



Title

Religious leaders Knowledge and Attitude toward Corneal Donation A Community-based, Cross-sectional Study in Butajira town, Central Ethiopia

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Abstract

Background: Corneal blindness is a significant public health issue in Ethiopia. There is a severe shortage of donor corneas, which limits transplantation services. Religious beliefs greatly influence donation attitudes, but the views of key religious leaders are not well explored.

Objective: This study aimed to assess the knowledge, attitudes, and related factors regarding corneal donation among religious leaders in Butajira town, Central Ethiopia.

Methods: A community-based cross-sectional study was done from June to August 2025. Ninety-five religious leaders from Orthodox Christian, Protestant, and Muslim institutions participated. Researcher collected data through face-to-face interviews using a structured questionnaire. Qualitative data was analyzed thematically.

Results: Awareness of corneal donation was high among Christian leaders (Orthodox: 82.1%, Protestant: 82.4%) but lower among Muslim leaders (66.6%). Overall knowledge was poor to moderate (80% combined), and 94.8% had received no formal education on the topic. A clear divide in attitudes appeared across faiths: most Christian leaders held positive attitudes (Orthodox: 85.7%, Protestant: 91.2%) and expressed a willingness to donate. In contrast, only 6.7% of Muslim leaders shared positive attitudes, while most (76.7%) believed their religion forbids donation. Despite their personal beliefs, not one leader ever advocated for donation to their congregation. Qualitative findings revealed key themes: Christian leaders supported donation based on altruism and stewardship, while Muslim leaders opposed it based on bodily sanctity. A major barrier was the need for official support from higher religious authorities.

Conclusion: Religious leaders in Butajira could help promote corneal donation, but their influence is limited by theological views and a lack of institutional endorsement. Public health efforts should shift from general awareness to focused engagement with top religious bodies to obtain formal support and create faith-specific educational resources.

Introduction

Globally in the Year 2020 there were around 43.3 million blind people worldwide and corneal opacity constitutes 3.2% of the total causes of blindness. (Bourne et al., 2021) Based on a national survey conducted in Ethiopia in 2006, the prevalence of blindness and low vision was found to be 1.6% and 3.7%, respectively. Corneal blindness accounted for 19.3% of all cases of blindness, the second leading cause of all cases of blindness next to cataract (49.9%) and the third leading cause of low vision. The primary causes of corneal blindness were trachoma, xerophthalmia, and the use of harmful traditional eye medicines, onchocerciasis, and ocular trauma. (Berhane et al., 2008) Eighty percent of visual impairment which is caused by corneal diseases is preventable but once the cornea has lost its function (transparency), the best choice to restore vision in the affected eye is by corneal transplantation or grafting . (WHO, 2009)

Corneal transplantation has been known as one of the most successful types of tissue grafts .Cornea is the first successfully transplanted tissue in the history of medicine and is also the most commonly performed transplantation surgery in the world. (George and Larkin, 2004)

In the year 2016, approximately 185 000 corneal transplants were performed in 116 countries, and 284 000 corneas were procured in 82 countries. Worldwide around 12.7 million people are waiting for corneal transplantation but only 1 in 70 of the needs for grafting are covered .(Gain et al., 2016)

The high incidence of corneal blindness in developing countries is met with a critical shortage of donated corneas. Key barriers to transplantation include inefficient eye banks, a scarcity of potential donors, and a frequent lack of family consent for collection .(Hussen, 2017.)

The decision to be an organ donor is affected by many factors including relational ties, religious beliefs, and previous exposure to health care, cultural and family influences. (Irving et al., 2012)

Eye banking in Ethiopia

Currently, there is only one eye bank in the country involved in collection and storage of donor corneas, the Eye Bank of Ethiopia.

The Eye Bank of Ethiopia in Addis Ababa has been in existence since June 28, 2003 G.C. It is associated with Menelik II Referral Hospital, a tertiary referral center, where most of the transplants are done. Cornea donation is encouraged in a variety of ways, including media campaigns. (Eye Bank of Ethiopia, 2024.)

Corneal transplantation is performed in 5 governmental hospitals (2 in Addis Ababa and 3 in the regions), 1 private specialized eye center and 3 private eye clinics, with the same eye bank expected to provide the available corneas for all the institutions. As of this study period, there are 12 corneal transplant surgeons in Ethiopia. (Eye Bank of Ethiopia, 2024.)

According to the Eye bank of Ethiopia, so far only around 20,000 Ethiopians have pledged their corneas. Consequently, corneal retrieval initiatives are increasingly dependent on hospital based programs that secure consent from the next of kin. This is in a great contrast to the US corneal donor registry where more than 143 million people (50 % of the adult population) are registered donors with an average of 8 million new sign ups per year. (Eye Bank Association of America, 2023.)

