

Abortion and life trajectories in four Latin American cities

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Sexuality, culture and politics A South American reader

Although mature and vibrant, Latin American scholarship on sexuality still remains largely invisible to a global readership. In this collection of articles translated from Portuguese and Spanish, South American scholars explore the values, practices, knowledge, moralities and politics of sexuality in a variety of local contexts. While conventionally read as an intellectual legacy of Modernity, Latin American social thinking and research has in fact brought singular forms of engagement with, and new ways of looking at, political processes. Contributors to this reader have produced fresh and situated understandings of the relations between gender, sexuality, culture and society across the region. Topics in this volume include sexual politics and rights, sexual identities and communities, eroticism, pornography and sexual consumerism, sexual health and well-being, intersectional approaches to sexual cultures and behavior, sexual knowledge, and sexuality research methodologies in Latin America.



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The HEXCA study brought together investigators from different research and teaching institutions in South America, to research the voluntary termination of pregnancy in a continent marked by the illegal and clandestine nature of this practice. Their theoretical and methodological focus was the life trajectories of men and women from the middle and popular classes, from different age groups (18 to 27 years and 40 to 49 years) in the metropolitan regions of four Latin American cities: Bogotá, Buenos Aires, Rio de Janeiro and Montevideo.¹

Through in-depth interviews utilizing a shared protocol, the HEXCA study addressed the processes of negotiation and decision-making concerning abortion. These processes show themselves to have distinct, non-linear temporalities and to be conditioned by varied social circumstances. The generational contrast between informants enabled us to observe significant changes in gender and family relations in the researched social strata with regards to the representations of maternity, paternity and reproduction, as well as regarding the methods and access to abortion over the last decades. A significant proposal in this initiative was the inclusion of men as subjects of discourse on abortion, though in many cases we were met with surprise by male informants with regard to this theme. After all, to many men, abortions are exclusively a women's subject. The biographical perspective adopted proved itself fruitful in linking abortion to the course of informants' sexual, contraceptive and reproductive experiences. Furthermore, we added the analytical category of gender in order to contemplate different positions

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¹ The research project Homosexualities, *contraception and abortion* - HEXCA, initiated in 2007, was promoted by the Latin American Center on Sexuality and Human Rights (CLAM) and initially conducted in partnership with two other research centers: the School of Gender Studies, National University of Colombia/Bogotá and the Center for the Study of State and Society (CEDES), Buenos Aires. In 2010, a team from the Humanities and Educational Sciences Department, University of the Republic, Uruguay, joined the project to conduct the research in Montevideo.

of men and women in decision-making processes that are conditioned by class and that make up distinct *ethos* concerning the values and concrete conditions related regarding the options made throughout their life trajectories.

We investigated abortion events in the informants' social, sexual and reproductive trajectories, focusing on the process of sexual initiation with partners of another sex and in the experiences of reproduction and control of fertility in specific moments during these biographies. We sought to situate aspects that precede and determine abortion, the abortive itineraries followed by women, who resort to several procedures (use of medications, teas, home recipes, etc.) and social institutions (private medical clinics, public health services, untrained abortion providers, health professionals). We also observed the outcomes of these episodes for couples' relationships and for women's health, men's role in the events and the projects implicated in the choice to have an abortion (Cf. Heilborn et al, 2012).

We see the outcome of abortion as an event that illuminates broader social logics permeating the exercise of heterosexuality. That exercise is framed by the regulation of fertility, handling of contraceptive methods, possible occurrences of unplanned pregnancies and the decisions following these to carry a pregnancy to term or to terminate it. This scenario involves: modes of relationships between genders and generations, the way in which family relations are organized, class, race/color, access to public policies, and medication and health services compatible with the users' needs. It also engenders the connection/disconnection between sexuality and reproduction, among sexual rights and reproductive rights, in the confrontation between norms/legitimacy and officious practices, between public and private and between religion and politics (Boltanski, 2004).

