

Addis Ababa University
College of Education and Behavioral Science
School of Psychology

**Exploring Women's Socio-Emotional Experiences of
Induced Abortion in Marie Stopes Ethiopia**

Kidist Degifie

May, 2015
Addis Ababa, Ethiopia

Addis Ababa University
College of Education and Behavioral Science
School of Psychology

**Exploring Women's Socio-Emotional Experiences of
Induced Abortion in Marie Stopes Ethiopia**

Kidist Degifie

**MA Thesis Report Submitted to the School of Psychology,
Addis Ababa University in Partial Fulfillment of the Requirements
for the MA Degree in Counseling Psychology**

Addis Ababa University
College of Education and Behavioral Science
School of Psychology

**Exploring Women’s Socio-Emotional Experiences of
Induced Abortion in Marie Stopes Ethiopia**

Kidist Degifie

Approval of the Board of Examiners

1. Advisor

Name _____ Signature _____ Date _____

2. Internal Examiner

Name _____ Signature _____ Date _____

3. External Examiner

Name _____ Signature _____ Date _____

Table of Content

Abstract	vi
Acknowledgement.....	vii
List of Acronyms	viii
Chapter One	1
Introduction	1
1.1 Background.....	1
1.2 Statement of the Problem.....	4
1.3 Objective of the Study	5
1.4 Significance of the Study	6
1.5 Operational Definitions.....	6
1.6 Delimitation and Limitation of the Study	7
1.7 Organization of the Thesis	8
Chapter Two.....	9
Literature Review	9
2.1 Induced Abortion in Ethiopia	9
2.2 Theoretical Framework	10
2.3 Empirical Literature Review.....	23
Chapter Three.....	26
Methodology.....	26
3.1 Research Design	26
3.2 Study Site.....	26
3.3 Participants.....	27
3.4 Tool Development Procedure	27
3.5 Data Collection Procedure	28
3.6 Data Analysis	30
Chapter Four	33
Results	33
4.1 Socio Demographic Characteristics of the Participants.....	33

4.2	Circumstances Caused Women to Seek Abortion.....	34
4.3	Pre-Abortion Emotional Responses.....	39
4.4	Post Abortion Emotional Experiences.....	42
4.6	Pre and Post Abortion Coping Mechanisms.....	47
4.6	Impacts of Abortion on their close relationships	51
Chapter Five		53
Discussion		53
5.1	Circumstances for Seeking Abortion.....	53
5.2	Pre-Abortion Experiences	54
5.3	Post-Abortion Experiences.....	55
5.4	Pre and Post Abortion Coping Mechanisms	56
Chapter Six.....		58
Summary, Conclusion and Recommendations		58
6.1	Summary	58
6.3	Conclusion	59
6.4	Recommendations.....	59
References.....		61
Appendix 1		65
Appendix 2		66

Abstract

This study had the objective of exploring the women's socio-emotional experiences of induced abortion focusing on a case study. In depth interview was used to collect valuable data on circumstances of women for seeking abortion, pre and post emotional experiences, pre and post emotion management mechanisms, and impacts of abortion on their close relationships. A sample of 15 clients were selected from Gotera Branch Marie Stopes Clinic using non-probability purposive sampling technique and content analysis was used to analyze the emotional reactions of women before and after abortion. The study found that participants were experienced a feeling of distress, disturbed sleep, sadness, guilty, shame, discomfort and fatigue for being in dilemma to terminate the pregnancy or having a baby before abortion. These women also experienced fear, sadness about their baby, remorse, guilt, distress, fatigue, tiredness, shame, and disturbed sleep during and after the abortion procedure. On the other hand some of the women who perceive abortion as a family planning method felt relief after the abortion procedure. Reappraisal of the abortion decision, suppression of emotion expressive behaviors, avoidance of emotionally provocative situations and prayer were the common strategies of the women to cope with the experiences of abortion. Most women's relationships with their partner, family or close friends were negatively affected after abortion. In summary, most of the women emotionally reacted negatively and experienced the feeling of disconnection with the people they value after the abortion procedure.

Acknowledgement

First and for most I would like to thank God for all things that he provided me with. I also extend my sincere gratitude to my research advisor Dr Tigist W/Tsega for professional and technical advice.

I would also like to take this opportunity to thank my husband for helping me in every step of the research process. Finally, I am so grateful to the Marie Stopes Ethiopia management and nurses at Gotera branch for their kind support and facilitation in the data collection process.

List of Acronyms

AMRC - Academy of Medical Royal Colleges

APA - American Psychological Association

FDRE - Federal Democratic Republic of Ethiopia

FP - Family planning

MSI - Marie Stopes International

MSIE - Marie Stopes International Ethiopia

NGO - Nongovernmental organization

PAS - Post-abortion syndrome

PTSD - Posttraumatic stress disorder

SRH - Sexual and Reproductive Health

TFMHA - Task Force on Mental Health and Abortion

WHO - World Health Organization

Chapter One

Introduction

1.1 Background

Ideally, pregnancy would always be a wanted and happy event for women, their partners and their families. Unfortunately, this is not so. In most countries, large numbers of women every year become pregnant without planning or wanting to have a child at that time in their lives, and some may be more distressed than joyful under these circumstances. This is of the case in Ethiopia too, where hundreds of thousands of women every year become pregnant without wanting to, and where many women with unwanted pregnancies decide to end it by abortion. (Gutmacher, 2014)

Abortion is the termination of pregnancy by the removal or expulsion from the uterus of a fetus or embryo before 20 week's gestation. An abortion can occur spontaneously, in which case it is often called a miscarriage, or it can be purposely induced. The term abortion most commonly refers to the induced abortion of a human pregnancy (World Health Organization, 1970)

The reasons Ethiopian women give for not wanting a pregnancy vary with their life circumstances: The women are too young; they would have to end or postpone their education; they are single; they are married but already have all the children they want or can support; they wish to delay their next birth; or they and their partner are having problems. Thus, women and couples often feel a desperate need to avoid having a child.

According to a large scale study in 2000 of 15 hospitals in nine of the country's 11 regions, more than half of women treated for complications of induced abortion had gone to an untrained provider or had induced the abortion themselves. (Mekbib, Gebrehiwot & Fantahun, 2007)

As a means to reduce this problem in 2005 the penal code was revised to broaden the indications under which abortion is permitted. Termination of pregnancy is now legal when the pregnancy results from rape or incest, when continuation of the pregnancy endangers the health or life of the woman or the fetus, in cases of fetal impairment, for women with physical or mental disabilities, for minors who are physically or psychologically unprepared to raise a child and in cases of grave and imminent danger that can be averted only through immediate pregnancy termination. Following the revision of the criminal code in 2005 and the development of abortion series guidelines by the Ministry of Health, access to safe abortion has been gradually increasing (“Criminal Code of FDRE”, 2005).

In 2008, an estimated 382,500 induced abortions were performed in Ethiopia, for an annual rate of 23 abortions per 1,000 women aged 15–44. The abortion rate is considerably higher than the national average in urban areas: 49 per 1,000 in Addis Ababa, the country’s most urban and economically developed region, and 184 per 1,000 in the smaller urban regions of Dire Dawa and Harari (Singh et al., 2010).

About half of all health facilities in Ethiopia provide induced abortion services. However, the proportion is much higher for public hospitals and private or nongovernmental organization (NGO) facilities than for public health centers. Currently, private and NGO facilities provide the most induced abortions.

There are numerous complications associated with abortion, including physical, social and psychological. In this era of technological sophistication the danger exists in ignoring psychological problems, especially with abortion, whether spontaneous or induced. The side effect, incidence of psychological problems following abortion is highly debated.

According to Remennick & Segal (2001) in studying the Socio-cultural context and women's experiences of abortion in Israeli women and Russian immigrants, they find out most women of either origin did not report serious emotional problems during the three months following abortion. The typical feeling right after the procedure was one of relief, often mixed with sadness, and the wish to forget this experience as soon as possible. However, in both groups there also were informants who could not easily forget the pregnancy and its end. About a quarter of Israeli informants and about one-third of Russian women talked of sadness, insomnia, poor concentration, fatigue and other signs of depression that they were going through. Several women noted that they had experienced these problems also in the past, or during this pregnancy, but after abortion things got worse.

The purpose of this study was to explore the socio-emotional experiences of women who had induced abortion in Marie Stopes Ethiopia Clinics in Addis Ababa.

1.2 Statement of the Problem

Developed societies differ on the extent to which abortion is legally, religiously or socially accepted and any effort to understand the psychological aspects of abortion must take into account the wider context in which abortion occurs. Some research studies have indicated that abortion is usually followed by post abortion syndrome characterized by psychosocial disturbances like severe guilt, remorse, worries, depression, regrets, rage, attacks of anxiety, suicidal ideation and social and sexual dysfunction.

Woman may experience abortion as a traumatic event for several reasons. Many were forced into an unwanted abortion by their husband, parents, or others. If the woman has repeatedly been a victim of domineering abuse, such an unwanted abortion may be perceived as the ultimate violation in a life characterized by abuse. Other women, no matter how compelling the reasons they have for seeking an abortion, may still perceive the termination of their pregnancy as a violent killing of their own child. The fear, anxiety, pain, guilt associated with the procedure is mixed into this perception of grotesque and violent death. (Agrawal, Praween & Seyeed, 2012)

There were studies in Ethiopia mainly focused on the awareness and attitudes of women to safe abortion, post abortion care utilization, and determinants associated with abortion.

Senbeto, Alene, Abesno, & Yeneneh, (2005) conduct a study to assess the knowledge, attitude, behavior and practice of women on abortion and to identify the most important determinant factors in northwest Ethiopia and found that the problem of abortion in general and induced abortion in particular is very high among the urban and rural women of the study areas.

Animaw & Bogale (2014) also assess the awareness and attitude of university and college female students' to the revised criminal code and access to abortion. The study found that, after six years

abortion was liberalized with selected criteria, majority of college and university students of Arba Minch town were not aware about the law.

In the investigation of integration of family planning services within post abortion care at health facilities in Dessie, North East Ethiopia, significant proportion of post abortion women left the health facility without getting family planning counseling and contraceptive method. Most of the studied facilities used onsite provision of Family Planning Services at post abortion/delivery room or at the same room where the abortion procedure was performed (Seid, Gebremariam, & Abera, 2012).

Most of the local studies predominantly focused on the access to safe abortion and post-abortion care utilization. The psychological consequence of abortion has been given little attention. In order to fill this gap, this study explored the social and emotional experiences of women who had induced abortion in Marie Stopes Ethiopia Clinics at Addis Ababa.

