COMMUNICATION OF DEMISE MESSAGES TO GRIEVING PARENTS FOLLOWING A CHILD LOSS: A CASE STUDY OF "STILL A MUM" SUPPORT GROUP IN NAIROBI, KENYA

BY

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DECLARATIONS

Declaration by the student

This thesis is my original work and has not been presented for examination for an award of a degree in any institution. The proposal may not be reproduced in any form without the prior written permission of the author and/or Moi University.

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ABSTRACT

The loss of a child is a painful and traumatic experience, not only for the parents but also for close relatives and friends. This type of bereavement is followed by a period of grieving, during which affected parents face various challenges. One key challenge is the manner in which demise messages are communicated to them by those around them. Support groups such as "Still a Mum" have emerged as crucial spaces that bridge the gap between bereaved families and societal understanding in communicating such demise messages. "Still a Mum*"* is a Kenyan-based support group that provides psychosocial support to families experiencing miscarriage, stillbirth, and infant loss. The group works to improve bereavement care, raise public awareness on child loss, and educate communities on how to respond to grieving parents with compassion and sensitivity. The aim of the study was to investigate the manner in which communication of demise messages is relayed to grieving parents following a child loss: A Case study of "Still a Mum" support group, with the view to increase societal knowledge and awareness on the most effective ways to communicate demise messages on child loss to grieving parents. Despite immense global advances in bereavement care, significant gaps still exist in both theory and practice, particularly in low- and middle-income countries. One such gap is the lack of understanding of how bereaved parents receive and interpret demise messages from those around them. The study adopted an instrumental case study design and was conducted in Nairobi, Kenya. Thirty-five participants were involved: 30 bereaved parents, 3 medical professionals, and 2 counsellors. These individuals were selected from 500 members of *"*Still a Mum", with data collection continuing until saturation point was achieved. Using qualitative research approach, the study adopted a relativist interpretivist paradigm. Data was collected through semi-structured interviews and online focus group discussions and analyzed using Braun and Clarke's six-step thematic analysis model. The study was guided by four theoretical frameworks: Symbolic Interactionism, Lasswell's Model of Communication, the Dual Process Model of Coping with Bereavement, and Problematic Integration Theory. These theoretical frameworks provided an understanding of how grieving parents make sense of their loss, how demise messages are communicated, and how uncertainty and emotion are navigated. Findings indicated that demise messages should be passed in a sensitive and direct manner, while employing the use of supportive language. Clear and compassionate communication helped the bereaved parents feel supported and acknowledged, while vague or clinical communication made their healing journey difficult. In the study, social media emerged as a key support channel in the communication of demise messages. *"*Still a Mum" uses various online platforms to connect grieving families such as a website and social media pages. The study emphasized on the importance of practicing digital etiquette while using social media to communicate demise messages so as to avoid further trauma to the grieving parents. In conclusion, the study advocates for empathetic communication of demise messages with bereaved parents. Based on the findings, the study recommends the establishment of Respectful Bereavement Care structures in healthcare facilities, the inclusion of communication training for medical professionals, and greater public awareness on how to offer meaningful and sustained support to bereaved families in the communication of demise messages.

DEDICATION

This study is dedicated to my late daughter, Jada Machelle Wangu Kimina, who passed on 12 hours after birth and to all belated children of the parents in this study. May you rest well and know that though you are no longer physically with us, you are not forgotten.

Rest well with the angels dear children, till we meet again!

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All this though would not have been possible but for the Lord Almighty, who constantly reminded me in His holy word that I can do all things through Christ who strengthens me!

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LIST OF ABBREVIATIONS AND ACRONYMS

SaM - Still a Mum

FGD - Focus Group Discussion

PWAH - Parents with Angels in Heaven

RBC - Respectful Bereavement Care

ANC - Antenatal Clinic

CS - Caesarian Section

NICU - Neonatal Intensive Care Unit

MMC – Myelomeningocele (A severe form of Spina Bifida, a birth defect affecting the spinal canal)

TTC – Trying to Conceive

PTSD – Post Traumatic Stress Disorder

DPM- Dual Process Model

PIT- Problematic Integration Theory

OPERATIONAL DEFINITION OF TERMS

Effective communication is communication that is considered as having succeeded in passing across the message as intended by the sender.

Parents in this study mean a person's father or mother. These are the parents of the deceased child.

Society refers to all of the individuals who co-exist in neighborhoods.

Another definition of a society is a group of people who join together for a particular purpose (Oxford Advanced Learner's Dictionary, 11th edition).

This study adopted a combined definition of a society to mean people living together, having a shared way of life, customs and laws with the bereaved parents.

Perinatal Child loss in this study refers to the death of a baby that occurs either late in pregnancy (from 22 weeks of gestation) or within the first 7 days after birth. This includes both stillbirths and early neonatal deaths. The study focuses on parents—either biological or legal—who experienced such a loss in a healthcare setting and received a death notification from a healthcare provider.

Supportive communication is 'verbal and non-verbal behaviour produced with the intention of helping others perceived as needing that aid (Natalie, 2012).

Demise messages are messages offered in support of bereaved persons during loss to portray kindness and empathy.

"Still A Mum" is a social media support group that offers support to women and parents dealing with pregnancy and infant loss. This group is available on Facebook, X, Instagram and on the website www.stillamum.com.

Psycho-social support – This is a combination of psychological and social support `whereupon the bereaved parents are supported both for their emotional health and social relationships to help them to cope with the bereavement better.

CHAPTER ONE

INTRODUCTION AND BACKGROUND TO THE STUDY

1.1 Introduction

This chapter began by giving a global perspective of the communication of demise messages to grieving parents following a child loss; a case study of "Still a Mum" support group and then presented the local situation as experienced in Kenya. This chapter reviewed the context of the study both academic and social. It then presented the background study that informed this study and later on presented the statement of the problem. The aim of the study was also provided and the research questions that underpinned this study were reviewed. The significance of the study was also discussed. The chapter went further on to present the scope and limitations of this study and gave a conclusion of the chapter by explaining why the study was necessary.

1.1.1 Context of the study

The birth of a live baby is a highly anticipated event in the world over. The announcement of pregnancy is welcome news, not only for the parents-to- be but for the extended family as well. The birth of a child is expected to be smooth and result in a live child birth, but sometimes this is not the case. This is often the reason why the death of a child at whatever stage is considered a tragic event for the parents. Grieving parents at this period of loss have experienced various communication challenges of the demise messages directed at them from the society around them.

Death is universally inevitable, in defiance of energetic human efforts to prevent it through good nutrition, adequate exercise and the foregoing of destructive habits, as well as the firmly held belief that "medicine cures all". (Hoy, 2013). Human beings in the world over have an undeniable need to make sense of death. No society has been found yet that completely ignores the death of one of its own.

This study occurred in the discipline of Communication Studies under the field of Health Communication. Communication studies is a social science interested in examining how people communicate in our culture. (Em,2012). The field of study is called "Health Communication," and it deals with the theory and practice of disseminating knowledge that promotes health. (Em, 2012). Health communication qualifies as a field under communication studies because it also aims to improve communication techniques to inform people about how to improve their health or prevent certain health risks (Em, 2012). In line with the study, health communication seeks to provide healthy living by providing positive communication to the grieving parents to avoid health complications such as depression and diseases associated with stress such as ulcers. The study sought to increase societal knowledge and awareness on the most effective ways to communicate demise messages on child loss to the grieving parents.

In the context of this study, it helps to have know-how to communicate to the parents who have lost their children so as to make the mourning process smoother. It helps to be able to avoid health complications from diseases such as depression, which if not properly managed, can lead to high blood pressure, stroke and diabetes with instances of

fatality. In the case of the medical professionals communicating news about child loss, it is paramount if they have an idea of how to communicate this news as it will help the parents cope with the news of the death.

Health Communication also seeks to influence behaviour change which, in this study, seeks to change how the society communicates to parents who have lost their children. The focus of the study is interpersonal or group communication. Bad news triggers a stress reaction in the body, with the production of neurotransmitters and hormones that may be detrimental to health. Adrenaline will trigger the immediate sudden reaction to fight the reality of the sad news, powered by noradrenaline which prepares the body to respond. These may pass, but the cascade they activate of cortisol response when sustained, results in long-term effects on the body. Repeatedly hammering the same sad message home does more harm than good. (Bosire, 2017). The topic is Communication of demise messages to grieving parents following a child loss; a case study of "Still a Mum" support group in Nairobi, Kenya. The study will contribute to health communication by advocating for society to be better informed on how to communicate demise messages to the grieving parents.

1.1.2 Academic context

Death of an infant is a difficult phenomenon for the affected parents to comprehend. Compared with the death of adults, information about how to cope with the grief arising from pregnancy and infant loss, how to communicate about it and consequent healing from the loss is limited. (O'Leary 2007). Studies conducted in the USA show that nearly 53,000 children die annually which leaves the parents with the anguish of coping

with this loss. It is approximated that 19% of parents in USA have lost a child through death (Sherrie and Brian, 2010). Research from around the world shows that death notifications' timing, sensitivity, and clarity have a big influence on psychological adjustment (Meert et al., 2021). However, euphemisms and cultural taboos like "the baby is sleeping" are common in Africa and can cause confusion or protracted denial (Van den Broeck et al., 2023). In particular in medical settings, grieving parents often communicate a need for simple but caring messaging (Moll & Palk, 2023).

In Kenya, there are limited established standards on the communication of perinatal loss by healthcare professionals. Religion, age, gender norms, and community beliefs all have an impact on communication practices, which often leave parents feeling confused and emotionally abandoned (Mills et al., 2021). This situation is clearly captured in “Still a Mum” whereby the cases of child loss form the main topic of discussion. This is also evident in the way the society around these parents communicates with them at such times. The people around them may keep quiet whenever the parents walk into a room, conduct their conversations in hushed tones or even avoid eye contact with them all together. In addition, the society around these grieving parents also presents cliché statements that are assumed to be the most comforting messages to pass in the event of a demise of a loved one. All these verbal and non-verbal communication cues are found to affect the grieving parents negatively.

The society around these grieving parents is the main sources of support. It is therefore important that this source of support communicates in the most effective way to the parents so as to make the painful process more bearable. Those parents expected the

medical practitioners attending to them to be open and honest about the dying child's condition and the practical preparations for after death. (Journal of Clinical Nursing, 2002).

In Kenya, Uganda, and Malawi, breaking the news of stillbirths or neonatal deaths, medical professionals frequently report lack of official training or direction. Many people learn in the mud through experience alone since formal bereavement care is not included in training curricula. When faced with extremely emotional situations without institutional support, providers reported feeling unprepared and anxious (Ayebare et al., 2021; Muraya et al., 2022; Griffiths et al., 2023). In Kenya, thousands of families mourn the loss of their loved ones privately. The grief felt by them is unfathomable and as the society, it is good to offer a shoulder to cry on. It is critical how breaking the sad news of death to the bereaved family is done. In the event that a patient had been hospitalized for long and demise is more or less expected, things are a little easier because most times, family will be present and are less shocked, even if no less emotional. The patient care team is able to break the news directly to the family as the first recipients. The family members thereafter may call whomever they deem appropriate and pass on the news in an orderly fashion which gives them control over the process. (Bosire, 2017).

However, in the event of sudden death, this is more complicated. The emergency team bears the responsibility of confirming death of the patient. Once the reality of the situation sinks in to the family, shock and denial is a natural reaction. Some family members will scream, shout, punch walls among others, while others may lose consciousness, and those with medical conditions will have flare ups of negatives symptoms such as sharp rise in blood pressure and others go mute (Bosire, 2017). It

therefore calls on those working in healthcare to exercise cultural competency to enable them to provide appropriate support to the various cultural groups (Hoy, 2013).

1.1.3 Social context

The study was done in a Kenyan society that comprised of 35 individuals who are Kenyan parents, medical and counselling professionals drawn from various locations within Nairobi County. These parents were of different ages, backgrounds, educational levels, cultures, religions among others to represent diversity of opinions that enriched the study. The participants were sourced from “Still a Mum”, a social support group that brings together parents who have undergone child loss. The study sought to investigate the communication of demise messages to grieving parents from the society around them at the point of loss of their child.

In Kenya, the topic around death is treated as a taboo topic. Our cultural upbringing is reserved to talk about death, most of all child death. There are various words to represent death and any communication about death e.g. death can be referred to as sleeping, going to heaven etc. In the same Kenyan society, men are taught to be “strong” and not “to cry” following child loss. They often stand by their wives’ side while everyone asks them if they (their wives) are okay or how they are doing. It may not be the intention of the society but these grieving fathers often feel like people forget they have lost their babies too. (Njiru, 2021; Mills et al., 2021).

The bereaved parents usually want to keep talking about the deceased child and especially with those who knew the person who passed on. Together, they create a

narrative that integrates the deceased into the living and can stand the test of time. Therefore, it is believed that grief creates a lasting biography that allows the living to incorporate the memory of the deceased into their lives. This process is accomplished through ongoing communication with those who knew the deceased. The process is more talk-based than emotional, and it's intended to help people adjust to living without the deceased. (Dennis, Klass, and Neimeyer, 2014). Grief or mourning is mainly a social process rather than an internal one. The grieving families look outside of their immediate social networks to find the significance of this loss. Mourning is a situated interpretive and communicative activity charged with establishing the meaning of the deceased's life and death, as well as the post death status of the bereaved within the broader community concerned with the loss (Neimeyer, Klass, & Dennis, 2014).

1.2 Background Information

The study sought to find out the ideal way to communicate demise messages to grieving parents after the loss of their children. The research led to a Kenyan based social support group known as “Still a Mum” that was able to provide rich information on how to communicate demise messages to bereaved parents. “Still a Mum” was founded in 2015 by Wanjiru Kihusa. Wanjiru Kihusa is Kenyan lady who made headlines when she went public with her inspiring story after two disheartening miscarriages. She lost her first baby after 20 weeks of pregnancy and after three months decided to give motherhood another chance. Her desire to be a mother was again cut short when she miscarried her second child at only seven weeks gestation. Wanjiru Kihusa came out to demystify the myths surrounding miscarriages and infertility by openly talking about

the hushed topic of miscarriage. Borrowing from her encounter, Wanjiru believes many women are suffering in silence for all the stigma and shame that come with miscarriages. Her experience is what inspired her to start the “Still A Mum” support forum in 2015 for parents who have undergone similar loss.

The study was conducted in Nairobi, a city in Kenya. Nairobi is cosmopolitan county that attracts all and sundry in search of better livelihoods and living conditions. Nairobi is ideal as it provides a wide range of viewpoints and lived experiences from people of different social classes, genders, ages, ethnic backgrounds, and professions. The different demographics of the target population are believed provided in-depth information to enrich this study. The choice of Nairobi and not any other location was informed by the physical location of “Still A Mum” support group whose office is based in Nairobi. In addition, the target population of the study was also based in Nairobi, making it more convenient to access the target population of the study.

1.2.1 “Still a Mum” support group

“Still a Mum” is a social support group that provides support to parents and families dealing with miscarriage, still birth and infant loss. “Still a Mum” works to enhance the support that bereaved parents receive and to raise consciousness of child loss and how society should react when a child dies. “Still a Mum” provides support group sessions for the bereaved parents. People can share their experiences, ask questions, and offer support to one another during the sessions, allowing them to grieve and recover together. A grief counselor joins some of the meetings to offer guidance and respond to queries about grieving a loss. (www.stillamum.com.) “Still a Mum” recognizes the

prevalence of numerous myths and misunderstandings regarding pregnancy and infant loss. Their mandate includes dispelling these myths and educating the people on the truth.

To date, the group has supported fathers and other members of the society who are seeking ways to support those who have undergone child loss. The group is comprised of parents who have undergone child loss at some point in their parenting journey, medics and professional grief counsellors who take care of the psychological needs of the members who need counselling. This includes health care providers, religious institutions, the media fraternity, educational institutions, the government and corporate entities. SaM has supported bereaved families in Kenya and beyond. Grieving parents from countries such as USA, India, Greece, Dubai, Uganda, Tanzania, Nigeria, South Africa and other countries have sought their services. This number keeps rising as more and more parents experience child loss. The above reasons informed the reasons for settling on “Still a Mum” as the choice of the case study. In addition, it has multiple access points i.e. Facebook, X, Instagram, website, physical locations e.t.c which enables it to cater for the members in the platform most convenient for them. This multiple touch points also influenced the choice of “Still a Mum” over other groups.

"Still a Mum" is an example of a culturally grounded intervention that parents participate in peer counseling, memorial rituals, and story sharing activities that are often lacking in healthcare settings. These models are in line with international best practices for bereavement support, especially in areas with limited resources (Mills et al., 2021).

1.2.2 Objectives of the Study

i. To investigate how demise messages are communicated to grieving parents following the death of a child.
ii. To examine the role of social media in communicating demise messages to grieving parents.
iii. To identify strategies used by "Still a Mum" in communicating demise messages and assess their effectiveness.
iv. To analyze the communication challenges faced by grieving parents during child loss in Kenya.
v. To propose recommendations for improving communication practices during child loss situations.

1.3 Statement of the Problem

Communication, whether verbal and non-verbal, has a powerful effect on a person who has undergone child loss. In the event of child loss, communication from the society to the grieving parents at the point of loss is not easy to conduct. Usually, the society around these parents has little idea of what to say to them. More often than not, this society opts to keep completely quiet or communicate the wrong messages without knowing the negative effects this communication presents to the grieving parents. The respondents from the "Still a mum" group expressed that they experienced a huge challenge in the communication directed at them from the society around them when they experienced post-natal child loss. They posited that some of their friends made insensitive remarks such as *"Why did you choose to deliver in that hospital? Why did*

you work till the last days? Why didn't you see specialist so and so?" Others went as far and were told by their workmates that they should have rested more during the pregnancy and not worked as much. This kind of mis-communication ends up putting a big strain on these relationships. ("Still a Mum" Facebook post).

