**ADDIS ABABA UNIVERSITY**

**COLLEGE OF HEALTH SCIENCES**

**SCHOOL OF NURSING AND MIDWIFERY**

**DEPARTMENT OF MIDWIFERY**

# PSYCHOLOGICAL EXPERIENCE OF MISCARRIAGE AMONG ADVANCED REPRODUCTIVE AGE WOMEN AT PUBLIC HOSPITALS IN ADDIS ABABA, ETHIOPIA, 2023/24

**PRINCIPAL INVESTIGATOR:**

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**A THESIS SUBMITTED TO THE MATERNITY AND REPRODUCTIVE HEALTH NURSING DEPARTMENT, SCHOOL OF ALLIED HEALTH, COLLEGE OF HEALTH SCIENCES, ADDIS ABABA UNIVERSITY IN PARTIAL FULFILLMENT OF THE REQUIREMENTS FOR THE DEGREE OF MASTERS**

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**ADDIS ABABA UNIVERSITY**

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## APPROVAL BY THE BOARD OF EXAMINATION

This thesis by Fatuma Kedir (BSc Nurse) is accepted in its present form by the board of examiners as satisfying the thesis requirement for the degree of master in maternity and reproductive health department.

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# STATEMENT OF DECLARATION

By my signature below, I declare and affirm that this thesis is my work. I have followed all ethical principles of scholarship in the preparation, data collection, data analysis, and completion of this thesis. All scholarly matter that is included in the thesis has been given recognition through citation. I affirm that I have cited and referenced all sources used in this document. Every effort has been made to avoid plagiarism in the preparation of this thesis. I affirm that the findings were not affected by my personal beliefs or experiences.

This thesis is submitted in partial fulfillment of the requirement for a graduate degree from Addis Ababa University at the College of Health Sciences, School of Allied Health Sciences Department of Nursing and Midwifery. The thesis is deposited in the Addis Ababa University Digital Library and is made available to the local, national, and international scientific community. I declare that this thesis has not been submitted to any other institution for the award of any academic degree, diploma, or certificate.

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# LIST OF ABBREVIATIONS AND ACRONYMS

| | |
|---|---|
| AAU | Addis Ababa University |
| AMA | Advanced Maternal Age |
| ARA | Advanced reproductive age |
| CAC | Complete Abortion Care |
| MCH | Maternal and Child Hospital |
| OPD | Out Patient Department |
| PTSD | Post-Traumatic Stress Disorder |
| RPL | Recurrent Pregnancy Loss |
| TASH | Tikur Anbessa Specialized Hospital |
| WHO | World Health Organization |

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# ABSTRACT

**Background-** Miscarriage is the expulsion or extraction of a fetus (embryo) before its viability. Miscarrying rates increase significantly for women of advanced reproductive age. So far, no documented research study has been found in Ethiopia about the psychological experiences of miscarriage among advanced reproductive age women. Thus, the goal of this study will be to gain more in-depth insights into the psychological experience of miscarriage to provide more sensitive care in the long run.

**Objectives-** To understand the psychological experiences of miscarriage among women of advanced reproductive age.

**Methodology-** A qualitative study with a phenomenological design was conducted. An in-depth interview using a semi-structured interview guide was conducted among 10 purposively selected women from March 5 to May 1. The data was analyzed using thematic analysis. The data was managed and the analysis was assisted by ATLAS, ti 7 software. The credibility, dependability,Conformability, and transferability of the study was assured

**Result-** the study identified five themes and 19 subthemes on the psychological experience of miscarriage among advanced reproductive aged women including; turmoil of emotions, making sense of the trauma, ambivalence towards other pregnant women and children, Future Pregnancy Expectations

**Conclusion-** According to this study, advanced reproductive age women had intense initial emotions, efforts to understand the loss, complex feelings towards pregnant individuals, hopes and fears regarding future pregnancies, and strategies used to manage grief. The research emphasizes the need for support and resources to help women navigate the psychological challenges of miscarriage and suggests that healthcare providers should be aware of the diverse experiences and coping strategies of advanced reproductive aged women to provide appropriate support during their healing process.



**keywords-** psychological experience, miscarriage, advanced reproductive age, advanced maternal age

# CHAPTER 1. INTRODUCTION

## 1.1 Background

Based on the WHO definition, Miscarriage or spontaneous abortion is the expulsion or extraction of a fetus (embryo) weighing less than 500 g equivalent to approximately 22 weeks of gestation (1). In the context of Ethiopia, 28 weeks or fetus/embryo weighing less than 1000 gm will be considered as spontaneous abortion (2,3).

Women who are 35 years of age or older are referred to as advanced reproductive age (ARA) and those women who are 35 years or older at the time of conception are considered to be advanced maternal age (AMA). This group has been linked to a higher risk of several pregnancy problems, including recurrent miscarriage (4–7). Miscarriage rates rise with maternal age, from 6.4% for women under 35-40 to 23.1% for those over 40 (8), with an overall ratio of 11/100 live births (9). Miscarrying rates increase significantly for women over 35, with 33.2% in their 40s (5) and over the age of 42 lose over 50% of their pregnancies (6,10).

Women who had a miscarriage experience grief, depression, anxiety, trauma. Grief is the emotional response to loss, particularly the loss of a loved one(11). It encompasses a range of feelings, including sadness, anger, confusion, and even relief(11). Depression is a mental health disorder characterized by persistent feelings of sadness, hopelessness, and a lack of interest or pleasure in activities once enjoyed(12). Anxiety involves excessive worry or fear about future events or situations(13). Trauma refers to the emotional and psychological impact of distressing events that overwhelm an individual's ability to cope(14). Trauma can lead to conditions like post-traumatic stress disorder (PTSD), characterized by flashbacks, nightmares, severe anxiety, and uncontrollable thoughts about the event(14).

Women with ARA often face unique challenges and concerns compared to younger women experiencing miscarriage (15). Due to increased risk of pregnancy complications, fertility issues, social as well as familial pressures and limited time for subsequent pregnancies women of AMA have heightened anxiety(5,16–18).

## 1.2 Statement of problem

Miscarriage is the most common type of pregnancy loss for women of all ages (1). An estimated 23 million miscarriages occur every year worldwide translating to 44 pregnancy losses each minute (19,20). Anywhere from 10-25% of pregnancies will end in miscarriage (21) and the pooled risk is 15·3% of all recognized pregnancies (22). The worldwide population prevalence of women who have had one miscarriage is 10·8%, two miscarriages is 1·9%, and three or more miscarriages is 0·7% (23). There are limited studies on the prevalence of miscarriage in Ethiopia. According to a study in eastern Ethiopia, the incidence of miscarriage was 18.3/month, or 220/year/1000 pregnancies (24) and the prevalence in southern Ethiopia was nearly one-tenth (12.31%) of the participants within five years; which has been considered a worldwide prevalence (25).

Women who have undergone miscarriage can experience a range of psychological distress (26–28). Nearly 20% of women who experience a miscarriage become symptomatic for depression and/or anxiety, trauma, and grief (26,29,30). In a majority of those affected, symptoms persist for 1 to 3 years, impacting quality of life (31,32) and subsequent pregnancies (33). They often resist attaching to their baby for fear of subsequent loss (34), using techniques such as not acknowledging the pregnancy and avoiding preparations for the infant's arrival (35). There was an overall approach to the pregnancy that nothing is certain and that there are no guarantees (36).

Women who had miscarriages have difficulty forming attachments to future pregnancies (37). Since miscarriage is often a private and isolating experience, women may feel ashamed or embarrassed to talk about it with others (38). Women may also feel pressure to keep their pregnancy a secret until they reach the second trimester which makes the grieving process lonely when miscarriage happens again (33,39).

Due to the natural aging process, advanced maternal age is linked to a drop in the quantity and quality of oocytes (18). Psychologically, older women experience the fear of running out of time which is an additional emotional challenge to the miscarriage (40).

Moreover, older mothers may have experienced multiple miscarriages without success, making each one more heartbreaking (41). Women feeling time running out may explore alternative options for motherhood, while others believe their journey may be ending (5,42).

Based on the researcher's knowledge, there is no existing research in Addis Ababa that focuses on the psychological experience of miscarriage among women in advanced reproductive age, Thus, this study aims to explore the psychological experience of women with advanced reproductive age.

### 1.3 Significance of the study

The study on the psychological experience of miscarriage among advanced reproductive age women holds considerable significance across multiple dimensions. It addresses the need to validate and acknowledge psychological responses to miscarriage among women of advanced reproductive age. The study advances the discourse on the psychological impact of miscarriage among advanced reproductive age women, contributing to broader mental health advocacy efforts.

It could be instrumental in the development of targeted and tailored support services. It can be an input for healthcare providers to offer empathetic and personalized care, fostering a supportive environment that acknowledges the specific psychological needs of this demographic, thereby enhancing recovery and well-being as well as decreasing the risks of a potential miscarriage in the future. Furthermore, it gives valuable guidance for healthcare professionals in offering comprehensive care and support to women who had a history of miscarriage considering or undergoing pregnancies at advanced reproductive age.

# CHAPTER 2. LITERATURE REVIEW

The literature addresses a variety of situations about miscarried women. In the private setting, women consider how their routines and actions might have caused their miscarriages, lose attachment to the desired child, and struggle with emotions of sorrow, sadness, anger, guilt. Women may feel conflicted about other pregnant people in their relationships and unsupportive of those who don't fully understand their situation. Within the temporal context, women could have ambivalence towards future pregnancies and a loss of biologically ideal reproductive years.

## 2.1 Individual context (Microsystem)

### 2.1.1 Unclear cause of miscarriage

'Self-reflection on Daily Life' was the theme that participants in several research mentioned the most (43–45). They tried to ascertain whether their routine actions and habits contributed to their miscarriages (45). This involved looking back on previous habits and actions such as nutrition, sleep schedules, and exposure to traumatic or stressful experiences they had gone through during pregnancy that might have led to the recurrent losses (44). They also felt that there was nothing they could do to stop the miscarriage or ensure a successful pregnancy (46).

Another theme, titled 'Confusing as muddy water', describes the experiences of participants who have suffered from repeated miscarriages (43). Initially, all participants went through a stage of denial following each miscarriage and as the number of miscarriages increased, their feelings of anger due to their unfulfilled expectations for a healthy pregnancy also rose (47). As time went on, the participants claimed that their depressive mood worsened, which exacerbated their confusion and resulted in emotions of guilt and defeat (48). Women often experience guilt, blame, and a loss of confidence in their femininity, leading them and men to seek answers (49).

### 2.1.2 Unresolved meaning making

All of the participants admitted that they had lost something they had desperately wanted, even though some found it difficult to fully accept the loss of their baby (50). A crucial aspect of grieving for many people was trying to make sense of the loss and figure out why it occurred (51).

However, because miscarriages are ambiguous and lack visible evidence, giving them meaning is particularly very difficult (52). Making sense of the event might become more difficult when there are no recognized traditions or rituals for grieving a miscarriage. Women may feel that their loss is not important enough to be mourned in this way (42). Participants experienced fear, insecurity, helplessness, guilt, self-blame, grief, and loss, feeling lonely and isolated due to others' lack of understanding of their situation (41,46,47,48).

### 2.1.3 Loss of attachment to the wished-for child

The emotional connection a mother has with her unborn child is referred to as the loss of attachment to the wished-for child (50). A woman who has a miscarriage feels as though she has lost a part of herself and finds it difficult to accept this fact (44).

