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SECOND TRIMESTER MEDICAL ABORTIONS

*A feminist
socorrista study*



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The authors of this book recognize that abortion is an experience that does not solely pertain to women. The ability to gestate, and therefore to abort, also involves other ways of experiencing the body and gender. This research particularly refers to women, given that it was specifically with women that we produced these reflections, based on their experiences with abortion.

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Foreword

Marta Dillon¹

This document is a piece of research, and its conclusions constitute the endpoint of a path traced using scientific methods. The data collected will be made available after or during the very same year –2018– that the right to abortion is being debated by legislators in Argentina; more importantly, the demand is being voiced from the streets, the public squares, on network television during the afternoon hours when, according to viewer statistics and the programs on offer, the women around the country are expected to be watching. Nevertheless, what stays with you when you finish reading this document is a sensation, the warmth of those necessary emotions, those that console, that embrace, that surround affection. What stays with you after reading this text is the value of helping hands when they reach out to hold other, more fragile, hands.

This book gives power to a word repeated by a strong tide of feminism that over the last few years has surpassed all known limits: *sisterhood*. The word was invented to counter the imagery of the masculine, *brotherhood*, which would rather be struck than stroked, shying away from soft and smooth caresses. The word *sisterhood* acquires new senses, its own sounds and consistency. It is the consistency of a body, with what it reveals and what it hides in its intimacy. At the end of the in-depth interviews, the

¹ Journalist, feminist lesbian, member of the collective “Ni Una Menos”.

group work, the breakdown of the testimonies, what you are left with is how powerful it is to be there for each other. For *nosotras*, us women, aware of the complexity inherent in using the feminine first-person plural in Spanish. The power to be there for ourselves and each other at the moment of deciding about our own bodies, our whole lives, on what they could be; as opposed to letting our futures be taken from us. This book documents the power to be there for ourselves and each other at the time of abortion. But also, to be willing, faced with those looking for help, to offer it without passing any judgement, without chastisement, without imposing any emotional distance beyond that imposed by fear- a fear known to those who have accompanied abortions so many times that they already know the road that lies ahead.

Because these abortions are not just any abortions. These are the ones rejected by hospitals, and even friendly clinics. The ones where the decision was not made in time, because of so many variables; because the very illegality of the practice brings with it the denial of the pregnancy, because not all menstrual cycles are regular, because gender violence keeps us from making decisions freely, because perhaps women think they don't have the right. Whatever the reason, these are a different type of abortion. These are the kind of abortions that renew the fascist imagery of crazy women killing the offspring that belong them (to men).

These are the abortions that prove that the power is on the side of the bodies that can gestate because, once the decision to abort is made, that desire permeates everything beyond all doubt. The need to be free in the future, to continue being who you are, with more or less advantages, with other children, without a pregnancy resulting in another being to take care of or be responsible for, even if not necessarily as the mother. When that need is clear, it is like floodwater, finding its course no matter what gets in its way. The desire to abort, even in the

second trimester of pregnancy, as in this study, is like the desire for freedom: it is not a question, it is a quest. You quest for it.

And there they are, “ready to provide information, to give emotional support, and to build a safe space for women to assert their decision to terminate their pregnancies”. *Socorristas* listen to the voices of women, while supporting each other. What they do for others is not foreign to the territory of their own bodies. What they learn through accompaniment legitimizes the practice of abortion for all women, even when it isn’t done immediately after the contraceptive mishap.

What they do, in their own words, is open a door for someone who thought they were trapped within four walls; it is, from the first encounter, extending a hand, to allow them to glimpse the possibility of grasping their freedom. A freedom that must be grasped because it will not be given.

You must decide.

You must face it.

The *socorristas* reveal the door, open it, and pass through it with you. The experience changes them and the knowledge they gather is systematized. But only the woman aborting will deal with the fluids, the spasms, the remains. She can be accompanied, but her part in the process is irreplaceable. One can listen, advise on forms of relief, offer what one has learned to reassure her, but it is by no means possible to take her place.

Socorristas who gathered to reflect on their work in second-trimester abortions spoke about this. It is possible to feel impatient in the face of pain, because there will be pain – there always is, and if they accompany women in their abortions it is because there is an organization supporting their work. As explained in the group discussions, where they shared their experiences, each *socorrista* feels safe within the network and using their common approach: face-to-face meetings, giving each other permission to speak, providing clear and safe information, building ties with the healthcare system (or with some healthcare providers, pro-

professionals who feel the need to personally meet the ethical need of women who choose to abort), phones turned on and next to them throughout the entire accompaniment process.

The form of organization is designed for the network and the network is large, and provides refuge, a structure of open arms and knowledge that is constructed and becomes solid as they learn from the women who abort. They share their knowledge into a communal cauldron, where smells, flavors, memories and warmth are shared. There are no exclusive illustrations, it is rather about building something together that can be said out loud, as it is something that influences and is created by all of our voices, it is experience speaking through us.

“More confident, I came out feeling more confident, more certain about my decision and about what I was going to do, because it was like there were many guarantees; this works and if it doesn’t, there’s something else. It wasn’t like if it doesn’t work, we walk away and that’s it (...). I think I came out more confident than I came in, at least that helped [laughs]”. These are the words of one of the women interviewed for this research. Her laughter bears witness to the same thing described by the *socorristas*: meeting with a woman who doesn’t know how she can have an abortion, who thinks it’s either too late or unfeasible, who is afraid of the clandestinity, due to public or family discourses, is an act of resistance. An act of disobedience that reaffirms the parties involved, that requires the kind of affection that provides security, that is never complacent.

If one can conceive of abortion as an act of disobedience towards patriarchy and the institutions that sustain it, one must call things by their names: *pregnancy*, *abortion*, *fetus*. These are just some of the words that appear in this text, where they have the same function as during the pre-abortion preparatory meetings: they are safety valves that provide release, relief. Because when we abort, we don’t need to believe that we’re doing something

else, we need to assert our right and power to decide on our own bodies.

As this book was being printed, the debate on the access to legal, safe and free abortion was being discussed in the Argentinian Parliament. It is impossible to know the results of this debate, a debate that surged out from the streets, evidence of the many ways that feminists have been constructing frameworks to reclaim the sovereignty over their own bodies, and be supported in their decisions by the public health system.

Second-trimester abortion is hardly mentioned in the draft bill currently being discussed by legislators. However, it raises questions that go beyond the victimization of the most vulnerable, those who may be criminalized and who could turn to unsafe methods of abortion. This centers the decision, the will of those who abort. It dismantles the sense of right and wrong when it comes to making decisions about your own body. It reveals how free choice is weighed down by the criminalization of a practice—a practice that will be carried out regardless, to avoid the confinement of forced motherhood. And it brings up, once again, women's need to count on each other, the need for care networks, shared experiences. This practice performed around a communal cauldron, that could not be eradicated with the burning of witches, will not be banished with laws, or lack thereof. This is knowledge and power that belongs to women.

Introduction

Women exercise a power
to which they have no right;
they have the power to break the law.

Laura Klein

In the year 2016, the Feminist Collective *La Revuelta*, the Center for the Study of State and Society (CEDES, for its acronym in Spanish) and Ibis Reproductive Health, joined efforts to develop the study “Women who do medical abortions in the second trimester of pregnancy accompanied by feminist activists. A qualitative study to understand these experiences”¹. The project was carried out by Silvina Ramos and Caitlin Gerds (principal researchers); Ruth Zurbriggen and Brianna Keefe-Oates (co-researchers); Graciela Alonso, Belén Grosso, Maria Trpin and Nayla Vacarezza (research team members). The authors of this book carried out the field research and data analysis, and produced the research results for this study.

Through this research project, we aimed to advance the development of knowledge on an uneasy and controversial issue: medical abortion during the second trimester of pregnancy. Both the initial interest as well as the need to systematize knowledge

¹ Daniel Grossman and Silvina Ramos instigated the development of this project during conversations held at the meeting organized by the REDAAS (Network for the Access to Safe Abortion in Argentina)

on the topic emerged from the practice of providing information and accompanying this type of abortion by activists of the Feminist Collective *La Revuelta*, which is part of *Socorristas en Red* (*feminists who abort*), the national *socorrista* network.

According to the systematic data collected, from 2014 to 2017 alone the national *socorrista* network accompanied a total of 1,866 abortions during the second trimester of pregnancy. This accounts for 14,82% of all abortions accompanied by the network at the national level. These accompaniments demonstrate, primarily, the existence of a need on the part of women, a need that *socorristas* are meeting through the provision of reliable information and accompaniment using safe practices.

There is also an epistemological and pedagogical intention underlying the origins of this study. We asked ourselves what voices should be heard on the issue of abortion, what are the limits of what can be studied with regard to this topic, and what knowledge can have the legitimacy to be disseminated. With this in mind, this research aimed to share the voices of women who have gone through the experience of second trimester medical abortions, and the voices of the feminist *socorristas* who accompany them. We chose a topic as sensitive as it is urgent, and we studied it from a particular situated position: we are all activists committed to the fight for the right to abortion. We believe in the value of generating systematic knowledge on these topics and in the knowledge that is constructed through the practice of accompanying abortions, in dialogue with the women who abort.

For this research project, we invited 23 women from 4 geographical regions in Argentina who had second-trimester abortions to reflect upon their experiences. All the participants in the study had medical abortions and were accompanied by feminist *socorristas*, members of the *Socorristas en Red* network. The women we interviewed shared their experiences with the

interviewers, and one of them found the conversation to have a healing effect that neither we nor she had predicted: “Yes, it’s good to talk about it and have it on record, because it’s like it frees you from something, it’s good (...). It helps you to bring the process to a close like this”.

The study also included the testimonies of 16 activist *socorristas* who accompany abortions during the second trimester of pregnancy. They participated in two discussion groups that allowed for a collective interpretation of the practice, a reflection on the difficulties they face and a recognition of the transformations that they are provoking. The activists that participated in this study are members of 11 collectives that are part of *Socorristas en Red* (feminists who abort).

It is important to clarify that the initiative of this study was driven by the feminist collective *La Revuelta*, not by the collectives of *Socorristas en Red* as a whole. For the purpose of this research, the feminist collective *La Revuelta* entered into a research collaboration with specialists in this topic, and included in the study several collectives and activists from *Socorristas en Red*, who are committed to the accompaniment of second-trimester abortions. We hope the results will be useful for the work of the national *Socorrista* network, and we thank the collaboration received by members of *Socorro Hilando* (Cordoba), *Las Rudas* (Villa Mercedes), *Socorro Rosa* (San Luis), *Consejería Pre y Post Aborto* (Pre & Post Abortion Counseling) of La Matanza, *Dora Te Escucha* (*Dora listens to you*) (Paraná), *Consejería Pre y Post Aborto* of the Villa Urquiza Assembly (City of Buenos Aires), *La Mestiza* (City of Buenos Aires); *La Revuelta* (Neuquen), *Malona Rosa* (Mendoza), *Rosa Te Escucha* (Moron) and *Socorro Rosa* (Andean province).

We received Marta Dillon’s foreword as a comforting embrace, and it gave us the amazing and exhilarating opportunity to look back at the road we have traveled through a different set of eyes. We thank the comments and generous contributions made by

Silvina Ramos and Brianna Keefe-Oates during the preparation of this book. Most special thanks to each of the participants in this study, for their generous willingness to collaborate, for the things we learned together and everything we have yet to learn. Without their words, as lucid as they are defiant, this study would have been impossible.

This research work forced us to confront many challenges. One of such challenges relates to the level of involvement we had with our participants and with our object of study. In particular, four of us (Graciela Alonso, Belén Grosso, María Trpin and Ruth Zurbriggen) are activists with the feminist collective *La Revuelta*, and accompanied some of the participants through their abortions. Our commitment to this practice, both in lived experience and political commitment, is evident. Therefore, our attempt here was to build a situated knowledge that does not aim for neutrality and does not hide its affective, ethical and political stance regarding the problem being studied.

A second challenge was to find an honest way to talk about these abortions and disseminate women's narratives about the most overwhelming moments of their experience. The reader will not find in this text the pristine blue blood seen in menstrual hygiene advertisements. This too is a political decision. We have written this book with extreme care and respect, but also with the conviction that it would not be fair to avoid any issues that, due to their bodily nature, in the most literal sense, may be uncomfortable or disturbing to some.

Finally, maybe the most overarching challenge in this study was to shift the ethical and political agendas focussed on the legalization of abortion and the current legislation. Second-trimester abortions continue to be a social reality that remains untold, even now that the debate on the legalization of abortion has taken the central stage in the public arena. The freedom to choose demanded by movements for the right to abortion seems to apply no further than 12 or 14 weeks of pregnancy, and very

few countries in the world consider permitting abortion for more advanced pregnancies when the issue is the will and desire of the pregnant person. Nevertheless, there is an impending need that particularly affects those who wish to terminate their pregnancies who are in greater social and subjective vulnerability. This research shows that women who require second-trimester abortions are those who experience the most difficulties in confirming their pregnancy early on, and in accessing abortion in a context characterized by its secrecy. Women who suffer sexual and gender abuse in their relationships, younger women, women from rural areas, and those in precarious employment, with less education and low income, are who require this type of abortion the most. Nevertheless, we should not assume that this is a problem that solely affects a certain well-defined social stratum: any person with the potential to get pregnant may fail to become aware of their pregnancy promptly, or may fall prey to fears and contradictions that delay their decision to abort, or else they may go through unexpected life changes that make a wanted pregnancy unviable.

The people who have carried out this research and accompanied abortions during this stage of pregnancy are eager to see this urgent issue, and the findings of this research, have an impact on activism for the right to abort, the current public debate and the parliamentary process that was initiated for the fulfillment of this right. We cannot provide a final answer, but rather an open path towards it, thanks to the critical reflection and the constant quest for resources to facilitate a way forward for those who decide to abort.

Neuquén, March 2018.

Chapter 1

Elements of research on second-trimester abortions



W. R.
2017

Chapter 1

Elements of research on second-trimester abortions

The status of abortion at the regional and local level

Despite the efforts of activists and the reports published by feminist, women's and human rights organizations, the status of abortion in Latin America and the Caribbean continues to be alarming. There are currently six countries in which laws fully prohibit abortion (El Salvador, Haiti, Honduras, Nicaragua, Surinam and the Dominican Republic)¹. A report recently published by the Guttmacher Institute (2017) estimates that more than 97% of women of reproductive age in the region live in countries where abortion is restricted by law.

In their current report on global reproductive health and abortion policies, the United Nations affirms that countries with restrictive laws on the matter have higher unsafe abortion rates, as well as higher maternal death rates (UN, 2014). According to the data most recently published by the World Health Organization, in the year 2008, the region has the highest

¹ As we write this book, Chile has passed a law that allows abortion on three grounds: risk of harm to the woman's life, fetal unviability of lethal nature, and pregnancy resulting from rape. With regards to this bill, see, among others, Dides, Fernandez and Peltier (2015). Also visit: 3causales.gob.cl/. For information on changes in legislation on abortion laws in the region, see Bergallo and Ramon Michel (2016).

unsafe abortion rates worldwide, and that 1,100 pregnancy-related deaths occurred as a consequence in the region that same year (WHO, 2011).

In Latin America, pregnancy termination at the woman's request is only legal in Uruguay, Mexico City, Cuba, Guyana, French Guiana and Puerto Rico. All other countries in the region oscillate between absolute criminalization, and criminalization with exceptions in certain situations. The exceptions recognized in the different penal codes can be grouped into three categories: pregnancies that result from rape, pregnancies whose continuation puts the woman's life or health at risk, and non-viable pregnancies or pregnancies where the fetus presents serious malformations. Nevertheless, there are frequent barriers to accessing the service in countries where abortion is legal, as well as in countries where abortion is allowed on these legal grounds. The rights of women end up being compromised, either by action or by omission, while there are no sanctions for those responsible.

In a permissive country such as Uruguay, where the 2012 decriminalization of abortion significantly reduced the number of deaths among pregnant women, a recent study supported by the organization *Mujer y Salud* points to numerous obstacles to the fulfillment of women's will (Correa and Pecheny, 2016). At the other end of the spectrum, reforms to El Salvador's penal code and constitution in 1998 and 1999 eliminated all legal grounds for abortion, leading to situations that seriously affect the freedom and lives of Salvadoran women, who sometimes face sentences of 30 and 40 years of imprisonment due to obstetrical complications or induced abortions (*Agrupación Ciudadana por la Despenalización del Aborto Terapéutico, Ético y Eugénésico*, 2013).

The criminal prosecution of women who choose to abort is worrisome in El Salvador and other countries where abortion is illegal in all circumstances, as well as in countries where it

is permitted in certain circumstances. There are no systematic studies at a regional level on the application of the criminal code for the imprisonment of women on abortion-related charges, but activists, as well as prestigious human rights organizations, have denounced and intervened in numerous cases (*Centro de Derechos Reproductivos*, 2013; Ipas, 2015; Amnesty International, 2016; Deza, 2016).

In addition to the legal restrictions and penal prosecution, there are other access barriers to abortion in a region that, certain progress notwithstanding, presents profound deficits in relation to sexual and reproductive health. The unmet demand for contraceptive methods has resulted in a high percentage of unwanted pregnancies that women interrupt in unsafe conditions, due to strong economic and ideological restrictions on abortion services in health systems. The lack of specific protocols and trained professionals willing to provide services, together with restrictive attitudes and stigma, have been identified as barriers to access (Kulczycki, 2011). Despite the fact that medical abortion provides a safe alternative, the price of medication continues to rise, health professionals do not know how to advise correctly on their use, and there are numerous barriers to the distribution and commercialization of medication (Dzuba, Winikoff and Peña, 2013).

In this hardly favorable social landscape, we point to the enormous efforts of a significant number of organizations and professionals committed to women's rights, who strive to develop different strategies for political action and for the production of reliable knowledge on the issue². Likewise, the past two decades have been characterized by countless actions taken by professionals, activists, feminist organizations and networks,

² A comprehensive state of the art study on the region can be found in *Investigación sobre aborto en América Latina y El Caribe: Una agenda renovada para informar políticas públicas e incidencia* (Ramos, 2015).

and women dedicated to setting up specific services and public policies that make it possible for women to access safe abortions. Among these, one should mention hotlines which provide information on the safe use of abortion medication (Drovetta, 2015); community health centers that provide information; networks of health workers and professionals that guarantee access to legal abortions³; health systems' counseling services on risk and harm reduction, and feminist networks that provide information and support.

International human rights law increasingly supports the call for the legalization and decriminalization of abortion (Human Rights Watch, 2005; *Centro de Derechos Reproductivos*, 2010). The access to voluntary pregnancy termination has been proven to be fundamental for the effective exercise of women's human rights, as well as their right to health, life, equality, personal security, freedom, privacy and information, among others. Juan E. Mendez, the UN Special Rapporteur on Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment, in a 2013 report, firmly declared that:

The denial of safe abortions and subjecting women and girls to humiliating and judgmental attitudes in such contexts of extreme vulnerability and where timely health care is essential amount to torture or ill-treatment. States have an affirmative obligation to reform restrictive abortion legislation that perpetuates torture and ill-treatment by denying women safe access and care⁴.

³ Of particular noteworthiness is the work of REDASS, the Network for the Access to Safe Abortion in Argentina: www.redaas.org.ar. The Network of Health Professionals for the Right to Decide in Argentina also plays a fundamental role.

⁴ Available at: https://www.ohchr.org/EN/HRBodies/HRC/RegularSessions/Session31/Documents/A_HRC_31_57_E.doc

In Argentina, abortion is legally restricted by the Penal Code, which typifies it as a crime against persons and against life, and sanctions with imprisonment the person performing it as well as the woman that causes or consents to it. Nevertheless, article 86 of the Penal Code allows for two exceptions wherein access to abortion is not punishable: when the life or health of the woman is at risk and that risk could not be averted by other means, and “when pregnancy is the result of rape or indecent assault on a retarded or demented woman”.

Abortion is therefore generally considered a crime, even though there are exceptions which have been extensively discussed by experts (Maffia, 2006; Bergallo and Ramon Michel, 2009; Zamberlin, 2011; and others). For decades, restrictive interpretations on the legal grounds for non-punishable abortion in the penal code led to situations of extreme injustice, which have been made public over the last few years, thanks in part to the efforts of activists and public figures committed to the call for justice (Carbajal, 2009).

In 2012, the Supreme Court of Argentina, through the ruling “F.A.L/self-enforcing measure”, specified the legal grounds on which abortion is not punishable, establishing that the termination of pregnancies resulting from rape, or pregnancies that may affect the health of the pregnant woman are legal. In a groundbreaking decision, the court ruled that in the case of non-punishable abortions on the grounds of rape, their legality needs not rest on the filing of a police or judicial report. It also called on governments to implement protocols for dealing with such cases. In its ruling, the court determined that women have the right to abortion in the cases established by article 86 of the Penal Code, that is, in case of rape or when the woman’s health or life are in danger. Additionally, the court urged the powers of the State to guarantee this right and called for non-restrictive

interpretations of the Penal Code, in consonance with the nation's Constitution and international human rights treaties.⁵

The ruling did not generate immediate changes in the medical attention related to abortions permitted by the Penal Code. Instead, it caused a series of still ongoing legal disputes (AA.VV. 2013). In April 2015, in an attempt to standardize best health care practices, and in order to guarantee the legal grounds for abortion in the Penal Code, the Ministry of Health of Argentina published the "Protocol for the comprehensive care of persons with the right to a legal termination of pregnancy"⁶. This publication clearly specifies the circumstances that allow for the legal termination of pregnancy (on the grounds of health or rape), the health system's obligations and the clinical procedures required in such cases. Nevertheless, the access to non-punishable abortion within the public health service at a national level still faces serious and diverse obstacles (*Asociación por los Derechos Civiles*, 2013, 2015; Gebruers and Gherardi, 2015; Gebruers, 2016).

As we examine the social experience of abortion, we can assert that neither the barriers to access nor the criminalization of non-punishable abortions impede their practice. Instead, they generate humiliating conditions for women in general, that are particularly unsafe for women with the least economic and sociocultural resources (Chaneton and Vacarezza, 2011).

The World Health Organization defines an unsafe abortion as the termination of a pregnancy by persons who lack the necessary skills, or that is performed in an environment lacking

⁵ For more on this ruling, see *La regulación de la interrupción legal del embarazo en Argentina. Los principios que estableció la Corte Suprema de Justicia en el caso «FAL», marzo de 2012*, published by the Sexual and Reproductive Health Program of Buenos Aires Province.

⁶ Earlier, the Ministry of Health of Argentina had published the Guide for the Improvement of Post-abortion Care (2005) and the Technical Guide for the Comprehensive Care of Non-punishable Abortions (2007).

minimal medical standards, or both (WHO, 2003). Said abortions continue to be the main cause of death of pregnant women in the country. According to current official statistics published by the Directorate of Information and Statistics of the National Ministry of Health (2016), a total of 55 women died in 2015 as a result. Meanwhile, also according to official statistics, discharges for abortions in public hospitals accounted for 48,949 cases (2015).

There are obvious difficulties in the task of calculating the magnitude of abortion in countries where the practice is not legal, and Argentina is not an exception. In a study commissioned by the Ministry of Health with the participation of the Center for State and Society Studies (*Centro de Estudios de Estado y Sociedad - CEDES*) and the Center for Population Studies (*Centro de Estudios de Población - CENEP*), Silvia Mario and Edith Alejandra Pantelides (2007, 2009), using different methodologies, estimated the total to be somewhere between 371,965 and 522,000 abortions per year.

The landscape of abortion methods has changed in recent years due to the increased use of medical substances for the safe and effective termination of pregnancy. The World Health Organization has claimed, in three technical guidebooks on abortion (2003, 2012, 2014), that medical methods (mifepristone+ misoprostol, or misoprostol alone) are safe and efficient. Likewise, the International Federation on Gynecology and Obstetrics (FIGO) (2012, 2017), as well as the Latin American Federation of Obstetrics and Gynecology Societies (*Federación Latinoamericana de Sociedades de Obstetricia y Ginecología - FLASOG*) (2013), have made similar claims. Following these guidelines, the same methods have been indicated in the “Protocol for the comprehensive care of persons with the right to a legal termination of pregnancy”⁷.

⁷ This protocol clarifies that misoprostol is used as an “off-label” method,

Outside the health system, for several decades and with increasing frequency, Latin-American women have relied on abortion through the use of misoprostol, as it is a safe and non-invasive method, is less costly than surgical methods, and does not require third-party involvement (Barbosa and Arilha, 1993; Dzuba, Winiko and Peña, 2013; Ramos, Romero and Aizenberg, 2014; Zurbriggen, Keefe-Oates and Gerdts, 2017). In Argentina, women use this drug to abort even though it has not been officially registered for this purpose by the National Food, Drug and Medical Technology Administration (*Administración Nacional de Medicamentos, Alimentación y Tecnología Médica - ANMAT*) and the drug lacks an adequate form for its obstetric use outside the health system (CLACAI, 2017). Other obstacles to access this medication are its high price and the potential risks associated with the illegal market where the drug is sold without a prescription. Nevertheless, the use of this method has quickly expanded through word of mouth, thanks to its effectiveness and the privacy it permits. Other factors that have facilitated its increased use include the work of activists that offer support during medical abortions, risk and harm reduction counseling, and the work of health professionals that use these methods for abortions permitted by law.