1.3.1 Social problem

In the unfortunate event of child loss through death, the society has experienced challenges in communicating to the parents of the deceased children. From our Kenyan forefathers, the topic of death has been shrouded in mystery and secrecy. The society expects that it is parents who will be buried by their children and not the parent burying their children.

Society, therefore, in times of death communicates cliché statements such as "*your baby is unwell, please come"* yet the child has already passed on, all in an attempt to delay communicating the news of the death. This is meant to psychologically prepare the parents to receive news of the death. This kind of communication is what we have learnt from our forefathers and has been passed down from generation to generation. Statements such as "*The late child is in a better place", "Do not worry you will get another one," or "The deceased is better off dead because they were suffering," "You are lucky you still have other live children*" among others are commonplace in our society. The impact of this kind of communication on the parent is that it makes the healing process more difficult.

The society has been guilty of breaking the etiquette code regarding news about death, from our well-intentioned RIP posts on Twitter, to downright callous posts of pictures of the deceased being shared on social media. The moment one hears that someone has passed on, there emerges a social media frenzy to post on the deceased social media pages, with little regard as to whether the family has consented to sharing of the news. Conspiracy theories about the cause of death abound and the bereaved are stripped of their private moments to absorb their losses. The departed person is judged and his character assassinated by the public that comprises of a perfect stranger, and the family knows no peace. The mother who has lost her son may be hypertensive and the cold manner of breaking the news may result in an unwarranted stress or even a heart attack (Bosire, 2017).

In a Facebook post by one of the group members, this is clearly depicted in the statement, "*When we do not talk about infant loss, we force the women to shoulder the burden of grief alone. We say it takes a village when we are raising children, but if there is a loss we shy away and make women feel like they are alone*." The medical staff may be well meaning but more often than not their communication to the grieving parent may be misunderstood to imply lack of empathy. The communication from the medical staff handling the parents may include words such as "*Your baby is asleep'', "We have seen many cases such as these", Why are you crying as if you are the first parents to lose a child?"* etc.

Communication such as these demonstrates that communication from the society during the period of loss is oft times improper and consequently ineffective. The society should

be impressed upon to exercise empathy and care whilst communicating to these parents at that time of loss (Paige, 2013).

1.3.2 Academic problem

Losing a child is a devastating and drastically life altering experience for parents. There rises a challenge in our Kenyan society on how best to communicate to parents who have lost their children through death. The experience of losing a child is deemed to be one of the most painful to the parents. There is need for more studies that focuses on communication during death in the African context. The parents of the deceased child experience shock, grief, and uncertainty as they gradually come to terms with the reality of the child's passing. Communication at this point to the parents from the society should therefore be sensitive and thought through (supportive communication).

Communication of this nature is often times insensitive and makes the parents take longer to heal. (Susan, Hibdon and Sharon, 2003). This is seen to contribute majorly to depression and diseases brought about by stress such as ulcers. The communication of demise messages to grieving parents following the death of a child is a profoundly sensitive and complex process that requires empathy, cultural competence, and professional skill. Prior research has established that the way such messages are conveyed significantly influences the psychological wellbeing of bereaved parents (Arnold & Gemma, 2008; Papadatou, 2009). Studies in medical and palliative care settings have shown that poor communication—characterized by vagueness, lack of emotional attunement, or clinical detachment—can intensify trauma and complicate the grieving process (Hendson et al., 2015; Contro et al., 2004). Research has also

emphasized the importance of timing, tone, body language, and word choice, especially when healthcare professionals or social workers are involved (McLellan et al., 2013). There is need therefore to exercise etiquette in communication about death, more so on social media.

1.4 Aim of the Study

The aim of the study was to investigate the manner in which communication of demise messages is relayed to grieving parents following a child loss: A Case study of "Still a Mum" support group, with the view to increase societal knowledge and awareness on the most effective ways to communicate demise messages on child loss to grieving parents. The end result that the study will provide will be presenting strategies that the society should adopt while passing demise messages to bereaved parents and be enlightened on how to offer supportive communication at the point of the loss and beyond. The interventions the study intends to achieve includes the need for medical facilities to set policies that guide the communication of demise messages such as Respectful Bereavement Care structures in healthcare facilities, the inclusion of communication training for medical professionals, and greater public awareness on how to offer meaningful and sustained support to bereaved families in the communication of demise messages.

1.5 Research Questions

The research questions that guided this study were as follows;

1. How are demise messages communicated to grieving parents following the death of their child?
2. What is the role of social media in conveying demise messages to grieving parents following a child loss?
3. What strategies are recommended by the “Still a Mum” social media group in communicating demise messages to grieving parents?

1.6 Significance of the Study

The significance of the study is that this study will play a great role in enabling behaviour change in society in the manner in which it communicates demise messages to bereaved parents following child loss. This study is important as it will create public awareness on how to communicate during the point of child loss and offer guidance on the response by the society. This study will offer direction on policies to guide on respectful bereavement care practices in a set-up such as in healthcare institutions to enable the team handling the bereaved parents communicate the demise messages in a professional manner. In academia, the study will contribute in shaping curriculum studies on communication of demise messages to students of psychology or health related fields. In the workplace, this study will contribute to knowledge that human resource professionals can adopt to support their employees who may be bereaved and need support in coping while at the work place.

1.7 Scope and Limitations of the Study

1.7.1 Scope of the Study

In terms of scope, the study covered in length the communication of demise messages to grieving parents following the loss of a child. It illustrated both the verbal and non-verbal communication given from the Kenyan society to these parents. Verbal communication in this context is the way people in the society communicate to them orally, which will to some extent, also include the same people speaking in hushed tones around them. Non-verbal communication on the other hand, is communication to the parents that includes pitiful looks from people around them whenever they see them, appearing uncomfortable in their presence or even being silent. The study then presented scenarios from these parents on how the society communicated to them during their period of child loss and also provided recommendations, not only from them but also from the selected professionals on how best this demise communication should be delivered.

1.7.1.1 Contextual scope

The study was derived from the real-life experiences of parents, medical professionals and counsellors. They were drawn from “Still a Mum”, a support group to provide information for this study. The parents were from different cultures, backgrounds and educational levels. This study was specific in studying the perinatal child loss, which is the loss of a child through a miscarriage, ectopic pregnancy, still birth and the death of a child a few days after birth.

The study took place in Nairobi County. It studied how demise messages are conveyed to grieving parents following the loss of a child. The society here comprises of the people that the parents interact with on a daily basis including friends, relatives, colleagues, medical staff, business partners, staff, the religious groups they ascribe to and so forth.

1.7.1.2 Methodological scope

This study adopted the Qualitative Research Approach. This methodology was ideal for this research because it allows for great detail and flexibility in studying a phenomenon while also being specific, providing multiple interpretations of the data collected (Ong'ondo and Jwan 2011). The study focused on a case study of “Still a Mum”, a support group with presence on different social media outlets namely Facebook, WhatsApp, Twitter and Instagram.

The methods adopted in this study included:

a. Semi-structured interviews

Semi-structured interviews were conducted on the five professionals for their input.

b. Online interview focus group discussions

This analyzed in length the content of the Group that is related to this study. It studied the WhatsApp posts that the participants put up and the comment threads that followed. This was done through the creation of different WhatsApp groups to discuss the matter under investigation.

1.7.2 Limitations of the study

The study is sensitive in nature as it is discussing child loss which is emotive. The challenges anticipated to be encountered in the study were that due to the sensitive nature of this study, parents would have difficulties in reliving their loss and may have emotional triggers brought about by the responses to the interview questions in the FGD. The solution to this limitation is that the FGD's are to have a grief counsellor present who would be able to support the parents should they encounter the triggers. In addition, the target population would be allowed to take breaks whenever the weight of the discussion bears heavily on them.

1.8 Chapter Summary

This chapter began by introducing the study by providing context of the study both academic and social. It went on further to provide background information that informed the study. The chapter then discussed the statement of the problem, the aim, the research questions that informed the study, scope and limitations of the study and finally highlighted the significance of the study.

1.9 Structure of the Thesis

Chapter one of this thesis set the pace of the study by presenting an introduction that informed the study, provided the context in which the study was founded on, presented the problem statement, gave the background information that underpinned the research, provided the main research questions, presented the scope and limitations of the study and highlighted the significance of the study**.**

Chapter two of the thesis reviewed the related literature that the study is based on and the theories that the research was underpinned on.

Chapter three of this research provided the research methodology of the study, discussed the research philosophical paradigm, the research approach adopted for the study, the research design, target population that were used in the research, the data collection procedures, the reliability and validity of the data collected and the ethical considerations adopted in the research.

Chapter four of this study presented the data presentation and analysis based on the research questions.

Chapter five provided the summary of findings, conclusion and recommendations.

CHAPTER TWO

LITERATURE REVIEW

2.1 Introduction

This chapter reviewed the existing theoretical and empirical literature on communication after a death, focusing on global, regional, and Kenyan points of view. It explained the theoretical frameworks that guided the study, gave an overview of the conceptual understanding of demise messaging, and pointed out important gaps in knowledge that this research aimed to fill.

2.1.1 Definition of Literature Review

Literature review is a structured and critical examination of existing scholarly sources related to a specific research topic. Literature review situates the current study within the broader academic discourse, identifying what has already been studied, the methods used, existing theories, knowledge gaps, and how the current research builds upon or deviates from previous work. Literature review is a written summary of journal articles, books.

2.1.2 Relevance of Literature Review to the Study

The relevance of a literature review to the study is that it lays the foundation for the entire research process and ensures that the study is informed, credible, and situated within existing knowledge. It does this by:

1. Providing background and context
2. Clarifying the research problem
3. Preventing duplication
4. Building a theoretical framework
5. Informing the research design and methodology
6. Establishing credibility and scholarly grounding

2.2 The Concept of Bereavement Communication

The term bereavement communication describes how people express, understand, and deal with death-related information. Following loss, it encompasses written, spoken, nonverbal, and symbolic messages shared among peers, family, professionals, and caregivers.

Research from around the world shows that death notifications' timing, sensitivity, and clarity have a big influence on psychological adjustment (Meert et al., 2021). However, euphemisms and cultural taboos like "the baby is sleeping" are common in Africa and can cause confusion or protracted denial (Van den Broeck et al., 2023). In particular in medical settings, grieving parents often communicate a need for simple but caring messaging (Moll & Palk, 2023).

In Kenya, there are no established standards on the communication of perinatal loss by healthcare professionals. Religion, age, gender norms, and community beliefs all have an impact on communication practices, which often leave parents feeling confused and emotionally abandoned (Mills et al., 2021).

2.3 Theoretical Frameworks

In this study, four interconnected theoretical frameworks, Symbolic Interactionism, Lasswell's Model of Communication, the Dual Process Model of Coping with Bereavement, and Problematic Integration Theory, are used to examine how to convey death messages to bereaved parents. While adopted as entirely, these theories offer insight into the cognitive, structural, emotional, and cultural aspects of grief communication. In addition to advancing one or more of the study's objectives, each theory clarifies how bereaved parents in Kenya recognize, understand, and internalize demise messages.

2.3.1 Symbolic Interactionism Theory

Symbolic Interactionism theory was first developed by George Herbert Mead in 1934 and later formalized by Blumer in 1969. The theory asserts that people use shared symbols to make sense of certain social interactions. After a person's demise, the language, practices, and cultural practices people use to talk about death possess a lot of implications. In this study, Symbolic Interactionism theory seeks to find out how grieving parents receive information regarding death. In Kenyan mourning situations, people often use euphemisms like "the baby is sleeping" or "God has taken the child" to try to render the situation more bearable. However, this kind of symbolic language can also make the message ambiguous, make people deny the occurrence or lead to taking a longer period to deal with the grief.

The adoption of this theory during bereavement is additionally supported by recent research. As demonstrated by LoConto and Jones-Pruett (2008), rituals and common vocabulary assist grieving individuals with cognitive impairments to create meaning. The Lango community in Northern Uganda was the focus of a qualitative ethnographic study that revealed how the community constructs meaning around perinatal death via culturally embedded symbols like burial customs, naming rituals, and silence. Findings of the study demonstrate how such symbolic actions have an influence on the ability to perceive, express, and integrate loss into society. The theory's underscores death communication as highlighted by how these cultural expressions influence both individual and societal grieving reactions (Nalubega et al., 2023).

Similarly, Ayebare et al.'s (2021) study in Kenya and Uganda investigated how grieving parents perceived support and care after a stillbirth. Despite not fully focusing on symbolic interactionism, the study demonstrated how parents interpret the body language, speech, and gestures of healthcare professionals during the grieving process, even though it was not specifically based on symbolic interactionism. Interpretations of symbolic actions, such as the respectful handling of the infant's body, the presence or absence of condolence messages, and the language used when breaking bad news, frequently acted as mediators of participants' emotional responses. Parents' grieving processes and understanding of their loss were greatly influenced by these symbolic cues.

These studies further emphasize that the communication of death involves not only the real transmission of death but also how ritualistic, verbal, or embodied symbolic

behaviors influence loss interpretation and its effect on people emotionally. Consequently, symbolic interactionism provides a solid framework for comprehending the complexities of communication during bereavement, particularly in African sociocultural contexts.

Similar to this, in peer support groups like "Still a Mum," symbolic actions like naming lost babies, lighting candles, or referring to them as "angel babies" assist bereaved parents in redefining who they are and finding support from others. Therefore, symbolic interactionism aids in the explanation of how group-based and societal meanings influence how death messages are received and interpreted.

2.3.2 Lasswell's Model of Communication

The Harold Lasswell's communication model provides a fundamental framework for examining the transmission and reception of information expressed in the structure "Who says what, in which channel, to whom, and with what effect?" (Sapienza et al., 2015). This model anchors the study's objectives to explore how demise messages are communicated to grieving parents and assess the strategies used by "Still a Mum" in bereavement support. The model offers a framework for evaluating the strategies adopted by "Still a Mum" to convey demise messages and how the messages are constructed. As an example, the model structures the research study to explore how messages are channeled by peers, religious leaders or medical professionals. The channels of communication, whether written, digital, or in-person, affect how grieving parents perceive and react to their loss.

This model is useful for mapping the logistics of communication in bereavement situations, including who delivers the message, how it is communicated and how it is interpreted. Lasswell's model for structured assessment grounds many studies in health communication, especially when the communicator's role and message channels largely impact on emotional reactions (Albalawi & Sixsmith, 2023; Hawkins & Bull, 2024).

The model however, has some significant drawbacks as it is grounded on the assumption that communication happens in linearity and ignores contextual elements like cultural quirks, power dynamics, such as the hierarchy between parents and doctors and emotional vulnerability. The cultural framing of death and loss, power imbalances, such as those between doctors and bereaved parents, and the recipients' emotional vulnerability are all not sufficiently addressed (Sapienza et al., 2015). These restrictions are particularly noticeable in death communication, where cultural sensitivity, tone, and empathy frequently have a greater influence than the actual content of the message (Hawkins & Bull, 2024).

To properly capture the intricate relational and emotional dynamics present in bereavement settings, Lasswell's model requires to be supplementary to interpretive and context-sensitive frameworks, such as Symbolic Interactionism, while being useful to assess the direction and structure of communication.

2.3.3 Dual Process Model of Coping with Bereavement

Stroebe and Schut (1999) developed the Dual Process Model (DPM), a theory that describes bereavement as an ongoing cycle between two coping strategies: restoration-

oriented; adjusting to life after loss and loss-oriented; emotional engagement with grief. This model is directly correlated with the study's objective to evaluate the function of social media in providing grief support and to determine the tactics employed by "Still a Mum." According to this framework, social media platforms can facilitate practical support, including setting up peer meetings or obtaining counseling and providing a forum for emotional expression.

DPM is further validated by recent research. Larsen et al. (2024) investigated how grieving individuals shift between active problem-solving and emotional vulnerability through participatory action methods. In a hospice study, Tey and Lee (2022) observed that structured interventions that motivated oscillation resulted in better long-term adjustment. However, in cultures that demand stoicism, particularly from men, DPM presuppose the freedom to express grief, which may not always be available. This natural oscillation may be limited in Kenya by gender-specific standards and the societal taboo around child loss. Consequently, although DPM supports in the comprehension of coping strategies, it needs to be placed within the context of regional social dynamics.

2.3.4 Problematic Integration Theory

Ronald C. Babrow developed the Problematic Integration Theory (PIT) in 1992. The theory offers a framework for comprehending how people deal with internal conflicts between people's probabilistic positions and evaluative beliefs. According to PIT, communication is crucial in forming these perspectives and the challenges people face in bringing them in tandem. Divergence between probabilities and values, ambiguity,

ambivalence, and the sense of impossibility are the four main types of problematic integration highlighted by the theory. PIT initially sought to explain uncertainty in everyday communication, has since acquired an extensive traction in the field of health communication, especially in studies related to risk, loss, and emotional complexity (Babrow, 1992).

In particular the framework is appropriate to investigate the internal conflict that emerges when people experience differences between their expectations, desires and real experiences, especially in emotionally charged situations (Chatterjee & Kozar, 2020). This study's fourth objective, which seeks to identify challenges faced by grieving parents in understanding and coping with demise communication, aligns with PIT. The theory explains how parents deal with contradicting messages, such as hearing hopeful euphemisms for example "the child is resting" while observing clinical behavior indicating otherwise, thus causes emotional distress and cognitive dissonance.

Additionally, PIT has been used in health communication research to examine how individuals navigate these internal conflicts. For example, a research study on hospice care providers demonstrates how interdisciplinary teams use communication techniques like patient-led messaging, disclaimers and indirect disclosures to manage value conflicts and uncertainties (Chatterjee & Kozar, 2020; Drummond et al., 2022). Similarly, PIT frameworks are often used to conceptualize the uncertainties that patients and providers face, such as conflicting expectations or unclear information (Wellcome Open Research, 2024).

