

Effect Of Grief Counselling On Sociocultural Influences And Psychological Wellbeing Of Postpartum Mothers Following Perinatal Loss In Tharaka Nithi County, Kenya

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Abstract

Background: Perinatal death, defined as the loss of a fetus or neonate between 28 weeks of gestation and seven days after birth, remains a significant global issue, with most cases occurring in low- and middle-income countries.

Materials and Methods: A descriptive research design involving 10 counseling staff that had attended to 53 grieving mothers from perinatal loss during the study period from Tharaka Nithi County, Kenya was used. This study explored the sociocultural factors affecting postpartum mothers' coping mechanisms following such losses. Structured questionnaires were used to assess the sociocultural factors affecting postpartum mothers following perinatal deaths.

Results: Results showed that 70.4% of participants acknowledged the influence of culture and religion, 70.3% found rituals helpful, and 74% relied on community support. Religion emerged as the strongest comfort source, with a weighted average of 3.85. Cultural and religious beliefs were found to heavily shape grieving processes, influencing the expression, intensity, and duration of grief. While some mothers found meaning and comfort in religious practices and rituals, others experienced pressure to suppress grief due to cultural taboos. Partner support, peer groups, and broader social networks played a crucial role in emotional recovery, though many mothers reported stigma, isolation, and societal expectations to resume normalcy quickly. Despite this support, many mothers faced emotional challenges due to societal misunderstanding and lack of public acknowledgment of perinatal grief.

Conclusion: The study emphasizes the need for healthcare providers to be trained in culturally sensitive grief support. Additionally, community education and involvement of family and leaders in grief awareness programs are vital in reducing stigma, encouraging open emotional expression, and improving the psychological wellbeing of bereaved mothers.

Keywords: Grief counselling, Perinatal loss, psychological wellbeing, Sociocultural factor, Coping mechanisms

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I. Introduction

Mother-child attachment begins in early pregnancy and strengthens throughout pregnancy. A perinatal death is a loss between 28 weeks of gestation and 7 days postpartum and it is among the most traumatic reproductive outcomes¹. Beyond its clinical impact, perinatal death is profoundly shaped by sociocultural factors, which influence how mothers cope and recover psychologically. Cultural and religious beliefs impact individuals' responses to loss and grief responses remain highly variable even within the same cultural group². A perinatal loss is not only a time of bereavement but can also become a threat to women's identities³.

Evidence from sub-Saharan Africa highlighted that poor healthcare access and cultural stigma exacerbate maternal grief experiences. In Nigeria, Ghana, and Malawi, bereaved mothers are often denied culturally meaningful mourning rituals, which intensifies isolation and hinders recovery^{4,5}. Social support, has shown to support mothers against depression and anxiety, but is frequently constrained by various factors; cultural background, the experience of life they had before the loss, the actual experience of loss and their expectations about life after the loss⁶.⁷emphasize that these factors vary significantly between different cultural contexts, for instance, the absence of funerals or rituals for stillborn infants removes critical avenues for emotional expression, thereby impeding psychological healing.

In Malawi, approximately 15% of pregnant women experience miscarriages, yet cultural beliefs surrounding pregnancy as a divine blessing often prevent women from seeking professional psychosocial support. Counselling is further complicated by stigma that discourages open grieving, leaving many women to navigate

their loss in silence⁵. Similarly, research demonstrates that mothers' grief responses are mediated by prior life experiences, cultural expectations, and the meaning ascribed to motherhood within their community⁷.

In some cultures, the community plays a significant role in supporting mothers who have experienced perinatal loss⁶. Peer support groups, particularly those that bring together individuals who have experienced similar losses, can provide a safe space for sharing emotions and coping strategies⁶.

Kenya faces a significant gap in this regard. Despite perinatal loss being a public health concern, psychosocial interventions and structured mental health services tailored to bereaved mothers remain scarce. After a perinatal loss, mothers may experience difficulty reintegrating into their social circles⁸. Without deliberate provision of psychosocial support and culturally sensitive care, mothers remain vulnerable to complicated grief, depression, and long-term psychological distress⁹. Addressing these sociocultural determinants is therefore critical for enhancing postpartum mothers' psychological well-being following perinatal deaths in Tharaka Nithi County, Kenya.

