

Influence of Beliefs of Religious Leaders on the Acceptance of Caesarean Section as a Delivery Option among Women in Ogbomoso, South West Nigeria

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Abstract

Background: Lots of religious beliefs and doctrines among clergy in Christianity, Islam and traditional worshippers have determined the outcome of pregnancy and health of pregnant mothers in developing countries making them occasionally go through unnecessary risks of childbirth and postpartum conditions. Hence, a study to assess the influence of belief of religious leaders on the acceptance of Caesarean Section as a choice of child delivery is paramount. **Methods:** A cross-sectional study was conducted in April, 2023 among religious leaders and a total of 422 of them were selected randomly and interviewed using a structured interviewer-administered questionnaire. **Results:** About 164(38.9%) were below 40 years, 272(64.5%) were males, 150(35.5%) were females; majority 273(64.7%) practice Christianity, 138(32.7%) practice Islam; 354(83.9%) belong to the Yoruba ethnic group; more than half of the respondents 293(69.4%) were married; 314(74.4%) had a nuclear family structure; majority 302(71.6%) had tertiary education; 186(44.1%) were employed, 168(39.8%) were self-employed. 372(88.2%) believed that Caesarean sections a method of child delivery; less than half 144(34.1%) believed that Caesarean section is only used for emergency; 151(35.8%) believed that Complications of caesarean section are more than normal vaginal delivery; 198(46.9%) believed that Caesarean section is an easy way of delivery; 82(19.4%) believed that Caesarean section benefits only the mother; 80(19.0%) believed that Caesarean section affects the bonding between mother and child; amongst others. **Conclusion:** The study reveals that religious leaders in Ogbomoso will require more scientific information about caesarean section, and a significant proportion of them hold misconceptions about the procedure. Nevertheless, the majority of the religious leaders in the study were willing to accept caesarean section as a mode of delivery. Given their role in influencing their members' health-seeking behaviour, religious leaders could play a significant role in improving maternal and child health outcomes in the community by promoting accurate information about caesarean section and encouraging its acceptance.

Keywords: pregnancy, religious beliefs, maternal mortality, Caesarean.

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INTRODUCTION

Background of Study

It is shocking to discover that more than 280,000 women died from pregnancy & child-birth related complications in 2020 alone according to UNICEF [1]. There's also an alarming report by the WHO [2] that for every two minutes, one maternal death is occurring. However, what's even more startling is that 70% of these deaths occurred in Sub-Saharan Africa, many of which could have been prevented, with right

access to emergency obstetric care including caesarean section [3].

Thus, it's not an understatement to say that caesarean section is a life-saving means of reducing maternal mortality and that several pregnancy-associated complications such as abruption placentae, fetal distress, mal-presentation and, most commonly, obstructed labour have been well managed due to its intervention [3].

However, despite the advent of caesarean section as a life- saver, a study carried out suggest that not up to 15% of women in many sub-Saharan African countries had caesarean section delivery. According to Adewuyi *et al.*, [4] the prevalence of caesarean section in Nigeria is only about 2.1% despite improvements in evidence based safe practices and techniques [5]. Thus, the acceptance of caesarean section as a choice of delivery must be based on several other factors. Studies have shown a significant association between caesarean section delivery and socio-economic, cultural and religious factors. For example, a study showed how the wealth index and educational background of both the woman and her partner played a significant role in their choice of delivery [5]. Also, Nigerians are known to be culture and religiously conscious people. Hence, it's no surprise that many studies have corroborated why culture and religion play a major role in their choice e.g. a study showed that some women rejected caesarean delivery because "they felt it was due to spiritual attacks", some because other women would perceive them as weaklings". In another study, the third most significant factor was the "respondent's trust in God" [5]. Hence, the influence of spouses and more importantly, the religious leaders in the acceptance of caesarean section as a choice of delivery cannot be underplayed. Studies have been done other socio-economic factors associated with caesarean delivery and how they affect their choice of delivery however, there are scanty studies on the acceptance of caesarean section amongst religious leaders. Thus, we are conducting this research to give an insight to how the perception of these religious leaders may influence choice of delivery, and the impact it may also have on those who look up to these religious leaders.

Justification

The topic of the influence of religious beliefs on the acceptance of caesarean section as a child delivery method among religious leaders in Ogbomosho is important for several reasons.

Firstly, caesarean section is a common method of child delivery worldwide and can be a lifesaving intervention for both mothers and infants. However, there are still certain religious groups that may be hesitant to accept this method of delivery due to religious beliefs or cultural practices. This can lead to complications during childbirth, and in severe cases, maternal or neonatal mortality.

