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Abortion: The Reality for Women of Praia Grande

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Abortion: The Reality for Women of Praia Grande

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Abstract

Under Brazilian law, abortions are prohibited in all cases except for pregnancies resulting from rape or sexual violence and pregnancies which present possible death or harm to the mother. Upon a closer look, however, it is obvious that regardless of the illegality, Brazilian women are getting abortions. In light of this, I conducted a research project to uncover more about the reality that Brazilian women, specifically located in Praia Grande (a small community on Ilha de Mare off the coast of Salvador), face given the simultaneous existence of the two situations listed above (which I refer to as the “abortion gap”). I hypothesized that the poor, black women in NE Brazil will comprise the group that faces the harshest reality due to the illegality of abortion. I also believed that these women will consider the legalization of abortion to be an improvement; that they will recognize that abortions take place regardless of their legality and that abortions done under legal standards would be cleaner and safer than those that are currently being done illegally. Following my research, I concluded that although I was correct in anticipating that the poor, black women of NE Brazil face the harshest reality, the opinions concerning the abortion gap that I had predicted that they would hold were not correct. In actuality, based on the contact I had with the women of Praia Grande, they believe that the legalization of abortion will make their lives and situation worse.

Introduction

“Não e crime é não se pune: o abortamento praticado por médico(a), se:

- a) não há outro meio de salvar a vida da mulher (art. 128, I);
- b) a graidez é resultante de estupro (ou outro forma de violência sexual), com o consentimento da mulher ou, se incapaz, de seu representante legal (art. 128, II).”

“Em todos esses casos, o abortamento é um direito da mulher.”¹

Abortions in Brazil are legal for pregnancies that are a result of rape or sexual violence and for pregnancies that are threatening the life or health of the mother. However, beyond these circumstances abortions are prohibited. This position in itself presents the women living in such a country with a different reality than women living under much looser or even non-existent regulations in regards to abortion. However, the reality of Brazilian women concerning abortion is not yet complete. It is also necessary to understand that although abortions are prohibited, they still occur. “Estima-se (AGI, 1994) haver ocorrência anual de 1.443.350 abortamentos, com taxa de 3,7 abortos/100 mulheres de 15 a 49 anos...”² (“It is estimated that there is an annual occurrence of 1,443,350 abortions, with a rate of 3.7 abortions for every 100 women between the ages of 15 to 49 years of age...”). Due to the simultaneous existence of these two situations, a conflict has been created in which the women of Brazil are currently caught. I refer to this conflict-this phenomenon in Brazil-as the “abortion gap”.

¹ (“Abortions performed by doctors are neither criminal nor punishable if: there is no other option to save a woman’s life or if the pregnancy is a result of rape or sexual violence with the consent of the woman, or if she is incapable, with the consent of legal representative. In both cases, abortion is the right of the woman.”) Norma Técnica Atenção Humanizada ao Abortamento, pg. 13

² Norma Técnica Atenção Humanizada ao Abortamento, pg. 7

The women of Brazil are currently facing a complex arrangement of consequences; comprised both of the fact that their government has banned their choice to legally obtain abortions and the fact that they, as a gender, are still aborting pregnancies at a fairly consistent rate. The majority of the estimated 1.4 million yearly abortions are illegal and done under relatively unsafe and unclean conditions, leading to a quarter of a million women requiring medical attention due to complications from illegal abortions³. What is this conflict doing to the women of Brazil? What exactly are the consequences that they are facing because of the illegality and the continued presence of abortions within society? I set out to describe the story of the abortion situation through the eyes and perspectives of the Brazilian women.

Location of Research

Brazil

As previously stated, I was initially interested in the situation of abortion in Brazil because it was so tightly restricted. Who faces the harshest reality as a result of this situation? Does the illegality of abortions stop or even dissuade women from getting abortions? These questions surround the heart of the issue I wanted to both understand and bring to light: what are the consequences that the women of a country face, from their own eyes and perspective, when their government bans abortions. According to Meera Subramanian in association with Planned Parenthood, Brazilian women get approximately 1.4 million abortions annually, many of which are illegal⁴. Therefore,

³ Subramanian, Meera, 2005

⁴ Subramanian, Meera, 2005

within Brazil a conflict exists; a conflict between the illegality of abortions and their remaining presence within the society.

North East Brazil/ Salvador

Within this conflict there also exists a very strong economic variable. A wide array of techniques are used to illegally perform abortions: natural remedies and teas, rumors of tree branches being inserted into women's vaginas, prescription medication concoctions⁵, and private clinics that will perform illegal abortions. The abortions done in the clinics are performed under cleaner and less dangerous circumstances, but because of their illegality any doctor or person performing such a procedure is subjecting themselves to criminal prosecution, therefore making these procedures much more expensive. Members of the middle to upper classes are the only women able to afford the cleaner and safer option of abortions in these clinics, while the other women of Brazil are limited to the riskier options⁶.

Levels of poverty are significantly higher in the northeast of Brazil⁷, and within Brazil as a whole, research has found a "...racial discrimination from a socioeconomic approach and discovering a strong correlation between blackness and poverty"⁸. It is the poor, black women, which make up a large part of NE Brazil and Salvador, which face the harshest consequences due to the illegality of abortion. Therefore, I decided to study the abortion situation from the perspective of these women: the poor, black women in northeastern Brazil.

⁵ Field Journal, pg. 176a

⁶ Field Journal, pg. 178a

⁷ Basu, Amrita, pg. 304

⁸ Beiber, Judy, pg. 153

Praia Grande

Praia Grande is a community on Ilha de Maré, an island off the coast of Salvador. Ilha de Maré, with approximately 6,000 inhabitants, is located 30 minutes from São Tome de Paripe. Praia Grande, with around 2,000 inhabitants, is the largest of the nine communities on the island⁹. Praia Grande is a poor and predominantly black community that suffers from a variety of health and sanitation problems. Running water is infrequent and unpredictable, telephone service is unreliable when it rains, there is no sanitation system and all waste products run through the roads in small canals (a few inches deep and wide, made of cement or merely dug into the dirt) and to the ocean. Not only is the ocean being polluted by the island's sewage, but the several Petro Bras plants on the island also add to the water pollution problem¹⁰.

