

# Abortion: a review of women's perception in relation to their partner's reactions in two Brazilian cities

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## SUMMARY

**Objective:** to analyze women's perception in relation to their partner's reaction and behavior during the abortion process in two Brazilian capitals, associating the variables from women who suffered a spontaneous abortion with those from women who induced it.

**Methods:** semi-structured, questionnaire-based interviews were conducted with 285 women who underwent spontaneous abortion and 31 who reported having induced it. The data were analyzed using the thematic analysis technique, and, subsequently, by the IBM SPSS Statistics Standard Edition software program. The significance level was set at  $p < 0.05$ .

**Results:** in both capitals, the women who induced an abortion referred to the partner as the person who could not find out about the abortion ( $p < 0.01$  in Natal;  $p = 0.02$  in São Paulo-SP) and, simultaneously, as the one who could have avoided it ( $p < 0.01$  in Natal;  $p = 0.03$  in São Paulo). In Natal-RN, induced abortion was associated with the partner's absence at the time pregnancy was confirmed ( $p = 0.02$ ) and, in São Paulo-SP, with their negative reaction to news of the pregnancy ( $p = 0.04$ ) and lack of participation in the abortion process ( $p < 0.01$ ).

**Conclusion:** despite having achieved independence, women still regard male participation in the abortion process as an important factor. The specifics of each capital denote the influence of the geographic and cultural dimension, indicating the need to take into account the particulars of each region in Brazil while considering a holistic approach to women's health.

**Uniterms:** abortion, spontaneous abortion, induced abortion, perception, men, women's health.

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## INTRODUCTION

Abortion is a relevant issue in public health. Filled with stigma, it raises controversy where it is discussed, covering issues of an ethical, moral, religious, legal and cultural nature. Statistics data indicate it is a broad phenomenon and with restrictive laws in developing countries such as Brazil.<sup>1,2</sup> Unsafe practice is associated with maternal mortality and a high number of hospital admissions in the Unified

Health System (SUS), mainly affecting young women and those from disadvantaged social strata.<sup>3,4</sup>

Studies that focus on social support, especially the partner's participation in the abortion process, are limited. When encountered, they are not dealt with as the main objective, but as complementary data to the objectives of the study.

Research<sup>5</sup> conducted has verified that women that induced abortion showed feelings of anxiety and fear from the confirmation of the pregnancy up to the time of the decision, as well as insecurity in relation to the reaction of partners with regard to the pregnancy. Considering the diversity of the feelings provoked and personal and social influences, the risks of post-abortion psychological disturbances has increased, with emotional and social support fundamental.<sup>6,7</sup> Family support, especially from partners, helps psychological adjustment, and when absent is associated with depression and anxiety.<sup>8</sup>

Fragile and unstable relationships and women's concern about men's reactions are indicated in the literature,<sup>9,5</sup> with abortion often based on insecurity in the relationship and feelings of abandonment and neglect by the partner. Financial difference associated with lack of support by the father of the baby and unstable marital relationship are justifications associated with the practice of abortion.<sup>10</sup>

The male implication in abortion depends on the type and quality (of the relationship) established with the woman. When the pregnancy is the result of occasional or recent relationships, the participation of the partner in the abortion is practically zero. That is, the greater the equilibrium in the relationship between the couple and the longer the relationship, the greater the possibility of the man seeing himself as a protagonist, helping in the decision about abortion.<sup>11</sup>

When confronted with a concrete situation, men are more in favor of an abortion being performed, and when questioned in a general manner they tend to present a favorable opinion in socially acceptable cases (such as risk to the mother's life and rape) and in cases where the woman does not have the emotional conditions to continue the pregnancy, or even when they don't wish to be pregnant.<sup>11</sup>

This study does not intend to exhaust the topic and its repercussions, but seeks to reiterate the importance of the problems affecting women's health day-to-day, reflecting on the principle of equity, and proposing a broader perspective given the complexity of abortion.

