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WOMEN'S HIDDEN TRANSCRIPTS ABOUT ABORTION IN BRAZIL

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Abstract—Two folk medical conditions, "delayed" (*atrasada*) and "suspended" (*suspendida*) menstruation, are described as perceived by poor Brazilian women in Northeast Brazil. Culturally prescribed methods to "regulate" these conditions and provoke menstrual bleeding are also described, including ingesting herbal remedies, patent drugs, and modern pharmaceuticals. The ingestion of such self-administered remedies is facilitated by the cognitive ambiguity, euphemisms, folklore, etc., which surround conception and gestation. The authors argue that the ethnomedical conditions of "delayed" and "suspended" menstruation and subsequent menstrual regulation are part of the "hidden reproductive transcript" of poor and powerless Brazilian women. Through popular culture, they voice their collective dissent to the official, public opinion about the illegality and immorality of induced abortion and the chronic lack of family planning services in Northeast Brazil. While many health professionals consider women's explanations of menstrual regulation as a "cover-up" for self-induced abortions, such popular justifications may represent either an unconscious or artful manipulation of hegemonic, anti-abortion ideology expressed in prudent, unobtrusive and veiled ways. The development of safer abortion alternatives should consider women's hidden reproductive transcripts. © 1997 Elsevier Science Ltd

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AT THE HEART OF ABORTION POLEMICS IN BRAZIL

Terminating a pregnancy is permitted, according to the Brazilian Federal Penal Code, Art. 124–127 (Rezende, 1981), only when necessary to save a woman's life or when pregnancy has occurred following rape. Legal sanctions against women who intentionally terminate pregnancy are severe—one to 10 years imprisonment and twice that time for the practitioner or assistant (Rezende, 1981). Besides its illegality, abortion is considered immoral in this deeply religious, largely Catholic country, whose national symbol—Christ the Redeemer—protects Brazil with his outstretched arms. In the Eleventh Encyclical "Evangelium Vitae" ("The Gospel of Life"), Pope John Paul II, recently reinforced the Roman Catholic church's condemnation of abortion and artificial forms of birth control (Paulo, 1995). A growing numbers of fundamentalist protestant churches in Brazil also denounce abortion.

Despite these sanctions, women, lay practitioners and medical professionals throughout Latin America do induce abortions and at a staggering rate, which is amongst the world's highest (Henshaw, 1990). In Brazil, the total number of abortions per year could represent as many as 10% of the world's estimated illegally induced abortions (Folha de São Paulo, 1990) or between 0.5 and 4 million procedures per year (Singh and Wulf, 1991). Even more recent estimates based on the number of women hospitalized for abortion complications and corrected for underreporting, misreporting, and spontaneous abortions are still extremely high: 1.4 million induced abortions yearly (Singh and Wulf, 1994).

The alarming numbers of women who must violate national laws and religious doctrine to terminate their pregnancies, is at the heart of abortion polemics in Brazil. On the one hand, abortion is prohibited. On the other hand, women are compelled, for myriad social, economic and psychological pressures, to interrupt pregnancy. Thus, while abortions are clearly induced in Brazil, they are concealed from public view. It is an "off-stage" performance "hidden" from the "on-stage", official public script regarding the illegality and immorality of abortion (Scott, 1990).

In the impoverished, conservative northeastern region of Brazil, where religion and patriarchal

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social relationships have a stronghold, the popular transcript about abortion flourishes, albeit clandestinely. Clandestine "clinics" or, in more descriptive terms, "angel factories" (*fábricas de anjos*), run by lay-abortionists (*abortadeiras*), traditional birth attendants (*parteiras, cachimbeiras*), or trained midwives (TBAs), terminate pregnancies out-of-view of the public health service. Private, well-equipped clinics perform abortions on women who can afford their services. University hospitals admit women to remove "the remains of incompletely aborted matter" after women self-induce bleeding using both herbal remedies and pharmaceuticals. And women themselves "regulate" their "delayed" (*atrasada*) and "suspended" (*suspendida*) menstruation with a wide array of "regulators" (*reguladores*). The florescence of such practices is the result of severe socioeconomic and political pressures poor Brazilian women must face and fight.

FORTALEZA: A CITY OF CONTRASTS

This study was set is Fortaleza, a sprawling, rapidly growing city of some two million people, most impoverished, located in the extreme northeast state of Ceará, Brazil. Provincial and conservative relative to southern industrial cities, Fortaleza suffers from an identity crisis, struggling to maintain its traditional cultural values, forms of social interaction, and infrapolitics (Scott, 1990), while coping with the exposure to new world views following the city's recent thrust into the national and international scene. The Gross Internal Product of Ceará rose an astounding 50% in the last eight years, by far the highest in Brazil (Veja, 1993). International investments are booming. Six Taiwanese manufacturing companies recently invested 100 million dollars, some 200,000 tourists basked on Ceara's 573 kilometres of white-sand beaches during the summer of 1993, 200 upscale franchise stores opened in only the past seven years, and some 200 apartments, 2000 office buildings and 1000 stores are currently under construction (Veja, 1993).

Fortaleza is a city of contrasts. It is a city of well-connected elite who have the best, and, the rest, who are largely denied access to basic social services. While Fortaleza boasted the second highest rate of imported cars in 1994, behind only Sao Paulo, 74% of households in the Ceará have no piped-in, running water, 56% are without sanitary facilities, 24% of women aged 15–49 are malnourished and 2,500,000 persons, 59% women, have one year or less of formal education (Victora and Barros, 1988). The infant mortality rate, estimated at 95 per thousand in 1987, was among the highest in Brazil, although there have been recent improvements in 1991 (Cavalcanti e Silva, 1991). A high maternal mortality rate of over 100 deaths per 100,000 births still prevails in Ceara (Secretaria da Saúde do Estado do Ceará, 1990). Perinatal problems are a main cause of infant deaths, partly reflecting the poor pregnancy and delivery care provided (Secretaria da Saúde do Estado do Ceará, 1990; Project HOPE, 1989) and high stillbirth rates of 32 per 1000 births in rural counties (Baily *et al.*, 1991). Prenatal care is provided to 65% of pregnant women but less than half complete the recommended minimum of five medical consultations. In Fortaleza, some 40% of pregnant women are underweight for their gestational age (IPLANCE, 1989). Medical consultations during the puerperium are made by only 20% of women signalling the absence of any official post-partum follow-up program (Secretaria da Saúde do Estado do Ceará, 1990).

