


## (IN)CONGRUENCE IN ASSISTING WOMEN IN SITUATIONS OF ABORTION: WHAT ACADEMICS SAY ABOUT THEIR TRAINING PROCESSES

(IN)CONGRUÊNCIA NA ASSISTÊNCIA ÀS MULHERES EM SITUAÇÃO DE ABORTAMENTO: O QUE DIZEM OS ACADÊMICOS SOBRE SEUS PROCESSOS FORMATIVOS

(IN)CONGRUENCIA EN LA ATENCIÓN DE MUJERES EN SITUACIONES DE ABORTO: OPINIÓN DE LOS ALUMNOS SOBRE SUS PROCESOS DE FORMACIÓN

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### ABSTRACT

Abortion is among the main causes of maternal death and is a public health problem. In assisting women in this situation, health professionals are unprepared, which interferes with the quality of abortion care, with losses for women and professionals. **Objective:** to analyze the ethical, legal, biomedical and psychosocial preparation on abortion, of Nursing, Medicine, Psychology and Social Work students from higher education institutions in a city in the center-west of Minas Gerais, Brazil. **Method:** in 2018, 46 academics were interviewed, transcribed considering the characteristics of the speech and analyzed by the content. **Results:** the findings revealed that the academic training of health professionals to work in comprehensive and humanized care for women in situations of abortion includes ethical, legal, biomedical and psychological preparation. The academic contexts most favorable to the training of these professionals are those that contain the intrinsic affinity with the theme, the acquisition of teachings through experiences, in addition to questions about the knowledge acquired, associated with the social limitations to the theme. **Conclusion:** betting on the articulation between higher education and the health system and changes in the training process are suggested that directly reflect on the quality of the assistance provided, such as reassessment of curricular matrices, stimulating teachers and future professionals to train themselves on the thematic and broadening of the discussion of the topic in society, since the courses are proposed in accordance with social demands and local contexts.

**Keywords:** Abortion; Professional Training; Students; Education, Higher; Perception.

### RESUMO

*O abortamento está entre as principais causas de morte materna e se configura como um problema de saúde pública. Na assistência às mulheres nessa situação, nota-se despreparo dos profissionais de saúde, o que interfere na qualidade da assistência ao abortamento, com prejuízos para a mulher e para o profissional. **Objetivo:** analisar o preparo ético, legal, biomédico e psíquico sobre o abortamento, dos acadêmicos de Enfermagem, Medicina, Psicologia e Serviço Social das instituições de ensino superior de um município do centro-oeste de Minas Gerais, Brasil. **Método:** em 2018, foram realizadas entrevistas com 46 acadêmicos, transcritas considerando-se as características próprias da fala e analisadas pelo conteúdo. **Resultados:** os achados revelaram que a formação acadêmica dos profissionais de saúde para atuar na assistência integral e humanizada às mulheres em situação de abortamento abrange o preparo ético, legal, biomédico e psíquico. Os contextos acadêmicos mais favoráveis à formação desses profissionais são os que comportam a afinidade intrínseca com a temática, a aquisição de ensinamentos mediante vivências, além de haver questionamentos sobre o conhecimento adquirido, associado às limitações sociais*

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ao tema. **Conclusão:** aposta-se na articulação entre educação superior e sistema de saúde e sugerem-se mudanças no processo de formação que reflitam diretamente na qualidade da assistência prestada, como reavaliação das matrizes curriculares, estímulo aos docentes e aos futuros profissionais a se capacitarem sobre a temática e ampliação da discussão do tema na sociedade, visto que os cursos são propostos em conformidade com as demandas sociais e os contextos locais.