Praia Grande is a seaside community where a large number of its inhabitants earn a living, either formally or informally, by fishing. Combined with the already significant problem of unemployment within the community, the increasing problem of pollution is becoming a grave concern for the members of Praia Grande. Other people in Praia Grande weave handicrafts out of dried grasses to be sold in Salvador. Both men and women can be seen cutting and stripping grasses to be dried. Later these grasses are woven into intricate baskets and works of art, shipped and sold in Sao Tome where they are taken to the streets of Salvador and sold once again. The hills of Praia Grande are scattered with fruit trees (mangos, coconuts, açai), sugar cane, and countless indigenous plants used for teas and medicines. There are a few bars and general stores that line the coast, and beyond these float the boats and canoes that the members of Praia Grande use

⁹ Field Journal, pg. 172b

¹⁰ Field Journal, pg. 151b

for fishing and transportation. The extent of transportation within or amongst communities is the existence of a few horses and donkeys that can be seen along the streets, usually heavy laden with goods or a rider.

Motives for Research/Importance of Research

In the United States, there exists a phenomenon surrounding abortion laws and policies. It is an ever-present struggle between “Pro-Life” and “Pro-Choice” activists (those that respectively advocate for the illegality and legality of abortion) that takes up large amounts of time and energy within American political and social realms. Soon after I arrived in Brazil I learned that, in most cases, abortions are prohibited here. This discovery sparked an interest in learning more about what this meant for the country of Brazil and its women. I wanted to understand two main points. First, to understand how the Brazilian women feel about the illegality of abortion, and second to learn about the consequences that Brazilian women are forced to face because their government restricts their choice concerning abortion.

In the United States, my political and moral beliefs generally coincide with those of Pro-Life. When I entered Brazil and realized that the principles which many Pro-Life activists are striving for within the U.S. are a reality for the women here, I decided to investigate what actually happens to a society and a gender as a result. However, I made a conscious effort, when conducting my research, not to mention or share my own personal beliefs concerning abortion itself or the specific situation here in Brazil. I felt that if I structured my questions in an unbalanced or leading manner, it would not create the ideal atmosphere for gathering accurate information. I could possibly lead my

interviewees and case studies to respond in a way that was not in line with their actual beliefs and realities. Therefore, I had to attempt to remove as much of my own beliefs and views from my interactions and conversations during my stay on Ilha de Maré. It is not possible to guarantee that all of my interactions were completely unbiased; therefore, the reader should be aware of these characteristics.

In the process of deciding to turn an inquiry of interest into an actual research project, I first had to discover that my question held interest and purpose for an audience larger than myself. Touching back on the conflict in the U.S. concerning abortion, I believe that it is imperative for anyone advocating the illegality of abortion to take a discriminating look at the reality that results from such legislation. I realize that vast cultural and political differences exist between the U. S. and Brazil, but I am not conducting a comparative study. I am speaking in general about the theory of legalizing or prohibiting abortions and I believe that anyone, American or otherwise, should first examine the resulting reality in a country that illegalizes abortions. For this reason, I believe that my query holds importance and purpose beyond my personal interest and journey alone.

More specifically, I believe that it is imperative that such an investigation take place in Brazil because of the conflict that exists here; the gap between the illegality and continued presence of abortion that Brazilian women are caught in. Abortions are taking place in significant numbers in Brazil and the number of women who visit obstetricians to be treated for post-abortion complications is second only to the number of women who go for normal deliveries¹¹. The majority of women that suffer complications from illegal abortions are the poor and disadvantaged women of Brazil. According to research by the

¹¹ Norma Técnica Atensão Humanizada ao Abortamento, pg. 8

Rede Feminista de Saúde, the situation is described as: "...in a setting where fertility is accelerated and where there are permanent difficulties in finding continuous and free methods of contraception it could be affirmed that the young and the poor, with less education, are the most exposed to the risks from illegal abortion" ("Entre tanto, em um cenário de que da acelerada da fecundidade e de permanentes dificuldades de acesso contínuo e gratuito aos métodos anticoncepcionais, pode-se afirmar que são as mulheres mais pobres e mais jovens, com menos escolaridade aquelas que mais se expõem aos riscos do aborto inseguro")¹². The current effects of the abortion situation in Brazil are pressing and tangible; I believe that the first step in addressing, and possibly remedying them, is to study their causes and the how they are effecting the women of Brazil.

Methodology

In light of the time constraint, my research project was structured as a micro study, based around two case studies of women that had illegally attempted aborting a pregnancy and other interviews about the overall situation of abortion and pregnancy in Praia Grande. Given the nature of my topic, I focused my research on depth of information with a smaller number of key informants rather than a large pool of interviewees. Therefore, my study was of a qualitative rather than a quantitative nature.

Before going to the island, I met with the Delegacia das Mulheres to discuss how women in Brazil procure legal abortions, specifically in cases of rape¹³. I also read a pamphlet distributed by the Ministério da Saúde on standards for legal abortions in

¹² Martins, Alaerte L, pg. 33

¹³ Field Journal, pg. 153b

Brazil¹⁴. Returning, after interviewing the women of Praia Grande as to the methods and techniques being used there to conduct illegal abortions, I would be able to compare the two different situations and derive the consequences that the poor, black women of Praia Grande face due to the illegality of abortion.

