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# Trusted networks: a study of communication flow and access to abortion information in Argentina

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## ABSTRACT



In December 2020, Argentina approved a new abortion law following decades of feminist and social advocacy. This paper presents qualitative findings from interviews and focus group discussions with people in local communities focusing on how individuals of reproductive age access and communicate sexual and reproductive health information, particularly regarding abortion. Sixteen in-depth interviews were conducted with key informants working in the field of SRHR and four focus group discussions took place with cis-gender women and girls, transmasculine people and non-binary people of reproductive age. We found that information exchange and communication about sexual and reproductive health issues, particularly abortion, took place mainly through informal social networks engaging with activists and feminist grass-root organisations. These informal social networks were built on *trust* as a collective affect that enabled open communication about abortion. Information sharing through word of mouth, in person and *via* digital means using different social media platforms, is an important means of information sharing and communication in Argentina. Monitoring the implementation of abortion policies in this country should include investigating the impact of people accessing abortion through informal social networks in terms of abortion pathways and intersections with the formal health system.

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## Introduction

Access to safe abortion care, although a fundamental aspect of sexual and reproductive health rights (SRHR), remains a challenge for many pregnant people around the world (WHO 2022). Barriers to safe abortion care include restrictive legal and policy environments, the criminalisation of abortion seekers and providers, the unavailability of abortion services in healthcare facilities, social stigma, and abortion seekers' lack of decision-making power or options to access care, among others (Doran and Nancarrow 2015; Biggs, Kaller, and Ralph 2020; WHO 2011). Even in settings where abortion is legal and decriminalised, abortion seekers are sometimes faced with barriers and challenges: including judgemental attitudes from partners, family members and healthcare providers; poor quality care; difficulties accessing information; long-distance travel; financial barriers; lack of resources, and conscientious objection by health professionals, to name but a few (Doran and Nancarrow 2015; Hanschmidt et al. 2016; Szwarc, Cammarota, and Romero 2022; Tiseyra et al. 2022).

These difficulties lead abortion seekers to look for alternative pathways to access abortion information, support and medication, and push some to self-manage part, or all, of the entire abortion process (Erdman, Jelinska, and Yanow 2018; Chemlal and Russo 2019). Others opt to self-manage out of preference citing reasons such as privacy and confidentiality, with their abortion pathways intersecting with formal healthcare systems and the work of feminist organisations (Chemlal and Russo 2019; Braine and Velarde 2022).

Access to evidence-based and good-quality information before, during and after abortion is central to guaranteeing the safety of abortion practices (WHO 2022) and has a fundamental role in affecting abortion seekers' experiences (Zamberlin, Romero, and Ramos 2012; Hinson et al. 2022). Research has also highlighted the key role played by social networks, civil society and feminist organisations in facilitating abortion information and access, and thereby safeguarding SRHR in settings where access is otherwise restricted (Braine and Velarde 2022; Hinson et al. 2022; Atienzo et al. 2023). In recent decades, the growing use of online social networks and digital platforms has provided new options for pregnant people to access abortion information (Braine and Velarde 2022; Gill, Cleeve, and Lavelanet 2021).

In Latin America, feminist organisations often facilitate access to abortion information and support through online means, such as hotlines and the Internet (Drovetta 2015; Sutton and Vacarezza 2021). Abortion seekers in this region also rely on social media to obtain information about abortion (Tiseyra et al. 2022; Duarte, et al., 2020; Hinson et al. 2022), notwithstanding the obstacles in obtaining good quality abortion medicines and identifying reliable sources of information online (Palma Manríquez et al. 2018; Tiseyra et al. 2022).

In December 2020, Argentina approved Law No. 27.610, which stipulates that any person capable of gestation has the right to access abortion upon request until the 14<sup>th</sup> week of gestation, and after that, for specific indications (rape and risk for the life or health of the pregnant person). This abortion law was the result of decades of feminist and social advocacy. In a previous legally restricted context, feminist and grass-root organisations facilitated access to abortion by disseminating information and supporting access to misoprostol, creating hotlines, and providing information

on where to access care and accompaniment<sup>1</sup> during the abortion (Zurbriggen, Keefe-Oates, and Gerdtz 2018; Atienzo et al. 2023; Tarducci 2018). Moreover, feminist activism and social mobilisation were key factors in the fight for legal abortion (Ramos et al. 2023). The use of digital platforms, especially social media, to disseminate information regarding SRHR and advocate for a new abortion law was a key part of the feminist activism strategy (Acosta 2020; Dulbecco et al. 2021). Currently, these organisations continue to play a fundamental role in monitoring the abortion law (Ramos et al. 2023; Anzorena 2023).