**Palavras-chave:** Aborto; Capacitação Profissional; Estudantes; Ensino Superior; Percepção.

## RESUMEN

El aborto es una de las principales causas de muerte materna y está considerado como un problema de salud pública. Se observa falta de preparación de los profesionales de la salud para atender a las mujeres en dicha situación, lo cual interfiere con la calidad de la atención del aborto y perjudica tanto a las mujeres como a los profesionales. **Objetivo:** analizar la preparación ética, legal, biomédica y psíquica sobre el aborto de estudiantes de enfermería, medicina, psicología y trabajo social de las instituciones de educación superior de una ciudad del centro-oeste del estado de Minas Gerais, Brasil. **Método:** en 2018 se realizaron entrevistas a 46 académicos, se transcribieron, se consideraron las características del discurso y se analizaron según el contenido. **Resultados:** los hallazgos revelaron que la capacitación académica de los profesionales de la salud para trabajar en atención integral y humanizada de mujeres en situaciones de aborto incluye preparación ética, legal, biomédica y psicológica. Los contextos académicos más favorables para la formación de estos profesionales son aquellos que contienen la afinidad intrínseca con el tema, la adquisición de enseñanzas a través de experiencias, además de preguntas sobre el conocimiento adquirido, asociado con las limitaciones sociales del tema. **Conclusión:** debe haber articulación entre la educación superior y el sistema de salud y cambios en el proceso de capacitación que reflejen directamente en la calidad de la asistencia brindada, como la reevaluación de las matrizes curriculares, alentando a los profesores y futuros profesionales a capacitarse en el tema y a ampliar su discusión en la sociedad, ya que los cursos se proponen de acuerdo con las demandas sociales y los contextos locales.

**Palabras clave:** Aborto; Capacitación Profesional; Estudantes; Educación Superior; Percepción.

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## INTRODUCTION

Abortion is a public health problem due to its magnitude and persistence, the eliminated conception product being called abortion.<sup>1</sup> The process occurs when the pregnancy is interrupted until the 20th/22nd week of gestational age and with the fetus weighing less than 500 g.<sup>2</sup>

Studies show that, in 2015, there were more than 415 thousand women undergoing abortion in Brazil. Data from the National Abortion Survey, conducted in 2016, found that one in five women

up to 40 years of age had an abortion at least once.<sup>2</sup> Abortion is related to approximately 5% of total maternal deaths and is among the top five causes of maternal death. Another study also states that the fact that abortion is illegal on some occasions causes underreporting and masking of the causes of maternal death.<sup>3</sup>

It is known that there are health professionals trained to provide quality assistance to women in this process, considering what is recommended in the Manual of Humanized Care for Abortion (*Manual de Atenção Humanizada ao Abortamento*).<sup>1</sup> Despite this, other professionals judge and characterize this practice as without quality, disrespectful, illegal and unethical.<sup>4</sup>

The woman in an abortion situation goes through a whirlwind of feelings, such as fear, anxiety, sadness and guilt, in addition to the feeling of not being able to generate another fetus.<sup>1</sup> The Brazilian Ministry of Health recommends humanized care to women in abortion. Therefore, the quality of care must guarantee reception, information, counseling, professional competence, appropriate technology available and personal relationship based on respect for sexual and reproductive dignity and rights.<sup>1</sup>

Considering that abortion is a public health problem of great magnitude, it is necessary to provide quality care to women in this situation. However, the daily routine of professional practice shows that health professionals are not sufficiently prepared to deal with sensitive issues such as those related to abortion, sexual and domestic violence and gender relations.

Given this scenario, doubts fall on the professional training process. How does this process happen in the training courses for professionals who care for women in abortion situations? Do health professionals feel prepared to act effectively in abortion situations?

In an attempt to obtain answers to these questions, bibliographic research was carried out on the main national and international scientific bases. After approaching the virtual bases of scientific publications on the training of Nursing, Medicine, Psychology and Social Work students related to abortion, the scarcity of content on the topic is confirmed, named by some authors, "curricular silence", plus "silencing of social debates".<sup>5</sup>

Studies reveal that the professionals who work in these situations may not have received, in their professional training, adequate preparation to deal with delicate situations such as abortion.<sup>6</sup> Understanding this training process is necessary since abortion, in unsafe conditions, is an important cause of maternal death, and women in conditions of abortion must be welcomed, cared for and treated with dignity. Unsafe treatment can threaten women's physical and mental lives, in addition to other complications.<sup>1</sup>

In the search to understand if academics feel prepared to provide assistance to women in situations of abortion and understand how the academic training process of health professionals takes place, this study aimed to analyze the ethical, legal, biomedical and psychic preparation on abortion, of Nursing,

Medicine, Psychology and Social Work students from higher education institutions in a city in the center-west of the state of *Minas Gerais*.

