



ORIGINAL ARTICLE

ABORTION DECRIMINALIZATION: PERCEPTION OF MANAGERS IN BORDER CITIES

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ABSTRACT

Objective: To describe the perception of managers of border cities about the law that decriminalizes abortion in Uruguay.

Method: A qualitative, exploratory and descriptive research, which conducted semi-structured interviews in March 2017. Six municipal and health managers from border cities between Brazil and Uruguay participated. The thematic analysis as described by Minayo was used.

Results: The managers pointed out that moral, religious and scientific arguments still permeate the discussion, and recognized that these factors do not prevent the woman's decision to perform the abortion. The participants pointed out that there is a lack of information about the abortion decriminalization law and the full monitoring of women. They agreed that they should consider the large border flow, besides the dual citizenship that grants them rights.

Conclusion: This study can contribute to the debate on women's rights in the abortion decision, and support managers to discuss public health.

DESCRIPTORS: Induced Abortion; Public Health; Public Policy; Sexual and Reproductive Rights; Women's Health.

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DESCRIMINALIZAÇÃO DO ABORTO: PERCEPÇÃO DOS GESTORES EM CIDADES FRONTEIRIÇAS**RESUMO**

Objetivo: descrever a percepção dos gestores de municípios fronteiriços sobre a lei que descriminaliza o aborto no Uruguai.

Método: pesquisa qualitativa, exploratória e descritiva, que realizou entrevistas semiestruturadas no mês de março de 2017. Participaram seis gestores municipais e de saúde de cidades fronteiriças entre o Brasil e Uruguai. Utilizou-se a análise temática conforme descrita por Minayo.

Resultados: os gestores apontaram que argumentos morais, religiosos e científicos ainda permeiam a discussão, e reconheceram que estes fatores não impedem a decisão da mulher na realização do aborto. Os participantes assinalaram que faltam informações sobre a lei de descriminalização do aborto, e o acompanhamento integral das mulheres. Concordaram que devem considerar o grande fluxo fronteiriço, além da dupla cidadania que lhes concede direitos.

Conclusão: este estudo pode contribuir para o debate sobre direito da mulher na decisão do aborto, e apoiar gestores para discutir a saúde pública.

DESCRIPTORES: Aborto Induzido; Saúde Pública; Política Pública; Direitos Sexuais e Reprodutivos; Saúde da Mulher.

DESPENALIZACIÓN DEL ABORTO: LA PERCEPCIÓN DE LOS ADMINISTRADORES EN CIUDADES FRONTERIZAS**RESUMEN:**

Objetivo: describir la percepción de los administradores de municipios fronterizos sobre la ley que despenaliza el aborto en Uruguay.

Método: investigación cualitativa, exploratoria y descriptiva en la que se realizaron entrevistas semiestructuradas en el mes de marzo de 2017. Participaron seis administradores municipales y de salud de ciudades fronterizas entre Brasil y Uruguay. Se utilizó el análisis temático conforme a lo descrito por Minayo.

Resultados: los administradores señalaron que diversos argumentos morales, religiosos y científicos todavía permean el debate, y reconocen que estos factores no impiden la decisión de abortar de la mujer. Los participantes señalaron que falta información sobre la ley de despenalización del aborto y sobre el acompañamiento integral de las mujeres. Coincidieron en que deben considerar el gran flujo fronterizo, además de la doble ciudadanía que les concede derechos.

Conclusión: este estudio puede contribuir al debate sobre el derecho de la mujer en la decisión de abortar, además de apoyar a los administradores para discutir la salud pública.

DESCRIPTORES: Aborto inducido; Salud pública; Política pública; Derechos sexuales y reproductivos; Salud de la mujer.

INTRODUCTION

Abortion is a public health problem due to the expressive maternal mortality number, mainly due to procedures performed in clandestine places without the necessary care. A recent study shows that every year more than 25 million unsafe abortions are performed worldwide, most of them in developing countries of Africa, Asia, and Latin America, mainly in those where the practice is partially or completely prohibited⁽¹⁾.

In Latin America, Argentina and Brazil have outdated legislations, which has a direct impact on the sexual and reproductive rights of women living in these countries⁽²⁾. This implies gaps for the availability of legal and safe abortion and in the feminine autonomy, given that pregnancy interruption is criminalized, being allowed only in some cases, as when there is risk of maternal death and sexual violence⁽³⁻⁴⁾.

