

The Physical And Psychosocial Effects Of Abortion On mothers

التأثير الجسدي والنفسي للإجهاض على الأمهات

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الخلاصة:

الهدف:- تقييم الاسباب المؤدية للإجهاض ومعرفة التأثيرات الجسمية والاجتماعية للإجهاض على الامهات.
المنهجية:- أجريت دراسة وصفية في مستشفى بغداد واليرموك التعليمي، تم اختيار (100) امرأة من اللوات تعرضن للإجهاض، تم تصميم استمارة استبيان بعد مراجعة الدراسات السابقة وتألفت من ثلاثة اجزاء ، الجزء الاول تخص المعلومات الديمغرافية والانجابية والجزء الثاني تخص الاسباب المؤدية الى الإجهاض والجزء الثالث تخص التأثيرات الجسمية والنفسية والاجتماعية ، وتم جمع المعلومات بطريقة المقابلة الشخصية للفترة من 20 آذار الى 15 مايس \ 2012 واستخدام الوسائل الاحصائية الوصفية في تحليل البيانات.
النتائج:- اشارت النتائج الى ان اعلى نسبة (30%) من افراد عينة الدراسة تراوحت اعمارهن ما بين (30-34) سنة ، (38%) خريجات ابتدائية و(64%) منهن ربات بيوت، (34%) منهن متعددة الحمل و(28%) منهن بكريات الولادة و(68%) منهن تعرضن للإجهاض لمرة واحدة و(64%) منهن لديهن عمليات جرف الرحم سابق و(65,6%) اجريت لهن عملية جرف الرحم لمرة واحدة.
 وظهرت النتائج ان اكثر الاسباب المؤدية للإجهاض كانت بسبب التعب الجسدي والتعرض لشدة خارجية ومعظم افراد العينة (74%) تعرضن لتأثيرات جسمية بعد الإجهاض وهي الإصابة بألم حاد في البطن، وظهرت التأثيرات النفسية للإجهاض هي الشعور بالحزن والتعب وعصبية المزاج والتعرض لاضطرابات في الغذاء والشعور بالكآبة، أما بالنسبة للتأثيرات الاجتماعية هي حدوث مشاكل عائلية وكثرة الشجار مع الزوج والعائلة.
الاستنتاجات: طبقا لنتائج الدراسة نستنتج بأن هناك العديد من العوامل المساعدة على الإجهاض والتأثيرات النفسية والاجتماعية اكثر شيوعاً من التأثيرات الجسمية ما بين الامهات اللواتي يعانين من الإجهاض
التوصيات:- توصي الدراسة بأجراء مسح روتيني للامهات لمعرفة الاسباب، الدعم النفسي والاجتماعي من خلال البرامج التعليمية ووسائل الاعلام وبالاخص اللامهات المعرضات للإجهاض المتكرر.

Abstract:-

Objective: - To assess the factor contributed to abortion and to identify the physical and psychosocial effect of abortion on mothers.

Methodology: - A descriptive study was conducted at Baghdad teaching hospital and AL-Yarmok teaching hospital, purposive sample (100) mothers was selected. The instrument was designed and constructed by reviewing related literatures, and composed of three parts, part one for demographic and reproductive characteristics, part two for the causes contributed to abortion and part three for physical and psychosocial effect of abortion on women. Data were collected by personal interview from 20 March to 15 April \ 2012 and descriptive statistical procedures were used to analyze to data.

Result: - The result of the study showed the highest percentage (30%) of the study sample were ate age group between (30-34) years, (38%) of them were primary school graduated and (64%) of them were house wife, (34%) of them were multigravida, (28%) of them were primipara, (68%) of them have one abortion, (64%) of them have previous curettage and (65.6%) of them have curettage for one time. The revealed that the most causes of abortion were the physical tiredness and accidental trauma, most of the study sample suffering form physical effectiveness after abortion (74%) of them having chronic abdominal pain.

The psychological result revealed majority of the study sample suffer from sadness, tiredness, emotional difficulties, eating disorders, depressive, while the social effect revealed increased family problem and violence behavior toward the husband and family .

conclusion :-

According to the result we concluded that there were many factors contributed to abortion and psychosocial effects were more common than physical effects among mothers who had abortion

Recommendation: - The study recommended routine screening for women to detect the causes, psychosocial support through educational programs and mass media especially for those women with recurrent abortion.

