

Item Level Trauma Symptom Patterns Among Women Receiving Postabortion Care at Nakuru Level Five Referral Hospital Kenya

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ABSTRACT

Background: Aggregate trauma symptom scores can obscure which experiences respondents reported. **Objective:** This paper proposes a post hoc, item-level descriptive objective using Mitheu's 2020 thesis; it was not an original thesis objective. **Methods:** We audited frequency counts in the thesis's intrusion, avoidance and arousal tables for 192 postabortion-care patients. Fifteen of 17 items had five response counts summing to 192 and were retained. Endorsement was defined in the thesis as "occasionally," "often" or "very often." Wilson 95% intervals describe each item proportion. No item-level joint data were available. **Results:** The three auditable intrusion items had endorsement proportions of 67.2%–74.5%; seven avoidance items, 68.8%–77.6%; and five arousal items, 69.3%–76.6%. Avoidance of related thoughts and of reminders each had 149/192 (77.6%) endorsements. Persistent guilt was 147/192 (76.6%). Two other intrusion rows had inconsistent totals or percentages and were excluded pending data verification. **Conclusion:** A broad range of symptom items was commonly endorsed in this referral sample. These frequencies do not establish PTSD diagnoses, a causal effect of an abortion, or relative domain burden. Private, voluntary discussion and referral may be appropriate when patients report distress.

Keywords: item response, maternal health, postabortion care, screening, trauma symptoms

1. INTRODUCTION

A person-centred postabortion service can invite discussion of distress without assuming that a particular experience caused it. WHO (2022) situates postabortion care within respectful comprehensive care, and the American Psychiatric Association (2022) cautions that assessment measures should complement rather than replace clinical judgment. The first paper from this thesis reported an aggregate threshold, and a later paper examined contextual indicators. The present secondary manuscript asks which individual symptom items are documented in auditable frequency tables. It adds a transparent item profile while avoiding diagnostic and causal claims. Prospective evidence shows why prior experiences and alternative explanations matter for trauma symptom interpretation (Biggs et al., 2016).

2. METHODS

The source is Eunice Kanini Mitheu's 2020 cross-sectional thesis, based on 192 women attending Nakuru Level Five Referral Hospital for abortion-related treatment. The modified 17-item self-report instrument used five ordered frequency categories. The author described an item as endorsed if the response was at least "occasionally." We transcribed Tables 4.6–4.8, retained an item only when all five integer response counts summed to 192, and recomputed endorsed n and percentages. Wilson score intervals (95%) are shown for descriptive sampling precision. Item responses from the same respondent are correlated, but individual joint responses were unavailable; no domain comparisons, paired tests or regression were attempted. Two intrusion rows failed the count check; one also had incompatible displayed percentages. Their counts were neither guessed nor repaired. Exact wording and measurement validity require source-data review. The thesis describes consent and institutional permission, but approval identifiers should be checked before submission.

3. RESULTS

Each retained item has n = 192. The columns give the five displayed response counts; an endorsement is the sum of the final three columns. Labels have been shortened without changing the underlying domain.

Table 1. Intrusion item responses and endorsed proportions (n = 192)

Item	Never	Rarely	Occ.	Often	Very often	Endorsed n (%)	95% CI
Distressing recollections	15	44	108	22	3	133 (69.3)	62.4–75.4
Reaction to reminders	25	38	84	43	2	129 (67.2)	60.3–73.4
Distressing dreams	8	41	90	47	6	143 (74.5)	67.9–80.1

Table 2. Avoidance item responses and endorsed proportions (n = 192)

Item	Never	Rarely	Occ.	Often	Very often	Endorsed n (%)	95% CI
Avoiding related thoughts	6	37	90	52	7	149 (77.6)	71.2–82.9
Discouraged outlook	5	50	67	61	9	137 (71.4)	64.6–77.3
Restricted emotional range	34	26	67	62	3	132 (68.8)	61.9–74.9
Reduced interest	26	22	83	59	2	144 (75.0)	68.4–80.6
Avoidance of reminders	7	36	77	57	15	149 (77.6)	71.2–82.9
Social withdrawal	14	33	83	55	7	145 (75.5)	69.0–81.1
Recall difficulty	26	33	76	50	7	133 (69.3)	62.4–75.4