The legalization and decriminalization of abortion is a debt that democracy owes to women in Argentina, which in light of past and recent events, governments of different ideological-political backgrounds (whether popular or liberal) are not willing to settle. Religious beliefs and conservative ideological views, as well as the alignment of the political ruling class with

because it has not been approved by the National Food, Drug and Medical Technology Administration (*Administración Nacional de Medicamentos, Alimentación y Tecnología Médica - ANMAT*) for its gynecological use. See also: CLACAI, 2017.

Vatican elites, seem to play a significant role in the maintenance of the status quo⁸.

The National Campaign for the Right to Legal, Safe and Free Abortion has become an important agent in the fights for the right to abortion. The campaign originated in a proposal agreed upon at the Assembly for the Right to Legal Abortion (*Asamblea por el Derecho al Aborto Legal*), developed during the National Women's Conference of 2003, in Rosario. This proposal was ratified the following year at the National Women's Conference in Mendoza, and subsequently inaugurated in a meeting held in the city of Cordoba in 2005. The Campaign is a diverse federal alliance of more than 350 feminist, women's, LGTTBI, human rights, student, and political organizations, as well as labor unions and cultural associations, among others. One of its missions has been to submit a bill to the national parliament for the Legal Termination of Pregnancy (LTP), which they have done on several occasions.

In 2016, the bill was submitted to the National Congress for the sixth time, with the support of 40 deputies from across a broad political spectrum, and once again it is waiting to be put on the agenda. Though the bill should at least be heard and discussed on the parliamentary floor, no date has been set for its discussion. Unfortunately, congressional and presidential declarations seem to indicate an ongoing strategy of postponing the debate, or putting as many barriers as possible in its way. For the first time, the categorical legislative impasse in which the bill had been entrenched by the political class seemed to unravel. At the same time, feminist and women's movements are becoming more vibrant, and continue to make progress in the production of knowledge, the management of abortion

⁸ See Vaggione (2006) for more on the influence of religion on politics and the Church's capacity to exercise power within the State. See Pecheny (2011), for more on the obstacles that impede a political discussion on abortion.

care services, the engagement in public debate, and social and cultural mobilization in general. Indeed, one can affirm that there is a growing social de-penalization of abortion in large sectors of the population and that the social base that supports this democratic plea has widened (Petracci 2007, 2015). What remains is for political representatives in Argentina to materialize this through the approval of a Law for the Voluntary Termination of Pregnancy that safeguards the autonomy of women and their right to decide over their own bodies, at the same time solving the public health and social justice problems that result from keeping abortion illegal.

As pointed out by Ruth Zurbriggen and Claudia Anzorena:

Latin-American democracies have not met the demands for reproductive justice, the right to abortion and the redistribution of the concrete resources necessary to exercise these rights – sexual education, access to contraceptives and safe abortion. Democratization processes are still indebted to those who live in the region (...). These debts are especially significant in a context that is very heterogeneous and unequal with regard to experiences of reproductive oppression towards girls, women migrants, women with disabilities, displaced women, imprisoned women, women victims of human trafficking and refugees (2013: 29).

Origins and purpose of this research

In Argentina, as well as in the other countries in the region, public debate on the voluntary termination of pregnancy has historically been focused on first trimester abortion. Civil organizations, experts and feminist voices have not been able to instigate, until recently, a serious discussion on an impending reality: abortion during the second trimester of pregnancy.

Daniel Grossman (2016), an obstetrician, gynecologist and researcher engaged in this debate, has claimed that second-trimester abortions are responsible for most of the complications and deaths linked to abortion in regions where legal restrictions remain, thus making abortion unsafe. The availability of safe abortions carried out by trained and competent staff is limited, even in countries where permitted by law, due to legal barriers, the lack of specialized professional training, and the stigma associated with the practice, among other factors (Turner, Hyman and Gabriel, 2008).

It is difficult to estimate the exact scale of this type of abortions in countries where the practice is illegal or restricted. In South Africa, where they are legal, a pioneering study established that these abortions accounted for about 20% of the total, exceeding the 10% rate of countries such as Vietnam or the United States (Harries et al, 2007).

Second-trimester abortion is therefore a health service required for diverse reasons by women worldwide. Among said reasons, one should mention sexual violence, late awareness of pregnancy, changes in personal circumstances and barriers of access to safe services. There is no doubt that quality services are required in order for women to have access to early abortion. Nevertheless, there is no indication that second-trimester abortions could be avoided completely (Harris and Grossman, 2011).

Pioneering studies in the region, conducted in Colombia, show that barriers to second-trimester abortion are still significant despite the partial decriminalization of the practice (Baum, De Piñeres and Grossman, 2015). The same research shows that second-trimester abortions carried out in walk-in primary care clinics are safe and satisfactory for patients (De Piñeres, Baum and Grossman, 2014).

Lisa Harris (2008) advocates for an open and honest discussion on second-trimester abortion, despite the different

silences surrounding the issue. Research on the issue was practically non-existent in Argentina before 2016, when the feminist collective *La Revuelta*, the Center for State and Society Studies (*Centro de Estudios de Estado y Sociedad* - CEDES) and Ibis Reproductive Health started this joint study.

The earlier essay “*Historia de Ana*” (Ana’s story, Chaneton and Oberti, 2000) is a antecedent which offers an analysis of the course a woman is forced to follow after the fetus has been diagnosed with a severe malformation after the third month of pregnancy. Additionally, obstetrician and gynecologist Analia Messina (2014) gave a talk in which she outlined the care process for second-trimester abortions in a healthcare center in the Autonomous City of Buenos Aires.

This research sprang from concerns raised by *La Revuelta* feminist collective, after setting up a hotline for information and accompaniment called *Socorro Rosa* (Pink Aid) in 2010. The main goal of the service was to provide information on the safe use of medication for abortion, and to accompany women during the process. The “*socorros*” initiative provides a safe, non-judgmental space where women who decide to abort can remain calm and be reassured in a situation where illegality and stigma generate intense pressure and fear.

Even though supporting second-trimester abortion was not one of the goals of the organization, as soon as it was up and running, they faced situations in which women wanted to get an abortion beyond the 14th week of pregnancy. This demand presented new challenges and boundaries to transgress. It was the women that approached the service with the firm decision to get an abortion demanding their support that pushed them to take on these accompaniments.

This study started from the concerns coming out of these practices and aims to understand the experiences of women who carry out medical abortions during their second trimester of pregnancy, with the accompaniment of *socorrista* activists.

A major aim was to understand what this process signifies for women, the motives that led to them to take the decision at this stage in their pregnancy, the workings of the drugs and the strategies used after triggering the abortion. It was also pertinent to inquire about the knowledge and learning processes that *socorristas* develop in their practice. We asked ourselves how feminist *socorristas* made the decision to accompany women who choose to abort at this stage of their pregnancy, and also about the strategies that they came to develop in this practice.

We performed qualitative research based on semi-structured interviews with women who had second-trimester abortions, and focus groups with *socorrista* activists that accompany abortion during that stage in the pregnancy. The population of the study comprised women who had been in the second-trimester of pregnancy (at least 14 weeks after their last period), and were accompanied by feminist activists between June 1st, 2015 and June 1st, 2016. It included both women who carried out the abortion at home from start to finish, and women who began the process at home but finished it at a health center. It included women who used a combined medical abortion method (mifepristone + misoprostol), as well as women who used misoprostol alone. The study also included the *socorrista* activists who accompanied women during their second-trimester abortion.

We performed 23 in-depth interviews with users of the accompaniment service in 4 geographical areas of Argentina (*Patagonia-Cuyo*, *Buenos Aires*, *Region Central* and *Region Noreste*). The interviews were semi-structured, and included questions on respondents' reproductive history, their abortion decision-making process, and their experience of second-trimester abortion with the accompaniment of *socorrista*

activists⁹. Furthermore, interviewers produced additional field notes during each interview.

Two discussion groups were also organized, each of which included 8 *Socorristas en Red* activists from different regions of the country who had experience in accompanying women during second-trimester abortions. The discussion groups took place in Buenos Aires and Cordoba. The invited participants were from these areas as well as from other places in the country¹⁰. The topics open to group discussion included the impact of *socorrista* activism on their lives, how they made the decision to accompany abortions at this stage of pregnancy, and what they had learned from their practice.

The research followed the ethical criteria of the institutions involved in the study. Participants received detailed information on the research and their rights as participants. Subsequently, they gave their informed consent to participating in the study. All necessary measures to ensure confidentiality and anonymity were taken. Researchers involved in the study received additional training on research ethics and the study's ethical standards were approved by the Allendale Investigational Review Board.

On the basis that collected data do not “speak” for themselves, the team performed an interpretative analysis of what was said by the interviewed women as well as the *socorristas*. This process involved different stages: an individual reading of the transcriptions; underlining significant sentences and paragraphs; holding group meetings to share information; identifying axes for the descriptive analysis; organizing field study data along those axes; triangulating interviews and focus groups; producing new and more meaningful categories. The process of analysis, no

⁹The interviews were conducted in a place agreed by both the interviewer and interviewee, but never at either's place of residence. Travel and refreshment costs were covered by funds available for this research study. Each interviewee received a copy of *Codigo Rosa. Relatos sobre abortos* (Belfiori, 2015).

¹⁰Travel expenses and refreshments were paid with research funds.

doubt complex and loaded with decision-making, allowed us to organize, systematize and prepare the data collected, so that it would allow, during the interpretation stage, for the emergence of sense and the construction of meaning on the issues on which the research was based.

We hope that the results of this study help understand the experience of second-trimester abortion and systematize the learning outcomes of the *socorrista* practice, so that care strategies for second-trimester abortion can be further developed and improved. We also hope that these results provide new insights for the public debate on the legalization of abortion, as well as valuable information for those engaged in health care and in political decision-making.

Direct action feminism and collective invention

Socorro Rosa and Socorristas en Red

Socorro Rosa is the name given to a group that provides information and accompaniment in medical abortion processes for women and people with the capacity of becoming pregnant. As we mentioned previously, it was created by the feminist collective *La Revuelta* in the city of Neuquen in 2010. The name “*Socorro Rosa*” originates from a form of mutual assistance developed by Italian feminists in the seventies, in which women seeking abortion could meet at the group’s office where they would receive help (Cilumbriello and Colombo, 2001).

Similar services were run in France before the legalization of abortion. The film *Look. Her eyes are wide open* (*Regarde, elle a les yeux grands ouverts*, Yann Le Masson, 1980), is an exquisite documentary register of the French experience, in which each of the protagonists represents herself. In the framework of feminist

genealogies on the provision of abortion, we can also mention Jane, the underground service that operated in Chicago between 1969 and 1973, and which helped some 11,000 women end their pregnancies (Kaplan 1997).

Socorro Rosa has been made possible through a complex network of relationships, in a period inescapably influenced by the National Campaign for the Right to Legal, Safe and Free Abortion, which from its inception has generated new agendas for political influence on abortion legalization.

Another essential factor is the availability of medications that induce safe abortion, as well as the ever-wider dissemination of information on their proper use. The work of Lesbians and Feminists for the Decriminalization of Abortion (in Spanish, *Lesbianas y Feministas por la Descriminalización del Aborto*) (2010) played a pioneering role in the respect (Mines et al 2013). Despite the fact that, as we have discussed, there are still many obstacles for the access to the medication, the experiences in Argentina, the region and worldwide have shown that the significant empowerment these methods provide to those deciding to abort, as well as to those that decide to organize in order to advise and accompany abortion (Jelinska and Yanow, 2017).

This circumstance and *La Revuelta's* policy regarding articulation and dissemination led to the foundation in 2012 of *Socorristas in Red* (feminists who abort), based on the growth of collectives in different places in the country, that began to organize information on abortion and accompanying services. *Socorristas en Red* generates an accompanying model based on self-managed, direct-action practices, and it is now consolidated as an imaginative and urgent collective action to facilitate access to safe medical abortion. Its activities focus on providing information and accompaniment to woman that need to interrupt their pregnancies. Additionally, as part of the National

Campaign for the Right to Legal, Safe and Free Abortion , *Socorristas en Red* demands the passing of a law that would decriminalize and legalize the practice. This is not in detriment of the further goal of obtaining legal, free and feminist abortion.

Socorristas en Red has experienced a dramatic growth from its inception, and currently it brings together forty collectives from different parts of Argentina¹¹. In relation to its organization, network members have an annual plenary meeting that lasts three days. The first and second plenary meetings were held in Cordoba in 2012 and 2013, with attendance from activists from Cordoba, Neuquen, Santa Fe, Mendoza and Buenos Aires. The third meeting, held in Neuquen in March 2014, experienced qualitative and quantitative changes: sixteen collectives and 52 activists attended. Members agreed on a data collection form to be used by all in the nation for recording and systematizing accompaniment processes. The fourth meeting, in Cordoba 2015, gathered 110 activists from 20 feminist collectives.

Since 2015, *Socorristas en Red* uses an information platform built collaboratively with the Computer Science Department of Universidad Nacional del Comahue in Neuquen. *Socorristas* nationwide use this platform in order to improve the quality of data and its processing. This resource, unthinkable only a few years back, was made possible by the social decriminalization of abortion. The fifth plenary meeting, in March of 2016 in the city of La Plata, gathered 170 activists from 30 collectives. The sixth national meeting, which gathered 200 activists from 40 collectives in the meeting, was held in Agua de Oro, Cordoba, in April 2017¹².

Several works on the history, reflexive and conceptual development of the practice show that *La Revuelta* activists were concerned with the production of reflexive knowledge on

¹¹ See: www.socorristasenred.org

¹² Meeting proceedings can be found at www.socorristasenred.org

the practice, as well as the systematization of accompaniment, from the very beginning of *Socorro Rosa* (Grosso, Trpin and Zurbriggen, 2013, 2014; Zurbriggen, Trpin and Grosso, 2013; Grosso and Zurbriggen, 2015, 2016; Maffeo et al, 2015; Trpin, Zurbriggen and Camejo, 2015; Burton and Peralta, 2016; Burton, 2017 and others).

In 2011, *La Revuelta* began to systematize data collected from accompaniment in the form called “*protocola*”. Data show that 136 women were accompanied that year, 342 in 2012, while the number climbed to 537 in 2013. The first systematization for the whole network of *Socorristas en Red* shows that there were 1116 accompaniments in 2014, 2894 in 2015; 3799 in 2016 and 4781 in 2017. From 2014 to 2017 *Socorristas en Red* accompanied a total of 12,590 women through medical abortion.

Data also shows a significant growth in accompaniment in second-trimester abortion. In 2014, *Socorristas en Red* accompanied 216 women in this stage of pregnancy; 269 in 2015; 593 during 2016, and 788 women in 2017. Thus, from 2014 to 2017 *Socorristas en Red* accompanied a total of 1866 women for second-trimester abortion. Absolute growth year per year shows that there is demand and that the network is capable of growing accordingly. This capacity continued to grow after the sharing of working knowledge between activists, as well as in workshops and specific training events.

Susan Yanow, a reproductive rights activist with the organization Women Help Women, gave a workshop on second-trimester medical abortion during the annual meeting of 2016. In July 2017, there was a *socorrista* training on accompanying second-trimester abortion which 90 activists attended.

Year	Abortions	Second-trimester abortions	Percentage of second-trimester abortions
2014	1116	216	19,35 %
2015	2894	269	9,29 %
2016	3799	593	15,61 %
2017	4781	788	16,48 %
Total	12590	1866	14,82 %

Socorro Rosa has undergone many organizational and political changes since its foundation. We can nevertheless claim that from its beginning the activity is organized around four strategies or key moments that configure a *socorrista* action model. These strategies, understood as political fundamentals of the movement, were intended to be taken on by the all members of *Socorristas en Red*, while preserving each collective's autonomy and respecting the singular characteristics of the specific contexts in which each of them develop their activism.

The first strategy is to create a hotline with a publicly available phone number. The hotline constitutes the first point of contact with women who needs the abortion support. It is necessary that the abortion-seeking person first contacts the hotline. This implies a high level of emotional engagement for the person who needs abortion, as well as for the person that voluntarily

answers the call. Among other issues, the goal is to provide non-judgmental listening, to reduce anxiety, to give reassurance, to alleviate fears, to confirm decision-making, to pay attention to the reasons given for the abortion without demanding them, and think of potential courses of action if it is a case in which the woman is in a situation of violence. During this first call, the caller is invited to a group meeting, which will be attended by several women requiring abortion and two feminist *socorristas*, following a pre-established monthly schedule.

The second strategy are these group face-to-face meetings, which aim to make women aware that they are not alone in what they are facing, and in this way encourage a more collective understanding of the situation. These meetings try to alleviate the sense of guilt and stigma that are often associated with this decision. They also aim to value the networks of support and care that the women have. The participants can share their decision-making processes and any other issues that they are concerned about. These meetings are not lacking in angst, controversy, descriptions of wanted and unwanted motherhood, of past abortions, laughter and tears, often held back in front of an audience of strangers. An informational leaflet created by *Socorristas en Red*, on the safe use of the medication, is presented, doubts are resolved and the conversation addresses the question of the most convenient times to start the process. In the last and most intimate stage of the meeting, the “protocola” form is filled in. This task is carried out in pairs of a *socorrista* and a user of the *socorrista* service (also called the “*socorrida*”).

The “protocola” is a three-section form used to record information about the abortions and about the women who turn to the service. The first section is filled in during the group meeting; the second part during the process of medical abortion; the third section, after the post-abortion medical checkup. It is also recorded when a woman decides not to go through

post-abortion checks. All this information constitutes the raw material for the “*Socorristas en Red*” systemization task.

The third strategy in the *socorrista* action model is the monitoring, through telephone calls, during the use of the medication and during the abortion. Each woman that comes to the *socorristas* leaves the group meeting with a telephone contact number, which will allow her to get in touch with the *socorrista* in charge of following up with her and accompanying her. The *socorrista* and the *socorrída*, or accompanying person and accompanied person, get to know each other personally during the meeting, so that each abortion-seeking woman knows the face, name, and body of the *socorrista* that is accompanying her, and that she can call with any question or clarification.

The fourth and last strategy is to motivate women to go through post-abortion medical checkups, and to collaborate in forming links with health workers and professionals. A post-abortion medical checkup is an important point in which women can obtain necessary information and choose a contraceptive method, if they wish.

The *socorristas* work actively towards an effective implementation of abortions on legal grounds within the health system, and towards the creation of best practices in abortion care from an anti-discriminatory perspective that guarantees human rights. They especially work towards facilitating “friendly” approaches to care, that guarantee health care and where woman will not be judged or mistreated for having an abortion¹³. An ongoing task for most of the collectives in *Socorristas en Red* is to set up coalitions with health professionals for accompanying abortion. In December 2014, a public letter signaled the creation of a Network of Health Professionals for the Right to Decide. The professionals who wrote and signed the letter had

¹³ See Grosso & Zurbriggen (2016) for more on the use of the label “friendly” to characterize professionals, services and healthcare approaches.

been asked by the National Campaign for the Right to a Legal, Safe and Free Abortion (*Campaña Nacional por el Derecho al Aborto Legal, Seguro y Gratuito*) to develop a series of activities at the National Congress. The letter claimed:

We want to get together, to leave the loneliness of the doctor's office, exchange experiences, to strengthen our practice. To become aware of what we are doing, what is left to do, how we can achieve it. We want to work informed by the ideas of comprehensive sexual education, we want to stop being an access barrier for contraceptives, we want to guarantee legal, safe and free abortions for women who require them. We want our practices to cease being underground, because they are the correct ones, in accordance to the law and to the ethical criteria for women's health care. For these reasons we aim to take the first steps in setting up a network of professionals for the right to decide.

Previous steps taken by *Socorristas en Red* towards identifying "friendly" segments within the health system, both public and private, showed that the collection of strategies applied by different actors in different spaces had been fruitful, and it is now developing a better organization system. Currently, the Network of Professionals for the Right to Decide (*Red de Profesionales por el Derecho a Decidir*) has almost 600 members from diverse disciplines that carry out their practice around the country. The network also includes *Socorristas en Red* activists, which have contributed from the beginning.

Finally, the *socorrista* movement has been able to produce material in different formats, using different creative forms and discursive styles. These diverse productions aim to disseminate their work and challenge the understanding of sexual and embodied practices related to abortion present in academic, community, journalistic, cultural, educational, judiciary and street spaces. The practice of accompanying abortion conforms, in a way, the empirical grounds on which countless possibilities for action can emerge. Among them, the development of research for the production of knowledge on second-trimester abortion.

Chapter 2

The decision to abort during the second trimester of pregnancy



Chapter 2

The decision to abort during the second trimester of pregnancy¹

Some of the women who abort do so during the second-trimester of their pregnancy, as observed by the *socorrista* activists during their continued feminist accompaniment of medical abortions. The accompaniment of abortion at this stage of pregnancy was not among the initial plans of *Socorro Rosa*. Women's urgent need and solid determination, however, prevailed in practice, presenting new challenges, learning-outcomes and boundaries to be transgressed for the activists.

This chapter presents an analysis that aims to understand the circumstances and reasons that lead to the decision to abort during the second trimester of pregnancy. This analytical reading of the research interviews is inspired by the findings and reflections on the decision and experience of getting an abortion in the book "*La intemperie y lo intempestivo. Experiencias del aborto voluntario en el relato de mujeres y varones*" [The untimely, out in the open. Experiences of voluntary abortions in men's and women's testimonies] (Chaneton and Vacarezza, 2011).

¹ The results presented here will soon be published in "*Interrupción del embarazo desde la experiencia de las mujeres: Aportaciones interdisciplinarias*", a book compiled by Olivia Tena Guerrero, Centro de Investigaciones Interdisciplinarias en Ciencias y Humanidades (CEIICH), Universidad Nacional Autónoma de México (UNAM).

It is difficult to give a systematic account of the motives that drive women to abort at this stage of pregnancy, as each case presents unique social and subjective situations. We will nevertheless attempt to identify a finite number of reasons and circumstances, that derive from our reading of the interviews, in order to shed light onto why women need to terminate pregnancy during the second trimester.

The interviews reflect a particular experience of time. We could say that there is an “objective” time, during which the physiological process of pregnancy develops (number of weeks of pregnancy). This objective time is distorted and dilated when it is recounted as a “subjective” experience, in connection with each woman’s specific social and personal conditions.

Although not exhaustive, these narratives of second-trimester abortion reveal extreme urgency and despair, as well as denial and doubt, which cause delay. There are physiological reasons, sometimes entangled with women’s psychic life, behind the delay in suspecting and confirming a pregnancy. Other women experience profound dissonance and doubt before they can make a decision. Moral conflict surrounding abortion and conflict within a relationship prevent women from making a timely and firm decision on the continuation of their pregnancy. There are also recurrent descriptions of gender violence which cause confusion and the postponement of decisions.

Very frequently we found delays associated with criminalization and the stigma of abortion in Argentina. These delays particularly affect women with fewer economic, social and cultural resources. Women who need to terminate a pregnancy often find it difficult to access adequate information and care, which takes the abortion process into the second trimester. Some of them turn to unsafe and inefficient abortion methods before contacting *socorristas*, while others find it difficult to access medication or are forced to go through the medical abortion treatment more than once.

In response to the whole range of pressing and complex circumstances in which women seeking second-trimester abortion find themselves, *Socorro Rosa* offers respectful accompaniment and reliable information.

Sexual life: Pleasures, slip-ups, mistakes and violence

A cross-reading of interviews shows that the decision to terminate a pregnancy is not independent from women's sexual life. In order to understand the social experience of abortion, we must unearth its connection with sexual life, its pleasures, the slip-ups and mistakes that can occur when contraceptives are used, and also the power relations that are played out in sexual encounters (Chaneton and Vacarezza, 2011).

Women are not always keen to use contraceptives. Two women revealed during the interviews that their pregnancy resulted from unprotected sexual intercourse:

Sometimes in those relationships we're careless, that is, we use protection when it's too late. (c-2, 26 years old, 23-week of pregnancy)²

I was confident, as my periods had stopped. I didn't think (laughs) I could get pregnant, so I said no. (A-10, 35yo, 22w).

Not using contraceptives does not amount to wanting to have children. The interviews show there are other reasons

²When citing an interview, we will always give each interviewee a code (a letter corresponding to their area of residence and a number), followed by her age, and the number of weeks of pregnancy. "A" is for women living in Patagonia and Cuyo, "B" for Buenos Aires; "C" for the Central Region and "D" for women living in the North Eastern Region.

involved, such as obstacles to accessing contraceptives, sexual experimentation, or other reasons to interrupt the use of contraceptives that occur in specific periods of someone's personal life or relationships. For example, one of the interviewees stopped using contraceptives because she and her partner had taken a break from their relationship, during which they had occasional sex and then she became pregnant. There are also at least two other cases (A-1, A-4) in which women wanted to have a child, but then - due to changes in their personal lives or relationships - they decided to terminate their pregnancy.

In other cases, pregnancies are caused by using contraceptive methods that are not reliable, such as the *rhythm method* or *coitus interruptus*:

We were careful: either he would finish outside, or I would keep count of the day in my cycle (...). But I got the days wrong, and so, I got pregnant. (C-3, 37 yo, 20 w).

Among the women who used contraceptives, at least four of them told us the reason why they became pregnant was that they forgot to take a birth-control pill:

That month I made a total mess when taking the pills ... in one week I took two or three of them in one go (A-3, 19 yo, 14w).

I was on the pill but then I forgot to take it for two or three days (D-2, 25 yo, 20 w).

