



## WOMEN'S PROFILE IN SITUATION OF ABORTION HOSPITALIZED IN A MATERNITY WARD SCHOOL

### PERFIL DE MULHERES EM SITUAÇÃO DE ABORTAMENTO INTERNADAS EM UMA MATERNIDADE ESCOLA

### PERFIL DE MUJERES EN SITUACION DE ABORTO INTERNADAS EN UNA MATERNIDAD ESCUELA

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#### ABSTRACT

**Objective:** to verify the socio-demographic profile and Gynecology and Obstetrics of women at abortion risk assisted in a public maternity. **Method:** descriptive, quantitative research, with 74 women, selected by convenience in the city of Natal, Rio Grande do Norte/RN, Brazil. Data collection occurred in July and August of 2013, through socio-demographic and Gynecology and Obstetrical questions. The information was computed in the Microsoft Excel Program and organized in tables. The research project was approved by the Ethics Committee in Research, CAAE: paragraph 10332312.9.0000.5537. **Results:** 28.4% of participants were between 23-27 years old. Regarding gynecology and obstetrical data, 44.6% had menarche among 13-14 years old, 47.3% had their first sexual intercourse between 13-15 years old, 51.4% admitted being pregnant once or twice. As for the current abortion, 91.9% claimed to have been spontaneous. **Conclusion:** Most of the interviewed were young, low-income, with sex life started in adolescence, being the current abortion declared spontaneous. **Descriptors:** Abortion; Women's health; Obstetric Nursing.

#### RESUMO

**Objetivo:** verificar o perfil sociodemográfico e gineco-obstétrico de mulheres em situação de abortamento atendidas em uma maternidade pública. **Método:** pesquisa descritiva, quantitativa, com 74 mulheres, selecionadas por conveniência na cidade de Natal, Rio Grande do Norte/RN, Brasil. A coleta de dados ocorreu em julho e agosto de 2013, mediante formulário contendo questões sociodemográficas e gineco-obstétricas. As informações foram computadas no Programa Microsoft Excel e organizadas em tabelas. O projeto de pesquisa foi aprovado pelo Comitê de Ética em Pesquisa, CAAE: nº 10332312.9.0000.5537. **Resultados:** 28,4% das participantes tinham entre 23-27 anos; sobre os dados gineco-obstétricos, 44,6% tiveram menarca entre 13-14 anos; 47,3%, coitarca entre 13-15 anos; 51,4% admitiram ter engravidado uma ou duas vezes; quanto ao aborto atual, 91,9% afirmou ter sido espontâneo. **Conclusão:** evidenciou-se que a maioria das entrevistadas era jovem, de baixo poder aquisitivo, com vida sexual iniciada na adolescência, sendo o aborto atual declarado como espontâneo. **Descritores:** Abortamento; Saúde da Mulher; Enfermagem Obstétrica.

#### RESUMEN

**Objetivo:** verificar el perfil socio-demográfico y ginecológico-obstétrico de mujeres en situación de aborto atendidas en una maternidad pública. **Método:** investigación descriptiva, cuantitativa, con 74 mujeres, seleccionadas por conveniencia en la ciudad de Natal, Rio Grande do Norte/RN, Brasil. La recolección de datos fue en julio y agosto de 2013, mediante formulario conteniendo preguntas socio-demográficas y ginecológicas-obstétricas. Las informaciones fueron computadas en el Programa Microsoft Excel y organizadas en tablas. El proyecto de investigación fue aprobado por el Comité de Ética en Investigación, CAAE: nº 10332312.9.0000.5537. **Resultados:** 28,4% de las participantes tenían entre 23-27 años; sobre los datos ginecológicos-obstétricos, 44,6% tuvieron menarca entre 13-14 años; 47,3%, primer acto sexual entre 13-15 años; 51,4% admitieron estar embarazada una o dos veces. Referente al aborto actual, 91,9% afirmaron haber sido espontáneo. **Conclusión:** se mostró que la mayoría de las entrevistadas eran jóvenes, de bajo poder adquisitivo, con vida sexual iniciada en la adolescencia, siendo el aborto actual declarado como espontáneo. **Descriptores:** Aborto; Salud de la Mujer; Enfermería Obstétrica.

