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## **The Psychological Consequences of Perinatal Loss among Women**

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**May, 2024**

**MA in Counseling Psychology**

**The Psychological Consequences of Perinatal Loss among Women**

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**By:**

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**A thesis submitted to the School of Psychology in partial fulfillment of the requirements for the Degree of Master of Arts (MA) in Counseling Psychology**

**May 2024**

**Addis Ababa University,**

**The Psychological Consequences of Perinatal Loss among Women**

**Addis Ababa University**  
**College of Education and Behavioral Studies**  
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**The Psychological Consequences of Perinatal Loss among Women**

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This is to certify that this thesis is prepared by Metasebia Tesfaye Gemed titled “**The Psychological Consequences of Perinatal Loss among Women**” and submitted in partial fulfillment of the requirements for the Degree of Master of Arts (MA) in Counseling Psychology. It complies with the regulations of the University and meets the accepted standards of originality and quality.

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**Acknowledgment**

I am extremely grateful to God for being the source of my strength to accomplish this research work. My deepest gratitude goes to the courageous women who shared their personal stories of perinatal loss, as their vulnerability and openness served as an instrument to enrich this research. This research work would not have been possible without your input. I also want to express my gratitude to my esteemed advisor Nimona Shaka (Assistant Professor), for your unwavering support and guidance in the process of doing this research. I am grateful for your support throughout the process. My gratitude also goes to my beloved husband and biggest cheerleader, Samuel Muse. Thank you for believing in me and always encouraging me to push forward even in times of doubt. I am endlessly grateful for your unwavering love and support. At the end, I want to express my gratitude to my precious children; Jallane, Elilita, Keab, and Leab for your patience and understanding as I was navigating the challenge of pursuing my studies and caught up with busy schedules and deadlines. Thank you for being my strength.

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***Abstract***

*Perinatal losses have significant, life-changing events on women resulting in huge psychological consequences that can greatly impact them in many ways. This phenomenological study explores the psychological consequences of perinatal loss among women. Unstructured in-depth interviews were conducted with 8 women who are members of Ye-Enatoch Weg Facebook group and live in Addis Ababa, Ethiopia. Being guided by a phenomenological thematic analysis methodology, the study identified two key themes on the lived experiences of the participants on perinatal loss. Participants expressed feelings of shock, confusion, disbelief, pain and searching for answers as immediate reaction to their perinatal loss experiences. They also expressed struggling with guilt & blame, disenfranchised grief, and relationship difficulties as a delayed reaction to their experience of perinatal loss. The implications for improved counseling & support services, promoting healthy coping mechanisms, incorporating spiritual practices in the counseling practice, education and awareness for healthcare providers & professionals are well discussed in this research. The finding also underscored the need for counseling and emphatic individualized care to support women in the healing process of coping the psychological consequences of perinatal loss.*

## The Psychological Consequences of Perinatal Loss among Women

### Chapter One

#### 1.1 Background of the Study

Perinatal loss is defined as the death of a fetus or infant either during pregnancy or in the immediate aftermath of birth. It is intensely a painful experience that can affect women and their families in different ways (Kersting & Wagner, 2012). The Psychological consequences of perinatal loss is very intense as women often experience complicated grief, anxiety, depression, and post-traumatic stress disorder (PTSD) symptoms (Cacciatore, 2019; Hunter et al., 2017). Understanding the unique lived experience of women coping with perinatal loss, the coping mechanisms employed and the counseling & support service implications is critical for providing appropriate support and counseling interventions.

The news about the anticipation and arrival of a new baby is usually depicted as a joyful moment and the fulfilment of the long-awaited dreams and expectations. However, the anticipated journey takes tragically the opposite path for a significant number of families because of perinatal loss. Perinatal loss, which includes miscarriage, stillbirth, and neonatal death, casts a long shadow of grief, not only the immediate family but mainly the woman who navigates both the physical and psychological havoc of this distressing experience (Kersting & Wagner, 2012; Kirui & Lister, 2021; Rechards et al., 2015). The statistics paint a poignant picture: up to 20% of pregnancies, or one in five, end in perinatal loss (Yirgu et al., 2016). Yet, behind these numbers are unique stories of individual struggles, a chorus of unspoken truths waiting to be heard.

Perinatal loss can also highly impact the mental health status of women as a consequence. Researches confirmed that women dealing with perinatal loss are at higher risk of experiencing anxiety, depression and PTSD (Kersting & Wagner, 2012). The grief experienced after perinatal loss is usually prolonged, complex and can be accompanied by nightmares, intrusive thoughts, and avoidance behaviors (Baxter-Dunn, M. J. 2023).

While this stays complicated, the psychological consequences of perinatal loss among women remains as a critical, yet often under-researched, subject. Women experience a range of complex emotions like anger, guilt, sadness and feelings of emptiness trying to navigate thorough them all. Losing a pregnancy of an infant can be incredibly devastating. It can make the woman feel like her dreams are being shattered and the bond she hoped to have with her baby has been broken. The whole experience can lead her feel empty and alone, especially since there is often pressure from the society to just “get over it” and move on.

Hence, it is valuable and crucial to make a deeper exploration into the lived experiences of women who have experienced perinatal loss. Perinatal loss, which includes miscarriage, stillbirth and neonatal death (Kersting & Wagner, 2012) causes profound physical and emotional pain that can be especially challenging for women who are navigating though the complicated grief (Bennett et al., 2005; Gold 2007; Markin, 2018).

This has a particularly profound effect in cultural context like Ethiopia, where societal pressures surrounding motherhood and traditional views on perinatal loss can make worsen the psychological and emotional burden on the women. Despite the high prevalence of perinatal loss in Ethiopia, estimated at 1 in In 13 pregnancies the psychological consequences on women remain largely unexplored (Berhan & Berhan, 2014; Mulatu et al., 2020; Yeshambel et al., 2022)

In order to really understand the psychological consequences and find ways to provide effective support and counseling systems, it is important to look beyond clinical diagnoses and diagnoses. It is appropriate to embark on a journey to explore the unique lived experiences of these women who have experienced perinatal loss, by listening to their stories witnessing their struggles in the bereavement process and acknowledging their resilience.

### **1.2 Statement of the problem**

Existing researches related perinatal loss often relay on quantitative research methods, potentially overlooking the unique lived experience of women who experienced perinatal loss (Bellhouse et al., 2018). Moreover, limited attention is given to the diverse coping mechanisms women employ to navigate this psychologically distressing experience of their life, possibly

impeding the development of effective and culturally suitable counseling interventions. Even though, the quantitative researches underscored the high prevalence of depression, grief, anxiety and PTSD following perinatal loss (Osborn et al., 2023), but these clinical labels do not fully capture the complexity of personal experiences of women who have experienced perinatal loss. Therefore, there is a critical need for research that explores deeper into the lived experiences of women who have experienced perinatal loss, examining their unique psychological and emotional challenge, individual methods of coping mechanisms and their perception of what would be considered effective emotional support.

Furthermore, current studies on perinatal loss tend to concentrate more on clinical results and standardized interventions, often overlooking the personal and emotional realities of the lived experience of women. In order to understand the impact of perinatal loss on women and develop effective support strategies, we need to explore into their lived experiences, the reason behind their use of certain coping mechanisms and their perceptions of effective support (Cohen et al., 2021). This change in focus holds huge potential for personalized care that aligns with women's individual needs and cultural contexts.

Research on perinatal loss is currently underrepresented in psychology and counseling professional literature within the medical and helping professions. While some research exists, much of it comes from the medical, nursing, and psychology fields (Randolph, et al., 2015). However, experts in the field emphasize the importance of further exploration of this topic.

Ethiopia is a diverse country with a rich cultural heritage, but also encounters unique healthcare obstacles, particularly in the area of perinatal death. According to Berhan & Berhan (2014), the country is burdened by a high rate of perinatal deaths. The psychological impact of perinatal loss on women, however, goes beyond clinical figures. It weaves together with cultural norms, social support systems, and personal strength forming a complex bereavement process (Tiruneh & Asegid, 2019). While the immediate emotional turmoil is undeniable, the consequences can remain, affecting a woman's long-term mental well-being, interpersonal relationships, and overall quality of life (Bourne & Lewis, 1984).

While global research outlines the broad psychological effects of perinatal loss, there exists a critical gap in understanding the specific experiences of Ethiopian women in Addis Ababa. Filling this knowledge gap is essential for developing effective interventions and promoting culturally sensitive support systems for women navigating this complex grief journey in Addis Ababa. In this context, understanding the specific psychological consequences, coping mechanisms employed, and potential counseling implications for these women becomes crucial for developing targeted interventions and culturally competent support systems.

Despite existing research on perinatal loss, mostly done by medical field, and a critical gap remains in my understanding of the subjective realities of women's lived experiences, their unique coping mechanisms, and their perceived needs for effective counseling. This qualitative investigation aims to address this gap by exploring the following central questions:

1. How do women describe their lived experiences of perinatal loss in their own narratives?
2. What are the psychological consequences they face following perinatal loss?
3. How do women cope with the psychological consequences of perinatal loss?

This research seeks to shade light on the hidden corners of the psychological challenges women navigate after perinatal loss. Through their narratives, we can gain invaluable insights into the complexities of their grief, the diversity of their coping strategies, and the crucial role of culturally sensitive and individualized support in facilitating their healing process. Ultimately, this research aims to propose the development of more effective counseling approaches that is suitable to meet the needs of women copying with perinatal loss.

## **1.3 Objective of the Study**

### **1.3.1 General Objective of the Study**

To explore the psychological consequences of perinatal loss among women in the "Ye-Enatoch Weg" Facebook group in Addis Ababa, Ethiopia.

### **1.3.2 Specific Objectives**

1. To explore women's descriptions of their lived experiences of perinatal loss in their personal narratives.
2. To identify the psychological consequences perinatal loss among women.

3. To identify the coping mechanisms employed by women facing the psychological consequences of perinatal loss.

### 1.4 Significance of the study

The proposed research on the psychological consequences of perinatal loss among women, specifically focusing on the case of Ye Enatoch Weg Facebook group members in Addis Ababa, holds significant importance in understanding the unique lived experiences, coping mechanisms, and counseling implications in this specific context. By conducting a qualitative research, this study purposes to contribute to the existing literature, apprise counseling practice, and advocate for culturally sensitive support for women passing navigating through the aftermath of perinatal loss in Ethiopian society.

By exploring the lived experiences of Ye Enatoch Weg Facebook group members, this research will contribute to a deeper understanding of the psychological consequences of perinatal loss among women in Addis Ababa. The research will explore the unique narratives of individual stories and challenges faced by these women, providing rich insights into their experiences of perinatal loss. The findings will shed light on the cultural, social, and familial dynamics that influence their experiences and shape their coping mechanisms. This understanding will be invaluable for counselors, mental health professionals, and healthcare providers working with women who have experienced perinatal loss, enabling them to provide their interventions and support to meet the unique needs of this people.

The research findings will have significant implications for counseling practice and the development of support services. By examining the coping mechanisms employed by Ye Enatoch Weg Facebook group members, the study will provide a fresh perspective on effective strategies for navigating the psychological consequences of perinatal loss within the Ethiopian context. The research will also add its contribution to the development an appropriate counseling interventions and support services that acknowledge and incorporate the cultural beliefs, , spirituality, rituals, and traditions concerning perinatal loss.

In addition to its impact on counseling practice, the research findings can contribute to policy recommendations that aim to integrate mental health care into perinatal services, enhance training for healthcare professionals on culturally sensitive care, and establish support networks

that address the unique needs of bereaved Ethiopian women. By highlighting the psychological consequences of perinatal loss among women, the study will advocate for policies that prioritize maternal mental health and ensure access to culturally sensitive support services.

## 1.5 Scope of the Study

This study will focus specifically on the members of the “Ye-Enatoch Weg” Facebook group, who have experienced perinatal loss within the past five years and currently living in Addis Ababa. The findings of this research may have implications for similar contexts and online support groups addressing perinatal loss. However, the finding may not be generalizable to women outside of this specific group or to different cultural context.

## 1.6 Operational Definitions of Terms

In this section, the researcher offers operational definitions and clarifications of the important terms and concepts within the research. These definitions are meant to clarify the research context and concepts.

**Perinatal loss:-** is the death of a fetus or an infant during pregnancy or shortly after birth

**Miscarriage:-** is the spontaneous loss of a fetus before the 20th week of pregnancy

**Stillbirth:-** is when a baby is born with no signs of life at or after 28 weeks of pregnancy

**Neonatal death:-** is the passing of a newborn within the first 28 days of life

**Psychological consequences:-** is the psychological effects that result from a perinatal loss

**Lived experience:-** is the personal accounts and stories from individuals about their personal experiences, perceptions, thoughts, emotions, and reflections on specific events, situations, or phenomena.