The PIT framework is relatively unexplored in bereavement research, despite its importance; yet it efficiently conveys the perplexity that bereaved parents in this study experienced when presented with unclear or conflicting information. Although PIT effectively elucidates on the cognitive-emotional conflict brought on through such integration failures, the theory does not acknowledge the spiritual or culturally embedded aspects of Kenyan grieving customs. PIT therefore is crucial for comprehending emotional discord, but in order to completely capture the social and spiritual subtleties of grief communication in Kenya, it needs to be supplemented with culturally oriented theories like symbolic interactionism.

2.4 Review of Related Literature

2.4.1 Communication of Demise Messages to Grieving Parents Following the Death of Their Child

2.4.1.1 Communication of Demise Messages to Grieving Parents Following the Death of Their Child in a healthcare set up

In Kenya, Uganda, and Malawi, breaking the news of stillbirths or neonatal deaths, medical professionals frequently report lack of official training or direction. Many people learn in the mud through experience alone since formal bereavement care is not included in training curricula. When faced with extremely emotional situations without institutional support, providers reported feeling unprepared and anxious (Ayebare et al., 2021; Muraya et al., 2022; Griffiths et al., 2023). According to a study finding by Tugume et al., (2023), no formal procedures or specialized training on bereavement in Uganda were conducted. Healthcare workers eluded or postponed disclosure due to ill-

preparedness and fear of upsetting the bereaved. Further studies done among women in Malawi, Tanzania and Zambia indicated bereavement care was frequently described as abrupt, medically oriented and emotionally devoid. Additionally, death notifications were occasionally sent without partners, with minimal emotional support resulting in long-term psychological strain, confusion, and feelings of abandonment (Lynch et al., 2021; Van den Broeck et al., 2023). Grieving parents reported frequent denial of time to ask questions or process the loss in addition to frequent privacy violations. The disparities impeded emotional healing and directly led to disenfranchised grief (Ayebare et al., 2021).

The most traumatic event a family can go through is undoubtedly the death of a child. The way that the family and medical staff communicate around the time of the death affects both the immediate effects and the long-term recovery for the family, particularly the parents of the deceased child. This is especially true when a child dies in a hospital a few hours or days after birth. The actions and remarks of the medical staff are remembered, frequently vividly and verbatim, and they have the power to either make the parents' suffering worse or better. Many people, including some ICU staff, find it extremely difficult to be around parents who are about to lose their kid or have recently lost a child. Frequently, they lack the necessary skills. (Joanna and Peter 2014).

Parents also treasure the emotional support provided by follow up contacts with health-care professionals after the death of their children. Most of all, the parents would like some clear communication to them on what exactly happened from the health professionals and also to be helped in the healing process. The clear communication

goes a long way in getting closure and forging the way ahead. Families who suffer miscarriage, stillbirth, fetal anomalies, or therapeutic abortion for genetic or congenital abnormalities can benefit from the complete program created by the Support Center for Perinatal and Childhood Death (USA) (Burleson and Mac George, 2002).

2.4.1.2 Gender, Culture, and Grief

In many East and Southern African societies, patriarchal norms marginalize men's experiences of grief therefore placing the majority of the responsibility to provide emotional care on women. Men in Botswana reported experiencing "silent sorrow" and being shut out of support networks, highlighting how masculinized norms stifle fathers' emotional expression following perinatal loss (Motswapong & Mmolai, 2022). Similar accounts were reported in Kenya, indicating grieving fathers talked about feeling alone, unrecognized, and forced to play the role of stoic provider despite experiencing severe loss (Njiru, 2021; Mills et al., 2021).

Beliefs in religion, tradition and the paranormal have additionally played a significant impact on grieving as stillbirths are commonly framed in Kenya and Uganda as a result of moral transgressions, witchcraft or God's plan, leading to social exclusion, stigma, and blame. These cultural norms often make it more difficult to get support from the community and encourage men in particular to keep quiet about such losses (Muraya et al., 2022; Van den Broeck et al., 2023).

Not just feeling melancholic is part of the mourning process. It is a particular psychological process that enables people to extend their love to those who are still

alive while letting go of some of the emotions they have invested in a deceased person. Mourning is seen as difficult and emotional (Weiss, Fischer and Richman, 2008).

2.4.2 The Role of Social Media in Conveying Demise Messages to Grieving Parents following a Child Loss

Facebook and WhatsApp are two social media sites that have grown in importance for grieving communication. The sites provide emotional outlets, community connection and immediacy, although premature or careless communication on these platforms, can worsen grief and violate privacy. In order to prevent emotional harm, Aiseng (2024) highlights the necessity of culturally sensitive guidelines for digital mourning.

Social media's capacity to foster emotional resilience and peer support is demonstrated by a case study conducted in Kenya by Wamue-Ngare & Ngure, (2022) on the use of social media for mental health awareness. The study indicated that Online communities provided a safe space for sharing experiences and mutual support, according to participants in the study, which was not specifically focused on grief. These findings indicate that social media includes wider therapeutic potential in bereavement settings.

2.4.2.1 Social Media and Bereavement Support in Kenya

Digital platforms such as WhatsApp and Facebook have increasingly become essential tools in the dissemination of demise messages and psychosocial support among bereaved parents in Kenya. In a community case study, Ongeri et al. (2021) show how Kenyan mental health professionals have embraced social media to raise awareness of mental health issues and offer emotional support to populations that are at risk. This

finding aligns with practices observed in the “Still a Mum” support group, which uses social media forums not only for grief-sharing but also for structured interventions such as online therapy sessions, peer encouragement and educational campaigns.

In a similar perspective, Aiseng (2024) examines the experiences of digital mourning in Taung, South Africa, where cultural views regarding privacy and death often clash with grief expressed on social media sites like Facebook. Whenever death became public before customs or family consent have been respected, study participants expressed emotional distress. Parents in the current study reported feeling shocked and hurt when their child's death was prematurely shared online without authorization, thus being consistent with this finding. While discussing child death, both studies emphasize how important it is to use digital ethics and respect as well as cultural aware online practices.

2.4.3 Strategies recommended by the “Still a Mum” Social Media Group in Communicating Demise Messages to Grieving Parents

2.4.3.1 Cultural Context and Perinatal Bereavement in East Africa

In East Africa, the cultural aspects of death messages are still not well studied, even though they are crucial in determining how people react to grief. According to a qualitative study by Kiguli et al. (2021) carried out in Kenya and Uganda, cultural taboos surrounding infant loss frequently keep bereaved mothers silent and keep them from getting official or informal support. Participants reported encouragement to have another child right away and not to talk about the deceased babies. This is consistent with responses from study participants that described how statements like "you'll get

another baby" indicated invalidation, underscoring the pervasive emotional minimization ingrained in regional beliefs.

Additionally, Pasquier et al. (2022) offer an informed standpoint on the value of peer-based social support for women who have lost a child to stillbirth. The study demonstrates that social networks provide a safe environment for grieving mothers to process the loss and create new identities, in addition to providing emotional validation. These results lend validity to the value of peer-led programs such as "Still a Mum," which employ ritualization, storytelling, and group resilience-building techniques to support and empower bereaved parents.

2.4.3.2 Peer Support and Group Interventions

Peer support groups, both online and in-person, are essential emotional spaces for bereaved parents. Group settings provide ritual-based expression, compassion, and validation in contexts where healthcare systems lack bereavement protocols. Peer network benefits, such as a sense of belonging and less isolation, have been reported in case studies in other countries in perinatal loss contexts, despite minimal research in Kenya (Ochieng & Achieng, 2020; Muraya et al., 2022).

"Still a Mum" is an example of a culturally grounded intervention that parents participate in peer counseling, memorial rituals, and story sharing activities that are often lacking in healthcare settings. These models are in line with international best practices for bereavement support, especially in areas with limited resources (Mills et al., 2021).

Only the parents' desire to discover comforting methods of communication can equal the expressed need for support in acknowledging the rekindled memories of prior loss at this time. (Paige 2009). This is essentially the biggest source of moral support for the parents. The supportive family and friends should be able to communicate effectively with these parents. The support group should try and walk in the shoes of these parents. (Paige 2009)

The idea that we must move on after death is common in today's modern society and hinders the opportunity for those bereaved to accept the loss and how the remaining bit of their lives without the deceased person will be like. According to grief communication models, the purpose of the grieving process is to sever ties with the deceased so that the bereaved can move on with their lives. This is known as closure or acceptance. This serves to demonstrate that despite physical distance, a relationship between two individuals does not end with death. In the case of this study, the bond between the parents and the deceased child does not end with the death. The minute a baby is conceived, the parents form a bond with the baby and are ready to receive them into the world once the pregnancy comes to term. They already start envisioning a life with the child, look for baby names, shop for baby items and so forth in anticipation of welcoming the baby into the world. Part of coping with loss is finding support within your social networks and experiencing supportive communication. Supportive communication can be understood as 'verbal and non-verbal behaviour produced with the intention of aiding others perceived as needing that aid (Natalie, 2012).

In addition to a change in self-identity, bereaved parents more often than not find that the relationships they once enjoyed with friends and family changes. It becomes difficult to hold a conversation with them, and on the part of the friends they experience great challenges in making conversations with the bereaved parents because they don't know the right words to say to them. The friends and family try not to bring up the topic of the child loss so as to avoid upsetting the parents.

For parents who have lost a child, talking to others about it can be difficult. In order to make meaning of the experience, parents feel a strong urge to discuss their child's passing. On the other hand, friends and relatives don't often talk to grieving parents or give them chances to discuss their loss. Even though a parent has lost a child, friends and family may criticize them for preserving their memory. Bereaved parents may feel ostracized as a result by the very support network they look up to. (Paige, 2005).

Speaking with others about the death of their child is an important part of the grieving process for bereaved parents because doing so enables them to attempt to find meaning and closure in the event of the loss of their child. Unfortunately, parents frequently find it challenging to talk to others about their child's passing because their peers find it difficult to comprehend how devastating a child's death is. Particularly difficult at this time are the acquaintances who have not yet suffered a similar loss. Parents discover that the assistance they anticipated from their support group is not present. The support group stays away from discussing the deceased child or the parents entirely. However, bereaved parents believe that this evasion is harmful rather than helpful. (McBride and Paige, 2011).

In the process of coming to terms with the loss, the parents are saddened to learn that it is difficult to talk to each other about their child's death. They also discover that they grieve differently in spite of them having been married for a long while or being life partners for a while. Whereas one spouse may want to talk openly or display openly their emotions over the loss (usually the woman), another spouse may prefer to grieve silently and privately (Paige, 2009). These differences contribute to marital conflict that can be resolved in the following five communication practices:

1. Learning to accept their differences

The parents should accept and embrace each other's mourning styles. This includes understanding that one parent does not want to openly share his emotions or talk about it. They should use active and supportive listening techniques to better understand why their partner grieves as they do. It helps to talk openly about their needs and listening to each other will so that they can connect as a couple and grieve in their own unique styles. (Paige 2009)

2. Compromise

This is another way to overcome their conflict over their differing grieving styles. Compromise helps people develop methods for partially meeting their partner's requirements while still preserving their own personal preferences. They should find a balance between their different mourning styles while still giving each other freedom to grieve as they please. This may involve giving each other space from time to time to enable the spouse to mourn privately. (Paige 2009)

3. Reliance on non-verbal communication

This is especially important for the partner who finds it difficult to talk about their loss. Non-verbal communication cues such as holding hands, writing a letter to the other partner of the deceased child or even cuddling together still communicates as strongly as spoken words. (Paige 2009)

4. Seeking outside help

Outside help can be sought from a support group or a professional grief counselor who will help the parents cope with the loss. The outside intervention can help the grieving parents with the dissimilar grieving styles move on after their loss and re-establish their strong bond as a couple. (Paige 2009)

5. Finding supportive family and friends

This is essentially the biggest source of moral support for the parents. The supportive family and friends should be able to communicate effectively with these parents. The support group should try and walk in the shoes of these parents. (Paige 2009)

In addition to a change in self-identity, bereaved parents more often than not find that the relationships they once enjoyed with friends and family changes. It becomes difficult to hold a conversation with them, and on the part of the friends they experience great challenges in making conversations with the bereaved parents because they don’t know the right words to say to them. The friends and family try not to bring up the topic of the child loss so as to avoid upsetting the parents.

2.5 Summary of Research Gaps

Despite the growing global emphasis on improving bereavement care, especially following child loss, several notable gaps persist in both theory and practice particularly in low- and middle-income countries like Kenya. The literature reviewed highlights the complexity of grief communication, yet little is known about how demise messages are experienced, interpreted, or supported in culturally specific environments.

First, while Symbolic Interactionism provides insight into the role of shared language and social rituals in constructing meaning around loss, few empirical studies examine how these symbols function in Kenyan bereavement contexts. The use of euphemisms like “the baby is sleeping” is common, yet its emotional and interpretive impact on grieving parents remains under-researched. This gap directly informs the investigation of how demise messages are communicated and received by grieving parents.

Second, although Lasswell’s model is frequently referenced in communication research, it tends to be applied in political or media settings and lacks depth in emotionally charged interpersonal situations like child loss. There is a need to adapt such structural communication models to include emotional feedback, relational power dynamics, and cultural codes of conduct—factors that are particularly influential in healthcare environments. This theoretical limitation underscores the exploration of communication strategies used by the “Still a Mum” support group and their effectiveness in real-world grief contexts.

Third, the Dual Process Model of Coping with Bereavement has been tested in various cultural settings, but very little research has explored how restoration- and loss-oriented

coping occurs among bereaved parents in Kenya—especially when cultural norms discourage emotional expression. For example, male parents may be expected to remain stoic, while women are discouraged from speaking openly about infant death. These gaps justify the examination of the role of social media as both an expressive outlet and a practical support platform for grieving parents.

Fourth, Problematic Integration Theory offers a valuable lens to understand the cognitive-emotional tension parents face when receiving unclear, conflicting, or euphemistic demise messages. However, the theory's application has primarily focused on Western healthcare scenarios and lacks a culturally grounded understanding of how African parents navigate emotional ambiguity in grief. This reinforces the identification of the specific communication challenges faced by grieving parents in Kenya.

This study addresses theoretical and practical gaps by applying and extending these four communication frameworks to a uniquely Kenyan context. It contributes to literature by exploring how demise messages are delivered, interpreted, and supported among members of the "Still a Mum" group, and how culturally relevant frameworks can inform policy and practice in bereavement care.

In conclusion**,** the reviewed studies highlight the changing role of support networks and social media in grief communication. Furthermore, the studies reveal the widespread cultural influences that influence how parents choose to communicate and cope with loss. These observations highlight the necessity of comprehensive and situation-specific communication frameworks in Kenya and comparable contexts.

2.6 Chapter Summary

This chapter gave an introduction on what the study is about. It went further and defined literature review and highlighted the relevance of the literature review to this study. The theoretical frameworks underpinning this study were then presented and an empirical literature review. The study went further and gave a summary of the research gaps observed in the study.

CHAPTER THREE

RESEARCH METHODOLOGY

3.1 Introduction

Research methodology involves the philosophical assumptions, the procedures of inquiry (called strategies), and specific methods of data collection, analysis, and interpretation. (Creswell, 2014). Research Methodology refers to the choices we make about cases to study, methods of data gathering, forms of data analysis, etc., in planning and executing a research study. (Silverman, 2016)

The chapter presented the research philosophical paradigm that served as the study's guiding principle, the research approach used in the study, the research design adopted for this research, the sampling used, the data generation techniques used, the data analysis, the study's dependability, the ethical considerations made, and provided a conclusion at the chapter's end.

3.2 Research Philosophical Paradigm

This study was anchored within the Relativist Interpretivist paradigm which asserts that reality is subjective and shaped by human interactions and experiences. (Denzin & Lincoln, 2018). Interpretivism, as noted by Bryman (2016), prioritizes understanding the meanings individuals assign to their social world, in total contrast to the objectivist approach in the field of natural sciences. Relativist Interpretivist acknowledges the existence of multiple, context-specific realities, making it the researcher's task to

interpret these meanings within distinct social, cultural, and historical frameworks. (Mack 2010). This perspective enriches the qualitative approach of the study, which aims to deeply explore participants' lived experiences. Relativist interpretivist paradigm involves generation of data in a natural environment. This paradigm has it that knowledge is dynamic, is varied and it depends on the context at hand. Knowledge here is not fixed but is relative. (Ong'ondo and Jwan 2011)

Relativist interpretivist paradigm was ideal for this study as it does not take a fixed standpoint but knowledge obtained is based on one's perceptions and experiences. The participants of this study have each experienced different types of communication or miscommunication directed to them upon the demise of their children. This paradigm allows the participants to give their individual experiences as they have faced by allowing them to give their side of the story. According to Ong'ondo and Jwan (2011), it seeks to learn more about how participants view, interpret, and comprehend problems that have an impact on them in their environments. This paradigm is predicated on the idea that there isn't a singular point of view on the universe, and as a result, reality is internal to each participant and relies on their perception and experiences. The knowledge for this study is obtained from the point of view of the researcher and the participants themselves (is subjective).

Relativist interpretivist is an ideal philosophical approach as it is not cast in stone or rigid in data generation. The approach can be adjusted or changed all together as the research goes on for the sake of enrichment of the study. This approach aptly suits the study as it allowed the participants to give their experiences of the non-supportive

communication that they received at the time of their child loss. It allowed them to open up as much as they can without limiting them on what they can provide as data for this research. (Ong'ondo and Jwan 2011)

3.3 Research Approach

This study was informed by qualitative approach. A research approach is a plan and procedure that consists of the steps of broad assumptions to detailed method of data collection, analysis, and interpretation. (Creswell & Creswell 2018). The research approach includes reasoning from assumptions to data and analysis. It is determined by the type of data collected, how it is collected, and how it is used to answer the research questions. (Saunders, Lewis, & Thornhill 2019). The qualitative approach is a method used in the social sciences that places an emphasis on a naturalistic search for relativity in meaning in a natural setting, offers multiple interpretations of the data, is specific, and allows for great detail and flexibility in studying a phenomenon that the researcher is focusing on. (Ong'ondo and Jwan 2011)

Qualitative Research Approach was most ideal for this study. This approach allows data to be obtained in a natural environment and allows multiple interpretations. The study was based on the communication of demise messages to grieving parents following a child loss. Every parent has a different experience of the kind of communication directed at them by society at the time of their loss. Some parents are fortunate enough to encounter a positive kind of communication from their support group. The majority are, unfortunately, subjected to miscommunication that lengthens the mourning process.