II. Material And Methods

Research Design

The study adopted a descriptive research design to explore the various socio-cultural factors and their effect on coping mechanisms of post-partum mothers in Tharaka Nithi County. This design is preferable for collecting information aimed at demonstrating relationships among variables or describing a phenomenon as it exists. For this study the design was appropriate because it allowed the researcher to contextualise how the participants (counsellors) perceived the role of socio-cultural factors among grieving mothers.

Study Population: The study examined counsellors working within the maternity units of these facilities in Tharaka Nithi County. The professional population consisted of grief counsellors purposively recruited from maternity units, who formed part of the multidisciplinary care teams and possessed prior experience in perinatal grief support. The study focused on professional counsellors who had attended to the 53 post-partum mothers that were grieving. This was to enable a comprehensive exploration of grief counselling interventions, maternal coping, and the influence of sociocultural dynamics on psychological wellbeing. Table 1 below displays the number of grief counsellors as per their professional roles.

Table 1: Target Population Size and professional role

Professional Role	Frequency	Percentage
Midwife	2	20
Obstetrician	2	20
Nurse	2	20
Counselor/Psychologist	4	40

From Table 1 the counsellors/Psychologists make up the largest group, comprising 40% (n = 4) of the participants. This indicates a strong presence of mental health professionals dealing with perinatal loss or emotional support needs. Midwives, obstetricians, and nurses each comprised 20% (n=2) of the sample, reflecting balanced representation and growing recognition across healthcare providers involved in maternal health.

The multidisciplinary approach to maternal healthcare is also acknowledged with expertise contributing to holistic care. This interprofessional collaboration enhances bereavement care quality, integrates physical, emotional, and social support to emotional recovery. It also facilitates early detection of complicated grief, thereby enabling timely interventions that promote improved maternal mental health outcomes.

Sample Size Determination and Sampling Procedure

Sample Size Determination: Purposive sampling was employed to recruit all counsellors in selected public hospitals in Tharaka Nithi County who were working in the maternity unit. They posed the required information and would enhance standardization of the intervention thus maintaining the internal validity¹⁰. Inclusion criteria focused on counsellors with demonstrable experience in grief counselling with specific focus on perinatal loss who were part multi-disciplinary team at the county facilities and possessed relevant years of professional practice. This sample size is consistent with established guidance for qualitative, expert-informant research where rich, practice-based data are prioritized over statistical generalizability.^{11, 12,13}.

Sampling Procedure: According to ¹⁴ a sample is a representative of the large population. In this study, the target population consisted of 10 counsellors in selected public hospitals in Tharaka Nithi County who were working in the maternity unit during the period of study to provide counselling services to the affected mothers. They posed the required information and enhanced standardization of the intervention thus maintaining the internal validity. The researcher applied purposive sampling.

Data Collection: This study utilized semi-structured questionnaires. They contained both closed and open-ended questions and were used to collect data from counsellors, enabling strategic insights. They ensured anonymity, encouraging openness in responses, while also minimizing bias through standardized formatting¹⁵. In addition, they achieved a high response rate since they were administered for self-completion¹⁶. Questions that were developed to form the questionnaire was answered on the interval type point scale or the Likert type scale. There were three sections in the questionnaire: section A, demographic information; section B, information as to the nature of counselling care given to postpartum mothers after perinatal deaths; section C, and sociocultural practices affecting postpartum mothers after perinatal deaths.

Statistical Analysis: The study adopted SPSS v.29.0. for coding, data management, and analysis. The analysis comprised descriptive statistics including frequencies, percentages, and weighted means. The results were organised using tables and graphs.

III. Results

The researcher intention to represent the opinions of all the 10 counsellors was achieved with a response rate of 100% being achieved. Table 2 shows this response rate.

