

**ARTICLE**

**Abortion experience in the media: analysis of abortive paths shared in an online community**

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**ABSTRACT**

This paper aims to analyze the narratives about abortion experiences available in an online community to discuss the methods and strategies to which women resort, facing the legal impossibility of voluntarily interrupting a pregnancy and the effects of the criminalization of induced abortion. The methodology used was virtual ethnography, observing the platform Women on Web, collection and analysis of 18 narratives publicly available without restrictions, selected between November 2016 and January 2017. The narratives report mixed methods to perform an abortion, with widespread use of Cytotec. Some cases include hospitals and medical clinics in the paths, whether to conduct examinations or attend to intercurrents. The internet appears as a popular tool to gather information, negotiate and even purchase abortive drugs, as well as a platform to share experiences. We concluded that the narratives point to insecurities, risks, and violence to which women are submitted in clandestine setting; they show the relevance of debate on decriminalizing abortion in Brazil, and also reinforce the existence of a shared abortion culture, as stated in other studies.

**Key words:** Induced abortion; Health; Internet

**INTRODUCTION**


The voluntary interruption of pregnancy, or induced abortion, is a crime in Brazil, with the exception of three situations: in case of pregnancy resulting from rape; when the pregnant woman is in a life-threatening condition, as per article 128 of the Penal Code; and in cases of the abortion of anencephalic fetuses, based on the ruling of the Federal Supreme Court in 2012. The legal prohibition also carries moral, religious, subjective, health and gender/class/ethnicity issues, as well as the symbolic meaning of interrupting an unwanted pregnancy, which

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unsettles the idea of maternity historically established as “natural” to the sociocultural identity of Brazilian femininity<sup>1</sup>.

Despite this scenario, national studies have shown that abortion is common among women of all walks of life, “whose prevalence increases with women’s age, with the fact that they are from the urban area, have more than one child and are non-white”<sup>2</sup>. The National Abortion Survey (PNA) was held in 2010 and again in 2016, and is one of the most extensive surveys ever conducted on the subject in Brazil and, given its relevance, is a frequent reference in this discussion. In the 2010 edition, the study indicated that, at age 40, more than one in five women would have already had an induced abortion in urban Brazil<sup>3,4</sup>. The 2016 PNA included a question about abortion in the previous year and thus concluded that, in 2015, 416,000 women living in urban areas caused an abortion<sup>5</sup>. In other words, criminalization of abortion has failed to produce an effect on the prevention of induced abortions.

The debate on the subject has been considered by the fields of public health and human rights, especially from the understanding of unsafe abortion risks to women’s lives and health. Data from the World Health Organization (WHO)<sup>6</sup> estimate that 22 million unsafe abortions are carried out annually in the world, of which 98% are in developing countries, with 47,000 deaths due to complications resulting from clandestine procedures<sup>6</sup>.

In Brazil, most research that seeks to analyze the perceptions of women who have abortions has been performed in hospitals<sup>7</sup>. Thus, researchers on the subject have pointed out the need to expand the studies through new paths that leave the hospitals and approach, for example, “the domestic space, women’s and traditional knowledge, men’s participation in the decision for abortion”<sup>7</sup>.

This paper seeks to contribute to this effort and, in this regard, finds on the Internet a possibility of collecting narratives that protect women’s identities, which is configured as a research strategy against the hindrances imposed by the clandestine nature of the abortive experience.

Several studies<sup>8-11</sup> addressing stigma-driven issues such as people living with HIV/AIDS and sexualities considered deviant, for example, have considered the Internet as a field that allows the meeting of narratives and interactions that would hardly be observed in an offline environment. However, regarding research on induced abortion in Brazil, this movement is still shy and the few papers and academic works heading this way turn to the potential of the internet as an arena for the debate on abortion: sometimes a journalistic coverage of interest<sup>12</sup>, some other time, the stance of social media users<sup>13</sup>, or even discourses of social movements<sup>14</sup>. The Internet as a source of narratives about the abortion experience appears recently in Oliveira’s essay<sup>15</sup>, which discusses the presentation of the topic in the web environment, where “hidden by fictitious names and pictures that do not allow personal identification, the number of videos and blogs with reports of those who lived the experience of abortion and found in social networks a strategy to break the silence is on the rise”<sup>15</sup>.

