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Aborted Women's Feelings and Experiences with Abortion: A Qualitative Study

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ABSTRACT

Objective: This study aimed to reveal the feelings and experiences of women who had abortions based on their own experiences.

Method: The qualitatively designed study was conducted with 11 women who applied to a Training and Research Hospital in Istanbul for abortion and met the inclusion criteria. The data were collected by the researchers with an 11-question participant information form and a semistructured interview form consisting of five questions.

Results: The themes obtained from the research were determined as "The meaning of abortion", "The meaning attributed to the abortion decision", "Family and social support", "Community attitude" and "Attitude of healthcare professionals".

Conclusion: Women who have had abortions are influenced by the perspective of society, religious values, and the approach of health professionals. There is a need to develop procedures that will positively affect women's abortion experiences.

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Introduction

Access to abortion service, one of the most common practices in gynecology, is recognized as a fundamental human right [1,2]. Sixty-four out of every 1000 women between the ages of 15-49 years experience an unintended pregnancy, while a quarter of all pregnancies in the world end in abortion [3]. Nonetheless, women who want to terminate their pregnancies are restricted from accessing safe abortion services. The World Health Organization (WHO) defines unsafe abortion as a procedure performed under inappropriate conditions or by individuals who have not received appropriate training [4]. The unsafe practice of abortion can result in serious complications, maternal mortality, and increased costs to the health care system. Half of all abortions worldwide occur in unsafe settings [5]. Moreover, 97% of unsafe abortion practices occur in developing countries [6].

Women face stigmatization when they seek access to safe abortion services. Abortion stigmatization causes women to be discredited in individual, social and professional life and causes anger, regret, guilt, sadness, and avoidance of safe abortion services [1-5]. Women's views on abortion, legal procedures, religious beliefs,

social judgments, and cost, time, and transportation conditions all contribute to how they use safe abortion services [7].

In a study conducted in Kenya and India, it was seen that women expressed the views of society rather than their views on abortion. It was observed that women recommended the center to their friends who wanted to receive safe abortion services but hid the fact that they had an abortion [8]. Attitudes toward abortion are influenced by the state administration and differ from society to society. Abortion is a controversial issue in many societies on both a legal and moral basis. Several factors influence negative views on abortion, including discussions about the beginning of human life in the womb, social norms, and stereotypes regarding women's lifestyle and their roles in society [9]. Because of the significance society attaches to motherhood, women who become pregnant often choose to give birth rather than terminate their unwanted pregnancies [5].

Aside from terminating unwanted pregnancies, abortion also reduces the risk to both the mother and newborn. Therefore, it is important to legally support abortion [5]. It was reported that the number of women who died due to illegal abortion in the USA in the 1950s and 1960s was higher than the number of

soldiers who died in Vietnam [10]. It has been reported that 20% of maternal deaths were due to illegal abortion before abortion was legalized in the UK [11]. In our country, voluntary abortion was legally accepted in 1983 [10]. The rate of voluntary abortion is 10% according to the Turkey Demographic and Health Survey (TDHS) 2003 and 4.7% according to the TDHS 2013 [12,13]. In TDHS 2018, it was reported that 15% of women had at least one abortion [14].

The perspectives of women, health professionals, and society are important in the stigmatization of abortion. This study aimed to reveal the feelings and experiences of women who had an abortion based on their own experiences.

Materials and Methods

The sample of the qualitative study consisted of 250 women who had an abortion in the obstetrics clinic of a public hospital in Istanbul between October 14, 2022, and December 14, 2022. A total of 11 women aged 18-45 years who were in good mental health, spoke Turkish, agreed to participate in the study, and applied to the specified hospital on the dates specified for abortions were included in the study. The content and purpose of the study were explained to the women who applied to the clinic for an abortion. Consent and contact numbers were obtained from the women through the informed consent form. Participants were interviewed by telephone four weeks after discharge about their experiences with abortion. Interviews were conducted on the days and times that the participants were available and felt comfortable. In the study, the Introductory Information Form consisting of 11 questions prepared by the researchers in line with the literature and a semistructured interview form consisting of five questions were used. Interviews lasted between 30 and 60 minutes, with an average duration of 38 minutes. The interview was terminated when data saturation was reached and the answers became repetitive. All interviews were conducted by the first author.