## METHOD

It is a qualitative study anchored in the theoretical-methodological framework of Marxist dialectic.<sup>7-9</sup> The study was developed in four of the eight higher education institutions that have courses in the modalities of face-to-face and distance learning courses in a municipality in the center-west region of *Minas Gerais*, two public and two private institutions. Four distance learning institutions that refused to sign the participation letter were excluded. The choice of the scenario is justified due to the observation of professionals' unpreparedness in the face of the abortion situation, witnessed by the authors during the curricular internship in one of the municipal hospitals.

Forty-six students from the last year of the Nursing, Medicine, Psychology and Social Work courses of the institutions that were the focus of the study were part of the study, as they completed the entire theoretical workload provided in the institution's curriculum, considering the number of places available for each course, in each of these institutions. Data saturation was the strategy of choice for ending the interviews, which justifies the inclusion of fewer participants.<sup>10</sup>

For data collection, the study participants were contacted through their personal data (name, e-mail address and contact phone), obtained with the authorization of the academic records sector. All students from the four courses of interest were invited to participate, alternating them, in order to avoid that the results represented only one course/institution. Through telephone contact and the consent of the participants, interviews were scheduled in a private place at the higher education institution, which took place from the guiding questions: have you ever assisted a woman in an abortion situation? How did your academic learning contribute to your attitude? How does your training institution prepare you to work in an abortion situation?

The data, collected from January to April 2018, maintained the characteristics of speech. For this purpose, the transcription convention suggested by Koch was used.<sup>11</sup> Content analysis developed by Bardin<sup>12</sup> was the approach chosen, as it is a set of techniques for analyzing the combinations and allowing inferences to be made in order to achieve the objective of the study. This procedure was divided into stages: a) pre-analysis, when the *corpus* of analysis is defined and hypotheses and objectives are formulated; b) exploration of the material or coding - the materials are aggregated by units for later relevant description; c) treatment of results - inference and interpretation - carrying out the analysis of the grouped units and enabling the presentation of data.

In the first phase, the preparation of the material was carried out, organization and floating reading of the material, that is,

recognition of the material, formulation of hypotheses and objectives and formulation of indicators that support the final interpretation. In the second phase, the material was explored, which consists of highlighting parts of the text and creating categories for each type of subject. The third phase worked with the content in a subjective way, allowing highlighting and inferences in the information obtained so that they can be interpreted and used for theoretical or pragmatic purposes.<sup>12</sup>

The communication of the results of this study follows the guidelines for reporting qualitative research projects available in the Consolidated Criteria for Reporting Qualitative Research (COREQ).<sup>13</sup>

The research project that gave rise to this study was approved under Opinion Report Nr. 2,758,103 (CAAE 89356318.3.0000.5545) of the Research Ethics Committee of the *Universidade Federal de São João del-Rei*, according to Resolution 466/2012/MS. The anonymity of the participants was guaranteed and, to avoid identification, each participant received the letter E (interviewee) and E, M, P or S (initials of the Nursing, Medicine, Psychology and Social Work courses, respectively), followed by sequential numbering.

## RESULTS

Forty-six students from the last year of graduation of the Nursing, Medicine, Psychology and Social Work courses belonging to the scenario institutions participated in the study, being: 16 Nursing students, six Medicine students, 19 Psychology students and five Social Service students. It is noteworthy that the participation of a lower number of respondents in the Medicine and Social Work courses occurred since only one scenario institution has these degrees.

The results indicate that the academic contexts most favorable to the training of health professionals to work in comprehensive and humanized assistance to women in situations of abortion are those that bear the intrinsic affinity with the theme and the acquisition of teachings through experiences. The questions of the knowledge acquired and the social limitations to the theme are also considered.

## INTRINSIC AFFINITY WITH THE THEME

The participants' reports refer to their involvement in the area of women's health and their interest in training so that they can act effectively in the face of an abortion situation. For the participants, this training can be achieved with the help of the human resources training institution in the health field, since graduation, in addition to knowledge to be acquired after graduation, through permanent education. They also refer to the basic knowledge that the undergraduate institution offers, being facilitated by the prior knowledge that the future professional must have in the area, in

addition to raising awareness of the subject and their experience in practice.

