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# Voluntary interruption of pregnancy: experience of a group of Colombian women

## Interrupción voluntaria del embarazo: experiencia de un grupo de mujeres colombianas

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### ABSTRACT

**Introduction:** Abortion continues to be a complex issue that generates debate due to the lack of consensus among national and international authorities. However, recently, several nations have made legislative changes that reduce or eliminate legal penalties, highlighting the need to understand, from the perspective of women, the experiences derived from this procedure. **Objectives:** To understand the experiences of a group of Colombian women who requested voluntary termination of pregnancy (VTP). **Methods:** Qualitative ethnographic study using the ethnography method. Semi-structured in-depth interviews and a field diary were used to collect information. **Results:** A total of 20 women who had requested a VTP in a clinic specialized in sexual and reproductive health participated. Four categories emerged that summarize the experience of the participants, described by them as a difficult event, mediated mainly by the fear of social stigma. **Conclusions:** With the decriminalization of abortion in Colombia within defined time frames, women perceive fewer barriers to accessing a VTP. Participants describe it as a moment of great social fear and a significant experience in their lives.

**Key words:** Abortion applicants, Pregnancy, Life change events, Women

### RESUMEN

**Introducción.** El aborto continúa siendo un tema complejo que genera debate debido al escaso consenso entre las autoridades nacionales e internacionales. Sin embargo, recientemente, varias naciones han efectuado cambios legislativos que reducen o eliminan las penas legales, lo que revela la necesidad de conocer, de voz de las mujeres, las experiencias derivadas de este procedimiento. **Objetivos.** Comprender las experiencias de un grupo de mujeres colombianas que solicitaron la interrupción voluntaria del embarazo (IVE). **Métodos.** Estudio cualitativo de tipo etnográfico, utilizando el método etnoenfermero. Para la recolección de información se aplicaron entrevistas semiestructuradas en profundidad y se utilizó un diario de campo. **Resultados.** Participaron un total de 20 mujeres que habían solicitado una IVE en una clínica especializada en salud sexual y reproductiva. Emergieron un total de cuatro categorías que resumen la experiencia de las participantes, descrita por ellas como un suceso difícil, mediado principalmente por el temor al señalamiento social. **Conclusiones.** Con la despenalización del aborto en Colombia en marcos temporales definidos, las mujeres perciben menos barreras para acceder a una IVE. Las participantes relatan que es un momento de gran temor social y una experiencia significativa en sus vidas.

**Palabras clave.** Solicitantes de aborto, Embarazo, Acontecimientos que cambian la vida, Mujeres

### INTRODUCTION

Unintended pregnancies are those fertilizations that occur unexpectedly, either at an unfavorable or inopportune moment, or in people who do not use contraception, even though they do not wish to reproduce<sup>(1)</sup>, either due to lack of information or access to reliable contraceptive methods<sup>(2)</sup> or due to experiences such as rape or similar circumstances, such as incest<sup>(3)</sup>.

Under these circumstances, the prenatal bonding of women with their gestational products is related to three types of factors: obstetric or



reproductive, sociodemographic and psychological<sup>(4)</sup> that influence the mother's bonding with her pregnancy, which usually affects the definition of the final state of the pregnancy<sup>(5)</sup>. Saquicela et al.<sup>(6)</sup>, from the psychological point of view, have identified that pregnant adolescents present conditions associated with pregnancy, such as low self-esteem, anxiety, denial of pregnancy, feelings of guilt, fear, anger and shame. Meanwhile, among adult women, factors such as the number of previous children, separation, inadequate communication with the partner<sup>(7)</sup> and a history of physical aggression predominate as personal and intrafamily factors that can be triggers for rejection of the pregnancy and lead to its voluntary termination<sup>(8)</sup>.

On their behalf, the World Health Organization (WHO) defines voluntary interruption of pregnancy (VTP) as the 'action of terminating a pregnancy before the fetus is viable, that is, capable of independent extrauterine life'<sup>(10)</sup>, without stressing the need for legality components.

With regard to Colombia, in the framework of sexual and reproductive rights, the Constitutional Court<sup>(9)</sup>, through Sentence C-355, determined the circumstances or conditions under which abortion is considered legal, the VTP in the framework of reproductive rights and freedoms. The aforementioned ruling recognizes the fundamental right of women to choose whether or not to continue with the gestational process under three scenarios: 1) when the pregnancy constitutes a danger to the life or health of the woman, certified by a physician; 2) medical verification of a serious malformation of the fetus that makes its life unviable; and, 3) when the pregnancy is the result of conduct, duly reported, constituting carnal access or sexual act without consent, abusive, non-consensual artificial insemination or fertilized egg transfer, or incest<sup>(9)</sup>. However, in 2022, the Constitutional Court, through Ruling C-055<sup>(10)</sup> expanded the right to abortion, allowing the termination of pregnancy without penalty during the first 24 weeks of pregnancy, and after this period, under the grounds established in Sentence C-355<sup>(9)</sup>, which gave way to the single regulation for comprehensive health care for abortion<sup>(11)</sup>.