Despite being present in scientific communications, empirically based Brazilian studies that would enable comparisons and inferences on regional particularities or that investigate the emotional aspects of women experiencing spontaneous or induced abortions remain scarce. Research conducted by the Ministry of Health<sup>12</sup> showed that in Brazil, the Northeast and Southeast are regions with high rates of hospitalization for abortion, with the Northeast covering only 14% of the studies conducted on the issue, demonstrating the relevance of research in this area. The realization of research in different regions is relevant given

that it enables improved dimensioning of the phenomenon, enabling us to understand the factors for its predisposition as well as the consequences on women's health.

Reproductive and parental issues assume different positions in the male and female imagination, and are more related to the social and public spheres in men. Having children therefore means assuming family responsibility, making their role as provider socially and legitimately respectable. Thus, understanding what the induction of the abortion represents for men is extremely relevant to understanding the behaviors they demonstrate before an abortion. For men, abortion may represent being freed from an unwanted connection that would be established by fatherhood, or the loss of a family project, generating frustration or resentment when the pregnancy is desirable and the omen opts for abortion or when "obliged" to assume an undesired responsibility.<sup>11</sup>

Understanding the perception of women undertaking abortions in relation to the participation of the partner and evaluating its meaning in different regions in Brazil allows us to strengthen the care offered to women, and enables reflections and new propositions of Public Health Policies.

Therefore, this study has the objective of describing and reporting the perception of women in relation to the reactions and behavior of their partner in the abortion process, among women suffering spontaneous or induced abortion in the capitals Natal-RN and São Paulo-SP.

## METHODS

Prospective, cross-sectional, descriptive study was from July 2008 to May 2010 at hospitals in two Brazilian cities (Natal-RN and São Paulo-SP). Data collection was random by convenience. 285 women suffering spontaneous abortion (139 women in Natal-RN; 146 in São Paulo-SP) and 31 women that reported having induced abortion (11 in Natal-RN and 20 in São Paulo-SP) were interviewed.

The choice of hospitals and patient profile were covered using the principle of equity, using the following criteria: being a reference hospital in the delivery of healthcare services through the Brazilian Unified Health System (SUS) for patients seeking emergency care and/or referrals from other hospitals. The free and informed consent form and the research protocol were approved by the Research Ethics Committees at the participating institutions.

The study included women admitted to hospitals participating in the research and that were diagnosed with abortion (up to the 22<sup>nd</sup> week of pregnancy). Adolescents without

<b>Cases interviewed = 316</b>			
Rio Grande do Norte (RN) = 150		São Paulo (SP) = 166	
Ab. Spontaneous	Ab. Induced	Ab. Spontaneous	Ab. Induced
Interviewees 139	Interviewees 11	Interviewees 146	Interviewees 20

a legal guardian were excluded. Women that fulfilled the inclusion criteria were invited to participate in the study the day after the curettage procedure. When approaching the patient, the researcher informed them about the research being undertaken, reiterated that participation was not obligatory, their independence from the medical care and the possibility of withdrawing from the interview at any time. After the explanation, women that accepted participation signed the declaration of free and informed consent. Although approached at the bedside, whenever possible the patient was directed to an area that would guarantee their privacy, where the interview was held. The interviews were conducted by trained female psychologists.

The data was collected using a semi-structured interview, with the protocol previously elaborated for the study, composed of closed and open questions that included social, economic, religious, family and emotional aspects, thereby enabling greater subsidies for the analysis of the data and aspects relating to women's perception with regard to the reactions and behavior of their partner in the abortion process, as shown in the tables presented in the results. The identification of the abortion as spontaneous or induced was based on the women's reports. The women were assured of the confidentiality of the data informed.

