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Characterizing two models for abortion care in Argentina pre-Law 27.610: 2016–2019

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ABSTRACT

OBJECTIVE: Explore the use of two abortion care models in Argentina over the period 2016–2019: pro-rights private medical service providers and abortion accompaniment (via self-management and via health institutions); and compare the profile of who accesses these models and when.

METHODS: We used data from accompaniment collectives in the *Socorristas en Red* and private service providers. We estimated annual abortion rates via these service models and compared the profile of the populations by type of service and gestational age (2019) using descriptive statistics and chi-square tests.

RESULTS: In 2016, 37 people per 100,000 women of reproductive age obtained accompanied self-managed abortions, and the number increased to 111 per 100,000 in 2019, a threefold increase. The rate of abortions via care providers was 18 per 100,000 in 2016 and 33 in 2019. Higher proportions of those who obtained abortion via care providers were 30 years or older. A higher proportion of those accompanied were 19 years or younger; 11% of those who obtained accompanied self-managed abortions were more than 12 weeks gestation compared with 7% among those who had accompanied abortions via health institutions and 0.2% among those who had abortions with private providers. A higher proportion of those who accessed accompanied abortions after 12 weeks gestation had lower educational levels, did not work or have social security coverage, had more past pregnancies, and attempted to terminate their pregnancies prior to contacting the Socorristas compared to those who had accompanied abortions at 12 weeks or earlier.

CONCLUSIONS: In Argentina, prior to Law 27.610 models of care guaranteed access to safe abortion. It is important to continue making visible and legitimizing these models of care so that all those who decide to have an abortion, whether inside or outside health institutions, have safe and positive experiences.

DESCRIPTORS: Abortion, Induced. Healthcare Models. Self-Managed Abortion. Argentina.

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INTRODUCTION

In 2021, Law 27.610 went into effect in Argentina, which regulates voluntary termination of pregnancy (IVE) and post-abortion care. Currently, people have the right to an abortion in health institutions up to and including the fourteenth week of gestation. Those who exceed this limit may access a legal abortion (ILE) when the pregnancy puts their life or health at risk, or if the pregnancy is the result of rape[1]. Before 2021, an abortion could only be accessed under these conditions. This regulatory advance is largely the result of years of resistance by the feminist movement for abortion rights, known as the "Marea Verde" [Green Tide], whose most visible feature is the use of a green headscarf in mass mobilizations and demonstrations in support of the movement.[2] The use of the green scarf was a hallmark of the National Campaign for the Right to Safe and Free Legal Abortion in Argentina launched in 2005 and, due to its extension throughout the region, is today a feminist symbol in Latin America[3].

In Argentina, the institutional health system is made up of three sectors: the social health insurance sector, which covers salaried employees and their families, as well as retired persons; the public sector, which provides free coverage to anyone who requests it, but mainly to those who do not have social health insurance or access to private establishments; and the private sector, which operates by covering the population benefited by some social health insurance programs and/or those who have private insurance, or under individual demand. It is a complex system with little integration between sectors and high fragmentation. As such, the system's main challenge is to promote equitable access to health care[4].

In Argentina there were several models that guaranteed access to safe abortion inside or outside health institutions prior to 2021. For more than two decades, activists and allied organizations implemented strategies to guarantee abortions in this restrictive context through different models of abortion care.

One of these models was developed within health institutions[5,6] with the support of medical professionals from feminist-allied organizations[7]. Under this model, health care providers guaranteed abortion services to people according to the legal exemptions and within the framework of risks to the woman's life or health. Health was defined using the World Health Organization's (WHO) definition: "health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity"[8]. Providers could then consider biological as well as social and psychological elements of health, allowing more people to exercise their right to choose[7,5,9].

Another important aspect of activism in Argentina has been to ensure access to a safe abortion for people who decide to have an abortion[7,10]. A fundamental model in ensuring such access has been el *Socorrismo*, which was consolidated with the creation of *Socorristas en Red– Feministas que abortamos* (*SenRed*), a national feminist initiative made up of collectives from different regions of the country[11]. These collectives offer accompaniment, in which activists share WHO recommendations on medication abortion, information on laws and rights, and support during and after the abortion via self-management or via health institutions according to the decision of the individuals[12].

