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THE ROLE OF SOCIAL WORKERS IN FOSTERING POSITIVE PSYCHOLOGICAL OUTCOMES AMONG THE WOMEN INVOLVED IN CAESAREAN CHILDBIRTH

Salihu Zakariya Abdulbaqi *, ORCID: 0009-0001-2630-6273

University of Ilorin, 240003, Nigeria

* Corresponding Author: Salihu Zakariya Abdulbaqi, salbaq@unilorin.edu.ng

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Abstract. Globally, Caesarean section (CS) is one of the most performed surgical operations in obstetrics, and the numbers are on the increase. As the number of caesarean births has risen, so too have rates of hysterectomy, blood transfusions, adhesions, and surgical damages. This study therefore explored the role of social workers in fostering positive psychological outcomes of women involved in caesarean childbirth in Ilorin metropolis. The study employed Health Belief Model to explain utilization of the caesarean services and its determinants. The population of the study comprised social workers in Ilorin metropolis. A descriptive method of survey was used for this research, and purposive sampling technique was adopted to select 160 social workers in Ilorin metropolis. A structured questionnaire was adopted to extract information from the respondents. Summary statistic such as count and percentage were used and, inferential statistics of multiple regression to test the hypotheses. The research revealed that; counselling service; childbirth education; discharge planner; and assessing/prevention of a traumatic birth are the professional measures employed by the social workers for positive psychological outcomes among the women involved in caesarean childbirth in Ilorin Metropolis, Kwara State, Nigeria. This study thus justified the significance roles of the social workers in rehabilitation processes for women involved in caesarean childbirth.

Keywords: *caesarean, childbirth, psychological outcomes, roles, social workers.*

Rezumat. La nivel global, operația cezariană este una dintre cele mai frecvente intervenții chirurgicale în obstetrică. Odată cu creșterea numărului de nașteri prin cezariană, au crescut și ratele de histerectomie, transfuzii de sânge, aderențe și leziuni chirurgicale. Prin urmare, acest studiu a explorat rolul asistenților sociali în promovarea rezultatelor psihologice pozitive ale femeilor implicate în nașteri prin cezariană în metropola Ilorin. Studiul a utilizat Modelul Convingerilor în Domeniul Sănătății pentru a explica utilizarea serviciilor de cezariană și factorii determinanți ai acestora. Populația studiului a fost formată din asistenți sociali din metropola Ilorin. Pentru această cercetare a fost utilizată o metodă descriptivă de sondaj, iar s-a adoptat o tehnică de eșantionare cu scop precis pentru a selecta 160 de asistenți sociali din metropola Ilorin. A fost adoptat un chestionar structurat pentru a extrage informații de la respondenți. Au fost utilizate statistici sumare, cum ar fi numărul și procentul,

precum și statistici inferențiale de regresie multiplă pentru a testa ipotezele. Cercetarea a relevat următoarele: serviciu de consiliere; educație la naștere; planificator de externare; și evaluarea/prevenirea unei nașteri traumatice sunt măsurile profesionale utilizate de asistenții sociali pentru rezultate psihologice pozitive în rândul femeilor implicate în nașteri prin cezariană în Metropola Ilorin, statul Kwara, Nigeria. Astfel, acest studiu a justificat rolurile semnificative ale asistenților sociali în procesele de reabilitare pentru femeile implicate în nașteri prin cezariană.

Cuvinte cheie: *cezariană, naștere, rezultate psihologice, roluri, asistenți sociali.*

1. Introduction

Problems during pregnancy and delivery continue to be a significant global public health concern [1]. The global health agenda has lately changed its focus from guaranteeing the survival of women and their infants to ensuring their flourishing and attainment of their full potential in terms of health and well-being [2]. Meanwhile, about 810 women die each day from complications related to pregnancy and childbirth [3]. Equally worthy of note is the fact that more than 211 deaths per 100000 live births, or 94% of all deaths globally occur in developing countries, according to data [4,5]. With almost 500 maternal deaths for every 100000 live births, Sub-Saharan Africa accounts for half of all maternal deaths globally [6,7]. The scholars [8,9] thus stressed the need for the timing of labour for both the women and the newborn given that complications may significantly raise the risk of morbidity and death.

