spoken to regarding the research and of the Assessment Officer from the Accounts department.

I contacted the mothers who all told me they had been briefed on the topic; I told them I would send them an invitation for their interview and give more details about the topics I would be discussing with them and ask them if they still wanted to go on. I would make available a consent form which they had to sign before going ahead and schedule a time and venue for their interview.

My interview with the director of NGO Africa Youth Development (A.Y.D) was easy, mainly because I have partially been a part of the organisation. My final year dissertation in my undergraduate study was on “Widowhood in Igboland” and at the time I worked for this NGO as they provided me with useful information and contacts. I kept in touch with the organisation by attending their programmes and giving talks and donations. When I started on this project the director willingly accepted my invitation for an interview.

EDITING PROCESS

The COVID19 pandemic slowed human activities globally, putting many activities on hold and cancelled most international flights.   People could only communicate internationally via telephone calls and video.   My plan was to travel to Nigeria to conduct the research, I booked my flight but it was cancelled. I was going to write to a federal hospital in the eastern part of Nigeria about my research, seek ethical approval to allow me to contact and conduct my research in the hospital, I also had plans to interview people through a focus group, however, the pandemic made my plans nearly impossible. To continue I had to seek willing participants through the help of a health worker I know.

The recording process was a big hurdle as I wasn't present myself to record it and had to rely on live recordings made at the interviewees locations.   My college was locked down and I had no access to a studio and microphone, so I had to do everything with just the equipment available to me. The software I used for my radio documentary was Audacity, a free and open source software to record and edit audio. My voice was recorded with my mobile telephone and then imported into Audacity for editing.

In my first interview with one of the women, I tried telephone recording our conversation but the sound quality was inadequate and I had to devise another means to record my interviews. I suggested to my participants we get someone to record them while they are on a telephone conversation with me. Some of the participants, the health professional, assessment officer and director of the NGO had no difficulty accepting the proposal, but the participants who had undergone C-section wouldn't accept it. They said they wouldn't trust anyone else and might have difficulty telling their story to a total stranger. We agreed that the health worker who linked us would record the conversation as she was already familiar with their stories. With this arrangement, we scheduled the dates and times for the interviews. My telephone interviews with the rest of the participants were recorded by a relative of mine studying Information Technology at university.

Time was also a constraint: I would have preferred to include as many interviews from willing participants as possible but I had a deadline to meet. The documentary was meant to last for about 30 minutes but the unedited interviews were too long.

THE VOICE OVER NARRATOR

In my radio documentary I've used the voice over narrator method to guide listeners as the story unfolds.

> "Having a narrator on board is kind of like a nod in your direction giving you permission to partake in what is going on. They invite you in and encourage you to journey with them as the story unfolds on the screen." (Ciccarel, 2008).

The narrator in my radio documentary played the role of someone guiding tourists through their visit to a place. I tell my listeners what to expect as the story flows, keep things on track and equally introduce the participants in a few sentences "Filmmakers use voice overs to provide quick exposition, tell stories, narrate, and provide an intimate look into the mind of a character." (Laughman, 2020). With the voice over narrator technique, I supplemented the information of our participants, and liaised between the audience and listeners. I used this medium to combine similar or varied opinions of a question from participants.

Some of the interviews lasted 30 minutes or more and so were impossible to fully include. Using the voice over narrator saved me time as I worked to give listeners as much information as possible within the 30 minutes time frame. The technique helped to inform the listener about what mattered during the interviews and to move the story along. To facilitate this, I organised my radio documentary in a certain order – how Nigerian society views C-section, why pregnant women refuse the surgical procedure, effects of the refusal on the women and society at large, programmes in place to solve the issue and the impact on women who have undergone the procedure. Using Voice Over Narrator helped me steer the documentary and bring everyone along on the journey.

THE USE OF SOUND IN MY RADIO DOCUMENTARY.

Sound is powerful tool in radio documentary, because of its ability to call and pull the attention of listeners into the various worlds of the programme. For instance, my documentary begins with the cry of a newborn baby; this alerts listeners to the nature of the documentary. I also used sound as a

transportation device. For example, before I started talking about religion, I played church music. These effects create, manipulate and sustain an illusion of reality and help listeners to identify the surroundings and deduce what exactly is happening in the scene, helping to convince listeners to perceive things that aren't there in reality and increase the production value of my documentary.

