

# Post Abortion Women's Life Style: Impact of Counseling Based on PLISSIT Model

Hanan Elzeblawy Hassan<sup>1\*</sup>, Walaa Khalaf Gooda<sup>2</sup>, Noha Nasser Nashed<sup>3</sup>

<sup>1</sup>Professor of Maternal and Newborn Health Nursing, Faculty of Nursing, Beni-Suef University, Egypt

<sup>2</sup>Lecturer of Maternal & Newborn Health Nursing, Faculty of Nursing, Beni-Suef University, Egypt

<sup>3</sup>Nurse Specialist at Beni-Suef University Hospital

\*Corresponding author: [nona\\_nano\\_1712@yahoo.com](mailto:nona_nano_1712@yahoo.com)

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**Abstract Background:** Counseling on post-abortion care is vital for reproductive health, utilizing structured models for informed decision-making. The PLISSIT model (Permission, Limited Information, Specific Suggestions, Intensive Therapy) offers a stepwise approach to address women's concerns regarding psychological, emotional, and social complications post-abortion. Its effective implementation can mitigate post-abortion complications and improve women's knowledge, emotional adaptation, and lifestyle. **Aim:** The current study was conducted to evaluate the impact of counseling based on PLISSIT model on post abortion women's life style. **Subjects & Methods: Design:** A quasi-experimental (pre- and post-test) research design was used. **Sample & Settings:** A convenient sample of 92 women who had abortions affiliated obstetrics & gynecology unit at Beni-Suef University Hospital. **Tools:** (1) women's knowledge regarding abortion and management sheet; (2) women's lifestyle after abortion Questionnaire; (3) information technology Questionnaire; (4) abortion counseling based on the PLISSIT model. **Results:** 15.2% of the studied women had satisfactory knowledge regarding modern educational information on abortion pretest which improved posttest to become 80.4%. Also, 88% of the studied women had unhealthy lifestyle regarding weight and exercise which improved posttest to become 27.2%. Moreover, 3.3% of the studied women had good level of impact of social networking sites after abortion which improved posttest to become 76.1%. The mean total knowledge of the studied women about abortion during pretest was  $20.73 \pm 6.33$  which improved posttest to become  $34.04 \pm 6.76$ . **Conclusion:** In the pretest, no correlation was found between total knowledge, lifestyle, and the impact of social networking sites on women post-abortion. However, the posttest revealed a correlation between total knowledge and the impact of social networking sites. Furthermore, positive correlations were identified between total knowledge and overall lifestyle, and between overall lifestyle and the total impact of social networking sites on women post-abortion. **Recommendations:** Developing an educational program to enhancing women's knowledge regarding the using of social media properly, maximizing its advantages, introducing women to the most trustworthy and legitimate social media sites, and showing them how to use these resources to improve women's life style after abortion.

**Keywords:** Post Abortion, Life Style, Counseling, PLISSIT Model

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## 1. Introduction

According to the World Health Organization (WHO, 2012), abortion is defined as the termination of pregnancy before 20 weeks of gestation or with a fetus weighing less than 500 grams. The incidence of miscarriage is correlated with gestational age, and is estimated at approximately 15%, out of which 80% occur within the first trimester. Recurrent miscarriages account for 1–2% of cases [1].

Life style is a multidimensional and relative concept, influenced by time and individual and social values. Many variables affect individuals' perceptions of women's health and status in life, which encompasses physical and

psychological aspects, independence, beliefs, emotions, social relations, and environment [2-9]. Although the quality of life plays a critical role in the health of women with an abortion, and understanding the women's post-abortion health behaviors is of paramount importance in promoting women's optimal health, few studies have examined the life style among women who have experienced an abortion [10-17].

Counseling about post-abortion care is a crucial component of reproductive health services and requires the application of structured models to support informed decision-making. One widely recognized model is the PLISSIT model, which stands for Permission, Limited Information, Specific Suggestions, and Intensive Therapy. This model provides a stepwise framework to address

women's individual concerns, especially those related to psychological, emotional, and social complications following abortion. When effectively implemented, counseling based on the PLISSIT model can help reduce post-abortion complications and enhance women's knowledge, emotional adaptation, and overall life style [18-25].