Among women who have lost a pregnancy, the most recurrent theme is the feeling of emptiness connected to the loss of their anticipated child (31). It feels as though time has stopped and one is unable to move forward as a result of feeling "stuck and frozen" and "paralyzed" (54). The loss is felt in the body, resulting in a breakdown of the mind-body link (54).

The loss of identity and self-worth is another obstacle that women encounter in their attempts to cope with the loss of attachment to the wished-for child (55). Some women may feel as though their bodies have betrayed them or that they have failed in their roles as mothers (56). This can lead to feelings of shame and guilt, anxiety and depression, as well as feelings of isolation and loneliness (41).

## 2.2 Relational context (Mesosystem)

### 2.2.1 Ambivalence towards pregnant others

The term "ambivalence towards pregnant others" describes the range of feelings and emotions that women may go through after a miscarriage when they come into contact with other pregnant women (50). Women who have lost a pregnancy may be pleased for their friends or relatives who are pregnant, but they may also feel depressed, envious, or resentment (42).

One of the most significant challenges that women face when trying to come to terms with ambivalence towards pregnant others is the desire to keep their feelings hidden (8,50).

Women may feel expected to be happy for their pregnant friends or family members, but may also experience feelings of isolation or loneliness (42). Some women fear that discussing their loss with others will make them uncomfortable or that others will view them as being too emotional or "oversensitive" This can result in feelings of guilt or self-blame (15).

### 2.3 Temporal context (Chronosystem)

#### 2.3.1 Loss of biologically optimal reproductive years

The loss of biologically optimal reproductive years refers to the fact that a woman's window of opportunity to become a mother is limited (42). A miscarriage leaves a woman feeling as though she has lost both the wished-for child and the chance to become pregnant in the future (50).

Women may worry that they will not be able to have a healthy pregnancy or that they are running out of time to have children (41,42). In addition, they could experience regret and sadness over lost chances or choices that lead to delayed childbearing (50).

The majority of research participants expressed fear and insecurity regarding their fertility and future pregnancies (57). Moreover, they blamed themselves and felt guilty for the miscarriage, viewing it as a personal failure (47). Losing their pregnancy also meant losing their hopes for motherhood and a bright future (57). Women experience feelings of shame and isolation when they believe they have failed as woman or as a potential mother (50).

#### 2.3.2 Ambivalence towards future pregnancies

Ambivalence towards future pregnancies describes the conflicted emotions and confusion that women may have following the events of a miscarriage (50). Women who have experienced a miscarriage may feel hesitant or fearful about trying to conceive again, as they worry about the possibility of another loss. This fear can be overwhelming and may make it difficult for women to feel optimistic or hopeful about future pregnancies. Yet, they may also feel a strong desire to have another child and experience feelings of guilt or self-blame if they are unable to conceive again quickly (42).

The main theme of "turmoil of emotions" combines the range of responses and emotions that women who have had repeated miscarriages experience in the early stages of a new pregnancy while they wait for an ultrasound scan to confirm that the pregnancy is still going on (15). Despite initial excitement from a positive pregnancy test, these women quickly become overwhelmed with worry and fear of miscarrying again (58). Since they can not tell with confidence what will happen with the pregnancy, the uncertainty of the situation makes them more distressed. During the waiting period, women experience extreme levels of anxiety, worry, fear, guilt, and shame (15).

According to a study, the essence of the experiences of pregnant women who have suffered miscarriage was as follows. Such women cannot escape from a cycle of anxiety and struggle; constantly imagine that they will have a miscarriage and try to prepare their minds for the worst; have a difficult time continuing with their pregnancy and blame themselves because they feel weak; feel that examination visits are moments when they will be told that they have miscarried and so become extremely nervous before them; direct their thoughts to the symptoms of pregnancy/threatened miscarriage and become sensitive to physical changes in their bodies; feel reassured when they pass the point in their pregnancy at which the previous miscarriage occurred (58).

## 2.4 Coping mechanisms

### 2.4.1 Building supportive social environment

#### Seeking support

When a miscarriage occurs in a woman who is at advanced reproductive age, she may find comfort in asking friends, relatives, or support groups for assistance (46,56,59). Most participants chose to get support from friends, family, and/or support groups instead of seeking official counseling support (53). Support and coping Keeping busy helped participants cope with their loss; this was especially noticeable for those who already had children (53).

Thirst for support and affirmation was the second theme obtained in a study among United Arab Emirates women it encompassed several sub-themes such as spousal support, familial and relatives support, and medical team support. Social support plays an important role in achieving adaptability in these women (56).

**Joining support groups**:

For females at advanced reproductive age, connecting with other women who have suffered miscarriages is a helpful coping strategy (44). Support groups provided a safe space for sharing experiences, emotions, and coping strategies with others who understand the unique challenges of pregnancy loss (44,45,60,61). One of the themes in the study experience of internal growth of women with recurrent miscarriage was 'Creating a new relationship through empathy', it was found that women who were experiencing miscarriage or had previously been diagnosed with habitual miscarriage joined social media groups without hesitation, and they reported feeling relieved and comforted by sharing their fears and anxieties which they were unable to even disclose to their families on social media (44).

### 2.4.2 Individual Mindfulness

**Spirituality and religion**

In the study among United Arab Emirates women, the third important theme was the utilization of religious beliefs, this included giving thanks to God and accepting the divine destiny (56). Several of the study participants who were advanced maternal-age women regularly relied on their religious and spiritual beliefs and values (42). During their experience of loss, some participants expressed feeling a strained sense of faith and anger toward God (53). However, those participants mentioned that with time, their sense of religiosity and faith returned. In many cases, their faith was strengthened by their miscarriage experience (42).

Based on the studies that have been mentioned above, it becomes evident that there is a gap in qualitative studies on this topic in our country. Thus, this study has attempted to shed light on the psychological experience of miscarriage among advanced reproductive aged women.

## 2.5 Theoretical framework

The theoretical framework includes the concepts of ambiguous loss and human ecological theory. Studies show that women of AMA who experience miscarriage go through an ambiguous form of loss. Ambiguous loss theory is the guiding theoretical model informing this appraisal of women and their experience of miscarriage at an AMA. The unexpected, unresolved losses associated with being pregnant and then suddenly not pregnant, creates a scenario of paradox and unrest. These conflicting aspects of miscarriage at an AMA make ambiguous loss theory an appropriate tool to conceptualize the often unexpected and unclear losses women experience when suffering a miscarriage.

The ecological framework on the other hand categorizes the experiences of these women into three ecosystems based on Bronfenbrenner's ecological theory. The microsystem consists of the face-to-face and concrete interactions of the individual and others. The mesosystem comprises the interrelations of two or more microsystems (systems directly involved with the individual self), such as work and home. Particularly, the chronosystem gives consideration to time and how the temporal passage of time influences development and environments. This has been used in this study to identify age specific impacts of miscarriage on women of advanced reproductive age women.

Furthermore, a conceptual framework from a study on reasons and coping strategies in poor mental health among women with GDM had been utilized. This framework was chosen as it encompassed the individual mindfulness practices that women had used to cope as well as the social environment around them they utilized such as supportive family or caring and understanding partner.

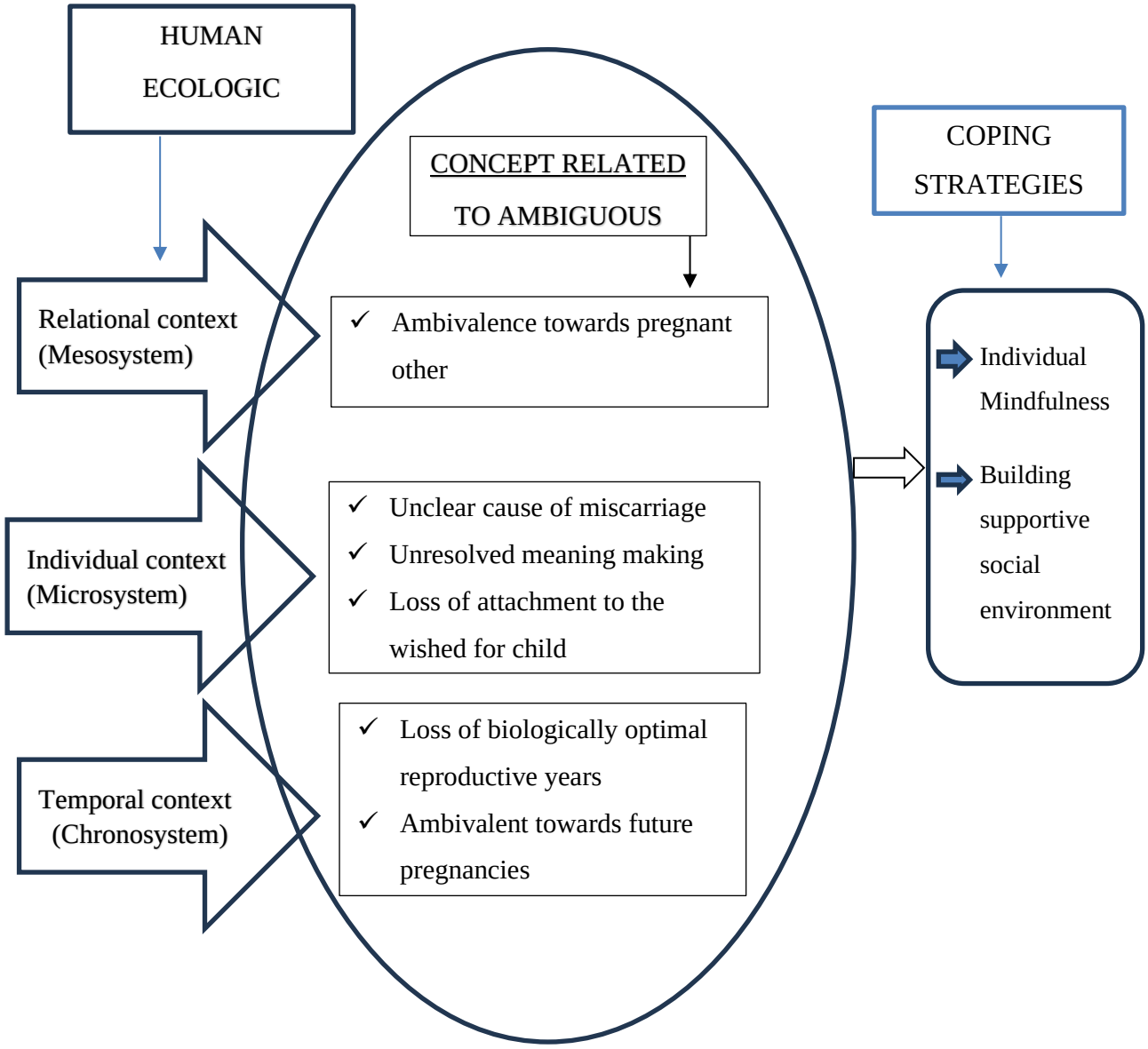


Figure 1: The Ecological-Ambiguous Loss Framework for Understanding Miscarriage in Advanced Reproductive Age Women.

# CHAPTER 3. OBJECTIVES

## 3.1 General objective

To explore the psychological experiences of miscarriage among women of advanced reproductive age at selected public hospitals in Addis Ababa Ethiopia, 2024.

## 3.2 Specific objective

1. To understand the psychological impact related to the individual, relational, and temporal context among women of advanced reproductive age at public hospitals in Addis Ababa Ethiopia, 2024.