A small field or information pool was more appropriate for the goals and features of my current inquiry, therefore, I chose Praia Grande, a predominantly black community of around 2,000 inhabitants (see *Location of Research*), as the location of my independent research project. I spent ten days on Ilha de Maré within the community of Praia Grande. Upon arriving on the island, where I lived with a family, I made contact with Maria de Paixa das Neves Santos, who works for the “Agente Comunitário de Saúde” in Praia Grande. I was able to both interview her on her perspective of the situation surrounding abortion and pregnant women’s health there, but also make several contacts as I accompanied her on her daily home visits throughout the community.

I next went to Santana, the neighboring community, to meet with a former “parteira” (midwife) on the situation surrounding pregnancy, motherhood, and abortion (techniques used, reasons behind abortion, and frequency of occurrence). The following days were spent traveling with Maria throughout the community and beginning to better understand the general health situation of Praia Grande; I interviewed Zenide de Jesus Neve, another woman in Praia Grande who had helped to deliver several babies and would like to become a parteira, I conducted a total of three meetings (with the help of my advisor) with two pregnant women of the island, found and interviewed two case studies (a total of three times each), and met and interviewed a third woman who had aborted several pregnancies (unsure of exact number). I compiled a list and collected samples of the

¹⁴ Norma Técnica Atensão Humanizada ao Abortamento, pg.

plants that were said to be used in teas to abort pregnancies by the women of Praia Grande.

In Salvador, I interviewed a gynecologist at Projeto VIVER (a separate branch of the Delegacia das Mulheres which deals with rape victims, one of the two cases in Brazil when abortion is legal), concerning the consequences of the methods of illegal abortions being used in Praia Grande.

Content of Research

Life in Praia Grande: specifically concerning pregnancy

Women in Praia Grande are currently facing a variety of problems. When asked what the main difficulties that pregnant women in the community specifically face, three clear themes arose: problems with transportation, unemployment, and the lack of adequate and accessible health facilities on the island. These primary difficulties are interwoven amongst each other and within the very thread of every-day life in Praia Grande

The problem of transportation was usually the first response I received concerning both the general state of Praia Grande and the conditions specifically for the pregnant women of Praia Grande. Students who want to continue their education beyond the primary levels need to travel to the main land everyday, and although the boat is free for them, the inconvenience and complications that this situation presents deter some adolescents from finishing high school¹⁵. Beyond the daily boats that take the students and others into São Tome, private boats can, in theory, be rented from community

¹⁵ Field Journal, pg. 156a

members at any time of the day or night. However, often times the weather is not suitable or the boat does not have sufficient fuel, and the trip is impossible, no matter how grave the emergency¹⁶. Renting a private boat costs 40 reais, and since the majority of the community is currently facing unemployment, the situation of transportation is further complicated. These problems with transportation, the unreliability and cost, have created a unique problem for pregnant women specifically.

The problem of transportation is closely related to the problems surrounding the lack of medical facilities in Praia Grande. Ilha de Maré does not have a hospital, let alone a maternity facility, meaning women must travel to Salvador to have their babies delivered. Consequently, when a woman goes into labor during the night she must try to rent a boat and pay 40 reais for the voyage. The majority of the women of Praia Grande can not afford to make a trip into Salvador if it is merely false contractions, therefore assuming they can even afford the one-time cost, women wait through many hours of contractions to ensure that the actual time has come. Frequently, by the time women decide to go to Salvador, it is too late, resulting in numerous stories of babies being born on the front patios of restaurants, in the boat between Praia Grande and São Tome, or in the streets. Maria Santos, an employee for Agente Comunitário de Saúde, remembers two recent occasions when women gave birth outside a small restaurant in front of the main port in Praia Grande while waiting for a boat¹⁷. Zenide de Jesus Neve, a woman from Praia Grande, has helped deliver two babies during the boat ride from Praia Grande to São Tome¹⁸. Cleoza Maeul, Maria's colleague in the neighboring community of Santana, also knows of several cases where women have given birth in the streets.

¹⁶ Field Journal, pg. 158a

¹⁷ Field Journal, pg. 158a

¹⁸ Field Journal, pg. 166b

However, the situation in Santana is different and somewhat better than in Praia Grande because a woman who used to be a “parteira” still lives in Santana.

Olivia dos Santos Lopez is 78 years old and lives with her family in Santana. Although she is no longer working as a parteira, she spent 30 years volunteering her services to the women in her community and she still advises pregnant women as to when they should go to Salvador. She agreed that women in both communities frequently wait too long before going to Salvador, but she thinks that because of her work experience she is generally able to tell when the baby is coming. She believes that in this sense, the women of Santana have an advantage over those in Praia Grande¹⁹. Without even the presence of a former parteira and the remaining presence of the factors which lead pregnant women to wait, the women of Praia Grande are being held in a compromising situation.

Abortion in Praia Grande

According to various women in Praia Grande, abortions take place within the community. There was never any mention of women obtaining abortions in a clinic in Salvador, but I was told of numerous “chás” (teas) and “remedies” (medicines) which women take to abort pregnancies.

The majority of techniques that women mentioned were of teas made from plants and flowers indigenous to the community (*see* TABLE 1). However, Cytotec, a prescription drug, was the abortion method most commonly used. Eve²⁰, a woman who lives in Praia Grande, said that she had taken Cytotec on numerous occasions; sometimes

¹⁹ Field Journal, pg 161a-b

²⁰ Name has been changed to protect her privacy

successfully, sometimes unsuccessfully. Eve is 26 years old with five living children. She admitted to taking Cytotec, which she bought in Salvador, during several pregnancies, but when asked how many times exactly she had used it, she merely laughed. Her neighbor said that she has tried to abort approximately 10 pregnancies²¹. Gwen (*see Case Study 2*) took Cytotec to abort her third pregnancy but did not successfully terminate the pregnancy.