Secondly, the influence of religious beliefs on healthcare decision-making is an important area of research that can have a significant impact on health outcomes. In many communities, religious leaders play an influential role in shaping the attitudes and beliefs of their followers towards healthcare, including the acceptance or rejection of certain medical interventions.

Finally, the Ogbomosho community in Nigeria has a diverse religious landscape, with significant numbers of Christians and Muslims, among other religions. This makes it an ideal location to investigate the influence of religious beliefs on the acceptance of caesarean section as a child delivery method among religious leaders and the wider community.

Therefore, understanding the influence of religious beliefs on the acceptance of caesarean section among religious leaders in Ogbomosho can provide valuable insights into the factors that influence maternal and child health outcomes in the community. This, in turn, can help healthcare providers and policymakers develop appropriate strategies to improve maternal and child health outcomes in the community.

This study aims to determine the influence of religious beliefs of religious leaders on the acceptance of caesarean section as a child delivery method among women in Ogbomosho, South west Nigeria with a view to identifying strategies to improve maternal and child health outcomes in the community.

METHODOOGY

The study adopted a descriptive cross-sectional design to examine the influence of religious beliefs of religious leaders on the acceptance of caesarean section as a choice of child delivery in Ogbomosho, South west Nigeria.

The research population included 422 respondents of the selected religious leaders who reside in Ogbomosho. This includes leaders of various Christian, Islamic and traditional groups.

The study will include religious leaders who reside in Ogbomosho, men and women who are above 18 years of age.

The desired sample size was obtained using the Cochran's formula: $n = z^2 P (1-P) / d^2$;

Hence, a total sample size of 422 mothers was estimated for the study. The method of data collection for this research involved distributing self-designed questionnaires to a sample of selected religious leaders in Ogbomosho. The questionnaires were closed-ended and were distributed with clear instructions to the participants to fill them out.

The statistical package for Social sciences (SPSS Package) 25 was used for the data analysis. The data was computed using descriptive and inferential statistical tools. The results of the analysis was presented in percentages, frequency, end charts. Inferential statistics was used to test for the hypothesis and relationship between variables by computing it using the SPSS Package 25.

RESULTS

Demographic Characteristics of the Respondents

Table 1: Showing the socio-demographic characteristics of respondent

Variables	Categories	Frequency	Percent
Age(Years)	< 40 years	164	38.9
	40-50 years	116	27.5
	51-60 years	62	14.7
	61-70 years	52	12.3
	>70 years	28	6.6
	Mean±SD	46.86±14.281	
Gender	Male	272	64.5
	Female	150	35.5
Religion	Christianity	273	64.7
	Islam	138	32.7
	Traditional	7	1.7
	Others	4	0.9
Ethnicity	Yoruba	354	83.9
	Igbo	38	9.0
	Hausa	5	1.2
	Others	25	5.9
Marital status	Single	125	29.6
	Married	293	69.4
	Divorced	4	0.9
Family structure	Nuclear	314	74.4
	Extended	108	25.6
Educational Status	No formal education	32	7.6
	Primary education	32	7.6
	Secondary education	56	13.3
	Tertiary education	302	71.6
Employment Status	Employed	186	44.1
	Self-employed	168	39.8
	Unemployed	68	16.1

Source: (Field Survey, 2023)

Table 1 showing the socio demographic characteristics of the respondents revealed that majority 164(38.9%) were below 40 years with Mean±SD (46.86±14.281); 272(64.5%) were males, 150(35.5%) were females; majority 273(64.7%) practice Christianity, 138(32.7%) practice Islam; 354(83.9%) belong to the Yoruba ethnic group; more than half of the

respondents 293(69.4%) were married; 314(74.4%) had a nuclear family structure; majority 302(71.6%) had tertiary education; 186(44.1%) were employed, 168(39.8%) were self-employed.

