

# Knowledge And Causes of Still Birth Among Women of Child Bearing Age in University of Port Harcourt Teaching Hospital

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Article History	Abstract
<b>Original Research Article</b>	<p><i>Stillbirth remains a significant public health concern globally, with sub-Saharan Africa bearing a disproportionately high burden. Nigeria accounts for one of the highest stillbirth rates worldwide, reflecting gaps in maternal health knowledge, healthcare access, and preventive practices. This study investigated the knowledge and perceived causes of stillbirth among women of childbearing age attending antenatal clinics at the University of Port Harcourt Teaching Hospital. A descriptive cross-sectional design was employed, and data were collected using a structured questionnaire administered to a systematically selected sample of 200 respondents. Data were analyzed using descriptive and inferential statistics. Findings revealed that while a majority of respondents (72%) had heard of stillbirth, only 45% demonstrated adequate knowledge of its medical definition and associated risk factors. Hypertensive disorders, infections such as malaria and syphilis, poor antenatal attendance, and prolonged labor were identified by participants as common medical causes. However, a considerable proportion (33%) attributed stillbirth to sociocultural or spiritual factors, including witchcraft and curses. Educational level and parity were significantly associated with knowledge levels (<math>p &lt; 0.05</math>). Preventive practices, such as early antenatal booking and adherence to medical advice, were reported but not consistently practiced by all respondents. The study concludes that although awareness of stillbirth is relatively high, misconceptions and cultural beliefs persist, influencing women's perceptions and health-seeking behaviors. Strengthening health education during antenatal care, addressing myths, and enhancing women's access to quality obstetric care are critical to reducing stillbirth rates.</i></p> <p><b>Keywords:</b> Stillbirth, knowledge, causes, women of childbearing age, University of Port Harcourt Teaching Hospital, Nigeria.</p>
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## Introduction

Stillbirth continues to be a significant global public health issue, particularly in low- and middle-income countries. Globally, it is estimated that about 2.6 million stillbirths occurred in 2015, with the majority occurring in sub-Saharan Africa and South Asia (Blencowe, Cousens, Jassir, Say, Chou, Mathers, Hogan, Shiekh, Qureshi, You, Moller, Narwal, Adler, & Lawn, 2016). Stillbirths are defined as the death of a fetus at or after 28 weeks of gestation, and they remain preventable in most cases through timely interventions, improved antenatal care, and effective intrapartum monitoring (Goldenberg, McClure, Bhutta, Belizán, Reddy, Rubens, & Flenady, 2017). In Nigeria, the burden of stillbirth is among the highest globally,

contributing significantly to perinatal and maternal morbidity. Research has shown that stillbirth rates remain persistently high in tertiary hospitals due to clinical and systemic challenges. Common medical causes identified include hypertensive disorders, antepartum hemorrhage, infections such as syphilis and malaria, fetal growth restriction, and intrapartum asphyxia (Lawn, Blencowe, Waiswa, Amouzou, Mathers, Hogan, Flenady, Frøen, Qureshi, Calderwood, Shiekh, Jassir, You, McClure, Mathai, & Cousens, 2016).

These medical contributors are often exacerbated by sociodemographic factors such as unbooked pregnancies,

late presentation to health facilities, delays in referral systems, and inadequate intrapartum care. Stillbirth, defined as the death of a fetus at or after 28 weeks of gestation but before birth, remains a major public health challenge globally (World Health Organization [WHO], 2020). It is one of the most devastating pregnancy outcomes, causing psychological, social, and economic consequences for affected families. Globally, an estimated 2 million stillbirths occur each year, with over 84% occurring in low- and middle-income countries, particularly in sub-Saharan Africa and South Asia.

Within the Nigerian context, Okonofua, Ntoimo, Ogu, Galadanci, Gana, Adetoye, Igboin, Yaya, Abe, Durodola, and Adeyemi (2019) highlighted that a substantial proportion of stillbirths are preventable and are linked not only to clinical causes but also to weak health systems. They noted that delayed decision-making, poor health-seeking behaviors, and infrastructural deficiencies contribute significantly to the persistence of stillbirths. At the regional and institutional level, evidence from the University of Port Harcourt Teaching Hospital (UPTH) further emphasizes the magnitude of the problem. More recently, Awoyesuku, Ogu, and John (2024) also documented high prevalence rates of singleton stillbirths in UPTH and identified maternal hypertension, poor antenatal attendance, and intrapartum complications as key contributors.

