







## WOMEN'S FEELINGS ARISING FROM THEIR EXPERIENCE IN AN ABORTION PROCESS

Rafael de Castro Santos<sup>1</sup>   
Magda Rogéria Pereira Viana<sup>2</sup>   
Fernanda Cláudia Miranda Amorim<sup>2</sup>   
Marly Marques Rêgo Neta<sup>2</sup>   
Kayo Henrique Jardel Feitosa Sousa<sup>3</sup>   
Fabiana da Conceição Silva<sup>2</sup> 

### ABSTRACT

**Objective:** to know the feelings arising from women's experience in an abortion process.

**Method:** qualitative study, developed in a public maternity hospital in Teresina-PI, between August and September 2018. Fourteen women who have undergone abortion participated. The categories emerged from thematic content analysis.

**Results:** Feelings emerged upon the discovery of pregnancy, such as surprise and fear for not knowing about the pregnancy until the moment of abortion. The abortion process brought reflections about the situation in which they found themselves. We identified feelings such as sadness, fear, despair, impotence, and anguish, besides physical discomfort. The intention of not getting pregnant again and the desire to undergo a sterilization procedure was justified because they were hopeless and afraid of this situation repeating itself.

**Conclusion:** feelings were known that show that the abortion process is a complex experience and at the same time marked by psychological conflicts, characterizing a completely traumatizing event.

**DESCRIPTORS:** Abortion; Reproductive Rights; Human Rights; Public Health; Women's Health.

### SENTIMIENTOS DE MUJERES ADVENIDOS DE LA EXPERIENCIA DE UN PROCESO DE ABORTAMIENTO

#### RESUMEN:

**Objetivo:** conocer los sentimientos advenidos de la experiencia de las mujeres en un proceso de abortamiento. **Método:** estudio cualitativo, desarrollado en una maternidad pública de Teresina-PI, entre agosto y septiembre de 2018. Participaron 14 mujeres que se sometieron a un aborto. Las categorías resultaron del análisis de contenido temático. **Resultados:** surgieron sentimientos frente al descubrimiento del embarazo, como la sorpresa y el susto por no saber del embarazo hasta el momento del aborto. El proceso de abortamiento les hizo reflexionar sobre la situación en la que se encontraban. Se identificó sentimientos como la tristeza, el miedo, la desesperación, la impotencia y la angustia, además del malestar físico. La intención de no volver a quedarse embarazada y el deseo de llevar a cabo un procedimiento de esterilización se justificaba por no tener esperanza y por el miedo a que esta situación vuelva a repetirse. **Conclusión:** Se conocieron sentimientos que demuestran que el proceso de abortamiento es una vida compleja y al mismo tiempo marcada por conflictos psicológicos, caracterizando un evento completamente traumatizante.

**DESCRIPTORES:** Aborto; Derechos Sexuales y Reproductivos; Derechos Humanos; Salud Pública; Salud de la Mujer.

<sup>1</sup>Instituto de Ensino Superior Múltiplo. Timon, MA, Brasil.

<sup>2</sup>Centro Universitário Uninovafapi. Teresina, PI, Brasil.

<sup>3</sup>Universidade Federal do Rio de Janeiro. Rio de Janeiro, RJ, Brasil.

## INTRODUCTION

Abortion is a public health problem because of its magnitude, persistence and high rates of hospitalizations due to complications<sup>(1)</sup>. Despite the strengthening of health care policies for women around the world, many societies still disregard the abortion process, especially in developing countries where disadvantaged women are marginalized, potentially leading to induced abortions. Although a growing number of countries have achieved decriminalization of abortion, in many places where such policy has not yet been possible - such as Brazil - an increase in the percentage of unsafe abortions has been observed<sup>(2)</sup>.