The reasons that women think that abortions exist in Praia Grande are almost as varied as the techniques used to do them. A compilation of the reasons reveals two diverging themes; the first includes reasons which deal with the practicality or convenience of having a child. Olivia Lopez described a change in the mentality of women today. She believes that women today on Ilha de Maré get abortions because they want fewer children. Once a woman has one or two children she wants to stop, either because she wants a smaller family or she cannot handle the children that she already has. This represents a change for Olivia who described past generations where women normally had many more children. She, herself, has seven children and said she would have more if her husband had not passed away at an early age²². Along a somewhat similar line of thinking, Gwen thought that women get abortions mainly because, for a variety of reasons, they are not prepared to have a child²³. The difficulties of transportation, unemployment and inadequate health care become even more pressing in light of a pregnancy.

The second theme is of the concept of life within the community of Praia Grande. This theme arose again in discussions with the women of Praia Grande regarding why

²¹ Field Journal, pg. 171b

²² Field Journal, pg. 162a

²³ Field Journal, pg. 167b

abortion should or should not be legalized. Lillian, my first case study, said that girls in Praia Grande start having sex very early, and since there is not enough information shared with them by their parents about sex and contraception, they also get pregnant very early. She said that the young, pregnant girls do not have enough experience to understand what they are doing when they abort a pregnancy. She said that the main reason that women (or adolescents) in Praia Grande get abortions is because they are not thinking²⁴. Cynthia, a pregnant woman who was present at two of the three reunions, agreed with Lillian's reasoning. She said that women get abortions because they are not thinking and because they do not understand the meaning of having a child²⁵.

Case Study One

I met Lillian²⁶ briefly on my first trip to Ilha de Maré and then had the opportunity to spend a fair amount of time with her when I stayed in Praia Grande for the ISP period. At times I thought that she was a quiet, shy and almost awkward woman. However, after spending more time with her and developing a friendship, I began to see the depth of her personality.

She is 33 years old and married with two children. Although she and her husband have only been married for a few years, they have been living together for 17, beginning when she was four months pregnant with her first child²⁷. Her husband is one of the few people in Praia Grande that is formally employed and he travels every other night to Salvador to work for the bus system. Together they have a 16 year old son, who spends

²⁴ Field Journal, pg. 164b

²⁵ Field Journal, pg. 168a

²⁶ Name has been changed to protect her privacy

²⁷ Field Journal, pg. 149b

the majority of the week also living in Salvador where he studies and plays for a professional, junior soccer team, and a six year old daughter²⁸.

Lillian's son has had the opportunity to travel to São Paulo and other places throughout Brazil with his soccer team, and although she is obviously happy that he has these opportunities, she also shared a strong desire to know other places herself. She would say how proud she was that he had those chances, but she said it with a far-off look in her eyes; a look that betrayed a tinge of sadness because she did not believe she would have the same opportunity herself. Lillian also loves to sing, and although I was never able to convince her to sing for me, I would catch her humming in the kitchen or entranced in programs of singers on the television.

I spent many afternoons with Lillian, sometimes interviewing her about what she thought about life in Praia Grande and sometimes just quietly spending time with her. It was during one of these quiet hours that, as I described my research project, she revealed that she had had an abortion. Occasionally she would open up about subjects indirectly related to this event in her life, but usually only when her husband and son were in Salvador and her daughter was asleep, and she never spoke directly about it again.

Lillian aborted a pregnancy between the birth of her first and second child. She said that she was 20 to 21 years old at the time, while she was 16 when she was pregnant with her son and 27 years old when her daughter was born. She said that she took a type of medication, although she would not say which specifically and successfully terminated the pregnancy. She said that her reason for doing the abortion was because she was not thinking at the time, that she was preoccupied with other problems and did not realize what she was doing. She said that today she regrets what she did.

²⁸ Field Journal, pg. 159a

Lillian listed unemployment and the lack of educational opportunities as the principal problems women in Praia Grande are facing. She said that due to the long trip to São Tome, many young girls were deterred from finishing their education in Salvador. She also described the high rates of adolescent pregnancy in Praia Grade as a problem. She considers the lack of sexual education, which she believes to be the responsibility of the parents, to be the primary reason that young girls get pregnant so early²⁹. As to the situation relating to abortion, Lillian believes that if it were legal in Brazil, life for Brazilian women would be worse. She said it would be a problem for the women in Praia Grande specifically because, once again due to the lack of adequate systems of sexual education, women have their first child when they themselves are still very young. She thinks that upon legalization, many more abortions would occur, and the adolescent girls who become pregnant and do not yet understand what it means to have a child, would later regret having gotten an abortion. She spoke about the regret that these adolescent's may feel while her daughter lay sleeping in her lap. Lillian pointed out her daughter's fingers and toes and described the meaning of having a child³⁰.

Case Study 2

I met Gwen³¹ during my first stay in Praia Grande, at the first meeting for the pregnant women of the community with Climene and myself. Gwen is a 25 year-old mother of four, currently pregnant with her fifth child. She had her first child at the age

²⁹ Field Journal, pg. 156a-b

³⁰ Field Journal, pg. 164b

³¹ Name has been changed to protect her privacy

of 19 during her first marriage. Her second and third child were born during her second marriage and her fourth and current child were a product of her third marriage³².

My relationship with Gwen was somewhat different than with Lillian. I met with Gwen only during structured meetings or interviews, whereas I spent time with Lillian more informally. Gwen attended all three pregnant women reunions held in Praia Grande during my stay and she was the only one to do so. She was also the first to respond to any questions concerning abortion, the first to share techniques that she knew of, and shared her own experience trying abortion during all three gatherings and in the presences of different women each time. Even with less time spent together the relationship that formed between myself and Gwen was strong enough to procure much information concerning the abortion situation in Praia Grande.