**Coping Mechanism:-** are ways in which stressful situations and emotions are managed, adapted to, or responded to.

**Ye-Enatoch Weg Sil lijoch Astedadeg ena Amegageb Facebook group:-** is a private online community on the social media platform Facebook, dedicated to offering support, resources, and a safe place for women on various topics including family, marriage, and parenting.

## **Chapter Two**

### **Review of Related Literature**

#### **2.1 Introduction**

Review of related literature relevant to the research will be presented in this chapter. The organization of the chapter aims to format the literature following a deductive structure by combining key point to align with the purpose of the study.

The first part is dedicated to defining perinatal loss, exploring its prevalence and types, and highlighting its impact on women's psychological and physical well-being. Following this, the review examines the specific socio-cultural context of perinatal loss in Ethiopia. Next, the chapter takes a deeper look at the psychological consequences of perinatal loss on women including searching for the coping mechanisms employed by the women.

The review then goes further to explore on counseling implications and interventions to support women who are navigating perinatal loss. The chapter comes to conclusion by addressing the ethical considerations essential to the exploration and study of sensitive topics such as perinatal loss.

#### **2.2 Definition, Types, and Prevalence of Perinatal Loss**

##### **2.2.1 Definition of perinatal loss**

Perinatal loss is a significant life experience that can cause a long lasting effect on women and their families (Bennett et al., 2005; Gold 2007; Markin, 2018). It can occur for different reason including genetic abnormalities, infections, maternal health complications or due to unexplained reasons (Charrois et at., 2020). Miscarriage, stillbirth and neonatal death are among the common types of perinatal losses (Kersting & Wagner, 2012)

##### **2.2.2 Types of perinatal loss**

###### **Miscarriage**

Miscarriage is defined as the loss of an embryo before reaching the 20th week of gestation from consumption and can occur at any stage. Vaginal bleeding, cramping, and passage of tissues are usually associated physical symptoms of miscarriage. Miscarriage could happen more than one time and women who experience recurrent miscarriages may need to consider specialized medical evaluation for (Lok & Neugebauer, 2007).

### **Stillbirth**

Stillbirth is defined as the loss of fetus that occurs after 20 weeks of gestation and any time before birth. At this age of pregnancy it is assumed that families already form strong emotional bonding with their unborn child and the loss will be a devastating event for everyone. Stillbirth can happen for number of reasons including infections, problems with placenta, or maternal health conditions (Smith et al., 2020).

### **Neonatal death**

Neonatal death is defined as the death of an infant within the first 28 days of life after the birth. Neonatal death can happen as a result of premature birth, congenital anomalies, complications during childbirth process, or medical problems that happens shortly after birth. Neonatal deaths are particularly painful for parents who have just received their new baby into the world (Cnattingius, Johansson, & Razaz, 2020).

## **2.2.3 Prevalence of Perinatal Loss**

The prevalence of perinatal loss varies among different populations and regions. According to the World Health Organization, (2018) each year more than 7 million perinatal deaths happen throughout the world accounting 3.5 million to stillbirths and 4 million to neonatal deaths. In the same manner approximately 10-15% of pregnancies end in miscarriage as the report of the National Institutes of Health. Stillbirth happen in around 1 % of pregnancies and impacts a large number of families globally. Although neonatal loss is less common compared to miscarriages and stillbirths, its contribution to the overall burden of perinatal death on women and families cannot be ignored. These figures indicate the significant effects of perinatal loss on women and their families. It also indicates the need for research, appropriate support and interventions in

order to address the psychological consequences and provide appropriate care to those who are affected by perinatal loss.

Research undertaken on perinatal mortality in Ethiopia indicated that according to the perinatal mortality rates (PMRs) recorded in 10 hospital-based researches varies between the range of 66 and 124 per 1000 child births. On the other hand, findings from extensive community-based research showed PMRs varies from 37 to 52 per 1000 child births. Both findings from the medical institution-based and community-based researches underscored a large number of prevalence of stillbirths and neonatal deaths, with the rates ranging from 60 to 110 and 20 to 34 per 1000 child births, respectively (Berhan & Berhan, 2014).

#### **2.2.4 The Psychological Impact of Perinatal Loss on Women**

The psychological consequences of perinatal loss on women can be profound and diverse including different kinds of mental health concerns. One of the common psychological impact of perinatal loss on women is depression which is basically characterized by feelings of sadness, hopelessness and worthlessness. Anxiety is also predominant consequence of perinatal loss, prevailing as generalized anxiety or specific anxieties that comes because of fears on future pregnancy and possible complications. Another possible consequence post-traumatic stress disorder (PTSD), with presenting symptoms of nightmares, intrusive thoughts, hypervigilance connected to the perinatal loss and every events related to it. Another probable psychological consequence is complicated grief, which is marked by prolonged and yet unresolved grieving. (Donegan et. al, 2023).

Researches findings consistently indicate increased signs of prolonged grief, guilt, depression and feelings of loss of control among family members and parents resulting from perinatal loss. Women who have experienced perinatal loss either through miscarriage, stillbirth or neonatal death are 7-9 times more prone to suffer from depression. The depressed women usually felt guilt and shame for the loss of their children, and these women were regularly sad, crying and longing for their deceased child. The risk of relationship breakdown and challenges was four times higher for women who experienced still birth in comparison to women who gave birth to a living children (Herbert et al., 2022; Hunter, Tussis, & MachBeth, 2017; Mainali et al., 2023).

Moreover the grieving families also have to face range of negative social effects after perinatal loss, for example isolation from extended family members and friends or social networks that results in pushing them to a place of emotional vulnerable. Though the psychological and social consequences of perinatal losses have been well researched and identified in the developed countries where as it is much less knowledge about them from the developing countries.

The trauma caused by miscarriage can be a lasting experience, very often devastating and connected with different chronic mental and physical health issues. The social pressure that is put on parents to stay silent about stillbirth negatively affects. However providing professional interventions and support system can be a good source to help women to better adjust to life after the perinatal loss (Patel et al., 2024; Shen et al., 2024).

In conclusion, the psychological consequences of perinatal loss on women is complicated and can have longstanding effects on their physical, mental and social well-being. PTSD, anxiety, depression and complicated grief are among the potential psychological and mental health consequences faced by women who experience perinatal loss.

It is also important to provide women who cope with perinatal loss with appropriate counseling and mental health care services along with interventions to cultivate positive support system in the society. Especially in developing countries like Ethiopia, it is essential to provide professional interventions and follow-up to help the women better adjust to their normal life after the perinatal loss.

### **2.2.5 Coping Mechanisms**

For women who have experienced perinatal , coping mechanisms are needed as they try to manage the practical and the emotional matters that arise associated with the loss. The coping mechanisms can be divided into two categories as emotion-focused and problem-focused coping mechanisms (Lazarus & Folkman, 1984; Côté-Arsenault, 2007; Lee, McKenzie-McHarg, & Horsch, 2017)

Emotion-focused coping comprises of expressing emotions openly, seeking social support, and engaging in ritual ceremonies of remembrance of the deceased child. While the social support helps the women not to feel isolated and their grief experience being validated, open expression of emotions help as therapeutic resource. Engaging in ritual ceremonies in the remembrance of

the deceased child provide as sense of connection, meaning, and closure (Lazarus & Folkman, 1984; Côté-Arsenault, 2007).

On the other hand problem-focused coping mechanism focuses on dealing with the practical aspects and problems related to the perinatal loss. This can include planning and executing the funeral and memorial services, searching for support and information, and finding meaning or purpose in the loss, and reconstructing ideas to cope with the grief (Lazarus & Folkman, 1984; Côté-Arsenault, 2007; Shahamabadi, Farajkhoda, & Mahmoodabadi, 2022).

Religious beliefs and cultural practices are the other important aspects that can influence the coping mechanism of women who experienced prenatal loss. For example, a research made on the lived experience of women after experiencing perinatal loss indicates that religious beliefs played huge role when it comes to coping with the stress of loss. In the context of Ethiopia, a research conducted on maternal coping mechanisms and associated factors that arise following perinatal loss in hospitals in Wolaita Zone, Southern Ethiopia, indicates that health-care providers must acknowledge the grieving process and identify maternal grief issues for early coping and offer appropriate psychological, emotional, and social support (Yeshambel et al., 2022).

In order to develop culturally sensitive support systems appropriate to the needs of women navigating through the pain of perinatal loss requires critical understanding of individual factors and cultural refinements. For example, a qualitative research underscored the significance of faith and spirituality in the coping process of African American women, indicating that religious and cultural aspects play a significant role in framing coping mechanisms (Hicks, 2020).

In conclusion, coping mechanisms are crucial for women who have experienced perinatal loss. Problem-focused and emotion-focused coping mechanisms, religious beliefs and cultural practices can influence the coping process. Understanding all these factors can help to the development of culturally sensitive supportive interventions appropriate to the need of the women, by facilitating healing and resilience.

### **2.2.6 Counseling Implications and Interventions**

Since the psychological consequences of perinatal loss on women is significant, counseling supports that are appropriate for women who have experienced such kind of losses. Accordingly, many counseling interventions have been developed in response to the unique needs of these women and promote their healing and wellbeing (Musazzi & Marrocco, 2016).

Narrative therapy is one of the effective approach which focuses on helping women who experienced perinatal loss by constructing a coherent narration about their experienced perinatal loss by constructing a coherent narration about their experience of loss. Narrative therapy facilitates a safe space for these women to share their experience, understand their loss and explore their emotions within their own and cultural contexts. Researches have proved that narrative therapy can improve psychological wellbeing and facilitate the grieving process in women who have experienced perinatal loss.

Another therapeutic intervention that has shown promise in supporting these women coping with perinatal loss during the bereavement process is mindfulness based therapy. Mindfulness therapy such as breathing exercises, meditation, and self-compassion practices help those women develop awareness and acceptance of their emotions, reduce rumination and anxiety, and promote self-care. Research proved that mindfulness based therapy can reduce symptoms of anxiety, grief, and depression in women who have experienced perinatal loss.

Group interventions such as support groups have also shown benefits for women coping with perinatal loss. Participating in a support group gives a sense of support, belonging, and shared support as women narrate their experiences and emotions with others who have passed through similar losses. Support groups can be led by qualified professionals or led by peers and offer women a safe and empathetic environment where they can share their feelings, gain insight, and learn coping strategies (Camacho Ávila et al., 2020; Charrois et al., 2020; Robinson & Robinson Esq, 2022).

It is important to keep in mind that counseling interventions should be culturally suitable and sensitive to the unique experience and beliefs of women who are seeking the support. Cultural issues such as spiritual and religious beliefs, family and societal expectations, and traditional healing practices can profoundly influence the grieving process and coping mechanisms.

Consequently, counselors and practitioners should consider these cultural touches and tailor their interventions to guarantee effectiveness and relevance.

### **2.2.7 Synthesis and Relevance to Research Objectives**

The literature review emphasizes the psychological issues that affects women's experiences of perinatal loss, which is defined as the death of an infant during pregnancy or shortly after birth due to miscarriage, stillbirth, or neonatal death. The figures of perinatal loss differs, with miscarriage being the most common type loss affecting 15% to 27% of women between the ages of 25 and 29 and goes higher to 75% in women over 45. Stillbirth covers almost more than half of all the perinatal deaths, while one-third of it happening during childbirth and which is largely preventable. The psychological effect of perinatal loss is profound, often leading to complicated grief reactions that can negatively affect psychological and physical well-being of women who are coping with perinatal loss. Factors that facilitate posttraumatic effects following perinatal loss include changes in core beliefs, finding meaning in the loss, intentional rumination, adaptive coping strategies, and social support.

The literature review indicates the research objectives of working on a qualitative investigation of women's lived experiences, coping mechanisms, and counseling implications following perinatal loss, mainly in the Ethiopian context. The review emphasizes the need for a vigorous foundation for future research efforts that will contribute to the expansion of knowledge and practice in perinatal loss support and intervention.

While existing researches explore coping mechanisms, there is a lack of knowledge regarding the culturally definite support systems used by women in Ethiopia after facing perinatal loss. This qualitative research purposes to address this gap by exploring the lived experiences of women in Ethiopia who have navigate through perinatal loss. The research will examine their unique challenges, coping mechanisms and support needs with a particular focus on culturally specific support systems. By critically investigating these experiences, the research aims to add to the expansion of culturally sensitive counseling interventions, which will eventually improve support and care for women experiencing perinatal loss in Ethiopia. This can enable them to use effective coping mechanisms and support their emotional and psychological well-being during the healing process.

### **2.2.8 Gaps in the Literature and Rationale for the Study**

In the understanding of perinatal loss, particularly in the context of Ethiopia, the literature review indicates significant gaps. Existing researches often rely on quantitative methods of study that may not fully reflect the unique lived experiences of the women. The cultural values in perinatal coping mechanisms and usefulness of interventions supports in the Ethiopian context remain understudied.

This research plans to address these gaps by using a qualitative inquiry that provides a stage for women to share their narratives of perinatal loss in Ethiopia, explores the cultural meaning-making process and coping mechanisms used by the women, and explores the perceived value and potential.

