Original Article

Spiritual Dimensions of Childbirth: A Qualitative Study of Acceptance, Perception, and Practice Among Pregnant Women in Oyo State, Nigeria

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Abstract

Background: Childbirth is often perceived as a spiritual encounter in many non-Western societies. This study explored the acceptance, perception, and practices of spirituality among pregnant women in Ogbomoso, Oyo State, Nigeria.

Material and Methods: A qualitative study design was employed using purposive sampling to recruit 12 pregnant women based on data saturation principles. Data were collected via Key Informant Interviews (KIIs) at selected primary health centres. The interviews were recorded, transcribed, and analyzed using reflexive thematic analysis to identify recurring patterns and themes.

Results: Findings revealed a high level of acceptance of spirituality in childbirth. Participants perceived spirituality as a vital source of emotional strength, mental stability, and a coping mechanism during labour and delivery. Five major themes emerged regarding spiritual practices: the use of daily prayers for safe delivery, intermittent fasting for spiritual empowerment, application of spiritual items (anointing oil and blessed water), giving of alms (*Sadaqah*) to attract divine favour, and recitation of scriptural affirmations to reinforce confidence.

Conclusion/Recommendations: Spirituality plays an integral role in the maternal experiences of women in this context, transcending physical medical care. It is recommended that healthcare providers incorporate spiritual support into maternal health frameworks to provide culturally sensitive care and enhance maternal well-being in similar settings.

Keywords: Childbirth, Spirituality, Maternal health, Pregnant women, Nigeria

Introduction

Childbirth is universally recognized not only as a medical event but also as a deeply spiritual and cultural experience, especially in many non-Western societies.[1,2]

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Across the globe, increasing scholarly attention has focused on how spirituality shapes maternal health choices affecting women's acceptance of care, perceptions of childbirth, and practices during pregnancy.[1,3–6] While advancements in obstetric care have improved maternal outcomes, the spiritual needs and beliefs of pregnant women are often overlooked within formal healthcare systems, particularly in regions where religion and culture heavily influence health-seeking behaviors. Women often turn to prayer houses, religious artefacts, and traditional rituals for comfort and protection, sometimes in secrecy due to lack of support from healthcare providers.[4,6–8]

Spirituality in childbirth encompasses a broad range of experiences and practices that connect women to the divine or a higher meaning during pregnancy and delivery.

https://doi.org/10.64061/tjhs.v33i2.1

These practices include prayer, faith-based rituals, reliance on spiritual leaders, and the use of traditional birth attendants (TBAs).[9–11] For many women, these spiritual practices provide emotional strength, reduce fear, and are seen as vital to ensuring safe childbirth. However, despite their importance, these beliefs are rarely integrated into modern maternal health frameworks, creating a disconnect between biomedical care and spiritual expectations.[1,7,12,13]

In Sub-Saharan Africa, the spiritual dimension of childbirth is particularly pronounced. Many African women perceive pregnancy and childbirth as spiritual encounters involving both protective and harmful supernatural forces. As such, spiritual rituals, charms, and religious consultations are common. These spiritual interpretations can significantly affect how women engage with formal maternal services, such as antenatal care or hospital-based delivery.[6,14,15] In some cases, spiritual beliefs can lead women to delay or avoid seeking biomedical care, even when medically necessary.[16–18] This has implications for ongoing efforts to reduce maternal mortality through increased use of skilled birth attendants and health facility deliveries.

In Nigeria, where maternal mortality remains alarmingly high, spiritual beliefs are deeply intertwined with maternal health behavior.[6,15,19] In states like Oyo, women often draw from both religious teachings (mainly Christianity and Islam) and indigenous traditional practices. These dual belief systems shape their understanding of pregnancy risks, choices about where to deliver, and the acceptance of medical procedures like cesarean sections. For instance, a woman may refuse a clinical recommendation based on spiritual conviction or seek religious assurance alongside medical advice.

Despite this clear influence, there is a lack of in-depth qualitative research on how Nigerian women perceive, accept, and practice spirituality during childbirth. Most existing studies prioritize statistical outcomes and clinical interventions, neglecting the lived spiritual and cultural realities of pregnant women, especially at the grassroots level. Furthermore, research exploring the integration of spirituality with medical care during childbirth remains limited.[6,15,19] This study addresses this gap by exploring the acceptance, perception, and practice of using a qualitative design among pregnant women in Oyo State, Nigeria.

Materials and Methods

Research Design

This study adopted a qualitative research design to explore the spiritual perceptions and practices surrounding childbirth among pregnant women in selected primary health care centers in Ogbomoso, Oyo State, Nigeria. The qualitative approach was appropriate for understanding the lived experiences, meanings, and culturally embedded practices related to spirituality during pregnancy and childbirth.