The following questions were included in the semistructured interview form used for data collection

- What does it mean for you to terminate a pregnancy?
- How did you feel during and after the decision to terminate your pregnancy?
- What was the attitude of your close circle and family during this process?
- What is society's attitude toward someone who has experienced an abortion?

- What is the attitude of health professionals during and after the decision to terminate a pregnancy?

The collected quantitative data were analyzed using IBM SPSS 21 statistical software. The responses from the interviews were analyzed using content analysis [15]. In content analysis, data were interpreted subjectively using a systematic classification process and a coding system [16]. The expressions of the participants were used without any revision [17]. The authors took note of all the women's statements and created a written document [18]. The final document was sent to the participants via e-mail, and the content of the statements was verified [19]. During the evaluation process, all statements were read repeatedly, and the data were interpreted. Second, all meaningful data were organized into codes. Third, the codes were categorized according to the themes of women's feelings and experiences. Afterward, all codes were read, themes were revised, and the opinions of three expert reviewers were obtained to check their validity. Subsequently, the themes were defined and named. Finally, the report was written based on a literature review. Interviews, transcription, translation, and thematic analysis were conducted by the authors [20]. Selected sections of the transcripts are italicized and included in the report. In qualitative studies, the concepts of credibility, transferability, reliability, and verifiability criteria were used for reliability [21]. The study followed the Unified Criteria for Qualitative Research Reporting checklist [21]. Ethics committee permission was obtained from Istanbul Training and Research Hospital on 14/10/22 with decision no: 310. Permission to work at the institution was obtained from the Istanbul Provincial Directorate of Health.

Results

The mean age of the women was 33±5.89 years. Of the participants, 45.4% were primary school graduates, 36.3% were undergraduates and 18.1% were high school graduates. Among women, 63.6% had two or more children. Among the women who participated in the study, 72.7% had more than one abortion experience. A total of 90.9% of the participants were not using a contraception method. The previous abortion experience of 36.3% of the participants was less than one year ago. The current reason for abortion was fetal health problems in 63.6% of the participants. A total of 18.1% of the participants had an abortion due to fetal anomaly with a medical termination indication. The gestational weeks of 36.3% of the women were 10 weeks and 9 weeks (Table 1).

Table 1: Demographic, Gynecologic, and Obstetric Characteristics

S.NO	Age	Educational status	Number of children	Mode of conception	Number of abortions	AP method	Most recent abortion	Reason for Last Abortion	Gestational week	Interview duration/ min
1	38	Primary school	Two and above	Natural	3 and above	No	1-3 years	Fetal health problem	10	48
2	39	Bachelor's degree	Two and above	Natural	1	No	No	Fetal health problem	9	50
3	42	Primary school	Two and above	Natural	1	No	4 years and above	Not wanting children (with recommendation for termination)	6	30
4	37	Primary school	Two and above	Natural	1	No	4 years and above	Having miscarriage	10	43
5	35	High school	Two and above	Natural	1	No	Less than 1 year	Fetal health problem	9	30
6	29	Primary school	Two and above	Natural	1	No	Less than 1 year	Fetal health problem	7	35
7	27	Primary school	Two and above	Natural	1	No	4 years and above	Having miscarriage	8	37
8	25	Bachelor's degree	No	Natural	2	Oral contraceptive	1-3 years	Not wanting children (with recommendation for termination)	9	42
9	27	High school	No	With treatment	1	No	Less than 1 year	Fetal health problem	9	40
10	28	Bachelor's degree	No	Natural	1	No	No	Fetal health problem	10	38
11	36	Bachelor's degree	No	With treatment	6	No	Less than 1 year	Fetal health problem	10	52

Table 2: Themes and Sub-Themes Related to Participants' Feelings and Experiences About Abortion

Classification	Theme	Sub Theme
The meaning of abortion	Loss	Being incomplete, reliving the same experience over and over again
	Negative	Punishment, anger
	Emptiness	It doesn't mean anything
Meaning attached to the abortion decision	Emotionally bad	Sad, inadequate, devastated, miserable, lonely, strained, exhausted
	Uncertainty	Fear, shock
Family and Social support	Adequate social support	Spouse and family support
	Inadequate social support	Being declared guilty, denial of feelings,
Society's attitude	Rejection due to religious beliefs (Stereotype)	Seeing it as a sin and shame, hiding abortion because it is a sin,
	Wanting to hide Disregard	Fear of being stigmatized, understood as a forbidden relationship Avoidance of mentioning it, Accepting it as normal
Attitudes of health professionals	Supportive	Consoling
	Ignoring	No explanation

