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Final Report

In-House Study
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Executive Summary

An operations research study was conducted to investigate the concerns of postabortion patients in Egypt in order to improve the counseling these women receive. A corollary use of the study results is the development of sensitive survey research questions for measuring the incidence of induced abortion. This study utilized qualitative research methods by conducting in-depth interviews with postabortion patients in El Galaa and El Menia University Hospitals, and focus group discussions with family planning clients, and non-contracepting women. Data were collected in May and June, 1995 by a researcher experienced with in-depth interviewing techniques.

Approximately one half of the women interviewed experienced spontaneous miscarriages, with the remainder classified as having induced the abortion through circumstantial evidence or by self-admittance. Women who had spontaneously aborted a pregnancy reported an almost complete ignorance of the reasons for the miscarriage, causing them considerable anxiety about their ability to carry any future pregnancies to full term. For all types of postabortion patients the most salient issue, however, was their physical survival of an extremely painful experience. Compounding their physical agony was the shock of substantial hemorrhaging. All of the postabortion patients were acutely concerned about their ability to recover from the abortion, which will require a lengthy period of convalescence to regain "bodily order". Their ability to ensure such a rest was highly unlikely, however, due to the pressing demands of farm labor (for the rural woman) and familial obligations for all of the women. The necessity to return immediately to their daily routines was most

troubling to the postabortion patients.

The use of a contraceptive method immediately postabortion was not viewed as advisable by the women in this study, for several reasons. The need to regain "order" precluded any type of tampering with bodily systems, including using an IUD. In addition, the analogy of the 40 day postpartum period appealed to these women, as they anticipated a period of sexual abstinence following an abortion due to customs surrounding bleeding. Popular understandings of the postpartum period extended to notions concerning the return to fertility following an abortion as well. The respondents repeatedly indicated that menstruation will probably not occur for some time after the abortion (e.g., several months).

There was a substantial degree of concurrence in the findings among all of the women interviewed regarding the role of their husbands and family. Although the postabortion patients' main concern was their physical recuperation through rest and improved diet, it was apparent to them that their husband would be of little assistance in this regard. Many of these women simply acknowledged that the best hope they have for their husbands was that he would not become a source of worry. There was a risk that either he, or his family, would dwell on issues concerning the ensoulement of the fetus and place blame on the woman for having lost a living child. Related to this point is a fear of the woman's in-laws openly questioning her ability to conceive and carry a pregnancy to full term. To the extent that they are able to insulate themselves from such anxieties the postabortion patients felt more secure in their eventual recuperation emotionally from the lost pregnancy.

Several recommendations are made based upon the results for improving the

counseling process and materials of postabortion patients. The women's husbands clearly need to be informed regarding their wives health, her return to fertility, and the need for a recuperation period. In addition, the postabortion patients require explanations about the return to fertility using popular concepts, some of which are indicated in the body of this report. Clinical protocols for pain control medication should be reexamined and, if appropriate, the more frequent use of post-operative analgesics needs to be encouraged.

The findings from this study pertaining to the development of survey questions on abortion indicate the potential of an indirect questioning technique. Establishing a non threatening context, such as menstrual regulation practices or unwanted pregnancies, eased the interview into probes about pregnancy termination practices.

Introduction

Egypt's abortion policy is usually classified as rather restrictive when compared on a worldwide scale, as abortion is permitted in cases where health risks endanger the life of the pregnant woman. Islamic theologians in Egypt generally view the termination of a pregnancy to save a woman's life as acceptable, even beyond the 120 days that is frequently cited in the literature[1]. If an abortion is performed for reasons other than saving the mother's life, both the woman and the provider are subject to legal prosecution. In all cases, however, even if a pregnancy is terminated within the prescribed period and for health reasons, abortion is a sensitive women's health issue in Egypt.

These social / religious / legal restrictions have many unfortunate results including the absence of reliable data on the incidence of induced abortions in Egypt, and inappropriate medical treatment of postabortion cases. Given the extremely sensitive nature of the topic, standard demographic survey questions have resulted in significant under-reporting of the prevalence of induced abortion or associated morbidity. Furthermore, the number of women who present with complications from induced abortion in the country's hospitals and health centers is not reported. Medical treatment of an incompletely terminated pregnancy in Egypt is commonly the verification of complete evacuation of the uterine contents by dilation and curettage (D&C), with treatment of any complications. There is little experience with the use

[1] International Planned Parenthood Federation, "Unsafe Abortion and Sexual Health in the Arab World" The Damascus Conference, organized by IPPF and the Syrian Family Planning Association, December 1992.

of vacuum aspiration in the treatment of postabortion patients, and women do not routinely receive counseling about postabortion family planning services.

An ANE OR/TA project operations research study conducted by the Egyptian Fertility Care Society tested an intervention designed to improve the medical care and counseling of postabortion patients in Egypt[2]. The intervention's medical care focused on shifting clinical practice away from a unique reliance on dilation and curettage under general anesthesia in favor of vacuum aspiration (either manual or electric) with local anesthesia and analgesics. The study's counseling intervention utilized guidelines for postabortion counseling materials developed in other settings, and stressed the utilization of family planning services to avoid future unwanted and unintended pregnancies.