My documentary is quite informative; due to its nature, I thought it wise to use few sounds to the min- the cry of the newly born baby and the singing in the church. The cry of the newborn was downloaded from the BBC Sound Effects resource http://bbcsfx.acropolis.org.uk/?cat=babies, which has 16,000 downloadable sound effects in WAV format licensed under the terms of RemArc License. I downloaded the Gregorian Chant sound effect from PartnersInRhyme at https://www.partnersinrhyme.com/soundfx/religion_sounds/religion_gregorian-chant_wav.shtml from the free religious sounds made available for personal use.

ETHICAL CONSIDERATIONS

My research topic is a very sensitive one, especially for the women who shared their personal experiences of childbirth. Very few mothers would normally want to recount their ordeal during childbirth and because of this situation even less are forthcoming. During the interviews I noticed some of the women found it difficult and uneasy to really open up, they tried to shy away from answering certain questions or only give a few small details. However, reassuring them from time to time that their identities will be protected helped them open up. As a result, I decided to use fictitious names in our radio documentary to protect my participants' identities.

I also reassured them, as was also written in the consent letter, that the audio recordings will be used for the sole purpose they were recorded for and they have been impressed that if there is any need to go beyond what has been written in the consent form, they will be informed and their consent sought. I assured them that the information will be anonymised with the key kept in a password protected computer and that no one else will have access to it. I also reminded them that it was well within their rights to withdraw, without giving any reason, if they feel unable to continue.

CHAPTER FOUR
DISCUSSION

A dissertation proposal was submitted on 22nd January 2020 detailing the dissertation by practice I hope to undertake. Details in the proposal included the aims and objectives of the research, how I was going to write to a federal government hospital in Nigeria seeking approval to conduct my research in their hospital, and how I was going to travel to Nigeria to interview interested participants mostly women who have had C-section. However, as I interviewed more women involved in the documentary, the need to interview certain professionals to gain firsthand detailed information regarding certain issues became important. For example, most of the women who have had C-Sections that I interviewed said the financial cost of the surgery was one of the factors they considered when they were told they would be having a C-section. As a result, the need to interview a professional from the Accounts Department of a federal government hospital to ascertain the exact cost of C-section in Nigerian federal hospitals and how pregnant women and their families can off-set the cost of the surgery became imperative. As a result, it influenced the tone and scope of the research.

SUPERVISORS

Having been informed of the names of my supervisors on the 21st April, 2020, I corresponded with Rachel Andrews, Della Kilroy and Pat Proctor in the subsequent months on the progress of my research. My first meeting with Rachel, my Supporting Written Documentation Supervisor took place on 12th May 2020. During the meeting, she gave me a rundown of what is required of me in the written aspect of my research. We also discussed the introductory and literature review aspect of my research. I had another meeting with her on 16th June, 2020, where we talked about the content of my third chapter. In subsequent meetings, we discussed chapter four, the conclusion, and the need to add some e-mail correspondences in the appendices, samples of consent forms, invitations for interviews and the interview questions sent to my various participants.

My first meeting with my Media Artefact Supervisor, Della Kilroy, took place on 19th May 2020. We discussed the requirements of the audio aspect of my work. Before the scheduled date, I sent her a sample of interview questions I'd drafted. I showed her the list of the various groups of people I intended interviewing. We also talked about interview techniques and how I could narrow down and simplify my interview questions. In the subsequent meetings, we discussed the progress of my work and she advised me on certain issues of my audio documentary. I occasionally emailed her questions, to which she responded promptly.

I met with Pat Proctor, my Technical Support Supervisor, over the month of July, the 7th, 14, 16th and 21st. During the meetings, I updated him on the progress of my documentary. He offered advice and suggestions after listening to them. He also assisted me using the audio software when I had difficulties.

The meetings and e-mail correspondences with my supervisors proved extremely helpful in the development of my documentary. With their guidance and support, I was able to explore various avenues I wouldn't ordinarily have on my own to finally achieve a product of this quality.

OMISSIONS

Vox Pop

Due to the large perceptions of a lot of Nigerians regarding C-section, I thought it would be interesting to interview some random ordinary Nigerians to garner their views on the subject. Because I wasn't able to be in Nigeria to do this, I conducted interviews with four Nigerians who live here in Dublin. Whilst some believe it is non-traditional and shows a lack of faith in God for women to be surgically assisted during delivery, and a waste of money, others believe it is totally acceptable when vaginal birth is risky. However, one thing all of the people I interviewed knew was that it wasn't a generally acceptable method of delivery for Nigerians, especially back home. Unfortunately, we couldn't include these random interviews in our documentary due to technical issues and the restrictive time frame. If we had used this in our documentary, it would have by no means represented the opinion of 200 million Nigerians about C-section. It was merely the honest opinions of the few people we had interviewed and their interview would have added a different texture to our documentary.

