

PHYSICAL HEALTH CONSEQUENCES OF INDUCED ABORTION IN IRANIAN KURDISH WOMEN

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ABSTRACT

INTRODUCTION

Induced abortion is a common response to an unintended pregnancy. Abortion is illegal in Iran, yet women go through the risks for various reasons. The purpose of this study was to explore the physical complications that are experienced by Kurdish women undergoing induced abortion.

METHODOLOGY

This study used a descriptive qualitative design. Twenty women were recruited through purposive sampling method from the maternity and family planning units in health-care centers in Sanandaj, Iran. The participants with history of at least one induced abortion were interviewed in-depth for their abortion experiences either at the health center or in their homes. All interviews were tape recorded, with consent, and transcribed verbatim before carrying out thematic analysis. Trustworthiness was ensured through member checks, peer examination, and a documentation of an audit trail of the research activities.

RESULTS

Two themes, early-abortion complications and late-abortion complications, emerged from the data analysis regarding the women's physical health complications.

CONCLUSION

This study revealed that the induced abortion had negative effects on Kurdish women's physical health. Findings from this study suggest that midwives must take responsibility of effectively counseling couples before and after induced abortion, which may be performed for a variety of reasons. Post-abortion care for women with physical needs is also crucial.

KEYWORDS: Qualitative research, Induced Abortion, Women, Physical health, Consequences

INTRODUCTION

Induced abortion is the termination of a pregnancy before the 20th week of gestation at the woman's request for reasons other than maternal health or fetal disease [1]. It is a public health problem in the worldwide. Induced abortion can affect different aspects of women's well-being and their quality of life [2]. Women may experience different types of physical, psychological, and social effects of abortion [3, 4]. Of greater importance is the fact that it can cause long-term sexual and reproductive ill health [5]. Experience, particularly in developing countries where it performed illegally and there is the fear of the legal repercussion and social stigma [6]. Abortion is illegal in Iran except in cases where the woman's life is at risk or cases of fetal impairment [7]. Until now, little is known about the issues relating to the induced abortion in Iran and Iranian Kurdish women's experiences of induced abortion. Therefore, it is of paramount importance to conduct a study in the cultural and social context of Kurdish women in Iran. This could then assist in gaining a better insight into how the health of women is affected by abortion. So, the aim of this qualitative study is to explore the physical complications that are experienced by Kurdish women undergoing induced abortion. Such knowledge can be useful in the prevention of unintended pregnancy and unsafe abortion.

METHODOLOGY

The study followed a descriptive qualitative approach towards exploring the physical health complications of Kurdish women who had an illegal, induced abortion. The research took place over a seven-month period at the health-care centers of the Kurdistan University of Medical Sciences in Sanandaj, the centre of the Kurdistan province in the western part of Iran. Twenty women were recruited through purposive sampling method from the maternity and family planning units in ten health-care centers. Before contacting potential participants, the researcher oriented midwives at the maternity and family planning units of the selected healthcare centers on the required criteria for choosing participants. Once identified, the midwives explained the purpose of the study and the interview process to the women. Inclusion criteria into the study were being a Kurdish married woman, having an experience of illegal one year before the interview and settled in Sanandaj, absence of mental disability, and the ability and willingness to describe their experiences. Subsequently, appointments for interviews between the researcher and the selected participants were arranged. Participants were interviewed based on the date, time and place most convenient for them. The participants were interviewed in-depth for their abortion experiences either at the health center or in their homes. All interviews were conducted in the Kurdish language by the first author who is a midwife. Each interview was tape-recorded with the woman's permission. Each interview lasted for 1-2h. All interviews were transcribed verbatim in the Kurdish

language and reconciled with the notes taken by the first researcher. Transcription accuracy was checked by a colleague who read randomly chosen transcripts while listening to the audiotape. The analysis was also undertaken from the Kurdish transcripts and only verbatim quotations presented in the writing for publication were translated into English. A thematic analysis was used to analyse the women's experiences of induced abortion. For each of the twenty women the following procedure was followed; bracketing, delineating units of meaning, clustering of units of meaning to form themes, summarizing, validating and modifying each interview if necessary, and extracting general and unique themes from all the interviews and making a composite summary. Trustworthiness was ensured through member checks, peer examination, and a documentation of an audit trail of the research activities.