Worldwide data show that 8% of women deaths occur due to unsafe abortion, affecting them, their families and future generations<sup>(3)</sup>. In the first six months of 2020, in Brazil, the Unified Health System (SUS) performed 1,024 legal abortions and 80,948 curettage and aspirations (procedures to clean the uterus after incomplete abortion). Cases of procedures resulting from unsuccessful abortions, provoked or not, were 79 times more prevalent than legal ones<sup>(4)</sup>.

Socio-cultural, legal and subjective conditions are related to abortion decision-making and post-event feelings<sup>(2)</sup>. Contrary to the stereotypes implanted by societies, the woman who has an abortion is an "ordinary" woman, who is already a mother or may become one in the future, from all social classes and groups and educational levels<sup>(1)</sup>.

There is evidence of oppression, legitimization of violence, and disrespect towards less favored women who choose to terminate a pregnancy and cannot be attended in public health services, except in legal cases of rape, risk to the woman's life, and proof of fetal malformation incompatible with life<sup>(5)</sup>.

Despite being aware of the risks and legal punishments against performing abortion, these measures are not enough to stop them from considering the termination of an unplanned pregnancy. In contrast, many women do not support such practices until they see them as an alternative during their despair, heightened by the illegality; all women who undergo abortion are punished, even if in different degrees and types<sup>(6-7)</sup>. Even women who would have the legal right to have an abortion may choose clandestine means of abortion because they do not know their rights or because of fear of being judged and unwanted<sup>(8)</sup>.

After experiencing abortion, women may suffer complications such as bleeding, negative feelings and uncertainty of the abortion accomplishment, putting them in a high level of emotional stress. The stigma and fear of disrespect and carelessness by the professionals themselves increase the risk of death in these women, by delaying the search for health services<sup>(9)</sup>.

It is clear that, being a broad and complex process, abortion is a unique event and permeated with feelings for the woman. Therefore, knowing these feelings is essential for them to be understood and respected by society and have their health needs met by health professionals, mitigating the possible damage of this process. The objective of this study was to know the feelings arising from the experience of women in an abortion process.

## METHOD

A descriptive and qualitative study carried out in a public maternity hospital in Teresina-PI, chosen for being a reference in providing hospital and outpatient care in cases

of abortion, childbirth and puerperium.

Women who had undergone abortion regardless of type were included in the study, and those with psychiatric disorders already defined before the abortion were excluded. The selection of participants considered their availability and interest in participating in the research. Initially, the main researcher approached the wards' supervisors, asking if there were any women hospitalized who had undergone abortion. To avoid exposing the women in front of other inpatients in the same ward, if they were, confirmation was sought through information in the medical records, and only then was the woman contacted. At this moment, the research was presented, in a private and individual way, and the woman was asked about her interest in participating.

Data collection was conducted between August and September 2018, through interviews. A semi-structured script was used, with questions to characterize the participants and the following trigger phrase: "Speak freely about your experience in the abortion process".

The interviews were conducted in the institution itself, recorded and transcribed. To ensure the participants' anonymity, we chose to use the initial "M", referring to a woman, followed by an Arabic numeral, corresponding to the order of inclusion in the research (M1, ... M14). To verify theoretical saturation, the raw data were recorded, immersion in the data, compilation of the interviews and thematic grouping, identification of regularities and verification through the absence of new themes<sup>(10)</sup>.

The data were submitted to the thematic content analysis proposed by Minayo<sup>(11)</sup>, following the steps: pre-analysis (organization and exhaustive reading of the material, in search of potential lines for analysis); exploration of the material (detailed reading of the text corpus, in order to emerge the nuclei of meanings, later grouped by similarity, to form the thematic categories); and treatment of the results/inference/interpretation (survey of the reflections about the central theme, in order to propose an interpretative synthesis based on the scientific production).

It is noteworthy that the non-classification by type of spontaneous or induced abortion may bring important implications to the conclusions raised in this research, considering that it is a process permeated by sociocultural load. However, it is worth noting that data show that most hospitalizations for abortion are of the unsafe type<sup>(1,4,9)</sup> - provoked or not - that may have reflected on the findings and interpretations of this study.

