Effects of Spontaneous Abortion upon Women's Social Relationship

Dr. Rabe'a Mohsen Ali, PhD[1], Sarab Nasr Fadhil, MSc.N[2]

[1](Professor, Maternal and Child Health Nursing Department, College of Nursing, University of Baghdad)
[2](Assistant Instructor, Maternal and Child Health Nursing Department, College of Nursing, University of Baghdad.

Abstract: *spontaneous abortion constitutes one of the most important adverse pregnancy outcomes affecting human reproduction, and its risk factors are not only affected by biological, demographic factors , but also by individual women's personal social characteristics, and by the larger social environment.*
Objective: *To find out the association between social relationship with study variable (demographic & reproductive).*
Methodology: *A descriptive Analytical study was conducted on Non-probability (purposive sample) of (200) women who have suffering from spontaneous abortion in maternity unit from four hospitals at Baghdad City which include Al-Elwiya maternity teaching hospital, and Baghdad teaching hospital , Al –karckh maternity hospital ,and Al-Yarmook teaching hospital. A questionnaire was used as a tool of data collection for the period of February 3rd 2013 to April 26th 2013. Descriptive statistical analyses were used to analyze the data.*
Results : The results of the study revealed that (26.5%) of women their age range (25-29) years ,(27.5%) graduated from primary school, (25%) of their husband graduated from college or institute, (80%) housewives, (54.5%) of their husband were employee, (48%) are within low category of socioeconomic status. And about the reproductive information (66%) primi or multi gravid, (25%) having at least previous two delivery, (52.5%) have previous one abortion, also there are association between social relationship domain of quality of life and study socio demographic variables (women occupation) at (p=0.033),and with reproductive parameters (number of abortion)at (p=0.010).*
Conclusions: *There is a negative impact of spontaneous abortion upon women's social relationships.*
Recommendations: *The study recommended to conduct structured teaching programmed to pregnant women's with history of miscarriage included meaning, causes, and prevention of miscarriage. The study recommends to collaborative action can be taken by Ministry of Health to publish awareness between women towards the problem by conducting a booklet or lectures about miscarriage.*
Keywords: *Effects, Spontaneous Abortion , Women's, Social Relationship.*

I. Introduction

Spontaneous abortion is the most common complication of pregnancy, causing substantial anxiety for couples hoping for a child[1]. So the relationship with the community(Communication) is important following a miscarriage. it comes from a variety of sources, including family, friends, romantic partners, pets, community ties, and coworkers. People with low social support report more sub-clinical symptoms of depression and anxiety than do people with high social support. In addition, people with low social support have higher rates of major mental disorder than those with high support. These include post-traumatic stress disorder, panic disorder, major depressive disorder, dysthymic disorder, more complications during pregnancy, and eating disorders. Social support has numerous ties to physical health, including mortality[2].

II. Methodology

A descriptive Analytical study was carried out upon women who suffering from spontaneous abortion in maternity unit . Study implemented for the period of February 3rd 2013 to April 26th 2013. Data collection will be gathered by questionnaire format, and interview with women. The period of data collection for all hospitals was three months. The research study was conducted in four hospitals at Baghdad City which include Al-Elwiya Maternity Teaching Hospital, and Baghdad Teaching Hospital at Al-Russafa sector. Al –karckh Maternity Hospital ,and Al-Yarmook Teaching Hospital at Al- karckh sector. Women who suffering from spontaneous abortion in maternity unit in their hospitals were selected as study sample. A questionnaire was used as a tool of data collection to fulfill with objective of the study and consisted of three parts, including demographic, reproductive characteristics, and social domains of quality of life. A pilot study was carried out between the January 25th to January 31st of 2013, on (10) women who suffering from spontaneous abortion in maternity unite to determine the reliability of the questionnaire and content validity was carried out through the 20 experts. Descriptive and inferential statistical analyses were used to analyze the data.