Key words: - abortion, physical, psychosocial.

INTRODUCTION:-

Abortion is the termination of pregnancy by the removal or expulsion from the uterus of a fetus or embryo prior to viability. An abortion can occur spontaneously in which case it is usually called a miscarriage or it can be purposely induced ^[1].

Greater than (50%) are caused by abnormalities in feto placental development, the remainders are from maternal or un known causes ^[2].

Between (15%-30%) of known pregnancies end in clinically apparent miscarriage, depending upon the age and health of the pregnant women ^[3].

Studies found that, compared to women who gave birth, women who had abortion had (65%) higher risk of death from all causes, the leading causes of abortion related maternal death within a week of abortion are hemorrhage, infection, embolism, anesthesia complication and undiagnosed ectopic pregnancies ^[4].

The emotional side effects of an abortion will vary from one woman to another. Some women report a sense of relief after having an abortion. The question most people have is, (what are the potential emotional and psychological risks following an abortion). Emotional and psychological effects are common than physical side effects and can range from mild regret to more serious complication like depression. It is important to discuss these risks with a trained professional who can address your questions and concerns ^[5].

The intensity or duration of these effects will vary from one person to another. Potential side effects include (regret, anger, guilt feeling, shame, sense of loneliness or isolation, loss of confidence, insomnia, relationship issues, eating disorders, depression and anxiety) ^[6].

OBJECTIVES:-

- 1- To assess the main factors contributed to abortion.
- 2- To identify the physical and psychosocial effect of abortion on mothers.

METHODOLOGY: -

Descriptive study was carried out to assess the causes contributed to abortion and to identify the physical and psychosocial effects of abortion on women.

A purposive sample (100) woman was selected from Baghdad teaching hospital and Al-Yarmok teaching hospital. The mean and SD of age group of the study sample were (30.4 ± 7.31) , (38%) of them were primary graduate and (64%) of them were house wife.

A questionnaire was constructed for the purpose of the study which was composed of three parts, part one for demographic and reproductive characteristics, part two for the factors contributed to abortion and part three for physical and psychosocial effect of abortion on women.

Data were collected through the use of constructed questionnaire as interview technique from 20 March to 15 April \ 2012 .

The physical and psychosocial effects were assess through the use of (2) level.

The rating score of the instrument was (2) for Yes and (1) for No and the cut off point were calculated by:-

$$\frac{\text{Yes (2)} + \text{No (1)}}{2} = \frac{3}{2} = 1.5$$

Data were analyzed through the application of descriptive statistical data analysis (frequency, percentage and mean of score).

RESULT**Table (1) Distribution of the study sample according to reproductive characteristics**

| Variable | *F. | % |
|------------------------------|------------|----------|
| Gravida. | | |
| 1 | 12 | 12 |
| 2 | 24 | 24 |
| 3 | 12 | 12 |
| 4 | 18 | 18 |
| 5 | 34 | 34 |
| Para. | | |
| Zero | 12 | 12 |
| 1 | 28 | 28 |
| 2 | 20 | 20 |
| 3 | 8 | 8 |
| 4 | 18 | 18 |
| 5 | 14 | 14 |
| Abortion. | | |
| 1 | 68 | 68 |
| 2 | 24 | 24 |
| 3 | 8 | 8 |
| Type of the abortion. | | |
| Complete | 36 | 36 |
| Incomplete | 38 | 38 |
| Missed | 18 | 18 |
| Induced | 8 | 8 |
| Pervious curettage. | | |
| Yes | 64 | 64 |
| No | 36 | 36 |
| Total | 100 | 100 |
| Number of curettage. | | |
| One | 42 | 65.6 |
| Twice | 22 | 34.4 |
| Total | 64 | 100 |

*F: Frequency

Table (1) reveals to the highest percentage (34%) of the study had five percentage, (28%) of them were primipara.

Regarding the number of abortion, (68%) of the study sample had one abortion, while (8%) of them had three abortions, and (38%) of them had incomplete abortion, (36%) of them had complete abortion, (18%) of them had missed abortion, while the lowest percentage (8%) of them had induced abortion. The same table show that the highest percentage (64%) of the study sample had previous curettage after abortion and (65.6%) of them had curettage for one time only, and (34.4%) doing curettage twice for them.

