

Faith as Structure: Meaning-Making and Bereavement After Stillbirth in India — A Narrative Review

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ABSTRACT

Background: Despite the high burden of stillbirths in India, bereavement care remains in its infantile stages. Neither does our healthcare system have a structured organisation for bereavement care, nor have we invested much time and energy in finding out what helps our parents overcome the trauma. Faced with lack of options, families often rely on 'faith' to interpret and give meaning to their loss.

Objective: To examine the role of faith in shaping bereavement care after stillbirth in India and derive its implications for clinical care.

Methods: The present paper is a narrative review of the existing literature on grief, coping mechanisms, and meaning-making following stillbirth, with particular focus on the Indian context.

Results: Faith is an important coping mechanism in LMICs like India. In the absence of a structured bereavement care algorithm, it is faith and spirituality that helps the parents in healing after stillbirth. Faith provides explanations for loss, supports emotional stability, and structures of grief through rituals. However, certain interpretations may in fact contribute to self-blame or limit engagement with medical inquiries regarding cause of stillbirth. In India, these responses are influenced by family dynamics, gender roles, and limited formal support systems.

Conclusion: Faith is a central component of bereavement after stillbirth in India. The caregivers should recognise and respect parents' belief systems while giving accepted medical care and advice.

KEYWORDS: Stillbirth, Bereavement, Faith, Religion, Spirituality, Meaning-making, Disenfranchised grief, Maternal mental health, Cultural context, Obstetric care, India

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INTRODUCTION

Stillbirth holds an uncertain position in Indian societal scheme-with lack of due emphasis to the tragedy. Although we remain amongst the largest contributors to global stillbirths, there is little recognition of the aftermath for mothers and families. Whatever focus we have witnessed in the past decade has largely been directed towards prevention.^{1,2} Bereavement of care after stillbirth is often limited, downplayed, and a structured mental health follow-up, uncommon.^{3,4}

In so many cases, the trauma lies not only in the loss itself, but in how their pain is unacknowledged. The grief remains unexpressed, and so does not find a closure. It can lead to a situation which is commonly described as 'disenfranchised grief'.^{5,6} This happens when loss is not validated within social and institutional settings. While the medical focus remains mainly on the cause of stillbirth, the clinical explanations do not always address the questions that matter most to the aggrieved family. And so, it is here that we find faith and spirituality assuming importance- filling up the gap between expectations and reality.^{7,8}

The existing literature shows the many ways in which faith

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may contribute as a coping mechanism- it may provide a coherent explanation to the suffering, and suggest ways to live with the loss. It is to be noted that, at times the religious interpretations may involve the family, especially mothers, in failing to live up to particular standards, hence including them in the blame as well.^{10,11} The present review attempts to find out the role of faith in bereavement care after stillbirth, with focus on India. We wanted to particularly see how faith is used construct meaning for the family, and what this might imply for clinical care.

The concept

In the Indian context, the loss of a baby as stillbirth is not recognised as the way it is when the child is older. And so,

Table 1: Forms of Religious Coping After Stillbirth and Their Implications.

| Type of coping | Description | Example interpretation | Likely effect on grief | Supporting evidence |
|-----------------------------|--|---------------------------------|------------------------------|---------------------|
| Meaning-oriented (adaptive) | Loss integrated into broader belief system | “This is part of a larger plan” | Emotional stabilisation | [7,8] |
| Relational (continuity) | Ongoing bond with baby maintained | “My baby is still with me” | Reduces finality of loss | [7,13] |
| Ritual-based | Structured practices (prayer, rites) | Prayer, pilgrimage | Provides routine and support | [9,13] |
| Fatalistic | Passive acceptance without processing | “It was written” | May suppress grief | [6,8] |
| Self-blaming (maladaptive) | Loss attributed to moral failure | “This happened because of me” | Increased distress | [10,11] |
| Socially reinforced | Beliefs shaped by others | “God’s will—move on” | Can support or silence grief | [3,6] |

the parents’ face a double trauma — on the one hand they have lost a baby, and on the other, their grief is not validated by the people surrounding them. They might feel their pain is invisible to others, and so, try to make sense of what happened by turning to personal beliefs, faith, or their own understanding of life and loss.¹²

Grief responses

Grief after a stillbirth is shaped by three main things: (1) Firstly, how parents make sense of their loss, trying to understand “why” it happened and “what” it means for them. The answers help them develop coping mechanisms. (2) Secondly, what do the people around them think, talk, and how do they react to stillbirth. Some society and cultures acknowledge stillbirth more than others— and we have seen that this helps. (3) Thirdly, the existing support systems including healthcare providers [HCP], hospitals, counseling and formal care. This kind of support is limited in low- and middle-income countries [LMIC]. And so, we see that people in LMICs rely on informal ways to cope, especially faith and spirituality. Faith helps by giving explanations (e.g., “it was God’s will”) and placing the loss in a larger perspective.