The pilot study had considerable success. Prior to the intervention, all postabortion patients were treated with D&C; after physicians were trained two thirds of the patients had a vacuum aspiration and the length of hospitalization was significantly reduced. The proportion of patients intending to use a contraceptive method increased by approximately 67% as a result of improved counseling.

Based on this experience a strategy for institutionalizing postabortion care was approved by the Ministry of Population and Family Planning. The strategy on training of physicians, ensuring a supply of vacuum aspiration instruments and conducting operations research that investigates the need for postabortion service and the impact of improvements on health care service delivery.

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[2] "Improving the Medical Care and Counseling of Postabortion Patients in Egypt" Final Report, ANE OR/TA Project and the Egyptian Fertility Care Society, Cairo, May, 1995

Justification

The measurement of abortion in survey research is a ubiquitous problem. The development of sensitive survey questions on abortion is directly related to the identification of cultural and religious norms governing pregnancy termination practices. Similarly, the development of appropriate counseling materials has to be based on a cultural understanding of the issue. Counseling postabortion patients is conducted in a significantly more stressful environment than family planning counseling. The patients are commonly in physical discomfort and suffer from heightened anxiety about their immediate health and future reproductive lives. These two inter-related issues (survey questions on abortion and postabortion counseling) can only be addressed within a context of locally defined societal and religious norms.

This study investigates the psycho-social stress Egyptian women experience due to spontaneous and induced abortions. This information is required to complement the international counseling guidelines currently in use as part of the operations research study. In a similar fashion, the identification of the least threatening context for discussing abortion will assist in the development of survey questions for use in population based survey research in Egypt.

The results will assist in the development of culturally sensitive postabortion counseling materials, and in producing messages to combat rumors and misinformation.

Objectives

Long Term Objective

The study will contribute to decreased risk of mortality and morbidity associated with incomplete abortions in Egypt, as well as a reduction in the incidence of unwanted pregnancy, through the increased use of family planning services.

Short Term Objectives

The study will address the following short term objectives:

1. The study will provide information useful in the production of counseling materials for use with women who have suffered an incomplete abortion (spontaneous or induced).

2. The study will lead to the development of culturally sensitive survey questioning techniques on induced abortion in Egypt.

Design and Data Collection

This study utilized two qualitative methods; in-depth interviews and focus group discussions. Three different groups of women were included using these two methodologies:

- ✓ In-depth interviews with fifteen postabortion patients from El-Galaa Teaching Hospital and sixteen from El-Menia Medical University Hospital.

- ✓ Two focus group discussions with family planning clients in Cairo and Menia.

- ✓ One focus group discussion with non-contracepting and non-pregnant women from Menia.

El-Galaa and El-Menia University hospitals were selected because of their participation in the pilot operations research study on improving postabortion medical

care and counseling. Staff from the OB/GYN departments are aware of the research issues involved in postabortion care and were helpful in the gaining access to the patients.

Two hospitals were chosen for the study investigation. Thirty one in-depth interviews were conducted with post-abortion patients from the two sites.

Data collection took place in the two sites during the months of May and June 1995. The two hospitals receive large numbers of women each month who seek care for the treatment of incomplete abortions. Women participating in the interviews for the study were chosen from the patients who presented at the hospital for treatment of incomplete abortions during the data collection period. In all, thirty-one in-depth interviews were conducted with postabortion patients from the two sites. The interviews were carried out only after the patients' informed consent was obtained and after she had received medical treatment, but before the provision of any counseling. The researcher ensured that the women were not in any undue physical or emotional discomfort prior to or during the interview. All interviews were conducted in private.

Participants in the focus group discussions were recruited from the clientele at the Contraceptive Services Improvement Project (CSI) in Menia, and the family planning clinic at El-Galaa hospital. These group discussions were organized while women were waiting for services and were conducted in private. The discussion group with non-contracepting and non-pregnant women was organized with the assistance of a *Raidat Rifiat* in a small village near Menia.

Profile of the Study Participants

In general, the postabortion patients who participated in this study all have similar demographic or socio-economic characteristics. Their average age is approximately 29 years and each patient reported having an average of about 3 children. Almost half of the women interviewed have between 1 - 4 children. The majority of the patients stated that they do not "work", (i.e. they are house-wives) with minimal or no formal education. Only a few of the women reported that they share in family expenses. About one third of the women reported that they have never used a contraceptive, while only a few (16%) were currently using a family planning method at the time of conceiving the pregnancy they had just lost.

The categories of spontaneous, possibly induced and probably induced were established to classify the type of abortion experience the women in the study endured. Information provided by the patient, not the results of medical examinations, were used as criteria for the classification[3]. The label spontaneous abortion refers to cases of an aborted pregnancy that was reported as planned and wanted by women who were not using a contraceptive method. Possibly induced abortion refers to pregnancies that were unplanned and unwanted, and it includes women who indirectly indicated having induced the abortion. Probably induced abortion refers to women who reported taking actions to provoke an abortion while she believed she was pregnant (without claiming a desire to terminate the

[3] The study did not link the patient interviews with their medical records, nor explore the relation between the type of surgical procedure (D&C or vacuum aspiration), the type of pain control medication, and the amount of pain the postabortion patients reported experiencing due to their treatment.

pregnancy). No postabortion patient openly stated they induced the abortion.

