EXPLORING

SAFE ABURTION

ACTIVISM THROUGH THE EXPERIENCES AND STORIES OF FEMINIST MEMBERS OF LATIN AMERICAN ACCOMPANIMENT NETWORKS. (2020-2021)



EXPLORING



ACTIVISM THROUGH THE EXPERIENCES AND STORIES OF FEMINIST MEMBERS OF LATIN AMERICAN ACCOMPANIMENT NETWORKS. (2020-2021)

Report - May 2022













- II. Objectives 🛂
 - a) General Objective
 - **b)** Specific Objectives
- III. Methodology 🏰
- IV. Results 🛂
 - a) Who are the activists who accompany abortions?
 - **b)** Pathways to activism in favor of abortion.
 - **c)** Challenges and stakes: How is abortion accompaniment activism being carried out?
 - **d)** Looking inward: Understanding the impact of accompaniment on activists' lives
 - e) Where to go from here? Looking to the future.
- **V.** Conclusions \$\forall 2\$
- VI. References 17

EXPLORING SAFE ABORTION ACTIVISM THROUGH THE EXPERIENCES AND STORIES OF FEMINIST MEMBERS OF LATIN AMERICAN ACCOMPANIMENT NETWORKS.





This study was conducted in collaboration with Ibis Reproductive Health (United States), Colectiva Feminista La Revuelta en Socorristas en Red (Argentina), Con las Amigas y en la Casa (Chile), Fondo de Aborto para la Justicia Social MARIA (Mexico), Las Libres (Mexico) and an anonymous Collective. All these organizations formed a Planning Committee to conceptualize and carry out this research.

SUGGESTED CITATION:

Planning Committee (2022). Exploring Safe Abortion Activism Through the Experiences and Stories of Feminist Members of Latin American Accompaniment Networks (2020-2021). Report - May 2022.

* THE PLANNING COMMITTEE IS:

Ruth Zurbriggen, Colectiva Feminista La Revuelta en Socorristas en Red (Argentina).

Milena Meza. Con las Amigas y en la Casa (Chile).

Sofía Garduño, Fondo de Aborto para la Justicia Social MARIA (Mexico).

Stephanie Lomelí, Fondo de Aborto para la Justicia Social MARIA (Mexico).

Verónica Cruz, Las Libres (Mexico).

Allie Wollum, Ibis Reproductive Health (USA).

Erika E. Atienzo, Ibis Reproductive Health (USA).

Sofía L. Carbone, Ibis Reproductive Health (USA).

We would like to express our sincere gratitude to all the people who made this project possible, especially to those who provide accompaniment and those who participated in this study, either by responding to the survey, recruiting participants, or designing and translating materials. We also thank Chiara Bercu and Angélica Campos of Ibis Reproductive Health who assisted with the qualitative analysis of the open-ended questions. Finally, we would like to acknowledge the efforts of colleagues from an anonymous Collective who participated in the Planning Committee and in all phases of the study but who, for reasons of caution and safety, wish to remain anonymous.

Introduction

"Academic language is one of my tools. But I also aspire to keep my words as close to the world as possible, in an attempt to show that feminist theory is what we do when we live our lives as feminists."

Sara Ahmed (Living a Feminist Life, 2018: 27)

The Feminist Networks of Abortion Accompaniers have been carrying out sustained activism in Latin America. Despite the restrictive legislative context in Central America, accompaniment Networks exist in the subregion as well. These supportive spaces make self-managed abortion possible and accessible within the varying legal frameworks and abortion landscapes of each country. These Networks guarantee access to safe, caring, loving, and accompanied abortions and are positioned to strengthen activism around abortion. They counter hegemonic powers by centering people who have abortions as indisputable protagonists of this process, and advocate for the construction of bodily autonomy —an autonomy that is always situated and relational — caring for life and promoting reproductive justice.

Latin American countries owe a huge debt to women and other people that need abortion care (lesbians¹, trans men, non-binary people). Though the experiences of Networks participating in this study are based mostly on accompanying women, Networks are focused on ensuring accompaniment is inclusive and are developing protocols to accompany people with other gender identities seeking abortion.

The Accompaniment Networks are also constituted as a response to state and government abandonment of their role in providing abortion care. They challenge abortion stigma and develop community practices rooted in feminism(s) to respond to community needs, such as the need for comprehensive abortion care and support during the decision-making process. To this end, accompaniers have created and are continuing to develop spaces to disseminate information on current abortion legislation and on the use of medications, thereby providing strategies for safe access to abortion.

^{1.}We include "lesbian" as self-perceived gender, adopting the category posed by Monique Wittig: Lesbians are not women, (in: Heterosexual Thought), a category and conceptualization that has effects on the personal and collective histories and experiences of lesbian groups.

In their efforts to contribute to the decriminalization, legalization, visibility, de-dramatization, depathologization, and de-stigmatization of abortion, accompaniment Networks and Collectives² work to shift the narrative around abortion care to one that does not rest on the victimization of people who seek this form of reproductive health care.

Abortion accompaniment consists providing up-to-date information on the safe use of medications and different abortion methods as well as emotional, legal, and/or financial support. Feminist models of accompaniment include abortion funds, counseling, and face-to-face or telephone accompaniment. Various networks or collectives and advocates for reproductive health and justice in the region have developed thorough protocols to accompany women and other gestating persons during their abortion process, with varying levels of structure and systematization.3 Studies on abortion accompaniment show that women appreciate the support during this process, whether in person or by telephone.⁴ Further, there is also rigorous empirical evidence that self-managed abortion with the support of an

^{2.} Throughout this document we refer to Networks and/or Collectives. In most cases, participants belong to a collective, referring to a local group of activists. Collectives, in turn, are part of broader and geographically extended networks, whether at the national or regional level. However, where there are not national-level Networks, we studied activists' experiences as part of a collective. We use the terms interchangeably, although they are not necessarily the same thing.

3. Fernández Vázquez SS, Szwarc L. Aborto medicamentoso: transferencias militantes

^{3.} Fernández Vázquez SS, Szwarc L. Aborto medicamentoso: transferencias militantes y transnacionalización de saberes en Argentina y América Latina. RevIISE - Rev Cienc Soc Humanas [Internet]. 2018;12(12):163–77. Available at: http://www.ojs.unsj.edu.ar/index.php/reviise/article/view/280

Drovetta RI. Safe abortion information hotlines: An effective strategy for increasing women's access to safe abortions in Latin America. Reprod Health Matters [Internet]. 2015 Jan [cited 2020 Apr 22];23(45):47–57. Available at: https://www.tandfonline.com/doi/full/10.1016/j.rhm.2015.06.004

Drovetta RI. Acciones feministas en las Líneas de Información Aborto Seguro (LIAS) en Latinoamérica y el Caribe. In: Feminismos para un cambio civilizatorio. Alba Carosio (Coord.). Caracas, Venezuela: CLACSO, Fundación Celarg, Centro de Estudios de la Mujer, Universidad Central de Venezuela; 2014.

