

*Full Length Research Paper***Kurdish women's stories of abortion in Sanandaj, Iran****Fariba Ebtekar^{1*}, Haliza Mohd Riji² and Zhila Abed Saeedi³**¹Faculty of Nursing and Midwifery, Kurdistan University of Medical Science, Sanandaj, Kurdistan, Iran.²Faculty of Medicine and Health Sciences, University Putra Malaysia, Selangor, Malaysia.³Faculty of Nursing and Midwifery, Shahid Beheshti University of Medical Science, Tehran, Iran.

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Abortion is illegal in Iran, yet women go through the risks for various reasons. The purpose of this study was to explore the reasons why Kurdish women wanted to terminate their pregnancies, the methods used to induce the abortions, and their experience after abortion. The methodology for this study used a descriptive qualitative design. Five women with history of at least one induced abortion were interviewed in-depth for their abortion experiences. Reasons reported for induced abortions included financial problems, fear of people's views and pressure from the husband. Abortion methods included the use of prostaglandin and dilation and curettage. Post abortion effects were both physical (including pain and bleeding) and emotional (mainly guilt and regret). Findings from this study suggest that midwives must take responsibility of effectively counselling women both before and after induced abortions, which may be performed for a variety of reasons. Health care professionals need to provide couples with guidance for appropriate contraceptive usage. Abortion after-care for women with physical and emotional needs is also crucial.

Key words: Qualitative research, induced abortion, post-abortion experience.

INTRODUCTION

While termination of pregnancy has long been practiced and legalized in many developed countries, in Iran however, it is illegal except in cases where the woman's life is at risk or cases of foetal impairment (Mohammad-Alizadeh et al., 2009). This fact may influence women's reasons for and methods of abortion. Socioeconomic, psychological, and emotional issues are among factors that underpin women's decision to have their pregnancies terminated (Broen et al., 2005). Whether the abortion is legal or not, women experience different types of physical, psychological, and social effects (Alex and Hammarstrom, 2004). Indeed, induced abortion is a major concern for public health for it affects the quality of life of women in their reproductive ages (WHO, 2007). Of greater importance is the fact that it can cause long-term sexual and reproductive ill health (Koster, 2010 experience, particularly in developing countries where it). Moreover, it can lead to emotionally traumatic is

performed illegally and there is the fear of the legal repercussion and social stigma (Bahoh, 2009).

Until now, little has been known about the Kurdish women's experiences of induced abortion. It was, therefore, considered pertinent to obtain a deeper knowledge of this phenomenon. Against the backdrop of social, cultural and economic changes that have taken place in Kurdistan, a qualitative study would provide a better understanding of the women's experiences of induced abortion. Such knowledge can be useful in the prevention of unintended pregnancy and unsafe abortion.

Study purpose

The purpose of the present study was to explore the reasons for the methods used and the effects of abortion by Kurdish women who terminated their pregnancy.

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Table 1. Characteristics of participants.

Pseudonym	Number of children	Number of induced abortion	Age (when abortion was done)	Contraceptive method in use at time of unplanned pregnancy
Zhara	-	1	19	Birth control pill
Mahlagha	3	1	34	Withdrawal
Soybeh	1	1	27	Withdrawal
Fatemeh	-	2	30	Birth control pill; withdrawal
Hajar	2	1	35	Condom

METHODOLOGY

A descriptive qualitative design was the guiding methodology. The research took place over a seven-month period at the health-care centres of the Kurdistan University of Medical Sciences in Sanandaj, the centre of the Kurdistan province in the western part of Iran. Study participants were recruited from the maternity and family planning units in five health-care centres. The purposeful sample was taken from Kurdish women who had an experience of abortion one year before the interview. Before contacting potential participants, the researcher oriented midwives at the maternity and family planning units of the selected healthcare centres on the required criteria for choosing participants. Once identified, the midwives explained the purpose of the study and the interview process to the women. The criteria for selection of participants were being a Kurdish married woman, having an experience of illegal induced abortion, absence of mental disability, and the ability and willingness to describe their experiences. Subsequently, appointments for interviews between the researcher and the selected participants were arranged. Ethical issues, which included confirming the women's interest to participate in the study, providing verbal consent and assuring that the data would be kept confidential and used only for research were attended to. Participants were interviewed based on the date, time and place most convenient for them.

