Feminist movements and the construction of comprehensive care strategies for abortion situations in Brazil

Movimentos feministas e a construção de estratégias de cuidado integral a situações de aborto no Brasil

Movimientos feministas y construcción de estrategias de atención integral a las situaciones de aborto en Brasil

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Abstract

This article analyzes the trajectories and strategies developed by Brazilian feminist collectives, *Grupo Curumim*, *Humaniza Coletivo Feminista*, and *Projeto Vivas*, to ensure comprehensive care in abortion-related situations and to overcome the institutional challenges of the Unified Health System (SUS). It aims to engage in dialogue with these collectives to understand what possible futures can be built to guarantee autonomy and access, through advocacy and harm reduction actions in a context marked by criminalization and stigmatization. The reflection was developed through virtual conversation circles with representatives of the collectives, emphasizing listening, dialogue, and the collective construction of knowledge, in alignment with feminist and decolonial perspectives. The findings highlight practices grounded in welcoming care, information, coordination with health services, and political mobilization, which emerge as feminist and social technologies of comprehensive care. The experiences analyzed reveal both tensions and connections with health services, particularly with Primary Health Care (PHC), whose absence is often noted in care pathways. The study concludes that these collectives broaden the repertoire of abortion care in Brazil and contribute to the formulation of public policies rooted in reproductive justice, autonomy, and dignity.

Keywords: Legal Abortion; Feminism; Reproductive Justice; Comprehensive Health Care; Social Movements.

Resumo

O artigo analisa as trajetórias e estratégias construídas pelos coletivos feministas brasileiros Grupo Curumim, Humaniza Coletivo Feminista e Projeto Vivas para garantir o cuidado integral às situações de aborto e *travessar* os desafios institucionais do Sistema Único de Saúde (SUS). Objetiva dialogar com esses coletivos para compreender quais caminhos possíveis podem ser construídos para garantir autonomia e acesso a serviços e direitos, através de ações de *advocacy* e redução de danos em contextos marcados pela criminalização e pelo estigma. A reflexão foi construída a partir de rodas de conversa virtuais com representantes dos coletivos, priorizando a escuta, o diálogo e a construção coletiva do conhecimento, em consonância com perspectivas feministas e decoloniais. Os resultados evidenciam práticas centradas no acolhimento, na informação, na articulação com serviços de saúde e na mobilização política, configurando-se como tecnologias sociais e feministas de cuidado integral. As experiências analisadas revelam tensões e articulações com os serviços de saúde, especialmente com a Atenção Primária à Saúde (APS), cuja ausência é notada nos itinerários de cuidado. Conclui-se que os coletivos ampliam o repertório de cuidado ao aborto no Brasil e contribuem para a formulação de políticas públicas baseadas na justiça reprodutiva, na autonomia e na dignidade.

Palavras-chave: Aborto Legal; Feminismos; Justiça Reprodutiva; Cuidado Integral; Movimentos Sociais.

Resumen

El artículo analiza las trayectorias y estrategias desarrolladas por colectivos feministas brasileños, *Grupo Curumim*, *Humaniza Coletivo Feminista* y *Projeto Vivas*, para garantizar la atención integral en situaciones relacionadas con el aborto y *travessar* los desafíos institucionales del Sistema Único de Salud (SUS). Tiene como objetivo dialogar con estos colectivos para comprender qué futuros posibles pueden construirse con el fin de promover la autonomía y acceso a través de acciones de *advocacy* y reducción de daños en contextos marcados por la criminalización y el estigma. La reflexión se elaboró a partir de círculos de conversación virtuales con representantes de los colectivos, priorizando la escucha, el diálogo y la construcción colectiva del conocimiento, en consonancia con perspectivas feministas y decoloniales. Los resultados evidencian prácticas centradas en el acogimiento, la información, la articulación con los servicios de salud y la movilización política, configurándose como tecnologías sociales y feministas de cuidado integral. Las experiencias analizadas revelan tensiones y articulaciones con los servicios de salud, especialmente con la Atención Primaria de Salud (APS), cuya ausencia se percibe en los itinerarios de cuidado. Se concluye que los colectivos amplían el repertorio de atención del aborto en Brasil y contribuyen a la formulación de políticas públicas fundamentadas en la justicia reproductiva, la autonomía y la dignidad.

Keywords: Aborto Legal; Feminismos; Justicia Reproductiva; Atención Integral De Salud; Movimientos Sociales.