Balance, Libertad, Justicia y Transformación. 1er Encuentro de la RedFeminista Latinoamericana y Caribeña de Acompañantes de Aborto [Internet]. 2019. Available at: https://medium.com/@BalanceAC/1er-encuentro-de-la-red-feminista-latinoamericana-y-caribe%C3%B1a-de-acompa%C3%B1antes-de-aborto-8e7977 36577c

^{4.} Zurbriggen R, Keefe-Oates B, Gerdts C. Accompaniment of second-trimester abortions: the model of the feminist Socorrista network of Argentina. Contraception [Internet]. 2018 Feb [cited 2020 Apr 22];97(2):108–15. Available at: https://linkin-qhub.elsevier.com/retrieve/pii/S0010782417303931

accompaniment group is highly effective,⁵ something that activists and networks have known for decades.

In this way, support networks with ample reach are built on the efforts of an organized collective centered on community work, and most importantly, on the needs of those that seek accompaniment and of accompaniers themselves.

Over the years and through decades of struggle, we have observed the strides that the abortion rights movement has achieved, the setbacks they have faced, and the strategies to move forward. However, the focus has rarely been on accompaniers that provide support and their realities shaped by both less and more restrictive legal contexts.

As such, this research project intends to examine this form of abortion rights activism; to listen and learn about the people who are supporting and shouldering these processes in the region; to understand their stories, paths, and journeys; and to recognize how the personal needs of activists impact the ways in which this type of abortion rights activism takes shape. Further, this study

^{5.} Moseson H, Jayaweera R, Egwuatu I, Grosso B, Kristianingrum IA, Nmezi S, Zurbriggen R, Motana R, Bercu C, Carbone S, Gerdts C. Effectiveness of self-managed medication abortion with accompaniment support in Argentina and Nigeria (SAFE): a prospective, observational cohort study and non-inferiority analysis with historical controls. Lancet Glob Health. 2022 Jan;10(1):e105-e113. doi: 10.1016/S2214-109X(21)00461-7. Epub 2021 Nov 18. PMID: 34801131. Available at: https://www.thelancet.com/journals/langlo/article/PIIS2214-109X(21)00461-7/fulltext\

aims to learn about activists' motivations to partake in accompaniment; the impact their activism has had in the different parts of their lives such as in their interpersonal relationships, their work, and their community spaces; their own experiences with abortion care and the decision-making processes behind that; and how all of these factors combined influence their hopes for and views on abortion care and a just future.

The process of listening to and learning more about those who sustain these Accompaniment Networks is also an exercise that seeks to recognize the challenges to the sustainability of the political work they carry out. The decision to be part of accompaniment has a direct impact on people's life. Relatedly, the conditions in which accompaniment takes place also carries weight, which is why it is important to capture these contexts and give voice to the people who can describe the implications of embodying collective care practices.

This study was carried out in an unprecedented global health context, the COVID-19 pandemic. Recognizing that there is much more to be said about the effect of the COVID-19 pandemic in the region, it is unquestionable that the pandemic greatly impacted the dynamics and ways in which safe abortion Accompaniment Networks function. The COVID-19 pandemic also affected the lives of accompaniers and accompaniment recipients alike. With health systems at capacity, the pandemic showed, once again, that abortion care was not a priority in the

health measures adopted, and when it was, as demonstrated by countries with special resolutions in place, the barriers to abortion care worsened.

While the pandemic changed some dynamics, Accompaniment Networks remained determined to be close to those seeking abortion care. The importance of their activism became more palpable in the face of new circumstances, to which they responded in a sustained and creative manner. Accompaniers and Accompaniment Networks responded flexibly—activists searched for alternatives where abortions would still be able to take place in a dignified, safe, and accompanied manner despite the impact of the COVID-19 pandemic. The Accompaniment Networks' swift response and ability to adapt to new realities is what makes the question around the broad impact of the COVID-19 pandemic on the reach and provision of accompaniment support all that more of interest.

These are the main considerations that drove the Planning Committee to this research project. This study seeks to contribute to our understanding of this topic, and to rethink and imagine new ways to continue to accompany, of advancing politics through activism, and to dispute the hegemonic perceptions of abortion care and abortion accompaniment.

and the converse

A) Main objective

The main objective of this study is to understand how feminist activists who are members of Abortion Accompaniment Networks become involved in this work. Further, this study seeks to understand their experiences with and stories of activism, and what support they need to continue this work.

B) specific objectives

- ➤ Document experiences, events, and factors that influence the decision to join an Abortion Accompaniment Network or Collective.
- Learn about and describe activists' participation in Accompaniment Networks, the organization of these Networks, and the tasks that activists develop within them; understand activists' ideas about social change and their perceptions of how activism influences the context of abortion care provision; and explore activists' plans and intentions related to abortion accompaniment activism for the short and long term.

- ✓ Understand the organizational, social, and structural obstacles activists have encountered and the tools they have developed to carry out their activism.
- ✓ Identify strategies to consolidate the incorporation, participation, and permanence of activists in the different Accompaniment Networks.
- ➤ Document how activism has changed since the onset of the COVID-19 pandemic and to compare the experiences and trajectories of activists in different countries.

Methodology

This quantitative study used a cross-sectional design. Activists that form part of Accompaniment Networks in several Latin American countries completed an anonymous electronic survey.

Given the COVID-19 pandemic, the Planning Committee worked virtually between April and August 2020. During this time, the Planning Committee gave structure to this project and developed the electronic survey, which included topics to address the general and specific objectives mentioned above. The eligibility criteria for the survey were:

- **1.** Active participant in an Accompaniment Network or Collective selected by the Planning Committee ("active participation" was defined as having been a regular participant in the activities and sessions of the Networks during 2020 and 2021, either virtually or in person).
- **2.** Perform any task within the Network or Collective.
- **3.** Speak Spanish or Portuguese.
- **4.** Be able to give informed consent.