2. To explore the coping strategies used among women of advanced reproductive age at public hospitals in Addis Ababa Ethiopia, 2024

# CHAPTER 4. METHODOLOGY

## 4.1 Study area and period

Addis Ababa is the capital city of Ethiopia with a population of 5,006,000 by the end of the 2012 census (62). The city is divided into 11 sub-cities with 116 woredas at an altitude of 7,546 feet (2,300 meters). The city has 12 hospitals run by the government. Five hospitals are operated by the Addis Ababa Health Bureau, 4 by the Federal Ministry of Health, 1 by the Ministry of Education (AAU), 2 by the defense force (63).

The study was conducted in four purposively selected hospitals in Addis Ababa Ethiopia from, January to March 2024. The study was conducted in Tikur Anbessa Hospital (TASH), St. Paul Hospital, Gandhi Memorial Hospital, and Yekatit 12 Hospital (Abebech Gobena MCH). Two of the federal hospitals TASH and St Paul hospital were chosen due to high case flow from all over Ethiopia in addition to CAC and pre conception care units. The two the regional hospitals were selected as they were exclusively for MCH.

## 4.2 Study design

A qualitative research method using a phenomenological approach was adopted. A phenomenological approach was chosen to gain deeper insights into how participants understand the experience of miscarriage.

## 4.3 Study participants

Purposive sampling was used to identify and recruit women who have experienced miscarriage. The data collector selected the participants who were diagnosed with miscarriage from their medical charts at CAC, preconception care, and emergency OPD and through direct encounter at gynecology OPD. Then those who met the inclusion criteria and were willing to participate were included in the study. The study participant size was determined by data saturation ensuring sufficient representation of diverse socio-demographic backgrounds as well as no new codes emerging from interviews.

### 4.4 Eligibility criteria

#### 4.4.1 Inclusion criteria

Participants were eligible for the study if they were aged 35 years and older, were proficient in the Amharic language, had experienced one or more miscarriages before 28 weeks gestation, and got diagnosed at a gynecologist's visit in the Past 5 years according to the study on the Experience of Miscarriage from Patients and Providers in the Rural United States (8) this is supported by studies indicating that the psychological impact of miscarriage can last years from the event of miscarriage(31,32).

#### 4.4.2 Exclusion criteria

Women whose miscarriage occurred while under a physician's care after an assisted reproductive procedure, such as intrauterine insemination or in vitro fertilization, and women who are currently diagnosed with a chronic mental health disorder or a chronic illness before the miscarriage (52).

### 4.5 Data collection tool and procedures

The interview guide was adapted from research done on the experience of miscarriage among advanced maternal age (50) and different articles included in the literature review section. It was originally prepared in English language and then translated into the Amharic version for ease of understanding. Patients' socio-demographic data was incorporated in the interview guide. The interview guide was semi-structured, open-ended questions consisting post miscarriage psychological experience.

Participants of the study in three of the hospitals excluding St. Paul were contacted after their OPD visits. The purpose of the research was explained to them and consent was taken for the interview. However, the participants were made to choose place and time that was convenient to them and their contact information was taken. consequently, the participants were contacted and the interview was conducted at a private room.

Participants in St. Paul at pre conception care were identified from their charts and were contacted directly as they waited for their doctor visits. The purpose of the study was explained to them and consent was taken and accordingly the interview was conducted at a time that was convenient to the participants.

Data was collected by a face-to-face in-depth interview method; it took 7-24 minutes. The interviewer took a field note during the interview regarding body language, and verbal and nonverbal cues.

For this study, the PI was the key instrument for data collection and the interpreter of the findings. The PI had one assistant for communication and detailed note-taking. When the participant agreed to participate in the study, a meeting was scheduled at a time that was convenient for the participant. The location was determined to ensure the participant's privacy and mutually agreed upon.

### 4.6 Trustworthiness

To assure the quality of the research findings the PI considered different sets of criteria focusing on the credibility, dependability, transferability, and conformability of the study using different techniques.

The trustworthiness of the study, which examines the validity and rigor of the data and analysis, was obtained by applying four data gathering and analysis techniques. Several theoretical perspectives and expert coder consultation were some of these measures.

#### 4.6.1 Credibility

To achieve credibility for the data, the investigator used different strategies. First, during the data generation phase, prolonged engagement with the participants was used; Included in this process is the investment of sufficient time (7-24 minutes) in the data collection. Also, in the data generation phase a comprehensive field note, audiotaping verbatim transcription, and saturation of data were used. Second, several steps were taken during data coding and analysis: the development of the data codebook, and peer review.

### 4.6.2 Dependability

Careful documentation and an audit trial (a record kept of how this qualitative study is conducted) were used to ensure the dependability of this study.

### 4.6.3 Conformability

In addition to the technique, which is used to ensure credibility and dependability, which are also important to ensure conformability, raw data was recorded using a digital audio recorder during the interview to guarantee conformability. And it was achieved by using quotes, which means linking the words of the participants with the discoveries.

### 4.6.4 Transferability

To make judgments about transferability, appropriate probes were used to obtain detailed information on responses. The data collector observed the participants' body movements, facial expressions, eye gaze, and tone of voice during each interview, and everything was recorded on a field note. After data collection, the principal investigator transcribed the audio-recorded data in the participant's local language in written form, which was translated to English by PI and then the data was coded, categorized, and analyzed based on breadth, depth, context, and nuance for ease of interpretation.

## 4.7 Data management and analysis

At the end of each interview, verbatim transcription was conducted with the original language of the interview (Amharic version). The transcription was made by PI. In addition to the interview, when the participants of the study had anything to say, they called the PI. The translation of the transcript from Amharic to English will also be done by the PI assisted by artificial intelligence. The conceptual translation was used after reading and review of the transcribed tapes 3 times to ensure the accuracy of wording and authentic representation of the participant's experience.

Both inductive and deductive thematic analysis were used to analyze the data. An interpretation of the qualitative data depended upon patients' descriptions of their experiences and perceptions, which the investigator checks against the verbatim transcripts for accuracy and consistency.

The researcher read the transcript and translation several times to become familiar with the data. Both initial and line-by-line coding system by descriptive and value coding methods was used. Based on the relation of the codes, sub-themes were developed. Then, sub-themes were organized under the main themes. Then, the results were written as per the themes. Quotes were used to highlight each category and show associations with each theme. The ATLAS.ti **7** software was used to facilitate data analysis.

### 4.8 Ethical considerations

Informed Consent was obtained from all participants before their involvement in the study, ensuring they understood the purpose, procedures, risks, benefits, and confidentiality measures. All participants consented for audio recording. Strict confidentiality was maintained by assigning unique identifiers instead of using participants' real names during after the audio recording and during transcription, analysis, and reporting stages. Participants were allowed to withdraw from the study at any point without facing any consequences or negative impact on their care.

# CHAPTER 5. RESULTS

## 5.1 Socio-demographic characteristics of the respondents

A total of 10 women who had experienced miscarriage participated in this study. The age of respondents ranged from 35 to 43 years old. Six of them lived in urban areas, while four of them lived in rural areas. Their education level ranged from illiteracy to degree. Half of them were housewives while the remaining five worked in business farming and office. The number of miscarriages the participants had ranged from 1-4. The participants were given codes from p1 to p10.

Table 1; Socio-demographic status of the participants of the research on the psychological experience of miscarriage among advanced reproductive age women in Addis Ababa, Ethiopia, 2023/24

| Variables | Categories | Frequency |
|---|---|---|
| Age | 35-40 | 7 |
| | 41-43 | 3 |
| Education | Illiterate | 2 |
| | Elementary | 3 |
| | High School | 2 |
| | Degree | 3 |
| Job | Housewife | 5 |
| | Business | 2 |
| | Farmer | 1 |
| | Office | 2 |
| Residence | Urban | 6 |
| | Rural | 4 |
| No Of Miscarriage | 1 | 2 |
| | 2 | 3 |
| | 3 | 4 |
| | 4 | 1 |
| Time To Miscarriage | < 6 Months | 3 |
| | 6 Months – 1 Year | 3 |
| | 1-2 Year | 2 |
| | 2-3 Year | 2 |
| Gestational Age at Miscarriage | < 12 Weeks | 5 |
| | 12-28 Weeks | 5 |
| No Of Children | 0 | 3 |
| | 1 | 4 |
| | 2 | 2 |
| | 3 | 1 |

### 5.2 Themes

In this study, five main themes emerged from the analysis, and others were taken from predetermined themes. These include turmoil of emotions, making sense of the trauma, ambivalence over pregnant women and children, future pregnancy expectations, and coping mechanisms.

Table 2: Them and code description

| Themes | Subthemes | Codes |
|---|---|---|
| Turmoil of emotions | Grief and isolation | Withdrawal from family, sadness, feeling bad, hard to endure, grief, being alone in the struggle, anger, chaos, depression, neglect of children, perceived judgment by others, a thirst to be understood |
| | Theft of expectations | Heartbreak, anticipation of birth, heartbreak of loss, excitement over pregnancy |
| Making sense of the trauma | Like losing a child | As painful as Losing a child |
| | Questioning why | Questioning why, self-doubt, self-scrutiny |
| | Anxiety over not knowing the cause | Uncertainty, confusion, worry, Fear of failed effort, lack of reassurance |
| | Self-blame | Guilt, self-blame |
| | Futile labor | Fruitless struggle, exhaustion |
| Ambivalence over pregnant women and children | Longing | Feelings of longing, yearning, wishing |
| | Empty-handed | Leaving empty-handed |
| | Envy | Jealousy, Comparison with others, and thirst for care triggered emotion |
| Future pregnancy expectations | Regret over the loss of optimal reproductive years | Regret, Self-blame |
| | Anxiety over unfulfilled expectations | Fear of disappointing family, parental worry, anxiety over partner leaving, fear of judgment |
| | Fear of repeated trauma | Uncertainty, fear of miscarriage, fear of repeated trauma |
| | Hopelessness | Giving up, lack of hope, despair |
| | Hopefulness through faith | reliance on faith |
| Coping | Desire for privacy | Silence, seeking solace within self, avoiding interactions, fear of emotional triggers, lack of genuine support, thirst to be understood |
| | Distraction as coping | Work as a distraction, social interaction as a distraction |
| | Faith-based coping | Acceptance, Acceptance of divine decree, acceptance and resignation |
| | Support from others | Spousal support, familial support, social support |

### 5.2.1 Theme I turmoil of emotions

This theme refers to the complex and intense initial emotional response that women of advanced reproductive age have following a miscarriage. This may include feelings of grief, sadness, anger, and confusion.

**Grief &isolation**

Grief is a natural and normal reaction to loss, and women who experience miscarriage feel a wide range of emotions, including sadness. Participants of this study were asked what they felt and thought when a miscarriage happened. Most of the participants experienced a great deal of sadness, depression, and anxiety after losing their children. They also felt isolated. A 38-year-old woman who had experienced 3 miscarriages one after another said;

> *"I was very sad. I didn't want to see anyone. I didn't want to meet people. I even wanted to change my residence. It was very hard for me." (P5, 38 yrs., 3 miscarriages, 1 child)*

They also have feelings of isolating themselves as they feel judged or nobody understands their pain as the above participant also stated;

> *"It was hard for me to face the people around me I thought everyone thought bad of me…. as if everyone pointing fingers towards me…" (P5, 38 yrs., 3 miscarriages, 1 child)*

Another participant explained:

> "*I feel grief. If I feel bad over a small thing, I tend to see it as something seriously bad." (P4, 38 yrs., 3 miscarriages, 1 child)*

One participant expressed how she neglected her children as a result of the grief she felt.