Table 2: Response Rate Analysis

	Response F (%)	Non response F (%)
Questionnaire	10 (100%)	0

Out of the healthcare workers that were sampled, all (100%) of the healthcare workers took part in the study. This type of response rate shows high representativeness of the sampled population and thus reliability of the findings¹⁷. The high response avoids non-response bias which compromises the reliability and validity of study findings.

Demographic Information of the Healthcare

The study assessed the demographic characteristics of health professionals in order to provide contextual background for interpreting their perspectives and practices. Variable examined included length of service. These attributes are essential in understanding potential variations in clinical practice, responsiveness to maternal needs, as these factors shape professional roles, decision-making, and the quality of patient care. The distribution of these characteristics among respondents is presented below (Table 10).

Table 3: Length of service

Length of service	Frequency	Percentage
1-3 years	1	10
4-6 years	5	50
7-10 years	2	20
More than 10 years	2	20
Total	10	100

The findings on the Table 3 reveal that in terms of experience, half of the participants (50%) had 4–6 years of practice indicating a moderately seasoned workforce while 40% had over 7 years, including 20% with more than 10 years, suggesting that a significant proportion were highly experienced. Only one participant had 1–3 years of experience, and none had less than a year. This suggests that most respondents were experienced, enhancing the credibility and depth of the reported perspectives. The dominance of professionals with over four years of experience (90% of respondents) implies that the views and practices reported are likely informed by sustained exposure and practical engagement with maternal health, increasing the reliability and depth of insights.

Contextual Support Factors

Psychosocial and socio-cultural factors including religion, cultural practices, and societal support are fundamental in shaping mothers' coping with perinatal loss. These factors influence mother's types of coping strategies and influence stigma or comfort they experience after the loss. Studying these factors was necessary as they provide insight into complications or improvement of grief levels. Therefore, the study sought to establish from the respondents if they had received any support from religion and or society. The findings obtained are presented on figure below (Figure 3).

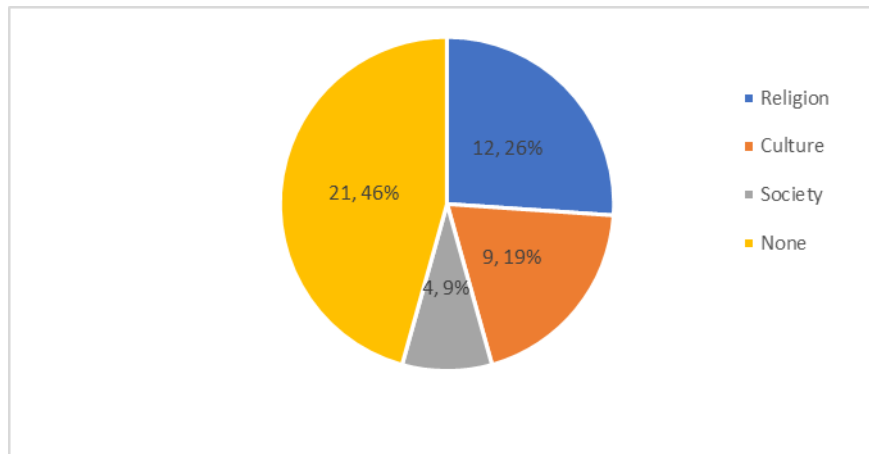


Figure 1: Support from Religion, culture, and society

From the findings, the majority (46%) of the respondents had not received any support from the society, culture and religion. This highlights a critical gap in the availability and accessibility of structured psychosocial support within the community. The absence of support systems may reflect persisting stigma, cultural silence, or inadequate recognition of perinatal loss as a significant bereavement, leaving many mothers to grieve in isolation.

Only 26% of respondents received support from religious institutions, indicating the important role in providing comfort, hope, and a sense of belonging during bereavement. Religion helps in meaning-making, which can mitigate distress and facilitate coping. However, the low uptake suggests the potential underutilisation of religious institutions for bereavement support.

Overall, these findings justify the need for structured grief counselling interventions integrated into maternal health services to bridge the psychosocial support gap. They also highlight the importance of strengthening community and faith-based collaborations to ensure comprehensive care that addresses the emotional, cultural, and spiritual needs of bereaved mothers.