The survey was administered in two phases. During phase 1, accompaniers with membership in the Networks represented in the Planning Committee were invited to answer the survey. First, a pilot test was carried out with activists from these Networks, which allowed for adjust-

ments to be made to the survey instrument, and at the end of September, more activists from the same Networks were invited to participate in the study. In this phase, 457 activists from Mexico, Chile, Argentina, and Central America participated in the survey. Each Network or Collective decided on the most appropriate way to manage data collection, based on their specific needs and bandwidth. For example, some Networks tasked accompaniers to follow-up on survey completion while other Networks did not.

After this first phase, the Planning Committee analyzed preliminary survey results and planned the second phase of fieldwork, which began in April 2021. Eighty five activists from networks in Ecuador, Brazil, Uruguay, Colombia, Bolivia, Paraguay, Peru, and Venezuela participated in this second phase; the Networks were identified and selected by the Planning Committee

The Planning Committee held meetings with all Accompaniment Networks that participated in this study to provide an overview of the study and present preliminary results.

The project was developed amidst the frenzy that ensued during the first months of the COVID-19 pandemic. Although most members of the Planning Committee held sustained collaborative relationships and links with one another through accompaniment in the region and via other projects with Ibis Reproductive Health, the team, nonetheless, had to adapt and develop new working strategies that encompassed the various project needs and partner perspectives.



The following results include both phases of this study in which a total of 542 people participated.⁶ Question-specific percentages are based on the total number of activists who responded to each question; however, some results are also presented by selected population characteristics (e.g., age, years in the Network). Textual responses are included to contextualize some of the findings. Open-ended questions were analyzed using a thematic coding process.

Below, we present the main results of the survey according to five central themes:

- a) Who are the activists that provide accompaniment?
- b) Pathways to activism in favor of abortion.
- c) Challenges and stakes: How is abortion accompaniment activism being carried out?
- d) Looking inward: Understanding the impact of accompaniment on activists' lives.
- e) Where to go from here? Looking to the future.

Each of the following sections is organized as follows:

1. A brief description of the topic as it relates to the general objective of the study. We also provide a rationale for the inclusion of questions in the survey.

⁶ A total of 542 people participated in the survey. However, not all people responded to the entire survey and some decided to exit the survey immediately. Therefore, the percentages reported are based on the total number of people who responded to each specific question, and not on the total number of people who accessed the survey link.

- **2.** A preliminary description of the results.
- **3.** A few reflections on the findings.

A) Who are the activists that provide accompaniment?

This section seeks to describe the profile of activists participating in the survey by capturing their socio-demographic characteristics and using that as an approximation of those involved in activism and abortion accompaniment in the region at large.

On average, survey participants were 33 years old. Twelve percent were 24 years old or younger; 73% were between 25 and 39 years old and 15% were 40 years old or older. Most participants indicated that they were not religious (88%), and a smaller proportion indicated they were Catholic (3%), or other (5%).

Eighty-eight percent identified as a woman or cisgender woman, 5% identified themselves as non-binary, and 4% answered "not sure." It is important to note that some people expressed they were more comfortable using the identity "woman" versus "cisgender woman."

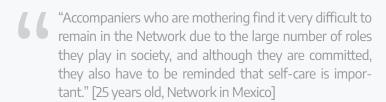
"Woman as a category should appear since many of us identify as women. Cis woman is an academic category from queer theory and does not represent me." [40 years old, Network in South America]

There was greater diversity in the responses to the question of sexual orientation. Overall, 38% of respondents identified as heterosexual, 35% as bisexual, 11% as lesbian, 10% as pansexual, and less than 5% described their sexual orientation as "other". Four percent responded that they were unsure of their sexual orientation.

Most respondents had a high level of educational attainment. More than half (57%) had a bachelor's degree or tertiary level of education (either complete or incomplete), and 28% had completed or started postgraduate

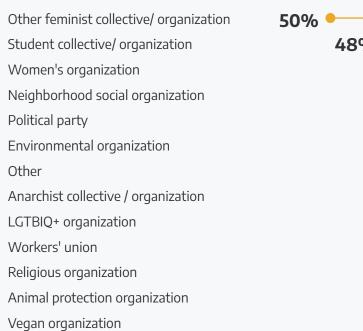
studies. Further, among those currently in school (45%), half were undergraduate students (50%), some were pursuing a specialty (20%), or were working towards a master's degree (16%). In terms of paid work, more than half (55%) had full-time jobs and approximately three out of 10 participants (28%) worked part-time. At the time of the survey, 12% did not have a job, though they were seeking employment.

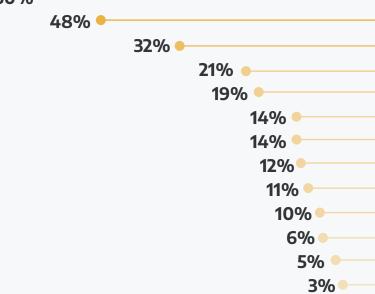
It is important to note that in addition to their activism, employment, and academic responsibilities, many activists also have family responsibilities. Twenty four percent of the total number of activists (542) in this study lived with children. In total, three out of ten participants (32%) were mothers and among these, 55% had one child, 35% had two and 9% had three children.



To understand who does accompaniment, it is also important to analyze people's trajectories as an activist, regardless of whether it is related to abortion or not. In fact, the majority of respondents (85%) reported having been active in other activism spaces in addition to their work with their respective Accompaniment Network. Accompaniers who have participated in other activist organizations spent an average of four years in these other spaces. Of these respondents, 50% participated in another feminist collective or organization.

Types of organizations accompaniers have been a part of in addition to their current Network (n=426)





The main reasons activists withdrew from such spaces were the lack of identification with the mission and vision of the organization (40%), the existence of sexist practices (40%), political differences (35%), because they found an activity more in line with their personal development (32%), or because they did not have enough time to devote to the organization (27%).

B) Pathways to activism in favor of abortion

This section describes the personal experiences and political convictions that motivated activists to join abortion Accompaniment Collectives, as well as the reasons for choosing their respective accompaniment collective.

While the motivations and desires that drive activists to become part of the Accompaniment Collectives are varied, there are a few shared characteristics. Eighty percent said that their main interest in joining a Collective was because of the collective work in favor of free and safe abortion, 65% highlighted their interest in the feminist movement in their country, and 54% expressed that it is feminism as a political movement that motivated them to provide abortion accompaniment. Forty eight percent felt a deep interest in activism in general, recognizing that they wanted to be part of social change.

