

ABSTRACT

The premature death of a mother carries profound consequences for her family especially her surviving children placing them at risk of maladaptive outcomes in psychological wellbeing, physical growth and academic achievement. This study was conducted with the objective of determining the health and social implications of maternal deaths on families resident in the Western Province of Sri Lanka.

The study consisted of two components, a community based cross sectional study (comprising a descriptive and a comparative part) and a qualitative study. Maternally bereaved families of Western Province who had experienced a maternal death between January 1998 and December 2002 were identified from the records of the maternal mortality surveillance system maintained at the Family Health Bureau. One hundred and forty two bereaved families were identified of which six families could not be located.

In the first part of the cross sectional study the characteristics of the deceased mother, bereaved children and their caregivers and the bereaved father are described. In the second part, a cross sectional comparative study of two groups of children was conducted; maternally bereaved children (n=246) aged 16 years or less and a control group of children (n=203) of maternally non bereaved families. Matching was done on family with respect to family size, socioeconomic status of family and area of residence. Within the matched families, children were further matched on age group and sex.

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Component two comprised a qualitative study to describe the psychosocial impact of the maternal death on the bereaved spouse for which 30 bereaved spouses were selected randomly, 10 from each district.

Data were collected using an interviewer administered questionnaire by trained interviewers and in-depth interviews were conducted with the bereaved spouses by the Principal Investigator. Psychological wellbeing of the children was assessed using the Strengths and Difficulties Questionnaire (SDQ). Anthropometric measurements of children under five were obtained using standard techniques. Information on growth monitoring and immunization were extracted from the Child Health Development Record (CHDR). Educational performances of children were obtained from school teachers using a self administered questionnaire.

One hundred and thirty six bereaved families contained 246 children. The minimum time interval between the interview and the mother's death was 12.5 months with a mean of 41.2 ± 19 months. At the time of their mothers' death, 110 children were under one year of age and, of them, only 53% were ever breastfed. Approximately 42% of them were breast fed for less than a week. Complementary feeding was introduced before four months of age in 43% of children.

Approximately 10% of bereaved children under five were perceived to be in poor health three months prior to the interview by their caretaker and 23% were hospitalized at least

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once during the year prior to the interview. Twenty percent of bereaved children under five had experienced a home accident three months prior to the interview.

Forty three percent of the deceased mothers were 17-29 years at the time of the death; 29% had experienced two pregnancies during their lifetime and 45% had delivered one live birth. Heart disease complicating pregnancy and (19%) and post partum haemorrhage (17%) were the leading causes of death. Approximately 69% of mothers had died during the post natal period. In 62.5% of deceased mothers, the outcome of the last pregnancy was a live birth.

The integrity of the original family was disrupted in 39% (n=49) of families as fathers had moved out of the original home after the death of the mother for many reasons, the most frequent reason being re-marriage (44.9%). Bereaved siblings were dispersed to different locations, some not meeting with each other after the separation.

Extended family members were the caregivers of 68% of bereaved children, 41% being grandmothers. Eighteen percent of children were cared for by step mothers and nine percent by the father. Continuity of care giving was disrupted in 43% of bereaved children.

There were 155 children under five comprising 80 bereaved and 75 non bereaved children. Weight-for-age, weight-for-height and height-for-age z-scores were poorer in maternally bereaved children than non-bereaved children, though not significantly.

Educational performances of school children assessed by position in the class, exceptional ability and poor performance in subjects, and ability in games were not significantly different in the two groups of children. School attendance of bereaved children was significantly poorer than that of the non-bereaved children ($p=0.015$).

Bereaved children 4-16 years were significantly more psychologically vulnerable than non-bereaved children in four domains (prosocial behaviour, hyperactivity, emotional symptoms and peer relationships). The status of bereavement was a significant predictor of pro-social behaviour, hyperactivity, peer problems and total difficulties of bereaved children,

There were eight female infant deaths, of which, seven occurred in bereaved families and one in a non bereaved family.

Death of the wife leaving dependent children resulted in many problems to the spouse ranging from difficulties in undertaking unfamiliar tasks in households, emotional and physical vulnerability, reduced income generating capacity and unhealthy behavioural changes.

The support of the extended family network and the services provided by the public health sector may be responsible for bereaved children being comparable to non bereaved children in aspects such as physical growth and education. In addition to promoting and encouraging such children to be kept in the environment that they are used to, provision

of extra services by public health staff, school teachers and community volunteers with the assistance of the government and NGO sectors is recommended. This study also highlights the importance of an interventional programme, to alleviate the psychological vulnerability of members of the maternally bereaved families.