Enhancing women's independence in healthcare decisions is an important step towards improving the lives of the mother and child [10]. However, in many African societies, the responsibility for seeking healthcare, including the type of care received, traditionally lies with men [11]. Meanwhile, the percentage of women with good birth preparedness and complication readiness ranged from as low as 22% to as much as 87% [12,13]. Recently in Nigeria, the rate of maternal death is about 630 per 100000 live births, revealing significant shortcomings in women's healthcare [6,14].

Caesarean section (CS), which is a procedure which involves delivering a baby through a surgical cut made on the front surface of the uterine wall remains the constant approach to solving this problem [15]. CS is becoming more common in both developed and developing nations [16]. Data from over 150 countries on CS procedure accounts for 18.6% of all births, with varying rates from 1.4 to 56.4%. Also, the Caribbean, Latin America jointly recorded 40.5%. Others are North America (32.3%), Oceania (31.1%), Europe (25%), Asia (19.2%), and Africa (7.3%) [17-19]. A recent study from about 121 countries found that by average, globally, CS rates were almost 4 times between 1990 and 2014 (6.7% to 19.1%), with an average of 4.4% annually. Significant absolute increases were seen in Latin America, and Caribbean (22.8% to 42.2%), Asia (4.4% to 19.5%), Oceania (18.5% to 32.6%), Europe (11.2% to 25%), North America (22.3% to 32.3%), and Africa (2.9% to 7.4%) [20,21]. From first-third world nations, CS adoption is on the rise. Several health authorities throughout the world have made lowering the procedure a goal, which may have contributed to its stable rate in several countries [22].

Despite its positive impact at enhancing safe delivery, healing from a C-section takes much time to recover when compared to recovering from vaginal birth, a CS surgery was noted as having risks that can persist for long time, and consequently impeding the mother, child's health, and subsequent conceptions, and delivery. It was equally revealed that infant respiratory distress, blood transfusion, anaesthetic problems, thromboembolic illness, and so

on are always exacerbated by CS procedure [23,24]. The CS delivered infants are also known to be prone to asthma and obesity on the one hand. On the other hand, uterine rupture, placenta accreta, praevia, ectopic pregnancy, infertility, hysterectomy, and intra-abdominal adhesions have been known to be the associated with the aftermath of CS procedure [25]. Substantial proportion of literature showcasing these was western world based while those from sub-Saharan Africa did not give adequate attention to Nigerian situation. This study is therefore striving to complement the existing literature with its focus on Ilorin Metropolis, Nigeria. At the same time, it is trying to examine the role of social workers in fostering Positive Psychological Outcomes among the Women involved in Caesarean Childbirth in Ilorin Metropolis, Nigeria.

Hypotheses

The study hypothesis that:

- a) Counselling service is not a significant role of social workers in fostering positive psychological outcomes in women involved in caesarean childbirth in Ilorin Metropolis, Kwara State, Nigeria.
- b) Childbirth education is not a significant role of social workers in fostering positive psychological outcomes in women involved in caesarean childbirth in Ilorin Metropolis, Kwara State, Nigeria.
- c) Discharge planner is not a significant responsibility of social workers in fostering positive psychological outcomes in women involved in caesarean childbirth in Ilorin Metropolis, Kwara State, Nigeria.
- d) Assessing/prevention of a traumatic birth is not a major responsibility of social workers in in fostering positive psychological outcomes in women involved in caesarean childbirth in Ilorin Metropolis, Kwara State, Nigeria.

Framework: Health Belief Model (HBM)

The HBM was initially proposed, and revised by famous researchers [26] with the aims to elucidate health-related behaviours. The two fundamental propositions of the Health Belief Model are that individuals vary in how they perceive the personal benefits of a cure or the effectiveness of a healthcare delivery system, as well as the value they place on avoiding illness or recovering. Additionally, there are further doubts that a particular step to avert illness. The model assumes that people's beliefs and attitudes play crucial roles in determining their health-related behaviour [27]. It includes four key assumptions of perceived susceptibility, perceived severity, perceived benefits, and perceived barriers.

a) **Perceived Susceptibility.** This is seen as subjective belief on being prone to contracting an illness. On one extreme, there is the individual who completely denies any risk, while on the other, there is certainty they are in danger. Between both, there are people who acknowledges the chance of being exposed to an illness but doubt such can happen to them.

b) **Perceived Severity.** Talks about subjective belief effect of health condition. Examples of perceived severity include beliefs that an illness can cause pain, debilitation, social stigma, or death.

c) **Perceived Benefits.** The alternatives available to an individual and their confidence in the effectiveness of these alternatives influence their choice of action. Consequently, acting depends on having at least one viable course of action to prevent disease and believing that it will yield satisfactory results.

d) **Perceived Barriers.** Even if a specific course of action is believed to reduce health concerns, hesitation may arise. Barriers are created to prevent action if preparedness is low, and the unfavourable aspects of the action are perceived as significant.