In addition, in Ethiopia every year on average between 350 and 400 corneas are harvested (using in situ corneal excision) and used in 250 to 300 transplants per year. The eye bank has distributed more than 3200 corneas over its 21 years period.

However, there are more than quarters of a million blind people who need corneal transplantation. This depicts that there is a huge gap between demand and supply of corneal graft. This is in contrast to the case with the western countries; in 2023, U.S. eye banks (50 in number) reported 137,697 total tissue recoveries from 69,637 donors (63.4%

were listed on a donor registry). The total number of U.S. supplied tissue distributed for keratoplasty (including long-term preserved tissue) was 86,986 and total international exports were 27,187. The U.S. eye banks also provided 22,222 ocular tissues for research and training in the year 2023. (Eye Bank Association of America, 2023.)

This imbalance between demand and supply of corneal graft in Ethiopia is continuing as the biggest limiting factor for utilization of the service. The availability of potential donors is very essential to provide corneal transplantation service. This in turn depends on multi-stakeholders' attitude and close relatives' cooperativeness to donate pledged eyes.

Different studies done on attitude of the community towards corneal donation indicated that age, gender, educational level, religion, residency, attitude, awareness, and knowledge were found to be significantly associated with the willingness of corneal donation. (Bourne et al., 2021; Gelawu, 2010.; Gesesse et al., 2021; Hussen, n.d.)

Religion and corneal Donation

Almost all the studies done on the attitude of the population on corneal donation in Ethiopia has shown that religious reasons have been found to play a big role in the rejection of organ donation and religious concerns are frequently cited as a barrier to organ donation, with a prevalent belief that transplantation is not aligned with religious principles. In addition Religious views on corneal donation are divided . While some are encouraged to donate by their faiths emphasis on altruism , others felt that it is against religious doctrines . Furthermore , individual interpretation of religious teachings led to conflicting views about donation , even among followers of the same religion .

(Gelawu, 2010.; Gesesse et al., 2021; Hussen, 2017.)

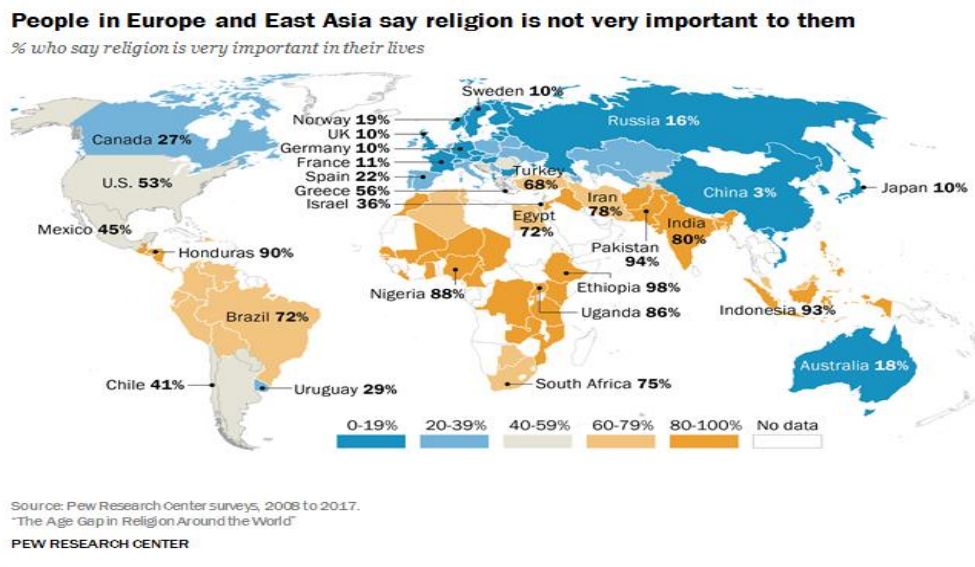
More than 98 % of the Ethiopian population is religious making it one of the most religious countries in the world .(Mitchell, 2018)

According to the national census conducted in 2007, over 32 million people or 43.5% were reported to be Ethiopian Orthodox Christians, over 25 million or 33.9% were reported to be Muslim, 13.7 million, or 18.6%, were protestant Christians, and just under two million or 2.6% adhered to traditional beliefs. Those who identified themselves as Hindus, Jewish, Baha'i, agnostics or atheists were counted as "Other". (Ethiopia, Central Statistical Agency, 2007)

As most of the population in Ethiopia is religious, the religious leaders play an important role in decision-making, the negative or positive attitudes and knowledge of officials of religion become very important in the guidance of the society on organ donation and transplantation.

The aim of this study is to assess the knowledge of religious leaders and to reveal the attitudes of religious officials toward corneal donation and transplantation.