Of the thirty one postabortion patients interviewed, seven are identified as having a probably induced abortion, ten are believed to have possibly induced their abortions, and fourteen women are considered to have had a spontaneous miscarriage. Only eleven of the pregnancies were reported as planned, and among the twenty unplanned ones only one pregnancy seemed to have been wanted by the woman.

Participants in the focus group discussions were recruited to share common demographic and socio-economic characteristics. All of the participants were between 25-35 years of age. The groups of family planning clients had on average more children than the postabortion patients, with each having between 2-7 children. Members of the family planning group have been using contraceptive methods for at least a year, and all of them reported some type of dissatisfaction with the contraceptive methods they have used in the past.

Findings

Postabortion Concerns

All respondents expressed concern about the future well being of a woman who had an abortion. This was (predictably) more acute among postabortion patients than among women in the focus groups in the study. A woman's inability to complete a pregnancy whether as a result of an induced or a spontaneous abortion, was seen as usually signifying a disorder in her body. The disorder could be an underlying condition that caused the miscarriage, or it could be a result of inducing an abortion. In either case, it is believed to have an almost certain negative effect on the body's future reproductive functions. The causes of this disorder and actions a woman can take to reestablish order in her reproductive physiology were fundamental preoccupations of all postabortion patients.

Spontaneous Miscarriages

Among women who probably had a spontaneous miscarriage, a major source of anxiety was an inability to perceive a "logical" reason for losing the pregnancy. The failure to identify a rational explanation for the miscarriage by most of these women led many to believe that something is going wrong in their body that hinders them from fulfilling their ascribed roles as mothers.

> *I just want to know how. This is my only problem. Some people say that I will keep aborting every time I get pregnant and I do not want that to happen to me.*

انا بس عايزة اعرف ازاى، هى دى مشكلتى الوحيدة. الناس بتقول انى حسقط كل مرة احمل فيها و انا مش عايزة الكلام دة يحصلى.

I wish I could know how it happened. I did not hit myself and I never fell down or anything like that. I really need to know what happened so that I can avoid it in the future.

انا بس نفسى اعرف ازاى سقطت. انا مخبطش نفسى و ال وقعت و ال اى حاجة. انا نفسى اعرف ايه اللى حصل علشان ميحصليش تانى الكلام ده.

Although a few women expressed the belief that the miscarriage was the result of a poor diet, a heavy work load, or maybe of some disease caused by raising cattle. Almost all of the women who had spontaneous miscarriages were unable to identify a reason for their experience other than it being "God's will". Resorting to their faith, however, did not lessen the anxieties about having another miscarriage. Without an apparent physiological reason for the miscarriage, the fatalistic belief that it was predetermined caused these women to worry that their destiny may be to have a series of miscarriages throughout their reproductive years.

After an abortion a woman has many worries about her future health, such as: will she survive the experience; will she get pregnant again; or will her body get back to its normal condition?

بعد السقوط، الست بيكون عندها هموم كتير بالنسبة لصحتها.
الواحدة بتبقى شايلة هم اذا كانت حتعيش و ال لأ، حتحمل تانى و ال
لأ، جسمها هيرجع زى الاول و ال لأ.

The belief that the miscarriage could be God's will and hence beyond human control (i.e. medical) was profoundly disturbing for these women, particularly since many of them had not yet achieved their desired family size and worried about their ability to conceive and bear children in the future. Although the women disagreed on the time interval needed for ovulation to take place following the abortion, all of the respondents contended that an abortion does indeed negatively affect a woman's

future fertility.

> *Having an abortion affects the woman's fertility. She has to stay for a long time until she gets pregnant again ...*

> السقوط طبعا بيأثر على انه الست تخلف تانى. الواحدة بتقعد فترة طويلة لحد متقدر تحمل و تخلف مرة تانية.

A small group of women, including the one quoted above, expressed a belief that an abortion only affects fertility in terms of postponing her capacity to become pregnant again. The majority of respondents, however, strongly believed that an abortion could result in a woman becoming infertile. Most of the women interviewed in the study rely upon popular systems of belief about the reproductive functioning of the female body. These women emphasized that the abortion experience seriously disturbs the regular operations of the body, with negative consequences on fertility.

> *Abortion makes a woman very weak. Her health will not get back to its normal condition except after two years. The blood loss is horrible. It makes the woman too weak and unable to do anything. It affects being able to have a child. If the body did not accept a child once, it will never accept it again. The woman needs to be treated ... but it all remains in God's hands.*

> السقوط بيخلى الست ضعيفة و صحتها مبترجعش تانى زى الاول غير بعد سنتين. الدم اللى بينزل حاجة بشعة، بيخلى الواحدة مش قادرة تعمل اى حاجة و ضعفانة. السقوط كمان بيأثر على الخلفة. ولو جسم الواحد مقبلش العيل مرة عمرة محيقبله تانى. الست لازم تتعالج علشان جسمها ميرميش لكن كله فى ايد ربنا.