Research Setting

The study was conducted in three selected primary health care centers in Ogbomoso North Local Government Area of Oyo State, Nigeria.

Population and Sample Size Determination

The study population comprised pregnant women attending antenatal care at the selected health centers. Using the principle of data saturation, where no new information emerges, a sample size of 5–8 participants was deemed adequate for in-depth exploration, aligning with qualitative phenomenological standards.

Sampling Technique, inclusion and exclusion criteria

A purposive sampling technique was employed to select participants who met specific criteria. Only pregnant women registered at the selected centers, willing to participate, and able to comprehend the interview questions were included. Pregnant women who were not did not come for antenatal care at the selected centers and those that do not consent.

Instrument for Data Collection

Data were collected using a Key Informant Interview (KII) guide, developed to explore themes of acceptance, perception, and practice of spirituality during childbirth. The guide included open-ended and semi-structured questions divided into six sections: socio-demographics, acceptance, perception, spiritual practices, barriers, and facilitators. Each section featured probing questions to encourage depth and clarity of responses.

Pilot Study

A pilot study was conducted in another Primary Health Centre (excluded from the main study) to test the feasibility, clarity, and relevance of the KII guide. Feedback from the pilot informed final adjustments to improve the interview flow and question structure.

Validity and Trustworthiness

To ensure the validity and trustworthiness of this study, the Key Informant Interview (KII) guide was developed in alignment with the research objectives and reviewed by academic and statistical experts. Credibility was enhanced through member checking and triangulation of responses across diverse participants. Transferability was supported by rich contextual and demographic descriptions, while dependability was ensured through a clear audit trail and peer review. Confirmability was achieved by practicing reflexivity and maintaining transparency in research decisions.

https://doi.org/10.64061/tjhs.v33i2.1

These steps collectively ensured that the study's findings authentically reflected the participants' experiences.

Data Collection Procedure

Ethical approval was obtained from the appropriate authorities ethical committee with ethical approval No: OGB.N.2134/T/63. Each participant was briefed on the study's purpose and provided written informed consent. Interviews, lasting 20–30 minutes, were conducted privately in Yoruba or English, based on participant preference. All sessions were audio-recorded (with consent), and confidentiality was strictly maintained. Participants were assigned pseudonyms to ensure anonymity.

Data Analysis

Data were analyzed using reflexive thematic analysis, involving familiarization, coding, theme development, and interpretation. NVivo software was employed to support the systematic organization and coding of data, ensuring a rigorous and transparent analytic process aligned with the study objectives.

Ethical Considerations

All participants were informed of their rights, including voluntary participation, the ability to withdraw, and confidentiality of their responses. Personal identifiers were excluded to maintain privacy, and data were securely stored. Ethical integrity was upheld throughout the research process.

Results

The outcome of this study from Table 1 shows that the majority of the respondents 7(58.3%) are between the age 31 - 40, 9(75%) are Christianity and 11(91.7%) belong to Yoruba tribe. All the respondent are married 12(100%), 11(91.7%) has 1-3 number of pregnancy, Most of the respondents 7(58.3%) are in their 3rd trimester, 10(83.3%) had tertiary educational level and some of the respondents are self employed 5(41.7%), trader 4(33.3%) while other were civil servant, unemployed and housewife.

Acceptance of Spirituality in Childbirth

The findings revealed a high level of acceptance of spirituality during childbirth among the pregnant women. Participants expressed a deep belief in the importance of spiritual backing during pregnancy and delivery. For these women, childbirth is not only a physiological process but also a spiritual journey that requires divine intervention and protection.

One respondent (P1) emphasized, *"I believe a lot in spirituality… anything I'm doing, it goes beyond the physical."* Another (P3), a Muslim participant, echoed this by stating, *"I accept spirituality in childbirth because whether I like it or not, I need God's intervention in everything."* This sentiment was repeated across different religious affiliations. A notable observation was that spirituality was seen as an indispensable companion to medical care, not a replacement but a reinforcement.

Participant P6 stated, *"I wholeheartedly embrace spirituality during childbirth. I believe that spiritual backing is essential for a safe delivery."* Similarly, participant P9 observed that *"No matter how skilled the healthcare providers are, without God's intervention, nothing is guaranteed."* This broad acceptance of spirituality, irrespective of religion or number of pregnancies, suggests a culturally ingrained reliance on divine support during childbirth.

Perception of Spirituality in Childbirth

The participants also demonstrated a positive perception of spirituality in childbirth. They associated spirituality with strength, emotional support, and mental stability during the uncertainties of labour and delivery. For these women, spiritual practices help them to navigate fear, anxiety, and pain.