Although Law 27.610 exists today, these models will continue to be fundamental because people will decide to have an abortion outside of health institutions and because the existence of alternative models will make it possible to address old and new challenges[13]. For example, before 2021, documented practices delayed or denied access to legal abortions and violated the rights of people seeking abortion under non-punishable conditions [14–16]. Health personnel, mainly in the public sector, stigmatized people seeking abortion care through blaming or punitive attitudes[10,15,17]. It is essential, therefore, that under the new law, comprehensive, quality services that are free of prejudice and focused on the needs

of those seeking abortion care are offered[18]. There is a risk that the barriers that existed before the law will continue to be reproduced. Because of the 14 week gestational age limit, these barriers may more frequently affect those who exceed 14 weeks of gestation[19]. This is an important challenge, as the evidence indicates that people who have abortions after the first trimester experience greater vulnerability[20–23]. In addition, there are wide geographic gaps in the provision of abortion services, and some more conservative provinces are known to offer only limited abortion services[19].

Therefore, it is necessary to monitor how these challenges are being addressed, despite the fact that in Argentina abortion statistics are scarce. Recent data indicate that the national rate of ILE and IVE during the first six months after the approval of Law 27.610 is 3.2 per 1,000 women of reproductive age[19]. However, this calculation excludes people who accessed care through private establishments and community-based models. In 2009, a publication estimated between 49 and 65 abortions per 1,000 women between 15 and 49 years of age, the most recent national estimates[24].

In this study, we explore access to abortion under two models of care (pro-rights health care providers and accompaniment) pre-Law 27.610. We analyzed the use of three services offered under these models: 1) abortions with private service care providers; 2) abortion accompaniment via self-management; and 3) abortion accompaniment via health institutions. This analysis assesses how these models meet the needs of different populations and establishes a benchmark for a region where abortion data are scarce.

The specific objectives are:

i. Analyze trends (2016–2019) in the utilization of three abortion services in Argentina offered by pro-rights health professionals and the Socorristas.

ii. Compare the sociodemographic profile of people who had abortions via the three services.

iii. Compare the sociodemographic profile of individuals who had abortions via the Accompaniment model who were 12 weeks pregnant or less to those who were more than 12 weeks pregnant.

METHODS

This is a secondary analysis of data from individuals who had abortions between 2016 and 2019 from two sources: a) systematizations of *Socorristas en Red* accompaniment collectives; and b) systematizations of health care providers in private establishments. We did not seek approval of an Ethics Committee according to the Guidelines for Research in Human Health of the Ministry of Health, given that the data was already available, stored, and deidentified.

Data from Accompaniment Collectives

SenRed's accompaniment model includes a standardized protocol in which collectives capture sociodemographic information on the people who contact them and receive support[25]. In 2019, people from all regions of the country were accompanied by SenRed. We used anonymized information from people accompanied between 2016 and 2019. We analyzed data from people who received: a) accompaniment in their self-managed abortions; or b) abortion accompaniment via health care institutions. We excluded information from those who: continued their pregnancy; lost communication with SenRed after the first contact; were referred for medical support; or had a miscarriage.

Data From Private Health Care Providers

We used data collected by an anonymous organization in which private sector health care providers in 12 provinces participate. Members of this organization practice a model of comprehensive sexual health care with a pro-rights approach, including safe, quality and humanized abortion care. Information from individuals who accessed their services to obtain a medication or surgical abortion are collected in a standard format. For this study, we used anonymized data from individuals who had abortions between 2016 and 2019. We refer to this model here as "care providers".

Data Management

From each database, we extracted variables of interest and matched response categories between SenRed and care provider variables. The information we obtained from both sources was: age, gestational age in weeks (in the case of SenRed it is at the moment of contacting the collective and in the case of care providers it is at the moment of abortion), the means through which they found out about the accompaniment collective or the care providers' service and the province in which the service was accessed. We also extracted projections of the female population[26] by year, province and at the national level in Argentina from 2016 to 2019. For SenRed we obtained the following additional information: level of education, student status, religious beliefs, employment, social health insurance coverage, experience of gender-based violence, previous knowledge of abortion with pills, previous pregnancies and abortions, previous contact with the accompaniment group, and previous attempts to interrupt the current pregnancy. Data management and statistical analysis were performed using Stata 15.0 software.

Data Analysis

Regarding trends in utilization of the three abortion services (2016–2019), we estimated annual crude rates per 100,000 women of reproductive age for each service. We calculated the number of self-managed accompanied abortions, accompanied abortions via health institutions and abortions with pro-rights care providers relative to the female population aged 15-49 per year for the provinces where people accessed abortion. We calculated the rates separately for each of the three services. We do not present standardized rates because the variable "age" was not available in SenRed data for 2017. However, we calculated standardized rates (direct method) for the remaining years to confirm that the trends observed with crude rates were not due to differences in the age structure of our populations.

To describe the sociodemographic profile of people who used the three services, we compared the characteristics of the population that accessed the services using descriptive statistics and chi-square tests. We analyzed only data from 2019, given that the characteristics of the populations over the years were relatively homogeneous.