Map showing the level of religiosity in different parts of the world. (Mitchell, 2018)



Methods and materials

Study design, setting and period

Study Design: community based cross-sectional study

Study area and period -The study was conducted from June 30 to August 2, 2025 in Butajira town, central Ethiopia which is located 132 km from Addis Ababa, capital city of Ethiopia. According to Butajira city administration, it is estimated that there are a total population of 77483 in the town in the year 2024. There are a total of 12 mosques, 10 protestant churches and 6 orthodox Christian churches in the town.

Each Orthodox Christian Church has head Priest (an administrator), chief priest (kesse Gebez), and Preacher (sebeka Gubae) as a religious leader.

The Mosques have an Imam (leads prayer), Muezzin (calls prayer), Ustaz (Quran educator) and -Amir/sheikh – (respected community leader). While all mosques have an Imam to lead prayers, the presence and roles of a Muezzin, sheikh, or Amir vary depending on the mosque's size, community, and traditions.

Each protestant church has a Pastor, Prophet (Nebiy), Elder (respected community leader) and Evangelist (Wongelawi) as a religious leader.

Source and study populations

Study population —all religious leaders in the town

Study unit – From each religious institution all religious leaders in the institution were interviewed.

The response rate was 91.3% , with nine non respondents : five Islamic leaders , two orthodox christian leaders and two protestant christian leaders .

Operational Definitions

- Religious leader— a religious leader is a person who holds a position of authority within a religious community and plays a significant role in interpreting and shaping people's understanding of their religion.
- Awareness- is defined as ‘having heard of eye donation’ (Gessesse GW1, 2013)
- Willingness’- a subject is willing if he/she is voluntary to pledge to donate eyes.(Hussen, 2017)
- Knowledge - was assessed using 10 questions; each correct response had score of 1 and wrong response score of 0. The scores varied from 0–10 points, and participants’ overall knowledge was categorized based on Bloom's cutoff points, participants were classified as having good (8-10 points), moderate (6-7 points), or poor (0-5 points) knowledge.(Abebe and Teshome, 2023)
- Attitude - was assessed using 3-point Likert scales with ten items and the score points varied from 10–30 points. Thus, the overall attitude will be categorized as good attitude if the score greater than the median value and as poor if the score is less than the median value.(Hussen and Belete, 2018)

Data Collection Procedures and Quality Control

Data was collected using a data collection sheet having 3 parts

- part I: which contains questions on socio-demographic characteristics,
- Part II: Knowledge about corneal donation
- Part III: Attitudes and practice toward organ donation

Before the actual data collection, the questionnaire was translated In to Amharic language by a translation expert then it was translated back to English by another translator .The two versions of the English are then compared and hence translation adjusted accordingly .

Questionnaire was Pretested on five percent of the sample .Necessary modifications and adjustments were made to the final questionnaire.

- The questionnaire was administered through a face-to-face interview by the data collector(the principal investigator)

Data quality control and Data analysis

- Quantitative statistical evaluation
 - Descriptive statistics-Frequencies, percentage, mean were done using SPSS version 29.0.
- Qualitative analytic statistics

- All of the collected data was checked, cleaned and entered into Microsoft word 2010 and then exported into open code software version 4.02.

-Important themes were generated by inductive thematic analysis.

-The different opinions of the religious leaders were thematically categorized and analyzed.

Ethical Consideration

- The proposal was submitted to the research and publication committee of the department of ophthalmology and after it has got department approval. Informed verbal consent was taken from each subject.

Results

1. Quantitative Findings

A total of 95 religious leaders participated in the study from 12 mosques, 10 protestant churches and 6 orthodox Christian churches in the town. The religious leaders constitute 28 from the Ethiopian Orthodox Tewahedo Church, 34 from various Protestant denominations, 30 Muslims (Imams and Ustazes), and 3 Jehovah's Witnesses.

The participants were predominantly male (91.8%), reflecting the gender composition of religious leadership in the region. Ages ranged from 26 to 81 years, with a mean age of 47.9. The majority were married (85.6%) and had attained at least a primary education (89.7%), with a significant portion (43.3%) having college-level education or higher.

