

Spontaneous Abortion is a Trial of Muslim Women's Faith in Allah: A Qualitative Descriptive Study

Kanida Masik, Warangkana Chatchawet,* Sopen Chunuan

Abstract: Grief over spontaneous abortion of women is related to religion, beliefs, and socio-cultural contexts. In-depth understanding and reflection on the grief experiences of Muslim women after spontaneous abortion can provide essential information for developing holistic and personal care plans for these women. A qualitative descriptive study was conducted in a general hospital in lower southern Thailand. Twelve participants who experienced spontaneous abortion between two months and one year before participating in the study were recruited by purposive sampling. Data were collected through in-depth semi-structured interviews from December 2021 to March 2022 until data saturation. Content analysis was used to analyze the data.

Grief experiences were immersed in three themes: (1) responding to the loss (three subthemes: denying the loss, bereavement for losing an expected child, self-blame for causing spontaneous abortion); (2) coping with grief (three subthemes: using religious doctrine to accept the loss, thinking positively about the loss, overcoming the grief by getting support); and (3) bonding between the mother and the unborn child (two subthemes: unbreakable bonding, dealing with nostalgia). The rich findings of this study can serve as a framework to develop nursing practice guidelines to promote grief coping strategies for Muslim women after spontaneous abortion within a suitable cultural and religious context.

Pacific Rim Int J Nurs Res 2022; 26(4) 722-736

Keywords: Grief experiences, Lower southern Thailand, Muslim women, Qualitative study, Spontaneous abortion

Received 16 June 2022; Revised 13 August 2022;

Accepted 23 August 2022

Introduction

Generally, pregnancy gives pregnant women and family hope. They hope that the child is born safely and healthy and imagine their fulfilling family life with their dream child.¹ However, this hope can be dashed by a spontaneous abortion.² According to statistics from a general hospital in Narathiwat Province, Thailand, the rate of spontaneous abortion among pregnant women in 2018, 2019, and 2020 was 36.14%, 31.53%,

Kanida Masik, RN, Master's degree student, Faculty of Nursing, Prince of Songkla University, Songkhla, Thailand. E-mail: kanida_lady_boyz@hotmail.com

Correspondence to: Warangkana Chatchawet, RN, PhD, Assistant Professor, Faculty of Nursing, Prince of Songkla University, Songkhla, Thailand. E-mail: warangkana.c@psu.ac.th*

Sopen Chunuan, RN, PhD, Associate Professor, Faculty of Nursing, Prince of Songkla University, Songkhla, Thailand. E-mail: sopen.c@psu.ac.th

and 42.25%, respectively.³ Mother and child bonding is developed from the beginning of pregnancy.¹ Spontaneous abortion extinguishes a mother's hope and imagination and breaks mother and child bonding.² Often women respond to spontaneous abortion with profound grief.

A woman's physical, behavioral, cognitive, emotional, and psychosocial reactions after spontaneous abortion manifest as difficulty concentrating, rejection of the reality of loss, chest pain, nausea and vomiting, sleep difficulty, depression, mood swings, and deterioration of interpersonal relationships.⁴⁻⁶ Women who cannot master the grief recovery process often remain immersed in painful anxiety leading to a depressive disorder in cases of long-term persistence.⁷

Although women after spontaneous abortion do not always clearly express outbursts of crying and agitation, this does not mean those women are not experiencing grief.⁵ Grief is an intrinsic experience of an individual; therefore, the women with grief express different behaviors and emotional cues. This expression depends on many factors such as relationship attributes, mental health, social support, individuality, baseline behavior, socio-cultural and religious contexts, and belief in a loss.⁸ Cultural beliefs, faith, and people's religious backgrounds strongly influence their health, illness, loss, or death from a narrow personal perspective, as well as beliefs about life after death.⁹

Islamic religious doctrine postulates the perspective of pregnancy, abortion, illness, death, and response to the loss of a beloved differently from other religions. Becoming pregnant is a great virtue that leads to the succession of humanity.¹⁰ However, the joy of the pregnant woman is replaced by intense sorrow when a spontaneous abortion occurs. The dominant principle in Islamic teaching is that illness and death are Allah's will to test the faith and perseverance of his servant.¹⁰ Death is destined by Allah, and the dead person will live in heaven forever with him according to his promise to his servants. Mourning the loss of a beloved is allowed in Islamic doctrine, but the expression should be appropriate without outburst or agitation. Moreover, a mourner must not curse or blame their destiny or deliberately express their grief. On the contrary, a mourner must keep their bereavement inside; only controllable and natural crying is allowed.¹¹ Adherence to religious doctrine and faith in God can help a person

cope with loss and pass appropriately through the various stages of grief to acceptance.¹² Similarly, faith in Allah can also help Muslim women cope with grief and pass successfully through the stages of grief after spontaneous abortion.

According to literature reviews, most studies about grief experiences of women after spontaneous abortion were conducted among Buddhist Thai^{9,13} or Christian western country populations.^{14,15} Prior to this study, no research was found on grief experiences of Muslim Thai women after spontaneous abortion. Most of the population in lower southern Thailand are Muslim, especially at a general hospital in Narathiwat Province, where 90% of spontaneous abortion cases were Muslim.³ Further, theories of grief in women with spontaneous abortions usually come from studies in Western contexts^{16,17} without being applied specifically to Muslim women. Women with spontaneous abortion experience trauma that leads to psychological problems,² so awareness of the sensitivity about this helps to provide better care for this group. The present study was expected to provide useful specific information for the development of a nursing practice guideline for the care of Muslim women after spontaneous abortion.