From this legal perspective in Colombia, the crime of abortion is discriminatory and is considered a barrier to access to VTP, disproportionately

impacting women in contexts of greater vulnerability, without dissuading them from having an abortion<sup>(10,13)</sup>. Colombian national statistics on abortion report that 44% of unwanted pregnancies end in termination through induced abortion<sup>(14,15)</sup>; while the rate of hospitalizations in Colombia indicates that for every woman hospitalized for spontaneous (involuntary) miscarriage per year, four women are hospitalized for induced (voluntary) abortion<sup>(16)</sup>. This situation motivates the present study within the interpretative paradigm with a qualitative approach, whose objective is to understand the experience of a group of Colombian women who requested abortion according to national and WHO guidelines<sup>(12)</sup>.

## METHODS

A qualitative ethnographic study using Leininger and McFarland's<sup>(17)</sup> ethno-ethnographic method was used to understand the experience of a group of women who requested a voluntary interruption of pregnancy. The methodology included in-depth interviews and the use of a field diary.

For the selection of the participants, a purposive sampling was carried out following the recommendations of Leininger and McFarland<sup>(17)</sup>, which include criteria of relevance, adequacy, convenience, opportunity and availability, until theoretical saturation of the data was reached. Inclusion criteria were established as being older than 18 years of age and resident in the municipality where the study was carried out, achieving theoretical saturation with the accounts of 20 women who requested abortion services at the institution setting of the study during the time the research was conducted.

Contact with the participants was made in the waiting room of a clinic specializing in sexual and reproductive health in the city of Montería, Colombia. After obtaining informed consent, a telephone appointment was scheduled to conduct the interview, considering the recovery time of each patient, so that they had the physical and psychological capacity to answer the interview.

Data collection took place between September and November 2023. All interviews were transcribed verbatim and had an average duration of 40 minutes. Subsequently, these transcripts



were shared via telephone with each participant to confirm the data and ensure the credibility of the information obtained.

The data analysis process was carried out in a rigorous manner, following the guidelines for qualitative data analysis proposed by Leininger<sup>(18)</sup>. This included the organization of the data, the identification and categorization of descriptors, the recognition of recurrent patterns and, finally, the interpretation of the results and the theoretical synthesis. All this was carried out to ensure compliance with the criteria of credibility, confirmability, meaning in context and recurrent patterns<sup>(19)</sup>.

For the development of the research, the ethical principles that govern research on human beings were ensured<sup>(20)</sup>. The study was endorsed by the Research Committee of the Faculty of Health Sciences of the Universidad del Sinú, according to Act 005 of August 27, 2023. It was classified as minimal risk according to the guidelines of Resolution 8430 of 1993 of the Colombian Ministry of Health<sup>(21)</sup>. Psychological discomfort or post-VIP emotional reaction was considered as a risk, and to minimize it, a professional psychologist was available for the respective intervention. The suspension of the interview was also contemplated according to the emotional condition of the participant and the psychologist's criteria, as well as the rescheduling of the visits. Informed consent was obtained from all participants.

## RESULTS

Theoretical saturation of information was achieved with the participation of 20 key informants who had requested VIP services. The median age was 22 years, with ages ranging from 16 to 32 years. They resided in the urban area of the city of Montería and most of them had a socioeconomic level of two. The predominant educational level was a complete high school diploma, followed by university studies.

The theoretical synthesis allowed the identification of four categories that summarize the experience lived by the participants during the VIP process. The following describes these categories, resulting from the analysis of data derived from semi-structured interviews and the field diary.

## BELIEFS ABOUT VTP: BETWEEN THE GOOD AND THE NOT-SO-GOOD

The analysis of the data allowed us to recognize that the women who underwent an VTP were aware of said procedure. However, the beliefs they have in this regard are related to both positive and negative concepts, which leads them to self-criticize the reasons behind their decision.

*"The truth is, I thought it over and over before making the decision, and I thought about it because I feel like it's a bad thing. But I'm not prepared to have him, I'm not going to give him the life he deserves. Let's say that, thinking about that, I think what I did is not so bad." Participant 1*

*"I thought about this because many things run through one's head. The first thing you think is that you're taking the life of an innocent being. But... it's necessary." Participant 4*

*"I was in a dilemma. My values and religious beliefs made me doubtful, but I prefer this to the difficulty of giving birth. Besides, the law says that I can also access this interruption for psychological reasons, so I don't think it's that bad." Participant 8*

Several of them, regardless of the reason for requesting the procedure, seem to attend the institution offering the service with social, personal and religious fears. The fear lies in the possibility of being singled out, even by the health care team.

