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INDUCED ABORTION: WOMEN'S PERCEPTION OF ASSISTANCE RECEIVED ABORTAMENTO PROVOCADO: PERCEPÇÃO DE MULHERES SOBRE A ASSISTÊNCIA RECEBIDA ABORTO PROVACADO: PERCEPCIÓN DE MUJERES SOBRE LA ASISTENCIA RECIBIDA

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ABSTRACT

Objective: to identify the perception of women about the assistance received after abortion. **Method:** this study is a descriptive and exploratory with a qualitative approach, carried out with 11 women in situations of induced abortion. The production of data occurred in a public maternity, through a semi-structured interview. The speeches were treated according to the Content Analysis Technique. **Results:** positive aspects inherent to the care received were observed, but at times, care was linked to socially established ethical and moral precepts, which led to judgments of value by professionals. **Conclusion:** it is necessary to broaden the debate among health professionals to establish comprehensive assistance to women in situations of abortion to ensure their sexual and reproductive rights. **Descriptors:** Induced Abortion; Hospital Care; Health Professional; Women's Health.

RESUMO

Objetivo: identificar a percepção de mulheres sobre a assistência recebida pós-abortamento. **Método:** estudo descritivo, exploratório, com abordagem qualitativa, realizado com 11 mulheres em situação de abortamento provocado. A produção de dados ocorreu em uma maternidade pública por meio de entrevista semiestruturada. As falas foram tratadas conforme a Técnica de Análise de Conteúdo. **Resultados:** constatarem-se aspectos positivos inerentes aos cuidados recebidos, porém, em alguns momentos, a assistência esteve atrelada a preceitos éticos e morais socialmente estabelecidos, os quais acarretaram julgamentos de valor por parte dos profissionais. **Conclusão:** é necessário ampliar o debate com os profissionais de saúde para que estabeleçam uma assistência integral a mulheres em situação de abortamento visando assegurar seus direitos sexuais e reprodutivos. **Descritores:** Aborto Induzido; Assistência Hospitalar; Profissional de Saúde; Saúde da Mulher.

RESUMEN

Objetivo: identificar la percepción de mujeres sobre la asistencia recibida después del aborto. **Método:** estudio descriptivo, exploratorio con enfoque cualitativo, realizado junto a 11 mujeres en situación de aborto provocado. La producción de datos fue en una maternidad pública, por medio de entrevista semi-estructurada. Los depoimientos fueron tratados conforme la Técnica de Análisis de Contenido. **Resultados:** se constataron aspectos positivos inherentes a los cuidados recibidos, sin embargo, en algunos momentos, la asistencia estuvo atrelada a preceptos éticos y morales socialmente establecidos, los cuales tuvieron opiniones de valor por parte de los profesionales. **Conclusión:** es necesario ampliar el debate junto a los profesionales de salud, para que establzcan una asistencia integral a mujeres en situación de aborto, visando asegurar sus derechos sexuales y reproductivos. **Descriptores:** Aborto inducido; Atención Hospitalaria; Profesional Salud; Salud de la Mujer.

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INTRODUCTION

Induced miscarriage results from the intentional action of women, health professionals or others, with the purpose of discontinuing the gestational process. Assuming this practice is still an obstacle for many women since it is a phenomenon that involves moral, ethical, religious and legal aspects.¹ Even so, its incidence is representative. According to the World Health Organization (WHO), about 28 out of 1,000 women in the reproductive age have experienced spontaneous or induced abortion.²

At the national level, data on abortion are estimated based on the number of women hospitalizations for curettage in the Unified Health System (SUS). In that sense, a study identified that there was a 27% decrease in the number of hospitalizations due to abortion complications in the period from 1995 to 2013.³ Although this evidence is considered favorable, abortion is still expressively among Brazilian women, and still a serious public health problem.

The magnitude of abortion in Brazil can be evidenced in the National Abortion Survey (ANP), developed in Brazilian urban territory. It has revealed that one in five women has already had at least one abortion throughout their reproductive life.⁴ This data shows that restrictive laws lead women to seek insecure ways to interrupt their pregnancies, and may lead to physical and mental health in addition to not preventing the occurrence of abortions.