Table 1: Socio-Demographic Characteristics of Religious Leaders (N=95)

Characteristic	Category	Frequency (n)	Percentage (%)
Religion	Orthodox	28	29.5
	Protestant	34	35.8
	Muslim	30	31.5
	Jehovah's Witness	3	3.2
Age (Years)	20-39	29	30.5
	40-59	45	47.3
	≥60	21	22.5
Sex	Male	91	93.6
	Female	4	4.2

Characteristic	Category	Frequency (n)	Percentage (%)
Marital Status	Married	81	85.3
	Single	14	15.0
Education Level	Primary or less	10	10.5
	Secondary	43	45.2
	College and above	42	43.3

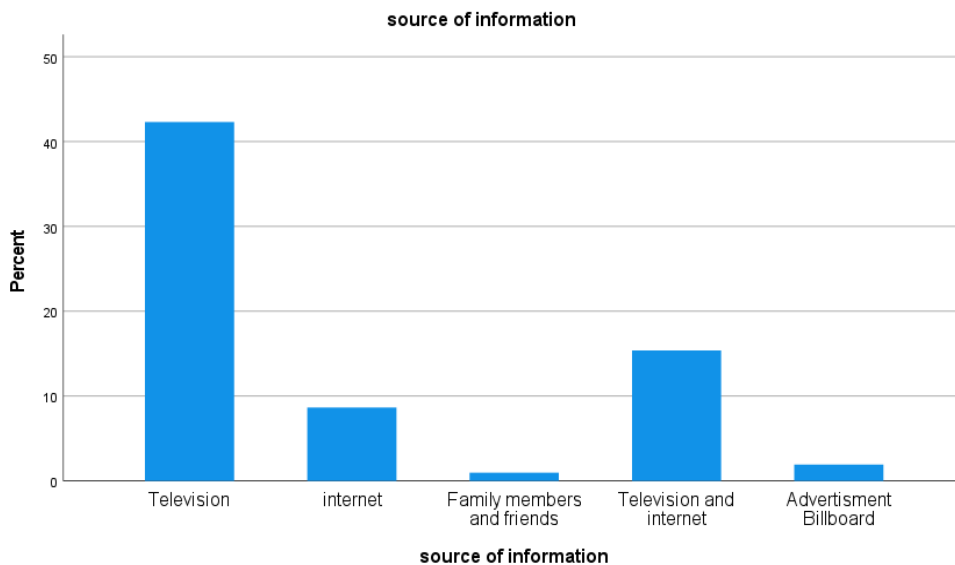
Table 2: Position of Religious Leaders N=95

Variable		Frequency	(%)
Islam	Imam	09	14.4
	Ustaz	16	17.3
	Sheikh	5	1.9
	Total	30	33.7
protestant Christian	Pastor	11	10.6
	Wongelawi	13	12.5
	Nebiy	2	1.9
	other	8	8.7
	Total	34	33.7
Orthodox Christian	Head priest	08	19.2
	Head preacher	09	9.6
	chief priest	11	3.8
	Total	28	32.6

Awareness of Corneal Donation

Awareness of corneal donation was high among Christian leaders, with 82.1% (23/28) of Orthodox and 82.4% (28/34) of Protestant leaders confirming they had heard of it. In contrast, awareness was lower among Muslim leaders, at 66.6% (20/30). Television was the predominant source of information across all groups (43%). (Table 3)

Figure 1: source of information about corneal donation among religious leaders (N=95)



Knowledge about Corneal Donation

Knowledge level was similar among different religious groups, most having poor to moderate level of knowledge.

Among the participants who have awareness about corneal donation only 18.9% of the participants had a good level of knowledge, the majority having poor (39.1%) to moderate (41.3%) level of knowledge (Table 3). Detailed knowledge level was also poor; all of the leaders did not know the optimal time for corneal retrieval after death, and 94.8% (92/95) stated they had never received any formal education on the topic.

Attitudes toward Corneal Donation

Attitude was measured using a Likert scale and categorized into Negative, Neutral, and Positive (Table 3). Attitudes were sharply divided along religious lines. The vast majority of Christian leaders believed their religious doctrine permitted corneal donation (Orthodox: 85.7% (24/28), Protestant: 91.2% (31/34)) and were personally willing to donate their eyes after death (Orthodox: 78.5% (22/28), Protestant: 85.3% (29/34)). They also overwhelmingly agreed on the importance of donation for restoring vision. All Jehovah's Witness participants viewed it as a biblically neutral, personal choice.

Conversely, only 6.7 % of the Muslim leaders had a positive attitude towards corneal donation where most Muslim leaders (76.7%; 23/30) believed their religion forbade corneal donation, and 93.3% (28/30) were personally unwilling to donate. In addition 16.7 % of the Muslim leaders had neutral attitude to corneal donation stating that the notion of organ donation including cornea is a controversial issue that needs detailed discussion by the ulama of the Ethiopian Islamic affairs supreme council and were personally unwilling to donate until that is settled. (Table 3)

Practices and Perceived Role

a critical finding was the universal gap between knowledge/attitude and practice. Despite high awareness and generally positive attitudes among Christians, not a single leader (0/95) reported having ever taught their congregants about the importance of corneal donation. Furthermore, only 3.1% (3/95) had ever been asked for their religious opinion on the matter, indicating it is not a subject of public discourse. However, 61 % (58/95) of all leaders agreed that religious officials should be public role models for organ donation, highlighting a perceived potential for leadership that remains untapped.