III. Results

Table (1): Distribution of Socio-Demographical Characteristics of (200) Women with Spontaneous Abortion

Variables	Groups	Freq.	%	C.S. [*] [P-value]
Age Groups (Per Years)	< 20	12	6	
	20 - 24	41	20.5	
	25 - 29	53	26.5	χ^2= 73.420
	30 - 34	42	21	P=0.000
	35 - 39	33	16.5	
	40 - 44	18	9	HS
	45 - 49	1	0.5	
	Mean ± SD		30.025 ± 7.00	
Educational level - wife	Illiterate	24	12	
	Reads and writes	20	10	
	Primary	55	27.5	χ^2= 34.420
	Intermediate	28	14	P=0.000
	Preparatory	23	11.5	HS
	Institute , college or above	50	25	
Educational Level Husband	Illiterate	17	8.5	
	Reads and writes	29	14.5	
	Primary	38	19	χ^2= 26.200
	Intermediate	45	22.5	P=0.000
	Preparatory	21	10.5	HS
	Institute , College or above	50	25	
Occupational Status of Wife	Housewife	160	80	χ^2= 338.120
	Student	1	0.5	P=0.000
	Employee	36	18	HS
	Free Jobs	3	1.5	
Occupational Status of the Husband	Official	75	37.5	
	Employee	109	54.5	χ^2= 154.640
	Retired	1	0.5	P=0.000
	Without Work	15	7.5	HS
	Rural	13	6.5	
	Sub urban	3	1.5	

[*] **NS: Non Significant   S= Significant   HS=High significant χ^2=chi square   Freq. =Frequency**

 %= percentage   C.S=Comparative Significant   P=Probability

Table (1) shows that the highest percentage (26.5%) of study sample was at age group (25 − 29) years; and the mean age and SD of age(30.025 ± 7.00). The highest   percentage (27.5%) of study sample was graduated from primary schools while the highest   percentage (25%) of their husband were graduated from Institute or college .The highest percentage (80%) of study sample work was housewife, while the highest percentage (54.5%) of their husband were employees.
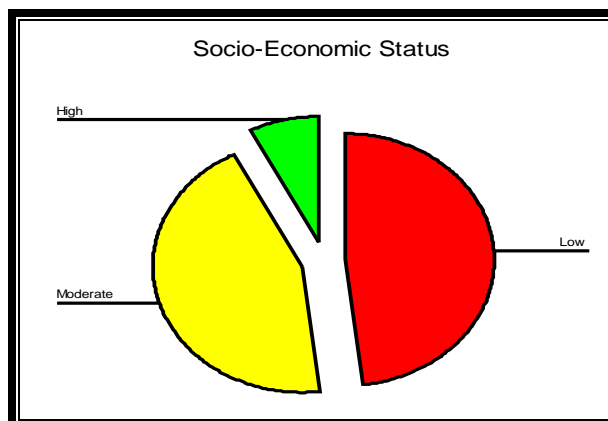

Figure (1): Pie Chart for the Socioeconomic Status of the Studied Sample

Figure (1): shows that the vast majority of the study sample is within low category and accounted for 96(48.0%), then followed within moderate category of assessment and they account for 89(44.5%) and the remaining within high score and accounted for 15(7.5%).
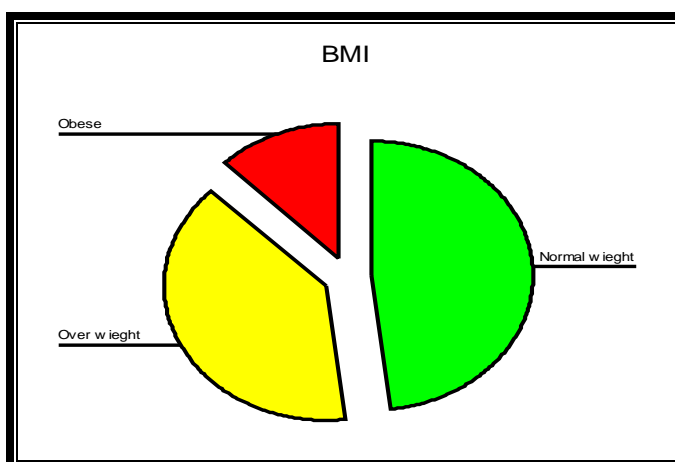