COMMON CONTRIBUTING FACTOR

Finance

Nearly all the women I interviewed mentioned finance as a common factor they considered before the decision to go for C-section. They said that the cost of C-section in Nigerian federal hospitals is quite expensive at nearly three times that of vaginal delivery. The women said that they and her family must off-set the bill before leaving the hospital else they won't be allowed to leave the hospital gate. However, due to the restrictive time frame, we couldn't add all the audio recordings regarding finance in the documentary. We only added a few recordings from two women and a health professional to represent how this factor comes into play. We also sought interview with an Assessment Officer in a federal government owned hospital in Nigeria to get more details regarding the financial cost of the procedure.

CHANGE OF PERCEPTION

As mentioned earlier in chapter one, I was an eye-witness to the effects of C-section refusal when looking after my sister in the maternity ward of a federal hospital in Nigeria. I have also heard countless stories on the dangers of expectant mothers refusing to undergo C-section when necessary when I was still living in Nigeria. These stories served as a constant reminder of the need to talk about C-section aversion in Nigerian society. Before choosing this topic, one of the things I considered was its journalistic value. The fact I may be dealing with cultural values and personal perceptions made me wonder if the topic would be worth any media attention and if I would be able to get willing participants. Undertaking this research has also changed my perception about certain factors regarding the refusal of C-section in Nigeria. My assumption that aversion to C-section by expectant mothers in Nigeria was mostly due to personal desire to experience vaginal birth and prove to the society they're strong wasn't correct. There were other factors contributing to the trend such as finance, religion, fear, stigmatisation and even consent. The more I investigated the topic, the more I realised its journalistic value.

Subsequently, the fact some of these women were willing to participate in the research and tell their stories indicates that the research is well timed and it is time to talk about C-section aversion in Nigeria and the need to make the radio documentary more accessible to Nigerian Society and Africa at large.

I hope this research will open a channel for further academic research on the refusal of C-section, especially in the face of obvious risk by pregnant women in Nigeria and other countries; such as South Sudan, Somalia, Central African Republic, Yemen, Syria, Sudan, the Democratic Republic of the Congo, Chad, Afghanistan, Iraq, Haiti, Guinea, Zimbabwe and Ethiopia, where the surgical procedure hasn't been embraced and are considered to be "very high alert" or "high alert" by WHO (WHO, 2017).

The research will also contribute to the ongoing discussion, sensitisation and communication programmes Non-governmental Organisations, hospitals, media houses and activists are employing to educate the public on the need to embrace C-section, especially when the lives of mothers and unborn children are at risk. I'm also embarking on this project with the hope that a long lasting solution will be found to the various factors we've come across during this research that contribute to the refusal for C-section by Nigerian women.

CONCLUSION

My documentary: *C-section: An Investigation Into Refusal By Nigerian Pregnant Women* came about as a result of something I witnessed in a government-owned hospital in Nigeria, societal perception and journalistic value on the dangers refusal for C-section poses to the pregnant woman and unborn child.

I witnessed the downside of having to wait to obtain consent from a pregnant woman's partner or relative before a surgeon would perform a C-section on a pregnant woman. This woman in particular was said to have been in labour for nearly 48 hours, however, labour was not progressing. Her doctor decided C-section would be the best option for her and the unborn child. Initially, she was scared, but after the health professionals explained to her why the surgery was necessary at this time and reassured her she would be fine, she gathered courage and called her husband who soon arrived, with his mother. His mother told him not to give consent for the surgery, she said the lady couldn't give birth to her own baby vaginally because she has been unfaithful to her husband. She admonished her to confess her unfaithfulness so she would be free and give birth to her baby without the surgery. The lady in pain said she hasn't been unfaithful to her husband. The mother-in-law told her son not to give consent and he didn't. The hospital staff encouraged her to call someone else who could give consent so they could start the procedure immediately. She called her sister who came and signed the papers. The health team started the surgery but things had already gone wrong; the baby died. Fortunately, the woman survived.

