

Theatrical Intervention towards ‘Birth Preparedness and Complication Readiness’

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Abstract

Nigeria has a high record of mortality rate and this is partially due to complications associated with pregnancy and childbirth. Birth preparedness and complication readiness (BPCR henceforth) was developed as a set of strategic programs designed for intervention at multiple levels to help improve women’s readiness for childbirth and complications that may develop either during pregnancy or delivery. The argument for this medical initiative was founded on the belief that readiness reduces the risks of complications since the danger signs from both mother and the newborn are detected early enough. While this method has advanced considerably and proven effective in many civilized nations, Nigeria as a developing country is yet to successfully key into it. This is not borne out of dearth of data or literature that communicate the effectiveness of BPCR, but rather results from low literacy levels among rural women who often need such intervention. This study employs theatre and dance as interventionist tools to educate women within Ifako-Ijaiye local government area in Lagos State. It adopts the qualitative approach with primary data elicited via participant observation and interviews while secondary data was drawn from library and archival materials. The study shows that theatre and dance are viable means of engaging communities by leveraging their didactic functionality through integrated participatory options.

Keywords: *BPCR, Dance, Maternal mortality, Performance, Theatre.*

Introduction

The maternal mortality rate in a country is a key index of its level of development. It is for this reason that there have been serious

international efforts to drastically reduce maternal mortality rates all over the world. As part of the Millennium Development Goals (MDGs), reduction of maternal mortality rates has been approached through multiple strategies and resources. In 2000, the World Health Organisation (WHO) reported that 529,000 women died from complications resulting from pregnancy and childbirth. While Africa accounted for 251,000 of such deaths (Udofia & Okonofua, 7; Prata *et al.*, 88), Asia recorded 253,000. However, only 22,000 (4%) deaths were recorded in Latin America while the Caribbean recorded less than 1%, at 2,500 deaths (Ujah *et al.*, 28). India and Nigeria occupy top positions as the most affected countries in the world (Harrison, 8), with the chance of a woman dying from pregnancy and childbirth-related complications in Nigeria being 1 in 13 (Ogunjimi, 34). Nigeria continues to rank among sub-Saharan countries topping the chart on maternal mortality (Ujah *et al.*, 28). This situation has attracted the attention of health workers, medical students, and other researchers. Several studies have been conducted in Nigerian communities, including Anegbette (Edo State) (Ibidinet *et al.*, 47-51), Oshogbo metropolis (Osun State) (Adedayo *et al. no pg*), and Okpatu (Enugu State) (Arunibebi *et al.*, 644-649). Others include a study in Anambra State (Umeh, 1-10) and the most recent one tagged 'Community-oriented interventions to improve birth preparedness and complication readiness in the reduction of maternal mortality in South-West Nigeria', which is being conducted in Ifako-Ijaiye Local Government Area of Lagos State. These studies show that the high maternal mortality rate in Nigeria is sometimes the result of a lack of or insufficient knowledge of 'Birth Preparedness and Complication Readiness' – (BP/CR otherwise known as BPACR).

Birth Preparedness and Complications Readiness is a set of strategic programmes designed for women intervention at multiple levels to help improve women's readiness for childbirth and the complications that may develop during pregnancy or childbirth. This intervention premises on the belief that readiness reduces the risk of complications since danger signs from both mother and the newborn can be detected early enough. BPCR offers the mother and the family prior knowledge and decision-making power on where to have the baby and the preferred delivery method. The programme also educates women about danger signs while preparing essentials such as identifying a skilled birth attendant and the closest healthcare

facility, making plans for transportation to and from the hospital, identifying blood donors should the need arise during delivery, and preparing for any other obstetric emergency that might accompany birth and delivery. Knowing and making adequate preparations for these may also help not only to save money but also to give the family an idea or predictable knowledge about the date of delivery. This method has advanced considerably and proved effective in more developed nations. However, as a developing country, Nigeria is yet to key into this life-saving programme. One reason for this setback is that, according to experts, knowledge of Birth Preparedness and Complications Readiness depends on maternal literacy. Although there is considerable written information on BPCR, most women cannot access it owing to illiteracy.