Local hospital data show that maternal mortality is high and suggests that induced abortion has increased in Fortaleza. A retrospective study at the Assis Chateaubriand Teaching Maternity of the Federal University of Ceara (MEAC/UFC), the largest public maternity in Fortaleza, showed a maternal mortality ratio of 119 per 100,000 live births during the period of 1983–1990 (Sa and Maia, 1990). In 1991, MEAC/UFC admitted an average of 200 cases of abortion per month, an increase of about 55% over 1990 and forming approximately 20% of total admissions. The Cesar Cals General Hospital (HGCC) of the State of Ceará Health Secretariat (SSEC), another large public maternity hospital, admitted an average of 129 abortion cases per month from September to November 1991, representing 23% of obstetric admissions. In MEAC/UFC, abortions accounted for 10% of maternal deaths (Sa and Maia, 1990). One possible reason for the observed increase in abortion admissions is the use of an abortifacient obtained from private pharmacies. According to a study in September 1990 using simulated clients, an abortifacient was offered in 64% of 190 visits for unwanted pregnancy, with misoprostol ("Cytotec")* being the

*Misoprostol "Cytotec", a synthetic analogue of prostaglandin E_1, was developed in the 1970s by Searle Laboratories U.S.A., and was introduced into Brazil in 1986 for treatment of gastric and duodenal ulcers. The drug has some uterotonic effects and it is contraindicated for use in pregnant women. Clearly information about the abortion provoking side effect has spread rapidly among pharmacy personnel and among women in the general population. Women used to insert two pills vaginally and ingest two orally. Until 1991 Cytotec was used by women of all socioeconomic classes in Fortaleza to induce abortion; in 1991 alone some one million boxes of Cytotec were sold, with an average "treatment" costing between U.S.$5–6. In July 1991, the sale of Cytotec in Ceará state was suspended by law. Searle Laboratory's contraindication during pregnancy has fuelled a thriving black market in poor neighbourhoods and *favelas* (slums) of Fortaleza, where roaming "salespersons" offer four Cytotec pills for U.S.$40.00–120.00 whereas a clandestine abortion clinic costs between U.S.$300–1000.

most frequently abortifacient offered (82%). An average "treatment" with misoprostol costs $5–6 (Coelho *et al.*, 1991). The increase in abortion admissions, coupled with reports of an unusual congenital malformation in five babies exposed to misoprostol early in pregnancy during unsuccessful abortion attempts (Fonseca *et al.*, 1993), has prompted the State Health Secretariat to seek information on the biopsychosocial determinants of induced abortion and effective means to reduce unwanted pregnancy.

METHODS: ELICITING ABORTION BELIEFS AND BEHAVIOURS

Because abortions are illegal in Brazil, eliciting information on related behaviour required special safeguards to protect informants' identities and sensitive interview techniques to establish rapport and gain trust of informants. Qualitative, anthropological methods including key informant interviews, in-depth interviews with women who recently experienced an abortion, participant-observation and focus groups were used to probe experiences. From August 1993 to May 1994, the authors conducted 91 interviews with key informants (n = 25) and women who had recently experienced an induced abortion (n = 66), lasting from 30 minutes to two hours in each informant's place of worship, practice or home. Interviews were tape recorded and completely transcribed by a native Portuguese speaker before analysis, using the computer program, The Ethnograph. Translations of selected passages to English were conducted by the authors for publication.

For the most part, the 25 key informants are popular "experts" in issues of pregnancy and its termination and include: an Afro–Brazilian Umbanda Priest and Priestess,* the latter who receives the spirit of the female *Exú, Pomba-Gira*, the Goddess of love, romance, and seduction (n = 2); a prosecuted lay abortionist practising in a poor neighbourhood on the periphery of Fortaleza (n = 1); herbalists (*raizeiros*) practising in the central São Sebastião marketplace (n = 2); poor commercial sex workers and members of APROCE, the Association of Prostitutes of Ceará (n = 3); a group of activist women living in the *favela* (urban slum) Gonçalves Dias who have long participated in sex education activities with local health professionals (n = 6); a female assembly line worker in the male-dominated cashew nut processing factory (n = 1); a social worker employed by a major cashew nut factory in Fortaleza (n = 1); a traditional birth attendant (*parteira*) who performs pre-natal exams and delivers babies at a birth centre besides routinely performing home deliveries in a large *favela* located near Fortaleza (n = 1); an established gynaecologist–obstetrician who takes a leading role in state public health programs for women (n = 1); medical residents at major public teaching hospitals (n = 2); an owner of a pharmacy in downtown Fortaleza (n = 1); owner and workers at a small factory producing natural and over-the-counter popular remedies (n = 3); and an upper-class male Brazilian business executive (n = 1). Key informants provided privileged insights into women's intimate lives—their sexuality, romances, unwanted pregnancies, infections, scandals, suffering, and health-seeking behaviour.

Women who had recently experienced an induced abortion were also interviewed in-depth. Women's identities were concealed and follow-up visits were set in neutral, private places. A subsample of 66 women from our hospital-based epidemiological study of 4359 women diagnosed as having abortions at two major public maternity hospitals (MEAC/UFC, HGCC) were interviewed (Fonseca *et al.*, 1996).† These women were selected for in-depth interviews about menstruation, pregnancy, contraceptive use and abortion at home because they varied on one of the 10 criteria likely to influence the course of the abortion experience: method of abortion; the woman's age, marital status, religion, gestational age; type of caretaker consulted and support system and type of contact with the aborted foetus. Through these varied interviews we

*Popular Afro–Brazilian religion that is highly syncretic combining African, indigenous, and European elements.

†Using the World Health Organization classification, project researchers categorize abortions as one of four types: (1) "Certainly induced abortion" (when the woman provides this information or a foreign body or trauma is found in the genital tract); (2) "Probably induced abortion" (when the woman has signs of abortion accompanied by sepsis or peritonitis and states that the pregnancy was unplanned either because she was using a contraceptive method during the cycle of conception or was not using a contraceptive method because of reasons other than desired pregnancy); (3) "Possibly induced abortion" [if only one of the conditions listed under (2) above is present]; (4) "spontaneous abortion" (all other cases). Of the 4359 study women, 48% of abortions were "certainly induced", 40% were "probably induced" and 12% were spontaneous. A subsample of 66 women for in-depth interview were selected from "induced abortion" group, mostly from "certainly induced abortion" group. Most of these women were classified having "certainly induced abortion" because they mentioned they had induced abortion when interviewed with structured questionnaire at hospital settings. However, when they were interviewed in-depth at home later, many of them were unclear about their pregnancy status and the way of their action to bring on bleeding. This inconsistency between two different interview settings is not uncommon in previous studies such as: Figà-Talamanca *et al.* Illegal abortion: an attempt to assess its cost to the health services and its incidence in the community. *International Journal of Health Services* **16**, 375–389 (1986) and Nations, M. K. and Amaral, M. N. Flesh, blood, souls, and households: cultural validity in mortality inquiry. *Medical Anthropology Quarterly* **5**(3) 204–220 (1991).

gained a privileged view of what it is like to be poor, powerless, and faced with an undesired pregnancy.

Interview data from key informants and women were supplemented and confirmed by direct observation of events including: labour, birth, curettage procedure, and recovery at university and community teaching hospitals; selling and purchasing of modern pharmaceutical drugs at downtown drugstores and herbal menstrual induction remedies at traditional herbalist stands in the central market; the operation of a clandestine, *abortadeira*-run "angel factory"* and an upper-class, physician-attended abortion clinic; production of over-the-counter abortion-inducing pills at a pharmaceutical factory; post-abortion behaviours of women and their families at home; and consultations of women about reproductive problems with *Umbanda* priests, among other events.