The negative impact of this procedure falls mainly on women with lower financial conditions, who frequently die or live with sequelae related to clandestine abortion risk situations, reflecting the social inequality experienced in the country⁽⁵⁾.

On the other hand, countries where abortion is decriminalized show results such as a reduction in the number of procedures carried out and, consequently, of deaths due to them. Holland presents the lowest abortion indexes⁽²⁾. And in Portugal, there was a significant decrease in the performance of this procedure and the awareness of society on women's right to make a decision⁽⁶⁾.

In Latin America, the vanguard is Uruguay's, a country that in Law No. 18,987 provides for pregnancy voluntary interruption, allowing it to be carried out during the first 12 weeks⁽⁷⁾. As a result, there was a reduction in the number of women who decided to do so since medical, psychological and social support is provided for a conscious and responsible decision⁽⁸⁾.

In the border region between Brazil and Uruguay, it can be said that two different legislations deal with abortion due to the floating population that resides in the place; therefore, a woman with dual citizenship can perform the procedure legally and safely in Uruguay.

Thus, this research sought to answer the following question: What is the perception of health managers, Brazilians and Uruguayans, regarding abortion decriminalization law in Uruguay?

Due to their attributions of organizing the municipal health systems and the large flow of women in the border between Brazil and Uruguay who have dual citizenship, it is necessary to understand the debate and judgment of these managers concerning pregnancy voluntary interruption.

METHOD

This is a qualitative, exploratory and descriptive research conducted in four twin cities between Brazil and Uruguay, namely: Jaguarão, Aceguá, Santana do Livramento on the Brazilian side and Rivera on the Uruguayan side, with the purpose of knowing the perception of health managers regarding Uruguay's abortion decriminalization law.

Health managers and secretaries absent from the city for more than two days at the time of data collection were excluded. Six people who were managers in these cities participated, including mayors and health secretaries who responded positively to the researcher, through a municipal consent letter and the Free and Informed Consent Form.

Data collection took place through a semi-structured interview, in March 2017, at a

place and time pre-determined by the respondent, in the managers' offices. The interviews were recorded in a digital device and later transcribed and organized in document made in the Microsoft Word® program; subsequently, data analysis was performed based on Minayo's operative proposal⁽⁹⁾.

In order to maintain the managers' anonymity, we decided to identify them by the following acronyms: (GB) for Brazilian manager (*Gestor Brasileiro* in Portuguese), and (GU) for Uruguayan manager (*Gestor Uruguaio* in Portuguese), followed by the numbering assigned in the order of the interviews.

For the development of the research, the guidelines and regulatory standards for research involving human beings from Resolution No. 466/2012⁽¹⁰⁾ were respected, with the approval by the Research Ethics Committee of the Medical School of the Federal University of Pelotas under number 1,971,033.

RESULTS

From the information analysis, two themes were structured: Religion, culture, morality and reproductive rights; and Managers' knowledge about the Uruguayan law and perspectives on Brazilian public health.

Religion, culture, morality and reproductive rights

The theme of abortion generates discussions that embrace concepts and perceptions of the social and cultural organization of different countries, stimulates feelings, awareness, and experiences of societies. When investigating the managers' perception of the abortion decriminalization law, questions emerge about social conditions, legislation built over the years, moralism, religiosity and science. The following is an excerpt from a speech that meets this discussion:

I have an understanding as a person, stepping back from a more personal and religious issue and placing myself as a manager of a progressive government. From what I have as an ideology, an understanding of equal rights, in terms of genders. I think it is an important issue that all women have to access that right. [...] I do not think she should be criminalized for that. Right comes first. (GB4)

Through the speech of the participants of this study, it was verified that abortion criminalization in Brazil does not stop the act from occurring, regardless of issues that will permeate the woman's decision, as seen in the following excerpts:

So, it is no use us repressing issues that are rooted in the heart of society. We understand that abortion needs to be decriminalized in Brazil because of the established relationship, the legal relationship, established by prohibition, it does not define that no abortions will occur in Brazil. (GB2)

