Faculty of Legal Sciences

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State Punishment of Induced Abortion in Ecuador: An Analysis from the International Human Rights Framework and Its Impact on Society

Project prior to obtaining a Bachelor's Degree in International Studies

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State Punishment of Induced Abortion in Ecuador: An Analysis from the International Human Rights Framework and Its Impact on Society

ABSTRACT

This research examines the socioeconomic and legal dimensions of the criminalization of induced abortion in Ecuador. Through a hybrid methodology with a descriptive scope and comparative analysis, the study evaluates the alignment of the national normative framework against international human rights standards, contrasting the local reality of socioeconomic consequences linked to abortion with epidemiological evidence from Argentina, Uruguay, Chile, and Mexico City. The results observed in the region suggest that the transition towards less restrictive legal models could optimize public health by fostering a reduction in maternal mortality as well as in state costs derived from clandestine practices; simultaneously, it would have the potential to protect human capital by mitigating adolescent pregnancy and school dropout. Finally, it is concluded that, although the Ecuadorian State has already materialized modifications such as the decriminalization of abortion on the ground of rape through constitutional review, a technical misalignment with international guidelines persists due to the maintenance of criminal sanctions for grounds such as fetal inviability and incest.

Keywords: Induced abortion, sexual and reproductive rights, human rights, Ecuador, comprehensive sexuality education, criminalization, public health

Penalización del Aborto Inducido en el Ecuador: Análisis desde el Marco Internacional de los Derechos Humanos en su Impacto en la Sociedad

RESUMEN

La presente investigación examina las dimensiones socioeconómicas y jurídicas de la penalización del aborto inducido en el Ecuador. Mediante una metodología híbrida de alcance descriptivo y análisis comparado, el estudio evalúa la alineación del marco normativo nacional frente a los estándares internacionales de derechos humanos, contrastando la realidad local de consecuencias socioeconómicas ligadas al aborto con evidencia epidemiológica de Argentina, Uruguay, Chile y la Ciudad de México. Los resultados observados en la región sugieren que la transición hacia modelos legales menos restrictivos podría optimizar la salud pública, al propiciar una reducción en la mortalidad materna como en los costos estatales derivados de la clandestinidad, al mismo tiempo tendría el potencial de proteger el capital humano mediante la mitigación del embarazo adolescente y la deserción escolar. A su vez se concluye que, aunque el Estado ecuatoriano ha materializado ya modificaciones como la despenalización de la causal de violación mediante control de constitucionalidad, persiste una desalineación técnica frente a las directrices internacionales debido al mantenimiento de sanciones penales para causales como la inviabilidad fetal y el incesto.

Palabras clave: Aborto inducido, derechos sexuales y reproductivos, derechos humanos, Ecuador, educación sexual integral, penalización, salud pública

CHAPTER 1
THEORETICAL FRAMEWORK AND STATE OF THE ART

Introduction

Abortion has been the subject of debate in various fields and disciplines; it is a significant issue within each state's legal discourse and in the reflection of international opinion, as it highlights the tensions and conflicts between different values, beliefs, and groups within our society. However, in addition to perspectives that focus on social morality or the unique characteristics of each society, other topics must be considered, such as those related to health, which can have profound implications for the health, well-being, and rights of both women and communities in general. Thus, Ramos (2016) states that, due to its nature and implications for political, social, and women's health issues, abortion requires a comprehensive approach to fully understand its effects and the role it plays in contemporary societies.

1.1 Theoretical Framework

1.1.1 Conceptualization of Pregnancy and Abortion

1.1.1.1 Medical Definition of Pregnancy

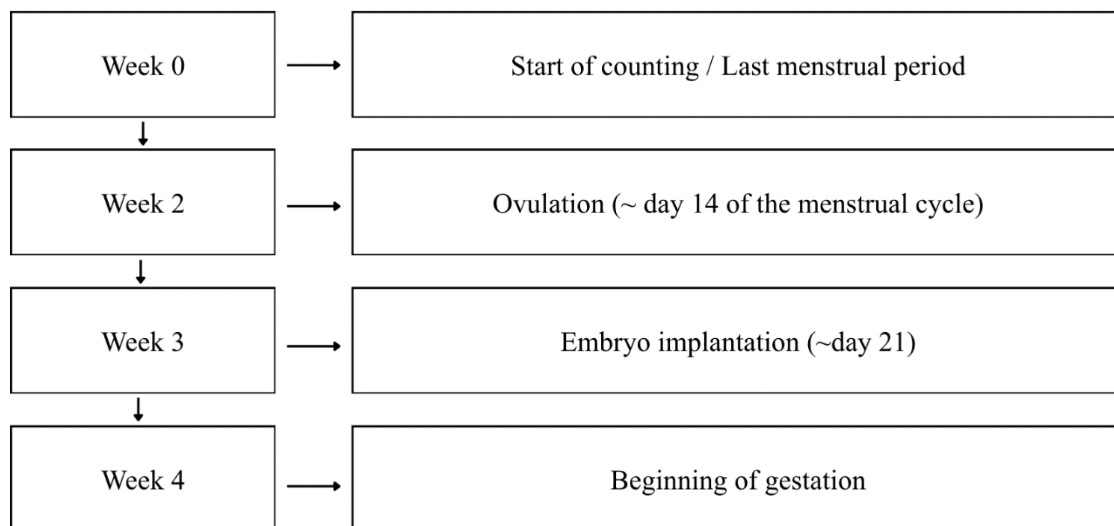
Most people believe they understand what pregnancy is; however, evidence shows that in the Ecuadorian context, there remains a significant lack of comprehensive sexuality education (CSE) (Goicolea et al., 2009; Haus et al., 2023; Hernandez et al., 2019), which can lead to misunderstandings of related terms. This can lead to confusion regarding basic concepts such as conception, fertilization, and gestation, which may result in misinterpretation, for example, that an established pregnancy (understood as the presence of an embryo ready to develop) begins at the moment of sexual intercourse. Consequently, some people might consider any procedure or method that prevents the possibility of pregnancy to be an abortion, without distinguishing, for example, between emergency contraception and the termination of an already established pregnancy. For this reason, it is pertinent (before addressing the analysis of the international perception of abortion) to establish a medical definition of what is meant by pregnancy, and at what point one can properly speak of its termination.

Medical practice uses the first day of the last menstrual period as a reference for calculating gestational age. Within this framework, ovulation—the point in the menstrual

cycle when fertilization can occur—typically takes place toward the end of the second week or the beginning of the third week of pregnancy. Once the sperm fertilizes the egg, this process takes place over an approximate 24-hour period, depending on specific physiological conditions (Sadler, 2019).

Embryonic implantation must occur approximately seven days after fertilization. At this point, the fertilized egg travels to the uterus and, if not rejected, establishes the necessary connection to initiate embryonic development. Consequently, it can be stated that it is only around the fourth week of gestation (see Figure 1) that an embryo begins to take hold within the mother, at which point implantation is usually complete and embryonic development is underway.