Knowledge on Caesarean Section

Table 2: Showing the Knowledge of the Respondents on Caesarean Section

Variables	True (%)	False (%)	Not sure (%)
Caesarean sections a method of child delivery	372(88.2)	23(5.5)	27(6.4)
Caesarean section is only used for emergency	144(34.1)	213(50.5)	65(15.4)
Complications of caesarean section are more than normal vaginal delivery	151(35.8)	159(37.7)	112(26.5)
Caesarean section is an easy way of delivery	198(46.9)	141(33.4)	83(19.7)
Caesarean section benefits only the mother	82(19.4)	260(61.6)	80(19.0)
Caesarean section affects the bonding between mother and child	80(19.0)	239(56.6)	103(24.4)
Caesarean section prevents vaginal delivery in future	88(20.9)	244(57.8)	90(21.3)
Caesarean section prevents conception	70(16.6)	291(69.0)	61(14.5)
Caesarean section adversely affects the woman's health in future	82(19.4)	228(54.0)	112(26.5)

Source: (Field Survey, 2023)

Table 2 above revealed that majority of the respondents 372(88.2%) believed that Caesarean section is a method of child delivery; less than half 144(34.1%)

believed that Caesarean section is only used for emergency; 151(35.8%) believed that Complications of caesarean section are more than normal vaginal delivery;

198(46.9%) believed that Caesarean section is an easy way of delivery; 82(19.4%) believed that Caesarean section benefits only the mother; 80(19.0%) believed that Caesarean section affects the bonding between mother and child; 88(20.9%) believed that Caesarean

section prevents vaginal delivery in future; 70(16.6%) believed that Caesarean section prevents conception; 82(19.4%) believed that Caesarean section adversely affects the woman's health in future.

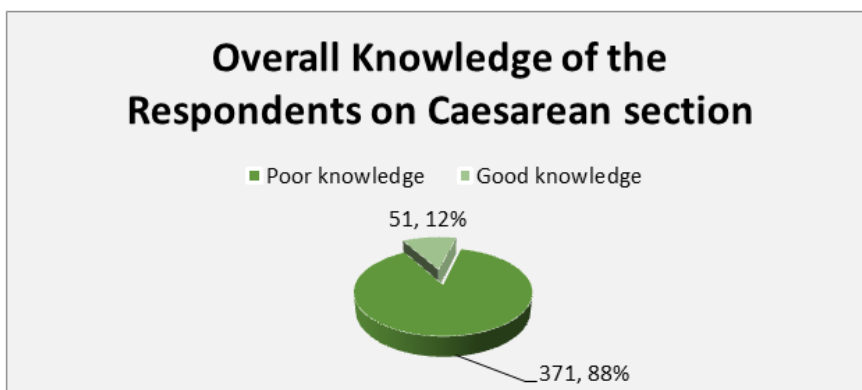


Figure 1: Showing the Overall Knowledge of the Respondents

Role of the Respondents in Religious Institutions

Table 3: Showing the role of the respondents in their religious institutions

Variables	Categories	Frequency	Percent
Position in your religious institution	Pastor	201	47.6
	Imam	33	7.8
	Priest	7	1.7
	Alhaji/Alhaja	91	21.6
	Others	90	21.3
How long have you been in your current position?	< 2 years	133	31.5
	2-5 years	119	28.2
	5-10 years	81	19.2
	> 10 years	89	21.1
Are you involved in decision making of your congregation?	Yes	321	76.1
	No	101	23.9
If yes, how often are you involved in the process of decision making of your congregation?	Rarely	41	9.7
	Sometimes	84	19.9
	Most times	107	25.4
	Always	84	19.9
Does your religious institution organize health education programs for its members?	Yes	342	81.0
	No	80	19.0
If yes, how often?	Monthly	58	13.7
	Quarterly	100	23.7
	Half yearly	65	15.4
	Annually	118	28.0
Does your position influence the decision making of your congregation?	Yes	320	75.8
	No	102	24.2
How strongly does your position influence the decision making of your congregation?	Very weakly	61	14.5
	Weakly	43	10.2
	Unchanged	90	21.3
	Strongly	80	19.0
	Very Strongly	46	10.9
Are you willing to give consent to your members if Caesarean section is indicated medically?	Yes	333	78.9
	No	24	5.7
	Not sure	65	15.4

Source: (Field Survey, 2023)

Table 3 showing the role of the respondents in their religious institutions revealed that majority 201(47.6%) were Pastors, 91(21.6%) were Alhajis/Alhajas, 33(7.8%) were Imams; 133(31.5%) had spent less than 2 years in the position; 321(76.1%) were involved in the decision making of their congregation; 107(25.4%) were most times involved in the decision making; 342(81.0%) stated that their religious institution

organize health education programs for its members; 118(28.0%) organize health education programs annually; 320(75.8%) stated that their position influence the decision making of their congregation; the position influence the decision making of their organization very weakly in 61(14.5%); majority 333(78.9%) were willing to consent to their members if Caesarean section is indicated medically.