Influence Of Grief Counselling and Sociocultural Factors on Coping Mechanisms Following Perinatal Loss

The findings presented in the Table 4 reflect the influence of sociocultural factors-including religion, culture, and societal perceptions-on the grieving processes of postpartum mothers following perinatal loss. Each item was analysed using percentage distributions across a 5-point Likert scale and supported by a calculated weighted average, providing insights into the general sentiment among respondents.

Table 4: Sociocultural Factors Affecting Postpartum Mothers Following Perinatal Deaths

Statement	SD	D	U	A	SA	WA
Cultural or religious beliefs have influenced the way mothers grieve after perinatal loss.	18.5	7.4	3.7	55.6	14.8	3.41
Cultural traditions or religious rituals help mothers cope with the emotional pain of losing a baby.	7.4	14.8	7.4	48.1	22.2	3.63
Religion provides mothers with guidance or comfort during their grieving process.	14.8	3.7	0.0	44.4	37.0	3.85
The community or social network (e.g., friends, extended family, and neighbors) provided emotional support during grief.	11.1	11.1	3.7	48.1	25.9	3.66
There is societal pressure for mothers to return to "normal" after a loss, which makes grieving process harder.	7.4	22.2	0.0	33.3	37.0	3.70
The general public is not very understanding of the emotional impact of perinatal loss.	29.6	7.4	3.7	25.9	33.3	3.26
Society views the grief of mothers who experience perinatal loss as less significant compared to other types of loss (e.g., death of an older child).	14.8	25.9	3.7	22.2	33.3	3.33
There is a lack of public or social acknowledgment of grief, which makes mothers feel more isolated.	11.1	14.8	3.7	25.9	44.4	3.78
Mothers encounter stigma or judgment from others because of grief following perinatal loss.	14.8	14.8	0.0	37.0	33.3	3.59

The study established that a combined 70.4% of respondents agreed (55.6%) or strongly agreed (14.8%) that cultural or religious beliefs have influenced the way mothers grieve. This suggests that religious and cultural worldviews shape how mothers interpret and cope with the loss, whether through belief systems, values, or ritual practices. The weighted average of 3.41 supports a moderate to high level of agreement.

Similarly, 70.3% of counsellors affirmed cultural traditions and religious rituals as instrumental in coping with the emotional pain of perinatal loss. The study revealed a weighted average of 3.63. This highlights the importance of culturally valued rituals such as prayer, memorial ceremonies and traditional mourning practice in supporting the healing process. Religion was the strongest source of comfort during grief, with 44.4% agreeing and 37.0% strongly agreeing, making it the item with the highest weighted average (3.85). Religious guidance, faith in divine will, and spiritual counselling played a central role in helping mothers find meaning, peace after such a devastating experience.

The study also found out that 74% of mothers received emotional support from community networks, including friends, extended family, and neighbours. The weighted average of 3.66 suggests that this support network is an essential component in the grieving process. However, the 11.1% who strongly disagreed point to cases where social support was either weak or absent. Societal pressure to resume “normal” after perinatal loss makes grieving process harder as supported by 70.3% of respondents. This statement had a relatively high weighted average of 3.70, indicating that such expectations complicate emotional recovery and mental wellness.

The study found that 59.2% of counsellors perceived the general public as lacking understanding of the emotional impact of perinatal loss. Although 29.6% strongly disagreed, revealing some variation in public sensitivity, the weighted mean average of 3.26 shows a modest level of concern over public awareness, possibly pointing to geographical or community-level differences. The findings further revealed that 55.5% of counsellors agreed or strongly agreed that society views perinatal loss grief as less significant than grief from the death of an older child. The weighted average of 3.33 supports this view, invalidating maternal bereavement, reinforcing stigma and compounding emotional distress thus hindering healthy grieving and psychological recovery and contribute to their emotional burden.