Participant 1 stated, *"I perceive that spirituality has a great impact on childbirth… prayer goes a long way."* Another respondent, P3, explained, *"Science might know the process, but it's all wonders. Spiritually, it's advisable to involve God even before and during childbirth."* This reflection shows the perceived interplay between science and faith.

Other respondents explained that spirituality was *"a necessary support system"* (P9), not optional but essential. Participant P12 described spiritual practices as coping mechanisms that *"help women deal with pain, anxiety, and fear during childbirth."* These responses suggest that beyond belief, spirituality also serves a psychological and emotional function, helping women prepare mentally for delivery.

Practices of Spirituality in Childbirth

The participants reported engaging in a variety of spiritual practices during pregnancy and in preparation for childbirth. These practices emerged under five major themes: prayer, fasting, use of spiritual items, giving of alms, and words of affirmation.

Theme 1: Prayer

Prayer emerged as the most commonly practiced spiritual activity. Almost all participants reported praying daily for safe delivery, divine guidance, and protection for themselves and their babies. Prayer was described as a source of peace, reassurance, and emotional stability.

Participant P1 remarked, *"I'm not just praying for my job, my finance, my family. I'm praying for a safe pregnancy journey."* Another respondent (P4) said, *"I pray a lot, at*

https://doi.org/10.64061/tjhs.v33i2.1

least 30 minutes daily... that all medication and tools will work well." Some (P7 and R8) described specific times for prayer, such as early mornings and late nights, while participant R12 also mentioned meditation and reading spiritual texts as part of her routine.

Table 1. Socio-demographic characteristics of respondents (N = 12)

S/N	Age (years)	Religion	Ethnicity	Marital Status	Number of Pregnancies	Trimester	Level of Education	Occupation
P1	≤30	Christianity	Yoruba	Married	1–3	Third	Tertiary	Civil servant
P2	31–40	Christianity	Yoruba	Married	1–3	Third	Tertiary	Self-employed
P3	31–40	Islam	Yoruba	Married	1–3	Second	Tertiary	Self-employed
P4	31–40	Christianity	Yoruba	Married	1–3	Second	Tertiary	Trader
P5	≤30	Christianity	Yoruba	Married	1–3	Third	Secondary	Unemployed
P6	31–40	Christianity	Yoruba	Married	1–3	Second	Tertiary	Trader
P7	31–40	Islam	Yoruba	Married	4–5	Third	Secondary	Housewife
P8	≤30	Christianity	Igbo	Married	1–3	Third	Tertiary	Self-employed
P9	31–40	Islam	Yoruba	Married	1–3	Second	Tertiary	Self-employed
P10	31–40	Christianity	Yoruba	Married	1–3	Second	Tertiary	Trader
P11	≤30	Christianity	Yoruba	Married	1–3	Third	Tertiary	Trader
P12	≤30	Christianity	Yoruba	Married	1–3	First	Tertiary	Self-employed

Theme 2: Fasting

Fasting was another spiritual activity practiced by some participants. Though not as widely practiced as prayer, a few women reported engaging in food fasting as a means to connect more deeply with God and strengthen their spiritual state during pregnancy.

Participant R1 described her fasting practice as follows: *"I did six hours fasting... I believe that that fasting took me far."* R4, on the other hand, shared that she fasted occasionally until noon and emphasized that it brought her comfort and spiritual strength.

Theme 3: Use of Spiritual Items (Anointing Oil, Blessed Water)

The use of spiritual items such as anointing oil and blessed water was reported by several women. These items were seen as protective tools and were used with prayer for added effectiveness. Participants shared how they applied anointing oil on their bodies, especially the abdomen, or consumed blessed water after prayers.

One participant (R3) shared, *"At times I will pray into it. I would rub it on my forehead... even lick it."* Another (R6) mentioned, *"I use anointing oil blessed by my pastor for me and my baby."* In a related practice, participant R9 described writing affirmations and placing them in water before praying over it, believing it would bring divine intervention.

Theme 4: Giving of Alms (Sadaqah)

Some participants, particularly Muslim women, reported that they gave alms (Sadaqah) as part of their spiritual practice. This act of charity was seen as a way to attract blessings, divine protection, and safe delivery.

R3 shared, *"I also give alms to beggars. In Islam, we call it Sadaqah."* Another woman (R7) emphasized that regular giving was believed to ensure divine support. Participant R9 linked the act of giving to the success of prayers, saying, *"When you give, God will answer your prayers."* These responses reflect the belief in reciprocity between spiritual generosity and maternal safety.

https://doi.org/10.64061/tjhs.v33i2.1

Theme 5: Words of Affirmation

The final theme was the use of words of affirmation and scriptural declarations. This practice involved speaking positive words over themselves and their unborn babies, often quoting from religious texts.