The flip side of faith

Faith doesn’t always help. While some beliefs can make people feel more at peace and accept, others can make things worse, especially if there is suggestion that the loss was due to a personal fault, sin, or punishment. A mother might think that stillbirth happened because of some wrong she did. And this may intensify suffering instead of easing it.

Also, society and faith create rules about how one should grieve. These expectations can impose limitations to individual expressions. Some faiths can tell the parents to “accept it” quickly or not talk about it. These can be very dictatorial at times and be a source of anxiety and resentment. Therefore, whether faith gives comfort and

meaning or increases guilt and pressure, has more to do with the context in which loss is interpreted.

Interpretation of loss:

People interpret their losses differently. These can be understood through the following broad frameworks:

(1) Some accept the loss quickly. For these people, the focus is on closure—trying to bring the experience to an end emotionally. In these situations, the following statements work- “Don’t think too much, it wasn’t meant to be”, “It was God’s will” or “You have to move on.”

(2) Some try to find a reason or explanation. They repeatedly ask their HCPs for test results or reasons for the stillbirth. In trying excessively to find reasons or clinical explanations, they often end up frustrated due to indeterminate results.

(3) Some try to assign a deeper meaning to things. This can be directed at the mother (“You did something wrong?”) or the Doctors (“There was negligence?”) or Fate or morality (“Is this punishment?”). Most of the time when a woman is told by relatives that past actions caused the loss, she delves into self-guilt and despair.

The bereaved family often experiences a mixture of the above frameworks. And because they never have the answer to ‘why it happened to us’, they turn to faith for coping. It gives one a sense of continuity [eg., “the child is in a better place”], places the loss in a larger plan or meaning and provides emotional stability. The belief that you will be re-united with your baby in the afterlife brings comfort and reduces feelings of finality. In many cases, these beliefs are not optional—they are used because there are no stronger alternatives available, especially in healthcare systems that don’t provide structured emotional support to the bereaved families.

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Medical explanations might not be prove to be satisfactory

Table 2: Comparative Patterns in Stillbirth Bereavement: India and Other Settings.

| Dimension | India (North India / LMIC contexts) | High-income settings (Europe, etc.) | Key Insight |
|---------------------|--|---|--|
| Recognition of loss | Often limited; unclear rituals; social silence in some settings ³ | Formal recognition more common; structured bereavement protocols ⁶ | WRecognition, not just loss, shapes grief trajectory |
| Expression of grief | Frequently contained within family; less public expression ³ | Greater acceptance of open emotional expression ⁶ | Social norms regulate grief expression |
| Role of faith | Central explanatory and coping framework (karma, divine will, fate) ^{3,7} | Present but often secondary to psychological frameworks ^{7,8} | Faith shifts from peripheral to primary depending on context |
| Meaning-making | Collective and socially mediated | More individualised | Meaning is negotiated differently across contexts |
| Gender dynamics | Women carry visible grief; men return to work early ³ | Gender differences present but less rigidly structured | Gender roles shape bereavement experience |
| Risk of self-blame | Often embedded in moral/religious explanations ^{10,11} | Present but less socially reinforced | Context determines whether faith protects or harms |
| Support systems | Informal (family, faith-based) | Formal (counselling, hospital protocols) | Absence of formal care shifts burden to culture |

enough for everyone. For instance, ‘uncontrolled gestational diabetes’, ‘severe pre-eclampsia’ and ‘fetal growth restriction’ are simply medical terms which describe the physical process. This does not explain ‘why’ it happened to them. In so many instances, in fact in more than half of the cases, doctors have no answers at all. The standard textbook answer remains, ‘the exact cause could not be determined’. Statements of this type might seem to trivialise the loss and increase the trauma of parents. And so, they turn to faith and spirituality, which gives a way to understand their loss and a language to talk about it (e.g., “it was God’s plan,” “it was fate”). The prayers/funerals or remembrance practices and similar rituals might give a structure to their grief. A mother may feel calmer after performing religious rituals for the baby, because it gives her a sense of order in a chaotic situation. Table 1 summarises the positive coping using faith.

Allahdadian *et al.*¹⁴, in their narrative review, explains how faith plays an important role in parental response to pregnancy loss. For many women, the emotional impact of stillbirth is profound enough to trigger a period of self-doubts where they are confronted with questions like, “Why did this happen to me?”, “Is this fair?”, “What kind of God allows this?”. This kind of spiritual questioning can lead to doubts about justice and nature of God. Confronted with this type of doubts and queries, a lot of parents might actually turn to questioning faith and existence of God. In shifting their anger and blame to God, they can worsen their grief. On the other hand we see other parents with strong faith and regular engagement in religious practices perceiving lower levels of grief and distress, and a greater ability to cope. For them, faith gives a way to understand

the loss- a feeling of support (from God or community) and Hope (e.g., belief in afterlife or purpose). Just like the Polish women studied by Glaz⁷, who drew comfort from the belief that their baby was in heaven, these parents use faith to interpret their loss in a manner that gives life a meaning.