ETHICAL CONSIDERATIONS

Permission to conduct the study was received from the Faculty of Medicine and Health Sciences of the University Putra Malaysia and Kurdistan University of Medical Sciences. The participants were informed of the purpose of the study, assured of confidentiality at the beginning of each individual interview and provided verbal consent. All participants were informed that their participation in the study was voluntary and that their real names would remain confidential. They were also reassured that their care would not be affected if they chose not to participate in the study. Moreover, they could withdraw from the study at any stage without offering explanations.

RESULTS

The ages of the participants ranged from 19 to 41 years at the time of abortion, with an average of 32 years. Majority (60%) of women had diploma or university certificate and 75% were housewives. Two women were nulliparous, four were primiparous and fourteen women were multiparous. Multiparous women had between two to three children at the time of abortion. All the participants were married. On the occasion of the abortion, the fetus' gestational age ranged between 5 and 12 weeks based on sonography. The technique for abortion was medical in most of the cases and was carried out with prostaglandin that had been used alone as vaginal suppositories or as intramuscular injections of a dose of prostaglandin or several doses of this drug. One of the participants had used an unsafe herbal stem and the remaining of the women had curettage. The medical abortion process was started in the abortion provider's office or the woman's house. Dilatation and curettage were conducted

in an abortion provider's office and the traditional method process was started in a traditional healer's house. Two themes "early-abortion complications" and "late-abortion complications" were derived from the data analysis.

EARLY - ABORTION COMPLICATIONS

Early abortion complications refer to the side effects caused by the use of abortion methods which the women experienced during the beginning stage of the abortion procedure. All women experienced at least some kind of early abortion complications that most commonly related to the medical methods of abortion. Common physical complications experienced by the women who used prostaglandin, which is a medical method of abortion, were intense pain, nausea, vomiting, diarrhea and spotting. These women stated that the pain they experienced was much more severe than anticipated. Profuse sweating during the pain was also reported by all prostaglandin users. They argued that they did some physical exercises such as jumping, trekking, jogging and skipping in order to speed up the abortion as advised by the provider, which also aggravated the pain. The women stated they did not resort to pain reliefs because the provider did not recommend them.

A nulliparous woman, who had no experience of labor pain, injected herself with prostaglandin intramuscularly in an attempt to abort her pregnancy despite her lack of prior knowledge of injection, after attempts to solicit the service of termed specialist failed. She had injected two vials of prostaglandin but her attempts were unsuccessful. More so, she then approached a provider for another two vials after one week, when the first injection had failed and she experienced pain twice. Dilating on the experience, she mentioned:

"After a few minutes of injection, I had lower abdominal pain which lasted for about six hours. The pain was very sharp and strange beyond imagination. It seemed like somebody was beating my abdomen with a spade or fork. It was so horrible that I hit almost everything that came my way. I hit my husband, wall, table and sofa. I threw out the table breaking the glass into pieces. I bite and grasped the sofa ... I have never been in such awful pain in my life. It was a terrible experience."

A few women who used the surgical method and a woman who attempted an abortion by inserting a herbal stem in the vagina also experienced pain during the abortion process. This pain, they mentioned, was due to the fact that the abortion provider did not inject them with any anesthetic before carrying out the procedure.

“The doctor didn’t give me any anesthetic before starting the abortion. She also put so many different instruments into my uterus which caused serious abdominal pain. I kept screaming and wailing at her. I later couldn’t talk and felt numbness in my fingers. I sensed my blood pressure drastically fell. I never experienced such a pain ever since”, stated a woman who underwent dilation and curettage.

All women who used prostaglandin also stated that they had diarrhea, nausea and vomiting after using prostaglandin which lasted for a few hours for some and up to a day for few others. A woman described her experience as follows:

“After the injection, the drug instantly induced pain in me, which resulted in diarrhea and vomiting soon after I left the abortion provider’s office ... Then an hour after reaching home, this pain, vomiting and diarrhea became persistent and made me discomfort.”

Most of the participants cited that they had used the herbal methods before using the prostaglandin or surgical methods. The reason for this change from herbal to conventional methods, they mentioned, was because the former failed to terminate their pregnancy. Despite this failure, the women reported they had experienced nausea and vomiting due to herbal use.

