

Assessment of Self-esteem level among Women with Spontaneous Abortion

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ABSTRACT

Background: The effects of spontaneous abortion, once it occurs, physically painful and psychologically. A woman can often take several weeks to a month to recover before trying again. After a failed pregnancy, women suffer from the shame of what they perceive to be their inadequacy as a woman, loving wives, and life-giver. They can even become disillusioned with their existence and feel low self-esteem the aim of the study was to assess self-esteem level among women with spontaneous abortion and find out the relationship between self-esteem level and some women's sociodemographic and reproductive characteristics.

Methodology: A non-probability selection strategy was used to select a purposive sample of 150 aborted women for a descriptive correlational study. This study started on 1st October 2022, to 25th April, 2022. The reliability of the questionnaire was achieved through a pilot study and then presented to experts to prove its validity. The data was analyzed by the application of a descriptive and inferential statistical data analysis approach.

Results: It indicated that (40.7%) of women are associated with low self-esteem level ($M \pm SD = 16.93 \pm 6.970$).

Recommendation: The health care institutions should develop support plans and open a section concerned with mental health. The health staff communicates with aborted women to reduce the psychological consequences that aborted women face from abortion and make these sections specialized for psychological support for aborted women.

Keyword: Assessment, Spontaneous Abortion, Self-esteem

INTRODUCTION

Self-esteem is the study of how people feel about themselves, which can range from positive to negative. In addition, a person's feeling of worth as a person is also investigated. Finally, the component of self-esteem deals with a person's sense of self-efficacy, self-satisfaction, and control¹.

Self-esteem is the evaluative component of the self-concept, a more significant representation of the self that comprises cognitive, behavioral, and evaluative or emotional elements. Self-esteem has been linked to nearly every other psychological concept or area, including personality (e.g., shyness), behavioral (e.g., task performance), cognitive (e.g., attribution bias), and clinical ideas (e.g., anxiety and depression)^{2&3}

Self-esteem is a measure of happiness; according to Abraham Maslow's hierarchy of five fundamental needs, self-esteem is required before a person can achieve self-actualization or attain their full potential⁴.

Low self-esteem has been linked to poor physical and mental health, criminality, and a decrease in socioeconomic position⁵.

While there has been a lot of interest in learning more about the effects of abortion on women's mental health and well-being, there isn't a lot of research on whether abortion affects self-esteem and life satisfaction. To the extent that there is, it's secondary to other mental health outcomes, such as depression, anxiety, and substance use disorders^{6&7}.

The few studies that have looked at the effects of abortion on self-esteem have methodological flaws, making it impossible to conclude the association between abortion and self-esteem. For example, some studies lack a comparison group and fail to account for known confounders and preexisting mental health conditions; one longitudinal study followed women from just before a first-trimester abortion to two years after the abortion and found that women's self-esteem improved over time⁸

However, two studies found no differences in post-pregnancy self-esteem between women who had abortions and those who gave birth or had miscarriages^{9&10}.

Similarly, using data from the National Comorbidity Survey, another study discovered that abortion versus delivery of a first pregnancy did not affect self-esteem at the time of the interview¹¹

METHODOLOGY

Study Design and Population: A descriptive correlational study was used to achieve the study's objectives. Aborted women in Al-Kut Hospital were the population in this study.

Sampling and Sample Size: A non-probability (purposive) sampling method was used to collect the data. The inclusion criteria were Women from 18 to 45 years of age, without any chronic disease, agree and sign consent to participate in the study. While exclusion criteria included Women who had non-spontaneous abortions.

Data Collection and Setting: Data were collected from 5th January to 5th March, 2022, using the Arabic version of the self-report questionnaire as a means of data collection and through self-reporting of aborted women. The researcher teaches them to fill out the form and explain the paragraphs, and the purpose of the study, which takes about (15-20) minutes to fill out the questionnaire. The researcher communicates with women after two weeks by telephone to complete the section of the self-esteem scale and based on their answers; a questionnaire is filled out. The data collected from Al-Kut Hospital in Waist Governorate.