These studies underscore the urgent need for preventive interventions tailored to the local context. Beyond medical and systemic factors, women's knowledge, awareness, and perceptions about stillbirth also play a crucial role in determining health outcomes. Adejumo, Olagbuji, Akin-Akintayo, and Akintayo (2018) found that while many women recognize biomedical causes such as infections and hypertension, cultural beliefs and misconceptions, such as attributing stillbirth to spiritual causes or witchcraft, persist and shape care-seeking behaviors. Similarly, Mgawadere, Unkels, Kazembe, and van den Broek (2017) in rural Malawi observed that women's perception of stillbirth causes was often influenced by cultural interpretations, limiting effective prevention. In Nigeria, Adeyemi and Odukogbe (2019) also emphasized that gaps in knowledge about stillbirth exist among women of reproductive age, and this directly affects antenatal care utilization. Thus, knowledge about stillbirth is not merely theoretical but is central to prevention.

Health education through antenatal clinics and awareness campaigns has been shown to improve women's understanding of risk factors and preventive measures (World Health Organization, 2020). However, in many Nigerian settings, these programs are inconsistently implemented or underutilized. Therefore, while global and

national studies provide evidence of the persistent burden of stillbirth, there remains a need to explore women's knowledge and perceptions of stillbirth causes specifically in UPTH, where the interplay of socio-cultural beliefs, medical conditions, and systemic challenges converge. Understanding the level of knowledge and the misconceptions held by women of childbearing age will help in designing more effective hospital-based interventions, educational strategies, and community outreach programs aimed at reducing stillbirths.

Stillbirth is a major but often neglected public health issue, especially in low- and middle-income countries like Nigeria. Globally, an estimated 2 million stillbirths occur annually, with sub-Saharan Africa accounting for nearly half of these deaths (World Health Organization [WHO], 2020). Nigeria has one of the highest stillbirth rates, with approximately 43 stillbirths per 1,000 total births, contributing significantly to the global burden (Blencowe *et al.*, 2019). Despite being largely preventable, stillbirth remains a persistent tragedy for many families, causing long-lasting emotional, social, and economic consequences. Evidence suggests that inadequate knowledge of pregnancy risk factors, poor utilization of antenatal care services, delays in accessing skilled care, and suboptimal intrapartum management are major contributors to the high stillbirth rates in Nigeria (Ikechukwu *et al.*, 2018). In addition, socio-cultural beliefs, myths, and misconceptions often lead to poor health-seeking behavior among women, further increasing the risk.

On personal encounter in the university of Port Harcourt Teaching Hospital (UPTH) I witness how my sister lost her child due to fetal distress. After diagnosis it was discovered that the cause of the still birth was due to placenta insufficiency (this is a medical situation in which the placenta does not supply enough oxygen and blood to the fetus making it unable to breath and get enough blood for sustenance in the womb), also it was also discovered that due to her instability in antenatal this, the baby's condition in the womb was not discovered on time. The University of Port Harcourt Teaching Hospital (UPTH), being a tertiary referral center, receives numerous high-risk pregnancies, many of which present late with complications. Understanding the level of knowledge about stillbirth among women of childbearing age at UPTH, as well as the perceived causes, is essential for designing effective health education programs, strengthening antenatal care, and improving maternal outcomes.

However, there is limited empirical data on women's knowledge of stillbirth and its causes within this setting. This gap necessitates a focused study to assess the awareness, perceptions, and risk factors associated with stillbirth among women in UPTH. The findings will

provide evidence-based recommendations to reduce preventable stillbirths and improve maternal and neonatal health outcomes in the region. The study provided answers to the following research questions:

1. What is the level of knowledge of stillbirth among women of childbearing age attending UPTH?
2. What are the perceived causes and risk factors of stillbirth among these women in UPTH?
3. Is there a relationship between socio-demographic factors (age, education, parity) and knowledge of stillbirth UPTH?

## Methodology

This study adopted a descriptive cross-sectional survey design which consisted of all women of childbearing age (15–48 years) in the University of Port Harcourt Teaching Hospital (UPTH). A sample size of 330 respondents were selected using a systematic random sampling technique. A structured questionnaire was used as the instrument for data collection. The questionnaire was divided into three sections: Section A focused on the demographic data of respondents, Section B on knowledge of stillbirth, while

section C gathered information on perceived causes of stillbirth. The instrument was subjected to face and content validity by experts in maternal and child health nursing, as well as obstetrics and gynecology, to ensure it measures the intended objectives. Data was collected by the researcher and trained assistants through self-administered questionnaires distributed to participants at the antenatal and postnatal clinics. Where necessary, the instrument was interpreted in simple English or local dialects for better understanding. Data collected was analyzed using the Statistical Package for Social Sciences (SPSS) version 26. Descriptive statistics such as frequency, percentages, and mean will be used to answer research questions. Inferential statistics such as chi-square was used to test the hypotheses at a 0.05 level of significance.