> "*It was very hard. I was depressed. I avoided mixing with my family. I wanted to be alone. I even distanced myself from my children. It was very hard. I wasn't even treating the children whom I gave birth to in the right way. I was in grief." (P2, 40 yrs., 2 miscarriages, 2 children)*

**Theft of expectations**

Miscarriage was a major disappointment, as it robbed women of the expectations they had for their future families. They feel like their expectations have been shattered after they got excited over the pregnancy and got their hopes up.

One of the participants who had a history of repeated miscarriage said she was very happy when she found out she was pregnant with a boy. She even bought clothes for the baby. However, she miscarried and felt very sad when she saw all the things she had bought for the baby. Another participant expressed:

> "When *I got pregnant again, I was so happy I even hugged the doctor who told me I had conceived. She congratulated me and I finally thought I was going to have a baby. I was going to give my boy a brother or a sister and after two months I had a miscarriage. It was as if nature was saying to me why did you get happy over the pregnancy." (P7, 39 yrs., 1 miscarriage, 1 child)*

One participant stated the heartbreak that she faced after eagerly waiting for her baby:

> *"Being told you have miscarried while waiting eagerly to meet your baby breaks your heart. Laboring and giving birth to a dead baby is very hard and it breaks your feelings." (P8, 43 yrs., 3 miscarriages, no child)*

### 5.2.2 Theme II Making sense of the trauma

This theme relates to the cognitive and emotional processes involved in trying to understand and come to terms with the trauma of miscarriage. The findings of this study reflect on how women in advanced reproductive age make sense of the loss and the meanings they attribute to the experience.

**Like losing a child**

Some of the participants in the study expressed the deep pain and loss they felt after experiencing a miscarriage. In this study, they mentioned what they had lost through the miscarriage felt like

losing a child and they grieved deeply. The above statement was expressed by participants in the following ways

> *"Miscarriage...I would like it if the word is not even mentioned, to be honest. It is hard miscarriage is no different from losing your child for death." (P5, 38 yrs., 3 miscarriages, 1 child)*

Participants also stated the attachments they had with their baby through different sensations that made miscarriage feel like a child-like loss:

> *"A baby whom you can see through ultrasound his movement, hear his heart beating is no different for me from a child that I hugged. I grieved like I lost a child that I gave birth to." (P2, 40 yrs., 2 miscarriages, 2 children)*

> "*It is very difficult……for months I felt my baby kicking me I heard the heartbeat whenever I go for follow up when I got told I had miscarried I felt like I lost my child part of myself." (P9, 41 yrs., 2 miscarriages, no child)*

> *"When I go to the clinic for follow up, I would hear the heartbeat I get to see the movement that was my baby, and all of a sudden it was no longer there it felt like I lost my child." (P10, 39 yrs., 2 miscarriages, 1 child)*

**Questioning Why**

In this study, most of the participants questioned their everyday actions and mundane habits. They asked themselves what they did wrong, or they wondered if there was anything they could have done to prevent the miscarriage. The above statement was expressed by a participant as she questioned everything she did, wondering if she was doing something wrong that was causing her to miscarry. A 38-year-old mother who had experienced 3 successive miscarriages said:

> *"I question even the way I walk out of fear. Is it different from normal people? What have I not done? I even think about the way I sleep. I usually sleep only on my right side. So, I think maybe I should force myself to try to get used to the other side." (P4, 38 yrs., 3 miscarriages, 1 child)*

Another participant expressed experiencing similar anxiety and fear to P4. She is also constantly worried about miscarrying again, and she is hyper-vigilant about any changes in her body. She is also questioning everything she does, wondering if she is doing something wrong that is causing her to miscarry.

> *"I started to scrutinize my every movement be one of my behaviors is abnormal. Maybe I shouldn't walk so fast normally? What have I overlooked? I also started thinking about the clothes that I wear. it is just one question after another in my mind." (P9, 41 yrs., 2 miscarriages, no child)*

In Addition to this, *a* participant who claimed to have taken every possible precaution was left questioning why after her miscarriage repeated for the 3rd time. She stated:

> *"During the third one (the third pregnancy), I took all the precautions…I didn't move…When I started the 7th month my water broke. I didn't know where it came from. I didn't fall I was on the bed. I don't know why." (P8, 43 yrs., 3 miscarriages, no child)*

Another participant had the question of why she couldn't make a meaning out of the suffering of miscarriage.

> *"My God what did I do that I am getting tested like this' My mind was in question" (P5, 38 yrs., 3 miscarriages, 1 child)*

**Anxiety over not knowing the cause**

Miscarriage can lead to anxiety in women who are concerned about whether they will be able to get pregnant again as they don't know why it happened in the first place
The above statement was expressed by a participant in the following way

> *"I worry about so many things, about the things I eat, the way I walk, I dress, the way I sleep, the weight of things I carry. There are things older mothers say like eating Papaya, Pineapple drinking Flaxseed… I started listening to all the advice since I couldn't say this was right or wrong. Everything worries me." (P2, 40 yrs., 2 miscarriages, 2 children)*

Furthermore, the participant stated:

> *"What if I get pregnant now? The first and the second one, the cause not being known... what if I get pregnant again... If I knew what the cause that made me lose 2 of them, I would have been cautious. What if I get pregnant now and get a miscarriage? I still have anxiety about it." (P2, 40 yrs., 2 miscarriages, 2 children)*

Participants also stated that being told to try again or folic acid doesn't give them any reassurance about the next pregnancy

> *"I can't stop the anxiety. I worry a lot all I have been told by the doctors and nurses is just to take folic acid even my family tells me to just take care of myself and recover but I don't know why it happened what if I do something and it gets miscarried again" (P9, 41 yrs., 2 miscarriages, no child)*

Another participant stated how being told to "try again" gives no reassurance.

> *"The doctors just tell me to treat myself at home and try again that doesn't give me the reassurance I don't know why this one happened what if I get pregnant and it happens again what if I lose my child again, I worry about it almost every day." (P10, 39 yrs., 2 miscarriages, 1 child)*

**Futile labor**

Among the participants who had experienced multiple miscarriages, the subtheme of futile labor emerged as they felt like their efforts to endure the hardships of pregnancy had been in vain when they experienced a miscarriage. The participants of this study expressed how they felt exhausted, sad, and frustrated as they were not able to see the fruits of their labor. The above statement was expressed by participants in the following ways:

> *"You struggle; you get exhausted and you don't get your child you don't see the fruit…. enduring everything and not seeing your fruit is very hard"* (*P5, 38 yrs., 3 miscarriages, 1 child)*

"Year *after year, it is just exhaustion and hard work. You don't get to see the fruit of your labor. You get pregnant for 4 months, for 6 months and it keeps on getting miscarried. It feels like it is all fruitless labor" (P8, 43 yrs., 3 miscarriages, no child)*

*"…it is just exhaustion year after year without fruit…" (P10, 39 yrs., 2 miscarriages, 1 child)*

**Self-blame**

Some women who experience miscarriage blame themselves for what happened. They think that it is their fault that the miscarriage has happened. They thought working despite their pregnancy was the likely cause of the miscarriage. The above statement was expressed by a participant in the following way

*"While I was 2-3 months pregnant, I used to wash blankets. My husband was in jail and half of Ramadan I was going there. I was very exhausted on top of that I was fasting. So, I think it was my fault." (P4, 38 yrs., 3 miscarriages, 1 child)*

Similarly, other participants stated:

*"I was working day and night. since I had the energy, I thought it would be all right. Even though they told me not to lift even light items I would do it. so, it was my fault" (P7, 39 yrs., 1 miscarriage, 1 child)*

*"It is my fault I was working despite my pregnancy people say a lot of things that didn't make sense to me I never listened to any of them and then this happened I should have been cautious." (P9, 41 yrs., 2 miscarriages, no child)*

### 5.2.3 Theme III ambivalence towards other pregnant women and children

This theme pertains to the conflicting feelings of longing and bitterness that women may have when they come across women who are pregnant or when they see babies.

**Longing**

Women who experience miscarriage long for the baby they lost. They dream about the child they would have had, and how the child would have been had there not been a miscarriage. The above statement was expressed by a participant in the following way

> *"It is hard when I see pregnant women, mothers, and children. If my first child was born, she would be playing by now. I would say my child would have gotten here by now she would been like this. She would be playing like this…" (P5, 38 yrs., 3 miscarriages, 1 child)*

Another participant stated:

> *"When I see children, I would think my child would be this age. I would count the years and think my child would get to this age. When I saw those who were pregnant when I was pregnant, I would think I would have given birth by now. I would be hugging my child by now." (P3, 40 yrs., 3 miscarriages, no child)*

Similarly, a participant who had been eager to have a son said:

> *"As I told you my 2 children are girls; they would have had a brother now." (P2, 40 yrs., 2 miscarriages, 2 children)*

**Empty handed**

Women who had experienced a miscarriage in this study felt empty-handed. They have gone through all the physical and emotional changes of pregnancy, only to come out of hospital empty-handed without a baby. The participants felt sad, heartbroken, and awful when they left the hospital and went back to their homes empty-handed after having a miscarriage, while other mothers left with their babies. The above statement was expressed by participants in the following ways:

> *"When you leave the hospital, mothers go out with their child and you leave empty-handed it feels awful. When mothers go out with their children, I suffer with pain but I*

*have no child. (She cried) …when I went back home people went back with their children and I was empty-handed despite suffering so much. (P4, 38 yrs., 3 miscarriages, 1 child)*

*"The feeling is very hard… very hard. When I see that the mothers with me gave birth carrying their babies; hear their children's voices; breastfeed while I am empty-handed. I didn't rest like a postpartum mother." (P2, 40 yrs., 2 miscarriages, 2 children)*

One participant who had repeated miscarriages stated how heartbreaking it is to have no baby to hold or feed as she says:

*"It's heartbreaking to leave the hospital empty-handed after miscarriage, while other mothers are leaving with their babies you have got nothing no baby to hold no baby to feed." (P8, 43 yrs., 3 miscarriages, no child)*

**Envy**

Women who experience miscarriage have a bitter feeling when they see other children and pregnant women as they wish for what they have. Particularly in this study, women felt bitter about not receiving care or getting honored like mothers who gave birth as well as their loss not getting recognized. The above statements are expressed by participants in the following ways

*"I envy pregnant women whenever I see them, I wish I could have what they have I don't mean bad for other women and their children I am not a bad person but there is a feeling I get whenever I see them." (P7, 39 yrs., 1 miscarriage, 1 child)*

*"Women who give birth are given post-partum care even if their child dies after that. It is an honor. People come by and give their condolences. But when you have a miscarriage, no body looks at you. No one recognizes your loss like mothers who gave birth." (P9, 41 yrs., 2 miscarriages, no child)*

*"A woman who had a miscarriage doesn't get honored like a mother who gave birth you have no baby in your hand like them." (P6, 42 yrs., 1 miscarriage, 2 children)*

### 5.2.4 Theme IV Future Pregnancy Expectations

This theme explained what the participants have felt especially in relation to their age. It encompasses subthemes that include regret anxiety fear and hopelessness but it also resilience.