The data in this study were analyzed in accordance with the capital and submitted to qualitative and quantitative analysis. Firstly, the Thematic Analysis Technique was used, with the objective of describing, interpreting and understanding the data. The responses were ascribed to each central theme or unit of meaning in the research. The units of meaning of which each patient's communication was composed were established and then the content was categorized.<sup>13</sup>

The results obtained from the categorization were analyzed using IBM SPSS Statistics Standard Edition program (version 19). The variables were examined, calculating the means and standard deviations. The categorical and quantitative data were evaluated using Pearson's chi-squared test or Fisher's Exact Test when

the sample was insufficient for application of the chi-squared test. When necessary, the contingency tables were split or reduced to proportions with lower levels such as 2 × 2 or 2 × 3 for greater reliability in determining the causality of the event analyzed. The level of significance used was 0.05 ( = 5%).

The associations made were between abortion types (spontaneous or induced) in the city of Natal-RN and between abortion types (spontaneous or induced) in the city of São Paulo-SP.

## RESULTS

According to the data presented in Table 1, in the relationship between the spontaneous and induced abortion groups and social and demographic aspects, both in Natal-RN and São Paulo-SP, a significant statistical difference was found in the "marital status" variable (p < 0.01), being induced abortion more frequent among single women.

In relation to company at the time of confirmation of the pregnancy, it was noted that in Natal-RN, in the group of women that induced abortion, the company of friends (p < 0.01) and other people (p = 0.03) was most frequent, while the in the group suffering spontaneous abortion, the presence of the partner was most frequent (p = 0.02). In São Paulo-SP, a statistically significant difference was noted in women that induced abortion and were accompanied by friends (p < 0.01).

When questioned about the reaction of the partner when discovering the pregnancy, both in Natal-RN and São Paulo-SP, women that induced abortion stated that the partner was unaware of the pregnancy (p = 0.02 and p = 0.04). In São Paulo-SP, the perception of positive reactions (p < 0.01) was most frequent in women suffering spontaneous abortions, while the perception of negative reactions (p = 0.04) was reported mostly by women that induced abortion, as *per* data presented in Table 2.

**TABLE 1** Distribution of the data according to social and demographic aspects of the women diagnosed with abortion in two Brazilian capitals (Natal-RN and São Paulo-SP)

	Natal-RN			P	São Paulo-SP		
	Spontaneous	Induced			Spontaneous	Induced	p
	(n = 139)	(n = 11)			(n = 146)	(n = 20)	
	n (%)	n (%)		n (%)	n (%)		
<b>Age (years)</b>							
Mean (SD)	25 (6.9)	26 (6)	0.76	27.5 (7.5)	26.6 (6.6)	0.6	
<b>Level of Education (years of study)</b>							
Mean (SD)	10 (3.3)	11 (3.6)	0.25	11 (3.1)	10 (3.1)	0.3	
<b>Marital status</b>							
Partner	126 (90.6)	5 (45.5)	<0.01	128 (87.7)	13 (65)	<0.01	
No partner	13 (9.4)	6 (54.5)		18 (12.3)	7 (35)		
<b>Relationship duration (months)</b>							
Mean (SD)	48 (55)	26.5 (48.5)	0.29	36 (50.7)	24 (39.9)	0.29	
<b>Religion</b>							
Catholic	89 (64)	6 (54.5)		77 (52.7)	12 (60)		
Protestant	29 (20.9)	2 (18.2)		47 (32.2)	2 (10)		
Other religions	04 ( 2.9)	1 ( 9.1)	0.65	6 ( 4.1)	3 (15)	0.09	
No religion	17 (12.2)	2 (18.2)		7 ( 4.8)	2 (10)		
No religious belief	0 (0)	0 (0)		9 ( 6.2)	1 ( 5)		

**TABLE 2** Distribution of data according to company and reaction to the pregnancy in women diagnosed with abortion in two Brazilian capitals (Natal-RN and São Paulo-SP)