This research was submitted to the Research Ethics Committee and obtained a favorable opinion (No. 2741996).

## RESULTS

Fourteen women between 20 and 40 years old participated. Married status prevailed in six, followed by stable union (five) and single (three); eight declared themselves as being brown, three black, two white and one mulatto. Five women reported having complete elementary school education, five complete high school education, followed by two with incomplete elementary school education, one with complete higher education, and another who had incomplete higher education. Six of the interviewees were "housewives", three were rural workers, two were day laborers, one was a secretary, one was a school monitor, and one was a teacher. Twelve of the interviewees reported having an income of up to one minimum wage, one had one to three minimum wages, and another had four to 10 minimum wages.

Regarding the reports of their experiences with the abortion process, three thematic

categories emerged, which are presented below.

### **Feelings before the discovery of pregnancy**

The participants reported the repercussions that the pregnancy had brought up to that moment, arising several feelings reported by most upon the discovery of pregnancy, such as surprise and fright for not knowing about the pregnancy until the moment of abortion. Some who discovered the diagnosis earlier reported feelings of hopelessness and happiness, according to the following statements:

*[...] for me it was a surprise because I did not expect to be pregnant. I was treating a problem of kidney infection, then already at four months I suspected that I was pregnant. (M1)*

*I was surprised, because I was not expecting the pregnancy, it was not planned. [...] But now I did not want to. (M2)*

*Surprised, because I did not know I was pregnant, I came to know when I entered here. Because I was bleeding a lot, when I came to know that I had miscarried a baby (M3)*

*Ah, I got a fright, I had been connected for five years. They made the call here, they said they had called me, right? [...] Then I went to the bathroom and felt a strong pain in my belly, I felt something like it was going to come down, I called the doctor, he came to examine me and asked if I knew I was pregnant and I said I did not know, because my menstruation came right down, it was never late. [...] he said that I was pregnant, I got scared, my pressure went up and they sent me here. (M4)*

*I was happy, of course. What woman is not happy? Even because I already have a daughter, and she was very happy because she was going to get a little brother. (M6)*

### **Feelings in the face of the abortion experience**

In relation to the abortion, they reported feelings such as sadness, fear, despair, helplessness, and anguish. These feelings led them to self-reflection about the situation experienced. There were also some reports of physical discomfort, about which they said it was a severely painful and bloody event, according to the reports:

*It was not very pleasant, because it is news that really gets you down, but then you must try to control yourself, right? [...] I was more anguished at first [...] the fetus was already dead in the belly. (M1)*

*I got desperate, because I had never been through this, it was the first time. I felt pain in my belly and lost a lot of blood [...] I felt incredibly sad, because I wanted that I had generated until the ninth month. (M3)*

*[...] we are sad at the moment and thoughtful because it is not what we expect to happen, but unfortunately, we must accept and take God's hand. (M7)*

*I was expecting it, because it had happened before, but it was still very painful. I was very sad, because I wanted it to go all the way and take it home. (M8)*

*At the time of the abortion, I felt a lot of pain, and I was incredibly sad, then I only saw when they put the medication on me and took me to the room. (M9)*

*I felt awfully bad, I thought I was going to die, that I was losing a lot of blood, [...] people say that we only have six liters of blood and I saw so much blood, I imagined that I had already lost about five, that I only had one. I thought a lot of things. (M10)*

*I just felt a lot of pain at the time, I could not stop feeling pain. (M12)*

*I felt too much pain, in my belly. Until it all came out, my stomach did not stop hurting. I bled too much, Hail Mary. (M13)*

## Feelings about the consequences of abortion

Almost in their entirety, the women reported the intention of not getting pregnant again and the desire to perform the sterilization procedure, because they were hopeless and afraid of a new abortion. Few women intended a new pregnancy, as is shown in the speeches:

*[...] I will soon get a sterilization, [...] because it is no longer... I am no longer the same, let us say, my age has advanced. So, I will try to get a sterilization to try to avoid this kind of problem again. (M1)*

