



# Women who sought legal abortion in Brazil

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## Abstract

**Objective:** To outline the profile of women submitted to legal abortion by the Unified Health System.

**Method:** Descriptive research with documentary analysis of the notes in 29 medical records of women who resorted to legal abortion in Campo Grande, Mato Grosso do Sul, Brazil.

**Results:** The average age was 29.6 years ( $\pm 8.26$ ) and 51% were white. The main motives reported by professionals who led women to legal abortion was pregnancy resulting from rape in 41.3% of cases, regardless of the outcome (whether or not they had abortion) performed by the team after evaluation.

**Conclusion:** The characteristics of women seeking legal abortion care focused on pregnancies resulting from sexual violence requiring reevaluation of access to emergency contraception services, lowering the risk of women performing unsafe abortion and providing support to women not elected to abortion.

**Keywords:** Abortion applicants; family planning; women's health

**Quick Points:** Studying the characteristics of women who resort to legal abortion contributes to the care provided by professionals of the multidisciplinary team, especially nurses, because they are one of the first contact professionals with pregnant women, in the provision of care based on scientific evidence and, in reducing maternal mortality from abortion.

## Introduction

In the worldwide is estimated that 300,000 women and adolescents die annually from preventable causes, and 75% of maternal deaths are related to: hemorrhage, infections, preeclampsia/eclampsia, complications of childbirth and unsafe abortion [1,2]. Abortion represents a serious public health problem, because it is considered as one of the main causes of maternal death, the magnitude is inestimated due to the unavailability of all data, especially those that occur in the private health services and its discussion involves legal, religious, ethical, moral and cultural aspects [3,4]. In Brazil [5], abortion is legal in that situations: if pregnancy is at risk to women's health (therapeutic abortion); when the fetus has anencephaly (an anomaly incompatible with

life) and pregnancy resulting from rape (humanitarian abortion) [6].

In these cases, they are considered as legal abortions and are expected to be performed by the Unified Health System (SUS). National data on hospitalizations in a decade recorded the occurrence of 200,000 hospitalizations/year due to problems related to abortion. Of these, only 1,600 were due to legalized causes. In the same period, the Mortality Information System recorded 770 maternal deaths caused by abortion, however, this total represents only the official records, that is, the occurrence is higher than the one presented [7]. In the SUS, the care of women who desire legal abortion is provided by a multidisciplinary team,

since women should be offered the right not only in decision-making about termination of pregnancy, but also the provision of information including the possibility of donating the child for adoption. This requires the performance of professionals trained to welcome, offer support and access to health and social services [8]. Among the reasons that lead women to the decision to terminate pregnancy is the pregnancy resulting from rape [9].

It draws attention to the silent epidemic of sexual violence against women, even with the strategic policies of the Ministry of Health and other public agencies and non-governmental bodies, yet more effective measures to protect the female population are still needed. Regarding the characteristics of female victims of sexual abuse, data from 2011 to 2014 showed that 70% of rapes occurred in underage, single women (68.1%), brown (40%). Children up to 13 years of age were raped by people who belonged to the nearby family circle (40%), adolescents and women over 18 years of age were unaware of the aggressor in 30.6% and 53.6%, respectively [10]. It is assumed that knowing the characteristics of women seeking the service of legal abortion constitutes subsidies for the planning of necessary and specific care, improvement in contraception and access to family planning services, including protection against sexual violence. In the face of the problem, the following research questions emerged: what are the characteristics of women who seek legal abortion? What are the main reasons why women resort to abortion? Therefore, the objective was to outline the profile of women submitted to legal abortion by the Unified Health System in Mato Grosso do Sul state, Brazil.

## Methods

This is a descriptive, exploratory and documentary analysis study. Inserted in the research entitled "Abortion in the opinion of professionals and women submitted to legal abortion", approved by the Ethics and Research Committee involving Human Beings of the Federal University of Mato Grosso do Sul, Brazil, registered no. 1789290. The study was carried out at the Regional Hospital of

Mato Grosso do Sul, Brazil, a medical archives service sector (SAME). Data was collected from September to July 2017. We considered as inclusion criteria the medical records of women submitted to legal abortion from the implementation of the service in 2006 to August 2017. Exclusion criteria: incomplete and/or illegible medical records. Data were collected in an instrument elaborated by the authors, containing the following variables: age group, ethnicity, region of residence and motives for abortion. Statistics and descriptive analysis were performed for the organization of the results, which were illustrated in tables.

## Results

Data were found in physical and electronic medical prontuario of 29 women who searched for the legal abortion service from the period of implementation to 2017. The mean age of the women analyzed was 29.6 years ( $\pm 13, 2$ ). The age group reveals that they are adult women who sought legal abortion and, although the predominance of ethnicity in Mato Grosso do Sul is brown, the highest prevalence of abortion searches occurred in white women. Regarding origin, the data revealed that most of them lived in the capital, as illustrated in Table 1. Regarding the motives that led the woman to decide for abortion, the pregnancy resulting from rape presented higher frequency, although there are medical records without recording such information, therefore, the number may be underestimated, as illustrated in Table 2. The data show sexual violence in the spotlight, and this has been one of the main reasons for women resorting to abortion. Although we do not have information about illegal abortions, it is estimated that the figures presented are only the tip of the iceberg, given the frequent news published by the media, about violence against women, even femicide. The data also revealed that not all women had the right to abortion by the multidisciplinary team. One hypothesis may be related to gestational age, considering that abortion can only be performed less than 22 weeks of gestation.