	Natal-RN			p	São Paulo-SP		
	Spontaneous	Induced			Spontaneous	Induced	p
	(n = 139)	(n = 11)			(n = 146)	(n = 20)	
	n (%)	n (%)		n (%)	n (%)		
<b>Time when pregnancy was confirmed</b>							
Alone	69 (49.6)	07 (63.6)	0.37	85 (58.2)	13(65)	0.56	
Accompanied	70 (50.4)	04 (36.4)		61 (41.8)	7(35)		
<b>Accompanied by</b>							
	(n = 70)	(n = 4)		(n = 61)	(n = 7)		
Partner	41 (58.6)	0 (0)	0.02	30 (49.2)	02 (28.6)	0.3	
Relative	20 (28.6)	0 (0)	0.21	20 (32.8)	1 (14.3)	0.32	
Friends	7 (10)	3 (75)	<0.01	07 (11.5)	4 (57.1)	<0.01	
Others	2 (2.8)	1 (25)	0.03	04 (6.5)	0 (0)	0.48	
<b>Partner's reaction to finding out about the pregnancy</b>							
	(n = 139)	(n = 11)		(n = 146)	(n = 20)		
Positive	91 (65.5)	5 (45.5)	0.18	87 (59.6)	5 (25)	<0.01	
Negative	17 (12.2)	2 (18.1)	0.57	23 (15.8)	7 (3)	0.04	
Ambivalent	10 (7.2)	0 (0)	0.36	14 (9.6)	1 (5)	0.5	
Not specified	11 (7.9)	1 (9.1)	0.89	16 (10.9)	4 (20)	0.24	
Unaware of pregnancy	10 (7.2)	3 (27.3)	0.02	06 (4.1)	3 (15)	0.04	

When investigating if anyone could not find out about the occurrence of the abortion, statistically significant differences were found in the association with the type of abor-

tion both in Natal-RN ( $p < 0.01$ ) and São Paulo-SP ( $p < 0.01$ ), where women that induced the abortion had a higher frequency of reports that someone could not find out about

the abortion. In relation to people that could not find out about the abortion, in Natal-RN and São Paulo-SP the partner was mostly mentioned by women that induced the abortion ( $p < 0.01$  and  $p = 0.02$ ). In Natal-RN, women suffering spontaneous abortions report relatives ( $p = 0.04$ ) as people that could not find out.

When questioned if anybody could have avoided the abortion from occurring, statistically significant differences were found in the partner variable, both in Natal-RN ( $p < 0.01$ ) and São Paulo-SP ( $p = 0.03$ ) in the induced abortion group. The "other person" variable ( $p = 0.05$ ) was only statistically significant in São Paulo-SP, reported most frequently by women with spontaneous abortion.

In relation to women's perception about the participation of their partner in the abortion process, in Natal-RN no statistically significant differences were found between abortion groups, while in São Paulo-SP, a statistical significance was found in the group that induced the abortion in relation to absence of the partner ( $p < 0.01$ ) in the abortion process, as *per* Table 3.

## DISCUSSION

It was found that the major proportion of induced abortions occurred in single women, which indicates that the absence of a marital relationship<sup>14</sup> or non-legitimacy of the pregnancy by the partner is one of the preponderant factors in the decision to abort.

Summarizing the cultural trajectory of Brazilian society,<sup>15</sup> at the time of colonization there was a process of disseminating European ideas, incentivizing marriage and reproduction within marriage. Marriage went on to be seen as security and the children of this union a way of differentiating "good" and "bad" women. Despite the passage of time, such principles remain rooted in Brazilian culture, with the marital relationship still seen as a form of emotional, financial and social security.