Preliminary results from interviews and direct observation were verified during five focus groups in the *favela* Pirambu, located on the periphery of Fortaleza. Each group was comprised of 10–15 persons from various subpopulations: teenage girls and boys, married women of reproductive age, sexually active men, mature women >45 years, and community health workers. A facilitator elicited group reactions to a wide range of sexual behaviour and abortion attitudes during the two hour session by discussing the lives of five fictitious women: *Dona* Mocinha, a 15-year-old virgin teenager; *Dona* Maria das Dores, a poor 32-year-old wife and mother of five children; *Dona* Flor, a commercial sex worker; *Dona* Dondoca, a wealthy, high-society lady; and *Dona* Coroa, a prematurely aged, 47-year-old grandmother. Group discussions were lively, as participants elaborated the storylines and projected cultural attitudes, values and actions onto each fictive female image. In the main, focus group results corroborated our earlier interview and observational data.

RESULTS

Gestational ambiguity: the yes–no pregnancy

Being pregnant is highly ambiguous event for women in our study. They experience what we call "yes–no" gestations—neither definitely pregnant nor definitely without child. Pinpointing the exact biological age of the unborn foetus, rigorously counting dates and times, or precisely defining symptoms of gestation are unimportant to these women. For instance, neither the common *atraso* (delay) nor the abnormal folk condition, *menstruação suspendida* (suspended menstruation), are equated with menstrual cessation of pregnancy, despite the striking similarity of symptoms—swollen lower abdomen, sore, swollen breasts, bloated feeling, weight gain, tiredness etc. Instead, informants—all whom had recently aborted—were ambiguous about their gestational status. The comment, "I was pregnant...at the same time I wasn't", by 13-year-old Germana, who physicians estimated to be 18 weeks pregnant when she aborted, illustrates her nebulous definition of pregnancy.

Underestimating the gestational age is another way women elude or slip through the rigid biomedical classification of foetal development. Nearly 62% of women in our sample underestimated their pregnancy duration by an average of one month, compared with estimates by the physicians performing the curettage. Excerpts from our interview with *Dona* Rosarina, a 42-year-old, devout protestant mother of three and grandmother-to-be, shows the ambivalence she feels towards her pregnancy and its voluntary termination, described by project researchers as a "certainly induced" abortion of a 13 week-old foetus.

> It wasn't pregnancy. Well...maybe it was, but what drove me to have a curettage was the certainty that it wasn't pregnancy. It was *menstruação atrasada*. I'm close to menopause and generally we are influenced a lot by what others say. Everyone has a little of "Mary-goes-with-the-others". And there are those who in menopause bleed too much, in excess. I don't know...this and that thing! My neighbour also already had a curettage...bleeding in excess, independent of abortion. So, I am close to menopause. Now pregnancy, I wouldn't accept. I gained a little weight...it's true, but my weight always varies a lot, you know. So much so that I am a lot fatter and here in 15 days I can lose weight...and the clothes I used then, are still tight today. No, I'm not certain I was pregnant, I'm not certain (*Dona* Rosarina, 42-year-old, grandmother-to-be).

Even after a hospital curettage by physicians to remove retained product of conception after self-induced bleeding, some informants, like *Dona* Antônia, below, allude to the fact that they were pregnant. Says Antônia:

> When my period is to begin today, and it doesn't, it comes three or four days later...she delays (*atrasa*)...I was suppose to be sick (menstruate) on the 9th because I had a curettage on the 8th...I don't know when I'm pregnant...(*Dona* Antônia, 43 years old).

Dialect of disguise: abortion double-talk

Euphemization is an accurate way to describe how poor, marginalized, *nordestinas* speak about abortion in Brazil. Euphemistic, veiled terms are used to avoid the reprisal that direct statements about abortion would provoke, if made public. Using play-on-words, many of our informants disguise meaning, thereby protesting against their fate

*The popular term literally translates as "angel factory" referring to clandestine abortion clinics where angels (or innocent, dead infants and children) are preformed by *abortadeiras* or popular abortionists. More detail in: Nations, M. K. and Rebhun, L. A. (1988) Angels with wet wings won't fly: maternal sentiment in Brazil and the image of neglect. *Culture, Medicine and Psychiatry* **12**, 141–200.

of discrimination and exclusion. A close examination of the diction of abortion illustrates how the difference between intentionally induced and spontaneous abortion is cloudy, and how references to women's responsibility and guilt are downplayed or transferred to others. By speaking about abortion using words with double-meanings, the negative aspect of intentionally terminating a pregnancy can be minimized, if not disqualified.

No linguistic distinction is made, for example, between the words for spontaneous abortion and induced abortions; both are called simply "*aborto*" or abortions. Popularly, the term "*forçar*" or "to force" is reserved to refer to induced abortions; it is never used to refer to inducing menstrual flow of delayed or suspended menstruation. For that, different words are spoken. We identified an impressive list of terms. Systematically, the chosen words deny any link to abortion either by: (1) referring only to blood while making no reference to a foetus or life; (2) trivializing the removal of uterine contents by using a diminutive word form; (3) referring only to the threat and not the act of abortion; (4) emphasizing the mechanical process of uterine cleansing; and/or (5) highlighting the involuntary nature of the extraction (e.g. something done to her). Women speak of provoking "bleeding", but make no reference to a fetus or potential life that was mixed with the blood. They talk about "bringing the bleeding to a head" (*apontando o sangramento*), "draining oneself in blood" (*se vazando em sangue*), "putting the ball of blood out" (*botando o bolão de sangue pra fora*), "dissolving the blood ball right away" (*se desmanchando o bolão logo*), "having bleeding, and that's it!" (*ter o sangramento e pronto!*), "making the blood appear" (*fazer aparecer*), and causing the "blood to come down" (*desceu*). In other instances, informants linguistically lessened the implications of inducing menstrual flow by referring to it in its diminutive form: "a little push" (*empurrãozinho*) a "little abortion" (*abortozinho*), or referred to it only as a "little threat" of abortion (*ameacinha de aborto*) not as fact. Still other women's and healers' discourse focuses on the mechanical process of extracting uterine material and not on the material—specifically fetal material—that is being removed. They talk about "pulling out with forceps" (*tirar a ferro*), "pulling it out in a last ditch effort" (*tirar na marra*), "messing" (*coisando*), "stabbing" (*cutucando*) and "mixing around there inside" (*frirviando lá por dentro*); and "cleaning up" (*fazer uma limpeza*). Others speak of "losing the child" (*perdendo o menino*), emphasizing the involuntariness of the event. Despite occasional references are made to "putting my child" (*botando meu filho*), or "putting the little kid" (*botando o bichinho pra fora*), or "throwing the child in the bush" (*jogando o menino no mato*), we found women's discourse largely and noticeably devoid of direct reference to the expulsion of a foetus.

