

DETERMINANTS OF PSYCHOLOGICAL DISTRESS AMONG WOMEN HAVING MISCARRIAGES

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ABSTRACT

Objectives: To investigate the effect of demographic variables on women having miscarriages, and to examine the stress level and impact of the stressful events among these women.

Material and Methods: A sample of the research comprised of (N=100) women having miscarriage. The age range of the participants was 15-35 years. Purposive sampling technique was used to collect the data from four different public & private hospitals including infertility centers located in Peshawar, Khyber Pakhtunkhwa, Pakistan . The study period was from March 2015 to June 2015. Demographic information sheet, perceived Stressed Scale (PSS), & The Impact of Life Event Scale-R (ILES-R) were used as measures. Simple linear regression analysis was computed for Age, duration of marriage, children women's status, & history of miscarriages as independent variable while PSS & IES-R as outcome variables.

Results: A result shows that women having no children & previous history of miscarriages will effect on women mental health after miscarriage. Results further reveal a positive correlation between perceived stress and miscarriage women, there is positive correlation between perceived women and women having miscarriage.

Conclusion: History of miscarriages and children's status impact on women's mental health. Age & duration of marriage are not predictors of stress among women with miscarriage

Key words: Miscarriages, psychological, distress, demographic.

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INTRODUCTION

Loss of pregnancy is biological fact but it is accompanied with psychological and emotional reactions as well. Miscarriage is the most widely recognized unpleasant result of pregnancy in the world, happening in 15–20% of clinically perceived pregnancies¹.

There are various etiological causes for unsuccessful pregnancy, for example, immunologic, hereditary, furthermore, anatomic abnormalities, endocrine issue, heritable or potentially gained thrombophilias and ecological factors. In any case, after the real assessment of intermittent pregnancy misfortune stay unexplained in 60% of cases². Some data from qualitative studies demonstrated that a previous history of miscarriages

could hurt women and be related with anxiety, improvement of mental issues, influencing quality of life in this populace³. Mental difficulties can incorporate the experience of emotional distress, social issues, worries about finance, conjugal disharmony, work weight, noteworthy changes in personal life as well as previous pregnancy failure⁴. Likewise, studies shows connection between stressful working environment with unfavorable pregnancy results besides miscarriage⁵.

Women Age and history of miscarriage are also known to be an independent risk factor of miscarriage. A study conducted in Australia reported that marital status, lifestyle, high BMI, smokers or ex-smokers, low education and socio economic status (SES) are the risk factor of reproductive loss⁶. A meta analysis conducted on maternal mental stress and ongoing life occasions relationship with an expanded danger of miscarriage. The findings concluded that mental pressure is harmful to women in early pregnancy⁷. Stirtzinger, Robinson, Stewart, & Ralevski concluded that women who were younger showed increased stress and negative emotions in early period of miscarriage as compared

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to older women while their stress decreases with the passage of time but older Women having spontaneous miscarriage were more likely to experience perceived stress, depression self-blaming behavior interpersonal problems in one year after miscarriage⁸.

The aim of the current study was to investigate the impact of demographic variables (age, previous history of miscarriages, no of children) on women’s perceived stress level.

MATERIAL AND METHODS

The sample for the present research consisted of 100 married women visited to gynecologists with miscarriages. The age range of the sample was 15-35 years. The data was collected from different public and private hospitals (Leady Reading Hospital, Khyber Teaching Hospital) of Peshawar including infertility centers located in Peshawar, Khyber Pukhtunkhwa (KP) -Pakistan, The data was collected from March 2015 to June 2015, using Purposive sampling technique. Those women who had miscarriage on 1st and 2nd trimesters, at least having minimum certificate level of education (matric) were included. While, Still birth cases, age above 40 and women with previous psychiatric history were excluded from the study. The women with history of physical diseases e.g., cancer, diabetes, osteoarthritis, and induce abortion were also not included in the study. The information’s were confirmed from the patients and medical record of hospital. Socio demographic questionnaire was designed to explore required information of interest. This questionnaire was based on age, Years of marriage, History of miscarriages and number of children, education, medical and psychiatric history. The Perceived stress scale: To assess perception of stress and its level in individual lives in 1983 by Sheldon Cohen⁹ and his colleagues. It has 10 items and each item is scaled as 0 = Never; 1 = Almost Never; 2 = Sometimes; 3 = fairly often; 4 = Very often. However, item number 4, 5, 7 & 8 are reversed score. The Impact of Life Event Scale-R was created by Daniel Weiss and Charles Marmar in 1996¹⁰ to post-traumatic stress disorder based on DSM-V criteria. It also measures the symptoms of hyper arousal caused by exposure to any traumatic event. The scale item consists of 22 items which are 5-point format and symptom measure as (0 = not at all, 1 = a little bit, 2 = moderately, 3 = quite a bit and 4 = extremely). The reliability of this scale in the present sample is .971. Permission from the authorities through a permission letter given by the university administration was obtained. After getting permission women visited to their doctors with miscarriages were approached. The staff nurses and midwives also facilitate the researcher to reach the

target sample. The researcher established rapport with the participants individually and explained the purpose of the study. They were also ensured confidentiality of the data and findings will be used only for research purpose. Those meeting the criteria and willing to participate were administered Perceived stress scale and Impact of life event scale.