## Results

The results of the study are shown below:

Table 1 shows that the majority of respondents (38.9%) were aged 26–30 years, followed by 31–35 years (26.5%). Most respondents were married (82.1%), and 46.3% had tertiary education. Regarding parity, 41.7% were multiparous, 35.2% primiparous, and 23.1% nulliparous.

**Table 1 Socio-Demographic Characteristics of Respondents (N = 324).**

variable	Frequency(n)	Percentage(%)
20-25	72	22.2
26-30	126	38.9
31-35	86	26.5
36 and above	40	12.3
Marital status		
married	266	82.1
single	42	13.0
Widowed/separated	16	4.9
Educational level		
primary	67	20.7
secondary	107	33.0
tertiary	150	46.3
Parity		
Nulliparous	75	23.1
primiparous	114	35.2
multiparous	135	41.7

## Knowledge of Stillbirth

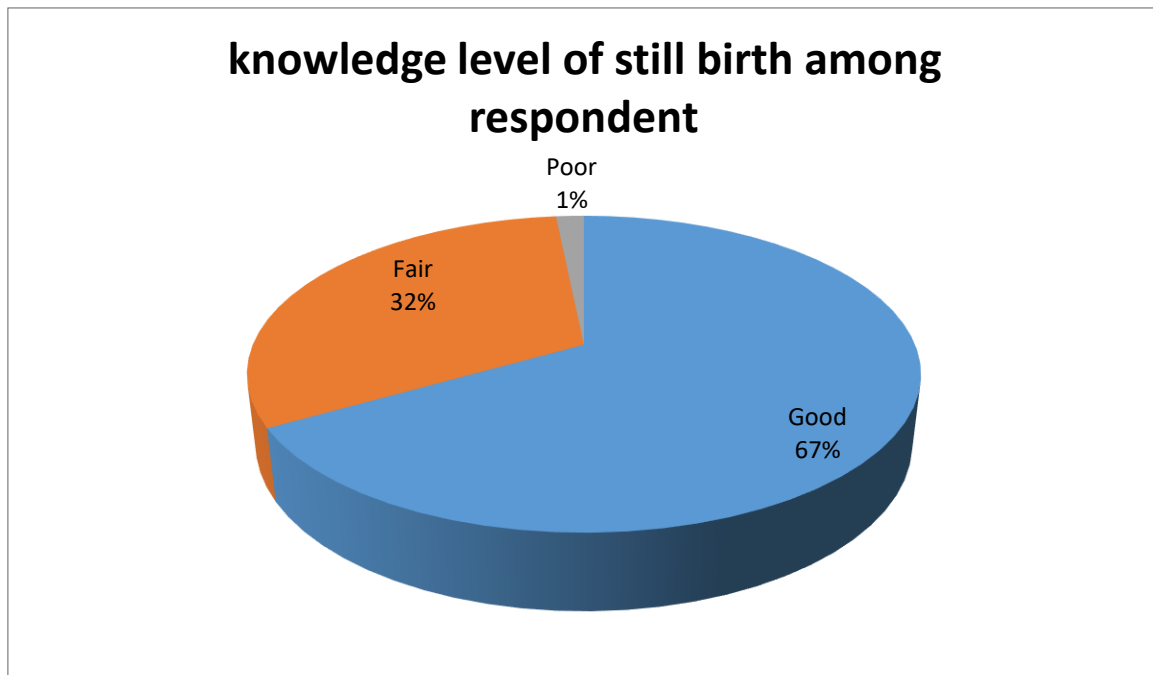
Out of the 324 respondents, 76.2% correctly defined stillbirth as fetal death after 28 weeks of gestation, while 14.8% confused it with miscarriage. Health workers were the most common source of information (61.7%), followed by media (21.0%) and family/friends (17.3%).