Ethnomedical conditions: the cultural disguise of abortion

Another element of the cognitive ambiguity described above, the ethnomedical conditions of *atraso menstrual* and *menstruação suspendida* may be entertained as possible diagnoses for menstrual cessation resulting from pregnancy. Women, either consciously or unconsciously, mask undesired pregnancies as a menstrual period that is either simply *atrasado* or *suspendida* in their bodies. Fieldnote quotes illustrate how a diagnosis of pregnancy—in two women recuperating from recent abortions—is denied. From the women's viewpoint, they suffered from menstrual delay. Explains 39-year-old *Dona* Ana, and 26-year-old *Dona* Maria de Fátima:

> I'm thinking that what I am is pregnant because my menstruation until now hasn't come. I don't know if it's because she (menses) is late (*atrasada*). It should have come on the 15th...she (menses) changes...delays (*atrasa*). I don't know, no (Ana, 39-year-old).

> It wasn't pregnancy...my menstruation delayed. It was a *susto* (fright), I knew this...I was conscious and knew it was a normal delay of menstruation. I knew the motive-...it was from the *susto* and there wasn't any problem (Maria de Fátima, 26-year-old).

No mention is made equating menstrual regulation with abortion in our copious fieldnotes and interviews with the poor. On the contrary, informants' hidden transcript denies any direct, overt association, as is illustrated from fieldnote excepts below:

> Abortion is already...forcing...forcing is dangerous. When it is only 10 days, 15 days...that's something different. But after 2 months it is fatal (herbalist, Francisco).

> Arueira (plant medicinal) regulates, she doesn't force. She is a regulator...to disinflame something. She doesn't force anything" (herbalist, Francisco).

> There the man (doctor) said it was a pregnancy but he didn't explain that it was an abortion or not (*Dona* Antônia, 43-years-old).

> No, not to abort...to see if my menstruation would come because I wasn't certain I was pregnant (*Dona* Márcia, 28-year-old).

> We don't give the medicine to *forçar* (abort) we give it to regulate (herbalist, *Senhor* Neves).

The popular prescription for women's health in Northeast Brazil is deceptively simple: maintaining a monthly menstrual flow. According to lay perceptions, blood must circulate widely throughout the body during the month, sweeping illness-provoking impurities along in its tide and dutifully ushering them out of the body once a month during "her time". Running, transparent, bright red blood symbolizes all that is vibrant, pure and healthy for women, whereas the dark, sluggish silt of stagnant, viscous blood connotes certain sickness and is highly unhealthy. *Parteira Dona* Conceição explains:

The women that is not menstruating...something wrong is happening. Every month you have to menstruate, this is the certain thing...it leaves the women healthier...the blood had to be eliminated every month...if it isn't it bothers the head, all the body (*Parteira, Dona* Conceição).

Bogged-down blood which ceases to flow is dangerous; it can *arriar o útero* (lower the uterus) or *derrubar o útero* (turn over the uterus) to the extent that certain culturally prescribed precautions must be taken to promote healthy menstrual flow and to prevent blood from "bogging down." Menstruating women, whose bodies are considered extremely "hot" during menses must avoid thermal shocks produced when contacting such "cold" substances as unheated water used for bathing, washing hair, swimming etc. She must avoid ingesting blood-polluting impurities found in *reimosa* foods*—*ata*, curimatá fish, mango, tuna, etc. And at all costs she must avoid performing heavy household chores—carrying large loads of laundry, hauling water cans, sweeping trash vigorously, during her postpartum resting-in period or *resguardo*. Warning tales admonish the socially disobedient: "A friend of ours died menstruating...she ate an *ata* (*reimosa* fruit) and died." "His fiancee went swimming in the ocean at the end of her period, and ended up in the mental hospital, crazy, crazy!" To avoid such tragedy, a women must meticulously monitor or "regulate" her flow of menstrual blood. Only by arduously observing such cultural proscriptions can she be a "regulated women", in harmony with her body's natural fluxes and, hence, disease-free. According to the wise, 72-year-old herbalist, *Senhor* Neves, the perfectly regulated menstrual cycle is 27 days and the woman synchronized with her natural rhythm knows the day and the hour she will menstruate, when her menses will end, and feels no abdominal cramps or pains.

That menstrual regularity is cleansing and synonymous with good health is not unique to Northeast Brazil. Browner in Colombia (Browner, 1985), Ngin in Malaysia (Ngin, 1985), Berlin for the Aguaruna Jivaro in Peru (Berlin, 1985) and Snow in the United States (Snow, 1977) also report a prevailing perception that regular blood flow is healthy. By contrast, irregular menstruation—the stopping of the expected blood flow—is defined as illness, an identified physical problem for which women have cures. Only with an adequate understanding of how poor Brazilian women perceive normal bodily functioning can we decipher "the how and whys" motivating them to intervene in that process for two abnormal events: menstrual *atraso* and *suspensão*.

Precision-tuned menses gone amok is responsible for the worrisome condition, *atraso*, or menstrual delay. *Atrasos* can last from a few as three to four days to as many as 120 days after the date of expected menses, according to informants. Says experienced *Senhor* Neves:

A women until 120 days after the day she is waiting for her period, can still have an abortion...an abortion, no. She can have her menstruation without it being an abortion...it is only an *atraso*. Now, after 120 days, no. You can't any more because it is considered an abortion. Until 120 days she will menstruate normal, if she takes a dose of anything! (Herbalist, *Senhor* Neves).

Delicate bodily blood fluxes are thrown out-of-balance, upsetting women's bodily equilibrium and, worse, "de-regulating" (*desregulando*) her. Far from being defined as illness, *atrasos* are frequent occurrences in women's lives. Says 32-year-old *Dona* Maria Lúcia in a nonchalant way, "It (menses) delays five days, when I take notice (*quando dá fé*), it comes." According to women, menstrual delays are particularly common during three phases: adolescence, when one's regular menstrual cycle has not yet been firmly established; menopause, when menstrual flow diminishes, and upon cessation of ingesting oral contraceptive pills, when hormonal levels vary. But women, especially poor women, are never really free from the threat of menstrual imbalances and resulting *atrasos*. Chronic hunger and mistreatment grinds down women and their bodies, causing their blood to weaken. "Weak blood" (*sangue fraco*) lacks the necessary "force" (*força*) to circulate rapidly throughout the body; its sluggish pace causes its monthly expulsion to delay.

While an *atraso* is not perceived as disease, it is an indicator that a women's internal rhythms are malfunctioning and her bodily equilibrium—so essential for health—is off kilter, placing her in a vulnerable, disease-prone state.

A cause for alarm, however, is when the menses ceases to flow and "suspends" inside a women's body; virgin girls may also suffer suspended menstruation. Known as secondary amenorrhea in biomedicine, "suspended" menstruation (*menstruação* suspendida) is defined as a serious illness by our informants.† Unlike menstrual *atraso*, the lay diagnosis of suspended menstruation provokes culturally patterned help-seeking behaviour to remedy the perceived problem. With "suspended menstruation", blood so weakens that it lacks all signs of vitality: its flow slows to a snail's pace and stagnates. Small deposits of blood impurities clump together forming masses of *sangue talhado* or "curdled blood." "An ugly dark red liver-like colour", "curdled blood" is thick, gross, heavy, full of dirty particles often with a nasty smell. "It is not

*Reimosa foods are believed to contaminate or "dirty" mothers' blood. Escaping through the pores of the skin, these blood impurities supposedly cause such topical eruptions as rashes and impetigo. Further detail in: Nations, M. K. (1982) "Illness of the child:" the cultural context of childhood diarrhoea in Northeastern Brazil. Ph.D. Dissertation, University of California Berkeley, Department of Anthropology, (unpublished), pp. 92–93.

