

Emotional and Psychological Effects on Women after Induced Abortion

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Abstract: Emotional and psychological effects after abortion are common; they are experienced in various degrees in every woman. Most common emotional and psychological effects after abortion are: repentance, anger, guilt and shame, loss of self confidence, feelings of loneliness, eating disorders, sleeping disorders, anxiety and depression. This study is transversal (cross-sectional study), while the survey was based on two questionnaires, Beck anxiety questionnaire and Edinburgh Postnatal Depression Scale questionnaires (EDPS). It was attended by 122 women after induced abortion from January to December of 2015 in Gynecology and Obstetrics Clinic in Prishtina. Abortions were induced for fetal anomalies, maternal various diseases and unwanted pregnancies. Incidence of induced abortions in Prishtina in 2015 was 12:47 per 1000 pregnant. Abortions were induced until the 10th week of pregnancy, by the decision of the couple 38.5%, anomalies of the central nervous system 23.9%, genetic syndromes 6.5%, multiplex fetal anomaly 6.5%, abnormality of the urinary tract was 4.9%, anomaly of the gastrointestinal system 4.9%, other feto-maternal pathology 4.9%, maternal chronic disease 3.4%, cardiovascular system anomalies 2.4%, musculoskeletal system anomalies 2.4%, and placental pathology 1.7%. Most frequent psychological effects on women were: sleep disorders 22.13%, repentance 25.40%, anger 36.06%, feelings of guilt and shame 27.4%, the loss of faith in herself 34.42%, feelings of loneliness 29.5%, food disorders 29.5%, anxiety 30.32%, and depression 27.86%. These emotional effects can have negative effect on planning pregnancy and holding other pregnancies.

Keywords: induced abortion, psychological effects, Kosovo.

1. Background

In recent years much has been published on the psychological science of pregnancy. Although pregnancy is generally viewed as a time of fulfillment and joy, for many women it can be a stressful event. In our part of the world, Kosovo, it is associated with cultural stigmas revolving around gender discrimination, abnormal births and genetic abnormalities. It is also associated with several psychiatric problems in women, most notably depression and anxiety. While there have been notable improvements in the research on abortion and mental health in the past 2 decades, methodological limitations persist, and studies continue to be used by political motivations [1, 2]. Claims that women who have elective abortions will experience psychological distress, or a "post abortion syndrome" akin to posttraumatic stress disorder, have fueled much of the recent debate on abortion [3, 4]. It has been argued that the emotional squeal of abortion often may not occur until weeks or months after the event. While the general consensus is that there are rarely long-term psychological effects in Induced Abortion-experienced women, psychological problems presenting in post-abortion are associated with symptoms that mothers had pre-abortion [3]. Evidence for causal connections between Induced Abortion and subsequent mental disorders is inconclusive because of flaws in the methodology for investigating these connections. These flaws may be due to poor selection of a sample and comparison group, inadequate conceptualization and control of relevant variables, poor quality and lack of clinical significance in outcome measures, inappropriate statistical analyses and

errors of interpretation, including misattribution of causal effects [4, 5].

Because of the cultural and socioeconomic environment in various developing regions of the world, several unique factors contribute to psychological effects after induced abortion in these regions. Kosovo is among the most densely populated and poorest regions in the Europe, and it faces huge social, economic and health challenges. Owing to cultural stigmas and gender discrimination, males enjoy better access to health facilities, education and employment. Indeed, the prevalence of depression and stress in Kosovo has been found to be far greater in women than in men. Whether gender discrimination and the preference for sons rather than daughters contribute to depression and anxiety among pregnant women is unknown, and to our knowledge, no study has been conducted to clarify this relationship. Thus, the purpose of our study was to bridge this gap in scientific knowledge by investigating the factors associated with emotional and psychological effects after induced abortion.

