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COLLEGE OF HEALTH SCIENCE SCHOOL OF MEDICINE DEPARTMENT OF PSYCHIATRY CLINICAL PSYCHOLOGY PROGRAM

MSC THESIS ON

THE LIVED EXPERIENCE OF PREGNANCY-RELATED ANXIETY AMONG WOMEN WITH A HISTORY OF PREGNANCY LOSS IN THE CASE OF ZEWDITU AND GANDHI MEMORIAL HOSPITALS, ADDIS ABABA

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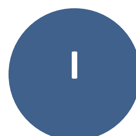

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ACRONYMS

COVID-19………………………………..Corona Virus Disease 2019

CEMOC…………………………………Comprehensive emergency obstetric care

DOG……………………………………Department of Obstetrics and Gynecology

FOC…………………………………….. Fear of childbirth

GMH……………………………………Gandhi Memorial Hospital

PRA……………………………………..pregnancy-related Anxiety

PNC……………………………………prenatal care

WHO ……………………….. ……………World Health Organization

ZMH…………………………………….Zewditu Memorial Hospital

W-DEQ……………………………………. Wijma Delivery Expectancy Questionnaire

ABSTRACT

Background: *During pregnancy, a woman's body undergoes significant physiological change and it is a very vulnerable time in a woman's life which may be understood as a part of a woman's transition to motherhood as being with child', a paradox of joy and suffering due to the coming of a newborn child and unexpected fetal loss and related complications. Thus, during a period of transition interpersonal and emotional support as well as time for personal reflection are needed.*

Objective*: To gain a better understanding of lived experiences of pregnancy-related anxiety among women having a history of pregnancy loss.*

Methods: *A descriptive phenomenological technique was utilized to describe the experiences of women about pregnancy-related anxiety with pregnant mothers having a history of pregnancy loss. Participants were recruited from Zewditu and Gandhi Memorial Hospitals in Addis Ababa, the capital of Ethiopia. The purposive sampling (criterion) technique was employed to choose participants from the chosen venues. Face-to-face in-depth interviews and participant observation were used to obtain data. After making sense of all of the data by reading it repeatedly, the data was broken down into intelligible units or themes. Following the progression of themes of the study, the complete data set was reorganized, and a detailed account of the lived experiences was documented.*

Result: *Eight pregnant women, each in a different background, took part in the study. The study's main focus was on the pregnancy-related anxiety that women with a history of pregnancy loss experienced during the current pregnancy period. The circumstances of fetal loss are beyond an individual's control, as well as the obstacles and challenges faced by women who have experienced it, as well as the incidence changing the individual lives and families as a whole. In general, the researcher was found four themes 'that are emerged in the data.*

Conclusion& Recommendation*: According to the study, Pregnancy-related anxiety was confirmed to be an emotional experience for women with a history of fetal loss, resulting in unpleasant recollections of pregnancy-related experiences for which they were not ready, or expect such incidence to happen to their life. As a result, women who have emotional difficulties or experiences throughout the data collection period were given*

psychological assistance, and psychoeducation is provided on times and locations of treatment that are accessible to them.

CHAPTER-ONE

1.1. Background

A woman's body goes through considerable physiological changes throughout pregnancy. Aside from the various physiological changes that occur in the body during this time, there are also emotional changes. Anxiety about the health of the unborn child and the welfare of the infant is frequent, and some women have been known to Experience psychological difficulties during this time (Aderibigbe et al. 1993).

Pregnancy and childbirth are typically viewed as life-changing events for women, and it is at this time that women begin to form themselves as mothers, and their social status shifts. As their pregnancy becomes more obvious. Unfortunately, one-quarter of all Pregnancies end in a miscarriage (Cunningham et al., 2005).

The infant's temperament, appearance, and health condition are all important components while becoming a Mother (Karabulut et al. 2016), and every mother wishes for her child to grow up to be healthy (Ruschelet al. 2014). The mother's expectations are thrown off by an unexpected diagnosis of congenital abnormalities and fetal loss (Fonseca et al. 2012). The mother's ability to care for her kid, meet its expectations and be content with her position may be harmed by the baby's health issues (Miles et al. 2011)

Pregnancy-related anxiety (PRA) is a type of anxiety that is specific to a particular pregnancy and is focused on anxieties and concerns about the pregnancy. Anxiety about one's health, the health of the developing fetus, the forthcoming birthing, hospital, and health-care encounters, and/or parenting abilities may all play a role in this type of anxiety (Araji S, et al., 2020). According to studies, birth is associated with a significant level of anxiety related to pregnancy. Although Up to 80% of women are aware of common concerns; only about 20% report more. serious or acute worries, with 6–10% of women feeling unstable or paralyzing Labor and birth anxiety (Eriksson C, Jansson,l and Hamberg K.2006).

Pregnancy involves multiple changes in physiological, family, financial, career, and other domains, all of which can create emotional distress in women, especially low-income women who are more prone to experience stress owing to a lack of resources (Nor, beck &

Anderson, 1989). Also, the high level of worried the character of their pregnancies caused women to endure and grieve after perinatal loss (Côté-Arsenault & Marshall, 2000).

Pregnant women have expressed their concern that their unborn child will die as well. In comparison to pregnancies before the loss, they have also described paying close attention to every detail of the pregnancy, requesting more regular contact with the care Provider, and being more engaged and directive in their care. Women no longer trust that pregnancy would conclude with a favorable outcome (that is, a live baby) after having a perinatal loss (CôtéArsenault & Morrison-Beedy, 2001).

Pregnancy loss can take the form of abortions (miscarriages), stillbirths, or early neonatal deaths, depending on the stage of the pregnancy and the country's policy background. Abortion is defined as any pregnancy loss occurring before 28 weeks of gestation, and stillbirth is defined as a baby born with no signs of life at or after 28 weeks of gestation or with a birth weight of at least 1000 g. (WHO, as Cited in Samuel et al.2020).

Following a miscarriage, Mothers may feel a deep sense of loss and longing for the baby's lost future with a particular focus on lost goals and dreams (Brier, 2008). Furthermore, studies show that the uncertainty women have after a miscarriage correlates to a high level of anxiety, which is more psychologically disturbed than depression. The desire to conceive, the risk of frequent miscarriage, and anxiety over their reproductive capacity are all worries (Nynas and colleagues. 2015).

According to research, fetal loss occurs in 13.5% of full-term pregnancies; moreover half of the mother's pregnancies had resulted in a fetal loss by the time she was 42 years old. Women aged 20 to 24 had an 8.9% risk of having an abortion, while women aged 45 and up, had a 74.7% chance. Regardless of the number of previous miscarriages, parity, or calendar month, high maternal age was a substantial risk factor for spontaneous abortion. As the mother's age increases, the probability of ectopic pregnancy and stillbirth increases as well. (Bhat. A.; Byatt, 2016).

Pregnant women, according to research, require a support system of friends and family, as well as stable and suitable housing, decent nutrition, rest, and exercise (Rayah Feldman, 2013). Women also want to interact with other women so that they can prepare for their

new roles as mothers by sharing their joys and sorrows. As a result, support is currently a primary priority (Modh C, Lundgren I, Bergbom I, 2011)

1.2. Statement of the problem

Pregnancy is physically, mentally, and socially complex at each stage of the trimester, and it has long-term effects on women. Because of the negative effects, it has on both maternal, and newborn outcomes, as well as the large economic expenses it incurs if left untreated, prenatal mental health is a serious public health concern. (Robertson.C.et al. 2014&GiardinelliL.et al.2012).

