

Abortion from the Perspective of Undergraduate Nursing Students

O aborto na perspectiva de graduandos em enfermagem

El aborto desde la perspectiva de los licenciados en enfermería

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Abstract: Objectives: Exploring the social representations of nursing students about induced abortion and discuss the social representations of nursing care for women undergoing an abortion or post-abortion with complications. Method: This is a qualitative study based on the Theory of Social Representations, carried out with 16 nursing students from the Nursing course in the Northeast region of Brazil held in November 2022. The inclusion criterion was being a student of nursing duly enrolled in the 2022.2 semester at UNEB and exclusion must be under 18 years of age. Data were collected through semi-structured interviews and analyzed using the Iramuteq software, which generated the Descending Hierarchical Classification. Results: After processing the data and grouping the words carried out by the system, the text segments were classified and the names of the classes were defined: Class 1: Nursing care for women undergoing an abortion; Class 2: Representation of induced abortion from the perspective of sexual and reproductive rights and its legalization as a way of reducing the risk of complications and death; Class 3: Representation of induced abortion from the perspective of sexual and reproductive rights and its legalization as a way of reducing the risk of complications and death. Conclusion: It is necessary that during graduation the topic is discussed more frequently so that knowledge can be expanded in the face of the challenges and complexities that future professionals will deal with when providing care to women in the process of miscarriage or post-abortion with complications.

Keywords: nursing students; nursing care; induced abortion; social representation.

Resumo: Objetivos: Explorar as representações sociais de estudantes de enfermagem sobre o abortamento provocado e discutir as representações sociais sobre o cuidado de enfermagem à mulheres em processo de abortamento ou pós-aborto com complicações. Método: Trata-se de um estudo qualitativo, fundamentado na Teoria das Representações Sociais, realizado com 16 estudantes de enfermagem do curso de Enfermagem da região do nordeste do Brasil, realizado no período de novembro de 2022. Foi utilizado como critério de inclusão ser estudante de enfermagem devidamente matriculado(a) no semestre 2022.2 da UNEB e de exclusão ser menor de 18 anos. Os dados foram coletados através da entrevista semiestruturada e analisados por meio do *software* Iramuteq que gerou a Classificação Hierárquica Descendente. Resultados: Após o processamento dos dados e o agrupamento

das palavras feito pelo sistema, obteve-se a classificação dos segmentos de texto e a definição dos nomes das classes: Classe 1: Cuidado de enfermagem à mulher em situação de aborto; Classe 2: Representação do abortamento provocado na perspectiva dos direitos sexuais e reprodutivos e sua legalização como forma de reduzir o risco de complicações e morte; Classe 3: Representação do abortamento provocado na perspectiva dos direitos sexuais e reprodutivos e sua legalização como forma de reduzir o risco de complicações e morte. Conclusão: Torna-se necessário que na graduação o tema seja discutido com mais frequência para que se possa ampliar o conhecimento frente aos desafios e complexidades que futuros profissionais irão lidar na prestação de cuidados à mulheres em processo de abortamento ou pós-aborto com complicações.

Palavras-chave: estudantes de enfermagem; cuidado de enfermagem; aborto induzido; representações sociais.

Resumen: Objetivos: Explorar las representaciones sociales de estudiantes de enfermería sobre el aborto inducido y discutir las representaciones sociales de los cuidados de enfermería a mujeres sometidas a un aborto o postaborto con complicaciones. Método: Se trata de un estudio cualitativo, basado en la Teoría de las Representaciones Sociales, realizado con 16 estudiantes de enfermería del curso de Enfermería de la región noreste de Brasil realizado en noviembre de 2022. El criterio de inclusión fue ser estudiante de enfermería debidamente matriculado en la 2022.2 semestre en la UNEB y exclusión debe ser menor de 18 años. Los datos fueron recolectados mediante entrevistas semiestructuradas y analizados mediante el *software* Iramuteq, que generó la Clasificación Jerárquica Descendente. Resultados: Después del procesamiento de los datos y la agrupación de las palabras realizadas por el sistema, se clasificaron los segmentos de texto y se definieron los nombres de las clases: Clase 1: Atención de enfermería a la mujer sometida a aborto; Clase 2: Representación del aborto inducido desde la perspectiva de los derechos sexuales y reproductivos y su legalización como forma de reducir el riesgo de complicaciones y muerte; Clase 3: Representación del aborto inducido desde la perspectiva de los derechos sexuales y reproductivos y su legalización como forma de reducir el riesgo de complicaciones y muerte. Conclusión: Es necesario que durante la graduación se discuta con mayor frecuencia el tema para que se puedan ampliar conocimientos ante los desafíos y complejidades que enfrentarán los futuros profesionales al brindar atención a mujeres en proceso de aborto o postaborto con complicaciones.

