

# Realities of Abortion Reform in Argentina

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## Research Questions

*Why has there been limited change to abortion and contraception usage rates, despite the legal legitimization of abortion in Argentina?*

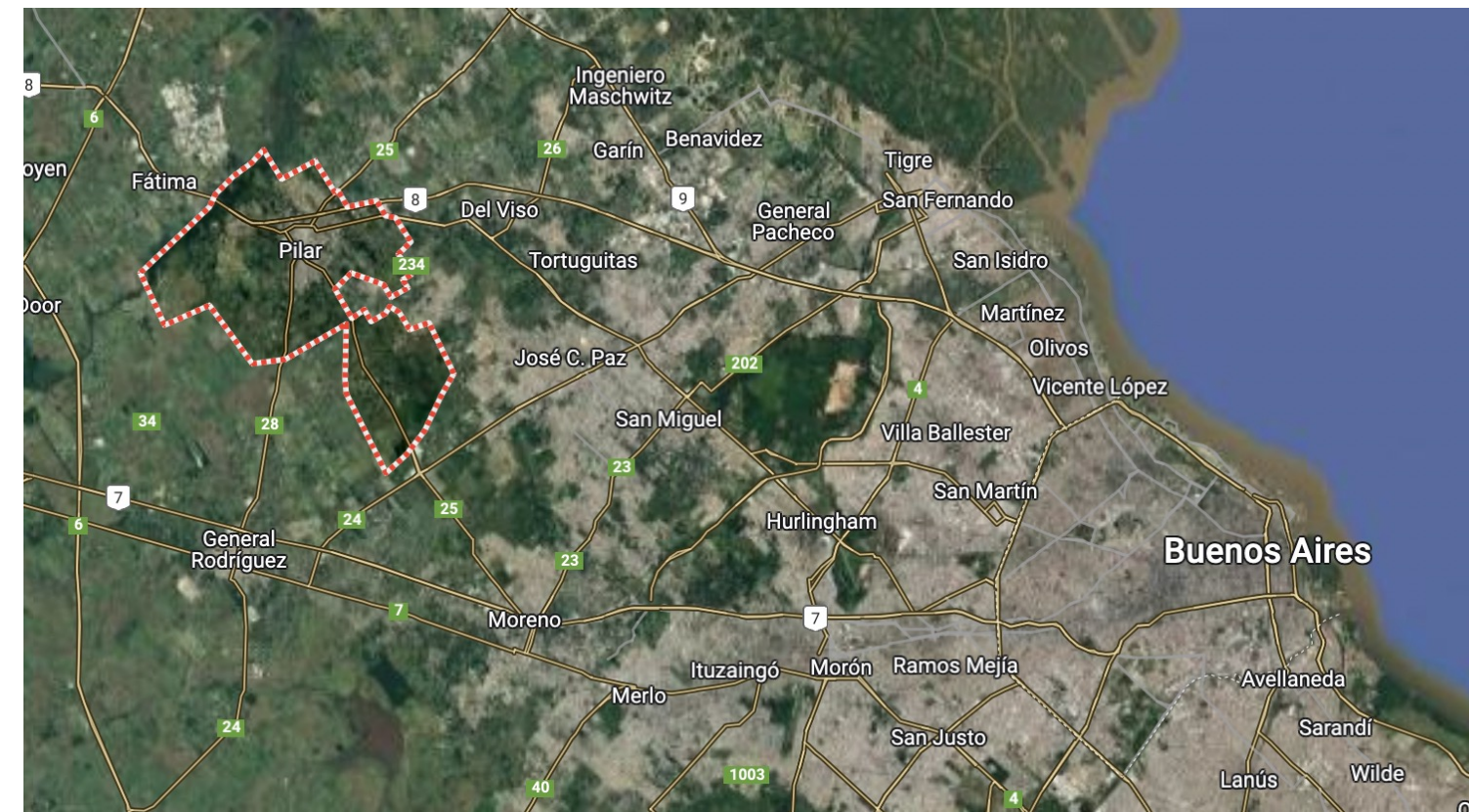
*What are the historical, social, and anthropological roots to understanding attitudes towards abortion and motherhood in Argentina?*