In most Latin American countries, current abortion laws are restrictive.³ In Brazil, abortion induction is allowed by the Brazilian Penal Code only in two situations: when the pregnant woman is at risk of death or in cases of pregnancy resulting from sexual violence.⁵ Also, after lengthy debates in 2012, the Federal Supreme Court (STF) decided to decriminalize abortion of anencephalic fetuses.⁶

Contrary to popular belief, the decision to terminate a pregnancy is difficult and triggers feelings of remorse and guilt, especially the moral burden of abortion practice. Also, society judges women who perform an abortion as imoral and disregards the innumerable nuances involved in this decision.⁷ For this reason, the search for obstetric care tends to be postponed by women who have caused abortion due to fear of being punished in the hospital environment. Given the taboos and stigmas related to this event, there are health professionals who do

not always provide a humanized care and free of prejudice.

The moral judgments by these workers make women experience many situations of violence. Among them, it is worth mentioning the long wait for care due to the priority of care given to parturients, and hospitalization in puerperal and newborn infants.⁸⁻⁹ For fear of being subjected to institutional violence, women do not always admit the veracity of the circumstance that led to the termination of the pregnancy.

The Ministry of Health developed the Technical Standard of Humanized Care to Abortion to reduce this type of professional conduct, with the objective of guiding the actions of health professionals and services to qualified assistance. For this, it proposes a new look at the reception of this patients, so the individuality of each woman is considered. Also, it aims to promote health education through family planning guidelines preventing unplanned pregnancies.¹⁰

In this context, attention should be drawn to the nursing staff who should establish a relationship of trust and freedom from prejudice while remaining with the woman throughout the hospitalization period. However, it is assumed that assistance to women in situations of abortion is permeated by preconceived judgments, anchored in moral and religious values. Thus, professionals tend to disregard the living conditions to which women are subjected, which, in most cases, has influence in the decision to abort.

This study started with the following question: how do women in abortion perceive the care provided to them in the hospital?

OBJECTIVE

- To identify the perception of women about post-abortion care.

METHOD

This is a descriptive, and exploratory study with a qualitative approach, developed in a maternity school, located in the city of Natal, Rio Grande do Norte, Brazil. The hospital institution is a reference in emergency and gynecological emergency and obstetric care by the Unified Health System (SUS) in the state.

Eleven women hospitalized for induced abortion participated in the study. To be interviewed, participants should be 18 years old or older, freely claiming to have induced abortion, be hospitalized as a result of this practice, and have physical (without heavy bleeding and pain) and emotional conditions to respond to the questioning. Adolescents

and women hospitalized for legal abortion were excluded from the study.

The data collection took place from March to August 2013, through a semi-structured interview. For this, a script containing sociodemographic and obstetric questions was used, and the following guiding question: *could you inform me about the assistance you received at the maternity hospital?*

Responses were treated according to Content Analysis, according to Bardin¹¹, following the technique of thematic categories. Thus, after transcription of the interviews, there was a floating and exhaustive reading, followed by the identification of the units of meanings, later codified and categorized. From this process, the following categories originated: “Professional attitude perceived as acceptable” and “Professional attitude perceived as unacceptable.” The discussion of the results was supported by the literary findings on assistance to women in the context of abortion.

This study was approved by the Research Ethics Committee of the Federal University of Rio Grande do Norte, with a Certificate of Ethical Assessment (CAAE) in March 2013, nº 10332312.9.0000.5537 and opinion nº 218,209. Before starting the data collection, participants were asked to sign the Informed Consent Term (TCLE), under the guarantee of secrecy of the information offered, the use of the content of the speeches solely for scientific purposes and the possibility of leaving the study at any stage. In this way, the research honored the ethical principles, guiding scientific research as recommended by Resolution 466/12 of the National Health Council (CNS).¹²

It is worth emphasizing that the letter E was attributed to guarantee the anonymity of the women, followed by an Arabic number available in a random way to identify the interviewees.

RESULTS

Participants ranged from 20 to 33 years old, and most of them declared to be brown, Catholic, civilly single, but in a stable affective-sexual relationship with the full high school and family income between one and two minimum wages. It should be noted that during the period of the study, the minimum wage was equivalent to R\$ 678.00.