With regard to the knowledge that the institution offers, participants inform that, at graduation, it is possible to acquire basic information on various subjects. Thus, part of the students' interest is the search for specific deepening in the area of women's health, considering the development of skills acquired during graduation or after its completion. This reflection highlights the student's autonomy in the professional training process, which tends to combine professional needs with individual interests, bringing meaning to the topics covered in undergraduate or permanent education processes, as shown in the excerpts:

*I think [that] the institution's teaching meets the student's needs. It goes from the student, do you understand? [...] If the student wants and is interested, he will have a teacher who will teach you, will help you, will help you, will give you all possible guidance, but it will go to the student (EP17).*

*I think the institution is well prepared in this regard. [...] I think it would be more personal, because the course is very comprehensive, it covers a lot. So, you can't expect everything from the institution. It's five years for you to talk about a variety of things. So, there are things that [...] you have more skill, you recognize yourself more, you see yourself better in such situations. [...] the college will teach you, from the point of view, very reasonable (EP17).*

*We already suffer from this discrepancy, so I have to seek specialization within women's health, because I think it is very important that the professional is qualified to deal with the area he is working in (EE15).*

*The professional left there with a base, he must look for a post-graduation, he has to look for something more to be able to qualify [...], to deal with a woman who has an abortion. For this specific action, we have to specialize (EE15).*

In relation to specific training, participants raise the need to cover theoretical and practical knowledge, deepening the information based on cutting-edge research in the area, in addition to conversations with experienced professionals and women who have already gone through the situation of abortion.

*I read a lot about the issue of abortion, because I think it is a topic that is talked about a lot nowadays, before I didn't do so much, [...] everything, as much as possible and, also visiting medical clinics that I know you do this whole procedure and talking to some professionals. It would be something more personal of mine (EP18).*

It is noted that the contact with the subject under study and the deepening that the students had during graduation, together with the fact that they empathically recognize themselves in the other's place, arouse feelings of identification with the situation. Even if in a non-specific way, the development of qualified listening and the ability to try to experience, in an objective and rational way, what another individual feels if they were in the same situation, can favor the understanding of the feelings and emotions experienced in different situations, which would contribute to better assistance to women undergoing abortion.

*We have a little preparation in this at college and we as a woman, I as a woman, I have a little more ease of understanding the other woman and, thus, not despair. This helps us a lot to deal with the situation. You try to understand what is happening around you without nervousness, without despair (EE16).*

*I think we must go deeper into this woman's experience. Listening to this woman more, giving more value to the demand that this woman will present to us (EP13).*

*I think that mainly working more on the issue of compassion, putting oneself in the other's shoes and being able to help him solve that problem, not only feeling empathy, but feeling compassion for that situation (EE6).*

## ACQUISITION OF TEACHINGS THROUGH EXPERIENCES

The discourse of some participants in the study reveals the unpreparedness of teachers and internship counselors in their effective performance in the face of an abortion situation. It is believed that this fact is due to the way institutions propose to teach how to deal with the physiological situation of pregnancy, with little emphasis on what is beyond normality.

*[...] we always study a lot about what is healthy, what is physiological, what is good, but we pay very little attention to [...] an abortion case. An abortion case is something that is atypical (EE2).*

It is noteworthy that, despite this unpreparedness, the experience provided the identification of what measures can be taken in the face of the situation, should it happen again in professional life. It is also important to highlight the critical formation of opinions about unacceptable behaviors during care in the cases experienced, indicating, based on the reflection on the theme, possible solutions to the problems detected.

*I think I also saw how not to do it, you know? With the preceptors, we were sure of what was not right, what was not legal. That's why I think we have a better perception, even of how to provide emotional support because it really makes a big difference (EM2).*

*I had some very complicated [...] preceptors, like that, of rudeness, to find that situation so banal and not to give importance, to be even a scrotum [...] as if that had no importance. So, when we see what should not be done, we imagine a better way to act (EM2).*

*I think I could have used some tools of dialogue, environment, [...] to try to turn this situation into a less uncomfortable situation, to generate a little comfort for the parents [...] I kept myself very out of the situation, I let the preceptor conduct the case and I just watched it (EM6).*

*Today I imagine that I could have offered a space for conversation, an affective touch, somehow generating a slightly less intimidating environment for the couple who were involved in the situation (EM6).*

Other participants considered the presence of the teacher and the internship advisor beneficial in the face of the abortion situation, as well as classes and proximity to similar subjects, which made it easier to deal with this type of situation.