The pregnancy period is defined by "A woman's response to the transition to motherhood, which includes changes to their bodies, roles, relationships, social circumstances, and her response to birth experiences," according to the definition of perinatal Specific maternal distress (Emmanuel E, St John W. 2016).

Pregnant women who have had previous losses are more likely to have pregnancy-specific anxiety during each trimester of a new pregnancy than pregnant women who have not had previous Miscarriages. Patterns of "depressive coping" and "anxious grieving" after losses predict more severe anxiety and depression symptoms in the first trimester of the following pregnancy, and studies suggest that Women who have experienced an early loss are more likely to have trouble adjusting to a new pregnancy, and it is possible to identify risk indicators that can be used to identify women who are particularly vulnerable. (Annekathrin Bergner, et al. 2008)

Most anxiety studies in Ethiopia has focused on the general population; however, data or research is scarce on pregnancy-related anxiety and coping mechanisms among women with a previous history of pregnancy loss, who are more likely to experience Psychological distress than the general population. As a result, the goal of this study was to look into different aspects of pregnant women's experiences with pregnancy-related anxiety after a miscarriage

1.3. Research Questions

1. What are the experiences of pregnancy-related anxiety in pregnant women with a history of pregnancy loss?

2. What are the main challenges faced and the perceived impact of those challenges of pregnancy-related anxiety of women with a history of Pregnancy loss?

3. What are coping mechanisms and management used by women with pregnancy-related anxiety among women with a history of pregnancy loss?

1.4. Objectives

1.4.1 General objective

The main objective of the study is to explore the lived experience of pregnancy-related anxiety of women with a history of pregnancy loss in the case of Gandhi and Zewditu Memorial Hospitals.

1.4.2 Specific objectives

1. To explore the experience of women about pregnancy-related anxiety among pregnant women with a history of pregnancy loss

2. To explore the main challenges and perceived impact of those challenges of pregnant women with a history of pregnancy loss

3. To identify coping mechanisms and management used by these women

1.5. Significance of the Study

This study is an initial for this population, so it can serve as a baseline for further studies; it intends to fill the knowledge gap. Moreover, this study highlights the basic challenges and impacts experienced pregnancy-related anxiety by pregnant women with a history of pregnancy loss. Similarly, the evidence accumulated by this study will be believed to help clinicians to consider the psychological aspects of their clients during routine visits of prenatal care. In addition to this; this research result could trigger the researcher for further studies related to the issue.

1.7. Operational definitions

Pregnancy-related anxiety- an emotional state resulting from expected uncertainties related to pregnancy-specific issues.

Prenatal-care- Health care services that a pregnant woman receives from an obstetrician during the pregnancy period

Coping mechanism: efforts made by pregnant women to address the challenges faced that include thoughts, feelings, and actions.

CHAPTER -TWO

2. LITERATURE REVIEW

2.1 Definition and Features pregnancy-specific anxiety

Despite their Overwhelming desire for a child, some women are afraid of giving birth; avoid it. The anxiety of childbirth has been reported since 1858, when French, a psychiatrist named Marcé, wrote: "If they are prim parous, the possibility of unknown pain preoccupies them to the point of immobility, causing them to experience uncontrollable fear." If they are already mothers, both memories of the past and the prospect of the future are frightening to them. (Cited in Hofberg & Brockington, 2000, p. 83).

During the pregnancy period, when the fear of dying during parturition precedes pregnancy and is so strong that giving birth ('tokos' in Greek) becomes impossible. More typically, the term "pathological FOC" is used. There is currently no consensus on what Constitutes severe FOC. Women with severe FOC, on the other hand, are concerned about their own and their infants' well-being (Melender & Sirkka, 1999; 2009), the labor process (e.g., pain, medical interventions, abnormal course of labor, death, re-experiencing a previous traumatic delivery (Ryding, 1993), personal conditions (lack of control, distrust in own abilities), and external factors Such as the weather (Melender & Sirkka, 1999; 2009)

According to Hofberg and Brockington (2000), severe FOC can be divided into three categories: (1) Primary FOC: this is characterized by a fear of childbirth before pregnancy. (2) FOC as a symptom of prenatal depression: this occurs after a traumatic or distressing delivery, such as instrumental or operative deliveries due to fetal distress or severe pain and perineal tearing; and (3) FOC as a symptom of prenatal depression: this occurs after having experienced a traumatic or distressing delivery, such as instrumental or operative deliveries due to fetal Distress or severe pain and perineal tearing. However, all three types of Anxiety and avoidance of childbirth have one thing in common.

2.2 pregnancy and perinatal loss

Pregnancy losses are more common in the first trimester. Early pregnancy loss (EPL) is a common occurrence that can be followed by a variety of obstacles for both women and Partners. Different nomenclature is used interchangeably in the literature to describe EPL.

2.2.1 Perinatal loss.

According to (Côté-Arsenault, 2003), perinatal loss is an umbrella phrase that refers to embryonic, fetal, and newborn mortality that occurs around the time of birth, Spanned from early pregnancy through the neonatal stage. The term 'perinatal loss' has also been used to refer to losses that happen closer to the expected delivery date, excluding losses that happen earlier in pregnancy (MacDorman & Kirmeyer, 2009).

2.2.2 Miscarriage.

Different organizations and scholars have characterized miscarriage in a variety of ways (Klier et al., 2002). Miscarriage is described as "the spontaneous termination of an intrauterine pregnancy resulting in fetal mortality" (Klier et al., 2002), certain fetal and embryo traits have been used to differentiate miscarriage from other types of perinatal losses.

2.2.3 Ectopic pregnancy

When a fertilized ovum implants outside the uterus, generally in the fallopian tube, it is called an Ectopic pregnancy. Ectopic pregnancy is not a viable option and poses a health Risk to the mother.

2.2.4. Stillbirth

A stillbirth occurs when a baby is born without any signs of life. While no common cutoff point exists between miscarriage and stillbirth, the World Health Organization (2019) defines stillbirth as occurring at or after 28 weeks of pregnancy for International comparison purposes.

2.3. Pregnancy-related anxiety during the Prenatal Period

Although pregnancy and labor begins a lengthy process of bonding with and caring for a child (Winston, R., & Chicot, R. (2016)); antenatal anxiety symptoms can Make some aspects of this process more difficult (Gobel et al. 2018). One type of prenatal anxiety is fear of birthing, often known as pregnancy-related Anxiety or tokophobia. FOC refers to a variety of concerns regarding the physical well-being of both the mother and the child, as well as the mothers. Subjective interpretations of her birth experiences and behaviors (Nilsson et al. 2018).

2.4. Pregnancy-related anxiety and fetal loss

Perinatal loss can have a variety of long-term consequences in a variety of aspects of life, many of which are unknown (Wright, 2011). Early pregnancy loss (EPL), can affect Subsequent pregnancies in the long run. Compared to women who have not experienced perinatal loss, women who have experienced perinatal loss show considerably greater levels of state anxiety, pregnancy-specific anxiety, Concern, and sadness (Armstrong, 2002).