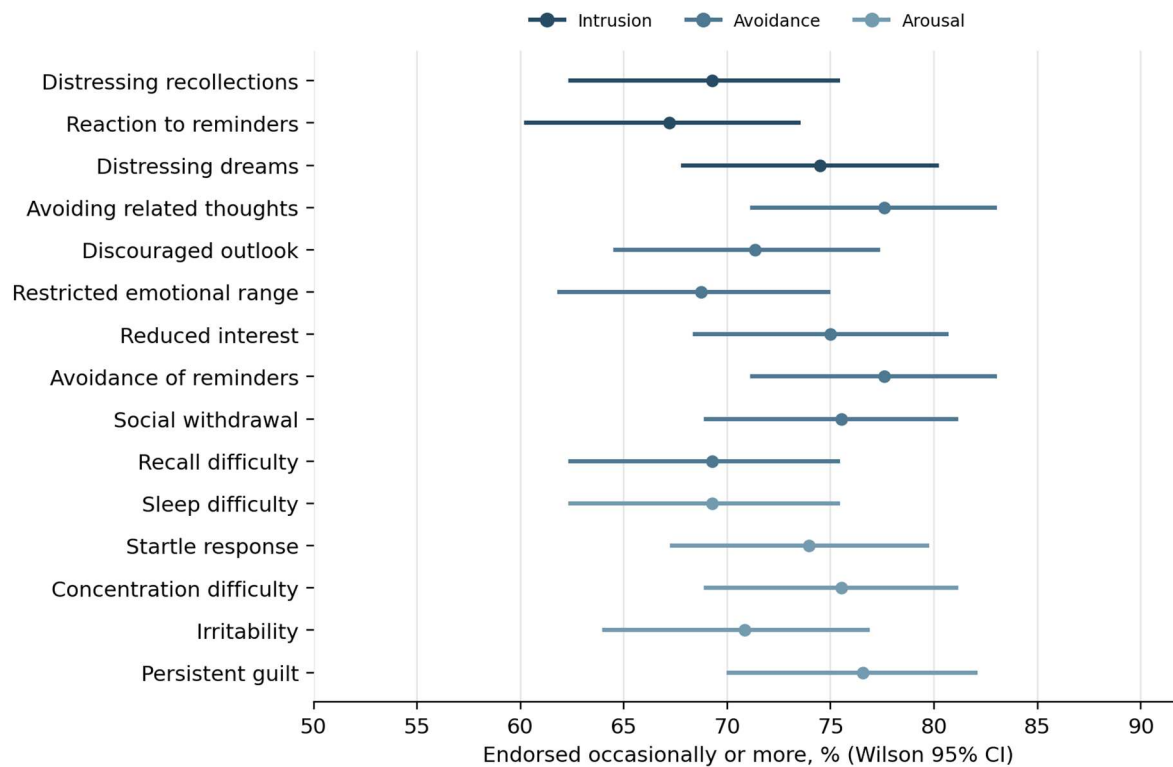
Table 3. Arousal item responses and endorsed proportions (n = 192)

Item	Never	Rarely	Occ.	Often	Very often	Endorsed n (%)	95% CI
Sleep difficulty	36	23	90	38	5	133 (69.3)	62.4–75.4
Startle response	13	37	69	65	8	142 (74.0)	67.3–79.7
Concentration difficulty	31	16	71	67	7	145 (75.5)	69.0–81.1
Irritability	13	43	57	70	9	136 (70.8)	64.0–76.8
Persistent guilt	25	20	33	96	18	147 (76.6)	70.1–82.0

In the three auditable intrusion rows, endorsement ranged from 129/192 (67.2%) to 143/192 (74.5%). Seven avoidance items ranged from 132/192 (68.8%) to 149/192 (77.6%); five arousal items ranged from 133/192 (69.3%) to 147/192 (76.6%). These are marginal item frequencies, not counts of unique patients who endorsed any item in a domain.

3.1 Visual summary

Figure 1. Endorsed proportions and Wilson 95% confidence intervals for 15 auditable symptom items.



Intervals are descriptive for each item. Their visual overlap does not provide a paired comparison because the joint response data are unavailable. Two excluded intrusion rows are omitted rather than imputed.

4. DISCUSSION

The item profile offers a more detailed view of what respondents selected than a single aggregate score. Avoidance and arousal items appear frequently in the displayed data, but the three domains contain different numbers of auditable items and are not compared inferentially. One intrusion row's displayed response counts totaled 182, despite a percentage suggesting a possible typographical error; another totaled 172 and had contradictory percentages. Both require verification against questionnaires or the analysis file before any complete 17-item profile is published. The present item frequencies cannot be used to estimate the number of patients with a diagnostic condition or to infer causes, because the modified instrument lacks documented local validation, exposure timing is incomplete, and prior circumstances may matter. A supportive clinical response should be available according to patient preference, while detailed diagnosis remains a separate clinical assessment. The 2020 facility sample also does not represent all women receiving care in Kenya.

5. CONCLUSION

This proposed fourth manuscript objective describes 15 auditable items from the thesis, not an original fourth thesis objective. Across these items, 67.2%–77.6% of respondents selected at least “occasionally.” The two excluded rows, the modified scale and the absence of patient-level joint data limit stronger comparisons. The original records should be checked before journal submission; future work can validate the instrument and prospectively examine patient-reported support needs.

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