*I do not want to get pregnant anymore. I already have a son, the pregnancy was not planned, it just happened. Since I already have a child, I do not want to have another one. The world is already too populated. (M2)*

*I do not intend to get pregnant now, I intend to prevent myself, go to the gynecologist and try to take contraceptives. (M3)*

*By the time I leave here I intend to get pregnant again, but I wanted information about this. (M9)*

*Finish my protection and move on with my life. See if I make a referral there to get sterilized that is better. (M14)*

## DISCUSSION

The discovery of pregnancy, for some women interviewed, occurred during the abortion process. The interviews also revealed that, for the most part, the pregnancy was unplanned, and its discovery was filled with feelings of guilt, shame, remorse, and other emotional conflicts. The desire to be a mother is something also present in these women, but there are unfavorable circumstances in their lives that contradict this desire and lead them to reflect about continuing the pregnancy<sup>(12-13)</sup>.

The surprise caused by pregnancy makes these women desperate for not feeling ready to be mothers and fear changes in their routine<sup>(5)</sup>. This confirms how important it is to identify and reduce pregnancy problems or conflicts caused in the lives of these women, through dignified and respectful follow-up and adequate family planning.

Although behavior during pregnancy discovery is probably different in cases of spontaneous and induced abortions, it is believed that early pregnancy discovery may influence abortions. A study showed a reduction in the use of medications during pregnancy after consultations, due to a greater perception of possible damage to the fetus or of the lack of need for drug treatment<sup>(14)</sup>.

Study<sup>(15)</sup> reports that there is a huge conflict in women caused by the contradiction of feeling happy and sad with the discovery of pregnancy. To the extent that they do not want the pregnancy, they feel frustrated and obliged to meet social expectations and the moral and religious values of society.

The woman's desire for pregnancy is usually not produced individually, but also influenced by affective-sexual and family relationships. The acceptance of pregnancy by couples in stable unions tends to present fewer conflicts and the fact of having or not a steady partner ends up converging to different gestational experiences<sup>(16)</sup>.

Initially, the trajectory of women during the abortion process is marked by several obstacles, immersed by social inequalities that culminates in the delay in seeking health services due to difficult accessibility and fear. The fear of not being able to have children in the future is a feeling that predominates among women who do not yet have children and have undergone an abortion spontaneously. Something also expressed is loneliness, besides the strong feeling of sadness due to the loss, which embarrasses them<sup>(13,17)</sup>.

The women who have an abortion or are having one already arrive at the maternity hospitals very sensitized, and this process is marked by a series of events. Their psychological state is shaken, besides feeling awfully bad and afraid, because they have no explanations about what will happen; and most of the time, they present with symptoms such as bleeding and fever<sup>(18)</sup>.

There is no evidence of differences in the experiences of women who have undergone induced abortion compared to those who have undergone spontaneous abortion, because the vulnerability and fear related to care, especially in public services, is present in both types. Although the treatment becomes different if she is considered "guilty" for the act, from the professionals' perspective<sup>(18)</sup>.

Despite not having planned the pregnancy, some of the women investigated were extremely saddened by the loss of their child. However, the conclusion of the abortion brought a feeling of peace, due to the fear experienced during the moment and the fact that they were going through that situation for the first time - or even for those who had already experienced this process - and had survived.

Death is certainly something that scares these women, due to the knowledge of the dangers of abortion, which also makes them anxious and "guilty", and may evolve into depressive symptoms<sup>(19)</sup>. The psychological situation in which they find themselves during this process cannot be neglected, since they experience intensified negative reactions that can be perceived or even presumed<sup>(20)</sup>.

It is important that at this time women have the ideal emotional support, especially from health professionals. Although each professional has their own limits concerning this process, this should not influence in any way the care guaranteed to this woman. Professionals should be prepared to assist them and thus not negatively affect the quality of the service provided, providing more information to better meet their needs<sup>(17)</sup>.