**Regret over the loss of optimal reproductive years**

Women who experience miscarriage later in life regret not having had children sooner. They feel like they have missed their chance to have a family, and they feel a sense of loss and regret. Some participants even regretted not getting married earlier or spending many years on education. The above statements are expressed by participants in the following ways:

> *"If I had gotten married early; if I left everything; If I had given precedence to myself and got married…., I regretted it…… I still feel regret. My mother used to say to me to just leave everything and get married. If I had left it all of this wouldn't have happened." (P5, 38 yrs., 3 miscarriages, 1 child)*

> "*...I mentioned I postponed the pregnancy by 6 years for education, right? I was a regular student. I wish I had learned through extension or night and got pregnant and gave birth. I have a regret". (P2, 40 yrs., 2 miscarriages, 2 children)*

> *"I really regret it. I was told to try. My age worries me a lot. It is not something you can turn back. I didn't use my age properly. If I married early, I would give birth multiple times by now and there I wouldn't worry about age. Because I have used my age." (P3, 40 yrs., 3 miscarriages, no child)*

**Anxiety over unfulfilled expectations**

Women who experience miscarriage feel anxious about fulfilling their child, husband, and husband's family expectation to have a child. Their anxiety grows as they realize that they have only a few years left before their years of reproduction come to an end. The above statement was expressed by the participant in the following way

*"I know that both sides of our family wait for the news of us having a son and as years go by, I get worried more because I am not getting any younger" (P6, 42 yrs., 1 miscarriage, 2 children)*

*"When you are a woman, you are expected to have a child as you know. Let alone your family even other people expect you. It makes you worry whether you like it or not because day by day you are getting old"* (*P9, 41 yrs., 2 miscarriages, no child)*

Other participants expressed their anxiety over not being able to answer the question of their children*:*

*"What worries me is my daughter doesn't have a sibling. Every time she goes to someone else's house and sees a child she cries. She says to me "Children in school or Quran school say to me 'How come you don't you have a sister'" (P4, 38 yrs., 3 miscarriages, 1 child)*

One participant stated: *"My little boys ask me now and then when are we going to have a little sister like our friends it is not in my hand to give them a sister. Whenever they ask me, I get worried I get anxious" (P7, 39 yrs., 1 miscarriage, 1 child)*

Some of the participants stated their anxiety over the weight of their husband's expectations. 40 years women who had recurrent miscarriages said*;*

*"My husband doesn't have a child. His family expects a child and this issue worries me a lot. Sometimes I worry not for myself but for him. He is a man who may not continue living with me. He may wait and see and leave. I am only going to get old. (P3, 40 yrs., 3 miscarriages, no child)*

*"Even though my husband doesn't say it I know he silently expects me to have a baby it worries me a lot. I only have a few years left." (P8, 43 yrs., 3 miscarriages, no child)*

*"I have only had one child he wants a sister my husband also expects from me I feel the weight it makes me anxious" (P10, 39 yrs., 2 miscarriages, 1 child)*

**Fear of repeated trauma**

Women who have experienced even one miscarriage are afraid of having another. This anxiety makes them avoid getting pregnant again even though deep down they want to have a child. Some women expressed how they can't risk getting a miscarriage again because they are getting older and they have few years left. The above statement was expressed by participants in the following ways

> *"I am scared of pregnancy. What if I have the same pain and bleeding, I know I only have a few years but I want some assurance from the doctors before I try because I heard evacuation makes your uterus get thin." (P7, 39 yrs., 1 miscarriage, 1 child)*

> *"What if the pregnancy gets to late stage and harms me even more? What if the bleeding becomes even much more than what was before? Or what if it gets discontinued like this one?... If possible, I want to sleep in a separate room from my husband. I have a fear in me." (P4, 38 yrs., 3 miscarriages, 1 child)*

Participants expressed how being told by health care providers to just try again gives them no guarantee that miscarriage won't happen again.

> *"Whenever this happens, they just tell me to try again how do I try again what if the same thing happens, I am scared." (P8, 43 yrs., 3 miscarriages, no child)*

> *"I suffered a lot with the past miscarriages I had a lot of bleeding I am scared it will repeat itself what guarantee do I have all the doctors say is just try again. If possible, I want to get pregnant when, I am sure. I have few years left I can't take the risk." (P9, 41 yrs., 2 miscarriages, no child)*

**Hopelessness**

Women who experience miscarriage at advanced maternal age feel hopeless. After trying everything they thought would make childbirth possible they feel like they will never be able to have a child, and they give up on their dreams of having a family. The above statement was expressed by participants in the following ways

*"I thought…What can I do now? I tried government hospitals; I tried private hospitals but no change I kept losing it (the baby) now even my menstruation is getting irregular. It was never like this before. I think my time is coming. What can I hope for…" (P8, 43 yrs., 3 miscarriages, no child)*

*"I did everything the doctors told me to do. I took every precaution and it still happened again. I don't know what I can do anymore I have lost hope. I only have few years from now." (P7, 39 yrs., 1 miscarriage, 1 child)*

**Hopefulness through faith**

Some women found strength in their faith despite experiencing a miscarriage at their advanced reproductive age. They believed that God had a plan for them, and they found comfort in their religious beliefs. The above statement was expressed by the participant in the following way

*"To be honest if God wills and as long as He gives me life, I will try I won't give up…Even though I am scared when I think of giving birth, I won't give up. I will pray and beg God" (P5, 38 yrs., 3 miscarriages, 1 child)*

Another participant stated

*"Now Ramadan is coming I will pray what Allah has written for me won't be left. Nothing will be left. If God wills, I will pray and ask Allah. Nothing is impossible for Allah." (P4, 38 yrs., 3 miscarriages, 1 child)*

One participant who had been diagnosed with multiple myomas as the cause for multiple miscarriages at the time of the interview stated that

*"After the myoma excision I want at least 1 child…. I don't think it would be miscarried this time. It is all in God's hands I will pray." (P3, 40 yrs., 3 miscarriages, no child)*

### 5.2.5 Theme V Coping strategies

This theme involves examining the various strategies that women use to cope in the aftermath of miscarriage. it includes seeking privacy using distractions using faith and support from others for coping

**Desire for privacy**

Participants in this study wanted to keep their privacy. They did not want to interact with others. Some of the participants found comfort in spending time alone. They felt that being around people was too much for them and that they needed time to process their emotions on their own

The above statement was expressed by the participant in the following way

> *"I find comfort in spending time alone. ...so, when I am alone, I feel peace I can pray or do what I want people won't trigger me" (P8, 43 yrs., 3 miscarriages, no child)*

One participant stated how she found comfort in spending time alone. She felt that being around people was too much for her and that she felt pressured. She said;

> *"Sometimes, being around people can be disturbing for me, even answering their questions and hearing their advice is so tiring. Even if I listen to them out of respect, my mind is saying why don't they leave me alone. So, whenever I can I just want be alone. Without the pressures of social life, I feel peace." (P9, 41 yrs., 2 miscarriages, no child)*

**Distraction as coping**

Contrary to the previous subtheme, some women find that distraction helps them cope with the pain of miscarriage. They may throw themselves into their work, spend time with friends and family to help them forget about their pain. This statement was expressed by the participant in the following way

> *"I would go to church and I would mix with people. When I have anxiety, I would go to church; I would go to people and kids ... I would forget it" (P3, 40 yrs., 3 miscarriages, no child)*

Other participants expressed that they coped by busying themselves with work:

> *"When I am home, I feel sad. When I go out, I see children; I meet people and they ask about me; they remind me what I am trying to forget. So, I made myself busy with housework or I would do everything. Even though I can't forget my baby, I wasn't worried like I was before" (P8, 43 yrs., 3 miscarriages, no child)*

Another participant stated that she used work as a form of distraction: *"I didn't consult anyone I went through it alone. I am a woman of work... in shop. I go out in the morning and I come back at night and I come back exhausted." (P4, 38 yrs., 3 miscarriages, 1 child)*

One participant stated; *"I threw myself into my work and tried to forget about the miscarriage. I worked long hours. When my mind is busy, I forget my worries I forget my sadness" (P7, 39 yrs., 1 miscarriage, 1 child)*

**Faith based coping**

Some women find comfort in their faith after experiencing miscarriage. They find solace through acceptance of God's plan. They find comfort in praying to God and believe that He will help them through difficult times. This statement was expressed by the participant as she said she believes that God has a plan for everyone and that everything happens for a reason.

*"I believe God lets everything happen for a reason. I just say Thank God. It made me get closer to God. All the sadness that I experienced made me rely on God more and believe in God…I just prayed I begged God." (P5, 38 yrs., 3 miscarriages, 1 child)*

Other sample quotes include:

*"I find comfort in knowing that God has a plan for me and my unborn child even if I may not understand it at the moment. I pray for strength and guidance, trusting that God will help me heal, and find peace in this difficult time." (P7, 39 yrs., 1 miscarriage, 1 child)*

*"And now that Ramadan is coming, I will pray. What Allah has written for me won't be left. Nothing will be left. If God wills, I will pray and ask Allah. Nothing is impossible for Allah." P4, (38 yrs., 3 miscarriages, 1 child)*

**Support from others**

Some of participants of this study often found support from friends, family, and neighbors which helped them cope with the anxiety and grief they were experiencing. They gratitude for the

support they received from their friends, neighbors, and family members. They said that these people were a source of comfort and encouragement and that they helped them to cope with their grief. Sample quotes include:

> *"I have friends and neighbors that would comfort me and be by my side..... They encourage me by saying 'Tomorrow is another day you have another chance don't worry.' They would tell me 'Don't worry you should only worry about your health you can live without a child or you can take a child for adoption'." (P3, 40 yrs., 3 miscarriages, no child)*

> *"I used to stay in the masjid. After that My husband My mother and father and my husband's family. They spent time with me, talking to me, doing things that I love." (P2, 40 yrs., 2 miscarriages, 2 children)*

> *"I am lucky to have my husband and my neighbors. They are a gift from God. They cried with me they even cooked and cleaned for me they treated me very well. I felt the sadness shed away from me little by little." (P6, 42 yrs., 1 miscarriage, 2 children)*

# CHAPTER 6. DISCUSSION

The aim of this study was to explore the psychological experience of miscarriage among women of advanced reproductive age. Consequently, this study identified several themes and subthemes that corresponded to the conceptual framework as well as newly emerged themes. It explored the participant's experience from individual relational as well as temporal contexts. The participant's individual experience of miscarriage encompassed their intense initial response to the miscarriage and the meaning they attached to it. While the relational context identified the psychological ramifications of interacting with women who were pregnant, mothers, and children. The temporal context brought out their expectations towards future pregnancies in relation to their age. Finally, the coping mechanisms were discussed. Each theme and subtheme will be discussed below.

The first theme “turmoil of emotions” responses made by study participants demonstrate the significant emotional toll that miscarriage takes on women. Miscarriage resulted in grief and an emotional distance from family members, as well as a desire to retreat from social situations and even from close family members. Some participants had anger management problems and increased in anxiety, while others felt alone. This finding was in line with the study of Women’s experiences of miscarriage where the participants experienced a range of emotions such as loneliness, isolation, fear, helplessness, and self-blame in addition to their grief and loss (57).

Furthermore, women who had repeated miscarriage expressed their efforts as futile labor. Participants convey feelings of exhaustion, sadness, and frustration at not seeing the outcome of their hard work and sacrifices in carrying a pregnancy to term. On the other hand, the study among women in UAE who had recurrent miscarriage identified the theme “painful and endless pregnancy” as women said they had the pain of labor and the periods of gestation and pregnancy but didn't get to hear the baby’s voice and the word of mama (56).

