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Legal Interruption of Pregnancy: the role of psychologists who work in public health institutions as guarantors of rights (San Luis, Argentina)

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ABSTRACT: This article examines the work of psychologists in situations of legal interruption of pregnancy in public health institutions in San Luis, prior to the enactment of Law 27.610/20 in Argentina. The Legal Termination of Pregnancy (LTP) is a human right that necessitates a professional commitment that fosters social transformation and respect for the experiences of those who undergo it. A descriptive and qualitative exploratory design was employed to conduct semi-structured interviews with psychologists who participated in the LTP guarantee for health reasons. The findings indicate that the construction of the professional role in the context of historically hindered practice was facilitated by training in gender perspective and feminist activism; networking and organization; the province's adherence to the National Protocol for care in LTP; and the specific possibilities of the psychological approach that promotes rights. The necessity of integrating the gender perspective into the curriculum of undergraduate psychology programs is underscored, with particular emphasis on the topics of abortion as a health consultation and as a right. Inclusion of this topic in the training of professionals who advocate for changes in practices that violate women's decisions about their bodies and help to build their role as guarantors of rights is therefore relevant.

KEYWORDS: Legal Termination of Pregnancy, Women's health; Psychology; Women's rights, Argentina.

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Vol. 3 Núm. 1. Enero-junio 2024
http://revistas.urp.edu.pe/index.php/mpp/

INTRODUCTION

In Argentina, the Penal Code has criminalized the practice of voluntary abortion since 1921 until the end of 2020. However, it has established grounds for accessing legal terminations of pregnancy. Despite the existence of a mixed penal regime, the reality in Argentina was assimilated to that of contexts where abortion was totally prohibited. This resulted in access through health services being complicated, geographically unequal, and practically inaccessible (Zurbriggen and Anzorena, 2013; Santarelli and Anzorena, 2020).

The Fallo de la Corte Suprema de Justicia de la Nación (CSJN) F.A.L. issued a ruling in 2012 that permitted the creation of technical guides and protocols for the care of individuals with the right to Legal Termination of Pregnancy (LTP). This ruling facilitated the recognition of these practices within the public health sector. Nevertheless, the consequences of this ruling were not uniform throughout the country. Each province exhibited its own distinctive characteristics. In the province of San Luis, 2018 proved pivotal in the incorporation and extension of LTP care in public health services.

The purpose of this article is to examine the role of psychologists in the context of involuntary legal termination of pregnancy (ILTP) in public health institutions in the city of San Luis. This examination is conducted prior to the enactment of National Law 27,610/20, which regulates access to voluntary and legal interruption of pregnancy (VTP/LTP). This article invites readers to recognize and reflect on the factors that have shaped the professional role of those who safeguard rights. In this manner, a qualitative experiential survey is provided that allows us to consider the current conditions of the application of the VTP/LTP and the training processes of professionals in psychology.

The following section presents a selection of bibliographical background on the interventions of health and psychology professionals in situations of LTP and the main obstacles to be overcome by professionals when intervening. It then conceptualizes the approach to LTP from the notion of comprehensive health and from the gender perspective, before presenting the major milestones of the national and provincial regulatory context that made intervention in LTP possible, by establishing the responsibilities of health teams. Finally, the methodological aspects, results, and conclusions are presented.

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ISSN 2955-8751
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THEORETICAL FRAMEWORK AND/OR BACKGROUND AND CONTEXTUALIZATION

Psychological Intervention in LTP: an Obstructed Practice

The involvement of psychologists in the care of LTP due to health reasons is a relatively recent phenomenon that has been significantly impeded, as evidenced by the bibliographic review of studies and research related to the topic published until 2020.

De Lellis et al. (2018) examines the perceptions of health service professionals in a municipality of Greater Buenos Aires regarding the accessibility of LTP for the local population. The primary impediment they identified was the actions of the professionals themselves and their misinformation regarding the implications of the term “danger to health.” Consequently, some persist in maintaining that abortions were only legally permissible in the event of rape, failing to acknowledge the regulatory framework governing LTP in Argentina. Another limitation arises from the practice of conscientious objection, which restricts the actions of colleagues who are in favor of guaranteeing the LTP by closing the circuit of referrals. A similar situation arises with regard to administrative staff, who are unable to provide information about the locations and professionals who guarantee the procedure. Moreover, difficulties were encountered with regard to medication, as misoprostol was not consistently available in health services or professionals were reluctant to request it. Finally, the authors noted the absence of training on LTP and its taboo status (Reck Barbara et al., 2018).

The research by Lenta et al. (2018) examines the critical nodes identified by psychologists of the public subsystem of the Ciudad Autónoma de Buenos Aires (CABA) and Greater Buenos Aires. These nodes are divided into three categories: economic, institutional, and disciplinary obstacles. Moreover, they highlight the biological and patriarchal constraints that impede the fulfillment of women's needs for LTP, as well as the tensions with other disciplinary fields that necessitate the pathologization of women by psi professionals.