The study wanted to capture the various experiences, and provide guidance on the most effective way to communicate during child loss. Qualitative Research approach allows for multiple perspectives hence the reason for selecting it for this study (Creswell & Creswell 2018). Qualitative research approach captures data in a natural environment in which the participants were free to provide information for this research. This went a long way in providing a deep understanding of the study.

The reason for choosing this method is because it provided in-depth perception and experience on the communication of demise messages to grieving parents following a child loss. This qualitative approach has best captured these experiences as it allowed the participants to give their voice freely without being limited. This method allowed participants to say what they want and without feeling constricted to express their thoughts. They are not limited to pre-established procedures (Yin, 2009). Qualitative method also gives allowances for flexibility in data generation that was beneficial in enrichment of the study in addition to also working with data that is unstructured. One participant's experience may not necessarily be the same as that of another and so through qualitative method there were multiple perspectives to help in the study. These multiple perspectives allowed a better understanding of the subject matter in the study. This approach is well-suited for research situated within an interpretivist paradigm, where the goal is to understand how individuals make meaning of their social realities (Denzin & Lincoln, 2018).

Qualitative methods permit inquiry into selected issues in depth and detail. Data collection is typically open-ended and unstructured, allowing the evaluator to identify

themes and patterns from the perspectives of participants (Patton, 2015). As part of any given study, qualitative data is essential because it gathers, combines, and shows information from a variety of sources of evidence. This variation was discovered through research on real-world settings and the people who inhabit them. (Yin, 2009). In addition, qualitative method allows the study to be done in a natural setting which is where the researcher gathered significant data from.

3.4 Research Design

Research design is the logic that links the data to be collected and the conclusions to be drawn to the initial questions of the study. It is a blueprint for the study, dealing with at least four problems: what questions to study, what data are relevant, what data to collect, and how to analyze the results (Yin, 2018). Another definition of research design is a framework for the collection and analysis of data. A choice of research design reflects decisions about the priority being given to a range of dimensions of the research process (Bryman, 2016)

The research method used in this study was Instrumental Case Study. An instrumental case study is where the case is examined mainly to provide insight into an issue or to refine a theory. The case itself is secondary to the understanding of something else (Merriam & Tisdell, 2016). An instrumental case study is used when the case is examined mainly to provide insight into an issue or to refine a theoretical explanation (Creswell & Poth, 2018). Instrumental case study was done on the “Still a Mum” social media-based group. The study analyzed the content from SaM social media pages

namely Facebook, Instagram and WhatsApp and conducted interviews from participants obtained from the group.

Since inception in 2015, Still A Mum has supported bereaved parents, families and members of the larger society in dealing with child loss. “Still a Mum” works to enhance the support that bereaved parents receive and to raise consciousness of child loss and how society should react when a child dies. “Still a Mum” recognizes the prevalence of numerous myths and misunderstandings regarding pregnancy and infant loss. The group’s mandate includes dispelling these myths and educating the people on the truth. "Still a Mum" is an example of a culturally grounded intervention that parents participate in peer counseling, memorial rituals, and story sharing activities that are often lacking in healthcare settings. These models are in line with international best practices for bereavement support, especially in areas with limited resources (Mills et al., 2021). In addition, SaM has multiple access points such as Facebook, X, Instagram, website, physical locations to mention but a few which enables it to cater for the members in the platform most convenient for them. These multiple touch points also influenced the choice of “Still a Mum” for the instrumental case study.

3.5. Population of the Study

The population is the totality of elements, individuals, or units that conform to a set of specifications (Creswell & Creswell, 2018). Another definition of population is any group of individuals that has one or more characteristics in common and that are of interest to the researcher (Best & Kahn, 2016). A population is the theoretically specified aggregation of study elements (Babbie, 2020). A population is a group the

researcher is interested in studying and generalizing about. (Kumar, 2019) goes on to provide a deeper definition of a population as being the entire group about which the researcher wants to draw conclusions. It is defined in terms of elements, geographical boundaries, and time.

The study took place in Nairobi with the participants being sourced from SaM support group. “Still a Mum” is an active online group with presence on Instagram, Facebook, WhatsApp, Twitter and on the website www.stillamum.com. The target population of this study comprised of bereaved parents, medical professionals and counsellors. I chose this group to draw the study’s target population from as social media posts on communication by society to bereaved parents become common day by day. Rarely will a day or two go by without a parent commenting about their bereaved child, what they wish they knew before hand, their regrets, what they wish the society would say to them or avoid saying entirely while also serving as a consolation for others undergoing the loss just like them among other posts. SaM is an open group and is easily accessible through smart phones, tablets, laptops and desktop computers. For one to be a member of “Still A Mum”, there is an online registration form that allows the founder and team to link up the member with other parents who have undergone loss of a similar nature.

The target population comprised of 35 bereaved parents and professionals, is a representative of the entire group who have experienced perinatal child loss or walk hand in hand with those who have experienced the loss. The 35 participants include 30 parents who have lost their children to death, 3 medical professionals and 2 grief counsellors. The entire population of “Still a Mum” at the time of this study was 500

members. The choice of the 30 parents who have experienced perinatal loss was to get their experiences of communication of demise messages to them at the point of their loss. Perinatal loss means loss of a pregnancy or a child within 7 days after birth, meaning that the range of parents selected as the sample size lost their child through miscarriage, still birth, at birth, a few hours or days after birth. The medical representatives chosen were to provide guidance on how communication of demise messages is done from a healthcare perspective. They were instrumental in the study as they have walked the journey with parents who were pregnant and expecting to give birth to live children, but unfortunately some of the parents experience perinatal loss. The medics were crucial in giving their experience on how the communication of demise messages is done at their healthcare institutions, and offer direction on the most ideal way to communicate the demise messages to the bereaved parents. The grief counselors were selected to share their knowledge as professional counsellors on how the demise messages should be offered to parents following a loss of a child. In addition, the counsellors were members of "Still a Mum" and so they had first-hand information on how they have interacted with the bereaved parents of the SaM group. Saturation was reached with the 35 participants in the study.

"Still a Mum" is composed of parents who have undergone child loss at various stages of their children's life ranging from pre- natal loss, infancy all the way into adulthood. The study focused on the bereaved parents who have experienced perinatal loss only. The study was done in Nairobi due to its cosmopolitan outlook, as well as having the headquarters of "Still a Mum" physical office based in Nairobi.

Table 3:1 A table showing the various categories of the target population as presented by "Still a Mum" database.

DEMOGRAPH	TARGET POPULATION	JUSTIFICATION
Medics	3	For their expert opinion
Grief Counselors	2	For their expert opinion
Married parents	20	For their shared experiences
Single Parents	10	For their experience as a single parents
Parents who are employed	20	For the social support from their employers and colleagues
Parents who are not employed	10	For their social support from parents or those who support them financially
Parents above 30 years old	20	For their contribution as middle aged adults
Parents below 30 years old	10	For their contribution as young adults
Religious affiliation	30	For their contribution from their religious circles
Stage of Loss	30	For their contribution at their various stages of loss

3.6. Sampling Procedure

Sampling is the act, process, or technique of selecting a representative part of a population for the purpose of determining parameters or characteristics of the whole population. (Fink, 2017). Sampling is a strategy for studying a portion of a population in order to estimate characteristics of the whole population (Creswell & Creswell 2018).

This research embraced the purposive sampling technique, which was conducted among 30 parents who have experienced child loss, three medical professionals and two grief counselors, which totals to 35 participants. Even since inception in 2015, "Still a Mum" has supported bereaved parents, families and members of the larger society. These

families are not necessarily the bereaved parents but are inclusive of friends, colleagues, medical fraternity, churches, the media, professional networking groups, philanthropic organizations such as Rotary Clubs and other unique groupings such as women groups.

The core target support group by “Still a Mum” at inception was initially bereaved parents which then expanded with time to include members of the society around these parents. At the time of this research, SaM had supported 500 bereaved people. The participants were drawn from “Still a Mum”, a group that supports women and families dealing with miscarriages, still birth and infant loss. The parents are from different cultures, backgrounds and educational levels. The differences are important as they showed how the various environments the parents were in influenced the communication directed at them during the period of the loss. This involved choosing samples in a deliberate manner that yielded the most data for my study.

This study employed a purposive sampling technique, which is widely used in qualitative research to identify and select information-rich cases related to the phenomenon under investigation (Palinkas et al., 2015). The research was focusing on communication of demise messages to grieving parents, a case study of “Still a mum” group with participants including 30 bereaved parents. The study investigated their experiences of how demise messages were communicated to them following the loss of a child, hence the need to deliberately select participants who have first-hand experience with this sensitive issue. Participants were drawn from the “Still A Mum” social media group, a community brought together by the loss of their children specifically by stillbirth, neonatal, or infant loss. This group provided a relevant and focused population

from which to enlist participants who could articulate their experiences of receiving demise messages.

The topic of child loss as has been stated severally in this study is sensitive. Employing the use of purposive sampling was further justified due to the sensitive and specific nature of the study. Random sampling would not have been appropriate, as it may have included individuals who did not have the lived experience focal to the research. As Patton (2015) argues, purposive sampling allows the researcher to select participants who are especially knowledgeable or experienced with the topic of interest, thereby ensuring the collection of in-depth and meaningful data.

The criteria for selecting the 30 parents were being a member of “Still a Mum”, having experienced child loss and having received a formal or informal demise message from a healthcare professional or society around the parents. The 3 medics and 2 counsellors were proposed by the officials of “Still A Mum” based on the research topic. They have offered their expertise in supporting the parents who are bereaved and also due to the fact that they work in institutions that deal with the parents e.g. hospitals and counselling facilities. For the 35 participants selected, the group founder and officials recommended the participants to be enlisted in the study based on their input for the research.

3.7 Data Collection Instruments

Data collection instruments are essential tools that enable researchers to gather in-depth, context-rich information from participants (Creswell & Poth, 2018). The choice of a particular instrument is determined by many factors such as the research questions, the

objectives of the research and the research design. This study employed semi-structured interviews as the primary data collection instrument. The data generation techniques used in this study included semi-structured interviews and online interview focus group discussions. The researcher used semi-structured interviews as the first data generation technique followed by online interview focus group discussions.

Semi-structured interviews were chosen because they allow for flexibility in questioning, enabling participants to share their experiences and perspectives in their own words while still maintaining focus on key themes related to the communication of demise messages. According to Patton (2015), such interviews are particularly useful in exploring emotionally sensitive topics, as they allow the researcher to probe deeper based on participants' responses while remaining responsive and empathetic.

The development of the interview guide was informed by the research questions and literature on grief communication. This ensured that the instrument captured relevant data while maintaining ethical sensitivity to the vulnerability of the participant group comprised of bereaved parents from the "Still A Mum" group.

3.7.1 Semi structured interviews

An interview is a method for gathering data that includes talking directly to people and asking them questions. (Ong'ondo and Jwan 2007 citing Cohen et al 2007.) The study's primary data source was semi-structured interviews, which entailed information gathering through direct oral contact with participants. The constant relevance of

interviewing is due to the fact that asking others is a prevalent method of learning about something. (Witzel and Reiter 2012).

The data collected from the interviews was an explanation of some behaviour or action, a recollection of experiences. These interviews granted the researcher an opportunity to get into the experiences of the participants by obtaining information about what their attitudes are about communication during child loss, their perceptions on how it should be done etc. The interviews were conducted in a conversational style, and each participant's experience with the interviewer ultimately led to the development of a unique social connection. (Yin, 2009).

The time for the interview was between 45-60 minutes per session. This included a few minutes to break the ice and create rapport with the interviewee, getting into the main part of the interview and clear on any other issues that perhaps was not clarified. In the interviews the researcher was keen to use observation. Ong'ondo and Jwan, (2011) citing Cohen (et al., 2007) note that observation refers to gathering information by carefully observing a person or people as they engage in specific activities with the goal of learning more about the activities in which the subjects of the study are involved. The particular observation method used was uncontrolled observation which happens in a natural environment.

Semi structured interview was applied to three medical representatives (gynaecologists and a nurse) and two grief counsellors and FGD of the remaining sample size of 30 parents. The interviews were recorded in full consent of the interviewees.

3.7.2 Online Interview focus group discussion though WhatsApp

A focus group discussion (FGD) involves a researcher or moderator gathering a small, carefully chosen group of people to discuss a specific subject. (Morgan 1988 as cited in Ong'ondo and Jwan 2011). FGD's are useful in providing a lot of data within a short time.

FGD's involve aspects of both participant observation and individual interviews. (Casey and Kruger 2000 as observed in Ong'ondo and Jwan 2011). FGD's are conducted in a free and open manner which is ideal for this kind of discussion as they elicit a lot of information that the researcher may not have anticipated. One participant may pose a question in a certain way and the other members will then react to the questions posed by providing different answers which will enrich the study.

3.8 Data Collection Procedures

After receiving consent from Moi University and also from NACOSTI to proceed to the field for data collection, the researcher contacted Wanjiru Kihusa, the founder of the "Still a Mum" group. A meeting was held and the researcher took the founder through what the study will entail, explaining clearly the aim of the research. Wanjiru Kihusa consented for the researcher to undertake the study of "Still a Mum" and provided a signed consent form for the researcher to conduct the research. The founder then introduced the researcher to other officials of the "Still a Mum" group who then supported the researcher in the entire period of the data collection.

The researcher, with the guidance of an interview guide for the FGD, formed three WhatsApp Groups. The WhatsApp groups each had 10 members drawn from the 30 parents. The researcher was the Group Administrator and involved the group administrator of SaM as a co-administrator. In each of the Groups the researcher had one grief counselor and an administrator from SaM so as to ensure the discussions are founded on a point of knowledge.

Through the WhatsApp Groups the researcher conducted semi-structured participant observation that involved observing the posts made by the participants. According to Gilham, (2000) as quoted in Ong'ondo and Jwan (2011), observation involves watching what people do, listening to what they say and sometimes asking them to clarify their answers. The researcher then noted the conversations in the Group about communication during child loss and keenly followed the contributions from the participants. Given that the researcher was a participant observer, the researcher interacted with the members of the group to some minimal extent.

In this study, each of the participants was reached out to personally before forming the WhatsApp groups so as to seek their consent. The researcher encouraged them to open up and reassured them that the discussions were purely for academic purposes. The 3 Groups were running concurrently for 12 days each and then closed after the researcher had obtained enough data and reached saturation point. The FGD was administered using an FGD guide that had a set of 10 questions, with each question being posed per day and the researcher noted the responses. The researcher gave the direction of the FGD at the start of the process and what each participant should expect from the FGD.

The researcher conducted oral interviews for the 3 medical professionals and 2 professional counsellors using interview guides. The medical professionals had a separate interview guide different from the one generated for the professional counsellors. Each of the interview guides had a set of 10 questions.

3.9 Reliability and Validity of Data Collection Instruments

Reliability in qualitative research is a consequence of the validity of the study. The trustworthiness of a qualitative study is established by using terms such as credibility, dependability, and confirmability (Golafshani 2003). Qualitative research embraces multiple realities and subjective experiences, reliability is ensured by maintaining a clear audit trail, using consistent data collection procedures, and ensuring transparency in analysis and interpretation (Creswell & Poth, 2018). Qualitative reliability focuses on whether the research procedures are clearly documented, logical, and consistently applied (Merriam & Tisdell, 2016).

In this study, reliability was obtained through the use of a semi-structured interview guide, detailed field notes, audio recordings of the interviews, and a carefully maintained audit trail outlining all data management and analysis procedures. These measures ensured that the process of exploring the bereaved parents' experiences of receiving demise messages was both transparent and replicable in approach, even if not in outcome (Creswell & Poth, 2018).

In qualitative research, validity is concerned with the trustworthiness of the data and the authenticity of participants' experiences (Lincoln & Guba, 1985). This study addressed various types of validity, including credibility, by using member checking and peer debriefing to ensure findings accurately reflected mothers' experiences of receiving demise messages. Transferability was supported through detailed, context-rich descriptions of the participants and setting. Dependability was achieved by maintaining an audit trail and applying consistent procedures throughout data collection and analysis. To ensure confirmability, the researcher engaged in reflexivity and triangulated data sources to reduce bias. Given the emotional nature of the topic, authenticity was also prioritized to capture the full range of emotional responses and perspectives shared by participants.

In qualitative research, validity refers to the credibility, trustworthiness, and authenticity of the findings. This is the degree to which the data accurately represents participants' experiences and meanings (Creswell & Poth, 2018).

For this research, which examined the communication of demise messages to grieving parents following child loss, the researcher established validity through strategies such as member checking, where participants were invited to verify the accuracy of transcriptions and interpretations, and triangulation, using multiple data sources to cross-validate findings. Additionally, thick description was used to provide rich, contextual detail, enhancing the transferability of the findings to similar settings (Merriam & Tisdell, 2016).

In qualitative research, especially when dealing with emotionally sensitive topics such as child loss, it is critical to ensure that data collection instruments are both contextually appropriate and ethically sound (Creswell & Poth, 2018). For this study, a semi-structured interview guide was developed to explore bereaved mothers' experiences of how demise messages were communicated to them following the loss of a child.

