The Psychological Outcome of Therapeutic Abortion in Rural Egyptians

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The aim of this work was to address the simple question that has generated recently the most research interest, what are the psychological sequelae of therapeutic abortion?. This study was done on 40 women admitted to Zagazig University Hospital for therapeutic abortion & on 60 women attending to Z.U.H asking for abortion without any cause (control group). The arabic version of P.S.E. & PSE catego computer program were applied before & after abortion by about 8 weeks, in addition to special sheet for sociodemographic & obstetric data. The results revealed a predominance of neurotic disorders in the form of neurotic depression and anxiety states before abortion, also, 8-weeks after abortion the fall in total cases was largely observed. Both before and after therapeutic abortion, levels of psychiatric morbidity were high by comparison with those in the control group.

(Egypt.J. Psychiat.,1996, 19: 101-106).

Introduction

It is common to suppose that abortion must have a profound effect on the mother. Jeffcoate (1970) has claimed that "a significant proportion of women sometimes rated at 20% to 30% are adversly affected emotionally throughout their life". Such predictions of direct psychological consequences following therapeutic abortion have not been born out in published studies (Diggory, 1969; Greer, 1977).

With increasing pressure on access on abortion services in North America, non psychiatric physicians and mental health professionals need to keep in mind the effects of both performing and denying therapeutic abortion. Increased research into these areas, focusing in particular on why some women are adversly affected by the procedure and clarifying the relationship issues involved, continues to be important (Dagg, 1991).

The factors that determine a satisfactory outcome seem to be those conducive to a woman making a decision which she believes to be her own in a context where she is accorded respect and support. The presence of ambivalence, coercion, a medical indication or concomitant severe psychiatric illness carry a poorer prognosis whilst the attitude of lay and professional contacts during the operation period may influence the outcome (Fredman, et al, 1974, Lark, 1975).

Aim of Work

The purpose of this research is to address the simple question that has gener-

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ated recently the most research interest; what are the psychological sequelae of therapeutic abortion, both the immediate effects & the more subtle, longlasting effects?

Subjects and Methods

This study was carried out in Zagazig University Hospital. The subjects of this work comprised the following groups.

* 1st group:- consists of 40 women admitted to Z.U.H. fer therapeutic abortion.

* 2nd group: Consists of 60 women attending to Z.U.H asking for abortion without any cause (control group). NB. (Abortion was not done for them).

- **Procedures**

* Both groups were subjected to the following:-

1- Specially designed sheet for sociodemographaic data & obstetric data.

2- PSE to determine levels of morbidity has been applied before therapeutic abortion & after by about 8 weeks (Wing, et al, 1974) by using the Arabic version of PSE.

3- Statistical evaluation of the results.

Results

(A) Some Demographic factors in relation to psychiatric outcome:

(1) Age

Table 1
Age Distribution Between Patients for Therapeutic Abortion & Control Group

Age	Therapeutic Abortion group		Control group	
	No	%	No	%
Less than 29 y.	5	12.5%	1	5%
20-25 y.	7	17.5%	3	10%
26-30 y.	15	37.5%	26	35%
31 - 37 y.	13	32.5%	30	50%
Mean ± SD	31.1 ± 4.2		21.1 ± 3.9	
T	0.64*			

* There is no significant difference between both groups (P > 0.05)

Table 2
The Relation of Age with Significant Items of PSE

Item	age	T	P
SD (Postoperative)	< 30	-	N.S
	> 30	2.65	< 0.05
GA	< 30	-	N.S
(Postoperative)	> 30	2.12	< 0.05

(2) Education:

Table 3
Correlation Between Eductional Level & Syndroms of PSE

		Patients								Control group							
		Illit		1ry		2nd		High		Illit		1ry		2nd		High	
		No	%	No	%	No	%	No	%	No	%	No	%	No	%	No	%
WO	Worry	20	50	32	55	18	45	16	40	35		36		38		38	
OD	Somatic Features of Depression	30	75	26	65	16	40	8		20		15		30		25	
TE	Tension	32	80	32	80	18	45	10		30		30		35		38	
IT	Irritability	10	25	4	10	-	-	-		10		15		15		20	
SA	Situtional Anxiety	2	5	2	5	-	-	-		-		-		2		-	
LE	Lack of Energy	28	70	25	65	10	25	8		30		30		35		50	
SD	Simple Dep	36	90	30	75	24	60	15		40		35		40		50	
SU	Social Unease	28	70	26	65	10	25	5		20		15		5		-	
GA	General Anxiety	32	80	30	75	20	50	15		35		30		32		38	
IC	Loss of Interest & Concentration	30	75	30	75	28	55	15		-		-		20		20	

(3) PSE Cases: Descriptive Features

Table 4
PSE Syndromes Correlation Between both Patient group & Control group

Syndromes	Control group (n = 60)		Patient group (Th. abortion)					
			Preoper (n = 40)			Post operative (n = 30) (8 week)		
	No	%	No	%	VS. control group (PT)	No	%	VS. control group (PT)
Wo	30	50	36	90	**	18	60	*
OD	6	10	32	80	**	12	40	**
TE	27	45	30	75	**	18	60	**
IT	12	20	24	60	**	6	20	NS
SA	18	30	22	55	**	15	50	**
LE	6	10	20	50	**	9	30	**
SD	9	15	20	50	*	6	20	NS
SU	15	25	18	45	*	9	30	NS
GA	3	5	16	40	**	6	20	**
IC	6	10	12	30	*	9	30	*