1.3 Objective of the Study

The general objective of this study is to explore the women's social and emotional experiences of induced abortion in Marie Stopes Ethiopia Clinics at Addis Ababa.

The specific objectives were to explore:

- the women's reasons for seeking abortion
- the pre and post abortion emotional experiences of women
- the women's emotion management techniques
- the impacts of induced abortion on women's close relationships

1.4 Significance of the Study

Most of the abortion service providers mainly focus on the physical health of the women rather than the emotional responses. On the basis of the findings regarding the effect of induced abortion on social and emotional experiences, health care providers can pick up relevant information that will help them to improve their service delivery in perspective of counseling. Women who will have access to this study also be learned about this private experience to make informed decision. Furthermore, the study will contribute in strengthening the literature of the country on the subject. Moreover, the study may be useful for further research work.

1.5 Operational Definitions

- **Induced Abortion** refers to the clinical procedure performed intentionally to terminate the pregnancy.
- **Emotional experiences** refers to the feelings like joy, fear, relief, anger, sad, shame, guilt, proud, embarrassment of the participants before, during and after the abortion procedure because of the evaluation of their experience.
- **Emotional expressions** refers to those potentially observable surface changes in face, voice, body, and activity level as a manifestation of internal emotional states of the participants. For example red face, trembling, running, sobbing etc.
- **Social Experience** refers to the social interaction of the participants with family, partners or close friends
- **Socio-emotional** refers to the variations occur in participants' feelings and relationships with others before, during and after abortion.
- **First trimester** refers to abortion which is done before three months of the pregnancy
- **Second trimester** refers to abortion which is done after three months of the pregnancy

1.6 Delimitation and Limitation of the Study

The study focused on the social and emotional reactions of women who had abortion in Marie Stopes Ethiopia Clinics. Though the two branches of Marie Stopes Ethiopia Clinics in Addis Ababa were planned for recruiting the women, the participants were selected from only Gotera Branch. This branch was selected because both the first trimester and second trimester abortion service is given only at this branch.

Women who agreed to be interviewed may be different qualitatively than women who refused participation. If a different mix of women had agreed to be interviewed, it is possible that the findings would have varied. Some women refused to participate after they participate in the initial interview so it was required to change the participant and data collection took more time than the intended duration.

Using only one method of data collection which is in depth interview minimized the trustworthiness of the data than using more than one method of data collection. In addition, the interview data was not recorded instead notes taking was used to collect the data because participants were not willing and this restricts the richness of the data.

Although qualitative research is not intended to provide generalizable results, the findings may not reflect the abortion experiences of women outside of the Marie Stopes clinic where the interview was taken.

1.7 Organization of the Thesis

This study is organized by six chapters. The first chapter includes the introductory, statement of the problem, objectives of the study, Significance of the study, delimitation and limitation and operational definitions. The second chapter contains review of related literatures. The third chapter explains the methodology of data collection and analysis. The fourth chapter contains the result of the study. The fifth chapter discussed the result. Finally, the last chapter contains the summary, conclusion and recommendations of the study.

Chapter Two

Literature Review

2.1 Induced Abortion in Ethiopia

Induced abortions are much more common in Ethiopia urban regions, where fertility rates are low, suggesting that induced abortion is being used by younger women who want to space births, rather than by older women who have already had all the children they want.

Women seeking induced abortion in 2008 had a mean age of 23, and the majorities (54%) were single. Women seeking post-abortion care had a mean age of 28, and the large majority (81%) was married. Some 79% of women who had had an induced abortion and 92% of women who had sought post-abortion care were already mothers. More than one-third of all women with abortion complications were past their first trimester of pregnancy. Seeking care after a second-trimester abortion was more common among women who lived in rural areas than among their urban counterparts.

In Ethiopia post-abortion care follow-up is focused on complications from unsafe abortion and family planning services to prevent unplanned pregnancies. Psychological implications of induced abortion have been given less attention than physical complications.

Some researchers investigating post-abortion reactions report only one positive emotion: relief. This emotion is understandable, especially in light of the fact that the majority of aborting women report feeling under intense pressure to "get it over with."

Temporary feelings of relief are frequently followed by a period psychiatrists identify as emotional "paralysis," or post-abortion "numbness." Like shell-shocked soldiers, these aborted

women are unable to express or even feel their own emotions. Their focus is primarily on having survived the ordeal, and they are at least temporarily out of touch with their feelings.

2.2 Theoretical Framework

2.2.1 The Concept of Emotions

Yet, there is no consensus on a definition of the term emotion, and theorists and researchers use it in ways that imply different processes, meanings, and functions. In much of the existing literature, the term emotion was often applied both to basic emotions as well as to emotion schemas. According to Izard (2007) Emotions are divided into two, basic emotions and emotion schemas. Basic emotions refers to those emotions that have been characterized as having evolutionarily old neurobiological substrates, as well as an evolved feeling component and capacity for expressive and other behavioral actions of evolutionary origin. Such as interest, joy/happiness, sadness, anger, disgust, and fear are basic emotions. Whereas the term emotion schema refers to the processes involved in the dynamic interplay of emotion, appraisals, and higher order cognition. The term emotion schema emphasizes a cognitive content that does not characterize a basic emotion or basic-emotion episode.

Emotions are generally conceptualized as complex phenomena that involve changes in the domains of subjective experience, behavior, and peripheral physiology (Lewis, Jeanet, Jones & Barret, 2008).

In the framework of the component process model, emotion is defined as an episode of interrelated, synchronized changes in the states of most of the five organismic subsystems in response to the evaluation of an external or internal stimulus event as relevant to major concerns of the organism (Scherer, 2001). The term emotional has appeal in that emotions are inherent and

central to psychosocial functioning, motivation, well-being, and life satisfaction. Emotions make up the fabric of relationships and are embedded to one degree or another in all interpersonal interactions. There are basically two perspectives of emotion

2.2.1.1 Psychologist's View of Emotion

The psychological point of view is that “emotion” represents a meaningful and necessary concept. People, objects, and events, and the feelings they evoke, moreover, do not leave one emotionless. They affect human’s body and cognitive functioning. One may tremble, become confused, or believe what one knows to be wrong. The psychologists’ point of view thus points to a domain of phenomena of feelings, behaviors, and bodily reactions. These phenomena require explanations different from those required for explaining habit, voluntary action, and sensory impressions and thought as such. They appear to demand explanatory concepts such as pleasure and pain, evaluation, control priorities, preferences, and desires (Frijda, 2009)

This psychological perspective has two interconnected implications. First, its focus is on phenomena manifested or felt by individuals. Second, the explanations for these phenomena require hypotheses about intrapersonal causal processes. Emotion serves as a shorthand for or pointer to, intrapersonal processes and mechanisms.

Appraisal theory assumes that emotions are adaptive entities that have evolved to respond quickly to recurring important circumstances. Its emphasis is put on a cognitive step between those circumstances and the emotion (event→appraisal→emotion). Some versions of appraisal theory assume that appraisals are a part of the emotion (Scherer, 2001)

The notion of emotion thereby serves to resolve discrepancies between what people do or feel and the events surrounding them; between what they do and what they say; between what they do and what seems most appropriate, most useful, most reasonable, and best organized. It serves

to help our understanding that different people may react in different ways to the same situations, and that one given person may react differently to one given situation on different occasions. The psychological point of view focuses on intra-individual processes, even if these may represent convergence points for influences of sociocultural origin. Among its explanatory tools, the psychology of emotion includes the dynamic interactions of the individual with his or her environment. These interactions bring sensory stimuli in from environment and body, produce effects on how smoothly the individual's faculties and processes function, and produce effects on the environment as well as feedback from that environment.

2.2.1.2 Sociological view of Emotions

A sociological analysis of emotions begins with the view that human behavior and interaction are constrained by individuals' location in social structures guided by culture. Individuals are seen as incumbents in positions within social structures that are regulated by systems of cultural symbols. Both cognitive appraisal (people's internal representation of themselves, others, and situations) and emotional arousal are constrained in interaction by culture and social structure. (Stets & Turner, 2008)

“Culture” is defined as systems of symbols that humans create and use to regulate their behaviors and interactions, with the key elements of culture including emotion ideologies (appropriate feelings and emotional responses in different situations), emotion stocks of knowledge (emotional experiences that build up over time and become available for use in interaction), emotion vocabularies, and feeling and display rules (Turner & Stets, 2005). These elements are invoked and used to guide social structure and individuals' cognitions.

Dramaturgical Approaches

Dramaturgical approaches to the sociology of emotions emphasize the importance of culture in providing emotion ideologies, stocks of knowledge, vocabularies, and feeling rules. These elements of culture operate as cognitive guidelines to what emotions should be experienced and expressed in a situation, as well as to what vocabularies are to be used in adjusting emotional responses to the situation (Peterson, 2006).

Through socialization, individuals learn how to associate particular emotion vocabularies with specific eliciting situations, internal sensations, and expressive displays.

What makes this approach dramaturgical is that individuals are viewed as acting on a stage configured by social structure in front of an audience. When individuals violate the cultural script, however, they experience embarrassment and perhaps shame, which leads them to engage in repair rituals that restore the normal order, while signaling to others that the breach of this order was only temporary (Goffman, 1982).

Generally, dramaturgic approach has emphasized that social structures and cultural rules often demand that individuals display emotions that they do not feel, and that in fact are systematically generated by social structures.

Symbolic Interactionism Theory

Symbolic interactionism approaches to emotions generally view the emotional reactions to either verification or non-verification of self or identity as part of a perceptual control system (Burke, 1991).

Negative emotional arousal signals to a person that a general self-conception or more situational identity is not confirmed, and this distress, anxiety, or sadness motivates individuals to employ a

number of cognitive and behavioral strategies. For example, cognitive strategies might include selectively perceiving or interpreting the gestures of others so as to verify one's identity or making external attributions that blame others, the situation, or the social structure for failing to verify the self. Behavioral strategies might involve changing one's behavior to obtain verification or leaving the situation.

Psychoanalytic approaches in the sociology of emotions try to bring the Freudian legacy. Individuals will often engage in defensive strategies to protect the self from negative emotions. Specifically, when individuals behave incompetently in front of others and/or breach the social order, they experience shame; when they act in ways violating cultural values, they experience guilt (Turner, 2002). For shame in particular, persons will repress this negative feeling to varying degrees because shame attacks the self and makes a person feel small and unworthy (Tangney & Dearing, 2002).