Figure (2): Pie Chart for the BMI Groups of the Studied Sample

Figure (2): shows that the highest percentage of the study sample is within Normal weight group, and they are accounted 96(48.0%), then followed within Overweight group, and they are accounted 79(39.5%), and the remaining within Obese group, and they are accounted for 25(12.5%)

Table (2): Distribution of Reproductive Parameters of (200) Women with Spontaneous Abortion

Reproductive Parameters	Groups	Freq.	Percent	C.S. [*] [P-value]
Gravida	1 - 2	66	33	χ^2= 122.92 P=0.000 HS
	3 - 4	66	33	
	5 - 6	41	20.5	
	7 - 8	17	8.5	
	9 - 10	9	4.5	
	11 - 12	1	0.5	
Para	0	49	24.5	χ^2= 291.54 P=0.000 HS
	1	41	20.5	
	2	50	25.0	
	3	26	13.0	
	4	16	8.0	
	5 +	18	9.0	
Abortions	1	105	52.5	χ^2= 35.140 P=0.000 HS
	2	41	20.5	
	3	34	17	
	4	12	6	
	5	6	3	
	6	1	0.5	
	7	1	0.5	

[*] **NS: Not Significant   S= Significant   HS=Highly significant χ^2=chi square   Freq. =Frequency   %= percentage   C.S=Comparative Significant   P=Probability level**

Table (2) shows that the highest percentage (33%) of study sample (1-4) gravida or number of pregnancy, The highest percentage (25%) of study sample had two deliveries. The highest percentage (52.5%) of the study sample had abortion (previous one).

Table (3): Distribution of (200) Women with Spontaneous Abortion according to Cutoff Point for the Studied Questionnaire's Items at the Three sub domain of Social relationship of Quality of Life

Item No.	Social Relationship	Groups	F	%	No.	MS	SD	RS	Ass.
1-Sub Domain (Family Relationships)									
1.1	My family supports me when I need	Never	13	6.5	200	2.70	0.58	90.00	P
		Sometimes	34	17					
		Always	153	76.5					
2.1	I feel good when my friends support me	Never	2	1	200	2.89	0.34	96.33	P
		Sometimes	18	9					
		Always	180	90					
3.1	I receive support from my friends	Never	16	8	200	2.69	0.61	89.67	P
		Sometimes	31	15.5					
		Always	153	76.5					
4.1	There is a distortion through my relationship with my family	Never	94	47	200	1.70	0.74	*56.67	P
		Sometimes	72	36					
		Always	34	17					
5.1	I feel unstable through my marital life	Never	133	66.5	200	1.52	0.79	*50.67	P
		Sometimes	30	15					
		Always	37	18.5					
6.1	Abortion results in a lot of marital disputes	Never	138	69	200	1.44	0.71	*48.00	P
		Sometimes	36	18					
		Always	26	13					
2-Sub Domain (Social Relations)									
1.2	I have difficulty in dealing with others	Never	138	69	200	1.43	0.69	*47.67	P
		Sometimes	39	19.5					
		Always	23	11.5					
2.2	I lose interest in family	Never	137	68.5	200	1.43	0.69	*47.67	P
		Sometimes	40	20					
		Always	23	11.5					
3.2	I am disturbed at social events	Never	171	85.5	200	1.19	0.50	*39.67	P
		Sometimes	20	10					
		Always	9	4.5					
3-Sub Domain Sexual Behavior (sexual activity)									
1.3	I hate thinking regarding sex relationship	Never	158	79	200	1.28	0.60	*42.67	P
		Sometimes	27	13.5					
		Always	15	7.5					
2.3	My sexual relationship with my husband is good	Never	12	6	200	2.60	0.60	86.67	P
		Sometimes	57	28.5					
		Always	131	65.5					
3.3	Afraid of not being able to meet the requirements of my husband	Never	127	63.5	200	1.45	0.65	*48.33	P
		Sometimes	56	28					
		Always	17	8.5					
4.3	Suffer from some problems in my relationship with sexual	Never	152	76	200	1.34	0.65	*44.67	P
		Sometimes	28	14					
		Always	20	10					
5.3	Feel weak in my relationship with sexual	Never	154	77	200	1.31	0.62	*43.67	P
		Sometimes	29	14.5					
		Always	17	8.5					

