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Pregnancy resulting from sexual abuse: Reasons alleged by Brazilian women for carrying out the abortion - Pregnancy and violence

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Abstract

Objective: to know the reasons for women to perform the abortion when in pregnancy resulting from sexual violence.

Method: A descriptive study of 43 women aged 19-44 years who carried out legally permitted abortion between January 2000 and June 2007. It was applied a structured questionnaire with open questions to unstimulated multiple responses. It was analyzed the typification of the perpetrators of sexual violence, kind of intimidation, women's activity at the moment of the approach; information about the right to abortion; person consulted about the decision, post-abortion feelings and reasons for the choice.

Results: sexual violence committed by strangers predominated (65.1%), through threat (46.5%) and during daily activities (83.7%). The Police were the main source of information on abortion (44.2%). The decision to interrupt the pregnancy was made alone by 41.9% of the women. Among the reasons for abortion, the rejection of the pregnancy was found in 88.4% of respondents; connection with violence in 86.0%; violation of the right to decide about motherhood in 76.7%, fear of social and family negative effect for the future child in 44.2%, and fear of psychological damage in 18.6%. Relief after the abortion was reported by 74.4% and no case of repentance.

Conclusions: the decision-making on abortion had close ties with the sexual violence and the expectation of social or psychological harm to the unborn child.

Key words: sexual violence, legal abortion, mental health.

Introduction

Many factors are involved in women quality of life [1-5]. The International Conference on Population and Development (ICPD) held in Cairo in 1994, declared abortion as a serious public health problem and stated that in cases which are not against the law, you must ensure the woman has access to a safe and humanized interruption of pregnancy [6]. Brazilian legislation is restrictive on abortion, typified as crime with a penalty for the woman and the doctor who practice it. However, Article 128 of the Penal Code allows abortion to be carried out to prevent the mother's death or when pregnancy results from sexual violence [7]. In these exceptions, abortion is a right of the Brazilian woman and protection of their sexual and reproductive health is guaranteed by the Constitution and international treaties.

During the UN General Assembly in 1999, Brazil signed the ICPD +5 assuming commitment to training and equipping health care providers to ensure safe abortion to women in cases prescribed by law [6]. The rising number of Brazilian health services in the last two decades to adopt this practice, though encouraging, is still insufficient to ensure opportunity for all women. Of the 1,600 legal abortions performed between 1989 and 2005, most occurred in more developed regions of the country, while poor women from disadvantaged

regions face great difficulty to carry out a legally interrupted pregnancy [8].

Regardless of where it occurs or which population it reaches, pregnancy resulting from violence represents a serious violation of women's human rights and a strong deterrent for sexual and reproductive autonomy [9, 10]. Sexual violence is considered a universal phenomenon of high prevalence [9]. In Brazil, governmental records indicate incidence of 15.9 cases per 100 000 inhabitants, which poorly express the magnitude of the problem. It is estimated that 10% of Brazilian women in reproductive age have been forced, at least once in life, to perform humiliating sexual acts, to have sex even not wanting it, or have been afraid to deny having a sexual relationship [6].

The woman who seeks deliberate abortion may consider different reasons such as economic difficulties, health problems, neglect or lack of a partner, interference on the project life, conflict with society's rules, or social vulnerability. In all cases, the common element is unwanted pregnancy, which makes the decision of abortion complex and multifactorial [10].

Many women who have undergone voluntary induced abortion state that they were contrary to the procedure until they were in such a situation, in which abortion was considered necessary [11]. Other women keep negative opinion on abortion, even adopting and justifying its recent practice [12]. Different cultural, religious and social values contribute to ambivalent feelings and positions on abortion, making the decision process difficult and troublesome for women [13].

It is assumed that the woman who gets pregnant from sexual violence has a legitimate motivation for resorting to abortion and it is reasonable to infer that their choice is based on the rejection of the forced and unwanted pregnancy [10]. However, little is known about these women's motivations in our midst. Furthermore, there is insufficient evidence to say that abortion in cases of violence have the same motivations of other situations that lead to unwanted pregnancy, which is associated with ambivalent feelings, or incurs regret. The objective of this study is to describe the alleged reasons for Brazilian women to perform the abortion in cases of pregnancy resulting from sexual violence and the processes involved in the decision.

Method

A descriptive study with 43 women registered at the Centro de Referência da Saúde da Mulher (CRSM) aged between 19 and 44 years, who performed abortion for pregnancies resulting from sexual abuse between January 2000 and June 2007. The inclusion criteria were: abortion that had been carried out for at least one year before, characterization of sexual violence according to the Brazilian penal legislation, and age ≥ 19 years at the time of interview. We excluded adolescents, women with mental disabilities of any etiology; legally carried out abortions at the risk of death or fetal anomalies, pregnant or postpartum women at the time of interview.