Review of Literature

A spontaneous abortion is the end of pregnancy before the 28th week of gestation or when the fetal weight is less than 1,000 grams,¹⁸ bringing grief and psychological suffering for the woman.¹⁹ Grief experiences after spontaneous abortion are a response to a loss of women due to extinguishing hope and imagination about their future child. As a result, women's grief manifests in behavioral, mental, emotional, and cognitive aspects.^{1,2} There are five recovery stages of grief: 1) denial, the person denies the loss occurred; 2) anger, the person is explicitly angry due to loss, incorporating self-blame, and accusing others, even accusing God; 3) bargaining, the person starts to realize the loss but still bargains for self-soothing to

avoid painful grief from profound loss; 4) depression, the person becomes self-isolated from surrounding people and immerses oneself in profound sadness; and 5) acceptance, the person eventually accepts the reality of loss and gradually recovers from grief.¹⁶ Each stage may be for a different duration, and each person may have a different or a back-and-forth stage sequence depending on individuality and grief influential factors.¹⁶ The factors influencing emotional and behavioral responses to grief depend on the person's character traits, individuality, intimacy in relationship with the lost one, maturity intellect of the griever, and social, cultural, religious, or belief contexts of the griever.^{6,8}

Muslim women who experience abortion suffer from feelings of grief,⁵ not only due to the mother-child bond, but also to the importance of pregnancy. Pregnancy is considered a fundamental aspect of a Muslim woman's life and an experience that promotes a woman's well-being. Pregnancy should be the ultimate goal of every woman to get married, start a family, and thus expand Islam.¹⁰ According to a study on abortions for fetal anomalies in Turkey,⁵ there was no association between the severity of grief symptoms and the sociodemographic and clinical characteristics of the patients. Perinatal grief symptoms may gradually decrease up to two to six months after abortion and persist for a period of six months to one year.^{5,19} Moreover, it was found that Islamic teachings help Muslim women to go through the stages of grief after pregnancy loss.²⁰

Social, cultural, religious or belief context influence a person's response to grief by molding values, beliefs, and socio-cultural behavior in the community where one was born and lives. Thus, cultural, religious, and belief backgrounds can impact the health, illness, loss and death perspective of that person. Belief and faith in a religion influence a person's perspective of life after death.²⁰ For instance, Buddhist teaching states that death is a part of the eternal cycle of life and death. Death and rebirth are driven by natural forces that no one can control. The deeds in one life have an effect on the next rebirth.⁹ Therefore, Buddhists should

not be attached to their own bodily being in order to set them free from earthly suffering. Christians believe that death is not the end, but rebirth will occur in the promised land with God, where one lives a perfect and eternal life with him. Thus, in the perspective of Christians, death is a passage to rebirth and life with God.¹⁵

Islamic views on abortion depend on the appearance of the fetus. If the dead fetus does not appear in a bodily form, it does not have a soul; e.g., the soul is breathed into the fetus at four months or 120 days of gestational age. So, a fetus aged less than 4 months does not have a soul or is just a lump or blood without human form. In the Islam view, it is only menstruation blood or *istihadah* (abnormal vaginal bleeding) and not *nifas* (blood discharged during or after childbirth).¹⁰ In Islamic teaching about death and mourning for death, Muslims believe that death is Allah's will. When Muslims die, they will live in Allah's promised place. Thus, death is not the end of life but serves as a passage from this world to the new world with Allah.²⁰ Islam teaches that expressing grief about the loss of a beloved should be appropriate. When grieving, Muslims can cry tears in a natural way, but outbursts, agitated expressions, or accusing supernatural beings are not acceptable. There must not be any mourning ceremony or symbols. The grief must be kept inside as death is planned by Allah. So, according to Islam's perspective, death does not create, diminish or increase suffering, but death is a trial for Muslims who lose their beloved, and they must persevere and surrender to Allah's will. Muslims realize that death is the ultimate truth for every mortal destined by Allah. Every earthly thing in life is temporary and will return to the mercy of Allah. Therefore, Muslims usually do not practice profound mourning traditions such as outbursts and agitation, self-blaming, cursing their destiny, showing their grief in public or wearing mourning symbols.¹¹

Theories of women's grief after spontaneous abortion are mostly based on studies in Western cultural and religious contexts^{16,17} and have limited

applicability to women's grief after spontaneous abortion in other cultural or religious contexts because the need for cultural, ideological, or religious sensitivity varies in different contexts,²¹ such as Islamic contexts. Islamic culture and faith greatly influence Muslim women's perspective of abortion, which affects their cognitive and emotional behavior in response to their grief after losing their beloved.²² Prior to this study, no research was found on the grief experiences of Muslim Thai women after spontaneous abortion. Understanding grief experience of Muslim women after spontaneous abortion in the socio-cultural perspective of the Islamic religion is, therefore, beneficial for developing a caring practice guideline for healthy coping with the grief of Muslim women after spontaneous abortion in accordance with Islamic doctrine.

Study Aim

This study aimed to explore the grief experiences of Thai Muslim women after spontaneous abortion.

Methods

Study Design: This study used a qualitative descriptive approach to explore the thoughts, feelings, beliefs, and experiences of spontaneous abortion based on the concept of a truth inquiry principle. Qualitative description can help researchers uncover interesting phenomena²³ using a pragmatic approach. The researchers adopted the Consolidated Criteria for Reporting Qualitative Research (COREQ) Checklist to report this study.

Setting and Participants: This study was conducted with Muslim women receiving care from a general hospital in lower southern Thailand. Purposive sampling was used to recruit participants based on the following criteria: diagnosed with spontaneous abortion two months to one year before enrollment, gestational age not over 28 weeks, planning and wanting a child, aged 18 years and over, able to speak and understand Thai, willing to provide information after discharge from hospital,

and no complicated grief as assessed by the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSMV).²⁴ The participants were 12 Muslim women who met the enrollment criteria.

Ethical Considerations: This study was approved by the Center for Social and Behavioral Sciences Institutional Review Board, Prince of Songkla University (PSUIRB 2021-St-Nur030 Internal). Subsequently, approval was also obtained from the research ethics committee of hospital where the study took place. Potential participants were informed of the study purpose, objectives, data collection methods, their rights to confidentiality, the ability to withdraw from the study or information at any time they wished without prejudice to provision of medical care, and ensuring that they would always receive standard quality medical service. If women agreed to voluntarily participate in the study, they then signed an informed consent form.