Introduction

Abortion is a common event in the lives of women and people of other gender identities[1] who experience pregnancy. However, within the Unified Health System (SUS), comprehensive care pathways have not yet been established to meet the needs and specificities of people who undergo abortion. In light of this gap, this article investigates strategies implemented by Brazilian feminist organizations to develop care and support practices related to access to legal abortion and harm reduction measures for unsafe abortion.

The criminalization and stigma surrounding abortion pose significant obstacles to comprehensive care and are aggravated by structural inequalities, affecting the conditions of care in several situations and disproportionately affecting Black, Indigenous, migrant, and socioeconomically vulnerable populations (Menezes; Aquino, 2009). According to Adesse et al. (2016), abortion stigma is an imaginary concept that links women who have abortions to attributes and characteristics that make them inferior to others, especially other women, producing devaluation and social contempt. Manifested in multiple forms of violence and negative conceptions, stigma thus influences the care these women receive in health services. The perception of stigma can prevent women from seeking assistance in an abortion situation and delay access to healthcare. Stigma even impacts academic production and studies on the topic, creating a social taboo that renders abortion invisible as a public health problem, hindering the formulation of specific public policies (Adesse et al., 2016).

Approximately 73 million abortions are performed annually worldwide. Due to stigma and criminalization, many are performed in unsafe conditions, representing a severe Public Health problem (WHO, 2022). Complications resulting from unsafe abortion are among the leading causes of maternal mortality in several countries, ranking fourth in Brazil (Leal et al., 2022).

The high prevalence of abortion is directly related to reproductive intentions. Each year, 48% of pregnancies worldwide are unplanned (WHO, 2022). In Latin America, six in ten unplanned pregnancies resulted in induced abortion between 2015 and 2019 (Bearak; Popinchalk, 2020), posing further health risks, given that three in four induced abortions were performed in unsafe conditions in the region (Guttmacher Institute, 2018). During this period, only Uruguay, Cuba, and Guyana had access to legal abortion, largely decriminalized. Since then, the right has been guaranteed in Argentina (2020), Colombia (2022), and Mexico (2023), while four countries maintain the criminalization of the practice in any situation (El Salvador, Honduras, Nicaragua, and the Dominican Republic)[2].

In other countries, legal abortion is limited to restricted permissive provisions, as in Brazil, which include pregnancies resulting from sexual violence, including pregnancies of girls under 14, pregnancies with anencephalic fetuses, and risk to the life of the pregnant woman. These diverse legal frameworks have different challenges depending on the context: Public Health impacts, female mortality, and legal and legislative conflicts in countries with restrictive contexts; inequalities in access and institutional violence, even in countries with legalized abortion rights (Galli, 2020).

Faced with the region's challenges, feminist movements, sexual and reproductive rights movements, and other organized groups have played an important role in the fight for the legalization and expansion of access to abortion, challenging concepts such as consent, child protection, sexual violence, and autonomy (Bellucci, 2014; Zibecchi, 2020). The establishment of national and transnational advocacy alliances and networks has been a key component in advancing more permissive abortion legislation in Latin America (Defago; Cánaves, 2021; Sanchez, 2023). These coalitions use legal and social strategies to shape the interpretations of judges and policymakers, as well as to transform sociocultural perceptions about abortion and women's human rights (*op. cit.*). The

1 At several points in the text, people undergoing abortion are referred to as women because, in general, the cases narrated by activists in the discussion groups that gave rise to this analysis involved cis women. However, we consider it important to remember that transmasculine, nonbinary, and other gender identities can become pregnant and, therefore, also require abortion-related care.

2 Monitoring by the Centre for Reproductive Rights, verified in February 2025. Available from: https://reproductiverights.org/maps/worlds-abortion-laws/.

literature has also documented the combination of this public action with the mobilization of care and harm reduction strategies in abortion situations, implemented by several feminist organizations (Souza, 2021).

This movement in defense of abortion rights takes place in a context permeated by tensions in the face of the advance of anti-gender offensives throughout the region. Total opposition to abortion has been identified as the central connecting element between long-standing Catholic political infrastructures and more recent formations, especially since 2010, of heterogeneous ultraconservative groups that have been fostering anti-gender policies in Latin America and Brazil (Corrêa; Parker, 2021; Louzada; Brito, 2022). In Brazil, expressions of this offensive include the expansion of restrictive abortion legislation, the increased persecution of girls and women who have abortions, and the rise of Bolsonarism (*op. cit.*).