First, I think it is hypocrisy saying that women do not practice abortion, they do. Mainly, and, so, I am in favor of decriminalization, because sometimes, at the moment of choice or despair, they perform the abortion. It is hypocrisy saying there is no such thing. (GB3)

We can infer that the prohibition of voluntary abortion does not inhibit its occurrence but only makes the practice unsafe and risky for women. However, it is known that the Brazilian society presents a very conservative character about the issue of voluntary abortion, as seen in the following speech:

I will position myself against abortion [...] all respect to those who think differently, I think any policy that, unless in very special situations, I think it is a practice not recommended at all. (GB5)

In this perspective, the debates around abortion continue to present a conservative trend, as demonstrated by the speech of GB3 below:

The Brazilian judiciary power itself is still conservative. (GB3)

Moreover, the principle of rationality is violated when the illegality of voluntary abortion is consequently linked to the high maternal mortality in the country and the health problems of thousands of women. The importance of public policies can be identified in the following participant's speech:

[...] To work on a public policy that improves people's lives and that women do not feel guilty, because sometimes they too are victims and most of the time they are victims. (GB2)

Other points still present in the discussion on the abortion decriminalization are prejudice and the religious issue, as can be seen in the following speeches:

Because Brazil is still a very prejudiced country, we know that. We say no, but we know it is. And there is the whole religious issue involved. (GB1)

And the women themselves, they, they have an opinion, but they do not expose themselves yet, even because of this prejudice people are afraid to debate. (GB3)

The example of Uruguay states that the decriminalization of abortion is a way to save lives and guide policies, with the objectives of reducing maternal mortality and improving family planning, as stated by the participant below:

[...] We stay very happy when they give up. I always say I hope one day I can close this polyclinic and not work on it anymore. It is not that I enjoy doing it, but I do not want more women to die[.] And they died. In the country, this law is accompanied by a strong family planning component, because if we make a law that allows abortion and do nothing so that women do not get pregnant without wanting to, then we are doing things wrong. (GU6)

Managers' knowledge about the Uruguayan law and perspectives on Brazilian public health

Discrimination against abortion in Uruguay may affect the management dynamics of access to and use of health services; therefore, Brazilian managers were asked about their knowledge of how the law is governed in the neighboring country. The following are the participants' reports:

Considering that they go there, they perform the abortion and do not follow a care line. There were already several cases of women going to the hospital bleeding, with this, with that, and the care continues to be done here. (GB1)

About abortion, I wasn't following this debate in Uruguay [...] but soon the use of Brazilian women in the Uruguayan system, I do not know how the Uruguayan system would receive this either, so I do not know how it would work, because I do not know the details of Uruguayan politics. (GB2)

An Uruguayan nationality woman who wishes to perform the procedure must express the wish in any unit of the National Integrated Health System to inform a doctor of this wish. Two participants cited that:

[...] for them to be able to access the public system there, there are all the rules and criteria, and the last path is abortion. (GB3)

[...] because access there is regulated. This is the difference. What a Brazilian woman who is going to get there and... Is required to enter the system to get care for abortion. It is not a free, free issue the initiative to express the desire for an abortion, but there is a whole process of professional medical and psychological accompaniment. The person will always

be urged not to do this, until the last consultation. (GB4)

We remark that the treatment offered to the patients who wish to have an abortion is done integrally, as seen in the following speech:

From November 2013 until now, with the enactment of the abortion decriminalization law, we have worked in the best possible way, that is, in the pre-, intra- and post-abortion period. Because, as the law allows you to interrupt your pregnancy until 12 weeks, it mentions that the best way to do it is with the medicines, and that is what we do. (GU6)

After the decriminalization of abortion, the numbers bring the success obtained through a counseling model, as portrayed in the participant's speech below:

[...] Therefore, with this project, with this way of working, the mortality caused by abortion has decreased to zero, we do not have maternal death by abortion, we have maternal death by other causes, well, all countries have, we have very few. (GU6)

We can see that there is a great need to debate the issue of abortion decriminalization in Brazil based on being it a serious public health problem, triggering reflections and view enlargements on the subject, as well as in the speeches below:

[...] it opens a door to debate about the abortion policy that Brazil uses, what we need is to try to regulate this and may it be following what society defends. I think it is that, actually, also it can be a great way for us to debate some innovations in Brazil and, once again, I think that Uruguay is ahead of the game to have this debate. (GB2)