There was a week where I didn't take the pill and then I got pregnant (A-5, 37 yo, 14 w).

I was on the contraceptive pill. It failed. Well, because I forgot to take one and I took two the following day (A-7, 26 yo, 16w).

The birth control pill is a method whose effectiveness relies completely on women's attentiveness and dedication, as they must remember to take the pill. The interviews show that slips and oversights in the use of the pill re-occur regularly and lead to unwanted pregnancies.

A woman from the outskirts of Neuquen comments: "... I got pregnant because I didn't take the shot on the right date". She later explains the difficulties she encountered to commute on time to a health center where they administered injectable contraception. In this case, the daily-life demands of a low-income woman forced her to postpone the treatment session, which resulted in pregnancy.

Other women report failures on the contraceptive methods, such as a broken condom or the emergency pill not having the expected effect:

I said, everything is ok, I took the emergency contraceptive pill, and then nothing happened. I missed [my period] that month, and I thought, what happened here? I took the morning-after pill, it's impossible! (A-15, 26yo, 14-15 w).

I bought [emergency contraception] and took it on the same day as the intercourse... I took it, but I don't know what happened, it had no effect (B-1, 24yo, 18w).

The interviews indicate that women sometimes do not use contraceptive methods, or sometimes these fail, which causes unplanned pregnancies. Up until this point, we have not addressed male partners, even though interviewees talk about them, their attitude towards contraceptives, and their

involvement in sexual relations leading to pregnancies and abortions. Interviewees often mention that men refuse to get involved in contraception, making women the sole bearers of that responsibility, or that men try to get the woman pregnant without taking her wishes into account:

He didn't want to take any precautions. He didn't because he kind of ... he loved getting me pregnant. He would never use protection. Ever (A-13, 23yo, 21w).

I could have taken precautions, yes, but ...I also told him, if I used contraception, he also needed to, but no, he said he wouldn't do it, so we were always fighting about how if anything happened it would be my responsibility (D-1, 24yo, 17w).

In some cases, such as the one cited last, contraception is seen as a "battlefield". Who needs to "take precautions" and who is "responsible" for a pregnancy? Who can decide to have unprotected sex? What D-1 describes confronts us with traditional gender patterns according to which women must exercise their sexuality with responsibility and care, while men can benefit from women's efforts, or even ignore them, imposing their own desires.

These struggles and power relations take place within the intimacy of sexual relations, for instance, when a woman insists on her partner engaging in contraceptive practices while he refuses:

When we were together, he really didn't use protection. I always told him, use protection, use protection. But he didn't, ever. He said he enjoyed it more this way... whatever... also, he claimed he was really in love with me and wanted to have

a family together. I said you're crazy, not me [laughs], I'm not having any children yet (A-10, 35yo, 22w).

In a large number of cases the man imposes his sexual desires and decides on the absence of contraceptive care. These battles take place, literally, hand to hand during the sexual encounter, with different degrees of intensity. Some men refuse to use condoms, others impose unsafe practices like *coitus interruptus*, others don't tell the woman that the condom broke, therefore denying women the possibility of taking emergency contraception. There are also cases of men who do not take into consideration their partner's consent to having sexual relationships and rape them.

The interview analysis shows that we need to reflect closely on second-trimester abortions, as linked to social power relations between genders and the complex political nature of human sexual life. Passion, pleasure, oversight, technical failures, unequal power relations between genders, and rape can result in unwanted pregnancies. Some of the women who wish to terminate their pregnancy will have to abort during the second trimester.

“I found out late”

The sentence “I found out late” often comes up in the interviews. A large number of women told us they found out they were pregnant several weeks into their pregnancy. In general, women report receiving the news about their pregnancy length with surprise and disbelief:

When I found out, I was 13-14 weeks pregnant. It was strange, the sonogram said 14 weeks, but according to my calculations that was impossible, you know? (A-15, 26yo, 15w).

At least six of the women interviewed said they had experienced vaginal bleeding, similar to menstruation, during the first weeks of pregnancy. These symptoms can be caused by different factors and are relatively common in early pregnancies, which often makes women delay the confirmation of their pregnancy:

I found out late that I was pregnant, because I still had my period and all. And then when I found out, I was already 4 months pregnant, or 23 weeks (A-2, 18yo, 23 w).

Time passed, months went by, but I still got my period, as I regularly did (A-1, 27yo, 18w).

I was still getting my period, not with the same amount of bleeding as usual, it was less, but I got it until December. It was less but I still got my period (A-10, 35yo, 22w).

I didn't find out I was pregnant until March, because my periods were normal, I was still menstruating (C-4, 18 yo, 17w).

I found out two or three months into [the pregnancy], because I was still menstruating, and because I started to feel strange, my breasts had swollen. So I went and had an *Eva* [pregnancy] test (D-2, 25yo, 20w).

I got my periods as usual, until the fourth month... I think that's when I started [thinking about it]. I realized [I was pregnant] because ... I didn't realize, I just made a connection. I said, I have this ache here, I never linked it to pregnancy, never! (A-8, 29yo, 22w).

A history of irregular periods can also make a woman overlook the possibility of being at an early stage of pregnancy:

When I found out I was pregnant, my period was always very irregular, for me this was something normal. But I had already missed my period twice, so ok, I did the test, to make sure I wasn't pregnant, so the doctor would tell me there was nothing there... Because I didn't feel anything, I couldn't feel anything (A-14, 24yo, 16w).

These excerpts show the existence of physiological factors that can prevent women from realizing they are at an early stage of pregnancy. The interviews also allow us to affirm that in some cases there are very powerful subjective issues that can make a woman delay the confirmation of a pregnancy, and even deny or discount the possibility of being pregnant.

I let days go by and I didn't buy the pregnancy test. I would say to myself, I'll buy it tomorrow. But all sorts of things would come up (A-3, 19yo, 14 w).

I let time go by because we were waiting to see if my period would come but it didn't. I didn't even want to take the test (A-7, 26yo, 16w)

I was afraid of going to the gynecologist, you don't want to hear that you're pregnant (A-8, 29yo, 22w).

I was kind of trying to convince myself that it wasn't like that, that [the pregnancy test I had taken] wasn't positive, that maybe the result was wrong, maybe I'd done something wrong. Then I read the instructions, I got up early two days later and did the test again, and it was positive again (A-12, 18yo, 14-15 w).

I did [the pregnancy test] and it showed one dark line and the other (...) was very light, the other line. I said, how strange, I don't think so (...). I had to believe it was negative (...). So I decided to wait until the following month (...). I did it again and the result was positive. It was already June by then (A-13, 23yo, 21w).

Some of the interviews show there is a lapse of time during which women resist confirming the pregnancy, and at the same time they begin to experience bodily changes and sensations that are harder and harder to ignore. Some of them expect and hope that what is happening to them is not a pregnancy. Fear of the social, bodily and subjective consequences of an unwanted pregnancy, or the fear of an illegal abortion, can make women deny the situation as a defense mechanism against a perceived threat. This is even more so when the pregnancy is the result of rape, when the woman goes through a time of personal conflict or great subjective demands. It is not surprising that unconscious defenses may prevent women from realizing what is happening and making an early decision on pregnancy termination.

According to available research, late pregnancy awareness is one of the most frequent reasons for second-trimester abortions (Grossman, 2016). Many pregnant women confirm their pregnancies at a late stage and only then do they begin to consider the different alternatives, in a context characterized by the criminalization of abortion, and where health services rarely offer relevant information or facilitate the access to abortion in cases where it would be allowed on legal grounds.

“I never hesitated”. When the decision to abort is firm and immediate

The decision to have a second-trimester abortion is a complex process that is described in the interviews. In some cases, the decision is as immediate as firm, and it is taken as soon as women realize they are pregnant. Even if the decision is made promptly, women may often and for different reasons confirm their pregnancy late. Then they face multiple obstacles to access abortion, which in turn means more delay. In other cases, which we will discuss in detail in the next section, making the decision is a hard and complicated process that requires time. It is therefore crucial to understand that not all cases are equal, nor do they take the same amount of time.

The interviews allow us to affirm that women of different ages and social strata, when facing the certainty of being pregnant, express extreme determination towards abortion:

I do not feel like having another child. I don't feel like it ... to have another child! (A-5, 37 yo, 14 ½ w).

I think I was decided from the very beginning. I never said, 'Aw, it would be so cute!'. For instance, I never thought about going to buy baby clothes or anything ... (A-10, 35yo, 22w).

I was sure I was not going to have it (A-11, 21yo, 20 w).

Even before, when I bought the *Eva* [pregnancy] test, I always knew [I didn't want to have a child], I never had any doubt about it (A-14, 24yo, 16w).

When I found out I already knew, let's say, what I wanted ... I thought: I know I'm pregnant, but everything is going to be ok because I'm not having it (A-15, 26yo, 14-15 w).

In cases such as the ones cited, women express their firm decision to abort, even knowing that they are already in the second trimester of pregnancy. The desire not to have a child is sometimes so strong that it should make us reflect on the profound need to provide safe abortion in these cases:

Later on, when I found out I was pregnant, I didn't want to know anything about it! (...) I was blinded, really! I was willing to do anything (...) I thank God because, even if I hadn't found [the *socorrista* activist], I was sure I wasn't going to have it, I was ready to do whatever (...) I looked into parsley, I looked at catheters, whatever, I was ready to do anything (...) at that moment I was determined to do anything (C-3, 37yo, 20w).

Some women, like C-3, have such an intense desire to not continue with the pregnancy that they will try to terminate it by whatever means, even if it entails putting their health and physical integrity at risk. From stories like that of C-3, it follows that it is necessary and right to provide second-trimester abortion services in order to protect the health and lives of women who are ready to go through with an abortion in situations of extreme social, physical and subjective vulnerability.

Amongst women with a firm decision, some articulate in a very clear and rational way the motives that made them choose to abort, placing themselves at the center of a personal project. Especially younger women, students with no children, expressed reasons connected to their life project:

I made this decision in order to be able to continue studying. I need to resume my studies; I already enrolled in university (A-2, 18yo, 23w).

My greatest wish today is to get my degree ... it's my only goal. I thought about myself. And about the choice that was right for me (A-13, 23yo, 21w).

In other cases of childless women, personal projects are combined with expectations that sometimes include their partners:

Everything was happening to me, I didn't want to be a mother because (...) we are young, we want to build a home and many other things (...) I don't know, next year I think I want to go to school (A-3, 19yo, 14w).

Well, our goal was that I could continue training for my profession, which I like, and that way achieve other things, the comforts you set out for yourself. I want to achieve those things if I can. And when we found out, it was like neither of us wanted it, like we said, 'we don't want this right now' (A-15, 26yo, 14-15 w).

A frequent consideration in women's decision-making is their relationship with the men involved in the conception, and their specific situation:

I didn't want it, [I didn't want] to go through with it being separated or with a person by my side that was ill and couldn't accompany me (C-1, 41yo, 16w).

I chose to abort also because my partner wasn't here anymore, he had already left (B-1, 24yo, 18w).

Sometimes women look for and obtain their partner's support in the decision to abort, while other times they prefer not to tell them or request their help. What is clear in these interviews

is that when a decision is made, their partner's agreement and support does not seem to have much importance:

So, I came and I told him, I thought about it and I don't want it. Whether you want it or not, that's not my problem. If you don't like it, you can leave (...). I am the master of my body, not you. Because I am the one that has to cope with the consequences, not you. And then he said, what should I do? [I said] It's your choice, whether to stay with me or not (C-3, 37yo, 20w).

So he didn't want [to abort]. At the beginning he didn't want to, and then days passed, and I said to him if he didn't want to come with me I would do it on my own (D-2, 25yo, 20w).

Other firm and frequent arguments relate to economic issues and the impossibility of taking on the workload that comes with raising a child:

To be pregnant is to bring up another person... I couldn't sustain a baby ... as I was saying, at that time I was out of work (B-1, 24yo, 18w).

... I had already decided, that is, the decision I wanted to make was to abort. I did and I still don't see myself capable of bringing someone into the world, of taking care of them and giving them the things they deserve (C-2, 26yo, 23w).

The interviews as a whole indicate that women with children as much as childless women consider their economic and social situation at the time of deciding on the continuity of pregnancy. Even when women have already made a strong-felt and firm decision, they think about whether they could raise a child and provide them with the required economic and social support:

I don't want to have this baby; I can't have it! No way. I'd have to move out, I don't know where I would live, I don't have steady work, I work by the hour. Everything is wrong! (A-8, 29yo, 22w).

“I wanted it but at the same time I didn't.” Hesitations, contradictions and delays

The research interviews showed that some women go through extremely conflictive times and take more time than others in taking a final decision. In these cases, these decisions emerge and are maintained after going through multiple difficulties. These difficulties make them hesitate and involve both the woman as well as the people around them. Some of them experience deep ethical and moral conflicts. Other women wait in the hope that some relationship problem will be fixed, or take some time to evaluate whether their partner will accept the responsibility of being a father. Some interviewees have to come to terms with the fear of the potential risks associated to having a second-trimester abortion, while others face profound ambivalence and doubt in relation to the possibility of being a mother in the future.

In these cases, their situations are charged with confusion and paralysis, that delay decision-making while the pregnancy advances. Some women were supported by people close to them (mother, father, friends, partner and/or others), who helped them avoid conflicts and to stand for their own decisions. In other cases, the decision becomes more complicated as people close to them incite fear and guilt, attack them or leave them to face the situation on their own.

A historical context strongly marked by the stigmatization and social criminalization of abortion makes women experience intense moral and ethical conflicts that delay the decision:

At first it was really hard to assimilate. I thought, how can I do such a thing? It is a human life too. It is not its fault. And at the same time, I thought, how can I have it, knowing I have nothing to offer? Knowing that I would bring it up only for it to go through suffering and misery (A-12, 18yo, 14-15 w).

Some women wait for their relationship problems to be sorted out before they make the decision to abort. In these cases, women can only see themselves as mothers if they can count on the man's support and company. In a way, women assess their relationship and the male's attitude as of the moment they find out they are pregnant and tell their partners.

And so, I made the decision because he didn't show up on Friday, he didn't show up on Saturday, nor on Sunday. He only showed up on Monday. I thought: that's enough (A-16, 32yo, 23w).

Other women experience ambivalence and confusion when they want to have a child, but their circumstances (economic or relationship-wise) change suddenly. A woman – who lives in the outskirts of a city in Patagonia and is a mother of four – mentioned she would have gone on with the pregnancy if her husband had not been fired:

He lost his job, and I was unemployed, and the truth is... it was super depressing for us that he lost his job, it was very bad, we both were very sad (...). So, I said no (...) I have no income and that led me to have the last abortion, because if I had had [a job] I would have gone on with [the pregnancy] (A-1, 27 yo, 18w).

In cases such as A-1's, the desire to have a child is contradicted by the circumstances surrounding the pregnancy. The new precarious financial situation that A-1 and her partner faced caused delays in the decision, as she explains:

It took me a while to call, I didn't use my time right (...) I didn't call immediately, as I said, at that moment I was more for continuing with the pregnancy than not. Days started to go by and no, no, no, (...) I started to feel that maybe not. I had already gone through something similar with my children, of having nothing, of struggling to get food and all ...it's very sad [she gets upset, cries, she is offered a glass of water and some tissues, she recovers and continues to talk]. Sorry. I was already 5 months into my pregnancy" (A-1, 27 yo, 18w).

Likewise, another interviewee wanted to have a child but, once pregnant, the situation made her decide to abort. A-4 had planned to have a child with her boyfriend and so she had stopped taking birth control pills. But the pregnancy aggravated the conflicts in their relationship and the violence she was subjected to. As a result of the situation and her religious beliefs, she experienced significant internal conflict during the decision-making process, which delayed the decision. Her story expresses in a paradigmatic way the intense state of confusion that some women having second-trimester abortions go through:

I always had this contradiction, really, during the whole pregnancy, I wanted to and at the same time I didn't, I wanted to have it and at the same time I didn't want to have it, I felt this [having a child] was going to be good for me (...). It was something I felt, it was mine and I was going to feel remorse (...) for doing it, for having an abortion. I told my mom, I can't kill it, it's my child. But my mom would tell

me, it can't come here to suffer. So, you also think about it from that perspective, it's going to suffer (A-4, 22yo, 18w).

Being subject to psychological violence from her partner, A-4 had to deal with three dimensions of conflict at the same time: the desire and project to have a child (“I felt this was going to be good for me (...) it was something I felt, it was mine”); the moral and religious burden of thinking of abortion as “killing” her “child”; the idea (encouraged by her mother) that continuing with the pregnancy would only bring suffering to the future child. Subjective and social landscapes, such as this one, are not an exception when dealing with second-trimester abortion. In these hugely demanding situations, it is not strange for women to take longer than others to decide to terminate their pregnancy.

Gender violence and sexual violence

Nineteen out of the twenty-three women interviewed in this research claimed that they had been victims of different forms of gender violence, whether psychological, economic, physical or sexual. Five of them mentioned specifically that the news of their pregnancy provoked violent reactions from their partners, or aggravated aggressive attitudes towards them (A-2, A-4, A-6, A-10, A-12). One of them told us that her pregnancy was the result of an abusive relationship that included repeated rape and one murder attempt (A-8).

Having read the interviews as a whole, one could affirm that the situations of violence pregnant women suffer tend to hamper their ability to confirm the pregnancy and make prompt and firm decisions over its continuation. A-4, whom we cited at the end of the previous section, made an early decision to terminate her pregnancy and contacted Neuquen *socorristas*, but she later hesitated and delayed the decision because her partner was trying to make up with her:

I was seven or eight weeks pregnant. I said that's it, and I met with the girls [*socorristas*]. At that moment I was certain I was going to do it; he and I had broken up. He came back, he charmed me, all the planets aligned, he went back to the same thing, saying he was going to be with me. He convinced me, I'll be there for you (...) We were together for another month, I think, and then it was back to fighting and from there on, that was it. Always the same thing [repeated episodes of violence] (...) When it was 18 [weeks pregnant] I made my decision (A-4, 22 yo, 18w).

A-4's story shows she was susceptible to the mood swings and manipulation of her violent partner. This submissive situation made her delay the decision to terminate. Other women who also suffer abuse describe situations of great confusion when their partners attempt to impose abortion:

I was thinking about doing it, but I was also thinking about myself, my health, how I was going to come out of this, and he said, No! You must abort, you must abort! (A-12, 18yo, 14-15 w).

I started to get a lot of messages, a lot of psychological violence from him: that bastard will not be born, I am going to take him out through your mouth, son of a bitch, and things like that (A-6, 21yo, 14w).

When the other wants to impose his will, making your own decision can become really difficult. In other cases, women look for their partner's company and understanding at the desperate moment of deciding, and instead they are subject to blame, indifference and more violence. Something like this happened to A-10, who at another point in the interview said she had

become “paralyzed” by the positive result of the pregnancy test, because she “knew” her partner was not going to “take it well”:

I started crying and said, what?... Are you going to hit me now that you know I am pregnant? [...] [He answered] I don't care what happens to you, I am not well myself. So, I don't care, he said, if you need to go get an exam or something, that's your problem, because I don't feel well. I felt terrible, and on top of that I felt alone. I felt like he was in a different place, he'd started to go out with his friends every night, coming back the next morning at 10 am and things like that, and I couldn't say anything because he would get upset and start to insult me, it was a disaster (A-10, 35yo, 22w).

A-10, who had a great deal of doubts on top of suffering abuse from her partner, found the only way out was to end the situation altogether:

After that, he took his things and left (...) that's what made me completely confirm my decision (...) I said to myself, no, that's enough, I have to put an end to all this! You understand? I didn't want anything to do with that relationship, that pregnancy, I didn't want to be with him, nothing (A-10, 35 yo, 22w).

For some interviewees, the difficulties in escaping a violent relationship are closely linked with the delay in deciding to abort. Severing that tie is not easy for them.

A-8 lives and works in a small town of Patagonia. In her interview she narrates in detail the comings and goings of a relationship in which she was the victim of extreme violence. Threats, verbal abuse, repeated rape and serious physical assaults were part of the daily landscape in which she felt trapped. After an episode of attempted murder, A-8 looked for support among

her close friends and relatives, issued a criminal complaint, got a restraining order from a judge and managed to end the relationship. After a few months during which she felt relieved to have “gotten rid of him”, she started to feel abdominal pains that sent her to a health center. She was completely shocked to find out she was 18-weeks pregnant:

I never, ever! made the connection that this whole situation, that out of the many times he abused me, he might have gotten me pregnant. (A-8, 29yo, 22w).

Still shocked and in disbelief, she quickly decides she will not continue with the pregnancy. At the medical center where she is being treated, they tell her that she needs to resign herself and have the child, instead of offering her effective access to a legal abortion, which would be appropriate in a case of pregnancy from rape. In the end, A-8 manages to contact the *socorristas* in her town who coordinate a care network that makes abortion possible. *Socorro Rosa's* service resonates with her firm will and powerful arguments:

This is my body –I said–and I can't... this is the result of a rape, what kind of pregnancy is that? (A-8, 29yo, 22w).

An obstacle course and a race against time

Once women decide to abort, they face a sociocultural context in which abortion is criminalized, it is not accessible even within the legal grounds established by the law, and it is still a stigmatized practice. There are even more obstacles for second-trimester abortions. Interviews show there are multiple barriers and obstacles, especially at this stage, that cause even more delays to the actual abortion process.

Specifically, we can confirm that a significant number of interviewees could not easily or opportunely access reliable information or services after the pregnancy was confirmed and the decision to terminate made. This was the case even when interviewees had greater economic, cultural and social resources. Unsurprisingly, women with less resources experienced greater difficulties.

The interviews describe pressing situations because pregnancy inevitably progresses, and women want to know if they can “revert” the process. That is, to go back to the state they were in before getting pregnant. Some of them face the impossibility of finding “where” or “with whom” to terminate the pregnancy at this stage:

My mind was flooded with thoughts, cause I said to myself, if I can't find a place, or a person [to take care of it], then I might have to have it, and then what do I do? I give birth to it, I give it up for adoption, or I keep it, I didn't know [what to do], I had a million thoughts in my head (A-10, 35yo, 22w).

As we are dealing with a stigmatized and criminalized practice, uncertainty and despair dominate many of the interviews. In a significant number of cases, women go to health centers, but only occasionally do they encounter a professional who will guide them and suggest they seek the accompaniment of the *socorristas*:

We only went to one doctor, who asked me how many weeks I was pregnant. He said there was no solution and that I had to start buying nappies (A-2, 18 yo, 23 w).

That's it! [the doctor said]. You can't do anything about it, you have to deal with it because the baby is quite big now (A-8, 29yo, 22w).

I went to the Castro Rendon hospital to see the gynecologist and she said she couldn't help, that too many months had passed, she said to be careful, that I was putting my life at risk. And then she mentioned you [the *socorristas*] (A-7, 26yo, 16w).

You don't know where to go, who to talk to. Who could you ask? You can't ask any doctor because they throw you out and call the police. I have an obstetrician friend and she put me in touch with the girls [*socorristas*], but it took me several days, at least a week, to reach my friend (A-10, 35yo, 22w).

The process of finding a way to access abortion services takes time, until finally women find *Socorristas en Red*, sometimes through a friend, or because of a flyer, or online, or because they are "referred" by a health professional. As shown in the previous and the following quotes, time passes and "despair" increases as women search for information and care services, exploring multiple avenues and reaching out to old contacts:

I had already had an abortion with this doctor (...). I tried to find her (...) I went looking for her day after day, and that was consuming my time. So I began to feel frustrated because I didn't want this baby (C-1, 41 yo, 16 w).

We have found that two central region women seeking abortion outside the health system encountered an anti-rights group, whose purpose is to intimidate women who seek abortion services and persuade them to continue with their pregnancy, thus becoming a delaying factor:

I read in the newspaper something like: if you need help ... for unwanted pregnancies, if you need help, [dial] whatever number. And I went ... it was the craziest encounter I've had in my life (...). they started filling out a form (...). they asked where I had done my other abortion (...). They played me a film and as soon as the music started, I already knew what it was about. It was a really morbid video, really, really morbid! (C-4, 18yo, 17w).

I also fell into a network (...) a telephone number that's published in the newspaper, that's on the internet, a network of I don't know what, it may be the *Opus Dei*, I don't know (...). I ran out of there (...). So, it was either the catheter, or resigning myself to having another child, which I didn't want (...). I went to all the clinics. I went to clinics, to primary care centers, I called all health centers in every neighborhood (C-1, 41 yo, 16w).

Criminalization, social stigma and the lack of information and health services willing to take on these cases lead some women to try dubious or clearly unsafe abortion methods, before they manage to get in touch with the *socorristas*. These practices also unnecessarily delay the effective and safe termination of pregnancy:

Fourteen weeks went by. Why? Because I started working in the central market, then, I pushed and I thought, ok, that's it, ssshuki! It's coming out! [she makes a gesture of expelling something with both hands]. But it didn't. (A-5, 37yo, 14½ w).

The first two months (...) I would make myself oregano tea, because I was told, I had read that oregano is abortive, as well as tilleul, common rue. I took all sort of things. Until

one day I told my mom, look, I don't know if this is going to work (A-4, 22yo, 18w).