Figure 1
Stages of the Process from the Last Menstrual Period (Week 0, Day 1) to the Establishment of Pregnancy (Week 4)



Note. Based on Sadler (2019)

Conception is perceived as the moment when it is established that a being is developing within the mother’s uterus. From theology to medicine, this point is identified as the beginning of the period of life development; therefore, it is the moment at which a debate regarding the possibility of abortion may arise. Conservative doctrine holds that after fertilization, it can already be defined as a pregnancy (Sedicias, 2025). In contrast, the most common medical view holds that conception occurs on the date of embryonic implantation, taking into account the various processes—whether voluntary or natural—that can prevent proper implantation, as well as in vitro fertilization, where, in brief, a fertilized egg is implanted in a medical laboratory.

The latter is consistent with the ruling of the Inter-American Court of Human Rights regarding the 2012 case of Artavia Murillo et al. ("In Vitro Fertilization") v. Costa Rica, in which Article 4.1 of the American Convention on Human Rights (ACHR) was analyzed: "Everyone has the right to have their life respected. This right shall be protected by law and, in general, from the moment of conception. (…)" and determined that the meaning given to conception within the article applies from the moment the embryo implants in the uterus (paragraph 189) and that, although the article seeks to protect from this conception, it emphasizes protection against arbitrary terminations, not under legitimate procedures: "(…) No one may be arbitrarily deprived of life." The Inter-American Court of Human Rights establishes that this protection sought for all persons cannot be considered absolute nor applied to embryos without taking into account women's rights. It further determined that States must balance prenatal protection with the intrinsic rights of pregnant persons, supporting their autonomy and proper family planning.

As a direct consequence, and subject to a necessary conceptual clarification, it is understood that contraceptive methods do not fall under the category of abortion, as they act prior to the process of embryonic implantation. This explanation aligns with the statement by the International Federation of Gynecology and Obstetrics (2012), cited by the Ministry of Public Health (2014) in its Regulations Governing Access to Contraceptive Methods, which states that numerous studies demonstrate that *levonorgestrel* emergency contraceptive pills act by preventing or delaying ovulation without inhibiting implantation; for this reason, the Ministry does not consider them to be abortive.

1.1.2 Types of Abortion

1.1.2.1 Definition of Abortion

It must be understood that abortion is a process of terminating the gestational process before fetal viability (American Medical Association, 2025; American College of Obstetricians and Gynecologists, 2025; Colgrove, 2025). Fetal viability, for its part, is understood as the point at which the fetus can survive outside the uterus, either without medical intervention or through a highly assisted artificial environment.

The specialized literature agrees that abortion can be broadly divided into two main categories: spontaneous and induced. This classification is based on the criterion of the influence that terminates the gestational process, which makes it possible to distinguish between terminations that occur for natural, biological, or pathological reasons and those

that take place due to a conscious human decision to end the pregnancy. This distinction is significant in human rights and legal analysis, as states' criminal responses are primarily focused on induced abortion. In contrast, spontaneous abortion falls outside the scope of criminal punishment.

1.1.2.2 Spontaneous Abortion

Spontaneous abortion is defined as the involuntary termination of a pregnancy that occurs without intentional action by the pregnant person or third parties. According to medical literature, some of the most common causes include infections, uterine abnormalities, hormonal disorders, chromosomal abnormalities in the fetus or embryo, and uncontrolled chronic diseases. Spontaneous abortion is not subject to criminal penalties because it does not involve voluntary conduct that can be legally condemned.

1.1.2.3 Induced Abortion

An induced abortion is one that occurs through human intervention, either at the woman's request or on medical advice, before the fetus is viable. Within the category of induced abortion, different types are typically defined based on the intention behind the procedure. Thus, it is distinguished from other types by: Voluntary Termination of Pregnancy (VTP), which is understood as the woman's own conscious decision to end the pregnancy, within a voluntary and legal process (Camelo Sierra et al., 2022); therapeutic abortions, which, according to CEPAM Guayaquil (2024), are those performed by a physician to preserve the woman's health[1] or life (p. 3), and which are not punishable in Ecuador[2]; eugenic abortion, which seeks to prevent the birth of individuals with disabilities[3]; abortion following rape; and induced abortions performed outside the legal framework.

This distinction is relevant for understanding the criminal penalties that apply to specific categories of abortion within each state's legal framework. Thus, induced abortion typically faces different restrictions depending on the grounds for the procedure. Therapeutic abortion corresponds to the first ground and is the least penalized worldwide. It is followed

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[1] According to CEPAM Guayaquil (2024), therapeutic abortions are those performed to preserve a woman's health or life (p. 3).

[2] According to data from the same organization, 98% of countries worldwide allow therapeutic abortion, 63% to preserve a woman's physical health, and 62% to preserve her health (p. 2).

[3] According to Soria (2009), eugenics is defined as the pursuit of the improvement of the human species (p. 4). There is a broad debate regarding whether to classify as eugenic practices the non-criminalization of abortion when it is due to rape, but only for a "person with a disability," as was the case in Ecuador, or a "mentally disabled woman," as was the case in Argentina. This will be addressed, in turn, when we analyze Article 150 of the Comprehensive Ecuadorian Penal Code.

by grounds such as rape and incest, fetal malformations, and socioeconomic circumstances, among others.

According to the World Health Organization´s website about *Abortion* (2025), there are approximately 73 million induced abortions worldwide (para. 1), with estimates from 2010 to 2014 showing that 45% of these are unsafe abortions, performed by untrained individuals or using invasive procedures. In Latin America and Africa, approximately three out of every four induced abortions occurred in these dangerous situations (para. 7). In this context, the WHO notes that failing to provide women with access to safe abortions can directly impact fundamental human rights such as health, personal integrity, and women's reproductive autonomy.

1.1.2.4 Clandestine Abortion

Clandestine abortion is defined as the termination of a pregnancy carried out outside the formal healthcare system, by the pregnant person or by a third party, and without following the current state regulations in the country where it takes place; typically, without quality medical care or safety measures. Public fear of the penalties established under restrictive abortion laws may be one of the most significant factors contributing to the persistence of clandestine abortions. However, this phenomenon is influenced by other structural factors, such as the lack of access to health services in rural areas, the high financial costs, administrative delays, or the lack of information and medical support. Following this reasoning, clandestine abortion does not constitute a medical category in and of itself; it is, in reality, the product of regulatory, social, and institutional barriers that limit actual access to sexual and reproductive health services.

According to Amnesty International (n.d.), when abortion is legal and accessible, people have the opportunity to access these services safely and with less risk to their health. Conversely, if access to abortion is denied because it is criminalized, this negatively impacts reproductive autonomy and tends to exacerbate existing inequalities. These limitations have a disproportionate impact on individuals and communities that have been marginalized throughout history, whose socioeconomic conditions restrict access to safe abortion. On the other hand, groups with greater resources can turn to safer informal services or even travel to other states where abortion is not criminalized.