“I boiled a kilogram of onion and drank it all ... A few days later, I repeated the same. I then felt a burn-like pain from my nose down to my stomach. I also experienced nausea and frequent vomiting during the period ... It was a difficult moment”, said one participant.

“A neighbor took me to a female traditional healer who inserted a piece of herbal stem into my vagina and told me to leave it there until the abortion began ... At home, I began to vomit, which continued to the following day with spotting, fever and loss of appetite. When the situation persisted, I went to the hospital and was admitted. Due to the infection, the doctor performed curettage which terminated my pregnancy. I was admitted for another three days after abortion because of the infection....”, said another participant.

Another side effect reported by all the women who used prostaglandin was spotting. These women mentioned that only light bleeding was experienced initially, which gradually increased to more than menstrual bleeding. The women mentioned that they unprepared for the quantity of bleeding.

One of these, after realizing that her IUD failed to prevent her from being pregnant, removed it by herself in an attempt to abort the pregnancy. She also used a

prostaglandin suppository prescribed by a friend, after realizing that these attempts were all unsuccessful. In her own words:

“A day after inserting three tablets of prostaglandin into my cervix, I experienced spotting which lasted for a week. I later realized that the tablets did not abort my pregnancy. Then I took an intramuscular injection of prostaglandin after which I experienced severe pain and heavy bleeding with clot which lasted for a full night.

LATE - ABORTION COMPLICATIONS

In this study, late-abortion complications refer to the side effects of abortion which the women have experienced since abortion up to one month. Almost all women experienced these complications. The most commonly post-abortion complications reported by the women who used surgical or medical method include spotting, vaginal bleeding, pain and incomplete abortion.

Women who had experienced spotting reported that it persisted for a number of days ranging from a week to twenty days, before gradually increasing to more than regular menstrual bleeding which lasted for a few hours for some women and up to two days for others.

“A few days after being injected with the prostaglandin, a solid lump came out with blood; followed by spotting for about twenty days. I thought it was natural and didn’t go to see a doctor ... This was followed by a day of heavy bleeding and intense pain.

“I went to the hospital ... I was informed that I would be admitted, with which I disagreed at my own risk. When I returned home, the bleeding continued”, stated a participant.

One of the complications reported by most of women who used surgical or medical method was incomplete abortion. Incomplete abortion entails the incomplete expulsion of the remains of the pregnancy from the uterus that requires a repeat abortion. A woman who was injected with prostaglandin by a herbal medical store staff, experienced persistent spotting and bleeding due to an incomplete abortion. This woman mentioned that after the injection, a lump of flesh and blood came out of her, which made her happy because she thought she successfully aborted the pregnancy. Five days later, she went to a health center to get a contraceptive (progesterone ampoule). A few days after she was injected with the progesterone ampoule, she experienced a persistent spotting which compelled her to go to the clinic for sonography ten days later, and was told that the abortion was incomplete. She related:

“The doctor said I should undergo curettage which I did not accept because I didn’t want my family to be aware of the pregnancy. Then the doctor prescribed prostaglandin suppository which also failed to complete the abortion, and the spotting was still persistent. Eleven days after using the prostaglandin suppository, I had severe vaginal bleeding and clotting which continued for two days. At last when I lost a lot of blood, I became weak and dizzy, which forced me to go to hospital for treatment.”

These women reported they also experienced intense pain which usually accompanied clotting and bleeding. This pain, they mentioned, was experienced before, during and after treatment of incomplete abortion. One of the participants who used an injection of prostaglandin mentioned:

“During my incomplete abortion, I encountered untold pain and suffering. The pain was so grave that I became very nervous and even screamed in the hospital ward. The pain persisted even after taking some pain killers from the health care staff.”

Furthermore, the women also admitted that their complications necessitated post-abortion treatment but due to the illegality of abortion, they never went to the hospital until the situation became severe which often resulted in hospitalization.

“After the dilation and curettage by the doctor, I experienced spotting and bleeding which lasted for twenty days. Initially, I didn’t take it seriously because I thought it was usual for a woman who just underwent an abortion. Then I went to see a doctor who prescribed sonography. The sonography showed that the pregnancy was not fully aborted. This compelled me to do another curettage which completed the abortion” explained one participant.