Moreover, if the participants found themselves under stress or emotional distress, such as outbursts of crying or agitation, the primary investigator (PI) allowed them to pause until they were ready for further interviews. In case of complicated and profound emotional distress, the PI would notify the hospital and the multidisciplinary health care team to take care of them. In this study, however, there was no complicated emotional sensitivity of participants found during the interviews. In addition, the PI was a registered nurse with an obstetric background and ten years of experience caring for women who had suffered spontaneous abortions before handing them over to a multidisciplinary health care team.

The participants were also informed that their data would be kept in a secure, locked cabinet and destroyed after the study was completed. The data was accessible only to the researchers, and the confidentiality of the information was maintained.

Data Collection: The data collection period was from December 2021 to March 2022. The nurse at the obstetrics and gynecology ward identified Muslim women after spontaneous abortion who met the inclusion

criteria and referred those who were interested in participating in the study to the PI. The PI called them to explain the study and invite them to participate. Once they verbally agreed to participate in the study, the PI scheduled a convenient time for them. The location, date, and time of data collection were chosen by the participants so that they could maintain their privacy and feel comfortable. They were welcomed by the PI, given further information and requested to sign the consent form. In-depth interviews were carried out consisting of questions such as “How did you feel when you learned about your spontaneous abortion?”; “How do you react to grief?”; “What are the consequences of spontaneous abortion?”; “How does the grief experience affect you and your family?”; and “What or who facilitated your successful coping with grief and how did that person do it?” In addition, probing questions were used when necessary, such as “Can you explain the meaning of this word?” To cover the width and depth of grief experience description, each interview took 30–40 minutes and two to four interviews were conducted with each participant. The interviews were considered complete when data saturation was reached.²⁵ The interviews were recorded by the digital recorder and field notes.

Data Analysis: Content analysis²⁶ was performed as follows: 1) word-for-word transcription and proofreading of the scripts; 2) grouping of information by condensing specific units of meaning and systematically labeling them with abbreviations or codes; 3) organizing the structure of the content by categorizing it into a content index containing the domain and subdomain of the content according to the research objective; 4) ordering the meaning of the script by examining their relevance or congruence and then categorizing them into the grouping labels identified in step 2 to then develop a structured theme, 5) applying constructivism by considering the meaning interpretation of the data categorized in step 4, and 6) writing a descriptive analysis report on the content or phenomena discovered in steps 4 and 5.

Trustworthiness: In order to validate the trustworthiness of contents, the researchers adopted

the Lincoln and Guba²⁷ conceptual framework, which consists of the following elements: 1) credibility: in qualitative research, the researcher is an important instrument in the research process.²⁵ Therefore, the PI had sufficient training in qualitative descriptive research and practiced interviewing techniques and data analysis with two Muslim women after spontaneous abortion who met the inclusion criteria. This training was under close supervision and guidance from two thesis supervisors to ensure that the PI was proficient in collecting data and asking questions regarding their coverage and content accuracy according to the research objectives and questions. Moreover, all interviews were audio-recorded, and the main content and legitimacy were checked by participants, 2) confirmability: the researchers verified rationality of every research step in order to obtain quality, reliable, and effective data and approval was obtained from thesis advisors. Besides, the researchers kept raw data, field notes, and existing interrelated literature to confirm the research findings, 3) transferability: in the research outcome presentation, researchers described the study context in detail to provide the reader necessary information for further utilization of the research outcome, and 4) dependability: an audit trail was developed demonstrating that all findings were derived from the transcripts of the interview recordings.

Findings

Demographic characteristics of the participants

The demographic characteristics of 12 participants are displayed in **Table 1**. The range of age was 26–40 years old with a mean value of 32.9 years old. Most participants (n = 8) had children before the aborted pregnancy, whilst four participants had the first pregnancy. Most participants (n = 10) wanted at least three children, ten came from nuclear families, and seven had graduated with a bachelor's degree. All were still married and were government officers, traders, and employees, with three participants in each occupation. The range of family monthly income was 15,000–60,000 baht (equivalent to USD 424.80–1699.21)

with an average of 29,666.67 baht or 840.16 USD. No participant had ever had an abortion, whilst four had a spontaneous abortion in their first pregnancy, four in their second pregnancy, and the remaining four

in their third pregnancy. The range of gestation at the time of spontaneous abortion was 8–16 weeks, with an average of 12.26 weeks. No participant knew the cause of their spontaneous abortion.

Table 1. Demographic characteristics of the participants

Characteristics	Participants (ID)					
	01	02	03	04	05	06
Age	37	39	31	30	40	35
Number of offspring	2	2	0	0	2	2
Number of wanted offspring	3	3	3	2	3	3
Family characteristics	Nuclear family	Nuclear family	Extended family	Extended family	Nuclear family	Nuclear family
Highest educational level	Bachelor's degree	Senior secondary	Senior secondary	Bachelor's degree	Bachelor's degree	Bachelor's degree
Marital status	Married	Married	Married	Married	Married	Married
Occupation	Governmental officer	Housewife	Trader	Trader	Governmental officer	Private company employee
Family monthly income (Baht/USD)	55,000/ 1,557.61	30,000/ 849.60	20,000/ 566.40	19,000/ 538.08	50,000/ 1,416.01	30,000/ 849.60
Abortion experience prior to spontaneous abortion	Never	Never	Never	Never	Never	Never
Pregnancy data at time of spontaneous abortion	3 rd pregnancy	3 rd pregnancy	1 st pregnancy	1 st pregnancy	3 rd pregnancy	3 rd pregnancy
Gestational age at time of spontaneous abortion (weeks)	16	13	9 ⁺²	15	8 ⁺²	12 ⁺²
Cause of spontaneous abortion	Unknown	Unknown	Unknown	Unknown	Unknown	Unknown