The post-abortion period is critical for a woman's health, and maternity nurses play a multi-faceted role in supporting recovery. Nurses act as direct care providers, establishing trust and rapport, offering acceptance and respect, and prioritizing privacy and confidentiality while maintaining a non-judgmental stance. They are the first line of defense, initiating interventions to improve physical, psychological, and emotional well-being and addressing patient anxieties and misconceptions with sensitivity [26].

As monitors, nurses track physical recovery by assessing vital signs, vaginal bleeding, pain, and signs of infection or complications such as retained tissue or uterine perforation. They also monitor emotional and psychological well-being, observing for depression, anxiety, or distress, and evaluating the patient's support system, referring to mental health professionals or support groups when needed. This monitoring extends to identifying signs of future pregnancy and collaborating with other healthcare providers to ensure comprehensive care [27,28].

In their role as educators, nurses provide crucial guidance on the normal recovery process, including expected bleeding patterns and signs that necessitate medical attention. They teach patients to recognize complications, manage post-abortion discomfort, and discuss immediate and long-term contraception options. Nurses also encourage emotional self-monitoring and seeking professional help for emotional challenges [29,30].

## 2. Aim of the Study

The current study was conducted to evaluate the impact of counseling based on PLISSIT model on post abortion women's life style.

## 3. Research Hypothesis

Women's knowledge and life style will be improved after implementation of the counseling sessions based on the PLISSIT model.

## 4. Subject and Method

### I. Technical design:

**Research design:** A quasi-experimental (pre- and post-test) research design was used in this study.

**Settings:** The current study was conducted at the post-natal unit, which is affiliated with the department of obstetrics and gynecology at Beni-Suef University Hospital.

**Subjects:** A convenient sample of 92 women who had abortions in the previously mentioned setting

### Tools of data collection:

#### Tool I: Women's knowledge regarding abortion and Questionnaire

This tool was adapted from Foster et al. (2016); it was used to assess women's knowledge regarding abortion after being translated into Arabic by the researcher [31]. It consists of 2 parts:

**Part 1:** General knowledge about abortion.

**Part 2:** Modern educational information on abortion.

Scoring system: formed of multiple choice (incorrect = zero and correct = 1). These points were summed and converted into a percent score. It was classified into two categories according to the following:

Ø Unsatisfactory knowledge if total score < 60%.

Ø Satisfactory knowledge if the total score is  $\geq$  60%.

#### Tool II: Women's lifestyle after abortion Questionnaire

This tool was adapted from Ramadan et al. (2021) and was used to assess women's lifestyles post-abortion after being translated into Arabic by the researcher [32]. It consists 7 parts:

**Part 1:** Smoking and alcohol.

**Part 2:** Nutritional lifestyle.

**Part 3:** Weight and exercise lifestyle.

**Part 4:** Personal habits.

**Part 5:** Sleeping.

**Part 6:** Spiritual habits and relationships.

**Part 7:** Sexual intercourse as practice.

Scoring system: three-point Likert scale as was used always = 0, sometimes = 1, and never = 2. These scores were summed and converted into a percent score. It was classified into two categories according to the following:

Ø Unhealthy lifestyle if total score < 60%,

Ø Healthy lifestyle if total score is  $\geq$  60%.

#### Tool III: Information technology Questionnaire

This tool was developed by the researcher after reviewing the related literature review and was used to assess the impact of social networking sites on women after abortion [33,34].

Scoring system: three-point Likert scale was used as (always = 0, sometimes = 1, and never = 2). These scores were summed and converted into a percent score. It was classified into three categories according to the following:

Ø Poor if total score < 50%.

Ø Moderate if total score is 50% - <70%.

Ø Good if total score is  $\geq$  70%.

#### Tool IV: -Abortion Counseling Based on the PLISSIT Model

This program was developed by the researcher in the Arabic language after reviewing related literature reviewing [35,36,37]. It used for counseling the women post-abortion based on the PLISSIT model about abortion and lifestyle post-abortion.

#### Tool validity:

Five maternal and newborn health nursing experts from Beni-Suef University's faculty of nursing and obstetrics & gynecology established the face and content validity of the research tools. They evaluated the instruments for clarity, relevance, comprehensiveness, simplicity, and applicability, leading to minor revisions and their finalization.