Health Belief Model and Caesarean Section

The significance of Health Belief Model on the study cannot be underestimated because the study is a health-related issue. It could be deduced that HBM has two (2) basic propositions: (a) that individuals differ in the way they perceive the personal benefits or effectiveness of health behaviour or the value of avoiding illness, and (b) that specific action is significant in determining their health behaviour. Therefore, for cases of pregnant women during childbirth or delivery, there are measures towards ensuring that they give birth naturally or through surgery.

The first assumption, perceived susceptibility, refers to people's perception of the likelihood of getting a condition, such as during childbirth, and their view of their vulnerability to the associated risks. Additionally, this can be interpreted as whether she feels she is as whether she feels she is afraid of the risks involved in delivering through the vaginal and whether she has little knowledge of the risks or the consequences of not being able to give birth through the vaginal.

The second assumption, perceived seriousness, focuses on different views regarding the severity of the medical, social, or financial constraints pertaining health behaviours. This explains the differing beliefs about the seriousness of the risks associated with childbirth through Caesarean Section (CS). In most cases, this may be defined in terms of the risks (medical risks) involved in adopting health-related behaviour.

The third assumption 'perceived benefits' peoples' view on the advantages of actions taken to mitigate the severity of health condition that influences their behaviour pertaining it. This could occur in situations when an individual weighs what she could be risk whilst associating with behaviours such as the normal/safe delivery. For instance, a woman who got pregnant and visits an antenatal care centre during pregnancy will likely benefit from having a safe delivery (pregnancy outcome) if she follows strictly the advice given to her during antenatal, but the reverse is the case if there are complications during pregnancy or if she has prolonged labour.

The final assumption, perceived barriers, also centered on the effects of engaging in new health practices (such as the cost associated with a CS operation, psychological effects, etc.). A person's assessment of obstacles influences the decision on proceeding with the health practices.

2. Methodology

This study is being carried out to examine the role of social workers toward caesarean childbirth and psychological outcome in Ilorin Metropolis, Kwara State, Nigeria. The study employed a survey research design. The survey method provides a detailed description of the research situation and ensures the collection of reliable data. The population of the study includes social workers in Ilorin metropolis. The target population for this study revolved around the male and female respondents in the study area with common characteristics to which the researcher wants to generalize the findings. A total of 160 study participants were purposefully picked from hospitals equipped with caesarean section facilities. Criteria for participants' inclusion included (a) having experience or currently experiencing CS and (b) utilization of the services of social workers. A researcher-administered questionnaire was

used to sample the study participants, responses gathered, organized, coded, and then subjected to appropriate statistical analysis. The research question was addressed using descriptive statistics, including frequency counts and percentages. Multiple regression, an inferential statistical method, was employed to test the stated hypotheses using SPSS 22.

3. Results and Interpretation

Research Question. The Table below presents results on the roles of social work in caesarean childbirth and psychological outcomes. The Table revealed the responses of the study participants on caesarean childbirth and psychological outcome. The statement ‘social workers offer counselling services’, 36 (22.5%) of the respondents strongly agree to the statement, 70 (43.7%) also accepted, 31 (19.4%) were against, and 23 (14.4%) strongly objected. For statement ‘social worker offers childbirth education’, 32 (20.0%) strongly consented with the statement, 92 (57.5%) also agree, 25 (15.6%) disagree, and finally 11 (6.9%) strongly disagree with the statement. Also, the ‘statement ‘social worker acts as discharge planner’, 35 (21.9%) strongly agree with the statement, 63 (39.4%) agree, 44 (27.5%) disagree, finally and 18 (11.3%) strongly disagree the statement. Finally, the statement ‘social workers help in assessing/prevention of a traumatic birth’, 34 (21.2%) strongly supported the statement, 67 (41.9%) consented, 38 (23.8%) disagree, and 21 (13.1%) strongly against to the statement.