Concerning obstetrical data, nine interviewees reported having at least one child, and only two said they did not have children. About previous abortions, six experienced an abortion for the first time,

and five revealed they had previously aborted. Outlining the current abortion, ten participants were gestational age between five and eight weeks and only one stated to be 12 weeks. Regarding the abortive method, all reported having used only Cytotec®.

Regarding the objective of the study, the content of the statements gave rise to the following categories: “Professional attitude perceived as acceptable” and “Professional attitude perceived as unacceptable”, which will be presented below.

♦ Professional attitude perceived as acceptable

Some participants mentioned the fear of seeking a health service, especially when informed by third parties about the possibility of being threatened or even reported and arrested if they revealed abortive induction. However, these thoughts are no longer confirmed by the assistance received. The assistant devoid of value judgment, made the women gain confidence to report the real reason for the abortion.

I got here, and I was well-taken care. Before the ambulance arrived, they said, 'If you go there, you're going to be arrested because abortion is a crime.' (E8)

At first, I was afraid to tell anyone. [...] but no, nobody says anything, nor they ask why you took it. (E11)

These statements show the women's fear of being judged or suffer some institutional violence due to the practice of abortion. Despite this, understanding abortion as a risky practice has led women to seek health services. Thus, the vulnerability to any conduct adopted by the professionals was overcome by the insecurity regarding their state of health.

[...] it's not good to be doing this. [...] we care about people's health. (E6)

Everyone treated me super well. They just asked if I had provoked it [the abortion] and I said yes. It's not good lying because when it was time for the curettage, they would see the rest of the tablet. (E10)

The reports presented illustrate not only women's concern for their health, but also reveal their need, to be honest with the professionals who attended them. Based on the E10 talk, this may be related to the fear of being discovered during uterine avoiding and being penalized for having omitted the actual circumstances of the abortion. Thus, they believe to be the best choice, when informing the voluntary interruption of pregnancy, and some participants were surprised positively about the assistance received. However, this perception was not unanimous.

◆ Professional attitude perceived as unacceptable

The second category showed that some of the respondents received some judgmental assistance based on values. In these cases, they reported prioritization in the care of pregnant women in labor, assistance for technical and bureaucratic care, and unethical behavior of the professionals.

[...] I noticed more attention in the prescription. They kept telling me about my situation and I kept noticing. (E1)

There was a doctor who said, 'You're so crazy!' Then I said, 'Sometimes it's not crazy ... for us to commit madness, it must be driven, it must have a reason.' (E4)

The statements show the judgments of some professionals, disregarding the women in their individualities. This can be observed in the reports when they mention more attention of the professionals to the medical record when they were labeled as “crazy” and had their act considered as a “madness.”

Valuable judgments about the phenomenon of abortion are strongly linked to religiosity, also influencing how a woman perceives herself. Thus, when recognizing as imoral or sinful, some interviewees understood that they needed to be punished for having interrupted their pregnancy.

Because we think it will abort and you will not feel anything. And here I am paying the price for what I did [...]. It took too long. (E2)

[...] If I had come earlier, I would have solved it earlier. Then I continued. I thought it would work, but it did not. I had to come here and pay my judgment. (E4)

The interviewees' statements revealed that they recognize abortion as wrong based on their moral and religious values. Therefore, they explain going to the service and the long wait for the uterine evacuation as a form of penance to be paid for having performed an act considered by them as sinful.

By making abortion public, participants are exposed and became susceptible to prejudiced judgment and behavior by the professionals. This tends to trigger the practice of institutional violence, which is interpreted by the interviewees as punishment.

DISCUSSION

The sociodemographic data of the study participants, in general, corroborate with the PNA. It identifies that most women in the national urban territory who performed abortion were between 18 and 29 years old, had an affective relationship, had children, had little education and belonged to different

religious segments. Regarding the abortive method, Cytotec® was the most used.¹³

Regarding the interviewees' statements, the two categories of the content of their reports showed a divergence in the professionals' positions. Thus, some women conceived the behavior of workers as ethical and humanized, surpassing, in general, their expectations. It is important to emphasize that this behavior was based on the absence of prejudice speeches and respect for the condition of women at the time of care.

