

INVESTIGATING THE RELATIONSHIP BETWEEN SOCIAL SUPPORT AND SPIRITUAL HEALTH WITH HOPELESSNESS IN WOMEN WITH THERAPEUTIC ABORTION WHO REFERRED TO SELECTED HOSPITALS IN TEHRAN, 2016

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ABSTRACT

Introduction: Therapeutic abortion is an unpleasant issue that faces sufferers with various psychological stresses and causes conditions as despair, anxiety, depression, failure, disability, lack of confidence and loneliness. Social support and spiritual health are among the factors in fluencing the quality of life of individuals; therefore, the study of the relationship between social support and spiritual health with hopelessness in women with therapeutic abortion is important and this study was designed for this purpose.

Method: This cross-sectional study was conducted on 107 women who, with permission to abortion, were referred to Akbarabadi, Mahdieh, Imam Khomeini and Yas hospitals for abortion. In order to gather data, demographic questionnaire, Vaux Social Support Questionnaire, Paloutzian and Ellison Spiritual Health Scale and Beck hopelessness Questionnaire were used. These questionnaires were distributed among eligible participants and completed after completion of the abortion process. Data after being obtained were analyzed by SPSS 22 software and ANOVA statistical test, t-test and Pearson correlation coefficient.

Findings: Mean score of social support was 73.14 ± 1.073 , mean score of spiritual health was 97.03 ± 1.884 and hoplessness was 4.64 ± 0.513 . The findings of the research showed that there was a significant relationship between social support and hopelessness in women with therapeutic abortion ($r = -0.691$, $P < 0.001$), spiritual health and hopelessness ($r = -0.867$, $P < 0.001$), and social support and spiritual health ($r = 0.789$, $p < 0.001$).

Conclusion: Social support and attention to the spiritual needs of women when confronted with abortion is associated with a decrease in their hopelessness. Therefore, recommendation to increase the support of the wife and the family and religious teachings and to pay attention to the religious needs in pregnancy can be effective on the reduction of post-abortion psychological complications.

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Introduction

In the world, about 210 million women are getting pregnant every year, of which 63% result in live births, 22% intentional abortion and 15% spontaneous abortion. According to the World Health Organization (WHO), between 2010-2014, there

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were 35 abortions per 1,000 women aged between 15-44 years. Over the years 2010-2014, 25 percent of all pregnancies in the world have led to abortion, 88 percent of which have occurred in developing countries. Nearly 7 million women in developing countries are at risk of complications of non safety abortions, and each year, at least 22,000 people die from abortion complications [1]. About 42 million women every year experience abortions, of which about 20 million are illegal [2]. Abortion has always been controversial in history due to its effects on spiritual and moral dimensions, and all religions have taken different stances toward this issue [3]. Abortion is always considered as a threat to physical and mental health, suicidal tendency and isolationism, and many countries are planning to reduce abortion deaths due to abortion by prescribing therapeutic abortions [4]. 87.5% of the cases of legal abortions from 2009 to 2012 in southern Iran were related to embryonic abnormalities and 12.5% were due to maternal causes, of which the highest cause of abortion was 41.5% due to thalassemia and 18.2% due to anencephaly and 6.3% due to cardiovascular diseases in the mother [5]. Selective abortion can cause disturbances in mother's and family's mental health [6]. Abortion is associated with an increase in the range of psychiatric disorders, including depression, anxiety, fear of disorder, bipolar disorder, Post Traumatic Stress Disorder (PTSD), stress and obsessive disorders [7, 8]. The results of Carrol's study (2011) showed that the risk of anxiety and depression is higher in women with legal abortions [9]. Research of Huang et al (2012) shows that the chance of anxiety, stress, and depression in women who have compulsory or spontaneous abortions will be higher in subsequent pregnancies [10]. The complications of abortion affect the various aspects of life and cause physical and marital problems, which reduce the quality of life of individuals. Mourning is one of the causes of mental illness, sadness, and depression, and is observed in most women who have abortions. The study by Curley and Johnston (2013) showed that women are distressed and desperate for almost 3 years after abortion [11].