We have to move forward on the abortion decriminalization issue. In that sense, we have to broaden our debate and work on regulating it. (GB3)

The fact that induced abortion is considered a public health problem has led many people to support their position in favor of legalization. So, the manager states that:

The process of decriminalization, which ultimately preserves life much more than attacks it [...] we end up realizing that her action is actually positive and we can much more preserve life than in fact how it happens today, with all the mortality, with absurdities that we see, from the issue of abortion, social inequality issues, issues that women end up submitting themselves today in Brazil to perform an illegal and irregular abortion. (GB2)

DISCUSSION

By what was said in the managers' speeches, it is asserted that exemplary democracy is directly and intimately linked to the autonomy of women to decide on their own bodies, whether or not they wish to interrupt a pregnancy⁽¹¹⁾. Women's autonomy is an unavoidable issue when discussing the right to abortion. Thus, when the issue of abortion is moralized, the right of women and their decision-making autonomy end up being left aside.

Clandestine abortion does not happen as an isolated, rare and unknown practice, as suggested by abortion rates and maternal mortality estimates due to this cause in the country⁽¹²⁾. Clandestinity in Brazil, besides occurring expressively, can reflect negatively both in the psychic and physical health of the woman, as well as for the public health system in the country⁽¹³⁾.

The physical consequences associated with abortion are reflected in the number of hospital admissions since uterine evacuation resulting from the act is the second most common obstetric procedure in the Brazilian public network⁽¹⁴⁾. Because of this, the vast majority of women who express the desire to interrupt their pregnancies are helpless of their right to health and, precisely because the act is considered a crime in the country, many resort to clandestine and unsafe practices⁽¹⁵⁾.

Even in the face of the severe restrictions in Brazil, abortion is performed by thousands of women⁽¹⁶⁾. We highlight that the issue permeates reproductive rights, that is, it is related to the fundamental rights and guarantees of women, such as their rights to life, health, privacy, dignity and autonomy.

Therefore, we recommend, at an international level, that abortion be removed from the penal sphere, supported by the rights and public health approach. The bodies responsible for monitoring international covenants and documents demonstrate, in their conclusions, deep concern about the direct relationship between unsafe abortion and maternal morbidity and mortality⁽¹⁷⁾.

In the speeches of some managers the weight of ideologies favorable to criminalization can be noticed, and many times the facts, the risk of morbidity and mortality when practicing abortion are not analyzed. Few studies carry out an analysis of the family planning programs' effectiveness, and the inequities existing in the social context in which women are part of⁽¹⁸⁾.

It is possible to note that the issues governing the pregnancy interruption in the judiciary power have religious fundamentalism that often uses arguments against the abortion decriminalization that go against the principle of the secular state.

Thus, considering abortion as a crime also undermines a set of legal and democratic principles, such as honesty, subsidiarity, and rationality, considering that it is not justifiable to maintain criminalization when the social problems caused by the fact of being a crime are more serious than the problems faced by women after decriminalized abortion⁽¹⁷⁾.

When it comes to integrity, the criminalization of abortion is inefficient, since about one million abortions continue to occur every year in Brazil. Also, the rates of criminal convictions for submission to the abortion procedure are negligible: in 2014, only 33 women were convicted of the crime. Criminalization also violates the principle of subsidiarity by being adopted when other resources are available to combat the problem. In this context, increased investment in family planning and sexuality education programs constitutes much more effective alternative policies for the prevention of unintended pregnancies and abortions⁽¹⁷⁾.

It is essential that the health professionals work and strive to disseminate clear information to users so that they have options and can participate in the choice of contraceptive methods that are most appropriate for them. Forcing a woman to carry a pregnancy to term when she does not want to causes the State to take from her the control of her own body.

In opting for a clandestine abortion, women not only face the risk of death but also a context of guilt by part of society and the possibility of a criminal conviction, which prevents the full exercise of women's right to make decisions free of all forms of coercion and violence⁽¹⁶⁾.

By analyzing what happens in developed countries, most with liberal abortion laws, there is greater access to contraception and sex education. In developed countries, there are 17 abortions per 1,000 women aged between 15 and 44, while in the same age group, in underdeveloped countries, there are 29 abortions per 1,000 women. This difference is important since, in developed countries, 95% of the abortions are safe, while in developing countries only 44% are safe⁽¹⁹⁾.