We used descriptive statistics and chi-square tests to compare the characteristics of people who were accompanied (via self-management and via health institutions) in 2019 by gestational age: those who were 12 weeks gestation or less at the time of contact compared to those who were more than 12 weeks. We used these categories according to the classifications captured by SenRed (8 weeks or less, 9 to 12 weeks, 13 weeks or more)[a]. Few individuals who consulted with care providers were more than 12 weeks pregnant, so we only used SenRed data for this objective.

It is important to clarify that we do not know the gender identity of the people who had abortions via care providers or accompaniment groups. Recognizing that not all people who have abortions identify as women and that people with other gender identities may also become pregnant and have abortions, we use the term "people/individuals" in the text to refer to those who have abortions. However, we use the term "women" when referring to rates because the denominator used for their construction refers to the female

[a] Although the gestational age limit for elective abortions in the new law is 14 weeks, we used the best approximation of this range from the available data.

population. We use projections of women, as they are the best available approximation of the population that might need abortion services.

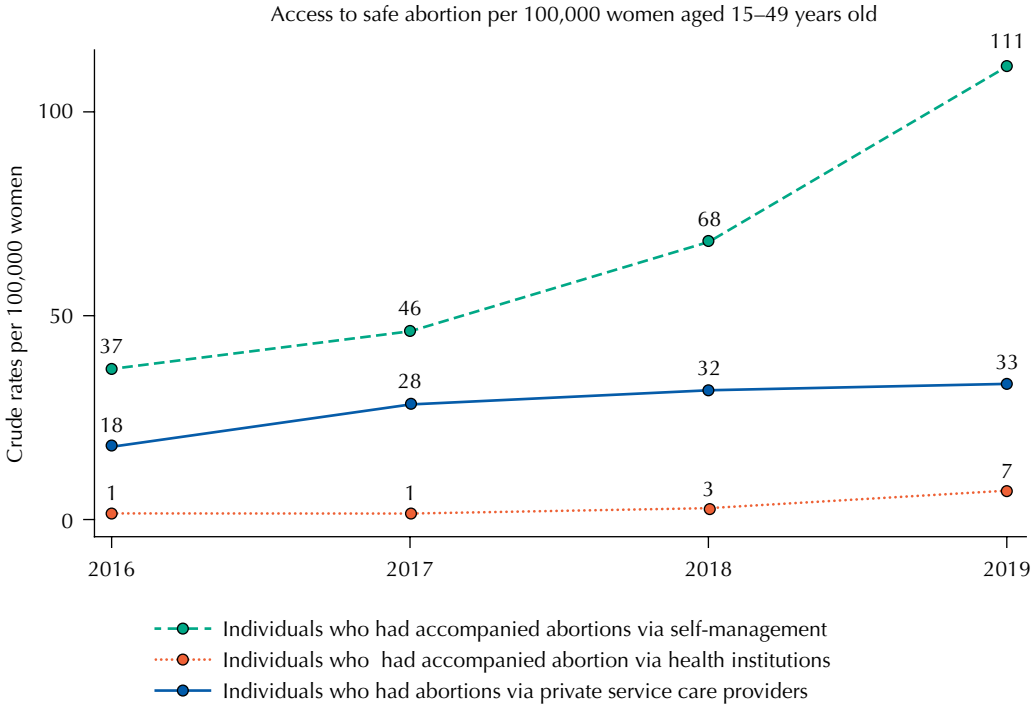
RESULTS

Trends in Access to Abortion in Argentina

Between 2016 and 2019, 29,857 people in Argentina accessed abortions with accompaniment from SenRed, of whom 28,454 self-managed their abortion and 1,403 obtained abortions via health institutions. In the same period, 8,868 people had abortions via care providers.

In this period, the number of people who obtained accompanied self-managed abortions increased from 3,797 in 18 provinces to 12,575 in all provinces in 2019. That is, in 2016, 37 individuals obtained accompanied self-managed abortions per 100,000 women aged 15-49 years, while by 2019 this number increased to 111 per 100,000 women. Self-managed accompanied abortions increased particularly between 2018 and 2019, increasing by 163% (shown in Figure 1). On the other hand, 153 people obtained accompanied abortions via health institutions in 2016, representing 1 person per women of reproductive age. In 2019, the total number of people with accompanied abortions via health institutions was 802; that is, 7 people per 100,000. In 2016, 1,359 individuals obtained abortions through private providers, corresponding to 18 individuals per 100,000 women of reproductive age; this number increased to 3,047 in 2019, equivalent to 33 individuals per 100,000 women (Figure 1)[b].