It turns out that he [her partner] spoke with a healer and asked him about our situation. He told him I was pregnant, of so many weeks, and asked whether he could do some kind of work or something to make me have a miscarriage (...) and apparently he prescribed a couple of recipes, I was to take an infusion of some herb I can't remember every night (...) I was really hopeful that this would work but... weeks passed and nothing happened (D-1, 24 yo, 17w).

Other women find information about medical abortion outside the *Socorristas en Red* organization, but they – especially those with less resources – find it hard to buy the drugs, given the restrictions to their commercialization and their high price in the illegal market. This too can cause delays:

I started having problems with work and the pills were quite expensive also, so I was never able, never managed to save enough money to buy them (...). I was always postponing it, for next week, the week after, and so time passed (D-2, 25yo, 20w).

I was out of work (...), looking for the way to get the money to buy the pills. The man asked for 1000 pesos (...), but it's not easy to get a thousand pesos [shy laughter]. That's why it took me so long to get the money to buy the pill (B-1, 24yo, 18w).

Some women had access to the medication but were not yet in contact with the *socorristas* nor in possession of reliable information on its use and dosage, which made their attempts fail (A-12, B-1, C-3):

I took them, but it must be that I did it wrong. I took them wrong or something (...). So, nothing happened, and then I took two, I took nearly a whole box, almost a box and they had no effect (C-3, 37yo, 20w).

In other cases, abortion is delayed because medical abortion is unsuccessful for different reasons, and women must go through the treatment more than once (A-11, C-2).

The *socorristas* and the relief of finding a solution

As shown up to this point, there are many and very complex circumstances that make women decide to abort in their second trimester of pregnancy. In each of the interviews the timing issue has a significance that cannot be summarized by the objective datum of how many weeks pregnant a woman is. Forms of urgency, determination, despair, uncertainty, doubt and denial are visible in these stories that are also intertwined with violent situations experienced by some women and delays due to the lack of reliable information and adequate care, as a consequence of stigmatization and criminalization.

The results of this research show that abortion during the second-trimester of pregnancy is a need that is not adequately met by health services in Argentina. In tune with the specialized literature (Harries et al, 2007; Harris & Grossman, 2011; Grossman, 2016), an analysis of these interviews confirms that – for different causes that connect the physiological with personal and social situations – many women are only able to confirm their pregnancy in later stages.

When faced with the news, only some women are able to make a timely and efficient decision and have sufficient resources (economic, cultural, social, subjective) to proceed quickly in the search for abortion services within a restrictive context. For other women, the decision-making process is difficult and takes

more time. Some pregnant women, because of their moral or religious beliefs, must go through profound internal conflict before making a decision. Others experience intense ambivalence in relation to the possibility of being a mother and the social consequences of maternity. There are also women who need time to evaluate their relationships and their partner's willingness (or lack thereof) to take parental responsibility for the child. Some women, especially those who have been subject to different forms of relationship violence and those who became pregnant as a result of rape, are in a more precarious situation, which impedes them from opportunely confirming whether they are pregnant and standing by their own decisions. In summary, the analysis of these interviews shows that the decision to abort can be a time-consuming process, especially for women with greater social vulnerability or victims of violence.

Additionally, an analysis of these interviews allows us to affirm that the criminalization and stigma of abortion cause concerning delays in the decision and execution of an early abortion. The stigma associated to abortion and the fear of its consequences in a restrictive environment, the difficulty to access medication, the lack of reliable information and the insufficient availability of respectful medical care expose women to potentially harmful health practices that delay decisions as well as the effective termination of the pregnancy.

In this social context, the *Socorro Rosa* service is above all oriented towards meeting the needs of women who require a safe abortion, even in their second-trimester of pregnancy. All interviewees found relief when they met with the *socorristas*, after going through a more or less difficult decision-making process and contacting them. In their first meeting, women discover that "there is a solution". Someone tells them that they can have a safe medical abortion, that the gestation process inside their body is not unavoidable, and that they do not need to accept it as a sentence if they do not want to go through with the

pregnancy. Women are listened to attentively, their needs and wishes taken into account, without judgment on the reasons why they reached the second trimester of their pregnancy. The feeling expressed by interviewees, and the keyword most commonly used at this stage in the interviews, is without any doubt “relief”, and in some cases, happiness:

I was so happy and filled with concerns, on one hand; on the other hand, I was already relieved. I felt relieved to know that there was a solution (A-2, 18 yo, 23 w).

[I felt] relief, because when we met to talk, I really felt relieved when they told me that it would soon all be over (A-12, 18 yo, 14-15 w).

The moment they told me that it could be done when I had thought that it was impossible, because of how much time had passed, when they said yes, it can be done, yes, that made me feel so relieved (A-10, 35 yo, 22w).

I was really pessimistic [laughs] and when I contacted the *socorrista*, it was like my mood lifted [happy tone of voice, smiling] ... things started to change (...). I was told something could still be done ... and oh! It was such a joy! (B-1, 24 yo, 18 w).

Chapter 3

What *socorrista* accompaniment offers women seeking an abortion during the second-trimester of pregnancy



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In this chapter we analyze, based on an analysis of interviews and group meetings, the care structure that *Socorristas en Red* offers women who require second-trimester abortions. This care structure consists, as mentioned in the first chapter, of four strategies that are also moments or stages in the care route. First, there is a telephone call; then, a face to face meeting takes place; next, there is a remote monitoring of the abortion process; and finally, women are recommended to attend post-abortion medical checkups. These four stages provide a view of the collective articulation of this creative and feminist *socorrista* model of abortion care.

We also analyze two other aspects that have emerged from collected research material and which constitute the uniqueness of this *socorrista* structure. On the one hand, the creation of ties with the health system, and on the other, the construction of a national network of *socorristas* that provide support in this practice. Thus, the *socorrista* activity not only offers women who require second-trimester abortions accompaniment through a four-stage care structure, but also connections with the health care system and a body of knowledge accumulated at the national level through the *socorrista* network.

At the end of the chapter we present an analysis of women's perception of the service, and the new sense they make of the

legal status of abortion, based on their own experience of having had an abortion accompanied by *socorristas*.

As we focus on the content of the interviews, it becomes clear that *socorrista* accompaniment not only offers women information on how to manage the abortion process, it also provides them with levels of accompaniment and emotional support that are fundamental to them. A-9, a 31-year-old woman that had an abortion at 14 weeks of pregnancy, said “you’re looking for a solution and they [the *socorristas*] know how to emotionally support you”. The interviews show that most women requiring second-trimester abortions contacted the *socorristas* during a time of intense anxiety and concern, after casting about in search of help, and often after unsuccessful attempts at a medical abortion. The emotional support and help provided in this very demanding moment were highlighted during the interviews:

The accompaniment is beautiful. I went through the process and she [the *socorrista*] was there with me from beginning to end, on the phone (A-9, 31 yo, 14 w).

She [the *socorrista*] told me that I could maybe go to Neuquen, where there were *socorristas* that could help me, and that I was always going to have their support. And I didn’t think twice, I had no doubt about it! (A-8, 29 yo, 22w).

First stage. The telephone call

The *socorrista* structure is activated when a woman calls the helpline. If she is in her second-trimester of pregnancy, she is immediately told that there is a quick and safe solution. The conversation is based on attentive listening without prejudice, with the conviction that the passing of time makes abortion more complex and could even make it unfeasible. With these calls, a

sort of *socorrista* mechanism is deployed based on responding to an emergency call and all the cogs in the structure enter into swift action:

We met [with the *socorrista*] the next day [after the phone call]. I began [the abortion] on Saturday, just after we met at midday (A-1, 27 yo, 18 w).

I called and told them, and then they scheduled an appointment, for the day after I think. They told me to come at a certain time, and well, we met here and had the group meeting, they explained everything and the next day I was ready to start (A-5, 37 yo, 14 ½ w).

They called me the following day to schedule the first meeting. We met and they explained the whole thing, what they did and all the steps of the process (D-1, 24 yo, 17 w).

Similarly, the activists who participated in the second focus group talked about the need to respond promptly when dealing with abortions at this stage of pregnancy:

When they're in their second trimester, we try to speed up the meeting. We schedule them outside the normal hours (GD 2)¹.

The *socorrista* activists stress the specific nature of second-trimester abortions. It requires a faster response than the standard procedure, as well as emotional listening and support, taking into account the difficult moment that women in this situation are going through. It is a very intense task. They claim

¹ In referencing the activists who intervened during the discussion groups, we categorized them as GD1, for the first discussion group, and GD2 for the second discussion group.

that accompanying second-trimester abortion disrupts their everyday lives, each and every time. “You have to put your life on hold” as one of the activists put it during the second discussion group.

Second stage. The face-to-face group meeting

After the first telephone call, women are invited to attend a meeting with the *socorristas*, in which other women in the same situation may partake. Sometimes, these are group meetings and several women participate. Some other times, because of the urgency of second-trimester cases, the *socorristas* hold one-on-one meetings with the women.

These meetings – also called workshops – normally take place in public spaces. A café, a square, or a union’s office are examples of places where the *socorristas* can share information, and through a dialogue with the women, start to organize the abortion process. For the *socorristas*, the first step towards making abortion less private and clandestine is to hold these meetings in public spaces.

These meetings challenge the notion that abortion belongs to the exclusive realm of medical knowledge and its corresponding structures. Who has the required knowledge to trigger a second-trimester abortion? What power and authority relations enter into play when abortions take place outside of medical institutions? Apparently, some of the women were surprised to find themselves in a situation that doesn’t follow the norms of traditional medicine:

I was expecting something more formal. I don’t know, a clinic with people like doctors, you know? Something stricter (...). When they arranged to meet in a square, on x day, at x time, it seemed very strange to me. And I thought, what? These people are professionals ... (D-a, 24 yo, 17 w).

Actually, I pictured they would be doctors. It was the first thing that came to my mind. That they would have a private clinic. And later on, I arrived here and I saw a bunch of women sitting in chairs (...). I didn't think it would just be a meeting, I pictured something else. A clinic with female doctors (A-7, 26 yo, 16 w).

Instead of a doctor's office, women find a collective space that facilitates listening without prejudice and where a certain political stance on abortion is defended:

We don't want to know their reasons [to abort]. We listen to them, because some of them feel the need to share, but any reason is valid (...). A lot of it has to do with inverting social habits. Women often come from a string of No's, they're denied legal pregnancy termination, [they're told they] can't, doctors make them feel afraid, husbands call them murderers, and all of a sudden they find someone saying "you can"; it's not dreadful, it's not complex, we just need to explain to you how it works and then we will do it together and we will accompany you. Then, suddenly there is great relief, it's something like a surprise, isn't it? (GD 2).

At the group meeting the goal is to overcome the multiple obstacles women face: stigma and forms of guilt. Above all, the group meetings seem to facilitate powerful resonances, the exchange of concerns and the perception of abortion as a social practice that unites them:

I think it's easier to open up here because it involves so many women. It's also a chance to listen to others and see that you're not the only one making these decisions (...). There are other people making the same choices for different reasons (A-9, 31 yo, 14 w).

Our stories were different, but they all ended the same way. It was soothing because I thought: I'm not the only one going through this; there are lots of girls in the same situation (A-6, 21 yo, 14 w).

I'm not the only moron! [laughter] These things don't just happen to me, I thought, and that gives you a little more confidence, too. There were questions that other girls asked that made me think: Aha! I almost overlooked that. It was good for that reason too ... (C-2, 26 yo, 23 w).

Two women (A-7 and A-16) gave an account of their fears, around which they organized their questions on second-trimester abortions. Both stories show us how fear is a particularly debilitating bodily process, that is mainly caused by the stigma and secrecy of abortion at this stage of pregnancy:

I felt scared (...) when they told me the day, the time, that I should come here, I was trembling. I came in fear, I don't know. Cause I didn't imagine it would just be a meeting, I pictured something else. A clinic and doctors, because it was here in the city center (...). Before I came in, I found the address and I wondered, should I come in or not? Should I, or shouldn't I? (A-7, 26 yo, 16 w).

First, I felt afraid. I was afraid you would ask "only now at 20 weeks did it occur to you...?" As if saying, why didn't you do it before? Why now? I mostly thought about that. I was very determined, but also scared, scared of what they would say to me (A-16, 32 yo, 23 w).

We can assert that the *socorrista* model of accompaniment is an attempt to empirically respond to the diverse structures that generate fear and despair. It stands up to the medical powers that deny assistance, the judicial apparatus that criminalizes

abortion and the religious apparatus that spreads guilt. The *socorrista* model questions the fight for the legality of abortion which produces laws that allow pregnancy termination upon the woman's request until the 12th-14th week of pregnancy, leaving behind those whose pregnancy is beyond the first trimester.

During meetings with women who require abortion, the *socorristas* share information from rigorous studies, recommendations from international organizations and systematic practical knowledge. Recommendations issued by the World Health Organization (WHO, 2003, 2012), professional associations of gynecologists and obstetricians (FIGO, 2012, 2017; FLASOG, 2013) and the "*Protocol for comprehensive care of people with the right to pregnancy termination*" (Ministry of Health Argentina, 2015) are complemented with knowledge acquired in the practice of abortion. All quality information is made available to those who require an abortion to avoid unsafe clandestine practices. Information is clear, precise, complete and above all, reliable, evidence-based and trustworthy. It is practical feminist expertise built on the experience of many others who have accompanied women in the past:

It was all clear, everything was very clear. They gave me a leaflet with the different methods, the symptoms, what I had to do if ... it was very comprehensive, and I left feeling safe [...]. The meeting was great, I thought it was so great that they were doing this work (...). If they hadn't been there I might have it done myself, and who knows maybe [I would have done it] wrong, I could have made a total mess, maybe even die for not having information, or having the wrong information (A-14, 24 yo, 16 w).

Feminist *socorristas* referred to the group meetings as "resistance events" (cf. Zurbriggen, in Marengo and Fabbri 2012) where women are allowed to say the word abortion openly

and organize to carry it out. These events rise up against forced motherhood and help build forms of assertiveness, security and care, even for those who decide to terminate their pregnancy beyond week 14:

More confident, I came out feeling more confident, more certain about my decision and about what I was going to do, because it was like there were many guarantees; this works and if it doesn't, there's something else. It wasn't like if it doesn't work, we walk away and that's it (...). I think I came out more confident than I came in, at least that helped [laughs] (A-15, 26 yo, 14-15 w).

I felt relieved and like they had said it was almost 100% effective (...). They were so reassuring that we said: ok, [we will try it] once more. I had taken so many pills before, so just one more... (A-12, 18yo, 14-15 w).

I was super determined. I didn't feel bad, at all. I was happy because I was relaxed, like I was going to find a solution to what I was going through (...). It was great. I spoke to her. They made me feel great, super secure (A-13, 23 yo, 21 w).

According to the testimonies of the women interviewed, what happens during the meeting goes beyond the mere exchange of reliable information that could be found in conventional sexual or reproductive health counselling. *Socorrista* accompaniment is defined as the provision of information in a space of care that focuses on the sensitivity of each woman, where they can feel relieved, comfortable and be treated with dignity:

Even though [the meeting place] is tiny, I would say it is cozy; because people there know how to treat you ... (A-9, 31 yo, 14 w).

I felt relieved. Very relieved. I mean, at that moment I thought: great, I really think this can be done, at that moment I really believed it. Up until that moment, I was convinced that I was going to be a mother again. Only then did I feel in peace. It was relaxing ... (C-1, 41 yo, 16 w).

Those interviewed elaborated on the sensations of wellbeing and serenity that come out of the meetings with the *socorristas*. It is very significant for them because up to that moment their stories usually refer to the emotional cost of wanting to disobey the rule of mandatory motherhood. Their stories are frequently colored with uncertainty, fear and anguish. But those somber tones dissipate with the emergence of the safe spaces constructed by the *socorristas*. In such spaces other affective states can resonate, which are connected with care and collective support at the moment of confirming their own desire to terminate pregnancy.

It is important to stress that the interviewees describe the structure of care as involving much more than just words:

We calmed down (...). She gave us information, she emotionally supported us, she touched us; it may sound silly, but it's so important. At least it calmed me down a lot (C-1, 41 yo, 16 w).

A minor act and a wordless gesture: "she touched us". This tiny gesture of physical closeness is significant for the woman interviewed and shows an ethical disposition of proximity with the other. Accompaniment is a physical activity which involves listening and offering appropriate words, but there can also be physical contact, women can be moved together and literally come together.

The conversations between activists in the discussion groups give an account of an additional element offered in the face-to-

face meetings, and also of the importance of saying words that are stigmatized and hard to speak out in everyday talk:

Many girls come with information, but they want something more, they want to put a face to it, put some feeling into it, because the information is out there but nevertheless many come to us [saying] I know all about it, but I wanted to talk about it (GD1).

You can tell women are sometimes surprised that they can talk openly about their situation, and they open their eyes wide like ... I can't believe it ... and they leave here feeling happy of having been able to talk without any restrictions about what they are going through (GD1).

You give [women considering an abortion] the chance to use words they haven't been allowed to use before. Maybe the word is 'abortion', maybe it's 'fetus', maybe it's something else they cannot put words to. You look at them and you say 'fetus', 'abortion', 'you want to abort'. You make those words available and their face changes. That feeling of a face changing ... like, you can say it, it's ok. The feeling that in a situation of unease you can be empowered by the possibility to speak out, the feeling that I am accompanied when that which I need to say is allowed in this space.

It is interesting to point out that during the discussion groups activists mention their readiness to give information, to emotionally support the process and to build a safe space for women to assert their decision to abort. Nevertheless, that should not imply that potential dangers or difficult situations should remain hidden. During the in-person meetings "things are called by their name", and women are invited to position themselves as protagonists, as the only owner of their bodies and their decisions:

We need to give women who want to have a second-trimester abortion all the information, because they can make sense of it. And yes, we tell them this is how it's going to be, it'll look like this, you're going to see the placenta, you're going to have to push. We explain they'll need to get a bag and tape the bag to the bucket so that it doesn't move, because they might need to sit on the bucket for a long time. And the bag shouldn't move so they don't have to touch it to put it back into the bag. We tell them, because if the bag moves, you'll have to touch the fetus to put it inside and that's not pleasant, like that. I mean, we use those words: fetus, blood, placenta. (GD 2).

One of the women interviewed highlighted that her meeting dealt with the most delicate abortion-specific issues in a very open manner:

[The *socorrista*] tells you what you can do and the risks you can take. She was very clear. She always said: look, you are going to feel pain, your pregnancy is advanced, there are other risks involved. So, I never ignored any of this (C-3, 37 yo, 20 w).

Giving clear information on what will happen to women when they have a second-trimester abortion means trusting their autonomy to make a decision on the fate of their pregnancies. They are not pious victims, nor infantile creatures, but full subjects, responsible and with the ability to make decisions.

The dynamics inherent in organizing the accompaniment could have given rise to a certain degree of bureaucratization in the *socorrista* structure, creating static impersonal procedures and losing the capacity to provide a type of care that tends to the specific circumstances of in which women seek abortion. Women nevertheless state that the meetings offered them a space to voice their particular circumstances, context and possibilities:

I felt I could ask anything, that special attention was given to my specific case, it wasn't just like they would say, this is how it's done and that's it ... (C-2, 26 yo, 23 w).

In this line, discussion groups show that *socorristas* make an effort to develop specific communication strategies in their dialogue with women. They come to an agreement, considering their specific case, on the time to start the process, on how to deal with the people who live with the woman and are unaware of her pregnancy, on what to do if the fetal expulsion happens at an unexpected time and place, and how to ensure contact with the *socorrista* where phone/internet coverage is inconsistent, among other questions.

Factors linked to the development of an appropriate strategy for each woman's needs and circumstances have a special relevance in second-trimester abortion:

When we accompany women in the second-trimester the complications that arise are different, not necessarily with regard to the abortion process itself, but with whether she is on her own or not, whether the person that lives with her knows about her pregnancy, whether they know she wants to abort (and in that case, strategies to conceal it), whether it's better to have the expulsion at home or in a hospital. Depending on each situation, these difficulties basically become ours (GD1).

During the face-to-face meeting, and following a dialogue with the woman, the most adequate strategy for her is outlined. Some of the questions to deal with are: when to start treatment, who can be with her during the process, the need or not to go to a health center, and how to dispose of the product when the abortion is done at home.

Third stage. During the abortion process

The third stage starts when the woman begins treatment for the medical abortion. At this stage they have all the information they need and the support of a *socorrista* who will be with them throughout the abortion process and is ready to answer any questions or concerns, and to help them deal with any situations that may arise, via phone calls or text messages.

Earlier we described how face-to-face meetings facilitate relief, security, and reassert the decision to abort. Nevertheless, several women said that the fear of the abortion process didn't disappear altogether. Fears are linked to different issues: risk of death, fear of the medication not working, fear of health professionals suspecting it was an intentional abortion and possibly reporting them, their partners finding out, etc. The antiabortion pedagogies that have bombarded them with images of death and criminalization take root in their subjective minds and cannot easily be undone. Women describe debilitating sensations they attribute to fear and uncertainty:

You know what I thought about? I thought I could even die (...) since I had lost a lot of blood [in a previous unsafe abortion] (...). I was afraid, I didn't know what could happen (A-1, 27 yo, 18 w).

I had never done it before; I was really scared. I thought: What am I doing? It was already big and even though I didn't want the pregnancy, I was scared and to me, it was something, horrible! Isn't it? I think for every woman this is an ugly process, it's painful. I was worried the pills wouldn't work. I was concerned when I took them. And I didn't really know who you were (A-6, 21 yo, 14 w).

In the moment I took them I was obviously scared, immensely! Not only that the baby was already big, I was

scared to think, what if I die? What about this and that? What if I hemorrhage (...) so many things crossed my mind (A-8, 29yo, 22w).

My fear was that the same thing that happened before would happen again [an attempt at a medical abortion], and when I hardly bled (...) my fear increased even more, you see? I was thinking like ... the same thing is going to happen, in the end I'm going to have to have it ... all those things that end up tormenting you (B-1, 24 yo, 18w).

The interviews mention how they had the *socorristas*' support to face fear and anxiety:

They told me to remain calm, that if I was nervous things would worsen (...) Not to think too much, to read a book, to listen to music, whatever. So, I bought a book I liked very much, I took the pills and lied down to read (A-12, 18 yo, 14-15 w).

I went through it and I had her [the *socorrista*] with me all the time from beginning to end, talking on the phone. It was nice, I mean even though it was a rather tough time, times which you need to go through in life where there are hard decisions to make... (A-9, 31 yo, 14 w).

During the interviews, women in general mentioned that they experienced the expected symptoms of the medication (chills, shivers, abdominal pain, fever):

So, I took it, I felt very well accompanied, they even came to visit and stuff. I remember I felt really cold and sleepy with the first dose ... (A-8, 29 yo, 22w).

During the second [step of the medication schedule] I started to feel shivers and very cold. I couldn't control my body, the need to shiver. After the third step I was in pain, ovarian pain, but very strong. On the 4th step I started to get a fever. It was long, and before I went to the hospital, I took the last one and that helped (A-2, 18 yo, 23 w).

Second-trimester abortions are characterized by the physicality of what is expelled, which is qualitatively different to first trimester abortions. Both the women and the *socorristas* in the discussion groups mentioned the delicate issue of the morphology and size of the expulsion of the pregnancy. One *socorrista*, who is also a doctor, stated during the first group meeting that in second-trimester abortions “there is a body, which is not just a couple of cells joined together or something that could go down the toilet”. Another *socorrista* compared first and second-trimester abortions during the second group meeting, claiming that “it is totally different. From their perspective on what they are going through and also for us. What they get to see, what they need to do is completely different”.

Socorristas have mentioned two issues as characteristic of second-trimester abortions. First, the process of expelling can be quite demanding and shocking for some women, and increase the level of anxiety and fear. Second, for the process to be safe, women need to be cared for while they proceed. The feminist activists that accompany these types of abortions know, and are far from wanting to simplify or deny the conflicts that are specific to the procedure of second-trimester medical abortion:

You tell her what she's going to see, what she's going to expel, everything that's going to happen. But during the second trimester it often happens that you tell her everything and she listens attentively, but she only really registers it when it happens. It's not the same to have someone telling you

something like: there may be a fetus hanging out of you, a hanging fetus. (GD 2).

The activists are ready to help women keep calm while they abort, and to follow the required steps so that it all happens safely. Through phone conversations and text messages, *socorristas* support women during the difficult moment of expelling:

Some women have had the fetus hanging out of them, so to speak, and they have to wait, and they become very anxious, they have a really hard time. And you tell them that it will be fully expelled on its own, to wait, while they're crying (GD 2).

The interviews also reflect the guidance that *socorristas* offer women so that they can get through the moment of the expulsion safely:

I used a bucket as I was told, and a bag. Nothing else. [I put it] next to the toilet. So, there I was, it was very painful, very, very painful, and then I pushed and started to expel it. The pain was overwhelming. I remember telling her it felt like a small bag coming out. And I said: it's like a balloon, should I pop it? And she was like no, no, leave it. Calm down. Relax, try to push. It was so painful, really painful. I tried to push and I expelled everything. Everything went out in one go. (A-13, 23 yo, 21 w).

We will further elaborate on the moment of expulsion from the women's perspective in chapter 5. At this point, it is important to highlight that some women, much to their own surprise, experienced fewer difficulties than they had expected and that they proceeded quite calmly, as they knew what had to be done at that moment. In general, their accounts note the quickness of the process:

I never imagined it would be so easy. It wasn't difficult. Yes, you go through a lot of pain, but it wasn't hard (A-7, 26 yo, 16 w).

