Psychological Distress and Social Support among post Abortion Women

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Abstract

Background: Abortion: is the premature exit of the products of conception (the fetus, fetal membranes, and placenta) from the uterus. Numerous studies reveal that women who have had an abortion experience a high incidence of depression and stress. **Aim of the study.** Assess the psychological distress and social support among post abortion women . **Subjects and method:** Correlation descriptive research design was used for this study. This study was conducted at Assiut general hospital at post operation ward. Women arrived from operation room at obstetric and gynecological unit were chosen randomly. A total sample are 280 women were included in this study. Three tools were used for this study, sociodemogrphic data . depression, anxiety , stress scale (**DASS)** to measure the negative emotional status of depression , anxiety , and stress and .a Multidimensional scale of perceived of social support .**Results** There is no a significant relation between sociodemographic data and level of depression, anxiety and social support , while there is a significant relation between sociodemographic data and level of stress. **Conclusion.** increased aged of women not related to increase level of depression , anxiety and social support ,but increased at aged of women leaded to increased level of stress. **Recommendation:-** Health education about causes of abortion, help women to adaptive coping and express feeling. family support. and teaching women to visit out clinical unit regularly.

Key words: Abortion, Psychological Distress, Social Support & Women.

Introduction

Abortion: is the premature exit of the products of conception (the fetus, fetal membranes, and placenta) from the uterus **(Grimes, et al., 2010).** Abortion is defined by the World Health Organization (WHO) as a procedure for terminating an unintended pregnancy carried out either by persons lacking the necessary skills or in an environment that does not conform to minimal medical standards or both ineffectively **(Singh, et al., 2011)** .

Various statistics indicated that abortion that occurs automatically happen almost by 20%, each two women from ten. In other words, every pregnancy out of five ends abortion **(Grimes, et al., 2006)**.

Studies have shown that serious mental disorders arise often in women with previous emotional problems, so women with abortion who considered to be justified on psychiatric grounds are the ones who have the highest risk of post abortion psychiatric disorders **(Morokoff, et al., 2009).**

When allow by local law, which developed ward is one of the safe procedure in medicine. Modern method use medication or surgery for abortion the drug mifeprstone in combination prostaglandins aprѐs to be safe and effective as surgery the first and second trimester of pregnancy (**Raymond, et al., 2014).**

Abortion causes death 47,000 from each year and 5 million of aborted women admission to hospital each year in the United States, with a population in which the first pregnancy was unplanned, there was a high risk for depression in 27.3% of women who underwent abortion **(Gones, et al., 2010).**

Numerous studies reveal that women who have had an abortion experience a high incidence of depression, stress, low self-esteem, suicidal feelings and various form of substance abuse (**Raymond, et al., 2014).**

Recent studies have shown that serious mental disorders arise often in women with previous emotional problems, so women with abortion who considered to be justified on psychiatric grounds are the ones who have the highest risk of post abortion psychiatric disorders **(Grimes, et al., 2010).**

Social support is the physical and emotional comfort provided to women by their families, friends, colleagues and other people **(Taylor, et al., 2006).**

Significance of the study

30% of women worldwide experience significant emotional distress after abortion. Specifically, younger women are at the highest risk for developing mental health problems after abortion and to assesses psychological distress after abortion.

Aim of the study

Assess the psychological distress and social support among post abortion women.

Subjects & method

Research question

What are the levels of psychological distress and social support among post abortion women?

Research design

Coorelational descriptive research design was utilized in this study.

Setting

The study has been carried out in Assiut general Hospitals, one of the largest hospitals in Assiut at Upper Egypt . The General Hospital is located in west of Assiut next to Medoub Square. It has 320 beds. It serves about 100 patients daily. It has a women and obstetrics department which opened in 2008 and has 20 beds. Every day, the women section has about 50 women daily and about 10 normal deliveries at daily and 5 cesarean and detected the man day for operation as secirean and other gynecological operation . During the period from November th 2015 to 30th November 2016.This study was conducted at the General Assiut hospital at post abortion ward. Women arrived form operation room at obstetric and gynecological unit I meet for post abortion on the bed at the room the room of abortion ward and taken history by the sheet The sheet took about(25-35) minutes.