The majority of those who accessed an abortion between 2016 and 2019 were 8 weeks or less pregnant (Figure 2). This population increased in the period analyzed among those who received accompaniment in health care institutions (58% *versus* 79%) ($p \leq 0.05$). The



[a] Calculated using population projections 2010-2040 from INDEC[26], data from *Socorristas en Red* and private health service providers.

Figure 1. Trends in access to safe abortions in Argentina 2016–2019 via three models of abortion care[a].

[b] Standardized rates were similar to crude rates (data not shown).

majority of people who had abortion through all three services were between 20 and 29 years of age (Figure 3). Over time, the proportion of people 19 years old and younger who went to care providers declined from 15% in 2016 to 8% in 2019. Similarly, the percentage of those under 20 who were accompanied in health care institutions dropped from 22% to 15%[c] ($p \leq 0.05$).

Comparing the Profile of Individuals Accessing Three Abortion Services in 2019

In 2019, the majority of those who used all three services were 20–29 years old (> 50%), but a higher proportion of those who consulted with care providers were 30 years old or older (38% *versus* 28% and 29%), while a higher proportion of those who obtained accompanied self-managed abortions and accompanied abortions via health institutions were 19 years old or younger (15% *versus* 8%) ($p \leq 0.05$). The majority had a gestational age of 8 weeks or less, both among those who had abortions via care providers (69%) and among those who obtained self-managed abortions (66%), and particularly among those who were accompanied in health institutions (79%). Among those who obtained accompaniment, 11% of those who had abortions via self-management and 7% of those who had abortions via institutions had pregnancies of more than 12 weeks; 0.2% of people who went to care providers had this gestational age ($p \leq 0.05$) (Table 1).

The main source of referral to the service reported by individuals who obtained abortions from care providers was a referral figure, including activists, or pharmacy personnel (30%), and also ex-users of the service (29%). By comparison, 10% of those who obtained accompanied self-managed abortions were referred to SenRed by

[c] Specific rates by age group show that in those under 20 years old, the use of abortion services in health facilities through providers and SenRed remained stable between 2016 and 2019. However, accompaniments to abortion via self-management increased in this group.

