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Shifting norms, persistent challenges: adolescent abortion access in Argentina immediately after law 27.610

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ABSTRACT

Adolescents face persistent challenges with accessing sexual and reproductive health, including abortion. This qualitative study aimed to identify the challenges in their trajectories to care to improve accompaniment and institutional support. Between February and August 2021, we conducted 20 semi-structured interviews: eight with companions from Socorristas en Red, eight with key informants and four with adolescents who had accompanied abortions. Findings underscore the influence of the *Marea Verde* movement in shaping social norms and expanding abortion access, both from the perspectives of key informants and adolescents. However, participants described persistent institutional and social barriers. Adults highlighted a lack of adolescent-friendly services, a culture of adult-centrism in healthcare and public systems and information gaps. As confirmed by adolescents, social support networks play a pivotal role in enabling their access to abortion in Argentina. Our findings suggest that abortion services explicitly centering adolescent autonomy are needed in this context.

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Introduction

Adolescence is the period between childhood and adulthood, from ages 10 to 19. It is usually divided into two categories: early adolescence (10–14 years old) and late adolescence (15–19 years old). Given that adolescence involves rapid physical, cognitive, and psychosocial growth, a natural part of this developmental stage often includes the onset of sexual activity. An estimated 21 million adolescents between the ages of 15 and 19 become pregnant each year globally, and in this group, 55% of unwanted pregnancies end in abortion (Sully et al., 2020).

Adolescents of all ages face countless challenges when seeking sexual and reproductive health (SRH) care or deciding to terminate a pregnancy, regardless of their geographic location. Studies conducted globally show that adolescents generally have trouble accessing accurate and age-appropriate information about SRH and abortion, as well as services tailored to their needs (Koiwa et al., 2024; Espinoza et al., 2020; Nash & Donavan, 2019). Adolescents' access to safe abortion is also limited by financial constraints (Odo et al., 2021), fear of stigma, provider bias (Espinoza et al., 2020; Corley et al., 2022), family pressure, and a lack of social and emotional support (Coleman-Minahan et al., 2020; Koiwa et al., 2024). These barriers are particularly prevalent in Latin America, where adolescent fertility rates remain the second highest in the world. It is estimated that in 2019 there were more than two million unintended pregnancies among adolescents aged 15 to 19 in the region (OPS, 2018). In Argentina, adolescent fertility rates have declined steadily in recent years (INDEC, 2024), but they remain high and need to be addressed through rights-based public policies like the National Plan for the Prevention of Unintended Pregnancy in Adolescents (Plan ENIA) and the implementation of comprehensive sexual health education (CSE) in schools (SenRed, 2025a, 2025b).

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In December 2020, the Argentine National Congress passed Law 27.610, increasing access to the voluntary and legal termination of pregnancy while decriminalising and guaranteeing free abortion services up to 14 weeks of pregnancy in all health facilities. This legal advancement resulted from decades of feminist mobilisation for abortion rights strengthened by the creation of the National Campaign for Legal, Safe, and Free Abortion in 2005 (Ramos et al., 2023), which evolved into a mass movement popularly known as the *Marea Verde* (Green Wave) in the years prior to the law's passage. While the new law has expanded abortion services and generally improved public perception of abortion rights, barriers continue to create inequities in abortion access and quality of care, particularly for adolescents, who continue to face obstacles despite the increased access that Law 27.610 provides.

During adolescence, individuals progressively develop their autonomy and their capacity to consent, a process that directly shapes their ability to access abortion care. In Argentina, the law reflects this evolving capacity: adolescents aged 16 and older may independently consent to all health care, including abortion, while those aged 13 to 15 may also consent on their own so long as the care is not invasive and does not pose risks to their health or life (Socorristas en Red, 2024). Only adolescents under 13 are legally required to obtain parental or guardian consent for health services, including abortion—despite being at particularly high risk of pregnancies resulting from rape or incest (Espinoza et al., 2020).

Even with this legal framework, adolescents' ability to exercise their rights in practice remains limited. Health-care providers frequently overlook or misunderstand minors' legal authority to consent, often demanding parental consent even when it is not required (Ramos et al., 2023). Such practices compound the practical barriers adolescents already face, including reliance on adults for transportation, payment, or logistical support needed to access sexual and reproductive health services.

Abortion accompaniment networks facilitate access to safe abortion globally. These networks are comprised of feminist activist groups who provide information and person-centred support throughout the abortion process (Bercu et al., 2022a, 2022b). They help overcome barriers to access, build alternative narratives, break down stigmas, and more. While accompaniment networks often focus their support on self-managed abortion, accompaniers also organise ways to connect with professionals in the formal health system in countries where laws are less restrictive so that people who want or need an abortion, including adolescents, can more easily access care (Burton & Peralta, 2016; Fernández Vázquez & Szwarc, 2018). An example of these networks in Argentina is Socorristas en Red (SenRed), established in 2012. Since the passage of Law 27.610, SenRed has been expanding and deepening its activist work both to navigate care in the formal health system and to support people self-managing their abortions, according to the preferences and/or needs of the person having an abortion. During the transition period after the decriminalisation of abortion, SenRed worked to create a specific protocol to accompany adolescents.

In recent decades, there has been significant academic output on the relationship between adolescence, youth, and feminist demands, including abortion, in Argentina (Elizalde, 2018; Gogna & Binstock, 2017; Sousa Dias, 2018). This work highlights the central role that adolescents and young people play in social and legal change around abortion (Elizalde & Mateo, 2018). There has also been a focus on teenage pregnancy, almost always understood by adults and institutions as a social and public health problem due to the ways it impacts adolescents' life plans and generates social inequalities (Binstock & Gogna, 2014). To contribute to a deeper understanding of the phenomenon of adolescent abortions, this study explores first-hand perspectives and experiences on abortion care from adolescents themselves, adults who work closely with adolescents in various fields, and feminist abortion accompaniers, responding to the call to centre the perspectives of young people themselves and those supporting young people in an understanding of adolescents' access to abortion (Elizalde, 2018; Varas Mestre, 2013). We use intersectional feminism as the conceptual framework for this analysis—a theoretical and methodological approach exploring how different axes of oppression interact to create specific social locations and experiences (Rodó-Zárate, 2023). Through this framework, our analysis focuses on how age, gender, and relationships with social institutions like the state and the family shape adolescent abortion experiences.

Methods

This qualitative study was conducted as a collaboration between Ibis Reproductive Health (Ibis) and Colectiva Feminista La Revuelta (La Revuelta), an organisation in Neuquén that is part of Socorristas en

Red (SenRed). Our objective was to identify the challenges facing adolescents in their trajectories to abortion, to improve accompaniment and institutional support.¹ We conducted semi-structured interviews to document adolescent abortion experiences. Three members of SenRed—with experience in conducting qualitative interviews and formal education in the areas of education, psychology, and social work—interviewed four adolescents, eight accompaniers, and eight key informants between February and August 2021, during a transition period immediately following the decriminalisation of abortion in Argentina.

The four adolescents interviewed were between 15 and 17 years old, had no previous pregnancies, and were between 5 and 13 weeks pregnant at the time of their abortion. All had their abortions after the passage of Law 27.610 and were in a relationship that involved consensual sex at the time of their pregnancy. Three used a combination of mifepristone and misoprostol to self-manage their abortion at home, and one used misoprostol-only in a hospital. All lived with their families, two in the vicinity of Neuquén and two between 100 and 300 kilometres from the city. Two of the interviews were conducted virtually and two in person. During both in-person and virtual interviews, adolescents were in a private space within their homes where they could participate without interruption. This study was designed before the COVID-19 pandemic, and the research team planned to conduct in-person interviews with a larger number of adolescents from across the country. However, data collection took place during the pandemic, which presented several limitations. Apart from pandemic-related lockdowns and fear of contracting the disease, the stigma surrounding abortion and the fact that many adolescents live with their families contributed to the limited number of interviews we were able to conduct with adolescents.

The key informants were eligible to participate if they worked in fields that supported girls or adolescents. They were officials from public institutions that serve children and adolescents, including health and education professionals, lawyers, and social workers. All of them were cis-women, six of them lived and worked in Neuquén, one in Buenos Aires, and another in Río Negro. Because La Revuelta's network of contacts was stronger in Neuquén—and the research team prioritised conducting in-person interviews—most of the key informants who participated were based in Neuquén.

Accompaniers were eligible to participate if they were members of SenRed and had provided abortion support to at least two adolescents. The accompaniers also were cis-women, had between three and eight years of experience supporting girls and adolescents; worked professionally in fields like teaching, social work, art, and commerce; and lived in Buenos Aires, Córdoba, Misiones, Neuquén, and Río Negro.

Key informants were selected from contact networks, and accompaniers and adolescents were selected from La Revuelta's records. Two members of La Revuelta conducted interviews with each key informant and accompanier, who they knew previously. The interviews with adolescents were conducted by a member of La Revuelta who did not know the interviewee beforehand. This decision was made to ensure trust between participants and interviewers as well as to ensure participants felt comfortable divulging sensitive personal information (Demirci, 2024), in addition minimising risk to participant confidentiality. In all cases, participants were recruited via email or WhatsApp, and interviews were conducted with those who agreed to participate. Participants gave their verbal informed consent to participate in the study and received compensation equivalent to approximately \$10 USD in phone credit or books, an amount that was deemed appropriate by La Revuelta.

The interview guides for adolescents included questions about sociodemographic data, abortion experience, and perceptions of how these experiences could be improved. Interviews with accompaniers and key informants included questions about their sociodemographic characteristics and occupation, perceptions and experiences regarding access to abortion for girls and adolescents, and opinions on how these experiences could be improved. The interviews were conducted in person or virtually via Zoom. Interviews with adolescents and accompaniers lasted between 45 and 90 minutes, and interviews with key informants lasted between 30 and 60 minutes.

We conducted a total of 20 in-depth interviews which we determined were sufficient to capture diverse perspectives across stakeholder groups while remaining feasible within the scope and the applied aims of the study, and given the mentioned limitations related to the pandemic. All interviews were audio recorded and transcribed verbatim, interview guides can be found in Appendix 1a-1c in their original language, Spanish. Two researchers from Ibis separately coded two interviews from each group of participants, using codes derived from the interview guides and refined through an open coding process in which emergent

themes were incorporated into the code system. The researchers met to compare consistency of code book application and discuss their interpretations of the data developing a final coding system, which was then systematically applied by a single researcher to all interviews in MAXQDA 2022. We then conducted a thematic analysis (Braun & Clarke, 2006) combining deductive and inductive coding and organising the data into categories and themes that captured key patterns across participant groups. Finally, we wrote analytic memos and further summarised them into the results section.

The study was approved by the Allendale Investigational Review Board [Protocol Number NYA2020-2021] in December 2020.

Results

Three themes emerged repeatedly across interviews about adolescent experiences of abortion. First, key informants, accompaniers and adolescents highlighted the impact of the Marea Verde (Green Wave) on social change; referring to the effects of mass mobilisation and the broad public and political discourse sustained by the feminist movement in the years leading up to abortion decriminalisation and legalisation in Argentina, and how this impacted abortions. Second, key informants and accompaniers noted the role of public policies, regulations, and institutional support in adolescents' access to abortion, and adolescents gave some examples of their interactions with institutions. Third, accompaniers described the support that SenRed provides to adolescents in navigating policy, institutions and complex socio-emotional landscapes, which was confirmed by adolescents.

Marea verde (Green Wave) and social change

In the interviews, the Marea Verde (Green Wave) movement was cited as a driver of significant social change that often extended beyond abortion decriminalisation to social awareness of abortion.

"[...] now there is much more awareness thanks to the feminist movement [...] many women are only now fully learning about or discovering their rights, and because of the protection offered by feminism, they are clearly gaining confidence—that is, this empowerment, the concept of women's empowerment, of breaking stereotypes." (Key informant 8, lawyer)

Social changes regarding the place of women and pregnant people in Argentine society was also reflected in a broader paradigm shift toward openly advocating for abortion access. During the public debate about abortion decriminalisation, the power dynamics between state workers supporting or opposing abortion evolved, leading to improvements in abortion provision even before the law passed.

"I believe that this change [colleagues' growing support for abortion and the introduction of dedicated abortion-clinic days] was possible, first, because of a social situation that began to emerge, that began to be seen, that began to be heard, let's say your work, the work of the Socorristas², which is a job that [was] heard about, that was known to exist." (Key informant 7, paediatrician)

The Marea Verde movement also made it possible for people with the capacity for pregnancy, including adolescents, to recognise their right to abortion and access information without stigma. Additionally, considering other social movements in the discourse added a more intersectional perspective to these efforts to expand abortion rights.

[Speaking about the connections that were created during the Marea Verde movement] "Talking about sexual and reproductive rights with a disability perspective [...] is quite complex. Those who lead the sexual and reproductive rights agenda generally don't incorporate the disability perspective—you have to keep pushing, pushing, pushing for it. Meanwhile, organisations for people with disabilities don't have sexual and reproductive rights on their agenda either, so we came to address that disconnect." (Key informant 2, psychologist and person with a disability)

Confirming the importance of these social changes in their own lives, all adolescents who participated in the study reported receiving support from family members, friends, and partners when accessing abortion, and several mentioned how public discussions about abortion previous to its decriminalisation had

impacted their family members' stances on the issue. In addition, three of them accessed information about the accompaniment group through their family members.

"My two aunts were with me, my cousins were there too, and then that same night they stayed with me in my room, and we all stayed there together." (Adolescent 1)

Several adolescents also stated that their support for abortion rights was shaped during discussions of the law and influenced by the Marea Verde movement.

"At first, when it all started [the Marea Verde], because of my family, I was in favour of both lives, because my family had an opinion and I couldn't have my own opinion because... they were always pushing me around... [...] Then I started looking for [information], and there are many girls who also have a hard time because of that [being young mothers], so little by little I became convinced, and also my teacher, she started teaching us more [...] she explained everything to us, that it's a personal decision, that it has to be a law because it's one's own decision..." (Adolescent 3)

Growing social support for abortion rights—stemming from decades of work by feminists and advocates that gave rise to the Marea Verde movement—is also demonstrated by the fact that several informants share information about accompaniment networks in their workplaces and refer individuals, including adolescents, to help them access the abortion services they need.

"[...] many years ago, when the emergency hotlines first started appearing, I was the one who put them up in the school bathrooms. They would tear them down, and I would put them back up [...] Okay, I would say to the counsellor, I remember in one school: 'Let me know when no one is around.' 'Okay, no one's here [name]'... I would stick the phone numbers in the bathroom, we did things like that." (Key informant 1, teacher)

Public policies and institutional support for adolescent abortions

Despite the major social and legal advances achieved by the Marea Verde movement, accompaniers and key informants agreed that implementing public policies protecting the rights of children and adolescents remains a challenge. The pressure anti-rights groups exert on the state and the personal opinions of state workers are some of the most significant barriers to achieving this goal.

"Those people who don't allow us, who don't agree with this [abortion] law, are everywhere; and just as we will push and do everything to ensure the law is enforced, there are others who will push and do everything possible to prevent the law from being carried out." (Key informant 5, public official)

Pressure from anti-rights groups often results in legal actions that hinder policy implementation, either by blocking budget allocations or by promoting programs and activities that fail to comply with the law. Similarly, the personal beliefs of health professionals, teachers, and other service providers can lead to care that contradicts established regulations. For example, some require adolescents to be accompanied by a legal guardian when accessing the health system, even when this requirement goes against current regulations.

"The health system has a problem with adolescents: if you're under 16, you have to come with an adult. They always tell you that. They won't do a transvaginal ultrasound unless your mother or father is there to give permission for the transducer to be inserted into your vagina [...] They don't let the girls make their own choices; they treat them like little kids, like 'well, I'm your guardian and I have to do this, this, and this.' And the violence and the protection offices [...] they don't include girls and adolescents, the conversation is never with the girl [...] it's with the parents or with the people who bring the girl to file a report." (Accompanier 8)

With the exception of schools—described in this study as spaces where children and adolescents can find safety, support, and access to information about rights, sexuality, and abortion—most state institutions remain unwelcoming to young people, as they are not adapted to their needs and often lack specific spaces or trained personnel for specialised care. As a result, adolescents often avoid turning to institutional services, even when they need them. For instance, one adolescent shared that although she knew she could legally access an abortion through the health system, she chose not to out of fear of being judged.