The researcher tested the data collection instrument with two members of the “Still A Mum” support group who met the inclusion criteria i.e. the founder and a grief counsellor from SaM. This pilot test was intended to review and asses the clarity of questions, the emotional safety of the choice of words, and the flow of the interview process. The researcher then collected the feedback from the pilot and made a few adjustments for the main data collection instrument. Some of the minor adjustments made were rewording of some emotionally charged questions, addition of prompts to encourage the participants to provide more information, cognizant of the participants' emotional boundaries. The outcome was a final version of the interview guide that ensured a balance between gathering rich, meaningful data and safeguarding participants' emotional well-being.

This process contributed to the credibility and dependability of the study by ensuring that the data collection instrument was culturally sensitive, ethically appropriate, and aligned with the study’s objectives (Patton, 2015; Merriam & Tisdell, 2016).

3.10 Data Analysis

Data analysis in qualitative research is a systematic process of transcribing, compiling, editing, coding, and reporting the data in a way that makes it understandable and available to the reader and researcher for purposes of interpretation and debate. (Ong'ondo and Jwan, 2011). Qualitative research has data in the form of words during interviews, notes, pictures and even video clips.

Data analysis is to present the data gathered in a manner that will be understood by the researcher and the would-be consumer of the research findings. The study will adopt thematic data analysis. This will involve gathering and organizing together related items relevant to the research from the various sources of data generation (Ong'ondo and Jwan, 2011). This thematic data analysis considers the important feature of the data collected in relation to responding to the research questions and omits the data that is not as useful. The data that is related is gathered together into themes.

The researcher then adopted the six-step data analysis approach as presented by (Ong'ondo and Jwan 2011) and (Creswell 2007) which includes data transcription, data review, first phase (open) coding, second phase (axial) coding, third phase (selective) coding, and ultimately report generation.

3.11 Trustworthiness of the Study

A study is considered as trustworthy if it actually sets out to qualify the claims it makes. In qualitative research, the terms used under trustworthiness include credibility,

dependability, transferability, and confirmability. This study is trustworthy and so can be trusted upon to provide data on communication of demise messages to grieving parents, challenges experienced and the solutions to these challenges.

3.11.1 Credibility

Activities like peer debriefing, sustained involvement, persistent observation, triangulation, negative case analysis, referential adequacy, and member checks can be used to create credibility. (Lincoln & Guba, 1985; Manning, 1997 as seen in Hsieh and Shannon 2014).

The research observed credibility by enlisting various data collection sources to gain content for this research as well as keen observation during the interviews and FGD's. The various sources gave different perspectives hence a deep understanding of the research. In addition, member checks were conducted to ascertain that the information obtained in the study is indeed what was provided by the respondents. There was also persistent observation in the study.

3.11.2 Dependability

The study can be depended upon because it was conducted in a clear and concise manner, typical of any serious research. Dependability seeks to establish the stability of the findings over time. It additionally considered various methods of data collection that encompassed multiple perspectives of data generation to enrich the study (triangulation). It engaged participants who have had various communication experiences upon the death of their children thus can be relied upon as reflecting actual

experiences. All material gathered was available during the research. Some select participants of the study were involved in the evaluation, interpretation and recommendations of the study.

3.11.3 Transferability

The study is transferable. Transferability requires that the results of the research can be used in another context with other participants i.e., it can be generalized.

It was conducted on Kenyan parents though “Still a Mum”, support group for women and families who have experienced loss of their children. The researcher selected participants purposely in the belief that they will provide rich data. This will go a long way in ensuring the study being able to be used in other contexts. The findings from the study can be used in another study in a different locality with the strong likelihood of obtaining similar or slightly varied data depending on the culture of the participants.

3.11.4 Confirmability

The researcher was personally involved in the research and so was able to report on what actually took place in the process of gathering data. All research findings were documented and may be authenticated through transcripts, audio tapes, screen shots, journals and any other material that was useful in recording data for the research (audit trail). Member checking was done with a selection of the sample population so as to ascertain that the information provide is captured as intended.

Confirmability was maintained in the study. Ong'ondo and Jwan (2011) use this phrase to describe the degree to which the researcher's and participants' internal and exterior biases did not taint the study's conclusions.

The researcher kept records of all materials gathered in the field as well as counterchecked what material was provided to ensure authenticity. Good interviewing techniques were adopted by the researcher to enable the participants to open up and give information that is useful to the study.

3.12 Ethical Considerations

Ethical considerations are the moral guidelines that will be adopted from the beginning to the end of the study.

Ethical considerations involve doing good, preventing harm of any nature to the participants, seeking informed consent, assurances of confidentiality and anonymity, maintaining a good researcher/participant relationship, problems with reporting the study's end findings, safeguarding the study subjects, upholding justice, and acknowledging the participants' contributions. This study was honest enough since it is the researcher's own original work for which the researcher went to the field to gather data and later presented it in a format that can be used for referencing.

All data gathered was with the consent of the participants. The researcher desisted from proceeding with the data generation in the event where the participant did not provide consent or declined mid into the data generation. Adequate information was presented to the participants on the reason for the research so that they are able to participate out

of their own violation. The researcher prepared a consent form which the participants were requested to confirm that they are participating in the research out of their own accord. Additionally, the researcher enlisted the approval of the Group founder, Wanjiru Kihusa, before proceeding with gathering the data.

The research was done with the full assurance of anonymity which was communicated at every start of the data generation method. The matter of child loss is sensitive and emotive and the researcher strived to protect the identity of the participants who may not wish to be identified. The information provided was expressly for the research purposes and the researcher sought to maintain confidentiality.

3.13 Chapter Summary

This chapter studied the research methodology to be adopted for this research. It presented the research approach adopted for this study, the research design used, the sampling used, the data generation techniques used, data collection procedures, validity and reliability of the study, data analysis, trustworthiness of the study and the ethical considerations made in the research.

CHAPTER FOUR

DATA PRESENTATION, ANALYSIS AND PRESENTATION

4.1 Introduction

This chapter presented the data from the research, then went on to analyze and interpret the finding obtained from the study. This chapter explored the themes that emerged from the responses of the participants of the study. The aim of the chapter is to provide an in-depth understanding of the experiences, perceptions, and needs of both the messengers and the bereaved, as revealed through their own words, in the communication of demise messages. The study was informed by the following themes: Communication of demise messages communicated to grieving parents following the death of their child, the role of social media in conveying demise messages to grieving parents following a child loss and the strategies recommended by the "Still a Mum" social media group in communicating demise messages to grieving parents. Data was then collected using interviews and online interviews through a focused group discussion. This chapter presented the results thematically.

4.2 Response Rate

The study collected data from 35 respondents, who comprised of 3 medical officials, 2 professional grief counsellors and 30 parents who had lost their children through death. The percentage response rate attained in the study was 85.7 % as indicated in the table below. Studies involving online support groups can achieve high engagement and response, particularly when participants perceive personal relevance and value (Im &

Chee 2006). In addition, (Edwards, P. J., Roberts, I., Clarke, M. J., et al. 2009) indicated that personalized follow-up, appropriate incentives, and trust building can lead to response rates above 80% in qualitative and community-based studies.

The summary of the response rate is indicated in the table below:

Table 4.1 A table showing the summary of the response rate in percentages

DEMOGRAPH	**TARGET POPULATION**	**RESPONSE RATE**	**RESPONSE RATE PERCENTAGE**
Medics	3	3	100%
Grief Counselors	2	2	100%
Parents in FGD Group 1	10	9	90%
Parents in FGD Group 2	10	8	80%
Parents in FGD Group 3	10	8	80%
TOTAL	**35**	**30**	**85.7%**

4.3. How are demise messages communicated to grieving parents following the death of their child?

In this section, the researcher presented the findings on how demise messages are communicated to grieving parents following the loss of their child. Drawing from the narratives shared by participants in the “Still A Mum” support group, the researcher examined the different approaches used to deliver these messages, including verbal and non-verbal communication. These findings provided insight into the emotional weight

of such interactions and underscored the need for compassionate, clear, and culturally sensitive communication when conveying news of a child's death.

There are various people who may communicate demise messages with the parents following child loss. These include medical professionals, parents, colleagues, friends, religious groups, family and anyone in close proximity to the parents. The most traumatic event a family can go through is undoubtedly the death of a child. The way that the people around the deceased parents communicate at the time of the death of their child affects both the immediate effects and the long-term recovery for the parents of the deceased child. Child loss is a traumatic experience not only for the parents but also the society around them. The parents may not know how to communicate this unexpected loss to the society, and the same society as well may not know how to communicate with the parents at the point of the loss.

This theme will present the manner in which demise messages are communicated to grieving parents following the loss of their child, from the perspective of a healthcare setting, professional counsellors and the society around the deceased parents.

4.3.1. Communication of demise messages to grieving parents in healthcare settings by medical professionals

In Kenya, Uganda, and Malawi, breaking the news of stillbirths or neonatal deaths, medical professionals frequently report lack of official training or direction. Many people learn in the mud through experience alone since formal bereavement care is not included in training curricula. When faced with extremely emotional situations without

institutional support, providers reported feeling unprepared and anxious (Ayebare et al., 2021; Muraya et al., 2022; Griffiths et al., 2023).

According to a study finding by Tugume et al., (2023), no formal procedures or specialized training on bereavement in Uganda were conducted. Healthcare workers eluded or postponed disclosure due to ill-preparedness and fear of upsetting the bereaved. Further studies done among women in Malawi, Tanzania and Zambia indicated bereavement care was frequently described as abrupt, medically oriented and emotionally devoid. Additionally, death notifications were occasionally sent without partners, with minimal emotional support resulting in long-term psychological strain, confusion, and feelings of abandonment (Lynch et al., 2021; Van den Broeck et al., 2023). Grieving parents reported frequent denial of time to ask questions or process the loss in addition to frequent privacy violations. The disparities impeded emotional healing and directly led to disenfranchised grief (Ayebare et al., 2021).

When a child dies in a hospital a few hours or days after birth, the actions and remarks of the medical staff are remembered, frequently vividly and verbatim, and they have the power to either make the parents' suffering worse or better. Many people, including some ICU staff, find it extremely difficult to be around parents who are about to lose their kid or have recently lost a child. Frequently, they lack the necessary skills. (Joanna and Peter 2014).

Parents also treasure the emotional support provided by follow up contacts with health-care professionals after the death of their children. Most of all, the parents would like

some clear communication to them on what exactly happened from the health professionals and also to be helped in the healing process. The clear communication goes a long way in getting closure and forging the way ahead. Families who suffer miscarriage, stillbirth, fetal anomalies, or therapeutic abortion for genetic or congenital abnormalities can benefit from a complete program created by the Support Center for Perinatal and Childhood Death (USA) (Burleson and George, 2002).

> "Communication on child loss is no mean feat to do. The loss of a child may happen either pre-pregnancy as in the case of miscarriage, during birth as in the case of a still birth or soon after birth. All these forms of death may be observed while the mother is still a patient at the medical facility. It is important to note that the minute a mother starts undergoing her prenatal care at the medical facility, she starts developing a bond with the medical professional attending to her. This bond continues long until after she delivers and is discharged. The medic attending to her in the process of care during the pregnancy also forms a bond with her and her spouse. This is important so that anything out of the normal can be detected immediately." (M1)

A lot of the time when child loss occurs the medics are there. They deal with newborns. Sometimes the babies die while in the mother's wombs, others die during delivery while at other times the babies die post-delivery. This means that the medics are dealing with a vulnerable person who also doubles up as their patient. This in essence means that the medic is dealing with two lives.

The first doctor interviewed has worked both in private and public practice, with over 12 years' experience. She explained that face to face communication remains the best way to break the news of the death to the parents. This communication has to be done anyway despite at times what she considers as not being a very conducive environment. Ninety percent of the time the medics are in a happy space having been the ones

delivering life to the world for the first time, which is an exciting time for the parents and their family. However, in the event of death this is also difficult for them. The medics have to support the mother through the process.

> "The immediacy of the loss in a lot of time means that the emotions are very raw. The medic is the one breaking the news for the first time. The first thing the mother does is break down and they break down in different ways. This is sometimes difficult as they are still patients i.e., they could be recovering from anesthesia or any other form of surgery, they could be sick, they are still in bed, have not started to walk following the surgery etc. In the event of a general CS, they will wake up and the first question they ask is, "Where is my child?" It is a traumatizing experience not only for the bereaved mothers, but also for the medics." (M1)

The doctor after breaking the news advocate for mums to let them deal with the pain, verbalize it and supports them through it. It is important to give them time, however hard that is in a medical set up. The doctor intimated that most hospitals are grossly understaffed especially the public ones. Sometimes nurses or midwives literally have to break the news in the absence of the doctor. Later, when the doctor comes, he/she tries to help the mother understand what happened.

> "Medics genuinely lack time to give quality time to the bereaved parents, even if they genuinely want to. The lack of privacy sometimes does not allow time and space to grieve especially in public hospitals. In private hospitals they bereaved mothers may be given a private room to be kept away from other moms who have had live births." (M1)

The medic's method of communicating demise messages to grieving parents is that after she breaks the news, she allows the parents to grieve and gives them some space in a private area to internalize the communication of their child's demise. She also walks

with them through why they lost the child. She recommended that is important for health care professionals to allow the bereaved parents and their support system at large to see the bereaved child.

The second medic interviewed is an obstetric gynecologist with over 3 years' experience in the public sector. She provided a wealth of knowledge as she doubled up as a medic who has also undergone loss of her first-born child. The second medic's method of communicating demise messages to grieving parents is that she supported face to face communication.

> "Personally, my method of communicating the demise messages is that I give the parents time to process the loss. I make sure I talk to them repeatedly — not necessarily just at the point of delivery. I follow up with them postnatally to find out how they're coping with the loss. As medical professionals, we're given the leeway to refer them to patient support services for further assistance." (M2)

The third interviewee among medical professionals was a nurse with over 2 years' experience, serving in both public and private practice.

> "While delivering demise messages to bereaved parents, I am for the idea to have the news delivered face to face. At our medical facility, we break the news of child loss via a conference with a multidisciplinary team that was involved in the care of the mother, either pre- or post-natal. We employ verbal communication with the patients, which is done in a private room in the presence of the mother and the father (next of kin). If the parents require someone else to be there with them, we could consider that too. How we break the news depends on the mode of delivery. For instance, in the case of loss during a caesarean section, we involve a battery of medics — namely the surgeon, anesthetist, nurse, medical examiner, and the nurse from maternity or nursery. We cover all the departments that the mother would have gone through — that is, maternity, nursery, and the theatre department. If the loss occurs in the ward, we will have the midwife, nurse in charge of the ward, and the medical officer. The news is broken by the consultant handling the patient. If they are not available, the medical officer owns the message, followed by the midwife. We

> strive to ensure that in every conference, we have a chaplain who is multi-denominational. This chaplaincy is trained across the different religions." (M3)

This medic expressed that the communication of the demise messages to the bereaved parents comes with a lot of emotional stress. They communicate these demise messages to the bereaved parents and allow the parents to first perceive the demise message in the way that the parent processes best. The chaplaincy then takes over next to console with the parents. They then support them with words of comfort and support. They go a step further to separate them from mothers who have delivered. They keep them in a private room where there is no mother or in the wards that there are no babies e.g., gynae wards. This helps them to be calmed and prevents the rise of triggers.

4.3.2 Communication of demise messages to grieving parents by the community in close proximity to the parents; Gender, Culture, and Grief

The society around bereaved parents forms the main sources of support. In most African and Kenyan societies at large, death is treated as a communal affair. In order to help the bereaved process their grief and return to as much normal activity as possible, society serves as a form of therapeutic support. (Kiiru, 2007)

In many East and Southern African societies, patriarchal norms marginalize men's experiences of grief therefore placing the majority of the responsibility to provide emotional care on women. Men in Botswana reported experiencing "silent sorrow" and being shut out of support networks, highlighting how masculinized norms stifle fathers' emotional expression following perinatal loss (Motswapong & Mmolai, 2022). Similar accounts were reported in Kenya, indicating grieving fathers talked about

feeling alone, unrecognized, and forced to play the role of stoic provider despite experiencing severe loss (Njiru, 2021; Mills et al., 2021).

Beliefs in religion, tradition and the paranormal have additionally played a significant impact on grieving as stillbirths are commonly framed in Kenya and Uganda as a result of moral transgressions, witchcraft or God's plan, leading to social exclusion, stigma, and blame. These cultural norms often make it more difficult to get support from the community and encourage men in particular to keep quiet about such losses (Muraya et al., 2022; Van den Broeck et al., 2023).

The source of information for this theme was derived from the online focused group discussions. The researcher conducted three sets of FGD's with a group of parents who have undergone child loss at the different stages. The parents had different demographics classified broadly under age, gender, occupation, stage of loss of the child, marital status, education and religious affiliation. The parents were obtained from "Still a Mum" database. The FGD's each had 8-10 parents and was conducted over a 14-day period. The researcher sought consent from the bereaved parents with the help of SaM management. This was done by sending personalized WhatsApp messages to the bereaved parents seeking their consent. The parents all replied positively, allowing the researcher to proceed with the data collection. The online FGD's were then formed and had a counsellor/SaM Administrator present in all the groups to ensure compliance with the ethical requirements of the study. Before the discussions began, the researcher reminded the Groups of the intention of the study, while constantly reaffirming the members that the information collected was strictly for research purposes only. For

seamless discussions, the researcher shared the expectations of the study with the parents, anticipated start and end days of the Groups, and when the Groups would be closed. Any emerging issues were addressed before hand by the researcher. During the data collection period, the researcher posed a question daily in the morning to allow parents time to answer at their free time. The researcher would encourage the Groups to answer with a gentle reminder in the evening whilst also observing the interactions in the Groups amongst themselves.

From the three groups, it emerged that the kind of communication received from the society around them at the point of the loss was wanting and, in some instances, inappropriate.

