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RESEARCH THESIS

COMMUNITY PERCEPTIONS, KNOWLEDGE, AND ATTITUDES ON CAUSES OF STILLBIRTHS (CPKACS)

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ABSTRACT

Background: Stillbirth can be defined as "an infant born with no sign of life at or after twenty eight weeks gestation. Stillbirth continues to be a major pregnancy outcome with its causes remaining a huge scientific mystery. The amount of stillbirth are mostly 10 times higher in third-world countries than in first-world countries. Ninety eight percent of the stillbirths happen in third-world nations, with more than 55% happening in remote sub-Saharan Africa. Consequently, every year the world loses an estimated 2.6 million babies to stillbirth. Causes of stillbirths remain mainly unknown and rarely investigated but some studies have shown that there are risk factors that contribute to stillbirths such as prior stillbirth, low socioeconomic status, low maternal education, advanced maternal age (>35), primiparity, obesity, smoking, alcohol, and recreational drug use. In addition, clinical studies have found that there are many causes of stillbirths including maternal disease, congenital anomalies, placenta conditions, intrapartum causes and trauma, umbilical causes, amniotic and uterine causes, and other unknown causes. However, despite an enormous amount of time and resources that have been invested in trying to prevent stillbirths, the problem continues to occur unabated. Literature reveals that there is a gap in knowledge regarding other unknown causes of stillbirths. Research on community perceptions, knowledge, and attitudes on the causes of stillbirths is hugely missing. This study gathered social science data by using a mixed-method approach, a qualitative and quantitative to understand community perceptions, knowledge, and attitudes on the causes of stillbirth, knowledge, and acceptance surrounding maternal immunization. Qualitative method involve key-informant interviews (KIIs). KIIs engaging 15 participants, captured the perspective, knowledge, and attitude towards the causes of stillbirth and knowledge and acceptance surrounding maternal vaccination, among participants and diverse social, ethnic, and religious groups. An open-ended and iteratively modified checklist was structured relatively to each key informant. The quantitative research includes a knowledge, attitude, and practice [KAP], survey, a cross-sectional face-to-face survey which was conducted within individuals and households of the communities, which included 192 males and 192 females. The questionnaire was used to capture information on their knowledge, and understanding of

stillbirth, their practice about the prevention of stillbirth, and their attitude towards the causes of stillbirth.

Method: A key informant interview KII for a qualitative data collection, was conducted among 15 participants which included mothers and fathers that have experienced stillbirth, traditional birth attendance and leaders, religious leaders and birth attendance health care workers. All participant are member of the community in Soweto, South Africa. For a quantitative data collection, a survey was filled among 192 males and 192 females members of the community of Soweto south Africa. Computer Assisted Qualitative Data Analysis Software (CAQDAS) Atlas. tic version 9 software with the use of electronic coding was used to code and analyse all the details given by the key informant participants. For the Quantitative analysis, a descriptive statistics was also utilize to connote the distribution of all variables with the use of IBM-SPSS 26.

Findings

The main aim of this study was to explore community perceptions, knowledge, and attitudeon the causes of stillbirth. Several studies have shown the definition and classification of stillbirth as "a baby born with no sign of life at or after 28 weeks' gestation" [1,3], with classification according to gestational age. An early stillbirth occurs between 20 and 27 weeks of pregnancy, while a late stillbirth occurs between 28 and 36 weeks of pregnancy, anda term stillbirth at 37 or more completed weeks of pregnancy [18]

In this study, community members defined stillbirth as the death of an unborn baby, however,their definition is not clarified by gestation age, but the emphasis was laid on the fact that it's a developed baby already and thus differentiates it from miscarriage. Different definitions of stillbirth have led to a lot of underreporting of stillbirth cases [31,45].

Several studies have identified the clinical causes of stillbirth which included maternal causes, fetal causes, placental, and other external factors [1,4,6] Majority of the study participants based on their understanding, believed that the main cause of stillbirths includes medical reasons such as abortion attempt, low baby weight, being strangled by the umbilical cord, and being medically unfit to carry the child

However, healthcare professionals stated causes to be related to poor antenatal care attendance. This was attributed to HIV-positive mothers, and fear of being stigmatized by a family member or anyone who reads their status on the antenatal care card.

Maternal reasons such as mother's negligence, poor nutrition, stress due to emotional and physical abuse have also been stated as a relatable cause of stillbirth. By some participants in this study.

Studies have constantly shown that antenatal care is critical for both mother and child. Negligence and poor education of healthcare workers toward patients has being a topic[5,31].Health care worker negligence was mentioned as one of the causes leading to stillbirth. A response in this study has stated that if she was attended to in good time, as she had come to the hospital earlier since her symptom started, she wouldn't have lost the baby.