The girls thoroughly explained what was going to happen and I felt safe. Besides, I didn't have ... I didn't suffer so much, I didn't feel that terrible, in terms of pain and all that. It was really fast, so fast. In less than twenty minutes all the pains were gone, I had expelled it, I was normal. I don't know, it was very fast, very fast (D-2, 25 yo, 20 w).

It wasn't painful, really. I obviously felt the contractions, I followed them (...). It was early morning, my children were still asleep so I was calm. I released it at home. I controlled the placenta. I waited for the placenta; it took a long time for it to come down. I made sure the placenta stayed whole (...). I waited a bit longer and afterwards I put on clothes to go see a doctor. Then I left for the clinic (C-1, 41 yo, 16 w).

Some women complete the abortion process at a health clinic and others at home². Whether it is one or the other, this has to do with a comprehensive care approach that takes into account not only the objective state of health of the woman but also her personal situation, as we can see in this quote:

Sometimes the woman must go to a clinic, for instance if her partner doesn't know; then it's best to go to the hospital, and she has to go, there is no other option (GD2).

The care and *socorrista* accompaniment does not end when a woman is instructed on how to use the medication. She is also accompanied and given advice on, for instance, the decision to go to a public health center or not. Another issue that they will

²We will expand on this in chapter 5.

be advised on is how to dispose of the product of abortion safely. In the second discussion group, they talked about “tricks” that women had developed to deal with such situations. Feminist ingenuity gets more and more skillful and relies on a variety of “creative engineering”:

Lately we tend to ask them if garbage collectors go through their neighborhood, and whether they always come at the same time. Then, we tell them to prepare a bag, to then put it inside another bag, and to give the bag herself to the garbage man, and make sure they place the bag in the truck. So, she should only take it out when the garbage men are coming. To make sure that it goes inside the garbage truck and then that's it. It can't be identified, so to speak (GD 2)

A possible strategy we are now considering is that women can call the ambulance and then the ambulance can remove it all so that they don't have to go and get rid of the fetus themselves (GD 1).

Being resourceful, practical and imaginative, *socorristas* manage to accompany the entire second-trimester abortion process. They don't have a single way to do it, instead they possess a collection of resources that can be used or adapted based on the circumstances.

Fourth stage. Post-abortion medical checkups

There are hardly any references to post-abortion medical checkups in the research conducted for this study. When second-trimester abortions are completed at a health center, the *socorristas* recommend checkups to be done earlier than usual. In general, they recommend women to go to a health center seven days after the abortion, to make sure the abortion was complete. They will

also indicate a few care procedures that need to be followed in the days right after the expulsion, and point out warning signs and symptoms that will require an emergency visit to a health center (for instance heavier bleeding, bleeding of a different smell or color compared to their normal menstruation, intense and persistent cramps, dizziness, vomiting, fever, shivers).

The interviews do not account for the extent of attendance to post-abortion checkups. Evidence is not sufficient to support the development of a sound interpretation. Nevertheless, we will share below two relevant insights.

In her interview, A-1 claims that she would never want to go through abortion again. She had 4 abortions and this was not her first the second-trimester abortion. She has decided to undergo a tubal ligation procedure:

I've been thinking... I have decided to undergo surgery. I've done all the medical tests, I took all the pre-operative assessments, because I don't want to go through this again. So I went to the doctor and I did all the paperwork (A-1, 27 yo, 18 w).

A-1 attended the post-abortion medical checkups and during the consultation she adequately received advice on contraceptive methods and took the decision to undergo a tubal ligation procedure. Then a professional guided her through the steps required to access said procedure.

C-1 also mentions that she went to a health center after she had expelled, as she had been advised by the *socorrista*. She was given medical attention and went through post-abortion checkups. She claimed she felt in “paradise” at the place recommended by the *socorrista*:

I was so much calmer on my way to the health center (...) As I said before, when I went into the health center, it was paradise. (C-1, 41 yo, 16 w).

Post-abortion medical checkups are essential, and the *socorristas* insist that they should be attended. They are important in order to verify that the abortion was complete, as well as for women to have access to contraceptives, if they so desire. Nevertheless, some women complete their abortion and prefer not to go to a health center. These decisions must also be respected.

“Friendly” professionals and connections within the health system

The political action of *socorristas* and, therefore, the services they offer, involve working closely with the health service system. Building and strengthening connections with health services is an ongoing task that takes into particular consideration health systems’ obligation to guarantee women’s rights. The *socorristas* have demanded the fulfillment of those obligations, but they have also explored in depth the opportunities that can arise when working together with “friendly” sectors and professionals within the health service system.

One topic discussed at length during the discussion groups of *socorristas* was that of their links with the health system. These discussions show the efforts that are being made to build bonds that can improve women’s care. The extent of the collaboration between the *socorristas* and the health care system is varied, and in some regions not possible at all.

One of the ways *socorristas* initiate links with the health care system is through the practice of referrals and reverse referrals. That is, some networks have been established where health professionals refer women to *Socorro Rosa*, or facilitate

the contact. Likewise, *socorristas* refer women to “friendly” professionals that can provide care through the health system during the different stages of the abortion process (e.g., ultrasound test, the expulsion, post-abortion medical checkups). The two-way dynamics between the *socorristas* and health service can be noted in the following extract from a discussion group:

Yes, we do have a strong relationship with the CeSAC [Health and Community Action Center]. There is a female doctor in particular, although there is a whole group of very friendly doctors, with whom communication is fluid. In other words, they refer girls to us, we send girls to them, to get their ultrasound tests there (GD 2).

To give a picture of the impact these networks have, the total number of women accompanied by the *socorristas* nationwide in 2015 was 2,894, out of which 20% had been “referred” to them by different health services. This percentage is even greater in provinces where said partnership is stronger, such as Cordoba or Neuquen.

During discussion groups, the *socorristas* expressed that building links with different professionals in the health service system allows the number of women who access *Socorro Rosa* to increase:

The health [system] gives us access to the most vulnerable women. Before a network of friendly professionals was built, I think most women came from our own environment, the same social situation, the same resources, economic and social wealth. I think the most vulnerable women who come to us are referrals from the health system. There was a woman whose home was a shack made of metal sheets and nylon thread. She could have never reached us, there was no way, no mobile phone, no Facebook, no shared contacts. For me

the health care system represents just that, their capacity to reach out is, in a way, omnipresent... (GD 1).

We do not have friendly doctors in public hospitals yet, but there are a bunch of friendly psychologists in the mental health department. Being in touch with them, working with them has allowed us to reach out to women who otherwise wouldn't come to us, [they wouldn't have access] to an abortion or the possibility to talk to us (GD 1).

When health professionals "refer" women to *Socorro Rosa*, they actively recognize the knowledge and experience that the *socorristas* have in accompanying abortions.

Socorro Rosa, a heterogeneous and diverse organization, has continuously worked on establishing links with health professionals in the legal context of Argentina, which is restrictive but has also made progress in the social decriminalization of abortion. Through an exhaustive searching, the *socorristas* have found doctors and other health professionals who, in practice, have become "abortion accomplices" and collaborate with the *socorrista* activity (Grosso, Trpin and Zurbriggen, 2014). Each link between activists and the health system can be understood as an event (Lazzarato 2006) that breaks away from the common knowledge and hegemonic practices in the health system, and at the same time generates new knowledge and experiences on abortion.

Establishing links with health system professionals gives *socorristas* confidence and reassurance, especially in second-trimester abortion cases:

I personally feel much more relaxed accompanying women who are also supported by the health system (...). For me it's a tense tranquility. We usually try to get them to go to... or end up doing it at a hospital (GD 1).

Indeed, in some cases, connections between *socorristas* and professionals make it possible for women to start the medical abortion process at home and have it completed at the hospital where “friendly” professionals can provide care.

In the discussion groups, the *socorristas* have also stressed the importance of entering into dialogue with professionals that can provide advice and valuable information. Their advice demonstrates to what extent medical professionals understand the desire not to give birth of women seeking late second-trimester abortions:

They are obstetricians, doctors. They’ve told us: girls, you cannot send us a living fetus because we have a neonatology service here, with all the necessary technology, and they may try to save the fetus’ life (GD 2).

The discussion groups reflect that connections within the health system and “friendly” professionals are in constant development and expansion. These links with the health system make *Socorro Rosa’s* service stronger and improve what it offers women. Studying in detail the effects of *socorrista* accompaniment on the health system and on the work of “friendly” professionals could be the basis for a future research project.

Accompaniment networks

Both interviews and discussion groups show that *socorrista* accompaniment offers women seeking second-trimester abortions much more than the accompaniment of a specific group of *socorristas*. The national *socorrista* network emerges in conversations as an important supporting factor and even a care agent for women having or accompanying second-trimester abortions. In order to accompany abortions, the *socorristas* have built systems for providing each other mutual accompaniment

and support. Each abortion is made possible and sustained as the result of a network of collective feminist accompaniment and care.

In an interview, one woman mentioned specifically that, in order for her to be accompanied, her local *socorristas* relied on network knowledge:

The girls [*socorristas*] told me that this was their first case of such advanced pregnancy, so they turned to other *socorristas* in the network for information. They were then told that there were other girls like me elsewhere and that it could indeed be done (A-10, 35 yo, 22 w).

Also, the *socorristas* often mention how being part of a national network of activists gives them reassurance, emotional support and peace of mind. The reason is that the *socorrista* network supports the work of each activist and each group:

We were encouraged to do this because there is a network that supports and accompanies you. I feel very safe (GD 2).

I felt very protected by the network (...). It was always there. In that sense I felt super-safe. I knew if anything came up, at any time, there would be a whole network, not just my colleagues, but a whole network that could help me resolve any issues (GD 2).

The national *socorrista* network appears in participants' stories as a space where accumulated knowledge is exchanged, and where it is possible to find accompaniment and support regardless of the task they engage in. Specifically, there are activists and groups in the network with more experience who are willing to support those who are getting started:

I was in contact with R. and B. [two *socorristas*]; I always have someone to consult with in case anything arises, and that makes me feel calmer, and I feel more at ease at the moment of accompanying. (GD 1)

I talked to the girls from *La Mestiza*, they gave me all the information. My hands were shaking as I wondered: am I doing it right? Could I be missing something? (GD 2).

Then I turned to my colleagues at *La Revuelta* for help. The first accompaniment I did was assisted and accompanied by more experienced colleagues (GD 2).

The *socorrista* accompaniment that women requiring abortion receive is supported by a larger accompaniment and support network. Activists do what they do because, in part, they know they are supported by others committed to the same work:

Socorristas accompany other women and also each other. Such is the case in Córdoba, for example, where we often contact the colleagues in Neuquen when we face a complicated situation (GD 1).

The ethical and political value of accompaniment is not restricted to those having an abortion. It also extends in different directions, ways and styles, as explained by the *socorristas*:

The strategy we set out for ourselves at the beginning, and for the rest of the following year, was that when we had a woman with a late second-trimester pregnancy, who was more than sixteen, seventeen [weeks pregnant], or so, we would do a group accompaniment, in addition to the network accompaniment (...). I and my partner *socorrista* would get

together at home and we would sit together by the phone, thinking of strategies together (GD 1).

The coordination of mutual company, solidarity and support between *socorristas* makes these abortions possible. Especially because during second-trimester abortions the company of others, the sharing of knowledge and experiences, becomes fundamental:

Second-trimester work has precisely implied feeling the power of the network, of the support we give each other, understanding that the rest of the network has the same level of commitment in dealing with the situation (GD 1).

“They take great care of you”, “This is not clandestine”

What sense did the women who were interviewed make of *socorrista* accompaniment? How do they evaluate their experience and the accompaniment received? What women have to say is essential to understand what *socorrista* accompaniment offers to women in need of second-trimester abortions. It is relevant that all women are satisfied with the fact that they could abort, as well as happy with the accompaniment received. Some of the interviewees stated that their decision was firm and that other abortion alternatives posed dangers for their health and life.

In this section we elaborate on accompanied women's perceptions of the service, and the new ideas around legality that emerge in their narrations. Women were asked if they would recommend *Socorro Rosa*, and in general they do not hesitate to say that they would pass on the information. The large network of solidarity that exists between women grows as word of mouth spreads. Three of the women interviewed (A-1, A-11 and C-4) mention that they have already recommended *Socorro Rosa*.

Their words reflect the aspects of the service that they value most (efficiency, safety, accompaniment, reliability):

That happened to me and a friend of mine. I told her [about it], since she was less months pregnant; three, I think. And it worked for her. Because it's efficient. These days you never really know whether to trust a doctor or not, and that's also important, your safety, your health (A-1, 27 yo, 18w).

Look, they accompany you. That's the first thing I told her. I mean, they will accompany you, they'll set up a meeting. No bad vibes, they're nice, they talk to you, they're with you throughout the treatment. That's it, that's what I told her (A-11, 21 yo, 20 w).

So, I just looked up the Facebook page and I forwarded the address to her and told her the phone numbers where there (...) so that she could see and read [about it] (...). I told her I always felt comfortable, that they accompanied me, that the place was trustworthy, safe, that they would support her (C-4, 18yo, 17 w).

Other women imagine themselves recommending the service one day, and mention its qualities of helping reduce fear, offering non-judgmental listening, and above all, the collective organization that gives affective support and care to the decisions a woman makes on her own life:

I would tell her about my experience and that she won't be judged, that they will listen to whatever she has to say, isn't it like that? [I would tell her] to remain clam, that she has nothing to fear, that she's not doing anything wrong, she's just deciding on her own life, herself (D-1, 24 yo, 17 w).

What I would tell my friend is not to be scared, in the sense that I am recommending someone (...) whom I trust 100%. [I would tell her] that she will be very protected and that they are honest. I would tell her not to be scared, that she will be super cared for, super supported (A-8, 29 yo, 22 w).

Yes, no doubt I would recommend it. And since I don't know anyone else that would support and explain everything as well as they did (...), to me they are the best. A doctor may talk to you and explain how the process goes, they can explain everything, but the human component will be missing, I would say (A-10, 35 yo, 22w).

[I would recommend it] because it is a group that not only supports you but also in a way organizes what they do, moving forward to develop this type of help. It's bottom-up, but you can tell they're organized (C-2, 26 yo, 23 w).

Some women say they would share their experience when recommending the service while others claim they wouldn't. Many agree that they would give other women the advice to think carefully about their decision and, having had the experience of a second-trimester abortion, they would recommend, if possible, to abort early.

In their answers to such questions, two women bring a novel element into their reflections on the legal status of abortion in relation to feminist accompaniment. In their own words, legality or illegality/secretcy do not manifest in relation to the norms of the penal system, but rather from core questions: whether you are accompanied or abandoned, and whether actions are taken collectively or in isolation.

For instance, A-5 contrasts "illegal" abortion – with an unknown provider in the clandestine market, who is not concerned with the woman's fate – with abortions accompanied

by *socorristas* who are organized in an “association”, who “take great care of you”:

In that “illegal” abortion I am talking about [done by whatever provider in the clandestine market], they tell you, do this and that, this and that is going to happen, and then you are on your own, you understand? (...) An illegal abortion was like: I’ll do this and if you’re in pain go see a doctor. (...) I never realized there was a group doing this, not at all, to be honest. I wondered whether I would go to jail if I got an illegal abortion. Will I? Will it be OK? Will it go wrong? And then I met you, and it was such a relief for me (...). My friend told me, have faith, they will take care of you, and I said: Great! Finally, an association (A-5, 37 yo, 14 ½ w).

In the interviewees’ statements, we can see how a public association that provides safe abortions contributes to the legitimization and change of views on the legality of abortion. *Socorristas* do not need “façades” or to hide, because what they do is not clandestine:

The fact that you have a page means, to me, that it’s not clandestine. I was looking at it at work on my computer, and I saw a lot of things. There were testimonials and other things that make you say, yes, this is not clandestine. Clandestine things always hide behind a façade, don’t they? Like there’s a shop but there’s someone in the back giving out medication (A-9, 31 yo, 14 w).

Chapter 4

What the healthcare system offers in second-trimester abortions



Chapter 4

What the healthcare system offers in second-trimester abortions

This chapter analyzes, based on the interviews and discussion groups, the different responses the healthcare system offers in cases of second-trimester abortions¹, and the relationships that *socorristas* have established with the healthcare system in such cases. It is necessary to point out that these relationships are established on a personal level, with individual and, in some cases, teams of healthcare professionals. Even if such relationships do not reach an institutional level, we do consider those individual professionals/workers an active and key part of the healthcare system as a whole.

The material analyzed serves to initially identify two types of responses that the healthcare system offers to women seeking assistance for a second-trimester abortion. One type of response involves ill-treatment, abandonment and demoralization, while the other offers diverse forms of accompaniment, which, with a more or less explicit commitment, support the decision to abort.

¹ In this analysis we do not differentiate public from private healthcare systems. Nevertheless, it is worth clarifying that most women who abort with the accompaniment of *socorristas* are users of the public healthcare system, either because they do not have a private health insurance, or because the *socorristas*, who have stronger links with the public system, have recommended it. On the other hand, given that they are also activists, the *socorristas* tend to put more pressure on and be more demanding with the public system.

Next, we will analyze some of the strategies that *socorrista* collectives deploy in order to give tools to women who resort to the healthcare system that enable them to actively demand their rights and fair treatment. To end this chapter, we reflect systematically on the statements of two interviewees who offered suggestions to improve the services provided by the healthcare system and make it more suitable to the treatment they would like to receive.

Women who seek *socorrista* accompaniment to resolve their abortions are, in general, active users of the public healthcare system. The social norms regarding care and self-care imply that women often and actively visit health centers and hospitals. Because of this close relationship to the healthcare system, very often women seek solutions and answers there, although generally to no avail.

The experience of the *socorristas*, as well as this research, show that medical abortion is safe at this stage of pregnancy and does not require the intervention of health professionals or institutions. Questions are nevertheless directed to them as they have the actual duty to guarantee women's rights when they require second-trimester abortions.

Ill-treatment, abandonment and demoralization

Based on the stories of the women interviewed we can claim that ill-treatment and demoralizing attitudes are recurrent responses to women who attend a healthcare facility seeking an abortion. These kinds of disheartening responses are aggravated in second-trimester pregnancies. With this behavior, health professionals, far from fulfilling their duty to guarantee women's rights, abandon them, making them hesitate and feel fear:

I went and showed them the test results, and asked about the situation. I said: "I don't want it. I don't want to bring it into

this world. I don't know about you, but maybe someone can give me a prescription for pills, I know there are some pills I could take in order to abort". And then the doctor said, "No, I won't give you a pill for you to die". And I thought to myself, "what am I getting into? What am I doing?" (A-12, 18 yo, 14-15 w).

We only went to just one doctor, who asked me how many weeks pregnant I was. He said there was no solution and that I should start buying nappies (A-2, 18 yo, 23 w).

Then the doctor looked at me like saying: "so what are you doing?"(...) She started laughing, and then she told me, no, that it couldn't be done (...). Not only did she not help, but she kind of made me feel more frightened (...). [She said] "You already know you're pregnant, but if you do this you may get arrested" (...), like she was trying to instill fear in me (B-1, 24 yo, 18 w).

As examined in chapter 2, it is necessary to remember that in many cases the healthcare system is a delaying factor, playing a central role in impeding women's ability to make a fast decision and procure an early abortion. Healthcare system staff can induce hesitation and fear, while denying women the right to receive appropriate care and information, causing unwanted pregnancies to advance and abortions to be delayed.

The interviews reveal that the ultrasound is a key moment for all women, as they come to a health center or hospital to either confirm or reconfirm their pregnancy and the time of gestation. Said visit is often associated with situations of ill-treatment. Specifically, staff can deny or ignore women's active participation during the diagnostic ultrasound. For example, it is often assumed that women will want to continue with the

pregnancy, and thus women are not asked what information they would like to receive on the pregnancy, whether they would like to look at the monitor or not, or whether they would like to hear sounds or not:²

I already knew that I wasn't going to have it (...). When I went to have the sonography done, the baby was so big, they could tell its sex. It was a male, the due date was April 11th (...). And they didn't even ask, "do you want to know the sex?" No. [The doctor said] "look, it's a boy, you're so many weeks pregnant". (A-14, 24 yo, 16 w).

I went in for the ultrasound; I was really scared, because I went on my own. And when I saw it ... no, no, no, I felt terrible. It was a very ugly situation, not a moment of joy. They presumed I wanted to see it, they didn't ask anything, and well, since it was there, I saw it (A-6, 21 yo, 14 w).

Women narrate how their personal situation is not always taken into account, nor is their right to health and autonomy respected. The ultrasound practiced on one of the women interviewed, A-8, was especially violent: at that moment she still didn't know she had become pregnant after the rape she suffered in the context of an abusive relationship. She told us about the conversation with the doctor and the intense feeling of despair she experienced as a result of it:

Of course! I saw an image, an image showing, showing (...)
I didn't understand anything, I thought, no! How could I be pregnant? No, it can't be! It can't be! It's impossible! No!

² The *Protocol for the comprehensive care of persons with the right to a legal termination of pregnancy* establishes the parameters for ultrasound tests in the context of medical evaluations prior to abortion.

You're going to be a mom; you're 18 weeks pregnant. 18 weeks! What 18 weeks? Look, you want to see? No, I don't want to see it (...) Well, he told me, there are many women who obviously are not ready to accept it because they have a busy life or this and that, they have projects, but, that's it! You can't do anything about it now! You have to take it as well as you can, because the baby is quite big now. I went out of the hospital crying like crazy, I didn't even know where to go to, whether to stay there, jump off a bridge, I didn't know what to do. What do I do? Should I jump in front of a truck? Because I could no longer do anything to avoid that pregnancy (A-8, 29 yo, 22w).

Another key moment takes place when women attend a health center during a second-trimester abortion process, just before or after the expulsion³. When this happens, sometimes professionals cross the line, and instead of just tending to the woman's health, they begin to make accusations through questions that constitute different forms of abuse. A-8 describes the way she put an end to the accusations by health professionals:

Since I arrived the only thing you did was tell me ... accuse me constantly. No, we're not accusing you. You are accusing me, accusing me of doing something. What do you think? I came here feeling really unwell. Do you think that if I wanted to abort, I would come to the doctor? (A-8, 29 yo, 22w).

On the strained support for the decision to abort

None of the interviewees had the opportunity to receive an abortion service through the healthcare system, even though some of them would have met the requirements for a non-

³We will discuss this issue in more detail in Chapter 5.

punishable abortion. Nevertheless, the interviews support the claim that some health professionals do support women's decision to abort, in different ways and to different degrees of intensity. That is why we consider support from the healthcare system partial, rather than complete, and always full of tension.

Some health professionals, as we saw in the previous chapter, help women by facilitating the contact details of a *socorrista* group. We note that this occurs more frequently in cities such as Neuquen and Cordoba where the *socorristas* have built "friendship" networks with the healthcare system. Sometimes, health professionals provide contact details, give information about the safety of medical abortions and warn women about the risks of second-trimester abortions, with no intention of interfering with their decision:

... I told [a gynecologist]: I'm pregnant and I don't want to have it. And she said, Oh!... And then she told me about the girls, she asked me if I knew about the *socorristas* and I said I did, someone told me about them and then she gave me their number (A-3, 19yo, 14 w).

I went to the Castro Rendon [Hospital, in Neuquen] to see the gynecologist, and she told me that she couldn't help, as too many months had passed. [She said] to be careful, that my life could be at risk. And then she mentioned you. Also ... that there was a feminist group, that maybe if I met with them, they might be able to help; but the one thing she said was not to do anything on my own (A-7, 26 yo, 16 w).

Then I explained to her [that I wanted to abort] and she [the doctor] said, OK, look, I know a place called *La Revuelta* in Neuquen. You need to look it up on the internet ... look it up, they can help, they can guide you, they will help you (A-9, 31 yo, 14 w).

Well, at the health center they told me I was five months pregnant and they asked me if I was still thinking about not having it. And that's when they gave me a number to contact [the *socorristas*] (C-1, 41 yo, 16 w).

C-1 also mentioned that at the time she had the ultrasound done, she received complete, exact and easy-to-understand information, just as the World Health Organization recommends in the guidelines for dealing fairly with abortion cases (2012). The interviewees also mention that some doctors, in addition to providing contact details, make some sort of commitment with the women to take care of their health in the future; for instance, foreseeing the possibility of carrying out post-abortion check-ups.

If you decide to go through with [the abortion], come see me afterwards, the gynecologist told me (A-3, 19 yo, 14 w).

The existence of such “referrals” from the health care system implies a recognition on the part of health professionals of the *socorristas*' expertise in accompanying second-trimester abortions. The women interviewed also claimed repeatedly that professionals gave them a sense of trust in the work of the *socorristas*:

[The doctor] said: look, we cannot carry out this procedure here. And when she said that, I almost fainted again. Don't worry, I am going to put you in touch with the girls from the *Socorro Rosa* Network in Cordoba and they will help you (C-1, 41 yo, 16w).

Brazilian healthcare expert Emerson Merhy (2016) explains how health practices constitute political decisions with consequences on the bodies and lives of people. His vision

completely rules out the idea that medical practices are merely technical interventions, and considers the political and ethical aspects involved in each action undertaken in medical care. In this regard, the interviews show that, faced with the need of women who attend a healthcare facility with an abortion underway, some professionals respond with forms of medical care that are respectful and ethically responsible:

The doctor told [a psychologist] that it was a miscarriage. She didn't tell the truth. It stayed between she and I, like a pact (A-9, 31 yo, 14 w).