Finally, another significant obstacle that has constrained the potential for psi intervention in LTP situations is the narrow interpretation of causal health. In this context, several critical essays stand

ISSN 2955-8751
Vol. 3 Núm. 1. Enero-junio 2024
http://revistas.urp.edu.pe/index.php/mpp/

out, including those by Bernabó et al. (2017) which compiles writings on causal health in a comprehensive and multidimensional sense, and the book published by the Free Chair for the Right to Legal, Safe and Free Abortion of the Faculty of Psychology of the University of Buenos Aires (2020) titled "The Right to Abortion in "psi" Training. Tensions, Demands and Challenges." These works permit an appreciation of the broad interpretation of the causal "hazard to health" as it influences the scope of the LTP when the physical, mental, and/or social impairment is considered as part of comprehensive health. Furthermore, they are making progress in providing answers to the need to incorporate content on the right to decide about one's own body within the undergraduate training of Psychology and related careers.

The selected background demonstrates that research is focused on ways to intervene in LTP, and that obstacles are located in CABA and the province of Buenos Aires. This explains the need to generate research that recovers regional and other province-specific particularities. The province of San Luis has social, political, and institutional particularities that we are interested in understanding in conjunction with the construction possibilities of the professional approach.

The LTP for Causal Health The concept of comprehensive health and the application of a gender perspective to health approaches.

Both the LTP and the VTP are human rights of women and/or people with the possibility of becoming pregnant. These rights are in line with the autonomy over one's body, the preservation of health and life. It is situated within the context of the right to personal autonomy, privacy, life, education, and information. Additionally, it is aligned with the principles of non-discrimination and equality (Ministry of Health Argentina, 2019).

In order to achieve an adequate approach to causal health, it is essential to maintain positions in accordance with comprehensive notions of health, which are defined in the different protocols for the care of LTP that govern at the national level. At the time of conducting this research, the most recent version was the one published in 2019 by the Ministry of Health of the Nation (Ministerio de Salud Argentina, 2019).

ISSN 2955-8751
Vol. 3 Núm. 1. Enero-junio 2024
http://revistas.urp.edu.pe/index.php/mpp/

The World Health Organization (WHO) (2006) defines health as "a state of complete physical, mental, and social well-being, and not merely the absence of disease or infirmity" (p. 1). This definition is also reflected in the Protocol, which stipulates that the legal grounds for terminating a pregnancy in the case of LTP are contingent upon the existence of a causal risk to health, encompassing physical, mental, and social dimensions (Ministry of Health Argentina, 2019).

As mental health professionals, it is appropriate to consider the complexity and comprehensiveness that the notion of comprehensive health entails when evaluating causal health. Its power lies in considering the different dimensions that make up people's lives and not limiting itself only to the biological level. Furthermore, pregnant women and people are the only ones capable of defining what parameters affect their overall health and require an LTP, as well as their unique emotional configurations. According to Ireizo and Maccorin (2017), LTP for causal health encompasses aspects that are frequently overlooked by health professionals operating within the confines of the hegemonic medical model. By embracing a comprehensive approach to health, it becomes possible to encompass any situation that affects psychosocial well-being, including abortion as a health practice for women or individuals with the capacity to conceive.

Another crucial aspect is the incorporation of a gender and rights-based perspective. This allows for an in-depth analysis of the social relationships between men and women, recognizing that they are asymmetrical and affect women and other identities in unequal ways, leaving them vulnerable and excluded. In this context, the social representation of women is linked to motherhood as a gender stereotype and an obligation, which means that a pregnancy must continue under that gender mandate (Perrotta, 2015). In this manner, abortion is presented as a pivotal moment, as it challenges the woman=mother equation and the notion of sexuality for reproductive purposes (Ireizo and Maccorin, 2017). Consequently, it is crucial to contemplate the influence of gender stereotypes on the right to access healthcare and their infiltration into professional practices, which often has a detrimental impact on individuals requiring an LTP (Serrano Gallardo, 2012).

Conversely, this approach makes evident when professionals modify their conceptions about abortion based on the guarantee of the rights of women and pregnant people (Dosso, 2017). It is crucial to highlight that professionals who conceive LTP in this manner are, concurrently,

ISSN 2955-8751
Vol. 3 Núm. 1. Enero-junio 2024
http://revistas.urp.edu.pe/index.php/mpp/

establishing modes of network organization that permit them to implement these non-hegemonic professional practices in public health services and to sustain each other.

Three significant achievements at the national and provincial levels have been made in the field of access to LTP.

In recent years, various government provisions have been integrated into the national context regarding the guarantee of this right within public health services. In this context, we will discuss three significant milestones in the field of abortion and LTP.