Some of the responses are given below:

> "Only one friend texted. You know I have been there. I feel you. I will come we cry together." (G1P1).
>
> "My baby was chocked by my nanny while I was at work. This one friend blamed me for everything. I forgave her though." (G1P2).
>
> "People/society should understand that grieving isn't easy and each grieving stage should be respected." (G2P1).
> "The loss of my baby was communicated poorly. I was there when they tried resuscitating him and after they couldn't they just looked sad and left. I needed answers. What the hell just happened? I have never gotten closure." (G2P5)
>
> "I expected people to grieve with me but after burial everyone moved on but me." (G3P4)
>
> "I expected people to call me more often. Especially one friend. Yet she never even once called to ask how I was. People just didn't call me. Even if I wasn't going to pick up. I wanted people to call and for their worlds to stop like mine did." (G3P7)

From the three Groups, majority of the parents expressed disappointment in how the society handled communication to them about the loss. A few parents had experienced multiple losses and with each loss, the communication directed to them was harsher and insensitive to the core. Other parents were fortunate to have a good support system that made the grieving process more bearable.

> "I first broke the news of the loss to my husband. But since he works in the hospital the ultrasound was done, the doctor broke the 'No Heartbeat' news to him on the phone before they told me. I don't vividly remember the rest of the chain of communication because I was a little confused, being prepped for theatre for the evacuation... My husband and 3-year-old son stayed up at the hospital till I got out of the theater. They were such a good support system." (G1P8).

> "What I hated most about the miscarriage my wife went through is when friends don't understand what is in your heart and the meaning each child has in your heart. You don't tell me " you will have another one...you are a man you should not worry." They do not know the journey that I walked with my wife just to even conceive this child, the pain I saw her go through, what I saw in the theater (she mentioned her experience above), the near-death experience she had. All these made me keep to myself to avoid the wrong words being said to me. I was a very social person yet these days I keep a lot to myself to avoid wrong words like " *hamjajaribu tena*?" (You have not tried again?) I am still trying to cope with the trauma to date." (G2P10)

> "I expected people to put themselves in my shoes before speaking but it was not always the case. I believe 99% of the wrong communication is out of ignorance in dealing with loss and not particularly inhumanity. Most of them have not experienced it so they don't understand the grief around it but genuinely want to encourage you." (G3P9)

Loss is very personal and is embraced differently among the bereaved. From the research based on the three groups, the parents expressed that the words that may be used to comfort one parent may be a source of grief to another parent. There is therefore no one size fits all approach when it comes to the choice of words to adopt during

demise. The parents interviewed here preferred that the society around them communicates the demise messages to them in an empathetic not sympathetic manner, as they did not want to be pitied. They preferred that people around them to acknowledge that they are bereaved parents and avoid shunning them or mentioning the deceased child's name.

4.3.3. Communication of demise messages to grieving parents during child loss by professional counselors

The researcher interviewed two grief counsellors. The information gathered had a similar pattern amongst the two respondents.

The first interviewee is a permanent lead counsellor at "Still a Mum" and is a practicing psychologist. She is usually the first point of contact whenever people reach out to "Still a Mum" for psychosocial support. She was instrumental in facilitating the formation of the online FGD through tapping into her networks and clients she has walked with through their child loss journey.

> "I recommend that when breaking the news of child loss, avoid sugarcoating and say things as it is. Start with an introduction of sorts. For instance, "The baby has been unwell and the doctors have been doing their best to support, but unfortunately we have lost the baby". You can repeat the word" the baby has died." As you communicate demise messages to grieving parents, be simple and avoid being wordy. Give the bereaved parents time to process. Silence is important as they may not decipher what you have just communicated to them." (C1)

The counsellor recommended that while communicating the demise messages, it is important to use direct words to allow the parents to process what the counsellors are saying as well as understand the reality of what has just occurred.

> "In a medical set up, the medical staff around the deceased parents should practice Respectful Bereavement Care (RBC). The medics should ensure they have broken the news of loss and then they should provide guidance on what next? They should strive to provide adequate information e.g., on reasons why the baby died. They should explain the causes of death to the mother in simple terms that they can understand. Allow the deceased parents to grieve. Use words like "I am really sorry. I did my best but unfortunately, I was not able to save the baby. I can imagine this is very difficult news for you to process but we are here to support you. Should you feel the need to see a professional please share with us we will be able to support you?" They should also check on how the parents are feeling at that point of loss. They should allow the mom time to respond and check on whether they need any clarification. Ask them if they are able to hold or see the baby. They may also ask if they are ready to see the baby or can they see the deceased baby at a later time when they are ready to see the baby. She suggests that the medics should refer them to a professional after at least giving them the psychological first aid." (C1)

The second counsellor interviewed is a professional marriage and family therapist. At *SaM* she does loss and bereavement counselling. She offered guidance that communication of demise messages during child loss should be done in a manner that communicates respect, genuine care and empathy.

> For instance, if in a hospital, are the bereaved parents in a place that they can handle the news? They should be taken aside, request for a seat if they are standing and pick out for signs of distress before the news is broken. One may consider calling a relative if they are not strong enough to handle the news on their own. Once they are okay, communicate the news in a sensitive way. My style is that I discourage laying blame on the bereaved parents. Use words that convey respect for the dead child as you give the parents the news. Be careful in your choice of words. Give a minute for a reaction and not walk away immediately and leave their parents to handle it on their own. Ask for how best you could support e.g. "Is there someone I could call for you?" Inform others not to disturb the parents but allow them their privacy to process, especially if in a busy environment. Take time to be sensitive and empathize with them. (C2)

The two counsellors both intimated that there is no specific script for breaking demise messages to bereaved parents. They recommend that the bereaved parents need to be communicated to directly without sugarcoating the message or using long words to prevent misinterpretation of the demise message. They went ahead to add that it is important to allow parents the time to express themselves.

4.4 What is the Role of Social Media in Conveying Demise Messages to Grieving Parents following a Child Loss?

Social media has taken the whole world by storm. It is able to connect people from different parts of the continent. Social media groups are formed to achieve a certain common goal or overcome a certain common challenge. These common challenges provide an avenue where people with similar problems come together to support one another, find a voice, be heard and can relate with each other without intimidation.

Facebook and WhatsApp are two social media sites that have grown in importance for grieving communication. The sites provide emotional outlets, community connection and immediacy, although premature or careless communication on these platforms, can worsen grief and violate privacy. In order to prevent emotional harm, Aiseng (2024) highlights the necessity of culturally sensitive guidelines for digital mourning.

Social media's capacity to foster emotional resilience and peer support is demonstrated by a case study conducted in Kenya by Wamue-Ngare & Ngure, (2022) on the use of social media for mental health awareness. The study indicated that Online communities provided a safe space for sharing experiences and mutual support, according to

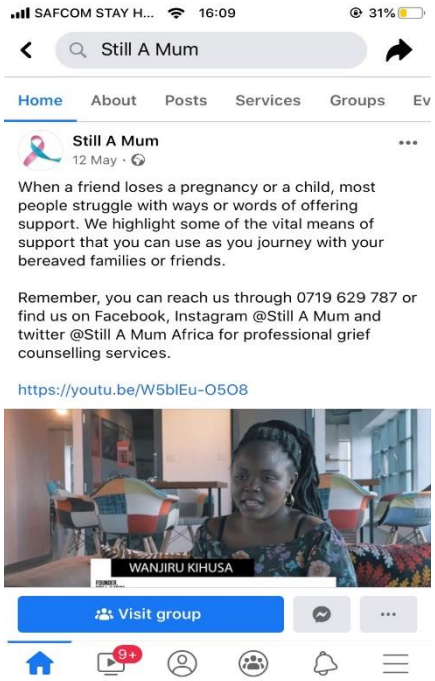
participants in the study, which was not specifically focused on grief. These findings indicate that social media includes wider therapeutic potential in bereavement settings.

4.4.1. Social Media and Bereavement Support in Kenya

Digital platforms such as WhatsApp and Facebook have increasingly become essential tools in the dissemination of demise messages and psychosocial support among bereaved parents in Kenya. In a community case study, Ongeri et al. (2021) show how Kenyan mental health professionals have embraced social media to raise awareness of mental health issues and offer emotional support to populations that are at risk. This finding aligns with practices observed in the “Still a Mum” support group, which uses social media forums not only for grief-sharing but also for structured interventions such as online therapy sessions, peer encouragement and educational campaigns.

Some samples of social media posts are shared here as screenshots, from “Still a Mum” Facebook and Instagram pages.

Screenshot 1 expressing the pain of a mum



Screen shot 2 of the SaM founder

Screen shot 3 of online support groups

Screenshot 4 of a live SaM session

Instagram post in April 2020 Instagram Post in October 2019

In a similar perspective, Aiseng (2024) examines the experiences of digital mourning in Taung, South Africa, where cultural views regarding privacy and death often clash with grief expressed on social media sites like Facebook. Whenever death became public before customs or family consent have been respected, study participants expressed emotional distress. Parents in the current study reported feeling shocked and hurt when their child's death was prematurely shared online without authorization, thus being

consistent with this finding. While discussing child death, both studies emphasize how important it is to use digital ethics and respect as well as cultural aware online practices.

4.4.2. Role of social media in conveying demise messages during child loss from the medical professionals, professional counsellors and bereaved parents.

The researcher interviewed three medical professionals to get their insights on the role of social media in conveying demise messages.

> "The older generation was swept away by social media, lacking the time or space to practice etiquette for social media. I firmly believe that joining social media support groups are useful to the grieving parents, as long as they stick to their mandate. In the past, their social media groups were their extended family in the physical present. Nuclear families are now more common place, we are lonelier, we have fewer friends, people are living alone, breakdown of the family and lack of social support structure is common etc. Social media groups provide an avenue where people with similar problems come together to support one another, find a voice, be heard and can relate with each other without intimidation. We have to adopt to how our life is changing in the digital space we are in." (M1)

> "I can advocate for use of social media in conveying demise messages as long as it is the bereaved parent who will go on social media to announce the death of their child. I believe it is a way for the bereaved parents to release the pain and make it easier to inform their friends instead of physically calling everyone to pass the news. This mass broadcasting of the news of the loss is therefore one key strength of social media. The strength of social media is that if the parents prefer using social media to break the demise message to the rest of the world, that is okay. Many people would respond, empathize with them and express their condolences. However, it should not be someone else doing it for them as it robs them (the bereaved parents) of their privacy and autonomy to make decisions on how to handle the matter." (M2)

The third respondent shared similar responses with the two medical professionals. One key strength of social media is the commonness and unity it creates. For instance, some

organizations may create WhatsApp groups for bereaved parents within their organization to bring them together for commonness.

The two professional counsellors warned that use of social media to convey demise messages has many challenges including lack of privacy for the bereaved parents, insensitivity in the manner in which the messages may be conveyed by people who are posting besides the bereaved parents and lack of knowledge on the correct words to convey. They recommended that society should be sensitive as it conveys demise messages and exercise empathy.

The bereaved parents shared mixed responses on the role of social media in conveying demise messages, as seen below:

> "I have been a member of SAM for 7 months now that was two months after I lost my son. I was referred by a close friend. I joined the group after learning that similar ladies went through the same experience as mine and most managed to come out even stronger. I just needed hope and consolation.... I felt it could come better from people who've gone through the same and overcame." (G1P4).
>
> "I've definitely benefited from the group by getting encouragements, testimonies and teachings from professionals which have enlightened and enabled me become better, accept, adjust and advance." (G1P6)
>
> "The counselling sessions at "Still a Mum" helped unlock bottled feelings. I made new friends and also, "Still a Mum" creates a sense of belonging for an individual. I am certain that when things get really bad for me emotionally, "Still a Mum" is there for me." (G3 P5)
>
> "I joined because I had gone through child loss after delivery. "Still a Mum" has been a home for my heart, where I felt that all my emotions we well understood. I have met other mums and hearing their story makes me grow strong. I appreciate the online counselling that I went through. It has also given me an opportunity to listen and serve other mums who have gone through the loss." (G2P3)

> "Online communication with the right people works although oral messages feel more real." (G3P1)

Some of the parents supported the use of social media in conveying demise messages as it helped to create a social community where they could relate with each other with the common bond as bereaved parents. Others were against social media for the similar reasons shared by the counsellors on the lack of privacy and empathy.

4.5 What Strategies are Recommended by the "Still a Mum" social media group in communicating demise messages to grieving parents?

"Still a Mum" social media group is a support group based in Nairobi, Kenya. The group provides support to parents and families dealing with miscarriage, still birth and infant loss. "Still a Mum" aims to enhance the support given to bereaved parents and raise public knowledge of child loss and appropriate social responses. "Still a Mum" comes from a desire to celebrate parents who have lost their children and affirm them that they are still parents despite their loss. As a group that is advocating for behaviour change in communication of demise messages to grieving parents, there are various strategies that the group recommends in communicating demise messages to grieving parents. Some of the strategies include:

4.5.1 Use of the right words to communicate demise messages to grieving parents

From the research, there are the right words to use to communicate demise messages. The researcher set to find out from the chosen sample group their views on the right words to use during child loss to grieving parents, and the findings are as below:

4.5.1.1 Right words to communicate demise messages to grieving parents from the medical professionals.

The first interviewee in the medical space currently runs a private obstetric gynaecology practice.

> "The person best placed to console the bereaved are those who know them best. The ones who end up offending the parents are the ones not close to the parents but want to look like they are included in helping out. For instance, one may be a colleague, who despite working together, they may not be close to the bereaved parents. Not knowing the parents personally may mean that they may not know how best to offer supportive communication. The colleagues are not coming from the right space thus may end up offending the parents. They may say the right things to other people but to the bereaved parents it ends up being hurtful. There needs to be a lot of sensitization on what to say or what not to say to the bereaved parents. There is nothing wrong with staying back. It is okay as colleagues to say, "As colleagues, we will send one or two friends to be there for you at the moment of need. We might support you financially to sort this out or attend to other needs you may have. We will come to pass our condolences after some time when you have come to terms with the loss. We would like you to know that we are here but we shall give you space." (M1)

The medical profession recommends that society should learn that there are 'appropriate phrases' that are said to make people undergoing a loss to feel better. There lacks a one-size-fits-all kind of statement that will work for all individuals. She went on further to add that society should learn to personalize their comments and stay away from clichés as they can be received in bad taste by the bereaved parents.

The second doctor has experienced a loss so she tries to walk in the shoes of bereaved parents. She also strives to advise them, having walked that journey, that it may get harder. She advises them to seek professional psychological help that she as an obstetrician cannot help. Child loss is very personal. From her own experience as a

mother, losses are not similar. Not unless someone has undergone the loss, they have no idea what a bereaved parent is going through.

> "The helpfulness of words communicated during child loss depends on who is saying those words, what is their reference and when are these words being said. As a society we need to weigh our words. Strive to be useful and offer practical help. The mother may be having a lot of visitors and wondering who will cater for them as she may be too sad to do it herself. In another instance she may not have cleaned her house for a long time. As a support system help out where you can. You do not have to talk about the child loss but do other things e.g. take her out for coffee. Be useful during the season and stand in the gap without being requested and without expecting anything. Seek their consent first before doing anything related to burial arrangements so that you do not appear to be stepping on the toes of the parents. Clarify with the parents before you do anything e.g. "Is there something you would want us to do? We are going to have a meeting with your friends." (M2)

The second medic's recommendation is that we need society to weigh their words. Society needs to know what to say, who to tell and when. In some instance, the medic advocates for silence as the best option.

> "Be sensitive of the timing, the season this person is, the person you are telling, the timing, the context you apply it in, what kind of need have they come to you with? This will ensure that you do not spread pain. To the society, she emphasized on showing up and being useful. Do not insist on using those cliché words no matter how nice or colourful they sound. Avoid stigmatizing the bereaved mothers in any way." (M2)

The 3rd interviewee who is a nurse having served in maternity, Pediatrics and NICU agreed that as medics it is hard to break the news of death.

> "As a medic, it is not our wish to break this news. We feel bad when passing this news. I equate it to a teacher who has worked hard for her class to perform well in exams and then the students fail. As medics, we do all what we could to save these children but then they pass on. We actually lack words to say to the deceased parents. The parents had expectations that were broken down following the passing on of their children." (M3)

The third medic does not believe there will ever be a time that they have the exact right words to break the news because people are different and perceive words differently. What may be the right word for one parent may be the wrong word for another parent so striking that balance is a bit difficult. The medic recommends that you just need to pass the information and you may not have another option. Everybody grieves differently. Some parents may have specific words that they may want to hear yet another parent may not want to hear those same words.

4.5.1.2 Right words to communicate demise messages to grieving parents from the professional counsellors.

From the interviews with the counsellors, they indicated that there is a standard way of communicating to grieving parents.

The first counsellor emphasized that communication should be short, simple and straightforward.

> "The right kind of communication includes using words such as "I am extremely sorry for your loss, it must be difficult, I am here for you. How can I help you, when you are ready feel free to reach out to me" etc. It is best to be there physically for the grieving parent. When the parent is grieving, they do not want to hear a lot of words. Never say I understand because you have not been there. Loss is personal, unique and significant. The best words to use are "I can imagine what you are going through. It must be tough. It must be overwhelming for you. How can I help you? She emphasized on the words with you. You can talk to me when you are ready. It must be difficult. I hear you" etc. Use affirmative words such as "Yes". Also paraphrase or reflect whatever they are saying. This is to allow them to talk and talk." (C1)

The second professional counsellor intimated that there is no specific message to say but it should be one of support, presence and empathy. The message is not in the specific words or script given but the overall outcome from the message. There is no specific script for breaking the news. Allow parents the time to express themselves, provide accurate information surrounding the death.