In the ambulance [the doctor] said: look, I'm not the police, this is between you and me, but we need to know what really happened. It's for your health, because we are going to look after your health, obviously. The fetus is gone, it's lifeless. So, all that's left for us is to take care of your health (A-11, 21 yo, 20w).

Nevertheless, the healthcare system, as well as some “friendly” doctors who in one way or another support the decision to get an abortion, can still be criticized for reaffirming and replicating a restricted interpretation of the health grounds for abortion in the Penal Code.

The definition of health adopted in the *Protocol for the comprehensive care of persons with the right to a legal termination of pregnancy* emerges from the World Health Organization's holistic perspective: “Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity” (OMS, 2006). Therefore, a full and just interpretation of the health grounds should widen the application of legal abortion. In this line, Daniel Teppaz, a gynecologist and member of the Network for the Access to Safe Abortions in Argentina (REDDAS, for its acronym in Spanish) claimed that

“interpreting the health grounds for abortion comprehensively is a way of questioning our power relationships, which come into play every day in the intimate space of the doctor’s office, while at the same time denouncing our failings as a system” (Teppaz, 2016: 5).

In an important number of cases, the support that women visiting health centers receive is partial and filled with unease. A professional’s individual will to enforce a woman’s rights is not sufficient, especially in second-trimester abortion cases, where other institutions and professionals intervene:

They told me that they would send me a letter saying whether my request for an abortion at the hospital had been accepted or not, and whether it was considered legal or not. A few days later they called to let me know that it had been rejected (A-12, 18 yo, 14-15 w).

I didn’t know what to do, I started shaking, I burst into tears, and he told me ... in fact he hugged me, and said: I’m sorry, I can’t do anything for you, I can’t! I can’t! I try to help girls like you when I can, but... in this case I just can’t because I would have to involve so many people here, and it’s not allowed, he said, it can’t be done because I would get into great trouble and I’m a doctor, he said. So, I can’t do anything! In order to help you, I would have to involve a colleague, and another colleague, people at the hospital, it would be a mess ... it would be chaos if I do something to you. So, I’m deeply sorry, and he was feeling terrible too (A-8, 29 yo, 22 w).

Some of the women mentioned that the way they were treated was marked by professional qualities and human warmth. Their testimonies highlight gestures of fair treatment, especially in moments of extreme vulnerability, such as when a woman

arrives at the hospital with an ongoing abortion process or right after the expulsion, experiencing intense pain:

I felt calmer after they said, look, did you take anything? We can't do anything [for the fetus], nothing can be done, but we need to know so we can help you after the process, because you need to stay here for a few days, do you understand? So that you get better (A-8, 29 yo, 22w).

My tummy really hurts, I'm in great pain, there's a lot of blood, I told [the doctor]. And she said, did anything happen? No, it just hurts a lot, I said, give me something for the pain (...). She told me to stay calm, that it was going to be painful but that I had to expel all the blood clots, that it was best for me. So, the doctor treated me very well, the nurses too (A-16, 32 yo, 23 w).

I told her, look, I suffered a lot, it was really hard. It hurts all over. Everywhere. Then a doctor came in and she said, it's not going to hurt anymore, dear. She applied a sedative on my leg and the doctor was very loving, he put on a surgical mask, a cap and everything, and said, listen, it all came out, all clear (...). He said he knew I had gone through a difficult moment but that he had to make sure I had expelled everything, because otherwise it could become infected, that they had to avoid all that (C-3, 37 yo, 20 w).

And then a doctor came, the truth is that he was my doctor for the whole process, I loved him! The way he treated me was so humane. You see, some doctors have studied so much but they forget that they're treating more than just a body. And that doctor, he was from Bolivia, he explained what was going to happen next, what a curettage was (C-2, 26 yo, 23 w).

Every time a woman requests a health professional to practice an abortion, and every time a woman comes to a hospital with an ongoing abortion, there is an ethical demand that comes into play, to which health professionals must respond. Some of their responses, as seen in the last section, are to intimidate, discourage, or obstruct the process. Other professionals provide support through mediation, which is tense and often not sufficient. But these forms of support are significant for women insofar as they, at the very least, offer a horizon of a solution and provide fair treatment in moments of such high vulnerability.

Socorristas politically commit to working towards expanding and strengthening this type of support. That is why their efforts to support the decision to go through with an abortion are so highly valued in contexts where conditions are severe. At the same time, it is necessary to avoid being lenient with health professionals, because they have the duty to guarantee rights. They will always be required fulfill their obligation.

***Socorrista* strategies and prepared women**

In their community health practices, *socorristas* insistently prepare women to actively demand their rights when they resort to the healthcare system. The interviews give an account of a series of anticipatory measures made available to women prior to the abortion process that, based on the *socorrista* experience, aim to help women go through the healthcare system with dignity. Several interviewees explained how they prepared themselves, with the help of the *socorristas*, before going to the health services, for how to position themselves with the doctors, whether when getting an ultrasound or when going to the hospital during the abortion process.

In the discussion groups, the activists demonstrated knowledge of the healthcare system in the areas where they carry out their work, and showed their ability to develop

adequate strategies. The healthcare system in Argentina is full of inequalities. Women provide accounts of such inequalities in their interviews, and the *socorristas* demonstrate their awareness of this through the particular contextualized strategies developed within each collective. For example, a *socorrista* in Tucuman mentioned they do not advise women to go to the hospital before the expulsion. Instead, they advise them to go afterwards, for a medical consultation with a doctor that, from their point of view, gives good care:

We do not send women to the hospital because the situation in Tucuman is very different (...). They go for a medical checkup the day after, because there is a decent doctor for that. None of them go [at the moment of expulsion], even though we tried several times (...). We are terribly apprehensive about the Tucuman hospital ... (GD2).

This cautious, distanced, and even fearful relationship with city hospitals is founded on the experiences of the *socorristas* and on concrete cases known to the public, such as the case of Belen, a young woman who was abused, prosecuted and ended up deprived of her freedom for over two years after going to a hospital in Tucuman following an obstetric complication⁴.

Socorristas' fears that women's health may be compromised intensify in the most restrictive contexts, where collaboration with health professionals is extremely difficult. In a discussion group, a *socorrista* claimed that they feel "uneasily calm" when women attend a health center with an ongoing second-trimester abortion, insofar as there is a degree of uncertainty regarding the treatment women may receive from health workers.

⁴ For more about this case, see "*Libertad para Belén. Grito nacional*" (Deza, 2016).

The perspective is worsened when women refuse to go to a hospital for fear of being denounced or mistreated. In some cases, there is no other alternative but to attend a healthcare service:

Even though we tremble with fear about them going to the hospital, there is no other option, we must assure and reassure them that nothing bad is going to happen at the hospital, and that they need to know what to say ... (GD2).

Women who resort to the healthcare system are prepared for that by the *socorristas*. In all second-trimester abortion cases, due to safety reasons, medication is not administered vaginally. The *socorristas* recommend taking the medication orally (mifepristone) and sublingually (misoprostol), as these routes leave no traces in the blood, and therefore, the healthcare professional who wants to prove that the woman provoked the abortion cannot do so. This information is provided to women so that they know, in case they need to go to a hospital, that there is no evidence that their abortion was voluntary. If the healthcare context is unfavorable, they receive special recommendations: to keep in touch with the *socorristas* so that they are on alert, to deny any accusations, to say they do not know what is happening to them, and even, to claim they didn't know they were pregnant.

One interviewee's testimony shows to what extent she knew she was protected by the safety strategy:

There was another doctor, the chief of gynecology, that went and said, no, we're going to schedule an analysis on this. And she [referring to a friendly doctor] couldn't refuse, and sent for the test. Anyway, there were no traces of anything I had taken, nothing. That's the good thing about taking them under the tongue, that it leaves no traces (A-9, 31yo, 14 w).

A-9 enjoyed the complicity of a friendly doctor, but also knew there were no grounds to accuse her and thus applied the knowledge that the *socorristas* had shared with her. Health professionals can therefore only be certain of an induced abortion if women decide to tell them.

In some areas of the country, the relationship with health professionals and institutions can even be of a collaborative nature, and therefore the strategies are different. In the following case, the *socorristas* had warned the emergency medical services staff that a woman would arrive to the hospital with an ongoing second-trimester abortion:

When I arrived to the emergency room, the doctor was there (...). I don't know how, but apparently, they already knew because they invited me in immediately and didn't ask too many questions. You could tell that they knew. That's when we told the doctors, although I think they already knew. My mom told them I was actually having a medical abortion and that the father didn't know about it. And then the doctors told him [the father] that I had an infection, that I had to be hospitalized, to help us out, in a way. So cool these doctors, don't you think? (A-6, 21 yo, 14 w).

What women want

Two of the women interviewed (A-1 and A-10) elaborated proposals, which, as users of the healthcare system, result from their experiences of situations where their dignity and autonomy were seriously affected. Within the reflexive space of the interview, they expressed their desires in the form of suggestions that would improve the way health professionals listen to them, address them and the tone of voice used.

Some of the suggestions are in tune with issues the *socorristas* are working on. One of them is women's right to decide what

they want to see and know about their pregnancy, about the embryo or fetus, during the diagnostic ultrasound test and the abortion process. In A-1's story one can observe an appeal for proper care during an abortion in general, and second-trimester abortions in particular:

And, maybe, they could ask. First ask [women] whether they want to know, to see, or whether they don't. Just ask. And give us the choice of whether we want to see or not see. And even the doctors themselves; I think if I had asked the doctor, when I expelled my last abortion, to let me see, they would have shown it to me. But that should be our choice (A-1, 27 yo, 18w).

A-10 also mentions the need to be careful and respectful of a patient's feelings. In her words one can see that fair treatment goes beyond expertise and technical skill:

I think there should be some sort of discretion, they shouldn't speak so loudly, say things so abruptly. Because although in my case I knew, it was still difficult, I was kind of shocked; but imagine a woman who had a miscarriage, the way they talk in front of you as if it was just a thing that was left there, that's not OK. You are there, hearing and seeing everything [...]. The truth is that I did not like that at all. They all talked in front of me, they said it was a boy. I heard them speak and for me that was horrible (A-10, 35 yo, 22 w).

In this chapter we collected the different responses that the healthcare system offers when dealing with second-trimester abortions. We found that this is an open field in institutional healthcare practices that must be further explored, and also a ground for ongoing disputes that grow deeper as women who

abort begin to demand their rights, and the *socorristas* insist on developing potential answers.

Many questions come to mind in such an unstable terrain: in what ways does the individual response of professionals who offer accompaniment and fair treatment influence their colleagues and the institutions they work for? To what extent does second-trimester abortion care contribute to drive abortion care towards a perspective that guarantees rights? What knowledge and practices could healthcare institutions and professionals gain from successful *socorrista* experiences in inducing second-trimester medical abortions? What partnerships remain to be built between institutional and community healthcare services?

Chapter 5

The uniqueness of second-trimester abortions



Chapter 5

The uniqueness of second-trimester abortions

What characterizes and even constitutes the singularity of second-trimester abortions is the moment of expulsion, and the fact that what is expelled has a concrete materiality. This is a very demanding situation in subjective terms for women, and the experience varies depending on whether the process takes place at a hospital or in a private home. An analysis of the interviews allows us to claim that, when the expulsion occurs at a hospital, tense power relations unfold with regard to the decision of whether to see or not see the product. In some cases, women are respectfully asked what they wish to do, while in other cases they are forced to see the expelled product, which makes for situations of profound violence. At a private home, however, women have to manage the whole process and safely dispose of the remainders themselves. So, it is often the case that they do not have the choice of whether to see or not to see the product.

The findings of this research allow us to claim that the medical abortion method is safe for this type of abortion, that the pain produced can be intense and that, frequently, the expulsion happens “in one piece”, that is, all at once. In all cases, these moments are profoundly demanding for women who feel, resolve and narrate them in diverse ways.

In this chapter, we analyze the unique experience of expulsion based on what was described during the interviews by the women who participated in this study. We aim to move

forward on the most tense and shocking issue. It is a political decision not to avoid dealing with this issue. We focus on the task to find ways to name these events, and we also choose to disseminate the words that surface in women's experiences. Out of the highest respect for the interviewees' testimonials and for the readers, we have made the decision not to silence the hard and visceral nature of such experiences.

The expulsion. At home or in the hospital

The moment of expulsion in the abortion process transpires in interviewees' accounts as a particularly demanding situation. The experience varies according to whether the expulsion took place at home or in a hospital. Out of 23 women, 10 went through the expulsion in a hospital, while 13 did at home¹.

According to interviewees' accounts, arriving to a hospital before the completion of the abortion gives them a certain feeling of security, as they are confident they will receive adequate and professional healthcare. Furthermore, as seen in the previous chapter, some women resort to the healthcare system knowing that "friendly" professionals will attend to them. When this is not the case, women know that the *socorristas* are alert, and they also know what they have to say to protect themselves and demand the fulfillment of their rights. This allows them to be admitted and transit through the healthcare system with less concerns.

The stories of women who complete their abortion at a hospital are tinged with medical jargon, such as words referring to medical protocols (stretcher, serum, analysis, uterus, pelvic examination, ultrasound, operating room). Some women

¹ The expulsions that were triggered in an ambulance are counted as hospital abortions, as at that moment women were already in the hands of healthcare professionals.

explain that the expulsion occurred in a hospital restroom. At times, in late second-trimester abortions where medical staff are involved, the expulsion is similar to giving birth:

I didn't know what was going to happen to me. They took me into the delivery room, it was like giving birth. I had to push and all that ... (A-2, 18 yo, 23 w).

In many hospitals, the expulsion is followed by a curettage process in an operating room. What healthcare professionals say, their actions and decisions, takes the center stage in the interviews. That is, once in the medical context, healthcare professionals determine the course of action and they are the closest to women. Also, at times, other care givers are allowed to be present. Interviewees' mothers are mentioned on numerous occasions (A-2, A-4, A-6, A-10).

When the expulsion occurs at a private home, on the other hand, whether it was the woman's decision, or whether it was because the process was triggered and there was not enough time to get to a hospital, the most intimate spaces in the home, such as the bedroom or the bathroom, become central. Far from the technical language that emerged in the narration of expulsions in hospitals, these accounts present a vocabulary related to everyday life ("bed", "toilet", "bucket", "bag", "bidet"). There are mentions of domestic, easy-to-access elements which the *socorristas* recommend to keep at hand at the moment of expulsion. In second-trimester abortions, *socorristas* recommend having at hand a bucket with a plastic bag, to be used as a garbage bag, where the product of the expulsion should be placed:

I used a bucket and a bag as I was told [by the *socorristas*]. Nothing else. I placed it by the toilet. That's where I did it, it was very painful, really painful, and then I pushed and started expelling (A-13, 23 yo, 21 w).

In contrast to how expulsions at hospitals are described, scenes at home make reference to women's own decision-making processes. Women discuss the waiting, the calls to the *socorristas*, the decisions on the course of action they had to follow and asking for help to the people accompanying them (mother, friend, daughter, sister, cousin, partner).

The moment of expulsion at home requires practical decision-making and diligent action. In several cases, women confirm that the medication works, provoking the expulsion in one go and in one piece. In other cases of home abortion, when this does not happen, women are instructed by *socorristas* to sit on a bucket, prepared with a bag in place, or otherwise on the toilet, and to wait, pushing hard until the expulsion is complete. *Socorristas* prepare women for this moment, explaining the importance of keeping certain materials at hand, and advise them to follow instructions very precisely: to push and wait for the expulsion to be complete without pulling on or cutting anything. C-1 narrates how she followed the *socorrista's* instructions:

I expelled it at my own home. I checked the placenta. I waited for the placenta; it took it a long time to come out. I checked the placenta, making sure it remained in one piece. I even stayed for a bit longer, a couple of hours at the toilet, pushing and waiting, in case some other fragment of the placenta would come out. And well, it all came out. Afterwards, some other placenta fragments came out. I waited a bit longer and then I got dressed to go see the doctor. (C-1, 41 yo, 16 w).

C-1's narration stands out from the rest by the calmness and security with which she deals with the moment of expulsion, as women generally describe the expulsion as a moment of shock and subjective intensity that involves the whole body. It is important to clarify that in second-trimester abortions, *socorristas* always try to make sure the woman is not alone, but

rather accompanied by a least one familiar or trusted person who can help. Indeed, several women mentioned they felt so impacted by the what was happening that they felt unstable, and asked the person who was with them for help. This is the case of C-2:

At a certain point, I felt I wanted to go to the toilet, to poop. I pushed to poop and it started coming out (...) at that moment I thought, what is this!?. And then I asked T [her partner] to come, and I started to push, push, push hard, all this while sitting on the toilet ... (C-2, 26 yo, 23 w).

The interviewees describe the waiting, the pain, the experience of pushing, the company of those close to them and the phone calls made to *socorristas*. Their testimonies also provide an account of how women do not always follow the *socorristas*' instructions. In some cases, they make their own decisions and take a different course of action, depending on the advice they receive from the persons assisting and accompanying them. C-4 describes how she cut the fetus' umbilical cord, a procedure that the *socorristas* explicitly recommend against:

I felt something fall out and I saw it was the fetus, which was attached by the cord. In fact, it was hanging from it, wasn't it? So, I called my cousin in despair and crying (...). Ok, ok, calm down, calm down ... everything is going to be ok; I'll bring scissors. She went and got some scissors, which she disinfected and gave to me, and I cut the cord ... (C.4 18 yo, 17 w).

C-4's testimony shows women must manage their abortions under precarious circumstances, and the women themselves are ultimately in charge of making the decisions. They turn to the *socorristas* for help, but do not always follow their instructions.

Women autonomously decide how to proceed, and in order to do so, they don't always stick to what the *socorristas* told them, but also use other knowledge and experiences available to them through their social circles. Cases such as C-4's allow us to claim that, under extremely precarious and subjectively demanding situations, women can make decisions successfully. In spite of everything, they can make their own decisions, and indeed they do so.

Women completing an abortion process at home must also manage the disposal of the remains. During meetings with women considering second-trimester abortions, the *socorristas* especially discuss this issue, given that disposal is a key factor to ensure their safety. As that the remains cannot be flushed down the toilet, their recommendation is to bury or dispose of the product in a place far from their homes. Women do not always follow this instruction. But in all cases, they found a way to get rid of the remains by themselves, or with the help of the persons accompanying them:

We buried it at the end, the very end of a plot I own that's next to a dumping site (A-13, 23yo, 21 w).

I was with my daughter and I told her to call her dad (...). I had to put everything in a bucket because I couldn't make it go down the toilet (...). He came and he dealt with it ... (A-9, 31 yo, 14 w).

He [her partner] closed it up, it was nighttime so he didn't leave immediately, you see? He woke up in the morning and left (...). He went to dispose of it and said: don't worry, I'll go ... (A-15, 26 yo, 14-15 w).

We buried it in a wasteland [silence] (...). We both went together [she and her partner] (...). And yes, because it was

my decision, I had to see it through until the very end ... (D-2, 25 yo, 10w).

Well, she [talking about her friend] was the one who closed the bag, moved it, she left it in the garden until I wasn't bleeding anymore (...). Then I lied down, I woke up and then we went to dispose of it (...). She threw it out. That was it, we did it her way, she's so practical, straightforward ... OK, ready, let's go (...) and we disposed of it. (A-14, 24 yo, 16 w).

What was seen, the describable and the unspeakable about the expulsion

Second-trimester abortion is characterized, as mentioned earlier, by the unique materiality of what gets expelled. As the pregnancy progresses, we can begin to observe the shape of the fetus, which acquires the characteristics of a human body.

Out of the 23 women interviewed, nine did not see the product of the expulsion (A-1, A-6, A-7, A-8, A-10, A-11, A-13, C-3, D-2) while thirteen of them did (A-2, A-3, A-4, A-5, A-9, A-12, A-14, A-15, A-16, C-1, C-2, C-4, D-1). In one case (B-1), the interviewee's account was not sufficiently detailed to know for sure whether she did see the product or not.

In cases where the expulsion takes place at home, it may be difficult for women to choose whether they want to see the product or not, given that they are in charge of the whole process. Whereas in cases of an expulsion at the hospital, with medical intervention, there is a chance that the professionals may ask women whether they prefer seeing the product or not, even though this is not always the case.

At the moment of narrating the expulsion, women give an account of a very particular and intense affective experience. Many mention feelings of relief, guilt, sadness, pain, happiness, calmness and confusion, among others. In many cases, emotions

overlap, conflict, contradict each other and seem to blend without a clear pattern, which makes the narration tense and ambivalent:

Afterwards, I cried, my mom was crying too ... I felt –what I am about to say is horrible–, I felt such great relief after it happened, because the pain was gone and I felt it was finally over. Because for me it was torture, I felt like that was finally it (A-10, 35 yo, 22w).

I don't know what I felt, it was all so confusing, I felt like very happy, but very sad too (A-8, 29 yo, 22w).

At one point, I felt like great [emphasis on great] relief, the feeling that it was finally over. But at the same time, I felt, what have I done? What are you doing? I was so confused in my head (A-12, 18 yo, 14-15 w).

At times, what occurs at moment of the expulsion cannot be articulated in words, and is rather expressed through weeping and screaming:

My first reaction was to cry and scream. I was crying very hard, very hard, crying a lot (...). When I screamed, I could see everything, feel everything; relief, sadness, pain, because something that had been inside of me for four months was now gone. I really felt such emptiness inside (...). I had to cry and scream so loud, to let everything come out through that scream (C-2, 26 yo, 23 w).

For women who went through the expulsion process in a hospital, a key moment is when doctors ask them whether they wish to see the product, or not, as it is not always the case. The question may follow a respectful care protocol and contributes

to generate a “friendly” context for the women being served. Nevertheless, the experience of one of the women (A-8) shows that this question, when asked and insisted upon once the woman answered no, can also be a tool for abuse.

Five of the women were treated at a hospital –either because the expulsion took place within hospital premises (A-6,A-10,A-16), or because it happened at home or in the ambulance and they were immediately admitted to the hospital afterwards (A-11 and C-3)– mentioned that they had respectfully been asked whether they wanted to see the product of expulsion or not. They also expressed that they were listened to attentively and without prejudice by health professionals. In only one of the cases did someone refer to the product as their “baby”:

[The doctor] asked me whether I wanted to see the fetus or whether, in other words, I wanted it to be sent to the pathology unit. From the very beginning I was never interested, so I wasn't interested then either. So she said: that's alright. I asked because we have to ask, that's it. But it's your decision (A-11, 21 yo, 20w).

This is a question I must ask because it's mandatory, that's how it works, but don't feel like you have to do it. Do you want to see it or not? (...) I wasn't sure, maybe I wanted to see it, I don't know if it was some sort of morbid curiosity or what, so I was like, ah! Yes, no, yes, no, yes, no. And they respected that I needed to take my time (...). Then I said: no (C-3, 37 yo, 20w).

After they did what they had to do I was asked: Do you want to see your baby? (...) I said I did want to see it (A-16, 32yo, 23w).

After I expelled it, the doctor asked me if I wanted to see it, that in some cases women want to see it and that that's why they asked. I didn't want to see it (A-6, 21yo, 14w).

They asked me whether I wanted to see it, and I said no. My Mom was asked as well, and she also said she didn't (A-10, 35 yo, 22w).

In contrast to these scenes of respectful treatment, two of the women (A-8 and A-2) describe situations of poor treatment, where they were pressed and forced to see the product of the expulsion. In A-8's case, the doctor treating her repeated the question with insistence, even after the woman had refused:

She [the doctor] insisted that I should see it, because she said: do you want to see it? No, no, no! And I was crying, I remember, I could only cry and cry. Do you want to see it? No, I don't want to! Why would I want to see it? Why don't you want to see it? I'm going to ask you again, look at me, do you want to see it? Are you sure you don't want to see it? No! What would I want to see something... that's going to stay with me for the rest of my life...? I don't want to see something that's de[ad].... Are you kidding me? I just had a miscarriage and you're asking me if I feel like seeing my dead baby. No! I don't want to see it! (A-8, 29 yo, 22w)

A-2, an 18-year-old girl, also describes a situation of intense mistreatment linked to the imposition to see the product of abortion and the need to give the fetus a legal identity:

I told [the doctor] that I didn't want to see it, and she told me that I had to, because apparently it was breathing when it came out, and I didn't want to see it. And she made me look at it anyway. They baptized it, they gave it a name, everything.

I was saying no, turning my face away and pushing her face away. And she said, you have to look at it because this is going to be your daughter (A-2, 18 yo, 23 w).

The current biopolitical legislation in Argentina states that whenever a fetus weighs 500 grams or more, a death certificate must be issued for legal and statistical purposes. If a fetus gasps following its expulsion, it is counted as “born alive”. This administrative and impersonal registry and classification procedure is required by state institutions without taking into consideration the wishes or needs of the women involved.

The interviewee says the fetus was “baptized”, “they gave it a name, everything”. The bureaucratic requirement to register the fetus under a name has religious connotations. In everyday language, the verb ‘to *baptize*’, is used to describe the Christian sacrament of baptism as well as the action of giving someone a name. We also call the name we give human creatures upon birth their “Christian name”, which alludes to the christening process². In any case, the requirement to give the fetus a name, and therefore to register it as a human subject, against the women’s desires, remains a form of extreme violence towards them.