Variables of study were considered: 1) the author of violence's typification; 2) forms of intimidation; 3) the woman's activity at the moment of approach; 4) source of information about the abortion right; 5) the person who the woman consulted to decide to interrupt the pregnancy; 6) immediate feelings after abortion; 7) regret or not the decision; and 8) reasons for choosing abortion.

Regarding the choice of abortion, one or more unstimulated responses were considered, classified into the following categories: rejection of the pregnancy; bond of pregnancy to sexual violence, violation of the right to choose motherhood; perspective of social and family negative effects for the future child; perspective of negative psychological effects for the future child; economic reasons; interference on the life project; lack of partner or his refusal to continue the pregnancy up to the end; lack of social or family support to keep the pregnancy; or any other reason. The classification of the spontaneous responses in these categories was preceded by the woman's agreement after the interviewer's presentation.

Pre-tested questionnaire structured with open questions was used for the collection of information. The interviews were administered by a psychologist at CRSM qualified to deal with the instruments, including participation in pre-test. The psychologist was responsible for phone contact with potential participants, application of inclusion and exclusion criteria, and the formal invitation to the study.

The inclusion of the interviewee was preceded by signing of Free and Clarified Consent Term af-

ter presentation of the study purposes, the ethical aspects and clarifying doubts. The ethical and legal principles of confidentiality and secrecy of the data source were followed. The individual interviews were conducted at CRSM or in a place defined by the woman. There was no communication among the participants. The woman had the right to discontinue participation at any time and to refuse to answer one or more questions. Participation was voluntary and did not involve payment, benefit or advantage.

It was offered for each interviewee psychological care after the interview, if necessary, as a result of participation in the study. All abortions were based on Decree-Law 2848, section II of Article 128 of the Brazilian Penal Code and followed procedures established by law and technical rules of the Ministry of Health.

Results

Of the 53 women identified in the inclusion criteria, six (3.2%) lived in areas far from CRSM and six (3.2%) refused to participate. With 43 women included, the loss recorded was 18.9%. The time elapsed between abortion and the interview ranged from one to five years, an average of 23.7 months. There was no waiver of participation or refusal to answer questions. No psychological care was asked after the interview.

The age ranged from 19 to 44 years (28.9 ± 5.4 years). The catholic religion was declared by 20 women (46.5%), evangelical by 11 (25.6%) and spiritualism in four cases (9.4%). Other religions were reported in six cases (13.9%) and two women (4.6%) said they had no religion. About marital status, 28 respondents (65.1%) were single, 13 married (30.2%) and two legally separate (4.7%).

The white color/race was declared in 25 cases (58.2%), black in 12 cases (27.9%) and mixed in six cases (13.9%). Schooling was compatible with high school education in 23 cases (53.3%) completed higher in 12 cases (27.9%) elementary school in four cases (9.4%) and incomplete elementary school in four cases (9.4%).

In 28 cases (65.1%) the perpetrator of sexual violence was a stranger. In four cases (9.3%) two or more unknown practiced sexual violence. Among 15 identified authors, former intimate partner was

observed in nine cases (60%), a resident of the community in three cases (20%), paternal uncle in one case (6.6%), co-worker in one case (6.6%) and brother-in-law in one case (6.6%).

The woman intimidation with serious threat occurred in 20 cases (46.5%), with physical violence in nine cases (20.9%) and a combination of both in 12 cases (27.9%). Two respondents (4.6%) claimed that the rape occurred in vulnerable condition because they could not resist.

The most often approach occurred during the woman's route to work, reported in 15 cases (34.9%). The woman said that was in leisure activity in 14 cases (32.5%), at home in five cases (11.6%), in the route from school in one case (2.3%), and at the offender's home in one case (2.3%). Other daily activities have been identified in seven cases (16.3%).

The police stations were the source of information about abortion rights for 19 respondents (44.2%). Public health guidance provided information in ten cases (23.3%), relatives and friends in seven cases (16.3%) and medical-legal department in five cases (11.6%). Two women (4.6%) did not remember the source of information. Three respondents (7.0%) reported difficulty in obtaining information about abortion and referral to CRSM. There was no multiple response for this variable.

In 18 cases (41.9%) the abortion decision was taken without the woman consulting a trusted person. Of the 25 women who shared their situation, 14 of them (56.0%) sought guidance from parents, seven (28.0%) with a brother or sister, three (12.0%) with a friend, and one (4.0%) with the religious leader of her church. There was no multiple response for this variable.

Table 1 summarizes the reasons given by women to resort to abortion, predominantly the rejection of the pregnancy (88.4%), linking the pregnancy with sexual violence (86.0%), and violation of the right to choose motherhood (76, 7%). There were no responses based on economic reasons, interference on the life project, difficulty related to partner or lack of family or social support to maintain the pregnancy.