As of 2017, the maternal mortality ratio of the country stands at 917 deaths per 100,000 live births. (Unicef, 2019). The percentage of C-section deliveries in Nigeria in six years 2003, 2008, 2011, 2013, 2017 and 2018 was 1.7%, 1.8%, 4.7%, 2.0%, 2.8%, and 2.7% respectively. (Unicef Data). The percentage of C-section deliveries in Nigeria recorded its highest use in 2011. Since then the use of C-section in Nigeria has declined. The ideal rate of a country's C-section rate should be between 10-15% to effectively prevent maternal and newborn mortality (WHO, 2020). Unfortunately, pregnant women continue to put themselves in danger by refusing the procedure, even when they are told by their medical team vaginal delivery is unsafe.

The purpose of this research is to give a situational report on how Nigerian society views C-section delivery, how acceptable the procedure is in society, and how women who undergo the procedure are regarded by the Nigerian community. Unfortunately, our research suggests that Nigerian society hasn't embraced C-section delivery, the surgical procedure is frowned upon by many and seen as a sign of weakness and a total lack of faith in God on the part of the women who undergo the surgery.

The research also explores how society's view on C-section affects pregnant women's decision in accepting to undergo the procedure when their and their babies' lives are in danger. Our interviews with these women reveal that these women are cognizant of the fact society frowns at women who undergo C-section as they are considered weak and lazy and have no business being mothers. In order to avoid being mocked and being told they are less of a mother, these women put their lives and the lives of their children on the line.

The essence of making a radio documentary about this topic is to enable unlimited access to everyone. The radio is accessible to almost everyone and the audience could listen to the radio documentary whilst going about their daily activities. The fact it brings in participants' live experiences, voices, sounds and narration engages the audience and shows how close these stories are to us, maybe happening just next door. It also enables people from different walks of life, educational background and age brackets to listen to the audio documentary. This will help spread the message across faster and also educate Nigerian society on the need to embrace C-section especially when lives are on the line.

I hope to have demonstrated through both my academic writing and radio output that there's cause for concern regarding C-section aversion in Nigeria and therefore a topic of justified journalistic interest. Everyone, mother, father, friends and family are involved in this discussion and have roles to play in improving the situation. It's time for an honest debate, education and actions to achieve a positive change in behaviour and perception of the general population.

Fear was one of the factors mentioned by nearly all the participants. The fear of not being able to make it out of the surgical theatre alive and postoperative pain. One of the women said stories she heard of pregnant women dying during the surgery instilled fear in her. This implies that there's a need for a healthcare professional to explain the benefits and risks of C-section to the patients

before surgery. Unfortunately, currently, there is strong evidence that pregnant women and their families don't receive adequate counselling before a pregnant woman undergoes C-section. It is important to inform expectant couples of the possibility of complications during the course of the pregnancy and especially the delivery. This could be incorporated in the antenatal activities to help prepare their minds and calm their fears in case C-section delivery is recommended.

Regarding stigmatisation, there’s also need to educate the public about C-section, to help them understand that it’s not a character defect, a curse, a sign or a measurement of true motherhood. Nigerian society believes that it’s a woman’s fault if she can’t birth her baby vaginally, the woman is seen by her peers as not fit to be a mother, weak and lazy. Her husband’s family sees her as a disgrace to their family for giving birth via C-section as it’s not a trait found in their family. The government, hospitals, non-governmental organisations, churches and individuals could spread the message using education films, advertisements, leaflets, workshops and radio programmes to educate people that it is essential to undergo C-section when the lives of both mother and unborn child are in danger. This will help change the perception of Nigerian society regarding C-section and equally change their attitude toward women who undergo C-section.

In terms of finance, there's a need for the government of Nigeria to lower the cost of C-section. Presently, the cost of C-section in a government owned hospital in Nigeria, as we found out during our interview, is nearly thrice (if not more) the cost of a vaginal delivery. Whilst the cost of vaginal delivery ranges from ₦30,000 - ₦48,000 (€68 - €109), the cost of C-section ranges from ₦70,000 - ₦130,000 (€159 - €295). This is quite a lot of money for a country whose citizens earn a minimum wage of ₦30,000 (€67) per month. Unfortunately, expectant mothers and their families are expected to pay a deposit before surgery can commence and must pay the rest of the bill before being allowed to leave the hospital. There's a need to subsidise the cost of C-section in government owned hospitals in Nigeria or at least introduce a system where patients and families can be allowed to pay the cost of the surgery in instalments.