The study by J. Bearak et al. (2020), cited as a reference even by the World Health Organization, states the following: *"In countries where abortion was restricted, the*

proportion of unintended pregnancies ending in abortion had increased compared with the proportion for 1990–94, and the unintended pregnancy rates were higher than in countries where abortion was broadly legal". In this regard, the evidence suggests that the illegality of abortion does not reduce its practice, but rather affects the way in which its criminal and social consequences are unevenly distributed among the population.

1.1.3 Legal Treatment of Induced Abortion in the Republic of Ecuador

1.1.3.1 Constitutional Foundations and Legal Concept of Health and Autonomy

The Constitution of the Republic of Ecuador (2008) [Constitución de la República del Ecuador] is, by definition, the supreme law of the domestic legal system. It recognizes a set of fundamental rights strongly linked to personal autonomy, health, and reproductive life, which are central to the analysis of induced abortion and its criminalization. In particular, Article 66, within Chapter Six, pertains to the rights of liberty held by every individual under its jurisdiction. It enshrines the concept of the individual as a moral and legal subject capable of making fundamental decisions regarding their own body and life plans.

Paragraph 9 establishes:

> El derecho a tomar decisiones libres, informadas, voluntarias y responsables sobre su sexualidad, y su vida y orientación sexual. El Estado promoverá el acceso a los medios necesarios para que estas decisiones se den en condiciones seguras. [The right to make free, informed, voluntary, and responsible decisions regarding one's sexuality, life, and sexual orientation. The State shall promote access to the necessary means so that these decisions may be made under safe conditions.]

By recognizing "the right to make informed decisions" and establishing that "the State shall promote access to the necessary means so that these decisions are made under safe conditions," this provision demonstrates that there is a direct relationship between individual autonomy and the State's duty to create the conditions for its effective exercise. In this context, the constitutional guarantee not only recognizes the right but also requires the State to actively intervene to provide public policies, tools, and data with the aim of achieving comprehensive sexuality education. Thus, this obligation becomes particularly relevant in a context where, as previously noted, comprehensive sexuality education is severely restricted in Ecuador.

From this perspective, reproductive health and sexuality are presented as areas of public responsibility that will be closely linked to the health policies that must be implemented, as well as to the protection of rights. The provision of services and supplies aimed at preventing unplanned pregnancies is directly linked to a reduction in induced

abortions performed in clandestine settings. Similarly, constitutional recognition is based on the notion of human beings as subjects capable of making independent decisions regarding their bodies, understanding this autonomy not merely as the absence of coercion, but as a right that requires institutional conditions to be effectively exercised.

Paragraph 10 of the same article states:

> El derecho a tomar decisiones libres, responsables e informadas sobre su salud y vida reproductiva y a decidir cuándo y cuántas hijas e hijos tener. [The right to make free, responsible, and informed decisions regarding one's reproductive health and life, and to decide when and how many children to have.]

It is of utmost importance to emphasize the constitutional right to make free decisions regarding reproductive life, insofar as this recognition positions reproductive autonomy as an essential dimension of personal freedom. Pregnant people can be understood as moral agents capable of deciding on processes that directly affect their bodies and health. Thus, the criminalization of voluntary termination of pregnancy in Ecuador can be analyzed as a factor that restricts the effective exercise of this right, since teenage pregnancy and induced abortion under risky conditions are understood as a public health issue[4], and remain generally prohibited, with certain exceptions, rather than being subject to comprehensive regulation aimed at ensuring safe conditions.

For its part, the constitutional right to decide when and how many children to have reinforces the idea of a mother's freedom to make decisions regarding her motherhood; it presupposes the existence of real alternatives within the state that allow for the avoidance of pregnancy when it is unwanted. However, in the absence of effective alternatives guaranteed by the State, this right risks lacking a sufficient institutional and regulatory framework, becoming merely a formal guarantee. In this sense, the forced continuation of unplanned pregnancies raises questions about the concrete realization of constitutionally recognized reproductive autonomy.

The relevance of these provisions to social issues regarding motherhood in situations of vulnerability is reflected in subsequent regulatory instruments, such as the Reglamento para Regular el Acceso de Métodos Anticonceptivos del Ministerio de Salud Pública [Ministry of Public Health's Regulations Governing Access to Contraceptive Methods] (2014), which expressly references these constitutional provisions. However, their scope extends beyond the regulation of contraceptive methods, as they provide a framework for

[4] Article 21 of the Organic Health Law

interpreting the termination of pregnancy as a decision that directly affects women's sexual and reproductive lives, as well as the Ecuadorian state's position on when legal protection of the embryo is deemed to begin.

The decision to continue or terminate a pregnancy is not merely a biological fact, but a choice deeply linked to one's life plan, physical and mental health, and personal autonomy (Amnesty International, n.d.). Denying any possibility of decision-making in this area could substantially restrict the effective exercise of the rights recognized in Article 66 of the Constitution, insofar as it limits women's ability to decide when they wish to exercise motherhood and under what conditions.

1.1.3.2 Induced abortion as an ethical issue in the right to health

The Organic Law on Health [Ley Orgánica de Salud] (2006) establishes that:

> Art. 3.— La salud es el completo estado de bienestar físico, mental y social y no solamente la ausencia de afecciones o enfermedades. Es un derecho humano inalienable, indivisible, irrenunciable e intransigible, cuya protección y garantía es responsabilidad primordial del Estado; y, el resultado de un proceso colectivo de interacción donde Estado, sociedad, familia e individuos convergen para la construcción de ambientes, entornos y estilos de vida saludables. [Art. 3.— Health is a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity. It is an inalienable, indivisible, inalienable, and non-negotiable human right, the protection and guarantee of which is the primary responsibility of the State; and the result of a collective process of interaction in which the State, society, the family, and individuals converge to build healthy environments, settings, and lifestyles.]

This article defines a right to comprehensive health, which is not limited solely to the absence of any type of disease, but includes physical, mental, and social aspects that directly affect individuals' quality of life. The provision thus establishes that health is a human right and that protecting it is an essential responsibility of the State. This duty, both ethical and legal, goes beyond providing immediate medical care; it also involves creating structural conditions to ensure the comprehensive development of individuals.

> Art. 21.— El Estado reconoce a la mortalidad materna, al embarazo en adolescentes y al aborto en condiciones de riesgo como problemas de salud pública; y, garantiza el acceso a los servicios públicos de salud sin costo para las usuarias de conformidad con lo que dispone la Ley de Maternidad Gratuita y Atención a la Infancia. [Art. 21.—The State recognizes maternal mortality, teenage pregnancy, and unsafe abortion as public health problems; and guarantees access to public health services at no cost to users in accordance with the provisions of the Law on Free Maternity Care and Child Care.]

Abortion under unsafe conditions is explicitly recognized as a public health issue, placing it on the same level as adolescent pregnancy and maternal mortality. This recognition implies acknowledging that unsafe abortions are not isolated or exceptional occurrences, but

rather the consequence of structural conditions that require a state response focused on prevention, care, and harm reduction.