Like the majority of women I interviewed, Gwen's life in Praia Grande was complicated by the lack of a doctor and difficulties due to the current transportation system between Ilha de Maré and the mainland of Salvador³³. During this pregnancy, Gwen had only gone to one pre-natal exam even though she is in her fifth month³⁴. On my trip to Salvador when I interviewed the "parteira" Olivia, I met Gwen returning from the health post in Santana where she had hoped to meet with the doctor who was scheduled to come. However, for some reason that day the doctor did not make it to Ilha de Maré, meaning that Gwen walked the twenty minutes across the rocky shoreline in the hot midmorning sun to Santana and back without being able to meet with the doctor.

Gwen has unsuccessfully attempted to abort two separate pregnancies. Her first attempt was during her third pregnancy when she took Cytotec. She inserted four pills

³² Field Journal, pg. 153a

³³ Field Journal, pg. 167a

³⁴ Field Journal, pg. 174b

into her vagina and ingested two more; Gwen said that she learned about Cytotec and how to use it from a friend in Praia Grande who had successfully used it. She said that Cytotec can be bought illegally at various drugstores in Salvador and one pill costs 15 reais. She has tried to abort her fifth and current pregnancy on different occasions by drinking various different teas. She drank “chá de mal me quer”, “chá alumã”, “chá de tapete de ochalá”, and “chá quiboa”, none of which work. During both attempts, Gwen was living with the father of the baby and the two of them discussed and decided to try the abortion. She listed the reasons for these decisions as financial difficulties, unemployment, and the fact that she already had small children at the time (2 years old).

Gwen also believes that if abortions were legal within Brazil it would be worse for the women of Praia Grande. Just as Lillian stated, Gwen said that many more abortions would occur if they were no longer prohibited. She thinks that a normal pregnancy is better for the health of a woman and that abortions are very dangerous and put the woman’s health at risk. Thus, she believes that if abortions were legalized and occurred more frequently, they would still be just as dangerous, therefore putting the health of more women at risk.

Analysis

Health Situation for Women in Praia Grande

The women of Praia Grande are held in an interesting and complicated position due to the existence of the abortion gap in Brazil. Not only is it difficult to obtain methods of contraception since they are only available in Salvador³⁵, but no form of sexual education exists within the community. These two factors, combined with the early sexual maturity of adolescent girls in Praia Grande, lead to high levels of teen

³⁵ Field Journal, pg. 162b

pregnancies. The average age that people in Praia Grande think women have their first child is around 15 to 17 years of age³⁶. Adequate health care-including such things as hospitals, doctors, maternity facilities, equipment for pre-natal exams-does not exist on the island. Therefore, the pregnant women of Praia Grande have to go into Salvador for all pre-natal exams and to have a baby delivered by a doctor. The problem with the lack of accessible health care is further complicated by the cost and unreliability of transportation between Praia Grande and Salvador. The combination of these factors makes the situation of pregnancy (both carrying and giving birth to a child) more difficult for the women of Praia Grande

Consequences in regards to the illegality of abortion in Praia Grande

Cytotec was the most commonly mentioned and most widely known method of abortion in Praia Grande. Therefore, in order to understand the consequences that the women of Praia Grande face because abortion is illegal, it is first necessary to lay out the adverse effects caused both by taking Cytotec when pregnant and from taking it in the dosage that it is being used in. In other words, what risks are the women who take Cytotec to abort a pregnancy putting themselves in when they illegally use Cytotec. According to information published by the Food and Drug Administration (FDA) concerning Cytotec, the primary use of Cytotec(misoprostol) is to reduce "...the risk of NSAID-induced gastric ulcers"³⁷. The first statement within the information about Cytotec by the FDA warns women who are pregnant from using the drug. It states that,

³⁶ Field Journal, pg. 176b

³⁷ Cytotec, pg. 10

“Cytotec(misoprostol) administration to women who are pregnant can cause abortion, premature birth, or birth defects”³⁸ .

The recommended oral dosage for adults is one pill (200 mcg each) four times a day with food, not to exceed a total of 800 mcg in one day³⁹. According to Gwen, case study 2, women in Praia Grande are taking Cytotec six pills at a time to abort a pregnancy (totaling 1200 mcg). Not only is this dose is 400 mcg beyond the recommended dosage, but the pills are being taken all at once instead of spaced out as is recommended for appropriate use of the drug. Gwen also stated that in Praia Grande when Cytotec is used to abort a pregnancy, two pills are ingested and the remaining four are inserted into the woman’s vagina. The side-effects that result from vaginal use of Cytotec are more severe and include, “Pelvic pain, retained placenta, severe genital bleeding, shock, fetal bradycardia, and fetal and maternal death”⁴⁰ .

Of the various negative side-effects to Cytotec, one comprises the reason it is being illegally used in Praia Grande: abortion of fetuses in pregnant women. However, Cytotec also causes birth defects and premature births. Therefore, by taking Cytotec to abort an unwanted pregnancy, pregnant women in Praia Grande risk further complicating their situation by having a premature delivery and/or having a child with birth defects. These risks become significantly greater when pregnant women do not follow the recommended dosage and procedure; ingesting 400 mcg more than is advised without spacing out the doses. To add even further jeopardy to an already dangerous situation, the majority of the pills are being inserted vaginally. The side effects that result from vaginal injection are more severe than the possible effects from oral consumption.

³⁸ Cytotec, pg. 1

³⁹ Cytotec, pg. 10

⁴⁰ Cytotec, pg. 8

Patricia Almeda is a gynecologist at “Projeto VIVER”, a branch of the Delegacia das Mulheres, which is set up to help victims of rape and sexual violence; assisting them through the process of obtaining a legal abortion if need be. She said that in certain situations, doctors prescribe the use of Cytotec to flush out the fetus after a miscarriage. The dosage for such a circumstance is one pill every four hours. In reaction to the dosage and fashion that the women in Praia Grande are using in an attempt to illegally abort pregnancies, Patricia responded that this would lead to excessive vaginal bleeding.