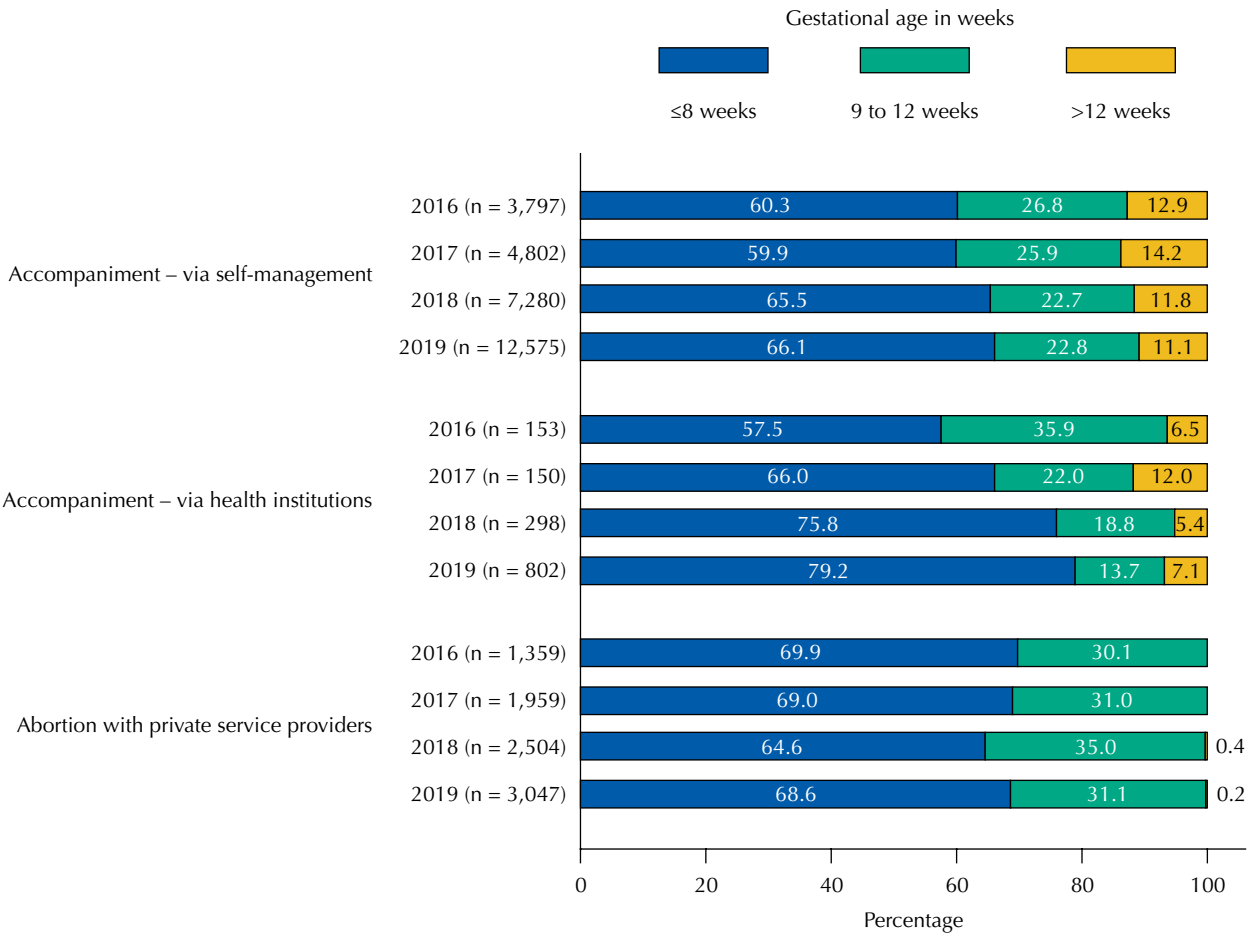
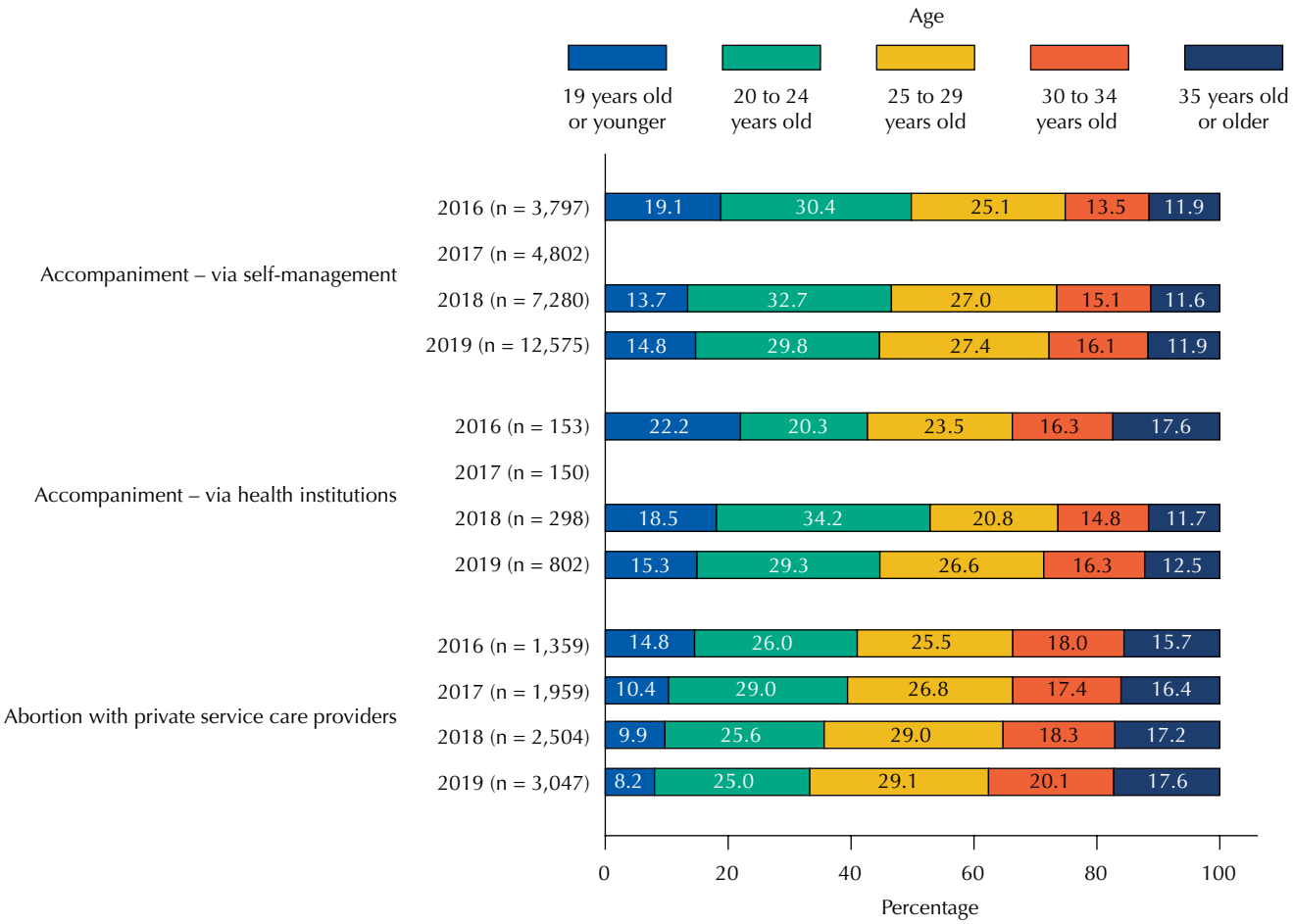