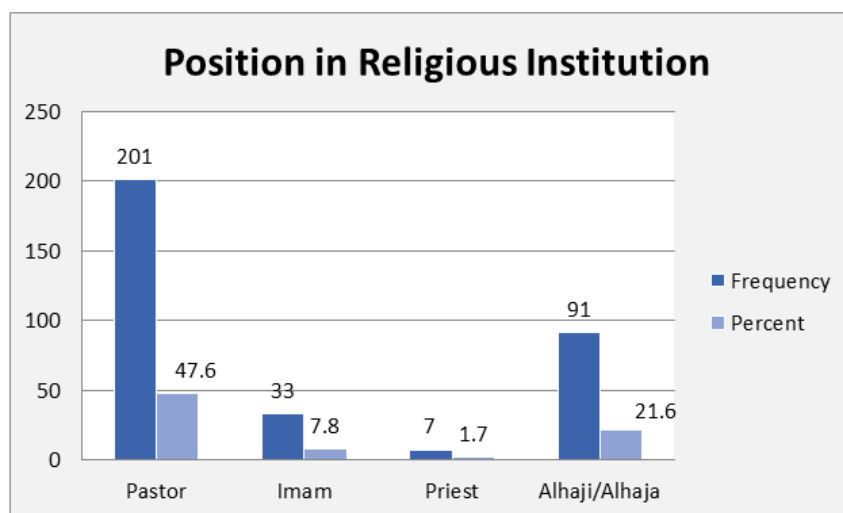


Figure 2: Showing the position of the respondents in their religious institution

Religious Beliefs on Caesarean Section

Table 4: Showing the religious beliefs of the respondents on Caesarean section

Variables	SA (%)	A (%)	N (%)	D (%)	SD (%)
My religion accepts Caesarean section	154(36.5)	172(40.8)	42(10.0)	30(7.1)	24(5.7)
My religion permits Caesarean section in emergency situations only	112(26.5)	82(19.4)	78(18.5)	97(23.0)	53(12.6)
Clergy should counsel members of their congregation concerning Caesarean section	137(32.5)	147(34.8)	78(18.5)	27(6.4)	33(7.8)
The general attitude of the Church/Mosque on Caesarean section informs your beliefs	90(21.3)	67(15.9)	96(22.7)	93(22.0)	76(18.0)
Caesarean section is not the will of God for women	40(9.5)	44(10.4)	75(17.8)	113(26.8)	150(35.5)
It is better to face the consequences of Vaginal delivery than go against the will of God	31(7.3)	20(4.7)	86(20.4)	107(25.4)	178(42.2)
Caesarean section is the affliction of the enemy	17(4.0)	21(5.0)	42(10.0)	115(27.3)	227(53.8)
Caesarean section breeds doubts in the family's faith of God	20(4.7)	20(4.7)	56(13.3)	143(33.9)	183(43.4)
Women who undergo Caesarean section are cursed	11(2.6)	9(2.1)	23(5.5)	129(30.6)	250(59.2)
It is only women who are not strong spiritually that undergo Caesarean section	12(2.8)	10(2.4)	31(7.3)	117(27.7)	252(59.7)
Women who undergo Caesarean section are non-tithers (Christians only)	12(2.8)	12(2.8)	27(6.4)	105(24.9)	266(63.0)

Source: (Field Survey, 2023)

Table 4 showing the religious beliefs of the respondents on Caesarean section revealed that 172(40.8%) agreed that their religion accepts Caesarean section, 30(7.1%) disagreed; 112(26.5%) strongly agreed that their religion permits Caesarean section in emergency situations only, 97(23.0%) disagreed; 147(34.8%) agreed that Clergy should counsel members of their congregation concerning Caesarean section, 33(7.8%) strongly disagreed; 90(21.3%) strongly agreed

that the general attitude of the Church/Mosque on Caesarean section informs your beliefs, 93(22.0%) disagreed; 44(10.4%) agreed that Caesarean section is not the will of God for women, 150(35.5%) strongly disagreed; 31(7.3%) strongly agreed that it is better to face the consequences of Vaginal delivery than go against the will of God, 178(42.2%) strongly disagreed; 21(5.0%) agreed that Caesarean section is the affliction of the enemy, 227(53.8%) strongly disagreed; 20(4.7%)

strongly agreed that Caesarean section breeds doubts in the family's faith of God, 183(43.4%) strongly disagreed; 11(2.6%) strongly agreed that Women who undergo Caesarean section are cursed, 250(59.2%) strongly disagreed; 12(2.8%) strongly agreed that it is only

women who are not strong spiritually that undergo Caesarean section, 252(59.7%) strongly disagreed; 12(2.8%) strongly agreed that Women who undergo Caesarean section are non-tithers, 266(63.0%) strongly disagreed.