†Herbalists claim that "suspended menstruation" is more difficult to treat than "*resquardo quebrado*" or "broken post-partum."

pretty blood or running blood", adds *Dona* Conceição, traditional midwife. *Sangue talhado* or "curdled blood" can become so voluminous and viscous that it may be "suspended" inside a women's abdomen. The backed-up curdled blood first fills up the lower abdomen, swelling the abdomen. Panties fit snugger, slacks won't zip, and one feels bloated, tired, weighted-down and heavy. If not relieved, the bogged-down menstrual blood continues to back-up into the upper abdominal region filling the chest and lung cavity; women complain of sore, enlarged breasts and sometimes of coughing up bloody sputum. "Suspended menstruation can damage the lung...cause tuberculosis", explains one informant. In severe cases "curdled blood" becomes so "hot" and viscous that it "boils-up", rising to the head and brain. The pressure of the boiling blood is so excruciating it causes severe headaches, brain haemorrhages, and even craziness. So serious are the complications of *menstruação suspensa* that it can take a lifetime to treat or "to regulate correctly" as herbalist *Senhor* Neves says.

Menstruação suspensa is caused by overdoing "heating" behaviours that are taboo during menstruation...feeling strong emotions such as anger, "hot" temper, or *susto*, overworking, hauling heavy loads, exposure to hot sun, or eating peppered foods. According to the Principle of Opposition described by Hippocrates in the *Hippocratic Corpus* (Chadwik and Mann, 1950), and found today throughout Latin American (Foster, 1953; Logan, 1973), including Brazil (Nations, 1982), the body of a menstruating women is considered extremely "hot." Any event, activity, substance or food considered "hot" experienced or ingested during menstruation will be an "exaggeration" of "hotness" causing the blood to dangerously overheat, and, boil over like an over-heated car radiator. Suspension of blood is also worsened by ingesting bitter, sour substances (lemon, pineapple, sour salt), blood-polluting foods with *reima* (ata, curimata fish etc.) (Nations, 1982), and alcohol and its derivatives (*mel de cana* or sugar cane honey, *caldo de cana* or sugar cane juice). Repeated gynaecological inflammations, breastfeeding and chronic hunger can also suspend a women's menstruation.* Says *Dona* Suely of suspended menstruation:

> It (menses) suspends when we exaggerate, eat reimosa food, lift weight, and *susto*...sometimes it suspends. We are very mad at our son...and are menstruating and we have that anger at our husband and son...and it suspends...the headache starts right away...it's very dangerous...it can cause a brain haemorrhage! (*Dona* Suely, 29 years old).

*According to the medical literature, malnourished women are at higher risk for amenorrhea. Clayton, S. G. and Newton, J. R. (1988) *A Pocket Obstetrics and Gynaecology*, 11th edn. Churchill Livingstone, New York.

Cultural concealment of postconceptive methods

When 26-year-old *Dona* Maria de Fátima says "there isn't any problem" because her menstruation delayed she is providing an important clue about the way culture conceals an illegal act and eludes any implication of wrong doing. Women can define pregnancy ambiguously and blame two folk conditions—delayed and suspended menstruation—for the cessation of menstrual flow skirting entirely the possibility of pregnancy. Moreover, pregnancy defined as either *atraso* or *menstruação suspendida* can be "regulated" as part of a normal—indeed healthy—routine for all women as laid out and reinforced by popular culture. Defined this way, *Dona* Maria de Fátima, indeed, "hasn't any problem." It's simply a matter of monthly flow, of thinning and unplugging "curdled blood". "*Reguladores*" or medicaments—both herbal and over-the-counter pharmaceutical—and procedures can be ingested or performed to re-balance the body, release "curdled" blood, and start menstrual flow without the moral judgment associated, in Brazil, with abortion. Her third induced abortion in less than 12 months, 32-year-old *Dona* Aparecida, routinely ingests "Cytotec", an over-the-counter drug indicated medically for gastric ulcers, but widely used by women to provoke abortion in Brazil, to regulate her menstrual cycle and stimulate delayed flow of menses. *Dona* Aparecida calmly explains:

> I think I took only one (Cytotec) and it (menses) came right away. Think it was only that business of *atraso*, really...(*Dona* Aparecida; third abortion, 32 years old).

The mere absence—even for one or two days—of expected menses motivates women to ingest herbal remedies and over-the-counter popular and commercial drugs to regulate delayed or suspended menstruation; pregnancy is not suspected or confirmed. "If it pass a couple of hours, I start right away taking this *porcaria* (stuff), these medicines." Women want to regulate menstrual bleeding, to bring it to a head *apontar*, to make it "really come" (*vem de verdade*), "appear", (*aparecer*), "descend" (*descer*), or "menstruate again" (*menstruar de novo*). In these cases, aborting is not on their stated agenda, as the following comments illustrate:

> I thought I could resolve it (menstrual delay) right there, on the hour, have the bleeding, and that's it!...I took all these medicines because, before when my period delayed (*atrasou*), I took these bitter remedies and it came, it came normally, there wasn't any problem (*Dona* Socorro, 25 years old).

> It wasn't regulating because I thought I was pregnant, but because I really wanted it (menses) to come because it leaves us with a "cooler" (less stressed) head (*Dona* Márcia, 28 years old).

In some cases, however, a connection is drawn—however subliminally—between "regulation" of menses and pregnancy. In our field interviews, we observed cases where women "regulated" their men-

strual flow knowing only that they ran a risk, however remote, of pregnancy; for example, they forgot to take their birth control pill or had intercourse on a fertile day of their menstrual cycle. One informant who recently had an abortion explains:

I shouldn't have broken my table, I'm going to get pregnant. So, I run right away for the *pílula do mato**...even though I don't know how it works. There must exist a remedy...a pill to prevent this kind of thing (pregnancy) given that women don't want pregnancy...you must prevent from the moment you run any risk (*Dona* Marlene, 29 years old).

Likewise a suspicion of pregnancy, without confirmation, may provoke an anxious woman to "regulate" her menses "just in case". The following vignette by *Dona* Lucineide, age 42, who is classified as having "certainly induced abortion" by WHO classification illustrates how a suspicion of pregnancy was "reworked" as "*atraso*" or menstrual delay in the minds and discourse of the two women involved—Dona Ilza and a pharmacy attendant she calls "nurse". Says *Dona* Lucineide:

They say when it (menses) delays (*atrasa*) we must not panic...stay calm. I waited eight days with no results...so I sought a "nurse" at the pharmacy. She said she didn't believe it was pregnancy, only eight days of menstrual delay (*atraso*). She had three doses of an injection that would overcome the effects...So I took the injections. I waited eight days and it didn't come...I called her and she said to stay calm, don't panic...take a tea. I said: wait a minute...I already took this medicine so I wouldn't take tea...and if it was possible to resolve with tea, I wouldn't have paid and taken an injection. Well, O.K. All I know is that all of a sudden, it appeared (*Dona* Lucineide, 42 years old).