Generally speaking, men's points of view, neglected by studies of abortion, enrich analyses of reproductive events taking place in life trajectories marked by the experience of abortion. When addressing issues such as abortion, it is necessary to investigate and critically reflect upon the relationships, practices and institutions that participate in the construction and actualization of the reproductive order (Viveros and Facundo, 2013). The spheres of reproduction, contraception and abortion tend to be treated as belonging to the female universe, both in everyday practices and in lay and official discourses. This prejudice does not consider the fundamentally relational dimension of the decision to terminate a pregnancy. Therefore, the inclusion of male experiences emphasizes the social and not merely the biological character of pregnancy. It also highlights important elements from the decision-making processes surrounding the course of reproductive events (Heilborn et al., 2013).

Regional context

Abortion is a subject of intense dispute in local and international forums of debate. The State, civil society, religious groups, academic researchers and researchers affiliated with non-governmental organizations, international agencies and the media, among other relevant actors, have engaged in this field. On the one hand, some actors seek to legitimize the voluntary termination of pregnancy in safe conditions as a woman's right, highlighting that it is a matter of acknowledging women's autonomy in regulating their own bodies—a theme that, since the 1990s, has been encompassed by the designation “reproductive rights”. On the other hand, there are those who seek to acknowledge that life begins at conception, which would imply the need to also ensure the fetus's “rights”. Controversies aside, abortion is an important and persistent public health issue that affects the lives of thousands of women around the world (Heilborn, 2013).

The sociocultural, historical and political contexts of the countries of Latin America are marked by the illegitimacy and criminalization of abortion. The Catholic Church has had great influence in maintaining the moral and legal condemnation regarding abortion. Recently, in October 2012, after we had concluded the HEXCA study, women's right to decide whether or not to carry a pregnancy to term was sanctioned in one of the countries we investigated: Uruguay.² To date, this is the only country studied that has legalized abortion. Nonetheless, the criminalization of abortion in the region does not prevent it from being a widely diffused practice; one that is often carried out in an unsafe manner.

According to data from the World Health Organization (2004), 95% of unsafe abortions take place in developing countries. In Brazil, results from the *Pesquisa Nacional de Aborto* (National Abortion Research – PNA) carried out in 2010 show that 15% of literate women between the ages of 18 and 39 years who live in urban areas had had at least one abortion in their lifetimes. Diniz and Monteiro (2010) show that, despite being expressive, the PNA's data cannot be considered to be representative of the magnitude of abortion in Brazil, since it only contemplates literate women who live in urban areas. That scenario is worsened by the context of illegality in which the practice is situated, which contributes to it being carried out under unsafe circumstances.

Brazil and Argentina have similar laws regarding abortion. In Brazil, the practice of abortion is a crime punishable with one to three years of imprisonment; in Argentina,

² In October 2012, a law project was approved to allow abortions to take place in Uruguay. However, that law project is more restrictive than others which were previously presented, since it requires that women who choose to have an abortion submit to evaluations by experts. Having confirmed the pregnancy and decided to terminate it, a woman has to seek her doctor within the first 12 weeks of gestation in order to express her reasons for not wanting to have a child. The professional should schedule, as soon as possible, a meeting between the woman and an interdisciplinary team, made up of one gynecologist, one mental health expert and one social worker. The meeting's goal is to give the woman access to all necessary information in order to make a responsible decision. After the meeting, the woman must reflect for at least five days. If, after that period, she does not change her mind, she must inform her doctor, who will then make the necessary arrangements for the abortion. Thus, women's autonomy in their reproductive lives is not fully acknowledged by Uruguay's new law.

sentences for abortion vary from one and four years. However, in these and in almost all other Latin American countries, there are legal exemptions for the cases in which carrying the pregnancy to term would risk the woman's life, when the pregnancy is a result of rape and when the fetus is found to be anencephalous. In Argentina, there is also the possibility of terminating a pregnancy in the cases of women with cognitive deficiencies and who are deemed incompetent. In these situations, a legal representative must ask for judicial authorization for the procedure. In Brazil, the decriminalization of abortion of anencephalous fetuses took place in 2012 after a Supreme Court decision.

In Colombia in 2006, the State acknowledged that abortion is a public health problem. Nonetheless, similar to most Latin American countries, the procedure was only decriminalized for cases of pregnancy resulting from violent sexual intercourse, risk to the woman's health and fetal malformation incompatible with life. Therefore, as in Brazil and Argentina, women can turn to public and private health services to have an abortion as long as they prove they became pregnant under the circumstances established by law. However, resorting to the law in those cases has shown itself to be a difficult itinerary, which maintains clandestine abortions as a possible and attractive option, especially for poor women.

