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Induced abortion among Brazilian female sex workers: a qualitative study

Aborto induzido entre prostitutas brasileiras: um estudo qualitativo

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Abstract *Prostitutes are vulnerable to unplanned pregnancies and abortions. In Brazil, abortion is a crime and there is no data about unsafe abortions for this population. The study describes how prostitutes perform illegal abortions and the health consequences thereof. Semi-structured interviews with 39 prostitutes from three cities in Brazil with previous induced abortion experience were conducted. Sixty-six abortions, with between one and eight occurrences per woman, were recorded. The majority of the cases resulted from sexual activity with clients. The inconsistent use of condoms with regular clients and the consumption of alcohol during work were indicated as the main causes of unplanned pregnancies. The main method to perform abortion was the intravaginal and oral use of misoprostol, acquired in pharmacies or on the black market. Invasive measures were less frequently reported, however with more serious health complications. The fear of complaint to the police meant that most women do not inform the health team regarding induced abortion. The majority of prostitutes aborted with the use of illegally-acquired misoprostol, ending abortion in a public hospital with infection and hemorrhagic complications. The data indicate the need for a public policy focusing on the reproductive health of prostitutes.*

Key words *Abortion, Prostitutes, Misoprostol, Reproductive health*

Resumo *As prostitutas estão vulneráveis à gravidez não planejada e ao aborto. No Brasil, essa prática é crime e não há dados sobre aborto inseguro entre essa população. O estudo descreve como prostitutas abortam ilegalmente e o impacto à saúde. Foram realizadas entrevistas semiestruturadas com 39 prostitutas de três cidades do Brasil com experiência prévia em aborto induzido. Foram realizados 66 abortos, entre 1 e 8 ocorrências por mulher. A maioria dos casos resultaram de atividades sexuais com os clientes. O uso inconsistente dos condoms e o consumo de álcool na prostituição foram indicadas como as principais causas de gravidez não planejada. O principal método para abortar foi uso intravaginal e oral de misoprostol, adquirido em farmácias ou no mercado clandestino. Métodos invasivos foram menos frequentes, apesar de com mais sérias implicações à saúde. O medo de denúncia à polícia fez com que a maioria das mulheres não informasse à equipe de saúde sobre a indução do aborto. A maioria das prostitutas abortou com uso de misoprostol adquirido ilegalmente, finalizando o aborto em hospital público com quadros de infecção e complicações hemorrágicas. Os dados indicam a necessidade de uma política pública voltada à saúde reprodutiva das prostitutas.*

Palavras-chave *Aborto, Profissionais do sexo, Prostitutas, Misoprostol, Saúde Reprodutiva*

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Introduction

The sexual and reproductive health of female sex workers is widely unexplored by public health studies in Latin America. In the last two decades, the political and research agenda for health has been focused on the HIV/AIDS epidemic and other sexually transmitted diseases[1,2]. There was an increase in the use of condoms among female sex workers, but international research data demonstrate that they still have high rates of unplanned pregnancies and abortions compared with other groups[3-5]. A Canadian study found that 36% of local sex workers have had at least one abortion in their reproductive life[6], while 86% of Kenyan sex workers have had at least one abortion and 50% of them have had more than one[7].

In Brazil abortion is forbidden by the 1940 Penal Code. There are three exceptions in which women will not be prosecuted: in the case of rape, risk to the life of the woman, and foetal anencephaly. Even in this restrictive legal frame, the magnitude of abortion is high. A 2010 national survey showed that one in five women at the age of 40 have had at least one abortion[8]. Misoprostol is widely used by women to perform an abortion, in spite of its illegal commercialization. Before its popularization in the 1990s, the most common methods were probes or perforating utensils, with high levels of morbidity[9]. The popular use of illegal misoprostol has changed the levels of infectious and haemorrhagic outcomes of unsafe abortions in Brazil[10]; nevertheless, illegal and unsafe abortion is still a significant cause of morbidity in Brazil[11,12].

Brazil has almost no epidemiological or qualitative data about abortion among sex workers. This solely Brazilian study was conducted in Teresina, Piauí and found that 52.6% of the local female sex workers have had at least one abortion and 16.5% of them reported three or more abortion events. Misoprostol was the most common method used among them (80%); however, half of the women had to be hospitalized to conclude the abortion[13]. Our objective in this paper is to describe how female sex workers perform an illegal abortion and the health consequences of the methods used.