The Indian context

In India, grief after stillbirth is not just personal- it is influenced by family structure, gender roles, and expectations of society. Women are expected to carry more visible grief, whereas men are expected to move on faster. Grief usually stays within the home and is not openly expressed outside. Often enough we find that culture determines how long one should grieve. Many a time there is societal pressure to focus on future pregnancy. For instance, a woman may be told after a few weeks: “You should move on now.” Instead of discussing the loss, relatives might say: “You’ll have another baby, don’t worry.” This effort to shift attention away from the current loss can actually make the sufferer feel ignored or unfinished.^{3,6}

Religious ideas like, “It was God’s will” or “It’s karma”, are commonly used to explain the loss. While these can help give meaning and make the loss easier to accept, a woman might end up thinking “Did I do something wrong?”, “Is it a punishment for my sins?”^{10,11} Religious rituals (prayers, ceremonies) may help by giving structure and providing support from family/community. On the flip side, rituals can create pressure to accept loss quickly and encourage emotional control or silence. To better understand these patterns, it is helpful to consider how they compare findings from other settings [Table 2].

These studies suggest that faith and grief have to be understood within the context of culture and society. For the Indian context, bereavement is both personal and collective.

Clinical Implications

Ideally, HCPs should understand how faith and beliefs are used to understand a stillbirth, and the reasons behind. Once they are comfortable with usage of 'faith' the focus will not be restricted to medical explanations. This does not require catastrophic changes in practice- one just has to empathise with the parents and see how they are making sense of the loss. It means that cold, prosaic explanations should be tempered with understanding and giving adequate time and space to parents for expression of their feelings. After acknowledging the loss, simple open questions should be put forward to determine the aspects of care that is preferred. These could include questions like, "Is there anything important to you or your family right now?" or "Would you like to follow any religious or cultural practices?". This will go a long way in personalising the care for the bereaved parents.^{6,8}

HCPs should also watch for signs of spiritual distress which can worsen grief and contribute to unresolved post-traumatic stress disorder [PTSD].^{10,11} Sometimes, simple actions such as naming the baby, holding the baby, or allowing religious rituals, can help parents process the loss. One should be neutral and not impose meanings on the mishap— eg., "this happened for a reason". The parents should be left to form their own impressions and process their understanding.¹³

The Conundrum

We often encounter patients who frame a stillbirth as God's will or a test of faith, much like the interpretations described by Popoola *et al.*⁹ The problem arises when a loss is attributed entirely to divine intent, and the medical discussions around causation are relegated to background. Many families do not want any further evaluation- not because it is unavailable- but because they see little purpose in questioning what they consider predetermined by the Almighty. If a death is seen only as "God's will," families may not ask whether hospital care was inadequate.

This places HCPs in a difficult position. Simply dismissing or challenging these beliefs may appear insensitive and may fracture trust at a vulnerable moment. Yet accepting them without question can limit opportunities to identify preventable factors, both for future pregnancies and for improving care more broadly. In clinical practice, this means acknowledgement of the parents' framework of meaning without allowing it to close off clinical inquiry.

Research Gaps

Faith occupies a central place in the Indian experience of

stillbirth, not only because formal bereavement care is limited, but also because many families do not actively seek structured support. Religious frameworks provide immediate meaning and shape how grief is processed. Despite this, Indian research has rarely examined faith as a primary mechanism of coping, tending instead to treat it as auxiliary to psychological or clinical explanations.^{3,7} There is lack of data on what actually helps Indian parents— counseling, support systems or faith.

There is also little understanding of how such beliefs evolve over time; interpretations that initially stabilise grief may later give way to doubt or distress, but this transition remains under-explored.^{10,11} Obviously, we are unclear on what forms of support—clinical, social, or faith-based—are most effective, and how HCP should respond when parents invoke religious meaning in the course of care. As of now, there are no guidelines for HCPs, whether they should talk about faith and spiritual concerns, and to what extent. Once we have a better understanding as to what works well for the Indian parents, we will be better placed as to what the HCP and systems should do to ease pain and improve care.^{6,8}

CONCLUSION

Indian families largely rely on faith to make sense of stillbirth. Its influence depends on how beliefs are interpreted and supported within the family and community. For clinicians, this means understanding not only the medical cause of death, but also how parents are interpreting their loss. It may prove tricky to assess what will be comforting for the aggrieved parents- whether detailed explanations with minimal emphasis on 'faith' work, or simple language relying heavily on 'faith'. It is true that whatever we say will not lessen the loss, but the manner in which the HCPs conduct themselves and provide care will definitely influence how grief is processed in the long run to achieve healing.

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