

Let Them Talk About Stillbirth: *Assessment on Societal Knowledge and Attitude Towards Stillbirth in Harar City*

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Abstract

The incidence of stillbirths in Ethiopia is as high as 30 per 1000 births, being the highest rate in the world. Factors associated with stillbirth are hypertensive disorders of pregnancy, intrauterine growth restriction, infection, and cord around the neck was found factors caused stillbirth. In spite of these known causes of stillbirth, communities have their own way of understanding stillbirth. This study aims to identify societal perceptions about causes of stillbirth in Harar city. A qualitative study was conducted using non-probability sampling from October to November 2018. Purposive and snowball sampling methods were used; the study population was purposively selected. Semi-structured interview, focused group discussion (FGD) and in-depth interviews were used. The data shows that the majority of attributable factors of stillbirth were institutional factors related to the absence of compassionate care, limitation on medical material supply and medical errors. Additionally, maternal aspects and cultural myths were also mentioned; among them, malnutrition, usage of traditional medicines, poor hygiene, history of abortion and trial to abortion during pregnancy, the absence of family planning, physical abuse and, an accident during pregnancy were seen as some of the maternal factors associated with stillbirth. Curse, some traditional beliefs like ጾቻ (mīch), ወፍ (wof) or allaatti (allaattī), waan-ijoollee (waan-ijoollee), and sexual intercourse after the seventh month of pregnancy were factors categorized as myths. This study underlines the need to improve quantitative and qualitative anti-natal and delivery care at health facilities. In addition to the holistic intervention on women's health it is important to tackle economic and cultural aspects increasing professional and community awareness is also needed to reduce stillbirth.

Keywords: *Stillbirth; Myth; Maternal Health; Eastern Hararghe*

Introduction

Stillbirth refers to the number of babies born per year with no signs of life weighing ≥ 1000 g and after 28 completed weeks of gestation or measuring ≥ 35 cm. Ethiopia is one of the countries which has the highest number of stillbirth occurrence according to The Ethiopian Demographic and Health Survey (EDHS2011). It indicates that the country had experienced 46 prenatal deaths per 1000 total birth annually in the 5-year period preceding the survey. According to, data of CHAMPS Ethiopia, for the past three months, stillbirth was the leading cause of under-five mortality which from the total 91 notified death cases in Hiwot Fana Hospital 71 (78%) were a stillbirth.

Methods

We conducted a qualitative study using non-probability sampling from October 2018 to November 2018. Samples were selected by using purposive and snowball sampling methods, the study population was purposively selected participants from Harar city. Qualitative data collection methods used was the semi-structured interview, focused group discussion (FGD) and in-depth interviews.

Results and Discussion

The study was inspired by the interest to understand the way society perceives the causes of stillbirth in Harar city. The data were obtained shows that the respondents perceive the cause of stillbirth from different dimensions based on their own experience and knowledge. Based on this, the study identified three major categories that the respondents put as causes and factors of stillbirth; maternal medical factors, cultural myths and beliefs, and socio-cultural factors.

Maternal medical factors

By this category factors; lack of antenatal care is stated as the main cause for stillbirth by the majority study informants. The occurrence of *ደም ግፊት* (*dem gifiti*) preeclampsia, diseases like malaria, HIV/AIDS and TB were mentioned as high in amount. And Additionally, *ሻተላይ* (*šotelay*) (RH Incompatibility), malnutrition, usage of traditional medicine, poor hygiene and sanitation,

history of abortion, trial to abortion during pregnancy, the absence of the family were seen maternal factors associated with stillbirth.

Also, medical service related to risk factors is mentioned to have a part in the occurrence of stillbirth. Quality of health care has a significant impact on patient compliance with their treatment plan, satisfaction with the health care service (Grice-Dyer, 2010). This implies that the chance of patient compliant the treatment received in the health facility determined by the quality of care they received in health facility which influences the way they associate incidents happened because of different reasons medical errors

Myths and beliefs

These factors are some of the non-clinical factors that the respondents identified as causes for stillbirth. These are; *ሞቻ* (*mich*), *ወፍ* (*wof*) or *Allaatti* (*allaattii*), *waan-ijoollee* (*waan-ijoollee*), sexual intercourse after the seventh month of pregnancy. The term *allattii* is an Afan Oromo term, which is to mean by bird. As a cause of stillbirth *allaattii* is believed to kill the fetus if it flies over the head of a pregnant mother. It does not kill immediately but, it causes sickness to the woman, with symptoms like swelling of the body especially leg and face. The medication is done by a traditional medicine which is a mixture of *udaan bararaa* (poops of the bird) and herbs boiled with goat milk will be given to prevent the disease. The respondents put that *waan ijoollee* the common illness that pregnant woman faces during her pregnancy period.

Mich is believed that a person might get ill from eating spicy and aromatic food and go in the sun. Many of the respondents mentioned that if a pregnant woman went out in the sunlight after eating spicy food or drinking coffee, or after making spices she might lose her baby. The tale of *Mich* is not only about stillbirth; but also factor for miscarriage and other health issues.

Physical (Socio-economic) factors

This category is of factors related to physical hardships and socio-economic status. Among these factors, hard physical work, domestic physical violence, lifting weighted materials and falling are mentioned as factors of stillbirth. Due to the domestic work burden, most pregnant mothers face

the incidence of falling or being hurt in their routine domestic activity. The study shows that women in the study area are vulnerable to overrated workloads and domestic violence.

Conclusion

This study underlines the need to improve quantitative and qualitative anti-natal and delivery care at health facilities. In addition to the holistic intervention on women health, to tackle economic and cultural aspects increasing professional and community awareness are also needed to reduce stillbirth.

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