Indeed, women in Low and Middle-Income Countries (LMICs), even though they are the most affected, display ignorance or inadequate knowledge about danger signs during pregnancy, hence the increasing levels of maternal morbidity and mortality. Thus, without the benefit of Western education, most of the affected women cannot process written or oral information in English. It is, therefore, necessary to devise a more accessible means of engaging them in BPCR. Researchers such as Ibidin *et al.* (47-51), Arunibebi (644-649) and Umeh (1-10) have suggested that the only way to prevent costly delays and irreversible health conditions is for the Nigerian government and donor agencies to bridge the gap by encouraging educational programmes within local and state governments. This is because, within a region, the “maternal mortality ratio strongly reflects the overall effectiveness of a health system” (Rajib, 511).

Considering the foregoing observations, African performance art involving drama, dance and singing have been adopted as one of the alternative ways of communicating the essence of BPCR within the selected community. The beauty of African performance art is inherent not merely in its superficial value as forms of entertainment but its functionality. In Africa, as elsewhere, the theatre has many practical functions, with artistes being able to use their voice and body, as well as inanimate objects, as media for entertainment and communication. Thus, theatrical performances, as major forms of experimental and experiential art, are a forum involving the creator, the actor and the audience within a performance venue. As Schiller

(250) notes, “the creative process liberates humankind by allowing the spectator to see through sensuous matter and discover the free working of the mind.” To that extent, this study seeks to promote knowledge about birth preparedness and complications readiness among both literate and non-literate women within the Ifako Ijaiye axis of Lagos State, Southwest Nigeria. This study rests upon the idea that sight and action, more than mere speech renditions and descriptions, are more efficient as means of communication within a community.

Report on the Ifako-Ijaiye Theatrical Intervention and Experience

The study, tagged ‘Community-oriented interventions to improve birth preparedness and complications readiness in the reduction of maternal mortality in South-West Nigeria’, was initiated and conducted by Dr. Ifeoma Peace Okafor of the Department of Community Health and Primary Care, College of Medicine, University of Lagos. It aims to raise community awareness of BPCR by advancing the level of birth preparedness among pregnant women to increase skilled or facility delivery, improve knowledge and behaviour among women in Lagos State through multiple levels of intervention. Ultimately, the goal is to reduce maternal mortality in Lagos State. The study was conducted within the Ifako-Ijaiye Local Government Area. As part of its mandate, the study employed theatrical intervention as coordinated by Dr. Oluwatoyin Olokodana-James of the Department of Creative Arts (Theatre Unit), University of Lagos. The developmental theatre was deployed for its problem-solving, educational and didactic functions, leading to another research titled ‘Theatrical Intervention toward Birth Preparedness and Complication Readiness’. The new study, through its theatrical method, aims at conveying the basic knowledge of key obstetric and neonatal danger signs and BPCR components while educating women in a language that communicates clearly to market women and men as actors and conveyors of the message. This research report consists of a brief description of the study area, i.e. Ifako-Ijaiye, the research method, the improvised script, rehearsal processes, and a report on the performance.

i. Study Area: Ifako-Ijaiye

Ifako-Ijaiye Local Government Area is in Lagos State, Nigeria. Profiled as an urban sprawling metropolitan settlement in the northern part of the state, the local government was created in October 1996, when it was carved out of Agege Local Government Area. Although the area is a major settlement for the Yorùbá, other Nigerian ethnic groups have also settled there. In 2012, a report edited by Edward Miller state:

The federal 1991 and 2006 census figures show that Ifako-Ijaiye has a population of 328,397 and 427,878 people respectively, while Lagos State data states the 2006 figure to be 774,000 ... The local government comprises about 16 settlements: Abule-Egba, Oko-Oba, Ijaiye-Ojokoro, Gbinrinmi, Wasimi, Ilupeju-Titun, Alagbado, Alakuko, Ajegunle, Iju-Ishaga, Iju-Ogundimu, Iju-Obawole, Ifako, Ijaiye-Ogba, Oke-Ira Akine, and Abule-Titun. Ojokoro Local Council Development Area is an autonomous council carved out of the Ifako-Ijaiye Local Government Area, with its headquarters at Ijaiye (2).