However, this provision creates a potential tension between ethics and current regulations. Although unsafe abortion is identified as a problem that must be addressed by the health system, its general criminalization may drive many cases underground. This, in turn, hinders timely access to information, support, and adequate care. In this context, the question arises as to whether, having formally recognized these problems in Ecuadorian law, the current approach is truly the most appropriate for reducing the situations of vulnerability faced by women and their families.

> Art. 23.— Los programas y servicios de planificación familiar, garantizarán el derecho de hombres y mujeres para decidir de manera libre, voluntaria, responsable, autónoma, sin coerción, violencia ni discriminación sobre el número de hijos que puedan procrear, mantener y educar, en igualdad de condiciones, sin necesidad de consentimiento de terceras personas; así como a acceder a la información necesaria para ello. [Art. 23.— Family planning programs and services shall guarantee the right of men and women to decide freely, voluntarily, responsibly, and autonomously, without coercion, violence, or discrimination, on the number of children they may have, support, and raise, on equal terms, without the need for third-party consent; as well as to access the necessary information for this purpose.]

When real options to prevent or terminate an unwanted pregnancy are severely restricted, freedom of choice may become a right that is difficult to exercise. Thus, family planning and induced abortion are closely interrelated phenomena, as both affect the actual ability to make decisions regarding reproduction and life planning. In this case, the centrality of reproductive decision-making freedom is reinforced by explicitly acknowledging that people have the right to decide how many children they want to have and under what circumstances they will exercise parenthood. To ensure this freedom is not merely theoretical, it is essential to guarantee that people have real access to information and can make decisions free from pressure or coercion.

If we understand health as holistic well-being, and further recognize that unsafe abortion is a public health issue, an inevitable question arises: is it consistent for the State to maintain a blanket criminalization of abortion while, at the same time, having an obligation to protect the dignity and health of pregnant people?

1.1.3.3 Criminal Regulation of Induced Abortion and Its Exceptions

The 2014 *Código Orgánico Integral Penal* [Comprehensive Organic Criminal Code] (COIP), which defines all punishable crimes in Ecuador, also establishes the criminal consequences of induced abortion:

> Art. 149.— Aborto consentido.- La persona que haga abortar a una mujer que ha consentido en ello, será sancionada con pena privativa de libertad de uno a tres años. [Art. 149.— Consensual abortion.— Any person who induces an abortion in a woman who has consented to it shall be punished with imprisonment for one to three years.]
>
> La mujer que cause su aborto o permita que otro se lo cause, será sancionada con pena privativa de libertad de seis meses a dos años. [A woman who induces her own abortion or allows another person to induce it shall be punished with imprisonment for a term of six months to two years.]

This establishes a general framework for the criminalization of induced abortion, in which legal consequences apply both to the person performing the procedure and to the pregnant person who actively participates in the decision to terminate the pregnancy. The wording of the law makes no distinctions regarding the method used or the stage of pregnancy; therefore, any form of pregnancy termination may fall within this criminal framework, including those performed in early stages through the use of medication.

The same body of law, however, sets forth grounds that do not result in criminal consequences for induced abortion; these are outlined in the following article:

> Art. 150.— Aborto no punible.— El aborto practicado por un profesional de la salud capacitado que cuente con consentimiento de la parte que pueda darlo, no será punible solo en los siguientes casos:
>
> 1. Si se ha practicado para evitar un peligro para la vida o la salud de la mujer embarazada y si este peligro no puede ser evitado por otros medios.
>
> 2. Si el embarazo es consecuencia de una violación "en una mujer que padezca de discapacidad mental"
>
> [Art. 150.—Non-punishable abortion.—An abortion performed by a qualified healthcare professional with the consent of the party capable of giving it shall not be punishable only in the following cases:
>
> 1. If it has been performed to avoid a danger to the life or health of the pregnant woman and if this danger cannot be avoided by other means.
>
> 2. If the pregnancy is the result of rape "of a woman with a mental disability."]

The inclusion of these grounds establishes exceptions to the general criminalization of abortion by acknowledging that continuing a pregnancy may conflict with the pregnant person's fundamental human rights—such as their overall health and life—which are recognized worldwide. In this regard, Article 150 states that the termination of a pregnancy shall not be criminalized when the risk to life or health cannot be avoided by other means. In practice, this means that the application of this ground depends largely on the judgment of healthcare professionals, who must assess whether the risk exists and how serious it is. This leaves the law with significant room for medical interpretation regarding when the termination of pregnancy is appropriate or not.

On the other hand, the provision related to rape, which was limited solely to women with mental disabilities, demonstrates how this issue has been addressed from a logic of exception—restricted and, in many cases, ambiguous. The article did not provide a legal definition of what constituted a mental disability, nor did it refer to any regulations on this matter. From an ontological perspective, it can be understood that, implicitly, the law sought to exempt women considered not fully autonomous from criminal liability for abortion, while women of sound mind remained criminally liable for abortion; thus, autonomy was not recognized universally, but rather in a conditional manner. It could also be understood in a eugenic sense, where the State might seek to reduce the population born with hereditary mental disabilities; here an ethical, moral—and even legal—question arises regarding whether or not this constitutes discrimination against the lives of these individuals, as Sancinetti (2018) points out when discussing preimplantation genetic diagnosis, in which embryos are screened for genetic abnormalities already observed in individuals who have been born, in order to discard them (p. 4). In all cases, the State must be the entity that promotes safety, health, respect, and a dignified life for the people under its legal protection.

1.1.3.4 Constitutional Jurisprudence and Recent Regulatory Developments

Through the Ecuadorian Constitutional Court's ruling in Case No. 34-19-IN and Consolidated Cases, dated April 28, 2021, the phrase "in a woman suffering from a mental disability," contained in paragraph 2 of Article 150 of the Comprehensive Organic Criminal Code (COIP), was declared unconstitutional. Consequently, an abortion is currently considered non-punishable in Ecuador under two new grounds[5]: if it has been performed to avoid a danger to the life or health of the pregnant woman and cannot be avoided by other means, and if the pregnancy is the result of rape.

For this reason, the Organic Law Regulating Voluntary Termination of Pregnancy for Girls, Adolescents, and Women in Cases of Rape (2022) [Ley Orgánica Que Regula La Interrupción Voluntaria Del Embarazo Para Niñas, Adolescentes y Mujeres En Casos de Violación], also known as LORIVE, was subsequently enacted. It establishes that, with the exception of individuals with mental disabilities who have been raped (who will be granted a longer timeframe at the discretion of medical personnel), individuals who have been

[5] In comparative literature, it is understood that the grounds for decriminalizing abortion to avoid danger to the pregnant woman's life and the grounds to avoid danger to the pregnant woman's health are distinct; however, given the wording of each paragraph of Article 150 of the Comprehensive Organic Criminal Code, it can be understood that these two grounds converge into a single one.

victims of rape and who, as a result of this crime, become pregnant will have the option to undergo an abortion up to 12 weeks into the pregnancy. Given that the Constitutional Court explicitly stated that this abortion cannot take place after a judicial process, as such a process may take longer than the viable timeframe for terminating the pregnancy, it is further stipulated, in Article 19 of the LORIVE that the procedure may be performed after the filing of a rape complaint, a sworn statement, or a medical examination "in which, under oath, it is certified that the applicant presents serious indications of having been a victim of rape."