Physical suffering is one of the aspects that also greatly affect women during the abortion process, accompanied by dizziness and other symptoms that make them seek care in public services. However, these symptoms (especially pain) are usually amplified during the curettage and can be felt days after its performance, further weakening this woman<sup>(12)</sup>.

Study<sup>(21)</sup> showed that at the actual completion of abortion, most women require hospitalization due to complications and consequent uterine evacuation, a fact reinforced by the significant number of hospitalizations and abortion-related procedures<sup>(4)</sup>. Thus, hospitals opt for metal curettage over manual intrauterine aspiration (MIUA), which is less aggressive and harmful.

The experience of pain in abortion is commonly associated with bleeding and long wait for care due to the priority to deliver babies and pregnant women, when compared to the care in case of provoked abortions<sup>(22)</sup>. This painful experience can be seen by professionals as a way to not encourage abortion. This act of refusal and/or long wait for care is characterized as obstetric violence<sup>(23)</sup>.

The perception of pain is subjective, but its control must be a priority of the team that provides care during the abortion process. The creation of better analgesia strategies - not only focused on pharmacological methods - is fundamental, providing more comfort and tranquility, so that fears do not stand out. The greater the fear, the more severe will be the pain felt by these women<sup>(24)</sup>.

The process of abortion brings additional risks, largely due to its stigmatization, and thus becomes an event under stressful conditions, increasing the risk of physical and psychological complications and impact on public health<sup>(25)</sup>. A study<sup>(26)</sup> associates that abortion can increase the risk of breast cancer in nulliparous women. Moreover, women who had abortions in the first trimester may present high mental disorders as well as those who had abortions later in life, something that differs greatly due to their experiences<sup>(27)</sup>.

Psychiatric disorders may be present after abortion, mainly related to a negative experience of this process, although there are also other indicators that increase the risks of these disorders and should be taken into consideration, such as when they come from a pregnancy in an unstable relationship<sup>(28)</sup>.

Because it is a traumatic event, many of the women may suffer from low self-esteem and hopelessness, and sometimes lead them to feelings of not wanting to get pregnant anymore. Thus, research<sup>(29)</sup> recommends that these women be kept together, aiming at communication and exchange of experiences that can be important for coping with this situation.

The way women are cared for in health services, particularly by professionals with Christian values, has potential repercussions on the desire to become pregnant again after an abortion. A study<sup>(30)</sup> with nursing professionals evidenced that discriminatory behaviors interfere with care, which ends up being focused only on clinical aspects.

After going through the abortion process, women often do not receive much guidance and no advice about the care they need to take and the alternatives for making healthy choices post-abortion. In regions where there are health systems that provide better access, all kinds of care are done to treat complications before they occur.

Most of the time, there is also no feedback to control any problems<sup>(7)</sup>. There is a positive association between safe abortions and less restrictive laws that promote more trained providers and enabling environments<sup>(3)</sup>. The lack of quality post-abortion care and adequate family planning affects higher numbers of unplanned pregnancies and abortions, thus constituting an endless loop in this process<sup>(8)</sup>.

It is worth mentioning that this study, by following without distinction the types of abortion, justified by the illegality and the fear of women to report their experiences within the public services environment, may present small differences in the results, being characterized as limitation and possibility of further studies.

## CONCLUSION

There were feelings that show that the abortion process is an experience that is sometimes complex and, at the same time, marked by psychological conflicts, characterizing a traumatic and lonely event. This fact is accompanied by great physical suffering, which can cause hopelessness before a new pregnancy, besides the possible evolution to psychological damage.

Unveiling the feelings of these women adds to broaden the understanding of the problem. Thus, there are possibilities of specific nursing interventions to mitigate the

emotional damage resulting from this process, expressed through the feelings identified in this study. Therefore, it brings light to a little investigated phenomenon that involves a broad sociocultural context to be considered in the context of public health policies and in the care planning of nursing services.