Subjects

Women will be allocated to this study according to sample size (280women) , Total women of abortion in year / Total number risk pregnancy of all cases in year=480/1500=32% random selection from any aborted women at department was done by computer generated tables.

Tools of data collection

Tool: (1): A-Socio demographic data, which includes (code name, age, occupation, address, date of admission, telephone number, educational level, residence, and marital status….etc).

Obstetric history will include (Gravidity, parity, abortion, number of children ….etc) in addition to family history, medical history such as hypertension, diabetes mellitus and obstetric history.

C- Data related to current abortion such as; Investigations, diagnosis, medications …etc)

Tool (11): Depression, anxiety, stress scales (DASS)

This scale was developed by (**lovibond & lovibond, 1995)** It consists of a set of three self- report subscales designed to measure the negative emotional status of depression anxiety and stress Each of the DASS scales contains 14 items. The first 14 statements measure the level of depression, from 15 to 28 statements measure the anxiety level and from 29 to 42 statements measure the level of stress.

Each state score for depression, anxiety and stress are calculated by summing the scores for the relevant items. Depression normal (0-9), mild (10-13), moderate (14-20), severe (21-27), extremely severe (+28). Anxiety: normal (0-7), mild (8-9), moderate (10-14), severe (15-19), extremely severe (+20).Stress: normal (0-14), mild (15-18), moderate (19-25), severe (26-33) extremely severe (+34).

Tool (111): 2 Multidimensional scale of perceived social support (MSPSS) (Ziment, Dahlem, Ziment & Ferley 1988)

Multidimensional scale of perceived social support **(MSPSS)** developed by Ziment (1988) and translated into Arabic language by **Abou hashem (2010)** and checked list of content validity , which was done by Jury from 5 experts readily tent was done to the modified scale by using cronbach Alpha test , it was 0.89. Based on the opinion of Jury, the scale response categories were modified to be formed into a 5likert scale met, ranging from (1) strongly disagree to (5) strongly agree and the lower score indicates lower social support **(sharer, 2005**)

Pilot study

Pilot study was carried out on 10% of the study sample to test the clarity of the study tools the sample of the pilot study was included in the study because there were no modification done for the tools .

Ethical considerations

- Research proposal were approved from ethical committee in the faculty of nursing.
- There no risk for study subject during application of research.
- Oral consent were obtained from patient that are willing to participated in the study, after explain the nature and purpose of the study.
- The study will follow common ethical principles in clinical research.
- Confidently and anonymity were assured.
- Study subject have the right to refuse to participate and or withdraw from the study without any rational any time.

Statistical Analysis

The collected data were reviewed, prepared for computer entry, coded categorized, analyzed and tabulated. Descriptive statistics (i.e., frequencies, percentages, etc) were calculated by using computer program SPSS version 21.Chi square were used to compare differences in the distribution of frequencies among different groups. It is considered significant when P. value was less than ($p<0.05$).

Result

Table(1): Distribution of the studied sample according to socio-demographic data (n=280).

Item	No	%
Age		
Range	16-45	
Mean ± SD	28.7±5.9	
16-25 years	103	36.8
26-35 years	148	52.9
36-45 years	29	10.4
Level of education		
Illiterate	151	53.9
Basic education	47	16.8
Secondary	73	26.1
University	9	3.2
Occupational states		
House wife	234	83.6
Employee	46	16.4

Table (2): Distribution of the studied sample according to family and medical history (n=280).