Induced Abortion

Beliefs about the long term sequelae of induced abortions were explored among focus group participants and postabortion patients who had probably induced the abortion. There are remarkable differences between these two groups. Women

in the focus groups repeatedly expressed beliefs that a woman may never be able to fully recover from an induced abortion. For example,

> *She will get weak as she losses a lot of blood and her heart will get tired. If a woman has an induced abortion, she will never be in control of her body any more.*

> السـت بتضعف لما بتنزف كتير و قلبها كمان بيتعب. ولو السـت سقطت نفسها عمرها مبتتحكم فى جسمها بعد كده.

In addition to the physical complications of an induced abortion (which are the same as a miscarriage in many respects), many of these women expressed a fear of incurring God's wrath by inducing an abortion, (interfere with "God's destiny"). Beliefs that a woman will "have to pay for it" were raised by women in the focus groups. In their view, "having to pay for it" means that a woman who induces an abortion may end up risking her life, her ability to have more children, or the general well being of her children and family. In the words of one focus group participant,

> *If a woman induces an abortion, God can do anything to her. It is sinful that a woman terminates her pregnancy on her own will. God will severely punish her, but how? How can we know in what way God will choose to punish His people when they do something sinful. He may choose whatever way He desires, something that we will only know in the hereafter... A woman should be able to say to herself that what she has (inside of her) is a soul, (and) that she is responsible for its delivery.*

> ولو السـت سقطت نفسها، ربنا ممكن يعمل فيها اى حاجة، ده حرام ان الواحدة تعمل حاجة فى حملها باراداتها، ربنا حيحاسبها حساب اليم، بس ازاى وه احنا نعرف ازاى ربنا حيحاسب عباده لما يخطوا. ربنا حيحدد اللى وه حيحددة، حاجة محدش حيعرفها غير فى الاخرة ... الواحدة فينا لازم تقدر تقول لنفسها ان اللى معاها دى روح و هى مسئولة عنها وعن حملها.

This type of belief differed substantially from postabortion patients who had

probably induced the abortion, or focus group participants who reported having induced an abortion sometime previously. These women were, by comparison, relatively unconcerned about their future fertility. Some of the women who induced an abortion went on to have another child later in their life. For these women, clearly, an abortion was known not to absolutely impede their future fertility.

Other women who induced an abortion did not desire any more children. One of the postabortion patients whom we classified as probably having induced the abortion had become pregnant while using an IUD. She already had five children and explained her reasons for having an abortion the following way:

> *This is the first time for me to have an abortion, but thank God, we do not want anymore children. I have children and thank God (for them). I really did not want to have this pregnancy...*

> دى اول مرة اسقط فيها، لكن الحمد لله احنا مش عايزين عيال تانى، انا عندى عيال و الحمد لله. انا فعلا مكنتش عايزة العيل ده ...

Most of the women who had probably induced an abortion recognized that repeated abortions can have deleterious health effects.

> *It is not good for a woman to go through an abortion several times. Her health will deteriorate, both physically and mentally. A woman is taking a risk of losing her own life when she goes through an abortion. She is also risking that she may not get pregnant again as her whole body is in disorder. Even if she gets pregnant, the disorder in her body may lead to anything happening to the baby.*

> السنت لما تسقط كتير ده مش كويس عليها، صحتها بتدبهدل و نفسيتها بتتعب. السنت بتخاطر بعمرها لما بتسقط نفسها و كمان بتخاطر انها ممكن متحملش تانى لان جسمها بيبقى ملخبط، و حتى لو حملت، الملخبطة اللى فى جسمها ممكن تخلى اى حاجة تحصل.

The risk of subsequent infertility, due to God's will was not profoundly troubling among the women who aborted an unwanted pregnancy. These women's deep faith in God's will led them to believe that it remains in God's power to make them bear more children regardless of their actions.

> *Getting pregnant is God's wish, and having a live birth is also in God's hands. When [a fetus] is lost, there is no hope in it, as it remained in God's hands to keep it alive.*

الحمل بيحصل بأمر ربنا، و انا الواحدة تخلف عيل و يطلع صاحى بردك فى ايد ربنا. اللى بيروح مقطوع منه الرجا لكن بردك فى ايد ربنا يخليه يعيش.

This viewpoint was expressed by several women who had undergone previous abortions (spontaneous or induced) with full term pregnancies in-between. Among these women practices to induce an abortion do not necessarily contradict God's wishes as He is omnipotent and nothing an individual can do will counteract God's ultimate Will[4]. The failure of traditional practices to induce an abortion was commonly cited as evidence of God's Will superseding the actions of a woman.

> *My mother was pregnant and wanted to have an abortion. She took seven injections and the pregnancy was not terminated. Still, the baby was alive at birth. It is all in God's hands and what He decides on will happen.*

انا امى كانت حامل و كانت عايزة تسقط، اخذت سبع حقن و برضة الحمل كمل و العيل كان صاحى لما اتولد. دة كله باديني ربنا و اللى عايزة يكون.