Figure 2. Distribution of gestational age in individuals accessing safe abortions through three abortion services (%). Argentina, 2016–2019.



Note: There is no age given in 2017 among people accompanied by SenRed.

Figure 3. Age distribution of those who obtained safe abortions through three abortion services (%). Argentina, 2016–2019.

health personnel and 10% by people previously accompanied by SenRed; among people accompanied in health institutions these sources were reported by 6% and 7%, respectively. The main source of referral to SenRed was friends (33% of those who obtained accompanied self-managed abortions and 30% of those who had accompanied abortions in health institutions) and the media/internet (reported by 21% and 35% of these groups, respectively) (Table 1).

Individuals Who Access Abortions According to Gestational Age

Among those who were accompanied in their abortion inside or outside health institutions, a higher proportion of those with gestational age greater than 12 weeks were referred to SenRed by health personnel (22% *versus* 8%); were 19 years old or younger (19% *versus* 14%), had a secondary education or less (63% *versus* 47%), had no paid work (50% *versus* 40%), no social health insurance coverage (68% vs. 53%) and were not currently students (66% *versus* 61%), compared to those who were 12 weeks or less ($p \leq 0.05$). In addition, a higher proportion of those over 12 weeks had had at least one previous full-term pregnancy (63% *versus* 58%) and had attempted to terminate the current pregnancy before contacting SenRed (23% *versus* 13%); ($p \leq 0.05$) (Table 2).

Table 1. Characteristics of people accessing safe abortions, according to type of model accessed. Argentina, 2019[a].

	Abortion accompaniment via self-management		Abortion accompaniment via health institutions		Abortions via private care providers	
	n	%	n	%	n	%
	12,575	**100.0**	**802**	**100.0**	**3,047**	**100.0**
Age[b]						
19 years old or younger	1,865	14.8	123	15.3	249	8.2
20 to 24 years old	3,747	29.8	235	29.3	762	25.0
25 to 29 years old	3,441	27.4	213	26.6	887	29.1
30 to 34 years old	2,027	16.1	131	16.3	612	20.1
35 and over	1,495	11.9	100	12.5	537	17.6
Gestational age in weeks[b]						
Less than or equal to 8 weeks	8,312	66.1	635	79.2	2,091	68.6
From 9 to 12 weeks	2,869	22.8	110	13.7	949	31.1
More than 12 weeks	1,394	11.1	57	7.1	7	0.2
Province[c]						
Autonomous City of Buenos Aires	1,194	11.9	304	44.1	100	3.3
Buenos Aires	1,688	16.8	25	3.6	928	30.5
Córdoba	2,092	20.8	1	0.1	985	32.3
Chubut	390	3.9	39	5.7	123	4.0
Jujuy	288	2.9	0	0.0	381	12.5
Mendoza	73	0.7	12	1.7	3	0.1
Neuquén	1,410	14.0	127	18.4	76	2.5
Río Negro	551	5.5	100	14.5	151	5.0
Salta	550	5.5	22	3.2	114	3.7
Santa Fe	218	2.2	34	4.9	13	0.4
Santiago del Estero	290	2.9	0	0.0	153	5.0
Tucumán	1,326	13.2	26	3.8	20	0.7
Catamarca	200	1.6	0	0.0	NA	NA
Corrientes	77	0.6	0	0.0	NA	NA
Chaco	132	1.0	4	0.5	NA	NA
Entre Ríos	466	3.7	27	3.4	NA	NA
Formosa	7	0.1	0	0.0	NA	NA
La Pampa	101	0.8	55	6.9	NA	NA
La Rioja	229	1.8	1	0.1	NA	NA
Misiones	220	1.7	0	0.0	NA	NA
San Juan	426	3.4	7	0.9	NA	NA
San Luis	451	3.6	12	1.5	NA	NA
Santa Cruz	38	0.3	0	0.0	NA	NA
Tierra del Fuego	158	1.3	6	0.7	NA	NA
Means through which found out about the service[b]						
The person is an ex-user	1,266	10.1	45	5.6	98	3.2
From an ex-user	1,296	10.3	57	7.1	874	28.7
Activists[d]	531	4.2	43	5.4	NA	NA
Friends	4,137	32.9	239	29.8	748	24.5
Partner	176	1.4	10	1.2	NA	NA
Family	793	6.3	44	5.5	NA	NA
Internet and media	2,667	21.2	284	35.4	305	10.0
Referring person (health or pharmacy personnel, activist or others)[d]	1,243	9.9	50	6.2	917	30.1
Other	466	3.7	30	3.7	105	3.4