Uruguay is using strategies that have proved effective in reducing the number of voluntary abortions, based on the classic tripod education: family planning and safe abortion services, health education, and sexual and reproductive rights for the responsible exercise of sexuality⁽¹⁹⁾.

Based on scientific studies and on the quality of assistance, the Brazilian State needs to review the care and protocols of the services that assist women who find themselves in situations of risk when performing a precarious abortion, to guarantee their sexual and

reproductive rights, their lives and their decision-making power.

In this study, we highlight the fact that, despite the territorial proximity between the two countries, there is in these cases the strong position of the nation-State, and we learn in the speeches a more appreciation for the internal issues of the country, which can be a limiting factor for the managers in health issues, in addition to being a border.

The model chosen in Uruguay was of counseling, that is, the procedure is no longer a crime for women born in Uruguay, with dual citizenship or residing there for at least one year, who comply with the requirements of Law 18,987/12 and who do the procedure until the twelfth week of gestation^(5,7). Regarding nationality, Uruguayan citizens can access services; foreign women are allowed to do so only if they have a legal residence of more than one year in the country⁽⁷⁾.

It is understood that, when the time to perform an abortion comes, the gynecologist treats the pregnant woman in the least harmful and least risky way. According to the Uruguay presidential office, with the data support from the Ministry of Public Health, the number of maternal deaths has been reduced to almost zero since the passage of the law, and these data positively impact on the analysis of the women's health situation at a national level and the costs for health management⁽²⁰⁾.

In Brazil, there is a need to broaden the debate throughout society, because in many institutions there is no basis for the subject to think critically and autonomously, making it necessary, both for teaching and for moral development, a deconstruction of what is currently understood as education⁽²¹⁾.

Education needs to be expanded to include controversial and ethical issues. Thus, there will be a critical, reflexive evolution, bringing up issues that are currently taboo for society. We must consider that women get pregnant without planning to, with more or less precarious living conditions⁽²²⁾. Perhaps this is the ethical issue that has caused most impact and doubt in the Brazilian society recently⁽²³⁾.

We observe in the managers' perception, from their speeches, that abortion decriminalization could protect more lives, avoid social inequalities of access to health services and preserve women's rights.

Based on the foregoing, there is a need to pass on information to Brazilian managers in border regions on the subject, clarifying how Uruguay has made progress on political issues and individual rights. In this way, municipal managers will be able to discuss public policies with property, considering the reality and proposals beyond social groups that support abortion pro-decriminalization movements in Brazil.

As a limitation, we point out that the study exposes the municipal management perspective, which may present a health services administration's bias. Thus, we suggest that new studies can be carried out with the workers of these services to understand in daily life the practice and behaviors offered to these women.

FINAL CONSIDERATIONS

Abortion as a public health issue is supported not only by physical and psychological complications but also by high mortality. Therefore, it demands to be analyzed in a broader context, because the taboo that involves the issue of criminal abortion generates morality formation in the Brazilian society.

Based on the results of this study, it was verified that some of the Brazilian managers did not have in-depth knowledge about the legislation of the neighboring country, and how abortion occurs safely, respecting the desire and autonomy of women. The perception of these managers was that Brazilian women perform the abortion in Uruguay and return

to the country without receiving the necessary health care, which generates overload in the Brazilian services and risks to women's health, which does not correspond to reality.

We point out that these same managers put their beliefs and values as a key point to not support the discussion on the subject in Brazil, relegating to second place that abortion is not only flawed in its goal of protecting life, but that it also causes other serious social and public health problems, increasing social inequalities and the numbers of maternal mortality.

On the other hand, we have both Brazilian and Uruguayan managers with positive perceptions of Uruguay's experience in abortion decriminalization, because they understood that it is necessary to broaden the look at the quality of life and access to women's sexual and reproductive rights. In this sense, they realized that the counseling model adopted by the neighboring country protects women's lives.

It should be noted that Brazilian border managers are key players in the search for abortion decriminalization in Brazil since the neighboring country offers the same right to women who have dual citizenship and can realize the effects of Uruguayan legislation on women's quality of life.

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