The first was the F.A.L. Ruling, issued by the Supreme Court of Justice of the Nation in 2012. Among other things, this ruling formally recognized the right of every woman pregnant as a result of rape to access an LTP, without the need to require judicial authorization, a police report, or proof of violation by health services. Additionally, he encouraged provincial governments to implement and guarantee the application of hospital protocols for their care, in accordance with the Technical Guide in force at the time (CSJN, 2012). However, the impact of this significant event in the provinces was not uniform.

A second significant achievement was the publication by the Ministry of the Nation of a series of technical guides for the comprehensive care of non-punishable abortions since 2007. These guides were subsequently converted into a protocol for the comprehensive care of persons with the right to the legal interruption of pregnancy (hereinafter the LTP Protocol), which was initiated in 2015. The documents delineate the professional responsibilities and the scope of the causes and good practices. During this period, an important qualitative leap was also recorded in the naming of the practice of legal abortions. This practice was no longer referred to in a way that implied it was not a right to be guaranteed in the field. Instead, it was mentioned in its full legality (De Lellis et al., 2017). The LTP Protocol was “mandatory for application throughout Argentine territory” and had to be applied “by all health institutions, both public and private” (Ministries of Health Argentina, 2010). As the causes and scope of the issue were progressively recognized, it became necessary to organize access to health establishments, goods, and services (Berra and Galli, 2019). At this juncture, the LTP began to be incorporated into the practices to be guaranteed.

ISSN 2955-8751
Vol. 3 Núm. 1. Enero-junio 2024
http://revistas.urp.edu.pe/index.php/mpp/

A third significant development in the advancement of access to LTP in health services was the establishment in 2014 of the *Red de Profesionales de la Salud por el Derecho a Decidir* (hereinafter, the Network of Professionals). Its formation was promoted by the Campaña Nacional por el Derecho al Aborto Legal, Seguro y Gratuito and by feminist organizations such as Socorristas en Red, a group of feminists who perform abortions. These organizations were responsible for accompanying voluntary abortions, primarily pharmacological, and for carrying out liaisons with healthcare professionals. The concept of "friendly" health was introduced.

It is important to note that these significant achievements, which have had a profound impact on regulations, health, and social discourse, were accompanied and promoted by the strength of feminist activism in Argentina. The Campaña Nacional por el Derecho al Aborto Legal, Seguro y Gratuito (hereinafter referred to as the Campaign) is a prominent example of this activism.

The Campaign is a federal articulation space comprising feminists, collectives, and organizations with diverse political orientations and activist practices. These entities originate from sectors that extend beyond the women's and feminist movement. The Campaign was launched on May 28, 2005, and sought to build upon the work of the feminist struggle that had been underway in previous decades. Its initial objectives were the decriminalization, legalization, and social decriminalization of abortions, as well as the incorporation of the issue into the agendas of public health, social justice, democracy, the secularism of the state, and the defense of human rights. This was done with the aim of removing the issue from the shadows and recognizing it as a right (Zurbriggen and Anzorena, 2013). The debates and actions initiated by this articulation also had a notable influence on the expansion of interpretations regarding the causal health of LTP, the formation of professional groups (such as the Network of Professionals) and activists who accompany LTP and abortions in general, and the sanctioning of the The current National Law No. 27,610 on access to the legal and voluntary interruption of pregnancy was enacted at the end of 2020 following the promotion of the movement known as the "Green Tide," in honor of the distinctive color of the campaign.

The national milestones had disparate consequences in the provinces of Argentine territory. In San Luis, the F.A.L. and adherence to the LTP Protocols for their effective implementation in health services were resisted until 2018.

ISSN 2955-8751
Vol. 3 Núm. 1. Enero-junio 2024
http://revistas.urp.edu.pe/index.php/mpp/

In 2012, following the issuance of the F.A.L. Ruling, the provincial legislative branch convened "Public Hearings on Non-Punishable Abortion." These hearings were designed to facilitate the expression of opinions from a diverse range of perspectives, including those informed by science, theology, and various legal interpretations. The objective was to gain insight into the views regarding the procedure to be carried out in cases outlined in Article 86 of the Penal Code (Chamber of Deputies, 2012, August 30). Two draft bills had been presented in the Chamber of Deputies, which were scheduled for discussion following the conclusion of the hearings. One preliminary project indicated that the CSJN ruling must be complied with, while the other supported the defense of the "right to life" from conception, proposed processes with multiple instances of judicialization, and showed special concern about the occurrence of "fabricated cases" of rape and to save "the right of medical professionals to exercise their conscientious objection" (Periodistas en la red, 2012, April 16).

Nevertheless, the hearings may be perceived as a delaying tactic, given that after 14 days and over two months, during which 76 speakers participated, the Chamber of Deputies opted not to discuss any of the preliminary projects or other alternatives, nor to formalize any position on the matter. Consequently, compliance with the F.A.L. ruling in the province was left in a state of ambiguity.