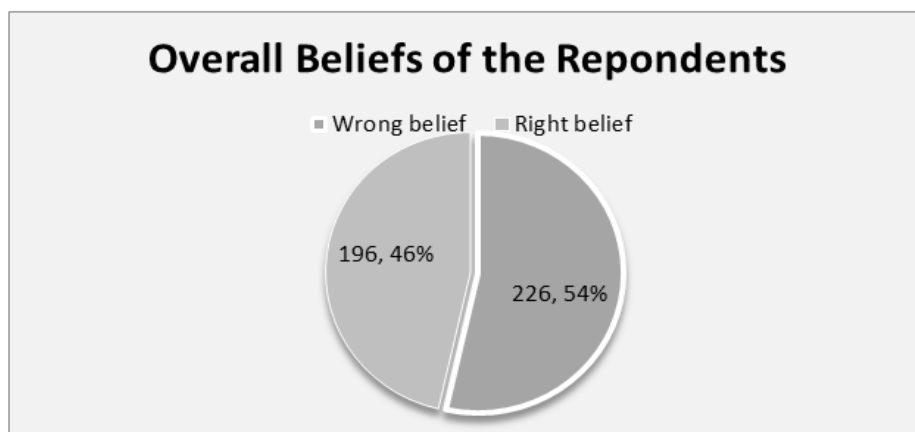


Table 3: Showing the overall beliefs of the respondents

The Relationship Between the Socio Demographic Characteristics of the Respondents and Their Overall Knowledge on Caesarean Section.

Table 5: Showing the relationship between the socio demographic characteristics of the respondents and their overall knowledge on Caesarean section

Variables	Categories	Overall knowledge of the respondents on Caesarean section		χ^2	df	P-Value
		Below Acceptable Knowledge	Acceptable knowledge			
Age(Years)	< 40 years	148(39.9%)	16(31.4%)	3.508	4	0.477
	40-50 years	100(27.0%)	16(31.4%)			
	51-60 years	55(14.8%)	7(13.7%)			
	61-70 years	46(12.4%)	6(11.8%)			
	>70 years	22(5.9%)	6(11.8%)			
Gender	Male	235(63.3%)	37(72.5%)	1.659	1	0.198
	Female	136(36.7%)	14(27.5%)			
Religion	Christianity	232(62.5%)	41(80.4%)	7.821	3	0.050
	Islam	129(34.8%)	9(17.6%)			
	Traditional	7(1.9%)	0(0)			
	Others	3(0.8%)	1(2.0%)			
Ethnicity	Yoruba	313(84.4%)	41(80.4%)	1.623	3	0.654
	Igbo	32(8.6%)	6(11.8%)			
	Hausa	5(1.3%)	0(0.0%)			
	Others	21(5.7%)	4(7.8%)			
Marital status	Single	109(29.4%)	16(31.4%)	.752	2	0.687
	Married	259(69.8%)	34(66.7%)			
	Divorced	3(0.8%)	1(2.0%)			
Family structure	Nuclear	266(71.7%)	48(94.1%)	11.835	1	0.001*
	Extended	105(28.3%)	3(5.9%)			
Educational Status	No formal education	27(7.3%)	5(9.8%)	7.007	3	0.072
	Primary education	32(8.6%)	0(0)			
	Secondary education	52(14.0%)	4(7.8%)			
	Tertiary education	260(70.1%)	42(82.4%)			
Employment Status	Employed	156(42.0%)	30(58.8%)	6.810	2	0.033*
	Self-employed	156(42.0%)	12(23.5%)			
	Unemployed	59(15.9%)	9(17.6%)			

χ^2 -Pearson chi square value, df-degree of freedom, P -Probability value, *-significant at P<.050

Inference: Since the P-Values (0.001 and 0.033) are less than 0.05 level of significance, the null hypothesis rejected and alternative hypothesis accepted. Therefore, there is a significant relationship between the socio family structure and employment status of the respondents and their overall knowledge on Caesarean

section with ($\chi^2=11.835$, $P=.001$) and ($\chi^2=6.810$, $P=.033$) respectively at $P < .050$.

The Relationship between the Position of the Respondents in Their Religious Institution and Their Overall Knowledge on Caesarean Section.