A relevant fact to be considered is the report of the participants about the non-questioning by most of the health professionals about the circumstances that led to the occurrence of abortion. This behavior corroborates with that recommended by the Ministry of Health, given the reception of these women, regardless of the type of abortion, should be based on qualified listening and free of judgment.¹⁰ However, some interviewees stated the need, to be honest with the professionals who attended them, revealing the induction of abortion, because they understood that this is a fundamental aspect of the establishment of the necessary care for their health.

This same reality was evidenced in a research developed in Salvador, Bahia, with women who experienced post-abortion hospitalization. In this study, the authors identified that the participants considered it important to report the occurrence of abortion induction to avoid illness with the health team and avoid punishment or even fears that their symptoms worsened.⁹

According to the Technical Norm of Humanized Care to Abortion, the health workers must provide immediate assistance to this patient, paying attention to the integrality of the care. Thus, women should be seen considering the technical, biological and psychological dimensions of care, and the professional should respect the dialogue and ensure privacy in the care offered, as well as the confidentiality of information.¹⁰ Also, based on the National Policy Of Humanization (PNH), every patient has the right to be assisted by a multi-professional team, and their individuality must be considered and their needs met.¹⁴

It should be pointed out that in this study, although some participants perceived care positively, they did not mention the care provided by other health workers besides the medical and nursing staff. Possibly, this situation was not mentioned by the interviewees as a negative point because of the population, in general, recognizes in the

health services the figure of doctors and nurses as responsible for care. Also, the perception of other negative aspects more evident during the hospitalization of these women may have covered the gap in the care of the other professionals.

In the negative aspects, the speeches revealed a technician approach to the care, not considering the emotional and psychological situation of the women. Such professional behavior is based on the hegemonic biomedical model present in health service practices, which leads health professionals to establish an interpersonal relationship with women only during some technical procedure.¹⁵

The biological view that guides the behavior of doctors and nurses is probably related to the training of these professionals, in which the discussion on taboo subjects, such as abortion, is scarce or inexistent. However, when they occur, the debates are based on the technique and procedures to be established among women in situations of abortion, disregarding the different nuances surrounding this social phenomenon.¹⁶

It is understood that the prejudiced behavior adopted by professionals before a woman who interrupted a pregnancy is linked to the difficulty of depriving them of their conceptions about issues such as life and death, anchored in religious values. Such values make them believe that abortion is also a sinful act besides being a crime under Brazilian law. In this way, they feel entitled to criticize those who induce abortion or even punish them for this act.

The punishment suffered by women as a result of abortion comes from conceptions rooted in society about motherhood. From a moral and religious point of view, when performing an abortion, women deny the sacred role of mother and interrupt the life of a being in formation.⁷

This morality also means that they expect to be assisted in a dehumanized way when they turn to health services after an abortion. They recognize this act as wrong, and they deserve to be punished for having done it.⁸

However, even against abortion, health professionals must respect professional secrecy and ethics, as established by the Ministry of Health, as well as its Codes of Ethics. Thus, they can not communicate the event to any police or judicial authority without the consent of the woman or protect her.¹⁰ Therefore, it is recognized the need to broaden the debate on abortion in health services and in the training institutions of these professionals enabling them to adopt a

“therapeutic attitude” towards women. This attitude includes active listening and appreciation of grievances, enabling the establishment of an empathic relationship between health professionals and women.¹⁵

CONCLUSION

Despite the limitations of this study, especially when it was carried out during the hospitalization of the interviewees when they were experiencing an abortion, it was possible to verify relevant points about assistance to this patients. In general, the study participants realized that post-abortion care has both positive and negative aspects, linked to cultural, social and religious issues rooted in society.

Also, it was possible to understand that although the multi-professional service was recommended by the Ministry of Health, the interviewees did not mention other professionals, besides doctors and nursing staff, as responsible for their assistance during hospital admission. This situation reinforces the technician and biological character in post-abortion care.

In this sense, it is understood that, besides the technical care offered to women in situations of abortion, professionals should establish comprehensive care to include advice and clarification on the use of contraceptive methods. Thus, they can make their reproductive choices consciously, ensuring their sexual and reproductive rights.

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