Items	No (280)	%
Women Family history		
Cancer	1	0.4
Hypertension	48	17.1
Heart diseases	8	2.9
Diabetes mellitus	50	18.2
No family history	173	61.4
Women's medical history		
Heart diseases	1	0.4
Hypertension	4	1.4
Diabetes mellitus	8	2.9
Anemia	62	22.1
No medical history	205	73.1

More than one family history aveaible.

Table (3): Distribution of studied sample according to level of depression, anxiety, stress and social support.

Items	No. (280)	%
1-level of Depression		
-Normal	140	50.0
-Mild	81	28.9
-Moderate	34	12.1
-Severe	25	8.9
-Extremely severe	0	0
2-Anxiety levels		
-Normal	130	46.4
-Mild	42	15.0
-Moderate	85	30.4
-severe	0	0
-Extremely severe	23	8.2

Items	No. (280)	%
3-Stress levels		
- Normal	260	92.9
- Mild	0	0.0
- Moderate	0	0.0
- Severe	20	7.1
- Extremely severe	0	0
4-Social support levels		
- Low	0	0.0
- Moderate	246	87.9
- High	34	12.1

Table (4): Relationship between level of depression and socio-demographic data.

Items	Depression								P. value
	Normal		Mild		Moderate		Severe		
	No	%	No	%	No	%	No	No	
Age	29.5±6.5		28.2±5		26.8±5.9		29±6.2		0.094
Level of education									
Illiterate	76	54.3	47	58.0	15	44.1	13	52.0	0.368
Basic education	23	16.4	8	9.9	8	23.5	8	32.0	
Secondary	36	25.7	23	28.4	10	29.4	4	16.0	
University	5	3.6	3	3.7	1	2.9	0	0.0	
Occupational status									
House wife	115	82.1	66	81.5	29	85.3	24	96.0	0.340
Employer	25	17.9	15	18.5	5	14.7	1	4.0	

Table (5): Relation between level of anxiety and socio-demographic data.

Item	Anxiety levels								P. value
	Normal		Mild		Moderate		Extremely Severe		
	No	%	No	%	No	%	No	%	
Age	29.5±6.5		28.2±5		26.8±5.9		29±6.2		0.300
Levelof education									
Illiterate	66	50.8	25	59.5	49	57.6	11	47.8	0.368
Basic education	19	14.6	8	19.0	12	14.1	8	34.8	
Secondary	40	30.8	8	19.0	21	24.7	4	17.4	
University	5	3.8	1	2.4	3	3.5	0	0.0	
Occupational status									
House wife	105	80.8	37	88.1	72	84.7	20	87.0	0.650
Employer	25	19.2	5	11.9	13	15.3	3	13.0	

Table (6): Relation between level of stress and socio-demographic data.

Item	Stress levels				P. value
	Normal		Severe		
	No	%	No	%	
Age	28.5±6		32.6±5.5		0.003**
Level of education					
illiterate	140	53.8	11	55.0	0.834
Basic education	44	16.9	3	15.0	
Secondary	67	25.8	6	30.0	
University	9	3.5	0	0.0	
Occupational status					
House wife	218	83.8	16	80.0	0.655
Employer	42	16.2	4	20.0	

** *Statistically significant difference (p<0.01)*

Table (7): Relation between level of social support and socio-demographic data.

Item	Social support levels				P. value
	Moderate		High		
	No	%	No	%	
Age	28.5±6.2		30.3±4.6		0.111
Level of education					
Literate	129	52.4	22	64.7	0.427
Basic education	41	16.7	6	17.6	
Secondary	68	27.6	5	14.7	
University	8	3.3	1	2.9	
Occupational status					
House wife	203	82.5	31	91.2	0.202
Employer	43	17.5	3	8.8	

Table (1): More than half of women aged form (26-35year old) and illiterates (52.9%-53.9%) respectively

Table (2): Shows that nearly two thirds of women (61.4%) had no family history of aborted women, while nearly three quarters of them (73.1%) had no medical history.