NA: not applicable.
[a] Data from *Socorristas en Red* and private health care providers.
[b] $p \leq 0.05$ for the comparison between the three models.
[c] Chi-square test was not used for the comparison of this variable.
[d] The private providers' systematizations reflect the category "Activist" within the category " Referring person".

Table 2. Sociodemographic profile of people who were accompanied in their abortions according to their gestational age. Argentina, 2019.

	≤ 12 weeks		> 12 weeks	
	n	%	n	%
	11,926	**100.0**	**1,451**	**100.0**
Province[a]				
Autonomous City of Buenos Aires	1,311	11.0	187	12.9
Buenos Aires	1,511	12.7	202	13.9
Catamarca	165	1.4	35	2.4
Córdoba	1,787	15.0	306	21.1
Corrientes	66	0.6	11	0.8
Chaco	115	1.0	21	1.4
Chubut	398	3.3	31	2.1
Entre Ríos	456	3.8	37	2.5
Formosa	6	0.1	1	0.1
Jujuy	256	2.1	32	2.2
La Pampa	147	1.2	9	0.6
La Rioja	215	1.8	15	1.0
Mendoza	81	0.7	4	0.3
Misiones	190	1.6	30	2.1
Neuquén	1,451	12.2	86	5.9
Río Negro	596	5.0	55	3.8
Salta	515	4.3	57	3.9
San Juan	409	3.4	24	1.7
San Luis	416	3.5	47	3.2
Santa Cruz	35	0.3	3	0.2
Santa Fe	209	1.8	43	3.0
Santiago del Estero	237	2.0	53	3.7
Tucumán	1,210	10.1	142	9.8
Tierra del Fuego	144	1.2	20	1.4
Means through which found out about the SenRed[b]				
The person is an ex-user	1,176	9.9	135	9.3
From an ex-user	1,205	10.1	148	10.2
Activists[c]	508	4.3	66	4.5
Friends	4,031	33.8	345	23.8
Partner	170	1.4	16	1.1
Family	747	6.3	90	6.2
Internet and media	2,658	22.3	293	20.2
Health Personnel or other Referring person	978	8.2	315	21.7
Other	453	3.8	43	3.0
Age[b]				
19 years old or younger	1,707	14.3	281	19.4
20 to 24 years old	3,528	29.6	454	31.3
25 to 29 years old	3,270	27.4	384	26.5
30 to 34 years old	1,971	16.5	187	12.9
35 and over	1,450	12.2	145	10.0

Continue

Table 2. Sociodemographic profile of people who were accompanied in their abortions according to their gestational age. Argentina, 2019. Continuation

Education level[b]				
Primary or less	295	2.5	68	4.7
Secondary	5,313	44.5	852	58.7
Tertiary	3,025	25.4	292	20.1
College	3,293	27.6	239	16.5
Currently studying[b]				
No	7,317	61.4	964	66.4
Yes	4,609	38.6	487	33.6
Paid job[b]				
No	4,800	40.2	732	50.4
Yes	7,126	59.8	719	49.6
Social health insurance coverage[b]				
No	6,383	53.5	985	67.9
Yes	5,543	46.5	466	32.1
Religious				
No	5,456	45.7	626	43.1
Yes	6,470	54.3	825	56.9
Ever experienced gender-based violence[b]				
No	2,623	22.0	390	26.9
Yes	9,303	78.0	1,061	73.1
Knew about abortion with pills before contacting the accompaniment group				
No	1,749	14.7	219	15.1
Yes	10,177	85.3	1,232	84.9
Previous full term pregnancies[b]				
No	4,989	41.8	533	36.7
Yes	6,937	58.2	918	63.3
Previous abortions				
No	9,226	77.4	1,148	79.1
Yes	2,700	22.6	303	20.9
Previously used Collective's services				
No	10,292	86.3	1,249	86.1
Yes	1,634	13.7	202	13.9
Attempted to terminate the pregnancy before contacting the accompaniment group [b]				
No	10,365	86.9	1,115	76.8
Yes	1,561	13.1	336	23.2

[a]Data from *Socorristas en Red*. Including accompaniment for abortions via self-management and health institutions.