Theme 1. Meaning of Abortion

Participants defined the meaning of abortion as loss, negative, and emptiness. The subthemes derived from the meaning of abortion are 'Being left unfinished, reliving the same experience', 'Punishment, Anger', and 'Emptiness'. This signifies that abortion is an unacceptable image to the participants. Participants expressed the meaning of abortion with the following statements

P4: My pregnancy was crucial for me. I feel it slipping out of my hands. I'm curious about its gender, face, and everything. Worst of

all, the abortion took her from me. I feel halfway done. People say, you will have children again. I do not know if it will. When I had an abortion, I felt like I was naked. I felt defenseless.

P11: I got pregnant through IVF treatment. We did not say anything to anyone out of fear. We did not want it to hurt the evil eye, we wanted no one to know. However, I still had to have an abortion. I will experience the same things again. The termination of my pregnancy means a nightmare to be experienced again for me. Participants said that abortion is a punishment from God. K9 said, "I got pregnant unintentionally. I think God punished me. I cried. I was angry. God took it from me because I did not want my baby. Abortion means punishment to me." Some participants stated that abortion does not make any sense and that it is a normal event. P10, "Abortion does not mean anything to me. The doctors said it had to happen. My wife and I decided. Maybe it means something. However, right now I do not feel anything.

Theme 2: Meaning Attributed to the Abortion Decision

Participants defined the meaning attributed to the abortion decision as "feeling bad" and "uncertainty". The subthemes of the meaning attributed to the abortion decision were determined to be 'Sad, Inadequate, Devastated, Terrible, Lonely, Forced, Exhausted' and 'Fear, Shocked'. Participants stated that abortion isolated them. The meanings that women attributed to the abortion decision were as follows.

P9: I felt devastated. I just wanted to go to the bathroom and wash myself. I was like dirty. I already felt bad after the abortion. I do not want to experience anything like this again. I did not feel any pain, but I was very emotionally exhausted.

P11: I felt terrible. I had a very hard time. I wondered what would happen if I did not go. My husband was supportive, but I know he's very upset too. My husband said, 'When I saw you on the stretcher like that, I felt I did not want to try for another child'. I was shocked when I heard it. I do not know what to do. Some respondents stated that abortion was unacceptable for their spouse and family. P2 explained this situation, "I got pregnant to give birth to a baby boy. At nine weeks, they said it could be a boy. We were very happy. In countries such as ours, where culture is strictly enforced, having a son is extremely important. When I determined I was going to have an abortion, I hid it from my husband for 3 days. I wanted to try to acclimatize. However, he did not come home when I told him. I felt inadequate and useless. My mother and sister visited me after the abortion. My husband and mother-in-law did not come. I felt that I was left alone and in the middle."

Theme 3. Family and Social Support

Participants expressed their family support and social support for abortion as 'Adequate social support' and 'Inadequate social support'. Subthemes were identified as 'Spouse and family support' and 'Being declared guilty, ignoring feelings'. Participants stated that they did not receive enough support and that this situation deepened the abortion experience.

P1: My husband was calm. We did not want to tell anyone. My family is against abortion for any reason. Just the two of us went to the hospital because we knew they would not be supportive. My mother-in-law did not say anything when she heard. However, she asked my husband who was the problem. They were not supportive. In contrast, they sought the culprit by asking more

questions. They said that those whose first pregnancy was an abortion did not have a baby.

P2: My husband did not come. I was ostracized for not giving birth to a baby boy. Abortion is a sin, and I was declared a sinner because it was a baby boy. I was very sorry. However, for my other children, I went home and continued with the same daily chores. My daughter was worried about me. My children supported me. My family supported me.

Some participants stated that they received adequate family and social support. P11 described this situation as follows: "They were upset. They tried to be supportive, but they acted like we were the unluckiest people in the world. My husband doted on me. He blamed himself."

Some participants stated that while they could receive adequate family support, they were exposed to negative attitudes from the social environment. P5 said, "My husband tried to support me. My mother-in-law said I should not make a big deal about the abortion. She had a miscarriage and immediately went back to work at home, so she told me that I was being coy and exaggerating. She ignored my feelings. I could not tell my parents. It would be considered shameful and sinful to say that I was pregnant and had an abortion."