Although the majority of women that I met who had done an abortion used Cytotec, many other teas made from indigenous foliage were mentioned as abortion techniques (*see* TABLE 1). Drinking a tea made from these plants does not guarantee that the pregnancy will be successfully aborted. Gwen, case study two, drank four different teas on different occasions and never successfully terminated her pregnancy. Another possible consequence of ingesting such plants is that not only will the pregnancy not be aborted, but the child will be born with one of a variety of possible birth defects. Lillian, case study one, told me of a girl who was born without all of her fingers and toes because her mother had drunk a tea while she was pregnant with her⁴¹. At the third meeting for pregnant women various stories were shared about other women in Praia Grande who have had children with birth defects after attempting to abort the pregnancy by drinking one of these teas.

Conclusion

Abortions are taking place not only within the nation of Brazil as a whole, but also within the community of Praia Grande. The women in Praia Grande, due to low income levels, a predominantly black ancestry (which in NE Brazil correlates with

⁴¹ Field Journal, pg. 164b

poverty), and high levels of unemployment, are not able to afford the option of getting an abortion in a private clinic. This option is generally only available to women of the upper and middle classes in Brazil; both classifications the women of Praia Grande fall significantly below. The methods that are used by them include a variety of teas made from indigenous plants and flowers and the prescription medication called Cytotec. By attempting to abort a pregnancy by ingesting such substances the women are placing themselves at risk in many different ways.

Because of the other problems that the women of Praia Grande are facing, problems with unemployment, poverty, lack of running water, lack of methods of contraception and sexual education, water pollution, and unreliable transportation, the condition of pregnancy is additionally difficult. When the Brazilian government bans the option of abortion, while simultaneously not providing adequate assistance in the area of their communities' problems, it is leaving the poor, black women of Praia Grande without options in a compromising situation. A significant amount of women in Praia Grande, when faced with the difficulties in their community and an unplanned pregnancy, chose to illegally get an abortion. As stated earlier, the only techniques available to them are the most dangerous and rudimentary. The question then arises, are they to blame when they suffer the negative consequences that are very possible when using the techniques that they use? If a woman has a child with birth defects after drinking a tea or if she has to go to the hospital because she is losing excessive amounts of blood after taking Cytotec, is she the only party at fault? I believe that in many cases, when a woman in Praia Grande gets an abortion, her hand has partially been forced by the problems that she and her community are facing. Therefore, I do not believe that the

consequences that women in Praia Grande are facing due to the illegality of abortion are in any way devalued because they “choose” to get the abortion regardless of its illegality.

Although I do not think that the women of Praia Grande who take the teas or Cytotec to induce an abortion understand the full extent of the risk that they are putting themselves and their child in, I do believe that there is a strong sentiment amongst them that abortion techniques, as they know them, are very dangerous. As I stated earlier, I had hypothesized that the women who face the harshest reality due to the illegality of abortion in Brazil (Praia Grande being an example of these women) would wish that abortions were legal. Not only was this hypothesis false, but the opposite sentiment existed within the community of women in Praia Grande. The main argument that women used to explain why they believed that the situation for themselves, and Brazilian women as a whole would worsen with the legality of abortion was as follows:

- 1.) The number of abortions that occur in Brazil would significantly increase.
- 2.) Abortions are notably dangerous for the health of a woman and lead to a variety of negative results.
- 3.) Therefore, the health of more women would be jeopardized.

I now realize when I presented the women of Praia Grande with the option of hypothetically having abortions legalized, I had assumed that they would understand that legal abortions come with standards for safety, cleanliness, and responsibility on the part of the doctor. The women of Praia Grande believed that the only thing that would change for them if abortions were legalized would be the elimination of the risk of being prosecuted. To them, there was no correlation between legalizing abortions and increasing safety and cleanliness of techniques used. Although, it is impossible to know

exactly how the standards of the average abortion would change with legalization, and whether or not the women of Praia Grande would then have access to such improvements, I believe that more women in Brazil would have access to safer abortions and that the situation specifically for the women in Praia Grande would improve to some extent.

Personal Conclusions

As I stated earlier, I came to this project siding with the ideology of the “Pro-Life” perspective and was initially interested in studying the abortion issue in Brazil because it represented an example of such an application. My beliefs concerning the concept of abortion have not changed based on my experience with the women in Praia Grande; I still view the fetus as a life throughout the pregnancy and therefore believe that for the same reasons one is not allowed to end the life of a two-month old child, one should not end the existence of a two-month old pregnancy. Further, I believe that the ideal situation would be one in which abortion did not exist; one in which it was not necessary. However, where I would have previously thought that the primary step in bringing about such a situation would be put harsh legal restrictions on abortion, following my involvement with the women of Praia Grande, I now believe otherwise. My time with the women was relatively short, but even with my limited exposure to the reality of their lives, I realized that illegalizing abortion was merely supplementing their already complicated lives with further difficulties. Prohibiting abortions did not eliminate their presence from Brazilian society. Although, further research needs to be done within Brazil, specifically in communities like Praia Grande, before large-scale conclusions can be made concerning the abortion situation, based on the time and

exposure I am equipped with presently, I believe that prohibiting abortions merely augments the already existing problems within Brazilian society. If the goal is to eliminate abortions from society, other steps need to precede the restriction of abortion, such as making contraception and sexual education widely-accessible. Our initial goal should be to create a situation where women have sufficient options to avoid unplanned pregnancies, and therefore decrease the need for abortions. In addition, working towards decreasing the presence of abortions should be accompanied by efforts to ensure that if abortions take place, they should be as safe as possible. In conclusion, I believe that our goal, as all of humanity, regardless of gender, nationality or ethnicity, should be to create an environment in which abortions are as infrequent and as safe as possible.

