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### Original article

# Social determinants of health: from the concept to the practice in outcomes of unintended pregnancies which result in induced abortion<sup>☆</sup>



Carmen Fusco<sup>a,\*</sup>, Marco Akerman<sup>b</sup>, Jefferson Drezett<sup>c,d</sup>, Rebeca de Souza e Silva<sup>a</sup>

<sup>a</sup> Department of Preventive Medicine, Universidade Federal de São Paulo (UNIFESP), São Paulo, SP, Brazil

<sup>b</sup> Faculdade de Saúde Pública, Universidade de São Paulo (USP), São Paulo, SP, Brazil

<sup>c</sup> Faculdade de Medicina do ABC (FMABC), Santo André, SP, Brazil

<sup>d</sup> Service of Sexual Violence and Legal Abortion, Hospital Pérola Byington, São Paulo, SP, Brazil

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#### ABSTRACT

The present research is a continuation of another one previously developed about unsafe abortion, associated socio-demographic characteristics and morbidity, and goes further in its analysis of the social determinants of health that influence this occurrence, generating inequities in health. This study compared data of three groups of 51 women (total of 153) submitted to induced abortion, as per situation and site of the procedure: one with “unsafe abortion” (Slum), one with “legal and safe” induced abortion (Public hospital) and a third group with “illegal and safe” induced abortion (Private clinics with appropriate standard of care). Univariate and multiple analyses of multiple multinomial logistic regression analyses were performed for the three categories with Private as reference. In the final model, the variables that proved to have a statistically significant association with induced abortion (CI = 95%;  $p < 0.05$ ) were: income, level of schooling, ethnicity/color and place of birth for Slum and, for the Hospital location, the variable ethnicity lost significance. Morbidity, resulting from the outcome, showed a highly significant discrepancy between the first sample (Slum), with 94.12% of women who reported post-abortion complications, and the other two samples (Hospital and Private) in which no case of complication was identified or reported. A critical analysis was also made on the influence of the social determinants of health implied in abortion in all samples, and on the degree of inequity generated in each one (intra-group) and among them. We aimed to better understand social determinants of health concepts in practice. Proposals of action/intervention related to the “entry points” and findings were also suggested.

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<sup>☆</sup> Study conducted at the Department of Preventive Medicine, Universidade Federal de São Paulo (UNIFESP), São Paulo, SP, Brazil.

\* Corresponding author.

E-mail: [carmenlbf@uol.com.br](mailto:carmenlbf@uol.com.br) (C. Fusco).

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## Determinantes sociais da saúde: do conceito à prática em desfechos de gestações não pretendidas que resultam em aborto provocado

### R E S U M O

#### Palavras-chave:

Determinantes sociais da saúde  
 Aborto induzido  
 Pobreza  
 Equidade  
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A presente pesquisa dá continuidade a outra previamente desenvolvida sobre aborto inseguro, características sociodemográficas associadas e morbidade e aprofunda a análise sobre determinantes sociais da saúde que influenciam essa ocorrência e geram iniquidades em saúde. Este estudo comparou três grupos de 51 mulheres, 153 ao todo, com aborto provocado: um grupo com aborto provocado “inseguro” aborto inseguro (Favela), outro com aborto provocado “legal e seguro” (Hospital Público) e um terceiro com aborto provocado “ilegal e seguro” feito em clínicas particulares (Particular). Na análise dos dados, foram efetuadas análises univariadas e múltipla de regressão logística multinomial para as três categorias de aborto provocado, relacionadas por local, tendo como referência o local Particular. No modelo final as variáveis que mostraram associação estatisticamente significativa ( $p < 0,05$ ; IC: 95%) com aborto provocado foram: renda, escolaridade, etnia/cor e origem para o local Favela. Para o local Hospital a variável etnia perdeu a significância. A morbidade resultante dos resultados mostrou uma discrepância altamente significativa entre a primeira amostra (Favela), com 94,12% das mulheres que declararam complicações pós-aborto e as outras duas amostras (Hospital e Particular), nas quais nenhum caso de complicações foi referido ou identificado. Foi efetuada, então, análise crítica sobre a influência dos determinantes sociais da saúde implicados na ocorrência do aborto provocado nas três amostras e o grau de iniquidades por eles gerado em cada uma delas e entre elas. Com isso, pretendemos entender como usar melhor os conceitos de determinantes sociais da saúde na prática. Foram sugeridas também propostas de ação/intervenção relacionadas aos “pontos de entrada” pertinentes aos achados.

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## Introduction

The present research is a continuation of another one previously developed about unsafe abortion, associated socio-demographic characteristics (SDC) and morbidity, and goes further in its analysis of the social determinants of health (SDH) that influence this occurrence, generating inequities in health.<sup>1</sup>

Twenty years after the International Conference on Population and Development (ICPD), Cairo, 1994, the situation of unsafe abortion, considered then as a serious Public Health problem, continues unchanged in Brazil.<sup>2</sup>

Unsafe abortion may be defined as the “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”.<sup>3</sup> Globally, unsafe abortion causes about 70 thousand deaths a year (13% of the total number of maternal deaths). The World Health Organization (WHO) calculates that each year, and between 19 and 22 million abortions occur in the world under conditions that are inadequate or of risk.

Almost all the abortions under conditions of risk, or unsafe, occur in developing countries or in poor countries where abortions are limited by law. In 2003, for example, 97% of all unsafe abortions occurred in developing countries, such as Brazil,<sup>4</sup> and unsafe abortion was the primary cause of maternal mortality in Latin America and the Caribbean,<sup>5</sup> a region with one

of the highest recorded rates of clandestine and unsafe abortions, that is, 31/1000 women.<sup>3</sup>

Finally, unsafe abortion is a serious Public Health problem recognized by the international scientific community in conferences promoted by the United Nations during the 1990s.<sup>6-8</sup> In countries where abortion is clandestine and unsafe, its consequences for the health of women are harmful, especially for women who are young, poor, and with a low schooling level. Hence, its impact on local public health services must be taken into account.<sup>2,4,9-11</sup>

The Social Determinants of Health (SDH) are understood as the social, economic, cultural, ethnic/racial, psychological, behavioral, and other factors that influence the occurrence of health problems and its risk factors on the population. Despite already having reached a certain consensus on the importance of SDH on the health situation, this consensus was built throughout history centered primarily on the conflict between the influences of the biological and the social factors on the health-disease process.<sup>12</sup>

After the historic Conference in Alma-Ata, in 1978, and its proposal centered on the strategy of primary care in order to provide “health for all in the year 2000”, a year when the reinforcing debate on Millennium Development Goals occurred, accompanying worldwide and growing interest, on the theme of social determinants and inequities in health, the WHO decided to “take upon itself” this issue in 2005, creating the Commission on Social Determinants of Health (CSDH). One year later, in 2006, by Presidential Decree

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