This article was developed based on the challenging Brazilian situation and the recognition of the active collaboration of feminist movements in developing comprehensive care practices for people who have abortions. We selected groups that collaborated on the research project "*Comprehensive Care for Abortion Situations in Primary Health Care (PHC) in the Unified Health System (SUS)*" (our free translation from Portuguese), coordinated by the Fernandes Figueira National Institute of Child, Women, and Adolescent Health of the Oswaldo Cruz Foundation (IFF/Fiocruz), and the Anna Nery School of Nursing of the Federal University of Rio de Janeiro (EEAN/UFRJ).

Representatives from the coordination of the organizations *Humaniza Coletivo Feminista*, *Grupo Curumim*, and *Projeto Vivas* were invited to participate in two virtual conversation circles (Moura; Lima, 2013), so that, together with researchers involved in the study, they could understand the different action strategies and jointly develop guidelines to guarantee full access. The conversation circle was chosen as a methodological device because it promotes the shared construction of knowledge, allowing the creation of spaces for listening and dialogue where participants share experiences, express challenges, and, together, build possible futures (Hooks, 2013). This approach presupposes the recognition of feminist movements and women as epistemic subjects and leading figures of their knowledge and practices, aligned with feminist and decolonial methodologies (Lugones, 2008). The conversation circles were held between December 2024 and February 2025. They were guided by triggering questions previously shared with the participants and divided into two areas: "*Locating experiences in care for abortion situations*" and "*Stating lines of care for people in abortion situations*".

The meetings were recorded and transcribed with the participants' consent, allowing for collaborative text structuring. In this article, we analyzed exclusively the first area, as we understand that the groups' experiences and strategies evoke fundamental reflections for understanding how comprehensive care for abortion situations has been constructed, strained, and often denied, directly impacting the lives of girls, women, and pregnant women in Brazil. Sharing these experiences also reveals how the movements construct practices that challenge the boundaries imposed by the state and open paths for the emergence of "other worlds" through practices of resistance, acceptance, and care (Lugones, 1987).

We aim to present action strategies of these groups in the search for sexual and reproductive rights in situations related to abortion and the challenges of the groups' relationship with health services, especially in PHC, besides discussing these trajectories from the perspectives of reproductive justice, harm reduction, and comprehensive health care.

Social movements and trajectories on the reproductive justice agenda

The crucial role that feminist movements, international human rights organizations, and health groups have played in the fight for reproductive rights and safe access to abortion is reflected in several campaigns in Latin America: *Criança não é mãe*, *Las 17, Vivas Nos Queremos, Marea Verde* (Sanchez, 2023).

In this context, the three experiences whose work is the focus of this article emerge. In the 1990s, with a history of participating in public policy discussions on childbirth, activists from the Grupo

Curumim took the issue of abortion care "to a place where no one dared to touch", in the words of one of their coordinators. When developing the Traditional Midwife's Book, released in partnership with the Ministry of Health in 2000, the group included a page on situations related to abortion. A single page, "complicated to include", but which served as a basis for exploring the topic in face-to-face meetings with midwives, and, in subsequent revisions, its content was expanded and deepened.

Back in 2004, the Grupo Curumim accompanied Severina Maria Leôncio Ferreira, a farmer from rural Pernambuco, on a journey marked by reproductive injustices. Pregnant with an anencephalic fetus, she was admitted to a Recife hospital for termination of her pregnancy when Supreme Court justices overturned the injunction authorizing the procedure, beginning a three-month pilgrimage until she obtained final judicial authorization (*Uma história Severina*, 2005). Severina's story inspired the development of Fundamental Precept Noncompliance Claim (ADPF) 54, ruled on in 2012 by the Supreme Court, which decriminalized the termination of pregnancies of anencephalic fetuses.

Five years later, in 2017, the first State Committee to Combat Obstetric Violence was created in the country, in Amazonas, through the mobilization of women organized as the *Humaniza* Group (Correa, 2022). Reports of mistreatment and violence endured during pregnancy and childbirth led to the signing of an interagency Technical Cooperation Agreement, which established the committee under the coordination of the Federal Public Prosecutor's Office. Civil society participation in the initiative was handled by *Humaniza*, which had just been formed and would later work to classify the denial of access to legal abortion as obstetric violence.

Based on this experience, the group began to "hack spaces", seeking opportunities for advocacy in social control to promote sexual and reproductive rights in the fields of Health and human rights. Thus, the group also participates in other committees, councils, and forums, including the Torture Prevention Committee, where they hope to address the issue of abortion from the perspective that forced pregnancy is torture.

