

**Original Research Article**

## Ascertaining the Psychological Effects from Weight Gain Following Planned Abortion among Female in Tertiary Institutions in South-South Nigeria

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**Abstract:** Weight gains due to planned, undesired and unwanted pregnancy by women is on the increase and this has brought a lot of psychological traumas to them. Majority of the women who participated in the study faced psychological trauma as an aftermath of the planned abortion carried out leading to weight gain. These psychological trauma has brought changes including emotional, hormonal, and physical changes to the women. The aim of this study is to ascertain the Psychological Effects from Weight Gain Following Planned Abortion among Female in Tertiary Institutions in South-South Nigeria. This was a descriptive cross-sectional study involving 250 females. A well-structured questionnaire was administered to participants. The study lasted for a period of 2 months. Exclusion criteria were those females that had not been pregnant. Inclusion criteria were those females that carried out termination of unwanted pregnancy and those who want to gain weight. Data were analyzed with SPSS version 25.0. The results shows that 90.0% of the participants regretted of their action, 80.0% had anxiety, 74.0% had depression, 80.0% developed poor body's structure, 76.0% were ashamed of your body structure, 82.0% faced social isolation, 84.8% rejected due to poor body structure, 76.0% passed through psychological stress, 80.0% had mood swings and 70.0% had emotional response such as restless, loss, guilt, confusion, relief and grief.

**Keywords:** Psychological, Effects, Weight Gain, Planned Abortion.

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## INTRODUCTION

There is an increase in trend of terminating unwanted pregnancy among young female to gain weight, to look beautiful and sexy and to attracts their male counterpart without taking cognizance of the aftermath effects (Gbaranor, *et al.*, 2025). Young female

will just take in pregnancy and later abort it to gain body maintenance. Pregnancy was supposed to be planned and desirable but recently, pregnancies are planned but not desirable because of the special interest attached to it by celebrities' ladies who want to captures the attention of some men (Gbaranor, *et al.*, 2025). In recent time, weight

gain has been on the increase among young single ladies who actually want build her body for social attractions (Gbaranor, *et al.*, 2025).

The path followed by women seeking abortion is most often long and lonely, corresponding to the increased suffering experienced in maternity wards, when they receive care tainted by prejudice and ill treatment (Schwandt, *et al.*, 2013; Kapp *et al.*, 2013). In general, women in better socioeconomic conditions resort to safer procedures in private clinics; in contrast, poor women have more difficulty accessing the information and support provided by the public health network, and they also have less bargaining power with their partners in their private lives (Santos *et al.*, 2016). The high rate of hospitalization associated with abortion is a reality when women are subjected to unsanitary conditions. The magnitude of the condition is underestimated due to cultural, religious, and legal issues that hinder women from reporting unsafe abortions (Rocha, *et al.*, 2013). Access to information and contraceptive methods allows a woman to control her own body and make decisions about childbirth (Santos *et al.*, 2016).

Significant weight gain occurs in women during young adulthood which increases risk of diseases such as diabetes, CVD and many cancers. Life events affecting weight include pregnancy and motherhood, smoking cessation, marriage and cohabiting, attending university and possibly bereavement (Pegington, *et al.*, 2020). Weight gain is mediated by lack of knowledge and skills around food and nutrition, depression, anxiety, stress, satiety, neural responses, and possibly sleep patterns and premenstrual cravings (Pegington, *et al.*, 2020). Once weight is gained, it is difficult to lose and keep off (Pegington, *et al.*, 2020). National surveys from a range of countries report greater increases in weight in young women aged 18-35 years in recent years compared to those seen in older women. US data show that women aged 20-29 years have had the sharpest increase in BMI since the 1960s, with a rise of 4.6 kg/m<sup>2</sup> compared to 3.3 kg/m<sup>2</sup> for all women up to age 74 years combined (Ogden, *et al.*, 2004). Pregnancy and motherhood have the greatest impact on weight, and the largest evidence base. Gestational weight gain (GWG) is often not lost postpartum thus contributing to the increase in weight seen in young women (Rong, *et al.*, 2015). Qualitative research from England found that women have little concern about how much weight they gain in pregnancy as they assume they will lose it afterwards, and they receive little or no information about how much weight they should gain (Olander, *et al.*, 2010).

Again, previous study revealed that majority of the participants had tertiary levels of education may not have knowledge about the consequences of weight gain and may run them into health issues related to weight gain (Gbaranor, *et al.*, 2025). Also, 80.00% of the participants were singles and this may give the young

ladies the impetus to carry out this process of gaining weight. Single ladies are not under full control because they are yet to marry and as such could engage in such activity of gaining weight without taking it into cognizance the consequences that follows after gaining weight (Gbaranor, *et al.*, 2025).

Ladies engaged in this post-abortion weight gain to gain attraction and 70% of them actually gained weight and pregnancy is one of the leading causes of weight gain for women (Gbaranor, *et al.*, 2025; Rooney and Schauburger, 2002).