Turner (2002) claims that once negative emotions are suppressed, they will often intensify and be transformed into new emotions. For example, he maintains that shame often emerges from the cortical sensors as periodic spikes of anger, which, ironically, lead to more shame that is repressed. This is consistent with the idea that individuals can become locked into shame–anger–shame cycles; with the successive repression of the shame intensifying the mix of unconscious emotions that periodically explode as anger.

2.2.2 Emotional States and Experiences

Emotional states are defined as particular constellations of changes in somatic and/or neurophysiological activity. Emotional states can occur without organisms' awareness. Individuals can be angry as a consequence of a particular elicitor and yet not perceive the angry state that they are in. An emotional state may involve changes in neurophysiological and

hormonal responses, as well as changes in facial, bodily, and vocal behavior. States are considered action patterns that include facial changes and physiological responses. (Lewis, 2008)

There are two views of emotional states. According to the first, states are associated with the activation of the specific receptors (Izard, 1977). In the second, emotional states are not associated with specific receptors and stimuli and do not exist as specific changes; instead, they are general response tendencies associated with specific cognitions (Mandler, 1975).

In order for an emotion to take place, some stimulus event must trigger a change in the state of the organism. The state of the organism can be a change in an idea, or it can be a change in the physiological state of the organism. The triggering event may either be an external or internal stimulus. External elicitors may be nonsocial (loud noise) or social (separation from a loved one). Internal elicitors may range from changes in specific physiological states to complex cognitive activities.

On the other hand, it is clear that certain specific emotions can be produced only through cognitive processes. For example, certain elicitors invoke cognitive processes, which in turn may elicit or produce specific emotional states. In such cases, cognition is necessary for the elicitation of a specific state, but may not be the material of that state. Consider the emotion of shame. One must have certain cognitions for shame to occur. Shame occurs when persons evaluate their behavior against some standard and find that they have failed (Lewis, 1997). Such cognitions can lead to a specific emotional state, which is likely to have specific bodily activity. In these cases cognitions are the elicitors of the emotion, the state being brought into existence by thoughts; thus there are two possibilities:

- An emotional state or action pattern can be elicited in some automatic fashion by certain stimulus events for example, the case of fear when an animal sees a predator.

- Emotional states can be elicited through cognitive evaluative processes. They may be automatic that is, may be action patterns to certain thoughts. Self-conscious emotions such as embarrassment, pride, shame, and guilt are elicited by thoughts about others' thinking about us. Lewis has argued for distinguishing between different emotional states by using the difference between the levels of cognitive activity involved in their elicitation. Fear of falling is elicited by little cognition, shame by much cognition. (Lewis, 1992)

Emotional expressions are observable surface changes in face, voice, body, and activity level. Emotional expressions are seen as the manifestations of internal emotional states. In fact, no single measure of emotional states or action patterns is more differentiating than emotional expressions. The problem with emotional expressions is that they are soon capable of being masked, dissembled, and in general controlled by an individual. Moreover, emotional expressions are subject to wide cultural and socialization experiences. Thus the relationship between expressions and states remains somewhat vague (Saarni, 1999).

Emotional experiences are the evaluations and interpretations by individuals of their perceived situations, emotional states, and expressions. Emotional experiences require that individuals attend to their emotional states (changes in their neurophysiological behavior), as well as the situations in which the changes occur, the behaviors of others, and their own expressions. Attending to these stimuli is neither automatic nor necessarily conscious. Emotional experiences require people to attend to a select set of stimuli. Without attention, emotional experiences may not occur, even though an emotional state may exist.

For example, a patient may be in a particular emotional state (e.g., depression), but may attend to select features of that state (e.g., fatigue), and so may only experience tiredness. Or a patient may

not experience pain at the dentist when distraction is provided through the use of earphones and loud music. Emotional experiences occur through the interpretation and evaluation of states, expressions, situations, behaviors of others, and beliefs about what ought to be happening. Emotional experiences therefore depend on cognitive processes.

Cognitive processes involving interpretation and evaluation are enormously complex and involve various perceptual, memory, and elaborating processes. Evaluation and interpretation not only involve cognitive processes that enable organisms to act on information, but are very much dependent on socialization to provide the content of the emotional experience. Not all theories of emotional experience need be tied to the context, nor do all suggest that there is an underlying emotional state. However, all emotional experience does involve an evaluative interpretive process, including the interpretation of internal states, context, behavior of others, and meaning given by the culture. Emotional experiences require an organism to possess some fundamental cognitive abilities, including the ability to perceive and discriminate, recall, associate, and compare. (Lewis et al., 2008)

2.2.3 Social Experiences

Sociality has a significant influence on human functioning. The survival and success of our evolutionary ancestors depended on their ability to form organized group of interdependent actors. The benefits of group living allowed a group of people to succeed where an individual might fail. Although our species has come a long way from the harsh and precarious conditions during early evolution, human beings continue to be utterly dependent on one another for their survival and wellbeing. It is therefore quite reasonable to assume that human cognitive and motivational tendencies were shaped by the demands of group living. (Lerner & Millon, 2003)

Meaningful human relationships are a crucial part of the self. Baumeister & Leary (1995) have proposed that the need to belong is one of the most fundamental human motivations, underlying many emotions, actions, and decisions throughout life. Belongingness theory predicts that people seek to have close and meaningful relationships with others, perhaps because such relationships increase the likelihood of survival and reproduction. (Sternberg & Barnes, 1988)

People form relationships voluntarily and with minimal external motivation. They hesitate to break a relationship even when its practical purpose has ended. They also seem to categorize others based on their relationships. In general, humans are social animals, and people seek relationships with others as a fundamental need. When this need is not met people feel disconnected from the society.

Baumeister & Twenge (2000) suggests that social exclusion is associated with a variety of negative circumstances, including poor physical and mental health, crime and antisocial behavior, alcohol and drug abuse, and even reckless.

‘Social interest and community feeling are Adler’s most significant and distinctive concepts. These terms refer to individuals’ awareness of being part of the human community and to individuals’ attitudes in dealing with the social world.

Social interest refers to an action line of one’s community feeling, and it involves the individual’s positive attitude toward other people in the world. Social interest is the capacity to cooperate and contribute. Social interest requires that we have enough contact with the present to make a move toward a meaningful future, that we are willing to give and to take, and that we develop our capacity for contributing to the welfare of others. Social interest includes striving for a better future for humanity. The socialization process, which begins in childhood, involves finding a place in society and acquiring a

sense of belonging and of contributing. While Adler considered social interest to be innate, he also believed that it must be taught, learned, and used. Social interest is the central indicator of mental health. Those with social interest tend to direct the striving toward the healthy and socially useful side of life. From the Adlerian perspective, as social interest develops, feelings of inferiority and alienation diminish. People express social interest through shared activity and mutual respect.

Individual Psychology rests on a central belief that our happiness and success are largely related to this social connectedness. Because we are embedded in a society, we cannot be understood in isolation from that social context. We are primarily motivated by a desire to belong. Community feeling embodies the feeling of being connected to all of humanity past, present, and future and to being involved in making the world a better place. Those who lack this community feeling become discouraged and end up on the useless side of life. We seek a place in the family and in society to fulfill basic needs for security, acceptance, and worthiness. Many of the problems we experience are related to the fear of not being accepted by the groups we value. If our sense of belonging is not fulfilled, anxiety is the result. Only when we feel united with others are we able to act with courage in facing and dealing with our problems.’ (Corey, 2009, p. 102)

In this study fear of being accepted by the people they value and poor close interpersonal relationship (with family, friends, spouse or partner) considered as a social problem and its relationship with the women’s concealment of real emotional experience assessed.

2.2.4 Self-Conscious Emotions

Emotions often reflect value judgments relevant to the self. For example, shame and guilt have strong interpersonal components. The difference between the two lies in how much of the self is affected. Guilt accuses a specific action by the self, whereas shame condemns the entire self. Shame is usually the more destructive of the two emotions. Because shame signifies that the entire self is bad, simple reparations or constructive responses seem pointless. This absence of constructive solutions probably leads to many of the pathological outcomes connected with shame, such as suicide and major depression. Shame also seems to produce socially undesirable outcomes such as, for some people, a complete withdrawal from others. Other people, however, respond to shame with anger. The shift from shame into anger may be a defensive effort to negate the global negative evaluation. In contrast, guilt is more reparable and less socially disruptive than shame. Guilt has a strong basis in relationships even when no transgression is involved. For example, some people feel survivor guilt because they have survived when others have died or suffered. (Tagney, Wagner, Marshal , Gramzow, & Hill-Barlow, 1996)

Similar to shame and guilt, embarrassment seems to be a mixture of self and interpersonal concerns. Modigliani (1971) linked embarrassment to the public self by showing that the best predictor of embarrassment was a situational, perceived loss of others' good opinion. In addition, embarrassment correlates more highly with public self-consciousness than with private self-consciousness. Blushing is one common sign of embarrassment, but people sometimes blush even when there is no obvious social evaluation. Unwanted social attention is the most common cause of blushing. In general, people blush as reconciliation to others after violating social norms.

2.2.5 Abortion Perspectives

Several different perspectives have shaped understanding of potential associations between abortion and socio emotional experiences. The main two viewpoints of abortion are the following.

The first perspective argues that abortion is traumatic because it involves a human death experience, specifically, the intentional destruction of one's unborn child and the witnessing of a violent death, as well as a violation of parental instinct and responsibility, the breaking of maternal attachments to the unborn child, and unacknowledged grief (Coleman, 1992). The belief that women who terminate a pregnancy typically will feel grief, guilt, remorse, loss, and depression also is evident in early studies of the psychological implications of abortion, many of which were influenced by psychoanalytic theory and based on clinical case studies of patients presenting to psychiatrists for psychological problems after an abortion (Adler et al., 1990).

Speckhard and Rue (1992) posited that the traumatic experience of abortion can lead to serious mental health problems for which they coined the term *postabortion syndrome* (PAS). They conceptualized PAS as a specific form of posttraumatic stress disorder (PTSD) comparable to the symptoms experienced by Vietnam veterans, including symptoms of trauma, such as flashbacks and denial, and symptoms such as depression, grief, anger, shame, survivor guilt, and substance abuse. PAS is not recognized as a diagnosis in the *Diagnostic and Statistical Manual of the American Psychiatric Association* (American Psychiatric Association, 2012).

The other perspective emphasizes the impact of the larger social context within which pregnancy and abortion occur on women's psychological experience of these events. Unwanted pregnancy and abortion do not occur in a social vacuum. The current sociopolitical climate stigmatizes some women who have pregnancies as well as women who have abortions (Major & Gramzow,

1999). From a sociocultural perspective, social practices and messages that stigmatize women who have induced abortions may directly contribute to negative psychological experiences post abortion.