Although previous research has shown the importance of organised women's groups in providing abortion information and support, little is known about how cisgender women and girls, transmasculine people and non-binary people use informal social networks to access abortion care. Specifically, understanding the dissemination of information within these networks, and their interaction with organisations and institutions in the field of SRHR, is lacking. In this paper, we present qualitative findings from formative research, focusing on how individuals of reproductive age in Argentina access and communicate SRHR information, particularly regarding abortion, in light of recent social and legal changes.

## **Materials and methods**

### ***Study design and setting***

We conducted a qualitative study using in-depth interviews (IDIs) and focus group discussions (FGDs), as part of a formative phase of a broader research project entitled 'Investigating Self-Managed Community-based Abortion using Web-based Respondent Driven Sampling: A Pilot Study in Argentina'. In this paper, our aim was to describe how people of reproductive age access information and communicate about matters concerning their SRH, including abortion, within their social networks and with actors working on SRHR and/or facilitating abortion access in the country.

IDIs were conducted in ten out of the 24 jurisdictions of Argentina, representing different regions of the country (Buenos Aires City, Buenos Aires Province, Santa Fe, Corrientes, Entre Ríos, San Juan, La Pampa, Jujuy, Salta y Santa Cruz). FGDs were conducted in the province of Buenos Aires and Buenos Aires City. Located in the centre of the country and highly urbanised, these two areas contribute more than half of the gross domestic product of the country. However, these jurisdictions are marked by major social and economic differences, with the city of Buenos Aires having lower poverty and unemployment rates than Buenos Aires province (INDEC 2023).

Ethical clearance for the study was obtained from the Independent Ethics Committee of Centro Rosarino de Estudios Perinatales (Reference: n. 2/21) in Argentina and the Ethics Review Committee of the World Health Organisation (A66017). The study was also reviewed by the Swedish Ethical Review Authority (2023-03324-01).

### ***Participants and sampling***

We conducted IDIs with key informants working in the field of SRHR. We defined key informants as professionals or activists currently working on SRHR, some of them facilitating abortion access, who regularly encounter people capable of gestation

through their work or activism. Participants were selected using purposive sampling to obtain variability regarding the geographical area in terms of the communities they served (provinces), their professional backgrounds and their experiences working on SRHR. We identified potential informants utilising local contacts and feminist and social networks. The final sample included 16 key informants and included clinicians, teachers, social workers, activists, and members of women's organisations (Table 1).

We conducted FGDs with cisgender women and girls, transmasculine people and non-binary people aged 18–49, who were willing to talk about how people in their community communicate about SRHR matters. FGD participants were selected using purposive sampling to achieve variability regarding sociodemographic characteristics, including occupational status, education and gender. Recruitment took place through contacts with local grass-root community-based organisations in four different neighbourhoods: two in Buenos Aires city and two in Buenos Aires province. In total, 37 people participated in the FGDs: FGD1 Almagro ( $n=7$ ); FGD2 Lugano ( $n=9$ ); FGD3 San Justo ( $n=9$ ) and FGD4 José C. Paz ( $n=12$ ) (Table 2). The names of the FGDs correspond to the names of the neighbourhoods in which the data collection took place. We aimed to include people aged 16 and above, but due to challenges in recruitment, the youngest participant in FGDs was 18 years.