Table (2) Distribution of the study sample according to factors contributed to abortion.

| Factors | | F. | % |
|---------|------------------------------------|-------|-----|
| 1- | Typhoid | 4 | 4 |
| 2- | Hormonal disturbance. | 6 | 6 |
| 3- | Diabetes mellitus. | 8 | 8 |
| 4- | Chronic hypertension. | 16 | 16 |
| 5- | Rh- Incompatibility. | 4 | 4 |
| 6- | Congenital malformation of uterus. | 6 | 6 |
| 7- | Uterine fibroid. | 6 | 6 |
| 8- | cervical incompetence. | 14 | 14 |
| 9- | Using drugs. | 8 | 8 |
| 10- | Malnutrition. | 10 | 10 |
| 11- | Trauma. | 18 | 18 |
| 12- | Fatigue. | 26 | 26 |
| Total | | * 126 | 100 |

* More than one answer

Table (2) reveals to the highest percentage (26%) of the study sample, the causes contributed to abortion was fatigue, (18%) for trauma, (16%) for chronic hypertension, (14%) for cervical incompetence, (10%) malnutrition, (8%) for diabetes mellitus and using drugs, (6%) for hormonal disturbance, congenital uterine malformation and uterine fibroid, and lowest percentage (4%) for typhoid during pregnancy and Rh incompatibility.

Table (3) Distribution of the study sample according to physical effect of abortion.

| Items | Yes | | No | | Total | MS |
|---|-----|----|----|----|-------|------|
| | F. | % | F. | % | | |
| A/ Short-term side effect:- | | | | | 100 | 1.7 |
| 1- Excessive vaginal bleeding after curettage . | 66 | 66 | 34 | 34 | | |
| 2- Cervical tears | 6 | 66 | 94 | 94 | 100 | 1.1 |
| 3- Anesthesia complications. | 4 | 6 | 96 | 96 | 100 | 1.04 |
| 4- Chronic abdominal pain. | 74 | 4 | 26 | 26 | 100 | 1.7 |
| 5- Embolism. | 4 | 74 | 96 | 96 | 100 | 1.04 |
| B/ Long-term side effect:- | 4 | 4 | 96 | 96 | 100 | 1.04 |
| 1- Infertility. | | | | | | |
| 2- Still births | 6 | 4 | 94 | 94 | 100 | 1.1 |
| 3- Premature birth. | 2 | 6 | 98 | 98 | 100 | 1.02 |
| 4- Pelvic inflammatory disease. | 2 | 2 | 98 | 98 | 100 | 1.02 |
| 5- Placenta previa | 8 | 2 | 92 | 92 | 100 | 1.1 |
| 6- Excessive bleeding during labor. | 16 | 8 | 84 | 84 | 100 | 1.2 |
| 7- Endometritis. | 14 | 16 | 86 | 86 | 100 | 1.14 |

Table (3) shows that there are high mean score regarding the physical short term side

effect in item (1) excessive vaginal bleeding and item (4) chronic abdominal pain were above the cut off point, while other items were less than the cut off point.

Table (4) Distribution of the study sample according to psychological of abortion.

| Items | Yes | | No | | Total | MS |
|----------------------------|-----|----|----|----|-------|------|
| | F. | % | F. | % | | |
| 1- Feeling sadness. | 78 | 78 | 22 | 22 | 100 | 1.8 |
| 2- Depressive. | 56 | 56 | 44 | 44 | 100 | 1.6 |
| 3- Tearfulness. | 52 | 52 | 48 | 48 | 100 | 1.52 |
| 4- Over fatigue | 62 | 62 | 38 | 38 | 100 | 1.62 |
| 5- Anxiety disorders. | 44 | 44 | 56 | 56 | 100 | 1.44 |
| 6- Eating disorders. | 58 | 58 | 42 | 42 | 100 | 1.6 |
| 7- Smoking | 18 | 18 | 82 | 82 | 100 | 1.2 |
| 8- Drug abuse. | 6 | 6 | 94 | 94 | 100 | 1.1 |
| 9- Sleeplessness. | 54 | 54 | 46 | 46 | 100 | 1.5 |
| 10- Anger and nervousness. | 62 | 62 | 38 | 38 | 100 | 1.6 |
| 11- Irritability. | 54 | 54 | 46 | 46 | 100 | 1.5 |
| 12- Impatience. | 42 | 42 | 58 | 58 | 100 | 1.4 |

Table (4) shows that there are high mean score regarding the psychological effects of abortion all items were above the cut off point, except the items (5,7,8,and 12) were lower than the cut off point.

