

The prevalence of post-abortion syndrome in patients presenting at Kalafong hospital's family medicine clinic after having a termination of pregnancy

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ABSTRACT

Background: Post-abortion syndrome (PAS) is said to be the emotional, psychological, physical and spiritual trauma caused by an abortion, which is an event outside the normal range of human experience. Post-abortion syndrome is a type of post-traumatic disorder and is characterised by a stressor (the abortion), the event being re-experienced, avoidance and/or numbing of general responsiveness, and physical symptoms such as insomnia and depression.

The question was asked whether the patients at Kalafong Hospital experienced any of the after-effects of a termination of pregnancy and whether these effects would fulfill the criteria of post-abortion syndrome.

Method: A prospective descriptive study was done over a six-month period. All female patients presenting at the Family Medicine Clinic of Kalafong Hospital who were known to have had a previous abortion on request were asked to participate in the study. After obtaining informed consent, a structured questionnaire on their psychological symptoms was completed by the participants with the help of the researcher. The questionnaire contained demographic data, as well as questions on the above-mentioned symptoms of PAS. To fulfill the criteria of PAS, the symptoms should have been present for more than a month and must have affected the subject's daily functioning.

Results: Of the 48 women recruited, 16 (33%) fulfilled the criteria of PAS, and more than 50% of the women had had some or other emotional or psychological after-effect.

Conclusion: This study showed that one out of every three women presenting at Kalafong Hospital after abortion fulfilled the criteria of PAS. Since family physicians are committed to their patients and regard it as their duty to address problems prevalent in the community they serve, it is necessary to investigate further the possible link between termination of pregnancy and the emotional problems identified. It is imperative that women requesting termination of pregnancy receive comprehensive counseling prior to the procedure, as well as support thereafter, to ensure that they are not unnecessarily traumatised.
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Introduction

The Choice on Termination of Pregnancy Act, 1996 legalises the termination of pregnancy on request under certain conditions. Since it was passed, more than 120 000 terminations have been done on request in South Africa.¹ Psychiatric and psychological symptoms after termina-

tion were found in studies done in the United States and Europe, where emotional discomfort and depression were found in up to 50% of patients following abortion.²

Kalafong Hospital is one of the state hospitals in South Africa where abortions are carried out on request for patients up to 12 weeks' gesta-

tion. The question was asked whether the patients at Kalafong Hospital experienced psychological after-effects of the procedure and whether these effects would fulfil the criteria of post-abortion syndrome as postulated by Bankole and Rue.³

Post-abortion syndrome (PAS) is said to be the psychological, emo-

tional, physical and spiritual trauma caused by an abortion, which is an event outside the normal range of human experience. This syndrome is seen as a form of post-traumatic stress disorder where:

- The abortion is the stressor;
- The event is re-experienced in some way after the abortion;
- Avoidance and/or the numbing of general responsiveness occur; and
- Physical symptoms, such as insomnia or substance abuse, are also encountered.

Although the American Psychiatric Association does not endorse the existence of the syndrome, it was felt that it provides a helpful guide by which to examine the psychological effects of termination of pregnancy on our patients.⁴

Methods

A descriptive study was undertaken. During a six-month period, all female patients presenting at the Family Medicine Clinic of Kalafong Hospital, for whatever reason or complaint, who had a termination of pregnancy consent form in their file, or who disclosed information about a previous abortion to a doctor, were asked to participate in the study. The abortions had not necessarily been done at Kalafong Hospital. The Family Medicine Clinic is a walk-in clinic and functions during office hours. The patients that were recruited usually presented for unrelated problems on the day of sampling. Patients presenting at the Gynecology Clinic after their termination were not included due to logistical difficulties, and this may have introduced selection bias.

Women who had experienced other serious or potentially life threatening events were excluded from the study. This was done by asking the women if they had experienced

any other form of trauma or stressors since the abortion. The purpose of this was to ensure that patients suffering from post-traumatic stress syndrome due to causes other than abortion were not included. No such patients were identified, however, with the only other stressors identified being marital and financial problems. Only patients with no other serious stressors could fulfill the criteria of post-abortion syndrome. Counseling was offered to all participants. After obtaining informed consent, an interview was held with the participants and a structured questionnaire on their psychological symptoms was completed by the researcher.

The questionnaire contained demographic data, as well as questions on the above-mentioned symptoms of PAS. To fulfill the criteria of PAS, the symptoms should have been present for more than a month and had to affect the patient in such a way that she felt she could not function normally in her private, professional or social life.

Results

Of the 48 women recruited during the six-month study period, 16 (33%) fulfilled the criteria of PAS.