Characteristics	Participants (ID)					
	07	08	09	10	11	12
Age	34	28	30	26	30	35
Number of offspring	1	1	1	1	0	0
Number of wanted offspring	3	3	3	3	3	2
Family characteristics	Extended family	Nuclear family	Nuclear family	Nuclear family	Nuclear family	Nuclear family
Highest educational level	Senior secondary	Senior secondary	Junior secondary	Bachelor's degree	Bachelor's degree	Bachelor's degree
Marital status	Married	Married	Married	Married	Married	Married
Occupation	General employee	General employee	Trader	Temporary employee	General employee	Governmental officer
Family monthly income (Baht/USD)	15,000/ 424.80	20,000/ 566.40	15,000/ 424.80	18,000/ 509.76	15,000/ 424.80	60,000/ 1,699.21
Abortion experience prior to spontaneous abortion	Never	Never	Never	Never	Never	Never
Pregnancy data at time of spontaneous abortion	2 nd pregnancy	2 nd pregnancy	2 nd pregnancy	2 nd pregnancy	1 st pregnancy	1 st pregnancy
Gestational age at time of spontaneous abortion (weeks)	11 ⁺⁵	10 ⁺⁶	13	11 ⁺⁵	12 ⁺⁶	13 ⁺¹
Cause of spontaneous abortion	Unknown	Unknown	Unknown	Unknown	Unknown	Unknown

Sociocultural context of the participants

All participants were Muslim women after spontaneous abortion living in a province in lower southern Thailand, where 86% of the population was Muslim. Most of the population were farmers, fishermen, and merchants. Their family types were both nuclear and extended. However, participants who lived in a nuclear family were still attached to their original extended family and that of their spouse and maintained regular contact. This is consistent with the lifestyle of Muslims, whose offspring are obligated to care for and be grateful to their parents. In addition, Muslim women are obliged to maintain good and close relations with their spouse's family. Muslims generally have a strong belief in Allah and practice strictly according to Islamic teachings, so their lifestyle, norms and beliefs are also in line with Islamic doctrine.

Grief experiences of Muslim women after spontaneous abortion

Grief experiences of the participants were the expression of their actual perception of cognitive and emotional behavior, coping strategies, and other perspectives toward grief after spontaneous abortion. Three themes with eight subthemes were identified: 1) responding to the loss, 2) coping with grief, and 3) bonding between mother and unborn child, which can be described as follows:

Theme 1: Responding to the loss

The emotional responses to the loss were described by the participants in three sub-themes: denying the loss, bereavement for losing the expected child, and self-blame for causing spontaneous abortion.

Subtheme 1.1: Denying the loss

Spontaneous abortion is a loss of expectation and imagination about the child and the loss of mother-child bonding developed from the beginning of conception. In this study, the women had a variety of pregnancy expectations, such as wanting a first child, wanting additional children, or expecting a preferred gender. Their early responses were loss and denial, such as shock, rejection, or bargaining:

"I hesitated, thinking back and forth with belief and disbelief. When I pulled myself together, I asked a young intern doctor to wait longer before having dilation and curettage. I still expected it to be threatened abortion as I knew from studies. I could not accept the truth when the doctor told me that my child was not with me anymore. I keep on telling the doctor that I wanted to wait longer to observe my symptoms." (silent and tearful) (ID01)

"At that time, I was shocked... When I arrived at the emergency room the doctor told me that he could not observe my child's heartbeat. I was in shock and disbelief that I had lost my child. I doubted him and whether he made a wrong or inconsiderate diagnosis or if it was a threatened abortion similar to my previous hospital visit. I asked the doctor to wait longer. I did not want to have dilation and curettage and still hoped that the baby was still with me." (ID06)

Subtheme 1.2: Bereavement for losing the expected child

During pregnancy, mother-child bonding is developed from the beginning of conception. This brings hope to pregnant women that they will give birth to a healthy child. As Muslim women after spontaneous abortion knew of losing their baby, their emotional response to the loss was bereavement. The higher expectation of their dream child they had, the more profound bereavement they felt. For instance, a Muslim woman expects to have a child of the preferred gender of a male child to inherit their legacy owing to Islamic doctrine:

"I was very sad as I set my plan to have this child. I prepared everything and strongly believed that this child was a boy. I did research on how to have a boy such as do not have sexual intercourse too frequently so I could get pregnant with a boy child. When the doctor told me that I lost him, I was so sad and cried till I fainted. Islamic

doctrine states that if a family does not have a man to inherit the legacy, some of the legacy will be given to the relatives. I do not think it is ok because it is ours, we worked hard to earn it. So, I really wanted to have a boy child and did everything to have him. This abortion made me extremely disappointed and profoundly sad.” (ID05)

“Deep inside I was so disappointed and sad because this was my first pregnancy. I hurried to do a pregnancy test as soon as I felt my period stopped. When I knew of the pregnancy, I called my friends and relatives to find a good antenatal clinic and obstetrician. I expected this pregnancy so much. My husband wanted the child desperately and so did I. When I had the abortion, it grieved me so much.” (red eyes and tearful) (ID03)

Subtheme 1.3: Self-blame for causing spontaneous abortion

Self-blame for causing the abortion was a consequence from the beginning of the grief experience of the participants, as described below:

“Early after abortion, I just lied and muddled along with many thoughts such as doubting whether I had done something wrong causing spontaneous abortion because I carried too heavy luggage at that time or did I fail to take care of my pregnancy or did I do something wrong or was I too old to get pregnant. I muddled along like this and cried for a long time and blamed myself and whether it was my fault that caused spontaneous abortion.” (ID02)

“It took months to accept the truth, but I still blame myself until now. It seemed to me I did not take good care of myself, if I went to work by car driven by my husband instead of riding the motorcycle, I would not have lost

my child. If I could turn back the clock, I would take better care of myself, my child would have stayed with me.” (silent, tearful) (ID07)

Theme 2: Coping with grief

Coping with the grief experience after spontaneous abortion was a process facilitating Muslim women to successfully accept the reality of child loss, understand it, and adapt to grief. Coping with grief included using religious doctrine to accept the loss, thinking positively about the loss and overcoming the grief by getting support.