The literature review also indicates a general lack of awareness and understanding of perinatal loss, which relates to the different types of pregnancy loss and their impact on women, men, and society. Raising awareness of perinatal loss and its effects is thought to decrease stigma and isolation, increase knowledge and prevention efforts, confront misunderstandings about perinatal loss, and improve the providing and quality of care and support.

The foundation for the research is to contribute valuable knowledge to inform culturally sensitive support systems and counseling practices for women experiencing perinatal loss in Ethiopia, address gaps in existing research, and provide a more comprehensive understanding of women's lived experiences and cultural norms of perinatal loss in Ethiopia.

### **Conclusion**

This literature review highlights the profound psychological impact of perinatal loss on women in Ethiopia, with specific attention to members of Ye-Enatoch Weg Facebook group. It highlights the critical need for culturally sensitive interventions, counseling support, and ethical research practices. This qualitative research aims to address knowledge gaps and consider different perspectives and aims to provide valuable insights into women's lived experiences, coping mechanisms (such as culturally specific support systems such as 'idir') and counseling needs following perinatal loss in Ethiopia. Eventually, this research aims to contribute to improving support systems and culturally sensitive counseling interventions personalized to the

Ethiopian context to enable women to cope more successfully and support their emotional well-being.

This literature review widely addressed the psychological consequences of perinatal loss among women in Ethiopia. It explored their lived experiences, coping mechanisms and counseling implications. The review analytically evaluated existing research, organized the ideas thematically, synthesized diverse viewpoints, and demonstrated clear relevance of the reviewed literature to the proposed study on perinatal loss in Ethiopia.

Findings from this review indicate the significant psychological impact of perinatal loss on women, influenced by sociocultural aspects and personal coping mechanisms. Existing research proposes that effective counseling interventions designed to be culturally sensitive can highly support women in the bereavement process. By combining findings from this literature review, the proposed study aims to add to a deeper understanding of the psychological consequences of perinatal loss for women in Ethiopia and to inform the development of culturally appropriate counseling interventions, such as exploring the integration of narrative therapy with Ethiopian cultural practices. This research has the capacity to significantly improve the support provided to women navigating through the pain of perinatal loss in Ethiopia

## **Chapter Three: Methods**

### **3.1 Research Design**

This research employed a qualitative method, specifically a phenomenological approach, to explore the lived experiences, coping mechanisms, and counseling implications of perinatal loss among women who are members of the Ye-Enatoch Weg Facebook group. The phenomenological methodology is aligned with the research objective of exploring the lived experiences; it give emphasis to a detailed exploration of individual's narratives and interpretations of perinatal loss among women (Moustakas, 1994). This methodology allows participants to narrate their experiences without predetermined frameworks and helps to get comprehensive data for thematic analysis (Smith, 2019).

### **3.2 Study Population:**

Qualified participants for this study are 8 women who are members of the Ye-Enatoch Weg Facebook group, living in Addis Ababa, aged 18 years and older, and who have experienced perinatal loss within the past five years (Osborn et al., 2023). This exact age range is carefully selected to ensure that participants are able to accurately share their lived experiences and provide informed consent.

### **3.3 Sampling:**

The sampling method employed in this research was purposive sampling in order to target participants whose experiences are relevant to the research objectives.

This research employed purposive sampling to identify women whose experiences are relevant to the research objective. Eight women, members of Ye-Entatoch Weg facebook group and who have experienced perinatal loss within the past five years were recruited to take part in the research. The recruitment invitations of participants was extended to the Ye-Enatoch Weg Facebook group members on January 30, 2024 through a dedicated post on its group page, which also included the researcher's contact information. The recruitment invitation was posted upon the approval of the Ye-Enatoch Weg page administrator.

Accordingly 12 women form the Facebook group responded to the researcher directly by making phone calls and Facebook text messages following the recruitment invitation advertisement on the page. Out of the 12 women, one of them declined to participate after the interview schedule was made for personal reason.

The three participants were excluded from the study due to their geographical location being distant from the researcher's location. It was determined that these participants did not meet the study population criteria, with two residing in North America and one living outside of Addis Ababa in another city. This decision was made in consideration of the sensitive nature of the research issue, as the psychological effects of perinatal loss can be distressing for participants. It was important to ensure that participants had access to counseling support or appropriate help for any psychological challenges that may arise during the interview process. This was done intentionally to prioritize the safety and well-being of the participants.

**3.5 Data Collection:**

To answer the above research questions the researcher employed unstructured interviews with individuals as a primary data collection method. In-depth interviews with eight women who have experienced perinatal loss within the past five years gave the researcher the privilege access to their deep personal stories. This method goes with the views of phenomenology, giving priority to the emergence of individual's lived experiences using open-ended prompts and a flexible interview guide (Kvale & Brinkmann, 2009). By exploring their lived experience of loss, coping mechanisms, and experiences in regard with support services, the researcher targets to create a clear picture of their unique experiences perinatal loss.

The interview was designed in a way to give space for these women helping them to narrate their innermost experiences, being free from the restrictions of predetermined questions or defined concepts. The research gave the opportunity to the participants the privilege of bringing in the creative expressive techniques when applicable as one way to express their unique personal experiences of perinatal loss and the coping mechanisms they employed. According to Cohen & Crabtree (2006), offering any applicable ways to each participants to share their experiences through different expression communication through journaling, artwork or poetry can be greatly helpful to deepen the understanding of their experiences and provide additional information for the analysis.

**3.6 Interview procedure**

The procedures for the interview were totally framed to give priority to comfort of the participants by providing an open, judgment free environment and informed consent. It was designed to facilitate a safe and supportive environment for the participants to share their personal experiences of perinatal loss, ultimately enriching the research with valuable insights.

As it was given the choice to the participants regarding the interview locations, all the interview locations were decided based on the participant's preferences, guaranteeing them comfort and accessibility. For the purpose of helping them make the best location choice specific to the their preferences, the research participants were offered with location options of a quiet public space, the participant's own home, or any other appropriate places.

Accordingly, the interviews were conducted in person with each participant and all the interviews were conducted at their own home of the participant, except for one interview which was conducted in the interviewer's home based on the preference of the interviewee for reasons of privacy. Before each interview, the researcher formally introduced herself and gave explanations on the research's objective, aiming to building rapport and ease any uneasiness (Miller & Crabtree, 1999).

Informed consent was obtained in writing, which outlines the objective of the research, potential risks and benefits, and participant rights (Punch, 2016). High Emphasis was placed on the voluntary nature of participation and the freedom to pull out at any time, ensuring ethical transparency and autonomy of participant.

Throughout the interview, the researcher assured each participants that there are no correct or wrong answers by fostering an environment where they could freely express their personal perinatal loss experiences and views with no fear of criticism. The researcher applied and unstructured and open ended questions and active listening as a guide for the interview, while respecting silence and giving space for reflection or breaks whenever needed by the participants (Kvale & Brinkmann, 2009). Furthermore, participants were given the authority to ask for the recording to be stopped at any given minute of the interview process.

In line with the tradition of phenomenological study of giving high respect to the participants' perception, follow-up interviews were conducted with two of the participants with their consent to get additional details while seeking clarification on specific points (Smith & Watson, 2015). These follow-up interviews aimed to prioritize the perspectives of the participants in order to avoid leading them to predetermined interpretations.

### **3.7 Data Analysis Process**

Unstructured in-depth interviews were conducted with 8 women who have experienced perinatal loss and are members of the Ye-Enatoch Web Facebook group residing in Addis Ababa. In line with the continual process of phenomenological analysis, the researcher recorded detailed field notes during each interview session. These notes played the key role in capturing immediate impressions, keeping a record of non-verbal cues, and reexamining potentially unclear passages throughout data analysis and theme development (Crowe, Inder, & Porter, 2015).

Each interview was recorded and carefully transcribed by the researcher, ensuring accuracy and safeguarding participant confidentiality (Clarke & Braun, 2013). This in-depth approach facilitates a thorough engagement with the narratives, enabling the researcher to develop a nuanced understanding of the participant's individual experiences and identify emergent shared themes.

The researcher followed the six-phase guide of Braun & Clarke (2006) which is helpful to do a thematic analysis in psychology through all the processes of data analysis as presented below.

### **Phase 1 – Becoming familiar with the data**

Every step of the data collection including interviewing and transcribing of the interviews was carried out by myself which helped me to get immersed in the data from the beginning.

I examined the raw data carefully to understand the information gained from each interview. Then I transcribed all the interviews myself, which was more helpful for me to become more familiar with the whole data. Then I carefully listened to the recordings of each interview and read over the transcripts many times to gain an understanding of how each participant experienced perinatal loss, the psychological consequences they faced, and the coping mechanism they used in the process.

In line with the repetitive nature of phenomenological analysis, I have also recorded detailed field notes during each interview session. These notes played an essential role in netting what immediate impressions were observed, helping to record the non-verbal cues, and reexamining possibly unclear passages through data analysis and theme development (Crowe, Inder, & Porter, 2015). In the process of becoming familiar with the data, I became acquainted with the participant and how they framed their lived experiences of perinatal loss.

### **Phase 2 – Generate initial codes:**

I initially went through each interview transcript line by line paying close attention to each part of the raw data. Then I applied codes to anything that appeared to be the most basic segment or element of the data that is useful and meaningful to the research objectives or research questions.

At the end of generating initial codes, I have collated the coded data making it ready for the next step.

### **Phase 3: Generating themes**

The third phase in the process was generating themes using the initially coded and collated data. I have sorted the different codes that are likely to be under the same themes. To help me have a clear map of the data analysis process generating themes, I have made a table where I wrote the title for each code and the description to help me organize them into themes.

Regardless of each of the participants having a unique narrative of their experiences, commonality was found in their experiences. By reflecting on the codes and going back to the raw data, I proceeded to develop the patterns that I had identified from the coded data. Consequently, codes that seemed related to each other were collated and developed into possible themes and sub-themes.

### **Phase 4: Reviewing Themes**

Reviewing the themes was like a cyclical process where I needed to go back and forth between the coded and collated data and the proposed themes to check whether or not the possible themes formed a coherent pattern. I carefully made the review to make sure that the proposed themes exhibited coherent patterns and were related and connected.

### **Phase 5: Define themes**

The data was described while giving meaning and articulating ideas clearly that are defined as a theme. Related ideas that fit together were defined and formed into sub-themes. And also where the separation of ideas was necessary, I have taken the necessary action. At the end when the themes and sub-themes names were developed once clear differences between ideas were achieved.

### **Phase 6: Write-up**

The writing up process of each theme required a deeper insight as it required to articulate ideas and illustrate these incorporating as much as possible multiple participants' quotes. The process also required further modification of ideas and still required the cyclical process of reexamining earlier stages of the process to ensure that the ideas being presented closely represented the data at the same time as achieving the research objectives.

**3.8 Handling Ethical Issues**

Handling ethical issues properly is necessary when it comes to researching sensitive topics like psychological consequences of perinatal loss on women. Throughout conducting this research project, all the necessary measures were taken to make sure ethical standards in handling participants and the research process. For the purpose of this research the researcher prioritized the following ethical consideration for handling ethical issues.

The researcher made sure to get the necessary consent from each participants before starting the interviews, and the use of only pseudonyms or a special identification codes attributing to each participants. All the interviews were conducted after the researcher guaranteed each participants with all the necessary information of the research

**Informed Consent**

All the interviews were conducted after the researcher guaranteed each participants with all the necessary information regarding the research and up on obtaining informed consent without pressure. The informed consent was outlined in a way to give clear understanding to the participants regarding the research project which included the research objective, potential risks and benefits, guarantee of confidentiality, assurance of withdrawal from the research anytime.

**Confidentiality and Privacy**

The researcher ensured the confidentiality of participants' information, including their identity and sensitive personal experiences. The researcher saved every piece of information using secured data storage in order to prevent unauthorized access or disclosure of confidential information regarding the participants. Every participant was given a pseudonyms which were a special identification codes to protect their confidentiality and privacy.

**Minimizing Harm**

The researcher was willing and well prepared to take required steps to minimalize any possible harm or distress that participants may face during or after the research. Provide appropriate support resources, such as counseling services, and debriefing participants after data collection to address any emotional impact as much as it is needed.

### **3.9 Overview**

The study employed a phenomenological thematic and narrative analysis methodology, conducting in-depth interviews in person with women who had experienced perinatal loss within the last five years. The participants are members of the Ye-Enatoch Weg Facebook group and live in Addis Ababa, Ethiopia.

The interviews, which lasted an average of 1 hour, were conducted in person with each participant. All interviews were held in the house of the participant, except for one interview which was conducted in the interviewer's home. The data collected from the interviews was analyzed to develop themes on the lived experiences of women with perinatal loss, the psychological consequences they face, the coping mechanism they employed and the counseling implications.