## REFERENCES

1. Diniz D, Medeiros M, Madeiro A. National Abortion Survey 2016. *Cienc. saúde coletiva*. [Internet]. 2017 [accessed 16 out 2018]; 22(2). Available from: <http://dx.doi.org/10.1590/1413-81232017222.23812016>.
2. World Health Organization (WHO). Trends in maternal mortality: 1990 to 2015. [Internet]. Geneva: WHO; 2015 [accessed 15 maio 2019]. Available from: [http://apps.who.int/iris/bitstream/10665/194254/1/9789241565141\\_eng.pdf?ua=1](http://apps.who.int/iris/bitstream/10665/194254/1/9789241565141_eng.pdf?ua=1).
3. Ganatra B, Gerdtz C, Rossier C, Johnson Jr BR, Tunçalp O, Assifi A, et al. Global, regional, and subregional classification of abortions by safety, 2010-14: estimates from a Bayesian hierarchical model. *Lancet* [Internet]. 2017 [accessed 19 maio 2019]; 390(10110). Available from: [http://dx.doi.org/10.1016/S0140-6736\(17\)31794-4](http://dx.doi.org/10.1016/S0140-6736(17)31794-4).
4. Ministério da Saúde (BR). Informações de Saúde [Internet]. 2020 [accessed 12 dez 2020]. Available from: <https://datasus.saude.gov.br/informacoes-de-saude-tabnet/>.
5. Santos CS, Silveira LMC da. Perceptions related to the autonomy of the female body by women who had Abortions. *Psicol. cienc. prof.* [Internet]. 2017 [accessed 17 maio 2019]; 37(2). Available from: <http://dx.doi.org/10.1590/1982-3703000582016>.
6. Chigbu CC, Chigbu CO, Iwuji SE, Emenalo FC, Onyebuchi AK. Impact of abortion laws on women's choice of abortion service providers and facilities in southeastern Nigeria. *Niger J Clin Pract* [Internet]. 2018 [accessed 19 maio 2019]; 21(9). Available from: <https://www.ncbi.nlm.nih.gov/pubmed/30156194>.
7. Silveira P, McCallum C, Menezes G. Personal experiences with induced abortions in private clinics in Northeast Brazil. *Cad. Saúde Pública* [Internet]. 2016 [accessed 19 maio 2019]; 32(2). Available from: <http://dx.doi.org/10.1590/0102-311x00004815>.
8. Giugliani C, Ruschel AE, Silva MCB da, Maia MN, Oliveira DOPS de. The right to abortion in Brazil and the role of Primary Health Care. *Rev Bras Med Fam Comunidade*. [Internet]. 2019 [accessed 21 maio 2019]; 14(41). Available from: [http://dx.doi.org/10.5712/rbmfc14\(41\)1791](http://dx.doi.org/10.5712/rbmfc14(41)1791).
9. Duarte NIG, Moraes LL de, Andrade CB. Abortion experience in the media: analysis of abortive paths shared in an online community. *Ciênc. saúde coletiva* [Internet]. 2018 [accessed 21 maio 2019]; 23(10). Available from: <http://dx.doi.org/10.1590/1413-812320182310.14062018>.
10. Fontanella BJB, Luchesi BM, Saidel MGB, Ricas J, Turato ER, Melo DG. Amostragem em pesquisas qualitativas: proposta de procedimentos para constatar saturação teórica. *Cad. Saúde Pública* [Internet]. 2011 [accessed 16 out 2018]; 27(2). Available from: <https://doi.org/10.1590/S0102-311X2011000200020>.
11. Minayo MCS. *Pesquisa social: teoria, método e criatividade – Série Manuais Acadêmicos*. Rio de Janeiro: Vozes; 2016.
12. Porto RM, Sousa CHD. "Treading Pathways of Anguish": Abortion Itineraries in a Brazilian Northeastern Capital. *Rev. Estud. Fem.* [Internet]. 2017 [accessed 27 out 2018]; 25(2). Available from: <http://dx.doi.org/10.1590/1806-9584.2017v25n2p593>.
13. Ditzhuijzen Van J, Brauer M, Boeije H, Nijnatten Van CHCJ. Dimensions of decision difficulty in women's decision-making about abortion: a mixed methods longitudinal study. *Plos One* [Internet]. 2019 [accessed 25 maio 2019]; 14(2). Available from: <http://dx.doi.org/10.1371/journal.pone.0212611>.