The participants emphasize the intensity of grief and mourning that follows pregnancy loss by drawing comparisons between the experience of miscarriage and losing a child. This finding is in line with the study in Jordan where participants expressed miscarriage as “childlike loss” (55).

In this study, participants also expressed intense self-scrutiny and questioning, seeking to find a reason or cause for their miscarriages and blaming themselves for the loss. Women were often wondering if there was anything they could have done differently to stop the miscarriage. This finding is in line with the study on the Experience of internal growth of women with recurrent miscarriage where 'Self-reflection on Daily Life' had been identified as a theme (44). This required thinking back on previous routines and actions, such as food, sleep schedules, and exposure to traumatic situations, that might have led to recurrent miscarriages. Additionally, they reflected on stressful situations they had experienced during pregnancy. They attempted to determine whether their everyday habits and behaviors were the cause of their miscarriages (43,45).

Participants often struggled with feelings of self-doubt and anxiety about future pregnancies as they didn't know the cause of the previous miscarriage. The absence of specific answers or assurance from healthcare experts compounded the participants' statements of anxiety about becoming pregnant again. This was described in different studies that women had self-doubt, guilt, and anxiety about future pregnancies (53,53,64,65).

The study findings also reveal a prevalent subtheme of self-blame among women who have experienced miscarriage, with participants expressing deep feelings of guilt and responsibility for the loss. They blame their behavior or perceived failings, including not taking a caution, working throughout pregnancy, for the loss. Demonstrating a widespread sense of guilt and the conviction that they might have prevented the tragedy in some way. This finding is in line with the study of Women's experiences of miscarriage where participants blamed themselves and felt guilty for the miscarriage, viewing it as a personal failure (49,57). Women can also feel guilt, blame, and a loss of confidence in womanhood (42).

The study findings also revealed envy towards pregnant women and mothers. Participants express a mix of emotions, including envy, sadness, and a sense of feeling left out or unrecognized in their grief. The participants' statements capture conflicting emotions of envy indicating a deep desire for what they perceive others to have. This finding is in line with the study on Instagram Users' Experiences of Miscarriage. The study found that women find pregnancy announcements on social media upsetting and challenging, and express jealousy toward other pregnant women at social events and baby showers (66).

Participants voiced their desire to have a child repeatedly, but they also opened up about their fears of possibly having to relive the anguish, pain, and bleeding of a miscarriage. they related to their age as they are not like the young and they can't risk having repeated trauma or they can't recover like the young. Furthermore, Participants express their anxiety about meeting societal, familial, and personal expectations for motherhood. The burden of not being able to provide a sibling for their children or meet their partners' expectations weighs heavily on them.

Participants who had a child would worry about not being able to fulfill the need of their existing children to have a sibling. Some participants felt that it is a matter only a matter of time before their partners would leave them as they couldn’t have a child and they were getting old. Their anxiety was compounded as they felt they were only getting older and they had few years left to meet those expectations. Similarly, According to the study on coping after recurrent miscarriage: uncertainty and bracing for the worst, women with recurrent miscarriages had fears about their future and some were worried about never being able to have children of their own (61).

This study delves into the varied coping strategies employed by women following a miscarriage, emphasizing the significance of privacy, faith, and distraction and support for the participants to cope with their loss. Some women turn to distraction, immersing themselves in work or social activities to temporarily escape their emotional turmoil. This finding is in line with the study on Experience of miscarriage: An interpretative phenomenological analysis which identified that women coped by focusing on commitments, particularly taking care of other children in the family (48). Conversely, faith emerges as a source of comfort and resilience, with participants finding solace in prayer and religious beliefs. This finding is in line with the study on the experience of UAE women after recurrent miscarriages where participants' utilization of religious beliefs had emerged as a theme while the acceptance of divine destiny and being thankful to God were the subthemes (56)

The study findings emphasize the crucial role of support from friends, family, and neighbors in helping women cope with the anxiety and grief following miscarriage. Participants expressed gratitude for the emotional and practical assistance they received, highlighting the positive impact of having a strong support network.

The presence of loved ones provided comfort, encouragement, and practical help, easing participants' sadness and anxiety and contributing to their well-being. Advice and guidance from their support network also played a significant role in helping women navigate their grief, regain perspective, and cultivate resilience. This finding is in line with several studies that identified the coping mechanisms of women after they had a miscarriage where the spousal family as well as social support including support groups had helped women cope with miscarriage (48,55,61,67,68)

In considering areas for future research on the psychological experience of miscarriage among advanced reproductive aged women, several key areas emerge. Firstly, there is a need for quantitative studies to identify psychological distress in this demography and quantify the magnitude and also longitudinal studies to track the long-term psychological impact of miscarriage on women in this demographic group, including factors such as grief, anxiety, and depression. Additionally, exploring the role of support systems, including partners, family, and healthcare providers, in mitigating the psychological effects of miscarriage could provide valuable insights. Furthermore, comparative studies between younger and older mothers, different cultural and socio-economic contexts could help to elucidate the influence of these factors on the psychological experience of miscarriage.

### 6.1 Strength and limitations

The strengths of this study include the use of qualitative methods, which allowed for an in-depth exploration of women’s experiences of miscarriage. By focusing specifically on this demographic group, the research can provide valuable insights into the unique challenges and emotions faced by women in this age when dealing with pregnancy loss.

Obtaining generalizable data was not an aim of this study, as the focus was on exploring in detail women’s experiences through interviews. Larger scale research is now needed to determine if these women’s experiences are representative of the wider population, as well as to explore the experiences of their partners and other means of supporting people regarding this loss.

# CHAPTER 7. CONCLUSION

The study on the psychological experience of miscarriage among advanced reproductive aged women was conducted among 10 women from 35-43 age who had single or multiple miscarriages within the past 5 years. a semi-structured in-depth interview consisting of questions that explored the psychological experience of this population from individual social and temporal aspects was conducted. consequently, five themes had been identified - turmoil of emotions, making sense of trauma, ambivalence towards pregnant others, future pregnancy expectations, and coping mechanisms.

The theme of the turmoil of emotions highlights the intense and often conflicting feelings that women experience following a miscarriage, including grief, isolation guilt, anger, anxiety, and sadness. Making sense of trauma involves the process of trying to understand and come to terms with the loss, while ambivalence towards pregnant others reflects the complex emotions that can arise when interacting with individuals who are expecting a child. Future pregnancy expectations reveal the hopes and fears that women may have about conceiving again after a miscarriage while coping mechanisms underscore the strategies that women use to cope with their grief and move forward.

This research suggests the importance of providing support and resources to help women navigate the psychological challenges of miscarriage. By understanding the diverse experiences and coping strategies of advanced reproductive aged women, healthcare providers can better support these individuals through their healing process.

# CHAPTER 8. RECOMMENDATION

**For researches**

As the findings of this study are not stand-alone, it is recommended that further quantitative studies be done on the prevalence of miscarriage as well as psychological distress in this population.

**For Health Care Providers**

as a consequence of future supportive research, it is recommended that healthcare providers offer personalized and sensitive support to these individuals. Providing access to mental health resources, such as counseling or support groups, can help women cope with the emotional impact of miscarriage. Offering individual counseling, support groups, and resources for coping strategies can help these women navigate their grief and emotional distress effectively.

Furthermore, healthcare providers should establish a safe space for these individuals to express their emotions, fears, and uncertainties can foster a sense of validation and understanding during a profoundly challenging time. Encouraging discussions about fertility options, mental health resources, and future family planning can empower women to make informed decisions about their reproductive journey while addressing their psychological well-being.

**For the community**

It is recommended to raise awareness about the unique challenges faced by advanced reproductive aged women experiencing miscarriage to promote understanding and empathy within both medical communities and society at large. Encouraging open communication and destigmatizing discussions around pregnancy loss can contribute to a more supportive environment for those affected.

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# ANNEXES

**Annex 1: Information Sheet (English version)**

Title: psychological experience of miscarriage among advanced reproductive age women at public hospitals in Addis Ababa, Ethiopia, 2023/24.

**Principal investigator**: Fatuma Kedir Mohammed

**Name of the institution:** Addis Ababa University, College of Health Science.

Hello! I am Fatuma Kedir master of maternity and reproductive health nursing graduating student from Addis Ababa University and currently, I am doing research about the psychological experience of miscarriage among advanced reproductive age women. It is a health research study that explores the psychological experience of women with miscarriage

**Purpose of the study**: This study's goal is to explore the psychological experience of women with miscarriage so the result of the research will be useful in attaining improved healthcare services, improving the quality of life, and further research.

**Study procedure**: The research includes women >35 years. Willing participants in this study will be interviewed on a few questions regarding their life experience of miscarriage. It may take 30-90 minutes. Memos may be taken during the interview. Also, I will use a small recorder if you approve and short speeches from the interview will be used in reporting the final results of the research. As well you will also be requested to sign the consent form for your voluntariness. Results of this study will be shared over presentation, but your name will not be mentioned in the report.

**Possible risks/ discomforts**: There is not any harm associated with this study. However, you may feel uncomfortable psychologically in addressing some of the questions relating to your lived experience of miscarriage. In case you experience any severe distress please let me know and I will discontinue the interview and will be continued if you feel like it.

**Possible benefits**: At the moment, this study will not be of direct benefit to you, but I expect that findings from this study may help the policymakers to make verdicts in designing appropriate programs, strategies, and policies that will be advantageous indirectly to you and other women with miscarriages.

**Data confidentiality**: All the data from this interview will be handled to protect confidentiality. No one's name will be mentioned and the information will also be coded. I guarantee you that all the information provided about you such as your name and audio record of the interview will be protected from the public and your identity will not be mentioned in any report of this study. The interview will be audio recorded only to facilitate the interviewer's job. The audio recording of your interview will be written out but your name and other identifying information will not be written. Your name will be assigned a code number and this number will be used in all reports. All details of your information will be stored and secured in pass-ward-protected files on the researcher's personal computer. The names or physical addresses of participants will not be used during report sharing and communication of findings. Voluntary participation and right to leave the research: Participation in this study is voluntary and you have the right to decide whether to participate or not. You also have the right not to participate in this study or withdraw from the study if you wish without any worry.

**Payment:** there is no payment for study participants since; the interview is to be conducted while the participants are attending care in the hospital.

I would also like to inform you that this study is approved by the ethical committees of Addis Ababa University, college of health sciences.

**Persons to contact**: If you want to ask the principal investigator about the research at any time, you can contact me through Tel: +251920630862 or E-mail: fatimakedirmg@gmail.com

**Annex 2: Consent/assent Form (English version)**

SUBJECT'S CONSENT: I have been allowed to ask questions about this study. Answers to such questions (if any) have been satisfactory. The information in the study records will be kept confidential and will be made available only to persons conducting the study unless I specifically give my permission to do otherwise. If the results of the study are published, I will not be identified. In consideration of all of the above, I give my consent to participate in this research study I will be given a copy of this informed consent statement to keep for my records.

1. Agree _____

2. Disagree _____ on participation in the study

**Annex 3: Questionnaire**

**Demographic Information Questionnaire (English Version)** **Code**:----------

Can you please tell me some identifying information about yourself?

1. Age…….
2. Educational status.....
3. Occupation ----------
4. Residence ----------
5. Number of abortions _____
6. Time to last abortion ----------
7. Number of alive children ----------

**Semi-structured in-depth interview guide**

1. What was your experience like when you had a miscarriage?

   **Probe**:

   - Can you describe what you thought and what you felt when you found out about the miscarriage how would you describe the moment you first learned about the miscarriage and what emotions did you experience? what did miscarriage mean to you?