Table 6: Showing the relationship between the position of the respondents in their religious institution and their overall knowledge on Caesarean section

Variable	Categories	Overall knowledge of the respondents on Caesarean section		χ^2	df	P-Value
		Below Acceptable knowledge	Acceptable knowledge			
Position in your religious institution	Pastor	168(45.3%)	33(64.7%)	11.765	4	0.019*
	Imam	33(8.9%)	0(0)			
	Priest	7(1.9%)	0(0)			
	Alhaji/Alhaja	85(22.9%)	6(11.8%)			
	Others	78(21.0%)	12(23.5%)			

χ^2 -Pearson chi square value, df-degree of freedom, P -Probability value, *-significant at $P < .050$

Inference: Since the P-Value (0.019) is less than 0.05 level of significance, the null hypothesis rejected and alternative hypothesis accepted. Therefore, there is a significant relationship between the position of the respondents in their religious institution and their overall

knowledge on Caesarean section with ($\chi^2=11.765$, $P=.019$) at $P < .050$.

The Relationship Between the Willingness of the Respondents to Consent to Members' Caesarean Section and Their Overall Knowledge

Table 7: Showing the relationship between the willingness of the respondents to consent to members' Caesarean section and their overall knowledge

Variables	Categories	Overall knowledge of the respondents on Caesarean section		χ^2	df	P-Value
		Below Acceptable knowledge	Acceptable knowledge			
Are you willing to give consent to your members if Caesarean section is indicated medically?	Yes	286(77.1%)	47(92.2%)	6.120	2	0.047*
	No	23(6.2%)	1(2.0%)			
	Not sure	62(16.7%)	3(5.9%)			

χ^2 -Pearson chi square value, df-degree of freedom, P -Probability value, *-significant at $P < .050$

Inference: Since the P-Value (0.047) is less than 0.05 level of significance, the null hypothesis rejected and alternative hypothesis accepted. Therefore, there is a significant relationship between the willingness of the respondents to consent to members' Caesarean section

and their overall knowledge with ($\chi^2=6.120$, $P=.047$) at $P < .050$.

The Relationship between the Overall Knowledge of the Respondents and Their Overall Belief on Caesarean Section

Table 8: Showing the relationship between the overall knowledge of the respondents and their overall belief on Caesarean section

Variables	Categories	Overall knowledge of the respondents on Caesarean section		χ^2	df	P-Value
		Below Acceptable knowledge	Acceptable knowledge			
Overall beliefs of the respondents on caesarean section`	Wrong belief	212(57.1%)	14(27.5%)	15.892	1	0.000*
	Right belief	159(42.9%)	37(72.5%)			

χ^2 -Pearson chi square value, df-degree of freedom, P -Probability value, *-significant at $P < .050$.

Inference: Since the P-Value (0.000) is less than 0.05 level of significance, the null hypothesis rejected and alternative hypothesis accepted. Therefore, there is a

significant relationship between the overall knowledge of the respondents and their overall belief on Caesarean section with ($\chi^2=15.892$, $P=.000$) at $P < .050$.

The Strength of Association between the Socio Demographic Characteristics of the Respondents and Their Overall Knowledge of Caesarean Section

Table 9: Showing the strength of association between the socio demographic characteristics of the respondents and their overall knowledge of Caesarean section

Variables	OR	95% C.I.		P
		Lower	Upper	
Family structure (ref. Extended)				
Nuclear	5.783	1.751	19.107	0.004*
Employment Status (ref. Unemployed)				
Employed	1.398	0.621	3.146	0.418
Self-employed	0.634	0.251	1.6	0.334

OR- odd ratio, CI – confidence interval

Table 9 revealed that respondents who belong to Nuclear family structure were significant predictors of the overall knowledge on Caesarean section and are 5.783 more likely to have good knowledge with (OR-

5.783 1.751-19.107 95% CI; P=0.004) compared to those who belong to extended family structure.

The Strength of Relationship between the Position of the Respondents in Their Religious Institution and Their Overall Knowledge on Caesarean Section.

Table 10: Showing the strength of relationship between the position of the respondents in their religious institution and their overall knowledge on Caesarean section

Variables	OR	95% C.I.		P
		Lower	Upper	
Position in your religious institution				
Pastor	1.277	0.626	2.605	0.502
Imam	0	0		0.998
Priest	0	0		0.999
Alhaji/Alhaja	0.459	0.164	1.281	0.137

OR- odd ratio, CI – confidence interval

Table 10 showed that the position of the respondents in their religious institution were not predictors of the overall knowledge on Caesarean section.