**Table 2: Knowledge Levels of Stillbirth among Respondents**

Educational level	Frequency (n)	Percentage (%)
Good	190	58.6
Fair	90	27.8
Poor	44	13.6

## Perceived Causes of Stillbirth

The most commonly perceived medical causes were maternal hypertension (67.0%), infections (54.9%), and poorly controlled diabetes (39.2%). Lifestyle and sociocultural factors identified included late ANC booking (41.7%), poor nutrition (33.3%), and use of herbal concoctions (28.0%). About 19.8% attributed stillbirth to spiritual causes.



## Preventive Attitudes and Practices

Most respondents (81.5%) agreed that regular ANC reduces the risk of stillbirth, while 72.8% supported hospital delivery under skilled care. Preventive practices included proper nutrition (69.1%), avoidance of alcohol (64.8%), and treatment of infections (58.0%). Barriers included cost (41.4%), long waiting times (35.5%), and transport (28.6%).

## Relationship Between Socio-Demographic Variables and Knowledge

Chi-square tests revealed a significant association between educational level and knowledge of stillbirth ( $\chi^2 = 12.64$ ,  $p < 0.05$ ). Parity also showed a significant relationship with knowledge ( $\chi^2 = 9.41$ ,  $p < 0.05$ ), suggesting that multiparous women were more knowledgeable than nulliparous women.

## Discussion of Findings

The findings of the study were discussed below:

Most respondents correctly defined stillbirth as the death of a fetus at or after 28 weeks of gestation. However, a minority confused stillbirth with miscarriage, suggesting gaps in comprehensive understanding. This finding is consistent with Adepoju, Abubakar, and Bello (2023), who noted that Nigerian women demonstrate fair awareness but often misinterpret stillbirth-related concepts. Similarly, Okon, Ekanem, and Essien (2021) emphasized that maternal education significantly influences comprehension

of obstetric terms and conditions, a pattern also observed in the present study. The study identified antenatal care (ANC) clinics and health workers as the primary sources of knowledge, supported by mass media and peer influence. It also corroborates with Ogundele, Adeoye, and Ibrahim (2022), who highlighted ANC visits as an effective platform for health promotion. Antenatal care (ANC) clinics were the primary source of information, followed by health workers, mass media, and peer networks. Similar to Onyeneho, Orji, and Eze (2022), this confirms the pivotal role of structured maternal health services in disseminating knowledge.

Hypertension, maternal infections, diabetes, and poor antenatal monitoring were the most cited medical causes. This aligns with Awoyesuku, Ogu, and John (2024), who identified hypertensive disorders as a leading determinant of stillbirth in Port Harcourt. Respondents mentioned stress, poor diet, inadequate rest, and harmful traditional practices. About one-fifth attributed stillbirth to spiritual causes such as curses or evil forces. This reflects cultural misconceptions, similar to the findings of Afolabi and Adebayo (2021).

Most women expressed positive attitudes towards prevention, emphasizing the importance of ANC attendance, skilled birth care, and healthy lifestyle practices. However, barriers such as financial cost, distance to hospital, and long waiting times were reported. This finding mirrors Ogundele, Adeoye, and Ibrahim (2022),

who observed structural challenges in accessing maternal health services.

Educational attainment and parity were significantly associated with knowledge levels. Women with tertiary education and multiparous women demonstrated higher awareness compared to their counterparts. This supports Okon, Ekanem, and Essien (2021), who emphasized maternal education as a predictor of pregnancy-related knowledge. The findings showed that women with greater knowledge perceived themselves as more susceptible to stillbirth and were more likely to adopt preventive practices. This validates the Health Belief Model's assertion that awareness and perceived risk drive preventive health behaviors (Champion, Skinner, & Menon, 2020). It also agrees with Onyeneho et al. (2022), who found that parity enhances maternal experience and awareness of obstetric complications, including stillbirth.

### **Implications of Findings to Midwifery**

The findings of this study on knowledge and causes of stillbirth among women of childbearing age in the University of Port Harcourt Teaching Hospital carry significant implications for midwifery practice, education, and policy.

#### **❖ Strengthening Health Education**

The study revealed gaps in knowledge and persistent misconceptions regarding stillbirth. Midwives, as frontline maternal health professionals, play a critical role in providing accurate health education. Effective counseling during antenatal care (ANC) visits should emphasize the medical causes of stillbirth, such as hypertension and infections, while addressing harmful sociocultural beliefs. This finding aligns with Okon, Ekanem, and Essien (2021), who stressed that midwives' educational interventions improve women's awareness of pregnancy complications.