### Data collection

Between January and May 2022, we conducted 16 IDIs and 4 FGDs enabling us to triangulate the perspectives of people working in the field of SRHR and people of reproductive age in local communities. We developed a semi-structured guide with open-ended questions and probes for the interviews and groups. The guide included

**Table 1.** Background characteristics of IDI participants ( $n=16$ ).

Characteristics	N
Gender	
Cis gender women	16
Age (range)	
21–34	4
35–49	10
50–62	2
Work with SRHR	
Teacher	2
NGO	3
Physician	4
Women's organisation	5
Other healthcare provider	2
Province	
CABA	4
Santa Fe	4
Buenos Aires	1
Corrientes	1
Entre Ríos	1
San Juan	1
La Pampa	1
Jujuy	1
Salta	1
Santa Cruz	1
Total for all categories	16

**Table 2.** Background characteristics of FGDs participants ( $n = 37$ ).

Characteristic	N
Gender	
Cis gender women	31
Non-binary people	1
Transmasculine people	5
Age (range)	
≤24 years old	11
25–34 years old	6
≥35 years old	20
Employment status <sup>2</sup>	
Formal worker	21
Informal worker	8
Unemployed	3
Student	5
Total for all categories	37

questions about access to SRHR information and services in Argentina, as well as questions about the communication and exchange of SRHR information. Specific questions and probes were built into the guides to focus on the circulation of information, perceptions about accessing abortion services, and opinions about self-managed abortion in Argentina. While questions in the IDIs sought to elicit professional and personal perspectives, questions in the FGDs were tailored to promote active engagement and the exchange of ideas among participants. Participants were not asked to disclose any personal experiences or information concerning their SRH.

### *In-depth interviews*

We contacted potential key informants by email. The email invitation contained study information, including aims and study procedures, and an invitation to be interviewed. A time and place for an interview was agreed on with those who expressed interest in participating. IDIs were conducted by telephone, face-to-face or by video call, depending on the availability, proximity, and preference of the interviewee. All participants provided verbal and written consent prior to the interview and afterwards they were given a gift card for a book shop to compensate for their time. The interviews were conducted in Spanish by local female cisgender researchers (MVO, MVT and a research assistant). Each interview lasted approximately 40 min and was recorded with previous informed consent. Data collection continued until we reached data saturation (Saunders et al. 2018).

### *Focus group discussions*

The recruitment strategy for the FGDs was facilitated by local grass-roots community-based organisations providing health promotion and counselling. One focal person within each of the selected organisations approached potential participants and informed them about the study aims and procedures, and provided potential respondents with the researcher's contact information. To save phone credit, a few participants gave their phone numbers to the focal person and asked to be contacted by the researchers.

FGDs were conducted in Spanish by two local female cisgender researchers (AFN and AMC) on the premises of research institutions or social community-based

organisations, in facilities where conversations could not be overheard. Before data collection, the researchers went through the informed consent and study procedures again with the group. Participants were reminded that they would not be asked to provide information about personal experiences. All participants received a reimbursement of 10USD in cash as compensation for their time. The FGDs lasted approximately two hours, were recorded, and later transcribed verbatim.

### **Data analysis**

Thematic analysis was conducted by MVO and MVT. For the process of coding, we used a mixed methods approach: some codes were predefined deductively following the questions of the data collection tools, while others were added inductively during analysis. MVO and MVT coded the IDIs transcripts and then compared codes. FGDs were coded by MVO and then discussed with MVT. IDIs were coded manually and organised in a matrix in Excel. FGDs were coded with the aid of Nvivo. Codes were grouped into clusters of codes and then organised into themes, understood as ‘patterns of shared meaning across data’ (Braun and Clarke 2006). MVO, MVT and AC developed the themes together, which were then further refined after discussion with the other co-authors. Information coming from two different data collection methods and perspectives allowed us to triangulate the results and build themes that were cross-cutting in character. We analysed data at both the surface and latent levels and developed semantic and interpretative themes (Braun and Clarke 2019), which were framed by an overarching theme.

### **Results**

The analysis generated three themes related to one overarching theme: trust as a form of affective solidarity that enables open communication about abortion (Table 3).

