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Original article

Induced and unsafe abortion 20 years after the International Conference on Population and Development, Cairo, 94: prevalence and sociodemographic characteristics. Favela México 70, São Vicente, São Paulo, Brazil[☆]



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ABSTRACT

Objective: This research aimed at calculating the prevalence of women with induced and unsafe abortion and spontaneous abortion as well as the sociodemographic characteristics associated to them in a low income population.

Method: It consists of a cross-sectional study, with a random sample of women in fertile age from 15 to 49 years of age, living in Favela México 70, in São Vicente-SP, performed in the last quarter of 2008. The method used for the analysis of the data was the Multiple Multinomial Logistic Regression in order to determine the main independent variables associated to the occurrence of induced abortion, with CI=95% and $p < 0.05$. The statistical analyses were performed with the help of the SPSS software, version 17.0.

Results: Among the 860 women from 15 to 49 years of age living in this community, it was observed a median of 2 pregnancies for women without abortions and, for women who reported induced abortion, 51 women, a median of 4 pregnancies. It was also observed a mean of 2.53 live born children/women in the studied population. In the final Multiple Multinomial Logistic Regression model, there remained the following categorized independent variables: "number of live born children > 2" (OR = 4.0), showing that women with 2 or more children have a 4-time-higher chance of inducing an abortion and "accepting abortion by lack of economic conditions" (OR = 11.5), which indicates that women without economic conditions of continuing pregnancy and/or raising one more child present an 11.5-time-higher chance of inducing an abortion.

Conclusions: It may be concluded that, by lack of an efficient contraception system and family planning, women with low income up to now, after 20 years of the International Conference on Population and Development, Cairo, 1994, resort to induced and unsafe

[☆] Study conducted at the Departamento de Medicina Preventiva, Escola Paulista de Medicina, Universidade Federal de São Paulo (UNIFESP), São Paulo, SP, Brazil.

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abortion in order to diminish their own fertility and family size, in face of an unintended, unwanted or inopportune pregnancy.

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Aborto induzido e inseguro 20 anos após a Conferência Internacional de População e Desenvolvimento, Cairo, 94: Prevalência e características sociodemográficas. Favela México 70, São Vicente, São Paulo, Brasil

R E S U M O

Palavras-chave:

Aborto induzido

Taxa de abortos

Aborto criminoso

Fatores socioeconômicos

Objetivo: Calcular a prevalência de mulheres com aborto provocado e inseguro e de aborto espontâneo, bem como as características sociodemográficas a eles associadas em uma população de baixa renda.

Método: Estudo transversal, com amostra aleatória de mulheres em idade fértil de 15 a 49 anos, residentes na Favela México 70, em São Vicente (SP), efetuada no último trimestre de 2008. O método usado para a análise dos dados foi a regressão logística multinomial múltipla para determinar as principais variáveis independentes associadas à ocorrência de aborto provocado, com IC = 95% e $p < 0,05$. As análises estatísticas foram feitas com o auxílio do programa SPSS versão 17.0.

Resultados: Entre as 860 mulheres de 15 a 49 anos residentes nessa comunidade observou-se mediana de duas gestações para as sem aborto. Para as que declararam aborto provocado, 51, uma mediana de quatro gestações. Foi observada ainda média de 2,53 filhos nascidos vivos/mulher na população em estudo. No modelo final de regressão logística multinomial múltipla permaneceram as seguintes variáveis independentes categorizadas: “número de filhos nascidos vivos > 2 ” (OR = 4,0), mostra que as mulheres com dois ou mais filhos apresentam uma chance quatro vezes maior de provocar um aborto; e “aceitação do aborto por falta de condições econômicas” (OR = 11,5), indica que as mulheres sem condições econômicas de prosseguir na gestação e/ou criar mais um filho apresentam chance 11,5 vezes maior de provocar um aborto.

Conclusões: Por falta de um sistema eficaz de contracepção e de planejamento familiar, mulheres de baixa renda ainda hoje, após 20 anos da International Conference on Population and Development, Cairo, 1994, recorrem ao aborto provocado e inseguro para a diminuição da própria fecundidade e do tamanho da família, frente a uma gestação inesperada, não pretendida ou inoportuna.

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Introduction

Two are the remarkable commemorative events related to abortion and maternal mortality in the years 2014–2015: Cairo + 20 and Millennium Development Goals. The first one regards the International Conference on Population and Development (ICPD) held in Cairo, 1994, whose Programme of Action legitimized the concept of Reproductive Rights, recognized by 179 countries. The ICPD also established the definition of Reproductive Health and its implications, covering themes such as abortion, Maternal Health and morbidity and mortality associated to Reproduction, among others. Twenty years after the ICPD held in Cairo, the abortion situation in Brazil remains practically the same.¹

In 2000, the United Nations (UN), while analyzing global issues, established a plan of goals, detailed by indicators, which should be achieved until the year of 2015, known as the Millennium Development Goals (MDG). The proposed

goal#5, to improve maternal health, presents target#6: to reduce by three quarters the maternal mortality ratio (MMR). Even with the decrease in maternal mortality in Brazil by 21% in 2011, referred by the Ministry of Health in 2012,² the country is yet far from achieving the proposed goal.³ The maternal mortality indicator currently reports 64 maternal deaths for 100 thousand live births (64/100.000 lb),⁴ considering at least 8% of them are caused by unsafe abortion (UA). Thus, it is fundamentally important to keep track of the trends to induced abortion (IA), whether safe or unsafe, in order to assess maternal health and the progress toward goal #5, target #6, of Millennium development on reducing MMR and achieving universal access to reproductive health.⁵

Unsafe abortion is defined as a “procedure for terminating an unintended pregnancy either by people lacking the necessary professional skills or in an environment lacking the minimal medical standards, or both”.⁶

The incidence and prevalence of IA, safe and especially unsafe ones, vary worldwide according to more restrictive or

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