Table 3: Awareness, Knowledge, and Attitude towards Corneal Donation among Religious Leaders in Butajira (N=95)

Variable & Category	Total (N=95) n (%)	Orthodox (n=28) n (%)	Protestant (n=34) n (%)	Muslim (n=30) n (%)	Jehovah's Witness (n=3) n (%)
Awareness					
Yes	74 (77.9)	23 (82.1)	28 (82.4)	20 (66.7)	3 (100)
No	21 (22.1)	5 (7.1)	6 (17.6)	10 (33.3)	0 (0.0)
Level of knowledge (among those aware, n=74)					
Good	13 (18.9)	4 (17.3)	5 (17.9)	4 (20.0)	0 (0.0)
Moderate	32 (41.9)	9 (32.1)	13 (46.4)	8 (40.0)	2 (66.7)
Poor	29 (39.2)	10 (43.4)	10 (35.7)	8 (40.0)	1 (33.3)
Overall attitude					
Positive	58 (61.0)	24 (85.7)	31 (91.2)	2 (6.7)	1 (33.3)
Neutral	11 (11.6)	2 (7.1)	2 (5.9)	5 (16.7)	2 (66.6)
Negative	26 (27.3)	2 (7.1)	1 (2.9)	23 (76.7)	0 (0.0)

Factors Associated with Awareness, Knowledge, and Attitude

Bivariate analysis using Chi-square tests was conducted to identify socio-demographic and religious factors associated with awareness, knowledge, and attitude toward corneal donation.

Awareness showed significant associations with both religion ($\chi^2 = 38.41, p < 0.001$) and educational level ($\chi^2 = 62.44, p < 0.001$). Educationally, most college-educated participants (89%) were aware, compared to 19 % of those with primary education. No significant association was found between awareness and age group ($\chi^2 = 5.40, p = 0.067$). (Table 4)

Knowledge level among aware participants was strongly associated with educational level ($\chi^2 = 51.52, p < 0.001$) but not with religion ($\chi^2 = 3.12, p = 0.794$) or age group ($\chi^2 = 3.02, p = 0.554$). Among college-educated participants, 51.0% had good knowledge compared to 5 % of those with secondary education, indicating that once aware, knowledge acquisition is primarily driven by education rather than religious affiliation.

Attitude demonstrated highly significant associations with both religion ($\chi^2 = 94.44, p < 0.001$) and educational level ($\chi^2 = 57.28, p < 0.001$). Striking religious differences were observed: 85.7% of Orthodox and 91.2% of Protestant leaders held positive attitudes, compared to only 6.7 % of Muslim leaders. Educationally, 67.8% of college-educated participants had positive attitudes, while only 39.7 % of those with primary education held positive attitudes. No significant association was found between attitude and age group ($\chi^2 = 6.24, p = 0.182$).

Table 4: Association between Socio-Demographic Factors and Awareness, Knowledge, and Attitude

Factor	Awareness	Knowledge Level	Attitude
Age Group	$\chi^2 = 5.40$ (p = 0.067)	$\chi^2 = 3.02$ (p = 0.554)	$\chi^2 = 6.24$ (p = 0.182)
Educational Level	$\chi^2 = 62.44$ (p < 0.001)	$\chi^2 = 51.52$ (p < 0.001)	$\chi^2 = 57.28$ (p < 0.001)
Religion	$\chi^2 = 38.41$ (p < 0.001)	$\chi^2 = 3.12$ (p = 0.794)	$\chi^2 = 94.44$ (p < 0.001)

2. Qualitative Findings

Thematic analysis of the open-ended responses revealed three central themes that explain the quantitative results, detailing the theological rationales and the barriers to advocacy.

Theme 1: Theological Underpinnings of Support – Altruism as Divine Duty

This theme encompasses the reasoning of leaders who view corneal donation as a positive, faith-mandated act. It was predominantly expressed by Christian leaders.