Disappointment is one of the variables that play an essential role in stressful events of life and its foundation is based on the social protection of the family and the surrounding people [12]. Hope as an internal source helps the patient to control the problems, treatments, and changes in her illness. Hope is a significant factor in life that improves the quality of life and improves the mental and social health of individuals. Hope has a significant impact on enduring stressful situations, and people with higher levels of hope have less distress and better quality of life [13].

Spiritual health is one of the important dimensions of health, which causes meaning of life, inner hope, and dignity in individuals [14]. Religion and spirituality have a profound effect on the acceptance and understanding of life-threatening events such as losing pregnancy [15], and people with stronger religious beliefs feel less sorrow after losing their fetus [16]. Paying attention to the spiritual needs of individuals has a significant impact on reducing the negative effects of loss of fetus, increasing life expectancy and preventing social isolation [17].

Abortion causes general health impairment and psychosocial and social support in dealing with abortion can be effective in improving quality of life [18]. Women after compulsory abortion suffer from more psychological disorders than spontaneous abortions, and social support by the spouse and family has a significant impact on the reduction of these disorders [19]. Gentile's study (2014) showed that women after abortion tend to express their feelings about their abortion with their spouse, and those who receive more support from their spouses have a higher mental health [20]. Study of Coleman et al (2010) showed that lack of support from family and relatives is effective in outbreak of post-abortion psychological problems [21]. The State of the World's Midwifery (SOWMY) considers women's health the right of women, and midwives have a role in improving mother and child health. Midwives can provide 87% of the essential care for the mother and the baby. (UNFPA., ICM., WHO., 2014). The midwife, through various cares, support, educational and counseling roles, offers good opportunities in preventing mental health problems and improving the mental health of mothers and families [22]. Considering the mentioned psychological complications after abortion, caregivers and health care providers, including midwives, are obliged to screen and monitor the psychological complications after abortion, and in the case of timely diagnosis and treatment they will have a significant effect on reducing symptoms and improving the quality of life of sufferers [11]. Midwives can work with social counseling and support to improve the fertility health of women who are suffering from tension and disappointment due to abortion.

Materials and Methods

The present study is a cross-sectional study. The study population consisted of pregnant women with abortion permission from medical jurisprudence centers who referred to Akbarabadi, Imam Khomeini, Mahdih and Yas hospitals for abortion. The sample size was 107 women with abortion permission. Sampling was done by available sampling method and the criteria for entering the study include: having a maternal or fetal indication for therapeutic abortion, having a medical abortion license, not having known mental illnesses, or not using psychotropic and sedative, drugs and alcohol. Demographic questionnaire, Vaux Social Support Questionnaire, Paloutzian and Ellison Spiritual Well-Being Scale and Beck hopelessness Questionnaire were used to collect data. The Vaux Social Support Questionnaire, based on the Cobb's definition of social support, was developed by Vaux, Philips, Holly, Williams, and Stewart in 1986, and includes 23 questions that cover three areas of family, friends, and others. The subscale of friends and family includes 8 questions and the others subscale includes 7 questions. The answer to the questions was based on Likert scale from completely disagree(1) to completely agree (4). Questions 3, 10, 13, 21, and 22 were reverse coded and scores range was 23-92. A higher score indicates higher social support [23]. The Spiritual Well-being Scale (SWBS) was designed by Paloutzian and Ellison in 1982