Table (3): Shows that 50% of the studied sample had normal level of depression ,30.4% of them had moderate anxiety , and the majority of them had normal level of stress, (92.9%) moderate social support (92.9%& 87.9%)respectively**.** .

Table (4): This table shows that there is no significant difference between socio demographic data and level of depression, P (0.09, 0.34, and 0.38) respectively.

Table (5): This table shows that there is no significant relation between sociodemographic characteristics and level of anxiety P (0.300, 0.368, 0.650) respectively.

Table (6): This table shaws that there is significant difference between age and stress**,** p (0.003).

Table (7): This table show that there is no significant difference between socio demographic characteristics and social support P (0.111, 0.427 and 0.202) resceptivity.

Discussion

younger women between 20 to 24 years worldwide appear to experience the highest rates of distress after abortion (United Nations, 2007) of over 30% (Bradshaw and Slade, 2003), as well as the highest rate of repeat abortions of over 40% (United Nations, 2002). Preliminary data suggest that interventions aimed at assessing psychological distress after abortion can be effective and managed for women, However, it is not known what interventions are most effective, particularly for younger women, as no intervention studies to address this issue were found. Women who experience distress after abortion are an unrecognized and underserved population within healthcare **(Kent, et al**., (**2009).**

According to findings of present study, more than half of women were illiterates and increased of illiteracy and ignorance in Upper Egypt.

In contrast with this finding **Broken, (2012).** Demonstrated that only educated women increase relevance of education in develop countries. while disagreement with the study at study approval from the Institutional Board at University from 2005 through 2011. The study was only the sample of the study was increase education boards of the aborted women of the health services.

The study was conducted by **WHO, (2008)** about (51.8%) of the the abortion women have family history of diseases.

In the same line **Philip, et al., (2009)** demonstrated that 33% of aborted women had no family history .but, disagreement with finding, 61.4% of aborted women were had no family history.

In other hand, study sample was conducted in **United State, (2010).** reported that continuing regular menstrual cycles (57%; of them was menstrual disorder (dysmenorrheal). This findings agreement majority of women had regular menstruation and more than half of them had dysmenorrheal

The present study indicated that increase rate and grads of depression among post aborted women especially with mild depression may be suggested that increase poverty and stressful event. These finding disagreement with **Elder, et al., (2010)** conducted that rate of mild depression of post abortion women percent.and disagreement with this finding of **Bradshaw & salde (2006)** conducted that rate of moderate anxiety of aborted women 40% after abortion.

Several important findings emerge from this study. First, half of the participants who had abortions wanted professional help for significant and persistent distress associated with their abortion, half of women reporting distress after abortion is higher than current estimates of them 30% that have been reported for anxiety **(Bradshaw & Slade, 2003, Fergusson et al., 2009).**

The present study revealed that the rate of anxiety lower and this , may be suggested that most woman of the studied sample were have children. In the same line **Ferguson, et al., (2010)** concluded that normal stress of post abortion women were 90%. This finding is in agreement with the present study (92.2%) of post abortion women were had normal stress. in other hand study in **United States, (2015)** reported that women at aged (16-42)years are among these who experience adverse psychological distress after abortion, this the age group also the high rate of psychological distress post abortion especially depression and anxiety .

Conclusion

Based on the results of the present study it can be concluded that

- More half of the studied sample was illiterate.
- Half of the studied sample had different level of depression, only about one third them had moderate anxiety.
- Majority of them had normal level of stress.
- Majority of them had moderate social support.
- There is no significance different between socio demographic data and level of depression.
- There is no significance different between socio demographic data and anxiety.
- There is no significant difference between socio demographic data and social support.
- There is significance difference between socio demographic data and level of stress

Recommendations

Based on the findings of the present study, the following recommendations are suggested:

- Health education of women about causes of abortion, help women to adaptive coping and express feeling, family support. and teaching women to visit out clinical unit regularly.
- Provide the handout or short notes for women to teaching them complication of problems due to psychological distress, women class to educate her how to avoid the repeated abortion.

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