2. What aspects of the miscarriage were especially challenging for you?

   **Probe**: Can you recall a specific moment related to the miscarriage experience that was particularly difficult for you and are you willing to share this experience?

3. Do you think the experience of miscarriage has brought you psychological distress? how?

   **Probe:**

   - Can you describe any fears, anxieties, guilt, or self-blame you have particularly concerning your age?
   - Was the cause of the miscarriage ever determined? If not, did that make you feel distressed? how? If yes, did that make you feel distressed? how?
   - Did you experience any distress related to your age? how?

4. What do you feel and think when you see other pregnant women or babies after you had a miscarriage? How is related to you having distress?

5. How have you coped with the emotional/psychological challenges post-miscarriage?
6. What coping mechanisms or strategies have you found most effective in managing the psychological toll of miscarriage?
7. How did your husband, families, and neighbors help with coping, or have they aggravated your distress? how?
8. From your miscarriage experience, what do you feel about the possibility of future pregnancies?

   **probe:** Do you have any concerns related to your age?
9. Any other thing you want to add

Thank you

**Annex 4**

**Code book**

| | **Codes** | **Definition** |
|---|---|---|
| 1 | Acceptance | Acknowledging and coming to terms with the reality of the miscarriage. |
| 2 | Acceptance and resignation | Accepting the situation while feeling resigned to the outcome. |
| 3 | Acceptance of divine decree | Finding peace and acceptance through spiritual or religious beliefs |
| 4 | Alone in struggle | Feeling isolated and facing the challenges of miscarriage without adequate support. |
| 5 | Anger | Feeling frustration and resentment towards the situation or others involved. |
| 6 | Anticipation of birth and heartbreak of loss | Feeling both excitement for the upcoming birth and deep sadness over the loss of the pregnancy. |
| 7 | Anxiety | Experiencing heightened worry and unease about various aspects related to the miscarriage. |
| 8 | Anxiety over future pregnancy | Feeling anxious about the possibility of experiencing another miscarriage in future pregnancies. |
| 9 | Anxiety about partner leaving | Fearing that the repeated miscarriage may cause their partner to leave them; seeking children . |

| | | |
|---|---|---|
| 10 | Anxiety and self-doubt | Struggling with feelings of uncertainty and worry; questioning mundane actions habits as a cause of miscarriage. |
| 11 | Avoiding interactions | Withdrawing from social interactions as a coping mechanism. |
| 12 | Being in chaos | Feeling overwhelmed and disoriented by the emotional turmoil of the miscarriage. |
| 13 | Comparing with others | Comparing one's experience of miscarriage with mothers that had normal pregnancy and childbirth |
| 14 | Confusion | Feeling mentally unclear or uncertain about how to process the emotions surrounding the miscarriage. |
| 15 | Content | Feeling satisfied or at peace with the current circumstances despite the miscarriage |
| 16 | Depressed | Experiencing feelings of deep sadness, hopelessness, and loss of interest in daily activities. |
| 17 | Desire for privacy | Seeking solitude and privacy to process emotions related to the miscarriage. |
| 18 | Distraction as coping | Using distractions as a way to cope with the grief and pain of the miscarriage. |
| 19 | Emotional isolation | Feeling emotionally disconnected from others due to the experience of miscarriage. |
| 20 | Empty-handed | Feeling a sense of emptiness after the miscarriage as they didn’t get to carry or hug their child after the pregnancy struggle |
| 21 | Envy | Experiencing jealousy or resentment towards those who have successful pregnancies and children. |
| 22 | Exhaustion | Feeling physically and emotionally drained due to the toll of the miscarriage experience. |
| 23 | Fear | Experiencing intense anxiety and worry about various aspects related to the miscarriage. |

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| 24 | Fear of disappointing family | Worrying about letting down family members on not being able to have a child due to the miscarriage. |
| 25 | Fear of failed effort | Fearing that efforts to maintain a pregnancy will not be successful. |
| 26 | Fear of judgment | Feeling anxious about being judged by others for the circumstances surrounding the miscarriage |
| 27 | Fear of miscarriage | Experiencing intense fear and anxiety about the possibility of a miscarriage occurring. |
| 28 | Fear of repeated trauma | Dreading the potential for experiencing the physical trauma of miscarriages in the future. |
| 29 | Fear of emotional triggers | Avoiding situations or people that may trigger intense emotional reactions related to the miscarriage. |
| 30 | Feeling bad | Experiencing negative emotions such as guilt, shame, or regret in relation to the miscarriage. |
| 31 | Feeling like losing a child | Experiencing profound grief and loss as if losing a child after a miscarriage. |
| 32 | Feelings of longing | Experiencing a deep yearning or desire for what could have been with the pregnancy. |
| 33 | Fruitless | Feeling as though efforts to conceive or maintain a pregnancy have been unsuccessful or unproductive. |
| 34 | Fruitless struggle | Experiencing a sense of futility or hopelessness in relation to efforts to conceive or maintain a pregnancy. |
| 35 | Giving up | Feeling defeated and resigning oneself to not pursuing further attempts at pregnancy after a miscarriage |

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|---|---|---|
| 36 | Grateful | Appreciation and gratefulness for the children that had been born previously |
| 37 | Grief | Experiencing deep sorrow, mourning, and emotional pain in response to the loss of the pregnancy. |
| 38 | Grief triggered by blame | Feeling intense grief that is exacerbated by blame from others regarding the miscarriage. |
| 39 | Hard to endure | Finding it extremely challenging and difficult to cope with the emotional toll of a miscarriage. |
| 40 | Heartbreak | Experiencing intense emotional pain and sorrow over the loss of the pregnancy. |
| 41 | Hopelessness | Feeling a sense of despair and lack of hope for the future after experiencing a miscarriage. |
| 42 | Isolation | Feeling socially disconnected and alone in one's experience of miscarriage. |
| 43 | Lack of genuine support | Not receiving authentic or meaningful support from others during the grieving process after a miscarriage. |
| 44 | Lack of reassurance | Feeling insecure and uncertain due to a lack of reassurance or comfort from health professionals following a miscarriage |
| 45 | Leaving empty-handed: | Leaving the hospital empty-handed while other mothers leave with their baby . |
| 46 | Losing a child | Experiencing profound grief and loss as if losing a child after a miscarriage |
| 47 | Neglect of children | neglectful towards existing children while processing emotions related to a miscarriage |

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| 48 | Parental worry | Experiencing heightened concern and anxiety about not being able to give their children a sibiling |
| 49 | Perceived judgment by others | Feeling as though others are judging or scrutinizing one's actions that may have led to miscarriage. |
| 50 | Questioning why | Pondering existential questions about why the miscarriage occurred and seeking meaning in the experience. |
| 51 | Regret | Feeling remorse or sorrow over decisions made or actions taken in relation to marriage pregnancy or miscarriage. |
| 53 | Reliance on faith | Drawing strength, comfort, or solace from one's spiritual beliefs or faith during the grieving process after a miscarriage. |
| 54 | Resilience | Demonstrating strength, adaptability, and perseverance in coping with the emotional challenges of a miscarriage. |
| 55 | Resilience through faith | Finding resilience and inner strength through one's faith or spiritual beliefs during the grieving process after a miscarriage. |
| 56 | Sadness | Experiencing deep sorrow, melancholy, and emotional pain following a miscarriage. |
| 57 | Seeking solace within self | Turning inward for comfort, support, and solace during the grieving process after a miscarriage. |
| 58 | Self-blame | Holding oneself responsible or accountable for the occurrence of the miscarriage, leading to feelings of guilt or shame. |
| 59 | silence as coping | Using silence as coping mechanisms to navigate emotions related to a miscarriage. |
| 60 | Social support | Receiving emotional, practical, and relational support from friends, family, or support groups during the grieving process after a miscarriage. |

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| 61 | Theft of expectations | Feeling as though hopes, dreams, and expectations associated with the pregnancy have been stolen or taken away by the miscarriage. |
| 62 | Thirst for care | Craving nurturing, care, and compassion from others during the grieving process after a miscarriage. |
| 63 | Thirst to be understood | Longing for empathy, understanding, and validation from others regarding one's emotions and experiences following a miscarriage. |
| 64 | Triggered emotions | Experiencing intense emotional reactions in response to specific stimuli or reminders related to the miscarriage. |
| 65 | Uncertainty: | Feeling unsure, hesitant, or ambiguous about what lies ahead following a miscarriage. |
| 66 | Withdrawal from family | Pulling away from family members or loved ones as a way to cope with emotions related to a miscarriage. |
| 67 | Worries | Experiencing persistent concerns, anxieties, or fears about various aspects related to the miscarriage experience. |

**Annex 5: Information Sheet (Amharic version)**

**አዲስ አበባ ዩኒቨርሲቲ**

**ጤና ሳይንስ ኮሌጅ**

**በሚድዋይፋሪ የእናቶች እና የስነ ተዋልዶ ጤና የትምህርት ክፍል**

**ለጥናት ተካፋዮች መረጃ**

**ር ዕ ስ** - ውርጃ ያጋጠማቸው ጎልማሳ እናቶች የስነ ልቦናዊ የህይወት ልምድ

፣ **አዲስ አበባ** ኢትዮጵያ

**ዋና ተመርማሪ** - ፋጡማ ከድር

**የተቋሙ ስም ፤ አዲስ አበባ** ዩኒቨርሲቲ ፤ጤና ሳይንስ ኮሌጅ ፡ ፡

ጤና ይስጥልኝ! እ ኔ የ **አዲስ አበባ** ዩኒቨርስቲ **የእናቶች እና የስነ ተዋልዶ ጤና** ነርሲንግ ተመራቂ ተማሪ ፋጡማ ከድር ነኝ እናም በአሁኑ ወቅት ውርጃ ያጋጠማቸው ጎልማሳ እናቶች ላይ ስነ ልቦናዊ እና የ ህይወት ልምድ በ ተመለከተ ጥና ት እያደረግሁ ነው ፡ ፡

**የ ጥናቱ ዓላማ፡** -ይህ ጥና ት ዓ ላ ማው ውርጃ ያጋጠማቸው ጎልማሳ እድሜ ላይ ያሉ እናቶች ያ ላ ቸውን የ ኑ ሮ ተሞክ ሮ ለ መዳ ሰ ስ ነ ው ስ ለ ሆነ ም የ ተሻ ሻ ሉ የ ጤና እ ን ክ ብካ ቤ አ ገ ል ግሎቶችን ለ ማግኘ ት ጠቃሚይሆና ል ፡ ፡ በ ተጨማሪም የ ሕይወታቸውን ጥራት ያ ሻ ሽ ላል ፡ ፡