With regard to the LTP Protocol, San Luis remained without clear criteria on the care of LTP in health services for over a decade. A 2015 report on the status of non-punishable abortions in the different provinces revealed that, until that time, San Luis, along with nine other provinces, did not guarantee LTP (Asociación por los Derechos Civiles, 2015).

In 2018, a series of pivotal shifts began to unfold. The ramifications of the inaugural parliamentary debate on the legalisation of abortion proved to be a pivotal moment in the formation of the *Red de Profesionales de la Salud por el Derecho a Decidir* in San Luis, several years after its inception at the national level. This network was established with the objective of advocating for clear public policies. A social media campaign, "#ContásConNosotrxs," served as the impetus for professionals who guarantee rights or intend to do so to recognize each other and begin to meet and strengthen ties with more health professionals, activists, and government authorities with responsibilities pertaining to the issue.

ISSN 2955-8751
Vol. 3 Núm. 1. Enero-junio 2024
http://revistas.urp.edu.pe/index.php/mpp/

In the final months of the year, the governor of San Luis, Alberto Rodríguez Saá (PJ, 2015 to present), ratified the second edition of the Protocol by decree 34/2019, which was approved by the Ministry of Health of the Nation in Resolution 1/2019. This accession encouraged more professionals to guarantee LTP and request resources from the Network on how to do so. This also signified that, commencing in 2019, and in a gradual manner, the interpretation of health causality would become more expansive in accordance with the LTP Protocol, and public health services would become more receptive to these demands.

METHODOLOGY

The methodology employed was qualitative, with a focus on understanding the perspectives, points of view, interpretations, and meanings of those who participate in the phenomena in their natural environment and in relation to their context (Vieytes, 2004; Hernández Sampieri et al., 2014). The study is of an exploratory-descriptive type, given that the actions of psychology professionals in situations of LTP in San Luis were relatively recent at the time of the study and have been a topic that has been scarcely explored in its specificity in this context. Furthermore, the study is retrospective in nature, as it seeks to ascertain the participants' work histories in relation to the topic.

Five semi-structured interviews were conducted during the second half of 2020. The interview questions were designed to elicit information about the professional psychologist's interpretation of causes and rights, their participation in LTP situations, the intervention possibilities presented to them, and the legal changes that have occurred in relation to the right to LTP, specifically in the context of the National Law No. 27,610/2020.

The interviews were conducted for a duration of between 40 and 50 minutes. The interviews were conducted via a virtual platform during the context of the COVID-19 pandemic, with the exception of one interview conducted at the interviewee's discretion. It is important to note that the information obtained from the interviews was collected in a consistent manner, as it was organized by a group of professionals from the same discipline who carry out their work in public health institutions and share the same contextual conditions (Muníz Terra, 2012). With regard to ethical

ISSN 2955-8751
Vol. 3 Núm. 1. Enero-junio 2024
http://revistas.urp.edu.pe/index.php/mpp/

considerations, prior to the commencement of each interview, oral informed consent was obtained, and permission to record was granted. In the transcription of the material, any specific reference that could violate the anonymity and confidentiality agreed upon was omitted.

The sampling was purposeful and proceeded in a snowball manner. It consisted of professionals in psychology who worked in the field of public health in the city of San Luis and who had participated in at least one intervention experience in LTP from their professional role. The subjects were not chosen at random; rather, they were selected intentionally and in accordance with the objectives of the research (Vieytes, 2004). To expand the data on the work trajectories, which provide more information about the interviewees, we note that they are psychologists who graduated from the National University of San Luis (UNSL). They currently carry out their professional work within the public health system of the province of San Luis, with an antiquity of 5 to 17 years within it. They are psychologists from different primary health care centers, distributed in different parts of urban areas. The majority of respondents indicated that their professional careers commenced in the private sector before transitioning to the public health system. Regarding their religious beliefs, some respondents reported receiving a Catholic education, yet at the time of the interviews, they stated that they no longer professed any religion.

An inductive coding of the empirical corpus was carried out based on the stated objectives and research interests, taking into account the construction of emerging categories from the analysis in progress (Vieytes, 2004). First, the raw data were coded and then compared and grouped by categories based on their links, thus advancing a more complete and thorough description of the data (Hernández Sampieri, 2014).

This study concentrated on the “enabling” category, which pertains to the professionals' perception and recognition of the factors that facilitated the establishment of a professional role that guaranteed the right to LTP, which had historically been impeded, when this was the case, in the public service where they were employed.

ISSN 2955-8751
Vol. 3 Núm. 1. Enero-junio 2024
http://revistas.urp.edu.pe/index.php/mpp/

RESULTS

In order to proceed with the analysis of the information, four main dimensions were established: personal training and activist career; provincial adhesion to the LTP Protocol; organization and networking; and specificities of the psychological approach itself, which arise from the coding carried out with the material integrated into the stories of the interviewees.