Instrumentations: A self-administered Arabic version questionnaire was adapted based on the WHO Guidelines⁹ on hand hygiene in the questionnaire is one of the means to help collect data that contribute to achieving the results expected by the study, so the researcher designed this questionnaire, which aims to clarify the study objectives and significance. This questionnaire consists of three parts which includes the following:

Part I: This section composed of socio-demographic information which includes sex items that include general information about women such as age, educational level, occupation status, monthly income, residence

Part II: This section deals with reproductive characteristics which comprised of ten items. Including the number of pregnancies, number of deliveries, the number of abortions, number of live children, number of dead children, type of spontaneous abortion, was the pregnancy was planned, the time between the current and previous pregnancy was pregnancy desirable, and the sex of the aborted fetus.

Part III: This section deals with stress level which measures by use subscale of 7 items of (DASS-21). The scoring system is based on a 4-point Likert scale ranging from 0 to 3 (0=does not apply to me at all, 1=applies sometimes, 2=applies to a

considerable degree or for a good part of the time, and 3=applies very much or most of the time). Content validity was determined through a panel of (18) experts, who had more than 10 years of professional experience in their fields. Reliability of the questionnaire (tools) was determined through empirical research to obtained through evaluating 15 aborted women selected from Al-Kut Hospital in Wasit governorate. For the periods of 1st January 2022, to 5th January 2022. Cronbach's alpha was discovered to be 0.99.

Data Analysis: The data were analyzed using (SPSS) version 24 application of statistical analysis system. The information was evenly distributed. Frequencies, Percentages, Mean and Standard Deviation, and Pearson's Correlation Coefficients. The statistical significance was defined as a *p* 0.05.

Ethical Considerations: To conduct the study, the first step was to get the approved which was done by the College of Nursing at the University of Baghdad. On the other hand, participants were ensured that the provided information will be confidential and for scientific research purposes only. Also aborted women' participations were voluntary, and they have the right to withdraw at any moment without any consequences.

Table (1): Distribution of Socio-Demographical Characteristics of (150) Women

List	Characteristics Groups	F	%	
1	Age (M±SD=30.31±7.598)	Less than 20 years	25	16.6
		20 – less than 30 years	48	32
		30 – less than 40 years	43	28.7
		40 – 49 years	34	22.7
2	Level of education	Illiterate	20	13.3
		Read & write	25	16.7
		Primary school	22	14.7
		Intermediate school	25	16.7
		Secondary school	21	14
		Bachelor	29	19.3
		Postgraduate	8	5.3
3	Occupation	Housewife	100	66.7
		Employee	37	24.6
		Retired	1	0.7
		Free work	12	8
4	Environmental Residency	Urban	89	59.3
		Rural	61	40.7
5	Monthly Income	Not enough	47	31.3
		Barely enough	57	38
		Enough	46	30.7
6	Family Type	Nuclear	84	56
		Extended	66	44

* F: Frequency, %: Percentage, M: Mean, SD: Standard deviation

The results show that women are with average age 30.31±7.598 year in which the highest percentage refers to age group (20-less than 30) years (32%). Regarding level of education, the highest percentage(19.3%) refers to bachelor's degree. (66.75%) of women are housewives and (24.6%) of them are governmental employees. (59.3%) of women are resident in urban and (40.7%) of them are resident in rural. Concerning the monthly income variable indicates that (38%) of women perceive barely sufficient monthly income, (31.3%) perceive insufficient income, and (30.7%) perceive sufficient income. regarding family type the highest percentage (56%) of women lived with nuclear family.

Table (2) shows that (36%) of women their number of pregnancies at group range from (3-4) pregnancies. (36%) of them are haven't birth. (66%) of women have (1-2) abortion. (32.6%) have lived children at range (1 – 2). Regarding the number of dead children majority of women reports that they haven't dead children and accounted (90%) of sample. More than half of women reported they have planned pregnancy and accounted (62%). Regarding the interval between pregnancies, (38.7%) of women have (1-6) months interval, (34.7%) have (7-12) months interval, and (26.6%) have interval of 13 months and more. (86%) of women confirmed that their pregnancy was wanted while 14% responding no planned

pregnancy. Finally, the highest percentage among gender of aborted fetus is referring to male among (21.3%) and (17.3%) refer to female.