Palabras clave: estudiantes de enfermería; atención de enfermería; aborto inducido; representación social.

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Introduction

Abortion is a theme permeated by religious and cultural issues, and when it happens, even in situations provided for by the Law, it becomes a public health problem of great severity due to the high risk of complications and death of women. ⁽¹⁾

The World Health Organization defines abortion as the discontinuity of pregnancy until the 20th or 22nd week of pregnancy, provided that the conceptus weighs less than five hundred grams. ^(2, 3) Abortion is the final product of abortion, however, commonly abortion is used to refer to the very process of abortion as synonymous. Abortion can occur spontaneously or provoked. Spontaneous, when the embryo does not develop correctly and the body of the pregnant woman expels it without interventions and provoked, when methods are used to provoke the interruption of pregnancy. ⁽³⁾

Approximately 56 million abortions are performed worldwide each year. In addition to health risks, induced abortion, performed in unsafe conditions, illegally, causes harm to public health because complications generate high financial costs for treatment. ⁽⁴⁾ It is worth noting that 97 % of induced abortions occur in developing countries and their complications account for 13.12 % of maternal mortality. Safe induced abortion is seen as reducing maternal death, since interventions will be made with trained professionals and in places with adequate care. ⁽⁵⁾

In Brazil, induced or induced abortion is prohibited by law, except in cases where there is an imminent risk of death for the woman, rape or congenital anomalies. ⁽⁶⁾ The country has one of the highest rates of illegal abortion in the world, being about 500,000 per year among women aged 18 to 39 , and consequently about 40 % or 200,000 women die due to its complications. ⁽⁷⁾

The Resolution of the Federal Council of Nursing No. 564/2017 ⁽⁸⁾ recommends that it is vetoed to Nursing professionals cause or assist in an abortion process. In situations of abortion that are provided by law, the nurse has the right to refuse their participation if assistance is guaranteed. However, when women seek the health service, in situations of complications resulting from induced abortion, it is mandatory to provide care.

Faced with this problem, a study by Borges, Clemente and Netto ⁽⁹⁾ demonstrated the lack of trained professionals to deal with sensitive issues such as abortion and sexual and domestic violence. Madeiro and Rufino ⁽¹⁰⁾ also addressed, in research conducted with women who suffered abortion and health professionals, the deprivation of professionals in having knowledge about the complications of abortion and the complexity of the necessary care.

In this perspective, university education is fundamental to work with themes and issues related to humanitarian causes and breaking social stigmas, through the promotion of educational-dialogical spaces on comprehensive care —technical, humanistic and respectful, congruent with the demands of the women. ⁽¹¹⁾

Given the above, emerges the present research grounded by the Theory of Social Representations (TSR), in its procedural approach considering the possibility of, through this theory, understand the conception of nursing students about induced abortion based on common sense and, in historical, cultural, ideological and value aspects in the communication that the group shares.

For Jodelet, the TSR is characterized by the procedural approach, accessing the knowledge of social representations from an approach of interpretation of words,

understanding the human being as a producer of meanings, and analyzing the symbolic the meanings, the language, through which the human being builds the world we live. ⁽¹²⁾

The study aims to explore the social representations of nursing students about induced abortion and discuss the social representations about nursing care to women in the process of abortion or post-abortion with complications.

Methodology

This is a qualitative descriptive study, based on the Theory of Social Representations, carried out with nursing students at the State University of Bahia (UNEB), Campus XII, located in the municipality of Guanambi-BA. The conduct and presentation of research follows the criteria defined by the Consolidated Criteria for Reporting Qualitative Research (COREQ). ⁽¹³⁾

The University has 135 students enrolled in the nursing course. It was used as inclusion criterion to be a nursing student duly enrolled in semester 2022.2 of UNEB; and exclusion to be under 18.