Throughout the first trimester, women who had previously miscarried exhibited higher levels of pregnancy-related worry and state anxiety than women who had never lost. There was a substantial difference in anxiety levels between pregnant women who had a single miscarriage and those who had a recurring miscarriage, according to Research conducted by Anne Kathrin Bergner et al (2008). Similarly, France and Mikhail (1999) discovered that pregnant women and their spouses who had previously suffered perinatal mortality, had significantly more pregnancy-specific anxiety and depression symptoms than those who had not.

Nearly all pregnant women in support groups included hopeful terms, along with fears and concerns, in their lists of dominating emotions after loss, according to Côté-Arsenault, Bidlack, and Humm (2001). It's possible that having some hope for their pregnancies because of the support groups, which can't be applied to all women who are pregnant after a loss. "Anxious," "nervous," and "scared" were the most common emotion expressed by these women. Most of the women, on the other hand, put a positive feeling on their list, indicating the mixed emotions they experienced during their pregnancy. Women's concerns

throughout pregnancy included "losing another baby," "overall health of the baby," "mental stability of self," "effect of another loss on my future," "lack of support from others," "fear of bad news," "own impact on the baby," and "worries never cease."

2.5. Factors of pregnancy-related anxiety

A history of mental disease, particularly anxiety and psychiatric treatment during a prior Pregnancy, or at any other time in one's life, is another well-known risk factor for developing prenatal anxiety (Bayrampour et al., 2015). Pregnancy-related Anxiety is associated with age, marital status, salaries, career, and unplanned pregnancy (Getinet et al. 2018). According to Belay et al., the biggest risk factors for anxiety are younger age, low income, unemployment, single marital status, and low educational status, and drug use, lack of social support, marital conflict, and unplanned pregnancy.

The study also showed a statistically significant link between antenatal anxiety and women's career, implying that homemakers are more likely than working women to experience anxiety during pregnancy, similar to what a Brazilian researcher discovered in a study. In contrast to these findings, an Italian investigation on the prevalence and factors related to anxiety during pregnancy discovered no link between prenatal anxiety and occupational status, including student, homemaker, unemployed, working, and manager (Keramat, A., Malary, M., Moosazadeh, M. et al. [2021]). Unintended pregnancies have been studied extensively. According to estimates, 34% of Asia's 83 million annual pregnancies are unintended. According to these figures, more than a third of pregnant women around the world do not want to conceive. Thirty unplanned pregnancies are a significant Source of concern due to the potential consequences for women. According to research from developing countries, the risk factors for mental disorders in pregnancy is also culturally defined. During pregnancy, some women's subgroups have shown signs of stress. Job insecurity, low socioeconomic level, intimate partner abuse, and pregnancy problems were all cited as reasons.

2.6 Stress and coping mechanism

Coping mechanisms are the techniques humans employ to cope with stressful situations. It's about how external stress can be managed, adapted to, or dealt with. To deal with the

shock, guilt, and psychological discomfort that often accompany stress, mothers use several coping mechanisms. Fearing losing their baby again, women who become pregnant after a previous perinatal loss repress their emotions, and avoid bonding with their unborn kids. Emotional cushioning appears to be a complex self-protective strategy, and it is proposed here as a distinct set of conditions and responses that women use to cope with worry, uncertainty, and a sense of vulnerability.

According to a study, changes in pregnant women's emotional distress predict specific ways of coping with stress during pregnancy (Ibrahim .SM.et al. 2019). According to Lee, Antoinette M. PhD1; et al 2007. Perceived social support and marital contentment are protective factors against pregnancy anxiety. Lack of support and a bad marital relationship, as well as displeasure with family members and a lack of social supports, have all been identified as predictors of anxiety during pregnancy and the postpartum period in other studies (Karacam & Ancel, 2009).

Folkman and Lazarus (1991). Suggest that social support can be used as both an emotion-focused and a problem-focused coping strategy. If the person receives tangible knowledge that aids in the event's resolution; talking to a coworker about an upsetting incident, for example, might be a problem-focused coping technique. Talking about it is called an emotionally oriented coping approach when it is done to reduce emotional reactions because of the experience

CHAPTER-THREE

3. Methodology

3.1. Study Design and period

A qualitative research design, the descriptive phenomenological approach, was used from May 5 to August 30. The researcher plans to use this research design to describe the lived experience of pregnancy-related anxiety of women with a history of Pregnancy loss. This design is chosen because of its ability to contribute to a deeper understanding of the lived experiences of women about pregnancy-related anxiety of pregnant women having a history of pregnancy loss through the close examination of their unique individual experiences, those women's that were undergoing prenatal care services. Descriptive phenomenology as developed by Edmund Husserl (1859-1938) is the unbiased study of things as they appear so that an essential understanding (essence) of human consciousness and experience maybe arrived at (Fade S.2007).

3.2. Study Setting

The study was conducted in Zewditu and Gandhi Hospitals located in Kirkos Sub City, the capital city of Ethiopia, Addis Ababa. Both hospitals are under the Addis Ababa Health Bureau. Gandhi Memorial Hospital refers to the maternity hospital and Zewditu Memorial Hospital is also a comprehensive referral hospital. Both hospitals are catchment hospitals for 40 health centers and other health facilities. Both hospitals provide comprehensive emergency obstetric care (CEmOC) for women referred from throughout the country.

3.3 Sources of population

The study's population were made up of pregnant mothers who were documented and attended prenatal follow-up care in Zewditu and Gandhi Hospitals in Addis Ababa during the data collection period.

3.4. Study population

The sample of this study was chosen based on the following qualifying criteria: any pregnant woman who had a history of fetal loss in Zewditu Memorial Hospital (ZMH) and Gandhi Memorial Hospital (GMH); the interview was conducted on eight (8) willing and

available participants. All the interviews were carried out by the participants by their own choice, and physical distance was maintained between the interviewer and the participants.

3.5. Participant Selection Procedure

To obtain the required sample, a non-probability purposive sampling criterion method was used to recruit a sample. This technique allowed the researcher to gather the data that was used to select participants who fulfilled the selection criteria and to obtain a wide representation of views across the study population.

3.6 Inclusion and Exclusion criteria

3.6.1 Inclusion criteria

The participants were all pregnant women who had a history of pregnancy loss and attending prenatal care in selected government hospitals during the data collection period.

3.6.2 Exclusions criteria

Pregnant women who had no prior history of pregnancy loss or those who were unwilling to participate in the study was excluded.

3.7. Tools and Procedures for Data Gathering

The information were gathered through in-depth interviews, which were supplemented by an observation guide.

4.7.1. In-depth Interview

In-depth interview instruction was written in English and then translated into Amharic. The data was collected using the Amharic version of the interview guide. The informed consent-agreement form was explained to subjects at the beginning of each interview, and the interview was completed with those who agreed to participate and signed the consent form.

3.8. Data collection procedure

The ethical clearance was obtained from Addis Ababa Public Health Research and Emergency Management Directorate and was submitted to the Department of Obstetrics

and Gynecology (DOG) of Zewditu and Gandhi Memorial Hospitals, and then the interview took place among pregnant women that were willing and available to participate. All the interviews took place out by keeping all COVID-19 protocol and physical distance was maintained between the interviewer and the participants. A written informed consent form was given to the participants, and consent was affirmed by signature. All participants had the chance to ask questions for clarification regarding the interview or the study and the Participants were notified during the audio recording. Then the interview was accomplished using the topic guide question which was translated into the Amharic language. The researcher has avoided any jargon that may confuse the participants and some questions were elaborated to give a clearer picture to participants.

