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Review article

Factors associated to late-term abortion after rape: literature review[☆]



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ARTICLE INFO

Article history:

Received 4 July 2014

Accepted 23 July 2014

Available online 26 August 2014

Keywords:

Rape

Sex Offenses

Pregnancy

Abortion

ABSTRACT

Introduction: The risk factors for unintended pregnancy and sexually transmitted diseases after the forced and unprotected sex are well known.

Objective: We aimed to investigate direct and indirect factors associated to the late-term abortion after rape.

Method: A search was performed in Medline, SciELO, LILACS and The Cochrane Library using the intersection between the keywords “rape or sex offenses”, “pregnancy”, “abortion”, including indexed articles published between 2009 and 2014.

Results: The selected studies demonstrated that it lacks in the literature studies which analyze factors directly related to late-term abortion in cases of rape, only indirect aspects.

Conclusion: Indirect evidences showed how different policies and proceedings can contribute to avoid a late-term and unsafe abortion: sexuality and reproductive health education, ending rape impunity and decriminalizing abortion, improving access to safe early abortions by removing unnecessary legal and regulatory restrictions, exchanging information to optimize processes and procedures, prioritizing the interests of the victim, better enabling teams in health services, and the prevention of pregnancy and STI, including HIV infection.

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<http://dx.doi.org/10.1016/j.recli.2014.08.003>

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Fatores associados ao aborto tardio após estupro: revisão de literatura

R E S U M O

Palavras-chave:

Estupro
Delitos sexuais
Gravidez
Aborto

Introdução: Os fatores de risco para gravidez indesejada e doenças sexualmente transmissíveis após sexo forçado e desprotegido são bem conhecidos.

Objetivo: Identificar fatores diretos e indiretos associados ao aborto tardio após estupro.

Método: Foi realizada busca nas bases Medline, SciELO, LILACS e The Cochrane Library com os descritores “rape or sex offences”, “pregnancy”, “abortion”, incluindo artigos indexados publicados entre 2009 e 2014.

Resultados: Foram selecionados sete estudos, os quais apresentam somente aspectos indiretos, ainda que atendam os critérios de inclusão.

Conclusão: Evidências indiretas mostraram como diferentes políticas e procedimentos podem contribuir para evitar aborto tardio e inseguro: educação em saúde reprodutiva e sexualidade, término da impunidade do estupro e descriminalização do aborto, melhora no acesso ao aborto precoce seguro removendo-se restrições regulatórias e legais desnecessárias, maior troca de informações para otimizar processos e procedimentos, priorizando os interesses da vítima, além de melhor capacitação das equipes nos serviços de saúde e a prevenção da gravidez e doenças sexualmente transmissíveis, incluindo a infecção por HIV.

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Introduction

Rape is an underreported heinous crime that affects women and men around the world with physical and psychological harm, at risk of contracting infectious diseases and which may result in an unwanted pregnancy. Numerous pregnant women for rape decide late to seek their right to legal abortion up to 22 weeks of gestation.¹

Besides representing a serious public health problem in developing countries, discuss the termination of unwanted pregnancy, whether as a result of rape or not, involves rethinking the legal, moral, religious, social and cultural aspects that are linked to it.²

Even nearly 7% of rape cases in Brazil result in pregnancy. Under Brazilian law, the victim of such violence has the right to abort, but 67.4% of women who have gone through this suffering had no access to legal abortion services in the public health and have just tried abortion unsafely or sought the service late.³

It is estimated that 60,000 to 70,000 women die annually from complications of unsafe abortion and hundreds of thousands suffer long-term consequences, including chronic pelvic pain and infertility. The reasons for the continuing high incidence of unwanted pregnancy leading to unsafe abortion include lack of access, misuse or failure of effective contraception, misinformation, forced sex, preventing women to protect themselves. Unsafe abortion is closely associated with restrictive legal environments and administrative and political barriers that impede access to existing services.⁴ In this sense, this study aimed to investigate direct and indirect factors associated to the late search for abortion after rape.

Method

Revisions were made between January 2014 and June 2014. The following database were used: Medical Literature Analysis and Retrieval System Online (MEDLINE), Literatura Latinoamericana e do Caribe (LILACS), Scientific Eletronic Library Online (SciELO), and The Cochrane Library. We used the following keywords “rape or sex offences” and “pregnancy” and “abortion”. The keywords were defined according to the Medical Subject Headings (MeSH).

Indexed articles published between 2009 and 2014 were selected by one researcher and supervised by another senior researcher. Based on titles and abstracts, the manuscripts not clearly related to the topic were excluded. Studies that did not show summary in English between 2009 and 2014 were excluded. Inclusion criteria considered studies investigating direct and indirect factors associated to late-term abortion after rape (Fig. 1).

All selected titles and abstracts were submitted to a final review, which considered the inclusion criteria. After reading the full texts, the inclusion criteria was reduced to include studies investigating abortion after rape due to the total lack of studies analyzing factors associated to late-term abortion after rape.

Results

The electronic search yielded a total of 54 references. Among these references, the first elimination resulted in the exclusion of 39 titles and abstracts, which were not clearly related to the subject of review. The titles of the remaining 15 abstracts were

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