It should not be surprising that feminist movements originating in the struggle for dignity in childbirth and birth are involved in the agenda for the decriminalization of abortion. On the contrary, the possibility of connecting both agendas is at the heart of the development of the notion of reproductive justice. Developed by Black American feminists, reproductive justice advocates: "*The right to be childless using safe contraception, abortion, or abstinence; the right to have children under the conditions of our choosing; and the right to raise the children we have in safe and healthy environments*" (Ross, 2017).

In 2017, a lawsuit filed by the Anis Institute of Bioethics and the Socialism and Liberty Party (PSOL) brought to the Supreme Federal Court the story of Rebeca Mendes, a law student and São Paulo resident, requesting a preliminary injunction to terminate her unwanted pregnancy. The Supreme Federal Court denied the request, but the mobilization surrounding the lawsuit marked Rebeca's life and is at the root of the movements that led her to create the Projeto Vivas three years later. After gaining access to the right to abortion in Colombia, a country that was one of the most legally permissive at the time, she began to be sought out by many women who needed support to have an abortion, motivating the development of the initiative: "*Initially, the idea was to help other women access legal abortion in Colombia and Argentina, but I began to understand that it is not just about getting an abortion in another country: there is a barrier that prevents women here*" (Barrense, 2023).

More recently, in the context of legislative disputes surrounding abortion rights in the country, the three groups were involved in the national and regional organization of the "*Criança não é mãe*" ("A child is not a mother") campaign, which mobilized thousands of people to speak out against Bill N°1904/2024, which sought to equate abortion performed after 22 weeks of pregnancy with the crime of homicide. The mobilization focused on highlighting that among those primarily affected by the bill were girls up to 14 who were abused, given the difficulty in identifying pregnancy early in these situations.[3]

3 More information on: https://criancanaoemae.org.br/.

The origin and history of formation position the three organizations at different starting points of processes that constitute, however, many meetings in the field of public policy activism and advocacy for the decriminalization of abortion in the country. Their work in the field of sexual and reproductive rights, and more specifically in defense of the right to legal abortion, brings activists closer together and, in some cases, places them in collaboration, including providing support to people with unwanted pregnancies and the provision of care in abortion situations. It is the discussion about this work, its interconnections, and its relationship with SUS health services, built on the dialogue between these stakeholders and movements that we conduct below, not without first introducing each of the organizations in more detail.

Movements in circle to guarantee women's autonomy

The **Grupo Curumim** is a feminist and anti-racist organization founded in Recife, with 35 years of experience in women's health. It dates back to the 1980s, a period of political and social turmoil during the Brazilian political liberalization. With the return of exiled women bringing their experiences and discussions about comprehensive health care, groups like *SOS Corpo*, which promoted self-management of health, grew, and organizations emerged.

The Grupo Curumim emerged in this context, playing an active role in developing and monitoring public sexual and reproductive health policies. It closely monitored the implementation of the Unified Health System (SUS) in Recife and participated in maternal death committees at several levels and in conferences, including the Eighth National Health Conference and the Cairo and Beijing Conferences. The Group subsequently began to address the issue of abortion rights and abortion care in its several forums, such as national, state, and municipal maternal death study and prevention committees.

Its main areas of activity include training health and education professionals, working with traditional and Indigenous midwives, adolescents and young people, providing popular education on sexual and reproductive rights, and providing direct support to women through the Vera channel[4]. This messaging hotline uses its continually updated protocols and offers reliable information on contraception, pregnancy, and abortion, focusing on supporting women experiencing violence. It is included in the Safe Women platform created by the United Nations Population Fund (UNFPA).

The Grupo Curumim team is multidisciplinary and composed of trans and cis women and men, with varying sexual orientations (heterosexual, lesbian, among others), from different areas, such as Nursing, Pedagogy, Social Sciences, Education, and Law. Its composition may differ according to the projects in progress, with the entry of interns, researchers, and volunteers.

It adopts an anti-racist and intersectional feminist approach, based on coherence between its internal practice and the political principles it advocates externally. It prioritizes collective development, ethical care, and the empowerment of women and others who access its services. This perspective is also reflected in how the group works with youth, traditional midwives, and healthcare professionals, always respecting diverse cultural contexts and territories.

Created in 2015 in the state of Amazonas, the *Humaniza Coletivo Feminista* was born from a group mobilized to work for the Humanization of Childbirth and Birth and in the fight against Obstetric Violence, and was formalized as an association in 2018. Since its foundation, it has worked to combat obstetric violence and in the promotion of sexual and reproductive rights, emphasizing its work on the aforementioned State Committee to Combat Obstetric Violence.