and contains 20 questions, 10 of which are related to the spiritual health and 10 questions measure existential health, and the answering the questions is based on a six-point Likert scale, from totally disagree (1) to totally agree (6). The questions 1, 2, 5, 6, 9, 12, 13, 16 and 18, are reverse coded. The scores range is 20 to 120, and the spiritual health of the people is divided into three categories: low (20-40), moderate (41-99) and high (120-100) [24]. The Beck Hopelessness Scale (BHS) was designed by Beck in 1974 and contains 20 questions, and the answer to questions as correct is zero or inaccurate is one. In questions 2, 4, 7, 9, 11, 12, 14, 16, 17, 18 and 20, the reverse coding method was used and the range of scores was between 0 and 20, and the higher score indicates a higher hopelessness [25]. The validity of the data collection tool was determined by content validity method. The instruments used in the year 2016 were given to ten professors of the Faculty of Nursing and Midwifery, of Iran University of Medical Sciences and after applying the comments and suggestions and final approval of the research advisory professors, the final corrections were applied. Cronbach's alpha coefficient was used to confirm the reliability of the questionnaires. The reliability for social support, spiritual health and hopelessness questionnaires were 0.940, 0.930 and 0.932, respectively, these values indicate that these questionnaires are reliable. The questionnaires were completed and distributed after completion of the therapeutic abortion procedures, either medical or surgical and at the time of discharge to the qualified individuals and after the completion, the questionnaires were collected and examined. Data were analyzed using SPSS 22 software, ANOVA, t-test, and Pearson correlation coefficient.

Results

Based on the obtained data, the mean and standard deviation of women age in the study was 30.12 ± 0.682 , the age of the spouse was 33.76 ± 0.672 , the marriage age was 23.23 ± 0.553 , the marriage age was 6.95 ± 0.486 and gestational age was 15.98 ± 0.232 . There was no significant correlation between social support, spiritual health, and hopelessness with quantitative variables in the demographic table ($P > 0.005$).

Table 1. Relationship between social support, spiritual health, and frustration with the quantitative variables of the demographic table

Variable	Woman's' age	Spouse's age	Marriage age	Term of marriage	Gestational age
Social support	r=0.058 P=0.553	r=0.110 P=0.258	r=0.113 P=0.245	r=- 0.037 P=0.705	r=0.003 P=0.973
Spiritual well-being	r=0.091 P=0.352	r=0.106 P=0.278	r=0.175 P=0.072	r= -0.061 P=0.533	r=0.005 P=0.959
Hopelessness	r=-0.010 P=0.917	r=0.062 P=0.527	r= -0.110 P=0.258	r=0.104 P=0.268	r= -0.095 P=0.333
Average	30.12	33.76	23.23	6.95	15.98
Standard deviation	0.682	0.672	0.533	0.486	0.232
Maximum	46	50	43	23	19 weeks
Minimum	17	20	15	5 months	8 weeks

($P > 0.005$)

Mean and standard deviation of social support score in women with therapeutic abortion were 73.14 ± 1.73 and among social support and education level, women's employment status, husband's education, husband's job, economic status ($P < 0.001$) also, between the type of pregnancy (wanted or unwanted) ($P = 0.11$) there was a significant relationship.

The mean and standard deviation of spiritual health scores in women with therapeutic abortion were 97.03 ± 1.84 , and between spiritual health and education level ($P = 0.002$), occupational status ($P < 0.001$), husband's education level ($P < 0.001$), spouse's job ($P < 0.001$), economic status ($P < 0.001$), number of pregnancies ($P = 0.021$), type of pregnancy ($P = 0.02$) and the number of abortions ($P = 0.003$) there was a significant correlation.

Mean and standard deviation of hopelessness score in women with therapeutic abortion was 4.64 ± 0.513 There was a significant relationship among hopelessness and educational level ($P = 0.006$), women occupational status ($P < 0.001$), spouse's education level ($P = 0.003$), spouse's job ($P = 0.003$), economic status ($P < 0.001$), number of pregnancies ($P = 0.014$), type of pregnancy ($P = 0.017$) and number of previous abortions ($P < 0.001$).

Pearson correlation coefficient was used to determine the relationship between social support, spiritual health and hopelessness. Regarding the results, it was shown that there are two-way correlation between the three variables, so there is a direct relation between social support and hopelessness and spiritual health and hopelessness there is a revers correlation, and there is a direct relationship between social support and spiritual health (Table 2).