#### ***Trust as a form of affective solidarity that enables open communication about abortion***

Participants explained that due to the absence of widely available official information in Argentina, information about abortion circulated through complex networks, primarily informal in nature but not limited to them. Throughout our interviews and group discussions, *trust* emerged as a central element that shaped if, and how, people capable of gestation sought information on abortion. In addition, trust emerged as a type of affective solidarity (Solana and Vacarezza 2020; Ahmed 2004; Brennan 2004)

**Table 3.** Overarching theme and themes.

Overarching theme	Themes
<i>Trust as a form of affective solidarity that enables open communication about abortion</i>	Transitioning to a more open society, but SRHR information flow, particularly on abortion, primarily takes place through informal channels Trust is ‘knitted’ within informal social networks and feminist organisations ‘Whisper networks’ as innovative means of communicating about abortion

in respondents' accounts. Gaining information through trusted networks rather than through formal channels was a way of avoiding stigmatisation and judgment. Participants valued trustworthiness over having a consultation with a health professional they had not met before.

Some participants described asking for information from friends or female family members, from work colleagues, and people from their neighbourhood. Others discussed the subject with people they did not necessarily know, but who they trusted because someone close had recommended them, or because they belonged to a feminist or activist organisation that they trusted. Participants emphasised that feminist organisations had played a fundamental role in building trust between women by providing support and a safe space within which to share. Informal social networks relied on these organisations when seeking trustworthy information on SRHR in general, and abortion in particular. Participants also described how, nowadays, people have found new avenues to exchange information, such as *via* web pages, self-organised groups on social media, telephone applications that provided information on SRHR and abortion, and in other ways.

***Transitioning to a more open society but SRHR information flow, particularly on abortion, primarily takes place through informal channels***

Participants recognised that progress had been made towards improving access to SRHR information subsequent to the enactment of the new legislation such as the Ley de Educación Sexual Integral (Comprehensive Sex Education Law) and Ley de Acceso a la Interrupción Voluntaria del Embarazo (Law on Access to Voluntary Termination of Pregnancy). According to key informants, these progressive pieces of legislation have enabled people to speak more freely and openly about SRHR topics, as explained by one IDI participant:

I remember when I started to get information and it was much more difficult, I remember that I used to go through websites from other countries and so on, and today it seems to me that there is much more access, it is easier to ask questions online (...). It seems to me that the advances that have been made around Comprehensive Sex Education, as well as the approval of legal abortion in Argentina, seem to me to be enormous advances (...). It is easier to talk and therefore to access this information and to ask teachers, health staff in the case of health institutions. There are many more women's and diversity organisations that deal with these issues... (Interviewee 4, women's rights activist)

Both IDI and FGD participants emphasised the importance of advocacy by feminist organisations as a catalyst for the shift seen in Argentina. In a context of silence and taboo regarding SRHR and particularly abortion, networks of activist groups were fundamental in creating safe spaces for the exchange of information. This occurred through different forms of activism including marches and rallies, academic and advocacy activities, social media, counselling and accompaniment when accessing healthcare, among others. The introduction of new abortion legislation was directly related to the work of these activist networks:

In relation to the Ley de Interrupción del Embarazo (Interruption of Pregnancy Law), what guaranteed access to information were the social networks linked to the Socorristas, the Red de Profesionales por el Derecho a Decidir (Network of Professionals for the Right to



Decide), the Campaña [Nacional por el Derecho al Aborto Legal, Seguro y Gratuito] (National Campaign for the Right to Legal, Safe and Free Abortion) (Participant FGD José C. Paz)

However, as in any ongoing transition, participants acknowledged that there were still barriers to accessing information. Several participants described the lack of information about where to seek SRHR services, particularly abortion, as a continued problem. Reliable public information about abortion was said to be especially scarce resulting in people not knowing where to seek care or where to go. The health system was described as deficient with regard to providing information about abortion methods and procedures, even after the new abortion legislation.

In the hospitals, (...) it often happens that [people] tell us they were unaware of the possibility of having a safe abortion within the framework of the law. It strikes us that information is not circulating (...). What we are missing is a public policy of access to all the information... (...) there is no established place for communication (Participant FGD Almagro)

Key informants and FGD participants reported the lack of public information in the mass media, and its lack of promotion by health institutions and public agencies, as impeding access to information about abortion. Nothing other than the bare minimum existed.