Theme 4. Society's Attitude

Participants expressed society's attitude toward abortion as 'Refusal to accept due to religious beliefs (stereotype)', 'Desire to hide', and 'Ignoring'. The subthemes were identified as 'Seeing Abortion as a Sin and Shame, Hiding Abortion because it is a Sin', 'Fear of Stigmatization, understanding it as a Forbidden Relationship', 'Avoiding Talking about it' and 'Considering it Normal'. Participants stated that society's attitude toward abortion is biased. Participants reported society's attitude with the following statements.

P1: I think those who have not experienced it will not understand. They think it is sinful, they think it is arbitrary. However, even if a person voluntarily has an abortion, it is his last resort. A woman who has an abortion is treated like a bad woman.

P6: There are many misconceptions and beliefs against abortion. If you have an abortion, you will never have any more children. If you have an abortion, your ovaries will see. I did not say I was going to have an abortion. Because I do not want to respond to such beliefs. I am not saying that people think badly. However, because of our religious beliefs and lack of knowledge about abortion, we do not have a positive attitude. That is why I hid it.

There were statements from the participants that abortion was seen as related to forbidden intercourse. P2 stated, "When I had an abortion, my husband told me not to tell what operation it was. When I asked why, he said it could be misunderstood. I was already upset, and I had to think about people's points of view."

Theme 5. The attitude of healthcare professionals

Participants described the attitude of health professionals toward abortion as 'Supportive' and 'Ignoring'. The subthemes were determined to be 'Consoling' and 'No explanation'. Participants reported supportive and positive behavior from health professionals. P1: They behaved well at the hospital. They tried to help. I was embarrassed, especially in the operating room, they were

compassionate. I was very upset when I was taken into service. The nurses were kind. I said I did not want to be alone until my husband came. They stood by me and waited for my husband. The nurse waiting next to me said that she had also had an abortion before, and she understood me. He helped me put on my clothes. After I was discharged, I went to visit the ward to thank them.

P5: I asked the doctor if I could not have an abortion because they say abortion is a sin. The doctor told me that if they did not abort a baby that was not alive, it could harm me, so it was not a sin. I was relieved by her approach.

There were also some of the participants who stated that health professionals avoided making statements. P2 said, "I was surprised when I was told that I had to have an abortion during the examination. I asked them for some explanation. The doctor told me it is not the first time you're going to have an abortion. Your baby's heartbeat has stopped. He snapped, saying, "You research everything on the internet, research this too. The nurses in the ward were nice. When I cried, they supported me by saying that such losses are common and that my sadness would pass."

Discussion

Women may hide their desire to have an abortion for reasons such as society's perspective, religious beliefs, and the meaning attached to motherhood. Women who want to have an abortion think that they will be ostracized by society and their social environment [22]. The environment where women are born and raised and their social support and beliefs affect their abortion experiences [9-22].

It has been reported in the literature that women who experience abortion have difficulty accessing services, hide their experiences and are judged by their social circles [8-23]. While there are studies on the emotions and experiences of women who have had an abortion in the international literature [8,24,25], it was observed that studies on this subject in Turkey are quite limited [26]. In this regard, it is considered important to investigate the experiences of women who have experienced abortion through qualitative studies. Qualitative studies will provide a deeper understanding of the impact of the abortion experience on women [27].

How women make sense of abortion affects their experience [22]. For this reason, the study asked what abortion means to women. Themes were formed according to the answers given by the women. The themes were found to be 'Loss', 'Negative', and 'Emptiness'. Mosley et al. reported that women's perspectives on abortion are always negative. Similarly, Makleff et al. reported in their study conducted in India and Kenya that women reported negative feelings toward abortion and expressed fear of undergoing an abortion. In the study, expressions such as feeling naked and feeling vulnerable indicate that abortion can be a serious psychological trauma for women. The fact that abortion expresses similar emotions for women in different societies suggests that it is due to the place of women in society.

In the study, women were asked how they felt after the abortion decision was finalized. Women described the decision to have an abortion as 'emotionally bad' and 'uncertainty'. According to a study conducted in Kenya and India, negative stories about abortion and an inability to discuss abortion reduce women's expectations of abortion services and make them feel anxious [8]. In contrast, Kenyan women believe abortion is objectionable and incompatible with their religious beliefs and social values [24]. Frohwirth et al. reported in their study in the USA that almost

all of the participants spontaneously mentioned the influence of religion and God on their abortion decisions and experiences. It has been reported that even those who do not belong to any religion express that they are influenced by religious values in their abortion decisions [28]. In the study data, the influence of the religion to which women belong and concepts such as prohibition and sin are of great importance in the decision to have an abortion.