Table 1

Role of Social Worker in Caesarean Childbirth						
S/N	Items	SA	A	D	SD	Total
1	Social workers offer counselling services	36 (22.5%)	70 (43.7%)	31 (19.4%)	23 (14.4%)	160
2	Social workers offer Childbirth education	32 (20.0%)	92 (57.5%)	25 (15.6%)	11 (6.9%)	160
3	Social workers act as discharge planner	35 (21.9%)	63 (39.4%)	44 (27.5%)	18 (11.3%)	160
4	Social workers help in assessing/prevention of a traumatic birth	34 (21.2%)	67 (41.9%)	38 (23.8%)	21 (13.1%)	160

Note: SA - strongly agree, A - agree, D – disagree; SD - strongly disagree. Source: Researcher’s Fields Work (2024)

3.1 Analysis of the Hypotheses Tested

The analysis of the hypotheses tested in this study focuses on understanding the important effects of social workers' roles on caesarean childbirth and psychological endings. By assessing the regression outcomes, the study aim to evaluate how social workers' involvement influences these results. The data analysis discovers the connections between social work interventions and both childbirth and psychological well-being.

Table 2

Regression results on the significant impacts of the roles social workers toward caesarean childbirth and psychological outcome

Model	Unstandardized		Standardized	T	Significant Value
	B	Standard error	Beta		
Constant	0.042	0.054		0.771	0.000

Continuation Table 2

Counselling services	0.321	0.082	0.367	3.912	0.000
Childbirth education	0.445	0.055	0.417	8.076	0.000
Discharge planner	0.211	0.116	0.233	1.828	0.000
Assessing/prevention of a traumatic birth	0.24	0.112	0.027	0.216	0.000

Note: B represents symbol in the regression which is the beta (B); T - the t-value which measures the size of the difference relative to the variation in the sample data. Source: Researcher's Fields Work, (2024)

The Table above is used to create an equation that assesses how each independent variable impacts the statistical significance of the dependent variable.

$$CCPO = 0.042 + 0.321CS + 0.445CE + 0.211DP + 0.24APT B, \quad (1)$$

where: CCPO - caesarean childbirth and psychological outcome; CS - counseling services; CE - childbirth education; DP - discharge planner; APTB - assessing/prevention of traumatic birth.

The linear equation above shows that counselling services, childbirth education, discharge planner, and assessing/prevention of a traumatic birth are significant roles of social workers toward caesarean childbirth and psychological outcome ($p < 0.05$).

Based on the findings, childbirth education ($\beta = 0.417$) emerges as the most significant role of social workers in influencing outcomes related to caesarean childbirth and psychological well-being. This can be interpreted as for every unit increase in childbirth education, there is a corresponding increase of 0.417 units in caesarean childbirth and psychological outcomes, with other variables held constant. Following this, counselling services ($\beta = 0.367$) represent the second most influential role of social workers, followed by discharge planners ($\beta = 0.233$). In contrast, assessing/prevention of a traumatic birth ($\beta = 0.027$) is the most insignificant role of social workers toward caesarean childbirth and psychological outcome whereby caesarean childbirth and psychological outcome only increase 0.027 units for every unit increase in assessing/prevention of a traumatic birth.

3.2 Discussion of Findings

The socio-demographic data in this study shows that 63% are married and 37% are not married. On the age category, 23% are less than 30 years. Those between 30 – 35 years of age are 58%, followed by those who are between 36-40 years (19%). Religious affiliation of the respondents reveals that 31% of them are Christians, the Muslims constituted 45% while the remaining 24% did not disclose their religion. Educational qualifications of the respondents reveal 57% Secondary school certificate holders, and 25% National Diploma/Nigeria Certificate in Education graduates. The holders of Higher National Diploma and University Degree are 7%. Substantial proportions of these respondents are from the informal economic sector. The breakdown of the respondents includes traders (47%), students (8%), civil servants (22%) and teachers (23%).

The study shows that 74% of the participants involved in CS procedure for the first time in their lifetime; 18% of them had done it twice, while the event that took the remaining 8% to the hospital at the time of this data collection was the third episode in their lifetime.