The research was disclosed to students personally and/or through an application to send instant messages and voice calls to smartphones, through students. Considering the availability of each student, an individual moment was marked in a reserved classroom at UNEB, to avoid any intervention and maintain the participant's privacy. Thus, in this space, more information about the research was provided, reinforced the invitation, read and signed the Informed Consent Form (ICF).

It should be noted that the research was carried out throughout its history, considering the ethical standards of Resolution No. 510/2016 of the National Health Council. ⁽¹⁴⁾ It was approved by the Ethics Committee of the State University of Bahia under the number CAAE: 64244722.8.0000.0057.

Data production was carried out in November 2022 and, therefore, the semi-structured interview was used, a technique that combines open and closed questions and leave interviewee free to expose and opine about the approach. ⁽¹⁵⁾ Participants were asked questions such as "Tell me, please, what do you know about induced abortion?"; "What is your opinion about induced abortion?"; "How do you relate sexual and reproductive rights to the issue of induced abortion?"; "Have you participated in any classroom activity or classroom discussion or events during your graduation on the issue of abortion? How was the discussion? What are the main points addressed?". The interviews lasted ten minutes, on average, they were recorded with the consent of the participants.

The total number of participants was 16 students and defined based on the logic of data saturation that is understood as the perception of the researcher to have enough information to respond to the objectives of the research, given the understanding of the logic of the object, redundant and repetitive results, not requiring new collections, participations which culminates in the suspension of the data production stage. ⁽¹⁶⁾

For data analysis, the software Iramuteq (Interface de R pour les Analyses Multidimensionnelles de Textes et de Questionnaire) was used, following the patterns suggested according to the manual. This software is a tool for data processing and exploitation, providing several possibilities for text. ⁽¹⁷⁾

In this study, the Descending Hierarchical Classification Method (DHC) was used, which classifies the text segments. To this end, the analysis of the Simple over ST type was

performed, which is predetermined by the software and recommended when long texts are disposed. ⁽¹⁸⁾

Six steps were proposed for qualitative research in the process of organization, treatment and analysis of the data:⁽¹³⁾ 1st Organized and prepared the data (making of the corpus) for the analysis, followed the guidelines of the manual 2nd: Reading all data with reflection on the general meaning of the data, taking care not to change them during the transcription; 3rd: Performed a detailed analysis by the coding process with the support of IRaMuTeQ software by separating the words; 4th: new detailed analysis by the coding process, with new readings of the interviews, mainly after the organization of the data by the system in ECU (Elementary Context Units) and the words highlighted in each class; 5th: Identified as the description and themes would be represented in the qualitative narrative, according to the themes that emerged from the analysis of the data was made the theoretical support based on the literature and 6th: Extracted the meaning of the data according to the understanding of the researcher and confronted with information identified in the literature.

In the transcription and organization stage of the interview corpus was defined as Initial Context Unit (ICU) and the analytical substrate, executed in the software for data processing. After that, the ICU were grouped, giving rise to the Elementary Context Units (ECU) and the creation of a dictionary of smaller forms, through the chi-square test (X^2) that reveals the associative force between the words. ⁽¹⁸⁾

The speech clippings of the participants were also used to illustrate the classes, because they present important elements for contextualization of the words/terms that configure the DHC. These cuts were cited exactly as they were fragmented by the software, after processing, including the score, which was evaluated at the time of writing the corpus. And, to ensure the anonymity of the participants, they were identified by the letter E, followed by the order of participation.

Results and discussion

The participants were 16 nursing students from the second, fourth, sixth, eighth and ninth semesters, all female, aged between 18 and 42. Of these, ten spoke of being of the Catholic religion, four evangelicals and two denied following some kind of religion.

Although it was a limiting factor of our work the short time of the interviews and the semester in which the student is, the literature brings that this can be due to the lack of knowledge of the students about the subject, approach in graduation reflecting the lack of depth of the answers. This is also done by the traditional teaching model in which the teacher conducts the subject of personal beliefs and values. ^(19, 20)

From the grouping of words made by the system, the classification of text segments was obtained in three classes, differentiated by colors. These classes are illustrated by the dendrogram figure (Figure 1).