The petitioners in this same petition to the court in Case No. 34-19-IN and Consolidated Cases, dated April 28, 2021, present two equally important objectives: a request to declare unconstitutional the prohibition of abortion in cases of incest, forced insemination, and severe fetal malformations, and the incompatibility with international regulations, treaties adopted by Ecuador, and recommendations from international organizations regarding abortion.

Regarding the first point, the Constitutional Court notes that, in the case of incest, the crime of "incestuous rape" is defined, which aligns with the grounds for non-punishment of abortion resulting from rape, but not with "incest"; the same applies to forced insemination, which may be included within the crime of rape, though this remains subject to legislative discretion. Regarding severe fetal malformations (and, more generally, other grounds for " " and scenarios where a broader legalization of induced abortion might be sought), the Constitutional Court states that it is not possible to effect such a change through a ruling that analyzes the constitutionality of a specific article; however, it acknowledges the need for the legislature to take responsibility for not overlooking these relevant issues.

In the second part, the petitioners argued that there is a normative incompatibility with treaties, observations, and recommendations from various international human rights bodies that "form part of the constitutional framework." Specifically, they noted:

I. The interpretation of the American Convention on Human Rights ("ACHR") in the jurisprudence of the Inter-American Court of Human Rights in the cases of Artavia Murillo v. Costa Rica and Rosendo Cantú et al. v. Mexico, particularly Article 4(1) of the Convention.

II. General Recommendation No. 35 on gender-based violence against women, which updates General Recommendation No. 19 of the Committee on the Elimination of Discrimination against Women dated July 26, 2017, particularly paragraph 29.

III. The final observations in the Specific Recomendation of the Committee on Economic, Social and Cultural Rights on Ecuador's third periodic report, adopted at its 58th session held on November 30, 2012.

IV. The final observation contained in the concluding observations of the United Nations Human Rights Committee on Ecuador's sixth periodic report, adopted at its 3294th session held on July 11, 2016.

V. The final observation contained in the concluding observations of the United Nations Committee on the Rights of the Child regarding Ecuador's combined fifth and sixth periodic reports, adopted at its 2251st meeting held on September 29, 2017.

VI. The final observation of the United Nations Committee Against Torture on Ecuador's seventh periodic report, adopted at its 1490th session held on November 28, 2016.

These were also cited by the petitioners in Constitutional Court Ruling 38-19-AN/23 (2023), a case in which it was noted that the State was not complying with the recommendations of the United Nations committees to which Ecuador was a party regarding legal abortion. In this regard, the court dismissed the action for non-compliance due to lack of standing; However, it is our responsibility to analyze these recommendations and international standards. These judicial interpretations, recommendations, and observations applicable to Ecuador are among the most important, not only due to their nature but also because of their role in these cases, and it is essential to understand what they define.

1.1.4 Legal Nature of International Recommendations and Decisions

International recommendations are, in essence, a guide that States receive from various forums of international cooperation and monitoring[6]. In this context, it is important to distinguish between recommendations that come from technical or specialized bodies, such as the International Federation of Gynecology and Obstetrics (FIGO), which base their work on scientific evidence and are of an advisory nature, and those that arise from committees or bodies created by international or regional treaties, such as the Committee on the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW), the Human Rights Committee (CCPR), or the Inter-American Commission on Human Rights (IACHR).

[6] International recommendations are not legally binding on States, but they carry significant interpretive and monitoring weight, as they could be used to assess compliance with international standards.

The latter carry greater weight, as they stem from treaties that States have freely chosen to ratify and from which specific commitments arise. In other words, they are not mere suggestions, but interpretations of the scope of the international obligations that each State has agreed to fulfill. In this sense, general observations serve to explain or clarify the meaning of the rights contained in the treaties, while concluding observations express the recommendations that the committees formulate after reviewing the periodic reports that countries submit on their progress, if the treaty so requires. Together, both types of instruments reflect the constant interaction between States and the international human rights system, a dialogue that seeks not only to correct but also to guide fairer and more humane public policies.

And with an even greater commitment come the judgments handed down by international or regional human rights courts, which are binding on the States that have recognized their jurisdiction or ratified the treaties establishing them. In other words, when a State decides to become a party to a treaty that establishes a court, it also accepts that the court's decisions will be binding in cases in which it is a party. Thus, for example, the judgments of the Inter-American Court of Human Rights are binding on the member States of the American Convention on Human Rights that have accepted its adjudicatory jurisdiction, as is the case with Ecuador.

The Inter-American Court of Human Rights, in the case of Rosendo Cantú et al. v. Mexico (2010), emphasized the duty of States to ensure that victims have effective access to justice and receive full compensation. The Court also expanded the understanding of gender-based violence as a direct violation of human rights. The ruling emphasizes that States have a duty to prevent and punish all forms of sexual violence, ensuring that victims have access to adequate reproductive health services. In this context, this decision is of utmost importance for the debate on abortion, as it could imply a State obligation to ensure that rape victims have access to safe abortion as a means of respecting their dignity, autonomy, and reproductive rights.

The Committee on the Elimination of All Forms of Discrimination against Women (CEDAW) (2017), in its General Recommendation No. 35 (2017), updated Recommendation No. 19 by recognizing that the denial of access to safe abortion may constitute a form of gender-based violence and cruel, inhuman, or degrading treatment. In paragraph 29, the Committee urges States to review restrictive legal frameworks and to ensure comprehensive medical care in the area of sexual and reproductive health. Although

not legally binding, this is strongly relevant to Ecuador's regulatory situation regarding abortion.

The United Nations Committee on Economic, Social and Cultural Rights, in 2012, making observations and recommendations to Ecuador, expressed grave concern over the continued criminalization of abortion in the country and proposed that criminal legislation be revised to guarantee access to reproductive health services without discrimination, with a special focus on rural and low-income women, as well as the limited judicial outcomes in cases of sexual violence against adolescents and girls. Ecuador has not yet implemented all the regulatory reforms proposed by this Committee, such as the termination of pregnancy due to congenital malformations.

In its 2016 observations, the United Nations Human Rights Committee expressed concern over the high rates of unsafe abortion in the country, noting that excessively restrictive laws regarding pregnancy termination are incompatible with the obligations established in the International Covenant on Civil and Political Rights, particularly regarding the rights to life, health, and non-discrimination.