All the participants are being attended to by the Social Workers attached to their respective hospitals where the data for this study was collected. Some of the participants who have had CS for more than once opened up about their engagement of outpatient social

workers for continuity of the services after discharge from the hospital. Data collected from this study revealed that the outpatient social workers have assisted to expand on the effective discharge planning from earlier levels of care. Issues pertaining to prescribed drugs, durable medical equipment, or anticipated healthcare services were resolved with the help of the social workers. According to the participants, social workers provided counseling and education to help them and their families deal with the realities of the CS operation and its aftermath.

Complementing the foregoing, all hypotheses tested for the assessment of the role of social workers in fostering positive psychological outcomes among the women involved in caesarean childbirth in Ilorin metropolis, Nigeria. These were as indicated hereunder.

Hypothesis One

Counselling service is not a significant role of social workers in fostering positive psychological outcomes in women involved in caesarean childbirth in Ilorin Metropolis, Kwara State, Nigeria.

There is sufficient evidence to conclude that Counselling service is a significant role of social workers in caesarean childbirth and psychological outcomes in Ilorin Metropolis, Kwara State, Nigeria ($p < 0.05$). This finding indicates that counselling service is a role of social workers in caesarean childbirth and psychological outcomes. The results align with Judd and Sheffield's (2010) findings, which emphasize that social workers fulfil various crucial roles.

Hypothesis Two

Childbirth education is not a significant role of social workers in fostering positive psychological outcomes in women involved in caesarean childbirth in Ilorin Metropolis, Kwara State, Nigeria.

There is sufficient evidence to conclude that childbirth education is a significant role of social workers in caesarean childbirth and psychological outcomes in Ilorin Metropolis, Kwara State, Nigeria ($p < 0.05$). This finding indicates that childbirth education is a role of social workers in caesarean childbirth and psychological outcomes. Women with inadequate childbirth education are at a higher risk of undergoing Caesarean deliveries [27]. In contrast, childbirth education may offer psychological benefits to expectant women who commonly experience anxiety about childbirth. Research indicates that fear of delivery is significantly associated with Caesarean births [28].

Hypothesis Three

Discharge planner is not a significant role of social workers in fostering positive psychological outcomes in women involved in caesarean childbirth in Ilorin Metropolis, Kwara State, Nigeria.

There is sufficient evidence to conclude that discharge planner is a significant role of social workers in caesarean childbirth and psychological outcomes in Ilorin Metropolis, Kwara State, Nigeria ($p < 0.05$). This finding indicates that discharge planner is the role of social workers in caesarean childbirth and psychological outcomes. The findings are consistent with assertion that the position of the medical social worker is getting more complex [29].

Hypothesis Four

Assessing/prevention of a traumatic birth is not a significant role of social workers in fostering positive psychological outcomes in women involved in caesarean childbirth in Ilorin Metropolis, Kwara State, Nigeria.

There is sufficient evidence to conclude that assessing/prevention of a traumatic birth is a significant role of social workers in caesarean childbirth and psychological outcomes in

Ilorin Metropolis, Kwara State, Nigeria ($p < 0.05$). This finding indicates that assessing/prevention of a traumatic birth is a role of social workers in fostering positive **psychological outcomes among the women involved in caesarean childbirth**. The potential long-term effects of negative childbirth experiences on both mothers and babies were explored. This has led to a heightened focus on preventing traumatic births, a responsibility that social workers are increasingly involved in.

4. Conclusion

On the basis of study, it is obvious that cesarean sections carry risks and psychological implications thereby necessitating the application of the services of social works. The study affirmed the positive roles of social workers towards fostering psychological outcomes in women involved in caesarean childbirth in the study area. It specifically spelt out the significance of counselling service, childbirth education, discharge planner, and assessment/prevention of a traumatic birth in post-CS activities.

This indicated the necessity of compassionate patient centered care in the course of alleviating stress for the patients during pre and postoperative rehabilitation technique. The findings therefore corroborated the position of a notable study which claimed that in the facets of treatment, such as case management, counseling, crisis intervention, outpatient care, and advocacy, social workers will continue to be essential.

5. Recommendations

Based on the findings of this study, the following recommendations were suggested.

- 1) Introduce a Social Work Department within the healthcare system and ensure that all hospitals are staffed with professional social workers.
- 2) Clearly define the responsibilities of social workers to improve efficiency and judicious use of resources, thereby enhancing patient care.
- 3) Educate other healthcare professionals about the role of social workers and advocate for their profession in collaboration with hospital management.
- 4) Encourage further research on the roles of social workers in relation to caesarean childbirth.