The women who participated in the study were asked about the attitudes of their families and close environment. In the study, women express family and social support mechanisms as 'adequate social support' and 'inadequate social support' during the abortion process. In a study conducted in the Netherlands, women stated that they expected support from their family and social environment but mostly did not receive support [29]. In a study conducted in Kenya, women stated that they had an abortion by hiding it from their spouses to avoid divorce or violence [30]. Similarly, in a study conducted in the USA, women reported that they did not receive support from their husbands and that their husbands did not approve of abortion [31]. In another study, women stated that since their husbands/partners avoided taking responsibility for the abortion decision, they left this decision to themselves [25]. Although spousal and social support for abortion is reported to be inadequate, there are also studies showing that adequate spousal and social support is provided. Doran and Hornbrook report that women receive support from their husbands/partners regarding abortion even if they are separated. In the study by Freeman et al, in Ghana, it was reported that husbands/partners who were informed about abortion afforded and supported women to access safe abortion services. In a study conducted in Georgia, Dickey et al, reported that some women stated that they received financial support from their husbands/partners to have an abortion but hid it from their friends and relatives [32]. In the study, it can be argued that the lack of information about abortion in society is reflected in women as a stigma. Especially in Turkish society, expecting a male baby, seeing pregnancy as a woman's responsibility, and defending the sanctity of motherhood force women to have abortions.

Society's attitude toward abortion affects women's access to abortion services and society's views of women [25-33]. In this study, women express the society's perspective on abortion as 'Not accepting abortion due to religious beliefs (stereotypes)', 'Wanting to hide it', and 'Ignoring'. The women participating in the study stated that although they had an abortion for medical reasons, it was not accepted by society. Coleman-Minahan et al. (2020) reported in a study conducted in the USA that women stated that they concealed their abortions to avoid being stigmatized by society. Similarly, in a study conducted in Kenya, it was reported that women kept abortion secret for social and religious reasons. It has been reported that women are exposed to discrimination and bullying in society due to abortion [34]. Additionally, Makleff et al, reported that women conceal their abortions as a result of poor knowledge about abortion, negative attitudes of society, and fears of being judged. In a study by Holten et al. (2021) in the Netherlands, women reported that although there is an abortion law, they are afraid of being stigmatized about abortion, which is considered a religious sin, and abortion is a taboo. Frohwirth et al, reported in their study in the United States that in the church, abortion is viewed as killing the baby, and adoption is recommended instead of abortion. For this reason, she reported that women expressed that they felt guilty about having an abortion. Women may feel under pressure due to religious and social judgments despite their desire to have an abortion. As seen, the reason why similar results were obtained in studies conducted in different regions is

thought to be the meaning attributed to motherhood and the fact that abortion is seen as murder.

The attitude of health professionals is as important as the meaning that society attributes to abortion. In the study, participants expressed the attitude of health professionals as 'Supportive' and 'Ignoring'. In a study conducted in Brazil, it was reported that healthcare professionals defined abortion as a right and freedom [35]. In the study of Holden et al, although health professionals stated that women should make abortion decisions and should be supported, women in the study reported that they expected more support from health professionals. The attitude of health professionals toward women is generally supportive, but women who have been through abortions expect more support because they require more empathy.

Limitations of the Study

The study results can only be generalized for this sample. In the study, only women who had abortions who were living in metropolitan areas were interviewed.

Conclusion and Suggestions

The decision to abort affects women emotionally and physically. Women who have abortions are influenced by society's perspective, religious values, and the approach of health professionals. Regardless of whether abortions were performed due to medical reasons or on demand, women lacked adequate family and social support. The approach of health professionals had a positive impact on women. It was observed that spouses/partners who had sufficient information about abortion exhibited supportive attitudes. In light of the findings, it was noted that there was a need for public education regarding abortion. From the moment a woman decides to have an abortion, empathetic support is necessary for her to have a positive experience. In this study, only women living in metropolitan cities were interviewed. In future studies, it is recommended that a larger sample of women at different socioeconomic and cultural levels be used to analyze the feelings and experiences of these women about abortion. Moreover, standardized measurement tools need to be developed to better understand the feelings and thoughts of women who have undergone abortions [36,37].

Conflict of Interests

The authors declare that there are no conflict of interests.

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