Subtheme 2.1: Using the religious doctrine to accept the loss

Reflection on religious doctrine about the loss of the beloved can facilitate coping with grief. The Muslim women after spontaneous abortion used Islamic teaching to accept the loss, such as “everything in this world is governed and destined by Allah”; “Worship for Allah’s mercy, reading Yaseen and the Quran, and you shall be blessed by Allah”; “Your beloved child belongs to Allah and he shall return to Allah.” and “This abortion is a trial of your faith by Allah.” These teachings related to the grief experiences of the participants and were adopted as a way to facilitate grieving and accept their loss:

“Islamic teaching says to accept everything in our life because it is destined by Allah. No matter birth, aging, illness, and death, my husband and I must accept it. Allah will provide the best thing for us in the future according to his plan. Our faith in Allah must be absolute. He teaches us not to be attached to earthly things as it can be possessed and then lost. When I was in distress, I made Wudu (bathing before praying) then worshipped for Allah’s mercy, and prayed some dua (supplication). I offered prayer and sacrifice to Allah asking him to bless my lost child. These calmed me down.” (ID01)

"According to Islamic teaching, birth, death, illness, if someone is born disabled, even spontaneous abortion, is the will of Allah. These adversities are our trial to surrender to his will. If we overcome the trial, he shall have mercy and give us the best thing in the future. Islam teaches us to be persevere and get over the adversity gracefully. I dedicated my thoughts mostly to Allah as we love our child but Allah loved our child more than us so he took our child back. Our child is still waiting for us in heaven. The ultimate teaching of Islam is that we will return to Allah in the end. These faithful thoughts helped us accept our loss from spontaneous abortion." (ID06)

Subtheme 2.2: Thinking positively about the loss

Positive thinking is a strategy to facilitate coping with grief. According to our findings the participants tried to change their thoughts and attitudes toward their child loss. Optimism and faith in Allah were combined as a successful strategy to cope with grief experiences which subsequently helped them to accept the loss of their children, specifically during the COVID-19 pandemic.

"Looking back, Allah might not have wanted the child to be born at that time. It was the pandemic era and things were messed up. Only carrying myself passing each day safely in COVID-19 situation was stressful enough. It would be worst If I gave birth to my child under such circumstances. Looking at the bright side, it would be a good thing. We should better wait for the COVID-19 situation to die down to plan the next pregnancy." (ID01)

"Don't you see sister? Under this COVID19 pandemic, it is difficult to protect myself from getting infected and even more difficult if I was pregnant and got infected with

COVID-19. It would be dreadful. After a while, I began to think that it was alright to have spontaneous abortion." (ID05)

Subtheme 2.3: Overcoming the grief by getting support

The Muslim women after spontaneous abortion perceived that support from various sources helped them cope with grieving successfully. Subsequently, they adapted and accepted the loss of their child and resumed their normal life. The mentioned resources of support were family and healthcare personnel, especially nurses.

Family was the main resource of support for the women to cope with grief effectively. Although most participants (10 women) were separated from their families and stayed with their spouses, they still had regular interactions with their families. Therefore, when spontaneous abortion occurred, they got full support from their original family members, especially their mothers. The family support described by participants was from husband, children, and mother. They provided great support by caring, staying beside them, encouraging, and comforting, accompanied with Islamic teaching to help the women cope with grief after spontaneous abortion and get through it.

"When I was in hospital, I received phone calls from my husband comforting and encouraging me trying to relieve my stress. He taught me to worship for Allah's mercy and dua prayer for our lost child. He also taught me that this was a trial from Allah and he will provide better things for our family in the future. I tried so hard to get over it." (ID04)

"When I saw my living child, I realized that I could not be in grief for a long time as I had to take care of him. When my child hugged and kissed me, I temporarily forgot that traumatic loss and grief." (ID09)

“My mother told me it’s alright, then cuddled and gently patted my head. She told me I can have a baby in the future. She said not to cry and always have faith in Allah as this was destined by him. I just realized how much a mother loved her daughter. After I lost my child, my mother took very good care of me, gave me food and changed my clothes (quivering voice), so I appreciated how much she loved me.” (ID10)

The women also described the importance of support from nurses that helped them cope with their grief while admitted to the inpatient ward after spontaneous abortion. Nurses who took care of the women with friendly empathy and appropriate manners, were a good resource of support that helped them to cope with their grief and get over it effectively.

“When I was admitted to the hospital after spontaneous abortion, the nurses talked to me supportively. They comforted me by saying that I would get well shortly, I should focus on taking care of myself so that I could have a baby again, do not be stressed, do not work too hard after this abortion and I could certainly have another baby. Her words encouraged me so much as I thought it would be difficult for me to get pregnant again.” (ID12)

However, although healthcare professionals can be a good resource of support for the Muslim women after spontaneous abortion to cope with their grief, inadequate communication and apathetic caring behavior could exacerbate their grief intensity.

“At that time, I was allergic to Cytotec. My bleeding continued, having long NPO, just waiting aimlessly in the bed. In a normal situation they could send me to have dilation and curettage. But during the COVID-19 pandemic, I had to wait for a COVID-19 swab result. Nobody explained to me the situation and care plan.

I did not know what they would do next. My dead fetus was still not discharged though I took Cytotec. If somebody gave me the information, it would be much better than leaving me alone with anxiety, right? It made me more distressed, notwithstanding that I was already immersed in painful bereavement.” (ID01)

Theme 3: Bonding between mother and unborn child

Mother-child bonding developed from the beginning of conception. Spontaneous abortion took away the child from the mother, causing her to feel the loss of her dream child. The mother-child bonding was forever broken. This loss led to grief and the mother responded in terms of the stages of grief. Although the Muslim women after spontaneous abortion coped with grief and loss and already got over it, affectionate bonding with their dream child from the unsuccessful pregnancy still persisted. In this study, this bonding was described in terms of unbreakable bonding and dealing with nostalgia.