Suggestions for Further Research

As I stated earlier, there is still much research to be done on the abortion situation within Brazil and, more generally, on the concept of prohibiting abortion in order to eliminate its presence. Specifically concerning Brazil, I believe that micro studies of other communities throughout Brazil, similar to Praia Grande, should be conducted; therefore more clearly presenting the consequences that the poor Brazilian women are facing in light of the abortion regulations. Should abortion legislation change in Brazil, a follow up study located in Praia Grande should be done to uncover whether or not the situation for the women there changed, either positively or negatively.

Acknowledgement

I would first like to thank the women of Praia Grande for their openness and willingness to reveal such private information to an outsider. The fact that they shared about such a personal subject within their community and lives shows extreme depth of trust and generosity. I would also like to acknowledge Maria da Paixa das Neves Santos

who not only gave me much information but also allowed me to accompany her while she worked. Through my contact with Maria I was able to meet many people and have many important and influential experiences. Thirdly, I would like to thank my advisor, Climene Laura de Camargo, who introduced me to the possibility of studying abortion in Praia Grande, provided me with applicable literature, and helped me to interview the pregnant women of the community. Finally, I would like to thank Bill Calhoun and Damiana Miranda, the academic directors, for their guidance and all the invaluable contacts they provided.

Definition of Terms

Abortion gap: the situation or space created due to the simultaneous existence both of the illegality and the continued presence of the practice of abortion.

Agente Comunitário de Saúde: branch of the state government (Bahia) concerning public health

Alumã: leaves of small plant indigenous to Praia Grande used in teas to induce abortions (see samples, p. 187a).

Cabaça: pumpkin-like gourd indigenous to Praia Grande

Café: coffee

Chá: tea

Cloro: chlorine

Coqumelho: mushroom

Coquinho: seed of coconut

Cytotec: prescription medication for the treatment of ulcers which is being illegally used in Praia Grande to induce abortions.

Delegacia das Mulheres: police station in Salvador specifically for women and the crimes committed against women.

Espirradeira: plant with white or pink cone-shaped flowers indigenous to Praia Grande used to induce abortions (see samples, p. 186a).

Estupro: rape

Fedegoza: plant indigenous to Praia Grande used to induce abortions; leaves mid-sized (see samples, p. 163a).

Folha: leaf

Journal: newspaper

Lactopurga: laxative

Mal me quer: plant with small yellow flowers indigenous to Praia Grande used to induce abortions (see samples, p. 188a).

Milome: plant indigenous to Praia Grande used to induce abortion.

Mistrua: mixture

Parteira: midwife

Pro-Choice: the ideology that supports legalization of abortion and views abortion as the choice or right of the woman.

Pro-Life: a view based on the idea that a fetus is a living being, and not solely a part of the woman's body; therefore, abortion is not the right or choice of a woman.

Projecto VIVER: "Project LIFE" a part of the Delegacia das Mulheres set up to assist victims of sexual violence independent of age or gender.

Quiboa: indigenous plant in Praia Grande used to induce abortions.

Tapete de Ochala: plant indigenous to Praia Grande which is used in a tea to induce abortion.

Appendix

1 & 2.)

When I came to Brazil and first realized that abortions are highly restricted, banned beyond cases of rape or impending death or harm to the mother, I knew that I wanted to learn more about this situation. I come from the United States, a country where abortions are legal, but also where a tremendous political, social, and legal conflict exists between those who want abortion to remain legal (Pro-Choice) and those who want abortion to be prohibited (Pro-Life). I wanted to understand what consequences are placed on the women of a country that prohibits abortions; the reality of the situation that most Pro-Life activists are fighting for. It became clear early on that it would be impossible, given my time restraints and the vast cultural, economic, and political differences that exist between the U.S. and Brazil, to conduct a comparative study. Therefore, given the nature and direction of my research, I could not have conducted my project in the U.S. However, equipped with the data on the techniques used and the consequences for the women in Praia Grande, I could conduct a similar study in a small, poor, rural black community and compare to see what differences exist between the two similar groups separated only by the legality of abortion.

3.)

Going through the process of researching for my ISP changed my learning style in the sense that I began to appreciate many more experiences and situations as possible learning opportunities. I realized the value that everyday activities can have by helping to build relationships and trust. Also, I learned that although planning, when it comes to scheduling goals or interviews is an imperative part of research, important interactions and conversations can spring out of anywhere and any type of experience. Overall, the ISP process taught me how to find a balance between structured or planned learning and informal interactions and conversations; how to effectively use and balance the two.

4 & 5).

However, I also learned that although participating as much as possible within the community I was studying, whether it related directly to my subject or not, was helpful it

also lead to an overabundance of information. Therefore, even though I may have recorded all the information about the health situation in Praia Grande, the techniques for abortions used in other communities, articles on the women's movement within Brazil, I did not find it appropriate to include in my actual ISP monograph. I made a clear effort to continually keep the conflict that I had set out to study, the few related sub questions that I had developed, and the themes that I saw arising in mind. If an interview, an experience, or an article did not play into these areas then it was not included in the development of my final, written ISP product. The finished monograph is approximately 80% primary research and 20% secondary literature.

6.)

In retrospect, a lot of the experiences and excursions prior to the ISP period helped prepare me for the research. The drop-off was helpful in making me realize that this semester would be whatever I made of it. I had to take responsibility for it, especially the ISP period itself. I also believe that all of the weekend excursions and the interview opportunities they presented helped me gain the skills I would need for the independent project.

7.)

In regards to the FSS course, I found the collection of articles to be very helpful. I think that the articles covered a wide range of field tips and possible problems or questions that could arise. I genuinely appreciated the wealth of information they provided.

8.)