The Strength of Relationship Between the Willingness of the Respondents to Consent to Members’ Caesarean Section and Their Overall Knowledge

Table 11: Showing the strength of relationship between the willingness of the respondents to consent to members’ Caesarean section and their overall knowledge

Variables	OR	95% C.I.		P
		Lower	Upper	
Are you willing to give consent to your members if Caesarean section is indicated medically?				
Yes	3.396	1.024	11.265	0.046*
No	0.899	0.089	9.081	0.928

OR- odd ratio, CI – confidence interval

Table 11 above revealed that respondents who were willing to consent to members’ Caesarean section were significant predictors of overall knowledge on Caesarean section and are 3.396 times more likely to have good knowledge with (OR- 3.396 1.024-11.265

95% CI; P=0.046) compared to the respondents who were not sure.

The Strength of the Relationship Between the Overall Knowledge of The Respondents and Their Overall Belief on Caesarean Section

Table 12: Showing the strength of the relationship between the overall knowledge of the respondents and their overall belief on Caesarean section

Variables	OR	95% C.I.		P
		Lower	Upper	
Overall belief of the respondents (ref. wrong belief)				
Good belief	0.285	0.149	0.545	0.000*

OR- odd ratio, CI – confidence interval

Table 12 above revealed that respondents with good belief were significant predictors of overall knowledge on Caesarean section with (OR- 0.285 0.149-0.545 95% CI; P=0.000).

DISCUSSION

Caesarean section is a common method of child delivery worldwide and can be a lifesaving intervention for both mothers and infants. However, there are still certain religious groups that may be hesitant to accept this method of delivery due to religious beliefs or cultural practices. This study investigated the influence of religious beliefs on the acceptance of caesarean section as a child delivery method among religious leaders in Ogbomosho, with a view to identifying strategies to improve maternal and child health outcomes in the community. The majority of the respondents in this study were males (64.5%), and most of them were below 40 years of age (38.9%) with a mean age of 46.86 ± 14.281 . About two-thirds of the participants (64.7%) practiced Christianity, while 32.7% practiced Islam. The Yoruba ethnic group constituted the majority of the participants (83.9%). This outcome is not surprising as the study was carried out in the South-western part of Nigeria which is largely dominated by the Yoruba's. Additionally, 69.4% of the respondents were married, and 74.4% had a nuclear family structure. Most of the participants had tertiary education (71.6%), and 44.1% were employed. The findings of this study are consistent with the results of previous research by Bam *et al.*, [5], which identified factors influencing the decision to accept elective caesarean section. The majority of the respondents in that study were between 21 and 25 years old (40.5%), married (77.3%), had at least Junior High School education (82.2%), and were employed (74.2%) [5]. Overall, these findings suggest that religious leaders in Ogbomosho are generally well-educated and are expected to have a high level of awareness regarding maternal and child health. However, there may still be some hesitancy towards accepting caesarean section due to religious beliefs or cultural practices, as it is widely believed that in a country like Nigeria: religion, sexuality, and reproductive health are so difficult to separate [6].

The overall knowledge score of the respondents revealed that 371(88%) had poor knowledge of Caesarean section while 51(12%) had good knowledge. One possible explanation for the low level of knowledge observed in this study could be a lack of exposure to information about caesarean section. Religious leaders may not have had access to adequate information or training on this topic, which could contribute to misconceptions and misunderstandings about the procedure. This also corroborated a study by Ashimi *et al.*, [7] to assess the knowledge and attitude of pregnant women on Caesarean section revealed that although 93.8% of the respondents were aware of CS, only 40.9% had adequate knowledge of it [7]. However, this is in contrast to a study carried out by Panti *et al.*, [8] revealed

that among the participants, 171(85.5%) had good knowledge of Caesarean section, while 29(14.5%) had poor knowledge. The majority of the respondents (88.2%) believed that caesarean section is a method of child delivery, which is an encouraging finding as it indicates a level of acceptance of this procedure among this group. However, a substantial proportion of the respondents had misconceptions about caesarean section. 34.1% believed that it is only used for emergency, while 35.8% believed that complications of caesarean section are more than normal vaginal delivery. These misconceptions may contribute to hesitancy or resistance towards accepting caesarean section, which could negatively impact maternal and child health outcomes. Interestingly, 46.9% of the respondents believed that caesarean section is an easy way of delivery, which could indicate a lack of understanding of the potential risks and complications associated with this procedure. 19.4% believed that it benefits only the mother, while 19.0% believed that it affects the bonding between mother and child. Additionally, 20.9% believed that caesarean section prevents vaginal delivery in the future, and 16.6% believed that it prevents conception.