PERSONAL TRAINING AND ACTIVIST CAREER: "The initial training is derived from the principles of militancy"

The first factor that enabled the intervention in LTP to be conducted in a rights-respecting manner was the type of information and training regarding LTP and unwanted pregnancies/voluntary abortions from a feminist gender perspective that the psychologists had received. However, they recognized that this training was not provided within the academic institution, but that they had to undertake personal searches to obtain it. It is notable that undergraduate training in psychology does not include information or specific training on topics related to abortion and LTP.

> I graduated in 2015 and at that time, the topic was not included as an optional subject. (E5)

Historically, the topic of abortion, both legal for reasons and voluntary, has been one of the great absences in the training of professionals linked to health in Argentina, including psychology. This is despite the fact that it is a health consultation, a key demand from the field of public health and an issue that concerns the human rights of women and other people with the capacity to gestate and abort (De Lellis et al., (Berra, 2016; Cátedra Libre por el Derecho al Aborto Legal, Seguro y Gratuito de la Facultad de Psicología de la Universidad de Buenos Aires, 2020).

In previous tours of the study plans of the different study careers of the nine faculties that make up the National University of San Luis, we have observed that the reasons for this silencing occur in several ways. On the one hand, because in several academic formations, religious, conservative, hegemonic, biological, and paternalistic values are still present, which filter into the contents of the study plans. On the other hand, as a political consequence of the stigmatization processes of

ISSN 2955-8751
Vol. 3 Núm. 1. Enero-junio 2024
http://revistas.urp.edu.pe/index.php/mpp/

abortions as subjective and social experiences (Santarelli and Vuanello, 2023). One of the domains in which abortion stigma has manifested is the institutional-organizational level. This has manifested in the exclusion of abortion from the services offered by health institutions and the removal of abortion from the curricula of universities, which has served to perpetuate the stigmatization of abortion (Kumar et al., 2009; Ramos, 2016).

The continued stigmatization and exclusion of abortion as a health issue has prevented the possibility of considering it as a legitimate medical consultation, instead associating it with the criminal sphere. Consequently, this marginality was also reflected in the undergraduate curricula of various health-related careers, including psychology. In response to what the interviewees perceived as a gap in their undergraduate training, they undertook personal searches that allowed them to enrich their professional role from a feminist gender perspective.

In this context, they recognized the importance of participation in various local feminist groups, some of which were linked to the defense of women's rights and the addressing of gender violence in general, and others which were linked to the right to abortion, such as Socorristas en Red or the *Red de profesionales de la Salud por el Derecho a Decidir*.

> [she participated in] the Shelter House, Women in Search, in the judiciary, in the cooperative as a psychologist with a gender perspective (…) In schools also as a tutor, there she was with the tutoring with what is today Comprehensive Sexual Education. (E1)

> I believe that the first formation comes from what has to do with militancy, first aid, and counterhegemonic things. (E2)

Additionally, they recognized that within the workplace, they had access to training spaces that were promoted by feminist colleagues who worked in public services like them, even before the formation of the Professional Network in San Luis.

> (…) the program where there is a feminist doctor, there has been a lot of training in what has to do with reproductive and non-reproductive sexual health, practically every year they have done some training. (E2)

In this manner, they indicated that their training in matters of gender and the guarantee of rights originated from feminist spaces that they sought and created in order to draw upon experiences and significant information in accordance with their conceptions of rights. This enriched their professional work when intervening in LTP, once women and other individuals with the capacity

ISSN 2955-8751
Vol. 3 Núm. 1. Enero-junio 2024
http://revistas.urp.edu.pe/index.php/mpp/

to conceive began to request it, to the extent that LTP began to be institutionally accessible within health services, which we address in the following point.

PROVINCIAL ADHESION TO THE LTP PROTOCOL: "Start installing the issue, start making it visible" "Before there were no clinics in LTP"

Another crucial factor that facilitated the intervention of professionals and the extension of the LTP guarantee work was the provincial authorities' decision to adhere to clear guidelines on how to comply with national regulatory provisions.

In San Luis, the F.A.L. (CSJN, 2020) was considered by a political leader of the province, who expressed his agreement with complying with it, although informally. This was stated by one of the psychologists with the longest tenure in public health services (seventeen years). Nevertheless, at that time, compliance with the LTP was regarded as an exceptional and extreme occurrence, and its interpretation revealed a range of objectionable positions and erroneous interpretations regarding consent to a sexual relationship.