The group organizes its activities around four main areas: education, with training for health professionals and discussion groups with women and communities; advocacy, with participation in social control councils and drafting bills; legal advice, acting as *amicus curiae* in lawsuits to guarantee access to legal abortion, providing direct support to women, and in cases of obstetric violence; and politics, with public mobilizations, demonstrations,

4 Linha Vera - Reproductive Rights of the Mulher Segura Platform. Access on: https://mulhersegura.org/preciso-de-ajuda/linha-vera-direitos-sexuais-e-reprodutivos

classes, and training for the decriminalization of abortion, and participation in political parties. Its strategies involve individualized support, collaboration with public defenders, the production of digital content, and participation in institutional networks and social movements.

The group comprises cisgender women, mostly lesbian and bisexual, with diverse professional backgrounds. Their feminist perspective is intersectional, with special attention to gender, racial, and territorial inequalities. Humaniza's work stands out for building safe networks and political and institutional engagement in defense of women's reproductive autonomy.

The **Projeto Vivas** history is a blend of several stories. It began in 2017, based on the personal experience of its founder, and was formalized in 2020, as already described. Since then, Vivas has established itself as an initiative that provides support, guidance, and referrals for women undergoing abortion – both in cases covered by Brazilian law and in situations not covered by the law, through international support networks that operate in more favorable legal contexts.

Through social media, the project has established itself as a recognized initiative. It mainly focuses on daily support, guidance, and referrals for people seeking abortions. The organization also conducts political advocacy and uses the media to denounce cases of rights violations in public health services. With a diverse team, made up mainly of Black and suburban women, some of whom have already been served by the project itself, Vivas has a trans-inclusive, anti-paternalistic feminist perspective, guided by the principle of women's autonomy and the strengthening of their decision-making capacity, promoting access to information and care as fundamental rights.

Strategies for tailoring comprehensive care in abortion situations

Shorten legal paths, reduce the harm of criminalization

Contact with the three organizations is conducted through direct communication channels. Vivas uses Instagram chat and WhatsApp, Humaniza uses Instagram, WhatsApp, and Facebook, while the Recife group focuses its conversations on the Vera line, via messaging apps. People in several situations reach out to these channels seeking information, including the cases of interest to this discussion: girls, women, and people of other gender identities with unwanted pregnancies, whether or not they are experiencing situations eligible for legal abortion.

Vera's support staff follow a protocol divided into four hypothetical situations: i) "*I don't want to get pregnant*", which provides information on contraception and updated access methods; ii) "*I want to get pregnant, but I can't*", which provides guidance on healthcare, assisted reproduction, and other parenting options; iii) "*I'm pregnant and want to have the baby*"[5], which includes guidance on prenatal care, rights, and referrals to services; and iv) "*I'm pregnant and don't want to have the baby*". In the latter case, an unwanted pregnancy, the protocol includes a welcoming approach with nonjudgmental listening and dialogue that helps identify, where applicable, situations that qualify for the right to abortion in the cases provided for by law. In cases where situations qualifying for legal abortion are recognized, the individual is informed about their rights, referral services, and access options. The experience receives cases from several parts of Brazil, which made it necessary to analyze the different situations within each territorial context to determine when it is appropriate to access a service directly or whether it is necessary to contact, for example, the Public Defender's Office to guarantee the right. Providing reliable and up-to-date information and shortening the path for women seeking the right to legal abortion has been the focus of the work.

When the case is not covered by law, but there is an expression of intention to abort by one's own means, the protocol begins to guide harm reduction recommendations, focusing on data made publicly available by the World Health Organization (WHO), which informs about more or less safe abortion methods and the importance of women knowing their rights, even when they find themselves in situations of embarrassment in accessing them. Harm reduction aims to reduce the risk of

5 Developed in 2017, the protocol also focused on guiding pregnant women about the Zika virus epidemic.

morbimortality from unsafe abortions in contexts of criminalization and stigma associated with the practice and is anchored in principles such as the right to information; evidence-based guidelines; bioethical principles such as confidentiality, dignified, respectful, and judgment-free care; and the right to health and sexual and reproductive rights (Erdman, 2011). The literature has documented harm reduction experiences implemented in Latin America by health professionals and so-called autonomous feminist abortion monitoring and first aid networks. Also supported by the political and material opportunity created by the discovery of the efficacy and safety of medical abortion with misoprostol performed with appropriate protocols, these experiences have helped reduce deaths and complications from abortion, even in contexts where the practice is criminalized (Souza, 2021).