Interest in activism in general as a motivation for joining a Collective is most common among activists 24 years of age or younger:

64% percent of accompaniers 24 years of age or younger pointed to this reason for joining their Network, compared to 41%-49% among activists in older age groups.

As a central theme in this study and in general in accompaniment, 48% of accompaniers had at least one abortion experience on their body⁷, and among these accompaniers, 74% indicated that this experience was important or very important in their decision to engage in accompaniment with their Collective. Individual experiences, whether via accompaniment or via personal experiences with abortion on their body, are therefore experiences that generate the desire to accompany others' abortion care journeys, to be part of Collectives, and to generate concrete actions so that women and other gestating person's experiences with abortion can be lived with more care, information, and autonomy.

^{7.} We use the phrase "abortion experience on their body", due to the fact that some activists feel that they "abort every time I accompany someone to have an abortion."

Being accompanied in an abortion experience on one's own body was more commonly among the reasons motivating younger activists to join a Collective, while experiencing an abortion on one's own body alone, or without accompaniment support, more often motivated older activists to join a Collective.





Relatedly, 17% of those who had an abortion on their own body indicated that they were already doing activism in their Network at the time of the abortion experience. Therefore, for some people, abortions are transformative experiences that encourage them to participate in activism to accompany others. At the same time, it is not necessary to have had an abortion to provide accompaniment, as half of the accompaniers had never had an abortion on their own body at the time of the survey.

Politicizing abortions:

Sixty seven percent of respondents reported that they chose the Collective in which they carried out activism because they identified with the collective's conceptualization of abortion care as free and autonomous. Nearly 60% reported the political stance of their Collective as the most important factor in their decision to join. Relatedly, the most desired self-care activities were political training sessions which approximately 40% of survey respondents wanted. Also, half indicated that they chose the Collective where they carried out their activism because they felt comfortable with the organization and its structure.

Forty percent of activists are among those who established their Collectives initially. Twenty five percent of all activists reported there were no obstacles to maintain-

ing their role in their Collective because it was part of their life, leading us to think that for some activists, their motivations and desires have been put into practice as direct action, creating paths for women and other gestating persons who need an abortion.

Motivations to Remain:

Ninety five percent of respondents were motivated to remain in activism due to their desire to ensure that abortions are accompanied and carried out with a feminist praxis. The second most recognized motivation (76%) was to be able to support those seeking abortion without social support. Respondents were also motivated to counteract community stigma and existing social norms regarding abortion (66%). In tandem, having provided accompaniment support in situations of sexual violence and unwanted pregnancy and maternity were significant experiences that reaffirmed activists' commitment to accompaniment and drove their decision to continue doing it.

c) Challenges and stakes: How is abortion accompaniment activism being carried out?

Organization of the Networks:

The characterization of tasks performed by accompaniers within their Network showcases the complexity of accompaniment processes and demonstrates accompaniment Networks' highly organized systems. We found that 90% of activists provide telephone and/or email accompaniment during abortions, 66% provide workshops⁸ and share information on medication abortion, and 57% provide in-person accompaniment during abortions. Among those providing in-person accompaniment, the majority (63%) reported that they had their first accompaniment less than six months after joining their Network. Activism also involves training new

This section provides information on the forms of organization and work carried out by accompaniers within their Collectives. This section also addresses the obstacles and challenges activists have faced, as well as the strategies they have developed to confront them and to build spaces that allow them to continue accompanying abortions. Included among these is accompaniers' response to challenges posed by the COVID-19 pandemic, which made it possible to continue accompanying in the face of the pandemic.

^{8.} These workshops refer to meetings that take place between accompaniers and women and others who need an abortion to share information about medication abortion.

members of the Collective, reported by 30% of respondents. Other tasks reported included creating digital security protocols for the Network (6%), doing support or debrief activities with members (9%), being spokespeople for the Network (11%), and procuring resources (13%).

Ten percent of respondents have been active in their Collective for less than a year, 42% have been active for 1 to 2 years, 34% for 3 to 4 years, and 13% for 5 years or more. At the time of survey completion, 11% indicated that they dedicated less than 4 hours per week to their Network while 21% dedicated 4 to 8 hours per week. In addition, 8% said they dedicated 40 hours or more per week. In terms of factors that could hinder permanence in the Network, 49% identified their socioeconomic situation as an obstacle, followed by 20% who referred to feeling unsafe or threatened. However, 25% thought that nothing would hinder their permanence in the Network.

Among those who dedicated 4 hours or less per week to their Network, a higher proportion of activists had children, had less than one year in activism, and indicated that feeling unsafe or threatened would affect their permanence compared to those who dedicate more time weekly to their Network.

Most activists reported their Collective was in an urban area (87%) or in a semi-urban area (10%). Only six activists indicated that they provided accompaniment in a rural area. This has important implications in terms of the Collectives' reach. In general, Networks shared information about their existence through their own or other

organizations' social networks (80%), through word of mouth among people who have received accompaniment support (79%), through printed materials (62%), and through street actions (47%). However, among those that provide accompaniment in semi-urban areas, 14% believed that the dissemination made by their Collective was not extensive, while this sentiment was shared by only 8% of accompaniers in urban areas.

Accompaniment among accompaniers:

Accompaniers are the central element of Accompaniment Networks. As such, the Networks implement various activities to support and care for the activists, as reported by most survey respondents (85%).

"I have felt cared for. [The Network] has been in charge of taking us to our accompaniments through Uber to avoid exposure to contagions in public transport." [39 years old, Network in Mexico]

Specifically, 81% of respondents mentioned that as part of Collectives' care for activists, accompaniment is provided to novice members, and 73% said their Network facilitates daily information exchange and consultations on accompaniment. Sixty seven percent indicated that emotional support and a debriefing space is offered. In addition, most respondents indicated their Network organized training activities (89%), most commonly training on carrying out accompaniment (75%), and created space for exchange of accompaniment experiences and review of accompaniment cases (65%). Thirty nine percent of respondents said that they would like to see more political training sessions.

"We support each other emotionally within the group, not only in accompaniments but also in our personal lives—we fully trust each other." [39 years old, Network in South America]

Internal and external obstacles:

Fifty five percent of the activists indicated that their Network's outreach could be broader and 42% explained that Network bandwidth limits their dissemination. Additionally, 22% indicated that they do not have a wider form of dissemination due to the conditions of persecution and criminalization in their country.