**Table 1:** Distribution of women who resorted to legal abortion according to age group, ethnicity, and region of residence. Campo Grande, Brazil, 2017.

Variables	> 18		18 - 30		31 - 40		< 40		Total	
	n	%	n	%	n	%	n	%	n	%
Age Grouped Ethnicity	2	6,8	12	41,6	11	37,9	4	13,7	29	100
White	1	3,4	5	17,1	6	21	3	10,3	15	51,8
Brow	1	3,4	6	21	2	6,8	1	3,4	10	34,6
Black	0	0	0	0	2	6,8	0	0	2	6,8
Not informed Local of residence	0	0	1	3,4	1	3,4	0	0	2	6,8
Capital	2	6,8	12	41,4	11	38,2	3	10,2	28	96,6
Not informed	0	0	0	0	0	0	1	3,4	1	3,4

**Table 2:** Women's motives for the search for abortion. Campo Grande, MS. 2017.

Motives	n	%
Rape	7	24,2
Fetus with anencephaly	5	17,2
Maternal Risk	2	6,8
Rejected	7	24,2
Unidentified	8	27,6
Total	29	100

## Discussion

The characteristics of women who sought the service of legal abortion were similar to other studies found in the literature: white women under the age of 30 years [11,12]. Therefore, they are women in the adult age group, with access to information, since they had the interruption of pregnancy by the SUS and did not omit the violence suffered, rape. It is believed that the decision-making of women regarding continuing an unintentional pregnancy or interrupting it, when inserted in the eligibility criteria, are influenced by a multiplicity of factors, including mental and physical suffering resulting from sexual violence [13]. Thus, it is necessary to offer comprehensive and longitudinal care to women in the post-abortion phase. To do so, it is essential to articulate specialized services and health care networks, especially Primary Care and Psychosocial Care.

The present study identified that most women sought abortion due to sexual violence, other studies have also shown this approach and it is evident the violation of human, sexual and reproductive rights. The data reveal the ineffectiveness of protecting women from sexual assaults [14,15]. It should be noted that the magnitude of sexual violence transcends the data, since the late search for post-trauma care can be triggered by negative feelings to the situation, such as passivity behavior, silence in the face of the situation and blaming for what happened. This all refers to the discussion of gender inequality in our culture and allows us to deduce that many women do not seek help [16]. Another reason for seeking specialized care was the detection of fetal malformation. Despite the controversy surrounding abortion in the situation of fetuses with anencephaly, the data showed that the maternal decision to terminate pregnancy is respected. However, women in this condition also require comprehensive physical and emotional care, especially if the type of delivery is cesarean section and if there was expectation of having a healthy baby in the discovery of pregnancy [17].

Regarding women who had abortion denied by the multidisciplinary team, there were those who were gestational age above 22 weeks of pregnancy, and in Brazil abortion above this gestational age is not allowed. However, there is concern if these women resorted to other ways of interrupting pregnancy, because they did not have access to abortion procedures by the SUS. It is noteworthy that the late search for abortion care may be due to

the woman feeling afraid of the aggressor and being judged by the family, shame and lack of support for the woman who is victim of rape. The culture of repression and female submission imposed by machismo makes gender inequality evident. The scarcity of information in some medical records is highlighted, which prevented data collection, limited research and presentation to the scientific community of the real characteristics of women who resorted to legal abortion in Mato Grosso do Sul, Brazil. And even if there was a telephone number or e-mail in the medical records, the research project approved by an ethics committee did not provide for this type of contact with the participants, which constitutes a recommendation for other studies, the possibility of contacting subjects by other means of communication. The study warns of gaps in the needs of women with unwanted pregnancies, which requires comprehensive health care and the reduction of harm that may impact their health of women and their families, as well as eliminating the possibilities of resorting to unsafe abortion and having maternal death as an outcome.

## Study Limitations

The collection of secondary data was the main limitation of the study, since the records in medical records were not given by the researchers, which may compromise the reliability of some data.

## Conclusion

The analysis of the characteristics of women who resorted to legal abortion showed the need for policies to protect women against sexual violence. It was evident that pregnancy resulting from rape is one of the triggers of the search for the abortion service and probably other women in the same situation may have the procedure clandestinely and suffer the consequences that lead to maternal death. It is important that health institutions are structured and have routines with welcoming care and offer all the information necessary for the woman's decision, including the offer of prenatal care and the child's donation to adoption, whenever the woman raises doubts in deciding on abortion. We recommend that those responsible for legal abortion services discuss the data extracted from the demands with the Public Prosecutor's Office, in order to contribute to the prevention of the repetition of crimes that present a low rate of punishment and avoid encouraging the acceptance of this practice.

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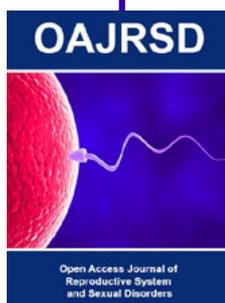
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