Table 2. The Relationship between Social Support, Spiritual health, and hopelessness

Variable	Social support Correlation Coefficient p-value	Spiritual health Correlation Coefficient p-value	Hopelessness Correlation Coefficient p-value
Social support	-	r=0.789 p < 0.001	r=-0.691 p < 0.001
Spiritual health	r=0.789 p < 0.001	-	r=-0.876 p < 0.001
Hopelessness	r=-0.691 p < 0.001	r= -0.867 p < 0.001	-
Average	73.14	97.03	4.64
Standard deviation	1.073	1.844	0.513

Discussion

The results of the research showed that there is a significant negative relationship between social support and hopelessness in women with therapeutic abortion and receiving more support from the spouse and family is associated with decreasing the symptoms of hopelessness in women with therapeutic abortion. The results of the study by Cacciatore et al showed that social support is associated with decreasing anxiety and depression in women with delivery of the dead embryo ($P < 0.005$), which is consistent with the results of our study [26]. The results of the Gentile's study showed a significant positive correlation between husband's support and mental health after abortion ($P < 0.001$), which is in line with the results of our study [20]. Study of Lubinga et al indicated that receiving adequate social support from family and relatives was associated with a reduction in post-abortion complications ($P < 0.001$) which is consistent with our study results [27]. Therefore, it can be concluded that receiving adequate social support from the others can effective in the reduction of post-abortion mental illness. Spirituality has a significant impact on the acceptance and perception of tension-related events such as the loss of pregnancy. The results of our research showed that there is a significant negative relationship between spiritual health and hopelessness in women with therapeutic abortion and increasing the level of spiritual health is associated with decreasing hopelessness in women who have lost their fetus. The results of the study by Cheadle et al showed that spirituality affects the reduction of after childbirth depression ($P < 0.001$) [28], which is consistent with the results of our study. A study by Bodaghi et al showed that spirituality has a significant negative correlation with anxiety, depression, and stress in pregnant women ($P < 0.001$) [29], which is in line with the results of our study. The results of Cowchock et al showed that spirituality is associated with decreasing sadness after the loss of the fetus ($P < 0.001$) [30]. The results of Khani and Babakhani's study showed that spiritual growth is associated with happiness in fertile and infertile women ($P < 0.05$) that all of these studies are in line with our study results [31]. The results of these studies show that spirituality and attachment to God's supreme power can lead to better understanding and acceptance of stressful situations and well-being of individuals. Improving the spiritual health of people who have abortions can ameliorate the grief of losing the fetus by communicating and trusting in God. The results of our research showed that social support has a significant positive correlation with spiritual health in patients with therapeutic abortion. The results of study of Bodaghi et al showed that family support had an effect on the spiritual health of pregnant women, which was consistent with the results of our study ($P < 0.001$) [29]. The results of study of Farhadi et al study showed that social support has a positive and significant relationship with spiritual health in the elderly that the results of this study are also consistent with the results of our study ($P < 0.001$) [32]. Getting support from others and getting into social environments creates empathy, intimacy and meaningfulness of life, and communion with the holy divine essence.

Conclusion

The results of the data indicate that receiving adequate family and spouse support is associated with the reduction of hopelessness after abortion and the proper support of the spouses leads to improve the status of women who are at risk of losing their children and who suffer from psychological stress. The support of pregnant women by the physician and midwives in perinatal care and even the presence of spouses alongside women during care can be a major contributor to the reduction of post-abortion psychological complications. Religious people and those with higher spiritual health are less worried when exposed to stressful incidents and are adapted extrovertly to their own problems, and in the tense conditions, spirituality increases optimism and hope in them and enhance their ability to cope with stressful situations through a sense of security from God. Recognizing and paying attention to the spiritual needs of mothers who have lost their fetus reduces grief and sadness. Increasing social protection and spiritual health in women with therapeutic abortion has an effect on psychological complications, for instance, hopelessness, after the abortion, and should be considered by health care professionals, associates and religious missionaries in the country, and paying particular attention to this issue and increasing support and promotion of social awareness and emphasizing religious and religious teachings will contribute to promoting the spiritual health of the community, especially mothers who have recently had a history of abortion, and will reduce their long-term hopelessness, depression and distress.

Limitations of the project:

The mental and physical conditions of the samples can be effective on the way of answering the questions that by providing a calm environment and communicating effectively, this limitation is partly controlled.

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