Sixty three percent indicated that health personnel invoking conscientious objection (belief-based denial of abortion care) or who lacked awareness of abortion seekers' rights were among the most important external obstacles to the provision of accompaniment. Limited access to abortifacient drugs (40%), anti-abortion groups with influence in the community (38%), and restrictive laws (35%) were also noted as important external barriers. These factors limited the reach of the Networks (54%), resulted in extra work for accompaniers (52%), and created uncertainty or concerns among activists (54%).

In terms of internal challenges within the Networks themselves, the most commonly reported was a reduced number of accompaniers (45%), followed by a lack of economic resources for the sustainability of the network (34%), difficulty in accessing medicines, and varying levels of training among Network members (32%). These obstacles intensified the work and responsibilities for current accompaniers (67%), limited the number of people the Network could reach and support (46%), and generated safety concerns among activists (39%).

It is important to consider these obstacles to reflect on the future and sustainability of the Networks, both to avoid overburdening accompaniers, and to be able to expand to reach more people in need of abortion care.

Compared to those in urban areas, activists in Networks in semi-urban areas experienced elevated external and internal obstacles, resulting in a higher proportion of participants reporting that not all people in need of abortion care were reached (67% vs. 50%).

Additionally, activists in urban areas reported experiencing a reduced number of accompaniers in their Network (46% vs. 38% in semi-urban areas).





Facilitators of activism:

Despite numerous obstacles, Networks have developed strategies that facilitate accompaniment, highlighting the Networks' strength. These facilitators include the diversity of knowledge and solidarity among members (71%), Networks operating as a public Network (63%), alliances with medical health personnel (57%), access to medications (56%), training programs for Network members (48%), accompaniment protocols (42%), alliances with other organizations and Accompaniment Networks (38%), and actions to promote the sustainability of the Networks (38%). Only 9% of respondents recognized collective self-care activities as a facilitator of activism and abortion accompaniment. This is a challenge that Networks will have to strengthen in the future as a central element of sustainability.

Accompaniers that reported feeling that their organizations have created favorable conditions that facilitate abortion accompaniment expressed less of a need for more training and/or care for activists.

The COVID-19 pandemic: A new setting for activism

The majority of those who participated in the survey (95%) lived in countries where isolation and quarantine measures were enacted by governments in response to the COVID-19 pandemic. Because of this, accompaniment was impacted in various ways. More than half (55%) shared that not having in-person time with the Network was one of the main obstacles they faced as an activist, followed by 31% who reported fearing contracting COVID-19. Further, 20% of survey respondents reported that the COVID-19 pandemic meant that they had to take care of vulnerable people in their communities and therefore had less time to dedicate to accompaniment. Additionally, 8% reported facing the additional obstacle of not being in an environment that supports their activism during quarantine. Another 8% reported being in an unsafe environment where they could not provide telephone accompaniment.

The COVID-19 pandemic also implied structural challenges for the Networks in general and for accompanied persons. Nearly half of all activists indicated that their Network experienced barriers to accessing medications (48%), and more importantly, 76% indicated that the pandemic impacted their ability to create in-person bonds with people being accompanied. The main obstacles experienced by accompanied persons from the perspective of accompaniers were that they could not leave their homes (76%), did not have income (65%), lacked privacy for their abortion care (59%) or for phone calls and conversations with accompaniers (57%), had trouble accessing the care they needed due to overburdened health services (59%), and experienced domestic violence (52%).

In the face of these challenges brought on by the COVID-19 pandemic, Networks and activists quickly adapted to respond to emerging needs. Over half (59%) of all survey respondents reported that their Network incorporated new communication tools during the pandemic to contact those requesting abortion accompaniment, and nearly half (46%) indicated there had been changes in how information about the Network was distributed. Similarly, between 33% and 38% of accompaniers reported an increase in the distribution of abortion information and Network contact information on social media, email, and other virtual platforms in addition to the daily activities carried out before the pandemic.

Furthermore, 40% reported that the Networks had made changes to the hours available for support and to the means of contact with people requesting accompaniment. Thirty nine percent stated that their Networks changed the way in which they managed medications supply and provision. However, while nearly all individuals reported that their Networks implemented changes, 29% reported not taking on new activities themselves within their Network during the pandemic.

This section provides a closer look at the impact of abortion accompaniment on activists' personal and collective lives. We examine the connection between being an accompanier, other areas of daily life, and personal relationships. Additionally, we capture the impact of the COVID-19 pandemic in these areas as well.

D) Looking inward: understanding the impact of accompaniment on activists' lives.

Accompaniment and family:

Activists reflected on the people around them who were aware of their activism.

A higher proportion of younger activists indicated that people close to them, such as their mother, father, or grandmother, knew about their activism compared to older activists.

Knowledge about their participation in activism and

abortion accompaniment fell mainly within the family sphere—70% of activists reported their siblings' knew about their activism and 68% reported their mothers knew. With regards to people outside of the family unit, 89% reported that their friends knew about their activism and involvement in abortion accompaniment, and 79% reported sharing their participation with activists in other organizations. The people who least knew about activists' involvement with abortion accompaniment were neighbors and bosses of their workplaces. One percent of respondents mentioned that no one knew about their activism in the Network.

Those who spent more time on a weekly basis engaged in their Network reported more people knew about their activism.

Most survey respondents reported that they received support and approval from their mothers when they disclosed being abortion accompaniers, and while some were welcomed immediately, others received delayed confirmation of that support. Those who did not receive immediate support from their mothers stated that it was due to concern for their physical, legal, and socioemotional safety; lack of knowledge or information about accompaniment; and their personal views on abortion. One participant explained that their mother's support developed over time because she was able to witness the tangible impacts that accompaniment and activism made on people's lives and in real-time:

"I told her when I started [accompaniment] and she did not react well at all. She was very worried about my safety, but over time my mother has shown interest in supporting other women and has provided me, for example, with transportation to deliver medicines to other chicas. At the last pro-abortion march, she and my daughter were present." [32 years old, Network in Mexico].

The dialogue and delayed support from participants' mothers contributed to conversations about the normalization and de-stigmatization of abortion and abortion experiences in their families and communities. In some cases, activists' mothers shared their own abortions with them; this transparency fostered a closeness between the accompaniers and their mothers.

"I told my mom when I started training to be an abortion accompanier, actually, before I was part of the Network. She reacted with fear, like any non-activist adult of her generation who found out about something like this several years ago, but with pride. She never objected. My mother went through more than one abortion process in her life, both in her body and as an accompanier to students (because she is a teacher), but she could never share it because she was ashamed. I think when I told her that I was going to be part of the Network it was healing for that part of her that she was keeping hidden. From that moment on we shared it with excitement." [32 years old, Network in South America].