- Sub-Theme 1a: Imitation of Christ’s Healing Ministry: Many leaders framed donation as a direct continuation of Jesus’s works. Some participants stated, “Donating eyes to restore someone's sight is seen as a direct way of continuing Jesus Christ's healing ministry which was exemplified by the act of Jesus restoring sight of the blind man” (Orthodox_03,16,17,18,20).(protestant 01)
- Sub-Theme 1b: The Principle of Selfless Love: The most common justification was that donation is the highest expression of Christian love and compassion. As some leaders stated, “It is an act of love and compassion reflecting Christianity duty to care for others” (Orthodox_01,04,06,09). (protestant 09) (protestant 11)
- Sub-Theme 1c: Stewardship of the Body: Some leaders viewed the body as a gift from God to be used wisely for the benefit of others. “Our bodies are not ours to own absolutely but are given to us by God to be managed wisely. Eye donation is viewed as an excellent stewardship of the gift of one’s body to improve another’s life” (Orthodox_02, 07 ,08,10). (Orthodox_01). (Orthodox_01). (Orthodox_01).
- Sub-Theme 1 D -: The minority of Muslim leaders in this study support corneal donation based on the Islamic principle of Sadaqah Jariyah (continuous charity that is after one passes away the gift of the eyes will generate reward for the donor long after they have passed away) and the principle of saving life stating the holy Quran, “if anyone saves a life, it shall be as though he had saved the lives of all mankind.”

Theme 2: Theological Objections – The Sanctity and Inviolability of the Body

This theme encapsulates the deep-seated religious concerns, primarily from Muslim leaders, who view donation as a violation of divine law.

- Sub-Theme 2a: The Body as a Sacred Trust (Amanah): The most frequent reason for opposition was the belief that the body is God's property, entrusted to humans, and must be returned intact. “Human body is a trust (amanah) from Allah it must be treated with utmost respect and returned to the earth intact .The human body belongs to Allah it is not a personal property to give away” (Islam_01). (Islam_04) (Islam_07) (Islam_18)
- Sub-Theme 2b: The Prohibition of Mutilation: Opposition was also heavily grounded in interpretations of Islamic law that forbid the desecration of a corpse. “The Hadith states that breaking the bone of a dead person is like breaking the bone of a living person, this principle extends to mean that any alteration of the deceased body including removing the eye is forbidden” (Islam_02).
- Sub-Theme 2c: Interfering with Divine Will: A minority view, also present in one Orthodox leader, was that healing a divinely ordained condition like blindness equates to "playing God." “Corneal transplantation is interfering with God's will... If a person is blind, it must be understood as a part of Gods plan” (Orthodox_08).

Theme 3: The Structural Barriers for advocacy

This cross-cutting theme explains the stark gap between leaders' personal attitudes and their complete lack of advocacy. It was found across all religious groups.

- Sub-Theme 3a: The Imperative for Institutional Legitimization: Leaders consistently expressed that they required official authorization from higher religious authorities to act. Some Islamic religious leaders shared the following statement “My personal feeling is corneal donation can be a good deed .But what matters is not my personal feeling. We need a clear fatwa (religious ruling) from the Ulama (Islamic scholars) of Ethiopian Islamic affairs supreme council officials at the federal level” (Islam 9 , Islam_13, Islam_14 Islam 18 and Islam 22), In addition one Islam leader stated "On one hand, we have the hadith about breaking the bone of the dead being a sin. On the other, we have the verse that saving one life is like saving all mankind. Is restoring sight considered 'saving a life'? This is not a simple matter for a local imam to decide." (*Islam_15*) Similarly two Orthodox Christian leaders sought a formal religious ruling from the Holy Synod of the Ethiopian Orthodox Tewahedo Church for guidance. (Orthodox_14) (Orthodox_19)
- Sub-Theme 3b: Knowledge Deficit as a Barrier to Advocacy: Many leaders cited a simple lack of understanding as the reason for their inaction. A Protestant leader explicitly stated they “need more information about corneal donation to teach about it” (Protestant_06). This lack of formal education underpins their hesitation.

Discussion

This study set out to explore the knowledge, attitudes, and practices of religious leaders in Butajira towards corneal donation. The findings reveal a complex landscape where deep theological convictions create a sharp inter-faith divide in attitudes, while a universal need for institutional legitimacy and education explains a pervasive gap between belief and action. This discussion situates these findings within broader theoretical frameworks, compares them with global research, and extracts generalizable insights for public health policy in religiously-grounded communities.

Theological Fractures: A Clash of Competing Sacred Values

The core finding of this study, the fundamental discord between a theology of altruism and a theology of sanctity, is not unique to Butajira but reflects a global bioethical tension. The positive correlation between Christian affiliation and support for organ donation has been documented in diverse contexts, from Brazil (Pai et al., 2025) to the United States (Vincent, 2011.) and Europe (Oliver et al., 2012). Our finding that Christian leaders frame donation as imitation of Christ and stewardship aligns with research by (Sharp, C. & Randhawa, G. (2014), who notes that "the gift of life" is a powerful metaphor in Christian-centric donation campaigns, effectively permitting the act of donation itself.