In the scene that A-2 describes, the state norm is embodied by the doctor who tries to impose a mother-daughter relationship even when the woman has an abortion, precisely because she wishes not to establish a relationship with the fetus as a child. This imposition is carried out not only through the issuance of a death certificate (as dictated by country laws), but also through the additional mistreatment that takes place when the doctor

² [Translator’s note: In Spanish a person’s first name is also known as their “*nombre de pila*”, which refers to the baptismal font or “*pila bautismal*”].

forces the woman to see the dead fetus, to which she refers as “your daughter”.

When the expulsion happens at home, the ability to choose whether to see or not to see the product of pregnancy is limited, because women are in charge of the process and at the same time, their bodies are engaged in it. Circumstances tend to be adverse for those who wish not to see. Some of the interviewees said that they could not avoid taking a look, while others chose to do so:

I didn't want to look, obviously, but as I went like this, I saw it ... (C-4, 18 yo, 17 w).

I saw it, I didn't want to but I ended up looking at it, its shape was (...) horrible, horrible (...). It was so shocking (A-14, 24 yo, 16 w).

I didn't want to see it but then I thought: (...) OK, it's done, I'm going to be brave (...). Maybe it sounds cold, but it didn't make me feel to the contrary, I felt tenderness (D-1, 24 yo, 17 w).

Something dies and something is lost when a pregnancy ends. Looking at the product of expulsion after a second-trimester abortion can produce a shocking impact. That is why the *socorristas* –during the face-to-face meeting and in phone conversations – tell women in advance and with absolute clarity what they will be dealing with. They talk to the women about the size and shape of the fetus, with clear examples based on the gestational age. Despite their preparedness, some women mention that it is hard for them to forget the image of a body with certain human characteristics:

I saw it, all of it, I'm telling you I can't erase that image from my mind for the sake of me (A-5, 37yo, 14 ½ w).

I swear the image stayed in my head. It was horrible. I try not to think about it anymore (A-2, 18yo, 23 w).

And when I expelled it, at that moment I was shocked. To this day, I can't get that image out of my head... (A-12, 18 yo, 14/15 w).

How do women relate to the product of expulsion? How do they refer to it? Out of the 23 testimonies, 16 use the word “baby” or “fetus” to talk about the product of expulsion. The rest use ambiguous or neutral expressions such as “it”. In some cases, there are different ways to name it within the same interview. “Baby” is predominant in 9 interviews (A-2, A-3, A-4, A-7, A-8, A-9, A-14, C-2 and C-3), while “fetus” is the most commonly used to name the product of expulsion in 7 of the interviews (A-5, A-6, A-11, A-16, C-1, C-4 and D-2)³.

Based on our reading of the interviews, we cannot identify any patterns regarding the way the women relate to what is expelled. These women used a safe abortion method and were accompanied by *socorristas*, but the practice was carried out in extremely precarious circumstances, due to legal restrictions, and the women have to be in charge of the whole process, which implies a great subjective and physical commitment. In many cases they were not able to choose whether to see what was expelled or not, and they were even forced, by state bureaucracy and attending staff, to establish a maternal-filial relationship with the product of the expulsion against their will. Even then, they attempted to confront what was expelled in different ways, ranging from total rejection to performing mourning rituals.

³We found no differences in the use of such expressions (quantitatively) when comparing women who have children to women who do not.

Using the resources available to them, women not only abort but also process what happened and their relationship with that pregnancy. C-2, for instance, was surprised by the human morphology of the fetus and imagined a farewell scene with the fetus as a protagonist:

I saw a hand going like ... Bye, I will be back in a different form. I will come back later as someone different, let's say, not as the one who's now gone (C-2, 26 yo, 23 w).

Chapter 6

Lessons to be learnt from second-trimester abortions



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2011

Chapter 6

Lessons to learn from second-trimester abortions

Since its inception, *Socorro Rosa's* strategy has been deeply intertwined with teaching and learning initiatives, perhaps because its founders were teachers at different educational levels, with years of critical practice in the classroom. In order to be a *socorrista*, one must be willing to constantly learn and disseminate knowledge. This knowledge is built above all among women, who learn from each other, identifying collectively constructed knowledge and passing it on to others. The activity of the *socorristas* is a pedagogic practice characterized by the desire to learn and the urgency of accompanying those who need to get an abortion¹.

In the two *socorrista* discussion groups organized for this research, the question of learning occupied an important place: activists shared what they had learned during the practice of accompanying second-trimester abortions. Some of those lessons are already part of the resources that circulate in the *socorrista* network, others are regarded as strategies used by collectives in the areas where they carry out their activism.

The difficult question regarding the limits of second-trimester abortions came up in conversations amongst *socorristas* as intimately related to the question of learning. They reflected

¹ For more on the links between pedagogy and *socorrista* accompaniment, see Gonzalez (2015).

upon the rigid limits that the health system has established for second-trimester abortions, and how *socorristas* stretch, question and transgress such limits.

Based on what was discussed during discussion groups, this chapter analyses the lessons learned by the *socorristas* regarding the health system, the practice of accompanying second-trimester abortions and the medication.

The limits of the health system

In discussion groups, the *socorristas* agreed that the limits that the health system has established for providing abortions are quite rigid. They also agreed that it will take a lot of effort to make these limits more flexible, in order to guarantee women's rights and respond to the demand of women who wish to terminate a pregnancy. Even in health sectors considered "friendly" and who enforce women's rights, it appears 12 weeks is the time limit for providing abortion services. After the first trimester of pregnancy, even "friendly" professionals who practice abortions choose to "refer" women to the *socorristas*:

When they are more than twelve, thirteen weeks pregnant... they refer them to us... (GD1).

Through their referral to the *Socorro Rosa* service, such professionals offer women a possible solution, while at the same time recognizing the *socorristas'* expertise. It should nevertheless be noted that, through these "referrals", professionals are by no means pushing their limits, nor the limits of the institutions in which they work.

Another limitation in the health system perceived by the *socorristas* is the lack of training of professionals with regards to abortion. For example, in a discussion group, a *socorrista* stated that: "doctors do not know how to use misoprostol and ask the

socorristas”. Here too, it seems professionals recognize *socorristas*’ expertise, as well as a transmission of knowledge which, contrary to what may be assumed, goes from the activists to the health professionals. It is urgent to improve the latter’s training for the delivery of such services, for which the *socorristas* could contribute with their knowledge.

The *socorristas* also talked about how professionals’ fears make them stay within very rigid limits. These fears, sometimes, come from the belief that there are “legal limitations”, which are not substantiated in current legislation and protocols. Due to these unfounded beliefs, some doctors refuse to either practice abortions, “write up a prescription [for misoprostol]” (GD1), or ensure that the medication is made available to them through other means (for example, through their own institution’s pharmacy).

It is our belief that in order to lessen those fears and expand the rigid limits of the health system, it is necessary to engage in continuous efforts, from a rights perspective, towards the sensitization and training of professionals who are ready to learn and unravel their limitations. There is an ever-increasing number of health professionals who are committing to guaranteeing women’s rights. Together with them, the *socorristas* contribute different mechanisms so that women can access legal first-trimester abortions, and also services for second-trimester abortions.

There is still a long way ahead and a more aggressive policy to be drawn in relation to institutions and health professionals who aspire to maintain the rigid limits set against women’s rights. Another way to work on the limits of healthcare services is to demand compliance with current legislation, and to call out on cases of non-compliance.

The flexible limits of *socorrista* accompaniment

During the discussion groups, the *socorristas* agreed that, to them, limits are not fixed, but rather flexible; they keep shifting and even disappear in the practice of accompanying abortion. One activist claimed that *socorrista* accompaniment “maybe breaks certain limits” (GD 1).

The *socorristas* know that they are crossing limits that seem uncrossable in the healthcare system, when accompanying second-trimester abortions. Nevertheless, this does not mean that there are no limits in the *socorrista* practice of accompaniment, quite the contrary. *Socorrista* activists reflect and work on the limits of their practice on the grounds that learning will result from it, and in order to guarantee care policies for everyone involved.

According to the discussion groups, a first lesson learned from the *socorrista* practice is that when women are determined to terminate their pregnancies, they will do so, regardless of the length of the pregnancy or the abortion method. These limits are not up to the *socorristas*:

I now like to say that limits are established by the women (...). I learned that through accompaniment, (...) I've learned it through my discussions with colleagues, in *socorrista* plenary meetings ... (GD1).

Given the certainty that, for a variety of reasons, women require second-trimester abortions, and that they will, one way or another, do the procedure, the question that comes up is whether one will accompany second-trimester abortions and up to what number of weeks:

From that moment on (...) we said: we will take charge of this, and we've been extending the limits. We dealt with

pregnancies of up to twenty weeks. Then twenty-one. And well, we've already, in our last accompaniment, dealt with a twenty-five-week case. And that's where we kind of stopped (GD2).

The boundaries of what is possible shift once you assume that the limits are established by the women who require an abortion. As those limits shift, the *socorristas* face certain fears, as well as the need to build care and safety mechanisms for second-trimester abortions. There are at least two questions that gain relevance: on the one hand, how to take care of women's health, and on the other, how to care for the safety of those involved in a practice that is criminalized:

I confronted the issue of where the limits lie (...). I was scared, scared of what could happen to the young woman and what could happen to us (...). I was afraid that it could go wrong, in the sense that her health could be affected... (GD1).

There are two things. There are other legal consequences, because there's a body, which is not the same as a couple of cells or whatever going down the toilet. [The] fear is greater because you know that there are greater difficulties also... (GD1).

As we have shown before, in some areas around the country, the *socorristas* have managed to collaborate with the healthcare system, making a joint accompanying effort possible. When this is the case, the relationship with these institutions "relieves" certain fears and provides a sense of security. In many cases, *socorristas* provide women with information and accompaniment so that women can begin the medical abortion process at home, to later be completed with the assistance of "friendly" professionals. Then, once the woman arrives to the hospital, it is

expected that “the healthcare system will take over and nothing will affect the woman’s health” (GD1).

In other cases, such a coordination is not possible, and therefore the *socorristas* have had to design alternative strategies to safeguard women’s health as well as the safety of everyone involved. In general, whenever there is no certainty on the “friendliness” of the healthcare staff, women are recommended not to admit their second-trimester abortion was induced. Also, they are advised to take the medication sublingually, so that the medication would no longer remain in the vaginal cavity.

During discussion groups, *socorristas* mentioned that they have learned to build spaces to promote autonomy, so that the women going through an abortion are always in charge of the decisions to be made (“one provides the information, but the decision is [ultimately] hers” GD 1). According to the *socorristas* statements, it is key to develop strategies together with the women having the abortion, because, ultimately, they will make the decisions regarding the course of action, and their own bodies are what is at stake:

You learn from the experience of second-trimester abortions, you learn that not all of them will go to the emergency room, that they may manage it in a different way. From that point on, you start thinking about strategies (...). I learned from the meeting with Susan², during the last plenary, that you have to give them space to think about the strategies ... (GD1).

Socorristas also reflected upon the limits that they have learned to set and stretch with regard to the women they accompany. Activists must work towards establishing a special kind of

² She is referring to Susan Yanow, from Women Help Women, who offered a workshop on second-trimester medical abortions during the *Socorristas en Red* plenary meeting in 2016.

bond with women, a bond that is determined by activism and volunteer work, which is different from the relationship women could establish with the State (as a rights claimant) or with a company (as a service requestor):

We are neither the State nor a company, thus (...) you sometimes need to set limits with women and say: stop, you're not the only one in this situation. I'm here to help, but you need to calm down. And that limit is for the best. It allows you to say, the solution is 24 hours away, tomorrow we will meet at 6 pm and you are going to learn step by step how to solve this situation. You don't want to be pregnant? You won't be. You want to terminate the pregnancy? You will. But calm down. Setting that limit is so important, because if you overprotect women, further down the road, the boundaries of whether I am the *socorrista*, a friend, her psychologist, or, her mother –if she is a minor– can become blurred (GD2).

Setting clear limits and clarifying the nature of the relationship, as the activist claims in the previous paragraph, is a way to generate certainty and reduce a woman's anxiety. The *socorristas* claim that limits are important to avoid situations of mentoring and contempt towards women's ability to come up with strategies and make decisions by themselves: "limits are also important so that you don't patronize, don't underestimate women" (GD 2). The *socorristas* claim that limits help them save their own energy and increase their accompanying skills:

Recognizing our own spaces and times is a way of improving the work that we do. Because if we just help everyone non-stop, we won't be able to do a good job. We won't be able to provide effective answers, if we go out of our way for every woman that calls us (GD 2).

Setting limits and making sure that the bond with the women is appropriate is not tantamount to renouncing their commitment to women. On the contrary, this form of attachment constitutes a political practice that opens up many possibilities:

Getting involved in a case doesn't mean making friends with the woman, or necessarily being moved or wanting to solve a bunch of issues for her. It means that there's a situation and you become involved, by facilitating certain things, enabling other things and providing emotional support; maybe not from a personal standpoint, but by engaging in the political practice of *socorrista* accompaniment, which brings that about as a consequence (GD 2).

Limits come up in the conversations among *socorristas* as flexible instruments that come to light in different learning experiences, and that are constantly being redefined. Which week of pregnancy sets the boundary beyond which there is no more accompaniment? This is a burning question in the hearts and minds of every *socorrista* and collective. The limit is often drawn after demanding experiences, which activists would not want to go through again:

Well, I set the limit at having to accompany a woman through an adoption process. I won't do that. You won't accompany the "little black bag" [referring to a second-trimester abortion], I won't accompany adoptions, it does me no good. And I could never again say to a woman: you can't abort. For me, that's too violent. (GD 2).

There is no general consensus in the *socorrista* network, just an invitation for each activist to decide on their own limits, considering their desires and possibilities.

Learning about the medication

As mentioned earlier, the *socorristas* have based their medical abortion practices on the recommendations made by the WHO (2003, 2012), professional gynecologist and obstetricians associations (FIGO, 2012, 2017; FLASOG, 2013), and the *Protocol for the comprehensive care of persons with the right to a legal termination of pregnancy* (Ministry of Health of Argentina, 2015). One lesson learned from *socorristas*' accompaniment of second-trimester abortions is that the medication used for these cases is highly effective. In this section, we attempt to systematize the lessons developed by the *socorristas* on the medication and its efficacy.

The practices of the *socorristas* have developed significant learning outcomes through recording, systematizing and reflecting upon the effects of medication on women, which contributes to increase the safety of the accompaniment offered:

Safety is linked to what we have previously learned about the medication (GD 2).

The knowledge associated with these learning outcomes is passed on among *socorristas* and passed on to women having abortions. It is a dynamic, constant and spiraled process based on the experience of inducing abortions, where *socorristas* learn from one another about the effects of medication and the best ways of administering it:

We have been learning at a very fast pace... I would say it's like science, in a way (GD 2).

One of the most recently cited learning outcomes is the confirmation that the abortion process improves with the use of

combined methods - mifepristone and misoprostol - compared to the use of misoprostol alone.

During the discussion groups set up for this research, *socorristas* mentioned specifically some significant issues they continue to work on in order to produce further empirical evidence. On one hand, the combined method makes it more likely that the product of conception will be completely expelled, all at once:

In most cases where we've used mifepristone, we had complete abortions, with the bag being expelled with all its contents. In those cases, we don't expect the placenta, there is no liquid, there's nothing. It is like an egg that comes out, the fetus shoots out, so to speak (GD 2).

On the other hand, the *socorristas* agree that pain can increase with the combined method. But the process is quicker than when you use misoprostol alone. So, the pain is concentrated in a shorter span of time:

Besides the difference with the use of misoprostol and mifepristone in that it comes out whole, the pain threshold has also changed for me. With misoprostol (...) there was a lot of pain for several hours. And now I get the impression it's more intense right at the moment before the expulsion. And that's reassuring (...). It also gives us the confidence to tell the woman, is it super painful? Well, if it hurts it's because you are about to abort, so relax. And we can be sure that what we're saying is really what's about to happen (GD 2).

The ways of administering the medication and its dosage are also adjusted based on this practical experience:

We've been trying out the use of mifepristone and our conclusion is that it takes 36 hours ... that is, not 24 but more like 36. That's the best time to start taking the misoprostol. And that the sublingual route is best because it causes less pain and less discomfort. The truth is that we are registering it all. It's all learning (GD 2).

The *socorristas* reflect extensively on another key aspect of medical abortions, the physical discomfort and pain experienced by women. In one of the discussion groups, activists showed concern for this issue and this is how they laid it out:

For me this is very intense, I feel their pain, their physical pain ... (GD 1).

There are situations we cannot solve for women, for instance, I was talking about the pain, and how I feel it too. We cannot solve the issue of pain for them... (GD 1).

Feeling someone else's pain, as the cited fragments show, is the effect that a practice based on physical and emotional closeness has on the *socorristas*. The question of managing the pain that occurs after using the medication is a central issue that unfortunately *socorristas* cannot avoid. Recently, this problem has been tackled through experimentation with alternative pain-relief methods, for example massages or breathing exercises.

This research did not specifically delve into the effects of the medication, because to determine the effects and best administration of the medication was not among its objectives. Nevertheless, the information collected allows us to affirm that second-trimester medical abortions accompanied by *socorrista* activists are safe for women who abort. All of the women who participated in the study had second-trimester medical abortions

accompanied by *socorrista* activists and completed their abortions without further health issues.

In the discussion groups, *socorristas* claimed that there is a lot to be done in terms of listening, thinking, registering, communicating, and learning about the medication. Reflections and research are also increasingly more open to other types of knowledge and practices beyond the medical practice, which allows for the exploration of new ways of dealing with pain and helping women through the abortion process. It is a challenge and a passion that connects the *socorristas* with the genealogies of women healers that Barbara Ehrenreich and Deirdre English (2006) have described:

For centuries, women were doctors without degrees, barred from books and lectures, learning from each other, and passing on experience from neighbor to neighbor and mother to daughter. They were called “wise women” by the people, witches or charlatans by the authorities. Medicine is part of our heritage as women, our history, our birthright.

Main findings and proposals



Main findings and proposals

This research shows that there are fewer second-trimester abortions than first trimester abortions, but they are, nonetheless, an urgent need for many women. It is also evident that restrictive legal conditions and social stigma surrounding abortion have had a negative impact on the availability of safe and early abortions. In this context, the *socorristas* have developed a mechanism for the accompaniment and care of second-trimester abortions, which require more attention and imply further legal and health-related risks compared to first-trimester abortions.

This study is especially relevant in that it has systematized experiences, knowledge and interpretations of medical abortions accompanied by *socorristas* in the second trimester of pregnancy. At the beginning of this research, we established three main goals. First, to understand women's experience of second-trimester medical abortions accompanied by *socorrista* activists. Second, to recount the knowledge and learning outcomes developed by the *socorristas* in order to generate broader and improved care strategies for second-trimester abortions. Finally, to contribute relevant information for the political and healthcare sectors with the purpose of advancing the legality of abortion in Argentina.

Below, we present the main findings of this research with regards to each of its goals. To arrive at these results, we analyzed 23 interviews with women from four geographical areas in Argentina, and two discussion groups with activists from the 11 collectives of *Socorristas en Red*. As our methodological strategies and analytical perspective were not quantitative, we elaborate

on the significance that arises from the testimonies of our interlocutors, which may help answering some of the research questions posed. For this task, we focus on the recurrence of certain themes as well as particular elements found in the analyzed material.

This research set out to produce results that could be beneficial to the work of the *socorristas*, and in that sense, we are pleased to affirm that, as a result of this study, some changes are already taking effect. The most substantial of these changes is the development of mechanisms to respond to some women's need for a closer and more present accompaniment in their abortions.

Women's experiences

Based on our analyses, we can conclude that the decision to abort during the second trimester of pregnancy cannot be disassociated from a woman's sexual life, and the web of circumstances that cause the woman to reach the second trimester of pregnancy before opting for an abortion.

The pregnancies of the women who participated in this study result from sexual lives in turn shaped by the complexities of sexual desires, as well as by hierarchical gender relations, to the point that they can reach sexual violence. The interviews show that there is not a direct relationship between the absence of contraception and the desire to be a mother. Sometimes, women do not use contraceptives during a time of sexual experimentation. In other cases, personal situations or circumstances in their relationships may play different roles in the interruption of the use of contraceptives. For instance, the relationship may be at a standstill and the woman may stop taking contraceptives, following which there is an unplanned sexual re-encounter. Also, many of the women interviewed have realized that contraceptive methods are not infallible, and that they can fail, causing unwanted pregnancies.

On the other hand, if we understand contraception as a task that requires effort, attention, and care, women concede that often such responsibility lies with them. For example, the contraceptive pill is a method whose efficiency depends exclusively on the woman's dedication, and sometimes mistakes can happen. Furthermore, the interviews show that some men refuse to get involved in contraceptive practices, placing the sole responsibility on the woman; or they may wish to get their partner pregnant without taking into account her wishes. Some men refuse to use condoms, others impose unsafe practices, such as *coitus interruptus*. Some men will not tell their partner that a condom broke, thus denying them the opportunity to take emergency contraception. There are also persons who do not care at all whether their partners consent to sexual intercourse and rape them. Therefore, contraceptive practices are strongly connected to hierarchical gender relations, which place responsibility on women, and furthermore put them in a disadvantageous situation when it comes to determining the conditions of contraceptive use.

In the interviews, it is clear that there are often delays in confirming the pregnancy, for different reasons. A large number of interviewees mentioned they found out they were pregnant when the pregnancy was well advanced. In general, such women admitted they received the news of their weeks-long pregnancies with surprise and disbelief. There are also physiological reasons - entangled with women's mental lives - that make women take a long time before suspecting and confirming a pregnancy. For instance, several women claim they experienced bleeding very much similar to their menstruation. Such bleeding made them discard any possibility of being pregnant. Also, a history of irregular periods can deter women from suspecting they may be pregnant. Situations of different degrees of gender violence and conflict within a relationship can also delay confirmation. It is possible to affirm that for some of the interviewees the news

about a pregnancy placed them in conflict situations (socially, subjectively, in their relationship or with their families), and this understandably resulted in certain delays in and resistance to confirming the pregnancy.

Once the pregnancy is confirmed, the decision to abort is always a complex process, where generalizations cannot be made. Some interviewees made a very clear rational case for their decision to abort, often placing themselves in the middle of a personal project. Nevertheless, other women faced great conflict and hesitation, which caused delays in confirming their decision. Indeed, some women delay the decision in hopes of seeing their relationship problems fixed, and take time to evaluate whether their partner will assume the responsibility of fatherhood. Others need time to assess their economic and social situation before being able to decide on the continuation of a pregnancy. Some women experience serious contradictions in the ethical and moral plane in relation to abortion, which makes the decision harder for them. We have found that delays are often caused by plausible fears related to the risk of carrying out the abortion, especially for those in the second trimester. Some women delay their decision as they face profound ambivalence and hesitation on the issue of being a potential mother in the future. In other cases, the decision is made more complex and is prolonged for an even longer period of time when women are surrounded by people who instill them with fear and guilt, abuse or abandon them.

A very important delay factor – which has nothing to do with the social or subjective circumstances of women – is the criminalization and stigmatization of abortion in Argentina. Women with less economic, social and cultural resources are particularly affected by this. Interviewees describe the multiple difficulties faced in attempting to access information and adequate care in the healthcare system, which can delay an abortion. Several of them encountered diverse obstacles in their

transit through institutional services, even when their cases would have clearly met the conditions for a non-punishable abortion. The barriers that encountered in the healthcare system make women resort to inefficient and unsafe abortion methods, before they contact the *socorristas*. Other women expressed the difficulties they endured when trying to obtain medication in the black market, or having to take the medication several times. Sometimes, the medication's failure was linked to the low quality of the drugs used, or the fact that the administration procedure women were recommended was erroneous. After experiencing those difficulties, women contacted the *socorristas*.

In some cases, women can count on people close to them (mother, father, friends, partners, among others) to accompany them, help them work out their contradictions and be truthful to their own wishes. The relationship with the man from whom they became pregnant is very often a key point to consider. There are women who seek out, and receive, the man's involvement in the decision-making process (whether they are their current partner or not), while other women prefer and decide neither to let them know nor to seek their company.

Women find their way to the *socorristas* through diverse paths. Women who used the service in the past, or people who are aware of its existence, as well as health professionals, may recommend the service. The Internet and social networks are privileged routes of access, as well as other forms of public dissemination (leaflets, posters, cards, graffiti, etc.). Once the decision to abort is made, the interviewees view the *socorrista* accompaniment as a space for solving the problem they are experiencing. Indeed, the care practices of the *socorristas*' include an emotional element that is very much valued by women.

The interviewees claimed that meeting the *socorristas* brought them peace, relief and gave them the chance to reaffirm their decision. At the same time, they received complete information that gave them a sense of security, the ability to assess the situation

and confidence that they would be able to have the abortion. Indeed, women asserted that, in the face-to-face meetings with the *socorristas*, they were given the space to consider their particular situations (their context, their own accompaniment network, their opportunities) and to develop a strategy that fit their circumstances. Two of them even characterized the *socorrista* accompaniment as a lawful space.

Even though they assured that the information received was clear and gave them a certain degree of tranquility, several women made it clear that they were not freed from all fears during the concrete act of abortion. The fears they described are connected to various issues: the possibility of dying, the medication being ineffective, the hospital or clinic realizing they used the medication and reporting them, their partners finding out, and so on.