Methods and materials

We have conducted a qualitative study with 39 women who declared themselves as sex workers in the cities of Porto Alegre, Belém, and Teresina between April and November of 2012. The invitation to participate in the study was transmitted through the snowball technique and mediated by sex workers' movements in each city. We interviewed women between 18 and 39 years old to avoid issues related to legal consent and memory errors in relation to previous reproductive events. In each city we interviewed women in different age groups (18-29; 30-39 years old) and at different levels of education (primary school, high school and university degree) aiming to analyse the abortion experiences between the different social strata.

The interviews were conducted in their places of work, such as brothels, public squares and streets at times defined by the participants. The interviews were conducted by the male author of this study to control any gender bias, and they were recorded. The interviews were guided by a semi-structured questionnaire divided into three sections: i. Socio-demographic information; ii. Methods to perform the abortion; iii. Medical complications.

The interviews were transcribed and independently analysed by the authors of this study (a physician and a social scientist). The data was codified using a 20-question instrument. The researchers compared the patterns obtained and in case of discordance they reviewed the raw data. The research proposal was reviewed and approved by the University of Brasilia Ethics Committee. All data was anonymized to avoid any identification of the participants, as abortion is illegal in the country. All participants were offered voluntary financial compensation of 8 USD to cover transportation costs. 90% of the women interviewed accepted the compensation. The Brazilian ethical review system prohibits payment for participation in academic research.

Results and Discussion

For all of the women interviewed, sex work is their main source of income and more than half of them (69.2%) indicated that they charge between R$ 20 and R$ 50 (Brazilian reais) per sexual encounter. Nearly 80% of them began sex work when they were under the age of 18, generally justifying initiating prostitution due to financial necessity. The great majority (84.6%) had more than 2 clients per day and 10% more than 5 clients per day. Over half (53.8%) did not have an intimate partner at the time of the interview and 35.9% had children. The use of alcohol before the

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act of sex was described as routine by all of those who worked in brothels. The demographic data, methods and medical outcomes are summarized in Table 1.

Table 1. Demographic data, methods and medical outcomes declared by 39 female sex workers in Brazil.

Respondent*	Education	Sex work experience (in years?)	No. of abortions	Methods to perform the abortion	Hospitalization	Medical complications
P24	High school	07	05	1st: uterine probe/ 2nd: uterine probe + misoprostol/3rd: misoprostol/ 4th: misoprostol/ 5th: misoprostol	1st: yes/ 2nd: yes/3rd: yes/ 4th: yes/ 5th: yes	1st: infection/ 2nd: hemorrhage/3rd: hemorrhage/ 4th: no/ 5th: no
P39	High school	12	03	1st: DC** in clandestine private clinic / 2nd: DC in clandestine private clinic / 3rd: DC in clandestine private clinic	1st: no/ 2nd: no/3rd: no	1st: no/ 2nd: no/3rd: no
P34	University	15	08	1st: misoprostol/ 2nd: misoprostol/ 2nd: misoprostol/3rd: misoprostol/ 4th: misoprostol/ 5th: misoprostol/ 6th: misoprostol/ 7th: misoprostol/ 8th: misoprostol	1st: no/ 2nd: yes/3rd: yes/ 4th: yes/ 5th: yes/6th: yes/7th: yes/ 8th: yes	1st: hemorrhage/ 2nd: no/3rd: no/ 4th: no/ 5th: no/ 6th: no/7th: no/ 8ºth no
P34	Primary school	06	01	Misoprostol	No	No
P38	University	20	01	uterine probe	Yes	Infection
P34	Primary school	09	01	DC in clandestine private clinic	No	No
P38	Primary school	17	03	1st: knitting needle/ 2nd: uterine probe/ 3rd: knitting needle	1st: yes/ 2nd: yes/ 3rd: no	1st: infection/ 2º: infection/ 3rd: no
P35	University	10	01	misoprostol + DC in clandestine private clinic	no	No
P29	Primary school	06	01	Misoprostol	Yes	No
P38	High school	05	02	1st: misoprostol/ 2nd: misoprostol	1st: no/ 2nd: no	1st: no/ 2nd: no
P33	Primary school	05	01	DC in clandestine private clinic	No	No
P37	Primary school	10	01	*cinnamon* and *clove* herbs + unkown medicines	Yes	No
P23	Primary school	08	01	uterine probe	Yes	hemorrhage + infection
P29	University	07	01	Misoprostol	No	hemorrhage
P28	University	08	01	Misoprostol	No	No
B31	High school	13	02	1st: misoprostol/ 2nd: misoprostol	1st: no/ 2nd: yes	No