2. Methodology

Part of this study where women who came for abortion in the University Clinical Center of Kosova - Clinic for Gynecology and Obstetrics (CGO). In total, the study sample consists of 122 women who underwent abortion in CGO from January to December of 2015, and all of them where interviewed by trained participants, psychiatric nurses/psychologist. The respondents took part in a 2-day

interviewing skills workshop at the Clinic of Psychiatry at the University Clinical Center of Kosova. The workshop was run by experienced psychologists and psychiatrist employed at this department. Training was considered necessary due to the sensitive nature of the questions asked during the questionnaire-guided interview. Participants were informed about the objectives of the survey and ensured anonymity. Only women who were willing to participate in the survey were interviewed. Written informed consent was provided by each participant who agreed to take part. Interviews were conducted by carefully trained interviewers and lasted between 20 minutes and 45 minutes, averaging 30 minutes. Questions covered the reactions of family, friends, the partner involved in the pregnancy, the larger community to the respondent's pregnancy and abortion, involvement of others in the women's decision-making process, and their emotional experience of pregnancy and abortion.

The questionnaire consisted of three sections: demographic data, Beck Anxiety Inventory (BAI), and Edinburg Post Natal Depression Scale.

In the demographics section, participants were asked about their age, ethnicity, education, background, occupation, history of miscarriage, abortion, harassment, number of cesarean deliveries and whether their present pregnancy was planned or unplanned. The total number of children, as well as gender and ages of the children were also recorded.

Edinburg Post natal depression scale is 10-question self-rating scale and it has been proven to be an efficient and effective way of identifying patients at risk for "perinatal" depression. While this test was specifically designed for women who are pregnant or who have just had a baby, it has also been proved to be an effective measure for general depression in the larger population. As a positive score for depression was calculated score of 13+.

The Beck Anxiety Inventory (BAI), is a 21-question multiple-choice self-report inventory that is used for measuring severity of anxiety in adults and children. As positive score was calculated score of 21+.

Despite consensus in the psychological literature about what constitutes psychological effect [7], its sources and those of other negative emotions regarding abortion have not been thoroughly studied [9]. This study is a transversal study type (cross - sectional study).

The study found that abortions were induced for: decision of the couple, anomalies of the central nervous system, genetic syndromes, multiplex fetal anomaly, abnormality of the urinary tract was, anomaly of the gastrointestinal system, induced abortions for other fetomaternal pathology, induced abortions for maternal chronic disease, cardiovascular system anomalies, musculoskeletal system anomalies, and pathology of placental. This research was approved by Department of Gynecology and Obstetrics Clinic, Pristina.

Statistical analyses of data were conducted by SPSS statistical version 20.0 for Windows. All the data gathered from questioners, was analyzed through descriptive prescriptive analyses, from which we found out basic statistical parameters the read of gained data.

All results are calculated according to adequate manual [18]. Points of questioners are shown from arithmetical average (AA) and the standard deviation (SD), the trust interval 95% (95 % CI).