There’s also a need to look into childbirth regulations in the country. Should hospitals wait for authorisation from family members of pregnant women before surgery can be performed when delay only endangers mother and unborn child? Currently in Nigerian hospitals, a surgeon cannot perform a C-section on a pregnant woman without obtaining consent from either her spouse or another family member with her at the hospital, regardless of the circumstances. The essence of

this is to absolve the hospital of responsibility should anything go wrong during the surgery. This also includes the one that gives consent as also being responsible for the financial cost of the surgery. Our research has shown that there are individuals who are not supportive of the procedure even if it would save lives. Should saving the lives of a mother and unborn child be dependent on such individuals? I believe that it's time for the country to establish laws that empowers hospitals to save the lives of mother and child first. The need to obtain consent from family members before surgery commences has contributed to high maternal mortality and morbidity as delay poses more danger to the lives of mother and unborn child. There's really a need to at least allow flexibility of consent level when the lives of the mother and unborn child are at risk.

There's a strong need to regulate the activities of alternative providers such as the older-midwives, herbalists etc. Older midwives are birth assistants who work in maternity homes and herbalists are people who attempt to heal through the use of herbs. Pregnant women and their families turn to these people for assistance with vaginal delivery when their doctors tell them vaginal delivery is unsafe for them. During our interview with the health professional, she recounted the story of one of their patients who had sought the help of herbalists. The herbalist administered herbs to the pregnant woman, however, she ended up losing the twins in her womb. Consequently, she came back to the hospital when she sensed all wasn't well. She was operated on but it was already late, she too died. The health professional revealed that more often than not the expectant mothers who employ the services of these people come back to their hospitals in more critical and complicated conditions. There's a need to educate the expectant mothers of the dangers of going against the obstetrician's advice, as such practices could lead to injury or death of the mother and unborn child. There's a need to prevent alternative practitioners working with expectant mothers. This could be achieved by establishing a body to regulate their activities, ensuring they do not take in patients outside their scope.

To achieve all these, the bulk of the responsibility to disseminate information still falls on the media industry. The media can serve as a medium to educate the people about C-section, why it is necessary to save the lives of mothers and unborn children when the need arises, and the importance of embracing it. Given the perception of many Nigerians regarding C-section, the Nigerian media isn't doing justice to the topic as they are still discussing it at a low-key level. The media industry isn't taking enough advantage of the vast number of media platforms today such as

radio, television, newspapers, magazines, mobile phones and the internet, to help pass the information across. I hope this documentary will help give this topic the attention it truly deserves.

During my research, I came across a good number of academic studies, newspaper articles and social media posts on C-section refusal in Nigeria. However, I didn't find any detailed radio documentary on the subject. Though the essence of my work is not on radio studies, my research revealed that radio as a means of mass media is undervalued by researchers. Basically, there's a need to develop further studies and researches using the radio in Nigeria. Fortunately, the BBC and RTÉ have already acquired this culture. This is evident in the enriching documentaries the channels produce weekly.

The research for this documentary; interviewing participants, listening to professionals explain what is obtainable in the society regarding the topic, reading articles, journals, textbooks etc., further broadened my views on the topic. *C-section: An Investigation Into Refusal By Nigerian Pregnant Women* also gave me the opportunity to appreciate what producing a radio documentary entails - how to capture a problem in society and tackle it using peoples' stories and voices. One would have thought the arrival of the internet would diminish the popularity of radio but on the contrary, radio has adopted the internet for broadcasting and continues to reach out to millions of listeners through scheduled programmes and podcasts.

By choosing this medium of mass communication, I learnt the potential of storytelling through radio - a medium that relies on voices, sounds, music and silence and is powerful enough to engage listeners and influence the world. I have also came to learn that embarking on a radio documentary requires effective planning and execution. It's a project that requires time and details. It requires exactitude on the part of the researchers; what questions researchers need answers to, how they connect to their participants. who the participants are and how involved they are in the story. A radio documentary also requires absolute flexibility on the parts of the researchers as sometimes they might have to bend towards the demands and schedules of their interviewees.

Finally, I have learnt from choosing this topic that there are various factors that contribute to the refusal of C-section by Nigerian women. There are personal factors such as the desire to experience vaginal delivery, there are socio-cultural factors such as stigmatisation and consent, and an economic factor, the cost of the surgery. This research also affected my initial position that it is

mostly Nigerian women's choice to not undergo the surgery because they want to prove to society they are women enough. The research explains why they often seek the help of alternative providers, such as old midwives and herbalists, even when their and their unborn child's lives are in danger.