## Data and Methods

### Mixed Methods

- **Ethnographic Interviews** (n = 36 subjects)
  - Virtual/In-person sampling via email, phone, and snowballing in Pilar, Buenos Aires, Argentina.
  - *Research sites:* primary medical center (Villa Verde, Pilar, Buenos Aires, Argentina) and maternal hospital (Hospital Maternal Nuestra Señora del Pilar, Buenos Aires, Argentina).
  - *Interviews:* 20 medical professionals (doctors, nurses, social workers, psychologists), 10 low-income teenage mothers/families, 6 activists and academics.
  - *Analysis:* Manual focused/thematic coding of interviews.
- **Subject Observation**
  - Attended two weekly workshops with local families and professionals on motherhood, personal life project guidance, pregnancy, and domestic violence in Villa Verde and La Lomita neighborhoods in Pilar, Buenos Aires.
  - In partnership with local non-profit Salud Hábitat Desarrollo (SAHDES).

## Background



### Pilar, Buenos Aires

- 366,874 inhabitants, with 51% of the population below the poverty line. (Boletín Oficial, 2022)
- **Catholicism is deeply rooted** in the community, with little emphasis on higher education and **focus on family building**.
- Healthcare varies between socioeconomic groups, with lower income areas having more **difficulty to access comprehensive family planning and contraceptives**.

### Law No. 27610

- On December 30, 2020, Argentina became the second democratic country in Latin America to legalize abortion.
  - Act No. 27610, '**Acceso a la Interrupción Voluntaria del Embarazo**' (Access to Voluntary Interruption of Pregnancy) allows pregnancies to be terminated through the **first 14 weeks of pregnancy for free, at any public primary healthcare center**.
  - Due to a **massive feminist grassroots mobilization** through social movements such as *Ni Una Menos* (2015) and the *Marea Verde* (2018). (Daby, 2022)
- However, high rates of adolescent pregnancy/fertility, maternity repetition, and lack of access to sexual education remain drivers of inequality and socioeconomic differences in Argentina.
  - **59% of all teenage pregnancies were unintended** (2015-2020), with almost half ending in abortion. (Guttmacher, 2019)
  - Prior to this ruling, Argentina was estimated to have between 370,000 and 520,000 abortions per year (2000-2004). (Loprete, 2015)
  - The **COVID-19 pandemic caused a deep decrease in IUDs and emergency contraceptives** after a successful 30% rise in contraceptive use from 2016 to 2019. (Guttmacher, 2019)

## Main Themes

### Motherhood as a Life Project

- Motherhood assumes both a **comprehensive life project amidst limited prospects** and a potent force that **shapes personal identity and empowerment**. This dual perception underscores **resistance against abortion reform**, rooted in the conviction of **motherhood's irreplaceable value**.
- Doctors and nurses emphasized the desire and dedication of young mothers (14-22 years of age), who see pregnancy and childbearing as a way of **finding their own path and having "something of their own."**

### Conscientious Objectors and Policy Applications

- Conscientious objection grants healthcare providers the **right to abstain from participating in abortion procedures due to personal or moral beliefs**. This raises questions about the **extent of access to abortion services** and its potential **impact on women's reproductive rights**, particularly in regions where providers with objections are prevalent.
- Balancing the rights of healthcare providers to conscientious objection with women's right to accessible reproductive healthcare is a **key policy challenge**.

### Urban/Rural Understandings of Social Movements

- The abortion reform movement's strong urban presence highlighted the urban-rural divide in the country. **Urban centers saw a surge of activism**, whereas **rural areas exhibited limited degrees of engagement** due to disparities in access to information, healthcare, and awareness about the movement's objectives.

"Sometimes I think she gives me more love than I give her [...] Before my pregnancy I was always alone, and now I have her — my world is complete, at peace."

—  
18-year-old mother, talking about her 2-month-old baby

"Legally, we are all entitled to this right. But in the real world, it becomes different. When the law was passed, I was very reluctant, but as I started seeing the kinds of patients that requested this practice, I wondered: 'Why not?' My belief, my morals, my ethics will not change their actions. But not all professionals act like this."

—  
Nurse at a Maternity Hospital in Pilar

"Passing laws is not enough. Structural change is most important, particularly in rural environments. Abortion should not be our first resource — sexual education and contraceptives are key in leading change."

—  
Activist in the 2015 Feminist Social Movement

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