Table (2): Distribution of Reproductive Parameters of (150) Women

List	Characteristics Groups	F	%	
1	Gravidity	1 – 2	40	26.7
		3 – 4	54	36
		5 – 6	44	29.3
		7 ≤	12	8
2	Parity	None	54	36
		1 – 2	51	34
		3 – 4	24	16
		5 – 6	17	11.3
		7 ≤	4	2.7
3	Previous abortion	None	20	13.3
		1 – 2	97	66
		3 – 4	26	17.3
		5 – 6	4	3.4
4	Lived children	None	61	40.7
		1 – 2	49	32.6
		3 – 4	22	14.6
		5 – 6	14	9.4
		7 ≤	4	2.7
5	Dead children	None	135	90
		1	9	6
		2	5	3.3
		3	1	.7
6	Planned Pregnancy	No	57	38
		Yes	93	62
7	Interval between pregnancies	1 – 6 months	58	38.7
		7 – 12 months	52	34.7
		13 ≤ months	40	26.6
8	Wanted pregnancy	No	21	14
		Yes	129	86
9	Gender of aborted fetus	None	92	61.4
		Male	32	21.3
		Female	26	17.3

*F: Frequency, %: Percentage, M: Mean, SD: Standard deviation

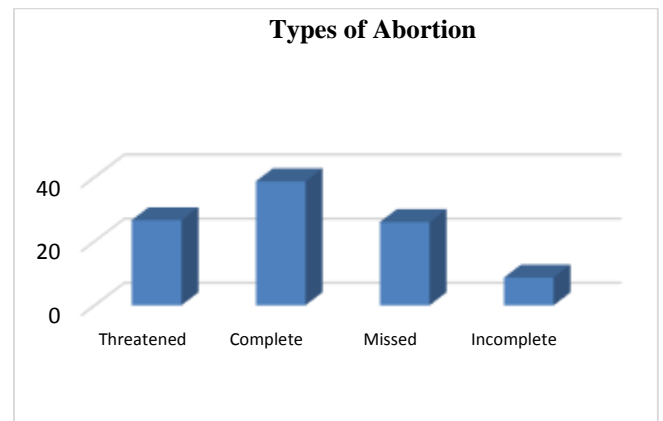


Figure (1): Types of Spontaneous Abortion among Women (N= 150)

This figure clarifies the types of abortion (38.7%) of them associated with complete abortion; (26.6%) have threatened abortion; (26%) have missed abortion, and (8.7%) have an incomplete abortion.

Table (3): Assessment of Self-esteem Levels among Women with Spontaneous Abortion

Self-esteem	f	%	M	SD
Low	61	40.7	16.93	6.970
Normal	88	58.6		
High	1	0.7		

f: Frequency, %: Percentage, M: Mean for total score, SD: Standard Deviation

This table indicates that (40.7%) of women are associated with low self-esteem level ($M \pm SD = 16.93 \pm 6.970$).

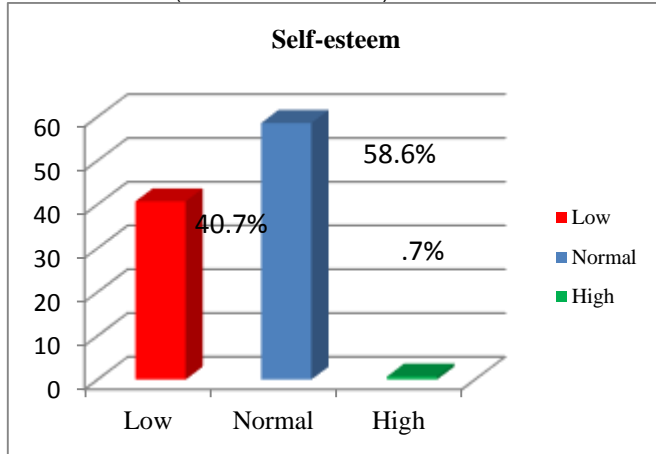


Figure (2): Levels of Self-esteem among Women (N=150)

This figure shows that (40.7%) of women are associated with low self-esteem level.

Table (4): Mean and Standard Deviation for Assessment of Items related to Self-esteem among Women (N=150)

No	Self-esteem	Mean	SD	Assess.
1	On the whole, I am satisfied with myself.	1.74	1.234	Normal
2	I feel that I have a number of good qualities.	1.79	1.251	Normal
3	I am able to do things as well as most other people.	2.33	.960	Normal
4	I feel that I'm a person of worth, at least on an equal plane	2.37	.747	Normal
5	I take a positive attitude toward myself.	1.41	1.216	Normal
6	At times, I think I am no good at all	1.65	1.094	Normal
7	I feel I do not have much to be proud of.	1.36	1.025	Low
8	I certainly feel useless at times.	1.53	1.056	Normal
9	I wish I could have more respect for myself	1.37	.847	Low
10	All in all, I am inclined to feel that I am a failure	1.40	.983	Low

No: Number, SD: Standard Deviation for total score, Assess: Assessment

This table indicates that women show normal self-esteem as revealed by normal mean scores among all items of the scale except items 7, 9, and 10 that show low.