Conflicts of Interest: The author declares no conflict of interest, lack of financial ties to any organization or institution involved in the topics discussed in this article, which could potentially lead to potential issues.

References

1. Goldenberg, R.L.; McClure, E.M.; Saleem, S. Improving pregnancy outcomes in low-and middle-income countries. *Reproductive Health* 2018, 15(1), pp. 7-14.
2. Lake, L.; Shung-King, M.; Hendricks, M.; Heywood, M.; Nannan, N.; Laubscher, R.; Bradshaw, D.; Mathews, C.; Goga, A.; Ramraj, T.; Chirinda, W. Prioritising Child and Adolescent Health: A human rights imperative. *South African Child Gauge* 2019, pp. 32-36.
3. Dickson, K.S. Women Empowerment and Skilled Birth Attendants among Women in Rural Ghana. *Biomedical Research International* 2021, 1, 9914027.
4. Rosa-Mangeret, F.; Benski, A.C.; Golaz, A.; Zala, P.Z.; Kyokan, M.; Wagner, N.; Muhe, L.M.; Pfister, R.E. 2.5 Million Annual Deaths - Are Neonates in Low-and Middle-income Countries too small to be seen? A Bottom-up overview on Neonatal morbi-mortality. *Tropical Medicine and Infectious Disease* 2022, 7(5), 64.
5. Kurjak, A.; Stanojević, M.; Dudenhausen, J. Why Maternal Mortality in the World remains tragedy in Low-income Countries and Shame for High-income ones: Will Sustainable Development Goals (SDG) help? *Journal of Perinatal Medicine* 2023, 51(2), pp. 170-181.