14. Leong C, Chateau D, Dahl M, Falk J, Katz A, Bugden S, et al. Prescription medication use during pregnancies that resulted in births and abortions (2001-2013): a retrospective population-based study in a Canadian population. *Plos One* [Internet]. 2019 [accessed 25 maio 2019]; 14(3). Available from: <http://dx.doi.org/10.1371/journal.pone.0211319>.
15. Machado CL, Fernandes AM dos S, Osis MJD, Makuch MY. Rape-related pregnancy in Brazil: the experience of women seeking legal abortion. *Cad. Saúde Pública* [Internet]. 2015 [accessed 28 out 2018]; 31(2). Available from: <http://dx.doi.org/10.1590/0102-311X00051714>.
16. Milanez N, Oliveira AE, Barroso ADV, Martinelli KG, Esposti CDD, Santos Neto ET dos. Unwanted pregnancy and abortion attempt: practices and contexts. *Sex., Salud Soc* [Internet]. 2016 [accessed 27 out 2018]; 22. Available from: <http://dx.doi.org/10.1590/1984-6487.sess.2016.22.06.a>.
17. Cárdenas R, Labandera A, Baum SE, Chiribao F, Leus I, Avondet S, et al. "It's something that marks you": abortion stigma after decriminalization in Uruguay. *Reproductive health* [Internet]. 2018 [accessed 28 maio 2019]; 15(150). Available from: <http://dx.doi.org/10.1186/s12978-018-0597-1>.
18. Goes EF, Menezes GMS, Almeida MCC, Araújo TVB de, Alves SV, Alves MTSSB e, et al. Racial vulnerability and individual barriers for Brazilian women seeking first care following abortion. *Cad. Saúde Pública* [Internet]. 2020 [accessed 10 mar 2020]; 36(supl.1). Available from: <https://doi.org/10.1590/0102-311x00189618>.
19. Beraldo A, Birchall T de S, Mayorga C. Induced Abortion: a study on women's experiences. *Rev. Estud. Fem.* [Internet]. 2017 [accessed 29 maio 2019]; 25(3). Available from: <http://dx.doi.org/10.1590/1806-9584.2017v25n3p1141>.
20. Adesse L, Jannotti CB, Silva KS da, Fonseca VM. Abortion and stigma: an analysis of the scientific literature on the theme. *Cienc. saúde coletiva* [Internet]. 2016 [accessed 03 nov 2018]; 21(12). Available from: <http://dx.doi.org/10.1590/1413-812320152112.07282015>.
21. Melese T, Habte D, Tsima BM, Mogobe KD, Nassali MN. Management of post abortion complications in Botswana -The need for a standardized approach. *Plos One* [Internet]. 2018 [accessed 29 maio 2019]; 13(2). Available from: <http://dx.doi.org/10.1371/journal.pone.0192438>.
22. Madeiro AP, Rufino AC. Maltreatment and discrimination in induced abortion care: perception of women in Teresina, State of Piauí, Brazil. *Ciênc. saúde coletiva* [Internet]. 2017 [accessed 03 nov 2018]; 22(8). Available from: <http://dx.doi.org/10.1590/1413-81232017228.04252016>.
23. Leal MARF, Castelar M. Abortion in adolescence: practice of psychologists in public maternity hospitals in Salvador, Bahia. *Psicol. cienc. prof.* [Internet]. 2019 [accessed 29 maio 2019]; 39. Available from: <http://dx.doi.org/10.1590/1982-3703003178707>.
24. Duros S, Joueidi Y, Timoh KN, Boyer L, Lemeut P, Tavenard A, et al. A prospective study of the frequency of severe pain and predictive factors in women undergoing first-trimester surgical abortion under local anaesthesia. *Eur J Obstet Gynecol Reprod Biol* [Internet]. 2018 [accessed 30 maio 2019]; 221. Available from: <http://dx.doi.org/10.1016/j.ejogrb.2017.12.024>.
25. Sedgh G, Filippi V, Owolabi OO, Singh SD, Askew I, Bankole A, et al. Insights from an expert group meeting on the definition and measurement of unsafe abortion. *Int J Gynaecol Obstet* [Internet]. 2016 [accessed 04 nov 2018]; 134(1). Available from: <http://dx.doi.org/10.1016/j.ijgo.2015.11.017>.
26. Deng Y, Xu H, Zeng X. Induced abortion and breast cancer: an updated meta-analysis. *Medicine* [Internet]. 2018 [accessed 01 jun 2019]; 97(3). Available from: <https://pubmed.ncbi.nlm.nih.gov/29504989/>.
27. Biggs MA, Neuhaus JM, Foster DG. Mental health diagnoses 3 Years after receiving or being denied an abortion in the United States. *Am J Public Health* [Internet]. 2015 [accessed 01 jun 2019]; 105(12). Available from: <http://dx.doi.org/10.2105/AJPH.2015.302803>.
28. Ditzhuijzen Van J, Have M ten, Graaf R de, Nijnatten CH van. Vollebergh WAM. Correlates of common