The figures in the above report show that Ifako-Ijaiye is densely populated; some of its residents live in shacks and gorges, although a few well-structured urban buildings can also be found in some parts of the council. The area perennially lacks basic amenities such as portable pipe-borne water, electricity and motorable roads, besides being in a poor state of sanitation. In terms of health infrastructure, it is important to note that Ifako-Ijaiye General Hospital is the major healthcare facility within the area, supported by health centres such as Ifako-Ijaiye Primary Health Care Centre, Obawole Primary Health Care Centre, and Maternal and Child Health Centre, which offer free service to specific categories of people (Edward, 17). Despite being government facilities, these health centres are often avoided by pregnant women who cannot afford supposed consultancy fees and drug costs. Records show that about 39.7% of these women do not approach the centres because of lack of funds (Fabamwo, *et al.*, 62). Other reports (Egbewale 13; Ejemi 48) show that women within urban and rural communities either opt for home delivery or use

traditional health facilities for therapy during pregnancy, despite the availability of health facilities with maternity preparedness and complication readiness. They believe these alternatives are not only economical but are also more dependable (Ntoimo *et al.*, 12).

ii. Research Methodology

Unlike the larger project, which used a mixed-methods approach, the smaller study, which interrogates theatrical intervention in communicating the essence of BPCR to the Ifako-Ijaye community, employs a strictly qualitative methodology. The data collection was done via participant observation and interviews, with the primary data being collected in three phases: (i) pre-production, which involved meeting the participants individually, discussing the content of the script and the nature of the performance; (ii) production, which had to do with the dissemination of information within the selected community through the performance; (iii) and post-production, which allowed for the collection of data from the actor and audience interviews. The secondary data were collected via the review of related works of literature as obtained in libraries and on the Internet. The study population was women of reproductive age (18-49 years) who had had a baby in the past year and/or were pregnant at the time of interview and performance. They were residents of the study community, alongside their families and community members. The casts for the dance and drama were contacted and recruited with the assistance of a community leader, Mrs. Salami, who selected the cast randomly based on their availability for rehearsals and the actual performance.

iii. The script

A short play on birth preparedness and complication readiness

Title: Common Sense and Duty
Medium: Drama Skit
Language Medium: English (Nigerian Pidgin English)
Writer: Oluwatoyin Olokodana-James

Casts

Announcer:
First Woman:
Second Woman:

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Third Woman: Market Participants

First man:

Mr. Balogun

Mrs. Amina Balogun

Mrs. Akande

Mrs. Temitope Akande

Doctor

Market women

Situation 1

A consortium of performers (market women) on stage with features/elements presenting a market space/ community in Southern Nigeria, Ifako-Ijaye Local Government, Lagos State. Heavy singing, drumming and dancing to attract passersby. An announcer comes out dancing and playing a gong to address everyone.

Announcer: Hello ooooo, my people. How una dey today? I greet everybody ooo.

(From the other wing of the market)

Meat Seller: Madam, oya pay 3000 naira – see, no bone there at all.

Third woman: No, that one na your own price. Me I no go pay pass 1500 naira.

Meat Seller: No, madam, I no gree. Market no be like before again. Na wetin we buy we go sell.

(Conversation between them continues)

Announcer: My people, people of Ifako-Ijaye, market women, meat seller, fish seller, tomato seller, pure water, hawker, all the people wey come buy and all the people wey come sell, I dey greet everybody. I beg, make una give me shikini of una time, I get small message wey I come deliver to all of us ooo.

(Announcer responds to the different reactions of onlookers within the performance scene)

