REFERÊNCIA
Induced abortion among Brazilian female sex workers: 
a qualitative study

Aborto induzido entre prostitutas brasileiras: 
um estudo qualitativo

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 condôms e o consumo de álcool durante o trabalho foram indicados 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 Reproductiva

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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. 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. A Canadian study found that 36% of local sex workers have had at least one abortion in their reproductive life, while 86% of Kenyan sex workers have had at least one abortion and 50% of them have had more than one.

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. 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. The popular use of illegal misoprostol has changed the levels of infectious and haemorrhagic outcomes of unsafe abortions in Brazil; nevertheless, illegal and unsafe abortion is still a significant cause of morbidity in Brazil.

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. 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, Belem, 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
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.

<table>
<thead>
<tr>
<th>Respondent</th>
<th>Education</th>
<th>Sex work experience (in years)</th>
<th>No. of abortions</th>
<th>Methods to perform the abortion</th>
<th>Hospitalization</th>
<th>Medical complications</th>
</tr>
</thead>
<tbody>
<tr>
<td>P39</td>
<td>High school</td>
<td>12</td>
<td>03</td>
<td>1st: DC in clandestine private clinic / 2nd: DC in clandestine private clinic / 3rd: DC in clandestine private clinic</td>
<td>1st: no/ 2nd: no/ 3rd: no</td>
<td>1st: no/ 2nd: no/ 3rd: no</td>
</tr>
<tr>
<td>P43</td>
<td>Primary school</td>
<td>06</td>
<td>01</td>
<td>Misoprostol uterine probe</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>P38</td>
<td>University</td>
<td>20</td>
<td>01</td>
<td>DC in clandestine private clinic</td>
<td>Yes</td>
<td>Infection</td>
</tr>
<tr>
<td>P34</td>
<td>Primary school</td>
<td>09</td>
<td>01</td>
<td>Misoprostol uterine probe</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>P38</td>
<td>Primary school</td>
<td>17</td>
<td>03</td>
<td>1st: knitting needle/ 2nd: uterine probe/ 3rd: knitting needle misoprostol + DC in clandestine private clinic</td>
<td>1st: yes/ 2nd: yes/ 3rd: no</td>
<td>1st: infection/ 2nd: no/ 3rd: no</td>
</tr>
<tr>
<td>P35</td>
<td>University</td>
<td>10</td>
<td>01</td>
<td>Misoprostol uterine probe</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>P29</td>
<td>Primary school</td>
<td>06</td>
<td>01</td>
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<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>P38</td>
<td>High school</td>
<td>05</td>
<td>02</td>
<td>1st: misoprostol/ 2nd: misoprostol</td>
<td>1st: no/ 2nd: no</td>
<td>1st: no/ 2nd: no</td>
</tr>
<tr>
<td>P33</td>
<td>Primary school</td>
<td>05</td>
<td>01</td>
<td>DC in clandestine private clinic</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>P37</td>
<td>Primary school</td>
<td>10</td>
<td>01</td>
<td>cinnamon and clove herbs + unkown medicines uterine probe</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>P23</td>
<td>Primary school</td>
<td>08</td>
<td>01</td>
<td>Misoprostol</td>
<td>Yes</td>
<td>hemorrhage + infection</td>
</tr>
<tr>
<td>P29</td>
<td>University</td>
<td>07</td>
<td>01</td>
<td>Misoprostol</td>
<td>No</td>
<td>hemorrhage</td>
</tr>
<tr>
<td>P28</td>
<td>University</td>
<td>08</td>
<td>01</td>
<td>Misoprostol</td>
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<td>No</td>
</tr>
<tr>
<td>B31</td>
<td>High school</td>
<td>13</td>
<td>02</td>
<td>1st: misoprostol/ 2nd: misoprostol</td>
<td>1st: no/ 2nd: yes</td>
<td>No</td>
</tr>
</tbody>
</table>
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. In contrast with
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 mortality11,12. 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 weight13,14. 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 women15,16. 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 prostitution17. 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 pregnancy18. 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 misoprostol19. 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 successful14,17. Of those who were hospitalized, 63% of them did not disclose the induced abortion to the health care team.

Similar to other studies8,10,22, 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 exploitation21. 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.
Referências


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