> "By presence, the person communicating should be physically and emotionally present. This is a person who will sit with the bereaved parents in the silence. They may not say anything but they can allow the parents to speak and they can listen in. They are not quick to answer. The goal is for the parents to feel supported whether or not you as the supporter feel you have supported them. It is important to do simple things like find out how best you can support them. Strive to find out what they really need at that point. Use words that convey respect for the dead child as you give the parents the news. Be careful in your choice of words. Give a minute for a reaction and not walk away immediately and leave their parents to handle it on their own. Ask for how best you could support e.g. "Is there someone I could call for you?" Inform others not to disturb the parents but allow them their privacy to process, especially if in a busy environment. Take time to be sensitive and empathize with them." (C2)

> "Use words that communicate empathy and genuineness. Empathy is important to communicate that you are trying to walk in their shoes. You imagine what they are going through and will refrain from using words that will hurt the parents. Genuineness shows that you are authentic and real. You are not just saying scripted words as a formality. Examples of words that you could use are "I am here. I want to listen. I emphasize with you. Is there anything I can do for you? I imagine this is painful, I'll be here when you are ready to talk. I can imagine what this must feel like. I wish the outcome was different. I hear you. How can I support you? (Key to note is that it is not the words, but how they are said). Does the parent feel truly supported through your words? Are you coming from a genuine place of support? Words that communicate empathy and genuine desire/willingness to support. Empathy is used a lot in grief because we cannot change what happened. We may not have a script to show us what to say at the time of loss but you communicate that you are willing to walk in their shoes. When one doesn't know what to say, silence is also a key tool of conversation that helps a lot. You can be silent, sit with the parents and allow them to talk." (C2)

What the society communicates to the parents at the time of loss at that critical moment affects how they grieve and process the whole issue. The impact of words whether

wrong or right to the grieving parents can lead to complicated grief, denial, anger, depression, PTSD and other advanced mental health conditions. It also delays the grieving process making the parents mask the issue instead of processing or expressing their grief at that time.

During grieving a support system is very crucial. A strong support system helps the parents to process the loss. It comes from actually communicating the right words. Be there physically and help out the parents, run errands, allow them to cry and let them to talk to you when they are ready.

4.5.1.3 Right words to communicate demise messages from the bereaved parents.

From the three online FGD's, it emerged that grieving parents do not like pity and sympathy. The common reaction from society is one of pity. From the research, it emerged that parents would like the society to empathize with them. They need society to acknowledge their bereaved children and walk with them in the journey of healing. They would like the society to offer supportive communication and not stigmatize them. Some of the ideal messages they would expect to hear have been sampled below and they include:

> "Kind words are best and lots of hugs would do wonders.
> I think some of statements I would appreciate are: "I'm sorry, let's cry together". "Let me give you a hug". "It's okay to feel how you are feeling, feel everything, I am here with you let's feel together" (G1P3)

> "One comment that encourages me is " you were the best mother". That makes me cry, but in a good way. I cannot over emphasize the importance of positive feedback: telling a mother that she was the best. That goes a long way." (GP2P2)

> "I think right words to say; am sorry for your loss, I am here if you need someone to talk to, I am praying for you, I loved this about your child and I remember him/her, baby now would be at this age etc.: There are not right words really but them assuring you that they will always be there is comforting." (GP3P2)

> "The best way to support a grieving parent is always being there and listening as they pour their heart and confusion out ...I felt comforted by people just being there and saying nothing." (G1P5)

The bereaved parents preferred that they receive demise messages of empathy and not sympathy. They prefer that society to be sensitive with the kind of words they communicate at the point of the loss.

4.5.2. The Right Use of Social Media in Communicating Demise Messages to Grieving Parents.

The use of social media as a tool in communicating of demise messages should be used in the right manner to offer support to the grieving parents.

4.5.2.1 The Right Use of Social Media in Communicating Demise Messages to Grieving Parents from the Counsellors.

The first counsellor was against communication of demise messages on social media.

> "Social media, not only in the loss of a child but even in any other type of loss, can be very insensitive. You may find someone has passed on and the first place you hear of it is on social media. You find people posting messages of Rest in Peace or posting condolence messages on the timeline of the deceased, sometime even when the deceased's person's larger family is not aware of this loss. People communicate without knowing if everyone in the family is aware of the loss." (C1)

The counsellor went on to add that it is not appropriate for a parent/person to share images or photos of the deceased child on social media as it triggers a lot of emotions from the other grieving parents. The counsellor recommended that the public should be sensitive before making any posts of the bereaved child on social media e.g. avoid sharing images of the deceased child online.

The second counsellor also averred that communication on social media needs to be thought through as, by and large, the society most often had limited information on the process of grief and how to offer support to the grieving parents.

> "In social media, it is common for members of the society to give false promises or false hope. In the heat of the moment because we are moved by compassion or sympathy for the bereaved parents, people on social media may make promises that they may not keep or are not in a position to keep. Words like "I am here for you" should only be said if you have the capacity AND willingness to be there. Words like "You will get another one" may sound good and well meaning. However, by telling a grieving parent that, how sure are you that they will get another child? What guarantee can you give that they may not lose the next one to death?" (C2)

The second counsellor advices that society should be educated on these myths and misconceptions so that their communication on social media is more sensitive. It will allow people to grieve without assigning blame or use of words that are not true. Words that do more harm than good should be avoided.

4.5.2.2 The Right Use of Social Media in Communicating Demise Messages to Grieving Parents from the Bereaved Parents

These are messages of support that bereaved parents believe are best to use on social media when communicating demise messages. With social media, the communication

of demise messages is open to members of the public, some of whom may not know the parents personally or interact with them often.

The parents recommended that on social media during the period of grieving, they get overwhelmed with a flood of messages on their social media. They prefer not to hear a lot of words. The demise messages should be delivered directly without a lot of probing on to the cause of death, as this opens it up to a lot of misinterpretation. The parents prefer to be the ones who break the news so that they control the narrative eg on the cause of death of their child. The communicator should be simple and avoid being wordy

Majority of the bereaved parents expressed concerns that at their moment of loss, the society around them on social media communicated the wrong words to them that made their healing process long and difficult. They gave examples of some of the wrong words they received on social media included words such as:

"It is God will. God loved them more" (GP1P9)

"That child was not meant to be yours" (GP2P4)

"Perhaps they would be having a disability if they remained alive." (GP3P3)

"You still have other children" (GP1P10)

"You should be strong. You need to move on". (GP2P7)

> "In the case of a miscarriage, avoid words like, "You never met your child. Why are you grieving as if you lived with the baby? It was a bunch of cells that you are carrying. It was not a fully formed human being yet so why are you grieving that much?" etc. (GP3P6)

In social media, the parents recommend that society should strive to avoid posting those words that may make the bereaved parents feel blamed or guilty. They suggest that one should avoid posting words that imply like it was their fault or that they didn't deserve to keep the bereaved child.

4.6 Chapter Summary

This chapter sought to present the responses to the research questions that were asked at the onset of the study. It sought to examine how demise messages are relayed to grieving parents following the death of their child. It also investigated the role of social media in conveying demise messages to grieving parents following a child loss. The study went on further to find out what strategies are recommended by the "Still a Mum" social media group in communicating demise messages to grieving parents.

The data collected revealed that indeed there is need to inform society on the right words to use to communicate demise messages to grieving parents during the period of their child loss. The respondents involved in the research presented the right words that can be used to communicate messages on social media as well;

The chapter revealed that grieving parents prefer the society to communicate to them with empathy not sympathy, to be there for them in action at the time of the loss, to speak directly with them and not walk around on eggshells, to acknowledge the bereaved children instead of ignoring their loss, to avoid using the wrong words with them and a raft of other recommended support measures. They revealed further that if

these measures were to be adopted, the healing process would become more bearable, enabling the parents to be well again and move forward.

CHAPTER FIVE

SUMMARY OF FINDINGS, CONCLUSION AND RECOMMENDATION

5.1 Introduction

Following the collection of data, this chapter presents the summary of findings, conclusion and recommendations for further research. The themes that guided the summary of findings include; Communication of demise messages to grieving parents following the death of their child, the role of social media in conveying demise messages to grieving parents following a child loss and strategies recommended by the "Still a Mum" social media group in communicating demise messages to grieving parents.

5.2 Summary of Findings

This section presents a summary of key findings from the study titled *"Communication of Demise Messages to Grieving Parents Following a Child Loss: A Case Study of Still a Mum Social Media-Based Support Group in Nairobi, Kenya."* The study explored how demise messages are communicated to grieving parents following perinatal loss, with particular emphasis on three thematic areas: the manner in which these demise messages are communicated, the role of social media in conveying this communication, and the strategies recommended by the "Still a Mum" support group in shaping the bereavement experience.

Employing the use of qualitative methods which included in-depth interviews, focus group discussions, and a review of materials shared by “Still a Mum”, the study uncovered how the communication of demise messages significantly affects the emotional and psychological healing of bereaved parents. It also examined the readiness and sensitivity of healthcare professionals in conveying such messages, and how parents’ experiences varied depending on the timing, context, and method of communication.

The findings reveal that there are notable gaps in the communication of demise messages. This summary highlights the thematic insights obtained through this research, offering a guide for improving communication protocols and strengthening support systems for grieving parents in the period following child loss.

The summary of findings were as follows, based on the research questions:

5.2.1 Communication of demise messages to grieving parents following the death of their child

The findings from the theme on communication of demise messages to grieving parents following the loss of their child were as below:

Grieving parents would prefer that the society around them to be sensitive in the communication of demise messages to the parents. The society should weigh their words. There are ‘appropriate phrases’ that are said to make people undergoing a loss to feel better. There is no one size fits all kind of statement that will work for all

individuals. The society should learn to personalize their comments and learn to stay away from clichés as they can be received in bad taste. Society should use words that convey respect for the dead child as they communicate with the bereaved parents. The society around these parents should be sensitive enough in their choice of words and know what to say, whom to tell and when. Silence is sometimes the best option. The parents would appreciate that the people sharing the demise messages with them are sensitive of the timing and the context they apply the communication in. This exercising of sensitivity that there is healing for the bereaved parents.

The communication of demise messages should consider the timing of passing the messages. The community should be sensitive to the stage of grief the bereaved parents are in or the point in their life that they are in. There are stages for everything. One of the medical professionals recommended that when a mother comes to you and she wants another baby, then you can say that, “God will bless you with another one”. But at the fresh point of loss, do not say that as she is not talking to you about conception but about the loss. When she approaches you, do not say that baby was too sick. It is best to wait when she delivers another one and then you can talk of how the bereaved baby she had was sick. Complement her on the new baby while talking of the one who passed on because in that season, this will not hurt her. Wait till when she is pregnant again you can say, “It is well. The God who has brought us this far will take us far.” It is appropriate in that season to say it is well than at the point of fresh child loss.

Everybody grieves differently. Some parents may have specific words that they may want to hear yet another parent may not want to hear those same words. As society,

when passing the demise messages, the parents would appreciate keen observation in the communication to know what words work with them and what words hurt them. There is no specific message to say but it should be one of support, presence and empathy. The message is not in the specific words or script given but the overall outcome from the message. By presence, the person communicating should be physically and emotionally present. This is a person who will sit with the bereaved parents in the silence. They may not say anything but they can allow the parents to speak and they can listen. They are not quick to answer. Use words that communicate empathy and genuineness. Empathy is important to communicate that you are trying to walk in the shoes of the parents. You imagine what they are going through and will refrain from using words that will hurt the parents. Genuineness shows that you are authentic and real. You are not just saying scripted words as a formality. Key to note is that it is not the words, but how they are said. The bereaved parents would like to feel truly supported through the demise messages.

The person within the society communicating with the bereaved parents needs to have an awareness of respectful bereavement care and can offer the immediate support, respect and care these parents may require following delivery of the news. Respectful Bereavement Care is bereavement care that communicates respect for the parent and for the deceased child. Ensure that you communicate the news of the loss in a sensitive way. Do not start blaming the parents. In the case of medical professional attending to the bereaved parents, the parents require that they are provided with accurate information surrounding the death.

5.2.2 Role of social media in conveying demise messages to grieving parents following a child loss.

Social media is one of the avenues that can be used to convey demise messages to grieving parents following a child loss. The bereaved parents may opt to use social media, in its broadcast nature to break the news of their bereavement. The parents may post on their social media pages to multiple friends, relatives and other members of society, both in their vicinity and the larger global village. This saves time and resources that would have been used, say in making multiple calls or sending multiple text messages. Social media is able to connect people within the larger global village. Parents may be comforted knowing that someone else in another part of the world is grieving and mourning with them, or can empathize with them.

Social media is useful in bringing together a community of people undergoing a similar situation e.g. bereaved parents can join common social media groups with other bereaved parents. Through the common social media groups, the bereaved parents can get comforted by other parents who have gone through losses of the same nature. They may get the much-needed help in the form of connections with reputable gynaecologists for future births, connect with online counsellors to walk them professionally through their grieving journey or any other much needed help. Through social media, one is exposed to social media support groups such as “Still a Mum” that can help the bereaved parents connect with parents who have undergone losses just like themselves. The groups have been found to offer great support to these parents.

5.2.3 Strategies recommended by "Still a Mum" social media group in communicating demise message to grieving parents

5.2.3.1 Use of the right words to communicate demise messages to grieving parents in a simple and straight forward manner

From the research, there are the right words to use to communicate demise messages. The researcher set to find out from the chosen sample group their views on the right words to use during child loss to grieving parents, and the findings are as below:

The medical professionals encouraged that society should learn that there are 'appropriate phrases' that are said to make people undergoing a loss to feel better. Child loss is very personal. The medical professionals advocate for practical support and even advocate for silence in some instances. The society around the parents may even talk about other things and not necessarily talk about the loss all the time. They recommend that society should avoid use of clichés. The way the bereaved parents receive the demise messages differs as there will never be a time that they have the exact right words to break the news because people are different and perceive words differently. What may be the right word for one parent may be the wrong word for another parent so striking that balance is a bit difficult. The medics advocate that society should pass the demise messages in a simple and direct manner. Everybody grieves differently. Some parents may have specific words that they may want to hear yet another parent may not want to hear those same words.

From the counselors, they indicated that there is a standard way of communicating to grieving parents. This communication should be short, simple and straight. There are no specific messages to say but the demise message to be communicated in a manner that demonstrates support, presence and empathy. The message is not in the specific words or script given but the overall outcome from the message. There is no specific script for breaking the news. They recommend allowing parents the time to express themselves, provide accurate information surrounding the death. During grieving a support system is very crucial. A strong support system helps the parents to process the loss. It comes from actually communicating the right words.

From the three online FGD's, it emerged that grieving parents do not like pity and sympathy. The bereaved parents preferred that they receive demise messages of empathy and not sympathy. They prefer that society to be sensitive with the kind of words they communicate at the point of the loss.

5.2.3.2 The Right Use of Social Media in Communicating Demise Messages to Grieving Parents.

Social media usage is in communication of demise messages should be used in the right manner to offer support to the grieving parents. The professional counsellors intimated that it is not appropriate for a parent/person to share images or photos of the deceased child on social media as it triggers a lot of emotions from the other grieving parents. They recommended that the public should be sensitive before making any posts of the bereaved child on social media e.g. avoid sharing images of the deceased child.

Communication on social media needs to be thought through as, by and large, the society most often had limited information on the process of grief and how to offer support to the grieving parents. The society should be educated on myths and misconceptions so that their communication on social media is more sensitive. It will allow people to grieve without assigning blame or use of words that are not true. Words that do more harm than good should be avoided.

These are messages of support that bereaved parents believe are best to use on social media when communicating demise messages. With social media, the communication of demise messages is open to members of the public, some of whom may not know the parents personally or interact with them often. The parents recommended that on social media during the period of grieving, they get overwhelmed with a flood of messages on their social media. They prefer not to hear a lot of words. The demise messages should be delivered directly without a lot of probing on to the cause of death, as this opens it up to a lot of misinterpretation. The parents prefer to be the ones who break the news so that they control the narrative eg on the cause of death of their child. The communicator should be simple and avoid being wordy. In social media, the parents recommend that society should strive to avoid posting those words that may make the bereaved parents feel blamed or guilty. They suggest that one should avoid posting words that imply like it was their fault or that they didn't deserve to keep the bereaved child.

5.3 Conclusion of the Study

In this study, the researcher set out to explore how demise messages are communicated to grieving parents following the loss of a child, with a focus on the Still a Mum social media-based support group in Nairobi, Kenya. Through interviews, focus group discussions, and analysis of shared support materials, it was revealed that the manner in which these demise messages are communicated plays a significant role in shaping how the grieving parents begin to process their grief, and ultimately healing. The study revealed that when messages are communicated without empathy, sensitivity, or cultural awareness, they often cause further emotional harm. On the other hand, supportive communication was shown to help the bereaved parents feel seen, supported, and more equipped to navigate their loss.

One of the key insights gained from this research is the crucial role that social media platforms now play in bereavement support. “Still a Mum” comes out as a powerful support system that not only offers comfort and community to the grieving parents, but also presents effective strategies for communicating demise messages. The approach by “Still a Mum” is anchored on empathy, non-judgmental listening, and culturally sensitive demise messaging. This goes a long way in providing valuable insights that could inform how healthcare professionals and support networks to the bereaved parents could communicate the demise messages in response to child loss. This study reinforced the need for greater awareness and training around the communication of demise messages following child loss, especially among healthcare professionals who are often the first point of contact.

From this study, the critical importance of delivering demise messages to grieving parents with clarity, empathy, and cultural competence cannot be overemphasized. Findings indicate that timely, honest, and compassionate communication of demise messages significantly influences parents' initial responses to loss and their subsequent bereavement processes. The study reinforces the necessity for the society to be well informed on the right messages to communicate these demise messages, manner of delivery of the messages with empathy and sensitivity in the communication. Ultimately, the manner in which child loss is communicated plays a pivotal role in facilitating parental coping and fostering a foundation for healing.

5.3 Recommendations of the Study

This study recommends that society should relook into how it communicates with grieving parents at their time of loss.