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INTRODUCTION

Abortion is defined as the termination of pregnancy up to the 22<sup>nd</sup> week of pregnancy and if gestational age is unknown, this event is considered when the fetus weighs less than 500 grams. This can occur spontaneously as result of genetic disorders, chronic disease, uterine malformation and maternal infections, covering 10% of pregnancies, particularly in the first quarter of pregnancy.<sup>1</sup>

The abortion can also result from deliberate interruption of the pregnancy, which may have been caused by the woman herself or by a third party. While in Brazil, abortion is considered a criminal offence against life, as stated in the Penal Code, in some situations, this practice has legal backing, as in cases of rape or when there is no other way to save the life of the pregnant woman.<sup>2</sup>

Despite the illegality of abortion, thousands of women use annually this practice as a way to exempt from an unwanted pregnancy. Most abortions happen underground, using insecure methods, like herbal teas, perforating objects or medicines like misoprostol, commercially known as Cytotec®.<sup>1</sup>

The use of such methods can take the female group to experience complications such as hemorrhages, infections or even death,<sup>1</sup> because in most cases, this procedure happens in residential environment, without use of aseptic and safe techniques, making women more vulnerable to the mentioned damages.<sup>3</sup>

In Brazil, it is estimated that the abortion is responsible for 10 to 15% of maternal deaths and therefore it is considered the fourth cause of maternal mortality.<sup>4</sup> Annually, this event is responsible for 238 thousand hospitalizations in this country, causing a financial cost to the Unified Health System (SUS) of approximately R\$ 29.7 million. The fact that this financial burden does not include expenses of hospitalizations due to abortion sequels, which become even larger, because the stay in hospital institutions often exceeds a period of 24 hours.<sup>5</sup>

Besides the physical consequences from the abortion, there are those of psychological nature, triggered by all the cultural, moral and religious concepts around this phenomenon. Among such effects, feelings of guilt and grief are experienced regardless of how the event occurred.<sup>6</sup> These emotions can lead women to depression, especially when they interrupt pregnancy.<sup>7</sup>

Upon the reality that surrounds abortion, since the decade of 1990 while a signatory of the Conference held in Cairo, by the United Nations, Brazil recognizes this event as a public health problem.<sup>5</sup> As a result, Brazil has sought to establish measures to assist female, however, few changes have been highlighted effectively in the field of health.

Given these considerations, it is essential to know the women who have experienced such an event in order to elaborate actions directed to family planning, to ensure the effectiveness of reproductive rights and avoiding harm to women's health as result of an abortion. Thus, the present study has the following question: << *Which is the women´s profile assisted in a public maternity from the city of Natal due to abortion?* >>

OBJECTIVE

- To verify the socio-demographic profile and gynecology and obstetric of women at abortion risk in a public maternity.

METHOD

Exploratory, descriptive study, quantitative approach, conducted with women in situation of abortion, spontaneous or provoked, hospitalized in a maternity school located in Natal, Rio Grande do Norte, Brazil, reference in tertiary gynecological and obstetric care health system.

Data collection preceded the maternity manager agreement and approval by the Ethics Committee in Research from the Federal University of Rio Grande do Norte, with Certificate of Introduction to Ethics Assessment number 10332312.9.0000.5537. Furthermore, before the interviews started, participants were asked to sign the informed consent (TFCC). In this, the confidentiality of the information provided was ensured, as well as the possibility of withdrawal at any time from the research and use of their information only for scientific purposes. Thus, the ethical and legal principles were honored that guide scientific research with human beings, as the resolution 466/2012, from the National Health Council (CSN).<sup>8</sup>

Data collection was in the period from July to August 2013, with 74 women. They were selected on the basis of the following inclusion criteria: age less than 18 years old, be hospitalized as a result of spontaneous or provoked abortion and in satisfactory physical and emotional conditions to replying to questions (absence of abundant bleeding and pain). In this way, adolescents or women

hospitalized for legal abortions were excluded (anencephaly fetus and situation of rape).