Generally speaking, in public and private health services, professionals have judicial authorization to perform abortions in those cases determined as legal. But it is not uncommon for that process to take a longer period than that allowed for the procedure (on average, not much longer than 12 weeks of gestation), for the professionals to often pressure women to not terminate their pregnancies, and for situations of mistreatment (institutional violence) to occur to these women for having sought an abortion.

Taking into account the complex scenario of clandestine abortion in Latina America,³ the HEXCA study investigated processes of negotiation and decision-making surrounding the termination of unplanned pregnancies, as well as the itineraries followed by women and men up to the abortion, based on narratives regarding their affective-sexual, reproductive and contraceptive trajectories. The position the study takes is to acknowledge moral and cultural diversity as ethnographic fact.

We thus acknowledge the fact that abortion is a moral dilemma that is difficult for contemporary societies to deal with because it confronts "rights" conceived as antagonistic, namely that of female autonomy, that of a fetus's future as a human person and that of male participation in fertilization (Badinter, 2005, Dworkin, 2009). This leads us to the discussion of how to weigh rights against one another. Treating all subjects of law as if they were equal leads to dead-ends because in many situations moral entities are not fully autonomized with respect to one another.

³ Besides Uruguay, the only Latin American country that does not criminalize abortion is Cuba. In Cuba, since 1965, there have been no restrictions to abortion up until the tenth week of gestation. Abortion was also decriminalized in Mexico City up until the 12th week of gestation on April 24th 2007.

Furthermore, reproduction has been analyzed disconnectedly from the broader scenario that encompasses it—heterosexuality and contraceptive use. Analyzing heterosexuality—in its plural forms—means examining the framework of gender relations, the non-equivalence of bodies in the division of reproductive work (the woman is the one who gets pregnant) and men's participation (or omission) in the events of reproduction. We thus propose a socio-anthropological approach bringing into focus the web of social relations guiding the occurrence of a pregnancy in order to demonstrate the complexity and the permeation of power relations conditioning the practice of abortion (Heilborn, 2013).

Circumstances and process of deciding for an abortion

Traditionally, the literature that addresses the themes of contraception and abortion does so based on an individualist perspective, as if these practices belonged to the sphere of individual autonomy and rationality, especially that of women. The decision making process regarding taking a pregnancy to term or not is composed of many phases, however. It is triggered by the woman's suspicions of a probable pregnancy, due to menstrual delay. It then moves to the couple level when she shares her distress and anguishes with her partner, and can socially unfold further as the woman consults family members when considering an outcome. Beside conversations, there are unsuccessful attempts to “bring on menstruation”, the confirmation of the supposed pregnancy through pharmacy tests, medical exams, appearance of body signs, all occurring up to the decision and effectuation of the pregnancy's termination. This itinerary is definitely not a linear process. It presents distinct temporalities. Generally speaking, it takes place during a few weeks. Several stages must be faced until the woman who had the abortion recovers and returns to everyday life (work, affective-sexual, family, etc.). Thinking about having an abortion as a possible outcome for an unplanned pregnancy in a context of illegality and moral judgment is something that tends to be shared by women with their partners, family members (mothers, mothers-in-law, sisters, cousins) and friends. It is thus frequently a social practice that is negotiated between the couple and their close social network, framed by social circumstances (of a structural nature) and by resorting individually and collectively to close relatives, partners and friends. Thus, far from being an event that takes place within the individual sphere, the decision to undertake an abortion is submitted to the contingencies of the couple's relationship and within the broader family and social network.

Analyzing decision-making processes through the prism of partnership or conjugality enables us to scrutinize decision-making processes taking place within the sphere of the couple, whether consensually or not; but also situations in which the man does not participate at any moment (because he never even finds out about the pregnancy). In the latter, the participation of other actors, such as the mother, the father, family

members and/or friends becomes more evident. There is thus a preponderant first relational nucleus—that of the heterosexual pair—in the construction of the decision-making process regarding abortion (whether by the man's agreement, consent, disagreement, indifference or absence). And there is a second nucleus—that of family and/or including friends—which is crucial in discussing the event and its course, relaying information, enabling the means to terminate the pregnancy and supporting the woman or the couple.