In this context, this paper aims to analyze narratives about abortion experiences available on an online interaction platform, especially concerning what the shared stories tell about abortive paths, including the list of methods used, their temporal sequence and their effects, as proposed by Heilborn et al.<sup>16</sup>. The questions that guided our contact with field research were: how does illegality affect women’s experience with abortion? What devices fill the gap left by the State’s lack of formal and legal assistance; What resources, methods, and people are mobilized along the way? This issue dialogues with the contemporary debate on health governance, especially with the conception of governance that considers the multiple stakeholders and social dynamics involved in the collective action and in the political and institutional arrangements for decision-making that are not restricted to the State’s structure<sup>17-19</sup>. This articulation also opens a space for reflection on the performance, scope, and limits of social networks, which facilitate the understanding of society “from the relational ties between individuals, which would reinforce their capacities for action, sharing, learning, fundraising and mobilization”<sup>20</sup>. Socialization, dispute, cooperation and confluence networks that, according to Castells<sup>21</sup>, find in the new ICTs the possibility of expanding their capacities, a subject pertinent to this analysis, given our object of study.

## **METHODOLOGICAL APPROACHES**

The path taken to conduct observations, material collection and analysis was virtual ethnography. Hine<sup>22</sup> affirms that ethnography can be mobilized to achieve the meanings of technology and its underpinning cultures, while they are being structured by it. This study is in line with authors who conceive the network as “an interstitial site where the boundaries between online and offline flow and interact”<sup>23</sup>, an approach that interests based on the understanding that the online narratives about singular experiences with abortion provide representations on a phenomenon with offline materiality. We recognize that an element to be debated is the silent feature of the observation undertaken, that is, without a manifest presence of the researcher<sup>18</sup>. In this case, this decision is a corollary to the very structuring of the site studied, which prevents commenting statements.

The stages of the research included: (a) a search for public communities to share accounts on abortion and define the platform to be analyzed; (b) observation and collection of stories and (c) analysis from the guiding questions.

The search for spaces for sharing stories about abortion has indicated sites that convey information about medical abortion and whose portals provide a space for reporting through chat tools, comments, and content upload platforms as the most recurring results. Unlike websites such as *Abortivo* or *Aborto na Nuvem*, where reports languish in confusing comment boxes, platform *Fiz um Aborto* of the Women on Web group makes the statements available in two ways: through a map or a large mural in which the stories are arranged next to avatars and where it is possible to select filters such as country of origin and methods used. We chose this platform also because of a large number of Brazilian stories available; the easy navigation and the possibility of classifying the reports by the method used; and because of publicly informing the organizations that support the project, which facilitates verification of information about it.

This space belongs to the Women On Web group, which defines itself as a community/digital network of women who had an abortion and individuals and organizations that support the right to abortion. The site provides an online form, from which it receives, maps and publicizes statements from 151 countries, and Brazil is one with the highest number of published reports, with 1,027 stories (as of March 18, 2017). This sharing platform is understood here as a virtual community built on affinities of interests, knowledge, and projects in a mutual process of cooperation and exchange, as elaborated by Lévy<sup>24</sup>, an interactive space that integrates broader social networks, with stakeholders and devices that interplay both online and offline, as will be explained in the discussion.