*I think it was the classes, the teachers who were there with me at the time helped me and guided me too. We already have a little bit of prior knowledge, but the classes and the teacher helping us [...] I believe it provides a basis for us to take certain measures (EE3).*

*[...] the teachers who were working with us in practice were able to have this dialogue with us, guiding us how to act, the best ways to act in these situations, with all their nuances and diversities (EM6).*

Other participants from the research also considered it necessary and important to include optional and mandatory subjects, integrative practices, in addition to multiprofessional activities and partnership in the internship field, in order to cover the subject and improve the assistance provided. The importance of sharing knowledge and knowledge with people experienced in the subject, through studies or practical experience, returns to the fore, respecting the multiplicity of concepts involved and expanding the approach of the theme in academic education, with emphasis on interdisciplinarity and multiprofessionality.

*I think there needs to be a greater discussion within the institution to bring people who work or who have had more contact with this, with this situation, through lectures, class (EP10).*

*[...] we had a class on drugs in general, people who have gone through the process and it is easier when we have contact with people who have already gone through it and I think the same should happen with this type of question, we have more contact with people, with the professionals who work with these people, for us really how it happens, how it works (EP10).*

*Through practical, theoretical classes, research, a lot of reading, maybe discussing the case and even attending people in practice, going to the hospital [...] Having contact with these people, these women (EP8).*

*Perhaps some optional discipline, one not only a doctor giving, talking about this subject, but also other professionals to make the whole approach so I think that from the moment the mothers are very involved in the situation, so there must be a psychologist, a nurse, a social worker to help with how to manage (EM4).*

*[...] we could do a seminar, a round table, for discussions between these professionals mentioned at the beginning: social worker, psychologist, doctor, Nursing, all these professionals at a round table, seminars clarifying some doubts I think it would be cool (EP12).*

## QUESTIONS ABOUT THE KNOWLEDGE ACQUIRED

The results reveal divergence in the opinions of academics from the same course, period and institution regarding the knowledge acquired on the theme throughout the professional training process. Some reports present phrases that are convinced of feeling prepared to deal with abortion and others that are completely contradictory to that statement. Because this study covers future professionals in the biological area, such as Nursing and Medicine, and in the humanities area, such as Psychology and Social Work, there was disagreement as they felt prepared to deal with the technical and psychosocial aspects.

*[The institution] prepared us in a punctual manner. When we had, in a specific period, we worked with women's health and during all matters that deal with women's health and that are within women's health was the issue of abortion.*



*So, at that moment, I was punctually prepared to assist a woman (EE5).*

*In fact, he was not prepared to assist a woman in an abortion situation. There were concepts: "abortion happens from such to such week", "there are these and these types that can happen legally" and everything. It just wasn't that prepared to be able, how to act (EE5).*

*[The institution] prepared us very well. As I'm saying, we had disciplines that give us a lot of luggage. [...] So I see that the course was very good, very rewarding, really very rewarding (ES4).*

*[...] with practices that really showed us, with seminars, seminar on violence, not only seminars in our course, but inside the university we participated in seminars from other courses, so that enriched the baggage that we will take (ES4).*

*[...] we already have had a very good experience with this topic in the classroom, when this topic was presented, it brought people, doctor, psychologist, doctor's opinion, psychologist's opinion and people's opinion trained in law, each with its own approach, each with its own strand where it has enabled us to deal with this type of situation, possible type of situation. [...] Do I feel prepared to face this type of situation? For sure (EP2).*

The reports highlight the activities proposed by the educational institution to favor the preparation of professionals, such as seminars, group discussions, theoretical lectures and conversation circles. However, some participants said that, despite these activities, the competence to deal with abortion - and other undergraduate subjects - was not achieved.