Interview

Participants had in-depth interviewed individually in their own homes or in a private room at the health-care centre. All interviews began with the same questions: 'Could you please tell me what your reasons for abortion were?' and this was followed with "how did you make the decision to have the abortion, what method did you use to induce the abortion, what positive or negative consequences have you had from the abortion, what physical and emotional consequences have you had from the abortion and how have you dealt with those outcomes?". All interviews were conducted in the Kurdish language by the first author who is a midwife. Each interview was tape-recorded with the woman's permission. The length of the interviews varied depending on the women's responses. Each interview took between 60 and 120 min (average 90 min).

All interviews were transcribed verbatim in the Kurdish language by the first researcher. Transcription accuracy was checked by a colleague who read randomly chosen transcripts while listening to the audiotape. The analysis was also undertaken from the Kurdish transcripts and only verbatim quotations presented in the writing for publication were translated into English.

Ethical considerations

Permission to conduct the study was received from the Kurdistan University of Medical Sciences. The participants were informed of

the purpose of the study, assured of confidentiality at the beginning of each individual interview, but not asked to sign a consent form. All participants were informed that their participation in the study was voluntary and that their real names would remain confidential. They were also reassured that their care would not be affected if they chose not to participate in the study. Moreover, they could withdraw from the study at any stage without offering explanations.

Data analysis

The women's answers to the interview questions were each summarized in narrative form using the interview guide. The narratives were compared for similarities and differences for (a) reasons for the abortion; (b) use of contraception; (c) decision-making process; (d) methods of pregnancy termination; (e) the physical and emotional effects on the women's lives; and (f) ways of dealing with any outcome. Findings were compared to previously published research.

RESULTS

The ages of the five women used ranged from 19 to 35 at the time of abortion, with an average of 29 years. Two women were nulliparous and three were multiparous with a range of 1 to 3 children and an average of 2.3 children when the abortion took place. One woman had two abortions, while the other four had one abortion each. More details are displayed in Tables 1 and 2.

Zahra was 19 years old at the time of her abortion. She was a nulliparous woman and was using birth control pill when pregnancy occurred. She gave three reasons for the abortion: financial incapability to care for a baby, the fear that what happened to her mother- having to lose her mother at childhood and thus had to be brought up by a step mother, would happen to her, and the third reason was fear of people's view. People's views had a tremendous impact on her. Having married for six months she then conceived would make her feel ashamed. Many women she knew had been married for more than 10 years yet had not conceived. She personally made the decision for abortion and then she convinced her husband who opposed the abortion. She discussed the possibilities of an abortion with a doctor. The doctor told her how and where to get the procedure. She paid the equivalent of approximately 1000.000 Rials to buy prostaglandin ampoule. However, she could not find anyone who could inject the ampoule for her due to illegality.

Table 2. Summary of abortion narratives.

Pseudonym	Reason for abortion	Who decided	Method	Physical outcome	Emotional outcome	Coping with outcome
Zahra	Financial problems- mother's life history - fear of people's view	Own decision and convinced her husband	Prostaglandin ampoule	Pain and vomiting	Regret and guilt	Resolve to not repeat again Alms giving to seek forgiveness from God
Mahlagha	Concerns about daughter's opinion- Financial problems	Own decision and husband agreed	Insertion a sharp piece of herbal stem in the cervix by a lady	Infection	Regret and guilt	Alms giving to seek forgiveness from God
Soybeh	Concerns about relatives' and neighbours' opinion, Financial problems	She considered and her Husband forced her	Prostaglandin ampoule	Bleeding and severe lower abdominal pain	Guilt and no regrets	Prayed to God for forgiveness
Fatemeh	Husband's pressure	Husband forced and hit her	1 st -Rupture of fetal sac; 2 nd - D and C	2 nd - Bleeding	Guilt and regret	Got pregnant
Hajar	Financial problems	She considered and her husband forced	D and C	Bleeding	Guilt and regret	Prayed to God for forgiveness

D and C; Dilation and curettage.

Despite she lacked the knowledge on performing the injection, she braved herself and personally injected the ampoule for 6 weeks into the pregnancy. She suffered severe lower abdominal pain and vomited for a few hours. For two days, she bled before the uterine contents were expelled. After abortion, she regretted very much and felt guilty over it. She promised herself that if she would get pregnant again she would not abort it.