6. Olonade, O.; Olawande, T.I.; Alabi, O.J.; Imhonopi, D. Maternal mortality and maternal health care in Nigeria: Implications for Socio-economic Development. *Open Access Macedonian Journal of Medical Sciences* 2019, 7(5), 849.
7. Mlambo, C.; Bongekile, M.; Bhekabantu, N. Determinants of Maternal Mortality in Southern Africa: A Macro-Level Analysis. *Women* 2023, 3(1), pp. 132-151.
8. Tanoto, D.W.; Lee, J.W.; Chong, Y.K.; Lani, R.; Hassandarvish, P.; Oo, A. Raising the Bar: Advancing therapeutic strategies for fighting communicable and noncommunicable diseases. *Frontiers in Pharmacology* 2024, 15, 1486889.
9. Cavazos-Rehg, P.A.; Krauss, M.J.; Spitznagel, E.L.; Bommarito, K.; Madden, T.; Olsen, M.A.; Subramaniam, H.; Peipert, J.F.; Bierut, L.J. Maternal Age and Risk of Labor and Delivery Complications. *Maternal and Child Health Journal* 2015, 19, pp. 1202-1211.
10. Kennedy, H.P.; Cheyney, M.; Dahlen, H.G.; Downe, S.; Foureur, M.J.; Homer, C.S.; Jefford, E.; McFadden, A.; Michel-Schuldt, M.; Sandall, J.; Soltani, H. Asking Different Questions: A call to action for research to improve the Quality of Care for Every Woman, Every Child. *Birth* 2018, 45(3), pp. 222-231.
11. Fantaye, A.W.; Okonofua, F.; Ntoimo, L.; Yaya, S. A Qualitative Study of Community Elders' Perceptions about the Underutilization of Formal Maternal care and Maternal Death in Rural Nigeria. *Reproductive Health* 2019, 16, pp. 1-7.
12. Abd Elmoniem, S.O.; Ramadan, E.A.; Sarhan, A.E. Effect of Health Educational Program on Knowledge, Attitude, and Reaction of Pregnant Women Regarding Obstetric and Newborn Danger Signs. *Evidence-Based Nursing Research* 2020, 2(4), pp. 1-14.
13. Olowokere, A.E.; Oyedele, A.T.; Komolafe, A.O.; Olajubu A.O. Birth preparedness, utilization of skilled birth attendants and delivery outcomes among pregnant women in Ogun State, Nigeria. *European Journal of Midwifery* 2020, 4, pp. 1-9.
14. Ambe, J.R. Understanding Maternal Health Care Behaviors: Pregnancy and Childbirth Experiences in Nigeria. PhD Dissertation. Capella University, 2022.
15. Mackeen, A.D.; Schuster, M. *Cesarean Delivery: Obstetric Evidence-based Guidelines*. CRC Press, Boca Raton, FL, USA, 2022, 422 p.
16. Justin, D.; McCarthy, N.; O'Connor, M. The role of Entrepreneurship in stimulating Economic Growth in Developed and Developing Countries. *Cogent Economics & Finance* 2018, 6(1), 1442093.
17. Lundgren, I.; Morano, S.; Nilsson, C.; Sinclair, M.; Begley, C. Cultural Perspectives on Vaginal Birth after Previous Caesarean Section in Countries with High and Low rates - A Hermeneutic Study. *Women and Birth* 2020, 33(4), pp. e339-e347.
18. Onuminya D.S. A Review of Caesarean Delivery at the Kogi State Specialist Hospital, Lokoja, Nigeria. *Open Journal of Obstetrics and Gynecology* 2023, 13(4), pp. 728-736.
19. Diema, K.K.; Baku, E.K.; Japiong, M.; Dodam, K.K.; Amoah, R.M. Reasons for Women's Choice of Elective Caesarian Section in Duayaw Nkwanta Hospital. *Journal of pregnancy* 2019, 1, 2320743.
20. Sharma A.; Acharya, R.; Pehal, Y.; Sharma, B. Elective versus Emergency Caesarean Section: Differences in Maternal Outcome. *International Journal of Reproduction, Contraception, Obstetrics and Gynecology* 2019, 8(8), pp. 3207-3213.
21. Jaiyesimi, R.A.; Ojo, O.E.; Awe, A.F. Caesarean Delivery and Peripartum Hysterectomy. *Contemporary Obstetrics and Gynecology for Developing Countries* 2021, pp. 203-221.
22. Khatri, R.B.; Wolka, E.; Nigatu, F.; Zewdie, A.; Erku, D.; Endalamaw, A.; Assefa, Y. People-centred Primary Health Care: A Scoping Review. *BMC Primary Care* 2023, 24(1), 236.
23. Niyigena, A.; Gato, S.; Alayande, B.; Miranda, E.; Hedt-Gauthier, B.; Goodman, A.S.; Nkurunziza, T.; Mazimpaka, C.; Hakizimana, S.; Bgamije, P.; Kateera, F.; Riviello, R.; Boatman, A.A. Functional Recovery after Cesarean Delivery: A Prospective Cohort Study in rural Rwanda. *BMC Pregnancy Childbirth* 2023, 23, 858.
24. Meyer, N.J.; Gattinoni, L.; Calfee, C.S. Acute Respiratory Distress Syndrome. *Lancet* 2021, 398(10300), pp. 622-637.
25. Zhang, S.; Qin, X.; Li, P.; Huang, K. Effect of Elective Cesarean Section on Children's Obesity from Birth to Adolescence: A Systematic Review and Meta-Analysis. *Frontiers of Pediatrics* 2022, 9, 793400.
26. Jones, C.L.; Jensen, J.D.; Scherr, C.L.; Brown, N.R.; Christy, K.; Weaver, J. The Health Belief Model as an explanatory framework in Communication Research: Exploring Parallel, Serial, and Moderated Mediation. *Health Communication* 2015, 30(6), pp. 566-576.

27. Yunitawati, D.; Latifah, L.; Suryaputri, I.Y.; Laksono, A.D. A Higher Maternal Education Level Could Be a Critical Factor in the Exceeded Cesarean Section Delivery in Indonesia. *Iran Journal of Public Health* 2024, 53(1), pp. 219-227.
28. Alizadeh-Dibazari, Z.; Abdolalipour, S.; Mirghafourvand, M. The Effect of Prenatal Education on Fear of Childbirth, Pain intensity during Labour and Childbirth Experience: A Scoping Review using Systematic Approach and Meta-analysis. *BMC Pregnancy Childbirth* 2023, 23(1), 541. doi: 10.1186/s12884-023-05867-0.
29. Dhiman, V.; Bharti, A. The Role of Medical Social Worker in Cardiovascular Thoracic Surgery. *Aquademia* 2021, 5(1), ep21004.

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