Few survey respondents experienced a negative reaction from their mothers when they disclosed their activist work. In cases of disapproval, activists mentioned that their mothers had anti-abortion attitudes. Despite the lack of support from their mothers, the majority expressed their willingness to continue mobilizing in this space and not to turn back.

Impact of activism on activists' lives:

Study participants also reflected on the impact that the Networks had both in their lives and in society in general. Most agreed that, beyond making an impact in the lives of the accompanied women and other gestating persons, their Networks' efforts have impacted broad social spheres beyond the immediate community (72%), and health systems at large (59%).

Activists recognized a range of social impacts from their accompaniment including constructing autonomy (81%); protecting freedom (73%), health care (66%) and lives (65%) of people who have abortions; contributing to the de-stigmatization of abortion (65%); and challenging medical hegemony (59%).

Most respondents also recognized that being part of an abortion accompaniment Network has been a transformative experience that has generated very deep personal growth, has helped deconstruct their personal biases and taboos about abortion, introduced them to feminist frameworks and praxes, and integrated activism into everyday life. Others described that being part of a Network provided them with useful tools and skills for their own communities, such as those necessary for creating spaces for physical and emotional support for people who want to have an abortion. Survey respondents also associated their membership in a Network with being part of challenging normative beliefs about sexual orientation, sexuality, and oppressive hierarchical or patriarchal systems. A large proportion of survey respondents also mentioned that being an accompanier has changed their way of thinking from individualistic to collective, that it helped them to be less judgmental of other people, and that it strengthened their ability to be an active listener.

"It has made me more aware of the processes that exclude women, just for being women. I am more sensitive, empathetic, supportive towards women and girls. It has provided me with a battery of arguments as to why the decriminalization of abortion is necessary and has made me question hegemonic medical knowledge. It has given me confidence in my abilities, I understand like never before, what collective growth means...If one colleague cannot do something, another one will come out and respond. It has made me value in a radical way and in my own body trust in the other [comrades], and has reaffirmed my previously lukewarm idea that patriarchy is thanatotic." [41 years old, Network in Central America]

In addition, a large number of survey respondents said that being part of a Network or Collective helped them feel connected to a supportive community and part of something bigger than themselves and the people they accompany. Being part of a Network gave them a sense of belonging and helped them feel more confident in their beliefs and values.

"Feeling that I am being accompanied [by the Network], [that I am] strong, and [that I am] supported. I know that I have a crowd behind me that can lend me a hand if I get stuck. If I don't know something, someone else has that knowledge and can support my process." [28 years old, Network in Mexico]

Lastly, some people expressed that being part of Accompaniment Networks fostered their ability to embody the kind of change they want to see in historically unjust and hierarchical systems. They described how their accompaniment helped them feel like advocates in the fight to destigmatize abortion and to secure bodily autonomies, which gave them meaning and satisfaction in their lives.

The accompaniers also described the ways in which the COVID-19 pandemic affected both their personal lives and the ways in which they provided accompaniment and became involved in activism. Accompaniers faced a wide range of challenges in their personal lives, from feeling emotionally drained, isolated, and overwhelmed to being financially stressed and trapped inside their homes. Many activists felt that these challenges affected their ability to provide accompaniment:

"It was very distressing to accompany, but also among ourselves since there were layoffs, overload of work or domestic tasks, care of infected or deceased family members. As I performed coordination tasks, I saw and accompanied these situations very closely, which took an emotional toll." [33 years old, Network in South America]

Some study participants also expressed how the pandemic meant accompanying more people living in difficult situations, including situations of domestic violence. One of the main challenges they reported was that the change to virtual activities and support made them feel disconnected from the people they were accompanying and from other accompaniers. However, they also acknowledged that the shift to virtual accompaniment helped expand access to accompaniment support, including accompaniment for people in more rural and remote areas and even from other countries. Some activists felt that the way in which the Accompaniment Networks were restructured during COVID-19 helped to strengthen them. For example, some activists mentioned growing relationships with health systems to facilitate access to care -this being something that occurred mainly in contexts where abortion is legal.

This section reflects on accompaniers' perspectives on the future of activism and abortion accompaniment. This section also addresses the social impacts of Accompaniment Networks, and highlights elements needed to promote the sustainability of the Networks.

s) Where to Go from Here? Looking to the Future

The future of activism:

In relation to how activists viewed the future broadly, 74% considered that being an activist was part of their life and 72% believed that in the future they would seek training in other abortion-related issues. No survey respondent reported anticipating stepping away from the activism and abortion accompaniment. With regards to their plans for the immediate future, 70% of activists expected to engage in training in other subjects to provide more comprehensive accompaniment, and 61% anticipated actively participating in all the actions carried out by their Network. Six percent recognized that changes in their circumstances would result in lessened participation in their Network, however, no one anticipated stopping their work within the Networks completely.

As for the future of their Network, nearly all participants believed that their Networks would continue to operate even if abortion were legalized. In that same vein, 67% believed that Accompaniment Networks will be necessary for the improvement of public health services. In 3-5 years, 67% envisioned their Network contributing to changing the public opinion on abortion and abortion care, 62% envisioned their Network working with a larger number of activists, and approximately half of survey participants envisioned their Network doing activism in new locations, developing strategies for legal accompaniment, and working with other networks to facilitate said work.

Furthermore, activists also shared their vision for changes in social norms at large. Activists hoped that through their work people who have abortions would be considered autonomous and self-determined (66%), that the sexual and reproductive rights of all people should be respected and discussed in daily life (65%), and that people should not feel guilty for having an abortion (59%). As a result of their activism, they also hoped that motherhood and parenthood would be thought of as a choice and not an obligation (55%).

A larger proportion of activists who stated that their Networks foster autonomy for all people also reported expecting that accompaniment would contribute to a public perception of people who have abortions as autonomous and self-determined.

Sustainability of the Networks:

Forty two percent of accompaniers reported that their Network delegated tasks to foster accompanier retention, while 40% pointed to sharing experiences and attending meetings with other networks as tools for retention. Other strategies reported were ongoing trainings (34%) and attention to holistic security needs (31%). Eighteen percent of respondents reported financial remuneration, while 11% did not report any strategy

to promote permanence of accompaniers. Some participants also shared their own ideas for accompanier retention; they suggested training and continuing education, the implementation of care and listening sessions or spaces, and the delegation of a variety of tasks and the rotation of said tasks.