As recommended by Crowe, Inder, & Porter (2015), all the interviews were audio recorded and transcribed. The researcher initially developed themes such as immediate and delayed reactions to perinatal loss, and coping mechanisms which are relevant to answer the research questions. Through open coding (Khandkar, 2009), only relevant pieces from the transcribed interviews, specifically those addressing the research questions and objectives were selected.

Afterward, the transcribed interviews were further analyzed to collect insights on the lived experience as reactions to perinatal loss and coping mechanisms employed by each of the interviewees. Responses that were relevant to addressing questions about reactions to perinatal loss, based on the lived experiences of the interviewees, were coded under the theme of "reaction to perinatal loss." and coping mechanisms were separately organized and categorized accordingly (see Table Two).

This method involves a thorough analysis of each interview transcripts by identifying recurring patterns, significant expressions and moments that capture the bereavement journey of these women who experienced perinatal loss (Creswell, 2013).

The researcher assigned pseudonyms of unique code numbers to each interview participants as an identification method to maintain participants' privacy and anonymity. Citations in the result

section are linked to the transcribed interviews by case number and type of loss. For instance, "Resp. 002 miscarriage" refers to interview respondent number 2, who experienced miscarriage.

Before presenting the findings and data analysis, a comprehensive overview of the study participants is included, utilizing insights collected from interviews and identifying them by their assigned code names.

## **Chapter Four**

### **Result and Discussion**

#### **4.1 Background of Participants of the Study**

##### **4.1.1 Demographic Data of Research Participants**

<b>Name</b>	<b>Age</b>	<b>Type of loss</b>	<b>Number of loss</b>	<b>Number of living children</b>
Resp. 001	40	Miscarriage	2 (1 time twins)	1
Resp. 002	33	Miscarriage	2	none
Resp. 003	35	Stillbirth	1	3
Resp. 004	39	Miscarriage	1	2
Resp. 005	38	Neonatal death	1	6
Resp. 006	43	Stillbirth	2	1
Resp. 007	42	Miscarriage	1	2
		Neonatal Death	1	
Resp. 008	37	Miscarriage	1	2

**Table 1**

**Resp. 001 Miscarriage**

Resp. 001, who is 40 years old, has experienced two miscarriages but has one living daughter who was born before the two miscarriages. She mentioned that she was not that much hurt when the first miscarriage started, and she was hopeful for a second pregnancy. Fortunately, she became pregnant again with twins. Unfortunately, at 12<sup>th</sup> week of her pregnancy, she received the devastating news from the doctor that the fetuses no longer had heartbeats. she explains the incident as being the most shocking and heartbreaking experience of her life, leaving her feeling numb, confused, frustrated and hopeless.

A few days after the miscarriage occurred, Resp. 001, continued to struggle with feelings of unworthiness, not wanting to keep on meditating on the incident. She found it difficult to sleep and believed that grieving was a selfish act. She was unable to talk about her feelings or cry for her deceased babies, identifying herself as "a broken person inside." Despite her pain and grief, she tried to mask her emotions by overcommitted to work and making herself busy by taking care of her only child and husband.

**Resp. 002 Miscarriage**

Resp. 002, a 33-year-old woman working in a Bible school and actively involved in ministry, shared her experiences with two miscarriages. The first miscarriage occurred shortly after a vacation trip to Arbaminch. She felt a strange sensation, experienced bleeding that did not stop, and later found out that she had lost the baby. She recalled the first miscarriage that greatly affected her physically and emotionally.

Resp. 002 tried to recover physically and be grateful for her life, but the pain of missing a child was devastating. She grieved privately, feeling guilty and blaming herself for the loss highly suspecting the reason for the miscarriage to be her long distance travel. Eight months later, she discovered she was pregnant again, but the baby no longer had a heartbeat at 10 weeks. The news left her emotionally shattered and questioning her role as a wife and mother.

To distract herself, Resp. 002 threw herself into work, despite feeling useless and disabled. The pain was not only physical but also left her feeling like part of her had died within her. Family

and friends advised her not to grieve deeply due to her perceived spiritual strength. Seeking professional help did not bring the emotional support she needed. She coped by staying occupied and prioritizing her husband's happiness while suppressing her pain.

**Resp. 003, Stillbirth**

Resp. 003 is 35 years old with three children, including twins and a single child. She described her third pregnancy as particularly difficult due to unusual morning sickness and hormonal imbalances. At 26 weeks, she attended a routine checkup where she received alarming news following an ultrasound scan. The doctor revealed that the baby had abnormal growth around the head and kidney, along with a lower heartbeat. Resp. 003 was advised to have weekly checkups to monitor the situation. However, after three weeks of follow-up visits, she received the devastating news that the baby had died.

As Resp. 003 recalled the moment she learned of the loss, her emotional pain was intense. She had been fervently praying and hoping for the baby to have normal growth and be born alive. However, the news shattered her, and she questioned why this had happened to her. She expressed feelings of discouragement, hopelessness, anger, and guilt, believing that she may have missed something that could have saved the baby.

The waiting period for the baby to naturally pass during labor was agonizing for Resp. 003. She described feeling horrified at the thought of carrying a lifeless baby inside her and enduring physical and emotional hardships. It took three agonizing days for her to say goodbye to her baby and return home. The nights were particularly difficult, filled with sorrow and anger. Resp. 003 expressed frustration with the medical professionals who seemed indifferent to her pain, and even now, going to the hospital for unrelated reasons triggers her grief and anger.

Resp. 003 shared the heart-wrenching experience of seeing her baby but not being able to hold or feel him in any way. She expressed shame at going home empty-handed after excitedly announcing her pregnancy to everyone. She didn't want to explain her situation to others and resented their visits and attempts at comfort, except for her husband, who provided her with the support she needed during those dark moments.

Resp. 003 faced further distress from other family members who belittled her grief, considering it insignificant since it was "just blood" and not a fully formed human being. They accused her of ingratitude towards her living children. These judgments left her feeling profoundly misunderstood, unfairly judged, and burdened with guilt for the loss.

To find comfort and understanding, Resp. 003 turned to the Ye-Enatoch Weg Facebook group, where women with similar experiences shared their stories and sought advice. She found comfort in reading the comments and requests, occasionally reaching out for personal conversations with other women who had also suffered losses. The non-judgmental and sympathetic atmosphere of the group provided her with a safe space to grieve.

While Resp. 003 expressed a desire to have more children, she admitted her fear and uncertainty about going through the process again. The emotional recovery from her previous loss remains incomplete, and she questions her strength to face another pregnancy without fear and uncertainty.

#### **Resp. 004, Miscarriage**

Resp. 004 is a 39-year-old married woman with two living children. During her third pregnancy, she went in for a routine checkup but started feeling intense pain. The doctor eventually called her in for an ultrasound when they realized something was not right.

The news that followed was heartbreaking. The fetus had already died at 13 weeks. Resp. 004 was in shock, unable to comprehend what had just happened. She felt numb as the doctor explained the situation, struggling to come to terms with the loss.

But the worst was yet to come. The doctor, instead of showing empathy and understanding, grew impatient with Resp. 004's reaction. He accused her of exaggerating her grief and wasting his time. This only added to her pain, making her feel even more alone in her sorrow.

Blaming herself, Resp. 004 wondered if her careful diet or actions had caused the miscarriage. She felt like a failure as a mother, unable to protect her unborn child.

After the procedure to remove the fetus, Resp. 004 finally allowed herself to break down in tears. But still, there was no one there to acknowledge her loss. Even her husband seemed unaffected, continuing with his life as if nothing had happened.

Two years later, the pain still lingered. But Resp. 004 found solace in the Ye-Enatoch weg Facebook group, where she could connect with other women who had gone through similar experiences. Reading their stories and receiving words of encouragement helped her feel less alone in her grief.

Though she had never actively participated in the group's discussions, Resp. 004 found comfort in knowing that there were others out there who understood her pain. And while the wounds of her miscarriage may never fully heal, she knew that she was not alone in her struggle.

**Resp. 005, Neonatal Death**

Resp. 005 is a married woman with 6 children. She gave birth to twin babies, a boy and a girl, after a healthy 3rd pregnancy. Unfortunately, the baby boy developed a complication after 12 hours, but she and her family were not informed of the nature of the complication by the doctors or nurses. They were only told that he needed intensive care, but to their shock, they were later informed that he had passed away at just 36 hours old.

Resp. 005 vividly remembers holding and trying to breastfeed her son when he was born, feeling a strong connection to him. The news of his death left her completely shattered, feeling as though it happened too quickly for her to prepare or come to terms with the loss. She struggled to understand the situation and found it difficult to care for her surviving twin daughter. The hospital gave them his body when they left, but they were then shocked to learn he could not be buried in the formal cemetery because he had not been baptized. They were told by their local church that he had to be buried outside the cemetery grounds, which was a painful blow for them.

Despite having other living children, including their surviving twin daughter, Resp. 005 said none of them could fill the emptiness left by their son's death. She felt guilty for grieving for one

child when she had others, and also felt ashamed when she saw women who had experienced multiple losses or had no children at all.

Two years after their son's death, while passing by the cemetery, she and her husband felt his presence and decided to stop and cry for him. The pain of their loss is something she cannot let go of, and she often imagines what her deceased son would look like as she watches the other twin daughter grow. Her comfort in sharing her grief and connecting with other women is the Ye-Enatoch Weg Facebook page, where she can interact anonymously, ask questions, and provide support.

### **Resp. 006, Stillbirth**

Resp. 006 is a 43-year-old mother who was separated from her husband at the time of the interview. She experienced two stillbirths within two years. The first stillbirth occurred in the 27th week of her pregnancy. During her regular check-ups at the hospital, she was informed that her baby was not developing normally starting around the 23rd week of her pregnancy. She underwent further medical check-ups and pregnancy monitoring in the hopes that the baby would recover and be born alive, but unfortunately, at the 26th week, she was told that the baby had passed away and she needed to be induced to give birth to the deceased baby.

This was an heartbreaking experience for her, as she spent three days in a delivery room surrounded by other women giving birth to living children. She felt that the medical staff did not consider her psychological distress and she suffered emotionally during this time. She describes the experience as very painful and traumatic.

Her second pregnancy occurred eight months after the first loss. She tried to be extra careful and sought care at a private hospital this time, hoping for better treatment. However, in the 26th week, she was again told that the baby was not growing and was at risk of passing away. This news was devastating to her, and she gave birth to another dead child shortly after.

She felt confused, hopeless, and helpless, and described suffering from depression during this time. She felt physically and emotionally crushed, and despite support from medical professionals, she felt that no one truly understood her situation, not even her husband. She

repeatedly mentioned that the two incidents of loss strongly affected her relationship with her husband and it was difficult for them to get along. Eventually, she became pregnant with her third child, changed her work, and left her husband trying not to be influenced by all her experiences. Finally, she mentioned that she gave birth to a healthy baby with the help of prayers and medical interventions. She is now separated from her husband.

**Resp. 007, Miscarriage and Neonatal Death**

Resp. 007 is a 42-year-old married woman with two living children. Before having her two living children, shortly after her wedding, she and her husband discovered they were expecting their first child. She remembers this as a joyful moment. However, during her second prenatal visit, she received devastating news from the doctor that there were complications and she was at risk of miscarriage. Sadly, at 12 weeks, she experienced a miscarriage. This was a traumatic event for her, and she blamed herself for the loss, believing it was due to her past involvement in sports.

She was left feeling confused, grief-stricken, and unable to discuss her feelings with anyone, not even with her husband. She felt broken by the loss. A year later, she became pregnant again but was consumed by fear and uncertainty due to her previous experience. Despite this, the pregnancy progressed well until the 22nd week when she was advised to undergo strict bed rest due to concerns about her ability to carry the baby. She was referred to another hospital for specialized care.

At 28 weeks, she went into labor and had an emergency C-section, giving birth to a baby boy who required intensive care due to being underweight and having underdeveloped respiratory organs. She visited him in the intensive care room for six days until the heartbreaking news came that he had passed away on the seventh day. This was another distressing loss for her and her husband.

These losses led her to question her ability to be a mother and shattered her confidence. She struggled to fulfill her daily responsibilities, feeling incomplete as a woman. Despite having two children at this time, she felt a void within herself that has persisted over time. She found it

difficult to find comfort in others' words of comfort, believing that her grief was justified. She still believes that she is haunted by the losses and their impact on her sense of self.