The harm reduction perspective also guides the work of the Projeto Vivas team, whose channels were initially developed to build bridges between women who did not fit within the permissive legal framework in Brazil and organizations in Colombia and Argentina. These countries legalized the procedure in 2022 and 2021, respectively. With the outbreak of the COVID-19 pandemic, which made international travel impossible, and the Bolsonaro administration's measures to hinder access to legal abortion services during this period (Resende; Maia, 2022), the project decided to act to ensure access to legal abortion in Brazil as well.

In addition to providing information and referrals, the Vivas team seeks to support users of legal abortion services in establishing a support network, offering companionship when possible and helping to equip companions on rights and conduct based on the knowledge accumulated through the group's experience.

Networks, mapping, and "noise" to address institutionalized harms

Another strategy common to the three feminist experiences involves dialogue with health professionals and the creation of links with legal abortion service teams, public defenders' offices, and other institutions, aiming to form networks for the circulation of information and support among users, referral services, judicial bodies, and social movements. In Humaniza's experience, this dialogue is fundamental to the sensitive relationship established with services, which sometimes positions the collective in an antagonistic position with health structures, and sometimes in an allied position. In legal abortion situations, for example, some services have closer ties, allowing users to contact healthcare professionals with closer ties "at any time". This collaboration with these teams helps them choose the best times to seek care, with the assurance that the user's rights will be respected.

In contrast, we have the strategy of identifying conscientious objector teams and services that provide discriminatory care or seek to obstruct the right to legal abortion. By mapping professionals and facilities that are "not nice", in the words of the Vivas activist, this action seeks to enable people who need legal abortion to avoid institutional violence in their care journeys.

In addition to mapping, other actions to deflect or address cases of obstruction of abortion rights include public complaints and the involvement of oversight bodies such as the Public Prosecutor's Office. This tactic can be called "making noise", a breaking of the silence often necessary to constrain rights violations in health services. Recognizing, therefore, that the State and its health services also cause harm to women during their abortion journeys, we argue for understanding these strategies as *harm reduction technologies for institutionalized damage*. We therefore propose expanding the concept commonly used for unsafe abortions in criminalization and clandestinity contexts (Erdman, 2011) to also encompass the reduction of harm to which a pregnant person undergoing an abortion may be exposed, precisely when accessing a formal health service. Between tensions and alliances, the fact is that flows are established between assistance organizations and groups, including for the referral of cases.

"An arm of the service"

Pregnant women who struggle to access legal abortion services often come to the Amazonas group after being referred by the services themselves, for example, when the team understands that the

patient's gestation is already too late for termination. This situation creates a feeling among activists that the group is seen as "an arm of the service" or as if the resolution falls under their institutional responsibility, a kind of regulation relegated to an organization outside the SUS healthcare network.

There is no gestational age limit for legal abortion in Brazilian law or in the WHO's international recommendations. However, recently, the Federal Council of Medicine (CFM) attempted to prohibit the medical practice of fetal asystole, a technical procedure used in the termination of pregnancies over 22 weeks due to rape or another classification for legal abortion (Brazil, 2024a). Despite being disallowed by the Supreme Federal Court (*op. cit.*), the maneuver succeeded in increasing confusion on the issue, and some locations maintain the limit. This fact creates the need for judicialization of abortion rights in some cases. In situations supported by the group, women have access to legal assistance and support, whether remote or in person, from decision-making to the procedure, even if it must be performed in another state.

The Vivas team has also recorded referrals via reference services, Public Defender's Offices, and other organizations, especially in situations of increased vulnerability, of cases lasting more than twenty weeks, showing that the ability to address these situations has become a challenge for the formal assistance network.

"She didn't even know she had suffered violence."

Another challenge posed to legal abortion care and addressed within the groups' strategies is recognizing sexual violence situations. Sometimes people in violence situations who have not yet been able to name the situation as such, nor recognize that, therefore, they have the right to legal abortion, come to the Grupo Curumim's Vera channel. It is active listening and dialogue that "improves the experience" and helps diversify the range of support.

In Manaus, a notable case occurred in which a pregnant woman had to be informed that the court order she had won (because she was past 21 weeks and would need to travel to another state) had been suspended. This was because, in addition to the legal setback, the woman had just arrived from the inland region, still dazed, and without time to elaborate on the violence she had suffered. Suspicion about the rape only arose when she told activists about having been drugged. This case required several in-person meetings and extensive follow-up discussions.

In Vivas' experience, it is crucial to explain all options and rights and reinforce women's decision-making power in cases where they have been victims of sexual violence, precisely because this decision-making power was taken away from them at the time of the violence. However, it is not just the victim's recognition of the violence that faces sensitivities and challenges in the process, as the project has already identified some services that, for example, do not consider the removal of a condom during sexual intercourse as sexual violence. The practice, also known as stealthing, falls under the crime of "sexual violence through fraud", defined in Article 215 of the Penal Code (Ferrari; Nogueira; Nascimento, 2025). This is another example that corroborates the importance of mapping services with good and bad practices to protect users from further harm and violence.