> *It does not work. A woman can drink onion juice or garlic*

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[4] This is also reflected in their belief that contraceptives also work according to the will of God. One woman explained such a belief by describing what has happened to her body when she got pregnant as she was taking contraceptives: *"God stopped the blood. When I took the injections, God stopped the blood. As the blood stopped coming down I got pregnant. This is how God has wanted it."*

juice, or she can get anything from the herbs-man. I know a woman who tried everything and they never worked. God did not wish it for her.

مفيش حاجة بتنفع. الواحدة ممكن تشرب ميه بصل وا ثوم، و ممكن تجيب حاجات من العطار. انا باعرف واحدة جربت كل حاجة و مفيش حاجة نفعت معاها، ربنا مأرادش ليها.

Physical Stress

Pain

Women arrive at the hospital for postabortion treatment with heightened anxieties related to physical pain and discomfort, in addition to their concerns about the causes and consequences of the abortion. The physical stress associated with an incomplete abortion was an overriding pre-occupation for the women interviewed in the study. Indeed, they were just emerging from a life threatening experience. The medical care they received (either a D&C or vacuum aspiration) was, in itself, an extremely painful procedure for many women.

I was dying yesterday and I was dying before the operation.... It is very painful to go through the operation. Afterwards the pain only gets worse. I am still in pain till now.

انا كنت باموت امبارح، و كمان كنت بموت قبل العمليه ... اصلها كانت مؤلمة اوى ان الواحدة تدخل العمليات، و بعد كدة الوجع بيزيد انا لسة موجوعة لحد دلوقتى.

Most of the postabortion patients complained that almost every part of their body was affected by the operation. The back, especially the lower back, was a main source of agony. The chest/heart, stomach and breasts were also sore or tender. While waiting for her husband to come pick her up, one woman described the physical pain in the following words:

> *I feel like my body is broken into pieces. I cannot sleep, I cannot sit down, and I feel severe pain with every move I make. I know it will be some time until this pain goes away. This has been the most painful experience I have ever had.*

انا حاسة ان جسمى مكسر حتت، مبقدرشى انام او اقعد و بتوجع ولو عملت اى حاجة. انا عارفة ان لازم يمر شوية وقت لحد الوجع ميروح، الوجع اللى انا فيه دة عمرى ما حسيت بيه قبل كدة فى حياتى.

Blood Loss

As the physical pain was accompanied by substantial hemorrhaging, all of the postabortion patients were alarmed about the implications of the bleeding on their future health, and recovery.

> *Abortion causes many complications and a general deterioration in the health of the woman due to the loss of blood.*

السقوط بيسبب مشاكل كتير و بيخلى صحة الست فى النازل بسبب النزيف.

Although their understanding of anemia is weak, women in this study related blood loss as a cause of anemia and an overall weakness of their bodies as a

symptom. Concerns about weakness are quite serious for the women in this study, as they recognize that their normal physical condition is already compromised due to poor diet and a heavy work load (especially in cases of rural women). The blood they have lost is believed to cause their health to deteriorate even more, and many were genuinely worried about their ability to survive this ordeal because of it.

> *Bleeding leaves the woman's body in a very bad condition. It makes the woman very tired. The more blood the woman losses, the weaker she gets. It also makes it harder for her to get back to her normal condition.*

النزيف بيخلى جسم الست فى حالة وحشة اوى، بيخليها تعبانة اوى، و كل ما الست بتنزف اكتر، كل ما بقت اضعف و كل ما كان اصعب لها ان صحتها ترجع تانى زى الاول.

> *Our bodies are already tired and going through an abortion affects the health tremendously. The blood that a woman loses makes her weaker than she was before. It also causes anemia. As a result a woman has to rest for a long time to regain her strength ...*

احنا أجسمنا تعبانة من الاول، و كمان السقوط بيأثر على الصحة اوى. الدم اللى الست بتنزفه بيخليها اضعف من الاول و بيجيب انيميا. الحل ان الست لازم تستريح مدة طويلة علشان تقدر تقوى.

It is the extreme loss of blood even more than the pain that singularly marked the experience of all the postabortion patients interviewed. It is considered as a proof for themselves and their family that they have undergone a serious life threatening experience that could have a lasting effect on their health.

Recovery

Having survived the ordeal of an incomplete abortion these women are now confronting a return to their normal lives, and the need for rest and recuperation.

The doctor told me to eat and drink as much as I can. This is how I will get better.

الدكتور قالي آكل و اشرب علي قد ما اقدر، و كدة انا ممكن اتحسن.

To get back to her normal condition, a woman needs a proper diet and a place to relax and rest. But how can I get that? Where I come from (a rural area) women have to work hard, and we also have to provide all what we can for our children.

علشان ترجع تاني زي الاول الست محتاجة غذا كويس و مكان تستريح فيه، بس ازاي القي الكلام دة، عندنا الستات لازم يشتغلوا جامد و كمان لازم نصرف علي عيالنا.