DISCUSSION

The finding of this study showed that due to the illegality and unavailability of safe abortion services, Kurdish women were compelled by circumstances to resort to any available means of abortion relayed to them usually through word of mouth by friends and relatives. Some women had to travel to big cities to get the procedure and paid a large amount of money for it. Almost all women stated that they had a lack of knowledge about the abortion methods and they obtained the abortion methods from unskilled personnel with no counseling. These abortion methods resulted in numerous complications. In countries where abortion is prohibited or where access to safe medical facilities is limited, women resort to unsafe

abortion to terminate their unintended [8]. Abortion-related stigma and the environment created by the stigma could influence these women to do abortion with the dangerous methods that they do not have adequate knowledge about them [9, 10]. In places that abortion is highly stigmatized, women seek the services without good advice [11]. In this situation, misinformation is widespread and women often use ineffective methods. Therefore, this misinformation can cause women to expose themselves to unnecessary risk and experience serious complications.

Finding of the investigation showed that women experienced spotting, bleeding and incomplete abortion. Similar studies also reported that women experienced complications including hemorrhage and incomplete abortion. These phenomena are most peculiar to countries with restrictions on access to safe induced abortion, where stigma and negative social attitudes compel women to undergo abortion in dangerous conditions and there is no follow-up care after abortion [12, 13] as compared to countries which legalized abortion, where majority of the abortion cases were reported to be safe and successful [14, 15]. The finding of the study also revealed that the most abortion complications were caused by medical method. The similar result in Mexico where women attempted to self-induced their abortion by taking misoprostol, although, they did not know how to use it and even providers such as pharmacists did not know the exact doses required [16]. In contrast, reported that in countries, where abortion is performed legally, through the use of medical methods abortions are effective and safe [17].

The results of this study also revealed that abortion was a painful experience for the majority of women. It should be noted that although pain from the abortion could be caused by the procedure but, another possible explanation for this finding could be the psychosomatic side effects of their induced abortion. The illegality and stigma attached to abortion could exert psychological and emotional pressures on the women and this, in turn, can intensify their physical pain. Also hypothesized, significant ambivalence, emotional distress and/or personal circumstances can afflict women’s physical and psychological conditions [14].

Among the early-abortion complications, as reported by the women, were nausea, vomiting, diarrhea, fever and spotting. Also, in Iran’s study showed that systemic side effects including nausea, vomiting, diarrhea and lower abdominal cramps were seen in 61% of the cases used prostaglandin for abortion [18]. Similarly, in a study in Nigeria found that women who tried to attempt to do the abortion by using pills and traditional herbs experienced pain, bleeding, fever and injuries to their genitalia systems [9].

These complications were more intolerable to the Kurdish women due to lack of social support, limited prior knowledge about the side effects and their fear of illegality and social judgment compared with women in the countries where abortion is legal and safe; who were generally more prepared for the experience [14]. Moreover, study in Uruguay showed that counseling before and after abortion reduced possible risks related to induced abortion for women who undergone an illegal abortion [19].

This study showed that when complications occurred the women delayed seeking care they urgently needed. The reasons given for this delay all reflected fears of negative attitudes of health providers and social judgments of abortion. However, in some cases, women were not informed about side effects. Therefore, women had to strike a balance between the sacrifices deemed necessary in protecting their health and their desire to both control the process and minimize social recognition. Several other studies have also shown that in countries where there is a stigma around abortion, women often suffer abortion complications silently in their homes until they are in extremely critical conditions. This situation, leads to delayed abortion care [10, 20]; severe physical complications and a high financial cost treatment [21, 22]. In addition, Kurdish women reported that they were afraid to open up about their medical situation to the health care providers; hence it is possible that, as a result, the women did not get proper medical care. They may also be subjected to stigmatizing health care attitudes, resulting in negligence, lack of appropriate care and further morbidity [23]. From this, it seems that this aspect of post abortion care and health care services requires more attention.

CONCLUSION

This study revealed that the induced abortion had negative effects on Kurdish women's physical health. Findings from this study can be used by Iran's Health Ministry to review and revise its policy to include pre-abortion and post abortion counseling. Midwives must take responsibility of effectively counseling couples before and after induced abortion, which may be performed for a variety of reasons. They should also inform the women about potential health effects of induced abortion. Post-abortion care for women with physical needs is also crucial.

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