During the observation, we used the categorization available in the platform concerning the methods adopted to perform the voluntary interruption of pregnancy as criteria for the collection of narratives. "Herbs, massages and other methods", "medicines", "clinics and hospitals through surgery" and "by my own means" are the possibilities provided to women to classify the methods used during abortion. We collected five reports associated with each of these categories from November 2016 to January 2017, considering those who were the first to show up when selected. Thus, we sought to preserve some randomness in the collection while at the same time ensuring some diversity vis-à-vis the stories, allowing us to know more details about the paths associated to each of the possibilities provided.

Initially, twenty narratives were selected, but a new evaluation revealed that two texts were classified in more than one category, which led to a final group of eighteen stories. The collected material is publicly accessible and unrestricted, as per the provisions of Resolution N<sup>o</sup> 510/2016 of the National Health Council on the norms applicable to Human and Social Sciences<sup>25</sup> research. Although the platform allows the author of the narrative to use nicknames or false names, we opted to replace the names associated with the accounts by the nickname "Woman XX", in order to reinforce the mechanisms to protect the identity of these users. In the discussion of narratives, the excerpts that appear quoted directly are preserved in their original writing, including vices of the language, typos, and other stylistic features employed. Fragments that could provide any location or identity information were excluded.

## RESULTS AND DISCUSSION

### Profile notes

Of the 18 women, five explained that they were employed or entrepreneurs, while seven involved stories of unemployment and four were students. In six reports, it was not possible to determine the occupational status of the author. The economic situation is highlighted in eight stories: five point to financial problems as an issue that directly affects their reproductive decisions, while three mention a more favorable economic situation.

Regarding age, the available information characterizes a young profile. All women reporting this data (13 out of 18) were between the ages of 16 and 29 at the time of the abortion. This information corroborates the PNA, which showed that abortions generally focus on the ages that "make up the reproductive center of women, that is, between 18 and 29 years"<sup>3</sup>. Furthermore, it may be influenced by the specific selection's bias, since the young population is the largest Internet user in Brazil<sup>26</sup>.

Most women (15) were single in the period of gestation discovery and abortion, nine of whom had a steady partner. Concerning religious affiliation, 12 are Christian, three have no religion, one is of African matrix religion, one selected the option "another religion" and one did not inform. This item somewhat repeats results from surveys such as the PNA, which show that abortion experiences are present in all religions<sup>3</sup>. Thus, Christians females are the majority among women who abort because they are a majority among Brazilian women.

### Routes: methods and strategies

Most of the analyzed reports describe routes that mix methods, and the use of drug Cytotec, developed initially for the treatment of gastric ulcer and whose active principle is misoprostol is very significant. For better visualization, the set of methods quoted in the narratives is described in [Chart 1](#).

**Chart 1** Methods used according to the narratives collected.

	Teas	Cytotec (misoprostol)	Hospital attendance (tests/curettage)	Clandestine clinic	Other medication or instruments
Woman 1	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Woman 2	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Woman 3		<input checked="" type="checkbox"/>			
Woman 4	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Woman 5	<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>
Woman 6		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Woman 7		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
Woman 8		<input checked="" type="checkbox"/>			
Woman 9		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Woman 10	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Woman 11				<input checked="" type="checkbox"/>	
Woman 12				<input checked="" type="checkbox"/>	
Woman 13	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	
Woman 14				<input checked="" type="checkbox"/>	
Woman 15	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>
Woman 16		<input checked="" type="checkbox"/>			
Woman 17	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
Woman 18		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
Total	8	13	9	4	5

Source: Search by authors from data collected from Women on Web website.

Cytotec is reported in thirteen stories as the primary agent of abortion, although in six cases its use was preceded by teas and three had completed the hospital process with curettage after complications. This path is similar to that described by women interviewed during the qualitative phase of the PNA, which indicated as the main abortion method a combination of teas and Cytotec, with frequent completion in hospitals<sup>4</sup>. In fact, the widespread use of medication for the termination of pregnancy has been largely studied in Brazil, where “studies on the magnitude of abortion in the country show that the entry of Cytotec in the 1990s – sold in pharmacies and later prohibited but marketed illegally – has become an important method used by the female population to induce abortion”<sup>16</sup>.