Post-abortion weight gain in young females is a process involving psychological factors, physical rest, hormonal changes, lifestyle alterations, and sometimes the effects of hormonal contraceptives. This post-abortion weight gain by young women may be due to hormonal contraceptives taken after an abortion (Gbaranor, *et al.*, 2025). Contraceptives, particularly those containing progestin may have effects of on appetite, water retention, and fat distribution (Gbaranor, *et al.*, 2025). Again, post-abortion weight gain could be due to increase in the levels of progesterone and estrogen during pregnancy and after termination of the planned but not desirable pregnancy, the levels of progesterone and estrogen drop thus trigger metabolic changes (Gbaranor, *et al.*, 2025). Also, it could be that a drop in estrogen could lead to temporary changes in the body's ability to regulate fat storage thus, contributing to weight gain. Again, previous study revealed that majority (80.00%) of the participants had unprotected sex to become pregnant so that weight gain can be achieved (Gbaranor, *et al.*, 2025). The aftermath of unprotected sex may be pregnancy or infections and because these young ladies designed their mind to be pregnant and gain weight would not want to put on protective device (Gbaranor, *et al.*, 2025). However, this pregnancy acquired to gain weight is planned but not desirable because they are single and they need to gain weight, so that they look attractive before men and also change their stature (Gbaranor, *et al.*, 2025).

## MATERIALS AND METHODS

This was a descriptive cross-sectional study involving 250 females. A well-structured questionnaire was administered to participants. The study lasted for a period of 2 months. Exclusion Criteria: were those females that do not get pregnancy.

**Inclusion Criteria:** were those females that carried out termination of unwanted pregnancy and those who want to gain weight.

**Statistic:** Data were analyzed with SPSS version 25.0.

## RESULTS

The results shows that 90.0% of the participants regretted of their action (Table 1), 80.0% had anxiety

(Table 2), 74.0% had depression (Table 3), 80.0% developed poor body structure (Table 4), 76.0% were ashamed of your body structure (Table 5), 82.0% faced social isolation (Table 6), 84.8% rejected due to poor body's structure (Table 7), 76.0% passed through

psychological stress (Table 8), 80.0% developed mood swings (Table 9) and 70.0% developed emotional response such as restless, loss, guilt, confusion, relief and grief (Table 10).

**Table 1: Participants who regratted their action**

Response	Frequency	Percentage (%)
Participants who regratted their action	225	90.00
Participants who do not regratted their action	25	10.00
<b>Total</b>	<b>250</b>	<b>100.0</b>

**Table 2: Anxiety due to excess weight gain from post-abortion**

Response	Frequency	Percentage (%)
Participants who are anxious due to excess weight gain	200	80.00
Participants who are not anxious due to excess weight gain	50	20.00
<b>Total</b>	<b>250</b>	<b>100.0</b>

**Table 3: Depression**

Response	Frequency	Percentage (%)
Participants who are depressed due to excess weight gain	190	76.00
Participants who are not depressed due to excess weight gain	60	24.00
<b>Total</b>	<b>250</b>	<b>100.0</b>

**Table 4: Development of poor body structure from post-abortion weight gain**

Response	Frequency	Percentage (%)
Participants who developed poor body structure due to excess weight gain	200	80.00
Participants who do not developed poor body structure due to excess weight gain	50	20.00
<b>Total</b>	<b>250</b>	<b>100.0</b>

**Table 5: Ashamed of poor body structure due to excess weight gain**

Response	Frequency	Percentage (%)
Participants who ashamed of poor body structure due to excess weight gain	190	76.00
Participants who are not ashamed of poor body structure due to excess weight gain	60	24.00
<b>Total</b>	<b>250</b>	<b>100.0</b>

**Table 6: Facing social isolation**

Response	Frequency	Percentage (%)
Participants who are facing social isolation due to excess weight gain	205	82.00
Participants who are not facing social isolation due to excess weight gain	45	18.00
<b>Total</b>	<b>250</b>	<b>100.0</b>

**Table 7: Rejected due to poor body's structure from post-abortion weight gain**

Response	Frequency	Percentage (%)
Participants who are rejected due to excess weight gain	212	84.8
Participants who are not rejected due to excess weight gain	38	15.2
<b>Total</b>	<b>250</b>	<b>100.0</b>

**Table 8: Participants who passed through psychological stress**

Response	Frequency	Percentage (%)
Participants who passed through psychological stress due to excess weight gain	190	76.00
Participants who do not passed through psychological stress due to excess weight gain	60	24.00
<b>Total</b>	<b>250</b>	<b>100.0</b>

**Table 9: Participants who development mood swings due excess weight gain**

Response	Frequency	Percentage (%)
Participants who developed mood swings due to excess weight gain	200	80.00
Participants who do not developed mood swings due to excess weight gain	50	20.00
<b>Total</b>	<b>250</b>	<b>100.0</b>