The psychological implications of stigma are profound. Experimental studies have established that stigmatization can create negative cognitions, emotions, and behavioral reactions that can adversely affect social, psychological, and biological functioning (Major & O'Brien, 2005).

2.3 Empirical Literature Review

Several studies have been conducted on the emotional effects of abortion at global and country level.

For many years, substantive research studies have shown that legally induced abortion does not pose mental health problems for women. This finding has been reiterated in rigorous reviews of the scientific literature during the last five years.

In 2011, the Academy of Medical Royal Colleges (AMRC) in London reviewed all studies about the emotional effects of abortion that had been published in English between 1990 and 2011. Most of the studies in the AMRC's rigorous, systematic review were conducted in the United States. From the evidence and limitations within this broad range of studies, researchers concluded that

- A woman with an unwanted pregnancy is as likely to have mental health problems from abortion as she is from giving birth.
- A woman with a history of mental health problems before abortion is more likely to have mental health problems after abortion.
- Circumstances, conditions, behaviors, and other factors associated with mental health problems are similar for women following abortion and women following childbirth.
- Pressure from a partner to terminate a pregnancy, negative attitudes about abortion, and negative attitudes about a woman's experience of abortion may increase a woman's risk of mental health problems after abortion.

Among its recommendations for further study, the AMRC suggested that researchers focus on the mental health repercussions of unwanted pregnancy rather than on the repercussions of how a woman resolves it (AMRC, 2011).

International Journal of Obstetrics and Gynecology published in 2005, the psycho-social outcome of induced abortion assessed in 64 women after eight weeks and in 86 women after eight months. Three groups were identified. About 5 per cent had enduring, severe psychiatric disturbance following abortion. Women especially at risk were those with a previous psychiatric or abnormal obstetric history or with physical grounds for abortion and those expressing ambivalence towards abortion. Short-lived disturbances affected about half of all abortion patients. These symptoms included initial guilt and regrets and sensitivity to the comments of people around them which relate to abortion. The third group of women experienced no adverse effect. It is suggested that an awareness of the risk factors should lead to the instigation of more adequate counseling and support for those women who need it. (Ashton, 1980)

Hanna, Lars, & Sjoberg (1999) studied the incidence and determinants of emotional distress following induced abortion on 854 participants in 12-month post-abortion follow-up, representing 66.5% of the 1285 women undergoing induced abortion at Malmo, 1989. They used semi-structured interview 1 year after induced abortion and find out 50–60% of women undergoing induced abortion experienced some measure of emotional distress, classified as severe in 30% of cases. The risk factors identified suggest that it may be possible to ameliorate or even prevent such distress.

Similarly, in the study of psychological problems after abortion in India, the study explores that 21.3% of women reported having faced psychological problems after abortion. Two out of five women reported to have experienced depression and eating disorders after abortion. The second

most frequently problem was sleep disturbance and nightmare. Less than one third of women reported anxiety attacks (Agrawal, et al. 2012)

In Ethiopia level, I haven't found any related literature on the psychological aspect of abortion.

The empirical studies produce different results and the topic is still arguing issue of the researchers.

Chapter Three

Methodology

3.1 Research Design

The study employed a qualitative case study approach to explore the feeling and lived experiences of women who had abortion. It employed qualitative data collection technique namely in depth interview. This research design is selected because

- there is a need of detail explanation from the participants, the consumers of the research or the organization (Marie Stopes Ethiopia) researchers prefer words than numbers for the explanation of the phenomenon
- to understand the situation directly from participants' perspective than the researchers' and
- it is important to gain an in-depth understanding of the phenomenon

3.2 Study Site

Marie Stopes International (MSI) is an International Non-Governmental Organization working on Sexual and Reproductive Health (SRH). MSI operates in 40 countries providing women and couples health services including family planning (FP), safe abortion and post-abortion care, maternal & child health care including safe delivery and obstetrics, diagnosis & treatment of sexually transmitted infections and HIV/AIDS prevention. Since 1990, MSIE has been providing high-quality family planning, comprehensive abortion care, maternal and child health, and HIV/AIDS services to low income and underserved.

Marie Stopes International Ethiopia (MSIE) provides medical and surgical abortion through its 31 centers and a network of more than 500 Blue Star private clinics located throughout the country. MSIE is uniquely positioned to integrate family planning (FP) with safe abortion services. Through offering pre- and post-abortion counseling and family planning method choice they enable women to prevent unplanned pregnancy subsequent to an abortion.

MSIE's 31 centres offer a range of high quality Family Planning and Sexual and Reproductive Health (SRH) services and also serve as Centres of Excellence for training and referral. MSIE's centers are found in most of Ethiopian urban areas, with six centres in Addis Ababa alone. From out of six centers in Addis Ababa Gotera branch clinic was selected since both first and second trimester abortions service is given only at this branch.

3.3 Participants

Purposeful sampling was used to select 15 women for personal interview. The selection criteria were based on the marital status of the women to accommodate the married, single, and divorced women in order to get rich data from different perspectives. Both first trimester and second trimester pregnant women were included. The criterion also based on the participants' availability and willingness for the interview.

3.4 Tool Development Procedure

As previously stated qualitative study was carried out. In order to collect the data semi-structured interview questions were used. An individual based, semi-structured in depth interview was conducted to provide greater flexibility and give emphasis on the emotional and social factors.

Interview guided questions was constructed based on the research questions, operational definitions and the reviewed literature. Then the questions reviewed by the research advisor at the university to check the content relevance. The guided questions were piloted to some women before it would be conducted to the selected samples. The results of the pilot study were used to check the clarity of the guided questions used. Finally, the guided questions were conducted in interviewing the selected samples.

3.5 Data Collection Procedure

The procedure of conducting the interview and challenges are documented as follows. Even though the recruitment challenges was examined in the approaches of other abortion researchers, it took three months to find data from 15 women who are willing to talk with me about this very private experience.

Initially, the letter of recommendation from the university faculty to Marie Stopes International Ethiopia was written. Then the letter was presented to the management of one of the Marie Stopes clinic to get access to the women who have got abortion service. The solicitation of the cooperation from the head office management had a lengthy process. Finally, permission to interview the selected and willing clients had been secured. The administration manager notifies the difficulty of getting access to the woman because of their unwillingness. Work with the health staffs closely helped the researcher to create intimacy with the clients in order to get trust from them.

Before the selection of women for the interview the health workers explained the purpose of the research to their clients and told them the interview didn't have any relation with the service they had been given. Besides I personally explained the participants about the purpose of the research, their response data anonymity and confidentiality, their right to end the interview at any time and

finally secure their informed consent orally. Treating the participants with unconditional regard and empathy helped to secure their consent again for the second interview after two months of the procedure.

In order to keep the women's privacy, the clinic provided me a place to conduct the interview with free of disturbance. The interview conducted two times for each participant. The first one was conducted in the same day of the abortion procedure and the second one was conducted after two months of the procedure. The second interview conducted out of the clinic setting because the participants wouldn't need to come again to the clinic just for the sake of the interview. The first interview took the duration of 30 – 45 minutes and the second interview the duration of 40 minutes to one hour for each participant. From language perspective, the participants were Amharic speaker and the interview guided questions were translated into Amharic.

The interview was not recorded by audio or video recorder because the participants of the study were not comfortable and unwilling. Note taking was used to record the interview. Louis, Laurence & Kate (2005) states the idea that

‘An audiotape recorder might be unobtrusive but might constrain the respondent; a videotape might yield more accurate data but might be even more constraining, with its connotation of surveillance. They comment on the tendency of taping to ‘cool things down’. It might be less threatening not to have any mechanical means of recording the interview, in which case the reliability of the data might rely on the memory of the interviewer. An alternative might be to have the interviewer make notes during the interview, but this could be highly off-putting for some respondents. What is being suggested here is that the interview, as a social encounter, has to take account of, and plan

for, the whole range of other, possibly non-cognitive, factors that form part of everyday conduct.’

To overcome the above cited challenge, the interview guided questions were planned carefully. Using short questions, being active listener, give more time for the participant response and taking the main points during the interview helped to memorize the history of the interviewee. Transcribing the data process began from the beginning of the interview date and continues until the data is ready for analysis. The interview data have been interpreted and summarized throughout the interview sessions for not losing important information during the process of transcription. To ensure the accuracy, I reviewed every transcript with the interviewees during the second interview sessions.

3.6 Data Analysis

Qualitative research in social science, concentrates on the study of human behavior and social life in natural settings. There are different ways of analyzing social life, and therefore multiple perspectives and practices in the analysis of qualitative data. There is variety in techniques because there are different questions to be addressed and different versions of reality that can be elaborated (Keith, 2009). Unlike quantitative analysis, there are no clearly agreed rules or procedures for analyzing qualitative data. Approaches to analysis vary in terms of basic epistemological assumptions about the nature of qualitative enquiry and the status of researchers' accounts. Despite this variety, some writers identified the common features of qualitative data analysis. This variety and diversity in approaches underlies the point that there is no single right way to do qualitative analysis.

One of the approaches for qualitative analysis is content analysis. Qualitative content analysis has been defined as “a research method for the subjective interpretation of the content of text data through the systematic classification process of coding and identifying themes or patterns” (Hsieh & Shannon, 2005, p.1278). Content analysis in which both the content and context of documents are analyzed: themes are identified, with the researcher focusing on the way the theme is treated or presented and the frequency of its occurrence. A common procedure in the analysis of qualitative data is the identification of key themes, concepts or categories. Concepts may refer to the substantive meaning of the data.

This study followed the stage model of content analysis for qualitative data (Berg, 2004). Even if it is described linearly, an interactive practice was used in the analysis. The steps were also modified to fit the purpose of this study.

1. Prepare the data for analysis

In this study data preparation was started from the beginning of the interview. The interview notes were transcribed using two types of Marying (2014) transcription systems namely comprehensive protocol and Clean read or smooth verbatim transcript. Comprehensive protocol was used when I was interested only in the content. When this protocol was used I read the language in the interview notes, stops in regular periods and sums up the main content writing it down. In clean read or smooth verbatim the transcription was done word for word, but all utterances like uhms or ahs, decorating words like, right, you know, yeah are left out. A coherent text, simple to understand but representing the original wording and grammatical structure was produced.

2. Define the unit of analysis

The unit of analysis refers to the basic unit of text to be classified during content analysis. The unit of analysis in this study was themes rather than words, sentence or paragraphs. In its most basic form, a theme is a simple sentence, a string of words with a subject and a predicate. A researcher may be well served to count every time a theme is provided or he or she may simply point one out in a paragraph or section analysis (Hancock & Algozine, 2006, p.74). The themes identified will be presented in the finding section.