5.4.1 Enhancing the Communication of Demise Messages to Grieving Parents

Based on the findings of this study, it is recommended that healthcare facilities and medical professionals should develop and implement structured communication protocols for delivering demise messages to grieving parents following a child loss. The medical professionals should practice Respectful Bereavement Care, which focuses on communication of demise messages with empathy, clarity, cultural sensitivity, and emotional support. All the medical professionals, including the support staff in some instances, should be trained not only in the clinical procedures but also in compassionate communication skills to ensure that such demise messages are conveyed

with sensitivity, care and respect. The health care professionals should start embracing and accepting that grief in their profession is real and it exists, especially for obstetricians. Their duty does not end when the mother loses her child. The medics should ensure that the parents are treated with respect whether they go home empty handed or they have had a successful live birth.

Hospitals and healthcare facilities should consider adopting a standardized Respectful Bereavement Care approach that includes:

- Curating designated spaces for private and sensitive conversations on the demise messages at the time of loss.
- Having the presence of a trained counsellor or grief support counsellors at the period of delivering the demise messages to the grieving parents.
- In the process of delivering demise messages, there should be allowance of time and space for the grieving parents to process the demise messages, without being rushed.
- Referrals and follow ups post the child loss e.g. bereavement support services, such as those offered by organizations like “Still a Mum” or any other ideal support services.
- Communication should be personalized, allowing space for parents to ask questions, express emotions, and receive immediate comfort. By fostering a more humane and emotionally intelligent approach to delivering demise messages, healthcare providers can help reduce the psychological harm often

associated with child loss and support families more effectively through their grief.

5.4.2 Right use of social media in conveying demise messages to grieving parents following a child loss

Findings from this study indicated that the use of social media in passing demise messages should be done in a sensitive and empathetic manner. Social media usage in conveying demise messages may support or cause harm the bereaved parents depending on how the demise messages are communicated.

When used in the right manner, social media can be beneficial in conveying demise message to grieving parents, such as connecting the grieving parents with a supportive online community.

Based on the findings, this study recommends society to observe right use of social media when passing demise messages. One of the recommendations is that society should practice empathy and be sensitive in the choice of words used to convey the demise messages. In addition, the society should allow the parents to lead the communication of the demise messages so that society can follow up with the support. This study implores the society therefore to be mindful and respectful while using social media to convey demise messages.

5.4.3 Strategies recommended by "Still a Mum" social media group in communicating demise messages to grieving parents following a child loss

From the perspective of the participants of this study, it is evident that the communication of demise messages requires to be done in a sensitive and empathetic manner. The bereaved parents shared that they would like for the society to be more compassionate, respectful and employ culturally sensitive approaches at the time of the child loss. For the society, it is further recommended that they should employ the use of the right words and offer practical support during the grieving period. Additionally, language used in such communication to the grieving parents should be empathetic, avoiding clichés or assumptions, and reflect an understanding of diverse mourning practices. The society should take initiative in improving their communication practices to grieving parents.

5.5 Suggestions for Further Research

The study drew the conclusion that there is limited information on how to offer demise messages during child loss. This was demonstrated by the interviews and online focused group discussions where the need for supportive communication emerged.

I would recommend that further studies be carried out on communication policies in Kenyan healthcare facilities during child loss and the need to ensure that Respectful Bereavement Care is enforced.

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Appendix I: Introduction Letter

September 4th, 2019

Dr. XXX,
XXX Medical Clinic,
PO Box XXX
Nairobi.

Dear Participant,

RE: ACADEMIC RESEARCH PROJECT

I am a student at Moi University, Nairobi Campus undertaking a Master of Communication Studies degree. One of the requirements for the award of the degree would be to write a thesis in an area of my studies. I am therefore writing to humbly request for your assistance in gathering information for this study. The title of my research is **Societal Challenges In Communicating Compassionate Messages on Child Loss to Grieving Parents: A Study of Still a Mum Social Media Based Support Group.**

I have designed an interview guide to provide more information for this research and attached it to this letter. The purpose of this interview guide is to gather relevant information to address the research objectives of the study.

The study will be conducted as an academic research and the information provided will be treated with strict confidence. Strict ethical principles will be observed to ensure confidentiality and the study outcomes and reports will not include reference to any individuals.

Please find time to participate in the research. Thank you very much.

Yours faithfully,

Juliette Gathoni Thuo

Appendix II: Interview Guide to Bereaved Parents

This interview guide seeks to establish the Societal Challenges In Communicating Compassionate Messages on Child Loss to Grieving Parents. All the information provided here will be considered private and confidential for the purpose of this research ONLY.

Date: ……..……

1. How long have you been a member of SaM? What made you join the Group?
   How has being a member of SaM Group been of use to you?
2. Who was the first person you communicated with when you lost your child and why that particular person?
3. What kind of messages did you receive from people around you following the passing on of your child?
4. What in your opinion are the right words that the society around a grieving parent should use at the time of the loss?
5. What are some of the messages that were conveyed to you at the time of the loss that left you hurting?
6. How best should a medical person communicate to you/or any other person when breaking the news of child loss? Do you think the news of your child loss was communicated to you appropriately?
7. What communication support did you expect from the society when you lost your child?
8. Did the messages you received following the loss help you to heal faster or perpetuated the pain?
9. How long ago did you lose your child? How has the healing process been like for you?
10. How different is online communication compared to oral messages received when one is grieving?

Appendix III: Interview Guide for the Medical Professionals

1. What are the available means of communicating the news of child loss to the parents that you employ? How do you break the news to the parents?
2. How do you help grieving parents to deal with the emotional stress that comes with child loss? How do you manage the parents when they learn the news?
3. In your opinion should social media form one of the avenues of breaking the news of child loss?
4. What communication challenges do you observe on social media groups between parents and the society around the parents?
5. Often during the loss of a child people use some words with the right intentions but that may rub off wrongly to the recipients. In your opinion do you think using these words help?
6. What in your opinion is the role played by intimate partners/spouses/boyfriends in the event of child loss? Do you feel they should be present when breaking the news of child loss to their significant others?
7. Do you join the procession of the last rites for some of your patients who have lost their children, and if so, why?
8. The reactions of parents upon receipt of the news of child loss differ from parents to parents. Some parents may be overwhelmed with emotions while others may be stoic. Who in your view among these different parents heals faster?
9. In the process of delivering the news of child loss to the grieving parents do you ever show emotions? Do you feel that showing emotions or lack thereof makes a difference?
10. There are some parents who have lost their children and joined social media support groups. What is your opinion regarding those groups?

Appendix IV: Interview Guide to the Professional Counsellors

1. What are the ideal messages that should be communicated to the grieving parents?

2. How do you help grieving parents to deal with the emotional stress that comes with child loss? How do you manage the parents when they learn the news?

3. Who in your opinion should be the first person to communicate to a parent in the event of child loss?

4. In your opinion how should one break the news of child loss to the parents?

5. What words should the society around a grieving parent use at the time of the loss?

6. What communication challenges do you observe on social media groups between parents and the society around the parents?

7. Often during the loss of a child people use some words with the right intentions but that may rub off wrongly. In your opinion do you think using these words help?

8. What in your opinion is the role played by intimate partners/spouses/boyfriends in the event of child loss?

9. Do you think that the numbers of children the parents already have affect how the affected parents grieve?

10. What kind of conversational support do the parents need at the point of child loss?

Appendix V: Letter of Approval for Research Work at Still a Mum

Still A Mum
SUPPORT • EDUCATE • ADVOCATE

[illegible]

29th October 2019

Juliette Thuo,
P.O. BOX,
NAIROBI.

Dear Juliet,

RE: LETTER OF APPROVAL FOR YOUR RESEARCH WORK AT STILL A MUM

The above matter refers.

I would like to confirm approval for the research work you are looking to do at Still A Mum. As an organization that supports bereaved parents in Africa, we welcome research that seeks to measure the impact our work has in their lives. We allow you to interview former beneficiaries in focus group discussions, health care workers we partner with on respectful bereavement care and the counsellors that work with us.

We require that this is done with utmost respect to all parties involved. We are specifically about confidentiality and require any information shared during the study be handled ethically – should a beneficiary share something they want held in confidence, make sure you honour this.

We are here to assist you with whatever you need to make the research process easier. Kindly contact the undersigned if you require further clarifications.

Yours faithfully,

Wanjiru Kihusa
CHIEF EXECUTIVE OFFICER

Appendix VI: Brochure from Still A Mum showing how to support someone undergoing a child loss

How Still A Mum can help

Our vision is an Africa with lower child deaths and a society where bereaved parents receive outstanding support.

We have:

1. **One on one counseling** – our trained counselors help bereaved parents in the journey towards healing.
   - Individual counseling.
   - Couples counseling.
   - Child counseling - for kids who need to process the loss of a sibling.
2. **Physical support groups** – one of our counselors facilitates a group of bereaved Mums and Dads as they share and support each other.
3. **Virtual support groups** –our counselors facilitate groups of bereaved Mums and Dads on WhatsApp and Facebook as they share and support each other. This option is for those who have no physical group meeting near them.

Get in touch:

Office C2, Branton Court, Ndemi Lane off Ngong Road

General Page:

Support Group for bereaved parents:

Support group for parents pregnant after a loss:

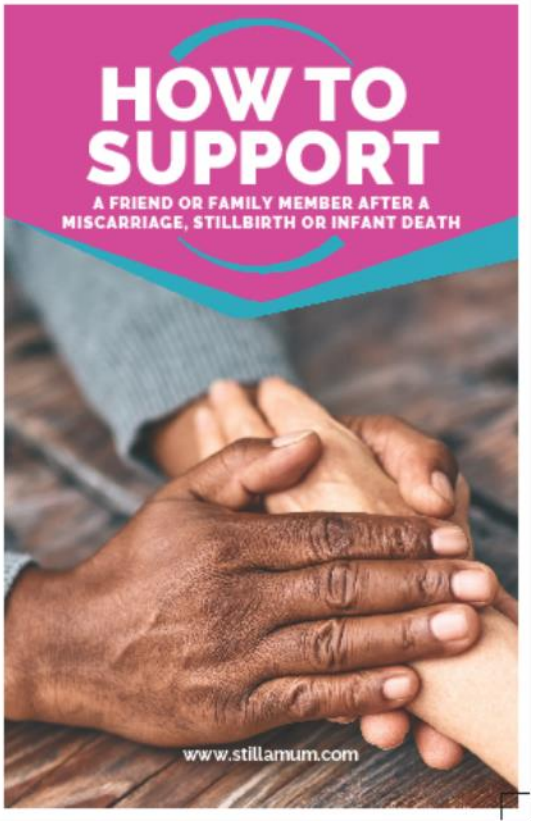
+254 719 629 787

Admin: +254 743 708 336

Counseling: +254 719 629 787 / +254 787 331 353

Still A Mum

SUPPORT • EDUCATE • ADVOCATE



How to Help A friend or family member

after the loss of a baby:

Listen.
Be present.
Appropriate touch.
Attend funeral service or memorial.
Validate pain in the experience.
The RIGHT Things to Say:
“I’m so sorry for your loss.”
“How are you doing with all of this?”
“This must be so hard for you.”
“What can I do for you?”
“I’m here and I want to listen.”
“I wish this pregnancy had turned out the way you hoped.”
The WRONG Things to Say:
“You’re young and you can have another baby.”
“Now you have an angel in heaven.”
“This happened for the best.”
“Better for this to happen now than later.”
“At least you didn’t get to know him/her.”
“There must have been something wrong with the baby.”
“God must have wanted your baby in heaven.”
“Don’t question God’s will – just trust Him.”
“Be brave.

Appendix VII: Consent information for the online FGD

Dear parents,

I am Juliette Thuo-Kimina. I am pursuing a Masters of Communications Degree under the Topic SOCIETAL CHALLENGES IN COMMUNICATING COMPASSIONATE MESSAGES ON CHILD LOSS TO GRIEVING PARENTS: A STUDY OF STILL A MUM SOCIAL MEDIA BASED SUPPORT GROUP.

I would like to request for your input in collecting data for this study. Your help will go a long way in educating the society around grieving parents on how best to offer supportive communication upon child loss.

There is limited material from Kenyan authors on the topic of supportive communication to grieving parents and so with your contribution, it will make society enlightened on how to offer support during child loss.

I therefore request for you to join in a special WhatsApp Group with other parents who have undergone child loss so as to participate in a great conversation regarding this topic.
The Group will be guided by the researcher and an official from Still a Mum to ensure we are staying on course. The Group will only be up for a maximum of 10 days and will be closed shortly after data collection is done.

The information gathered is purely for research purposes only and will observe an ethical code of conduct. Please note that it is voluntary and a member is free to leave the Group at any point they feel uncomfortable.

We shall be available to offer counseling should the need arise during the session.

Thank you very much.

Appendix VIII: NACOSTI RESEARCH LICENCE

REPUBLIC OF KENYA

NATIONAL COMMISSION FOR SCIENCE,TECHNOLOGY & INNOVATION

Ref No: **189426**

Date of Issue: **15/October/2019**

RESEARCH LICENSE

This is to Certify that Ms.. Juliette Thuo of Moi University, has been licensed to conduct research in Nairobi on the topic: SOCIETAL CHALLENGES OF COMMUNICATING COMPASSIONATE MESSAGES ON CHILD LOSS TO GRIEVING PARENTS: A STUDY OF "STILL A MUM" SOCIAL MEDIA BASED SUPPORT GROUP for the period ending : 15/October/2020.

License No: **NACOSTI/P/19/1999**

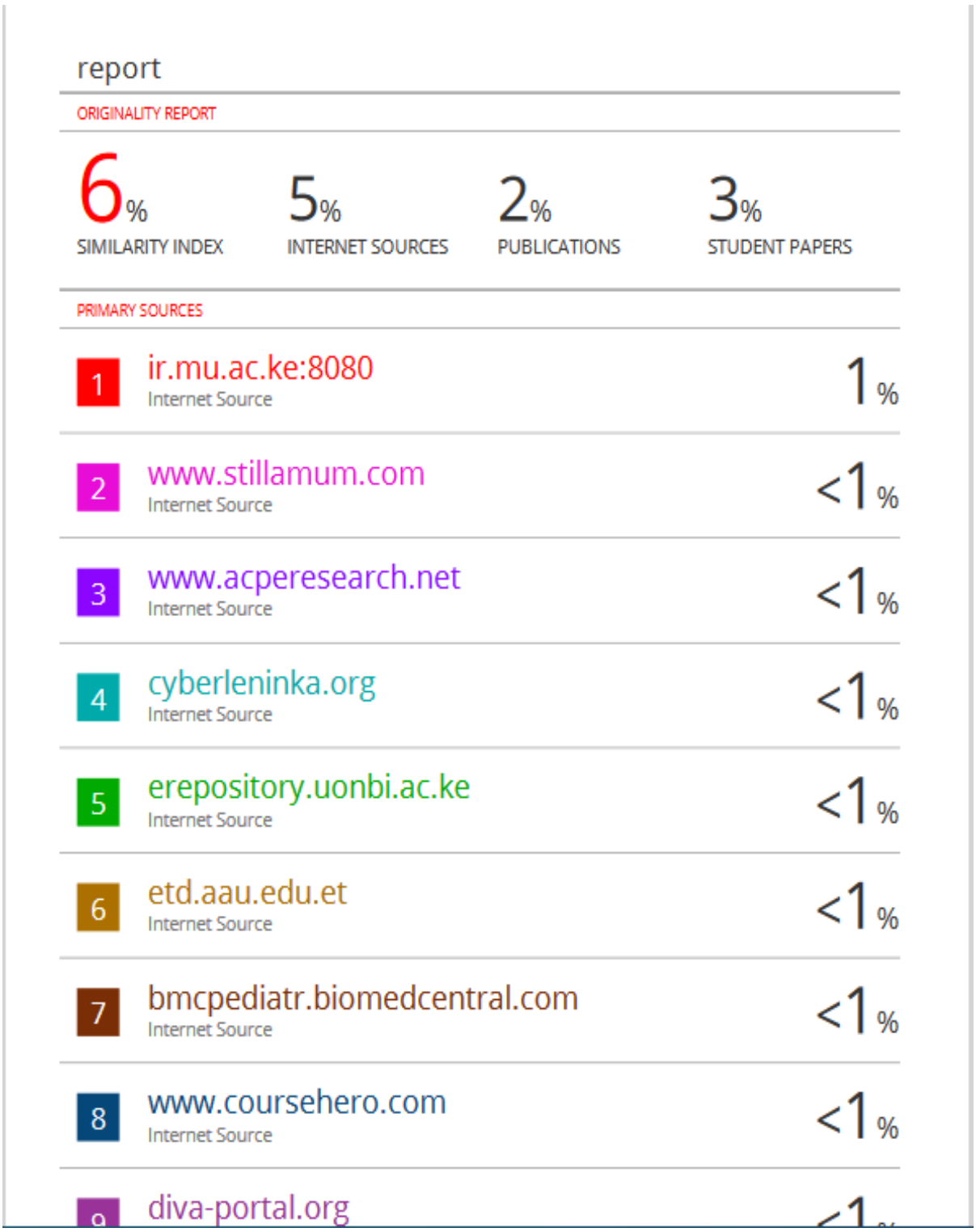
189426

Applicant Identification Number

Director General
NATIONAL COMMISSION FOR SCIENCE,TECHNOLOGY & INNOVATION

Verification QR Code

NOTE: This is a computer generated License. To verify the authenticity of this document, Scan the QR Code using QR scanner application.



report

ORIGINALITY REPORT

6%	5%	2%	3%
SIMILARITY INDEX	INTERNET SOURCES	PUBLICATIONS	STUDENT PAPERS

PRIMARY SOURCES

1	ir.mu.ac.ke:8080 Internet Source	1%
2	www.stillamum.com Internet Source	<1%
3	www.acperesearch.net Internet Source	<1%
4	cyberleninka.org Internet Source	<1%
5	erepository.uonbi.ac.ke Internet Source	<1%
6	etd.aau.edu.et Internet Source	<1%
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