Twenty-three women were 30 years and older, while 25 women were younger than 30. While most (28) of the 48 participants had some degree of secondary education, three had no education and 10 had tertiary education. Most of the participants (28) had their terminations more than 12 months before the current study. Only four of the participants had more than one abortion. None of these aspects contributed to any significant statistical difference in the incidence of PAS (see **Tables I, II and III**).

Although only 16 of the 48 participants fulfilled all the criteria for PAS, 25 (52%) of the 48 women reported one or more ways of re-experiencing the event. The following were recorded amongst the participants: recurrent dreams (27%), flashbacks (44%) and intrusive recollection of the event (52%). A total of 48% of the women

Table I: The relationship between the age of participants and PAS

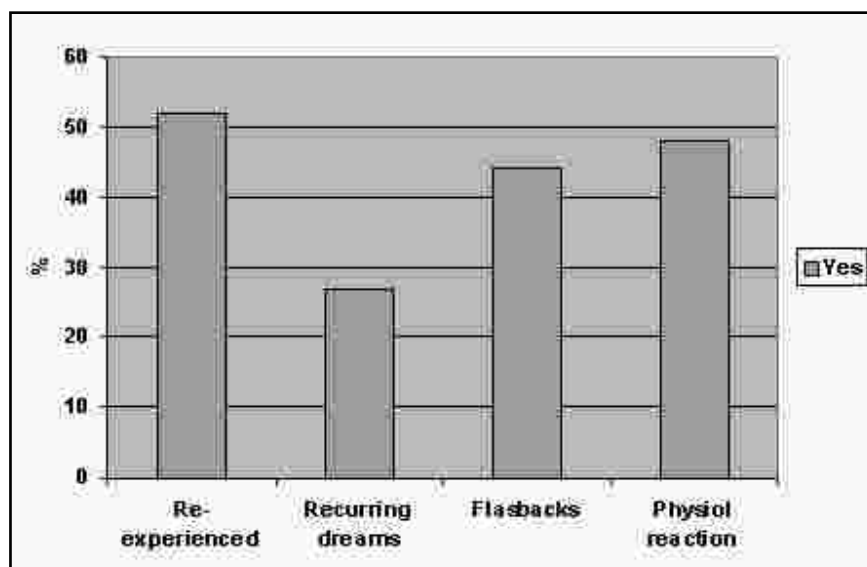
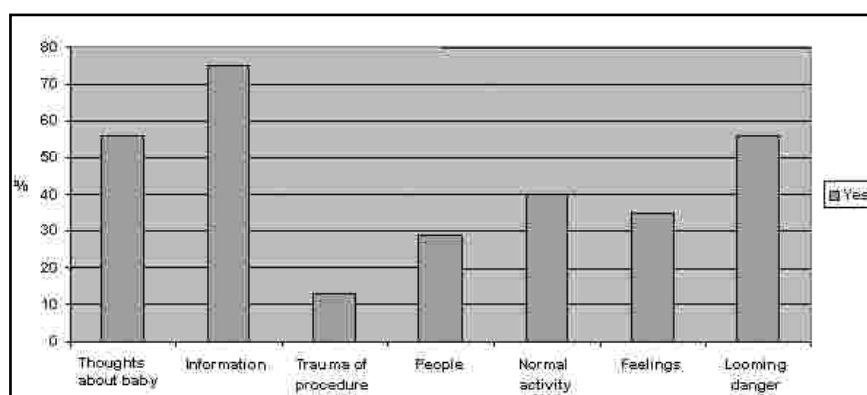
AGE	MEET THE CRITERIA OF PAS	DO NOT MEET THE CRITERIA OF PAS
< 30 YEARS	9	16
> 30 YEARS	7	16

Table II: The relationship between the level of education and PAS

LEVEL OF EDUCATION	MEET THE CRITERIA OF PAS	DO NOT MEET THE CRITERIA OF PAS
No level of education to Grade 7	2	8
Grade 7 to tertiary education	14	24

Table III: The relationship between the time of the abortion and presentation to the hospital, and PAS