mental disorders among dutch women who have had an abortion: a longitudinal cohort study. *Perspect Sex Repro H* [Internet]. 2017 [accessed 02 jun 2019]; 49(2). Available from: <http://dx.doi.org/10.1363/psrh.12028>.

29. Kamranpour B, Noroozi M, Bahrami M. Supportive needs of women who have experienced pregnancy termination due to fetal abnormalities: a qualitative study from the perspective of women, men and healthcare providers in Iran. *BMC Public Health* [Internet]. 2019 [accessed 02 jun 2019]; 19(507). Available from: <http://dx.doi.org/10.1186/s12889-019-6851-9>.

30. Strefling I da SS, Lunardi Filho WD, Kerber NP da C, Soares MC, Ribeiro JP. Nursing perceptions about abortion management and care: a qualitative study. *Texto contexto - enferm* [Internet]. 2015 [accessed 28 jun 2019]; 24(3). Available from: <http://dx.doi.org/10.1590/0104-07072015000940014>.

#### HOW TO REFERENCE THIS ARTICLE:

Santos R de C, Viana MRP, Amorim FCM, Rêgo Neta MM, Feitosa Sousa KHJF, Silva F da C. Women's feelings arising from their experience in an abortion process. *Cogitare enferm.* [Internet]. 2021 [accessed "insert day, month and year"]; 26. Available from: <http://dx.doi.org/10.5380/ce.v26i0.72376>.

Received: 21/03/2020

Approved: 21/12/2020

Associate editor: Tatiane Herreira Trigueiro

#### Corresponding author:

Rafael de Castro Santos

Centro Universitário Uninovafapi - Teresina, PI, Brasil

E-mail: [rafaelcastrork@gmail.com](mailto:rafaelcastrork@gmail.com)

#### Role of Authors:

Substantial contributions to the conception or design of the work; or the acquisition, analysis, or interpretation of data for the work - RCS, MRPV, FCMA, MMRN, KHJFS, FCS

Drafting the work or revising it critically for important intellectual content - RCS, MRPV, FCMA, MMRN, KHJFS, FCS

Final approval of the version to be published - RCS, MRPV, FCMA, MMRN, KHJFS, FCS

Agreement to be accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved - RCS, MRPV, FCMA, MMRN, KHJFS, FCS



Copyright © 2021 This is an open access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original article is properly cited.