3.9. Data management and analysis

Thematic analysis, which is the act of detecting patterns or themes within qualitative data, was used to analyze the information gathered. All transcribed interviews were broken down into little meaningful units or codes by using thematic analysis. First, the researcher examined all of the transcripts and created a list of codes. After examining the data and using thematic coding, each participant's interviews were transcribed and translated from Amharic to English. Each transcription was read and codes were identified by the primary investigator. Following that, the codes that shared specific patterns and relationships were categorized. The clusters of codes were then used to create themes. Then, the themes were examined, and the final product was created.

3.10. Ethics and dissemination

3.10.1 Ethics approval and consent to participate

Ethical approval was granted for the study from Addis Ababa Public Health Research and Emergency Management Directorate and Committee of Research Ethics in Faculty of Health Sciences School of Medicine Department of Psychiatry and all respondents were fill a written informed consent before participating in the study. If the participants seem very distressed because of the interview or they appear to have mental health-related problems, the researcher had assisted the participants in getting the appropriate biopsychosocial care.

3.10.2 Autonomy and confidentiality

All participants had been informed the right to leave a specific question unanswered or withdraw from the interview any time if they feel uncomfortable answering any question. Moreover, all the collected data remain confidential and only the researcher had access to it. Furthermore, data was used mainly for the research purpose

CHAPTER- FOUR

RESULT

4.1. Introduction

This chapter provides all of the findings from the study on the lived experiences of pregnancy-related anxiety among mothers who have had a fetal loss. The researcher might have an insight into the phenomenon of women's experience using descriptive Phenomenological Analysis (DPA). The chapter begins with a summary of the study participants before moving on to a discussion of the findings, which are organized into major themes and subthemes.

4.2. Brief Descriptions of Participants

This section contains a summary of each participant's major life events as well as demographic data. The researcher hopes that this will provide readers a clear picture of the participants, especially mothers who have experienced prenatal loss.

Table 1: Socio-demographic Characteristics of the Participants

Characteristics	Number of participants
Age	
20-25	1
26-30	3
31-35	4
Marital Status	
Single	1
Married	5
Divorced	2
Level of education	
Illiterate	1
High school	2
Certificate	1
Higher education	4

Religion	
Christian	5
Muslim	3
Employment status	
House-wife	1
Daily labour	1
Government employed	6
Economic status	
Lower-income	2
Medium income	6
Trimester	
First	4
Second	3
Third	1
Pregnancy status	
Planned	6
Unplanned	2

The study comprised 8 women who met the pre-determined eligibility criteria, which are willing participants from Zewditu and Gandhi Memorial Hospital. Their ages ranged from 20 to 35, and they came from various backgrounds among the participants. 5 were married; 1 was single, and 2 were divorced. Five of the participants were Christian and three were Muslim in religion. Concerning the trimester of the participants, 4 were in the first, 3 were in the second, and 1 was in the third trimester. The educational level of the participants was from illiterate up to First Degree.

4.3 Themes

Four themes have emerged from the data; (1) the incidence of pregnancy and related emotion; (2) the challenge of pregnancy concern; (3) the effects or impacts of Challenges; and (4) copying or management mechanism. There are also sub-themes under each topic

that the themes emerge from. As a result, each subtheme is discussed in-depth and quotes for each detail are cited to support the themes.

4.4. The incidence of pregnancy and related emotion

A key issue in this research is the experience of pregnancy-related anxiety among pregnant women having a history of pregnancy loss and the experiences of pregnant women are investigated directly from the participant, what women feel and thought being pregnant, having a previous history of pregnancy loss. The data revealed that some of the women have a consistent pattern of negative emotional experiences and responses, while others have hope of regaining, which is indicated by opposing emotions such as joy, worry, and uncertainty.

4.4.1. Pregnancy loss and meaning

According to the information gathered from the participants, being pregnant and having a history of pregnancy loss, cause a variety of alterations and emotional changes. Some of the issues were directly tied to the fetal loss experience, while others were related to earlier experience in relation to the current situation. Most of the interviewees indicated that at least the experience altered their feelings at the time of the incident, which was distressing. These experiences are further discussed as follows.

"….I was so happy whenever the child moved inside that I always told my husband to touch my abdomen in the night, feel it; we were so happy and I don't expect such an incident to happen. I was told everything was normal and left two months only to give birth, but I was told that the baby stopped heartbeat next week. Since then I have become sensitive, each moment of my life" (p 2)

"...When I first heard that news, I was hesitant to accept it because we were planning for everything, and I got Confused and anxious. I had examined three different specialists and the results were all the same; it was the difficult time I had in counter in my life which changed my life differently" (P1)

Other women who had Volunteer abortions report that *".....I was shocked when my pregnancy test becomes positive because I am so young and a second-year university*

student. I wasn't expecting to get pregnant; we were in poor economic conditions. I was planned to have an abortion keeping secret from my boyfriend during the first trimester of my pregnancy, but I discovered that it was a sin, and against my religious convictions, and that it would cause me lifetime pain." (P6)

4.4.2. Loss and Traumatic Experiences

Being the first pregnant, mother who experienced pregnancy loss, they report that their experience was beyond what they are faced, which was horrifying events in their life. Some of the participants reported that they have distressing emotions and recurrent thoughts when they think of their previous experiences.

One of the participants reports that, "……For example, during my first pregnancy, I told my husband to touch my stomach and feel the movement of the fetus because I wasn't afraid of accidents, but now I've stopped telling him everything, even I'm afraid to think about it and go to the Hospital...”(P3)

"... I might think I'm still at risk of an accident, so I will still go for chalk up in different places and wake up in the middle of the night thinking of it... you always worry that it will happen to you again, and you get afraid when you see other people going through it...” (p5)

4.4.3. Uncertainty about the Future birth

Uncertainty about the future is a major source of fear and worry to most pregnant mothers in our study. According to these mothers thinking about the future makes them Anxious, and many women are scared about experiencing fetal loss again. They are concerned about the health of their fetus as well as their own. Most of the mothers expressed grave concern about what would happen if their child's life came to an end.

Another woman said. *“..I find myself in a stressful situation,” It is quite challenging. I'm very concerned that nothing will happen until the day of the birth… ” (p6)*

“….The opposing idea coming in your mind is that you say to yourself, fine, you passed all the Processes, you did what the doctors recommended you, and there's no need to be concerned or worried; on the other hand, you wonder if this pregnancy will be successful or not" (p4)

Despite their uncertainties about their future birth, some women report that the prior experience has influenced their decisions to accept or share their pregnancy with their families.

One woman said, *"... I have no words to speak about my pregnancy; it was a wonderful experience. But I didn't know what to say because it was too late to say anything about it. " (p8)*

One participant added, *"currently, I need help from my family, I'm not sure if I should inform them because it was distressing for them, too. I'm thinking, what if something goes wrong, or if an issue arises." (p3)*

4.5. Factors of Pregnancy-related concern

This theme mainly discusses the challenges related to current pregnancy that resulted due to their concerns and worries. Participants revealed the major challenge that they experienced in relation to their pregnancy was a lack of social support. Pregnancy complications, privacy concerns, and financial insecurity were among the issues raised by Participants.