Once the abortion process was triggered, the moment of expelling the product of abortion appeared in their narratives as the most shocking moment for the women interviewed. Some of them coped with it serenely, while others felt anguished. Their testimonies show that the experience differs depending on whether the expulsion occurred in a hospital or a private home. Hospital expulsions are normally associated with a greater sense of safety, as professionals are in charge and most women know that there is no evidence to accuse them of inducing an abortion, i.e. taking the medication under the tongue leaves no trace. This does not imply that women may not experience any fear at all when going to a hospital. When the expulsion takes place in a private home, however, the woman is in charge of the entire process, with the support of those accompanying her. In this case, practical decision-making is required, as are sometimes swift actions to be taken, such as placing the catchment bag, reaching the toilet seat, knowing what to do when the placenta takes a long time to be expelled, and so on. In such cases, the only external point of contact is the *socorrista*. Interviews show that,

even though women do not always follow the instructions they were given, they manage to solve the problems they encounter.

The interviews also show that, during the moment of expulsion, many seemingly contradictory emotions are experienced simultaneously. Relief, guilt, sadness, pain, joy and calm can mix and blur together. Sometimes, what can be articulated and what is ineffable about this experience may be expressed through crying or screaming. All the women who saw the product of expulsion were shocked by its sight. When the process took place in a hospital, the chances that a woman may choose to see or not to see the product of conception increase. Nevertheless, some of the interviewees recount situations of abuse where they were forced to look at the product. When the process occurs at home and women self-manage the situation, however, the circumstances are not favorable to those who do not wish to see the product at all. Some women refer to what is expelled using the word “baby”; others use the word “fetus”, while others simply call it “it”.

All interviewees seemed satisfied that they were able to complete the abortion, and they also gave positive evaluations of the accompaniment that *socorristas* provided them. All of them stated that they would recommend the service, and some of them affirmed that they had already done so at the moment they were interviewed.

What the *socorristas* have learned

The discussion groups reflected the continuous and dynamic nature of learning in connection with the accompaniment of medical second-trimester abortions. The *socorristas* have learned that the women’s decision to abort is categorical and will be carried out with or without them. Therefore, by deciding to accompany such abortions, it solves the ethical dilemma of

choosing between providing support, or letting women resolve their abortions in ways that could be extremely unsafe.

Socorristas consider that the task of accompanying second-trimester abortions entails pushing and breaking certain limits that the healthcare system regards as uncrossable. In some cases, *socorristas* demand that the healthcare system provide care that respects women's rights. Despite the institutional rigidity that restricts the provision of abortion services, and which makes the 12-week limit a barrier almost impossible to cross, the *socorristas* have learned to enter into a productive dialogue with health providers. In many areas across the country, the *socorristas* have found professionals who are ready to help and accompany women in diverse ways: sometimes they will share activists' contact details, sometimes they invite women to attend post-abortion checkups, sometimes they treat women respectfully during the abortion process. In dialoguing with "friendly" professionals, *socorristas* aim to promote mutual learning, which can result in better care and health conditions for women.

Each *socorrlista* collective develops specific strategies that take into account the local context where they work. At the same time, the diversity of knowledge coming from their practice is available for the entire *socorrlista* network. Through the network, any *socorrlista* collective can make use of support and advice from other more experienced collectives and activists, who will collaborate with them through problem-solving and clear up doubts. *Socorristas en Red* has different mechanisms for providing collective support for each *socorrlista's* and each collective's activism. Among them, regional meetings, annual plenary meetings, and constant phone and email exchanges are particularly noteworthy. The outcomes of different research and systematization efforts, such as this one, are part of the materials available in support of the work of activists.

The discussion groups also revealed that activists learn to establish a specific social relationship with the women who seek accompaniment. The *socorristas* provide emotional support to women in emotionally demanding situations; they prepare for potential contingencies and recognize the particular circumstances of each woman. In this relationship, it is crucial that women are not treated as children, or victims, that they are not patronized. This is why *socorristas* choose to provide complete information on the steps that must be followed to induce an abortion and what the process will be like, so that women can make responsible and informed decisions. Passing on complete information promotes the co-management of abortion. In other words, the strategies for each second-trimester abortion are constructed in dialogue with the women who are aborting, with the idea that they participate, propose and design courses of action with the collaboration of the *socorristas*. Thus, they will decide when to start the procedure, how to deal with people who cohabit with the woman when they don't know about the pregnancy, what to do if the expulsion does not occur where it was planned, how to ensure women stay in touch with the *socorrista* when there are connectivity problems, how to deal with the fear of being reported, among other issues.

The relationship between the *socorrista* and the accompanied woman is not necessarily harmonious. Sometimes, tension and conflict may arise. In this sense, *socorristas* also learn to set limits and to generate a shared political commitment with the women when there are demands that *socorristas* either cannot or do not want to meet. For example, they know they cannot resolve the physical pain experienced during the abortion by women, they cannot guarantee that those who do not want to see the product of the abortion will not see it, and they cannot absolutely guarantee that women will be treated with respect in a hospital.

The *socorristas* have learned that what is expelled in second-trimester abortions has a particular materiality. For this reason, it is of the utmost importance to prepare the aborting woman, and those who may accompany her, for this specific moment. Detailed instructions are given for the procedure that will be carried out at home, including strategies to make the process as simple as possible, and to make sure the remains can be handled in the safest way. The *socorristas* also prepare women who require a visit to the hospital, so that they are able to demand that their rights be respected, although they cannot guarantee that they will receive fair treatment by the healthcare system.

The knowledge that the *socorristas* have built through their activism confirms that it is possible to have second-trimester medical abortions and that the practice is safe for women. In the discussion groups, the *socorristas* agreed on the high efficiency of abortion-inducing medication and confirmed that the quality of abortions with combined methods (mifepristone + misoprostol) is higher: the product tends to be expelled completely and in a single piece (including the placenta) and the pain seems to be more tolerable. The *socorristas* have also learned that, due to safety reasons, it is best not to administer the medication vaginally in second-trimester abortions, as this could leave traces that later could be used to accuse women of inducing an abortion.

The *socorristas* are committed to learn and disseminate knowledge, which advances at a fast pace and is firmly grounded in the experience of abortion accompaniment. Their research and reflections are progressively opening towards finding new ways to help women in the abortion process, far beyond the mere appropriation of knowledge derived from the medical sciences.

Valuable information for the political and healthcare sectors

The results of the research presented in this document constitute in and of themselves a source of valuable information for political and healthcare decision-makers. Second-trimester abortions are an urgent health need for many women. Providing adequate care in the face of this throbbing need should be a concern both from the healthcare point of view (considering the health risks and loss of lives abortions entail) and the political point of view (in that this is an issue related to social justice, and the lives, dignity and freedom of women).

This research shows that, in general, the healthcare system operates within extremely rigid limits when it comes to managing abortion cases. In fact, the interpretation of the legal grounds for non-punishable abortions is restrictive and it appears legal abortion cases are not properly dealt with.

There are two key points of contact in the healthcare system for women who require second-trimester abortions, which provide far from adequate care. On the one hand, there is the doctor's private practice, where women express their desire not to continue with their pregnancy. In said space, women are often intimidated and no alternatives are proposed, even in cases which clearly meet the legal grounds for a non-punishable abortion. On the other hand, the sonogram practice is also a space in which violence is exercised, where providers often assume that women wish to continue with their pregnancies and women are not respectfully asked what information they would like to receive, see or hear about their pregnancy.

However, the healthcare system did not appear to this research as a homogeneous space. Despite the disheartening landscape we have described so far, we must highlight that we found testimonies of friendly accompaniment on the part of certain healthcare professionals. Even though none of the interviewees received comprehensive treatment within the health system,

some of them encountered professionals who listened to them attentively and kept their hopes to terminate the pregnancy up. In some cases, healthcare professionals even shared the *socorristas*' contact details with the women. Also, in some cases, although not numerous, sonographers listened to women and asked them whether they wanted to see images or hear sounds during the sonogram.

Those with the responsibility to participate in parliamentary debates on the legalization of abortion and decision-makers on such questions in the healthcare and political arenas should take into account the severe exclusions that restrictive timescales for pregnancy termination impose. When abortion is finally legalized, the healthcare system will need to take responsibility for managing pregnancy termination in the second trimester, healthcare professionals will require additional training, and the knowledge developed by the *socorristas* may be fundamental in this respect.

As long as the law remains restrictive, the *socorristas* will continue to accompany the decision of each person capable of becoming pregnant, and try to make it possible for them access safe and high quality abortions, within and outside the healthcare system.

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Annex



The interviewees

A-1:”... you feel more accompanied; there are things you feel you couldn’t tell anyone else...”

She was 27 at the time of the abortion. She lives in Neuquen, in a neighborhood far from the city center. She lives in partnership with the father of her last two children. She has two daughters from a previous relationship. She had her first child when she was 17. She never completed her secondary education, and talks about it as if it were something pending. She works as a house cleaner. She admits she has experienced situations of different types of violence, in particular from the fathers of her children. This changed with her last partner, after a break they had in their relationship. She has had three abortions. Two of which occurred in the second trimester, where she was accompanied by *La Revuelta*; therefore she already had the contact information of the *socorristas* in this collective. Her partner knows and has taken part in the decision to abort.

Weeks of pregnancy at the time of abortion: 18.

A-2: “...when I saw the other girl was in the same situation as me, it was like more calming, relieving ...”

She was 18 years old at the time of the abortion. She lives in a town approximately 100 km away from the city of Neuquen with her grandparents. She recently finished her secondary education

and is seriously planning to pursue a university degree. She admits she has experienced situations of violence. This was her first pregnancy. She obtained information about the *socorristas* of *La Revuelta* through a friend who had been accompanied in an abortion. She did not tell the young man that got her pregnant about the abortion.

Weeks of pregnancy at the time of abortion: 23.

A-3: “My pregnancy was more advanced and the truth is that it wasn’t that painful, and it wasn’t dangerous either”.

She was 19 at the time of the abortion. She lives in a town near Neuquen. She recently finished high school and plans to pursue a university degree. She works as a domestic worker in private homes. Her employer helped her make the decision to abort and contact the *socorristas*. She practices sports. She has lived with her partner for one year, a young man who has been her stable partner for about four years. She was never pregnant before. Her partner knows about and supports the decision to abort.

Weeks of pregnancy at the time of abortion: 14.

A-4: “ No, [I wouldn’t tell a friend to abort]. If there was no other solution, then I would tell her to do it, but my gut feeling is no”.

She was 22 at the time of the abortion. She lives in Neuquen. She finished high school and works in a government office. When she was 17 she became pregnant from her first partner and had a miscarriage. She admits she has suffered emotional/psychological violence from both her previous and current partner. The cause for the pregnancy she is terminating in the second trimester was because she wanted to get pregnant and did not use any contraception. She obtained information about

te *socorristas* of *La Revuelta* online; she searched for “Abortion in Neuquen”. She did not tell her current partner about the abortion. The violent relationship with her partner has worsened; this can be considered at main reason for aborting.

Weeks of pregnancy at the time of abortion: 18.

A-5: “ I would tell [a friend] about my experience, because (...) I have had two! With the same people. You see? I would share my experience”.

She was 37 years old at the time of the abortion. She lives in the city of Neuquen, in a settlement on public land, where she built her house. She has three sons and one daughter. She never finished her high education and has a very precarious job. She picks night shifts so that she can be with her children during the day. She describes several situations of violence she has suffered from her partner. She is currently immersed in a court process for the custody of her children, visitation days, alimony, etc. She has had two second-trimester abortions. For both she turned to *La Revuelta*, whose contact details she already had. She did not tell the person from whom she became pregnant about the decision to abort.

Weeks of pregnancy at the time of abortion: 14 ½ .

A-6 “ ... So cool these doctors, don't you think? You wouldn't think they would help with this kind of thing ...”

She was 21 years old at the time of the abortion. She lives in the city of Neuquen, with her parents. She mentions that during the last two years of high school she suffered abuse from her schoolmates. She is currently studying to be an art teacher. This was her first pregnancy. News about the pregnancy triggered situations of violence from her partner at the time, who broke up with her. She recognizes her mother as the person who helped

her make the decision to abort. She obtained information about *La Revuelta* through healthcare professionals at the gynecology department of Castro Rendon Regional Hospital. She did not tell the person that got her pregnant about the decision to abort. Weeks later, in a telephone call, she told him she had a miscarriage.

Weeks of pregnancy at the time of abortion: 14.

A-7: “I actually thought they [the *socorristas*] were doctors. It was the first thing that came to my mind. That they had a private clinic. That’s what I imagined.”

She was 26 years old at the time of the abortion. She has lived most of her life in a small town about 400 km from the city of Neuquen, where she recently moved. She recounts that her first situation of abuse happened when she was 14. She gave birth at that age. She has 4 daughters. She never had an abortion before. She finished high school but could not continue with her studies. She works at home, taking care of her youngest two girls and performing domestic duties. A doctor at Castro Rendon Regional Hospital told her about *La Revuelta*, and outside the doctor’s office, in the hospital corridors, she saw posters with the contact details, so she contacted the *socorristas*. Her partner knows about and participated in the decision to abort.

Weeks of pregnancy at the time of abortion: 16.

A-8 “And I felt super happy (...) I felt like, that’s it! I had taken a load off my back. A big load, but at the same time I felt super guilty and bad”.

She was 29 years old at the time of the abortion. She lives in a town up in the mountains in the province of Rio Negro. She had her first child when she was 16. Her daughter is 13. She finished high school, and is currently enrolled in tertiary education and

she works at the same time. She is currently living at a friend's house, as she ran away from a very violent relationship. She hasn't had any previous abortions. She got pregnant after being raped by the person she had gone out with for several months. She obtained information about the *socorristas* through a friend, who learned about them on the radio, in a program on abortions, and both of them went together to the station to ask for contact details. She was accompanied by two *socorrista*. She started her medical treatment at home, and continued in Neuquen, as she didn't want anyone in her hometown to find out about the pregnancy or the abortion. She never told the person that got her pregnant about the abortion.

Weeks of pregnancy at the time of abortion: 22.

A-9 “I think it is easier to open up here, where there are so many women, and to hear you're not the only one making decisions”.

She was 31 years old at the time she took the abortion medication. She lives in a small town about 100 km away from the city of Neuquen. She has to travel 10 km to the nearest public transport stop. She had her first child when she was 14 years old. She has 5 children. She admits to having suffered physical violence from the father of her children. She has not finished her high school. She expects to do so the following year. She receives an income from the government's social benefits system. A gynecologist at the hospital where she went mentioned *La Revuelta* and the webpage where she could find them. During the interview she spoke about the friendship with her oldest daughter, and admits that without her accompaniment she could not have had the abortion. She has a stable relationship with the father of her children, although they do not live together.

Weeks of pregnancy at the time of abortion: 14.

A-10: “In my opinion, I wouldn’t have been able to do anything without the girls. They accompanied me every step of the way”.

She was 35 years old at the time of the abortion. She is single and lives alone, in a city in the province of San Luis. She is studying at university. She is currently out of work. One month ago, she was working at a security company. This was her first pregnancy. Her mother supported her decision to abort. She contacted a group of *socorristas* in her town through an obstetrician friend. She admits to having suffered violence from her partner at the time she made the decision to abort. She did not tell this person about the abortion.

Weeks of pregnancy at the time of abortion: 22.

A-11: “I thought: OK, maybe if I let them know I’m in the emergency room they will come. So that I won’t be alone at that moment with the doctor”.

She was 21 years old at the time of the abortion. She lives in the city of Neuquen. She has not finished her secondary studies, which she hopes to complete. She has a son and lives with the father. She admits to having suffered situations of violence. She has a precarious job as a call center representative. She is a member of a political party. The contact information for the *socorristas* of *La Revuelta* was given to her by her sister in law, who had an abortion with them. The pregnancy she terminated was the result of a one-night stand while she was on a break from her relationship with her current partner. Her partner knows about her decision to abort. The person she got pregnant by was informed about the decision, although at the time of the abortion they are not in touch.

Weeks of pregnancy at the time of abortion: 20.

A-12: “Yes, I do think it should be legal. Because I think that if I hadn’t found you, I would be about to give birth today, I think”.

She was 18 years old at the time of the abortion. She lives in a city in the province of Rio Negro. She completed her secondary studies while pregnant, a circumstance that triggered situations of violence at school. She has currently begun her university studies. The pregnancy is the result of an encounter with a young man she hardly knew. He insisted from the first moment on carrying out the abortion. She has had no previous pregnancies. Her mom was pregnant at the time of the abortion and this circumstance caused her confusion and anxiety. She tried to abort with misoprostol, with the assistance -for free- of a gynecologist. She used the medication several times - following the standard protocol - without the expected results. A social worker at the same hospital gave her the *socorristas*’ contact details. The gynecologist also suggested she contact the *socorristas* during the process. She never contacted the man who got her pregnant.

Weeks of pregnancy at the time of abortion: 14/15.

A-13: “You need to have someone there. Even if the *socorristas* are there for you, you need someone there, by your side, because you can’t do it on your own”.

She was 23 years old at the time of the abortion. She lives in the city of San Juan and studies Law at the university. Her goal is to graduate and she had no doubt about having an abortion as a pregnancy would be an obstacle for her career. She lives at home with her mother. She recounts a period of violence during her first relationship, from the age of 16 to the age of 20, an experience that marked her life, although she can talk about it rationally. Her family, especially her mother, helped her out of the situation. She was never pregnant before. The pregnancy was

a consequence of an encounter with her ex-partner, who doesn't know about the abortion. Later she felt the need to tell him, but she admits it wasn't a good decision, because he tried to make her feel guilty, in a way. She contacted the *socorristas* in her town through a friend, who had previously visited the activist's space and accompanied her through the whole process.

Weeks of pregnancy at the time of abortion: 21.

A-14: “I knew that she [a friend] had the contact information, she knew, and I trust her judgement ...”.

She was 24 years old at the time of the abortion. She lives in the city of Mendoza. She has a son and went back home to live with her mother after a separation. She never had an abortion before. She completed her secondary studies and is currently enrolled in an arts-related technical program. She admits to having experienced work-related abuse in a company where she was working, which is why she resigned. She currently works at a restaurant on weekends. She hasn't had any previous abortions. She had recently split up with her partner when she found out about the pregnancy that she later terminated, and she is not sure about with which person she had the sexual encounter that got her pregnant. She didn't tell either of the two men about her decision to abort. A friend gave her crucial support in her decision, both during the accompaniment as well as after the abortion process. Her friend helped her contact *La Malona*, a *socorrista* collective in Mendoza. Her friend knew the *socorristas* as she had an abortion with their accompaniment in the past.

Weeks of pregnancy at the time of abortion: 16.

A-15 “More confident, I came out feeling more confident, more certain about my decision and about what I was going

to do (...), it's not like if it doesn't work they cop out and that's it."

She was 26 years old at the time of the abortion. She lives in a city close to Neuquen city. She lives with her partner. She has a degree in Social Work which she obtained at Universidad Nacional del Comahue. She is very proud of having been able to finish her degree and to be working after so many years of being a student. For the last two months she has worked in a government office, in the same city she lives in. She admits to experiencing abuse from an earlier partner and in many other contexts. She understands this is because of the patriarchal context in which we live. This was her first pregnancy. A friend who had an abortion accompanied by *La Revuelta* gave her their contact details. Her partner knows and participated in the decision to abort.

Weeks of pregnancy at the time of abortion: 16.

A-16: "... I felt my baby in the belly, it moved, and everything, but, if he [her partner] didn't do it with me, I couldn't do it on my own, I didn't want to do it alone. It wasn't that I couldn't, I could have, but I didn't want to".

She was 32 years old at the time of the abortion. She lives in a suburb of Neuquen City. She completed her secondary education, and started but never finished a degree at Universidad Nacional del Comahue. She works as a domestic assistant. She has three children. The first time she got pregnant she was 12/13 years old. Her brother and mother wanted her to abort, but she preferred to continue with her pregnancy. She got pregnant by her partner, with whom she has lived for the past year approximately. She explains that at that time she was not using contraception, and when she got pregnant she decided to continue with the pregnancy. She started to go to medical check-ups at the local healthcare center. She suffered from abuse

from her partner and she decided to abort after a series of violent episodes. She hid the abortion from her partner. A friend gave her *La Revuelta's* contact details. She knew about the *socorristas*, as they accompanied one of her sisters during an abortion.

Weeks of pregnancy at the time of abortion: 23.

B-1: “[the *socorrista*] started to tell me something could still be done (...) and oh! It was such a joy!”

She was 23 years old when she had the abortion. She lives in Greater Buenos Aires. She studies at the university. She works long hours as a shop assistant and lives with her parents and brother. She says she has never experienced situations of abuse. In the interview, she confusingly describes a previous pregnancy and a possible medical abortion. She does not have a stable partner; she was impregnated by a foreigner, he knows about the pregnancy and supports her decision to abort. At the time of the abortion, he had already returned to his home country. He did not accompany her through the process. She tried to terminate the pregnancy with misoprostol, which failed. After that, she turned to the *socorristas*, who she found through the Internet.

Weeks of pregnancy at the time of abortion: 18.

C-1: “ ... I put it in a bag and looked for a garbage container far from my house, in the city center. And I threw it in there”.

She was 41 years old at the time of the abortion. She lives in the city of Cordoba with her teenage children. She is finishing a university degree and works in a project related to her training. She got married when she was 21, while she was pregnant, in an attempt to escape an authoritarian and conservative family. In her youth, she had an abortion and a miscarriage. The second-trimester pregnancy she terminated happened in the context of a marriage crisis, in an attempt to get back together during

one of the couple's many separations, in a relationship marked by abuse. At that time, she was not using contraceptives. She reached out to the *socorristas* through the Comprehensive Care Clinic, after several phone calls and visits to different clinics. She did not tell her ex-partner about the decision.

Weeks of pregnancy at the time of abortion: 16.

C-2: “... When I screamed, I could see everything, feel everything; relief, sadness, pain...”.

She was 24 years old at the time of the abortion. Originally from a different city, she moved to the city of Cordoba to resume her university education. She works at a bar. Her jobs are usually informal and change depending on her university schedules, and the proximity to her home. She plays music and dances. She describes having been subject to situations of violence. This was her first pregnancy. She tried to terminate the pregnancy with misoprostol during the first month of pregnancy, following the instructions given to her partner by *socorristas* in the city where she lived before. The abortion was unsuccessful. Following this attempt, a friend from Rosario gave her the contact details for other *socorristas*. Her partner knows and participated in the decision to abort.

Weeks of pregnancy at the time of abortion: 23.

C-3: “I would talk to her [the *socorrista*] on the phone and she gave me calm, peace from a distance, but at the same time I felt accompanied. And then I would hang up [the phone] and feel devastated. I felt lonely”.

She was 37 years old at the time of the abortion. She lives in a location 180 km away from the city of Cordoba. She lives with the father of her two sons, in a building not quite finished and without drinking water. She makes no reference to her education

during the interview. She recently started a business that she runs from home. She had a high-risk pregnancy which ended in a miscarriage. She reached out to the *socorristas* through a friendly healthcare worker.

Weeks of pregnancy at the time of abortion: 20.

C-4: “[the *socorrista*] calmed me down and made me feel relaxed and comfortable with my decision, because even when you make the decision you don’t feel comfortable, you know?”

She was 26 years old at the time of the abortion. She lives in the city of Cordoba. She completed her secondary education and at the moment she is enrolled in an arts degree. She has an informal job. She describes previous abuse experiences. She does not have a partner. This is her second medical abortion; the first one, carried out in the first few weeks of pregnancy, was accompanied by healthcare workers at her boyfriend’s home. For this second abortion, she searched the internet for the *socorrista*’s phone number. The person who with whom she became pregnant is the same as for the previous pregnancy, although they were no longer together when she found out about this pregnancy. In the interview she explains they made the decision to abort together.

Weeks of pregnancy at the time of abortion: 17.

D-1” ... [the *socorristas*] were like my salvation. To this day, I think I still believe that they were the best thing I could have come across in my life”.

She was 24 years old at the time of the abortion. She lives in the city of Parana, in the Entre Rios province. She is finishing her secondary education, and she is looking for a job. Eight months ago, she separated from her partner and has begun to recognize

several forms of abuse in that relationship. At the moment, she lives with her two children, her parents and two brothers. Her grandparents also help with childcare and provide financial support to the family. She had a previous induced abortion, when she was 15. At that time she was accompanied by her aunt and her mother. This time, she contacted the *socorristas* through one of her gynecologists. She told the person from whom she became pregnant about her decision to abort. He looked up the details of a healer who recommended a series of herbal infusions.

Weeks of pregnancy at the time of abortion: 17.

D-2: “I was like neutral, I didn’t want to think, and I went on with my life. I didn’t think about it, the truth is I didn’t think I could be pregnant”.

She was 25 years old at the time of the abortion. She lives in the city of Parana, the capital of the Entre Rios province. For the past six years, she has lived with her partner. She currently works in a shop and is enrolled in a technical degree program. This was her first pregnancy. She contacted the *socorristas* as soon as she found out she was pregnant, in the 9th week, through a friend who had an abortion with them. She told her partner about the pregnancy and the decision to abort. At first, he didn’t want her to abort, but she made up her mind and made it clear she would go ahead with the abortion even if he didn’t agree. In the end, he accompanied her in the abortion process.

Weeks of pregnancy at the time of abortion: 20.

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