Over the last several years, studies have shown significant transformations in the contexts of abortive practices in Latin America, resulting in changes in the morbidity and mortality from abortion (Monteiro & Adesse, 2006; Pantelides & Mario, 2006; Zamberlin 2007; Menezes & Aquino, 2009). Our informants' life trajectories thus exhibit a plurality of situations related to conjugal, contraceptive and reproductive events. Statements from our informants reveal abortive itineraries that may end with surgical procedures, use of Misoprostol, probes, herbal infusions, or even introduction of objects into the body as abortive methods. Brazil was the country with the lowest reported use of Misoprostol and with the highest reported use of methods that can be considered unsafe and precarious for carrying out abortions (introducing pieces of wood, rubber, etc., into the woman's body).

In the set of HEXCA informants biographies, among both genders and generations investigated (18 to 27 years and 40 to 49 years), one aspect remains the same: most abortions took place within stable conjugal relationships, with or without union/cohabitation. Young middle-class women tend to have their first abortion experiences at an earlier time than young women from popular segments. In generational terms, the same contrast is observed when we compare younger and older women: the former had their first abortion experience at an earlier age than the latter. This data is in line with the transformations in sexuality that have taken place over the last decades and which have led to a reduction in the age of sexual initiation among recent generations (Bozon, 2005).

In Argentina, there is a trend for the first pregnancy among middle-class women from both age groups to be followed by abortion and the second pregnancy by maternity. Women from popular segments, however, tend to carry their first pregnancy to term, having abortions in later pregnancies (Petracci et al., 2013). In Uruguay, on the other hand, among younger women from the popular segments, abortion appears as a means to space out the birth of children or to put an end to women's reproductive lives. By contrast, among young middle-class women, abortion appears as a way of delaying the reproductive cycle, as they do not abort after their first child.

The analysis of reproductive episodes from the point of view of social insertion shows a greater quantity of abortions among the set of informants from popular segments. We also found a higher average of children per woman among popular segments in the four

capitals investigated. The frequency of abortions reported by young women from popular segments was also higher than that of young middle-class women. Among women from popular segments in the older age group (40 to 49 years), we found a greater number of unplanned pregnancies and of terminated pregnancies when compared to younger women. Young Brazilian women from the popular segments reported having had abortions more frequently when compared with women of the same age group and social class in the other countries: more than half of these Brazilian women's pregnancies (28) ended in abortion.

If among female informants, from both generations and social segments, the number of abortions was always superior to the number of children, the same was not true among male informants. Older men from the popular segments reported more pregnancies carried to term than abortions—suggesting that possible cases of abortion may not have been revealed to them by their partners, signaling the peripheral position occupied by men in some situations of pregnancy/abortion. We must highlight that hiding pregnancy from the partner was common among female statements, especially in the context of occasional relationships. In contrast, male narratives refer predominantly to abortions within bonds they considered lasting and/or important, even if these did not involve cohabitation or were not exclusive relationships.

When an unplanned pregnancy occurs, the decision regarding its outcome is always contingent upon an examination of the situation at stake, regardless of previous moral and/or religious positions that the protagonists may have had regarding abortion (Cf. Boltanski, 2004:60). An *a priori* position taken by the couple, whether contrary to or in favor of abortion in the case of an unplanned pregnancy, does not always prevail. Each pregnancy context is evaluated according to its diverse circumstances: status of the affective-sexual bond; agreement/disagreement between partners about whether or not to have the child; existence, or lack thereof, of a previously constituted family and previous children; presence of other existential projects; material conditions for welcoming the child; consent or lack thereof from family/parents, etc. For a young couple, a second pregnancy might not thus end in abortion as the first did, even though the (broadly defined) social conditions for carrying the pregnancy to term may not have radically changed.

However, despite this, the decision for abortion, as well as the way the experience is absorbed and conferred with meaning throughout life, seems to represent an ethical dilemma for many women and men interviewed in the four countries. To them, abortion is often perceived to be in opposition to their stated values, in contrast to their repeated terminations of pregnancies. This leads to the need to characterize their experiences of abortion as exceptional, so as to try to resolve this contradiction (Viveros and Facundo, 2013). We may suggest that one of the possible causes of this dilemma is the context of illegitimacy and illegality of abortion in Latin America and the strong and broad political

presence of the Catholic and Evangelical Churches⁴ in official debates and practices regarding education, reproduction and family. But these explanations certainly do not exhaust the dilemmas exposed by many research informants.