The selection of participants was for convenience. This type of sampling takes place by spontaneous demand of the subject of research in the pre-established period for data collection. Thus, there is a quantitative subject prior to the study, because the researcher choose them considering the inclusion criteria previously stipulated.<sup>9</sup>

For collection of information, a form was used containing open and closed questions. This was composed by socio-demographic variables, such as: age, ethnicity, marital status, religion and family income and gynecological-obstetrical variables such as: menarche, first sexual intercourse, first pregnancy, abortion type and use of contraceptive methods. It should be noted that the completion of the form happened on

an individual basis, respecting the privacy of each interviewee.

The data were computed on a database in Microsoft Excel 2010 and subsequently grouped in tables, containing the real and absolute values of the variables. The analysis of the results was on existing literature about the phenomenon of abortion.

RESULTS

According to the data obtained, it was noted that among the 74 participants of the study, those aged between 23 and 27 years old (28.4%) were highlighted, followed by the age group of 18-22 years old (25.7%), and brown skin (54.1%), Catholics (55.4%) in stable (55.4%), with high school complete (41.9%) and family income ranging from one to two minimum wages (60.8%). (Table 1)

Table 1. Distribution of women in abortion situation according to socio-demographics variables.

Variables	n=74	%
Age		
18-22 years old	19	25,7
23-27 years old	21	28,4
28-32 years old	13	17,5
33-38 years old	15	20,3
39-44 years old	5	6,7
> 44 years old	1	1,4
Marital Status		
Single	21	28,4
Married	12	16,2
Stable Union	41	55,4
Skin color		
White	24	32,4
Black	10	13,5
Brown	40	54,1
Religion		
Catholic	41	55,4
Evangelic	18	24,3
Believing in God	9	12,2
Without religion	4	5,4
Others	2	2,7
Education		
Elementary incomplete	18	24,3
Elementary complete	4	5,4
High school incomplete	8	10,8
High school complete	31	41,9
University Incomplete	7	9,5
University complete	6	8,1
Family income		
<1 minimum wage	3	4,0
1-2 minimum wages	45	60,8
3-4 minimum wages	15	20,3
> 5 minimum wages	10	13,5
Without income	1	1,4

Regarding the data gynecological-obstetrical searched sample, it is observed in Table 2 that most women had menarche between 13-14 (44.6%) and first sexual intercourse under eighteen years old, showing

the age range of 13-15 years old, with percentage of 47.3%. As for the first pregnancy, the corresponding percentages were the age groups of 18 to 22 years old (39.2%), followed by 13 to 17 years old(31.1%)

and from 23 to 27 years old(20.3%). Among them, 25.7% claimed to have already experienced one or two pregnancies respectively. (Table 2)

Table 2. Distribution of women in abortion situation according to gynecology-obstetric variables. Natal- RN, 2013.

Variables	n=74	%
Menarche age		
9-10 years old	7	9,5
11-12 years old	28	37,8
13-14 years old	33	44,6
> 15 years old	5	6,7
Do not remember	1	1,4
First sexual intercourse		
13-15 years old	35	47,3
16-18 years old	26	35,1
19-22 years old	7	9,5
23-25years old	3	4,0
> 25 years old	2	2,7
Do not remember	1	1,4
Age for the first pregnancy		
13-17 years old	23	31,1
18-22 years old	29	39,2
23-27 years old	15	20,3
28-32 years old	3	4,0
33- 36 years old	2	2,7
> 36 years old	2	2,7
Number of pregnancies		
0	8	10,8
1	19	25,7
2	19	25,7
3	12	16,2
4 or more	16	21,6
Number of alive children		
0	28	37,9
1	22	29,7
2	16	21,6
3	5	6,8
4 or more	3	4,0

Concerning the current pregnancy, women reported that they were with gestational age corresponding to nine and 12 weeks (43.2%) when the abortion occurred and 68 (91.9%) were experiencing a spontaneous abortion, as shown in Table 3.