The overall belief score of the respondents revealed that majority 226(54%) had wrong belief while 196(46%) had good belief. The results of this study showed that a significant proportion of religious leaders in Ogbomosho were pastors (47.6%), followed by Alhajis/Alhajas (21.6%) and Imams (7.8%). This finding is not surprising given the predominance of Christianity and Islam in South-west Nigeria. 76.1% of the religious leaders were involved in the decision-making process of their congregation, and 25.4% were mostly involved. This level of involvement suggests that religious leaders could significantly influence their members' health-seeking behaviour. The study also found that 81% of the religious leaders stated that their religious institution organizes health education programs for its members, and 28% organize such programs annually. Revealing that religious institutions in Ogbomosho are actively involved in promoting the health and well-being of their members. Regarding the acceptance of CS, the study found that 40.8% of the religious leaders agreed that their religion accepts CS, while 7.1% disagreed. This finding suggests that the majority of religious leaders in Ogbomosho are accepting of CS. However, 26.5% strongly agreed that their religion permits CS only in emergency situations, while 23% disagreed. This finding suggests that some religious leaders in Ogbomosho may still hold reservations about the use of CS in non-emergency situations. The study also found that 34.8% of the religious leaders agreed that clergy should counsel members of their congregation concerning CS, while 7.8% strongly disagreed. The study found that 10.4% of the religious leaders agreed that CS is not the will of God for women, while 35.5% strongly disagreed. This finding suggests that some religious leaders in Ogbomosho may still hold religious beliefs that are not consistent with modern medical practices. 7.3% strongly agreed that it is

better to face the consequences of vaginal delivery than go against the will of God, while 42.2% strongly disagreed. (59.2%-66.3%) strongly disagreed with the statements that women who undergo CS are cursed, non-tithers, or not spiritually strong. Similarly, a study carried out by Ugwu and de Kok [9] revealed that some women believe that "CS is a curse, the problem is spiritual, and an adversary may be responsible [9]. This might be potentially damaging as outside pressures contribute to the rising rate of medical intervention and caesarean section, decisions made by the medical community, the desire to have status, and societal engrossment in consumerism [6]. Another study carried out by Elom *et al.*, [10] on the husbands belief towards Caesarean section revealed that respondents believed that CS is for lazy women (2.72 ± 1.11), CS is for those women whose husbands are uncircumcised (2.69 ± 1.13) and CS is for those women who cannot fast and pray (2.69 ± 1.06) have the highest mean scores (Elom *et al.*, 2023). The overall mean (2.63 ± 0.77) is also above 2.50 indicating that male partners in Ebonyi state have negative beliefs towards CS [10].

One of the most significant findings of this study is the relationship between the socio family structure and overall knowledge on Caesarean section. The results suggest that respondents from a nuclear family structure are 5.783 times more likely to have good knowledge on Caesarean section than those from a non-nuclear family structure. The study found that the position of the respondents in their religious institution was significantly related to their overall knowledge on Caesarean section. The results also indicate that the willingness of respondents to consent to members' Caesarean section is significantly related to their overall knowledge on Caesarean section. Respondents who were willing to consent to members' Caesarean section were found to be 3.396 times more likely to have good knowledge on Caesarean section than those who were not willing to consent. This result suggests that individuals who are open-minded and accepting of medical procedures may be more likely to seek out information on related topics. The study further found that respondents with good beliefs were significant predictors of overall knowledge on Caesarean section. This finding suggests that individuals who have a positive attitude towards Caesarean section may be more likely to seek out information and have a better understanding of the procedure.

The study reveals that religious leaders in Ogbomoso have poor knowledge about caesarean section, and a significant proportion of them hold misconceptions about the procedure. However, the majority of the religious leaders in the study were accepting of caesarean section. Given their role in influencing their members' health-seeking behaviour, religious leaders could play a significant role in improving maternal and child health outcomes in the

community by promoting accurate information about caesarean section and encouraging its acceptance.

Based on the findings of this study, it is recommended that:

1. Targeted training programs or workshops aimed at educating religious leaders on the benefits and risks of caesarean section.
2. Health education programs should be organized regularly in religious institutions to provide accurate information about maternal and child health, including caesarean section.
3. Religious leaders should be encouraged to use their influence to promote the use of caesarean section as a lifesaving intervention where necessary, especially in emergency situations.

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