Table (5): Association between self-esteem and Women's Socio-demographic Characteristics

Socio-demographic characteristics	Self-esteem		
	correlation	p-value	Sig
Age	.244	.003	H.S
Educational level	.123	.107	N.S
Occupation	.178	.029	S
residential environment	.016	.848	N.S
Monthly Income	.068	.406	N.S
Family type	.153	.061	N.S

P: probability, Sig: Significance, N.S: Not Significant, S: Significant, H.S: High significant

This table manifests the there is a highly significant difference between self-esteem with age at (p -value= 0.003), and there is a significant difference between with occupation at (While there are no statistically significant differences with leftover socio-demographic characteristics

Table (6) Association between self-esteem and Women's Reproductive Parameters

Reproductive Parameters	Self-esteem		
	correlation	p-value	Sig
Gravida	.260	.001	H.S
Para	.500	.001	H.S
Previous abortion	.185	.023	S
Lived children	.573	.001	H.S
Dead children	.288	.001	H.S
Types of abortion	.276	.001	H.S
Planned pregnancy	.525	.001	H.S
Interval between pregnancy	.114	.164	N.S
Wanted pregnancy	.383	.001	H.S
Gender	.229	.005	H.S

This table demonstrates that there are significant differences between self-esteem, and para, gravida, the number of lived children, dead children, types of abortion, planned pregnancy, wanted pregnancy, and gender at (p -value=0.001), and there is a significant difference with previous abortion at (p -value= 0.023), while there are no statistically significant differences between all psychological factors and intervals between pregnancy.

DISCUSSION

The results of table (1) show the highest percentage of participants (32%) with age from (20 – 29) years. This result is in agreement with a study in Egypt, which shows that the highest percentage of participants (40%) were with age (26-30) years¹¹. concerning level of education, it was a bachelor's degree and accounted (for 19.3%). This result disagrees with a study done in Iraq, which shows that the highest percentage of participants were in primary school (28%)¹². Concerning occupational level (66.7%) were housewives. This result is in line with a study in Iran which showing that the highest percentage (80%) of participants were housewives¹³. Regarding to environmental residency (59.3%) resided in the urban area. This result is in agreement with the study done in Iraq which revealed that the vast majority of the women were living in urban areas and accounted for 184 (92%)¹⁴. Concerning the monthly income: The highest percentage (38%) reported barely sufficient monthly income. This result agrees with a study done in Iraq, which shows that a high percentage(45%) of participants reported barely sufficient income¹⁵. Regarding family Type: The result shows that (56%) of participants have a nuclear family. This result is not close to a study done in Iraq, which show that the highest percentage (64%) of participants' family were extended type¹⁶.

According to results as show in table (2) which present the reproductive characteristics of pregnant women. The study sample's highest percentage (36%) got 3-4 pregnancies. This result is close with study findings from Iran, which shows that the highest percentage of participants where got (4.7 ± 2.3 Mean \pm SD/N) pregnancies¹³. The parity variable reveals that (36%) of them are nullipara. This result is in agreement with a study conducted in Iraq, which found that women's "parity " accounts for (24.5%) of the nullipara group¹⁷. Concerning the number of abortions: the result shows that (66%) of women have a history of 1 -2 abortion. This result is in agreement with the study done in China shows that a high percentage (50%) of participants have an abortion history of 1 -2¹⁸. Concerning the Lived Child: The result shows that most participants (40.7%) did not have any living children. This result disagrees with a study done in Qatar This shows that the highest number of participants (37.5%) regarding the number of lived children is ≥ 5 .¹⁹ Concerning the Stillbirth: The result shows that many participants (90%) none have a stillbirth history. This result agrees with a study done in Iraq, which shows that a high percentage (99.5%) of participants none have a stillbirth history²⁰. Planned &Wanted pregnancy: Results show that the highest (62%) women reported they are planned pregnant, and (38%) reported unplanned pregnancy. This result agrees with a study done in the USA, which shows that a high percentage of participants planned the pregnancy, and the miscarriage had a