Table (5) Distribution of the study sample according to social effect of abortion

| Items | Yes | | No | | Total | MS |
|---|-----|----|----|----|-------|-----|
| | F. | % | F. | % | | |
| 1- Frequent family problems and quarrel with husband. | 60 | 60 | 40 | 40 | 100 | 1.6 |
| 2- Sexual dysfunction. | 36 | 36 | 64 | 64 | 100 | 1.4 |
| 3- Family separately. | 54 | 54 | 46 | 46 | 100 | 1.5 |
| 4- Nervousness and quarrel with kids. | 40 | 40 | 60 | 60 | 100 | 1.4 |
| 5- Negligence in the care and meet the needs of the family. | 40 | 40 | 60 | 60 | 100 | 1.4 |

Table (5) shows that the there are high mean score regarding the social effect in item (1) frequent family problem and quarrel with husband and in item (3) family separately were above the cut off point, while other items were less than the cut off point.

DISCUSSION:-

The finding of the present study indicate that the highest percentage (30%) of the study sample were at age group between (30- 34) years of age, with mean and SD (30.4 \pm 7.31).

Studies found that abortion rates are highest among (20- 24) years old women, rates are lowest among women younger than (20) year to older than (40) year^[7].

Other study stated that, the risk for abortion is higher in older age with increases beginning by (30) year, becoming greater between (35) year and (40) year and highest after (40) year^[8].

Katz(2007) stated that, advancing maternal age and a patient history of a previous spontaneous abortion are the two leading factors associated with a greater risk of spontaneous abortion^[7].

Regarding the factors contributing to abortion of the study sample , the present study shows that fatigue was highest percentage (26%) , (18%) for trauma, (16%) for chronic hypertension and (14%) for cervical incompetence as shown in table (2).

Annas (2007) stated that, the most common cause of spontaneous abortion during the first trimester is chromosomal abnormalities of the embryo or fetus, diabetes normal problem, and infection^[9].

Storall(2002) reported that, a spontaneous abortion can also be caused by accidental trauma, and stress^[10].

That finding of the present study shows that there were short term physical side effects of abortion with high mean score in item excessive vaginal bleeding and chronic abdominal pain as shown in table (3), these result are supported by the study of Reardon (2004) who reported that women after abortion suffers from immediate complications such as chronic abdominal pain, bleeding, fever and gastro intestinal disturbances^[4].

Another study found that women suffering from infection due to retained placenta and cervical damage is another leading cause of long term complications following abortion^[11].

Arecent study found that (31%) of women who had abortion had health and reproductive complication, such as pelvic inflammatory disease, placenta previa, ectopic pregnancy, endometritis, infertility, still birth and premature delivery^[4].

Regarding the psychological effects of abortion the present study shows that there are high mean score mainly all items were above the cut off point, except some items as shown in table (4).

Studies found that women with 8 weeks after abortion, (44%) complained of nervous disorders, (36%) had experienced sleep disturbances^[12].

Other studies found that women who had abortion reported depression, anxiety, chronic crying, difficulty concentrating sadness, increased risk of eating disorder, smoking and drug abuse^[5].

Finally the present study shows that there high mean score regarding social effects in item frequent family problem and family separately as shown in table (5), there result were supported with some studies who reported that (30%-50%) of abortion women report chronic problems with family sexual dysfunction, loss of pleasure from intercourse and increased pain^[12].

CONCLUSION:-

According to the results we concluded that there were many causes contributed to abortion and psychosocial effects were more common than physical effects between women who had abortion.

RECOMMENDATION:-

The study recommendation routine screening for women who have abortion to detect the main causes of abortion, improvement of prenatal health and psychosocial support

services and the importance of health awareness through educational programs and mass media especially for those women with recurrent abortion.

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