Table 3. Distribution of gynecology and obstetrics data from women in abortion situation according to gestational age and typo of current abortion. Natal-RN, 2013.

Variables	n=74	%
Gestational age		
< 4 weeks	2	2,7
5-8 weeks	21	28,4
9-12 weeks	32	43,2
13-16 weeks	16	21,6
17-20 weeks	1	1,4
Do not know	2	2,7
Abortion type		
Spontaneous	68	91,9
Provoked	6	8,1

When questioned about the use of contraceptive methods, 51 women (68.9%) reported using them, oral contraceptives as the most used. Meanwhile, 23 (31.1%) claimed to not make use of any means of preventing pregnancies. (Table 4)

Table 4. Distribution of women in abortion situation according to contraceptive method used. Natal-RN, 2013.

Contraceptive Method	n=74	%
Oral contraceptive	25	33,7
Male condom	14	18,9
Injectable contraceptive	9	12,2
IUD*	1	1,4
Coitus interruptus	2	2,7
Do not used	23	31,1

\*Intrauterine device.



## DISCUSSION

The results of the present study corroborated with research conducted in different localities of Brazil. These young women, no white, Catholics and with regular partner were the most experienced abortions.<sup>10-2</sup>

Regarding the age, most interviewed was between 23 and 27 years old (28.4%) and 18-22 years old (25.7%). Such findings are consistent with the literature on this subject, showing that women aged between 20 and 30 years old, experience more frequent abortion experience.<sup>4,12</sup> It can be explained by this period to correspond, usually, one in which women have already started their sexual activity, have fixed partners and therefore, are more susceptible to occurrence of pregnancies, whether desired or not.

Susceptibility to pregnancies without planning are related to the fact that some women, when experience more stable relationships, have difficulty in adopting contraceptive methods, especially those whose male participation is crucial, because their partners tend to prevent them of this practice, which shows the male control in female contraception.<sup>13</sup> This submission, sometimes ties together the fact women are emotionally and/or financially dependent on their partners.

In the case of family income 45 of the respondents (60.8%) have one to two minimum wages, revealing the low purchasing power of the sample surveyed. It is valid to note that the remuneration mentioned matched the occupation/work declared by them, with emphasis on: babysitters, general services auxiliary and traders.

Regarding the religion, the majority of women claimed to be Catholic or evangelical. This result corroborates with the Brazilian Census, carried out in 2010, which was found to be the Brazilian population mainly Catholics.<sup>14</sup> However, it should be noted that the largest number of followers of this religion does not mean, necessarily, a constant religious practice, as there is in Brazil a culture of people mention the religious segment in which were polite, even when it is no longer followed by them.

Regarding education, it was observed a predominance of women with complete high school, while some attending university or had already completed. Such reality contradicts the national literature that associates the low level of education to a higher risk of abortions, especially by the reduced

knowledge about contraceptive methods and their misuse.<sup>11-5</sup>

Education influencing the occurrence of abortion, there is also the concept of a short statement cause effects on other variables, regarded as relevant about abortions. Among them, there are the inclusion of women in the labor market, family income and marital union.<sup>10</sup>

Regarding gynecological and obstetric data, they were relevant because the beginning of sexual life of the interviewed was in adolescence - 13 to 18 years old, period in which even in the absence of emotional maturity, sexuality and emotional relationships with the opposite sex are highlighted. The immaturity in this stage of life tends to make the adolescents believe that casual relationships do not require the use of contraceptive methods, either there is a risk of being pregnant on the first intercourse.<sup>16</sup>

The belief that relationships do not bring any risk of pregnancy may have been experienced between the participants of the study on the agenda when, most of them reported the first pregnancy through adolescence. In this sense, it is considered important to the articulation of various sectors of society - family, school, health institutions, for the planning and implementation of educational measures addressing sexuality and reproduction, in order to reduce taboos, myths and, consequently, unplanned pregnancies.