In other cases of suspected pregnancy, women ingest the modern pharmaceutical, Ginecoside, as a postconceptive "pregnancy test." Ginecoside, contains high doses of estrogen and progestin which can provoke bleeding (Melo, 1993). The drug is used to treat secondary amenorrhea and is contraindicated during pregnancy. If the drug fails to induce menstruation, then the woman concludes she is definitely pregnant. Some Western countries have banned, withdrawn or severely restricted the use of this drug because of its possible relation to birth defects (The United Nations Secretariat, 1984; Gal, 1979). However, there have been various reports on the use of high dose estorogen/progestin combination drugs as abortifacients by lay people in developing countries (Browner, 1985; Bonnema and Dalebout, 1992; Nichter, 1980; Melrose, 1983; Greenhalgh, 1986; Hardon, 1986).

Explains *Dona* Socorro, who succeed in "*apontando*" (bringing to a head) her delayed menstruation. Explains *Dona* Socorro:

I tried to resolve the situation...to make my menstruation come down (*descer*)...I took a *garrafada*,† a *coquetel*,‡ two injections, limon with aspirin, bitter salt, and medicinal teas. With four days of *atraso* (menstrual delay), I took Ginecoside—it was a test (*Dona* Socorro, 25 years old).

In other cases, once a pregnancy had been confirmed with either a urine test or ultrasound examination, none of the women we interviewed characterized their condition as delayed or suspended menstruation or described the abortion as a "regulation." Explains one informant, "if the person is really pregnant, knowing that she is pregnant for certain, even if only one or two days...it is an abortion." The critical factor appears to be the definitiveness and authoritativeness of the diagnosis of pregnancy. Culture works to obscure precision of definitions, as seen below:

But in the case of doubt, like in my case...that I thought that I wasn't (pregnant) because I'm (my menstrual period) always late seven days...knowing that each organism of each person takes a different form...then it's just a simple *atraso* (*Veronica* 32 years old).

When it passes a month...the second, third day of *atraso*, I start to take my precautions...when I don't resolve the problem, I keep trying, trying until I succeed! (*Marlene* 42 years old).

Marlene, like the majority of women we interviewed, "take their precaution" when their menstruation delayed. They resort to an abundant number of remedies. Numerous substances from the popular pharmacopoeia in Northeastern Brazil are ingested by women to "regulate" their menstrual flow: food substances, traditional herbal remedies, modern pharmaceutical, and, the most popular, over-the-counter patent drugs. "I never let the *atraso* go more than a month and 15 days or two months, never!"

A number of food stuffs thought to thin the blood and/or increase its circulation are ingested based on the belief that slow, sluggish blood circulation causes blood to thicken and clot. As a result, the stored-up "suspended" blood unclogs and descends and the woman menstruates. Warm, red wine thins the blood, causing it to flow faster. Sweet, thick coffee with an egg yolk and butter is particularly good for malnourished, badly treated women

*A natural "purgative" and "laxative" created and patented 100 years ago by Surgeon, Dr Mattos, *Pílula do Mato* used popularly as an expectorant, birth control, and menstrual regulator. In North and Northeast Brazil, 25,000 tubes of *Pílula do Mato* are routinely sold every 60 days, according to factory owners. Our access to the production line of *Pílula do Mato* and to friendly, knowledgable, long-time employees was abruptly curtailed when we questioned the use of one ingredient (Fl.M. Bucha), a potent "venous" plant remedy that provokes abortion, called "*cabacinha*" by local herbalists.

†A home remedy usually prepared by *raizeiros* or herbalists from nine medicinal plants and sold to treat a wide range of illnesses. Taken in large quantity, certain garrafadas are known to provoke abortion.

‡Injection consisting of an unknown combination of hormonal drugs which can provokes abortion. Pharmacists and attendants inject *coquetels* openly in pharmacies, but guard the secret of the specific ingredients utilized.

and it also helps blood circulation. Herbal remedies used to "regulate" women include *Cargo Santo* with *Arueira, Corama* with *Malva* (juice) and *Angélica*, the latter thought to be highly abortifacient in larger doses. "We use *Angélica* to "regulate", only in high doses it is an abortifacient" explains herbalist *Senhor* Neves.*

Whatever the combination of plants chosen, the most important quality is that the herbal solution be "bitter" and taken in "the right dose at the right hour." Traditional healers, *rezadeiras* and *raizeiros*, also commonly administer *garrafadas* or bottled solutions with nine different types of herbs to help "suspended" menstruation "come down." The first author witnessed *Dona* Maria do Carmo, a highly devout folk-Catholic healer (*rezadeira*) from the rural town of Pacatuba—dressed in St. Francis of Assis's brown robe and crucifix—mix *garrafadas* and administer them to women with "suspended" menstruation with success; menstruation "descended" by the next day. *Dona* Maria do Carmo abhors abortion, "a mortal sin", preaches she.

Old-time, patent, over-the-counter drugs are highly popular among women to "regulate" *atrasos* and suspended menstruation. Two patent drugs are widely used: *Regulador Xavier I* and *II* and *As Legítimas Pílulas Purgativas do Cirurgião Mattos* (The legitimate Purgative Pills of Surgeon, Dr Mattos) or, as popularly called, *"Pílula do Mato"* ("pill of the bush")[8]. A third patent drug, *Água Inglesa*, is used to "thin the blood" and clean the uterus after expulsion of the backed-up menstrual blood.† "I took *Água Inglesa*—it thins the blood" explains 25-year-old Rejane, recuperating from a curettage.

According to pharmacists in the central Aldeota neighborhood, women arrive at pharmacies with their requirements well in mind: they ask for a "regulador" for their delayed menstruation. Says one pharmacy-owner informant:

"They always come with delayed menstruation (*atrasos*). They come asking for a medicine to make them menstruate...regulators...regulators...they already come asking because they are passing ten days (from time of expected menstruation) (Pharmacy owner in Fortaleza).

Regulador Xavier, known to have existed in Fortaleza at least since 1943, according to Herbalist *Senhor* Neves, comes in two varieties: I and II. Number I is indicated for women suffering menstrual cramps and whose menstrual flow is in excess or "disregulated". Number II is also indicated for menstrual cramping, but also importantly, "in the absence or delay of menstruation where the flux is diminished or irregular." Method of use: take one teaspoon three times a day with or without water. "The dose can be increased without any problem." Says *Senhor* Neves of the old-time patent remedy: "In those days, one bottle would regulate a women. Today she takes 12 bottles and it's the same as taking nothing!" But probing further, the wise *Senhor* Neves admits that *Regulador Xaiver* can provoke an abortion in pregnant women.

Q : What if the girl is pregnant and she takes *Regulador Xavier*?
SN : If she is a weak person, it does bad (faz mal) It (*Regulador Xavier*) is strong...its a type of bitter thing. And a pregnant women, if she takes bitter things, it does bad.
Q : Does bad?
SN : Yes, does bad...sometimes it happens that if she takes one of these things, it happens that she even...if its a little bit of time (of pregnancy), the menstruation comes.
Q : She aborts then?
SN : Yes, she aborts.