As indicated by this woman, a proper diet and a place to rest are usually the most difficult things to attain for most women. The immediate resumption of a physically demanding workload was a pressing concern for all of the postabortion patients, particularly rural women. Their ability to recover from the incomplete abortion is thus uncertain.

A woman cannot guarantee that her health will get back to its normal state. It all depends on her fate.

الست مش ممكن تضمن ان صحتها ترجع تاني تبقى عادية زي الاول، كل واحدة و بختها.

As recovery is seen as dependent upon one's fate, women were unable to indicate a specific time period that they think is needed to regain their vitality. Although complete recuperation depends upon a number of factors that are beyond a women's control, many women stated that it is important to avoid another pregnancy in the near future so that the body does not undergo another draining experience.

Women who experienced a spontaneous abortion expressed apprehensions

about contraceptive use actually hindering their convalescence. Because of their inability to identify a reason(s) for the miscarriage, other than their body being profoundly disturbed, these women felt a need to regain a natural order or balance. Using a contraceptive could interfere in the process of re-establishing order.

> *During this period we say that the woman is hot as she has had an abortion. After these forty days have passed the woman can start seeking contraceptives, or else she will get pregnant.*

> في الفترة دى احنا بنقول ان الست سخنة لانها سقطت، و بعد اربعين يوم ممكن الست تدور على وسيلة تستعملها و الا حتحمل تانى

Psychological Stress

Given the life threatening nature of the emergency health care service it is not surprising that the principal issue for the postabortion patients was their physical recovery. Rural women's anxieties about their ability to survive the abortion were more acute than the urban postabortion patients, as their daily life consists of a demanding regime of farm labor and domestic work. Urban women were also concerned about their heavy workload as well.

> *Physical problems are the most important. I will still have to face some other problems, things like what people will say about me when they know that I have had an abortion. But I know that the most important thing I should concern myself about is resting for at least two months so that I can get back my original health. The only problem in doing that is that there is no one to help me during that time.*

مشاكل الجسم اهم حاجة. ايوة انا لازم هقابل مشاكل تانية: الناس هتقول عليه ايه لما يعرفوا انى سقطت، بس انا عارفة انى اهم حاجة اشغل نفسى بيها هى انى اريح نفسى حاجة بتاعة شهرين علشان ارجع لصحتى الاصلية، لكن المشكلة الوحيدة هى مين حيساعدنى فى الوقت ده؟

The emotional stress is not really a problem. Going through an abortion does not really matter if the woman has other children. As far as I am concerned, it is only my physical well-being that is important. If I can have children in the future this will make me forget about this experience.

التعب النفسى مش مشكلة اوى، السقوط مش بيفرق اوى مع الواحدة اللى معاها عيال. انا بالنسبة ليه صحتى و جسمى اهم، ولو اقدر اخلف بعد كده حانسى كل حاجة عن السقوط ده.

The study probed into the secondary, psychologically related sources of stress during the interviews. These emotional issues, although not the most salient among the postabortion patients, may emerge after a woman's discharge from the hospital.

"Ensoulement" of the fetus

In general, most of the postabortion patients described what they lost as a potential for having a child as opposed to an actual, living infant. This belief was most strongly articulated by women who had induced the abortion. These women believe that "what is lost has no hope in it" and that their main concern is for their living children. This group of women reflected upon the considerable effort they exert in their daily lives to care for their children, linking this toil to reasons for not wanting this pregnancy and the decision to terminate it. In addition, they reported numerous financial problems and the inability of their husbands (as breadwinners) to provide for more children. In some cases, women indicated an unsatisfying marriage as the

reason for not wanting to have any more children.

Although the postabortion patients did not dwell on issues concerning "ensoulement" of the fetus, they readily acknowledged that it is a concern of other members in their family and community.

> *People will always annoy a woman who has undergone an induced abortion. They will tell her that she has done something that is like killing a soul. They will tell her that it is sinful. I know that what they say is right. But I had to sacrifice myself for the sake of my children and husband. What else could I have done?*

الناس دايما هيغلبوا الست اللى سقطت نفسها بنفسها، حيقولوا لها انها عملت حاجة زى متكون قتلت روح، و حيقولوا لها ان دة حرام. انا عارفة ان كلامهم صح، بس انا كمان لازم اضحى علشان خاطر ولادى و جوزى كنت هاعمل ايه يعنى؟

Social Support Networks

Many of the women interviewed acknowledged the need to ensure her own self interests, in order to care for their families. Several of the women reported having learned not to rely on others too much, as expressed in the saying

> *Some people do not give mercy to others, and do not allow God's mercy to fall on us.*

مبيرحموش و مبيخلوش رحمة ربنا تنزل.

Women who live in rural areas more readily acknowledged the potential for emotional support from their family and social networks than did women in Cairo. When pressed to discuss the nature of this support, however, both groups of women expressed misgivings with only small measures of confidence being given to family members. Cairo women generally agreed that *Friends and neighbors cannot be trusted. No one can keep the secret, and they may tell everybody else about things*

that have happened or may have not happened to me.

الصحاب و الجيران محدش ممكن يثق فيهم، محدش بيحافظ على السر، و ممكن يقولوا لكل الناس على حاجات حصلت و محصلتش ليه.