Also, it should be considered that the site hosting the reports is linked to the dissemination of information about pharmacological abortion, a factor that certainly affects the recurrent description of the use of the remedy as an abortive method. The vast number of stories about the acquisition and use of the drug, which is legally unavailable in Brazil for abortion, therefore reveals a series of problems related to the clandestine market, including the use of drugs that, if not falsified, at least did not work. Without relying on the formal guidance of health professionals, women report in their accounts the use of varying doses and administration routes. Some paths involve repeated uses of medicines purchased from different suppliers, in routes that are true epics:

*[...] In my search for abortion drugs, I fell for a con... I was desperate, and then I found a salesman who gave me 04 pills for \$ 450.00. I took them all, and I had cramps and slight bleeding. Three days later, I bought six more pills with this same seller [...] In the morning, I did not feel anything. I went to the bathroom, and not a single drop of blood dripped. I fell into despair, and I started to look out for clinics, people who performed an abortion, without success. After a week' search, my boyfriend managed to get eight more pills [...] (Woman 18).*

In this case, reported by Woman 18, following several unsuccessful attempts with Cytotec purchased from vendors she deems scammers, she sought out a person who applied the medication “in the cervix”. Yet again unsuccessful, abortion was only terminated after the 12<sup>th</sup> gestational week with an invasive procedure with needles.

This story has a particularly distressing path, reported in a text that seems to have been “thrown” over the keyboard, given its perceived rush, with little use of punctuation, to describe a journey that the woman calls a “long saga”. The report falls within those that Heilborn et al.<sup>16</sup> called “narratives of dramatic contours”, which often involve decisions to interrupt pregnancy even in advanced stages of gestation, associated with social inequities in Brazilian society<sup>16</sup>.

Access to Cytotec vendors varies: contacts are made over the Internet or by telephone; the indication is made by friends, relatives, neighbors or pharmacists; and delivery is done by mail or at a combined location. In a different case, Woman 7 picked up the medication at the seller’s residence: *I entered the man’s house. Normal house, tidy, guava cookies on the table. I almost asked for one. The medicine was in the family’s medication box, along with dipyrone, estomazil, etc.*

Even when the medication had the expected effect, the narratives expressed suspicions, as in the case of Woman 16, who says: *I was satisfied, because I was afraid that the pills would be counterfeit all the time.* These risks are the other side of the consolidated use of Cytotec in the clandestine abortion market, which “reduced complications due to unsafe abortion, on the one hand, but keeps women hostage between the risk of counterfeit product and fear of denunciation if they seek medical help, perpetuating endless stories of fear and silent torture”<sup>2</sup>.

The fear of seeking medical help is elaborated in some narratives, such as in the history of Woman 5, who is unable to afford the abortifacient drug, attempts to abort with an antidepressant from her mother. Woman 10 describes that, submitting to an examination to confirm the effectiveness of the abortion performed and being questioned by the physician about the reasons for the examination, she “froze” and avoided announcing the performance of an induced abortion: *I replied that I was pregnant, I had a bleeding, and my doctor told me to make an ultrasound.* Woman 16 joins in with her: *My greatest fear was requiring medical care because of some bleeding and not being honest with the doctor ... I was afraid of being poorly attended at the hospital if I required medical care.*

Studies show the psychological component of abortion stigma in which identified, perceived, or even possible adverse reactions to the judgment of others may influence decisions about revealing or concealing abortion and even delaying or avoiding health care<sup>27</sup>. Research conducted in public hospitals in Piauí and Salvador identified practices of maltreatment and moral judgments<sup>28</sup>, hostilities<sup>29</sup> and “non-care”<sup>30</sup> by health professionals regarding patients in situations of abortion, indicating that women’s fear may be justified in some situations. Even so, hospitals and doctors’ offices are often included in paths, either because of the need to confirm pregnancy or to terminate it through tests or obtain care in case of complications.