The three Jehovah's Witness participants expressed views that distinguished corneal donation from their faith's well-known stance on blood transfusion. All three were aware of corneal donation, and their knowledge levels varied. Their attitudes were framed as a **matter of personal conscience** rather than a collective religious mandate. One leader stated, *'The Bible is silent on donating eyes. It is not like blood. This is a decision for each individual to make before God based on their own conscience.'* Another highlighted the importance of altruism but within boundaries: *'We are taught to help others, but we must be cautious that medical procedures do not violate God's laws. Since this doesn't involve blood, I see it as a possible way to show love.'* This illustrates that while their theological framework is distinct, it does not inherently preclude

support for corneal donation, and their personal willingness is contingent on individual interpretation."

As our data shows, Islamic jurisprudence is not monolithic. The minority view supporting donation based on Sadaqah Jariyah (continuous charity) and the principle of saving a life is a vital counterpoint. This aligns with the official positions of several influential Islamic councils, such as the UK Muslim Law Council's 1995 fatwa and the Islamic Fiqh Academy's 1988 ruling, which permit organ donation on the grounds of necessity (darurah) and public interest (maslaha) (Ar and A, 2001) . Conversely, the reservations based on bodily integrity expressed by the majority of Muslim leaders in Butajira aligns with findings from studies in Pakistan (Rasheed and Padela, 2013), Egypt (Hamdy, 2008), and among Muslim communities in Europe (Ghaly, 2012) . However, it is critical to nuance this finding.

The challenge, therefore, is not a universal Islamic prohibition but a dissemination gap, where conservative interpretations often dominate local discourse without the counterweight of more permissive scholarly opinions. This highlights a critical area for intervention: facilitating access to the existing diversity of Islamic scholarly thought.

Bridging the Chasm: Structural Hesitation and the Theory of Legitimation

The most significant contribution of this study is identifying the phenomenon of structural hesitation. This finding moves the discussion beyond individual knowledge or attitude and into the realm of institutional sociology and political science.

The Theory of Planned Behavior (Ajzen, 1991) provides a useful individual-level model, explaining how leaders' behavioral intention is restrained by subjective norms (perceived institutional expectations) and a lack of perceived behavioral control (authority/knowledge). A local religious leader's authority is derived from their position within this plausibility structure of the larger religious institution. To act on a controversial issue without clear top-down sanction is to risk their own legitimacy and the stability of the institutional framework they represent.

This explains why advocacy for corneal donation is insufficient. As our data shows, even highly knowledgeable and personally willing leaders will not act. This structural hesitation is observed in other health contexts. For instance, in polio vaccination campaigns in Northern Nigeria and Pakistan, local religious leaders' reluctance to advocate was overcome not by more information, but by very public endorsements from supreme religious councils (Yahya, 2007) . Similarly, studies on HIV/AIDS prevention in religious communities in Africa found that interventions only gained traction once they were legitimated through theological reinterpretation by central religious authorities (“Trinitapoli & Weinreb, 2012).

Therefore, the "theological green light" our participants await is a form of institutional legitimation. It transforms a controversial practice from a personal choice into a collectively sanctioned, and even virtuous, act. This reframes the public health challenge: the primary target is not the local leader, but the highest echelons of religious authority that hold the power to alter subjective norms across entire communities.

Implications for Public Health Policy and Practice

This study moves beyond identifying a knowledge gap and calls for a strategic shift in public health policy regarding sensitive health issues in religious communities.

- ✓ **Shift from Awareness to Theological Engagement:** Traditional awareness campaigns are insufficient. The findings mandate a move towards theological dialogue. Public health officials must partner with bioethicists and religious scholars to co-create theological arguments for donation that are rooted in the scriptures and doctrines of each faith.
- ✓ **Target the Apex of Religious Authority:** The key to unlocking grassroots advocacy is intervention at the highest level. Efforts must be directed towards engaging the Ethiopian Orthodox Holy Synod, the Ethiopian Islamic Affairs Supreme Council, and senior Protestant leadership to secure formal, public endorsements of corneal donation. This top-down sanction would transform subjective norms for local leaders.
- ✓ **Develop Faith-Specific Educational Resources:** Educational materials must be tailored. For Christian leaders, resources should focus on scriptures related to healing and compassion. For Muslim communities, materials must respectfully address concerns of bodily integrity and highlight the opinions of Islamic scholars from other regions who permit donation based on principles of necessity and charity.

Limitations and Future Research

This study is limited by its cross-sectional design and sample size from one town, which may affect generalizability. The perspectives within the Muslim community, in particular, require further exploration with a larger sample. Future research should involve action-oriented methodologies, such as facilitating dialogues between health officials and religious authorities to develop and test the effectiveness of co-designed interventions and official faith-based endorsement programs. In addition future research is advised to use the themes generated in this research to study the views of more diverse and nationally representative group of religious leaders.