Announcer: Madam, you too, I need your attention.
First Woman: Mama Bose, wait make we hear wetin this one wan Talk.
Second Woman: Nothing she want talk; na people wey dey sell drug.
Announcer: No be so o, madam. I no come sell medicine o; in fact, I go direct my message today to you.
Second Woman: Me?
Announcer: Yes, you.
Second Woman: Which business I get with you?
Announcer: No worry. Na me get business with you and everybody wey I dey see for here so. I wan ask you one simple question as I see your condition. I beg, my sister, wetin be 'birth preparedness'.
Second Woman: Birth wetin?
Announcer: Since you no sabi birth preparedness, I no sure say You sabi 'complication readiness oo'.
Woman: Mba.
Announcer: You nko, madam? You? You? (*Engaging other participants*) Oga nko?
First Man: Me I be woman? wetin concern man for woman matter. I beg make una dey do una thing jare.
Announcer: This one no be woman matter oo. Na something wey concern every one of us. After all, wetin happen to our wife, sisters, daughters, aunties, neighbours – na we the thing happen to. Abi I lie?
All: You no lie ooo! Na true talk .
Announcer: I wan ask all of una, madam, wetin you dey do and which measure you don take since you realise say you get belle?

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- Second Woman: Me? Ha, ha, ha! I dey chop well-well. Fufu for morning, pounded yam for afternoon, rice for night. Infact, I don quick go register for one Iyabiye (trado-home). Na there I born my last bikin.
- Announcer: Hmm... madam, you nko? And you? (*Trying to engage other onlookers and participants in the discussion.*)
- Announcer: My people, why be say many pregnant women no dey seek delivery care for government health facilities? You see, my people, nobody fit predict wetin go happen with pregnancy and delivery, whether na your first or your last. That na the reason why doctors dey advise us to use government-approved healthcare facilities to save mama and pikin. Many complications dey develop during pregnancy, some other complications na on the day of deliver the thing go happen. But you see, my people, the good news wey I bring be say we fit prevent many of these complications. How? How? OK, I go tell una. Through BPCR, Birth Preparedness and Complication readiness.
- First woman: All this big big grammar.
- Announcer: Madam no be big grammar o, Ok, tell me abeg, wetin you sabi about the danger signs of pregnancy and delivery? Madam, you nko, wetin be your level of birth preparedness, wetin you don put in place? And where you plan to deliver this baby? How about motor wey go take you from anywhere you dey go the hospital wey you done arrange? Who go donate blood wey you don arrange incase the need arise? All these question na wetin BPCR dey help us cater for. Today, I go tell una the story of two families, the Balogun family and the Akande family.

Situation 2

(The two families are briefly introduced)

The Balogun Family

(A man is seen approaching the performance area. He calls out to his wife and hurries her up. Shortly, his wife joins him)

Balogun: My own name na Balogun Lasisi and I get three children. Every time wey my wife get belle, me and my wife go carry our-self go register for government facility. We go start to dey save money small small and we dey do everything wey the doctor tell us to dey do. This one dey save us from wahala of childbirth complication and dey also save our money. Oya now, Kudi, hurry up make I go drop you for hospital before I go my own work.

Amina: I dey come, my husband. I don almost ready
(She comes out)
Oya make we dey go.

(As the couple move out, the Akande family comes in)

Man: Iya Joke, I still insist say you must go hospital.

Wife: Oloun o! Why this man like trouble like this, ehn? Na my first time to born be this? After two children? I born Shade for eleweomo (trado-home); even Tosin, na for road I born am and this one self I fit born am for house.

Man: Me I no agree that one ooo. Government don make us understand the risk wey dey if woman no prepare well during pregnancy and childbirth.

Wife: Leave government, abeg abi na government dey help me carry the pikin? abeg, I don late for my market o jare.

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Man: Iya Joke, you for at least gree make we do
the right thing for once to protect your own
life and that of our unborn baby
Wife: I don go ooo! See you for evening
Man: Hmm...women!

Situation 3

(Announcer comes back on stage dancing and singing in jubilation)

Time don come make we celebrate o
Time don come make we celebrate ooo
Time don come make we celebrate o
Time don come make we celebrate ooo

Announcer: My people, I hope say una dey follow my
story well? Nine months don reach and
celebration don break out as Mrs. Balogun
don born a bouncing baby boy. See them!

*(The Balogun family is seen coming out with their baby and the
doctor, husband and wife dancing and leaving the hospital happily.
The husband is called in to collect the balance of the money he
deposited at the hospital. Almost immediately, the Akande family
makes an entrance during labour and complications - Mr. Akande is
seen rushing his wife into the hospital,)*

Mr. Akande: Doctor! Doctor! Abeg help me, my wife don
dey labour for three days now. Her time
never even reach but she just start to dey see
blood. See as her face swell up. She say her
baby no move for her belle again. Abeg help
me, Doctor.