3. Read through the data and establish categories

Here I used coding scheme to categorize the data. Codes are tags, names or labels, and coding is the process of putting tags, names or labels to the pieces of data. These labels index the data and providing a basis for storage and retrieval. The first labels came from the interview guided questions.

4. Begin sorting the data into the various categories

In reality, assigning a particular text in a qualitative study to a single category can be very difficult. Qualitative content analysis allows assigning a unit of text to more than one category simultaneously. So the pieces of data were assigned to the appropriate category to looking for subsequent themes or patterns in the data.

5. Review textual materials as sorted into various categories for seeking patterns

6. Report the findings narratively with the illustration from the participant responses

For this step, I joined the emergent themes into narrative passages, so that the findings developed logically from the participants' responses.

7. Discuss the findings or patterns in the light of the reviewed literature

Chapter Four

Results

The purpose of this study is to explore the social and emotional reactions of women who had undergone induced abortion. The following specific objectives informed the study: a) the circumstances of women to seek abortion b) explore the pre and post abortion emotional reactions of women c) To assess the pre and post-abortion coping strategies of the women d) To assess the impact of induced abortion on women's close relationships. During in depth interview participants describe their circumstances to seek abortion, emotional experiences, coping strategies, and impacts of abortion on their close relationships.

4.1 Socio Demographic Characteristics of the Participants

Study participants were ranged in age from 18 to 35, and averaged 26 years of age. Twelve participants resided in Addis Ababa City, with three of them living in the neighboring cities. The majorities were single and had no children. Eleven participants had less than high school education and three of them holds diploma/degree. Thirteen of them were second trimester (above 3 months pregnancy) and only two were first trimester (less than 3 months old pregnancy). The following table illustrates the socio demographic characteristics of the participants.

Table 1 Socio Demographic Characteristics of Participants (N = 15)

Characteristic		Number of Participants (N)
Age	18 - 25	9
	26 - 35	6
Marital Status	Single	7
	Married	5
	Divorced	3
Occupation	Employed in Company	4
	Waitress in Hotel	3
	Merchant	4
	House Maid	1
	House Wife	1
	Student	2
Education	Can Read and Write only	1
	Primary School (1 – 6)	2
	Secondary School (7 – 8)	3
	Senior Secondary School (9 – 12)	5
	Above Secondary School	4
Residence	Addis Ababa	12
	Regional States of Ethiopia	3

4.2 Circumstances Caused Women to Seek Abortion

Study participants explained the circumstances caused them to seek abortion and the main reasons for terminating their pregnancy was

- their partner unable to take responsibility for their child
- having financial problem to have and raise a baby,
- cultural influence of the society or afraid of not getting support and being judged by the people they value

- their husband doesn't share the responsibility of having unwanted pregnancy and the tendency of him to push the woman to seek abortion as a solution and
- seeking of independence to finish their education before they are having a baby

Women who are single seek abortion for not having a child because of their financial problem.

Two women explained why they needed to terminate her pregnancy as follows

"I wish I would keep my baby and I have tried my best to save it. The only reason I took more than three months to decide was if I could get a way to raise my child safely but I couldn't get a way. I am from a very poor family. They even need my support for the living. You can imagine what I am going through. I don't want to be a burden for my parents. I feel angry on my irresponsible boyfriend even if there is also my contribution for this. So after three months of trying to arrange the favorable situation, I gave up. Now I am here to abort my child. I have no option"

~28 years old, Single, No Child

"I was living with my husband and my daughter together when I was getting pregnant. I was so happy. After some time my husband left the house for the reason I don't know. I am a daily laborer and my income is very small. I have a shortage of money to raise my first child so how could I accept the second child without my husband support. I didn't tell anyone about it and I myself decide to terminate my pregnancy. "

~29, Divorced, Lives in Addis Ababa

Two participants who are single were seeking abortion for not only being financially insecure but also for not being exposed to the cultural influence of the society. They think that people might

judge them for having an unwanted pregnancy. They also thought that out of wed lock child is not acceptable with in their society. These women explained why they decided to terminate their pregnancy as this

"I became pregnant unexpectedly and my boyfriend was not ready to take the responsibility as a father. I am working as a house maid. I don't have my own home. I could not go back to my family because I know that they are not going to accept me. Child without marriage has never been accepted as normal in our society. I told to my employer that I was pregnant. She said 'you should go to your family or terminate the pregnancy if you need to stay with us'. She gave me the information about this clinic. I had no option because I don't have any relatives who can help me out. I swear....I didn't want to kill my baby." She was crying a lot and we had to interrupt the interview.

~25 years old, Single, From Amhara Region

"... My boyfriend didn't want to take responsibility of the child. I am unemployed and unable to raise the child by myself. I was even having a problem of getting money to pay for the abortion service. I knew that my family will never accept my baby and also will not approve the termination of the pregnancy. So I never told anyone except my boyfriend"

~23 years old, Single, Lives in Addis Ababa

Two women who are divorced decided to terminate their pregnancy because their partners didn't want to take the responsibility and they don't needed to keep their child for the future negative consequences on them and their child. They told me on their own words as follows

“When I realize that I was pregnant, I was so happy and excited about getting a child. At that time I was married to my husband. Our marriage was lasted within nine months because my husband was cheating on me. He used to say she was his cousin but through time I discovered that he is with her. I wanted to forgive him because of my pregnancy though he didn’t want to stay with me. It was very difficult to decide whether to terminate the pregnancy or to have a baby. I didn’t discuss with anyone that I didn’t want to keep a child without a father who is irresponsible. The other reason was our culture. I want to remarry some other person in the future. If I have a child, No one will accept me as his wife. I don’t want to continue as a widow”

~25 years old, Divorced, Lives out of Addis Ababa

"It was a one day mistake. I was pregnant from the person that I didn't know well. I didn't even ask him to take the responsibility because our relationship was not serious. I am also not ready to have a baby. Most of all it happened out of marriage and it will never be acceptable in my family and that is why I decided to terminate the pregnancy."

~23 years old, Single, Lives in Addis Ababa

The other circumstance for pursuing abortion was husbands don’t share responsibility with their wives for having unwanted pregnancy and there is a tendency of pushing their wives to seek abortion as a solution. Two of the respondents explained their situation as follows

“I am married to my husband for 8 years and we have two children. We have agreed for not to have more children because we are financially poor. Unfortunately I was being pregnant unintentionally. My husband used to tell me not to be pregnant. I was afraid to lose our good relationship because of this baby. It is so much hurts to lose your own baby

just because of financial problems. But I have decided to quit my pregnancy to save my marriage. ”

~27 years old, Married, Lives in Addis Ababa

“My husband lives in other area far from us because of his job and I raised my child alone. I don’t want any more child because I don’t have any support from my husband except getting money. My husband also doesn’t need more children. So I didn’t tell him about my pregnancy.” She was crying a lot and feels very sad about her baby.

~26 years old, Married, Lives out of Addis

Two of the respondents were high school students who live in Addis Ababa. They explain their situation as this

“As I have told you before I am a student and want to continue my study without interruption. The other reason is unable to tell my family. They will never accept my pregnancy and I don’t have courage to tell them. I and my boyfriend are not capable to raise our child since we both are student.”

~18 years old, 10th Grade Student, Lives in Addis

“I needed to terminate my pregnancy because it was unplanned and also I am a student. I don’t want to have a child before I finish my study. This is my decision. I didn’t tell to any person”

~20 years old, Student, Lives in Addis Ababa

Two women are seeking abortion for not to have more child. These women have a tendency to perceive abortion as one of the family planning method. There wasn't any sign of distress on their face during the interview session. These women explained their situation

"My husband is the only one who works and supports the family. We have two children. I am staying at home to take care of our children. We just can't afford to give care for another child and that is why we agreed to quit the pregnancy"

~29 years old, Married, Living in Addis

"I became pregnant unexpectedly. We have a plan to build a house. If I keep my pregnancy, it is difficult to move forward easily. I don't want to postpone my plan. Abortion is a must. "

~25 years old, Married, Living in Addis

4.3 Pre-Abortion Emotional Responses

The study participants explained their emotional responses when they realize their pregnancy until they decide and come to get the abortion service. Most of the respondents experienced a feeling of distress, disturbed sleep, sadness, guilty, shame, discomfort and fatigue for being in dilemma to terminate the pregnancy or having a baby. Some of the married respondents don't have any negative feelings.

All single women participants experienced different negative emotional responses because of their financial situation and also fear of the influence of the people around them. They said that pregnancy without wedlock is not acceptable within our culture so that telling others to get any

support is not guaranteed. They also experience the feeling of embracement even if they are being in silence. The following quotes show how they expressed their feeling in their own words.

“I was shocked when I heard the pregnancy test result. I didn’t even know what to do. I went to health center and got advice to terminate the pregnancy. Then I decided to come here”

~23 years old, Single, Living in Addis

“I was so ashamed, felt guilty and sad about it. If I was able to raise my child by myself, I could take any judgmental comments of my family or friends but I can’t. I was so stressed and have many sleepless nights to come to this decision. But when I decided I felt a bit relief.”

~28 years old, Single, Lives in Addis Ababa

“I was very stressed out to decide because it was for the second time. It might affect my future pregnancy. I didn’t tell anyone even to my family. I had a feeling of worthless. I should have taken care of.”

~29 years old, Divorced, Living in Addis

“I was very afraid because the pregnancy was five months old. I even felt his heartbeat. You can imagine how difficult to decide. I was very stressed and worried. I feel sad about the baby but still I needed to terminate my pregnancy. It is for better.”

~25 years old, Divorced, One Child

"I was so much stressed and in dilemma to decide. I had many sleepless nights. I didn't want to be a problem to my family. They even expect my support. How could I give them another stress? I decided to terminate my pregnancy to become a better, independent person. I feel sad about my baby to abandon it just because I am financially weak."

Married women who are forced to terminate their pregnancy because of poverty and saving their marriage from break up experienced different negative feelings. Even if they came to the clinic to get the service willingly, there is also a force to push them to seek the abortion service. One of the respondents was very sad and feels guilty of losing her baby. She expressed her feeling with tears

"I thought about it for three months and decided to quit my pregnancy. I can't take care of more children without my husband support. My husband would be disappointed if I told him that is why I decided not to say anything. I feel sad and guilty of killing my baby for the benefit of me."