**Resp. 008, Miscarriage**

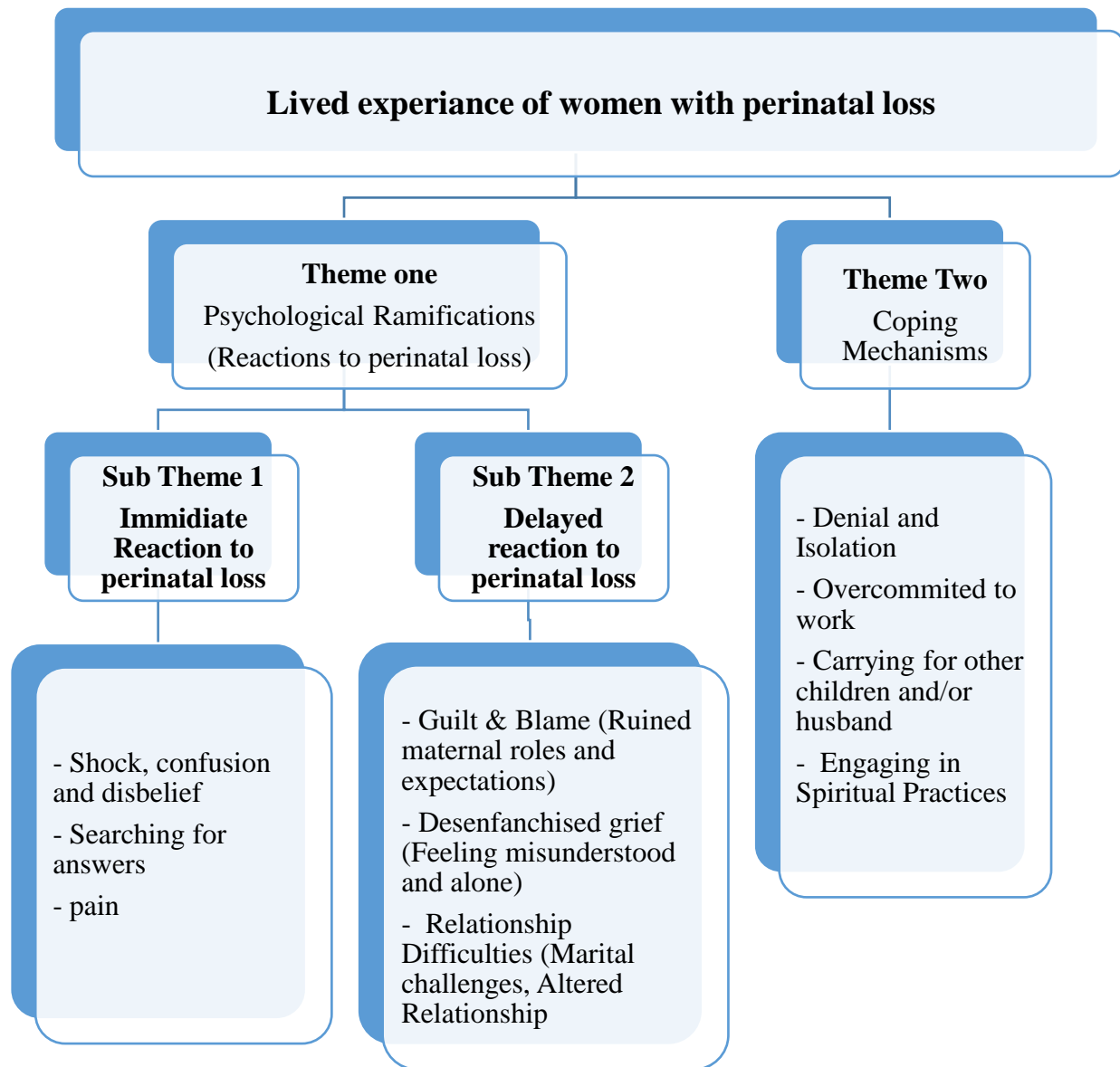
Resp. 008 is a married woman with one living daughter. She has experienced a miscarriage before giving birth to their first living child. The first pregnancy ended in a miscarriage at the 10th week and it was extremely devastating for her and she struggled to understand why it happened. She found it difficult to talk to anyone and avoided social interactions, spending most of her time in her bedroom crying.

After a few months, she discovered she was pregnant again. However, she couldn't fully embrace the happiness of the news as she hadn't fully recovered from the first loss. As the pregnancy progressed to the 4th month, she unexpectedly started bleeding. This was another traumatic experience for her, leaving her feeling unworthy of motherhood and guilty for trying for a pregnancy that might end in miscarriage again.

She blamed herself for not deserving to have a healthy pregnancy and felt immense fear and anxiety. Even though doctors were able to provide medical care and help the pregnancy to reach full term, she continued to struggle emotionally. The miscarriage and the complicated pregnancy changed her in profound ways, eroding her confidence to freely interact with her husband and others. She now finds herself fearful of many things, hesitant to start new ventures or take on challenges.

**4.2 Results**

In this section, the research findings on the participants' experiences of perinatal loss, psychological consequences, coping mechanisms, and implications for counseling and support in the context of perinatal loss are presented. The data analysis process is outlined, detailing the steps taken for analyzing the data as presented in Chapter Three. The development of each section is supported by narrative data and verbatim quotes. Additionally, a narrative response to the research question that guided the study is included in the research question responses section, along with direct quotes gathered from in-depth, unstructured participant interviews.



**Table Two**

**4.3 Theme One – Psychological Consequences of Perinatal Loss**

**4.3.1 Sub Theme 1: Reactions to Perinatal Loss**

In interviews, when asked about their experiences with perinatal loss, most participants shared their initial reactions upon hearing the news of their loss and how they processed the information

afterward. To explore the psychological consequences of perinatal loss on women, the researcher categorized the data in terms of reactions into immediate and delayed reactions experienced by the participants. This was done to better understand the emotional and psychological impact experienced by the participants at different stages following perinatal loss.

#### **4.3.2 Immediate Reaction to the perinatal loss**

The immediate reaction to perinatal loss is a complex and deeply emotional experience that can have profound impacts on women's well-being. The researcher aims to explore and identify the immediate reactions they have in the aftermath of their loss. Based on the interview results, shock, confusion & disbelief, searching for answer and pain were derived as themes under the immediate reactions to perinatal loss shared by the participants.

##### **Shock, confusion and disbelief**

All participants had a common initial reaction upon hearing the news of their loss, feeling shocked, confused, and disbelieving. Even though the participants in the study experienced different types of perinatal loss, ranging from miscarriage to neonatal death, they all expressed similar feelings of shock and disbelief. For example, Resp. 002, who experienced a miscarriage said, "it was just shocking and I could not believe that it happened to me... I stood there in the bathroom highly bleeding and didn't know what I was supposed to do." The responses from the participants provided insight into the deeply personal and immediate reactions they had after experiencing perinatal loss.

*I never expected to experience such a thing... I couldn't understand why it had happened to me. When the doctor informed me that my baby had no heartbeat, I was at a loss for words. The news was so unexpected and shocking that it was difficult for me to accept... couldn't help but cry. (Resp. 001)*

Discovering that you won't be having a new baby after thinking you were is a difficult truth to accept. The sudden shock and confusion of experiencing a loss or the risk of a loss left the participants feeling overwhelmed with different emotions and disbelieving. Many found it

challenging to come to terms with the shift from one expectation to a different, unexpected reality. Some were uncertain about the events occurring around them during the loss, while others struggled to cope with the unique challenges of perinatal loss.

*I remember the day we moved into our new, bigger house like it was yesterday. We were filled with excitement and anticipation for the future. Little did we know, that same month, we would receive the news that we were 8 weeks pregnant. It was a moment of pure joy, a double celebration that filled our hearts with happiness.*

*But that joy quickly turned to sorrow when I found out that the pregnancy had failed. The news hit me like a peal of thunder, shattering my dreams and leaving me in a state of shock and disbelief. Those days following were a blur of overwhelming emotions - sadness, grief, confusion.*

*It was a devastating experience that made me question everything I thought I knew about life. The pain of loss was almost too much to bear, and I struggled to come to terms with the reality of what had happened. The emptiness I felt was extreme, a heaviness that weighed on my heart as I tried to make sense of it all. The grief was all-consuming, leaving me feeling lost and wandering in a sea of emotions. (Resp. 008, Miscarriage)*

For Resp. 006, dealing with the stillbirth of her child resulted in a confusing processing of her new reality. She expressed her feelings by saying, "It wasn't anything like how I expected, how I hoped that it would happen." She was determined to do everything in her power to prevent the pregnancy from failing after being informed of the risk of stillbirth. Despite her hopeful outlook and efforts to save the pregnancy, she was completely blindsided by the loss. The traumatic nature of the experience made it difficult for her to accept the reality of her loss, and she found it to be very strange and unexpected. She repeated,

*"It was nothing like I had wished or hoped for. It felt like a piece of me died along with my baby - all my dreams and prayers came crashing down. I had faith that God would save my daughter, I had prepared everything to welcome her eagerly*

*but now, it's all gone... These dreams died with my baby. I was consumed by confusion, unable to comprehend how this could be happening to me - how could I be living through this?" (Resp. 006, Stillbirth)*

In the case of Resp. 004, her immediate reaction of shock and confusion following her miscarriage was unique. Unlike others, she had previously experienced two normal pregnancies without any complications, resulting in two living children. The unexpected loss of her third pregnancy left her in a state of disbelief and confusion. Additionally, not having anyone to confide in other than her husband added to her feelings of confusion. Trying to comprehend and find meaning in the loss of her pregnancy was a significant source of confusion for Resp. 004. She described her emotions during this difficult time as:

*"It's a complicated thing because every experience in life is different... you know.. It's different and trying to navigate, everything is not the same..." (Resp. 004, Miscarriage).*

### **Searching for Answers**

The majority of the participants affected by perinatal loss wanted explanations to understand the underlying cause of their tragedy. Their quest for answers led them to reflect on themselves, pondering possible actions or missed opportunities that could have led to a different outcome. Some also turned to the internet in their search for understanding and closure, all in a collective effort to come to terms with their loss and find a way to move forward in their lives.

*The loss felt strange to me in the first few hours. I was numb and desperate to understand what had happened. I pleaded with the doctor for an explanation as to why my baby had died. I cried a lot because I was overwhelmed by questions in my mind and couldn't provide clear answers to any of them. (Resp. 003, Stillbirth)*

Resp. 005 struggling with the tragic loss of her newborn baby, haunted by unanswered questions about the circumstances surrounding the neonatal death. She immediately started wondering how her seemingly healthy child could suddenly develop complications and ultimately give in. She questions whether the nurses properly handled her baby during the delivery, and why the doctors

were not able to provide a more detailed explanation beyond simply stating that the baby had complications.

*I was faced with unanswerable questions and a desire to uncover the truth, even though I was fearful of what that truth might reveal. It was a confusing and conflicting emotional experience that I grappled with. I had to reach out to my husband's relative, who is a physician, to assist us in figuring out the reason for our baby's passing. (Resp. 005, Neonatal Death)*

*I tried to find answers for what might have caused the miscarriage of my twin babies. When I heard the medical term the doctor used while performing the procedure to help me remove the remaining fetuses, I immediately started researching the case on the internet. (Resp. 001, Miscarriage)*

For Resp. 006, the search for an answer took a unique turn. When faced with the reality of her second stillbirth, she found it challenging to comprehend with her existing knowledge or human understanding.

*"You know, I am vulnerable and willing to do anything if it helps my situation. The shock I experienced was beyond my capacity to bear, and I couldn't understand why such tragedy kept knocking on my door. Desperately wanting to know the reasons for my losses, I sought out the "Awaki Bet" (fortune tellers) in search of supernatural answers to my questions." (Resp. 006, Stillbirth)*

## **Pain**

Participants in this research shared that perinatal loss caused them immense physical and emotional pain, to the point where they felt crushed and heartbroken. They confessed that there were many factors that reminded them of their loss and exacerbated the level of their pain.

*I endured all the processes of childbirth, experiencing labor and bleeding. My body was in immense pain as I produced milk for a child who was not there to benefit from it, causing me significant distress. It was a heartbreaking and painful experience. (Resp. 006, Stillbirth)*

*I gave birth to my child via C-section. Shortly after the surgery and while still recovering from back pain caused by Anastasia, my child passed away on the 7th day. My body continued to produce milk for several days, causing me intense pain and fever. That was a heartbreaking process. I can tell you that it is difficult when there is nothing that can alleviate your suffering. (Resp. 007, Miscarriage and Neonatal death)*

*I struggled with weakness and physical exhaustion for an extended period. I experienced significant bleeding and needed a blood transfusion to overcome anemia. It was a difficult and painful journey, during which I felt undeserving of complaining about my own suffering because I was unable to protect my child from death. (Resp. 008, Miscarriage)*

#### **4.4 Sub-Theme 2 - Delayed Reaction to Perinatal Loss**

##### **Guilt & Blame (Ruined Maternal Roles and Expectations)**

The interview results indicate that one of the psychological challenges faced by women suffering from perinatal loss is feelings of guilt and blame due to the disruption of maternal roles and expectations. While most participants experienced guilt and expressed blame, the reasons for these feelings varied among each individual, depending on their personal experiences and losses.

For example Resp. 002 blames herself for her first miscarriage for traveling a long distance more than 500 KM just for vacation while the pregnancy was still early.

*I realized that I should have been more sensitive and caring rather than negligent, and not placed a higher importance on my pregnancy. If I hadn't gone on that trip, my husband wouldn't have had to suffer with me now. It was a selfish decision on my part. (Resp. 002, Miscarriage)*

The same woman, who had previously experienced a miscarriage, blamed herself for hoping for another pregnancy. She believed she deserved to be a mother, only to be devastated by a second loss.