66

"Retention is promoted by sharing in relaxed spaces where there is the confidence to share what we feel and think and to build friendships, being friends and maintaining trust and respect." [27 years old, Network in South America]

"Although abortion is a sensitive subject and often linked to sadness, we have found that holding celebratory and public activities has been a space for catharsis for the people who we accompany. I think that being able to connect with more joyful feelings, with recognition (...) it is possible for members to stay longer." [31 years old, Network in South America]

As a strategy to promote retention, some activists suggested economic renumeration, responding to the high proportion that reported their socioeconomic circumstances as factors limiting their permanence in their Network.

A larger proportion of activists who had joined the Network less than a year ago pointed to their economic situation as a barrier to their permanence and retention in the Network.

To this end, 58% of respondents expressed that they would take on accompaniment full time if they received financial remuneration. When asked why, accompaniment activists cited their extensive training and experience, their personal development and understanding of the unique role and positioning of accompaniment

within the feminist movement, which fights for bodily autonomy and, therefore, for access to free abortion. However, another considerable proportion of participants explained that their inability to work in this space full time, at the time of survey completion anyway, was circumstantial, as their family and financial realities did not allow them to do unpaid work. The importance of a consistent salary was highlighted by those who mentioned that they have other jobs for their livelihood:

"I am convinced that the work we do has a positive impact on the lives of women and ourselves. However, I must also take care of my financial well-being, so if the Collective allows me financial stability, I would of course dedicate myself full time to it." [34 years old, Network in Mexico]

Nonetheless, 25% of respondents indicated that they would not work full time in the Network even if they were offered remuneration, and they shared a variety of reasons why they did not want to be full-time activists. Some activists disagreed with being paid for activism, or simply stated that they did not want to do it full time for other reasons unrelated to remuneration. Within this subset, many participants expressed that, although there is a need for paid employment, they did not feel that receiving remuneration for their activism was ideologically aligned with their feminist values.

"Paid activism generates many ideological contradictions for me. I do believe that there are tasks that should be paid, but the dedication to activism should not depend on remuneration." [41 years old, Network in South America]

Relatedly, many participants reported that they did not want to engage in full-time activism because it was emotionally taxing, or they had a commitment to continuing their current careers, studies, or interests. There were accompaniers who expressed that their careers facilitated their accompaniment, as their careers contributed to the strengthening of movements. At the same time, they shared that having the possibility to participate in activism and work in their profession of choice in tandem was a source of joy.

M. Algumas conclusões

It may be risky to write conclusions for this study. First, because this report contains preliminary data and analyses corresponding to a large amount of information that we were able to collect thanks to the dedication of those who responded to this survey. Secondly, the information already available to us signals us to go deeper into some of the more qualitative aspects. Third, because the majority of the Planning Committee are part of Accompaniment Networks, we cannot view the survey data from an "optimal distance" to interpret the findings. Having said this, we put forth some first conclusions:

As mentioned, this study took shape at the start of the COVID-19 pandemic; data collection began one year into the global health crisis brought on by COVID-19. At the time of this study, we had only a few certainties: that daily life was completely disrupted and that the need for abortion was present and, in some cases, intensified by the very impacts of the pandemic and confinement on the lives of women and other gestating persons. Some impacts included changes in health and work, and high rates of domestic violence.

Though many activities were paused, the Networks did not halt their accompaniment and instead focused on adapting and reconfiguring around the new set of limitations brought on by the pandemic. In fact, many participants reported feeling that the creative form in which they had to restructure Accompaniment Networks during the COVID-19 pandemic, helped strengthen their Networks more broadly. Given the constraints of the pandemic, for many, accompaniment was also a collective refuge with which to endure the uncertainty of life.

During this time, unlike ever before, the importance of the accompaniment networks and medication abortion outside of health systems as a safe and effective method was highlighted and increased in a context where already deficient health systems were overwhelmed by the need to provide the most effective response possible to the pandemic.

To this end, in April 2021, the World Health Organization (WHO) recognized that the COVID-19 pandemic had exacerbated global inequality and the lack of access to basic health services, particularly for women and girls—44% of countries reported interruptions to contraceptive services and 28% reported interruptions in safe abortion and post-abortion care services. Within this framework, the WHO recommended that health systems introduce innovative approaches to ensure that women and other gestating persons received the care they need during the pandemic, such as self-care options supported by medical expertise including through telemedicine. In tandem, medications used for safe abortions were added to the list of essential medications. Lastly, these new WHO directives prioritized safe abortion through partnership and cooperation between governments, civil society, and non-state actors⁹.

For most of the activists that participated in this study, being part of an Accompaniment Network has been a transformative experience. They have shared this experience with their family, particularly mothers and siblings, and friends. Additionally, three quarters of accompaniers considered consider that being an activist is part of their life and nearly all respondents (95%) recognized that the main motivation to remain in this type of activism lies in the core belief that abortion experiences should be accompanied and feminist. This stands out as one of the principles around which accompaniers feel connected to a community grounded in solidarity and part of something greater than themselves.

^{9.} Taken from the WHO Director-General's keynote address at the closing event of the Global Safe Abortion Dialogue, available at: https://www.who.int/es/director-general/speeches/detai-

l/who-director-general-s-opening-remarks-at-the-closing-event---global-safe-abortion-dialogue

Over half of all survey respondents cited the lack of remuneration as a reason for why they could not dedicate more time to activism, despite their political conviction to the work. Though there were also some respondents that reported that they would not accept remuneration because of their own feminist values, it is important to emphasize that the work of collective care provided by accompaniers is valuable. This work which must be constantly kept up to date involves the bodies, energy, imagination, and creativity of accompaniers and seeks to value the decision to have an abortion as one linked to responsibility, dignity, justice, and pleasure.

Numerous studies show that trans, non-binary, and/or gender-expansive people experience barriers to accessing health services, including sexual and reproductive health services, that cause delays, denials, or avoidance of care. 10 Although the results of our study show that the majority of accompaniers identify as women and primarily reflect on their experiences accompanying women, there are also accompaniers who identify with gender identities outside of the gender binary. The Networks are currently working to ensure that accompaniment processes support all gestating persons across the gender spectrum. The Networks recognize the importance of centering the experiences and needs of gender expansive people, and that to do this requires processes of dialogue, reflection, and training.