**የ ጥናት ሂደት፡** -ጥና ቱ ከ 35 አመት ዓመት በላይ ዕ ድሜያ ላ ቸውን እናቶችን ያ ጠቃል ላ ል ፡ ፡ ስነ ልቦናዊ እና የ ሕይወት ልምዳ ቸውን በ ተመለ ከ ተ በ ዚህ ጥና ት ውስ ጥ ፈቃደ ኛ ተሳ ታፊዎች በ ጥቂት ጥያ ቄዎች ላ ይ ቃለ መጠይቅ ይደ ረ ግላ ቸዋል ፡ ፡ ቃለ መጠይቁ ከ30_90 ደቂቃዎች ሊወስ ድ ይችላ ል ፡ ፡ በ ቃለ መጠይቁ ወቅት ማስ ታወሻ ዎች ሊወሰ ዱ ይችላ ሉ ፡ ፡ እ ን ዲሁም እ ር ስ ዎ ከ ፈቀዱ አ ነ ስ ተኛ ድሜፅ መቅጃ እ ን ጠቀማለ ን እ ና ከ ቃለ መጠይቁ አ ጫጭር ን ግግሮች የ ጥና ቱን የ መጨረ ሻ ውጤት ላ ይ ሪ ፖር ት ለ ማድረ ግ ያ ገ ለ ግላ ሉ ፡ ፡ እ ን ዲሁምበ ፈቃደ ኝ ነ ትዎ በ ፈቃደ ኝ ነ ት ቅጽ ላ ይ እ ን ዲፈርሙይጠየ ቃሉ ፡ ፡ ውጤቶች ይህ ጥና ት በሚቀር ብበ ት ጊ ዜ ይጋ ራል ፣ ግን ከ ሪ ፖር ቱ ጋ ር ስምሽ አ ይጠቀስም፡ ፡

**ሊከሰቱ የ ሚችሉ አ ደጋዎች / ችግሮች፡** - ከ ዚህ ጥና ት ጋ ር ተያ ይዞ የ ሚነ ዳ ነ ገ ር የ ለ ም፡ ፡ ነ ገ ር ግን ከ ውርጃ ጋር ተያይዞ ያጋጠምት የህይወት ልምድዎን የ ሚመለ ከ ቱ አ ን ዳ ን ድ ጥያ ቄዎችን በመመለ ስ በ ስ ነ ል ቦ ና ምቾት ላ ይሰ ሞት ይችላ ል ከ ባ ድ ጭን ቀት ካ ጋጠመዎት እ ባ ክ ዎን ያ ሳውቁኝ እ ና ቃለ መጠይቁን አ ቋር ጣለ ሁ እ ና መቀጠል ከ ተስማሙእ ቀጥላ ለ ሁ ፡ ፡

**ጥናቱ ሊኖሩት ሚችሉት ጥቅሞች፡** -በ አ ሁኑ ጊ ዜ ይህ ጥና ት ለ እ ር ሶ ቀጥተኛ ጥቅምአ ያመጣም፣ ግን ከ ዚህ ጥና ት የ ተገ ኙ ግኝ ቶች ፖሊሲ አ ውጭዎች በ ተዘ ዋዋሪ ለ እ ር ስ ዎ ወይም ሌሎች ውርጃ ለገጠማቸው እናቶች ጠቃሚየ ሚሆኑ ፕሮግራሞችን ፣ ስ ትራቴጂዎችን እ ና ፖሊሲዎችን በመን ደ ፍ ውሳ ኔ እ ን ዲያ ደ ር ጉ ሊረ ዳ ቸውይችላ ል የ ሚል እ ምነ ት አ ለ ኝ ፡ ፡

**የ መረጃ ሚስጥራዊነ ት፡** -ከ ዚህ ቃለ -ምል ል ስ የ ተገ ኘው መረ ጃ ሁሉ ሚስ ጥራዊነ ትን ለ መጠበ ቅ ይያ ዛ ል ፡ ፡ የ ማን ም ስም አ ይጠቀስም እ ን ዲሁም መረ ጃው በ ኮ ድ ይቀመጣል ፡ ፡ ስ ለ እ ር ስ ዎ የ ተሰጡመረ ጃዎች ሁሉ እ ን ደ ቃለ መጠይቅ ስምዎ እ ና የ ድምፅ መዝገ ብዎ ከማን ገ የ ተጠበ ቁ ስ ለ ሆኑ በ ዚህ ጥና ት በማን ኛውምሪ ፖር ት ውስ ጥ የ ግል ማን ነ ትዎ አ ይጠቀስም፡ ፡ ቃለ መጠይቁ በ ድምጽ የ ተቀረ ጸ ውየ ቃለ -መጠይቁን ሥራ ለ ማመቻቸት ብቻ ነ ው፡ ፡ የ ቃለ መጠይቅዎ የ ድምፅ ቀረ ፃ ይፃ ፋል ነ ገ ር ግን የ እ ር ስ ዎ ስ ም እ ና ሌሎች የ መታወቂያ መረ ጃዎች አ ይፃ ፉም ፡ ፡ የ እ ር ስ ዎ ስ ምየ ኮ ድ ቁጥር ይሰ ጠዋል እ ና ም ይህ ቁጥር በ ሁሉም ሪ ፖር ቶች ውስ ጥ ጥቅምላ ይ ይውላ ል ፡ ፡ ሁሉም

የ መረ ጃዎ መረ ጃዎች በ ተመራማሪ ዎቹ የ ግል ኮምፒተር ውስ ጥ ባ ሉ ማለ ፊያ ቁጥሮች በ ተጠበ ቁ ፋይሎች ውስ ጥ ይቀመጣሉ፡ ፡ በ ሪ ፖር ት ማጋ ራት ወቅት የ ተሳ ታፊዎች ስ ም ወይምአ ካ ላ ዊ አ ድራሻ ጥቅምላ ይ አ ይውልም፡ ፡

**በፈቃደኝነ ት ላይ የ ተመሠረተ ተሳትፎ እ ና ጥናቱን የ መተውመብት፡** -የ ዚህ ጥና ት ተሳ ትፎ በ ፈቃደ ኝ ነ ት ነ ውእ ና ምለ መሳ ተፍ ወይምላ ለ መሳ ተፍ የ መወሰ ን መብት አ ለ ዎት ፡ ፡ እ ን ዲሁም ያ ለ ምን ም ተጽኖ ከ ፈለ ጉ በ ዚህ ጥና ት ውስ ጥ ላ ለ መሳ ተፍ ወይም ከጥና ቱ የ መውጣት መብት አ ለ ዎት ፡ ፡

**ክፍያ፡** -ለ ጥና ት ተሳ ታፊዎች ምን ም አ ይነ ት ክ ፍያ የ ለ ም ፡ ፡ ቃለመጠይቁ የ ሚከ ና ወነ ው ተሳ ታፊዎች በ ሆስ ፒታል ውስ ጥ በሚታከሙበ ት ጊ ዜ ነ ው፡ ፡ በፈቃደኝነ ት ላይ የ ተመሠረተ ተሳትፎ እ ና ጥናቱን የ መተውመብት፡ -የ ዚህ ጥና ት ተሳ ትፎ በ ፈቃደ ኝ ነ ት ነ ውእ ና ምለ መሳ ተፍ ወይምላ ለ መሳ ተፍ የ መወሰ ን መብት አ ለ ዎት ፡ ፡ እ ን ዲሁም ያ ለ ምን ም ጭን ቀት ከ ፈለ ጉ በ ዚህ ጥና ት ውስ ጥ ላ ለ መሳ ተፍ ወይም ከ ጥና ቱ የ መውጣት መብት አ ለ ዎት ፡

በተጨማሪም ይህ ሚድዋይፍሪ ትምህርት ክፍል የፀደቀ መሆኑን ላረጋግጥላችሁ እወዳለሁ፡፡

**የስምምነት ቅጽ**

ከላይ በዝርዝር የተሰጡትን መረጃዎች እና ቅፁን አንብቤ ወይም ልረዳ በምችለዉ መልኩ በ መረጃ ሰብሳቢዉ ተነቦልኛል፡ ፡ ስለሆነም በ ጥናቱ ላይ ለመሳተፍ ወስኛለሁ

ተስማምቻለሁ _____ ይህንንም በፉርማየ አረጋግጣሁ::

አሌተስማማሁም _____ አመስግኖ ወደ ቀጣይ ተሳታፉ መሄዴ

የጠያቂው ስም_____ ፉርማ_____ ቀን _____

የተቆጣጣሪ ስም_____ ፉርማ_____ ቀን _____

## Annex 6: Questionnaire (Amharic version) አማረኛ መጠይቅ

ኮድ:----------

**ባዮግራፊያዊ መረጃ**

1. ዕዴሜ:----------

2. ዖታ----------

3. የትምህርት ደረጃ:----------

4. ስራ……..

5. የት ነው የምትኖረው/ሪው ገጠር/ከተማ?

6. እስካሁን ስንት ውርጃ ኢጋጥሞሻል …….

7. ልጆች አሉሽ?

8. በስንት ወር ነበር የወረደብሽ

**የቃለመጠይቅ ጥያቄዎች**

1. የፅንስ መጨንገፍ ሲያጋጥማችሁ ያጋጠመዎት ነገር ምን ይመስል ነበር?

   **ምርመራ፡-** ስለ ፅንስ መጨንገፍ ስታውቅ ምን እንዳሰብሽ እና ምን እንደተሰማሽ መግለጽ ትችያለሽ

2. በተለይ ለአንቺ ፈታኝ የነበሩት የፅንስ መጨንገፍ የትኞቹ ገጽታዎች ነበሩ?

   **ምርመራ፡** በተለይ ለአንቺ በጣም ከባድ የሆነውን የፅንስ መጨንገፍ ልምድ ጋር የተያያዘ አንድ የተወሰነ ጊዜ ታስታውሻለሽ እና ይህን ተሞክሮ ለማካፈል ፈቃደኛ ነሽ?

3. የፅንስ መጨንገፍ ልምድ የስነ ልቦና ጭንቀትን አምጥቶልዎታል ብለው ያስባሉ? እንዴት?

   **ምርመራ፡-**

   - በተለይ እድሜዎን በተመለከተ ያለዎትን ፍርሀት፣ ጭንቀት፣ የጥፋተኝነት ስሜት ወይም ራስን መወንጀል መግለጽ ይችላሉ?
   - የፅንስ መጨንገፍ መንስኤ ተወስኖ ነበር? ካልሆነ ያ ጭንቀት እንዲሰማሽ አድርጎሃል? እንዴት?
   - ከእድሜዎ ጋር የተያያዘ ማንኛውም ጭንቀት ኢጋጥሞዎታል? እንዴት?

4. የፅንስ መጨንገፍ በኋላ ሌሎች እርጉዝ ሴቶችን ወይም ሕፃናትን ሲያዩ ምን ይሰማዎታል እና ያስባሉ? እነዚህ ከእርስዎ ጭንቀት ጋር እንዴት ይዛመዳሉ?

5. ከፅንስ መጨንገፍ በኋላ የሚያጋጥሙትን ስሜታዊ/ሥነ ልቦናዊ ተግዳሮቶች እንዴት ተቋቋሙት?

6. የፅንስ መጨንገፍ ሥነ ልቦናዊ ጉዳትን ለመቆጣጠር ምን ዓይነት የመቋቋሚያ ዘዴዎች ወይም ስልቶች በጣም ውጤታማ ሆነው አግኝተዋል?

7. ባልሽ ወይም ቤተሰቦችሽ፣ ጎረቤቶችሽ ችግሩን ለመቋቋም እንዴት ረዱት ወይስ ጭንቀትሽን አባብሰዋል? እንዴት?

8. ከእርስዎ የፅንስ መጨንገፍ ልምድ, ስለወደፊት እርግዝና እድል ምን ይሰማዎታል?

   **ምርመራ፡-** ከእድሜዎ ጋር የተገናኘ ማንኛውም ስጋት አለህ?

9. ማከል የሚፈልጉት ሌላ ማንኛውም ነገር አለ?