Mahlagha was a 34-year old multiparous woman who had three children at the time of her abortion. She had used the withdrawal method when pregnancy had occurred. Her reason for an abortion was that she was ashamed of her daughter who on several occasions complained about their small family house that could not accommodate all the family members. There was

also the financial problem. When her menstrual period was 2 weeks late, she decided on her own to have an abortion and the husband agreed. She consulted a female neighbour who took her to an abortion provider's house to perform the abortion. She said that the woman inserted a sharp piece of herbal stem into her cervix. She experienced vomiting and severe fever and was hospitalized the following day. Her pregnancy was terminated by curettage due to infection and she had to stay for another three days after abortion. Mahlagha said that she experienced deep personal regret and guilt because of the abortion. She said it troubled her a great deal. She gave alms and asked forgiveness from God for the abortion because she believed it was a sinful act. To avoid another pregnancy she took oral contraceptive

pill.

Soybeh was a 27-years woman who was nursing a 16-months baby girl when she had an abortion. She had used withdrawal method when she got pregnant. She gave two reasons for her abortion. First, her husband forced her to terminate the pregnancy because he could not afford to care for another baby, secondly she felt ashamed and afraid of what her relatives and neighbours might think of her pregnancy as her baby was hardly 2 years. They might think she was desperate to have a boy that was why she could not wait. Her menstrual period was late for one month. After deciding to have an abortion, Soybeh asked one of her relatives to introduce the doctor who had performed the abortion for her. She said the doctor inserted the prostaglandin tablet

into her vagina but nothing happened. The following week the doctor prescribed the prostaglandin ampoules for her. She stated that twenty days after the injection of ampoules, she had heavy bleeding and severe lower abdominal pain. She had to be hospitalized and the uterine contents were expelled. Soybeh said she was not regretful but she felt guilty and asked forgiveness from God for the abortion because she believed it was a sin.

Fatemeh was 30-years old at the time of her second abortion. She was a housewife and nulliparous woman with a history of two induced abortions. She had her first abortion when she was 29 years old and the second one in the following year. At that time, she had been trying to avoid getting pregnant by using the contraceptive pill method. According to Fatemeh, her husband did not want her to have a child and he asked her to be kind to him. She stated she liked to be pregnant and told her husband she would not abort because it is a sin. But her husband had threatened to puncture her stomach with a nail and had beaten her. She had no choice but to agree to terminate the pregnancy. She feared her relationship with her husband would become worse if she objected. Her gestational age was 24 weeks for the first pregnancy when her husband asked her to do an abortion. Fatemeh consulted a female friend who introduced her to a person who could do the abortion for her. She stated that the person initiated the abortion by rupturing the fetal sac and the abortion was completed in the hospital after 2 days. Furthermore, before her second conception, she had used the withdrawal method. She consulted her friend who introduced her to a doctor in another city. Her pregnancy was terminated by dilation and curettage in another city. She said she bled for a week after abortion due to incomplete abortion. She felt guilty and got pregnant again after 7 months.

Hajar a housewife, was thirty-five years old at the time of her abortion. She is a multiparous woman who had three pregnancies, one ending in induced abortion. She had been using condoms for 4 years before she got pregnant. Financial reason was the main reason of terminating her pregnancy. Both she and her husband did not have the financial means to have this child and so they decided that she had an abortion. She was 6 weeks into the pregnancy. Hajar said her husband forced her to do abortion. After consulting with a relative and paying the equivalent of approximately 2000.000 Rials to a physician, the operation was performed by dilation and curettage procedure in a private office in another city. She said she bled for 2 weeks after abortion due to incomplete abortion. Hajar said she was guilty of the act and asked forgiveness from God.

DISCUSSION

In this study on abortion in Sanandaj, Iran, five women had told their stories relating to their experiences of

illegally induced abortion. From the narratives of these women, it is evident that most of them had similar experiences with respect to the reasons for the abortion, contraceptive use, decision-making, methods, and consequences. It is clear that all five women had a story about unintended pregnancy. There are indications that the contraceptive methods used were unreliable or failed to stop pregnancy. Similar findings were found by Nobili et al. (2007) and Speidel et al. (2007). Financial problems appear to be an important reason for abortion. Not being financially ready for a child has been found in studies such as those by Finer et al. (2005), Fawcus (2008), Hussey (2010) and Faúndes (2010). Deciding to abort because of husband's pressure is an equally important factor and has similarity with the studies by Zabin et al. (2000), Broen et al. (2005) and Becker et al. (2008). Disagreement over the pregnancy leads to partner conflict. As shown by Coleman (2007) in her study, conflict between husband and wife may logically arise during the decision-making period.