#### Reliability:

In the present study, reliability was tested using Cronbach's alpha coefficients for women's knowledge (tool I), which was 0.815; women's lifestyle after

abortion (tool III), which was 0.773; and information technology (tool IV), which was 0.732.

## II. Operational design:

### A) Preparatory phase:

The study involved reviewing literature and theoretical knowledge from various sources to develop data collection tools and post-abortion counseling based on the PLISSIT model. Approval was obtained from the Dean of the Faculty of Nursing to the manager of Beni-Suef University Hospital, granting permission to conduct the study and outlining its aims and nature.

### B) Supportive material (Arabic booklet)

A booklet has been developed to provide women with comprehensive information about abortion, with a particular emphasis on post-abortion care. The booklet details counseling services aimed at improving women's lifestyles, helping them to overcome unhealthy habits, and supporting their physical, psychological, and emotional recovery after an abortion.

### C) A pilot study:

A pilot study involving nine post-abortion participants, constituting 10% of the intended sample, was completed to evaluate research instruments. The instruments required no alterations and were subsequently incorporated into the main study.

### D) Fieldwork:

Ethical approval was secured from the dean of the faculty of nursing and the director of Beni-Suef University Hospital. Oral consent was obtained from post-abortion women in the post-natal unit. Data collection occurred over six months (mid-February to mid-August 2024), with the researcher present three days weekly across both shifts. The data collection process comprised four phases: Assessment, Planning, Implementation, and Evaluation. Phase I involved gathering socio-demographic data, obstetric/gynecologic history, and baseline abortion knowledge (Tool I), along with post-abortion lifestyle information (Tools II, III, IV), taking 10-20 minutes per woman. Phase II focused on planning post-abortion counseling sessions using the PLISSIT model, defining objectives, content, settings, methods, media, and evaluation tools. Phase III consisted of 45-60 minute individual, interactive counseling sessions in the post-natal unit waiting area. The evaluation phase, conducted one month post-intervention and four months post-abortion, reassessed women's lifestyles using the original tools to measure the impact of the PLISSIT model counseling, with data collected via Zoom or home visits.

*The session was run based on the PLISSIT model as follows:*

The study outlines a four-step PLISSIT model for post-abortion counseling: Permission (P) to build rapport and obtain consent, Limited Information (LI) to provide factual data and correct misconceptions, Specific Suggestions (SS) for personalized advice on diet, stress, and future issues, and Intensive Therapy (IT) for referring severe distress to specialists, with IT lasting 4 months. General recommendations include smoking cessation, adequate sleep, social support, exercise, healthy eating, and hygiene.

### Ethical Considerations:

Research approval was obtained from the Faculty of Medicine, Beni-Suef Scientific Ethical Committee

(Approval number: FMBSUREC/03102023). Prior to the study, participants received information regarding its objectives and purpose, with guarantees of anonymity and confidentiality. Participation was voluntary, including the right to withdraw at any time without requiring a reason.

### III. Administrative design:

The study received official approval through formal correspondence from the Dean of the Faculty of Nursing at Beni-Suef University to the Beni-Suef University Hospital manager, detailing the study's title, objective, primary data, and **expected** results.

### IV. Statistical design

The data was analyzed using descriptive statistics (means, standard deviations) in SPSS version 26. Qualitative data was **presented** as percentages, with chi-square tests used for parameter comparisons. Quantitative data between two variables was compared using the student's t-test for large cell sizes. Significance was established at  $P < 0.05$ , with  $P < 0.001$  indicating high significance. Pearson correlation was employed for correlation analysis.

## 5. Results

**Table 1** shows that, less than one-quarter (15.2%) of the studied women had satisfactory knowledge regarding modern educational information on abortion pretest which improved posttest to become 80.4%. There was a statistically significant improvement among the studied women regarding their general and modern educational information on abortion posttest.

**Table 2** and **Figure 1** present that, 88% of the studied women had unhealthy lifestyle regarding weight and exercise which improved posttest to become 27.2%. There was a statistically significant improvement among the studied women regarding lifestyle sub-items posttest.

**Table 3** presents that, 3.3% of the studied women had good level of impact of social networking sites after abortion which improved posttest to become 76.1%. There was a statistically significant improvement among the studied women regarding the total impact level of social networking sites on women after abortion posttest.