Doctor: Just calm down. , Where her delivery things
dey? Her hospital bag?

Mr. Akande: I no no o.

Doctor: Where her health plan insurance card?

Mr. Akande: I no sabi that one o?

Doctor: I hope say una make arrangements for birth
preference?

Mr. Akande: I... I... I...em
Doctor: OK. Where her hospital card?
Mr. Akande: Hmm...
Doctor: Oga, since your wife get belle for nine whole months, una no make any arrangement or plan for her delivery. How I want take know where to start now, her genotype and blood group? You no know say the knowledge of all these dey prevent the women from pain, risks of complication and even death? At least, make I help the woman first. (*She examines the woman*) Oga your wife don get complications and you need to deposit 150 thousand naira now.

(*Mr. Akande Faints*)

Situation 4

Announcer: My people, sebi una don see the two families? This na matter of common sense and duty. The one wey prepare and the one wey no gree prepare—which one get sense pass?
All: Na the one wey prepare o
Announcer: Una thank you ooo! Na simple common sense matter and na your duty as woman or man to help yourself and your family stay safe. Now I hope say you una don learn the importance of BPCR, that is, Birth Preparedness and Complication Readiness and how this program fit help mama and pikin stay alive during and after pregnancy and even delivery. I beg, make we even leave all this grammar. Immediately you see say you don get belle, sharp-sharp go register for government-approved healthcare facility. Our men self get role to play for this matter o! Make sure you insist and see say your wife register and she go for antenatal

care because the safety of one woman na the
safety of one whole generation. Abi na lie?
All: Na true o!

iv. Presentation of Findings and Assessment

This study employed theatre as an interventionist medium for communicating the essence of Birth Preparedness and Complications Readiness within the Ifako-Ijaye axis of Lagos State, and this was done through community theatre experience and performance. Egwuada (21) describes community theatre as a means of expression that can be employed to:

Unify the community and articulate the community felt concern and aspirations of the people ... builds on an educational approach and means of communication ... refers to drama, songs, dances, and puppetry ... geared towards attracting the popular masses and performed in the language and idioms best understood by the people.

The community performance took place on Thursday, 20th of February 2020, coinciding with the weekly sanitation day set aside for markets in Lagos State. It featured as part of enlightenment and educational programmes on birth preparedness and complication readiness in women as organised within the community. The performance, which took place at Obawole Aina Street, was attended by dignitaries, nurses, midwives, hospital attendants and researchers from the UNILAG College of Medicine, as well as medical staff from UNILAG Health Centre and members of the Ifako-Ijaye community.

There was a three-day rehearsal session at the African Church Cathedral at 68 Elder J. K. Coker Road along College Road, Ifako-Agege. The rehearsal started a few days into the programme, with actors selected randomly based on their availability for rehearsals and their readiness for the final performance. The cast and crew included both professionals and amateurs. The cast was made up of 14 actors comprising three pregnant women and three male actors who took up lead roles; eight others were selected as minors. Two professionals were selected from the University of Lagos, Dr.

Florence Ewomazino Nweke, who took charge of the musical aspect, and Chiamaka Irizu, who acted as the announcer based on the professional requirement of the script.

The first day of rehearsal saw an influx of community members with a flair for theatre - males, females and children - volunteering to be part of the project. The first rehearsal focused basically on discussing the message upon which the drama was based, introducing and familiarising the participants with the style to be employed in the presentation, as well as getting to know one another and the inherent talent in the chosen cast and crew for the project. On the second day of rehearsals, the turnout was as large as the first but some of them who could not meet the requirements were advised to join the audience. The final rehearsal took place on the morning of the performance, as it was necessary to run the actors through the drama, stage movements, songs and dances while preparing them for the right reactionary modes, especially for some of the actors who might need to respond proactively to audience interjections. Costumes, props, musical instruments (speakers) and all other technical supports had been prearranged.