When verifying the absence of the partner's company upon the confirmation of pregnancy and the accompaniment of friends, the need for complicity and support at such an important time in a woman's life becomes an issue. A relative could make such a decision difficult, gi-

**TABLE 3** Distribution of data according to knowledge, participation and beliefs about the possibility of avoiding the abortion reported by women diagnosed with abortion in two Brazilian capitals (Natal-RN and São Paulo-SP)

	Natal-RN			São Paulo-SP		
	Spontaneous	Induced	p	Spontaneous	Induced	p
	n (%)	n (%)		n (%)	n (%)	
<b>Is there anybody that cannot find out about the abortion?</b>						
	(n = 139)	(n = 11)		(n = 146)	(n = 20)	
Yes	13 (9.4)	9 (81.8)	<0.01	24 (16.4)	12 (60)	<0.01
No	126 (90.6)	2 (18.2)		122 (83.6)	8 (40)	
<b>Who cannot find out?</b>						
	(n = 13)	(n = 09)		(n = 24)	(n = 12)	
Partner	0 (0)	4 (44.4)	<0.01	2 (8.3)	5 (41.7)	0.02
Relatives	10 (76.9)	3 (33.3)	0.04	17 (70.8)	5 (41.7)	0.09
Others	3 (23.1)	2 (22.2)	0.97	5 (20.8)	2 (16.7)	0.77
<b>Could anybody have avoided the abortion from occurring?</b>						
	(n = 139)	(n = 11)		(n = 146)	(n = 20)	
Yes	51 (36.7)	6 (54.5)		53 (36.3)	08 (40)	
No	85 (61.2)	5 (45.5)	0.47	85 (58.2)	10 (50)	0.65
Doesn't know	3 (2.2)	0 (0)		8 (5.5)	2 (10)	
<b>Who could have avoided the abortion from occurring?</b>						
	(n = 51)	(n = 06)		(n = 53)	(n = 08)	
Partner	2 (3.9)	4 (66.7)	<0.01	5 (9.4)	3 (37.5)	0.03
God	2 (3.9)	0 (0)	0.62	5 (9.4)	2 (25)	0.2
Me	36 (70.6)	2 (33.3)	0.07	25 (47.2)	3 (37.5)	0.61
Others	11 (21.6)	0 (0)	0.2	18 (34)	0 (0)	0.05
<b>Woman's perception as to the partner's participation in the abortion process</b>						
Supported	87 (62.6)	6 (54.5)	0.6	89 (61)	9 (45)	0.17
Did not support	8 (5.8)	1 (9.1)	0.65	13 (8.9)	2 (10)	0.87
Did not participate	25 (18)	4 (36.4)	0.14	27 (18.5)	9 (45)	<0.01
Not specified	19 (13.7)	0 (0)	0.19	17 (11.6)	0 (0)	0.1

ven the cultural importance of pregnancy and the legislation in force in Brazil.<sup>16</sup> One study<sup>17</sup> indicates that women that only talk with friends about the pregnancy and the possibility of abortion interrupted the pregnancy more than those who contacted other people. The hypothesis is that, while friends tend to support other life projects, closer family tend to value motherhood and influence maintaining the pregnancy. Considered socially as the basis for educating the human beings, the family has the responsibility of teaching values, principles, standards and behaviors to its members. Therefore, when aborting, women do not only transgress legal and moral standards in their country but also the family principles and expectations in relation to fulfilling their role as mother, guaranteeing the continuity of traditions with new generations.

Although friends are sought out when discovering the pregnancy, the woman's decision on the future of the pregnancy varies according to the reactions of their partner or how they imagine their partners would react.<sup>17-19</sup> In this study, the partner not knowing about the pregnancy was associated with induced abortion, which could indicate either their lack of involvement or indicate the woman's choice not to include him at the time. The presupposition of male rejection of unplanned or unwanted pregnancy makes many women choose to assume the responsibilities and the decisions, and not inform their partner about the pregnancy.<sup>11,18</sup>

When question about who could not find out about the abortion, the partner was stated by the majority of women that induced the abortion, affirming the choice not to include them in this decision. On the other hand, women's conversations frequently complain about the absence of moral and financial support by the partner, rejecting continuation of motherhood and the creation of children without their participation.<sup>17-19</sup> Therefore, even if women take a definitive decision to continue the pregnancy or not, the role performed by the partner is fundamental at this time, as female choices are based on the expectations they have in relation to the male attitude in recognizing the child or not, for which reason many report that the abortion could have been avoided by the partner.