*We did a lot of group discussion work, we did a seminar on the subject. But like this, I feel that the adherence has not been nice yet. As much as it was a well-discussed subject, inside and outside the classroom, I still don't think I achieved the goal (EE12).*

*So, honestly, I don't feel I am prepared to answer anything. It gives a "little desperation" to be graduating and think that we will not succeed. In relation to abortion in particular, the theoretical part we saw very quickly, and I think it could have been more discussed, it could have gained a greater focus. I don't feel prepared (EM2).*

Another participant corroborates the lack of technical preparation but points out that he would be able to deal with the

woman's psychological preparation during the abortion period. There was also a report in which the participant informs that the technical preparation would be sought individually with specialization courses by the general training offered during graduation.

*Professionally, today, I would feel insecure due to the lack of technical knowledge in relation to the subject, because, thus, I could welcome her, console her in this case, attend to her on the issue of humanization, care, but I would feel insecure, technically speaking, in the case (EE15).*

*[The challenge would be] the most technical demand, do the curettage, we don't have training for that. Especially because, in my perception, this part is the specialist's job, more than the outcome of the final approach to conducting the case, we have no training for that (EM2).*

*After graduating, I would have more support because, in college, because it is a more superficial period in terms of time, because it is nocturnal, we have a great difficulty in going much deeper into the subjects (EE13).*

## SOCIAL LIMITATIONS TO THE THEME

The testimonies of the participants make it clear that abortion is a topic little discussed in Brazilian society, due to how the subject is treated in the country. For this reason, they explain the non-adherence of the subject in the curriculum of undergraduate courses, prioritizing physiological or life and health maintenance themes, which ends up reinforcing the maintenance of restrictive actions, developed in the professional practice scenarios of the region.

*I miss not only the lack of the institution, but a lack on the part of society to discuss this topic, which I think is very important, and then the institutions end up being a reflection of society in my view (EM6).*

*So, when something is taboo in society to be discussed, despite the fact that the university generates spaces for dialogue that are a little wider, a little more open than what the ordinary society usually offers, we feel safer to talk about these things (EM6).*

*I think that if we don't think about how to change society's view in relation to this situation, we will never be able to change the way we talk, how we discuss this topic and with that even trying to advance within the university we will always run into this social taboo (EM6).*

*Women's health is very restricted to the issue of preventive and childcare. That's what I noticed even in the internship field. We are trapped inside a health unit, concerned only with the number of preventives, the number of childcare and it does not go beyond that (EE15).*

When referring in the context of Brazil, future professionals highlighted the codes of ethics and the advice that govern their professions, seeking in them a legal support to the assistance to be provided. There were reports in which the participants stated that they would seek help for the woman not to have an abortion, in addition to blaming the induced abortion.

*I need to know what are the supports that our competent bodies protect us [...] (EE16).*

*I do not know how my head would be tomorrow, but today it would be trying to guide at least not to cause abortion [...] I would try my best to try to help, to seek help so as not to miscarry (EE11).*

*If, in case we already see immediately that it was an abortion, it is [...] to take ethical measures. [...] So there she committed a crime that she herself must submit to the consequences of that (EP7).*

In addition to this repercussion in society, the participants also recognized the woman's difficulty in seeking professional help, explained by the professional lack of preparation that, consequently, influences the quality of the assistance provided to this woman.

*So, in our country, its social issue is so disguised that there are so many factors that can lead a woman to seek illegal help and not seek professional help out of fear, embarrassment (EE15).*

*We must open the professional's eyes to be able to make it clear to this woman that she can look for, "I'm ready, I'm qualified and you will have every right to discretion". So, for this, I must be trained (EE15).*

*Qualification. Much to go. It is not because our country does not [...] There is this issue of the judicial barrier, then the faculties limit themselves a lot to discuss the issue of abortion because "oh, abortion is illegal", so we close our eyes, pretend that it is something that does not exist (EE15).*

*While we are seeing that thousands of women die because they go looking for illegal professionals who are not able to be performing, in this case, except when it is physiological, that*

*the woman can have this hospital structure to be able to offer her what she needs (EE15).*