**Table 10: Development of emotional response**

Emotional response due to excess weight gain	Frequency	Percentage (%)
Restless	25	10
Loss	38	15
Guilt	38	15
Confusion	20	8
Relief	30	12
Grief	25	10
<b>Total</b>	<b>175</b>	<b>70.0</b>

## DISCUSSION

Weight gains due to planned, undesired and unwanted pregnancy by women is on the increase and this has brought a lot of psychological traumas to them. Weight gains due to a planned and an undesirable abortion which may lead to several psychological effects, even when the decision is deliberate and medically informed. These consequences often arising from a combination of emotional responses, hormonal shifts, and physical changes related to the experience. Weight gain after an abortion may be influenced by several factors, but importantly to abortion itself does not directly induce long-term weight gain. However, physical and hormonal changes, combined with emotional and lifestyle factors, may lead to weight fluctuations. Majority of the women who participated in the study, are facing psychological trauma as an aftermath of the planned abortion carried out to gain weight. These psychological trauma has brought changes including emotional, hormonal, and physical changes to the women. Women involve in taking in pregnancy that is planned but not desirable just to gain weight without seeking proper counselling from healthcare provider. After taking in this pregnancy for their social purpose, they terminate the pregnancy in order to gain weight that later gave them psychological trauma. Most of the women that involves in this unwanted pregnancy are lured or influenced by their peers despite the tertiary level of education they have.

The study revealed that majority (90.0%) of the participants regretted their actions or involvement in the unwanted pregnancy that is today jeopardizing their lives. This regret came as a result of several psychological trauma they are passing through, after terminating their unwanted pregnancy. Most of the participants engaged in getting the unwanted pregnancy just to gain weight without taking cognizance of the aftermath such act or without undergoing proper counselling. Also, most of the participants are facing anxiety due to excessive weight gain from planned but undesirable pregnancy. This anxiety may be from the combination of physical discomfort from weight gain and emotional factors especially if weight gain feels out of control. Again, majority of the participants passed through depression due to weight gain from undesirable pregnancy and because they are depressed, their mood is low and thus their social and academic activities are disrupted. The study also revealed that 80.0% of the

participants developed poor body's structure orchestrated by weight gain from planned but undesirable pregnancy and because they developed poor body's structure, they passed through several psychological trauma that has affected their social and academic activities. This weight gain triggers negative body image or dissatisfaction thus, causing them to have mood disturbances (Depression or Anxiety). This poor body's structure development prevented the participants not to be liken by their male counterpart. And because they developed poor body's structure, majority of them were ashamed thus, causing them to pass through psychological trauma and this led majority (82.0%) of them (participated) to face social isolation due to physical changes in the body's structure. However, the abortion was planned but not desirable, some participants experienced conflicted feelings, especially when the weight gain was associated with pregnancy. The participants could not come out due to excessive weight gain from planned and undesirable pregnancy. The study also shows that several of the participants were rejected by their male counterpart owing to development of poor body's structure as result of excessive weight gain from planned and undesirable pregnancy and this rejection has affected their normal lifestyle and thus, leading them to feel low self-esteem, shame, or feelings of unattractiveness.

The research revealed that most (76.0%) of the participants passed through psychological stress and because they experienced stress, anxiety or depression due to termination of planned but undesirable pregnancy they faced emotional states that may trigger changes in eating patterns or sleep disruption and this may influence weight gain. Psychological stress due to post-abortion could also activate the HPA axis (hypothalamic-pituitary-adrenal axis), thus, increase cortisol levels. Cortisol effects as a stress hormone increases appetite (especially cravings for sugar and fat), promotes fat storage, especially visceral fat (around organs) and may suppress thyroid function leading to reduced metabolism. Again, elevated cortisol alters energy levels, worsens mood stability and disrupts sleep. Several of the participants experienced mood swings due to the psychological trauma they passed through. This mood swings developed after abortion may be induced by a combination of psychological, emotional, and hormonal factors. Majority (70.0%) of the participants developed emotional response such as restless, loss, guilt, confusion, relief and grief. Emotional stress led to



increase Cortisol which in turn increase Appetite. Increased appetite led to decrease Metabolism thus, leading to Weight gain.

## CONCLUSION

The study revealed that majority of the participants passed through psychological trauma including regretting their action after engaging in termination of planned and undesirable pregnancy. Weight gains due to termination of planned and undesirable pregnancy have led to several psychological factors such as mood swings, depression, anxiety, social isolation, shame, and rejection. However, abortion itself does not directly induce long-term weight gain rather hormonal, emotional, lifestyle and physical factors may contribute to weight fluctuations. Also, the study revealed that post-abortion weight gain has led to the development of emotional response such as Loss, Relief, Confusion, Guilt and Grief and these emotions may clash and contribute to unpredictable mood changes.

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