P= Pass Assessment for Negative Scale Scoring under cutoff point   *Cutoff point =2   *RS: Relative Sufficiency, SD: Standard Deviation, ASS. : Assessment. *RS= <66.66 low   High= ≥66.66

Regarding women's responses of Part 1 of "Social Relationship Main Domain" in light of "**Family Relationships**", the table shows "Pass – (P)" assessment at all items, since their relative sufficiency are upper cutoff point (66.66%) for positive scale scoring for the first, second, and third items and under cutoff point for negative scale scoring for the leftover items and they are accounted 6(100.0%).

Regarding women's responses of Part 2 of "Social Relationship Main Domain" in light of "**Social Relations**", the table shows "Pass – (P)" assessment at all items, since their relative sufficiency are under cutoff point (66.66%) for negative scale scoring and they are accounted 3(100.0%).

Regarding women's responses of Part 3 of "Social Relationship Main Domain" in light of **"Sexual Behavior (sexual activity)"**, the table shows "Pass – (P)" assessment at all items, since their relative sufficiency are under cutoff point (66.66%) for negative scale scoring for items "I hate thinking regarding sex relationship, Afraid of not being able to meet the requirements of my husband, Suffer from some problems in my relationship with sexual, and Feel weak in my relationship with sexual", and they are accounted 4(80%), and upper cutoff point for positive scale scoring for the leftover item(My sexual relation with my husband is good) and they are accounted 1(20%).

Regarding women's responses of Part 2 of "Spiritual Beliefs Main Domain" in light of **"Negative Beliefs"**, table shows "Pass – (P)" assessment at the items " Abortion is penalty of God, andIt made me not to forgive the mistakes of others and omissions ", since their relative sufficiency were under cutoff point (66.66%) for negative scale scoring and they are accounted 2(50.0%), while the leftover item were reported "Failure – (F)" assessment, since their relative sufficiency are upper cutoff point (66.66%) and accounted 2(50.0%).

Table (4): Association between Socio-Demographical Characteristics Variables with Main Domains according to "Under/Upper" Cutoff Point

Demographical Characteristics X Overall(QoL) Assessment	Social relationship Domain)	
	C.C.	Sig.
Age Groups	0.189	0.286
Education Level -wife	0.109	0.793
Education - husband	0.144	0.514
Occupation – wife	0.205	0.033
Occupation -husband	0.049	0.922
Residency	0.109	0.302
Place of work	0.277	0.356
Nature of work	0.388	0.074
Housing type	0.124	0.077
Family type	0.025	0.724
Consanguinity	0.042	0.555
Socioeconomic Status	0.089	0.447

[*]**NS : Non Sig. at P>0.05 ; S : Sig. at P<0.05 ; HS : Highly Sig. at P<0.01**[*]**Sig:-Significant**

The table demonstrates the association between the socio demographic characteristics and the quality of life domains, there are statistical significant differences between women's occupation with social relationship are (0.033) ,While there is no significant difference with leftover characters.

Table (5): Association between Reproductive Parameters with Main Domains according to "Under/Upper" Cutoff Point

Reproductive parameters X Overall(QoL) Assessment	Social relationship Domain)	
	C.C.	Sig.
Gravida	0.218	0.076
Para	0.143	0.525
Number of abortion	0.278	0.010
Type of current abortion	0.190	0.275

[*]**NS : Non Sig. at P>0.05 ; S : Sig. at P<0.05 ; HS : Highly Sig. at P<0.01**[*]**Sig:-**Significant

Table(5): demonstrates the association between reproductive parameters and the (QoL) domains, there are significant differences between number of abortion with social relationship domain(p=0.010).While there no statistical significant differences between the domain and leftover reproductive parameters.