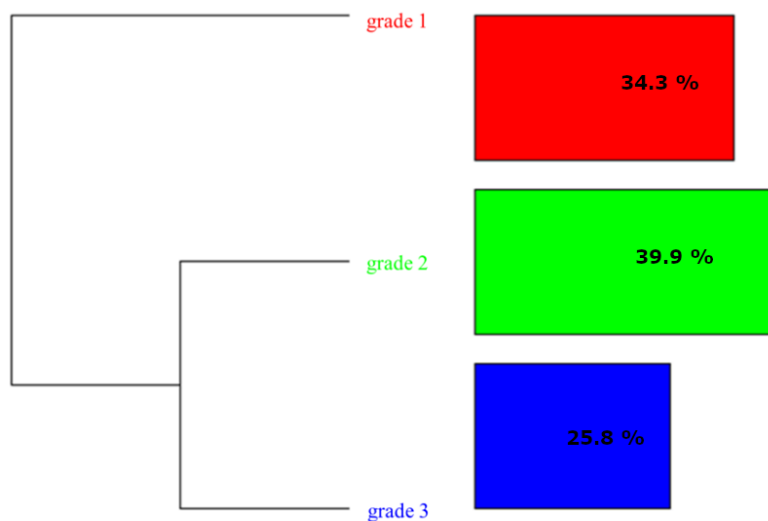


Figure 1. Dendrogram (DHC) of the classes provided by the Iramuteq software.

The presentation of this dendrogram shows the divisions that were made in the corpus, until arriving in these classes. The reading is done from left to right in which the divisions are correlated to the text segments and show the vocabulary of the words with average frequency among themselves and divergent among them. ⁽¹⁸⁾

The software divided the corpus into two subcorpus that are constituted by the ECU, thus: subcorpus 1 - Constituted by class 1 (73 ECU); subcorpus 2 - Classes 2 (85 ECU), 3 (55 ECU) with 77.74 % of use of the corpus. According to the manual, the corpus must have the use of at least 75 %, thus it can be affirmed that there was a relevant use for the research. ⁽¹⁸⁾

The following dendrogram (Figure 2) is the product of Iramuteq, which through DHC favors the visualization and the relationship of the words between them. There is no change between Figure 1 and it in relation to classification, but in this way, it is possible to visualize the number of times that the word was cited, according to its hierarchy.

From the detailed analysis of the dendrogram, and in each of the classes individually, it was noticed that in each segment the words have an agreement. The classes gained greater meaning from the comparison of the dendrogram with the fragments of the speeches, in which they demonstrated meaning and meaning for the interviews of the undergraduate students in nursing.