Conclusion

In conclusion, the challenge of corneal donation in Butajira is not merely medical but socio-theological. Religious leaders are not merely passive recipients of health messages but active gatekeepers whose influence is constrained by complex theological interpretations and hierarchical structures. The path forward requires a respectful, collaborative partnership between the health sector and religious institutions. By moving beyond secular messaging and engaging deeply with faith, it is possible to transform theological barriers into powerful theological motivations, thereby harnessing the immense potential of religious leaders to combat blindness and promote the gift of sight.

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Annex: Data collection sheet

Annex 1 :Information sheet

Title of Research: Religious leaders Knowledge and Attitude toward Eye Donation
A Community-based, Cross-sectional Study in Butajira town Central Ethiopia

Dr.Menen Ayalewu /Dr. Yeshiwond Abeje have discussed the possibility of you participating in a research study that is currently taking place in Butajira Town by the AAU Department of ophthalmology.

We are conducting a Community-based research on religious leaders Knowledge and Attitude toward Eye Donation.

In Ethiopia there are more than 300, 000 people with Corneal blindness requiring corneal transplants .There is a chronic shortage of Corneas in the Eye bank of Ethiopia. One of the primary reasons for not achieving the desired number of corneas is that the public remains generally insensitive to the issue of corneal donation and there is a widespread opinion that organ transplantation is not appropriate in religious terms and this is among the reasons given for avoiding organ donation.

The aim of this study is to assess the knowledge and attitude of religious leaders in Butajira town towards corneal donation. This research is expected to contribute to the understanding the current perspectives of religious leaders of Ethiopia on eye donation and hence we are able to develop culturally-sensitive educational materials and campaigns for promoting eye donation within communities.

Dr. Yeshiwond Abeje is a resident and co- investigator if you have any questions or concerns, please contact Dr. Yeshiwond Abeje (+251 920250418) and this will be used for partial fulfillment of residency program.

Thank you for your time in considering enrolment in our study. We look forward to discussing this with you in the near future.

Annex 2 : Questionnaire

Date: _____ serial No _____

Part I: Socio Demographic Characteristics

1. Age (in years) _____

2. Sex 1. Male 2. Female

3. Marital Status: 1. Single 2. Married 3. Widowed 4. Divorced

4. Educational level:

1. No formal education 2. Read and write 3. Primary education

4. Secondary education 5. Tertiary and above

5. What is your position in your religious institution?

- ISLAM : Imam Muezzin Ustaz Sheikh Amir other specify _____
- Orthodox Christian Head priest head preacher chief priest other specify _____
- Protestant Christian Pastor Wongelawi Nebiy other specify _____
- Other religion please specify religion and position _____

Part II: Awareness/ Knowledge/ attitude about corneal donation?

Section 1: awareness about corneal donation

1.1 Have you heard of corneal donation? Yes No

1.2 If yes ,what is the source of information?

Television Health Professional Internet Family member Newspaper Radio

Section 2: knowledge about corneal donation

1. Which part of the eye is donated ?

Entire eye only the cornea the retina don't know

2. Have you ever received an education about corneal donation ? Yes No

3. Can a living person donate their cornea ? Yes No

4. Can a living person pledge to donate their eyes? Yes No don't know

5. after corneal donation ,is the donors face disfigured ? Yes No Don't know

6. what is the ideal time for corneal retrieval after death ?

within 6 hours within 24 hours any time after deathDon't know

7. Is it permissible to sell or buy human eyes? Yes No Don't know

8. Do you know where to pledge for eye donation ? Yes No

9. Is there eye bank found in Ethiopia? Yes No Don't know

If yes , Where is it? _____

10. Do you think that you have enough knowledge about Corneal donation?

Yes I don't know No

Part III Attitudes and practice toward organ donation

1.1 According to your religious doctrine, is it allowed to pledge for corneal donation?

No I don't know Yes

1.2 If Yes what is the reason? _____

1.3 If no what is the reason ? _____

2. Do you agree in the importance of corneal donation? No Neutral Yes

3. According to your religious teaching, is it appropriate in to donate from Muslim to non-Muslim/Christian to non-Christian? NO Neutral Yes

4. Do you believe that there is a danger that donated organs could be misused, abused or misappropriated? Yes B. Neutral C. No

8. Do you think religious officials should be a role model to the public about organ donation?
 Disagree Neutral Agree

9. Are you willing to donate your eye after death? No Neutral yes

10. Have you ever taught your religious followers about the importance of corneal donation?
 No Yes

11. Do you think awareness about organ donation should be made a part of religious teaching?
 No Neutral Yes

12.1 Have you ever been asked on your religious opinion about the appropriateness of corneal donation from people? No Yes

12.2 If yes, what are the questions asked by people to religious scholars about donation?