it continues

Table 1. continuation

Respondent*	Education	Sex work experience (in years?)	No. of abortions	Methods to perform the abortion	Hospitalization	Medical complications
B34	Primary school	19	02	1st: misoprostol/ 2nd: *arnica* and *catuaba* herbs	1st: yes/ 2nd: yes	No
B26	Primary school	11	01	Misoprostol	No	No
B29	University	13	01	Misoprostol	Yes	No
B29	Primary school	12	01	Misoprostol	Yes	No
B30	Primary school	15	02	1st: herbs / 2nd: uterine probe	1st: no/ 2nd: no	No
B25	Primary school	08	01	Misoprostol	Yes	No
B38	Primary school	24	01	Misoprostol	Yes	hemorrhage
B23	High school	07	02	1st: misoprostol/ 2nd: misoprostol	1st: no/ 2nd: no	hemorrhage
B33	High school	10	01	Misoprostol	Yes	Infection
B32	High school	17	01	misoprostol + DC in clandestine private clinic	No	No
B30	High school	16	01	Misoprostol	Yes	hemorrhage
T22	Primary school	07	01	Misoprostol	No	No
T23	Primary school	08	01	Misoprostol	Yes	No
T26	High school	06	02	1st: *cinnamon* tea + misoprostol/ 2nd: misoprostol	1st: yes/ 2nd: no	no
T23	University	03	01	Misoprostol	Yes	no
T35	Primary school	19	01	*cabacinha* and *arruda* herbs + misoprostol	Yes	Infection
T28	High school	10	01	Misoprostol	Yes	No
T30	University	06	03	1st: misoprostol/	1st: yes/ 2nd:	no
T37	Primary school	23	01	2nd: misoprostol/ 3rd misoprostol	yes/ 3rd yes	Infection
T31	High school	10	01	general herbs	Yes	Infection
T32	High school	10	03	Misoprostol 1st: misoprostol/ 2nd: misoprostol/ 3rd misoprostol + uterine probe	Yes 1st: yes/ 2nd: yes/ 3rd yes	1st: no/ 2nd: no/ 3rd: infection (hysterectomy)
T22	University	02	01	Misoprostol	Yes	no
T38	Primary school	24	03	1st: *boldo* and *buchinha* herbs/ 2nd: general herbs + uterine probe/ 3rd misoprostol	1st: yes/ 2nd: yes/ 3rd: no	1st: no/ 2nd: infection/ 3rd: no

* First initial + age. ** DC: dilatation and curettage.

Methods to perform abortion

All women interviewed have had at least one experience performing an illegal abortion. The most common method is misoprostol, followed by traditional herbs and clandestine clinics. Six of the women (15%) have had 2 abortions, 5 (13%) have had 3 abortions, one had 5 abortions, and another one had 8 abortions. Even though the study was based on a convenience sample, we have not found any pattern relating education to recurrence of abortions. We can say that abortion is a common experience among female sex workers, but it is a solitary event for the majority of them. The same was found in other studies about the general female population[14]. In contrast with

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the general population, abortion is a regular reproductive experience that a sex worker will inevitably face during her professional life. 23 (59%) of them declared that the unplanned pregnancy happened as a "work accident" and not as the result of an affective-sexual relationship.

Since the introduction of misoprostol as the main illegal method among Brazilian women to self-induce an abortion, there was a significant decrease in the rates of mortality and near miss mortality[11,12]. If misoprostol empowered women to perform an abortion without exposing themselves to clandestine clinics, it also shifted the risk from clandestine medical practices to illegal drug sellers. Two Brazilian studies showed that misoprostol is sold by illegal sellers specializing in body shape medicines, such as hormone growth or loss weight[15,16]. Morbidity due to abortion was also reduced; however, some studies found that it is dependent on the safeness and precedence of the misoprostol used by the women[17,18]. The medicines are commercialized by the clandestine market, and there is some evidence that counterfeit pills are also in circulation. The main evidence that suggests the circulation of counterfeit misoprostol is the number of pills used by women to perform the abortion: the average was four, but some of them declared the use of eight pills to perform the abortion.