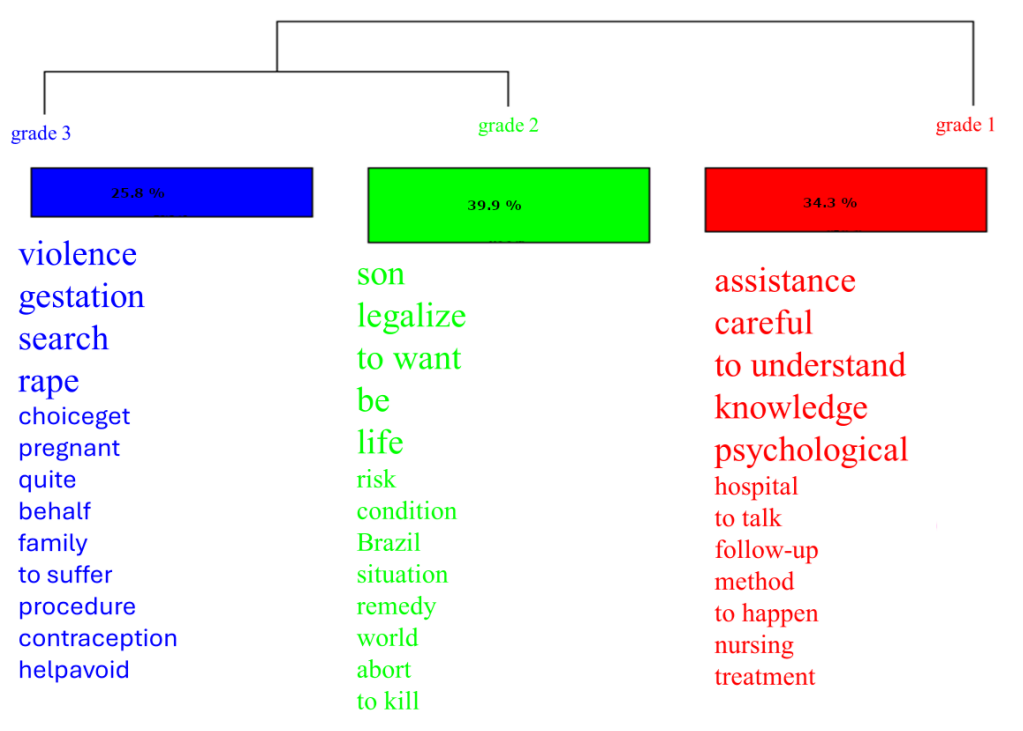


Figure 2. Dendrogram (DHC) with terms/words that make up each class.

After the data were processed, new readings, word classification and class naming began: Class 1 - Nursing care for women in an abortion situation; Class 2 - Representation of induced abortion from the perspective of sexual and reproductive rights and their legalization to reduce the risk of complications and death; Class 3 - Conscientious objections to legal or illegal abortion. To describe each class, an analysis of the words individually was performed, observing in which segments of texts they were inserted, correlating with the literature. The fragments of the interview were mentioned as they appeared in the software, exactly as they were cited, including the score that was evaluated in the making of the corpus.

Class 1 - Nursing care for women in abortion situations

This class is related to the way students represent nursing care/the care of women in abortion or post-abortion from the words “care, care and understand”, in which they are linked to the need for comprehensive care and assistance, including the psychological dimension, as explained:

We know that there are women who cause abortion there when they arrive at the hospital do not receive the necessary assistance, because of this is judging. I think it should provide care as in any other case, comprehensive care, both psychological and even assistance. (E4)

So I think that first she should have this nursing care, she needed psychological counseling because she probably wouldn’t be well psychologically. (E9)

What I observed in women’s health practices, I even found a lack of humanization in nursing care. (E14)

The speech of E 14 corroborates the highlight made by Silva, Ferreira and Freitas ⁽²¹⁾ that most health professionals are not prepared to act in a post-abortion situation. And it is

necessary for nursing to provide quality care to these patients, recognizing their vulnerability and respecting their particularities.

The need to understand the woman was also a representation seized on nursing care to the woman in post-abortion. Here, the students make clear the need for care based on the ability to understand the woman and not judge her, as can be seen below:

She is treated as if she were an animal, who did a very wrong thing, I think she needs it, care, attention and less hasty judgments, try to understand her side. (E16)

She is despised, minimized, always judged there, begins to be treated in any way having no reception, we usually see these reports like this. (E2)

Corroborating with the participants' statements, a study conducted in Piauí shows that women hospitalized in situations of abortion suffered abuse and disrespect by the team, as well as violation of privacy and confidentiality. ⁽¹⁰⁾

And in reverse, the students highlight, in their representations, the need to overcome this limited care that they usually experience in practical classes which is something quite positive considering that as future professionals will be able to provide nursing care that they themselves call as integral, humanized.

By caring comprehensively, in an approach without discrimination, without any kind of violence and exercising its role with dignity and competence, in a holistic way, nursing professionals will focus on comprehensive care for the patient, without the focus on abortion itself as an isolated factor. ⁽²²⁾

Class 2 - Representation of induced abortion from the perspective of sexual and reproductive rights and its legalization to reduce the risk of complications and death

The words most associated with this class refer to topics such as: sexual and reproductive rights of women, whether to have children, as well as the legalization of abortion and taboos on the subject, as follows:

I am against, I agree in parts by the fact that your body your rules you do not want to have children, you go there and abort. (E1)

I believe that we are still in a very sexist society and when you say that you do not want to have a child is taboo. (E9)

I think that everyone has the right to choose what they want, if she does not want to have the good son, if she wants to have good too, provided that when she wants to have, she is responsible for these children. (E4)

Another aspect that emerges in the representations of women about induced abortion is the issue of legalization as a possibility of choosing women and not taking risks when they undergo abortion in clandestine places and in unsafe conditions, as evidenced in the following statements:

So I believe that in some cases, yes, abortion should be legalized, and allowed despite everyone saying, "ah, has condoms in the health center, has contraceptives". (E13)

So I do not judge who makes abortion, I think that each person has the right to choose whether or not to be a mother. (E10)

I'm not against it, I think it should be legalized, so it's not something that I judge, because we know a lot of people do. (E2)

Because legalization would be better than the person would not be at risk. (E6)

The argument in favor of legalization is based on the right of choice and the fact that illegality does not inhibit the act and favors the performance of abortion in unsafe conditions by women in situations of greater social vulnerability.