To many of the informants, the decision-making process regarding abortion involves a form of negotiation with themselves and with significant others. In this negotiation, the circumstances in which the event takes place and the type of relationship they maintain with those involved in the process are determinant (Viveros and Facundo, 2013). Highlighting the subjective dimension of these negotiations does not mean ignoring the influence of legal and religious (as well as medical and family) practices and precepts on informants' decisions regarding abortion. It means understanding that the discourses and practices of these social institutions are constituted within a reference point that shapes individuals' subjectivity (Viveros and Facundo, 2013)

Thus, the decision for abortion, especially among youth interviewed in the four capitals, was always shared with the partner and/or family members or friends. If we seek to create a rough typology based on the data collected from interviews with the 18 to 27 year old interviewees, using the prism of affective-sexual partnership, we find the following possible scenarios:

- 1) The decision for abortion totally excludes male participation;
- 2) The decision is consensual between the couple;
- 3) The woman has an abortion, even though the partner is against it;
- 4) The woman caves into pressure from the partner and/or family members.

As we will see, though scenarios like these are also found in the narratives of informants from 40 to 49 years old, a certain female protagonism in conducting the decision-making process stands out. Among older women, especially those from the popular segments, abortion is experienced in a far less negotiated/dialogued manner when compared to the younger generation. Many abortions were carried out in the beginning of these women's sexual biographies, which implies dealing with accounts in which the elapsed time and re-elaboration of memories produce a specific bias. In many of the situations reported by these women, the protagonist in the decision to terminate the pregnancy was—whether or not by choice—the woman. Partners delegated the decision to these women, abstained from the process, or were never even informed about the pregnancy. In the other events, the decision for abortion tended to be made by the couple. However, even in these situations, women had primacy over the final decision. It is interesting to observe that in most cases in which the male partners paid for the procedure, the men were against the abortion, but supported their partners' decisions.

⁴ This is especially true in Brazil, where the rise in numbers of evangelical Christians in the last two decades is expressive. Although competing in terms of a religious market, the representatives of these religious denominations act in coordinated fashion in the political space of the national Senate and House of Representatives.

We must point out that even when the definitive decision is made by the woman, it involves a set of considerations regarding the biographical and relational context in which the pregnancy took place. When we consider the reasons listed by older women for the abortion decision, it is possible to grasp how the weight of the different factors taken into account varies due to the informants' biographies. Thus, for women from the popular segments who got pregnant during their period of sexual initiation, for example, the family's reaction in the face of a pregnancy with a partner who does not have the means or intention to initiate a conjugal/family project—or, even worse, an occasional partner—and the financial dependence on parents were highlighted as some of the determinant elements in the decision to terminate the pregnancies.

With regard to men from both age groups and social segments investigated, as mentioned above, the narratives about their abortion experiences are modulated by their peripheral condition in the event. A more active male participation—whether through conjugal condition, because he paid for the procedure, pressured his partner to have an abortion and/or accompanied her to a clinic—remains marked by a partial appreciation of the event. Many statements are elaborated based upon the partners' versions or those of others. The more external position occupied by men from both generations with regard to the event may have been voluntary, or they were simply excluded from any decision and participation in the abortion. This also applies to cases in which partners actively participated in the process of terminating a pregnancy. After all, it is the male condition to be narrating this event as a supporting actor, if for no other reason than because it takes place in the woman's body.

Nonetheless, our analysis shows transformations in the gender relations and representations between the two generations: there is greater dialog and negotiation (whether successful or not) among young informants. As no process of social transformation happens linearly, greater female autonomy in deciding for abortion among women aged between 40 and 49 years (certainly created by the lower level of partner involvement in that generation) is relativized when compared to statements from young women who emphasize the relational perspective. This perception needs to be nuanced by the filter of temporality in the narrated experiences. We may suggest that young women, with time, might re-elaborate their experiences and the decision-making process.

