Willingness to provide medical abortion in Brazil: opinion of OB/GYN medical residents


Abstract

In Brazil, induced abortion is allowed in a few situations and its access is difficult. Thus there are also many cases of illegal and clandestine abortion. Objective: To investigate the practice and opinion of obstetrics and gynecology (OB/GYN) residents on providing abortion in different situations and identify associated variables. Method: a descriptive study carried out in 21 university hospitals in the country that has medical residency program. It was delivered to all residents a closed questionnaire. Data were computed and analyzed using the Epiinfo 7® program. Results and conclusions: Most medical residents are willing to provide medical abortion in legal conditions; however, a great number of them are not willing to provide MA even in legal conditions.

Key words: Legal abortion, Abortion opinion, Medical education.

Introduction

In Brazil, induced abortion is allowed only when pregnancy is the result of rape, if it threatens the woman's life or in case of anencephaly. Medical abortion (MA) is one of the most widely used methods to provide both legal and clandestine abortion. It is important to get information from OB/GYN residents on access to legal abortion and their willingness to provide it as well as their opinion about the punishment of women who had abortions, as these professionals will act soon providing legal abortion and taking care of women with clandestine abortion complications. The teaching on abortion in Brazilian medical schools is limited or nonexistent. Also, when addressed, this issue is treated as an ethical problem, giving little attention to students’ technical training. (Espey et al. 2005, 2008), therefore the aim of this study is to know the willingness of residents to provide abortion in situations legalized and not legalized, and identify associated variables.

Methods

This is a multicenter cross-sectional study in hospitals with medical residency program. All residents in OB/GYN in this facilities were invited to participate, receiving a closed questionnaire regarding knowledge and attitude towards the medical abortion. The data were computed and analyzed using the program Epininf 7®. The project presented here is a component part of a larger survey conducted by this research group addressing knowledge, belief and practice of residents in Gynecology and Obstetrics in relation to medical abortion.

Results and Discussion

A total of 404 medical residents from 21 hospitals answered the anonymous questionnaire. As answers medical resident are willing to provide abortion in case of any severe congenital malformation incompatible with life outside the womb (73.6%), when the pregnancy results from rape (68.3%) in cases of anencephaly (76.8%) or when there is risk of death for pregnant women (77%). This means that almost 30% of medical residents are not willing to provide medical abortion even in legal situations. This number may indicate a difficulty in offering MA.

On the other hand, the majority is unwilling to provide in case of HIV-positive mother (96.2%), when there is failure of the contraceptive method in use (95.7%), the women is single and the partner does not assume the pregnancy (95.7 %), the woman does not want to interrupt her studies/career (94.7%), or the woman cannot afford to have the baby (92.2%). Although MA is allowed only in three situations in Brazil, only 30.6% of residents are willing to provide medical abortion in all legal situations. Living with partner, being born and finishing medical course outside South and Southeast regions and being in the 1st and 2nd years of residence were associated with the willingness to provide medical abortion in all legal situations. It seems that medical residents initiate the specialization program more dispose to offer MA and they change their opinion during the course. Those living with partner may feel more likely to experience this situation and this may influence their perception to provide MA. South and Southeast regions may not discuss this kind of situations as in other regions and this may influence the willingness to provide MA.

Conclusions

Most medical residents are willing to provide medical abortion in legal conditions; however, a great number of them are not willing to provide MA even in legal conditions. This may difficult the access of women to medical abortion and legal rights. Improving technical and ethical discussions of MA during medical residence may be a strategy to increase the willingness to provide MA at least in legal situations.

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