4.5.1. Lack of Social Support

Most of the participants' interview responses revealed that their relationship with their spouse is one of the best priority coping strategies for them because they believe that their situation requires more attention and close assistance from various aspects of their lives and that hearing hopeful words is a more important issue than seeking health care, but some of them report that their families are away from there and their spouse does not fulfill their expectations; rather, they affect in different ways during their pregnancy and their response is quoted as follows:

The 25 years old woman Said *"....I was in pain for one day, all night until morning; my husband didn't care about me." If I told him about my discomfort, he would have given me no attention "I keep the pain inside until morning." He was Asleep all night I was in a lot*

of pain. He took me to the hospital early in the morning, but the doctors did not provide me with adequate care"

Other 29 years women Report that *"..... Many individuals were visited by their mothers and relatives, but I was alone. I was decided to stop pregnancy after that incident, but it is the will of God. I am pregnant once again"*

4.5.2. Complications associated with the current pregnancy

According to the interview result, some of the participants explain that Fetus complications, high-risk pregnancy, and newborn issues were the main causes for concern, worries, and the related perceptions of inefficiency in women current pregnancy, and fewer were crying and feeling anxious during the interview when sharing their experience.

A participant who was advised to have a rest due to pregnancy complications, expressed her feelings about the health of the fetus in the following words**:** *".....I was told to take a rest and relax completely. In the first three months of my pregnancy, I had abdominal discomfort, and I was told by my doctor, any baby in this situation would be in a sort of risky condition, in my thought. I'm expecting an option from God. I was crying at him." (P1*)

Others also report that *".....I was sent from Healthy Centers last week, since the fetus' setting condition isn't in the appropriate place, but the doctors aren't saying anything, so I'm still waiting to see whether there's anything new this increase your concern" (p2)*

One participant said*"...I've been suffering from bleeding for the last two weeks, which is distressing for you. I'm in the early stages of pregnancy, and I'm concerned about the future of my situation. I don't know what to do." (p4)*

4.5.3. Economic insecurity and related privacy issues

As indicated from the data, the women's financial and privacy situations are among the list that causes of their concern during pregnancy. Some of them report that privacy during pregnancy is influenced by several issues which affect their living Condition and independence. Due to the financial constraints, some women in this study reported that

they are unable to get an option for chalk up privately if they need it due to their uncertainty and the women who were forced to live with their husbands' families because of the financial issue they felt they had lost control over their personal lives.

".....My peace was disturbed because my grandmother-in-law, the owner of our house we are living in and she is fully aware of everything I did. Besides, she'd tell my other relatives anything I did because we all are living in the same areas and my husband's family was constantly present in our home. I'm living in an uncomfortable and painful situation that bothered me day and night…." (P 6).

Other women report about her economic insecurity is as follows *"......I work hard all day whenever I can get a labor job, but right now I stay at home, the money I get isn't enough to cover all of my expenses, and I occasionally get money from people who care about me, but not regularly, so I'm afraid I won't be able to work in this situation."(p 2)*

4.6. The Effects or impacts of challenges

This theme discusses how major pregnancy issues affect women's daily lives. Most of the challenges that the Mothers were facing in their current pregnancy were their future birth or loss of their fetus once again. Some of the participants said their health was connected, to the wellbeing of their fetus, one causing the other; these problems had an impact on the lives of these women in various ways. The participants report that psychological, emotional, and social implications as consequences of life problems. This study also discovered the favorable benefits of mothers who are going through a difficult time in their lives.

4.6.1. Psychological disturbance

Participants said that previous fetal loss experiences, as well as ongoing anxieties and concerns about the present pregnancy, had a psychological impact on them. Some of the participants reported that they had experienced unstable emotions and confusion related to their concerns. The mother's responses are listed below.

The women who experience fetal twice-in-life report that *"...you and everyone else around you might have thought that having a healthy kid would be the case, but things will turn out differently, especially if it is recurrent, it is quiet distressing..." (P6)*

Another participant mentioned that*, "…. you are feeling hopeless when there is a complication once again, that is pain full to you and sense of loss for every person around you" and she said that "life is meaningless because everything has changed within a minute." (P8)*

Another effect mentioned by the participants is that when they are informed of hospital appointment date by their parent, feel a little sense of discomfort, and if the doctors have any sign of facial change or lack of reassurance about the wellness of their Pregnancy, they would be concerned about the type of crisis that may develop and that they are about to encounter.

"...you feel hopeless when you told something different by your doctors, and even you wonder why are you even trying... again" (p 4)

"...I find it hard to stop when I see and hear these kinds of things... you might get bored of it; and. ignore everyone around you..." (P7)

Fewer people said that their relatives' concerns about their pregnancy, as well as when they were advised critically in every aspect of their life-related pregnancy, lead them to feel in a sense of difficult condition.

"...if any of my family members become critical about my pregnancy. I'm always expecting a negative result on the next visit. When you recall and think of your appointment date, you recall everything you pass in." (p5)

4.6.2. Emotional challenge

Most of the participants said that they had worries or concerns of having pregnancy loss, once again being exposed to the previous history of fatality, and they stated that they May find themselves thinking of it continuously. Half of the participants reported that they had emotional difficulties, particularly when they went to the hospital for their chalk-up. Fewer reports, if any situation reminds their history, they are often still distressed.

"... Whenever you are here in the hospital, you see and hear different incidents, and it impacts you emotionally because what you see is your own experience, which is horrible...to you." (P2)

"...whenever I feel unwell, the first thing what comes to my mind is what I'm going through in the past, which makes me burdensome and feel anxious..." (P 8)

4.6.3. Impacts on social life

Many individuals who had experienced emotional discomfort because of worries and concerns indicated the distress does not affect their relationship, and that they have a pleasant Social life, but fewer claimed it has a negative impact to some degree. It may have an impact on their behavior, which in turn may have an impact on their relationships with their families.

"...emotional distress may make you irritable, and you may act differently around your family and spouse, and if you do not help and contact with your doctors..." (p3)

4.6.4. Positive life impact

Participants experienced challenges with their psychological and emotional well-being, but they also said that their relationships with people and their spiritual world have positive effects. Some stated that they teach those around them about the incidence in every interaction and hospital follow-up because of their prior experience and understanding. Others stated they have learned how to assist people, to offer advice on how to deal with their stress.

"...I would tell my relatives and friends about the experience and advice to take a pre-test before getting pregnant and try to raise awareness through a telegram group..." (P6)

"...it has made me think about everyone's pain...at least, I now know how to accept and emotionally assist individuals in this circumstance, which makes me happy..." (P7)

"...it has positive impacts because I have every strong attachment people around me, especially my spouse which leads a happy life" (P3)

4.7. Coping (managing) mechanisms

The participants in the study mentioned a variety of coping mechanisms that help them deal with a Variety of challenges and emotional disturbances. Religious practices, families and social support, sharing with others who have had similar experiences; and adaptation or personal resources are some of the primary coping mechanisms.

As seen from the report, the women's devotion to spiritual life was observed to be supportive and one of the coping techniques they utilized to get relief from stressful conditions in their Lives. All most of the women who took part in the study stated that they believe in God and that they pray, go to church or mosque and read the Bible or Quran to get strength, health, and any other means for the future birth and to have a baby.