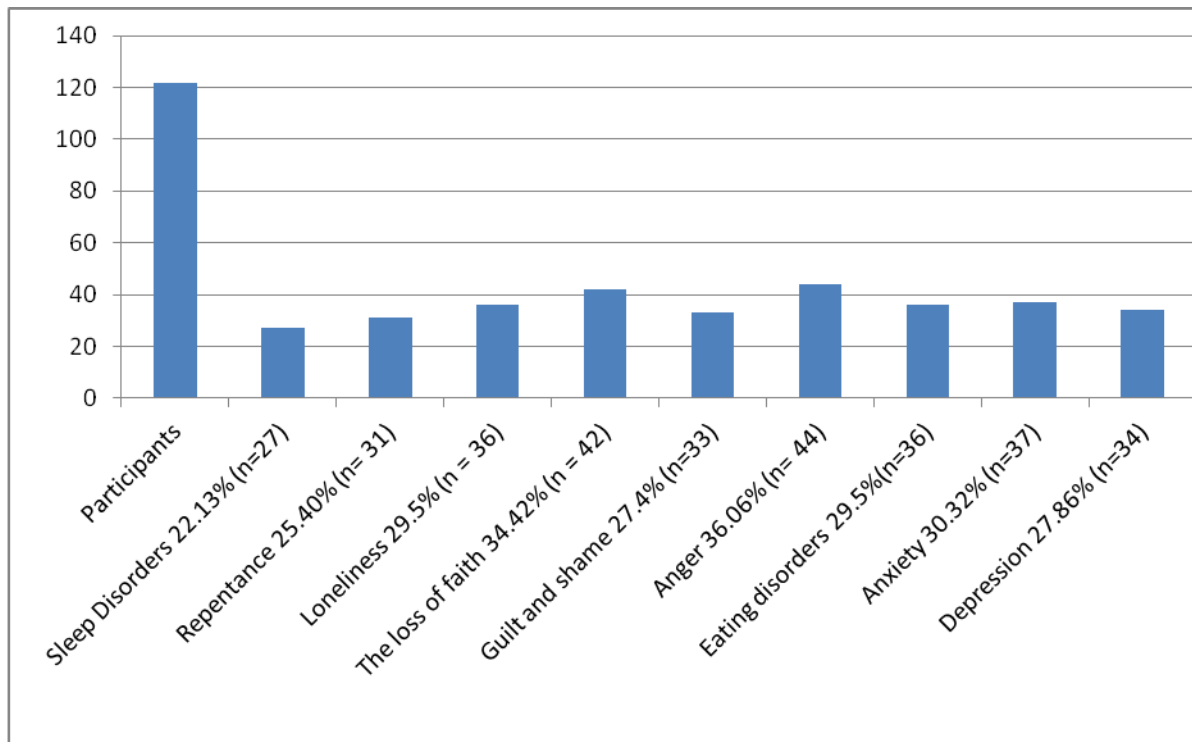
3. Results

During 2015, total of 9783 were registered in Gynecology and Obstetrics Clinic in Prishtina. The sample of this study is 122 (1.24% of the total 2015 population in the GOC) women that aborted their baby for various reasons fetal and maternal. The overall incidence of induced abortions for different reasons fetomaternal in Pristina in 2015 was 12:47 per 1000 pregnant. The median age of 122 woman in our study was M= 28 (SD=5.6), years of school M=11 (SD=2.8). From all participant 43.3% (N=52) where living in city and 56.7% (N=68) in the village. Regarding employment, 82.7% (N=101) where reported as unemployed compared to 17.3% (N=21) who declared that were employed. The most common causes of induced abortion until the 10th week of pregnancy where: decision of the couple 38.5% (N = 47), anomalies of the central nervous system 23.9% (N = 29), genetic syndromes 6.5% (N = 8), Multiplex fetal anomaly 6.5% (N = 8), abnormality of the urinary tract was 4.9% (N = 6), the anomaly of the gastrointestinal system 4.9% (N = 6), induced abortions for other fetomaternal pathology 4.9% (N=6), induced abortions for maternal chronic disease to 3.4% (N = 4), cardiovascular system anomalies was 2.4% (N = 3), musculoskeletal system anomalies 2.4% (N = 3), and pathology of placental 1.7% (N = 2).

Table 1: Causes of induced abortion

Causes of induced abortion	%	N
Decision of the couple until	38.5	47
Anomalies of central nervous system	23.9	29
Genetic syndromes	6.5	8
Multiplex fetal anomaly	6.5	8
Abnormality of the urinary tract was	4.9	6
Anomaly of the gastrointestinal system	4.9	6
Fetomaternal pathology	4.9	6
Maternal chronic disease	3.4	4
Cardiovascular system anomalies	2.4	3
Musculoskeletal system anomalies	2.4	3
Pathology of placental	1.7	2

Most frequent reported emotional and psychological effects after abortion were: sleep disorders 22.13% (N=27), repentance 25.40% (N = 31), anger 36.06% (N = 44), feelings of guilt and shame 27.4% (N = 33), loss of faith herself 34.42% (N = 42), feelings of loneliness 29.5% (N = 36), food disorders 29.5% (N = 36), anxiety 30.32% (N = 37), and depression 27.86% (N = 34).