Subtheme 3.1: Unbreakable bonding

Unbreakable bonding between mother and the child was described by the participants as the perception of bonding with their lost child. Mother-child bonding was developed from the beginning of conception, and losing a child from abortion could not end the affection and love of the mother for their lost child:

“Early after abortion I was very sad, I could not sleep and cried all the time. I was getting better with time and finally accepted it. I resumed my life and could run my business... but I always think of my child and I will never forget him. I still keep his antenatal book and look at it when I miss him. How can a mother forget her child?” (Picked up the pink book on the shelf) (ID03)

“Ask me if I am still sad? It was not as severe as early after the abortion but I still miss

the child. Looking from a maternal bonding point of view, no mother can ever forget her child, no matter who the child is or even an unborn child. I have loved him since knowing of my pregnancy. I took care of myself as best as I could. I promptly visited an antenatal clinic and ate healthy food. It hurt me so bad when I lost the child. I still miss him and give charity in his name every time I have a chance.” (ID05)

Subtheme 3.2: Dealing with nostalgia

The Muslim women after spontaneous abortion got over the stages of grief and accepted the loss as it was. However, their love and affection for their child still persisted. When they thought of their child, they commemorated their child by performing religious practices according to Islamic doctrine, e.g., offering sacrifice, worship for Allah's mercy, *dua* prayer, reading the Quran and Yarzin.

“I still miss my child. I offer sacrifice, worship for Allah's mercy, dua prayer. If it's Allah's wish, please give my reborn child to me.” (ID04)

“If you ask me if I still miss my child, I say yes, I always miss him. When I worship for Allah's mercy or read the Quran and Yarzin, I also ask Allah bless my child. During Raya day, I bought nice kid's clothes and donated them to my relatives or the poor and asked Allah to count this merit for my child, I will never forget to do that. I also teach my living children to ask Allah to bless Adeh (aborted child) during praying or offering sacrifices. The living children always remember him.” (smile) (ID07)

Discussion

In this study, the grief experience described by the participants was profound and clearly enmeshed in the Islamic faith and teachings. Their experiences were condensed and categorized into three themes, responding

to the loss, coping with grief, and bonding between mother and unborn child.

Responding to the loss. When the Muslim women after spontaneous abortion acknowledged their loss, they responded to the loss of their beloved child by evolving through stages of grief. The response to grief and loss differed from person to person. The women who had strong expectations for their child, such as the first pregnancy or expecting preferred gender for their child, would respond to their loss of child in shock or denial or bargaining or did not accept the diagnosis from the physician. This finding was in accordance with previous studies⁴⁻⁶ that stated the earliest response to grief and loss was shock, denial, and bargaining, followed by sadness due to loss of expected and dream child and loss of mother-child bonding developed from the beginning of conception.¹ Guilt and self-blame were common among the aborted women who lost their beloved.² Responses to grief in this study were denial, shock, rejection, bargaining, sadness, and self-blame. These findings are consistent with concepts about the response to grief in women after abortion.^{16,17} The responses may go back and forth, follow no sequence, or occur simultaneously depending on the individual and environmental factors that influence grief.¹⁶

Coping with grief. The women employed a number of coping strategies such as applying Islamic doctrine to accept the loss, being optimistic, and getting support from their husband, children, mother and health care personnel to cope with grief and loss and get over it. Muslims have strong faith in Allah and strictly practice according to Islamic teaching by persisting that the illness was destined by Allah as a trial of Muslim faith in Allah and perseverance.^{10,22} This religious-assisted coping strategy could improve the participants' efficacy in coping with grief. It is written in the Quran that coping with grief requires having faith in Allah, being confident in his righteousness that he never deceives his servant, and being diligent in studying the Quran as a resource to heal emotional illness and relieve grief.²² Consistent with a previous study conducted among Indonesian

women who had recently suffered a perinatal loss, turning to religion appeared to help the women develop positive thoughts related to their loss. Those who shared religious sentiments often indicated that they had decided to leave everything to God's will and accept the fate of their lives, which helped them cope with grief.²⁸ Studies on the spontaneous abortion experiences of women of other religions have also shown that a religious belief is beneficial to cope with and process grief for the lost child.^{9,21,23,29,30} When incorporating this with positive thinking, a thought process to choose positive perspectives over the negative perspective from the same experience, the result is a set of coping strategies which can support humans to resume their life happily.³¹ Therefore, positive thinking helped the women to accept and get over their loss.²⁸ Similarly, positive framing also helps alleviate women's grief after induced abortion for fetal anomaly.³⁰

The encouragement and care given by a participant's husband, children, mother, and healthcare personnel, provided valuable support to facilitate them to cope with grief from the loss of their beloved, including the loss of the child due to spontaneous abortion. This is in line with a previous study that found that emotional support from others can be a positive factor, encouraging them to rise from sadness and make them feel better.²⁸ The families supported the participants not only in their daily lives, but also in their way of life according to Islamic doctrine, e.g., daily prayers for Allah's mercy, *dua* prayer for the aborted child, and reflection on the loss of the child as Allah's will and test. These positive social support systems helped comfort, remind, and encourage women to develop strategies to help themselves by tying into their Islamic and spiritual beliefs and practices.²² This was similar to family support in a Buddhist family that suggested the women who lost children from perinatal death reflect on the Buddhist teachings of the unchanging past, present, and inevitable death for all humans, as well as the laws of *karma* or the laws of nature.⁹

Bonding between mother and unborn child. Although the participants eventually accepted their loss of the unborn child and coped with their grief until

resuming their normal lives, the sense of motherhood and mother-child bonding developed from the beginning of conception still existed. The child, then, is the heart and soul of the mother as soon as she perceives the new life in her womb.¹ The mother-child bonding is therefore, strong and deeply affectionate.² Thus, when Muslim women lost their child from spontaneous abortion, they were still affectionately attached to their lost child. Although the mother-child bond remains even after successful grief recovery, the women had to overcome grief and loss and eventually return to a normal life. They coped with affectionate bonding with their lost child by performing Islamic practices to commemorate them. The religious practices by Muslim women in this study were worship for Allah's mercy, reading Yaseen, and *dua* prayer. Participants said that these religious practices provided them with strong faith and trust in Allah. With this moral support, the women were able to accept the truth about abortion and child loss.²⁰ This is similar to Buddhist women using religious teaching to heal themselves from grief over the lost child after abortion.⁹

Limitations

This study was carried out in Muslim women after spontaneous abortion living in lower southern Thailand. Also, the findings may have resonance for other Muslim women but may be very different for women with different religions, societies, and communities, or other contexts, or having other abortion characteristics such as termination of pregnancy. Another limitation is that more than 50% of the pregnant women in this study had a bachelor's degree, so the results may not be generalizable to women with education levels below a bachelor's degree.