Once they were addressed about the number of pregnancy, most interviewed claimed to be pregnant once or twice. These results are consistent with the current reality when the number of children, compared to other decades, significantly decreased. This can be link to the discovery of the birth control pill and other contraceptives, which allow the woman to be the owner of their sexuality, deciding to have children or not, as well as the appropriate period for having them. In addition, the female population wants, a priori, to improve professionally and ensure financial stability, leaving in the background the option of having children.<sup>17</sup>

In the context of the data concerning the current pregnancy, gestational age was nine to 12 weeks, during which the abortion occurred. According to the Ministry of Health<sup>1</sup>, 10% of pregnancies result in abortion, being more common in the first trimester of pregnancy. It is believed that this fact occurs by exposure of women to chemical and biological factors, such as: intake of

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alcoholic beverages and tobacco, as well as fetal malformations and hormonal changes.<sup>18</sup>

Regarding the type of abortion experienced by the participants, there was a significant amount of women (91.9%) that reported the occurrence of the event spontaneously when compared with those who claimed to have voluntarily interrupted pregnancies. However, the largest number of spontaneous abortions in the group researched not necessarily is true, because the topic of abortion is associated with religious values and social prejudices that tend to make it impossible for women to reveal their real condition for fear of being stigmatized. Therefore, it is believed there was fear of some participants to be judged in case they declared the cause of the interruption of pregnancy.

Moreover, making an abortion ratio to the level of instruction informed by the interviewed, it is believed that this influences the practice of abortion, especially when there is the conception that a pregnancy and consequently a son can hinder the completion of studies or even cancellation of a professional future and the execution of a job.

The education level also related to the use of contraception. The results obtained showed the use of them by the majority of the women surveyed, the oral contraceptive and the latex male condom the most used. However, the effectiveness of birth control pills, it is necessary to discipline during its administration<sup>19</sup>, because it is believed that ingesting the drug in different time, makes vulnerable woman to an unplanned pregnancy. In this context, it is fundamental clarification of the population about contraception, aiming at promoting greater adherence to them and thus reducing the number of unwanted pregnancies.<sup>16,20</sup>

It is known that abortion is a public health problem and therefore, requires intersectoral actions to promote educational measures on family planning and responsible sexual activity. Thus, it is recognized the need to be established along the conversation groups of women and men, adolescents and/or adults in many different spaces, in order to reduce information gaps still existing in society about conception and contraception. In this sense, the primary health care, through the professional teams of the family health strategy, presents a relevant role in the elaboration of the above-mentioned measures, since the peculiarities of the worker process allow the real needs of the population to be known. In this way, workers at this level of complexity can develop

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educational activities with a view to meet the quota of the population for which it is responsible.

It is believed that improvements in family planning actions - including the adequate supply of contraceptives - are essential for women, in conjunction with their partners, being able to choose the most appropriate contraceptive method. Thus, unplanned and/or unwanted pregnancies will be avoided and therefore there will be a decrease in the number of unsafe abortions and harms to women's health.

## CONCLUSION

The results of this study allowed knowing the profile of women in situation of abortion. Therefore, the analyzed data might reveal most of the interviewed in young age and low purchasing power, whose sex life began in adolescence, being the current abortion declared by them as spontaneous.

It is important to mention that because of the interviewed were hospitalized in a hospital for post abortion procedures, the study becomes limited as the relevant data in order to know the kind of experienced abortion by sample studied, by the possibility of the surveyed feeling afraid to suffer from institutional violence of health professionals who assisted them.

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