After I entered the field, I did not encounter any major obstacles. I found living on the island in Praia Grande to be exhausting sometimes. Even though there were many benefits to living within my research pool, it was also presented a challenge. Because it is such a small and close community, it was difficult to get away and relax or collect my thoughts. I was, however, able to come to a compromise with the family I was staying with which allowed me to spend some time alone on the beach, as long as they knew where I was and when I would return, so that they would not worry about my safety being alone. Another minor obstacle that I encountered was that I discovered that one of my hypotheses was incorrect: that the women of Praia Grande would wish that abortions were legal. This discovery, however, actually added another dimension to my project, and I believe it made my research more interesting.

9.)

Time was an ever-present factor within my ISP period. Researching the consequences and belief system surrounding the issue of abortion in Praia Grande becomes even more uncertain when time is limited. The subject of abortion is private and personal even within locations where it is not criminally prosecuted. Therefore, to conduct my research, I needed not only time to perform my interviews and find case studies but I also needed to first spend time building relationships and trust in order for the women of the community to feel comfortable sharing such personal experiences or thoughts. I also entered the ISP period planning to spend part living on Ilha de Maré and

another part in Salvador presenting my findings and interviewing women's organizations there. However, I did not know if this would be possible; I did not know if I would be able to find case studies and an adequate amount of research within the time limit I was planning on spending in Praia Grande, therefore, I had to approach the ISP period with a certain amount of flexibility.

10.)

Although I had always planned on researching the consequences that women face because abortion is illegal in Brazil, I was not sure how to find them until my advisor gave me a pamphlet on criterion for legal abortions in Brazil (Norma Técnica Atneção ao Abortamento). Then, equipped with information as to the rights and standards for legal abortions and my own research on the techniques the women in Praia Grande were using to do abortions, I was able to use the differences or discrepancies between the two situations to develop the consequences that the women of Brazil, specifically of Praia Grande, were facing.

11.)

I began the ISP process by researching background information on the annual predicted occurrences of abortions, complications due to abortions, and the specifics of the Brazilian laws concerning abortion. The majority of information that I found was located through search engines on-line or within the reader compilations provided in Salvador. When I began my research within the field, I made contact with a woman that works for Agente Comunitário de Saúde in Praia Grande, Maria de Paixa das Neves Santos. With her I was able accompany her as she made her rounds to the houses within Praia Grande and was able to find a parteira (midwife) in Santana. Participating in Maria's work was not only experience in itself, but it also helped me to meet a lot of my interviewees. I believe that because I was with Maria, a well-respected woman in the community, I was able to build trust and gain a level of credibility within the community, both of which facilitated my research within the time limit of the ISP period. My advisor, Climene Laura de Camargo, had also spent time with the pregnant women of Praia Grande, which helped me to gain deep research with her.

12 & 13.)

The bulk of my primary research consisted of interviews which mirrored conversations rather than formal or stiff interactions. I also conducted two focal group meetings with the pregnant women of Praia Grande with my advisor and her students. For this opportunity and the ability to benefit from the trust and respect she had already spent the time fostering with the women of the community, I consider my relationship with my advisor to be somewhat indispensable. I believe that, based on the interviews I was able to set up and participate in on my own, I could have conducted a relatively good research project without her help. However, with her help my project improved, especially in light of my limited time. Also, I cannot imagine a more appropriate advisor, considering my project choice and the direction in which I wanted to research it.

14 & 15.)

One hypothesis, as I touched on earlier, turned out to be incorrect. I had originally thought that some of, if not the majority, of women of Praia Grande would think that the situation for women in Brazil would improve if abortions were legalized. However, when asked if the situation for Brazilian women would improve with the legalization of abortion, all responded that they believed the situation would actually worsen. Although this meant that my hypothesis was disproved, it also helped me to develop sub questions and themes concerning the concept of life, motherhood, and abortion of the women of Praia Grande. It provided a deeper understanding into the culture and thought processes of my research community. Therefore, I do not consider this a dead-end, but rather an obstacle that provided added direction to my research.

16.)

The ISP process assisted my cultural immersion in several ways. The first would be the time limit. Only being given one month to conduct my research forced me to make decisions that would help me to gather a significant amount of valuable and deep research while still having adequate time to compile, organize and present the data. I decided that living within the community that I was drawing my case studies from would be my best option. However, knowing that I only had around a week and half to conduct my research there I had to make a conscious effort to make the most of every moment and situation. Therefore, I believe that because of the length of time I was given, I became as culturally integrated, both out of interest and out of necessity.

17.)

During the ISP period, I learned the value of a lot of small things. I learned that a smile can go a long way. If I smiled at everyone I met walking on the street, took time to play with children, and greeted people sitting on their front porches I was able to build relationships and trust much quicker. I learned that, although it is important to come with a plan for the first few days of the research period, it is imperative to approach the remainder of the project with a lot of flexibility. I had to keep in mind that I was conducting research, I was not on a scavenger hunt to find specific answers to interview questions or the proof I needed to support some preconceived notion.

18.)

With this in mind, I would advise a future student to try his or her hardest to find a balance between starting the research period with a structure or plan and also anticipating a lot of changes from unexpected events during the research period itself. Having a specific topic is very important. At first I wanted to study the abortion issue in Salvador as a whole, but after meeting my advisor, we decided that it would be much more effective and interesting if I moved my direction to Praia Grande. Because Praia Grande is significantly smaller than Salvador and therefore more appropriate for the time frame I was working in, I was more likely to be able to represent the reality of the community.

19.)

Looking back at the ISP period and experience I would do it again. Of course there are minor details that, in hindsight, I would alter, but overall the experience was

very interesting and beneficial. I not only learned about my topic and community, but I learned a lot about myself and what I am capable of. Even if this is the only research project I conduct, I will consider it one of the most rewarding and extraordinary experiences of my life.

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