Conclusions and Implications for Nursing Practice

Socio-cultural context and religious faith of Muslim women influenced their acceptance of grief from spontaneous abortion. Family members and

healthcare personnel also provided beneficial support for them to cope with and go through their grief. According to the research findings, nurses should support Muslim women after spontaneous abortion to perform religious practices, such as worship for Allah's mercy, reading Yaseen, and *dua* prayer. In addition, nurses should support family engagement in physical, psychological, and spiritual (Islamic religious practice) caring for Muslim women after spontaneous abortion so they develop their self-efficacy in coping with grief leading to acceptance of child loss. In addition, empathic nursing care can facilitate Muslim women after spontaneous abortion to cope with grief effectively and eventually get over their loss and grief.

The findings of this study can provide useful information for future research, for instance, to develop a nursing practice guideline to provide holistic care for Muslim women experiencing grief after spontaneous abortion and adopting Islamic doctrine and social support from family and healthcare personnel to facilitate Muslim women to cope with grief appropriately.

Acknowledgements

The researchers would like to thank all participants who shared their grief experiences in cooperative and beneficial ways.

References

1. Kluny R, Dillard DM. Prenatal bonding: the importance of connecting with body and baby. In: Diana V, Anthony C, Hackney MG, Juan MG, editors. *Fertility, preg, and wellness* [Internet]. Philadelphia: Elsevier; 2022. pp. 439-48. [cited 2022 June 9]. Available from: <https://www.sciencedirect.com/science/article/pii/B9780128183090000083>
2. Anette K, Birgit W. Complicated grief after perinatal loss. *Dialogues Clin. Neurosci.* 2022;14:187-94. doi:10.31887/DCNS.2012.14.2/akersting.
3. Documentary file of OBGYN department [Ward 2]. Narathiwat Rajanagarindra Hospital; 2020 (in Thai).
4. Akwarangkoon S. *Psychiatric and mental health nursing* 6th ed. Nakhon Si Thammarat: School of Nursing Walailak University; 2019 (in Thai).
5. Güçlü O, Senormanci G, Tüten A, Gök K, Snormanci Ö. Perinatal grief and related factors after termination of pregnancy for fetal anomaly: one-year follow-up study. *Noro Psikiyatrs Ars.* 2021;58:221-7. doi:10.29399/npa.25110.
6. Saltzman YL. It's about time: reconceptualizing the role of time in loss and trauma. *Psychol Trauma.* 2019;11(6):663-70. doi:10.1037/tra0000435.
7. Rich, D. Psychological impact of pregnancy loss: best practice for obstetric providers. *Clin Obstet Gynecol.* 2018;61:628-36.
8. Michelle HMC, Carolina RM, Matias N, Fernanda SAT, Waldemar NA. Psychosocial aspects of gestational grief in women undergoing infertility treatment: a systematic review of qualitative and quantitative evidence. *Int J Environ Res Public Health.* 2021;18(24):13143. doi:10.3390/ijerph182413143.
9. Punaglom N, Kongvattananon P, Shu B-C. Grief journey: perception and response based on cultural beliefs in Thai women experiencing perinatal death. *Pacific Rim Int J Nurs Res.* [Internet]. 2022 Mar 5 [cited 2022 Jun 9];26(2):327-40. Available from: <https://he02.tci-thaijo.org/index.php/PRIJNR/article/view/256521>
10. Ekmekci, PE. Abortion in Islamic ethics, and how it is perceived in Turkey: a secular, Muslim country. *J Relig Health.* 2017;56:884-95. <https://doi.org/10.1007/s10943-016-0277-9>
11. Bilateh W. Karn Wai took Nai Wi Tee Chee vit Muslim [Internet]. 2016 [cited 2022 Jun 9]. Available from: <https://deepsouthwatch.org/node/9631> (in Thai)
12. Wae N, Damrak P, Kaewmanee P. Self-healing experiences of women who lost their husbands from unrest: a case study of Muang District, Yala Province. *SCNJ.* 2016;3(3):1-14 (in Thai).
13. Taonoi K, Deoisres W, Suppaseemanont W. Factors related to anxiety among pregnant women with a history of pregnancy loss. *JFONUBUU.* 2018;26(4):51-9 (in Thai).
14. Crockett JE, Jennifer L, Rogers, Erin EB. Cultural dimensions of early pregnancy loss: spiritual and religious issues. *Couns Values.* 2021;66:21-39. doi:10.1002/cvj.12142.