"….I believe that I would passed all those challenges, with the help of God. I used to fast and pray I will regain everything by him."(p4)

"...I've never gone to health care because I believe I can deal with it spiritually and on my own..." (P2)

Also, many participants in our study indicated that support from their husbands and families, learning from the experiences of others who have had similar experiences, as well as from their coworkers, was an effective coping method.

"...we form a strong attachment with mothers having different experiences through phone calls; and telegram group, who will share our experiences, each other which help us to forget about our distress..." (P6)

"...especially when I meet up with my friends who I work with and we talk about my experiences and share every issue, then I feel relieved... for the moment" (P4)

"...when my boss and Coworkers noticed that I was upset; they allowed me to take a break and return to work after refreshing, so my distress was not severe enough to require professional assistance..." (p8)

"... I haven't reached that extent because I know what's bothering me, so I try to communicate it with my husband, and he helps me cope because he's a professional..." (p1)

Some participants said that even though their concern and emotional distress bothered them, it wasn't to the extent of seeking help, and they haven't got the chance and consider

the professionals help; rather, they manage their distress without the help of other by them selves

“...I would try to forget about it whenever I had the opportunity, just as I would forget about the stress at work and when I got home duties, so I've never sought help...” (p7)

Participants were also asked if they had ever sought professional assistance for their concerns; and emotional distress majority was scared, seems confused about being asked for psychosocial intervention, but only two participants sought professional help, and both said it was helping them.

"...when I began to have sleep disturbances, and confused if I found myself unable to manage it; we decided to see a psychologist privately, which my husband took the initiative to do...yes, it was very helpful..." (p5)

"...I was treated for my difficulties before the incident, and I'm currently on medicine, which I Believe is helping me recover from the difficult circumstance I'm in...Of course, it helps me" (p3

CHAPTER-FIVE

5.1. DISCUSSION

The main goal of this study was to explore the lived experiences of pregnancy-related anxiety of women having pregnancy loss, who is pregnant currently. Four themes have emerged from the data; (1). The incidence of pregnancy and related emotion; (2). The challenge of pregnancy concern, (3). The effects or impacts of Challenges, and (3). Coping or management mechanism. The lived experience refers to participants' current emotions and thought that were experienced as triggered by previously encountered difficulties; existing socioeconomic issues, as well as pregnancy and fetus-related complications, are among the List pointed out. Even though pregnancy is a physiological process, the physical changes in women's bodies may increase their requirement for medical attention. The study found that psychosocial variables also worsen their situation, as well as related support needed for them. Having a strong relationship with one's partner makes it simpler for women to cope with challenging situations.

Studies show that the incidence of pregnancy loss was evidenced by sudden emotional reactions (such as breaking down in tears and feeling disgusted) and the voices of most women interviewed indicated by words like 'it is frustrating, it was challenging,' it was distressing,' it has been so hard, and was considered a life-changing incidence for pregnant women, which still became their concern. Parallel to this finding, studies point out, following a miscarriage, mothers may feel a deep sense of loss and longing for the baby's lost future, with a particular focus on lost goals and dreams (Brier, 2008). Similarly, France and Mikhail (1999) discovered that pregnant women and their spouses who had previously suffered perinatal mortality had significantly, more pregnancy-specific anxiety than those who had not.

According to Karacam & Ancel, (2009) Lack of support and a bad marital relationship, as well as displeasure with family members and a lack of social supports have all been identified as predictors of anxiety during pregnancy. Our research also revealed that lack of support and a poor relationship with their partner is the biggest problematic elements

that intensify the concern of women about Pregnancy in particular and their future in general.

Another challenge, of the mothers in the study also indicated that the excessive family concern, emotional change and lack of reassurance about the health of their fetus and themselves by medical doctors were shown to be reasons of concern in this study.

Furthermore, according to the interview result, fetus complications, healthy of pregnant women, and newborn issues were the main challenges of women and the related perception of inefficiency in the current pregnancy and the study also clearly identify the women's financial and privacy situations are among the list of causes of emotional disturbance during pregnancy. In line with this, studies show that brings about multiple changes in women's bodies, families, finances, careers, and other areas, all of which can cause emotional distress, especially for low-income women who are more likely to feel stressed due to a lack of resources (Nor-beck & Anderson, 1989).

This study revealed that mother's devotion to spiritual life was observed to be supportive and one of the coping techniques they utilized to get relief from stressful conditions in their lives. All of the women who took part in the study stated that they believe in God and that they pray, go to church or mosque and read the Bible or Quran to get strength, health, and any other means for the future birth of their children.

Besides, many participants in our study indicated that support from their families, as well as from their coworkers, was an effective coping method. The findings of this study, also indicate women used social support to vent their feelings and to learn from the experiences of others who have had similar experiences, and they Provide and get emotional support via a telegram group. In line with this finding (Modh C, Lundgren I, Bergbom I, 2011), indicate women all want to interact with other women so that they can prepare for their new roles as mothers by sharing their joys and sorrows. Similarly, Folkman and Lazarus (1991). Suggest that Social support can be used as an emotion-focused coping strategy. Talking about it is called an emotionally oriented coping approach when it is done to reduce emotional reactions because of the experience

Furthermore, the participants' interview responses revealed that their relationship with their spouse is one of the best priority coping abilities for them because they believe that their situation requires more attention and close assistance from various aspects of their lives.

Despite the difficulties that mothers face because of having unfavorable memories of their experiences many participants managed the incident on their own and they also highlighted some positive impacts of having such an event, including recognizing others' emotional distress, forming close bonds with their families, and changing their Perceptions about their own lives and others. Because of such experience, the Participants stated that they began to value the individuals around them.

According to the study, most of the participants indicated they have no access to psychosocial support, even though such an incident poses a significant challenge to their current pregnancy, they all indicated recurrent worry and stress; they did not Seek professional help because of lack of awareness and lack of access services.

5.2. CONCLUSIONS

According to the study, Pregnancy-related anxiety was confirmed to be an emotional experience for women with a history of fetal loss, resulting in unpleasant recollections of pregnancy-related experiences that happen to their life

Lack of social support, Pregnancy complications and a poor relationship with their partner are all big sources of worry for pregnant women.

Furthermore, more, fetal complications, high-risk pregnancy, and newborn issues were the main causes of concern, worries, and related perceptions of inefficiency in women's current Pregnancies.

Women use a variety of coping mechanisms to manage their distress, including seeking social support; seeking support from colleagues, engaging in religious practices, personal Resources, or adapting stress-related exposures.

Among these women’s coping, the relevance of religious practice and social support appears to outweigh the importance of other coping techniques.

5.3. Strength and limitation of the study

The study's main strength was that it was the first for this population, so it could be used as a baseline for future research. It also used face-to-face interviews to acquire extensive data for analysis of the participants' experiences.

The limitation of this study is its generalizability as there is no representativeness of the Participants in the study.

Furthermore, this study was focused only investigated the experiences of mothers having pregnancy loss. The long-term psychosocial experience of sufferers requires further observation and assessment in future studies.