more significant impact on them when compared with pregnant controls²¹. The interval between pregnancies: The high percentage of participants (38.7%) have 1-6 months as an interval between pregnancies. This result disagrees with the study done in Iraq, which shows that a high percentage of participants (45%) have 12-24 months as an interval between pregnancies²². Gender of an aborted fetus: The result shows that a high percentage of participants (61.4%) did not know the gender of the fetus. In Iraq society, it is often preferred that the gender of the child be male, especially if it is the first child. Therefore, if the woman knows the gender of the child and it is male, the psychological consequences will be greater than if it is female. Types of abortion: the result in (Figure 1) shows that complete abortion rates were highest (38.7%) than other types of abortion. In a complete abortion, there is severe abdominal pain and vaginal bleeding, but after the passage of all the products, the pain and bleeding diminish. On examination, the os will be found to be closed (the cervix closes). And the uterus is smaller than the period of amenorrhea would suggest; ultrasonography will show an empty uterus and signs of pregnancy regress^{23 & 24}.

The results of table (3&4) & figure (1) Concerning the women's self-esteem, most of them are isolated from others. Still, most of them have been feeling of being able to achieve their duties efficiently, feel compassion towards others, and feel good about themselves. However these results show that a high percentage of women (40.7%) of women are associated with low self-esteem levels. This result is in agreement with a study which have reported that women with miscarriage experienced feelings of guilt, sense of inadequacy, doubts about femininity, anger towards oneself, spouse, friends, depression, feelings of emptiness and sadness, uncontrollable crying, withdrawal from others and activities, jealousy, and lowered self-esteem²⁵.

According to World Health Organization, which pointed out that self-esteem examines how people feel about themselves; this might range from feeling positive about themselves to feeling extremely negative about themselves. In addition, a person's sense of worth as a person is explored. The aspect of self-esteem concerned with a person's feeling of self-efficacy, satisfaction with oneself and control is also included¹.

In addition, a study has reported that miscarriage represents the loss of a pregnancy, a baby or future child, motherhood, or self-esteem, and it may also engender doubts regarding the ability to reproduce feelings of emptiness, shame, helplessness, and low self-esteem are commonly expressed after miscarriage²⁶.

Moreover, self-esteem is generally considered the evaluative component of the self-concept, a broader representation of the self that includes cognitive and behavioural aspects and evaluative or affective ones. Self-esteem is a viral construct within psychology and has been related to virtually every other psychological concept or domain, including personality (e.g., shyness), behavioral (e.g., task performance), cognitive (e.g., attribution bias), and clinical concepts (e.g., anxiety and depression)^{28,3}.

The findings of results in table (5 & 6) depicted that age of women had positively influenced the women's positive and negative feelings, thinking, and self-esteem. This can be interpreted so that the maternal age in this study accounted (for 48%) of the total sample in the age group (20-29) years. These age groups are called young women, and it is the most important determinant of fertility. This result its agreement with the study done in Iraq shows that there is no significant relationship between psychological status among women regarding their residency and family type¹⁷. Regarding these results that the researcher pointed out that the Iraqi society places great importance on having children. Furthermore, pregnancy and childbearing are considered among the evolutionary foundations for women. Therefore, failed pregnancies or spontaneous abortions can lead to negative psychological consequences in the long and short term. In addition, while waiting for the subsequent pregnancy, a high level of uncertainty usually increases these consequences and lowers women's self-confidence. Finally, study done in Iraq shows

statistically significant differences between women's gravid and psychological main domain ($P=0.031$), which means primigravida and multigravida are the same when suffering from psychological effects of spontaneous abortion¹⁴.

CONCLUSION

Most women are age (20-less than 30) years old, have bachelor's degrees, are housewives, residents in urban areas, and perceive barely sufficient monthly income. In addition, their reproductive characteristics are mostly multigravida, nullipara, having a previous abortion, not having lived child, not having a stillbirth, their pregnancy was planned and wanted, the interval between pregnancies was (1-6) months, and most of the study sample didn't know the gender of an aborted fetus. Also, the study found that the most women are associated with low level of self-esteem according to the Rosenberg scale. In addition, The study found an association between self-esteem level and some socio-demographic and reproductive characteristics of women.

Recommendations: The study recommended conducting a structured teaching program (STP) for antenatal mothers with a history of miscarriage conducted; by the investigator, including meaning, causes, and prevention of miscarriage, also consists of the do's and the don'ts during 1st trimester of pregnancy

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