**Table 4** shows that, the mean total knowledge of the studied women about abortion during pretest was  $20.73 \pm 6.33$  which improved posttest to become  $34.04 \pm 6.76$ . Moreover, the mean during pretest for life style was  $38.17 \pm 10.99$  and improved to  $68.33 \pm 10.38$  posttest. For the mean of the impact of social networking; it was  $8.15 \pm 3.05$  in pretest that improved to  $14.69 \pm 3.25$  in posttest. There was a statistically significant improvement among the studied women regarding knowledge life style, and the impact of social media on abortion posttest ( $p$  value  $\leq 0.01$ ).

**Table 5** shows that, there was no correlation between total knowledge, lifestyle and impact level of social networking sites on women after abortion during pretest. Also, there was correlation between total knowledge and impact level of social networking sites on women after abortion during posttest. While, there was positive correlation between total knowledge and total lifestyle level and between total lifestyle level and total impact level of social networking sites on women after abortion.

**Table 1. Percentage distribution of the studied women regarding to their knowledge about abortion (n=92)**

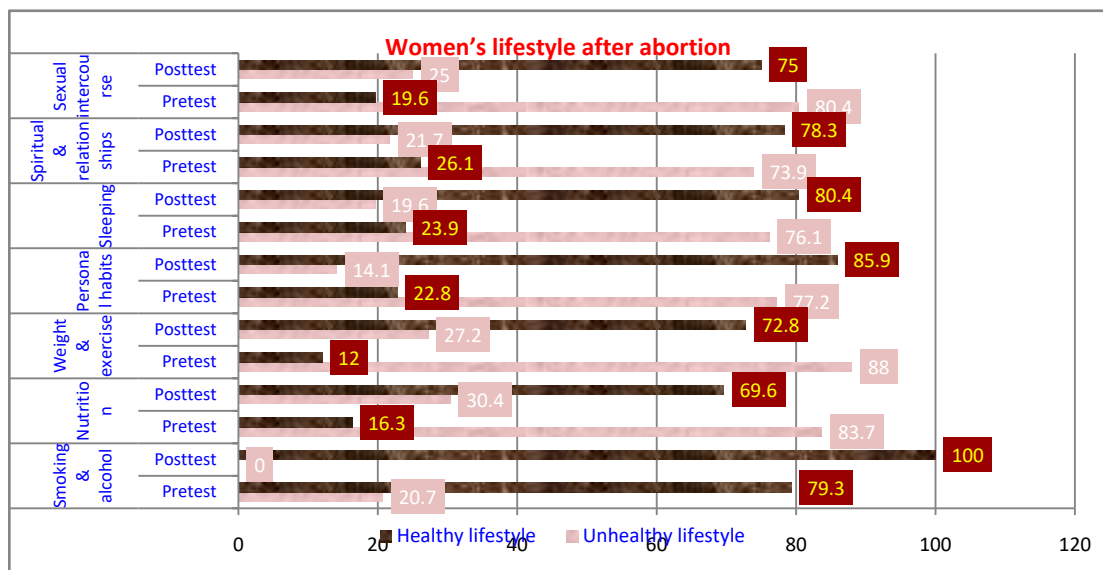
Items	Pretest				Posttest				X <sup>2</sup>	p value
	Unsatisfactory		Satisfactory		Unsatisfactory		Satisfactory			
	No.	%	No.	%	No.	%	No.	%		
General knowledge	80	87.0	12	13.0	19	20.7	73	79.3	15.639	0.000**
Modern educational information	78	84.8	14	15.2	18	19.6	74	80.4	17.582	0.000**
Total	84	91.3	8	8.7	18	19.6	74	80.4	17.660	0.000**

\* Statistically significant at p≤0.05 \*\* High statistical significant at p≤0.01