*"No one knows that I did this. If someone finds out, they're going to judge me. Everyone is going to judge me... In fact, I even feel like they're looking at me here as if I'm to blame, but it must be my imagination." Participant 10*

*"I think there is a lack of education about this, both for oneself and for the rest of the people. Those people know the reasons why one can ask for the interruption and so they don't criticize so much." Participant 14*

*"My case is within the grounds protected by Colombian law, but that's not enough for me to say that I don't feel guilty and that I can be pointed out." Participant 16*



## AN EXPERIENCE FOR LIFE

The participants agree in defining the experience of the VTP as traumatic. This qualification may be associated not only with the cruelty of the procedure and the invasion of privacy by means of gynecological equipment, but also with the accumulation of feelings they must go through during the different phases of the termination process.

*"Even though you can't feel anything because of the anesthesia, I describe it as traumatic. You lose your privacy, and to that you have to add the implications of the recovery at home."* Participant 19

*"With this, I think I'll be more careful about taking care of myself, at least until I am ready for a pregnancy. It is definitely traumatic to make the decision and undergo the procedure."* Participant 12

*"Well, my experience was kind of calm in a way because I had the partner's support, but that doesn't mean that it wasn't something kind of strange, something weird, but what could we do if we were both young people who are just starting to live."* Participant 15.

*"What traumatized me the most were all those devices that, excuse my language, they stick into you. In the end, also that amount of blood, with good reason I felt weak."* Participant 17

On the other hand, the participants expressed that, despite the negative and traumatic experiences, all this helped them to reflect and internalize the lessons learned in their lives.

*"It's kind of ironic, because the termination of pregnancy, whether you like it or not, is death, because there is already a life. But I feel like I was reborn and I'm a new person who learned for life."* Participant 20

*"Although Colombian law consecrate this as a sexual health right, I personally learned for life that this should not be something that one does routinely."* Participant 7

## DECRIMINALIZATION MADE IT EASIER

In Colombia, the Constitutional Court, through ruling C-055<sup>(10)</sup>, decriminalized abortion up to 24 weeks of pregnancy, without requiring compliance with any type of requirement or condition.

The participants agree that access to this service is now much easier and presents no major barriers.

*"Before, abortion was more of a crime or at least that's what I used to hear. Now, with all these changes that many feminists have achieved, it's different. In my case, it was easy to access it. Here at the clinic, they explained everything to me and provided all the help."* Participant 13

*"There were news stories on television about women who died from having abortions in clandestine facilities. One benefit of this is that women, by having better care in terms of termination of pregnancy, avoid those deaths."* Participant 9

Interestingly, the women requesting VIP were aware of the legal changes that have arisen not only in Colombia, but also in other countries around the world regarding abortion in the context of sexual and reproductive health.

*"The Court recently changed the law and through a ruling decriminalized abortion up to 24 weeks. I think this is good because not all of us ask for this service on a whim."* Participant 2

*"I think there are many things that need to be reviewed in terms of law and human rights, but the fact that the Court has ruled and that we have easy access to an VTP, without it being a crime, is a good thing."* Participant 3

*"This is a legal battle not only in Colombia but also in Latin America. There is still a long way to go and to legislate, as there are many legal gaps that can be misinterpreted even by ourselves."* Participant 6

## FOUNDATIONS FOR ABORTION REDUCE GUILT

Colombian legislation, until 2006, through Ruling C-355<sup>(9)</sup> established that a woman could have an abortion at any time, regardless of the number of weeks of pregnancy, as long as three conditions were met: when the pregnancy endangered the life or health of the woman, when there was a serious malformation of the fetus that prevented an optimal quality of life and could lead to death, and when the pregnancy was the result of rape or sexual intercourse without consent.

Subsequently, as previously indicated, abortion became legal in Colombia as long as it is per-



formed before the 24th week of pregnancy<sup>(10)</sup>. According to the above, a pattern can be identified in the participants' narratives that coincides with the tendency to minimize possible guilt in complying with the grounds indicated in the Colombian law when the VTP is requested after the aforementioned week of pregnancy.