For many of the women in this study in-laws are potentially a major source of emotional distress.

> *(A) woman may not be extremely upset following an abortion. It is her in-laws who will be waiting for her and they will always annoy her about losing a child. The first time I had an abortion they told me that it would have been much better if the buffalo had died (than to) have the abortion. Now they will annoy me all the more, and I have to be ready for this.*

السـت ممكن متكونشى زعلانة اوى بعد السقوط، لكن اهل جوزها حيكونوا مستنينها و على طول حيفضلوا يضايقوها علشان العيل نزل. اول مرة سقطت فيها قالوا اي ريت تكون الجاموسة ماتت و ال انك سقطتى، دلوقت حيضايقونى اكتر و انا لازم اكون مستعدة.

As expressed in the views of many women, husbands cannot really have an active role in comforting their wives, as abortion is a woman's issue. Several women indicated that a woman has the right to choose what is best for her, including the termination of pregnancy, even if her actions contradict her husband's desires.

> *If she does not want the pregnancy, she can always terminate it, her husband does not matter. What if the pregnancy kills her, will the husband be any good for her?*

ولو مش عايزة الحمل هى ممكن تعمل اللى هى عايزاه، جوزها مش مهم. يبقى ايه ولو الحمل موتاها، جوزها بقى حيفيدها فى ايه ساعتها؟

Since husbands are expected to have only a very minor role in helping a woman with her work they are not seen as a source of support during the postabortion convalescence. Thus the only thing that men were expected to do was to help alleviate the woman's emotional burden by not emphasizing their concern about losing the pregnancy.

> *Many women go through a lot of psychological pain, especially if the husband is not appreciative of the situation and does not act as if he understands what the woman has gone through. Many husbands think that women induce the abortion.*

فيه ستات كتير بيتعبوا نفسيا و باذات ول جوزها مش مقدر الموقف و ميتصرفش ىز ى ام يكون فاهم الست مرت باىه. فيه رجالة كتير بيفتكروا ان الستات بيسقطوا نفسهم.

Most women interviewed expressed how dealing with their husbands and in-laws is a lasting concern following the abortion. In cases of a spontaneous abortion, women were worried that their husbands would be emotionally attached to the lost pregnancy, or that in some cases their husbands would suspect that the woman has induced the abortion as a result of her unwillingness to continue living within the marriage.

> *Psychological problems can be a main source of stress. The woman is upset as she wants the baby she has just lost. This feeling no one can know and understand but God. The husband is also upset as he wants the child as well. His attachment to the child usually results in an increased tension between the couple.*

تعب الاعصاب ممكن يكون اهم سبب لمشاكل الست، لانها بتبقى زعلانة علشان عايزة العيل الللى نزل و الاحساس دة محدش ممكن يفهمه غير ربنا. الراجل كمان بيبقى متضايق علشان هو كمان عايز العيل و تمسكه باالعيل فى الاغلب بيسبب مشاكل زيادة بين الاتنين.

Questioning Techniques About Abortion

One of the study's objectives addresses the issue of questioning techniques about abortion in survey research. This study classified the informants as either "spontaneous" or "induced", based upon the wantedness status of the pregnancy, contraceptive use at the time of conception, or the women's admission of actions she took to affect the course of the pregnancy. Direct questions about inducing an abortion most commonly resulted in the woman abjuring such an action, even in cases where she later went on to make fairly clear references to having induced the abortion. Most of the women felt more comfortable in discussing menstrual regulation techniques within a context that "God's Will will be done". For example, this was the case of the five women who have stated that they have used injections before

> *He gave me injections and told me that if what I have is a missing period it will come down, and if it is a pregnancy the fetus will be stabilized in my womb.*

ادانی حقن و قاللی انه لو العادة متأخرة حتنزل و لو حمل الجنين حيثبت.

In probing into whether or not the woman had induced this, or a previous abortion, questions about inducing menstruation, "bring down a period", or actions to avoid an unwanted pregnancy encountered the most success.

Conclusion

The findings from a small number of in-depth interviews with postabortion patients (conducted prior to their discharge from the hospital) and a few focus group

discussions with family planning clients and non-contracepting women revealed several issues surrounding incomplete abortions in Egypt. There is a caveat to these findings, however. Most of the results come from in-depth interviews with postabortion patients who had just undergone emergency surgical procedures for a life threatening condition. Although the interviews only took place if the woman was not in substantial discomfort or pain (and if informed consent was obtained), the respondents were hospitalized. As they were trying to understand the traumatic experience they had survived, their concerns about physical recuperation were most salient, with emotional effects held in suspension. The study is not able to indicate if any latent psychological concerns will surface once their physical recovery is more certain. Results from the focus group discussions indicate that generally they do not, but this was not explored in depth.

Women who had spontaneously aborted a pregnancy reported an almost complete ignorance of the reasons for the miscarriage, which caused them to worry about their ability to carry any pregnancy to full term. Whether or not the woman had spontaneously or deliberately induced the abortion, however, the resulting physical condition was consistently described by postabortion patients as their bodies being in excessive disorder. This physiological state was acutely felt by these women, with the primary symptoms being extreme pain generalized throughout their bodies. Several of the women reported that they felt as if their bodies had been broken into pieces.