The United Nations Committee on the Rights of the Child (2017) recommended that the Ecuadorian State ensure that girls and adolescents have effective access to safe abortion services in cases of rape, incest, or risk to their health, emphasizing that the denial of these services violates the child's rights to health, a dignified life, and comprehensive development. This could be part of another discussion (which we will not analyze) since, as noted above, the Constitutional Court does not recognize pregnancy resulting from incest as a permissible ground for abortion in Ecuador; however, it does recognize it if the pregnancy results from rape.

Additionally, the International Federation of Gynecology and Obstetrics (2022), by way of recommendation, maintains that women should have access to modern contraception, safe abortion, and fertility care, thereby guaranteeing their right to decide on reproduction and fulfill their potential throughout their lives.

1.2 State of the Art

1.2.1 International Human Rights Studies on the Criminalization of Abortion

1.2.1.1 Doctrinal Literature

Internationally recognized human rights provide the principles for establishing clear legal reforms to enable self-managed medical abortions[7] , including the removal of all legal barriers to abortion, access to essential abortion medications, and access to transparent information; as stated by Berro Pizzarossa & Skuster (2021). The authors highlight that the general observations of United Nations treaty bodies have recognized abortion services as an integral part of the right to health, while also noting the obligation of States to review or eliminate regulatory frameworks that criminalize or hinder effective access to such services. These interpretations have helped establish abortion as a relevant issue for the protection and guarantee of human rights at the international level.

However, Yamin & Bergallo (2017), in their article examining the challenges and possibilities of using human rights to promote access to safe abortions, assert that, at both the international and national levels, there is increasingly less space for dialogue to discuss issues related to reproductive and sexual health—such as abortion—in legislative and judicial spheres (p. 1).

1.2.1.2 Studies on International Standards

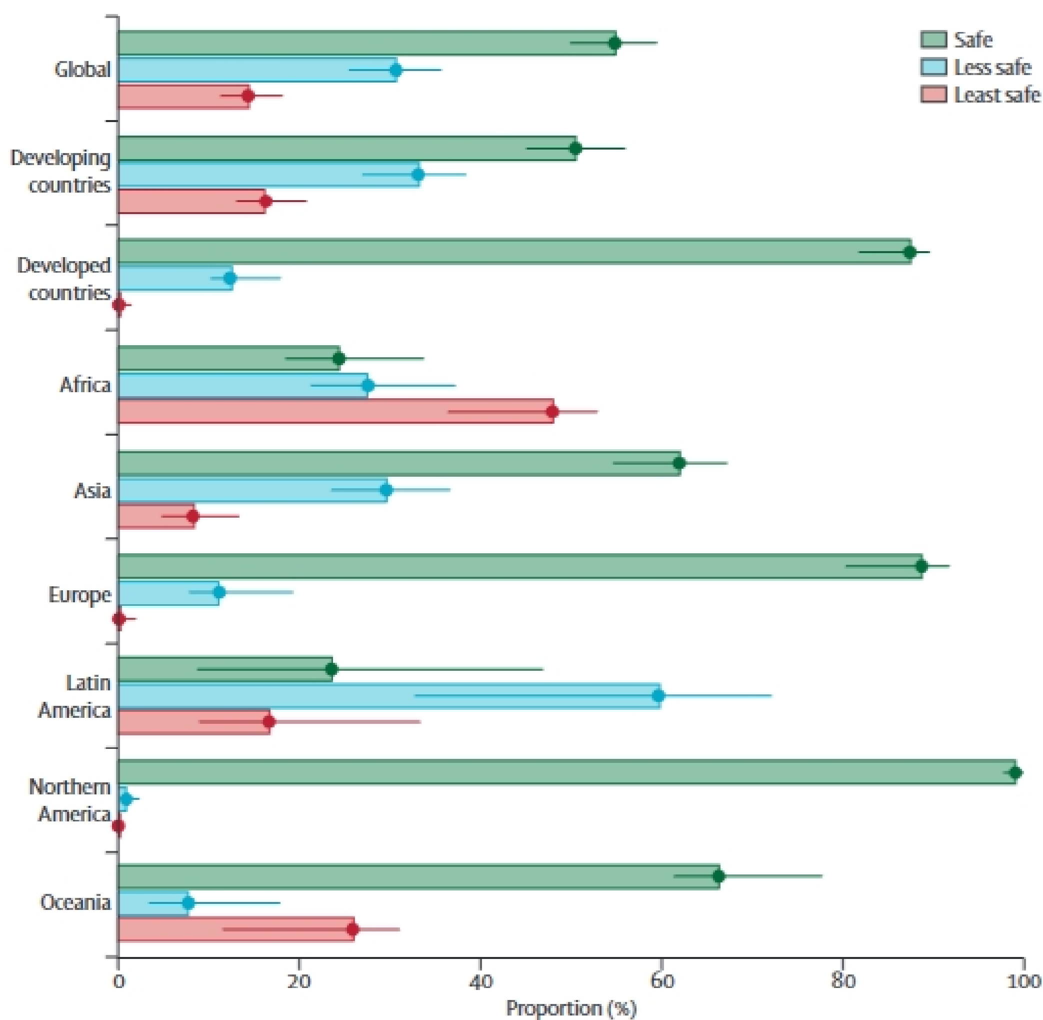
Ganatra et al. (2017) developed a new framework for researching and classifying abortions internationally using a Bayesian model, thereby seeking to update the three-tier model recommended by the WHO since 1990 (p. 2373); since the introduction of this Bayesian model, several quantitative research articles have been produced using a similar methodology. Within this methodology, data from each country, previous studies, and reports from nongovernmental organizations are compared to compile information from 182 countries. The study classifies abortions into the categories: “safe,” “less safe,” and “least safe.” It is concluded that the African region has the highest number of “least safe” abortions and the Latin American region has the highest number of unsafe abortions in the “less safe”

[7] Abortions performed using medications (usually pills) obtained from pharmacies, clinics, or health centers without a prescription, which can be administered in the first weeks of pregnancy. Categorized by the World Health Organization (2024) as an effective and safe method of abortion, including within the pregnant person’s own home without the need for medical supervision.

category (see Figure 2); these regions, along with Oceania, are the ones that must address the issue of high-risk abortions most urgently.

Figure 2

Global and Regional Distribution of Safe Abortion Categories



Note. The bars and dots show point estimates of the abortion proportion in each category, and the horizontal lines represent the 90% confidence intervals. Based on Ganatra et al. (2017).

Sancinetti (2018), in his text *"Annihilation of the Human Life of the Unborn by the State? Reflections on the Right to Intrauterine Human Life and Birth*, analyzes the decisions made by the Inter-American Court of Human Rights in the case of Artavia Murillo et al. ("In Vitro Fertilization") v. Costa Rica regarding the consideration of conception beginning with embryo implantation. The author states that he acknowledges that the Convention recognizes the right to life "for every person" and that, therefore, is a person from the moment of implantation (p. 5).