R1 stated, *"I declare the Word of God... I believe that they have positive effects during childbirth."* Others (R6 and R7) described how they regularly recited affirmations and verses from the Bible or Quran. These verbal affirmations were seen as powerful tools to build faith, strengthen emotional resilience, and create a spiritually secure environment for childbirth.

Discussion

The findings showed that the majority of participants were aged between 31 and 40 years, married, and in their third trimester, with a high level of tertiary education. This demographic suggests a group of mature, informed, and experienced women who are possibly more reflective and intentional about their choices during pregnancy. The high level of acceptance of spirituality in childbirth across this group implies that spiritual engagement is not merely a fallback for the uneducated or uninformed, but a deeply rooted cultural and religious expression, even among educated and urban women. This supports earlier studies conducted in Indonesia and among Turkish Muslim women who accept and practice the use of spirituality during childbirth.[11,20]

The study also revealed a positive perception of spirituality, with women describing it as a source of inner strength, emotional stability, and a coping mechanism during childbirth. This connotes that spirituality serves not just religious purposes, but also psychological and emotional functions. The implication is that spiritual perception enhances women's confidence and helps reduce fear and anxiety during pregnancy. The current study findings align with a substantial body of research that confirms that spirituality during pregnancy and childbirth is widely perceived by women as a vital source of inner strength, emotional stability, and an effective coping mechanism.[11,21]

Prayer was the most dominant spiritual practice among participants. Women prayed daily for safe delivery, divine protection, and effective medical interventions. This reflects how prayer acts as both a preventive and preparatory measure in the childbirth process. The regularity and seriousness attached to this practice suggest that prayer is perceived as essential, not supplementary to maternal safety. This agrees with earlier studies from Nigeria, Turkiye, and Indonesia, which emphasized the role of prayer as a spiritual coping mechanism among women during childbirth.[3,8,11]

Although not practiced by all, fasting was also reported by some respondents as a meaningful spiritual exercise. This suggests that for these women, fasting symbolizes spiritual discipline and deepened faith, even during the physical demands of pregnancy. The implication is that spiritual commitment often outweighs physical discomfort when it is believed to lead to divine favor. This finding is consistent with studies from Ethiopia, Lebanon, and Turkey, which documented that many women practice moderate fasting during pregnancy and childbirth as an act of spiritual devotion and empowerment.[22–24]

The use of spiritual items, such as anointing oil and blessed water, was another recurring practice. Participants described using these items through prayer rituals and symbolic application on their bodies. This connotes a physical expression of faith, where spiritual assurance is materialized through objects. The implication here is that these items offer a sense of divine protection and are used as tools for invoking safety and positive outcomes during childbirth. Similar practices were reported by studies in Ghana and Turkiye, which highlighted the use of faith-based items among pregnant women during childbirth.[4,8]

Another common spiritual expression during childbirth was the giving of alms, known as *Sadaqah* among Muslim participants. This practice was believed to attract divine mercy and protection for both the mother and the child. This implies that charitable acts are perceived not only as moral duties but also as spiritual investments for maternal safety. It reflects a theological worldview where doing good to others facilitates divine intervention in one's own life. Studies similarly noted that giving alms is deeply rooted in Islamic belief systems as a spiritual insurance mechanism, particularly during vulnerable periods like childbirth.[1,11,25]

Lastly, the use of words of affirmation and scriptural recitations was reported as a consistent practice in childbirth. These verbal declarations reflect the power participants attribute to spoken words and holy texts during pregnancy. This suggests that faith-based affirmations serve as both spiritual engagement and psychological reinforcement. Multiple studies show that positive affirmations, spoken or written statements, significantly reduce anxiety and stress in pregnant women.[26–28] These affirmations help reprogram negative thoughts, foster relaxation, and promote a sense of control and confidence.

Conclusion

This study revealed that pregnant women strongly accept and positively perceive spirituality as a vital part of childbirth. Practices such as prayer, fasting, use of spiritual items, giving of alms, and affirmations were commonly adopted. These spiritual dimensions provided emotional strength and a sense of divine protection. The findings highlight the deep-rooted role of faith in maternal

https://doi.org/10.64061/tjhs.v33i2.1

experiences. Spirituality is therefore integral to how women approach and manage childbirth in this context.

Recommendation

Maternal health services should integrate spiritual support into antenatal and delivery care to align with women's beliefs. Healthcare providers should be trained to acknowledge and respect spiritual practices without compromising medical care. Faith-based and community leaders can be engaged to reinforce safe spiritual practices. Policies should promote culturally sensitive maternal care. Further research is recommended to explore the impact of spirituality on childbirth outcomes.

Conflict of Interest: The authors declare no conflict of interest in the conduct of this study.

Funding: This research received no external funding.

Acknowledgment: The authors sincerely appreciate all the pregnant women who participated and shared their experiences in this study.

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