*The social issue, our country is a severe issue, so we need to be working this issue better on the curriculum of colleges, there is abortion and we have to be prepared to be able to attend this woman (EE15).*

*Most of the times she has an illegal abortion, stays at home afraid of being looking for professional support and may suffer a hemorrhage and, when she arrives to a trained professional to be able to attend, she is no longer in time (EE15).*

*So we need public policies and the colleges, our curriculum can offer us, within the women's health, we have to be deepening this issue, because it is a reality that is there and there is no point in turning a blind eye to that (EE15).*

## DISCUSSION

The findings reveal that, in the study scenario, the academic training of Nursing, Medicine, Psychology and Social Work professionals consider, even if incipiently and punctually, the ethical, legal, biomedical and psychic preparation to provide assistance to women in situations abortion. However, in general, the literature deals with the restricted approach of aspects related to abortion from an expanded point of view, considering all these aspects, which results in an important gap in the knowledge and skills acquired during the training process.

It is believed that this discrepancy is related to the fact that many professionals, including those present at the academy, associate the theme with illegality, taboos and prejudices, as evidenced in some reports. Thus, the need for investments in permanent education processes is justified, in order to favor the intrinsic affinity with the theme by the professionals who work directly in the care network, in order to offer quality assistance to women in situations of abortion,<sup>14</sup> considering that abortion is a relevant and current social issue.

For the development of skills and competences related to the biological, ethical, legal and psychological aspects to work with women in situations of abortion, the participants highlight the acquisition of teaching through experiences in activities inside the academia or during internships in health units, where teachers present themselves as of fundamental importance in the process. It is considered that the teacher acts as a mirror for the student in the construction of the student professional identity, whose teaching practice sustained by security and respect or prejudice and discrimination have a direct impact on the practical performance of future professionals.

In this sense, to stimulate the development of competencies of the student body, the teacher must seek to know, in depth, the subject he/her teaches and the public for whom he/her teaches, in addition to segregating relevant and reliable subjects, since access to information is facilitated during the current digital age. It is also noteworthy the use of teaching strategies that bring students closer to the reality experienced by women and their families, in addition to access to evidence from innovative research on the subject and its researchers.

It is believed that exposing students during their professional training process, to contact with representatives of different professional categories, with the expertise of researchers in the field or with people who have learned from life, undergoing abortion situations, may favor sharing of knowledge and practices that will translate into a significant acquisition of knowledge, with an impact on making future professionals.<sup>15,16</sup>

The divergence between what is taught in the classroom and what occurs in practice was another concern of the participants in the study. In this sense, it is necessary that teachers seek to improve their knowledge, keeping constantly updated on the topics to be worked on during graduation.<sup>17</sup> To maintain the congruence between theoretical and practical aspects, it is suggested the inclusion of integrative curricular activities in the academic training process, in order to cover the subject in its entirety and improve the quality of the assistance provided.

At this point, we highlight the use of active methodologies, which use "reflective triggers" to stimulate multiprofessionality and encourage the discussion of experiences among these professionals,<sup>15</sup> making the student responsible for their training process.<sup>16</sup> Participation is prioritized of students and their insertion as early as possible, in real situations,<sup>18</sup> using realistic simulation resources, a technique used for students to develop skills and competencies in a programmed environment.<sup>19</sup> It is thought that the approximation of theory and practice can develop aspects related to qualified listening, critical vision, perception and sensitivity to relevant issues, in addition to deepening knowledge, becoming an academic differential, inducing the student to leave the role of spectator and assume the role in the professional training process.

In addition, it is necessary to invest in the flexibility of the curricular matrix, in order to contemplate previously not privileged content, considering the epidemiological and social changes that take place in different contexts.

Still, through interdisciplinarity it is necessary to break with the paradigms that involve several themes, such as abortion, whose assistance is anchored in a discussion that reveals a contradiction between the choice and the criminalization of abortion, both for professionals and for women. This situation ends up giving rise to complex situations that involve delays in accessing qualified assistance, resulting from fear of discrimination and social prejudice, which impacts the professional's technical and psychological

performance, with results that are not always favorable for themselves and the woman.