*I realized too late that my earlier miscarriage should have been a warning sign, a clear indication of my limitations. I regret not recognizing my fragility and*

*pushing for another pregnancy. It pains me to admit that I may have been selfish in my desire for another child, the guilt weighing heavy on my conscience. (Resp. 002, Miscarriage)*

Resp. 002 also experiences feelings of guilt for being unable to conceive a child for her husband, as she wishes to bring joy to their family by giving them grandchildren.

*When both of our families inquire about our plans for having children, it weighs heavily on my heart and fills me with guilt for not being able to bring them happiness and pride. (Resp. 002, Miscarriage)*

Resp. 004 blamed herself for not being mindful of her diet. She feels guilty for her miscarriage, believing that eating pineapple on an empty stomach was the root cause of the tragedy.

*It's after experiencing a miscarriage, I came across a comment on the Ye-Enatoch Weg Facebook group warning about the potential dangers of eating pineapple during pregnancy. It was a shocking revelation, as just two weeks before my doctor's appointment, I had been consuming pineapple for three consecutive mornings in an attempt to cleanse my system. The weight of guilt weighs heavy on me as I now blame myself for the loss, realizing my ignorance may have played a role in the outcome*

Some respondents attributed their loss to the negligence of healthcare providers and the poor conditions of the facilities. They expressed guilt for seeking care at public hospitals and health centers in an attempt to save money, only to have their dreams of becoming a mother shattered.

*I still believe that the nurses made a mistake with my other twin child during delivery. He was perfectly fine, but suddenly things went wrong and a few hours later he passed away. (Resp. 005, Neonatal Death)*

*They could have known the issue earlier and given me all the necessary medication to save my two children from being stillborn. They didn't even have a modern heartbeat monitoring tool let alone other sophisticated machines to facilitate healthy delivery. (Resp. 006, Stillbirth)*

One of the respondents opened up about her traumatizing experience, revealing that her husband had been pressuring her into having sexual intercourse despite her being pregnant. She expressed feeling violated and disrespected, as her husband believed he had the right to have sex whenever he pleased.

*My husband does not seem to understand my situation. I feel like he is not being sensitive to pregnancy and is prioritizing his own desire for sex. He has been pressuring me to have sex more frequently for a number of days, which may have contributed to the miscarriage. (Resp. 001, Miscarriage)*

The respondent also confessed that she had concerns about the potential consequences of intense sexual activity during early pregnancy. Despite attempting to communicate her concern to her husband, she felt unheard and dismissed.

*He didn't seem to pay attention to what I said. he even commented that I was exaggerating about the pregnancy. (Resp. 001, Miscarriage)*

### **Disenfranchised grief (Feeling misunderstood and alone)**

The study revealed that most participants experienced complicated grief as they attempted to cope with their loss. Almost all of them felt that their grief was not properly recognized or understood, leading to feelings of isolation and misunderstanding. The interviews showed that the disenfranchised grief experienced by participants took on various forms, beginning with their spouses, extending to their families and community, and the healthcare professionals.

*The pain of my loss has left me feeling broken inside, carrying so much pain that it sometimes makes me feel useless. Despite this trauma not being visible to the outside world, not even to my closest person, my husband. While I continue to fulfill my daily responsibilities at work and home, he assumes I am "ok" and never asks about the impact of the miscarriages or how I am truly feeling. I feel misunderstood and have not been allowed to openly grieve. (Rep. 001, Miscarriage)*

*I am struggling to comprehend the lack of empathy in my husband's behavior. Despite my deep emotional turmoil following two stillbirths, he fails to*

*acknowledge my pain and prioritizes his work over supporting me during these difficult times. When I try to open up about my traumatic experiences, he dismisses my feelings by suggesting that we are fine without having children. This lack of understanding and communication in our relationship is distressing to me." (Resp. 006, Stillbirth)*

*When I was coming out of the delivery room after the miscarriage, I saw my husband laughing and chatting with other guys. That left me feeling crazy, and I reacted very emotionally to the point where people thought I was mad. I said, "The baby is not only mine, he should also share the pain or at least feel my pain." I couldn't stop crying for many days as I remembered him doing that. I still feel hurt and cry when I think about it. (Rep. 004, Miscarriage)*

*Although my husband is a kind man, I find it difficult that he has not acknowledged my grief over our deceased child. He has never brought up the topic or shown any interest in discussing it. Instead, he occasionally jokes and asks when we will try to have another child. This lack of empathy for my pain from previous loss is incredibly hurtful and makes me feel as though my loss was not important and that I was not allowed to properly mourn our baby. (Resp. 002, Miscarriage)*

The participants in this research also described how their families and communities played a role in aggravating their disenfranchised grief in different ways. Some respondents expressed a lack of understanding and support from their loved ones and community members following a perinatal loss, leading to feelings of isolation and loneliness. For others, family and community members have downplayed the severity of the loss, belittled the woman's emotions, or pressured her to quickly recover from the experience and move on.

*Instead of showing compassion and understanding, my mother minimized the significance of my loss by pressuring me to move on quickly and focus on having another child. She insensitively remarked that I should be thankful the baby died before I had a chance to know him, and even went as far as to say "It was just blood. Imagine if your child died later on. Pray for another pregnancy and move on." (Resp. 003, Stillbirth)*

*I recently opened up about the deep sense of emptiness I have been feeling following the loss of my baby on Facebook. However, to my surprise, a family member from my husband's side reached out to me a few days later to scold me for sharing such personal information publicly. They expressed that it is considered taboo in the community to discuss such family matters openly. (Resp. 008, Miscarriage)*

The participants also mention that their experience of how health professionals interact with them and treat them during times of loss contributes to their disenfranchised grief. Many participants feel that their loss is not recognized or validated by health professionals and that they are not given the emotional support they need. Instead, they are made to feel isolated and alone, as their loss was dismissed as just another medical case.

*When I was shocked and started crying after realizing that my hope was dead along with my baby, the doctor who was present to perform the procedure to remove the remnants was disappointed. He shouted at me, accusing me of being too dramatic and wasting his time by saying, "Can you save your tears for later? Many clients are waiting for me. Please don't waste my time and get on the stretcher. (Resp. 004, Miscarriage)*

*The process of my first experience of stillbirth was truly traumatic. I found myself in the delivery room for three days alongside women who were welcoming their living children, while I awaited the arrival of my own dead child. The hospital staff showed no sympathy towards my situation, failing to offer the emotional support I so desperately needed. Instead of being surrounded by understanding and compassion, I was left to suffer in silence, feeling isolated in my grief. The impact of my loss was minimized by those who should have been there to support me, leaving me to navigate my pain alone. I thought I deserved a better way of being treated on such a painful journey. (Resp. 006, Stillbirth).*

Another complaint from participants towards healthcare professionals is that they fail to properly and adequately explain the cause of the loss, whether there were any potential interventions to save the baby, or how to prevent similar losses in the future. Furthermore, participants feel that healthcare professionals are insensitive when delivering news of the loss and do not provide

warnings to women about the potential psychological effects of perinatal loss, or advise them on the necessary steps to take.

*As I nervously looked at the indifferent expression on the nurse's face, scanning through my medical chart, I had a sinking feeling that something was wrong. When I collected up the courage to ask if there was a problem with my results, she dismissively responded that I should wait my turn to find out. When I finally met with the doctor, they uncaringly informed me that my baby was dead based on the results. He also added a comment saying "This loss doesn't stop you from trying for another pregnancy". (Resp. 001, Miscarriage)*

*I continue to grieve the early death of my other twin child, as we were not provided a clear explanation by the health professionals. Simply stating that he developed complications, without further clarification, only left us feeling misunderstood and minimized our loss. (Resp. 005, Neonatal Death)*

### **Relationship Difficulties (Marital challenges, Altered Relationship)**

Participants in this research identified relationship difficulties as a significant challenge resulting from perinatal loss. Some of them noted that the loss had a profound impact on their relationships with their spouses, while others shared that it negatively affected their relationships with friends and family members.

*The two stillborn children in the span of just two years left me emotionally devastated. but I believed that my husband was not as caring and understanding as I needed him to be, which only added to my pain. The tension in our relationship became tangible as I withdrew into my own world of sorrow, shutting him out and grieving in silence. The once-strong communication between us deteriorated, causing further frustration and anger. Eventually, I made the difficult decision to leave my husband and start a new life on my own. I believed that separating from my husband was the best course of action for my own well-being and healing process. (Resp. 006, Stillbirth)*

*The loss I experienced has deeply affected my self-confidence and ability to be myself. Interacting with my husband is now filled with fear of judgment and*

*feeling attacked. I struggle to face life with confidence and find it difficult to express my opinions, challenge ideas, or argue. I feel like a failure and worry that my husband no longer sees me as a supportive partner. I hold back my opinions, avoiding major issues in our marriage, allowing my husband free reign as long as he doesn't touch on my insecurities. I can sense his growing frustration and fading hope for our marriage, yet I deflect any attempts at confrontation by playing the victim and becoming defensive. This fear of hurt consumes me, and I know this isn't normal, but it's a cycle I can't seem to break. (Resp. 001)*

In the interview, Respondent 04 shared that following her miscarriage and subsequent unsuccessful attempts to conceive again, she distanced herself from friends and family. Although they attempted to offer support and comfort, she struggled to open up about her emotions. Feeling isolated and disconnected from her loved ones, she believed they could not comprehend the depth of her suffering.

*I found it hard to relate to their daily struggles and joys, and I felt jealous of their ability to move on with their lives. I also struggle to attend social gatherings and events like baby showers, child baptisms, or birthdays as they reminded me of the pregnancy I had lost.*

## **Theme Two - Coping Mechanisms**

Women who have experienced perinatal loss are expected to navigate the physical and psychological effects that follow the loss. The participants in this study employed a variety of coping strategies to deal with their loss, including isolating themselves, throwing themselves into work, focusing on caring for their other children or spouse, avoiding or denying their feelings, spending excessive time online, and engaging in spiritual practices.

### **Denial and Isolation**

One of the participant's common coping mechanisms for dealing with the effects of perinatal loss was denial and isolation. Women who preferred to cope through denial and isolation explained that they did so to avoid being misunderstood or triggering events or conversations. Some also mentioned that they choose to isolate themselves for feeling shame and guilt on a daily basis due to the perinatal loss they had experienced.

Resp. 005 described her decision to isolate herself after suffering a perinatal loss as a means of self-protection. She expressed feeling misunderstood by those around her, including her husband as she identifies him as “a nonsense man”, and found solace in withdrawing from social interactions with those who knew her story.

*I am fine as long as I am not with individuals who are familiar with my situation yet fail to comprehend the depth of my suffering or cannot offer me comfort. It is beneficial to be in the company of people who are unaware of your story as they pose no harm. (Resp. 005, Stillbirth)*

Resp. 007's case was the result of her fear of experiencing pain triggered by events related to the perinatal loss she suffered.

*I often feel overwhelmed and vulnerable when confronted with reminders of my past loss and challenges. Being around pregnant women and witnessing the birth of a new child is particularly difficult for me, as it brings up painful emotions that are hard to bear. To cope with these triggers, I find myself making excuses to avoid such events altogether. (Resp. 007, Miscarriage and Neonatal Death)*

Other participants confirmed that they preferred to isolate themselves due to the guilt and shame they are burdened with because of the experience of their losses.

*I have found myself avoiding family gatherings and community events because I feel inadequate and ashamed of not being able to contribute to conversations like everyone else. (Resp. 002, Miscarriage)*

### **Overcommitted to Work**

Women who have experienced perinatal loss may turn to overcommitting to work as a coping mechanism. This behavior serves as a distraction from the grief and feelings of loss that can be overwhelming. By immersing themselves in work, these women may find a sense of purpose and control in a situation that otherwise feels out of their hands.

Some participants find that overcommitting to work can provide a sense of routine and structure amidst chaos. They believe it helps them to avoid confronting difficult emotions and processing grief, as staying busy serves as a temporary distraction for them.

*Being preoccupied with a busy work schedule and environment was the only way I was able to cope with the pain and agony of losing my baby. Somehow, it was the only way I could see myself getting through the difficult days ahead. Despite being told that my baby had passed away and that it might take time for the miscarriage to occur naturally, I made the deliberate choice to continue overcommitting to work. I pushed myself to keep going until, finally, on the seventh day after receiving the heartbreaking news, the miscarriage took place. My work destruction provided help for me to be able to move forward one step at a time. (Resp. 002, Miscarriage)*

*I consciously overload myself with work in an attempt to avoid dwelling on my grief over the loss and unanswered questions that constantly plague my mind. (Resp. 008, Miscarriage)*

### **Caring for other children and or husband**

Participants who used caring for other children and spouses as a coping mechanism expressed that it helped them to alleviate the grief and pain of their loss by providing a source of distraction. They find that taking on the responsibility of caring for others gives them a sense of purpose and fulfillment, which can be comforting during a time of mourning. By fulfilling these roles, participants feel as though they are still contributing to their family unit and maintain a sense of routine in their daily lives.