A portion of the population with better purchasing power has access to illegal abortion clinics with better working conditions and with more security, on the other hand, the other poor portion of the population who undergo places without any health because they are not able to have access to a safe procedure. ⁽²³⁾

Thus, such representations are anchored in the fact that although abortion is illegal in Brazil, this does not prevent many women from doing so which denotes a knowledge that these procedures done clandestinely, without security, and often, endangering the lives of women.

Class 3 - Conscientious objections to legal or illegal abortion

The relation of ordered words in this class relates to the objections of conscience to legal or illegal abortion and the representation that it is up to the woman to decide little matter the opinion of others in this situation.

Students express in their speech what they find favorable in matters of right of choice and that in an unwanted pregnancy it can be solved this way. Follow the lines of the interviewees:

So in these cases I believe it is feasible because it is too much suffering for this woman who has already gone through violence and have to generate a fetus that was not planned [...] I believe it should be done, because she suffered violence, she will beget a child who will bring many problems, even psychological for this woman. (E16)

She has free will to do what she thinks she should do and often ends up being the only alternative, for example, in terms of rape the woman ends up feeling vulnerable psychologically as well. (E9)

In refutation to the above discourses, what occurs with most nursing professionals is the expression of discourses based on their own creation, culture and values, in which they believe that even though a pregnancy is the result of violence, women do not have the right to take another life. ⁽²¹⁾

A student represents the denial of the right to abortion, even in case of rape, a situation provided for by law as absurd, as follows:

Many cases of rape also that is denied, I think it is absurd, the person did not want that, and then the person says, "ah, but has to carry the pregnancy, just put for adoption". (E7)

The idea of absurdity brought by the student seems to be squatting in the fact that the woman who once had her body raped by rape, still must deal with the imposition of standards and the deprivation of her freedom of choice on her body, which is repressed by false existent morality. ⁽²⁴⁾

Students also bring in their representations the idea of respect for the choice of the other, the understanding of the distinction of what is private to them in relation to what the other person thinks and chooses and the adoption of a position free from judgments, as evidenced below:

Independent, now this issue of rights, it is the right of the person to have his choice, as I said before is something I would not do. (E11)

I do not have much of my opinion, I respect the opinion of the person, the person has the right to choose, so my opinion at that moment will not help, I think my opinion at that moment is what matters least. (E6)

This is something totally deprived of the woman, and it is not up to me to judge the choice of another woman, so this goes a lot of culture and values of each one. (E15)

Corroborating with the above statements, Agostinho et al. ⁽²⁵⁾ has been reinforcing the need for professionals to abstain from their ideologies, given that society has a large stigma about abortion. Health professionals should thus maintain a neutral posture, and paying attention to a qualified and comprehensive listening, because it is a moment of extreme vulnerability in the life of women, and she needs humanized assistance.

The findings of this class show that nursing students represent abortion, legal or provoked, free of judgments when it comes to the choice of another woman which suggests the possibility of a more humanized and congruent assistance with respect to women.

Final thoughts

Students' social representations of abortion deny respect to women's decision-making and recognition of the need for legalization of abortion. In turn, the social representations about care reveal the current scenario of health care to women that is marked by the lack of comprehensive care, and for an assistance carried by prejudices/judgments and distanced from public policies that aim to promote quality and humanized assistance.

In the construction of the social representations of abortion, the participants perceived duality because they expressed feelings ranging from empathy and respect for the opinion of those who abort, to stigma and prejudice linked to opinion.

Although the size of the population can be considered as limited, the study is not intended to generalize the results and reflects a reality that may be common to other academic contexts in countries where abortion is illegal. In addition, it offers subsidies that can incite a greater discussion/critical reflection on the theme of abortion in undergraduate courses in health, specifically nursing and in permanent education processes, in the direction of training committed professionals in providing comprehensive care, without discrimination.

It is considered necessary that the theme be discussed more frequently in graduation so that it can expand the knowledge about the theme in front of the professional challenges that deal with the complexity of the necessary care for women in the process of abortion or post-abortion miscarriage with complications.

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