Societal influence in terms of people's perception of pregnancy plays an important role in women's decision to abort. This finding is also in agreement with previous studies (Sinha et al., 1998; Bennett, 2001). The decision-making process leading up to the abortion procedure is complex. Although the women can make their own decision regarding their pregnancy, husband's permission has to be sought, and at other times it is the husband who decides. However, it is oblivious that the male partner has a final say in the abortion decision-making. This strong male influence in such a feminine matter is probably due to the male dominance factor in the Kurdish culture. When the decision is made, it is the women who find someone to ask for help to have an abortion. This finding of study is accordance with other studies (Schuster, 2005; Hess, 2007).

The use of modern procedure seems to have been preferred by the women. Resorting to prostaglandin and dilation and curettage appear to be the choice when physician and medical doctors advise them. Prostaglandin is available at pharmacies. Women would even go to cities outside their vicinity if medical professionals are not available in their area (Behjati-Ardakani et al., 2005). The five women in this study described physical complication after using the abortion procedures. Mohammad-Zadeh and Fallahian (2004) also in their study in Iran described physical complication such as nausea, vomiting, diarrhea, lower abdominal cramps, and extensive vaginal bleeding, related to unsafe induced abortion. The participants also narrated that they experienced emotional consequences due to their abortion. They used words like regret and guilt. Three women dealt with their guilt by seeking forgiveness from God. One woman personally resolved never to have another abortion and the other one got pregnant. According to Trybulski (2005) and Bahoh (2009), illegality is one of the factors that can cause women to experience

negative emotions after abortion. However in countries where induced abortion is legal, only a very few of the women experience negative emotional consequences of induced abortion, instead most of the women feel relief (Major et al., 2000; Korcz, 2002; Kero et al., 2004; Trybulski, 2005; Kornfield and Geller, 2010).

A potential limitation of this study is that the five participants were Kurdish women in Sanandaj; the findings might have been somewhat different if women from other cultures were included. In addition, women might have difficulties in talking because of being sensitive issue, the stigma attached to the procedure and its illegality. The findings from this research is very informative, but may not be generalized for the entire Kurdish women because of the small participant number. Furthermore, it must be taken into consideration that a qualitative study implies interaction between researchers and participants, and that the researcher's pre-conceptions might influence interpretation of the material (Charmaz, 1995).

Conclusion

The findings of this study show that Kurdish pregnant women terminate their unintended pregnancies due to known reasons such as financial problems, partner conflict and society's views. While they wish to prevent their pregnancies with withdrawal and contraceptive pills, conception occurred. The psychological factor that affects women who wish to abort their pregnancy is to find a person who is capable and willing to perform the procedure in a country where abortion is illegal. Hence, there is always the fear of effectiveness and safety. They resorted to various means to terminate their pregnancies and afterward they experienced physical symptoms as pain, bleeding, and infection, and negative emotions such as guilt and regret. These women's stories contain several implications for midwives. Midwives caring for women in Sanandaj may be able to reduce the prevalence of induced abortions and its complications by counselling couples both before and after abortion. Midwives can increase women's awareness of methods and use of effective contraception and work to prevent unplanned and unwanted pregnancies. They should also inform the women about potential health effects of induced abortion. Furthermore, in cases where pregnancy is forced to be terminated, midwives can play a significant role in counselling to woman's family and finding solution to this problem.

Providing abortion after-care that includes education about culturally appropriate pregnancy prevention is fundamental to abortion prevention. Midwives also need to recognize the emotional and spiritual needs of post abortion women and provide nonjudgmental, culturally relevant care in a woman's preferred language or make referrals to people specialized in helping women who have difficulty coping emotionally. These findings are important markers for further research concerning women's

experiences of long-term mental and physical outcome, as well as midwives' perceptions about and their interaction with women seeking abortion or experienced induced abortion.

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