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APPENDICES

APPENDIX A

E-mail correspondences with Director of NGO

Invitation For interview

5 messages

Vivian Ogechi <otikavivian@gmail.com> Tue, May 26, 2020 at 7:40 AM
To: padmore Anomnachi <padmore7@yahoo.com>

TITLE OF RESEARCH STUDY

CAESAREAN SECTION: AN INVESTIGATION INTO THE REFUSAL

OF SURGICAL PROCEDURE BY NIGERIAN WOMEN

INFORMATION SHEET FOR PARTICIPANTS

Dear interviewee,

You are invited to take part in a research study investigating the refusal of C- Section by pregnant women in Nigeria. I would like to interview you and ask you questions regarding your experience as the Director of an NGO who has been making effort to sensitize the public regarding this particular subject. This research is part of a Master's Thesis in Journalism and Media Communications for Griffith College, Dublin.

Before you decide whether to take part in the study it is important that you understand what the research is for and what you will be asked to do. It is up to you to decide whether or not to take part. If you decide to take part you will be given this information sheet to keep. You will also be asked to sign a consent form. You can change your mind at any time and withdraw from the study without giving a reason.

The purpose of the research study is to document your experience in trying to sensitize pregnant women and the public at large on the need to follow medical professionals advise pre/post pregnancy, especially when the need for C-Section is presented. We would like to know what your NGO has been doing, how you have been tackling this problem, the challenges you have been facing, and how much progress you have made so far.

You have been chosen because of your experience in helping sensitize the general public on this issue and we would like you to share your experience with us. If you choose to take part, the interview will last approximately 30 minutes and will be arranged at a time to suit you.

Information from the interview will be used to produce a 30 minutes radio documentary on why Nigerian women often refuse to undergo C-Section even in the face of obvious risk.

You are free to stop the interview at any time without giving a reason.

The interview will be recorded and transcribed. Each of the five interviewees will be assigned a number and the key to real names and organisations will be kept in a password-protected folder.

Please do not hesitate to contact me if you need further information

Yours Sincerely,

Vivian Ogechi Otika

+353877160716

otikavivian@gmail.com

PCS Anns <padmore7@yahoo.com>
To: Vivian Ogechi <otikavivian@gmail.com>

Wed, Jun 3, 2020 at 11:00 PM

Africa Youth Development.(AYD) NGO.

Dear Ms Otika

RE: CAESAREAN SECTION: AN INVESTIGATION INTO THE REFUSAL OF SURGICAL PROCEDURE BY NIGERIAN WOMEN

We are in receipt of your invitation to participate in the above listed investigation on the refusal of C-Section by Nigerian women.

We are an NGO licensed under the State Ministry of Women's affairs, hence it is in our scope of mandate to carry out sensitization and educational projects relating to women and children health issues. It is our expectation that upon conclusion of this investigation, valuable resources would have been uncovered and assembled to greatly make an impact on the health of the Nigerian mothers; while helping to reduce infant mortality.

We agree to take part in this study and lend our expertise and corporation in any way, shape or form requested to assist with this study.

Yours Sincerely,

Padmore Anomnachi

PCS Anns <padmore7@yahoo.com>
Reply-To: "padmore7@yahoo.com" <padmore7@yahoo.com>
To: "otikavivian@gmail.com" <otikavivian@gmail.com>

Find attached the consent letter

Vivian Ogechi <otikavivian@gmail.com>
To: padmore Anomnachi <padmore7@yahoo.com>

Thu, Jun 18, 2020 at 6:34 AM

Dear Padmore,

Thank you for your email. Your signed consent attached herein is received with thanks.

I would call you on your mobile and we will take it from there.

Thank you once again for wanting to be part of this project.

Thanks.
Vivian.
[Quoted text hidden]

2 attachments

20200618-202408_p0.jpg
150K

20200618-202408_p0.jpg
150K

- This project has been approved by the Faculty Research Ethics Committee.

