

Abortion: Women's Health

"Abortion is a public health issue." This is the opinion of health workers, feminists, managers and ministers of State in Brazil. Despite the vocal furor on the topic, public debate on the decriminalization of abortion moves forward at a slow pace. The main counterforce is a moral one, an overlay of religious and philosophical beliefs upon the democratic legal order. The recent decision of the Federal Supreme Court to allow abortion in cases of anencephaly of the fetus was the single legal alteration of the Penal Code in 70 years. There are bills in Congress proposing the unrestricted criminalization of abortion – even in the event of risk of death for women or victims of rape.

Fearful of the criminal law, but convinced of their choices, women have abortions. By the age of 40, one in five women has had at least one abortion. Abortion is an unrequited health need. Women die, become ill, suffer physically and psychically due to abortions performed in unsafe and illegal conditions. This perverse situation with adverse consequences for women's health can be proven by studies that explore different facets of the illegality of abortion on women's lives. This was the joint task of the researchers who submitted their research to this thematic issue on abortion.

The topic has elicited increasing interest among researchers from different fields of knowledge. Affirmative action by funding agencies is essential to stimulate research on strategic issues for public health and the Unified Health System, as is the case with abortion and women's health. Invitations to bid Nos. 22/2007 and 54/2008 of CT/CNPq/MS/SCTIE/DECIT are examples. Several articles presented here were funded by these initiatives, in addition to this special issue with the support of the Ministry of Health, through the resources of Agreement 1316/2008 of the National Health Fund.

However, there are challenges facing research on abortion in Brazil. Illegality makes women fearful of talking about their experiences. The stigma of crime contributes to low-quality care for women having abortions and intimidates health professionals who work in legal abortion services. There is a silence that is forced upon women and health professionals. Insecurity surrounds researchers at all stages of their field research – how to protect women, how to ensure the confidentiality of their experiences, how to protect them from the risk of a police investigation are new and disturbing dimensions for the research teams. This context of risk and prohibition has called for creative solutions and new methodologies for research into abortion.

The magnitude of illegal and unsafe abortion challenges public health researchers to address the political controversy with the use of academic research. We should not expect the moral dilemma of abortion to be settled by a reasonable moral agreement on such diverse beliefs. Our reasoned efforts should concentrate on the production of scientific evidence demonstrating the consequences of criminalizing abortion upon the life and health of women.

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Guest editors