5.4. RECCOMDATIONS

Based on our finding

- Minister of health should revise or create a stronger psychosocial support system along with medical care that considers the special requirements of pregnant women.
- The clinician should consider the importance of adaptation or establishing scientifically based and reliable evaluation and diagnostic tools.
- Furthermore, the support mechanisms for women's difficulties should be implemented at the family; community and institutional levels would be more relevant.
- Finally, the findings indicated the need for more research to learn more about the real-life experience of these women.

A chart showing the time plan

	Activities	March	April	May	June	July	August	September
1	Development of Research Proposal							
2	Proposal defense and submission							
3	Literature review							
4	Data collection							
5	Data analysis							
6	Thesis write up							
7	Final thesis submission							
8	Research defense							
9	Research dissemination							

Appendix-II Budget breakdown

No	Item	Unit	Unit price	Quantity price	Tota l
1	Paper	Each	350	2.	700
2	CD RM	Each	2	5	10
3	Pen	Each	10	4	40
4	Pencil	Each	10	5	50
5	Sharpener	Each	5	5	25
6	Eraser	Each	10	5	50
7	Binder	Each	5	50	250
8	Not book	Each	7	50	350
9	Print and copy	Each	4	400	1600
10	Transportation	Each	12perday	30 days	360
Total	3,075				

Training for data collectors					
	Functioning	No of personnel	Number of days	Quantity	Total
1	Trainer of data collectors	1	1 day	1000	1000
2	Data collectors	2	10 days	250*3*10	7500
Subtotal					6000
Data collectors, supervision, and entry					
1	Data collection	2	10	2*200*10	4,000
2	Supervision	1	10	1*250*10	2500
3	Data entry	2	5	2*200*10	4,000
Subtotal					12,500
Total= stationeries+ personnel+ data collection and entry=22,075					

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Informed consent and topic guide

Appendix I: Informed consent

My name is Seyoum Zewdie, and I am a postgraduate student in the Addis Ababa university department of psychiatry in the clinical psychology program. Currently, I am doing a study on the lived experience of women's pregnancy-related anxiety among pregnant women with a history of fatal loss attending prenatal care in Zewditu and Gandhi Memorial Hospital of Addis Ababa

I am doing this study in partial fulfilment of my master's degree in clinical psychology. The purpose of the research is to understand lived experiences of women with pregnancy anxiety. You will not directly benefit from participating in this research. The overall goal is to provide a better understanding of your experience so that it will assist in intervention plans designed for pregnant mothers. Any information that is obtained in connection with this study and that can be identified with you will remain confidential.

Do you have any questions? Would you like to participate in the study? Yes_____________________ No___________________ if you have any questions & concerns about the study you should contact:

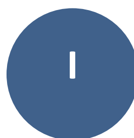
Seyoum Zewdie postgraduate student in Addis Ababa university department of psychiatry in the clinical psychology program

Mobile Phone: +251910005831

Email: zewdiesiyoum@gmail.com

If you agree to participate in the study, please put your signature on the informed consent form below

Thank you for your cooperation



APPENDIX II: **English Version Statement of Informed Consent for respondents.**

I________________________ have been asked to participate in a study by Seyoum Zewdie; student in Addis Ababa university department of psychiatry in clinical psychology program. I understand that the goal of the study is to acquire a better understanding of how women experience pregnancy-related anxiety during a pregnancy period. I acknowledge that the study has been presented to me and that I am aware of the risks involved. I understand that I will be asked to participate in a 40-50 minute interview. I accept that all information will be kept private and that my identity will be protected. I understand that I can withdraw from the study at any time. I also understand that I am not obligated to participate by the researcher. I committed to participating in the project voluntarily and freely.

Signature of the participant_________________ Date_________________

መግለጫ 1-በመረጃ የተደገፈ ስምምነት

ስሜ ስዩም ዘውዴ ይባላል ፣ በአዲስ አበባ ዩኒቨርሲቲ በክሊኒካል ሳይኮሎጂ ትምህርት ክፍል የሥነ-አእምሮ የድህረ ምረቃ ተማሪ ነኝ ።በአሁኑ ጊዜ በቅድመ ወሊድ እንክብካቤ ላይ የሚገኙ የፅንስ መጥፋት ወይም መቋረጥ ታሪክ ባላቸው ነፍሰ ጡር እናቶች በአዲስ አበባ ዉስጥ በሚገኙ በዘውዲቱ እና ጋዲ መታሰቢያ ሆስፒታል በቅድመ ወሊድ ጭንቀት ላይ ልምድን እያጠናሁ እገኛሁ ይህንን ጥናት እያደረግሁ ያለሁት በክሊኒካል ሳይኮሎጂ ሁለተኛ ዲግሪዬን በከፊል በማጠናቀቅ ላይ ነው ። የጥናቱ ዓላማ በቅድመ ወሊድ ጭንቀት ውስጥ ያሉ እናቶች ልምድን መገንዘብ ነው ። በዚህ ጥናት ውስጥ በመሳተፍዎ በቀጥታ ተጠቃሚ አይሆኑም ። አጠቃላይ ግቡ ለነፍሰ ጡር እናቶች በሚዘጋጁ ችግሩን የመከላከል ዕቅዶች ውስጥ እንዲረዳ ስለ ልምድዎ የተሻለ ግንዛቤ መስጠት ነው ። ከዚህ ጥናት ጋር ተያይዞ የተገኘ እና ከእርስዎ ጋር ተይይዞ የሚታወቅ ማንኛውም መረጃ ሚስጥርነቱ የተጠበቀ ነዉ ፡ ፡ጥያቄ አለዎት? በጥናቱ መሳተፍ ይፈልጋሉ? አዎ _______ አልፈልግም _____ ስለ ጥናቱ ማንኛውም ጥያቄ እና አማያሳስቦት ነገር ካለዎት ከታች ባለዉ አድራሻ ማግኘት ይችላሉ

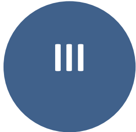
ስዩም ዘውዴ በአዲስ አበባ ዩኒቨርሲቲ በክሊኒካል ሳይኮሎጂ ትምርትየሥነ-አእምሮ የድህረ ምረቃ ተማሪ

ሞባይል ስልክ: +251910005831

ኢሜይል zewdiesiyoum@gmail.com

በጥናቱ ውስጥ ለመካፈል ከተስማሙ እባክዎን ፊርማዎን ከዚህ በታች በተጠቀሰው መረጃ ስምምነት ላይ ያኑሩ

ስለትብብርዎ እናመሰግናለን



መግለጫ II ፣ የአማሪኛ ቅፅ መረጃን መሠረት ያደረገ ስምምነት መግለጫ።

እኔ__________ሥዩም ዘውዴ በሚያደርገዉ ጥናት ላይ እንዲሳተፉ ተጠይቄ ነበር; በአዲስ አበባ ዩኒቨርሲቲ በክሊኒካል ሳይኮሎጂ ትምህርት ክፍል ተማሪ ። የጥናቱ ግቡ በቅድመ እርግዝና ወቅት የፅንስ መጥፋት ወይም መጨንገፍ በተከሰተባቸዉ እናቶች ላይ በእርግዝና ወቅት እንዴት የእርግዝና ጭንቀት እንደሚሰማቸው የበለጠ ግንዛቤ ለማግኘት እንደሆነ ተረድቻለሁ ። ጥናቱ ለእኔ እንደቀረበ እና የሚያስከትለውን አደጋም አውቃለሁ