But for the untold numbers of housewives, mothers, students, teenagers, and menopausal women who purchase *Regulador Xavier* at local pharmacies, the old-time remedy—used by their mothers or even grandmothers, has one purpose: to "regulate" menstruation. "I took *Regulator Xavier II* and put that ball of blood out", states one informant matter-of-fact. Likewise, the popular silver-coated, herbal BB-ball-like *Pílulas do Mato*, relieve late and suspended menstruation; in excess they provoke abortion. An active ingredient in *Pilulas do Mato* is the extract of the *M. Bucha*, also known as *Cabacinha*, a potent abortifacient.

When no results occur from readily available household food stuffs, herbal remedies or cheaper patent drugs, women often turn to "stronger" modern drugs to "regulate" their menstrual flow especially the outlawed "Cytotec" (Misoprosol 200 microgram)[1] and "Dicorantil" (Disopiramid 322.5 mg).‡ "Cytotec" and "Dicorantil" are indicated for gastric ulcers and cardiac problems, and contra-indicated for pregnant women. Both drugs have some uterine effects and can provoke abortion. The warnings on their boxes, however, serves more as advertisement for women with "delayed" and "suspended" menstruation. Eighteen-year-old Adriana, who had an abortion after ingesting Cytotec explains:

No, I didn't really accept it was a pregnancy...I drank teas...things to regulate...but it gave no results...didn't solve anything...and that's when I tried Cytotec (Adriana, 18-year-old).

When it comes to helping late and suspended menstruation "come down", there is no neatly patterned "hierarchy of curative resort" (Romanucci-

*Plants used to "force" menstrual flow, in contrast, include Cabacinha, Cabeça-de-negro, Quina-Quina, Angélica, Milome, Artemisia among others.

†A famous patent tonic use to "clean out" the uterus, particularly after curettage and birth. Made from the extract of eight plants, it includes Tintura de Quina (0.0400 ml), the same used by herbalists to provoke abortion.

‡A modern pharmaceutical used to treat cardiac arrhythmias. Taken in high dose by pregnant women, it is believed to provoke abortion.

Ross, 1969) in Northeast Brazil. Women tend to resort to an eclectic blend of medicaments, mixing and blending them in unique formulas which include those mentioned above and others. Take the case of Consuelo, who is defined as having "certainly induced abortion" according to the WHO classification.

The case of Consuelo

A poor, single, 21-year-old mother, Consuelo lives with her parents and young child in a two room cardboard and tin hovel in one of Fortaleza's 300 *favelas*. Panic and despair overtook her as the days passed and her period failed to *apontar* (come to a head). How could she burden her family? A second child so soon...and still no husband! Even if her backbreaking job paid only $65.00/month for long hours shelling cashew nuts on a pressured factory assembly-line, she depended on her salary to purchase powdered milk for her baby. Pregnancy, her supervisor said, lowered her productivity and would not be permitted. Thinking she was only one month and 18 days "late", Consuelo began a frantic search for remedies "to make the blood descend" before her family or boss discovered. She first drank *Chá de Macela* mixed together with *Pílula do Mato* and waited 4–6 days. Nothing. More herbal remedies—*alfazema, quina, cabeça* de negro, chá de cuminho—together with over-the-counter drugs, *Ginecoside* and *Regulax*. Still nothing. More desperate, she returned to the pharmacy for a "*coquetel*" injection; the same day her blood "came to a head"(spotted). But by nighttime, it stopped again. Fifteen more days passed and Consuelo became frantic and pleaded with the pharmacy attendant (a woman) to help, "for the love of God." The attendant sold her four Cytotec pills. Consuelo ingested three and inserted one in her vagina the morning before going to work at the nut factory. Doubling over with abdominal pains and suffering a piercing headache, she stood shelling the acid husks off cashew nuts for an entire week before suffering a massive haemorrhage in the factory lunchroom and being transferred by ambulance to a hospital for a curettage.

Official abortion transcripts: the dominant reality

Social construction theory, growing out of existentialism, posits that what human beings react to is not reality itself, but rather perceived reality. A shared sense of reality is necessary for the maintenance of social structure and is fundamental to effectively communicate (Goffman, 1966). Physician and a patient, for instance, need a shared view of what causes and cures sickness in order to exchange information and heal.

Notions about menstrual *atrasos* and *suspensão* are born out of discourse and interactions of individual women with their social group—their families, neighbours, friends, relatives, etc. These notions are integral parts of popular culture, of hidden reproductive transcripts. Just about everyone—mothers, popular abortionists, school mates—reinforced informants' explanations of menstrual *atrasos* and/or *suspensão* and discarded ideas of pregnancy, despite occasional observable symptoms.

It (menses) can delay for as long as three months without being a pregnancy...I'm always two months late, always like that...I was (pregnant) at the same I wasn't...I was in doubt. My mother agreed, "I don't think it is (pregnancy) no, you're menstruation is always late" (single, 13-years-old girl recovering from "probably induced" abortion at 18 weeks gestational age).

I went to a *senhora* (popular abortionist), and she said, "My daughter, this isn't a pregnancy, no...this here is an inflammation from the condom (*camisinha*), that you caught from the condom. Put these drops inside and it (menses) will come" (single, 26-years-old women, recovering from "certainly induced" abortion at 14 weeks gestational age).

Two months and it didn't come? What is this? It's something strange. I thought it was something very strange. I started to comment to my school friends and one said, "This isn't a pregnancy...its something or another" (single, 24-year-old women recovering from a "certainly induced" abortion at 10 weeks gestational age).

These folk concepts, however, are not part of the perceived reality of biomedical practitioners. Impoverished Brazilian women do not share their reality of "curdled blood" or "*empurrãozinhos*" (little pushes) or "reguladores" with physicians and medical staff. The dominant public transcript differs significantly from the popular hidden one. No health professional we interviewed could describe in detail the ethnomedical concepts in question. Rather, they showed a general intolerance towards competing explanatory models (Kleinman, 1975; Kleinman *et al.*, 1978). According to them, delayed and suspended menstruation are pregnancy and menstrual regulation is a cover-up for an illegal and morally repugnant abortion. Women invent stories to "trick or fool" (*enganar*) their doctors and hide the truth that they were pregnant and aborted. Comments of a recently graduated medical resident illustrate our point:

We often catch this kind of patient...ones that have a delayed menstruation and say they took a regulator for the menstruation to come...and the menstruation comes. I think they know that, in truth, they are not taking regulators to regulate their menstruation...the great majority must know they are pregnant, and they take regulators...she tries to hide that she is aborting...taking a regulator, she tries to protect herself from the fact...(Ob–Gyn resident physician).

According to Dr E., patients often intentionally *enganam* the doctors, twisting truth, lying.

No we don't believe (in menstrual regulation). I speak for me and my colleagues. I know for a fact that they are pregnant. Sometimes we even glance at each other, and at the patient that says this, and laugh a little, as if to say, well, the deal is she knows she is pregnant and took this to abort and there she is, saying that she took this to regulate her menstruation. So much so, that if she wanted to regulate her menstruation she wouldn't come, the menstruation wouldn't have come, so why come to the hospital? Understand? If she had a menstrual delay and took a regulation and started to menstruate, why does she come to the hospital? She comes precisely because she thinks she is pregnant, and she is aborting and her friends know that when you abort they had curettage. They know when they are pregnant (Ob–Gyn resident physician).