Participant Signature

Researcher Signature: O.V.O

==================================

Sent from Yahoo Mail on Android
[Quoted text hidden]

Vivian Ogechi <otikavivian@gmail.com>
To: padmore Anomnachi <padmore7@yahoo.com>

Dear Padmore,

APPENDIX B

SAMPLE INVITATION AND CONSENT FORM FOR HEALTH PROFESSIONAL

Dear Mary,

You are invited to take part in a research study investigating the refusal of Caesarean Section by pregnant women in Nigeria. I woul d like to interview you and ask you questions regarding your experience as a Perioperative Nurse. This research is part of a Master's Thesis in Journalism and Media Communications for Griffith College, Dublin.

Before you decide whether to take part in the study it is important that you understand what the research is for and what you will be asked to do. It is up to you to decide whether or not to take part. If you decide to take part you will be given this information sheet to keep. You will also be asked to sign a consent form. You can change your mind at any time and withdraw from the study without giving a reason.

The purpose of the research study is to document your experience as a health professional who has been working with pregnant women who undergo the sugery to deliver their babies. Do you believe their is aversion for the surgery among Nigerian women and what do you think is/are the reasons behind it?

You have been chosen because of your experience in the the field, assisting in surgeries to deliver babies and helping mothers pre and post surgery. If you choose to take part, the interview will last approximately 30 minutes and will be arranged at a time to suit you.

Information from the interview will be used to produce a 30 minutes radio documentary on why Nigerian women often refuse to undergo C-Section even in the face of obvious risk.

You are free to stop the interview at any time without giving a reason.

The interview will be recorded and transcribed. Each of the five interviewees will be assigned a number and the key to real names and organisations will be kept in a password-protected folder.

Please do not hesitate to contact me if you need further information

Yours sincerely,

Vivian Ogechi Otika

+353877160716

otikavivian@gmail.com

Consent Form

Researcher: VIVIAN OGECHI OTIKA

- The aim of this study is to investigate they refusal of Ceasarean delivery by pregnant women in Nigeria even in the face of obvious risk.

- You will be asked about 15 questions about your experience working as a perioperative nurse in the maternity ward. What is your experience regarding acceptance if C-Section among the women you have come across. Do you think expectant mothers and theirr relatives who come to find it difficult to accept the procedure even in the face of obvious risk? The interview should last around 40 minutes.

- This research will be of benefit as it draws on the experience of medical professionals such as you, mothers who had the procedure to deliver their babies. A lot of research up to this point has focused more socio-econmic factors contributing to the trend. However, our research provides an opportunity to listen hwealth workers like yourself who live the experience everyday of their lives due to the nauture of their job. .
- All information will be anonymised with the key kept in a password protected computer.
- Personal participant information will not be used for any reason and participants will not be identifiable in any published material.
- Taking part in this research is voluntary and there will be no consequences for withdrawing.
- If you have any questions about this research, please contact:
- RESERCHER: Vivian Ogechi Otika (otikavivian@gmail.com)
- SUPERVISORS: Della Kilroy (della.kilroy@griffith.ie) , Rachel Andrews (rachel.andrews@griffith.ie), Pat Proctor (pat.proctor@griffith.ie)

- This project has been approved by the Faculty Research Ethics Committee.

Participant Signature _______________________

Researcher Signature: O.V.O

APPENDIX C

SAMPLE INVITATION AND CONSENT FORM FOR MOTHERS WHO HAD C-SECTION

Dear Interviewee,

You are invited to take part in a research study investigating the refusal of Caesarean Section by pregnant women in Nigeria. I woul d like to interview you and ask you questions regarding your experience during and after the delivery of your child via the procedure. This research is part of a Master's Thesis in Journalism and Media Communications for Griffith College, Dublin.

Before you decide whether to take part in the study it is important that you understand what the research is for and what you will be asked to do. It is up to you to decide whether or not to take part. If you decide to take part you will be given this information sheet to keep. You will also be asked to sign a consent form. You can change your mind at any time and withdraw from the study without giving a reason.

The purpose of the research study is to document your experience from the moment your doctor recommended a C-Section as the safest procedure to deliver your baby. What you did and the reason behind every decision you took.

You have been chosen because of your experience during the birth of your child and we would like you to share your experience with us. If you choose to take part, the interview will last approximately 40 minutes and will be arranged at a time to suit you.

Information from the interview will be used to produce a 30 minutes radio documentary on why nigerian women often refuse to undergo C-Section even in the face of obvious risk.

You are free to stop the interview at any time without giving a reason.

The interview will be recorded and transcribed. Each of the five interviewees will be assigned a number and the key to real names and organisations will be kept in a password-protected folder.