ከ 40-50 ደቂቃ ቃለ መጠይቅ ላይ እንድሳተፍ እንደሚጠየቅ ገብቶኛል ። ሁሉም መረጃዎች በሚስጢር እንደሚቀመጡ እና እንደሚጠበቅ ተቀብያለሁ። ከጥናቱም በማንኛውም ጊዜ የማግለል አቅም እንዳለኝ ተረድቻለሁ ። በተመራማሪው የመሳተፍ ግዴታ እንደሌለኝም ተረድቻለሁ ። በፕሮጀክቱ ውስጥ በፈቃደኝነት እና በነፃነት ለመሳተፍ ቃል እገባለሁ ።

የተሳታፊው ፊርማ______________ቀን_____________________

Topic Guide (English)

Part – I: Demographic Information

1. Age:
2. Marital Status:
3. Level of Education:
4. Religion:
5. Employment status:
6. Economic status:
7. Living arrangement: with husband, family members, or sibling
8. Pregnancy status: planned or unplanned
9. Stage or level of trimester:

Part-II Topic guides questions

1. Is this your first pregnancy? If not, how was your first pregnancy?

- ✓ Do you have any history of fetal loss in your previous pregnancy? How many times do experience the loss?
- ✓ What does mean for you to lose your first pregnancy?
- ✓ In what ways did it impact your emotional wellbeing then and now?

2. What are the challenges associated with your pregnancy of being having a previous history of fetal loss on the current pregnancy status?

3. How is your current pregnancy? What are the challenges associated with your pregnancy? Would you explain for us?

4. Do you have any worries or concerns about anything related to your pregnancy currently? Would please share with us?

- ✓ Do you afraid that you may face termination of your baby? If you say yes, would explain a little bit about your fear?
- ✓ Did you afraid that you will give birth to an unhealthy baby? If you say yes, would Please elaborate for us?
- ✓ Do you afraid that you may face difficulties or complications in your health? If yes, what types of complication or difficulty are thinking you encounter, please share with us?

5. If you have answered q#4 Yes:

- ✓ How did your concern affect you, if it did?
- ✓ How did/does it affect your personal life?

On your emotions or feeling

On your behavior

On your relationship

6. How are you coping (managing) at this point? What are your concerns? Which helps you the most?

- ✓ Have you ever consulted a psychiatrist or psychologist about this issue?
- ✓ What type of treatment you have received?
- ✓ What do you think the contribution of the treatment too?

7. What social element (interaction) or support do you have? From your husband, families, and any sibling

8. Anything else you would like to add...

የአማሪኛ ርዕስ መመሪያ

ክፍል -I ግለዊ መረጃ

1. ዕድሜ:

2. የጋብቻ ሁኔታ:

3. የትምህርት ደረጃ:

4. ሃይማኖት:

5. የሥራ ሁኔታ:

6. የገቢ ሁኔታ:

7. የኑሮ ሁኔታ-ከባል ፣ ከቤተሰብ አባላት:እና ከማንኛውም ወንድም እህትዎ

8. የእርግዝና ሁኔታ: የታቀደ ወይም ያልታቀደ

9. የእርግዝና ወቅት (ተራይሚስተር):

ክፍል 2-ርዕስ መመሪያ ጥያቄዎች

1. ይህ የመጀመሪያ እርግዝናዎ ነው? ካልሆነ የመጀመሪያ እርግዝናዎ እንዴት ነበር?

- ✓ በእርግዝና ታሪክዎ ውስጥ የፅንስ መጥፋት ወይም መቐረጥ አጋጥሞዎት ያዉቃል? ለምን ያህል ጊዜ?
- ✓ በመጀመሪያ እርግዝናዎ ጽንሱን ማጣትዎ ወይም መቐረጡ ለእርሶ ምን ማለት ነው ወይም ምን አይነት ትርጉም አለዉ?
- ✓ ይህ ተሞክሮ ያኔ እና አሁን በስሜትዎ ላይ ተጽዕኖ ኣሳድሮብሆታል? በምን አይነት መንገዶች ::

2. በቀድሞው የእርግዝና ታሪክዎ ውስጥ የፅንስ መጥፋት ወይም መቐረጥ ያጋተመዉ ነፍሰጡር እናት በመሆንዎት አሁን ከለው የእርግዝና ሁኔታ ጋር የተዘመዱ ተግዳሮቶች አሉ? ካሉ በማንኛውም መንገድ በሕይወትዎ ላይ ተጽዕኖ አሳድሯል? እንዴት ?

3. የዓሁኑ እርግዝናዎ እነዴት ነዉ? ከእርግዝናዎ ጋር ተያይዞ የጋጠመዎት ችግሮች አሉ?እባከዎ ሊብራሩልን የችላሉ ?

4. አሁን ካለው እርግዝና ጋር በተያያዘ የሥጋት ወይም ጭንቀት ስሜት ይሰማዎተል?

- ✓ የፅንስ መቋረጥ ሊያጋጥመኝ ይችላል ብለው ይፈራሉ? ስለ ፍርሃትዎ ትንሽ ያስረዱናል?
- ✓ ጤናማ ያልሆነ ልጅ እወልዳለሁ ብለው ይሰጋሉ? እባክዎን ያብራሩልን?
- ✓ በጤንነትዎ ላይ አስቸጋሪ ወይም ውስብስብ ችግሮች ሊያጋጥመኝ ይችላል ብለው ይፈራሉ? ምን አይነት ውስብስብ ችግሮች ያጋጥሙኛል ብለው ሰጉ? እባክዎ ለእኛ ያጋሩን።

5. ከላይ በቁጥር # 5ለተዘረዘሩ ጥያቄዎች መልስዎ አዎ ከሆነ እና:

• ስለእርግዝናዉ እየተጨነቁ ከሆነ በዕረሶ ላይ ምን አይነት ተጽዕኖ አሳደረ?

- ✓ በግል ሕይወትዎ
- ✓ በስሜትዎ ላይ
- ✓ በእርስዎ ባህሪ ላይ
- ✓ በግንኙነቶችዎ ላይ

6. ከእርግዝና ጋር ተያይዞ የሚከሰት ጭንቀት እና ተያያዥ ተጽኖእዎችን እንዴት ተቋቋሙት (መግታት ቻሉ) ወይም ምን አይነት የመፍትሄ አማራጮችን ተጠቀሙ? የሚያሳስብዎት ነገር ምንድን ነው?

- ✓ በጣም የሚረዳዎት መፍትሄ የትኛው ነው ?

- ✓ ስለዚህ ጉዳይ የሥነ-አእምሮ ሀኪም ወይም የሥነ-ልቦና ባለሙያ አማክረው ያውቃሉ? ምን ዓይነት ህክምና አግኝተዋል፡፡
- ✓ በእነዚህ ችግሮች ላይ የሕክምናውን አስተዋጽኦ እንዴት ያዩታል?

7. ምን ዓይነት ማህበራዊ ግንኙነት (መስተጋብር) ወይም ድጋፍ አለዎት? ከባልዎ ፣ ቤተሰቦችዎ እና ከማንኛውም ወንድም እህትዎ፡፡
8. እኔ ያላነሰሁት እርሶ መጨመር የሚፈልጉት ነገር ካለ?...
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