Primary Health Care: between potency, absence, and risk in the itinerary

In reflecting on this intricate relationship between group strategies and health services, our discussion groups unanimously recognized the fundamental role that PHC could play in the care pathway for abortion situations. However, practical experience thus far has revealed a profound gap in this care level compared to care for legal abortions, for example. In Manaus, Humaniza feels that PHC is not even part of the abortion care network, given its complete absence from the pathways of the cases it monitors.

In Recife, in 2014, *Grupo Curumim* representatives held workshops with PHC teams on the protocol developed by the Ministry of Health for rapid pregnancy testing. When addressing the issue of these teams' handling of legal abortion cases, a topic included in the guide, the activists were

surprised by the professionals' denial of this type of case. They responded, "*No, no, it doesn't happen here. No, no, we don't handle that*", as if this were a topic unrelated to primary care. Moreover, this could not be further from the truth. Unplanned pregnancies and those resulting from sexual violence are prevalent situations and, therefore, relevant to consider in PHC (Giugliani et al., 2019). According to the national survey *Nascer no Brasil* ("Born in Brazil"), 55% of pregnancies that reach term in Brazil were unplanned, consequently indicating a high incidence of unwanted pregnancies (Leal; Gama, 2019). Furthermore, in 2022, the Brazilian Public Security Forum (2023) estimated that 822,000 cases of sexual violence and approximately 49,000 pregnancies resulted from rape in Brazil. To compare and measure the problem, in the same year, only 2,343 legal abortions were performed in the country according to DataSUS data (Brazil, 2024b).

Cases brought to the attention of *Projeto Vivas* highlight the practices of some primary care professionals in situations related to abortion in an even more dramatic light. One example was the case of a woman who was raped after leaving work and, a few days later, sought out a PHC Unit (UBS) to learn about care and prophylaxis medications. Fearful of having her situation exposed among acquaintances, she sought out a different unit than her reference. At this other unit, prophylaxis was denied, and the social worker advised her to wait 15 days. Upon returning, she tested positive for pregnancy and told the social worker about the violence she suffered. The social worker denied the existence of legal abortion in this situation and told the patient something like: "*So, you're going to get pregnant, give birth, and raise them with your other two daughters. In no time, you'll develop love.*" This case finally reached the project team when the pregnant woman was 17 weeks along. Although she accessed legal abortion services with the support she received, she suffered complications that could have been avoided with more timely care. In addition to this situation, the team has records of confidentiality breaches by UBS professionals and even insistence by professionals at a referral unit in the user's territory to question her about legal abortion.

These stories should be outrageous in themselves and create an even more tragic feeling when we reflect on PHC's decisive potential role in coordinating comprehensive, receptive, and timely care for women in these situations. PHC essential attributes, such as first-contact access, territoriality, longitudinality, comprehensiveness, and care coordination, make it strategic for addressing gaps in the territorial distribution of care for legal abortion cases and harm reduction policies for unsafe abortions in cases of unwanted pregnancies (Maia, 2021; Giugliani et al., 2019). Aligned with this approach, in its most recent review of guidelines for abortion care, the WHO recommends providing the procedure at primary care levels as a measure of equity in access (WHO, 2022).

However, the cases that inform our pessimistic assessment reach the collective channels precisely because of the challenges faced by these services. Therefore, it is vital to conduct studies that involve professionals and users of these services to gain a deeper understanding and, perhaps, identify good comprehensive care practices already in place, even in the absence of public policies and protocols that guide this direction.

Future challenges and the transition towards a comprehensive and feminist care policy

When analyzing the participation of social movements in the creation of public policies, Abers, Silva, and Tatagiba (2018) suggest that the actions of movements need to be viewed as inscribed and participatory in "relationships of interdependence with various stakeholders and institutions with whom they interact routinely", which form what the authors call relational structures. In the case of our experiences reported here, we understand that such relational structures move between complementarities, tensions, and movements that establish renewed strategies and technologies of care. Thus, whether by shortening existing and planned pathways for legal abortion care, by assuming the leading role in evidence-based harm reduction initiatives for unsafe abortion, or by developing mechanisms to mitigate other harms,

these institutionalized in formal health services, we believe that the three experiences produce effects that impact current abortion care practices in the SUS while also encouraging the expansion of the repertoire and coordination of these practices.