Scholars affirm the absence of students' psychic preparation and mention that teachers must teach ways of communication, in addition to helping with human feelings, so that it benefits professional well-being and the health system in general.<sup>20</sup> Other studies emphasize the importance that higher education institutions exercise in shaping the character of future professionals, in addition to rescuing the human essence and stimulating ideas, analyzes and problem solving, emphasizing the acquisition of psychic preparation during graduation.<sup>21</sup>

Even though they are aware that the professionals present in direct abortion care must watch over life and must not judge the behavior of the assisted, from the moment of entering the health service until the patient's discharge,<sup>22</sup> what is observed, in practice, is the unpreparedness of professionals to act ethically in these cases.

In general, the empirical data show that academics from all courses feel prepared to act in the face of an abortion situation. The participants state that the quality of the theoretical/practical classes taught throughout the courses was satisfactory. However, there is no consensus regarding the knowledge acquired, as they believe that the number of classes on the subject is less than ideal.

Issues like this, related to the unavailability of hours in the curriculum as being a difficulty to work on specific themes, are themes of national studies and corroborate the findings of this study. The lack of time associated with insufficient trained human resources and the difficulty of dissociating beliefs and personal values from professional life ends up limiting the experience with the theme during graduation and repressing discussions within the academy.<sup>23</sup>

Contradictorily, despite feeling prepared, some academics claim to feel insecure to act in the face of an abortion situation. This insecurity may be related to the social limitation that involves the theme of abortion, since, in most cases, the care offered by professionals is full of prejudice, disrespect, criminalization and discrimination, which ends up promoting several forms of physical violence, mental and moral to women in this situation.<sup>22</sup>

The students of the study were able, in their practical activities in the health units, to identify the same reality and difficulty, associating the fear developed by the woman to the inhibition in the search for the health service, considering the fear of being judged, mistreated and access to low care quality.

The undergraduate courses are responsible for the basic training of the professional, to meet the diversities of daily practice, regardless of the area of activity. To act in specific areas, the institutions that train human resources offer several courses of improvement or specialization, which favor the development of a specific area, considering the choice of each individual and their practical objective.

In this way, the feeling of insecurity of the newly graduated, reported by the participants of the study, is understandable, since



he/her, throughout the academic training process, has access to the wide range of possibilities of action, however, in a little depth, including the weaknesses related to the courses offered at night. This reduces the time available for an in-depth approach to issues, including abortion. The specificities of each area are delegated to complementary training, in the form of postgraduate courses, residencies and specializations. This need for a qualification course, due to the limited knowledge on various topics that are offered during graduation, can be revealed in studies on the topic.<sup>24</sup>

## FINAL CONSIDERATIONS

Changes in the care offered to women in situations of abortion require changes in the process of training future health professionals. These transformations, in turn, involve the implementation of a quality academic base, with the aim of covering current issues, of wide magnitude and persistence, such as abortion, in addition to the use of active teaching-learning methodologies and inclusion of optional resources. those who are interested in certain topics.

It is believed that teaching methodologies aimed at integrative practices can favor the academic, a contextualized experience, allowing to develop a holistic view for the health system user, thus reaching the ethical, legal, biomedical and psychic areas of women in abortion situation.

The ideal would be that, for the organization of the contents and workloads in the curricular grids, the local realities and contexts were analyzed, so that the courses could address the characteristics of the region where the assistance will be provided, as recommended by the national curricular guidelines for courses in the health field.

Therefore, it is necessary for higher education institutions to constantly evaluate and reassess their curricula and the profile of graduates, in order to certify the quality of the preparation and the way in which the themes are being addressed throughout the professional training process.

Due to the current discussion of the topic and its academic and social relevance, it is suggested that more studies with this purpose be carried out, since the scope of this study was restricted to courses in the health area. However, the research results are relevant and forceful to suggest changes in the training process, as theoretical support for reassessing the curriculum, in addition to encouraging teachers and future professionals to train on the theme and broadening the discussion of the topic in society.

It is known that courses are proposed in accordance with the demands of society and local contexts and these changes will directly reflect on the quality of the assistance provided. The need to offer humanized, comprehensive and quality care to the woman in an abortion situation is emphasized and, for this, the articulation between higher education and the health system is a bet.

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