> The initial LTP case involves a 13-year-old girl. Upon opening her up for surgery, the medical team discovers that she is pregnant. They close her up and contact her parents, informing them of the pregnancy. The girl is then transferred to the Maternity Hospital (Perinatal Health Hospital and obstetric), where the psychologist, who is an objector, and the social worker, who is also an objector, are consulted. The relationship between the girl and the 30-year-old man was consensual. However, the girl was not the initiator of the relationship; rather, she was the object of his advances. The question that this couple of parents must address is whether the head of the Sexual and Reproductive Health Program or the head of the Maternity Service was an objector. If so, the individual in charge of the Sexual and Reproductive Health Program must manage the administrative and managerial issue that resulted in the abortion, which was the first for LTP. (E4)

In this narrative, a critical perspective is presented regarding the approach espoused by conscientious objectors, who recognize that the absence of overt violence suggests the consent of the girl, despite her young age in relation to the man participating in the relationship. Furthermore, she denounces the arduous journey her parents must undertake to make the practice possible, even having to urge the highest authority in health matters for it to occur. In this context, it is possible to question whether this situation constituted an attack on the sexual integrity of the adolescent and could be defined as illegal conduct. It appears that the intervening professionals have

ISSN 2955-8751
Vol. 3 Núm. 1. Enero-junio 2024
http://revistas.urp.edu.pe/index.php/mpp/

subsumed their position to the recognition of an alleged consent, as expressed by the interviewee. One might even posit that the girl's rights were violated on two fronts, a fact that was not reflected in her own account of the matter.

In light of current legislative advances, faced with this situation of violation, the health team must:

> Provide, as a priority, the health care and containment required, which must include complete information and in accessible language of your right to LTP, as well as its immediate realization, without judicialization (MSAL, 2019, p.18).

The interviewee indicates that the procedure in question adheres to the principle of respect for rights. It is also worth noting that, since the end of 2018, the interviewees have indicated that the change in regulations has influenced the possibilities of their interventions. This is illustrated by the following story:

> I believe that the changes have occurred in being able to begin to install the issue, in beginning to make it visible, it seems to me that it was with what happened two years ago with the law that reached the Senate, it seems to me that that set a trigger for the A topic that made it possible to start talking a lot with the teammates. (E2)

In that year, the then governor, by decree 34/2019, adhered to Resolution 1/2019 of the Ministry of Health of the Nation that approved the second edition of the Protocol for Comprehensive Care of LTP. In the context of the first comprehensive legislative and public debate on the legalisation of abortion, formal recognition of the regulations that had existed for many years was achieved. As one of the professionals interviewed noted, this meant changes in their visibility. In this context, publicly exposing a hidden and clandestine practice represented a need to put words and narratives about LTP in the public domain. This involved putting personal beliefs and moralities into debate. From then on, many professionals began to share their work regarding LTP, and began to generate other spaces for attention.

> Prior to this, LTP clinics did not exist; they are only now beginning to take shape. It is evident that there are some clinics that have been established, and at the very least, we are aware of their existence and that they can be derived. This allows us to conclude that the adherence to the protocol has facilitated the construction of these clinics in LTP. This is a significant achievement. (E5)

ISSN 2955-8751
Vol. 3 Núm. 1. Enero-junio 2024
http://revistas.urp.edu.pe/index.php/mpp/

The adaptation of the regulation to the legal and political mandate was not a linear and homogeneous process. It encompassed both devices and people who did not endorse the practice but were required to adapt to it. As reported by one of the psychologists, all the professionals at the Centro de Atención Primaria de la Salud (CAPS) were conscientious objectors, which limited the formation of the office until the province adhered to the Care Protocol.

> Even the director, who is pro-life, acknowledges the necessity of this course of action, given that the CAPS are already demanding it for the formation of ILE or IVE spaces and clinics (E5).

This demonstrates that the incorporation of the LTP into public services was contingent upon political will and its effective and local legal and gradual recognition. This was situated within the broader context of the significant mobilization of the feminist and women's movement for the legalization of abortion in Argentina in 2018.

THE NETWORK OF HEALTH PROFESSIONALS FOR THE RIGHT TO DECIDE IN SAN LUIS: *"we started to network":*

Another enabling factor to begin and sustain LTP interventions for health reasons was support among colleagues from the same institution or from other public health services.

> At first, my colleagues from the Network accompanied me, a doctor from different CAPS, and I accompanied them and they advised me on some things (E1).

The professionals gradually convened to develop strategies for mutual support, ultimately leading to the formation of the Network of Professionals in San Luis in 2018.

The Network was established at the national level in 2014 with the endorsement of the *Campaña Nacional por el Derecho al Aborto Legal, Seguro y Gratuito*, as well as other feminist organizations. Its objective was to articulate and generate alliances with health professionals from the public sector, particularly those in the fields of gynecology, obstetrics, nursing, social work, general medicine, and psychology. It also includes a significant number of general practitioners with training in community health within the framework of primary health care programs. The primary objective of the Network is to guarantee access to LTP for women, girls, and pregnant

ISSN 2955-8751
Vol. 3 Núm. 1. Enero-junio 2024
http://revistas.urp.edu.pe/index.php/mpp/

individuals through medical abortion in health institutions throughout the national territory (Drovetta, 2018).