**Table 2. Percentage distribution of the studied women regarding to their lifestyle sub-items after abortion (n=92)**

Sub-items	Pretest lifestyle				Posttest lifestyle				X <sup>2</sup>	p value
	Unhealthy		Healthy		Unhealthy		Healthy			
	No.	%	No.	%	No.	%	No.	%		
Smoking & alcohol	19	20.7	73	79.3	0	0.0	92	100.0	-	-
Nutritional lifestyle	77	83.7	15	16.3	28	30.4	64	69.6	6.870	0.010**
Weight and exercise	81	88.0	11	12.0	25	27.2	67	72.8	5.620	0.018*
Personal habits	71	77.2	21	22.8	13	14.1	79	85.9	11.948	0.003**
Sleeping	70	76.1	22	23.9	18	19.6	74	80.4	12.970	0.002**
Spiritual & relationships	68	73.9	24	26.1	20	21.7	72	78.3	14.317	0.001**
Sexual intercourse	74	80.4	18	19.6	23	25.0	69	75.0	15.416	0.000**
Total	71	77.2	21	22.8	12	13.0	80	87.0	7.755	0.005**

\* Statistically significant at p≤0.05 \*\* High statistical significant at p≤0.01



**Figure 1.** Percentage distribution of the studied women regarding to their lifestyle sub-items after abortion

**Table 3. Percentage distribution of the studied women regarding to total impact of social networking sites on women after abortion (n=92)**

	Pretest		Posttest		X <sup>2</sup>	p value
	No.	%	No.	%		
Poor	65	70.7	7	7.6	9.891	0.042*
Moderate	24	26.0	15	16.3		
Good	3	3.3	70	76.1		

\* Statistically significant at p≤0.05 \*\* High statistical significant at p≤0.01

**Table 4. Comparison between the studied women regarding to their knowledge, life style, and the impact of social networking sites on women after abortion (n=92)**

Items	Pretest	Posttest	t test	p value
	Mean±SD	Mean±SD		
Total knowledge	20.73±6.33	34.04±6.76	12.670	0.000**
Total life style	38.17±10.99	68.33±10.38	19.951	0.000**
Total impact of social networking	8.15±3.05	14.69±3.25	14.031	0.000**

\* Statistically significant at p≤0.05 \*\* High statistical significant at p≤0.01

**Table 5. Correlation between total score of knowledge, life style and total impact level of social networking sites on women after abortion during pretest and posttest**

Pretest		Knowledge	Lifestyle	Posttest		Knowledge	Lifestyle
Knowledge	r			Knowledge	r		
	P				p		
Life style	r	0.003		Life style	r	0.438	
	P	0.978			p	0.000**	
Impact level	r	0.220	0.045	Impact level	r	0.052	0.698
	P	0.035*	0.670		p	0.619	0.000**

\* Statistically significant at  $p \leq 0.05$  \*\* High statistical significant at  $p \leq 0.01$

## 6. Discussion

Abortion stigma is a major drawback for women seeking safe abortion services and the clinicians offering the services. Experienced stigma is the actual acts of discrimination and harassment by others whereas internalized stigma is the materialization of perceived and experienced stigma in feelings of guilt, shame, anxiety, and other negative feelings which influence on women's life style [38,39].

The current study was conducted to evaluate the impact of counseling based on PLISSIT model on post abortion women's life style. Regarding the total knowledge level about general and modern educational information on abortion, the current study reported that less than one-tenth of the studied women had a satisfactory level of knowledge during pre-counseling, which improved to more than three-quarters post-counseling. There was a statistically significant improvement in the total knowledge regarding modern educational information on abortion among the studied women following the counseling sessions.

This finding is in line with Turner et al. (2018), who reported that participants who began the workshop with the lowest level of knowledge experienced the greatest increase in knowledge scores regarding abortion, rising from 20.0 to 55.0 between the pre- and post-workshop surveys [40]. Similarly, the current study is consistent with the findings of Ngo et al. (2023), who reported a statistically significant difference between pretest and posttest scores among the studied women regarding their total knowledge about abortion [41]. This improvement may be attributed to the fact that the program was implemented in group settings using the PLISSIT model, which helped capture the participants' attention and motivation, especially since the topic had a personal relevance for them. As a result, the program had a significant and meaningful impact.

Concerning women's lifestyle after abortion, the results revealed that the overall smoking and alcohol-related lifestyle after abortion, the present study reported that the majority of the studied women had a healthy lifestyle in relation to smoking and alcohol during the pre-counseling phase, which improved to include all of them post-counseling. This finding is in agreement with Hamadneh and Hamadneh (2023), who conducted a study entitled "The Impact of an Online Educational Program to Reduce Second-Hand Exposure to Smoke Among Nonsmoking Pregnant Women: A Hospital-Based Intervention Study" and found a statistically significant improvement in the women's lifestyle regarding both active and passive

smoking cessation [42]. In contrast, this result is inconsistent with Bannour et al. (2023), who conducted a study entitled "Knowledge, Attitude and Practices on Second-Hand Smoke Exposure Among Pregnant Women" and reported that most of the studied women were smokers [43].