Graph 1: Emotional and psychological effects

4. Discussion and Conclusions

Our study may be helpful in better understanding of female psychosocial problems in perspective of wanted and unwanted pregnancies and intentional interruption of the same and for the prospective planning of preventive intervention strategies in improving women's mental health in postwar conditions.

Studies in western countries generally report a higher incidence of psychiatric disorders in urban populations than rural populations [11]. In contrast, our study found almost twice the prevalence of antenatal depression and anxiety among rural women as among urban women. This apparent contradiction may be explained by the unique environmental factors that pregnant women are exposed to in developing countries. In the cultural context of Kosovo, several social factors are worth mentioning. First, there is a very large gap in the standards of living and available facilities between rural and urban communities in developing countries, whereas this gap is not as large in developed countries. Furthermore, gender discrimination, while common throughout the country, is especially evident in rural communities. Rural women are less independent and play a lesser role in decision making than urban women. Rural settings also have an adverse effect on the mental health of pregnant women. These factors, in our opinion, are important contributors to increase the incidence of depression and anxiety among pregnant women in rural settings, such as Kosovo. Developmental programs in rural communities may help reduce psychological morbidity in rural pregnant women.

An interesting finding in our study was the correlation between the occupation of pregnant women and depression and anxiety. In contrast to studies in western populations, which mention employment as a strong protective factor

against major depression in pregnancy [13], our study found that pregnant women employed outside the home were actually more depressed and anxious than housewives. A study in Karachi, Pakistan also provides opposing results to our findings by concluding that housewives, in general, are more depressed than working women [14]. Several factors might explain this contradiction. Most of these studies mention education as an important protective factor against antenatal anxiety and depression. Therefore, the lower educational level of housewives compared to working women was associated with higher levels of anxiety and depression. So even most of the working women may not have been educated highly enough for their employment status to have a positive effect on their mental health. In recent years economic crisis has increased and socioeconomic conditions have deteriorated in Kosovo, and these changes have led to increased stress and the pressures on working women to meet the economic needs of their household. It is also well documented that greater work stress can precipitate anxiety and depression in employed men and women [15]. This increased stress, combined with the demands of abortion, might be responsible for greater depression and anxiety in working women compared to housewives, who are relatively protected from work stress. These factors may contribute to a higher incidence of depression and anxiety. Effective family planning methods and the provision of safer abortion methods may reduce this problem.

Other factors such as harassment, a history of miscarriage and the unplanned vs. planned nature of the pregnancy were also significantly associated with antenatal anxiety and depression, and have been identified repeatedly in earlier studies [16, 17].

We conclude that the most frequent emotional and psychological effects after abortion were: sleeping disorders

repentance, anger, guilt and shame, loss of confidence, feelings of loneliness, food disorders, anxiety, and depression. These emotional effects can have a negative effect on planning pregnancy and holding other pregnancies. Therefore Gynecological Obstetrical Clinic in University Clinical Center of Kosova is recommended to insert the service of clinical psychology that will clarify and identify the risk of symptoms in these women in order to receive appropriate support and counseling.

Several respondents attributed their negative emotional experience like anger, feeling of loneliness, lost of faith, guilt and shame after abortion due to the lack of support from their partners, family and institutions.

Significant number of participant reported sleeping problems, in all cases insomnia was reported despite the lack of similar problems in the past. Lack of sleep can lead to inability to concentrate, memory complaints, and deficits in neuropsychological testing. Additionally, sleep disorders can have serious consequences, including fatal accidents related to sleepiness.

Disturbance in eating was reported by almost third of participants, who reported dietary limitations. These dietary limitations can result in serious malnutrition. Almost all of them reported unwanted weight lost.

In this study we came to the conclusion that the overall incidence of induced abortions for different fetomaternal reasons in Prishtina in 2015 was 12:47 per 1000 pregnant.

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