Please do not hesitate to contact me if you need further information

Yours sincerely,

Vivian Ogechi Otika

+353877160716

otikavivian@gmail.com

Consent Form

Researcher: VIVIAN OGECHI OTIKA

- The aim of this study is to investigate they refusal of Ceasarean delivery by pregnant women in Nigeria even in the face of obvious risk.

- You will be asked about 15 questions about your experience when you had the procedure done to deliver your baby. The interview should last around 40 minutes.

- This research will be of benefit as it draws on the experience of pregnant women who had the procedure to deliver their baby to change the public perception about the procedure. A lot of research up to this point has focused more socio-econmic factors contributing to the trend. However, our research provides an opportunity to listen women who have had first hand experience regarding the subject.
- All information will be anonymised with the key kept in a password protected computer.
- Personal participant information will not be used for any reason and participants will not be identifiable in any published material.
- Taking part in this research is voluntary and there will be no consequences for withdrawing.
- If you have any questions about this research, please contact:
- RESERCHER: Vivian Ogechi Otika (otikavivian@gmail.com)
- SUPERVISORS: Della Kilroy (della.kilroy@griffith.ie) , Rachel Andrews (rachel.andrews@griffith.ie), Pat Proctor (pat.proctor@griffith.ie)

- This project has been approved by the Faculty Research Ethics Committee.

Participant Signature _______________________

Researcher Signature: **O.V.O**

APPENDIX D

SAMPLE INVITATION AND CONSENT FORM FOR ASSESSMENT OFFICER

Dear Louis,

You are invited to take part in a research study investigating the refusal of Caesarean Section by pregnant women in Nigeria. I woul d like to interview you and ask you questions regarding the financial cost of a C-Section in federal government owed hospital in Nigeria. This research is part of a Master's Thesis in Journalism and Media Communications for Griffith College, Dublin.

Before you decide whether to take part in the study it is important that you understand what the research is for and what you will be asked to do. It is up to you to decide whether or not to take part. If you decide to take part you will be given this information sheet to keep. You will also be asked to sign a consent form. You can change your mind at any time and withdraw from the study without giving a reason.

The purpose of the research study is to document the average cost of C-Section in a federal government owned hospital in Nigeria, if it is subsidized by the goverment, and payment options for patients.

You have been chosen because of your experience working in the hospital for over ten years and we would like you to share your experience working in the finance department of the hospital with us. If you choose to take part, the interview will last approximately 20 minutes and will be arranged at a time to suit you.

Information from the interview will be used to produce a 30 minutes radio documentary on why nigerian women often refuse to undergo C-Section even in the face of obvious risk.

You are free to stop the interview at any time without giving a reason.

The interview will be recorded and transcribed. Each of the five interviewees will be assigned a number and the key to real names and organisations will be kept in a password-protected folder.

Please do not hesitate to contact me if you need further information

Yours sincerely,

Vivian Ogechi Otika

+353877160716

otikavivian@gmail.com

Consent Form

Researcher: VIVIAN OGECHI OTIKA

- The aim of this study is to investigate they refusal of Ceasarean delivery by pregnant women in Nigeria even in the face of obvious risk.

- You will be asked about 7 questions about the financial cost of a C-Section in a federal hospital s in Nigerial. Are there programmes the governament has set up to help subsidize financial cost of the procedure? Can patients pay installment after they are discharged hospital? The interview should last around 40 minutes.

- This research will be of benefit as it draws on the experience of women who had the procedure to deliver their baby , health workers, NGOS to change the public perception about the procedure. A lot of research up to this point has focused more socio-econmic factors including finance contributing to the trend. Our research provides an opportunity to listen to workers such as you who works in the finance department of a federal government hospital to provide us with reliable information on the issue of finance.
- All information will be anonymised with the key kept in a password protected computer.
- Personal participant information will not be used for any reason and participants will not be identifiable in any published material.
- Taking part in this research is voluntary and there will be no consequences for withdrawing.
- If you have any questions about this research, please contact:
- RESERCHER: Vivian Ogechi Otika (otikavivian@gmail.com)
- SUPERVISORS: Della Kilroy (della.kilroy@griffith.ie) , Rachel Andrews (rachel.andrews@griffith.ie), Pat Proctor (pat.proctor@griffith.ie)

- This project has been approved by the Faculty Research Ethics Committee.

Participant Signature _______________________

Researcher Signature: **O.V.O**