In San Luis, the Network was established at the end of 2018, concurrently with the initial legislative debate and the social decriminalization effects of the "Green Tide" phenomenon. The Network's formation was not a straightforward or immediate process, but it offered numerous advantages to those who were responsible for implementing LTP, as well as to those who, after joining the Protocol, assumed said responsibility.

> The subject was not openly discussed, and it was only at the congresses and in the various training sessions that we were able to make a brief intervention. We stated that we were from the Red de Profesionales de la Salud por el Derecho a Decidir and began to turn pages so that it could be noted who was more or less in favor. This was a commendable effort. This process was also observed in August 2020. (E1)

Becoming known as part of the Network generates a symbolic effect within health institutions because it influences others with its actions and manifestations. This effect of naturalness is created, creating the impression that there are others like me, and that there is a collective space of professionals that normalizes their work (Drovetta, 2018). Concurrently, it enables the construction of a perspective of shared work, a collective search for strategies and articulations. It also allows for the training and sharing of information from the experience of other professionals who comprise the Network (Red de Equipos de Salud Sexual y Reproductiva del Área Programática del Hospital General de Agudos "Dr. J. M. Penna", 2020).

SPECIFICITIES OF THE PSYCHOLOGICAL APPROACH FROM THE PROMOTION OF RIGHTS AND RESPECT FOR PERSONAL AUTONOMY: "we work with people's subjectivity and that is the richness we can contribute"

One of the most notable aspects of the construction of their role as psychologists is their commitment to acting from the very beginning, from the very conception and recognition of the process of women's autonomy in decision-making. Furthermore, this process enables the understanding that the LTP that is going to be carried out is a right that they are exercising.

ISSN 2955-8751
Vol. 3 Núm. 1. Enero-junio 2024
http://revistas.urp.edu.pe/index.php/mpp/

In this manner, the notions of motherhood as the sole destiny of women or that personal fulfillment is contingent upon the care of another and not of oneself are dismantled, thereby enabling the recognition of this event as a right to choose throughout the course of their life journey. In order to understand the conditions that make this decision possible, it is necessary to consider the material, symbolic, desiring, economic, and subjective conditions that are involved (Pistani and Ceccato, 2014).

The interviewees perceive their participation in enabling choice and autonomy. For these women, the knowledge that they are worthy of a personal decision represents a learning space that extends beyond the situation of involuntary lactation due to health reasons. This is because the link generated empowers the planning of a life project around adequate information and subsequent choice of a contraceptive method, among other aspects.

> We worked hard to ensure that the entire process ended with the choice of the contraceptive method and that there was time to choose and think about which method we were going to use. That everything did not end with the medication, but that they could work one step further and that their choice was also there (E3).

Another factor to consider in the realm of intervention possibilities is that psychological support allows women who access LTP to contemplate and arrange the circumstances surrounding the termination of pregnancy. The interviewees elucidate how they intervene from a position of collaboration in the organization of the scenario for the interruption:

> When we talk to the woman, for example, the issue of who is going to accompany her, I talk about it, who the woman is going to be with at that moment, if she is going to be accompanied by her partner and a little to see the couple's attitude, yes. It is not convenient for him to be with another person (…) Well, this also includes who the children are going to be with, in what place, so it is good to see that this whole situation is as friendly as possible (E3)

> How to prepare the environment, that that day she has the things that she is going to eat, that she has water, if she can be accompanied by a friend, a trusted person. If she has children, let her see how she is going to organize it, if she is going to leave them with someone, it is important to be calm, if she is working she can ask for the day, we have also given them medical certificates (E1)

This possibility is introduced to permit them to assume control over the interruption process, thereby reinforcing the notion of shared responsibility in the process. It is essential that the health team trusts that the procedure will be carried out properly in accordance with the instructions and

ISSN 2955-8751
Vol. 3 Núm. 1. Enero-junio 2024
http://revistas.urp.edu.pe/index.php/mpp/

suggestions provided. Consequently, the woman is permitted to take responsibility for her own body and health in the exercise of her autonomy (Lamas, 2014).

From another perspective, the intervention in LTP constitutes a practice of prevention and health promotion (Lenta et al., 2018). Consequently, these public health services uphold the right of women to freely exercise their sexual and reproductive rights, which are considered legitimate rights of every woman (Ferrara, 2018).