This endeavor is conducted from intersectional feminist perspectives committed to reproductive justice and the promotion of autonomy for women and people who can conceive and points the way to the establishment of public policies for comprehensive care *right from the bottom* (Bellucci, 2014). Comprehensive because it focuses on the needs of people in abortion situations, capable of producing care itineraries, coordinated by engaging different stakeholders, services, and sectors, from health to justice. In this sense, the strategies put pressure on the fragmented model, territorially insufficient, medicalized, and lacking in training, information, and network coordination. They do so from the relationship with the model itself, producing a crossing between distinct worlds, that of absence caused by current legislation and insufficient access to services for the world of reproductive justice and care, built in the territories and networks through everyday resistance to the coloniality of power, knowledge and being, constituting itself as a practice of liberation deeply rooted in the lived and collective experience of women (Lugones, 1987).

This crossing, as Lugones (1987) states, is an ethical, political, and epistemological practice that requires creativity and a loving perception capable of recognizing the other as a subject in their own reality, granting them autonomy to decide. In this sense, by activating solidarity networks and care strategies and mobilizing situated knowledge, questioning the norm in the name of a dignified life, these movements cultivate possible futures, understanding reproductive justice not as an illusion, but as an active practice of building a world where abortion is cared for, listening is radical, and women's decisions are respected as a right (Hooks, 2013).

Final considerations

The fight for the legalization of abortion is a complex process involving sociocultural, religious, legal, and political debates. In this context, feminist movements are crucial in defending sexual and reproductive rights, autonomy, and the guarantee of comprehensive care. International experiences such as those of Uruguay and Argentina show that, although challenges remain, change is possible when there is collective action, scientific support, and political commitment. In Latin America, the regional articulation of social movements remains fundamental to expanding reproductive rights and social justice, especially in the context of anti-gender attacks.

The strategies presented by *Grupo Curumim*, *Humaniza Coletivo Feminista*, and *Projeto Vivas* highlight the centrality of feminist movements, sexual and reproductive rights, civil society entities, and social control in the construction of comprehensive care practices for abortion situations, especially in contexts marked by criminalization, stigma, and the lack of adequate public policies, as is the case in Brazil. Operating in contexts marked by institutional gaps, access barriers, and diverse vulnerabilities, collectives have developed practices that not only reduce harm and expand access to information but also produce social care technologies anchored in ethical and political principles of reproductive justice, autonomy, and comfortable support.

Although they take different approaches, all organizations recognize that the Brazilian state systematically fails to ensure access to legal abortion and develop strategies to fill and challenge these gaps ethically and in solidarity. Among these strategies, political advocacy stands out, connecting direct care for women with the fight for structural changes in public policies, navigating state institutions, community networks, and legal boundaries.

Among the many aspects discussed, we underscore the dialogue established between these groups and health services, especially PHC, on care pathways. The discussion groups unanimously revealed the movements' perception that PHC could occupy a strategic role in abortion care, both for its potential for receptiveness and qualified listening and its ability to coordinate comprehensive care pathways and support across

the region. However, in the movements' experience, services and professionals at this care level are often absent or unprepared to address situations related to legal abortion, sexual violence, and harm reduction in cases of unwanted pregnancies. This gap compromises comprehensive care and reinforces the urgent need for public standards and policies that guide PHC activities based on qualified training, topic-sensitive protocols, and intersectoral coordination.

From a decolonial perspective, we reinforce the need to rethink health policies with a critical eye that considers not only guaranteeing access to safe abortion, but also transforming the structures of care and comprehensive care that perpetuate inequalities. We emphasize that the discussion groups held as part of the research also comprehensively addressed proposals for formulating comprehensive sexual and reproductive health care, as well as principles and guidelines that guide feminist public policy on the topic. Due to their depth and complexity, these elements could not be fully explored in this text and will be the subject of a second publication. We believe that continuing this systematization will contribute to strengthening care networks and consolidating public policies that recognize abortion as a matter of health, rights, and social justice.

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Luanda de Oliveira Lima: conception, methodology development and administration of the project, supervision, drafting of the original manuscript, review and editing of the final text. Nanda Isele Gallas Duarte: conception, methodology development and project administration, supervision, drafting of the original manuscript, review and editing of the final text. Ana Paula de Andrade Lima Viana: drafting of the original manuscript, revision and editing of the final text. Marília Freire: writing of the original manuscript, revision and editing of the final text. Rebeca Mendes: writing of the original manuscript, revision and editing of the final text.

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The research data are available within the main text of the article.

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