I think it is word of mouth (...). There is no messaging from a particular institution, there are no leaflets, no materials, no... in the social media that comes from the Ministry of Health in the Province there is practically nothing on the subject. [There is] the [abortion] protocol, the manual, but nothing else, no other information (Participant FGD Almagro)

### ***Trust is 'knitted' within informal social networks and feminist organisations***

Participants emphasised the importance of contacting someone they trusted in order to obtain information on abortion. This could be a close family member, friend or acquaintance with previous abortion experience, or a friend who had accompanied someone else to seek abortion services. The experiential aspects of sharing information were highly valued. For example, one participant elucidated:

Through word of mouth... through the experience that their mother told them, with the experience that their friends, their neighbours told them. That is, apart from what they find on the internet, the 'other person's experience' is fundamental (Interviewee 11, health-care provider)

Participants highlighted the importance of first contact or a close group that cis-gender women and gender-diverse people trusted to ask for information and places to seek abortion care. They explained how informal networks not only provided information but also support and accompaniment throughout this process.

In the example I told you about, what we did was... First, this person told his closest friends and created a group. He said 'Well, I'm going through this, I need a support network! So, okay, we set it up, from there (...). I helped him look for information (...). What I did was to contact my doctor, (...) and after that we put everything together, but the important thing for this person first of all was to communicate to people close to him about what was happening (Participant, FGD José C. Paz)

Participants described how informal networks were, in general, comprised of cis-gender women and gender-diverse people who were able to become pregnant. They were 'knit' together in the community along with mothers, sisters, friends, cousins, and neighbours. People within these networks were described as valuable sources of information on abortion and contributed to a sense of solidarity.

[Women] come with their mothers, or with their sisters, or a [female] neighbour or cousin... In general, [they] have gone through several deliveries, pregnancies, abortions... different experiences. They come with information about their experiences and from other people in the community (Participant FGD José C. Paz)

These informal social networks reach out to different institutions and organisations that provide information about SRHR and abortion, including abortion providers and feminist organisations.

There are feminist networks, support networks, networks of professionals that can be reached through a friend who had an abortion before, and who put her in contact with them or because they know or because they hear about it... When they need it, they reach out to these networks – these feminist networks, networks of women or professionals, health professionals, health care providers (Interviewee 15, member of NGO advocating for SRHR)

### ***'Whisper networks' as innovative means of communicating about abortion***

Participants explained how novel ways of sharing information about abortion interacted with more traditional ways of communicating. When asked about how information on abortion circulated, they described how people still used word of mouth. People felt more comfortable talking face-to-face to a friend or an acquaintance.

I think through word of mouth... (...) The information is correct, it's adequate, but it is by word of mouth, not available in formal spaces such as hospitals, health centres, schools... (...) It is always word of mouth, among peers (Participant FGD San Justo)

Participants described how these intimate exchanges included digital communication. Groups on Whatsapp, Instagram or Facebook had been created specifically to exchange information about abortion. Individuals engaged with, and placed their trust in, these platforms in the knowledge that their confidentiality would be protected.

Generally, especially women (...) access information through Facebook, Twitter, Instagram, WhatsApp, apps (...) because there are a lot of apps that provide resources on abortion (...). Often the source of information takes the form of a self-organised WhatsApp group (Interviewee 1, activist for SRHR)

When we got legal termination of pregnancy, what guaranteed you access to information were the social media groups organised by the Socorristas, the Red de Profesionales por el Derecho a Decidir, the Campaña... (Participant FG, José C Paz)

With increased openness about SRHR, participants felt more confident to discuss their abortion experiences with strangers on social media. They attributed this confidence to the anonymity provided by Internet platforms, facilitating candid conversation. This novel use of social media can be thought of as part of a 'whisper network'

(Rentschler 2018). Participants explained how through social media women often interacted and exchanged information with strangers, but still felt safe and supported. Abortion, a topic once considered taboo, was now discussed more freely, especially by young women and adolescents.

More and more people are opening up and daring to speak out, so they exchange with more... more on a daily basis (...). And even on social media you see people who perhaps find it difficult to talk about this, because they had complex experiences and even so they dare to talk to strangers, for example. So I think it's much easier than before (Interviewee 14, activist and researcher)

Another factor contributing to the use of 'whisper networks' was lack of awareness of official hotlines and the social media sites of healthcare facilities. Information provided through such channels often remained local, and access relied on the willingness of individual healthcare providers to share such information.