> What you have to work on is what happens through the interstices, what happens to you when you have a method, how you can carry it in your life (...) we began to talk more about the subjective, how you approach your sexuality would be punctually, it would be how you carry out your own sexuality, if you use a method it is exclusively to avoid getting pregnant, but where is the pleasure; go other places. (E2)

In this final vignette, the professional acknowledges that sexual pleasure is an essential component of health, encompassing its various dimensions. These gazes facilitate the creation of a psychological space that prioritizes the subjects' voices. The objective is to empower active listening, reflection, and decision-making in an informed and autonomous manner (Pereyra, 2020).

> It seems to me that since this more comprehensive, more respectful, more conscious vision of individuality is what we can contribute, of knowing and taking into account personal, individual stories, the choice of links, the choices that have been made previously, the relationship situations that the person had, I think we can see all of that and contribute from health. (E3)

> In LTP situations, I believe that yes, that we have a little more prominence because although we cannot act from a medical perspective, we can accompany and support. When I start giving counseling, I say I'm a psychologist, they tell you 'well, you're going to understand me better', you talk to people from an emotional perspective and they relax a little more in telling, because the doctor gives the medication and ready. (E4)

Consequently, the involvement of psychologists provides an opportunity for each individual to be heard, with a focus on the specific challenges and constraints often associated with gender roles and their associated expectations (Perrotta, 2014). This approach also facilitates the creation of spaces for resistance and the development of strategies to overcome these challenges and expectations.

ISSN 2955-8751
Vol. 3 Núm. 1. Enero-junio 2024
http://revistas.urp.edu.pe/index.php/mpp/

CONCLUSIONS

The work of health professionals in public institutions is affected by a multiplicity of factors, with the direction and ways of implementing the various public policies in the various territories acquiring fundamental primacy. In this qualitative research, we have identified the enabling aspects that the psychologists who guaranteed LTP in the province of San Luis recognized as fundamental to their role as guarantors of this right. This right, which is legally extended to voluntary terminations of pregnancies for periods of time, is also fundamental to the work of psychologists in public institutions. These identified enabling aspects do not exhaust the range of potential factors involved. However, their recognition allows us to conclude that professional intervention in psychology in public services in LTP situations does not occur in isolation. The construction of a professional role that respects rights was made possible through collaboration with other professionals, across disciplines, and within a network. At the same time, it was notably enriched by feminism, both in terms of the trajectories of activism and training of professionals and by group feminist initiatives aimed at generating work networks and instituting practices, in a socio-health and legal context that increasingly enabled such interventions.

The network of enabling factors that we were able to reconstruct from the qualitative interviews is complex and warrants further elaboration. The professionals interviewed reported having guaranteed LTP within public health services because they consider it a right and carry a vision of comprehensive health in their practices. Within the construction of its forms of intervention, the recognized enabling factors were linked to feminist training and with a gender perspective in spaces that did not necessarily respond to undergraduate training. Additionally, the construction of new ways of organizing networking with other professionals was essential for the long-term sustainability of the practice, which had been previously excluded from health services. This process was aligned with the progressive implementation of legal and socio-health regulations around the abortions permitted by law, which provided security to the professionals who guaranteed this right. Finally, professionals recognize the specificities and powers of the profession when it is exercised from the promotion of rights and is crossed by training with a gender perspective.

ISSN 2955-8751
Vol. 3 Núm. 1. Enero-junio 2024
http://revistas.urp.edu.pe/index.php/mpp/

In this context, it is of the utmost importance to continue incorporating the gender perspective in the study plans of undergraduate training in Psychology. This will contribute to the training of professionals with a commitment to guaranteeing the human rights of people, especially in the regional context. In order to ensure that this training is not left to the discretion of the individual, it is essential that the topics covered are not determined by personal interest. In this context, since 2019, the *Red de Cátedras de Universidades Públicas Nacionales sobre Educación Sexual Integral y Derecho al Aborto* was established in response to the lack of systematic attention to these topics within the country's universities is a constituent of the Campaña Nacional por el Derecho al Aborto Legal, Seguro y Gratuito (RUDA). Moreover, at the provincial level, within the field of Psychology at the National University of San Luis, and as part of the teaching team for the Legal Psychology subject and the associated elective courses, we have incorporated the LTP problem and, more recently, the professional implications linked to National Law No. 27610/2020 on access to Voluntary Interruption of Pregnancy, as a field of action for Psychology professionals.

Furthermore, it is crucial to emphasise the necessity of promoting reflective processes that tend to legitimise the autonomous decisions of women as subjects of rights. It is also important to continue installing the problem of abortion as a health consultation and as a possibility of accompanying autonomy construction processes in line with National Law No. 27,610/2020. Furthermore, discourses that pathologize and stigmatize abortion practices and the subjectivities involved must be continued to be retraced. It is imperative that the existence of international and national regulations be established in knowledge and practices that are recognized from the initial training paths, with the objective of strengthening a professional role that guarantees respect for the freedom and autonomy of people over their sexual and (non)reproductive health.

ISSN 2955-8751
Vol. 3 Núm. 1. Enero-junio 2024
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