*"I felt guilty, I thought: How am I going to end a life? But I also felt dirty, that I was going to look at that baby and not love it. So, knowing that this was the result of an abuse made guilt go away."* Participant 18

*"My case is different because the baby has many heart problems, and so I think I'm doing what's best for him and for me."* Participant 11

*"According to the law, I have the right to request a VTP because in my case it was without my consent. The truth is that has made this a little less painful."* Participant 17

## DISCUSSION

This research shows the experiences of a group of Colombian women who underwent a VTP. It can be affirmed that this experience was permeated by the fear of being judged, a situation that could be explained by the prejudices that are still present in society.

On the other hand, when reviewing the sociodemographic characteristics of the sample, it was found that most of the women were in the youth life cycle, with a median age of 22 years, which is consistent with what was reported in a systematic review that documented that abortion is more frequent in young women<sup>(22)</sup>. According to this same study, the decision in this age group to terminate the pregnancy could be explained by the desire not to abandon their studies and to continue with their life project.

This statement is consistent with this research, specifically with the fact that most of the women had high school and university studies, a situation that, together with other factors, could have influenced their decision to terminate the pregnancy.

Furthermore, one of the categories that emerged during the analysis of the participants' testimonies was the dilemma between whether the re-

quest for a VTP was a good or a bad thing. In this regard, Bell et al.<sup>(23)</sup> described in their study that the decision to have an abortion is an emotional decision and that women often express a wide range of emotions that lead them to visualize themselves as antagonists. On the other hand, other authors indicated that, in young women, when the pregnancy is unwanted or interferes with personal development plans, they have referred to the pregnancy as a shocking experience. This situation puts them in a state of emotional ambivalence when explaining their own decision making<sup>(24,25)</sup>.

The narrative of the participants in this category reveals a marked fear of social stigmatization, even by the health care team. This is consistent with what has been published by other authors on the experiences of women who sought health care to request a voluntary abortion<sup>(26,27)</sup>. These studies documented the applicants' fear of being judged or even legally prosecuted, despite being protected by the law in their countries. This points to the need to initiate strategies aimed at strengthening hospital pedagogy in the health systems of countries where abortion is part of the sexual rights system.

The process of making the decision to have an abortion, as well as the procedure itself, was referred to by the women in this research as an 'experience for life'. Although each experience is particular, this finding is similar to that reported by women from another region of Colombia, who describe it as a very important experience in their lives, accompanied by a variety of negative and positive emotional responses<sup>(28)</sup>.

Mexico, Uruguay, Argentina and Colombia legalized abortion within specific time frames<sup>(29)</sup>, which minimized existing barriers to safe abortion access. The results described here show how, for the participants, after the decriminalization of abortion in Colombia up to 24 weeks of pregnancy<sup>(10)</sup>, access to VTP was perceived as easier. Since the legislative changes in Colombia related to the decriminalization of abortion at the times and on the grounds already mentioned, work has been done on the creation of guidelines and protocols aimed at preventing unsafe abortion and guaranteeing access to voluntary termination of pregnancy, a situation that could explain what the participants described in terms of the ease of access to the procedure.



This coincides with the findings of Tiseyra et al.<sup>(30)</sup> in Argentina, where, after the entry into force of Law 27610 approving abortion in 2020<sup>(31)</sup>, women reported that they did not perceive any difficulty in accessing an abortion legally. However, in this same study, most of the participants responded that pregnant women did not have information on the legality of abortion, a situation that could delay the legal achievements obtained in terms of VTP regulation.

Another category that groups together part of the findings from the interviews is related to the feeling of guilt. It seems that complying with one of the grounds described in the Colombian legislation reduces the presence of this feeling in the participants. As previously mentioned, each woman has a personal experience; however, guilt is always a feeling present after the abortion<sup>(32)</sup>. The reduction of this guilt when there is a motivation such as the health of the fetus and the pregnant woman or an abusive carnal act has also been found in other studies<sup>(22)</sup>.

This study allowed us to learn about the experiences of a group of women seeking a VTP in a region of Colombia. The findings described here are a valuable contribution to sexual and reproductive health in the midst of the polarization represented by the decriminalization of abortion in several Latin American and Caribbean countries. However, the social and emotional particularities that a woman faces in this process prevent the findings from being generalized to other contexts, which is a limitation of this research.

Finally, it can be affirmed that a woman's experience during the voluntary interruption of her pregnancy is influenced by the fear of social stigma. Compliance with the grounds indicated in Colombian legislation and in some countries where this practice is permitted seems to reduce the feeling of guilt. Although it is true that, since 2023, Colombia has positioned itself in the group of countries in the region that allows the termination of pregnancy without the fulfillment of grounds up to a certain period of pregnancy, it is evident the need to advance in educational components that allow not only the pregnant woman, but also the civil society, to know the legal changes in force. It is also important to continue strengthening primary health care systems, making them guarantors of sexual and re-

productive rights, in order to continue reducing complications associated with unsafe abortion practices.

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