15. Whitburn, S. Experiences of pregnancy loss in low- and low-middle-income countries: a systematic review and meta-synthesis. [thesis]. [South Australia]: University of Adelaide; 2021.
16. Kuber-Ross E, Kesster D. On grief and grieving. New York: Scribner Book Company; 2007.
17. Bowlby J. Attachment and loss: separation. New York: Basic Books; 1980.
18. Techatraisak K, Tanmahasamut P, Benjapibal M, Jaishuen A, Wongwananuruk T. Gynecology book. 4th rev. ed. Bangkok: Department of Obstetrics and Gynecology, Faculty of Medicine Siriraj Hospital, Mahidol University; 2017. 619 p. (in Thai).
19. Phadungyam M. Mental health and psychiatric nursing. Bangkok: Neo digital; 2018. 260 p. (in Thai).
20. Allahdadian M, Irajpour A. The role of religious beliefs in pregnancy loss. *J Educ Health Promot.* 2015;4:99. doi:10.4103/2277-9531.171813.
21. Kain VJ. Perinatal palliative care: cultural, spiritual, and religious considerations for parents-what clinicians need to know. *Front Pediatr.* 2021;9:597519. doi:10.3389/fped.2021.597519.
22. Saad NB. Not just a miscarriage: the social and cultural perspectives of miscarriage among urban Malay women [thesis]. [Kuala Lumpur]: International Islamic University Malaysia; 2018.
23. Turale S. A brief introduction to qualitative description: a research design worth using. *Pacific Rim Int J Nurs Res.* [Internet]. 2020 Jul 9 [cited 2022 Jul 28];24(3):289-91. Available from: <https://he02.tci-thaijo.org/index.php/PRIJNR/article/view/243180>
24. American Psychiatric Association. Diagnostic and statistical manual of mental disorders 5th rev. ed. Arlington: American Psychiatric Association; 2013. 188 p.
25. Uamtani A. Qualitative research in nursing. 3th rev. ed. Bangkok: Printing Press of Chulalongkorn University; 2016. 305 p. (in Thai).
26. Sawangdee Y. Content analysis, content analysis institute for population and social research. Paper presented at the Workshop on Report Writing Techniques Qualitative Research. 2016; Bangkok (in Thai).
27. Lincoln SY, Guba GE. Naturalistic inquiry. Newbury Park: SAGE. 1985.
28. Samutri E, Widyawati W, Nisman WA, Gittelsohn J, Hadi H, Lewis EC, Endriyani L, Indrayana S, Afita AMR. The experience of chronic sorrow among Indonesian mothers who have suffered recent perinatal loss. *Open-Access Maced J Med Sci.* 2022 Jan 03;10(T8):114-21. <https://doi.org/10.3889/oamjms.2022.9502>
29. Tseng YF, Chen CH, Wang HH. Taiwanese women's process of recovery from stillbirth: a qualitative descriptive study. *Res Nurs Health.* 2014;37(3):219-28. doi:10.1002/nur.21594.
30. Lafarge C, Mitchell K, Fox P. Posttraumatic growth following pregnancy termination for fetal abnormality: the predictive role of coping strategies and perinatal grief. *Anxiety Stress Coping.* 2017;30(5):536-50. <https://doi.org/10.1080/10615806.2016.1278433>
31. Thanakornnuwat S, Iamsuphasit S, Srikrueadong S. Effect of mindfulness training and positive thinking on subjective well-being of community hospitals employees. *JDRU.* 2019;13(2):193-211 (in Thai).

การแท้งเองเป็นบททดสอบความศรัทธาในอัลลอฮ์ของสตรีมุสลิม: การวิจัยเชิงคุณภาพแบบบรรยาย

ชนิดา มาลิก วรวงคณา ชัชเวช* โสเพัญ ชุนวล

บทคัดย่อ: ความศรั้าโศกของสตรีที่แท้งเองมีความเชื่อมโยงกับศาสนา ความเชื่อ และวัฒนธรรม การทำความเข้าใจอย่างลึกซึ้งซึ่งเกี่ยวกับประสบการณ์ภาวะศรั้าโศกของสตรีมุสลิมหลังแท้งเองเป็นข้อมูลพื้นฐานที่สำคัญในการให้การพยาบาลแบบองค์รวมและเคารพในความเป็นปัจเจกของสตรีกลุ่มนี้ การวิจัยเชิงคุณภาพแบบบรรยายนี้ดำเนินการศึกษาในโรงพยาบาลทั่วไปแห่งหนึ่งในภาคใต้ตอนล่าง ผู้ให้ข้อมูลเป็นสตรีมุสลิมหลังแท้งเอง จำนวน 12 ราย ที่มีประสบการณ์หลังแท้งเองก่อนเข้าร่วมการวิจัย 2 เดือนถึง 1 ปี คัดเลือกผู้ให้ข้อมูลแบบเฉพาะเจาะจงตามคุณสมบัติที่กำหนด รวบรวมข้อมูลจากการสัมภาษณ์เชิงลึก โดยใช้แบบสัมภาษณ์กึ่งโครงสร้าง ระหว่างเดือนธันวาคม 2564 ถึง เดือนมีนาคม 2565 จนข้อมูลมีความอิ่มตัว วิเคราะห์ข้อมูลด้วยการวิเคราะห์เชิงเนื้อหา

ประสบการณ์ภาวะศรั้าโศก พบประเด็นหลักเกิดขึ้น 3 ประเด็น (1) ปฏิกริยาต่อความสูญเสีย (สามประเด็นย่อย: ปฏิเสธต่อการสูญเสีย เสียใจเพราะสูญเสียลูกที่คาดหวัง โทษตัวเองที่ทำให้แท้งบุตร) (2) ปรับตัวกับความศรั้าโศก (สามประเด็นย่อย: ใช้หลักศาสนาในการยอมรับความสูญเสีย คิดบวกเกี่ยวกับความสูญเสีย ก้าวผ่านความศรั้าโศกจากมีแหล่งสนับสนุน และ (3) แม่ลูกผูกพัน (สองประเด็นย่อย: สายใยที่ตัดไม่ขาด การจัดการกับความอาลัยอาวรณ์) ข้อค้นพบจากการศึกษานี้สามารถนำมาใช้เป็นแนวทางในการพัฒนาแนวปฏิบัติทางการพยาบาลเพื่อส่งเสริมการปรับตัวต่อภาวะศรั้าโศกของสตรีมุสลิมหลังแท้งเองภายใต้ความเหมาะสมของบริบททางวัฒนธรรมและศาสนา

Pacific Rim Int J Nurs Res 2022; 26(4) 722-736

คำสำคัญ: ประสบการณ์ความศรั้าโศก ภาคใต้ตอนล่างของประเทศไทย ผู้หญิงมุสลิม การวิจัยเชิงคุณภาพ การแท้งเอง

ชนิดา มาลิก นักศึกษาหลักสูตรพยาบาลศาสตรมหาบัณฑิต สาขาวิชาพยาบาลศาสตร์ (การดูแลผู้ป่วย) คณะพยาบาลศาสตร์ มหาวิทยาลัยสงขลานครินทร์ จังหวัดสงขลา E-mail: kanida_lady_boyz@hotmail.com
ติดต่อที่ : วรวงคณา ชัชเวช* ผู้ช่วยศาสตราจารย์ คณะพยาบาลศาสตร์ มหาวิทยาลัยสงขลานครินทร์ จังหวัดสงขลา E-mail: warangkana.c@psu.ac.th
โสเพัญ ชุนวล รองศาสตราจารย์ คณะพยาบาลศาสตร์ มหาวิทยาลัยสงขลานครินทร์ จังหวัดสงขลา E-mail: sophen.c@psu.ac.th