IV. Discussion:
Regarding to Socio Demographic Characteristic: (Table 1)
The result of present study present the highest percentage (26.5%) of the study sample are at age group ranged (25 – 29) years; and the mean age with SD of age old (30.025± 7.00).as shown in table (1).This finding is consistent with studies assessed that women in their childbearing years, the chances of having a miscarriage can range from 10-25%, and in most healthy women the average is about a 15-20% chance[3] the highest percentage (27.5%) of the study sample was graduated from primary schools the highest while the highest percentage (25%) of their husband were graduated from Institute or college . This finding is consistent with Norsker et.al study that indicate to that women with <10 years of education had an elevated risk of

spontaneous abortion when compared with women with >12 years of education[4]. It was reported that the educational level of fathers was correlated with the type of the fathers' occupation[3]. The highest percentage (80%) of study sample work was housewife, while the highest percentage (54.5%) of their husband are employees. This finding is agreement with the study reported by Banerjee who has revealed that the significant work factors are directly correlated with adverse pregnancy outcomes including: fewer household helpers, standing at work for more than 17 hours per day, working in hot environments, commuting, walking, and carrying and lifting heavy weight[5]

Socioeconomic status

The result of the study illustrate the highest percentage (48%) of study sample is within low category of socioeconomic status Figure (1): these result is agreement with studies of Sundariy , and Family Health International (fhi) they reported that the social and economic circumstances under which women live influence their reproductive behavior. Poor families tend to marry off their daughters at a young age, which usually means these young wives start having children right away. This often perpetuates a vicious cycle of poverty, low education, and high rates of unintended pregnancy and fertility, and have poorer health status because their limited access to resource inhibits access to good food and health care[6&7]

Body Mass Index

Figure (2) shows the highest percentage (48.0%) of the study sample is within normal weight group, these result are agreement with study reported by Turner et.al., who concluded that the miscarriage rate was 2.3% in the obese category (n=217), compared with 3.3% in the overweight category (n=329), and 2.3% in the normal BMI group (n=621). Its means that the rate of spontaneous miscarriage is low and is not increased in women with BMI>29.9 kg/m(2) compared to women in the normal BMI category[8]

Reproductive Parameters

(Table2) shows the highest percentage (66%) of study sample is reported at the first and second groups with range interval (1- 4) states, these result are agreement with study of Adolfsson, , who reported that the risk of miscarriage is 13% with the first child. With subsequent pregnancy, the risk of miscarriage is 8%, 6% and 4% with the second, third and fourth child, respectively[9].The highest percentage (25%) of study sample had two deliveries. This result is agreement with Sundari study who reported that women of parity two and three had a slightly higher rate of miscarriage than primi para women[8]. The highest percentage (52.5%) of study sample had previous one. This result is agreement with study of Regan &Rai , who reported that the risk of a new miscarriage , after the first pregnancy, is approximately 28%, [10]. The highest percentage (60%) of study sample had blood group " O ",with Rh positive (89%) while their husband had the highest percentage of blood group " O ",(70%), with Rh positive (98%). The wife and husband who have this type of blood group hasn't any problem or any risk for the their fetus, but this study reported Rh negative at some of wife who accounted 22 (11%) and at some of husband who accounted 4(2%), which can cause risk for miscarriage. These results are in agreement with study of Ghasemi et.al who reported that the blood group incompatibility can affect adversely the outcome of pregnancy. Couples with blood group incompatibility are more involved in spontaneous miscarriage[11]. The highest percentage (33.5%)of study sample had reported missed abortion, This study present that majority of abortion types are missed abortion related to that, missed abortion may be no symptoms at all, or just little amount of a brownish vaginal discharge or brown vaginal bleeding may occasionally be seen, pain is unlikely and os will be closed (Neville et.al, 2010)[12]