Among the feelings experienced by women after abortion, the sense of relief was the most frequently, for 32 respondents (74.4%). Other feelings were reported by a short time, restricted to the first days after the abortion, such as depression (16.3%)

and feeling of guilt (9.3%). None of the 43 interviewed stated regret for having an abortion.

Table 1. Reasons alleged by the respondent to decide for the legal interruption of pregnancy resulting from sexual violence

reason for abortion*	n	%
rejection of the pregnancy	38	88,4
linking the pregnancy with sexual violence	37	86,0
violation of the right to choose motherhood	33	76,7
negative social and family effects for the future child	19	44,2
negative psychological effects for the future child	8	18,6
other	4	9,3

*one or more reasons considered for each interviewee

Discussion

The unwanted pregnancy certainly has important repercussions on women's health. It is estimated that 75 million unintended pregnancies ending in 46 million induced abortions occur each year, many carried insecurely and with high rates of morbidity and mortality [14]. While not questioning the impact of contraception to avoid unwanted pregnancy, social, cultural and economic factors influence the availability and quality of reproductive planning [10]. Even among populations with high prevalence of effective contraceptive, it is estimated that the failure inherent in each method is responsible for thousands of unplanned pregnancies [15]. In addition, some studies indicate that almost half of the women who perform deliberate abortion used some method of contraception [12, 16].

The contraceptive issues are not the only determinants of unwanted pregnancy. The Fourth World Conference on Women (FWCW) held in Beijing in 1995, recognizes women's right to decide freely about their fertility and sexuality, free of coercion, discrimination or violence [6]. However, the restriction of these rights can still be observed in almost all societies, especially those in which the woman holds position of greater submission in relation to man.

In many cases, women do not have enough autonomy to decide the timing and condition of sexual intercourse, nor feature for avoiding pregnancy [17].

Evidence shows that many men, teenagers or adults, still assign women the sole responsibility of avoiding pregnancy [18]. A study conducted in India found that nearly 30% of requests for legal abortion the cause of unwanted pregnancy was the refusal or irregular use of condoms by the partner [19]. Cultural factors lead to almost 30% of Brazilian women believe they have the obligation to have sex when partners seek them, even if they do not want [20].

Sexual violence represents the extreme of all these forms of restrictions on women's reproductive autonomy. It is estimated that sexual violence reaches 12 million people each year in the world [21]. In the U.S., rape is considered the violent crime that advances the incidence faster [22]. The highest prevalence of sexual violence are logged in countries involved into armed conflict, as the war in Bosnia-Herzegovina or in the civil conflict in Liberia. It is estimated that in the former Yugoslavia 50 000 women were raped in order to force pregnancy and promote the ethnic elimination [23].

Brazilian criminal law classified sexual violence as crime against sexual dignity, considered heinous crime and treated harshly. In addition to the deprivation of liberty, fully met in a closed regime, the aggressor has no right to pardon, provisional liberty or other benefit [7]. However, the same legislation that strongly condemns violence against women, still considers abortion a crime, what makes the practice illegal and unsafe. The most recent evidence estimated that up to 1.2 million induced abortions occur in Brazil each year, resulting in 240,000 hospitalizations for treatment of complications [24].

Although there is a decrease of these numbers in the last decade, abortion rates in our midst are much larger than observed in the countries of Western Europe, where abortion is permitted, safe and accessible [6, 24]. In contrast, there is a small number of legal abortions for pregnancies resulting from sexual violence, an average of 100 cases per year [8].

The undercount and the understandable tendency of women to conceal the event, make it difficult to identify cases of pregnancy related to violence [9]. In countries where deliberate abortion is allowed, there are indicators that half the women resorted to abortion and a third decides to accept pregnancy [25]. In Brazil, there is no study on the outcome of these pregnancies. Still, it is believed

that pregnancy that results from violence involves emotional and social impact sufficient to justify abortion-seeking [10].

Although the study had limited the sample age to avoid possible particularities of adolescence, the average of 28.9 years found did not differ from research that indicate the reproductive age young women as the main victims of sexual violence [9, 10, 25, 26]. Most respondents were white (58.2%) and single (65.1%), features seen in other publications in our country [9].

Although it has not been the purpose to establishing the relationship between religion and abortion, the majority of respondents (81.5%) declared to belong to religions with uncompromising position of condemnation of abortion, even when the pregnancy results from violence or endangers the woman's life. For the interviewees, religion was not impediment to carry out the abortion.

The perpetrator of violence is known to the victim in between 50% and 70% of sex crimes. In these cases, there is greater resistance to make the complaint and more difficult to take legal action, regardless of the woman's social, educational or economic background [9, 26, 27]. This aspect can explain the high frequency of unknown assailants found (65.1%). However, the distribution of identified authors showed no deviation from the literature, with the participation of former intimate partner and member of the community in 80% of cases [9, 10, 24]. Almost 10% of women were raped by multiple assailants, which significantly increases the risk of sexually transmitted diseases, HIV infection and severe emotional damage [9].