*A week went by, and the bleeding did not stop. I felt a lot of pain; my mother took me to the doctor. When I arrived at the doctor, I needed a transvaginal test. I struggled for three days, from hospital to hospital, until I got a vacancy. [...] I did the curettage, I was hospitalized, and I went home* (Woman 4, author’s changes)

No wonder, high numbers of post-abortion hospitalization reinforce the thesis that unsafe abortion in Brazil is a public health issue<sup>3</sup>. These high levels are associated with the entry of Cytotec into the clandestine abortion market in Brazil, which were a change in the epidemiology of abortion in the 1990s, resulting in lower maternal mortality and a higher number of hospital admissions for the termination of abortion<sup>4</sup>.

Although the drug is widely used, some women still perform the abortion in clandestine private clinics. The four stories analyzed that involve a clinical procedure reveal that the method is still available and that, in the reported cases, it required a more significant financial investment and involved strategies against its clandestine exercise, both by women and physicians.

[...] *I ran through the doctor’s file through his CRM, and I was happy to find that there was no denunciation or anything that condemned him negatively. Still, he was careful and did not expose such an attitude to anyone. If I agreed to perform the procedure, I should call his “secret cell phone” number, which he would only answer from the phone number I gave him* (Woman 11).

Surveys that explore experiences in private abortion clinics in Brazil are rare. The study by Silveira et al. conducted in the Brazilian Northeast questions the idea of homogeneity of these experiences, showing that abortion in a private clinic is not a guarantee of safe care<sup>31</sup>. In the case of the narratives of the platform, fear as a consequence of illegality is a characteristic common to the most diverse routes, which combines the most vulnerable situations (concerning access to resources) with those more economically comfortable associated with the use of clinics. For example, although she performed an uncomplicated procedure in a clinic, Woman 12 reports: *“The fact of being illegal makes the process desperate because the one who “negotiates” with you knows that you have no choice. I was too scared to die and afraid of being arrested. But even that did not stop me from doing it.”*

As can be seen from Table 1, the path of the four women who performed their abortion in clinics was, in fact, less mixed with other strategies. Similarly, Heilborn et al.<sup>16</sup> found more linear, agile and safe paths than those of women with less financial resources available among middle-class youngsters interviewed in Rio de Janeiro. These inequalities “are expressed in paths of greater or lesser sinuosity, complexity and duration according to the material conditions of existence and social resources available to the subjects”<sup>16</sup>. Another point to note is the use

of teas for abortive effects, mixed with other strategies. According to the PNA, the use of teas, liquids, and herbs is part of the female reproductive culture and, when they fail to “trigger menstruation”, this is the onset of medicalization of the diagnosis of pregnancy<sup>4</sup>.

The different knowledge, resources, and people mobilized by women in their abortive paths draws attention to the interaction between multiple stakeholders before public policy gaps that could reduce the social inequities expressed in the different routes. This makes the abortion issue a powerful example to reflect on the approach to health governance, conceived as a collective action that organizes the dynamics of stakeholders and social, formal and informal norms<sup>19</sup>. In this case, collective action not only transcends public and state structures but also needs to do without them. By ignoring the women’s demands of health and life protection in abortion situations and in a context where social inequities produce extreme effects on the experience of induced abortion, the state sometimes promotes gaps in health care and promotion of these women, and sometimes is present as a critical element when, in the face of criminalization and stigmatization, health services become areas of risk, feared and avoided by women. Induced abortion performed under safe and controllable conditions in many countries<sup>6</sup> is rendered an unsafe procedure in this context. We can infer, like Biroli<sup>32</sup>, that the criminalization of the practice of abortion brutalizes its realization.