Sharing responsibility about the pregnancy, participation and support by the partner at this time are indispensable for the woman's psychological wellbeing. While parenthood is not shared and a common project is not established, the impasse of pregnancy and abortion will continue to occur.

In Natal-RN, the fact that the majority of women suffering spontaneous abortion were accompanied by their partner at the time the pregnancy was confirmed, compared to women that induce the abortion, reinforces the hypothesis that the partner's absence is the risk factor for induced abortion, while their presence denotes their participation and somewhat shows the sharing of responsibility for the pregnancy.

One study<sup>20</sup> indicates that for many men the responsibility for reproductive decisions is held by women. They therefore delegate responsibility for contraception to women, and often refusing to assume reproductive responsibilities, which could justify the fact of many women not seeking their partner's company at the time of confirming the pregnancy. As pregnancy is an integrant part of a woman's body, she assumes the responsibility delegated by the man, who in turn may simply deny, not think about or even "defend" themselves from all duties via withdrawal or even doubting paternity. Women, however, live with bodily changes day to day, and cannot deny or not experience a pregnancy.

Another possibility in relation to the partner's absence is that they may have not been informed of the suspected pregnancy. Considering the increase in female control over reproduction as well as greater participation and ascension in the employment market, many women often have other objectives than pregnancy, and fear contrary opinions from partners or not do not wish to continue the pregnancy, choosing not to inform their partner and to take responsibility alone. In relation to women's perception in relation to their partner's reaction when discovering the pregnancy, it was verified that a high number of women that induced abortion mentioned positive reactions from their partner, showing that other motives could have led to the abortion, and not necessarily their partner's dissatisfaction in relation to the pregnancy. It is worth reiterating that positive reactions may also be related to issues of male virility and not necessarily their involvement in fatherhood.

With regard to spontaneous loss, it was noted that in Natal-RN, women were concerned to hide the abortion from family. One study<sup>21</sup> highlights women's fears that important people in their life will find out about the occurrence. Even with all of the advancements and achievements in the field of female sexuality, social expectations still connect them to motherhood, which is intimately connected to the family lifecycle. Reproduction allows the continuity of the family, its values, customs and traditions, attributing a different weighting to the female role.<sup>6</sup> The fact that these women do not want relatives to

know about the spontaneous abortion may be associated with regional characteristics. Despite being one of the most populous cities in the state, Natal-RN maintains strong cultural ties and many traditions from the region, which pass from generation to generation. Data<sup>22</sup> indicates that 80% of families are traditional, that is, constituted by couples with children or single-parent families. Thinking of family wishes and expectations in relation to maintaining their values and parental identifications faced with spontaneous loss, women experience frustration that arises naturally from breaking all the expectations placed upon them. However, more studies are required to understand the characteristic aspects of the region, its culture and abortion.

In São Paulo-SP, in relation to women's perception of their partner's reactions to the pregnancy, positive reactions were seen to be reported in a significant manner by women with spontaneous abortions, coinciding with the study by Rodrigues and Hoga.<sup>23</sup> On the other hand, the perception of negative reactions was significant in women that induced abortions, which may show the partner's dissatisfaction with the pregnancy, which is a relevant factor for its termination.

Although some partners were informed about induced abortion, when questioned, a significant portion of women stated that they did not participate in the process. Chumpitaz<sup>19</sup> reports that male participation in the decision to abort is varied (the partner excludes himself, promotes or rejects the abortion) but affirms that many women opt not to share the decision, especially when they are in financial control of the home or when the relationship with the partner is in crisis. Thus, the decision is taken according to the affective bond. In cases in which the relationship is not consolidated, female decisions prevail and might not be communicated to partners.