In some municipalities, there are hotlines [answering questions about SRHR matters], but it is not formal, it is not something that is widely known about... there are no public campaigns or accessible information [about the hotlines] (Interviewee 15, NGO advocating for SRHR)

Moreover, the availability of institutional channels varied between jurisdictions. In more 'conservative' (i.e. with a stronger presence of Catholicism) provinces, access to information on SRHR remained limited and stigmatisation of abortion practices and people seeking abortion services was described as common in the public health system.

The health system in our region is full of virgins and crosses, and currently one needs to ask for an abortion in the same place where the maternity hospital is (...). There was a camp in favour of "life" outside the hospital for 1000 days, and then they tried to catch anyone who tried to access a legal abortion (Interviewee 12, Socorrista [member of a feminist organisation providing abortion accompaniment])

## Discussion

This paper reports on findings concerning how individuals of reproductive age in Argentina access information and communicate about abortion in the new social and legal context. We found that two years after the approval of Ley de Acceso a la Interrupción Voluntaria del Embarazo, although some progress has been made regarding openness and access through the health system, information still primarily circulates through informal channels, and informal social networks remain important sources of information and support. These networks interact with feminist organisations but also with more institutionalised structures such as healthcare facilities.

Previous research in the field of SRHR has signaled the importance of social networks in providing access to abortion information and services (Chemlal and Russo 2019; Palma Manríquez et al. 2018; Tiseyra et al. 2022; Dickey et al. 2022; Hinson et al. 2022). Dalessandro, Thorpe, and Sanders (2021), for example, have described these networks as informal feminised health networks in that they facilitate non-medical social interactions among women seeking or exchanging information about SRHR matters, particularly contraception. Our findings suggest that current social networks in Argentina have a more mixed character, comprising a variety of actors – including

feminist activists, community leaders, medical and education professionals, among others. This finding is supported by previous research identifying the broad constellation of actors that a person may be in contact with when seeking abortion (Berro Pizzarossa and Nandagiri 2021; Hinson et al. 2022). In Argentina, networks that facilitate abortion access are similarly heterogeneous, suggesting that there is a continuum between healthcare and self-managed practices in access to abortion, as also suggested out by previous research in the country (Vázquez, Salomé, and Szwarc 2018).

In this study, we found that people seeking abortion looked for networks of others who might help them navigate the abortion process, either at home or within the health system, and searched actively for information about abortion that was not easily or publicly available. This highlights the urgent need for public health actions to increase abortion information availability and access, confronting—but also taking advantage—of the fact that information is currently transmitted in a horizontal peer-to-peer way through different actors outside the health system. In line with such an approach, a recent study in Ireland showed how the creation and online promotion of a state-run helpline for abortion, together with the use of personal networks, resulted in abortion seekers' heightened awareness of how to access abortion services (Duffy et al. 2022). In contrast, our findings suggest that the existence of phone lines for SRH and abortion information does not guarantee people's awareness of, or access to, such information sources.

Our results also show that the way in which informal networks 'knit' different people together enabled the creation of trust as a feeling of solidarity and belonging to a community of peers. We understand trust as implying a sense of shared affection, and as an emotion (Ahmed 2004; Cvetkovich 2012) that plays an important role in the construction of personal and collective subjectivity (Solana and Vacarezza 2020). The networks people use to access abortion information in Argentina are based on *trust* rather than formal or institutional policies and arrangements. As research in various contexts demonstrates, women's organisations have successfully offered accompaniment throughout the abortion process while challenging the negative feelings and values traditionally related to the practice, such as guilt, fear, pain, loneliness and shame (Atienzo et al. 2023; Bercu et al. 2022; Burton and Trinidad Peralta 2021; Zurbriggen, Keefe-Oates, and Gerdt 2018; Belfrage 2023; Braine and Velarde 2022; Bäckström Olofsson and Goicolea 2023). We speculate that, in Argentina, people turn to informal networks and feminist organisations not only because they do not have access to official channels and/or do not trust healthcare services, but also because they prefer and value these trustworthy spaces. In particular, the preference for seeking information from feminist organisations can be linked to the somewhat restrictive legal landscape in Argentina prior to reform, and to the conservative values that still prevail in certain provinces. Additionally, it reflects the historical trust built by feminist organisations as reliable sources of SRHR (Ramos et al. 2023).

