Reasons for using telemedicine medical abortion in Mexico and Chile

With the exception of Cuba, Guyana, Uruguay and, recently, Mexico and Argentina, Latin America has extremely restrictive abortion policies and the prevalence of complications for unsafe abortion remains a major public health problem.[1] In the absence of a favourable legal climate, international organisations such as Women on Web (WoW) offer the possibility of anonymous and private termination of pregnancy with telemedicine counselling and provision.[2]

In 2019, we conducted a mixed methods study of two countries with different legal frameworks; at the time of the study, only Mexico City offered legal abortion services, and in Chile abortion is valid under three circumstances and with the approval of a doctor. Our main motivation for studying these two countries was to explore the similarities and differences in the factors that influence Mexican and Chilean pregnant individuals' decision to have an abortion and request the WoW service. In total, we analysed 435 Mexican and 241 Chilean requests from the WoW closed-ended consultation form, and 14 follow-up surveys that included open-ended questions. On the consultation form, the reasons for terminating a pregnancy were voluntary childlessness, current work or study situation, and being in a precarious economic situation, while social stigma and lack of legal abortion access were the reasons for contacting the telemedical service offered by WoW in both countries. At the follow-up, all Mexican participants stated that in Mexico City the health system does not support abortion and there is a lot of misinformation and stigmatisation surrounding this issue. In the case of Chile, participants stated that the framework of illegality was the main motivation for choosing WoW as this platform facilitates access to a private and safe service. These issues are in line with similar studies done in both countries.[3 4]

We acknowledge that although all the participants gave consent, this was due to their need to access a medical abortion, so they had to agree to the terms of use on the WoW consultation form that included their consent to the anonymised use of their data for research purposes.

Some limitations of this study are that only 14 individuals decided to participate in the follow-up, and while the reasons were unknown this could include sensitivity about the topic of abortion. Furthermore, the WoW consultation forms could have limited and generalised participants' answers, therefore we addressed this issue in the follow-up in which participants could freely express their reasons. Lastly, a large proportion of pregnant individuals did not proceed to access medical abortion pills through WoW, and while the reasons for this were not explored, in Mexico this could be because WoW provided information about local networks that can facilitate medical abortion in Mexico City.

The suggestions emerging from this study lead us to think that access to abortion cannot be understood only in terms of availability of services through public policy and telemedical options. Rather we have to think of abortion access also in connection with a decision-making process that, it seems, cannot be separated from the sociocultural context of each individual seeking an abortion.

Our invitation is to first, in the context of telemedicine, further explore what factors influence individuals who contact WoW to receive the pills and terminate their pregnancy or instead abandon the process. Second, we invite researchers, policymakers and social movements to design research, policies and interventions that do not limit access to abortion to the legal framework, but rather incorporate the social and cultural environments as determinants in the abortion decision-making process and take steps to change the culture of stigma that so many countries report.

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