It is appropriate to affirm that, despite being considered one of the most populous cities in the world, São Paulo-SP has a pace of life in which relations are established in a fragile and ephemeral manner, which reinforces feelings of loneliness, lack of support and female individuality given an unexpected situation such as pregnancy.

Unlike induced abortion, but no less distressing and complex, spontaneous abortion does not reflect a conscious choice by women, and the motives for its cause are often difficult to identify. It is interesting to note that women suffering spontaneous abortions attribute the "power" to avoid the occurrence of this loss to other people. The burden of spontaneously losing a pregnancy in face

of cultural pressures and expectations places the women in an indemnity conflict, with projection often used as a protection mechanism to alleviate such burden.

Human beings have the need to fill in the gaps of that which effectively has not explanation. The emptiness left by abortion leads to an internal search for justifications in which women tend to take the responsibility or project such responsibility onto others in order to reduce negative feelings, such as anguish, guilt and feelings of inadequacy.

Thus the results of this study show that in Natal-RN the absence of the partner at the time of confirming the pregnancy was associated with induced abortion, and in São Paulo-SP, the negative reactions of the partner upon discovery of the pregnancy were related to their absence in the abortion process. In both capitals, women reported the desire for their partner not to find out about the abortion, but paradoxically believed that only their partner could have avoided its occurrence.

This study showed that despite social advancements and the attainment of female independence, male participation is important in the abortion process whether through their support or sharing responsibility.

The particularities encountered in each capital denote the influence of the Brazilian cultural and geographic dimensions and reinforce the need to consider the principles of decentralization, hierarchy and regionalization of services, aimed at a holistic service, equality of care, and popular participation in planning public policies aimed at the care provided to women experiencing abortions in Brazil.

The few Brazilian studies that approach the issue and women's perception of their partner's participation, summed with the methodological limitations and legal restrictions limits the development of more specific actions that effectively contribute to the qualification of the care provided. A broader perspective of this phenomenon and its implications on female health is important.

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## RESUMO

Abortamento: avaliação da percepção das mulheres relacionada às reações e às condutas do parceiro em duas cidades brasileiras.

**Objetivo:** analisar a percepção das mulheres quanto às reações e às condutas do parceiro no processo do abortamento, associando as variáveis entre mulheres que sofreram abortamento espontâneo e que o provocaram, nas cidades de Natal (RN) e de São Paulo (SP).

**Métodos:** foram realizadas entrevistas semidirigidas com 285 mulheres que sofreram abortamento espontâneo e 31 mulheres que referiram tê-lo provocado. Os dados foram analisados pela Técnica de Análise Temática e, posteriormente, utilizou-se o programa IBM SPSS. O nível de significância utilizado foi  $p < 0,05$ .

**Resultados:** em ambas as capitais, as mulheres que provocaram o abortamento referiram o parceiro como alguém que não poderia saber do abortamento ( $p < 0,01$  em Natal;  $p = 0,02$  em São Paulo) e, ao mesmo tempo, como aquele que poderia tê-lo evitado ( $p < 0,01$  em Natal;  $p = 0,03$  em São Paulo). Em Natal, o abortamento provocado foi associado à ausência do parceiro no momento da confirmação da gestação ( $p = 0,02$ ) e, em São Paulo, a reações negativas quando noticiada a gravidez ( $p=0,04$ ) e a não participação no processo do abortamento ( $p < 0,01$ ).

**Conclusão:** apesar da independência feminina conquistada, os resultados obtidos indicam que as mulheres que provocaram o abortamento percebem a participação masculina como importante no processo. As particularidades de cada capital denotam influência da dimensão geográfica e cultural, demonstrando a necessidade de uma assistência integral à saúde da mulher que respeite as especificidades de cada região do Brasil.

**Unitermos:** aborto; aborto espontâneo; aborto induzido; percepção; homens; saúde da mulher.

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