The types of relationships and men's narratives in the younger generation show that these men are more available for discussions regarding the course of the pregnancy and to the attributions/functions of reproduction and paternity than older men. Generally speaking, middle-class men, especially young men, value women's autonomy to decide the course of unplanned pregnancies. But when they are left on the sidelines by their partners in the dialogue regarding the pregnancy, many men demand greater participation or state their discomfort in having been alienated from the decision-making process. That, paradoxically, is the price they pay for defending abortion and women's

decision-making autonomy. We should also consider that men's unease regarding transformations in gender relations is expressed in the paternity role. Paternity reveals a set of male deficiencies and nonconformities when faced with diverse difficulties, such as those that may be associated with feelings of unpreparedness for taking care of and providing for a family. It even highlights a sense of victimization and impotence with regards to arrangements of parental custody in cases of conjugal break-up.

Conversely, most men from popular segments, from both generations, were against the abortion(s) their partners had, whether or not they knew of the pregnancy at the time of the abortion. We suggest the readiness for sex (Salem, 2004; Bozon and Heilborn, 2001), expressed by an informant as "wanting to arrive and do my job", also manifests an understanding of reproduction as a positive thing. Readiness for sex and for being a parent both symbolically represents attributes of masculinity. Thus, the decision to carry a pregnancy to term leads men from the popular segments (a universe in which paternity is not usually delayed) to see themselves differently, as they go through a central moment in constructing heterosexual masculinity, for which paternity is a central value (Fuller, 2000, Olavarria 2001, Viveros 2000 and 2002; Cabral, 2003).

The narratives of men from popular segments offer contexts in which there are more confrontations between protagonists during the hiatus that takes place between discovering the pregnancy and its outcome, whether by termination or carrying to term. The narratives of these clashes help, albeit partially, to understand reproductive trajectories when there is more than one pregnancy: if the first pregnancies are terminated (either the first and/or the second), those that follow are carried to term (either the third and/or the fourth pregnancy). This highlights the logic of "acknowledging" paternity in the popular segments: young men may resort to abortion, but that behavior cannot take place multiple times because paternity is a structuring element of male identity in that social strata. The same thing does not happen with middle-class men, especially young men—a group that is clearly more favorable to women's decision-making autonomy and against the criminalization of abortion. The absence or reduced number of children in this segment reveals the peripheral place occupied by the paternity project for men from this group (Brandão and Heilborn, 2006), in evident contrast with young men from the popular segments.

On the other hand, in women's statements, especially those of older women, men appear in a completely different way. Among women from the popular segments, they are generally portrayed as having little interest in the pregnancy, choosing to abstain from the decision to abort. Among middle-class women, there is little male participation and there tends to be no resentment regarding that fact, except when financial or emotional support from partners are lacking. The relational dimension is always at play in the negotiation processes, but there prevails a notion of autonomy regarding how to insert maternity into women's lives and at what moment and/or with which men these women intend to do so.

Final considerations

The clandestine context leads to different levels of accessibility to abortion, above all due to the economic resources which women and/or their partners dispose of. However, according to our data, illegality does not influence the decision of whether or not to terminate a pregnancy. Even in cases where women lack access to health services, terminating a pregnancy is far from impossible (Petracci et al., 2013). The narratives of HEXCA informants from Bogotá, Rio de Janeiro, Buenos Aires and Montevideo, generally speaking, make no mention of legal punishment or express concerns with that type of complication, except in few cases in which there were health complications as a result of the abortion.

The decision to abort appears in our informants' discourses as an outcome of a set of considerations that have objective and subjective aspects. These men and women do not face abortion as neutral individuals. Their attitudes and narratives about events express their gender experiences, conceptions and representations and their biographies, as well as the socio-cultural context in which they live.

Including the male perspective on the process of deciding for an abortion enables us to articulate men's reproductive and contraceptive behavior with the dimensions that shape and determine it. These include: the social organization of gender relations; socioeconomic inequalities; cultural and generational differences; and the individual variations of the meanings attributed to reproductive facts. It thus renders the analysis of the investigated process more complex. Nonetheless, as this is a socio-anthropological research with a restricted number of informants (210), we cannot extrapolate the results to the entire population. The empirical material was produced in specific circumstances of interaction between researchers and informants in face-to-face contact, taking into account the fact that the younger generation (especially the young men) are closer to the occurrence of abortion events in which they were involved.

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