~26 years old, Married, Lives out of Addis

The other women says

"I was in dilemma whether I have to keep my baby or to quit. It makes me feel very depressed. I had so much stress. I didn't tell my husband and that makes me feel very lonely. Finally I decided by myself. Now I feel better."

27 years old, Married, Living in Addis Ababa

Married women who perceived abortion as a family planning method and women who have got approval from their husband or partner for the pregnancy termination procedure was felt positive and not experienced high negative emotions. Two of the respondents explained their emotion as

“I felt discomfort when I realized my pregnancy for the first time. After we discussed about it with my husband, we decided to terminate it. I feel sad for the baby but it is better for us and the baby”

~25 years old, Married, Living Addis Ababa

“I was not happy with my decision but this is a better option than having more babies. The decision is not only my own but my husband also accepted it. And that makes me feel good”

~29 years old, Married, Living in Addis Ababa

4.4 Post Abortion Emotional Experiences

Study participants were interviewed for the second time after two months of the abortion procedure. They expressed their emotional experiences during and after the procedure for the last two months. Most participants experienced negative emotions during and after the abortion procedure like sadness about their baby, remorse, guilt, distress, fatigue, tiredness, shame, and disturbed sleep. Some women experienced immediate relief with sad and feeling of shame.

Women who have gone through first trimester and who have got approval from their partner or husband felt relief. Women who are students also experienced relief for getting their freedom with a feeling of embarrassment when they are in position of discussion related with abortion. These women express their feeling as follows

“I felt relief but I am very stressed and ashamed of talking with my friends. They know about it and don’t approve my decision so I always try to avoid the discussion about pregnancy or having baby or any other related issue. It hurts a lot.”

~18 years old, Student, No Child

“I felt nothing special. I am satisfied with my decision and not remember anything. My life is going well as usual.”

~29 years old, Married, Have 2 Children

“I am happy with my decision and feel relief except fear of unable to be pregnant again or losing a child in the future.”

~29 years old, Divorced, Have Previous Abortion

Five women who didn’t have any information about the possible risks of abortion reported, if they had known about its possible complications before, their decision might be the reverse.

They explained their experiences during and after the procedure as

“...How can I explain the situation I am going through? It is the most stressful and terrible situation in my life. As I expected the procedure wasn’t simple. It took three weeks and I had to stay in the clinic for a week. Since my situation wasn’t good, they refer me to one of the government hospital in Addis Ababa and I stayed there for another two weeks while waiting for recover. I had a high bleeding problem. Because of all these I had to tell to my brother even if I decided not to tell anyone. He was very mad about my decision but felt sorry and gave me his support at all times. Now I am recovered from physical pain but still there is bleeding. I couldn’t forget what I have been through. I was

scared to death because of my wrong decision. I feel guilty and I don't want to talk about it. It disturbs me a lot. I don't know how I will forget it and continue my life as usual. I am not even so sure whether I am getting married again or not. You know that was my reason for seeking abortion."

~25 years old, Divorced, Lives out of Addis

"If I had information about the procedure before, I would rather choose to have a baby. The procedure was so terrible. It was like putting your own hand to kill your baby. I couldn't forget that moment. I feel it every day and that makes me feel bad. I felt guilty of killing my baby to get a better life. If I would have told to my husband, the situation might be the opposite. I regret of my decision. I shouldn't have to do that but now I can't go back. I always try not to remember and going forward."

27 years old, Married, Lives in Addis Ababa

"The procedure was the most painful event in my life. After the medication I had to stay in the clinic for one day and night. It was a traumatic night for me and also to one other patient who stayed there. I remember the fetus came out around 1:00 am in the night. Unfortunately there was no any doctor to help me and I had to wait for four hours to get the treatment. We both were praying and sobbing a lot. I had bleeding and I was afraid to death. You can imagine the situation. Finally the doctor came and completed the procedure. I could never forget that traumatic night. The bleeding problem is still with me. I was very weak and couldn't do my job effectively. I was staying with my relatives in Addis Ababa for some time to be recovered and returned back to work. But now I can't do my job at all. My employer doesn't want me to hold her child because of my situation.

You know she was the one who advised me to seek abortion. I don't know where to go. I can't go to my family with this situation. I am very stressful and can't be calm (fatigue). The picture of my baby is always on my mind. I am suffering from a bad head ache. I need some support to be calm and think rightly."

~25, Single, No Child

"...I am not happy at all because I quit my pregnancy just because of my financial problem. If I was able to raise the baby my decision would be the reverse. I couldn't help it. I always feel very sad and I have a problem of losing appetite after the procedure. Time might be the answer for elimination of every negative feeling that I have now"

23 years old, Single, Living in Addis Ababa

"The procedure was going well but it was not easy. I had to stay at the hospital for two days and one night since the fetus was getting older and had some complications. It was so painful. I never forget that horrible night. I was crying and praying the whole night while I was at the clinic. The worst part is I saw my child. How could I pretend as if I am alright? I still cry for no reason. I am suffering from disturbed sleep and nightmare. I have a guilty feeling and always regret about my decision."

25 years old, Divorced, Lives in Debreberhan

Two of the women explained their emotions after the procedure as immediate relief but after some time they started to reappraise their decision and experienced some negative feelings.

".... at the first moments after the procedure I felt relief with sad about the baby. Actually I was not sure which one was my real feeling. My intention was to get rid of my problem

that I couldn't handle by myself. I recovered from the physical pain but not very well. I had a bleeding problem and still there is. Because of that I am very weak. I returned back to the clinic but they said that I had to see a gynecologist in other higher clinic. That is also a problem for me. You know that I came to this decision because of financial problem but still I have to spend my earnings for the complications treatment and also medicine. I couldn't spend the whole day at work so I decided to take half day off. It also disturbs me a lot and I have a feeling of worthless. I always worry about my future. Sometimes I couldn't sleep and worry continuously. I hope everything will be alright through time."

~28 years old, Single, Living in Addis

"I don't know how I put my feelings with a word. Just after the procedure I felt relief because I lied to my family and they think that I was sick. I was happy because I thought my problem had gone. Sometimes I reappraise my decision. Hence it disturbs me a lot and I have guilty feeling. I even sometimes thought I shouldn't have to decide to terminate my pregnancy. I always have a bad head ache after the procedure (fatigue). The pain was continuous for about two months. Pain killers didn't help me. I think I couldn't forget the experience during the procedure. I hesitated to see a doctor. But now I have to go and checkup why my head ache has not gone."

23 years old, Single, Lives in Addis

4.6 Pre and Post Abortion Coping Mechanisms

The study participants were asked how they cope up with their experienced emotions and manage their relationships with the people who they value. Majority of the women have told about their unwanted pregnancy to their husband or partner to get financial and emotional support and release from their distress. But all participants are afraid to tell their experience to family (parents, brothers or sisters), relatives or other close friends other than their partner. Silence was the most common action taken by them. The reason of their concealment was fear of being judged by the people for breaking the norm of the society, fear of not getting approval for their decision about the baby, and most of them think that abortion is immoral and something untouchable issue. Instead of sharing their problem to their family, relatives or close friends most of them are getting information about the abortion service from other clinics or health centers. Some of them have already been informed about the abortion service providers. They also suppress their negative emotional expressions and reactions for making it secret and also try to avoid emotionally provocative situations to deliberately forget what is happening in their life.

The other way of coping with their emotional experiences were prayer and reappraise the situation in a constructive or destructive fashion. Women who appraise their situation in a constructive way experience less negative emotion than who reappraise their situation in a destructive way. Some of the respondents explain how they handled their emotion as follows.

“I never told to any person before the procedure because I thought they will not approve my decision. I also didn’t want to be judged by them. So I preferred to be silent. I thought what if the procedure would not go well. It makes me very worried. I was just praying. Unfortunately things were not going well after the procedure. My situation forced me to tell to my brother for getting his assistance during my stay at the hospital for three weeks.

He asked me why I made this decision. Before the procedure, he told me that he will accept my child if I was a pregnant but I told him that I wasn't pregnant. That makes him mad at me. He was with me just for the sake of family. He was totally upset by my decision. I wish I wouldn't tell him because that makes me feel ashamed and that is why I always go to church to repent. It makes me feel good."

~25 years old, Divorced, Lives out of Addis

"...I had tried to get different options for not to terminate my pregnancy. When I gave up, I went to health center to get advice. Then they refer me to Marie Stopes Clinics. I have never asked advice from any person. Why I feel down just because of sharing my personal attitude to others. Even if I needed assistance, it was better not to tell others. Sharing this personal experience makes things worse. I never talked about it."

~28 years old, Single, Lives in Addis Abeba

"I was looking for information how to get rid of the child for months. I was very stressed until my cousin helps me to develop courage for seeking abortion. When I decided to terminate the pregnancy, I got a bit relief. But after the procedure my attitude towards abortion has changed and I don't want to talk about my experience. I always try to avoid the discussion. I always try to forget but still couldn't. Sometimes I cry for nothing and couldn't stop for long time. I don't know what else to do."

~25 years old, Divorced, One Child

"It was my first time and I didn't know what to do about my pregnancy. I told to my boyfriend but couldn't get any support from him. Our relationship was over because of

this. The only person I could share my problem was my employer. She helped me to decide for abortion and told me where the service is given. I always tell to myself that I was doing the right thing. Bur after the procedure our relationship with my employer becomes different. I am very worried about my health. I couldn't even work effectively as usual. I am very weak. I couldn't share my problem with my relative or family and that makes me more stressful. I don't have any one who can share my feelings. I used to go to church to be baptized and get relief from my worries. This is the only thing I can do."

25 years old, Single, No Child

"I don't want to talk about it with any person even my husband. Sometimes I feel that I betrayed my husband by not telling him the truth but I can't tolerate his judgment. If I have told him, he might think that I am irresponsible. Silence is my preference."

27 years old, Married, 2 children

Two of the interviewees described how sharing the situation with their partners helped them for not to feel negatively. But they are also preferred not to tell others because they don't want to be judged by them.

"I felt bad when I realized that I was pregnant. I only discussed with my partner and came to the decision of termination of the pregnancy together. After the procedure my life is going as usual and I don't experience any negative feeling. My partner is the only person that knows and I feel secured. I don't want to tell any other person. No one will understand my circumstance to make the decision and they think of me negatively. I don't want to be seen down by the people around me whether they are family or friends."

23 years old, Single, Lives in Addis

Reappraise the situation and think negatively is one of the cope up strategy used by the women. One of the interviewee described how she appraises her situation and fails to manage her negative emotion after the procedure.