TIME PAST SINCE THE ABORTION	MEET THE CRITERIA OF PAS	DO NOT MEET THE CRITERIA OF PAS
< 12 months	7	13
> 12 months	9	19

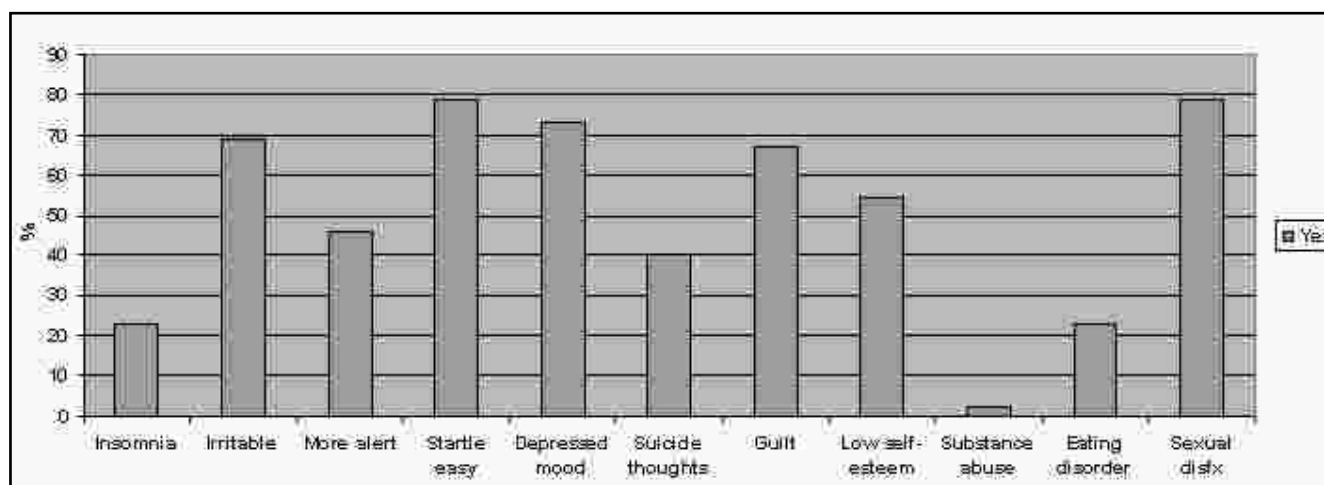
Figure 1: Re-experiencing the event**Figure 2:** Avoidance or numbing reactions to:

also had a physiological reaction, such as anxiety, occurring with the re-experience of the event (see **Figure 1**).

Thirty-six (75%) of participants reported that they had experienced one or more avoidance reactions or numbing to various emotions or

thoughts. Of the participants, 56% reported that they avoided thoughts or feelings about the baby, 75% reported that they avoided any source of information regarding the termination or related topics, 13% reported that they could not think about or remember the trauma of the procedure, 29% reported that they avoided people and 40% reported that they avoided places and normal daily activities that reminded them of the abortion. A total of 35% of the participants suppressed all feelings they had regarding the termination and 56% had a feeling of looming danger (see **Figure 2**).

Among all the women interviewed, other common physical symptoms experienced were: insomnia (23%), irritability (69%), feeling of being more alert (46%), being startled more easily (79%), depressed mood (75%), suicidal thoughts (40%), feelings of guilt (67%), low self-esteem (54%), substance abuse (2%), a change in eating habits (23%) and decreased libido (79%). These women included those who also experienced marital and financial difficulties. It is worrying that 19 of the participants reported that their depression was so bad that they had considered suicide. The participants were specifically

Figure 3: Physical symptoms experienced

asked about each of the symptoms (see **Figure 3**).

Conclusion

This study shows that as many as 50% of women who had previously had an abortion and who presented at the Family Medicine Clinic at Kalafong Hospital suffered from some form of emotional or psychological discomfort as a result of the abortion, and that one out of every three women fulfilled the criteria of PAS. This is very high in comparison to other studies, where only 1% fulfilled the criteria and up to 50% or 60% of women experienced emotional unhappiness.^{2,5} These women were not interviewed prior to the termination, and only patients presenting at the Family Medicine Clinic were interviewed. It could therefore be possible that the symptoms reported in our study were present before the abortion, and that all the patients presenting at the hospital after their termination were not entered into the study. Nonetheless, this study reveals a worrying state of mental health, especially in the light of the 19 (39,5%) women who contemplated suicide. This was a

very small study, possibly because some women did not disclose their previous abortions, they avoided the hospital after having an abortion, or were still in denial, as stated in a study done on women treated for PAS.⁴ It can therefore not be taken as representative of all women who have had an abortion.

Family physicians are committed to their patient, rather than to the disease, and regard it as their duty to address problems prevalent in the community they serve. It is therefore necessary to investigate further the possible link between termination of pregnancy and the emotional problems identified. Other possible causes for these problems, such as the reasons for the termination, should be investigated and addressed. In the meantime, it is imperative that women requesting termination of pregnancy receive care by a non-judgmental doctor with a holistic approach to her problem – of which the unwanted pregnancy is the symptom. Comprehensive counseling prior to the procedure and support thereafter, to ensure that the women are not

unnecessarily traumatised, should be compulsory. Doctors should be on the lookout for possible after-effects of the termination so that they can be treated promptly and effectively.

Competing interests:

None declared

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ERRATUM

The journal number of the following article was accidentally stated as **SA Fam Pract 2004;46(3):30-33** instead of **SA Fam Pract 2004;46(4):30-33** in the May issue. We apologise for any inconvenience incurred by this mistake.

Mutual participation in the health worker-patient relationship

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