Family Relationships:-

The findings of the study have revealed that the majority of women have experienced a positive family relationship at all items and they are accounted for 6(100.0%).As it is shown in table (3).When women speak about their experience of miscarriage they find that they are not alone in their experiences. Some women receive support from others friends or from their partners Adolfsson study Receipt of social support subsequent to miscarriage has consistently been shown to provide a buffering effect on the impact of loss. One major factor in coping subsequent to miscarriage is receiving partner support. A lack of such support, both around the time of loss and at 2 years after loss, has been associated with increased emotional disturbance. Similarly, the importance of ongoing partner support has been linked to women's ability to emotionally and physically get through pregnancies after loss[13&14].

Social Relationship:-

Table (3) shows "Pass – (P)" assessment at all items, and they account 3(100.0%).Many studies have demonstrated that social support is associated with improved adjustment following negative life events, and may be related to an individual's personal appraisals of support rather than the actual supportive behaviors of others.

There is some evidence that social support may facilitate adjustment after pregnancy loss generally by lessening the intensity and duration of stress[15&16].

Sexual Behavior (Sexual Activity):-

Table (3) shows "Pass – (P)" assessment for all items since their relative sufficiency is under cutoff point (66.66%)for negative scale scoring "I hate thinking regarding sex relationship, Afraid of not being able to meet the requirements of my husband, Suffer from some problems in my relationship with sexual, and Feel weak in my relationship with sexual", and they are accounted 4(80%) and upper cutoff point for positive scale scoring for the leftover item(My sexual relation with my husband good) and they are accounted 1(20%).After miscarriage, couples with greater self-disclosure experience higher marital adjustment. For both sexes, increases in depression, grief, and difficulty coping are associated with lower intimacy and marital adjustment. In the study by Kristen et. al., it has been reported that only 11% claimed their marriage is weakened and blame it on an inability to communicate. Although 64%reported no change in their sexual relationship after miscarrying,36% reported an unspecified change. Men and women respond to miscarriage differently and that whereas women tend to welcome the opportunity to discuss their loss, men tend to avoid the topic for fear of saying the wrong thing. What is not known are women's perceptions of how miscarriage prospectively impacts inter personal and sexual relationships[17].

Regarding Association between Women's Occupation and Social Relationships:

Women who work or stayed in home find difficult dealing in relation to others, even who is as housewife as the result of the study that the majority of women are housewives due to that they feel weak, lack in empowerment and lose interest in family. This result is in agreement with study of Olga who has reported that the women need in some cultures to mourn and cope with their loss in isolation because the societal ramifications of pregnancy loss are harsh upon the women experience them. Stigma and accusations from the wider social network therefore can impose double low on women already compromised[18].

Regarding the Association between Number of Abortion and Social Relationships, (p= 0.010). In this study the majority of women have at least previous one abortion. So Interaction with pregnant women may be painful for parents who have experienced miscarriage. Sometimes this makes interaction with friends, and family very difficult. This result is in agreement with study by RCOG who has presented that it can be heartbreaking to miscarry one baby after another. Each new pregnancy brings both hope and anxiety. And each new loss may be harder to bear, especially if women feel that time is running out. The experience can place great strain on even the strongest relationships. Women and her partner might react differently from each other and that can cause great tension. Family and friends may find it harder to support women with each miscarriage; they may even think getting used to loss and able to cope. And all the time there may be a sense that women life is on hold while they try – and try again – for a baby[19].

V.   Conclusion

There is a negative impact of spontaneous abortion upon women's social relationships.

VI.   Recommendations

The study recommended to conduct structured teaching programmed to pregnant women's with history of miscarriage included meaning, causes, and prevention of miscarriage. The study recommends to collaborative action can be taken by Ministry of Health to publish awareness between women towards the problem by conducting a booklet or lectures about miscarriage.

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