Regarding total nutritional habit, the present study reported that, most of the studied women had unhealthy nutritional habit during pre-counseling which improved to less than one-third of them during post implementation of counseling sessions. There was a statistically significant improvement among the studied women regarding nutritional life style after abortion post counseling. This study is similar to Mostafa et al. (2022), who conducted a study entitled "Effect of Health Belief Model-Based Educational Package on Lifestyle Among Gestational Diabetic Women," and reported a highly statistically significant improvement in nutrition among the studied women post-counseling compared to pre-counseling [44].

Regarding overall weight management and exercise, the current study revealed that slightly less than one-fifth of the studied women had a healthy lifestyle related to weight and exercise during pre-counseling, which improved significantly to around three-quarters post-counseling. This finding aligns with Han et al. (2024), who reported a statistically significant improvement in weight management among the studied women post-intervention [45]. Additionally, there was a statistically significant improvement in weight and exercise habits among the studied women after abortion following counseling sessions.

Additionally, this study's finding is consistent with Ramadan et al. (2021), who reported that most of the studied women had unhealthy lifestyles concerning exercise practices. From the researcher's point of view, this may reflect the positive impact of the counseling sessions in increasing women's knowledge about the importance of maintaining normal weight and engaging in regular exercise, which in turn influenced their lifestyle behaviors [32].

Regarding total personal habits after abortion, the current study revealed that more than three-quarters of the studied women exhibited unhealthy lifestyle levels concerning personal habits during the pretest, which improved significantly to less than one-fifth during post-counseling. There was a statistically significant improvement among the studied women in their personal habits after abortion posttest. This finding is supported by Mirian et al. (2023), who reported a highly statistically significant improvement in personal and self-care behaviors post-abortion during posttest compared to pre-counseling [46].

Regarding total sleeping habits after abortion, the current study reported that more than three-quarters of the studied women had unhealthy sleeping habits during pre-counseling, which improved to around one-fifth during post-counseling. There was a statistically significant improvement among the studied women regarding sleeping habits after abortion post counseling. This result aligns with Kibira et al. (2023), who conducted a study entitled “Lived experiences and drivers of induced abortion among women in central Uganda” and reported that most women experienced sleeping problems for a long period post-abortion and resorted to medication to alleviate these issues [47]. The study recommended training and educational programs to improve sleeping patterns and address sleep-related problems after abortion, noting that studies focusing on sleep post-abortion are limited. This may be attributed to that sleep problems in women after abortion may stem from psychological stress and fear, as women go through difficult emotional states and may begin to adopt random behaviors influenced by their feelings or advice from non-specialists, especially if they live within extended family environments [48].

In relation to total spiritual habits and relationships after abortion, the present study revealed that around three-quarters of the studied women had an unhealthy lifestyle level regarding spiritual habits and relationships during pretest, which improved to less than one-quarter of them during post counseling. There was a statistically significant improvement among the studied women regarding spiritual habits and relationships after abortion post counseling. These study findings align with Hassani et al. (2023), who found a statistically significant improvement among the studied women regarding their spiritual status and interpersonal relationships post-program compared to pre-program. They noted that more than half of the women had poor to moderate spiritual status at pretest, which improved post-program, with only about one-quarter continuing to experience poor spiritual status, unhealthy relationships, and anxiety [49].

Sexual issue is a crucial item for everyone; it affected by many factors [50-54]. Regarding women’s sexual intercourse after abortion, the current study revealed that about one-fifth of the studied women had a healthy sexual intercourse during pre-counseling, which improved post-counseling to three-quarters of them. From the researcher’s point of view, this improvement may be attributed to the positive effect of counseling based on the PLISSIT model in enhancing women’s sexual intercourse. This finding aligns with Heera et al. (2021), who conducted a study entitled “Women’s empowerment for abortion and family planning decision making among marginalized women in Nepal” and found a statistically significant improvement in sexual lifestyle post-empowerment program compared to pretest [55]. Additionally, this study agrees with Charlton et al. (2020), who, in their study “Sexual orientation differences in pregnancy and abortion across the life course,” revealed that about three-fifths of the studied women had a healthy sexual lifestyle [56].