## **The Internet in the narrative paths**

The analysis of the narrative paths beside the abortive methods used, considering the strategies adopted more broadly, reveals a tool of information, negotiation and even acquisition of abortifacient medication quite common among the different experiences: the internet itself. In general, its use is poorly explored as one of the strategies of women in the qualitative studies that investigate the clandestine abortion paths in Brazil. However, in a way not different from what was expected in this case, the internet is a very prominent tool in ten of the 18 narratives.

*At that time, I read many Women on Web and other sites about the combination of misoprostol and mifepristone (Woman 8).*

*I did not know what to do, I picked up the computer and started looking for abortive methods, I found two sites that reassured me and helped a lot, this one and another. This way, I discovered Cytotec, but the issue was: where to get it? [...] I continued my searches on the Internet and discovered a site with several recipes for abortive teas. I wrote down everything I could. I rushed from home looking for the various herbs that were noted there (Woman 10).*

Some reports indicate that looking on the Internet partly answers the question pointed out in the paper of the qualitative stage of the PNA: “How women acquire this medicine, how they use it or even those who help them in abortion are still under-explored questions in the national setting, limited to local studies or with a limited number of participants”<sup>4</sup>. Porto and Sousa<sup>33</sup> also found, in the abortive paths studied, the use of the Internet either to obtain abortive behaviors or for guidelines on the use of misoprostol<sup>33</sup>.

And, just as in all the stages of the course analyzed so far, the internet is also a space that provides support, on the one hand, and risks, on the other, as well understood by Woman 11 in her experience: *In arduous internet research together with my boyfriend, we had access to tons of information, the most enjoyable, reliable or not.*

After the abortion, the internet returns to the path of some women as a space to share their experience, from the stated perception that the reading of other testimonies helped them at some point in their path, thus shaping a cycle. Most texts clearly intend to communicate with other women by addressing them:

*[...] I leave here my testimony to so many other women who have gone and will go through this once or twice in their lives (Woman 1).*

*I am here because much in the same way as reading what they wrote helped in my “process”, I hope that my testimony will also help other people. (Woman 10).*

Woman 4 highlights the fact that she felt free to talk about her experience in space: *Many criticize the act of abortion. I am not much of a commentary on this fact. Here I felt free to do that.* Freedom that can be related to finding a space that legitimates an experience that is stigmatized outside of it. This possibility is investigated, for example, in the online communication of groups practicing BDSM (an acronym for “Bondage, Discipline, Domination, Submission, Sadism, and Masochism”)<sup>8,11</sup>. Regarding representations on abortion and women’s experience, Santos et al.<sup>34</sup>, through a critical review of Brazilian literature, emphasize the religious character and morality that traverse perceptions about the subject<sup>34</sup>. These elements are relativized or negotiated on the platform: *There is no right or wrong. It is essential to feel loved and welcomed (Woman 8); I know one thing for sure: God does not abandon us. He still loves us, and will always love us, regardless of who we are or what we do (Woman 10).*

The reception and freedom found in online networks and communities can contribute to the deconstruction of the

imaginary of abortion as a complex procedure<sup>35</sup>. This is what Ferrari points out when interviewing teenagers from a favela in Rio de Janeiro and realizing that “some sites facilitate a contact, which, while distant, seem to be very intimate and close, in which the adolescents perceived first-hand that other women have already been or are going through the same situation”<sup>35</sup>.

Internet communication between women who have aborted and those who wish to abort reinforces the perception of the existence of a culture of abortion shared by women in Brazil, which cannot be described as secretive, since “the similarities found among such different women is a female culture clandestine to legal restraint, but transmitted between different generations”<sup>4</sup>. We can suggest that the “shared culture of abortion” pointed out by previous research, rather than finding a dissemination tool on the Internet, is expanded by its articulation with cyberculture that, as Lévy would argue, is the expression of the aspiration of a social bond, centered around a common interest and open processes of collaboration<sup>24</sup>.