Traditional beliefs have been accepted as social norms social [12,31], especially within the black community. This study identified witchcraft as a cause of stillbirth and believed to lead to an obstruction in the womb such as fibroid to kill the baby. This is where the role of a traditional healer comes in the protection of the baby.

It is not good news to hear about the death of a baby in the womb. This study captured their attitudes towards their reaction to the news. It came with so much pain, hurt, disappointment, and mostly needed explanation. Autopsy of the fetus and lab testing after stillbirth can help inidentifying the cause of death [4]. This could give families who needed an explanation closure.

However, counselling and support system is very essential in this topic of discussion. Participants discussed the various support mechanisms available to them during their loss. Counselling from professionals, traditional, and religious leaders, the presence of family and friends, and traditional medicine for cleansing. This study has revealed the role and importance of the members of the community and household members in the healing process and mental stability of affected mothers and families. There is no doubt that siblings from affected mothers will be affected and have a question as regards stillbirth.[41]. A participant complained of a lack of support, especially from her household, and how she needed to lie to her older children about the whereabouts of the baby.

In a way to curb stillbirth, several studies have presented different mechanisms for reducing the rate of stillbirth, which includes maternal immunization [7,18]. This study captured ways community members perceive they could prevent stillbirth. The majority of the study participants emphasized adequate medical attention. These include Early antenatal care

attendance to detect complications earlier, Health education to educate pregnant women on the dos and don'ts of pregnancy allowing them to make more informed decisions.

Since traditional beliefs such as witchcraft has been indicated as one of the causes of stillbirth, the traditional concoction was mentioned by participants as one of the actions they take to prevent and ensure a successful pregnancy. It is believed that the pregnancy needs to be protected at the early stage, thus endorsing the need for a traditional birth attendant and healer.

This study also captured participant knowledge surrounding the benefits of maternal immunization and their readiness to acceptance towards it to prevent stillbirth. Vast majority of participants were said to be unaware of the vaccines given to pregnant women to prevent stillbirths and mistake supplements given in the hospital for Immunization,this lack of knowledge among the mothers who participated in this study can be attributed toa lack of Immunization during their pregnancies. One of the healthcare workers was only ableto testify to the tetanus vaccine given at the clinic and this should raise a question of if maternal immunization is given to pregnant women across the healthcare facilities in Soweto, South Africa. The awareness of the benefit of maternal immunization amongst the participants is on average and participants hope to be educated on it. However, this has not affected their perception of accepting maternal Immunization. Most of the participants are in favor of it, believing immunization is a system that have being created to protect the mother and child from a certain disease. While some participants in this study would not accept maternal immunization because of religious reasons and fear of not knowing the impact the vaccine might have on their babies.

CONCLUSION

The definition of stillbirth states possible causes of stillbirth from the community perceptive has opened a window of understanding as to the gap of some unknown causes of stillbirth. The attitude and practices of the community toward this experience indicate efforts to reduce and prevent the cases and causes of stillbirth, encouraging mostly adequate medical attention traditional involvement. The knowledge surrounding maternal immunization is on average in this study but has not affected their perception of the acceptance of maternal immunization. Clinically the information can be used to help improve health education to the community as regards still birth causes, preventive measures, and maternal immunization. It will also help

in policymaking as regards potential maternal vaccines that can prevent stillbirth-related diseases.

RECOMMENDATION

After the finding of this study, Comprehensive strategies are needed to improve community knowledge and understanding of stillbirth. The reporting system for stillbirths should be aligned with the WHO definition of stillbirth [3] it is important to further a social science study on a coping mechanism of the bevered. Early screening and identification of high-risk pregnancies can prevent stillbirths.[42] Specialized training and refresher courses are needed for maternal healthcare providers to screen and refer the cases of high-risk pregnancies to the health facilities. It is important to challenge the societal stereotypes about stillbirth by enhancing the communities, Since the fear of being stigmatized as an HIV positive prevents some others from attending antenatal, it is important to improve the awareness of the necessity of antenatal care, for HIV positive women and awareness and improving health literacy about the causes of stillbirth and the significance of its reporting. It is also important for the public healthcare sector to create awareness and health education in the community, on the knowledge and benefit of maternal immunization. In doing this, it will help reduce vaccine hesitancy towards maternal immunization and help in policymaking for maternal vaccines relatable to maternal disease that has been identified to cause stillbirth.

KEY TERMS

Stillbirth, Gestation, Computer Assisted Qualitative Data Analysis Software (CAQDAS), Immunization.