RESULTS

A simple linear regression analysis is performed. Women’s age, years of marriage, children status, and history of miscarriage are taken as independent variables and impact of event scale is dependent variable. Findings from the results indicate that children’s status & history of miscarriages have significant effect on women’s mental health while age of woman and years of marriage are not good predictors in the current sample.

The results showing that child’s status and history of miscarriage are good predictors for assessing perceived stress among women with miscarriage. While age and years of marriage have no impact on perceived stress among these women.

Demographic characteristics of the sample

Age in years	Frequency
16-25	25
26-35	68
36-40	7
Years of marriage	
1-10	80
11-20	17
21-35	3
Number of miscarriage	
Single miscarriage	56
Recurrent miscarriage	54
Children	
Women with children	71
Women with no children	29
Perceived stress	
Yes	64
No	36

DISCUSSION

There is understanding in the literature that women who miscarry may experience psychiatric morbidities after pregnancy loss and in an ensuing pregnancy¹¹. Lee & Slade¹². Searched demographic variables which may cause women distress subsequent to miscarriage, e.g women’s age, education, religion, faith, number of

Table 2: Summary of simple linear regression Analysis for Variables predicting Scores on Impact Event Scale (IES)

Model	B	Std. Error	Beta	t	sig	95% CI	
						LL	UL
(Constant)	13.134	12.551		1.046	.298	-11.783	35.051
Age	.456	.499	.105	.913	.363	-.535	1.446
D.O.M	-.710	.528	-.171	-1.346	.182	-1.759	.338
Children	-18.255	4.142	-.398	-4.408	.000	-26.477	-10.033
History of Miscarriages	9.722	1.724	.468	5.638	.000	6.299	13.146

Note: β = Standardized beta; CI = Confidence Interval; LL= Lower limit; UL= upper limit; D.O.M; duration of marriage; R2 ; .472

Table 3: Summary of simple linear regression Analysis for Variables predicting Scores on Perceived Stress Scale

Model	B	Std. Error	Beta	t	sig	95% CI	
						LL	UL
(Constant)	14.867	6.955		2.138	.035	1.060	28.675
Age	.113	.277	.050	.409	.684	-.436	.662
D.O.M	-.372	.292	-.170	-1.273	.206	-.953	.208
Children	-8.194	2.295	-.339	-3.570	.001	-12.750	-3.637
History of Miscarriages	4.944	.956	.451	5.174	.000	3.047	6.841

Note: β = Standardized beta; CI = Confidence Interval; LL= Lower limit; UL= upper limit; D.O.M; duration of marriage; R2 ; .368

children, marital status, socio economic status(SES), etc. The present study relates demographic variables i.e. women’s age, year of miscarriage, number of living children and History of miscarriage with perceived stress and impact of live event sales. The results suggested that age and duration of marriage is not helpful predictor for stress and impact of life event. The present study findings are not consistent with the earlier studies, reported maternal age as the strongest risk factor of miscarriage. A prospective register study conducted on Norwegian women population. The findings suggested risk of miscarriage varies greatly with age¹³. The threat of miscarriage is somewhat raised in young women but rises significantly in older women¹⁴. This may be due to the fact that adult learn to cope with grief and looser which perhaps younger finds difficult to handle. The role of religion and cultural difference could not be ignoring here. Having no children is another mark of sign linked with distress subsequent to miscarriages. The finding revealed that miscarriage women having no children show distress personality. Although a living child could never be the replacement of a lost baby in term of miscarriage but it may console a miscarriage

woman that she has a child to low and care and on the other there is no treat to her feminism.

Women’s reproductive history following loss is also associated with stress and cause pathological behavior. The present study reveals that women having prior history of miscarriages, the lose is more distress and mourn. A prospective study examines depression and anxiety from 4403 women with history of pregnancy loss using delusion-symptoms-states Inventory. Logistic regression analysis concluded that previous miscarriage history was related with depression and anxiety¹⁵.

The connection between psychiatric morbidity e.g grief, anxiety, guilt is now well established. However, there are studies which consider it normal to have some level of distress and grief after miscarriage in women¹⁶. The table 3 results supported the hypothesis hypotheses 2 and suggested that there is a connection between stress and women after having miscarriage.

CONCLUSION

Women having prior history of miscarriages, having no children are good predicators for assessing

stress among miscarriage women. There was connection between stress and which may had effect on results of duration of miscarriage and age variable. The study did not divide sample in term of 1st trimester, 2nd and 3rd trimester.

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AUTHOR'S CONTRIBUTION

Following authors have made substantial contributions to the manuscript as under:

Kalsoom UE: Idea, study, Designed, Analysis, Write up.

Hanifa B: Data Collection.

Authors agree to be accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved.