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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 service 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 & Donovan, 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, companions 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 companions 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, companions 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.

Confirming her fears, during an ultrasound appointment, a health professional attempted to dissuade her from having the procedure.

I had told the lady [*the person doing the ultrasound*] earlier that I didn't know what to do [*with the pregnancy*] yet, and the lady there seemed to realise that and started chatting with me more. [...] [*Then, during the ultrasound, the professional said*] "How beautiful!", that now there would be a change in my life, that I would no longer feel alone, that some things would be complicated, but that I would get through it anyway, that I could still study, and so on. I know she didn't say these things with bad intentions, but she made me feel uncomfortable in the sense that I was at a time of doubt and it seemed she wanted to convince me [*to keep the pregnancy*]." (Adolescent 3)

Another common institutional barrier identified by key informants and accompaniers was the lack of access to accurate information about the rights and services available to adolescents. These challenges were further intensified in certain institutions and regions where resources were insufficient to ensure adequate care. One participant described the lack of resources in the school system within a territory historically neglected by the state, while two others noted that the judicial system fails to meet the needs of children and adolescents who have experienced violence.

"The judicial system is a mess that blocks everything. The teams there are overwhelmed, and I think that's where the problem lies with children. I mean, sexual abuse is what causes children to become pregnant. I'm talking about girls, I'm talking about 9- or 10-year-old girls [...] So we need to run very strong, very solid campaigns and have teams prepared for that. Why? To prevent abuse. And in the event of a specific situation, we need to have teams ready to assist, support, and care for victims, so that it is not so cumbersome and we do not revictimize them, in other words, it cannot be that a girl or boy who has been abused or subjected to violence of any kind has to go to a Gesell chamber and go through that situation three times. I mean, and the judges act as if nothing happened. I mean, and then the perpetrators end up being the victims, and well, I don't know, we get into a whole other issue." (Key informant 5, public official)

Key informants and accompaniers also emphasised that, for state institutions to adequately protect children and adolescents, it is essential to implement a comprehensive health approach that moves beyond the current biologist model; to strengthen community health strategies and interdisciplinary care; and to improve teacher training for the effective implementation of comprehensive sexuality education (CSE).

In the meantime, according to key informants and accompaniers, civil society organisations—including SenRed—play a key role in monitoring state actions, advocating for the implementation of laws and policies, and collaborating with workers within state institutions to ensure access to services.

"There has been a lot of accompaniment by civil society organisations [...] we've had many women come accompanied by their organisation [...] These are the spaces where, if there's a response from a particular health sector, coordination is carried out." (Key informant 3, social worker in a hospital)

Support for adolescents who have abortions

Accompaniers noted that the support they provide to adolescents is generally similar to what they offer to adults, but they emphasised that adolescents have specific, unique needs. The most frequently mentioned was the importance of having a trusted adult to serve as a point of reference throughout the abortion process. Supportive emotional networks and trustworthy adults help facilitate access to services, provide emotional support, and assist with the logistics involved. When adolescents contact SenRed without a trusted adult, accompaniers help them identify people in their lives who can support them. In some cases, the accompaniment provided by SenRed is the only support and care system available.

"This teenager had no network other than her partner, so... her boyfriend, so we used a friend's house and we were her network [...] she had nothing, nothing, nothing, no one, no friends, no family. She was living at her sister's house, but her sister didn't even know she was pregnant [...] and she didn't want to tell anyone because she wouldn't have any support." (Accompanier 5)

Accompaniers also noted that, in some cases, the presence of adults in adolescents' lives can create an added layer of responsibility for the accompanier, who may need to comfort the adult as well as the adolescent having the abortion. In such instances, they describe the process of supporting adolescents as a "double accompaniment."

"It involves first comforting the mother so that the girl can carry out [the abortion]; that is, it's something that happens with mothers a lot, and at that's how it was in that moment, like, "This can't be happening to me!" and it's the girl who's pregnant." (Accompanier 2)

Several accompaniers consider that, in many cases, teenage pregnancy is just one of many challenges that adolescents face. They reported cases where teenagers who reached out to SenRed required assistance to continue their education, access social services, and navigate the justice system.

"In my case, it happened with [name of the person accompanied], who was the first adolescent I saw for whom the abortion was actually just one aspect of her reality, because she had been abused by her mother's partner and suffered domestic violence [...] assistance for children and adolescents has deep roots that must be addressed, and we must generate new strategies and new networks that may not have to do with the health system, but rather with protection services, the court for violence against family, [the court for] children and adolescents, and the education system [...]." (Accompanier 6)

Although accompaniment for adolescents varies, it often involves greater emotional demands than accompanying adults. Accompaniers reported experiencing fear, frustration, and relief while assisting adolescents. Common concerns among those who accompany adolescents include the possibility that the pregnancy resulted from rape, challenges in maintaining open communication, the adolescent's difficulty managing the logistics of the abortion, and the risk of being forced to carry an unwanted pregnancy to term.

"I'm afraid of accompanying a 15-year-old girl and something happening to her. That fear never completely leaves me, that something will happen to her in the sense that for some reason she ends up in the hospital or whatever. [...] in all these years as an accompanier it hasn't happened to me, but it's a possibility that exists [...] if I go to jail because she's a minor and I don't know... her father finds out, because she's with her older sister, who's the only one in the family who knows [...]" (Accompanier 1)

Some differences between accompanying adolescents and adults are related to accompaniers' perceptions of adolescent autonomy. Accompaniers and key informants suggested that because adolescents are still developing autonomy and body awareness, they require closer support and guidance throughout the abortion process. Several accompaniers noted that a key distinction in supporting adolescents is an emphasis on providing accompaniment in person and on an individual basis.

"In our group, our collective, it is an agreement that accompaniment for adolescents is in person whenever possible, because we understand, and let's say, I've also seen it in practice, that it helps to understand other things, it helps to frame that moment differently, to see if she has someone with her or not, if the person coming with her is helping or hindering [...]" (Accompanier 4)

Accompaniers also reported that when they accompany an adolescent during an abortion, they tend to be more patient, attentive, insistent, and give more detailed explanations than they do to adults, particularly regarding pain management, the moment of expulsion, and post-abortion follow-up.

"And generally, it's insisting, insisting on a check-up or on resolving contraceptive issues or making sure that everything is okay, that there is no chance of a post-abortion infection that she doesn't realise [...]" (Accompanier 2)

However, this perspective can also become a barrier to adolescents receiving, equally to adults, care that protects their autonomy. For this reason, several accompaniers mentioned that part of properly supporting adolescents involves challenging adult-centrism and drawing a clear line between mothering and accompanying.

"We tend to think that because they are girls and adolescents, they need much more of that management, and in that rush to manage, we don't listen to other things. It seems I always end up in the same place, [reminding ourselves of] listening attentively to their desires and decisions, all their decisions, because maybe the decision was to have an abortion and she had an abortion, but then the decision was not to go to the post-abortion care, and well, she doesn't want to go to the post-abortion care and she doesn't want to use contraception, and well, I don't want to force her, either." (Accompanier 7)

Based on their practical and emotional experiences of accompanying adolescents during an abortion, several participants shared specific strategies for improving adolescent care.

"[...] when the mother makes the first call, it is very difficult, very difficult because there is a lot to sort out and it takes a lot of... I mean, you have to be very alert to see what is going on there [...] you also have to take a lot of precautions at the time of the actual abortion in terms of pain management, patience, the waiting, how to deal with all that. [...] And then also, well, think very carefully about the support network when she doesn't have family support, think very carefully about strategies for how it's going to be [...]" (Accompanier 5)

Other strategies proposed by accompaniers include practicing attentive listening; making conversations practical, dynamic, and based on open-ended questions; and emphasising the adolescents' wishes and decisions. To centre the adolescent, it is important to clarify that the accompaniment is for the person undergoing the abortion and to arrange private time for dialogue without the presence of an adult. Some accompaniers also recommended adapting information for the authorised adult. Additionally, due to the emotional burden on adults supporting adolescents, several accompaniers and key informants stressed the need to provide emotional support spaces for both professionals who work with adolescents and accompaniers.

The accompaniment provided by SenRed was highly valued by adolescents, who reported feeling supported and empowered throughout the process and expressed a strong desire to help others access similar support.

[Speaking about the hypothetical case of a friend of hers becoming pregnant] "First, I would ask her if she wants it, if she wants it, perfect, I will help her [with] everything, because I am here. And if she doesn't want it, if she agrees not to have it, I would give her your [SenRed's] number and tell her to talk to you, to get information, because you give very good information and excellent support [...]" (Adolescent 4)

Discussion

The objective of this study was to understand the experiences of adolescents who sought abortion services in Argentina during the transition period immediately after the decriminalisation of abortion via Law 27.610, through the perspectives of officials from institutions that serve adolescents, abortion accompaniers from SenRed, and adolescents themselves. The interviews highlighted how social change, public policies, existing support systems, and access to accompaniment impact the abortion experiences of adolescents in this context. Our findings show the fundamental role of the Marea Verde movement in changing public perceptions and advancing legislation that protects abortion rights and access in Argentina, a movement that many key informants and accompaniers linked to SenRed's work and broader feminist efforts. The results of this study also reaffirm the importance of social support networks, the key role of accompaniers as a source of support, and the ways in which abortion accompaniment can be adapted to better meet the needs of adolescents in Argentina, which could also be applied in other similar contexts.

Our study, alongside existing scholarship, highlights the success of the Marea Verde movement in expanding access to abortion information and services for adolescents, reflecting trends observed in Argentina even before the law was passed (Elizalde & Mateo, 2018; Sousa Dias, 2018), as well as in other successful social movements. Decades of feminist activism aimed at changing negative perceptions of abortion in Argentine society made it possible to garner massive social support for the Marea Verde's strategies, which included the implementation of long protest cycles (Whittier, 2007), the circulation of new ideas and organisational strategies (Earl, 2007; Swidler, 1986), and the ability to adapt tactics to the institutional context by creating a multiparty coalition to pass Law 27.610 (Anderson, 2022). On the other hand, constructing—through decades of collaborative work—a broad network of individuals and institutions that facilitate access to abortion support and services enabled the Marea Verde movement to leverage 'its position at the intersection of multiple institutions to bring about change' (Amenta & Polletta, 2019, pp. 289; Hurwitz & Taylor, 2012). Additionally, our findings highlight the intersections between youth rights, reproductive rights, and the rights of women and people with diverse gender identities, underscoring the critical role of feminist activism in promoting and defending all of these rights. In the specific case of adolescent abortions, our study shows how SenRed's activism and alliances between feminists have led to progress toward the goals of youth movements, which James and McGillicuddy (2001) define as movements 'for justice: the right of all people to self-representation and self-determination.'

Our results also highlight that support from adults knowledgeable about abortion rights facilitates adolescents' access to sexual and reproductive health information and services, is positively valued by

adolescents, and addresses their specific needs. However, since not all adolescents receive this type of support from their closest emotional networks, social initiatives, public policies, and state infrastructure centring adolescent autonomy are needed. Across the Latin American region, accompaniment groups have long taken tasks neglected by the states, including supporting adolescents accessing abortion. Additionally, accompaniment groups in Argentina have a history of working across sectors to strengthen the abortion care ecosystem for adolescents, from their role training teachers and implementing sex education in schools (SenRed, 2025b), to their work in training medical students on how to provide supportive abortion care (SenRed, 2025b) and creating abortion-friendly referral networks of healthcare providers (Luchetti et al., 2024). Interpreted in the light of this context, our findings suggest that the role of these groups may only become increasingly important amidst the decrease in funding for sexual reproductive health services in Argentina (Galera, 2025).