[b]$p \leq 0.05$

DISCUSSION

In this study, we explore trends in the utilization of three abortion services in Argentina in the period 2016–2019: i) abortions via private health care providers; ii) abortion accompaniment via self-managed abortions; and iii) abortion accompaniment via health care institutions. We observed an increase in the use of these services before Law 27.610, particularly in accompanied self-managed abortions, which tripled, with a large increase starting in 2018. This increase may be related to the consolidation of SenRed collectives

across the country; the debates around the legalization of abortion in 2018 in Argentina; and to a greater visibility of accompaniment because of the *Marea Verde* (Green Tide).

Most people had abortions at eight weeks gestation or less, both inside and outside health institutions, and this early access was more noticeable over the years, suggesting that availability of information, sources of support, and access to safe abortions improved over time. Nevertheless, some gaps were identified. In the new legal regime, the most vulnerable individuals may be those at later gestational ages, who may experience the most barriers to accessing abortion in health institutions. This conclusion comes from the finding that people accompanied who were more than 12 weeks pregnant had lower educational levels, were younger, were less likely to have paid work or social health insurance coverage, and had tried to terminate their pregnancies before contacting SenRed. Evidence suggests that this population may experience greater obstacles, first in recognizing their pregnancy, and subsequently in accessing services[20,22]; that is, barriers to accessing abortion are reproduced throughout the pregnancy and abortion seeking process[27]. It may also be that some people are denied care by providers or have attempted to terminate the pregnancy themselves without access to resources, resulting in a higher gestational age at the time of abortion. The feminist model of accompaniment guarantees access to abortions beyond the first trimester, especially in legal restrictive contexts.[23,28]

On the other hand, our results suggest a possible link between Accompaniment Collectives and pro-rights providers. People over 12 weeks gestation were referred to SenRed by health personnel and three of every 10 people who accessed abortions through providers were referred, including by activists. It is possible that this population of providers are referring individuals past the first trimester to other abortion models such as *Socorrismo*. In addition, we now know that pro-rights health care providers also engage in activism and collaborate with feminist organizations[6] and that many people who have abortions are referred to health care facilities by feminist organizations[14]. For example, during the first half of 2021, 22% of the people who contacted SenRed decided to request an abortion in a health institution, 86% of whom accessed it in the public system[29]. Our analysis confirms that in a pre-decriminalization context, the different lines of collective action for the right to abortion coincide and promote safe abortion care[7,30].

Our data also suggest that the coexistence of these models facilitates reaching different populations. The results suggest that the accompaniment model reaches younger people. Under the new law, it will be important to guarantee the coexistence and linkage of these models in order to reach all people who decide to have an abortion, because people will continue to have abortions in health institutions, at home, or with the support of accompaniers[,32]. In addition, studies have shown barriers to accessing services in contexts with progressive laws such as delayed access by some populations such as those with low socioeconomic status[20,27,33–35], logistical barriers delaying procedures[20] and conscientious objection or refusal and, therefore, lack of service providers[35,36]. Thus, accompaniers and health professionals will be essential to ensure equitable access.

Below we point out some limitations. This analysis considers only the population that accesses these models and does not represent all people who have abortions in Argentina. The number of comparable variables across models was limited; in addition, we did not make a comparison of the population accessing each abortion model/service according to their gestational age because few people obtained abortions beyond 12 weeks via care providers and because before 2020 few people were accompanied via health institutions, reducing our power to make comparisons. We can only compare the profile of those who accessed accompanied abortions using 12 weeks of gestation as the cut-off point and not the 14 weeks as written in the current law. Finally, we refer to the construction of rates, but use of this term is questionable as it assumes the same level of exposure of all individuals to the event of interest (abortion) in the observed period.

In conclusion, it is important to guarantee access to those who decide to have an abortion in health institutions and at the same time continue to make visible the accompaniment model so that those who decide to have an abortion outside health institutions, because by law they cannot or because they experience greater barriers to care, have safe options. It is imperative to promote immediate access to abortion and to redouble efforts to prevent reproducing a cycle of marginalization of the already socially disadvantaged. Linkages between medical providers and activists can reduce gaps in access, and the implementation of the new law presents an opportunity to strengthen these linkages, especially in regions where few abortion services are available. Research is needed to understand who lacks access to abortion care; what factors are important to people in deciding where to have an abortion; and what the abortion experience is like in the new legislative context.

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