J. M. Bearak et al. (2022) estimate the incidence of abortion and unintended pregnancy in 150 countries in a comparative analysis from 2015 to 2019 using a Bayesian model. The article highlights the importance of contextualizing estimates of unintended pregnancy

within any international research related to the incidence of abortion (p. 2). For this very reason, each state must provide reliable statistics on births and unwanted pregnancies within its territory. The article concludes that abortion incidence rates vary greatly among countries and that there may be inequality among states in their individual efforts to address the problem of abortion incidence in the face of high rates of unwanted pregnancies.

1.2.2 Socioeconomic Impacts of the Criminalization of Abortion

1.2.2.1 Socioeconomic Impact of Criminalization on Families

Various studies in the region highlight the high social and human costs resulting from the lack of access to safe abortion services. Cordero Oropeza et al. (2022), in their analysis of abortion-related maternal mortality in Mexico, show that legal restrictions and the absence of timely medical care significantly increase maternal mortality and morbidity, primarily affecting young, low-income women. In this regard, Cordero's study aligns with research linking the criminalization of abortion to higher rates of maternal mortality, such as the article by Say et al. (2014), which conducted a systematic review of maternal mortality worldwide for the World Health Organization. It concluded that 4.7% to 13% of maternal deaths are caused by abortion and that regions with the highest rates of unsafe abortions, such as Latin America (even higher when combined with the Caribbean), exhibit this rate at its highest level.

González Quitián et al. (2021) note that in countries where abortion is fully decriminalized, rates of unintended pregnancy are lower, whereas in low- and middle-income countries, where abortion is generally partially or fully restricted, the proportion of unwanted pregnancies and their termination through clandestine abortion is higher. This is because states that have legislation recognizing abortion as a fundamental right[8] incorporate it as a complement to high-quality comprehensive sexuality education (CSE) that empowers young people and provides them with knowledge about their bodies, thereby reducing the number of unintended pregnancies and reserving abortion as a last resort. This demonstrates the need to view social and economic challenges as part of a structural problem stemming

[8] Abortion as a right is not the same as the absence of criminal penalties for abortion, since defining it as a right means it must be guaranteed and protected by the State; this can also be observed in Official Letter No. T. 180-SGJ-22-0050 sent by the former President of the Republic of Ecuador, Guillermo Lasso, in 2022 to the then-President of the General Assembly, Guadalupe Llori Abarca, in the partial objection made to the LORIVE, regarding the Constitutional Court's ruling that extended the exemption from criminal liability for abortion resulting from rape to all women, stating that the Constitutional Court implies that no new fundamental right is recognized within Ecuadorian law regarding the termination of pregnancy, but rather that it extended the exemption from criminal liability; therefore, it is not recognized as a right.

from a lack of comprehensive sex education, as well as a lack of state-provided medications and contraceptive methods in underserved areas.

A latent problem within states that criminalize abortion is conscientious objection by medical personnel due to fear of facing legal charges for providing an abortion, even when it may be legal within that context. Küng et al. (2021) review cases of conscientious objection in Mexico and Bolivia and identify a problem of regulatory ignorance among medical personnel, stemming both from a lack of training on when and how these procedures should be performed, as well as from unclear regulations or public policies regarding the procedural aspects of pregnancy termination. However, this population may not clearly understand the non-criminal grounds for abortion in the state where they practice—the United Mexican States have different abortion regulations depending on each federal state—but that does not exempt them from the responsibility to refer patients to other authorized personnel.

While conscientious objection is a right in most states —the Republic of Ecuador recognizes conscientious objection as a right for healthcare workers; however, they have a responsibility to delegate or refer the patient to another person trained in the respective medical procedure[9] —, the process may delay access to a safe and legal abortion, including in cases where no referral is made. The article by Küng et al. (2021) also examines the experiences and perspectives of women who attempt to access legal abortion services and face denial based on conscientious objection. This problem, which causes medical staff to fear legal charges and delays safe abortions for women, can be significantly reduced by enacting state legislation that legalizes voluntary termination of pregnancy (VTP) for all grounds, as there would no longer be a wide range of cases where abortion is punishable —within each state, there is always a maximum gestational age for terminating a pregnancy, with the exception, in most cases, of abortion due to risk to the mother—. However, the best way to combat this is by complementing these efforts with CSE focused exclusively on training these workers and providing them with the necessary resources to perform legal and safe abortions.

The article by Coast et al. (2021) argues that financial constraints faced by families seeking an abortion, whether for legal reasons or not, can delay their search for care and affect the quality of the service they receive, even influencing the gestational age at which

[9] It is worth noting that a situation may arise in which a medical professional objects, and the person to whom they delegate also refuses.

an abortion is performed. Furthermore, the authors note that much of the research focuses on calculating how much people seeking an abortion can afford to pay, but pays less attention to significant indirect costs, such as transportation expenses, loss of income due to missed work, caregiving responsibilities, or unofficial payments. In summary, these factors demonstrate that abortion is not solely a health or legal issue, but also involves material barriers and economic costs that can affect the ability to access health services effectively and in a timely manner. This helps explain why this issue is generally treated as a public health matter.

1.2.2.2 Economic Impact on the State

Rodgers et al. (2021) investigate how the cost of post-abortion care is high—often exacerbated by complications resulting from risky clandestine abortions—and can consume a significant portion of a state's public health budget. Even so, state coverage for abortion is typically limited, leaving women to bear the bulk of the cost of abortion care. Since pregnancy is a process that cannot be paused, costs rise as the weeks of gestation increase; therefore, restrictive abortion regulations and procedural delays in care are the primary cost drivers for the state—when it must cover expenses for complications from poorly performed clandestine abortions—and for the individual—when undergoing a more complex procedure to terminate the pregnancy.

As noted in articles such as that by Vlassoff et al. (2009), it is estimated that, in Latin America, the average cost to public health for all post-abortion care following clandestine procedures is $96 USD. The same is observed in the study by Monteverde & Tarragona (2019) titled *Abortos seguros e inseguros: Costos monetarios totales y costos para el sistema de salud de la Argentina en 2018* [Safe and Unsafe Abortions: Total Monetary Costs and Costs to the Argentine Health System in 2018] where it is identified that there were higher public health costs associated with treating complications from clandestine abortions than with providing legal abortions in the first trimester. This may demonstrate that not only are there socioeconomic costs for citizens, but that state economic costs would also be higher under a criminalization of abortion.

1.2.3 Regional Studies and Experiences on the Decriminalization of Abortion

1.2.3.1 Argentina

In Argentina, the literature indicates that there was a gradual regulatory reform that culminated in the implementation of Law 27,610, which allowed the so-called pregnant person to terminate a pregnancy up to the 14th week upon request and maintained a system based on specific grounds after that period in 2021 (Berro Pizzarossa & Skuster, 2021). An important point highlighted by these authors is that the reform not only expanded access conditions but also modified the criminal framework by explicitly establishing non-punishability during the specified period; simultaneously, it implemented alternative avenues for accessing these procedures when medical facilities refused to perform them. On the other hand, it is evident that the effective implementation of reforms of this type depends not only on legal content but also on institutional elements such as clear protocols, training for healthcare personnel, and actual access to public services. This is because administrative barriers or a lack of regulatory knowledge can create territorial and socioeconomic inequities in access, particularly for individuals living in more vulnerable contexts.