Similar processes have been reported in research internationally, identifying the reasons why people prefer to seek abortion care outside the healthcare system. These reasons include concerns over privacy, fear of mistreatment by healthcare staff, and the role of social networks in providing information and support (Chemlal and Russo 2019; Hinson et al. 2022; Harries et al. 2021). Our findings underscore the importance people place on anonymity and confidentiality in accessing abortion information and

care both in Argentina and elsewhere. Unlike the previous government, which actively sought to improve abortion access nationally, the actions of the current government headed by Javier Milei and its anti-abortion position, will likely restrict communication and information flow about abortion to informal networks, even if the current legal status of abortion remains. In this regard, our study emphasises the importance of ongoing advocacy for SRHR and a strong civil society that ensures access to, and the availability of, evidence-based information about abortion.

Finally, our results suggest that the trust placed in social networks extends to new ways of exchanging information regarding abortion. The novel use of word of mouth through social media can be considered a 'whisper network' (Rentschler 2018) that works as safe space in which cisgender women and gender-diverse people can share experiences about their health. New communication technologies have become an important means of communication about abortion in Argentina, and solidarity through online means has been identified as an important way of facilitating access to safe abortion practices, especially through feminist organisations and NGOs advocating for women's reproductive rights (Bäckström Olofsson and Goicolea 2023; Duarte, et al., 2020; Braine and Velarde 2022). Future research should investigate how the notion of trust works more generally within digital media communication and how the health system can build links with, and strengthen, these sources of information.

### **Limitations**

There are limitations of this study that warrant consideration. We examined how people in Argentina access information and communicate about abortion after the implementation of major changes in abortion law. The dynamism and speed of this ongoing social and legal transition and the way it shapes how people access abortion information needs to be monitored in future research. Data for this study were collected in a largely supportive political environment; however, recent political changes in the country may affect the legal and social context and threaten recent advances in abortion rights. Beyond this, it is important to recognise that the FGDs were conducted in Buenos Aires province and Buenos Aires City, and therefore our findings from them are not generalisable to other parts of the country. However, it is important to note that IDIs were conducted in ten jurisdictions to elicit information from different parts of Argentina. Although young people were included in the sample, most FGD participants were 35 years of age or above. This may also have had an impact on our findings, since access to information, people, and networks may be different for older adults than they are for adolescents and young adults. Finally, although our study sought to include transmasculine persons and non-binary people, the small numbers of individuals involved mean that it is in no way representative of the experiences of gender minorities in the country and their attitudes towards, and experiences of, SRHR.

### **Conclusions**

Following the enactment of Ley de Acceso a la Interrupción Voluntaria del Embarazo in 2020, much information sharing and communication about SRHR, particularly abortion, has occurred through informal social networks that engage with activists and feminist

grass-roots organisations. These informal social networks have built solidarity and trust as a means of enabling open communication about abortion. Information sharing through word of mouth, in person and *via* digital means, utilising different social media platforms, is now an important phenomenon in Argentina. Future research is needed to capture how the changing legal, political and social landscape in the country will impact abortion information exchange and communication flow, and what this means in terms of abortion experiences, access pathways and engagement with formal health systems.

## Notes

1. Abortion *accompaniment* usually involves activists or members of organisations guiding, supporting and/or counselling abortion seekers through a medical abortion (Kimport et al. 2023; Moseson et al. 2020). The practice is particularly important in contexts with restrictive legislation and where there are difficulties accessing to abortion services, as it is the case for many countries in Latin America.
2. In Argentina, a “formal worker” is someone who is employed with an official contract and whose employment is regulated by law. In contrast, an “informal worker” works without such as contract and is unlikely to receive legal protection, social security benefits, or labour rights. Their employment is not registered with the government, making them part of the informal economy. As a result, informal workers are often more vulnerable to exploitation and have less job security.

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## Data availability statement

Anonymised data are available from the corresponding author upon reasonable request.

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