Resp. 001 who experienced a two-time miscarriage and still has one child living, said the meaning of her life is confined to caring for her only child and husband.

*I am grateful that I can at least live for my daughter and husband who are important people in my life. That gives me meaning as a mother at least. (Resp. 001, Miscarriage)*

*I am glad I have my other two children who need me much. I feel like God comforting me by giving me the chance to look after them every day. I want to be healthy and live for them. That is the highest dream I have of my existence. (Resp. 004, Miscarriage)*

### Participating in Spiritual Activities

Participants who are actively involved in spiritual practices consistently testified that it has provided them with a sense of comfort and solace by connecting them to something greater than themselves. This connection has proven to be important for those women coping with grief and loss because of perinatal loss, offering a guiding light through difficult times. Additionally, these individuals confess that they found that engaging in spiritual practices has helped them cultivate hope and resilience in the midst of adversity, empowering them to discover inner strength and overcome the challenges brought about by perinatal loss.

*Attending Holy Mass (Kidase) every Sunday and engaging in prayer is a practice that I deeply value and do not take for grant. It still provides me with a sense of comfort and relief from my pain and anguish. I often participate in pilgrimages to various monasteries, where I receive blessings through the sprinkling of Holy Water (Tsebel merechet) and prayers offered by priests. These moments bring me a sense of peace and connection, allowing me to feel like a normal person once again. (Resp. 001, Miscarriage)*

*After experiencing the heartbreak of two stillbirths, I turned to St. Virgin Mary (Kidist Dingil Mariam) in prayer, asking for her blessing to conceive a healthy child. I made a vow to make the Virgin Mary the godmother of my child. From the fifth month of my pregnancy, I sought refuge at Entoto Mariam Monastery. Virgin Mary heard my prayers and blessed me with a beautiful daughter, whom I named after Her. I feel a deep connection to the Virgin Mary, as she is the only one who truly understands me like no one else on Earth. (Resp. 006, Stillbirth)*

*As someone who has a deep personal relationship with God, I found it difficult not to turn to Him for help and comfort in times of loss. Although it took me some time to rediscover how to effectively communicate with God after experiencing two losses, I eventually found comfort in prayer, fasting, and quiet time in His presence. I now see God as a refuge where I can disconnect from the world and find strength and comfort. He is my source of peace and comfort in times of need. (Rep. 002, Miscarriage)*

## **Chapter Five**

### **Discussion, Implications and Conclusion**

#### **5.1 Discussion**

The result of this research highlights several striking findings related to the psychological consequences of perinatal loss (Kersting, & Wagner, 2012; Kirui & Lister, 2021). One of the major struggles identified was the lack of empathetic communication and support for women who have experienced perinatal loss. The participants revealed that they felt isolated, misunderstood, and alone in their grief, particularly due to the insensitive interactions with healthcare providers who treated their loss as just another medical case. This lack of empathetic communication from healthcare providers worsened the participants' feelings of disenfranchised grief, as their experiences were not validated or understood, leading to a sense of isolation and emotional turmoil (Cassidy, 2023; Setubal et al., 2021).

Furthermore, not only did participants struggle with the lack of empathetic communication from healthcare providers, but they also experienced challenges in their relationships with their spouses (Avelin et al., 2013). The responses revealed that many spouses failed to provide adequate support, with some even displaying unhelpful communication behaviors. From pressuring women into sexual activities during pregnancy to dismissing their feelings and prioritizing work over emotional support, participants highlighted the strain on their relationships following perinatal loss (Bourne & Lewis, 1984; Nicol et al., 1986). Additionally, some participants expressed feeling misunderstood and neglected by their spouses, further exacerbating their feelings of isolation and grief.

Moreover, the absence of a supportive environment for women who have experienced perinatal loss extended beyond healthcare providers and spouses to include family members and communities. The participants shared experiences of feeling unsupported, judged, and pressured to quickly move on from their loss by families and communities. This lack of understanding and

compassion added to their feelings of disenfranchised grief, leaving them to navigate their pain alone without the necessary emotional support.

In conclusion, the findings underscore the critical need for improved communication and support systems for women who have experienced perinatal loss. It is essential for healthcare providers, spouses, family members, and communities to recognize and validate the unique experiences and emotions of women coping with perinatal loss. By emphasizing empathy, understanding, and validation in communication and support, women can feel more supported and less isolated in their grief, ultimately aiding in their healing process and emotional well-being. (Cassidy, 2023; Setubal et al., 2021).

## **5.2 Implications**

It needs to be emphasized that it is important for the women during the bereavement journey of perinatal loss; to express their emotions and seek appropriate social support while also taking necessary steps to address complications and challenges while navigating the complex psychological consequences of perinatal loss in a healthy way.

The findings of the research emphasize the critical need for providing women who have experienced perinatal loss comprehensive and culturally sensitive support. As recommended by the researcher, applying the following implications could help to alleviate the psychological impact of perinatal loss on women coping with its complex effects.

1. **Improved Counseling and Support Services:** The research gives emphasis on the need of providing sensitive counseling and support services for women who have experienced perinatal loss. Healthcare professionals also need to be trained to provide emotional support, validate the grief of women, and offer guidance on coping mechanisms. Additionally, there is a need to raise awareness on different levels about the psychological consequences of perinatal loss and the importance of seeking counseling support.
2. **Education and Awareness Raising:** There is a need to educate healthcare providers, families, and communities about the psychological consequences of perinatal loss. Educating and raising awareness regarding perinatal losses and the psychological

consequences can help reduce stigma, increase empathy, and ensure that women receive the support they need during this difficult time.

3. **Providing Counseling and Support for Relationship Challenges:** It is important to provide appropriate support and resources for women who are facing relationship challenges as a consequence of perinatal loss. Counseling services and ample information regarding the service should be made available to help couples navigate their grief and communicate effectively. Moreover, support groups and other cultural resources for couples experiencing perinatal loss can help reinforce relationships and provide a means of comfort.
4. **Promoting Healthy Coping Mechanisms:** Women should be encouraged to utilize healthy coping mechanisms, such as seeking counseling, engaging in spiritual practices, and connecting with support groups. Healthcare providers should provide information on available resources and encourage women to prioritize self-care during this challenging time.
5. **Integrating spiritual practices into holistic support plans:** integrating spiritual practices into holistic care support plan for women experiencing perinatal loss can also become a source of comfort and resilience. Acknowledging the value of spiritual beliefs and practices in coping with the effects of perinatal loss can enlighten the development of culturally suitable interventions to support women through their journey.
6. **Future research directions:** Future research should explore the long-term psychological and emotional effects of perinatal loss on women and their families. By gaining a deeper understanding of the ongoing and complicated impacts of loss perinatal loss, researchers can apprise the development of broad and holistic support services that address the growing needs of women who have experienced perinatal loss.

### **5.3 Conclusion**

This research has highlighted the significance of providing empathetic and individualized care for women who are coping with perinatal loss. Healthcare professionals and support providers must acknowledge the psychological consequences, coping mechanisms, and the complex challenges that these women encounter to efficiently facilitate their healing journey.

In order to help these women navigate their grief, build resilience and ultimately recover from such devastating loss, creating nurturing and understanding environment is very important. Healthcare organizations and support networks need to give emphasis on the emotional and psychological well-being of these women as much as the physical wellbeing, recognizing the complicated impact that perinatal loss can have on their lives and the importance of personalized support in facilitating their healing process.

By promoting understanding, empathy, and communication in healthcare settings and within social circles, it is possible to create a more empathetic and supportive environment for women coping with the challenges of perinatal loss.

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## Annex

### Research participants' recruitment invitation advertisement

Posted on January 30, 2024 on the Ye-Enatoch Weg Facebook Group

ሰላም የእናቶች ወግ ህብረት ውስጥ ያላችሁ እናቶች፡-

ስሜ መታሰቢያ ተስፋዬ እባላለሁ። በአዲስ አበባ ዩኒቨርሲቲ የካውንስለንግ ሳይኮሎጂ ማስተርስ ፕሮግራም ተማሪ ነኝ። ለመመረቂያ ፅሁፌ ጥናት እያደረኩኝ ያለሁበት ርዕስ ጉዳይ፡-

«የእርግዝና መቋረጥ እና የጨቅላ ህፃናት ሞት የሚያስከትለውን ስነልቦናዊ ቀውስ ጠለቅ ያለ ጥናት ለማድረግ አደጋው ያጋጠማቸው ሴቶች የህይወት ልምድ፣ የተጠቀሙት የመቋቋሚያ ዘዴ እና የምክክር አገልግሎት አስፈላጊነት እንድንመረምር»

በሚል ሃሳብ ላይ ያጠነጥናል።

ለጥናቱ ግብዓት ለማግኘት በዚህ ሁኔታ ውስጥ ያለፉ እና እያለፉ ያሉ ከ 8 -10 እናቶችን በቃለ መጠይቅ ማካተት አስፈላጊ ሆኖ አግኝቼዋለሁ።

ስለሆነም እርስዎ ተመሳሳይ ጉዳት አጋጥምዎት ከነበረ በዚህ ቃለ መጠይቅ እንዲሳተፉ በትህትና እጠይቆታለሁ።

በዚህ ጥናት ውስጥ መሳተፍ ካልተጠበቀ የፅንሰ መቋረጥ እና ከጨቅላ ህፃን ልጅ ሞት ጋር በተያያዘ የሀዘን ስሜትን የሚቀሰቅሱ እና ስሜታዊ ሊያደርጉ የሚችሉ ሃሳቦች በቃለ መጠይቁ ወቅት ይዳሰሳሉ። ተመራማሪዎ በተቻለ ሁሉ የቃለ መጠይቁ ጊዜን ጥሩ እንዲሆን አስፈላጊ ዝግጅት እና ጥንቃቄ ቢያደርጉም ስለእነዚህ ልምዶች መወያየት ስሜታዊ የሚያደርግ እና ጭንቀትን የሚፈጥር ይሆናል። ስለሆነም በቃለ መጠይቁ ወቅት ወይም በኋላ ምንም አይነት ጭንቀት ወይም የስሜት መረበሽ ካጋጠምዎት ተገቢውን እርዳታ እንዲያገኙ የምክክር የድጋፍ ምንጮች ይቀርባሉ።

በዚህ ጥናት ውስጥ ከመሳተፍ ጋር የተያያዙ ቀጥተኛ ጥቅሞች ወይም አደጋዎች የሉም። ነገር ግን የእርስዎን ልዩ ልምድ በማካፈል ባልተጠበቀ የፅንሰ መቋረጥ እና በጨቅላ ህፃን ልጅ ሞት

ምክንያት የሚደርሰውን የሥነ ልቦና ቀውስ ልምድ ማካፈል እንዲህ አይነት ጉዳት ላጋጠማቸው ሴቶች የሥነ ልቦና ጉዞ ጥቅል ግንዛቤ እንዲኖር አስተዋፅዖ ያደርጋል። ይህም ውሎ አድሮ ለወደፊት ተመሳሳይ ጉዳት ለሚደረስባቸው ሴቶች የበለጠ አጋዥ እና ትርጉም ያለው የምክክር አገልግሎት አቀራረቦችን ማመላከት ይችላል።

በዚህ ቃለ መጠይቅ ለመሳተፍ ፈቃደኛ የሚሆኑ ከሆነ በስልክ ቁጥር 0911145464 ላይ ሊያገኙኝ ይችላሉ።

ስለ ቀና ትብብርዎ አመሰግናለሁ።

መታሰቢያ ተስፋዬ

### አዲስ አበባ ዩኒቨርሲቲ

### ስኩል ኦፍ ሳይኮሎጂ

በቃለ መጠይቅ ለመሳተፍ ለተሳታፊዎች የተዘጋጀ በመረጃ ላይ የተደገፈ የመግባቢያ ሰነድ

**የጥናቱ ርዕስ:** «የእርግዝና መቋረጥ እና የጨቅላ ህፃናት ሞት የሚያስከትለውን ስነልቦናዊ ቀውስ ጠለቅ ያለ ጥናት ለማድረግ አደጋው ያጋጠማቸው ሴቶች የህይወት ልምድ፣ የተጠቀሙት የመቋቋሚያ ዘዴ እና የምክክር አገልግሎት አስፈላጊነት እንድምታ»

**ዋና ተመራማሪ:** መታሰቢያ ተስፋዬ ገመዳ

የተወደዱ ተሳታፊ:

በአዲስ አበባ ዩኒቨርሲቲ የካውንስሊንግ ሳይኮሎጂ የሁለተኛ ዲግሪ እየተማርኩ ላለው ትምህርት በማሟያነት እንዲያገለግለኝ ለመስራት ባቀድኩት የጥናት ሥራ ላይ መረጃ ለመስጠት በቃለ መጠይቅ እንዲሳተፉ በትህትና እጠይቃለሁ።