“I am living with my family but never told them that I was pregnant. They thought that I was caught by other disease. I was feeling well before the procedure. My focus was only on removal of the problem. But after the procedure I started to appraise the situation. I always feel that I betrayed my family and have a bad head ache that I couldn't get relief using pain killers.”

~23 years old, Single, No Child

4.6 Impacts of Abortion on their close relationships

The women were asked if there is any positive or negative impact of abortion on their social experiences. Some of the women said “they are getting relieved from their problem and if there was no abortion service they don’t even know what to do.” Most of the single women broke up their relationship with their partner for not getting financial and emotional support. Women who couldn’t share their experience with family, spouse, relatives or close friends felt that they are hiding some secret from them and felt as if they betrayed them. Most of the women needed to get assistance from the people they value but couldn’t request because of the influence of their culture and fear of not being accepted by them. Consequently they felt disconnected and exposed to a feeling of abnormal worry, fatigue, shame, self-disgust, worthless and guilt. Four of the respondents reported as

“I broke up with my boyfriend because he is irresponsible. He didn’t support me even with better idea. Sometimes when I remember this hidden issue in my heart that I couldn’t share to my family because of fear of not being accepted by them, I feel terrible. The situation reduced my self-confidence. I always wish to discuss at least with my mom but I couldn’t. I think she will never forgive me.”

28 years old, Single, No Child

“...Unfortunately things were not going well after the procedure. My situation forced me to tell to my brother for getting his assistance during my stay at the hospital for three weeks. He asked me why I made this decision. Before the procedure, he told me that he will accept my child if I was a pregnant but I told him that I wasn’t pregnant. That makes him mad at me. He was with me just for the sake of family. He was totally upset by my

decision. I wish I wouldn't tell him because that makes me feel ashamed and that is why I always go to church to repent. It makes me feel good. Our relationship is not as usual. I always tried to avoid the discussion for not listening to his complaint about my decision."

~25 years old, Divorced, Lives out of Addis

"...I was very stressed until my cousin helped me to develop courage for seeking abortion. When I decided to terminate the pregnancy, I got a bit relief. But after the procedure my attitude towards abortion has changed and I don't want to talk about my experience. I always try to avoid the discussion even with my cousin."

~25 years old, Divorced, One Child

"...But after the procedure our relationship with my employer becomes different. I am very worried about my health. I couldn't even work effectively as usual. I am very weak. I couldn't share my problem with my relative or family and that makes me more stressful. I don't have any one who can share my feelings. I used to go to church to be baptized and get relief from my worries. This is the only thing I can do."

25 years old, Single, No Child

Though majority of the participants decided to terminate their pregnancy because of lack of financial support, some of them are not delivered out from their problem. They still need financial support for treating the complications derived from the abortion procedure. Some of them are even regretted their decision because they couldn't do their job effectively after the procedure.

Chapter Five

Discussion

This study provides information about the circumstances of women for seeking abortion, their pre and post abortion emotional reactions, pre and post coping mechanisms, and impacts of abortion in their close relationships.

5.1 Circumstances for Seeking Abortion

The study found that the circumstances of the women for the need of terminating their pregnancy were financial problem, women's partner unable to be responsible for their child, cultural influence of the society or afraid of not getting support from others and judged by the people who cares about, their husband doesn't share the responsibility of having unwanted pregnancy and the tendency of him to push the woman to seek abortion as a solution and seeking of independence to finish their education before they are having a baby. So one way or another these women are forced to undertake abortion as a solution for their problem of unwanted pregnancy.

According to Goffman (1982) individuals are viewed as acting on a stage configured by social structure in front of an audience. When individuals violate the cultural script, however, they experience embarrassment and perhaps shame, which leads them to engage in repair rituals. We also seek a place in the family and in society to fulfill basic needs for security, acceptance, and worthiness. Many of the problems we experience are related to the fear of not being accepted by the groups we value. Thus when single women are faced with unwanted pregnancy, they think that they violate the standard of the society and develop the feeling of shame. To overcome this problem, they are looking for a solution to remove this problem and secure their position within

the society for the fulfillment of belongingness. So that whatever the cost will be they seek abortion as a solution.

Baumeister & Leary (1995) have proposed that the need to belong is one of the most fundamental human motivations, underlying many emotions, actions, and decisions throughout life. Two of the study participants had abortion to keep their relationship with their husband safe because they were agreed not to have more children. Women's decision for seeking abortion was emanated from their need to belong with their partner.

5.2 Pre-Abortion Experiences

Emotional experiences can be elicited through cognitive evaluative processes. Self-conscious emotions like embarrassment, pride, shame, and guilt are elicited by thoughts about others' thinking about us (Lewis, 1992). Participants experienced a feeling of distress, disturbed sleep, sadness, guilt, shame, discomfort and fatigue for being in dilemma to terminate the pregnancy or having a baby before abortion. They felt this negative emotions because of the discrepancy between the beliefs what they should do and what they plan to do. These negative emotions are stronger in single women and married women who couldn't share their problem with their husbands. Married women who could share the situation with their husband and decided together didn't experience strong negative emotions. Much of the negative emotional reactions emanate from the participants philosophy of perceiving unwanted pregnancy without wedlock as evil and conflicted with the norms of the society or culture. Being in dilemma whether to terminate their pregnancy or having the baby makes most of the women very distressed.

5.3 Post-Abortion Experiences

During the procedure all of the participants experienced fear. They are afraid because most of them came to the clinic alone even the married ones. They were not telling anyone for that they worried in case something unexpected consequence might happen. Some of them had complications derived from the procedure and forced to request assistance from their family. Hence they were exposed to humiliation and anger.

There were women who experienced panic attack when they suddenly saw their dead baby during the procedure. For most of them the procedure was very painful and traumatic especially for the women who saw their baby and had excessive bleeding.

After the abortion procedure women who had gone through first trimester and who have got approval to terminate the pregnancy from their partner or husband felt relief. Corey (2009), states that our happiness and success are largely related to this social connectedness. Even if they believed that they were doing wrong, getting acceptance from the people they value helps the women to manage their emotions in a constructive way. Participants who are students also experienced relief for getting their freedom with a feeling of embarrassment when they are in position of discussion related with abortion. On the other hand most of the participants experienced negative emotions like sadness about their baby, remorse, guilt, distress, fatigue, tiredness, shame, change of appetite and disturbed sleep. These women perceived abortion as immoral activity that should not be done. This conflict of their philosophy of what they should do and what they actually do exposed them to negative emotional reactions.

Coleman (1992) argues that abortion is traumatic because it involves a human death experience, specifically, the intentional destruction of one's unborn child and the witnessing of a violent

death, as well as a violation of parental instinct and responsibility, the breaking of maternal attachments to the unborn child, and unacknowledged grief. In this study also some of the participants explained the procedure as a very traumatic experience and still they remember it every moment and they also have disturbed sleep specially women who had seen their dead baby.

5.4 Pre and Post Abortion Coping Mechanisms

As their reason for seeking abortion and social status the participants coping strategy with the situation also varied. Silence, suppression of their feeling, avoid the emotion provocative situations, reappraises the abortion experience, and prayer was the common coping strategies of the women. Except talking with their partners, all the interviewees preferred to be silent. They thought that if they share this very personal experience with their family, relatives or close friends, they might be judged and seen down by the people they value. This is because induced abortion has never been accepted as normal by the society that they are living in. on the other hand some of them also think as if they betrayed their family or friends.

Psychoanalytic approaches in the sociology of emotions try to bring the Freudian legacy. Individuals will often engage in defensive strategies to protect the self from negative emotions. Specifically, when individuals behave incompetently in front of others and/or breach the social order, they experience shame; when they act in ways violating cultural values, they experience guilt (Turner, 2002). For shame in particular, persons will repress this negative feeling to varying degrees because shame attacks the self and makes a person feel small and unworthy (Tangney & Dearing, 2002).

The study participants actively inhibited the ongoing emotion expressive behavior to hide their real emotions and tried to deliberately forget the situation. According to Gross (2001), suppression decreases both positive and negative behavioral expression but fails to decrease the experience of emotion and actually impairs memory. This decrease in positive emotion expressive behavior should interfere with social interaction, leading to negative reactions in other individuals. The suppression of emotion expressive behavior also increases the physiological responses and it has a cumulative health consequences. Some participants reappraise their decision before and after the abortion procedure. Women who appraise their decision in a constructive ways decrease the negative emotional impact of abortion. These women always try to convince themselves that their decision for abortion was a better option for them and the child. Some women reevaluate their decision in a destructive way. Most of the time, these women are exposed to the feeling of sad, guilt and remorse.

Chapter Six

Summary, Conclusion and Recommendations

6.1 Summary

The purpose of this study was to explore the social and emotional experiences of the selected women who had induced abortion in Marie Stopes Ethiopia, Gotera branch, Addis Ababa. The study explored the pre and post abortion emotional reactions and coping mechanisms of these women and positive and negative impacts of induced abortion in their close relationship.

The study followed the qualitative design and in depth interview was used to collect the data. 15 women who had abortion in Marie Stopes Ethiopia, Gotera branch, Addis Ababa were purposively selected to explore the socio-emotional reactions.

The study found out participants experienced negative emotions during and after the abortion procedure like sadness about their baby, remorse, guilt, distress, fatigue, tiredness, shame, and disturbed sleep. Some women also experienced immediate relief with sad and feeling of shame. Suppression of their emotional expression and positive and negative reappraisal of the abortion experience are the common coping strategy of the participants. Except the two of them none of them are returned to the clinic for seeking emotional assistance after abortion. Most of the participants close relationships were affected after abortion.

6.3 Conclusion

The study found that participants were experienced sadness, remorse, guilt, distress, fatigue, tiredness, shame, and disturbed sleep before and after abortion. These women also chose to be silent and suppressed their emotional expression instead of seeking emotional assistance from clinic, family or close friends.

The study also found that pressure from a partner to terminate a pregnancy, negative attitudes about abortion, and negative woman's experience of the abortion procedure increase a woman's risk of emotional problems after abortion.

6.4 Recommendations

This study has implications for both research and the activity of the clinic. With regard to research,

- This study explores the socio-emotional responses of the women and found that most of the participants are going through various emotional crises. One direction for future research can be to learn more about the long term emotional impacts of abortion.
- This study focused on only the short term socio-emotional problems of abortion so the other direction could be to assess which emotion regulation strategies are effective for the women who are going through the emotion crisis after abortion procedure.

