The Critical Role of Fathers to Reduce Stillbirth in India

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Disclosures and Acknowledgements

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Purpose

» To explore how men and women experience stillbirth in India and their respective needs
~ To inform locally sustainable interventions
Background

» MDG 4 cannot be achieved without reducing stillbirths
» Globally 3.3 million stillbirths per year\(^1\)
  ~ India has the highest number of stillbirths in the world\(^2\)
Stillbirths in India

» National average stillbirth rate (SBR) $4\text{--}8$
  ~ 27/1000 live births
» Estimates of variance in SBR rate
  ~ from 20 to 66 by region
» Certain subpopulations 75-78
» SBR in Chhattisgarh 64
» SBR as high as 103/1000 in some communities
» Usually third trimester SB
  ~ Most potentially avoidable
Stillbirths risks in India

» Medical and sociocultural factors
  ~ Lifelong malnutrition
  ~ Girls/women receive less food; food of less quality
  ~ Young mothers (due to early marriage)
  ~ Advanced maternal age
  ~ Lack of reproductive health choice and resources
  ~ Son preference
  ~ Maternal socioeconomic disadvantage
  ~ Short birth intervals
  ~ Lack of antenatal care
  ~ Lack of skilled birth attendants
Perinatal Grief

» Acute perinatal grief
  ~ Significant psychosocial burden on women’s health

» Complicated grief > 6 months
  ~ Impairment of social, occupational, other functioning

» Sequelae
  ~ Depression
  ~ Anxiety
  ~ Somatic symptoms
  ~ Decreased functioning
  ~ Domestic violence
  ~ Stigma, abandonment or isolation$^7,8$
Confluence of Risk factors

- Medical
- Socio-cultural
- Stillbirth
- Quest for sons
- Previous stillbirth

9-11
Fathers’ experiences

Western Context:\(^{12}\)

» Psychological symptoms
  ~ Increased with more time before next pregnancy
  ~ Pressure to be strong

Indian Context:\(^{13}\)

~ Son preference
~ Fertility expectations
Mixed-Methods, 2 parallel studies:

~ Evaluation of a short mindfulness-based pilot intervention for women
  • $N = 22$
  • 5-week intervention
  • 6-week and 12-month follow-up assessments

~ Formative work exploring men’s SB experiences
  • 5 key informant interviews
  • 23 structured interviews
Overview of Results

Women
~ History of 1 – 3 stillbirth
~ Reductions:
  • Anxiety, depression
  • Perinatal grief
~ Increases:
  • Mindfulness
  • Resilience
~ Still using skills at 1 year
~ Reported benefits:
  • Increased calmness
  • Sense of peace
  • Positive energy

Men
~ Medical/reproductive decision power and burden
~ Lack of knowledge, readiness
~ Fertility issues/solutions
~ With history of stillbirth
  • > anxiety/depression
  • Perceived less support
  • More egalitarian attitude
  • More abusive
  • Grieving seen as ‘normal’
  • Frustration
~ Supportive of MBI for women
Qualitative themes among men

» Reproductive rights determined by men:
  ~ #’s of children
  ~ Obtaining prenatal care
  ~ Facility birth or home delivery
  ~ Timing of attempt to conceive again after stillbirth

» Family obligations expected of men
  ~ Caring for elderly parents
  ~ Financial solvency, shelter
  ~ Enforcing family piety
“I alone had to decide. Everybody was telling (me) make a decision. Last time we went to the private doctor and even after so much money we spent the baby was born dead. This time we went to the government hospital... it was also stillborn. I think my wife is not alright yet but everyone is telling to have another baby.”
Items of perpetration endorsed by all men ($N = 28$)

More than 20 times in the last 3 months

- Verbal abuse
- Destruction of property or threat to hit
- Pushed/shoved/slapped
- Minor to Moderate injury inflicted
- Severe physical abuse

- Stillbirth
- No stillbirth

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Predictors of mental health among men with a history of stillbirth experience

<table>
<thead>
<tr>
<th>Variable</th>
<th>β</th>
<th>B</th>
<th>95% CI</th>
</tr>
</thead>
<tbody>
<tr>
<td>Constant</td>
<td>8.79</td>
<td>2.54, 15.04</td>
<td></td>
</tr>
<tr>
<td>Time since stillbirth</td>
<td>0.19</td>
<td>0.001</td>
<td>-0.002, 0.004</td>
</tr>
<tr>
<td>Gender of stillborn</td>
<td>0.40</td>
<td>0.24*</td>
<td>0.006, 0.47</td>
</tr>
<tr>
<td>Where stillbirth occurred</td>
<td>-0.08</td>
<td>-0.06</td>
<td>-0.77, 0.53</td>
</tr>
<tr>
<td>Wife had antenatal care</td>
<td>0.31</td>
<td>0.18</td>
<td>-0.06, 0.41</td>
</tr>
<tr>
<td>Birth attendant</td>
<td>0.42</td>
<td>0.15*</td>
<td>0.04, 0.26</td>
</tr>
<tr>
<td>Number of stillbirths</td>
<td>-1.49</td>
<td>-1.16*</td>
<td>-1.85, -0.47</td>
</tr>
<tr>
<td>Ethnicity</td>
<td>-0.99</td>
<td>-0.30*</td>
<td>-0.52, -0.09</td>
</tr>
<tr>
<td>Attitude Towards Women</td>
<td>-0.15</td>
<td>-0.20</td>
<td>-0.07, 0.03</td>
</tr>
<tr>
<td>Social Provision of Support</td>
<td>-0.32</td>
<td>-0.42</td>
<td>-0.13, 0.04</td>
</tr>
<tr>
<td>Physical abuser</td>
<td>-1.20</td>
<td>-0.70*</td>
<td>-1.00, -0.40</td>
</tr>
<tr>
<td>Emotional abuser</td>
<td>-0.16</td>
<td>-0.11</td>
<td>-0.35, 0.12</td>
</tr>
<tr>
<td>Life satisfaction</td>
<td>-0.72</td>
<td>-0.13*</td>
<td>-0.22, -0.04</td>
</tr>
<tr>
<td>Positive religious coping</td>
<td>-0.26</td>
<td>-0.18</td>
<td>-0.49, 0.13</td>
</tr>
<tr>
<td>Negative religious coping</td>
<td>-0.56</td>
<td>-0.25</td>
<td>-0.55, 0.05</td>
</tr>
</tbody>
</table>

*p < 0.05
Significant Predictors of mental health among men with history of stillbirth

- Gender of baby (male)
- Skilled birth attendant (no)
- Number of stillbirths (more)
- Ethnicity (lower caste)
- Physical abuser (no)
- Life satisfaction (low)
Comparing men and women

Perspectives on Women’s Autonomy

- Not allowed to market
- Allowed to market
- Not allowed to visit kin
- Allowed to visit kin with permission
- Allowed to visit kin without permission

Men
Women

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Conclusion

» MBI for women effective in reducing perinatal grief
» Men often unaware of need or intervention offered
» Fathers of stillborns have unmet needs
  ~ Some positive outcomes:
    • Gained insight
    • Personal growth
    • Developed empathy
  ~ Support needed
» Opportunities
  ~ Community engagement
  ~ Education
  ~ Community-based intervention
“When women thrive, all of society benefits and succeeding generations are given a better start in life.”
~ Kofi Annan
References