The postabortion patients physical agony was aggravated by the shock of

massive blood loss. These patients recognized that they could anticipate a protracted period of weakness due to the hemorrhaging. Coupled with a sense of bodily disorder, they sometimes described their immediate physical condition as being too hot. A cooling down period of 40 days was called for, (similar to the postpartum period). During this recuperation period increased dietary supplements of protein rich foods and rest were seen as being necessary to restore the body's order and equilibrium. Because the women do not have a newborn infant to care for, however, none of the postabortion patients thought it was likely that they could avail upon their families to provide the necessary support for a 40 day care period (as they could, perhaps, for ensuring postpartum recuperation). The poverty of the rural women makes it highly unlikely that their families possess resources to compensate for the woman's absence from farm labor. Their immediate return to physically demanding work and child care responsibilities was most troubling to all of the postabortion patients, urban and rural alike.

The use of a contraceptive method immediately postabortion was not viewed as advisable by the women in this study, for several reasons. The belief that they need to regain "order" precluded any type of tampering with bodily systems, including using an IUD. In addition, the analogy of the 40 day postpartum period was relevant to these women, as they anticipated a period of sexual abstinence due to customs surrounding bleeding. Popular understandings of the postpartum period extended to notions concerning the return to fertility following an abortion as well. The respondents repeatedly indicated that menstruation would probably not occur for

some time after the abortion (e.g., several months).

There were two sources of psycho-social stress that these women acknowledged in some depth. The first concerned religious beliefs about abortion and lost pregnancies, and the second involved the role of their husbands and families during the postabortion period.

The findings from the focus groups and in-depth interviews revealed that women are of two minds regarding the influence of God's will on abortions. Several respondents expressed deeply held beliefs that an induced abortion is a sinful disruption of God's chosen destiny and as such, the woman will be subject to His wrath and vengeance. This could result in her becoming infertile, suffering deleterious health effects or putting at risk the harmony and health of her family. In contrast to this belief, other women (notably those who probably induced their abortion) believed that their acts are insignificant compared to God's will. They see themselves as being instruments of God's desires. In case they misinterpret His wishes their actions will be overruled by His Will and be of no consequence. These women indicate cases where this happened such as a woman conceiving a child while using a contraceptive method, or failing to induce an abortion by using herbal medication or traditional practices.

There was a substantial degree of concurrence in the findings among all of the women interviewed regarding the role of their husbands and family. Although the postabortion patients' main concern was their physical recuperation through rest and improved diet, it was apparent to them that their husbands would be of little

assistance in this regard. Many of these women simply acknowledged that the best hope they had for their husbands was that he would not become a source of worry. There was a risk that either he, or his family, would dwell on issues concerning the ensoulement of the fetus and place blame on the woman for having lost a living child. Related to this point is the possibility that the woman's in-laws would openly question her ability to conceive and carry a pregnancy to full term. To the extent that they are able to insulate themselves from such anxieties the postabortion patients felt more secure in their eventual recuperation emotionally from the lost pregnancy.

The findings from this study pertaining to the development of survey questions on abortion indicate the potential of an indirect questioning technique. Establishing a non-threatening context, such as menstrual regulation practices or unwanted pregnancies, eased the interview into probes about pregnancy termination practices.

Recommendations

The study's findings are suggestive of several issues that postabortion medical services should address. Some of these are listed below for consideration and discussion.

1. Postabortion patients require more in-depth information about the causes of miscarriages and the medical procedures taken to adequately treat the incomplete abortion.

2. Postabortion patients and their husbands need joint counseling and information about the woman's ability to conceive and carry to full term another pregnancy. This information should emphasize the particular importance of early prenatal visits for these women.

3. All postabortion patients should receive clear and careful explanations about

how the postabortion period is different from the postpartum period, in particular stressing the almost immediate return to fertility and the subsequent need for contraceptive methods.

4. Husbands of postabortion patients should be advised about the trauma their wives have gone through, the pain they are currently experiencing, and the importance for a recuperation period. This counseling should take place in private by a male physician and occur prior to the patient's discharge from the hospital.

5. Clinical protocols for pain control of postabortion patients should be examined and, if appropriate, include use of post-operative analgesics during the hospitalization period.

6. Medication that is prescribed for postabortion patients upon discharge should take note of a possibly pre-existing anemia that could be aggravated by the hemorrhaging.

7. The explanation of signs of postabortion complications that is given to patients should be based upon popular conceptions of physiology, (e.g., `bodily disorder', `hot periods', etc.) suggested by this study and others.

8. Survey questions for the measurement of induced abortion in Egypt should not rely upon a direct question (e.g., "Have you induced an abortion before?"). Indirect questioning techniques are called for that establish a non-threatening context for probing into abortion. Two approaches are suggested by this study: menstrual regulation practices, and pregnancies that did not end a live birth followed by a question if the woman did anything to provoke the termination of the pregnancy. Further research is required on this issue, however.