While the literature generally acknowledges the importance of centering adolescent autonomy and adolescent-friendly health services in sexual and reproductive health care, in practice it is rare for adolescents to encounter health services that provide adequate care or providers who respect their autonomy to make decisions without an adult present (Koiwa et al., 2024; Espinoza et al., 2020; Nash & Donovan, 2019; Ninsiima et al., 2021). The accompaniers in this study suggested that adolescents often require more detailed information than adults to feel safe and calm throughout the abortion process, recommending individualised, in-person support for adolescents undergoing abortion. They also emphasised the importance of recognising adolescents' autonomy and prioritising their wishes—something some accompaniers admitted can be difficult to achieve given the pervasive adult-centred culture (Ambrosius, 2019). This prevalence of adult-centrism—summarised by Morales as 'the structural nature of the social, political, economic, cultural, and moral domination that adults exercise over children and young people' (Langhaug et al., 2010; Seca Correio, 2020)—highlights a significant barrier adolescents face: their movement, decision-making capacity, and knowledge of their own experiences are restricted simply because of their age. Previous studies have documented the challenges health care providers face in maintaining their professional role without 'mothering' the adolescents in their care, as well as other expressions of infantilization or paternalism (Ninsiima et al., 2021; CLADEM, 2018), even among providers who aim to support adolescents' access to sexual and reproductive health, as our results confirm.

This study had several limitations. First, the research was conducted during the COVID-19 pandemic, a period marked by social and institutional changes—such as school closures and reduced direct contact between adolescents and their peers and teachers—that may have influenced participants' experiences seeking abortion. Second, since the interviews were conducted by SenRed activists, participants may have omitted certain critical aspects when discussing the organisation's work. Additionally, although some accompaniers and key informants lived and worked in other parts of Argentina, most were from Neuquén and its surrounding areas, which may have limited our ability to capture regional specificities, as well as the national generalisability of the results. The study design did not distinguish between pregnancies among girls—who experience forced pregnancies as a result of violence (Casas, 2019)—and pregnancies among adolescents, which are often the result of the autonomous exercise of sexuality. This lack of conceptual distinction, constrained our ability to understand the unique aspects of abortion among girls and adolescents. However, the most important flaw of this study was the lack of girls' participation, along with the small number of adolescent participants. We believe that the reasons why our many efforts to recruit girls and adolescents were unsuccessful included COVID-19 related limitations, which made it more difficult for adolescents to find privacy to participate in the study, and the persistent stigma around abortion, which often poses difficulties in recruiting participants for studies on the subject. This limitation affected our capacity to understand adolescent perspectives and experiences and to centre their voices on a phenomenon that primarily concerns them. Given these limitations, our study result should be interpreted with caution, and within the exploratory and applied nature of its design.

Conclusion

Despite the change in social perceptions of abortion achieved by feminist movements and improved access to services enabled by Law 27.610, adolescents continue to face barriers to accessing sexual and reproductive health information and abortion services in Argentina. These barriers include lack of information, fear of

stigma, and inadequate state infrastructure. In this context, the existence of social support systems, inter-institutional coordination, and the work of Socorristas en Red's abortion companions play a fundamental role in facilitating access to abortion. Our findings suggest that, to ensure that adolescents have safe abortion experiences with high quality care that promotes their present and future well-being, abortion services in Argentina should explicitly incorporate strategies to centre adolescent's autonomy. However, further research exploring the differences between abortion experiences of girls and adolescents, and amplifying their voices and desires regarding abortion, is needed to confirm our results.

Endnotes

1. The applied aim of this study was the creation of adolescent support guidelines for SenRed.
2. "Socorristas" refers to the Socorristas en Red (SenRed).

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Author contributions

Sara Larrea, Sofia Braunstein, and Leah Scott: formal analysis, writing, review, and editing of the manuscript. Ruth Zurbriggen and Belén Grosso: conceptualisation, methodology, data collection, review, and editing of the manuscript. Chiara Bercu and Alexandra Wollum: conceptualisation, methodology, formal analysis, project management, review, and editing of the manuscript.






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