Regarding the total lifestyle level after abortion, the current study revealed that about one-fifth of the studied women had a healthy lifestyle during pre-counseling, which improved post-counseling to most of them. From

the researcher’s point of view, this improvement may be attributed to the positive effect of counseling based on the PLISSIT model in enhancing women’s lifestyle behaviors and practices across all dimensions. This finding is consistent with Huss (2021), who conducted a study entitled “Well-being before and after pregnancy termination: The consequences of abortion and miscarriage on satisfaction with various domains of life,” and found that the majority of studied women experienced temporary declines in overall lifestyle and life satisfaction post-abortion [57].

In relation to the impact of social networking sites on women after abortion, the present study found that only a minority of the studied women had a good level of positive impact from social networking sites after abortion during pre-counseling, which improved post counseling to more than two-thirds of them. There was a statistically significant improvement in the total impact level of social networking sites on women after abortion post counseling. From the researcher’s point of view, the widespread use of social media makes it essential to educate women on how to effectively utilize social networking sites, particularly for post-abortion counseling and support. This result was agreed with Hill et al., (2020) who carried out a study entitled “A mobile phone-based support intervention to increase use of Post abortion family planning in Cambodia” and mentioned that there was a statistically significant improvement among the studied women regarding using of mobile phone post abortion [58].

Concerning the correlation between total scores of knowledges, lifestyle, and total impact level of social networking sites on women after abortion during pre- and post-counseling, the current study revealed that during the pre-counseling, a statistically significant positive correlation was found only between the knowledge score and the total impact level, suggesting that women with better knowledge tended to perceive a greater impact of social networking sites. However, no statistically significant correlation was found between lifestyle and either knowledge or impact level. These findings are supported by the study of Araban et al. (2014), which emphasized the role of health education in enhancing both knowledge and lifestyle behaviors among women [59].

Additionally, the study by Fakhri et al. (2021) supports the idea that counseling can significantly enhance lifestyle dimensions, particularly in the context of reproductive health. In the researcher’s point of view, this might be related to the fact that women’s knowledge naturally affects their lifestyle and how they manage themselves after abortion [60].

If they have good knowledge about abortion and the post-abortion period, they tend to cope better with their lives and themselves. Also, the better information they gain through the internet and social media, the more it reflects positively on their lifestyle post abortion, and vice versa. On the other hand, during the post-implementation of counseling sessions, a strong positive correlation was observed between knowledge and lifestyle, and between lifestyle and total impact level. This indicates that as knowledge improved post-counseling, women also demonstrated healthier lifestyle choices, which in turn were associated with greater awareness of the impact of social networking sites. The correlation between

knowledge and impact level was not statistically significant, suggesting that although knowledge increased, it may not have been the sole influencing factor on perceived impact.

This finding was in line with Samila & Mboineki (2024) in their recent study entitled “Knowledge level and constructs of the theory of planned behavior to the practice of unsafe abortion among postnatal mothers attending Mkonze Health Center, Dodoma Region, Tanzania,” who found that there was no significant association between knowledge level and self-care practices of women post abortion [61]. These results reflect the effectiveness of the PLISSIT-based counseling in strengthening the link between knowledge and healthy lifestyle. Even though knowledge alone did not significantly correlate with perceived impact post-intervention, the indirect effect via lifestyle is notable. This suggests the importance of integrating lifestyle counseling alongside informational education in post-abortion care programs.

## 7. Conclusion

Based on the results of the current study, it was observed that there was no correlation between total knowledge, lifestyle and impact level of social networking sites on women after abortion during pretest. Also, there was correlation between total knowledge and impact level of social networking sites on women after abortion during posttest. While, there was positive correlation between total knowledge and total lifestyle level and between total lifestyle level and total impact level of social networking sites on women after abortion.

## Recommendation

Developing an educational program to enhancing women’s knowledge regarding the using of social media properly, maximizing its advantages, introducing women to the most trustworthy and legitimate social media sites, and showing them how to use these resources to improve women’s life style after abortion.

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