Our interpretation of menstrual *atrasos* and *suspensão* is closer to that of experienced Dr M., obstetrician–gynaecologist with some 15 years of hands-on training of *parteiras* in Ceará state. Says he:

> She (midwife) gives the *garrafadas* not necessarily to provoke an abortion. She doesn't think she is aborting a child...but is causing the menstruation to come down, because it is suspended. So there is nothing wrong with this, if it is suspended. You give a *garrafada* for the good (Primary Health Care Ob–Gyn physician).

DISCUSSION

The degree to which women's ambiguity about menses cessation is a conscious denial or an unconscious reworking of the cognitive order, is open to debate. It is not uncommon, even in sensitive, anthropological accounts, to speak of "ending unwanted pregnancy *surreptitiously*" (Browner, 1985), "advocating the use of abortifacient drugs early in pregnancy *under the guise* of menses-inducers", (Hunte, 1985) implying a malice in women's motives; all are fully aware that menses-induction is a euphemism for induced abortion. We disagree. We argue, rather, that it is not the conscious manipulation in women's minds, but the "work of culture" (Obeyesekere, 1985) which has evolved, over much time, notions such as menstrual *atrasos*, *suspensão*, and regulation in response to the real need to control fertility in a context where it is forbidden and punished. Menstrual *atrasos*, *suspensão*, and regulation are as real to any poor *nordestina* as secondary amenorrhea and abortion are truth to any gynaecologist. But in medical encounters, the disease paradigm of higher status physicians prevails (Friedson, 1972; Goss, 1961; Friedson, 1960). Patients' explanatory models—and their private world of sexuality and suffering—are often unperceived, ignored, or, worse, ridiculed.

Blaming the victim attitudes are well documented in reference to Latin Americans (Farmer, 1992; Lewis, 1959; Valentine, 1968), particularly women (Scheper-Hughes, 1984, 1985). When it comes to abortion, accusations are amplified because a potential human life is in question. Despite significant moral and religious pressures, Brazilian women seek abortions—often dangerously conducted—at an ever growing rate. Poverty, limited access to birth control, low literacy, women's low status and earning power, and male domination, limit women's control over their bodies; church, family, husbands, lovers, even politicians* routinely make key decisions which directly influence women's reproduction.

*It is common in rural, interior communities for politicians to "buy" votes from poor rural women, offering them tubal ligations in exchange.

In response to these pressures, a popular fertility control strategy was evolved by poor women in Northeast Brazil: menstrual regulation. Women induce "delayed" and "suspended" menstrual flow using a number of traditional and over-the-counter remedies or "regulators"; human fetuses also are flushed out with "clogged-up" menses. Only, within the folk construct, no destructive allegations are mixed with menses; no abortion accusations; no face-losing slurs. Culture masks abortion. The work of culture buffers women psychologically and renders them the silent control over their own fertility—a right largely denied otherwise.

Menstrual regulation year 2000

Menstrual regulation is not a new concept in reproductive health. During the 1970s, it was widely discussed in the medical literature. Menstrual regulation refers to any chemical or mechanical process used to induce menstruation within six to eight weeks since the last menstrual period (Dixon-Mueller, 1988). This definition was accepted because at that time the routine diagnosis of pregnancy could not be established with certainty and this had considerable medico–legal importance in circumstances where definitive abortion procedures were restricted by law. Substituting the name "menstrual regulation" for abortion was much discussed in U.S. and several Commonwealth nations in the 1970s as a way to de-stigmatize the procedure and improve its acceptance (Potts and Diggory, 1983). This strategy proved effective: an estimated five million menstrual regulations were performed worldwide by the end of the 1970s (Potts and Diggory, 1983). Bangladesh, where abortion is legally restricted, for example, integrated menstrual regulation into their national family planning program. Since menstrual regulation is defined as an interim method of ensuring non-pregnancy for a woman at risk of being pregnant, whether or not she is pregnant, it is not regulated by the Bangladesh Penal Code restricting abortion (Ali *et al.*, 1978). This fine-line definition drawing is also reported in other parts of Latin America (Browner, 1985; Núnes *et al.*, 1994; Ramos and Viladrich, 1993; Paiewonsky, 1994). Furthermore, the laws of countries like Argentine, Brazil an Mexico require definite proof of pregnancy before a procedure can be defined as abortion (Lee and Paxman, 1973). Thus, menstrual regulation can easily occupy the cultural and legal grey zone and reduce the morbidity and mortality from unsafe abortion.

Definition of contraception and abortion is ambiguous not only in cultural context but also in scientific terms. Contraception is usually used to mean prevention of fertilization, but specialists also refer to contraception until implantation is complete. Abortion means any manoeuvre after fertilization, to many biologists and theologians, whereas to practitioners, it occurs only after implantation

(Baulieu, 1992). For example, Baulieu, the creator of RU-486, the "French Abortion Pill" defines the term "contragestion" to fill this gap (Baulieu, 1992). A contragestive does not stop fertilization but acts before pregnancy, which begins only when the blastocyst attaches itself and begins to develop in the womb. A contragestive is, therefore, neither a contraceptive nor an abortive. It is difficult, if not impossible, to define these terms exactly. Politicians, lawyers, doctors and women all "read" reality differently, according to their own needs (Potts and Diggory, 1983).

This plurality of definitions or "readings" of reality, however, may be one important clue to resolving the abortion polemic in Brazil. Why not leave such definitions as conception, implantation, gestation, etc. ambiguous? By setting rigid definitions aside, by leaving uncertain things cloudy, there is created a space, an opportunity, for women's hidden transcripts to surge to the surface and take centre stage. Physicians and staff could then improve their clinical communication and, hence, quality of care by acknowledging these "hidden reproductive transcripts" and, when feasible, replacing their dominant discourse with popular cultural codes. First trimester abortion procedures such as vacuum aspiration could be more easily introduced if described euphemistically as a method to "regulate" delayed and suspended menstruation and "clean" (*limpar*) polluting "curdled blood" (*sangue talhado*). In this way, poor *nordestinas* could avoid abortion accusations altogether and, in turn, be spared incalculable moments, if not years, of unnecessary suffering.

In the meantime, emergency contraception, another post-coital option could be introduced. Emergency contraception consists of methods that women can use immediately after unprotected intercourse to prevent pregnancy. These include combined oral contraceptives given in a higher than normal dose, and the copper intrauterine device (*Lancet*, 1995). These methods are known to be simple, safe, and effective, and have been used for decades in some countries. However the full potential of emergency contraception has not been realized in many parts of the world, especially in developing countries (Ellertson *et al.*, 1995). It is anticipated that a considerable portion of induced abortion in this region could be avoided if emergency contraception were widely available.

A better ultimate solution is, of course, to make effective contraceptive services available, and restoring the legitimacy of woman's overall concern for pregnancy regulation, not to devalue women's decisions and women themselves.

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