ጥናቱ «የእርግዝና መቋረጥ እና የጨቅላ ህፃናት ሞት የሚያስከትለውን ስነልቦናዊ ቀውስ ጠለቅ ያለ ጥናት ለማድረግ አደጋው ያጋጠማቸው ሴቶች የህይወት ልምድ፣ የተጠቀሙት የመቋቋሚያ ዘዴ እና የምክክር አገልግሎት አስፈላጊነት እንድምታን» የሚያጠና ነው።

በጉዳዩ ላይ ጥልቅ ግንዛቤ በማግኘት በዚህ ርዕስ ጉዳይ ዙሪያ አስቀድመው ለነበሩ ጥናታዊ ፅሁፎች አስተዋፅዖ ለማድረግ እና በዚህ ጉዳይ ዙሪያ ለሚሰሩ የሥነልቦና አማካሪ ባለሞያዎች ጠቃሚ ግንዛቤዎችን ለመስጠት ተስፋ እናደርጋለን።

**ተሳትፎን በተመለከተ:**

በዚህ ጥናት ውስጥ የሚደረገው ተሳትፎ ሙሉ በሙሉ በፈቃደኝነት ላይ የተመሰረተ ነው። በቃለ መጠይቁ አለመሳተፍ ወይንም ቃለ መጠይቁ ከተጀመረ በኋላ በማንኛውም ጊዜ ያለ ምንም ቅድመ ሁኔታ የማቋረጥ ሙሉ መብትም የተጠበቀ ነው።

ቃለ መጠይቁ ከ60 — 90 ደቂቃ የሚቆይ ሲሆን በጥንቃቄና በሚስጥር ሁኔታ የሚካሄድ ይሆናል። በቃለ መጠይቁ ወቅት በሃሳቦች በስሜትም፣ በትዝታዎችም እና በህይወትም ውስጥ ይህንን ክስተት እንዴት እንደተረዱት በማተኮር የፅንሰ መቋረጥ ወይም የጨቅላ ህፃን ልጅ ሞት ገጠመኝዎን በነፃነት እንዲያካፍሉ እጋብዝዎታለሁ።

**የቃለ መጠይቁ ሂደት:**

1. በቃለ መጠይቁ ለመሳተፍ ከተስማሙ ከዋና አጥኚዎ ጋር ብቻ ፊት ለፊት ለሚደረግ ቃለ መጠይቅ እንዲሳተፉ ይጠየቃሉ።
2. ቃለ መጠይቁ በመቅረፅ ድምፅ በሚቀዳ ይሆናል። በመቅረፅ ድምፅ የሚቀዳው ቃለ መጠይቅ ለጥናታዊ ፅሁፍ ብቻ የሚያገለግል ይሆናል።
3. ቃለ መጠይቁ የሚደረገው እርስዎ በሚመርጡበት እና ሌላ ተጨማሪ ሰው በማይገኝበት ቦታ ይሆናል

**የቃለ መጠይቁ ሚስጥራዊነት:**

1. በዚህ ጥናት ውስጥ ያልዎት ተሳትፎ ሙሉ በሙሉ በእርስዎ ፈቃደኝነት ላይ የተመሰረተ ነው። በማንኛውም ጊዜ ያለ ቅድመ ሁኔታ እና ያለ ቅጣት የማቋረጥ መብት አለዎት።
2. በቃለ መጠይቁ ወቅት የሚሰበሰቡት መረጃዎች ሙሉ በሙሉ በሚስጥር ይያዛሉ። የእርስዎን ደህንነት ለማረጋገጥ ሲባል የእርስዎ ማንነት እና ማናቸውም ያጋሩን የግል መረጃዎች በጥብቅ በሚስጠር የሚጠበቁ ይሆናሉ።
3. ስምዎ ወይንም የእርስዎ ማናቸውም መለያ የሆኑ መረጃዎች በዚህ ጥናት፣ ከዚህ ጥናት ጋር ተያይዞ ለሚዘጋጅ ሰነድ ላይ ወይንም በማናቸውም ህትመቶች ውስጥ ጥቅም ላይ አይውልም። ይህንን ለማረጋገጥ የውሸት ስሞች ጥቅም ላይ ይውላሉ
4. የቃለ መጠይቁ የድምፅ ቅጂዎች ደህንነቱ በተጠበቀ እና ለተመራማሪዎ ብቻ ተደራሽ በሆነ መልኩ እንዲቀመጡ ይደረጋል። የትንታኔ ሂደቱ ከተጠናቀቀ በኋላም ሁሉም የድምፅ ቅጂዎች የሚሰረዙ ይሆናል።

**በቃለ መጠይቁ በመሳተፍ የሚቀኘው ጥቅም እና አደጋ:**

በዚህ ጥናት ውስጥ መሳተፍ ከፅንሰ መቋረጥ እና ከጨቅላ ህፃን ልጅ ሞት ጋር በተያያዘ ስሜትን የሚቀሰቅሱ እና ስሜታዊ ሊያደርጉ የሚችሉ ሃሳቦች በቃለ መጠይቁ ወቅት ይዳሰሳሉ። ተመራማሪዎ በተቻለ ሁሉ የቃለ መጠይቁ ጊዜን ጥሩ እንዲሆን አስፈላጊ ዝግጅት እና ጥንቃቄ ቢያደርጉም ስለእነዚህ ልምዶች መወያየት ስሜታዊ የሚያደርግ እና ጭንቀትን

የሚፈጥር ይሆናል። ስለሆነም በቃለ መጠይቁ ወቅት ወይም በጊላ ምንም አይነት ጭንቀት ወይም የስሜት መረበሽ ካጋጠምዎት ተገቢውን እርዳታ እንዲያገኙ የምክክር የድጋፍ ምንጮች ይቀርባሉ።

በዚህ ጥናት ውስጥ ከመሳተፍ ጋር የተያያዙ ቀጥተኛ ጥቅሞች ወይም አደጋዎች የሉም። ነገር ግን የእርስዎን ልዩ ልምድ በማካፈል በዕንስ መቋረጥ እና በጨቅላ ህፃን ልጅ ሞት ምክንያት የሚደርሰውን የሥነ ልቦና ቀውስ ልምድ ማካፈል እንዲህ አይነት ጉዳት ላጋጠማቸው ሴቶች የሥነ ልቦና ጉዞ ጥቅል ግንዛቤ እንዲኖር አስተዋፅዖ ያደርጋል። ይህም ውሎ አድሮ ለወደፊት ተመሳሳይ ጉዳት ለሚደረስባቸው ሴቶች የበለጠ አጋዥ እና ትርጉም ያለው የምክክር አቀራረቦችን ማመላከት ይችላል።

**አድራሻ:**

በጥናቱ ላይ ማንናቸውም ጥያቄዎች ወይም ስጋቶች ካለዎት ዋና አጥኚዎን መታሰቢያ ተስፋይ ገመዳ በስልክ ቁጥር 0911-14-54-64 ማግኘት ይችላሉ።

**ስምምነት:-**

ከዚህ በታች በመፈረም ይህንን በመረጃ ላይ የተመሰረተ የስምምነት ቅጽ እንዳነበቡ፣ እንደተረዱት እና በዚህ ጥናት ውስጥ በፈቃደኝነት በቃለ መጠይቅ ለመሳተፍ መስማማትዎን እውቅና ይሰጣሉ። ለማስረጃነት እንዲጠቅምዎ የዚህ ስምምነት ቅጹ እንዲደርስዎ ይደረጋል።

**የተሳታፊ ስምምነት:**

በዚህ የመግባቢያ ሰነድ ላይ የቀረበውን መረጃ አንብቤ ተረድቻለሁ። ስለዚህ በፈቃደኝነት «የእርግዝና መቋረጥ እና የጨቅላ ህፃናት ሞት የሚያስከትለውን ስነልቦናዊ ቀውስ ጠለቅ ያለ ጥናት ለማድረግ አደጋው ያጋጠማቸው ሴቶች የህይወት ልምድ፣ የተጠቀሙት የመቋቋሚያ ዘዴ እና የምክክር አገልግሎት አስፈላጊነት እንድምታ» በተሰኘው ጥናት ውስጥ በቃለ መጠይቅ ለመሳተፍ በፈቃደኝነት ተስማምቻለሁ። በጥናቱ ወቅት በማንኛውም ጊዜ ተሳትፎዬን ማቆም እንደምችል ተረድቻለሁ።

የተሳታፊ ስም እና ፊርማ

የአጥኚዋ ስም እና ፊርማ

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**Interview Guide for the Research Topic: The Psychological Ramifications of Perinatal Loss among Women: A Qualitative Investigation into their Lived Experiences, Coping Mechanisms, and Counseling Implications**

**Instructions to the interviewer:**

- Introduce yourself and the purpose of the study. Explain that you are a counseling psychology MA student at the Addis Ababa University and that you are conducting this interview as part of your research project.
- Explain the format and duration of the interview. Tell the participant that you will ask them some open-ended questions about their experience of perinatal loss and how they cope with it. Mention that the interview will last about an hour and half and that you will record it for later analysis.
- Obtain informed consent from the participant. Ask them to sign a consent form that explains the risks and benefits of participating, the confidentiality and anonymity of their data, and their right to withdraw at any time.
- Establish rapport and trust with the participant. Express empathy and respect for their feelings and opinions. Use active listening skills and non-verbal cues to show interest and attention. Avoid judgmental or leading questions.
- Be flexible and adaptive. Follow the interview guide, but do not stick to it rigidly. Allow the participant to tell their story in their own way and pace. Use probes and follow-up questions to explore their responses in more depth. Be prepared to adjust the order or wording of the questions depending on the flow of the conversation.

**Key questions and probes**

1. Can you tell me about your experience of perinatal loss? How did it happen and how did you feel at that time?
  - Probe: How did you cope with the loss immediately after it happened?
  - Probe: How has the loss affected your life since then?
2. How do you make sense of your loss? What does it mean to you?
  - Probe: How do you view yourself as a mother after the loss?
  - Probe: How do you view your relationship with your partner, family, or friends after the loss?
3. What are some of the challenges or difficulties that you face as a result of your loss?
  - Probe: How do you deal with the emotional, physical, or social aspects of your loss?
  - Probe: How do you handle the reactions or expectations of others regarding your loss?
4. How did the loss of your baby affect your psychological well-being and identity?
  - What specific emotions did you experience after the loss of your baby, and how did they impact your daily life?
  - In what ways has your sense of self or identity changed since the loss of your baby, and how have you coped with these changes?
5. What are some of the changes or outcomes that you have experienced as a result of your loss?
  - Probe: How has your loss influenced your personal growth, identity, or goals?
  - Probe: How has your loss influenced your future plans, such as having another child or pursuing a career?
6. What are some of the resources or supports that help you cope with your loss?
  - Probe: How do you use your personal strengths, beliefs, or values to cope with your loss?
  - Probe: How do you seek or receive help from others, such as professional counselors or support groups?
7. Did you seek counseling or therapy following the perinatal loss? If so, please share your experience.

- Probe: How did it feel to engage in counseling or therapy during this challenging time?
- Probe: What specific aspects of the counseling or therapy were helpful or meaningful to you?"
- Probe: How effective was the counseling in your healing journey?

### **Transition messages**

- Use transition messages to move from one topic to another in a smooth and natural way. For example:
  - “Thank you for sharing that with me. Now I would like to ask you about...”
  - “That’s very interesting. I wonder how you feel about...”
  - “I can understand how you feel. Can you tell me more about...”
- Use transition messages to end the interview in a respectful and supportive way. For example:
  - “We have covered a lot of topics today. Is there anything else that you would like to add or share with me before we finish?”
  - “I really appreciate your time and honesty. Thank you for participating in this interview. How do you feel now?”
  - “You have given me a lot of valuable information. I hope this interview was helpful for you as well. Do you have any questions for me?”

### **Space for recording the interviewer’s comments**

- Use this space to write down any comments or observations that you have during or after the interview. For example:
  - The participant’s mood, tone, or body language
  - The interviewer’s impressions, feelings, or reactions
  - Any significant or surprising statements or themes
  - Any difficulties or challenges that occurred during the interview
  - Any suggestions or recommendations for future interviews

Question 1:

- Interviewer's Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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Question 2:

- Interviewer's Comments: \_\_\_\_\_  
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Question 3:

- Interviewer's Comments: \_\_\_\_\_  
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Question 4:

- Interviewer's Comments: \_\_\_\_\_  
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Question 5:

- Interviewer's Comments: \_\_\_\_\_  
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Question 6:

- Interviewer's Comments: \_\_\_\_\_  
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Question 7:

- Interviewer's Comments: \_\_\_\_\_  
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**Space for recording the researcher's reflective notes**

- Use this space to write down any reflective notes that you have after the interview. For example:
  - The main findings or insights that emerged from the interview
  - The connections or comparisons that you can make with other interviews or literature
  - The questions or gaps that you still have or need to explore further