^{10.} Kristie L. Seelman & Tonia Poteat (2020) Strategies used by transmasculine and non-binary adults assigned female at birth to resist transgender stigma in healthcare, International Journal of Transgender Health, 21:3, 350-365, DOI: 10.1080/26895269.2020.1781017

Madina Agénor, Gabriel R. Murchison, Jesse Najarro, Alyssa Grimshaw, Alischer A. Cottrill, Elizabeth Janiak, Allegra R. Gordon & Brittany M. Charlton (2021) Mapping the scientific literature on reproductive health among transgender and gender diverse people: a scoping review, Sexual and Reproductive Health Matters, 29:1, 57-74, DOI: 10.1080/26410397.2021.1886395

It is important to note that there have been legislative advances in the right to abortion and in recognition of gender expansive persons during study period, and that these advances are related to decades of work on the part of activist movements. Firstly, Law 27610, which recognizes "the right of women and other persons with gestational capacity" to the Voluntary Interruption of Pregnancy (IVE), passed in Argentina on December 30, 2020 after years of feminist persistence which put the issue on the social and political agenda and gave rise to what we know as the Green Tide. Law 27610 decriminalizes voluntary abortion up to and including the 14th week of gestation and maintains the two grounds in the country's Penal Code: when the pregnancy is the result of rape and when the life or health of the pregnant person is at risk. Subsequently, in September 2021, the Mexican Supreme Court issued rulings, including one stating that legislation criminalizing abortion is unconstitutional because it violates the autonomy and reproductive freedom of women and other gestating persons. Linked to these recent changes, the Accompaniment Networks know that they continue to be necessary to provide and improve public abortion services. In this sense, accompaniment continues even in contexts of legislative advances and even acquires new challenges.

It is important to highlight that the activism of the Networks has an impact not only on the lives of accompaniers and people who request accompaniment, but also on society in general. Survey participants agree that the Networks build autonomy and protect people's freedom, health, and lives. To this end, participants hope that through their activism and abortion accompaniment, access to reproductive justice will be afforded to all people.

THE CERTAINTY

OF NOT WANTING TO STOP ...

This study shows that Accompaniment Networks know they contribute to the construction of autonomy for women and other gestating persons and protect their freedom and their health.

Networks and activists alike will not halt their efforts until reproductive justice becomes a reality. They will continue together so that people seeking abortion care can exercise their reproductive and bodily autonomy without guilt or shame. Further, Networks and accompaniers alike are aware that motherhood continues to be forced and romanticized, and that the activist support for gestating persons is necessary and urgent to continue creating politics of care—politics that demands a regulatory framework ensuring dignified and safe access to abortions from governments, states, and their institutions.

Networks and accompaniers will continue to be trained, involved, and engaged, and to accompany each other and develop strategies for a future in which abortion is decriminalized, legalized, and free.

Networks and accompaniers affirm that they are here to stay, and that they will continue to creatively build activisms to achieve their dreams and desires.

M. References

Fernández Vázquez SS, Szwarc L. Aborto medicamentoso: transferencias militantes y transnacionalización de saberes en Argentina y América Latina. RevIISE - Rev Cienc Soc Humanas [Internet]. 2018;12(12):163–77. Disponible en: http://www.ojs.unsj.edu.ar/index.php/reviise/article/view/280

Drovetta RI. Safe abortion information hotlines: An effective strategy for increasing women's access to safe abortions in Latin America. Reprod Health Matters [Internet]. 2015 Jan [cited 2020 Apr 22];23(45):47–57. Disponible en: https://www.tandfonline.com/doi/full/10.1016/j.rhm.2015.06.004

Drovetta RI. Acciones feministas en las Líneas de Información Aborto Seguro (LIAS) en Latinoamérica y el Caribe. In: Feminismos para un cambio civilizatorio. Alba Carosio (Coord.). Caracas, Venezuela: CLACSO, Fundación Celarg, Centro de Estudios de la Mujer, Universidad Central de Venezuela; 2014.

Balance, Libertad, Justicia y Transformación. 1er Encuentro de la RedFeminista Latinoamericana y Caribeña de Acompañantes de Aborto [Internet]. 2019. Disponible en: https://medium.com/@-BalanceAC/1er-encuentro-de-la-red-feminista-latinoamericana -y-caribe%C3%B1a-de-acompa%C3%B1antes-de-aborto-8e797736577c

Zurbriggen R, Keefe-Oates B, Gerdts C. Accompaniment of second-trimester abortions: the model of the feminist Socorrista network of Argentina. Contraception [Internet]. 2018 Feb [cited 2020 Apr 22];97(2):108–15. Disponible en: https://linkin-

ghub.elsevier.com/retrieve/pii/S0010782417303931

- Chor J, Hill B, Martins S, Mistretta S, Patel A, Gilliam M. Doula support during first-trimester surgical abortion: a randomized controlled trial. Am J Obstet Gynecol [Internet]. 2015 Jan [cited 2020 Apr 22];212(1):45.e1-45.e6. Disponible en: https://linkinghub.elsevier.com/retrieve/pii/S0002937814006322
- Jelinska K, Yanow S. Putting abortion pills into women's hands: realizing the full potential of medical abortion. Contraception [Internet]. 2018 Feb [cited 2020 Jul 5];97(2):86–9. Disponible en: https://linkinghub.elsevier.com/retrieve/pii/S0010782417303724
- Moseson H, Jayaweera R, Egwuatu I, Grosso B, Kristianingrum IA, Nmezi S, Zurbriggen R, Motana R, Bercu C, Carbone S, Gerdts C. Effectiveness of self-managed medication abortion with accompaniment support in Argentina and Nigeria (SAFE): a prospective, observational cohort study and non-inferiority analysis with historical controls. Lancet Glob Health. 2022 Jan;10(1):e105-e113. doi: 10.1016/S2214-109X(21)00461-7. Epub 2021 Nov 18. PMID: 34801131. Disponible en: https://www.the-lancet.com/journals/langlo/article/PIIS2214-109X (21)00461-7/fulltext
- Kristie L. Seelman & Tonia Poteat (2020) Strategies used by transmasculine and non-binary adults assigned female at birth to resist transgender stigma in healthcare, International Journal of Transgender Health, 21:3, 350-365, DOI: 10.1080/26895269.2020.1781017
- Madina Agénor, Gabriel R. Murchison, Jesse Najarro, Alyssa Grimshaw, Alischer A. Cottrill, Elizabeth Janiak, Allegra R. Gordon & Brittany M. Charlton (2021) Mapping the scientific literature on reproductive health among transgender and gender diverse people: a scoping review, Sexual and Reproductive Health Matters, 29:1, 57-74, DOI: 10.1080/26410397.2021.1886395

Report - May 2022