The threat of death, associated or not with physical force, was the main form of intimidation applied by the aggressor (74.4%), similar to that found by other researchers [28, 29]. The vulnerable condition was characterized in the lower portion of the cases (4.6%), based on alleged involuntary use of substance or drug that could prevent resistance. The frequent approach in public spaces (83.7%) suggests agreement with the violence author's profile, in most cases unknown (65.1%). Approaches in private spaces were less frequently found, at the victim's home (11.6%) or at the perpetrator's (2.3%), compatible with the authors pointed as former intimate partners (20.9%), similar to the studies conducted in our midst [9, 10, 24].

Most women said they found no difficulty in receiving information about abortion rights and reference for CRSM. The participation of police stations (44.2%) and health care providers (23.3%) suggests the importance of a network of quality care for these women, often without knowledge of their rights [8]. The role of police is noteworthy considering that Brazilian law does not require the crime reporting to the police to perform the legal abortion [7, 24]. Although positive, the data found is regional and can not be extrapolated to other regions of the country where most women still face discrimination and barriers to reach health services that perform legal abortion.

In addition to information about abortion rights, it is assumed that a woman who becomes pregnant by violence seeks support and advice to decision-making. In this sense, the majority of respondents (68.1%) sought guidance from a trusted person, especially parents, siblings and friends. Results indicate conflict with the existing literature, which states that most women who suffer sexual violence do not seek help and hide what happened, even from the family [9, 10, 24, 25, 27]. It is reasonable to assume that the offense of rape-induced pregnancy and the abortion dilemma have been facilitators to reveal the facts.

Most of the grounds for choosing abortion had sexual violence as the focal point. This reason was directly attributed by 86.0% of women and emphasized, indirectly, the rejection of the pregnancy (88.4%) and violation of the right to choose motherhood (76.6%). The highly frequent association of these responses indicates link between the choice of abortion and sexual violence, which does not occur in other circumstances of unwanted pregnancy.

The data suggests that for these women, pregnancy and violence can not be treated as isolated events. So, keep the pregnancy may mean the continuation of violence, making it difficult to overcome [10]. This hypothesis may also explain the high frequency of suicidal ideation among women who experience a rape-induced pregnancy, which reduces significantly after the abortion [9].

Almost half of the respondents joined other reasons for choosing abortion rife with rationality, considering possible social and family grievances to the unborn child, if maintained the pregnancy. The same was true about the fear of psychological

damage, although less frequently (18.6%). These data are similar to those found in other studies, suggesting that abortion is not based on women's selfishness or disrespect for motherhood. Some authors maintain that there is accountability in decision-making to avoid the birth in a condition or environment that does not allow healthy and appropriate development [10].

In fact, more than half of the interviewees expressed concern about the fetus' future, even rejecting the pregnancy, which removes the possibility of indifference for him as element of decision for abortion. Moreover, the concern is well founded, considering the possibility of adverse psychological consequences for children born from unwanted pregnancies who have abortions denied [30].

There were no reports of spontaneous responses related to economic reasons, interference on the project life, difficulty associated with the partner, or lack of support to keep the pregnancy, often cited by women undergoing deliberate abortion in other conditions. However, the results do not even make it possible to rule out these factors as supporting decision-making, which could have occurred in an interview with encouraged questions.

Although abortion is considered a difficult experience for women, most of them reported relief at the end of the procedure, situation found in this study [10]. Manifestation of guilt deserves comment, reported as transient and restricted to the first days after abortion. It is possible that the religious condemnation interferes in decision-making, consciously or not, and is associated with this kind of feeling.

Actually, most of the interviewees declared to belong to religions that strongly disapprove abortion, even in cases of sexual violence or risk of death for women. Almost half of the interviewees declared themselves catholic, religion that takes excommunication as a response to abortion while, paradoxically, does not punish the aggressor the same way. It is possible that social condemnation exerts a synergistic effect in these circumstances. In addition, the fault is often found among women who do not report serious sexual violence, committed by strangers, without having any responsibility for what happened to them [9].

There is no evidence indicating the existence of so-called "abortion trauma syndrome" as sug-

gested by some authors, which cause severe psychological damage to women [31]. Rather, studies have found satisfactory and appropriate emotional responses to legally induced abortion. Negative effects are exceptional, usually less severe than those arising from pregnancy maintained until the end against woman's desire [32-34]. In this study, the respondents' answers did not suggest emotional harm related to abortion. The negative feelings identified, transient and of short duration, can be part of the normal and proper emotional response to the crisis [35].

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