This table presents the most common syndromes in patient group in rank order of frequency.
P values: ** = P < 0.01 * = P <0.05

Table 5
PSE Catego Classes: Distribution in The Patient Group (Pre Operative & 8 - Weeks Post Operative)

Diagnosis	Catego Class	Before Th. Abortion		8-Weeks after Abortion	
		No	%	No	%
Neurotic Depr.	N +	18	45	6	20
Anxiety State	A +	12	30	6	20
Retarded Depression	R +	8	20	9	30
? Manic State	M	-	-	-	-
Obsessional Neurosis	B +	2	5	9	30

Discussion

One of the difficulties Facing the interpretation of abortion research is that the reaction to abortion is bond both by culture & time, the two interacting with each other. In this research, we try to study the psychological out come of therapeutic abortion in rural Egyptian females as follow:-

(1) Age

Since some writers have emphasized that young women have a greater risk of emotional disorder after abortion, the relationship between age & psychiatric measures was examined in some sort of detail. From this study, it was found that, as shown in table, (1) there is no significant difference as regard the age distribution between Abortion group & control group (Mean $\pm$ SD was 31.1 $\pm$ 4.2 & 21.1 $\pm$ 3.9 respectively). Also, it was found that, there is a significant increased risk of items of general anxiety (GA) & simple depression (SD) in patients > 30 years (Table 2). These results were similar to what was observed by Doane & Quiqley (1981), but, on the other hand they differ from those of earlier writers (Adler, et al (1990); Freeman, et al (1980). The explanation of the discripancy may lie in the differences in the samples studied and in the identification of psychiatric disorders

(2) Educational level:-

From table (3) we noticed that illiterate and lower educated abortive females have high percentage of different mentioned syndrome than high educated abortive ones. also the same findings were observed in comparison with the control group. This finding is in agreement with the results of Ashton (1980 a), that attributed the results to the construction of the sample.

(3) PSE Cases-Descriptive features

Table (4) lists the 10 most frequent syndromes of PSE in the pre-operative group which was more frequent than in control group ($P < 0.01$ for five of them). So the levels of psychiatric morbidity both before and after abortion, were higher than in the control group. In keeping with these findings, Brewer, (1977) found that levels of psychiatric morbidity were much higher in female patients attending the OBE-Gynacological out patient clinics for abortion of real medical causes than who were in general population or admitted to a medical ward.

(4) PSE Catego Classes:-

From table (5), it was observed that, before therapeutic abortion, there was a predominance of neurotic disorders in the form of neurotic depression & anxiety states. Also, 8 weeks after abortion, the fall in total cases was largely due to reduction in these two classes. This finding suggests a possible explanation for the excess of preoperative psychiatric disorder detected both in the present study and in the groups studied by both Brewer, (1977) and Ashton, (1980).

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Les Conséquences psychologies de thérapeutic abortion chez les femmes égyptiennes habitant les villages

Cette étude essaye de comparer et ainsi que déclarer les symptoms psychologicques précipitée par l'abortion theurapeutic et les symptoms psychologiques précipitée par l'abortion en général (non theurapeutic).

العواقب النفسية للإجهاض العلاجى فى الريفيات المصريات

يهدف هذا البحث إلى الإجابة على السؤال الذى يبدو بسيطاً والذى أثار الكثير من تساؤلات الباحثين مؤخراً والخاص بالعواقب النفسية للإجهاض العلاجى. وقد أجريت هذه الدراسة بمستشفى الزقازيق الجامعى على ٤٠ حالة أدخلت المستشفى للإجهاض العلاجى مقارنة بـ ٦٠ حالة راغبه فى الإجهاض بدون أى سبب طبى (من بين المترددات على العيادة الخارجية بقسم النسا والتوليد بمستشفى الزقازيق الجامعى) كمجموعة ضابطة وقد تم إستخدام إختبار فحص الحالة الفعلية وبرنامج الكمبيوتر الخاص بالإختبار حيث بحثت الحالات قبل الإجهاض وبعده بحوالى ٨ أسابيع والحالات الضابطة فحصت مرة واحدة، هذا وقد بحثنا الخلفية الإجتماعية والتاريخ الطبى للولادات السابقة للمجموعتين وقد أوضحت النتائج إنتشار الأعراض العصابية خصوصاً الإكتئاب العصابى والقلق النفسى قبل الإجهاض، أيضا وقد لوحظ إنحسار عدد الحالات عند إعادة الفحص بـ ٨ أسابيع بعد عملية الإجهاض وقد كان معدل الأمراض النفسية أعلى فى حالات الإجهاض العلاجى منها مقارنة بالمجموعة الضابطة قبل الإجهاض وبعده بحوالى ٨ أسابيع، وتناقش الدراسة النتائج والدلالات.