Further, 70.3% of the respondents reported inadequate public or social acknowledgment of perinatal grief, fostering isolation. This is supported by a weighted average of 3.78, the second-highest among the statements, underscoring the social invisibility of such loss and its implications for maternal mental health. The study established that 70.3% of counsellors agreed or strongly agreed that they experienced stigma or judgment related to grief after perinatal loss. The weighted average of 3.59 indicates a strong perception of social stigma, which can prevent open expression of grief and delay the healing process.

IV. Discussion

The study's findings are largely consistent with existing literature, reinforcing the role of cultural traditions, religion, and community networks as critical supports in maternal bereavement. According to the results and literature cultural norms, religion and community at large are meant to help postpartum mothers through grief after perinatal loss. The majority counsellors (70.3%), in this study affirmed that cultural and religious rituals helped them manage emotional pain, echoing prior evidence that faith practices, prayer, and mourning rituals provide meaning-making frameworks and therapeutic value in grief recovery¹⁸. Similarly, the strong perception of religion as a source of comfort (WA=3.85) aligns with previous research highlighting faith in divine will and spiritual counselling as central coping resources for mothers experiencing perinatal loss¹⁹.

The recognition of community and social networks with friends, extended family, and neighbours as sources of emotional support resonates with findings that social connectedness buffers psychological distress and mitigates depressive symptoms among bereaved mothers^{8,20}. However, the current study also identified societal barriers, including pressure to quickly return to “normal,” inadequate public understanding, and stigma that minimizes perinatal grief compared to loss of an elder child. These findings extend existing scholarship by highlighting the dual role of society: while community can offer emotional support, societal expectations and stigmatization may simultaneously hinder the grieving process, leading to feelings of isolation and invalidation^{21,22}.

Overall, the study both supports and expands upon prior evidence. It confirms that culturally and religiously rooted practices remain essential in bereavement care, while also adding nuance by demonstrating how societal pressures and lack of acknowledgment exacerbate grief. These results underscore the need for culturally competent and socially sensitive grief counselling interventions tailored to the unique sociocultural context of Tharaka Nithi County, with emphasis on both leveraging supportive traditions and addressing harmful societal attitudes^{18,8}.

V. Conclusion And Recommendations

Sociocultural factors play a critical role in shaping the coping mechanisms and psychological wellbeing of postpartum mothers following perinatal deaths in Tharaka Nithi County, Kenya. While cultural norms, religion, and community networks can offer comfort and resilience, deeply rooted beliefs, stigma, and societal expectations often suppress open grieving and emotional expression. The lack of recognized mourning rituals for perinatal loss, together with inadequate family and spousal support, contributes to prolonged psychological distress. Gender-based expectations and or family support further exacerbate psychological distress, while spiritual or religious

interpretations sometimes discourage mothers from seeking professional help. These sociocultural pressures lead many mothers to rely on ineffective coping strategies such as isolation, silence, or fatalistic acceptance, ultimately compromising their emotional recovery.

The findings affirm that sociocultural pressures not only intensify maternal suffering but also limit opportunities for healthy recovery. Importantly, the significant differences observed between post-intervention scores of the experimental and control groups underscore the value of structured grief counselling. This highlights the urgent need for culturally sensitive bereavement support and community education programs aimed at reducing stigma, validating perinatal grief, and promoting healthier coping strategies. Addressing these sociocultural barriers is essential in safeguarding the psychological wellbeing of bereaved mothers and fostering a more supportive environment for healing. The significant difference between post-intervention scores of the experimental and control groups affirms the impact of the intervention

The researcher recommended that culturally sensitive grief counselling be integrated into maternal health services to support postpartum mothers coping with perinatal loss. Healthcare providers should receive training on local cultural beliefs and practices to offer empathetic and appropriate support. Community education initiatives should be implemented to challenge stigma, promote open discussion of perinatal grief, and validate mothers' emotional experiences. Engaging religious leaders, elders, and other influential community figures in grief awareness efforts can help create a supportive environment that recognizes and respects perinatal loss. Additionally, establishing peer support groups for bereaved mothers may foster shared healing and encourage positive coping strategies.

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