Thus, the shared culture of abortion, the “speed and ease with which a woman activates a wide network of abortion care and devices”<sup>4</sup>, involves the coordination of other women, partners, families, NGOs and internet or outside of it, clandestine healthcare professionals and drug providers. That is, it articulates primary (relationships of familiarity, kinship, neighborhood and friendship) and secondary social networks (groups, organizations and movements that advocate common interests or share knowledge for certain ends)<sup>20,36</sup>. Online interaction spaces such as the Women on Web platform, provided by the new information and communication technologies (ICT), are part of the secondary or extended networks<sup>20,36</sup>. They do not in themselves initiate the sharing of information and experiences, nor the articulation of resources and devices for the accomplishment of abortion, but provide an increased capacity for solidarity and mobilization of resources<sup>21</sup>, favoring social networks by broadening “the spectrum of culture and the world lived territorially by social subjects”<sup>20</sup>.

However, on the one hand, if social networks are elements that make it possible to exploit the rich experiences of action and solidarity<sup>36</sup>, on the other hand, they are also the result of a broader social process, traversed by power relationships and, therefore, are about “possibilities of action open to individuals by the structure”<sup>36</sup>. In this case, such possibilities, recalling the poor relation of public policies with the strategies that women develop to perform an induced abortion, clash with criminalization, stigmatization, and violence.

Dialectically, the critical appropriation of the concept of social networks, as realized by Stotz<sup>36</sup>, allows us to consider the potential of networks for social change, as long as they do not transfer to individuals the responsibility for the limits set structurally and that their performance represents a form of articulation of segments to assure the right to health. When integrated into the perspective of health governance, this challenge calls for an approach that dialogues between ethical and social principles for the implementation of public policies, including “values, motivations, incentives and practices of social stakeholders involved in decision-making processes”<sup>18</sup> and corroborating the importance of the involvement of people commonly excluded from health decision-making<sup>18</sup>.

## **FINAL CONSIDERATIONS**

The profile of the authors of the analyzed narratives is markedly young, and among those in which it was possible to deduce financial and occupational issues as an essential factor in the narrative, most are in a situation of vulnerability, which affects the methods they use in their path. A significant limitation of the discussion is the lack of the “race/ethnicity” category, whose information is not requested in the form of the community studied and which the narratives do not develop spontaneously. We consider this a limitation because ethnicity is the central issue of the debate about abortion in Brazil.

Among the paths reported by the narratives, according to the leading studies of the area, we found a mixed use of methods, with a prevalence of Cytotec use. Another element is the establishment of hospital concurrently perceived by women as a space of risk and a service that is activated by a demand for which it has not planned.

The different access of women to abortion – from clandestine clinics with health professionals who charge high prices to the despair of introducing objects into their bodies – reinforce social inequities as determinants of the conditions under which abortion is performed, although the sense of fear corollary to illegality is a characteristic common to the most diverse routes.

We discuss elements that have been pointed out by qualitative studies about abortion in Brazil but in a new field. This facilitated the introduction of new aspects such as the use of the Internet as a means of information and negotiation during the abortion path, as well as a space of mutual support, outreach and even legitimation of a socially stigmatized experience. The possible interaction provided by the platform broadens the shared culture of abortion, a phenomenon that articulates women’s primary and secondary social networks and is favored by information and communication technologies.

Finally, the narratives set in the women’s dialogue in the online community of the Women on Web group reveal the

mobilization of varied resources and the interaction among multiple stakeholders in the face of public policy gaps that could minimize the social inequities expressed in the different paths, which is a challenge for the perspective of health governance.

The discussion shown here reinforces the need for Public Health's urgent appropriation of the debate on the right to abortion and especially the development of another dialogue of the state apparatus with social movements to promote the effective right of women to their own story, ensuring access to humanized and stigma-free access to health.

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#### Collaborations

NIG Duarte was responsible for the design, collection, and interpretation of data and paper drafting. LL Moraes and CB Andrade were responsible for the guidance, interpretation of data and text review.



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