Although the performance had also been previously rehearsed by the selected actors, three artistic forms were employed in this theatre for education and development: the interactive, the improvisational technique and the comic identity. While interactive and improvisational techniques were employed to engage the audience in interactive yet artistic sessions in the short drama sketch, the comic identity that was developed alongside the performance helped to excite laughter in the audience while nailing the points communicatively. The performance was delivered in both Yorùbá, which is the dominant language of the community, and Nigerian Pidgin, a common means of communication among the people. These language choices not only helped to raise the level of inclusiveness and arouse the right emotions in the spectators but also helped to facilitate complete comprehension, which was evident in the highly interactive discussions between the actors and the audience. It was a purely participatory theatrical experience that allowed people of the Ifako-Ijaye community to experience their culture and lifestyle within the 40 minute drama sketch. The drama not only presented a slice of life to members of this community but the people also related more with the performance, seeing themselves in the characters enacted by

the community actors, that is, the story was told and acted out by community members who were well known to the audience, thus making them relate more with the story. The theatrical performance and the question segment lasted only about ninety minutes, with singing, dancing and engaging the community audience through 'call and response', which got about 80% of the people singing and waving in response to the performance. A few questions were asked afterwards by the actors and the responses to them indicated that the message had been understood by the audience.

As already noted, the overall goal of this project was to use theatre as an interventionist tool towards communicating the importance of BPCR, and this was realised. The whole experience, from the pre-production stage to the post-production stage as well as the overall success recorded during the performance, has shown that theatre can be used as a viable means of engaging communities and as a powerful communication tool or strategy by leveraging its integrated participatory option provided through the theatrical intervention. The idea of community members sharing stories of regret or success in performance provoked reactions in audience members who might have experienced similar situations or who might only have been educated on the need to seek professional advice on matters concerning pregnancy and childbirth at an early stage from government-approved healthcare facilities. The performance, aside from raising the intended consciousness in the audience through the inclusion of indigenous art, such as dance and music from the community, further stimulated the minds of the excited audience who eagerly engaged in discussions with health workers at the site. The community actors were fairly remunerated, as they had left their core businesses and chores to be part of the event. Following the completion of the performance, the invited health workers presented a short talk using the performance as an analytical and analogical point of reference, thus bridging the educational gap between the workers, researchers and community members. The success of this theatrical performance led to the further consideration of using the same theatrical medium, a recorded commercial exploring social media platforms, as a means of reaching women who did not witness the performance.

The idea that theatre can be used as a pedagogical tool and for education and social change is herein justified, as a feedback trip

was made to the rehearsal and performance venues. The aim was to assess, measure and ascertain the impact of the intervention and the level of information about birth preparedness and communication readiness as disseminated during the event. It was discovered that, around the performance venue, information on BPCR was well disseminated and received, as those assessed vowed to access government-approved facilities, having realised that early preparation saves not only the lives of mother and child but also money. However, the feedback stage also made it clear that only a few people experienced the theatrical performance live. Consequently, it is suggested that, to maintain a long-term effect within this community and to further stimulate and sustain behavioural change, relevant researchers need to set up more of such programmes so that more people within the community can benefit from the impact of community theatre. Indeed, more of such programmes engaging the community in artistic and educational dialogue should be initiated for the education of women and the growth of the society at large.

Conclusion

Theatre plays a key role in education and enlightenment. As such, the use of theatrical support in conveying the essence of birth preparedness and complication readiness within Ifako-Ijaiye Local Government Area has proved to be effective, given the responses to the dramatic effects of the performance. This study, being the offshoot of a larger study, analysed relevant data from the three stages of production, following the application of qualitative methods such as active participant observation, interviewing and review of archival materials. The interventional mode was expressed in the community theatre, which featured actors selected from the given community where data about the knowledge of BPCR prior to the performance were collected. The need to access government-approved facilities within the community to prevent maternal mortality was disseminated via theatrical performance. These actors facilitated action-filled responses, as they were not merely entertained by the dramatic actions but were also well informed by fellow community members who engaged in conversations with them, thus igniting a familiar culture and the need to work together in the prevention and reduction of high mortality rates. Given the feedback received on the study, it is recommended that the aesthetic

functionality of the theatre should be exploited in other fields, such as medicine, science and technology owing to its didactic value.

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