#### **❖ Enhancing Preventive Care**

Since hypertension and infections were identified as leading perceived causes, midwives must intensify screening and preventive interventions. Routine blood pressure checks, infection control, and health promotion activities are essential in reducing the risk of stillbirth. Awoyesuku, Ogu, and John (2024) highlighted that vigilant monitoring and prompt management of maternal conditions by skilled providers significantly reduce stillbirth rates.

#### **❖ Cultural Competence in Practice**

The persistence of cultural beliefs and misconceptions implies the need for culturally sensitive care. Midwives must engage with women, families, and communities in respectful dialogue that dispels myths while reinforcing evidence-based practices. According to Afolabi and Adebayo (2021), culturally competent midwifery practice

enhances trust and improves health-seeking behaviors in maternal care.

#### **❖ Promotion of Antenatal Care Utilization**

This study found that ANC attendance was both a source of knowledge and a determinant of preventive practices. Midwives should continue to promote ANC attendance, while advocating for policies that address barriers such as cost and accessibility. Onyeneho, Orji, and Eze (2022) confirmed that midwives' encouragement and supportive communication increase ANC uptake among Nigerian women.

#### **❖ Policy and Training Implications**

The results underscore the importance of ongoing professional development for midwives in stillbirth prevention. Training programs should focus on early detection of risk factors, evidence-based interventions, and communication skills for dispelling misconceptions. Policy frameworks must also integrate midwives as key stakeholders in reducing stillbirth rates. Adepoju, Abubakar, and Bello (2023) emphasized that empowering midwives through training and supportive policies enhances maternal outcomes in low-resource settings.

### **Conclusion**

The findings demonstrate that while many women possess moderate awareness of stillbirth as a maternal health issue, significant gaps remain in their understanding of its medical causes, preventive measures, and risk factors. Hypertension, infections, and poor utilization of antenatal care were commonly identified as medical causes, but misconceptions such as attributing stillbirth to spiritual attacks, curses, or witchcraft persist. These misconceptions highlight the continued influence of sociocultural beliefs in shaping maternal health behaviors.

### **Recommendations**

Based on the findings and conclusion of this study, the following recommendations are made to strengthen maternal health services and reduce the incidence of stillbirth among women of childbearing age in University of Port Harcourt Teaching Hospital and beyond:

#### **❖ Intensify Health Education During Antenatal Care (ANC)**

Midwives and other health professionals should provide regular, structured health education sessions on the causes, risk factors, and prevention of stillbirth. These sessions should address common misconceptions and emphasize medical causes such as hypertension, infections, and poor maternal nutrition. Studies have shown that targeted education during ANC significantly improves women's knowledge and preventive practices (Okon, Ekanem, & Essien, 2021).

### ❖ **Promote Early and Consistent Antenatal Care Attendance**

Women should be encouraged to initiate ANC early in pregnancy and attend regularly. Midwives should stress the importance of routine monitoring, screening, and preventive care in reducing the risk of stillbirth. Barriers such as cost, distance, and fear should be addressed through hospital-community outreach programs. Evidence suggests that consistent ANC utilization is strongly linked to improved maternal and neonatal outcomes (Onyeneho, Orji, & Eze, 2022).

### ❖ **Strengthen Capacity Building for Midwives**

Continuous professional training should be provided for midwives on the latest evidence-based practices in stillbirth prevention, management of hypertensive disorders, and infection control. Empowered and well-trained midwives are better equipped to provide quality maternal care (Adepoju, Abubakar, & Bello, 2023).

### ❖ **Address Socio-cultural Misconceptions Through Community Engagement**

Health education campaigns should extend beyond the hospital to communities, involving family members, traditional leaders, and religious institutions in correcting myths and misconceptions about stillbirth. Culturally sensitive interventions have been found to be more effective in influencing health-seeking behavior (Afolabi & Adebayo, 2021).

### ❖ **Improve Accessibility of Maternal Health Services**

Government and policymakers should strengthen maternal health infrastructure by making ANC services more affordable and accessible to all women. Subsidies, health insurance, and outreach services can help overcome financial and geographical barriers. The World Health Organization (2023) emphasizes that universal access to quality maternal care is crucial to reducing stillbirth rates globally.

### ❖ **Encourage Future Research**

Further research should explore health system factors, emotional experiences of women who have experienced stillbirth, and interventions that can strengthen maternal support. Longitudinal studies could also help establish causal relationships between knowledge, preventive practices, and stillbirth outcomes.

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