In addition to these research implications, this study has clinical activity implications to the clinic. The findings suggest that

- Some women having abortions do not necessarily have people in their lives that they can talk to about their abortion experience. Although most women had told at least one person about the abortion, usually the man involved in the pregnancy, that was not

necessarily the same with feeling like they had someone to talk to about their feelings related to the abortion. At the provider/clinic level, it would be helpful for counselors to assess a woman's support system, as well as her desire to talk about the event with people close to her after abortion.

- If a woman indicates that she has no one to talk to because of fear of negative consequences, she should be provided with proper counseling for exploring her post-abortion feelings.
- The women also should have information about the possible risks of abortion before the procedure to help her for making informed decision. This could be done by the counselors at the clinic level.

In summary, it should not be denied that most women feel guilt, shame or embarrassment, remorse, fatigue, distress from having the painful experience of abortion or their own and others perception towards abortion.

References

- Abdi, J., & Gebremariam, M. (2011). Health Providers' Perception towards Safe Abortion Service at Selected Health Facilities in Addis Ababa.
- Adler, N. E., David, H. P., Major, B. N., Roth, S., & Russo, N. (1990). Psychological Responses after Abortion. *Science*, 248.
- Agrawal, S., Praween, A., & Seyeed, U. (2012). Psychological Problems After Abortion. *The Journal of Family Welfare*.
- American Psychological Association. (2008). *Mental Health and Abortion*. Washington: APA.
- Ashton, J. (2005). The Psychosocial Outcome of Induced Abortion. *International Journal of Obstetrics and Gynecology*.
- Baumeister, R. F., & Leary, M. R. (1995). The Need to Belong: Desire for Interpersonal Attachments as a Fundamental Human Motivation. *Psychological Buletine*, 117.
- Belay, T. (2011). *Research Methods*. Addis Ababa.
- Berg, B. L. (2004). *Research Methods for the Social Sciences*. New York: Pearson Education.
- Beverly, H., Elizabeth, O., & Kate, W. (2009). *An Introduction to Qualitative Research*. National Institute of Health Research.
- Burke, P. J. (1991). Identity Processes and Social Stress. *American Sociological Review*, 56, 14.
- Catherine, M., & Gretchen, R. (1999). *Designing Qualitative Research*. SAGE Publications.
- Coleman, P. K., Reardon, D. C., Strahan, T., & Cogle, J. R. (2005). The Psychology of Abortion. *Psychology and Health*, 237 - 271.
- Corey, G. (2009). *Theory and Practice of Counseling and Psychotherapy*. California: Thomson Brooks.
- Emory University. (1998). Social Well-being. *Social Psychology Quarterly*,.
- Federal Negarit Gazeta. (2005). The criminal code of the Federal Democratic and Republic of Ethiopia. *Federal Negarit Gazeta*.
- Frijda, N. H. (2009). *The psychologist's Point of View: Hand Book of Emotions*. New York: The Guilford Press.
- Geoffrey, M., David, D., & David, F. (2005). *Essentials of Research Design and Methodology*. New Jersey: John Wiley & Sons Inc.

- Goffman, E. (1982). *Interaction Ritual - Essays on Face-to-Face Behavior*. Garden City, New York: Anchor Books.
- Gross, J. J. (2001, Dec). *Emotion Regulation in Adulthood: Timing is Everything* (Vol. 10). California: Sage Publications, Inc.
- Guttmacher Institute. (2014). *www.guttmacher.org*. Retrieved from Facts on Unintended Pregnancy and Abortion in Ethiopia: *www.guttmacher.org*
- Hancock, D. R., & Algozzine, B. (2006). *Doing case study research : a practical guide for beginning researchers*. New York: Teachers College Press.
- Hanna, S., Lars, J., & Sjoberg, N. O. (1998). Emotional Distress following Induced Abortion. *European Journal of Obstetrics & Gynecology and Reproductive Biology*, 173-178.
- Hsieh, H.-F., & Shannon, S. E. (2005). Three Approaches to Qualitative Content Analysis. *Qualitative Health Research*.
- Izard, C. E. (1977). *Human Emotions*. New York: Springer.
- Izard, C. E. (2007). Basic Emotions, Natural Kinds, Emotion Schemas and New Paradigm. *Perspectives on Psychological Science*, 2.
- John, S., Wayne, V., & Irving, W. (2003). *Hand Book of Psychology - Volume 2- Research Methods in Psychology*. New Jersey: John Wiley & Sons Inc.
- Keith, P. (2009). *Introduction to Research Methods in Education*. London: Sage Publications.
- Lerner, M., & Millon, T. (2003). *Hand Book of Psychology: Personality and Social Psychology*. New Jersey: John Wiley & Sons Inc.
- Lewis, H. B. (1971). *Shame and Guilt in Neurosis*. New York: International University Press.
- Lewis, M. (1992). *Shame: The Exposed Self*. Michigan: Free Press.
- Lewis, M. (1997). The Self in Self-Conscious Emotions. *Annals of the New York Academy of Sciences*.
- Lewis, M. (2000). *The Emergence of Emotions*. London: The Guilford Press.
- Lewis, M., Jeanet, M., Jones, H., & Barret, L. F. (2008). *Hand Book of Emotions*. New York: Guilford Press.
- Louis, C., Laurence, M., & Keit, M. (2005). *Research Methods in Education*. London: Taylor & Francis.
- Major, B., & Gramzow, R. H. (1999). Abortion as Stigma: Cognitive and emotional implications of concealment. *Journal of Personality and Social Psychology*.
- Major, B., & O'Brien, L. T. (2005). The Social Psychology of Stigma. *Annual Review of Psychology*, 56, 393-421.

- Mandler, G. (1975). *Mind and Emotion*. New York: R.E Krieger Publishing Company.
- Mayring, P. (2014). *Qualitative Content Analysis: Theoretical Foundation, Basic Procedures and Software Solution*. Klagenfurt.
- Mekbib, T., Gebrehiwot, Y., & Fantahun, M. (2007). Survey of Unsafe Abortion in selected Health Facilities in Ethiopia. *Ethiopian Journal of Reproductive Health*.
- Modigliani, A. (1971). Embarrassment, Face Work & Eye Contact. *Journal of Personality and Social Psychology*, 17, 15-24.
- Peterson, G. (2006). Cultural Theory and Emotions. In J. E. Stets, & J. H. Turner, *Hand Book of Sociology of Emotions*. New York: Springer.
- Planned and Parenthood Federation of America. (2011). *The Emotional Effects of Induced Abortion*.
- Remennick, L. I., & Segal, R. (2001). Socio-Cultural Context and Women's Experiences of Abortion: Israeli Women and Russian Immigrants Compared. *Culture, Health, & Sexuality*, 3, 49-66.
- Romenik, L. I., & Segal, R. (2001). Socio-Cultural Context and Women's Experiences of Abortion: Israeli Women and RussianImmigrants. *Culture, Health and Sexuality*.
- Saarni, C. (1999). *The Development of Emotional Competence*. New York: The Guilford Press.
- Scherer, K. R., Schorr, A., & Johnstone, T. (2001). *Appraisal Processes in Emotion: Theory, Method, Research*. Oxford University Press.
- Seid, A., Gebremariam, A., & Abera, M. (2012). Integration of Family Planning Services within Post Abortion Careat Health Facilities in Dessie – North East Ethiopia. *Technology and Arts Research Journal*.
- Senbeto, E., Alene, G. D., Abesno, N., & Yeneneh, H. (2005). Prevalence and associated risk factors of Induced Abortion in northwest Ethiopia. *Ethiopian Journal of Health Development*, 19, 37-44.
- Singh, S., Feters, T., Gebreselassie, H., Abdela, A., Gebrehiwot, Y., Kumbi, S., & Audam, S. (2010). The Estimated Incidence of Induced Abortion In Ethiopia, 2008. *International Perspectives on Sexual and Reproductive Health*, 36, 16-25.
- Speckhard, A. C., & Rue, V. M. (1992). Post Abortion Syndrome: An Emerging Public Health Concern. *Journal of Social Issues*, 95 - 119.
- Sternberg, R. J., & Barnes, M. L. (1988). *The Psychology of Love*. Yale University Press.
- Stets, J. E., & Turner, J. H. (2008). The Sociology of Emotions. In *Hand Book of Emotions*. London: The Guilford Press.

Tagney, J. P., Wagner, P., Marshal, D. E., Gramzow, R., & Hill-Barlow, D. (1996). Relation of shame to constructive versus destructive responses to anger across the life span. *Journal of Personality and Social Psychology, 70*.

Tangney, J. P., & Dearing, R. L. (2002). *Shame and Guilt*. New York: The Guilford Press.

Turner, J. H. (2002). *Face to Face: Toward a sociological theory of interpersonal behavior*. Stanford, California: Stanford University Press.

Twenge, J. M., & Baumeister, R. F. (2000). *The Social Self*. John Wiley & Sons Inc.

World Health Organization. (1970). *Spontaneous and Induced Abortion*. Geneva.

Appendix 1

Addis Ababa University

College of Education and Behavioral Science

School of Psychology

Interview Guided Questions to Explore Emotional Reactions of Women Who had Induced Abortion

1. Tell me about yourselves
2. What were your circumstances to seek abortion?
3. How did you reach to the decision?
4. What was your emotional experience before abortion?
5. What was your coping mechanism before abortion?
6. Did you share your experience with any of your close friend, spouse, or family member?
7. Do you think that your decision affects your close interpersonal relationship?
8. What are your feelings after abortion?
9. How did you cope up with your emotions after abortion?

Appendix 2

የቃለ መጠይቅ ጥያቄዎች

1. እባክዎን ራስዎን ቢያስተዋውቁኝ
2. ጽንሱን ማቋረጥ ለምን ፈለግሽ?
3. ወደ ውሳኔ እንዴት መጣሽ? ያማከርሽው ሰው ነበር?
4. ጽንሱን ከማቋረጥሽ በፊት የነበረሽን ስሜት እንዴት ትገልጫለሽ?
5. አሉታዊ ስሜት ከነበረሽ እንዴት ተወጣሽው?
6. ስለ እርግዝናሽ ወይም ጽንሱን ስለማቋረጥ ለቤተሰብ ወይም የቅርብ ጓደኛ አማካሪሽ ነበር?
7. ጽንሱን ካቋረጥሽ በኋላ ምን ተሰማሽ?
8. ጽንሱን ካቋረጥሽ በኋላ አሉታዊ ስሜት ከነበረሽ እንዴት ተወጣሽው?
9. ውሳኔሽ ከቤተሰብ ወይም የቅርብ ጓደኞቻችሽ ጋር ባለሽ ግንኙነት ላይ ያመጣው ተጽእኖ ነበር?