Considering the costs of the prostitute's services and the education background as two indicators of income and social class, we found that the most vulnerable women are those who experienced high risks while performing an illegal abortion. Women who mentioned the use of uterine probes have the lowest educational background and income. Brazilian female sex workers are full-time professionals working in prostitution, and the vast majority of them are not included in the national social security system. The local and national organizations of female sex workers emerged in the late 1990s, but most of them are concentrated in large cities and have little political impact on national health policies. Recently, the national coordinator of the HIV/AIDS policy at the Brazilian Ministry of Health was dismissed for an educational campaign on sexually transmitted disease and prostitution[19]. Prostitution is legal in Brazil, but operating a brothel and pimping remain illegal activities. Many women interviewed in this study were independent professionals, renting their own places to attend clients, but the majority of them, 22 (56%), were attached to a brothel administrated by female and male pimps.

Medical outcomes and number of misoprostol tablets used

The World Health Organization recommends misoprostol for medical abortion – 800mcg vaginal or sublingual every 8 hours up to three doses. It is safe when used in the first trimester of pregnancy[20]. In contrast with the results of other qualitative Brazilian studies about the use of misoprostol among the general female population, sex workers did not have difficulties or discomfort using vaginal misoprostol[21]. The doses used were from 1 to 8 pills, vaginal and oral. After using the medicines, the vast majority of them had vaginal bleeding and/or abdominal pain. These women, who did not have previous experience with medical abortion, learned how to use the misoprostol from the drug seller or from other sex workers. The most disturbing experience for them was to understand the body signals, such as if the expulsion of the foetus (in their words, "the expulsion of the ball") was completed. As other studies have found among the general female population, many sex workers decide to go to a hospital to check if the abortion has been successful[14,17]. Of those who were hospitalized, 63% of them did not disclose the induced abortion to the health care team.

Similar to other studies[9,10,22], intense abdominal pain and voluminous bleeding were the most common post-abortion complications described by the prostitutes. Infectious complications, requiring prolonged hospitalization and a hysterectomy in one case, were more frequently observed among those who used invasive measures. Due to the variety of means and methods used by the women, it is difficult to establish exact causes of the complications described. Nevertheless, insufficient knowledge of appropriate doses of misoprostol and, moreover, the inability to recognize the physical warning signs were frequently described by the prostitutes as post-abortion complications.

Final considerations

Female sex work provokes moral and political debates on gender justice and women's body exploitation[23]. We have opted not to advance in these important discussions: female sex work is an unfair reality in Brazil, not only on moral grounds related to the oppression of women, but mainly due to the public health consequences of this everyday practice. This study described one

public health indicator of how risky sex work activity is in Brazil – the risk of unplanned pregnancies and consequences of unsafe abortions. This study partially fills that gap describing who they are, how they performed the abortion and the health consequences of the adopted methods.

The vast majority of the sex workers have had illegal abortions using similar means and methods that the general female population in Brazil has reported using. A typical plan is to initiate the abortion at home with illegal misoprostol and to finish it at a public hospital. The medical complications were associated with the invasive methods, such as needles and probes. In almost all sex worker narratives, the abortion was a solitary experience, performed alone without helpers, partners or other women. The prostitutes who had infectious complications as a result of the abortion more frequently indicated that they delayed going to the hospital, despite fever or persistent bleeding. The main justification given was the fear of being reported by the health team to the police.

Even though abortion is on the agenda of reproductive and sexual rights in Latin America, there is no reference to female sex workers' vulnerability to unsafe abortion. The regular offer and use of contraceptives among female sex workers has the potential to reduce the magnitude of abortion, but the focus of the Brazilian public health policies has been the HIV/AIDS infection and the use of condoms. A national health policy on contraceptive and barrier methods targeting the sex worker population would be efficient in reducing their vulnerability to unsafe and illegal abortions.

Collaborations

AP Madeiro and D Diniz participated equally in all stages of preparation of the article.

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