In the latest 2024 annual report on abortion data in Argentina by authors Ramón Michel et al. (2025), President Javier Milei's stance against voluntary abortion is highlighted, pointing to the fragility of the current induced abortion legislation in the country while noting how it has been undermined by the Argentine Ministry of Health's suspension of the purchase of abortion medications (p. 5). This includes budget cuts and the closure of targeted programs (p. 6). The report indicates that, despite the government's suspension of the purchase of abortion medications, nearly all provincial governments report purchasing these same medications to continue providing services in accordance with the state's medical protocols and guidelines (p. 9). This demonstrates a clear discrepancy between the national government's efforts to curb the promotion of induced abortions and the provincial governments' efforts to continue following established health frameworks.

1.2.3.2 Uruguay

In the regional literature, Uruguay is often cited as one of the most frequently referenced cases for having established a relatively broad framework for voluntary termination of pregnancy. In general terms, Law 18,987 decriminalizes abortion when performed within the first 12 weeks of gestation and extends the time limit to 14 weeks in cases of rape, allowing termination at any time if there is a risk to the pregnant person's

health (Berro Pizzarossa & Skuster, 2021; Ituarte & López-Gómez, 2021) However, several studies highlight that access in Uruguay is not defined solely by legal timeframes, but also by the procedure required by regulations, which establish a mandatory pathway of medical consultations, intervention by an interdisciplinary team, and a waiting period before the abortion procedure is performed, with the Penal Code remaining the applicable framework for cases that do not meet these requirements (Pizzarossa & Skuster, 2021). Overall, the Uruguayan experience demonstrates how decriminalization accompanied by health protocols can reduce risks, but also how procedural requirements and rules governing access to medical supplies influence the actual effectiveness of the legal framework.

1.2.3.3 Colombia

In Colombia, the Constitutional Court, through Ruling C-055/22, established that voluntary termination of pregnancy should not be subject to criminal penalties up to the twenty-fourth (24th) week of gestation, as a result of a lawsuit filed by the Causa Justa movement. Prior to this decision, the practice of abortion outside the permitted grounds was a criminal offense and could result in imprisonment, in accordance with the criminal law in force at that time.

According to Niño et al. (2022), Ruling C-055/22, in a report produced by the organization Mesa por la Vida y la Salud de las Mujeres and the Oriéntame Foundation, it was determined that criminalized abortion acted as a barrier to accessing voluntary termination of pregnancy (VTP) and that its impact disproportionately affected women in vulnerable situations, although this did not necessarily mean a decrease in the practice. The report also documents the early implementation. This is because, in the first 100 days following the decision, it was found that 76 women received legal assistance to access a VTP, and an increase in the demand for counseling was observed, along with the persistence of institutional barriers, such as medical staff's lack of knowledge of the legal framework, unforeseen requirements, delays in care, and instances of discrimination. These findings highlight that, in addition to regulatory changes, the literature underscores the importance of institutional protocols, appropriate information, and the healthcare system's responsiveness to ensure actual access to abortion services.

1.2.4 Academic Analysis of Induced Abortion in the Ecuadorian Context

Despite the limited literature reviewing qualitative and quantitative data on abortion in Ecuador, it can be highlighted, as indicated below, that the populations most affected by

criminalized abortion are girls and adolescents, indigenous women or those with an identity rooted in Ecuador's indigenous cultures, and women of limited economic means; even though it is known that these three groups may converge in the intersectionality experienced by many girls and adolescents in Ecuador. Therefore, the question must be raised as to whether the prevalence of the embryo's rights from the moment of conception is balanced and does not undermine the fundamental rights of these women, adolescents, and girls (as the Inter-American Court of Human Rights has indicated must be the case).

Human Rights Watch (2021), in its report *"¿Por qué me quieren volver hacer sufrir?" El Impacto de la Criminalización del Aborto en Ecuador* ["Why Do They Want to Make Me Suffer Again?" The Impact of the Criminalization of Abortion in Ecuador], provides a comprehensive overview of quantitative data, cases, and experiences regarding abortion in Ecuador. It concludes that the most severe impact of the criminalization of abortion—resulting from the fear of criminal prosecution—is faced to a greater extent by women and girls living in poverty within Ecuador (p. 44). These women are the group most likely to face criminal charges for abortion due to many factors, one of the main ones being a lack of financial resources to withstand a trial resulting from complaints—which often arise from reports by the medical personnel who perform these abortions, even when such conduct violates professional confidentiality and privacy in medical care.

According to a study conducted by García et al. (2022) between 2013 and 2016, approximately 256,561 births in Ecuador were to teenage mothers aged 10 to 19. This represents a rate of 43.4 births per 1,000 adolescents. Excluding the youngest adolescents, the rate is 86.6 births per per thousand adolescents aged 15 to 19. Meanwhile, more recent data reported by the Pan American Health Organization (2025) suggest a decline in this indicator by 2023; however, attributing this change to a single factor—such as regulatory changes—requires caution, given that the trend may be influenced by multiple variables, including sex education policies, access to contraception, and socioeconomic conditions, among others. Even considering this potential reduction, Ecuador would continue to have rates of teenage pregnancy higher than the averages reported for the Americas and for the Latin American region, which positions the phenomenon as a persistent public health and sexual and reproductive rights challenge in the country, especially when comparing its magnitude to that of other countries in the region.

Although in Ecuador only 7% of the population identifies as indigenous or from an indigenous culture, 21.6% of these teenage pregnancies occurred among this group (García

et al., 2022). This may indicate that the focus of attention—both for the implementation of public policies and for regulatory change on abortion issues—should be directed toward assisting these minority groups, since they not only belong to the ethnic group with the lowest income but also to the age group that earns no income, where a pregnancy can drastically affect their living conditions—conditions that are already marked by intersectionality, presenting significant challenges to leading a dignified life.

While significant problems still exist in Ecuadorian society as a result of the criminalization of abortion, this does not mean that there is no progress whatsoever in the regulatory framework toward decriminalization. According to Rodríguez Parrales et al. (2021) in their article titled *Hablemos del aborto: un enfoque en su legalización en Ecuador* [“Let’s Talk About Abortion: A Focus on Its Legalization in Ecuador”], despite being a controversial issue in Ecuador, abortion could one day become legal —since there is no regression of rights but rather slow progress— however, every decision made in the future will continue to divide the population, since, according to the author, there remains a strong attachment to conservative religious beliefs in Ecuador despite the country being, by definition, secular. Thus, any regulatory change in Ecuador regarding this issue must follow a path of debate and dialogue to inform future decision-making by the legislature.

CHAPTER 2
METHODOLOGY

2.1 Study Approach and Scope

The research was conducted using a hybrid approach, with a descriptive and comparative analytical scope, through a narrative literature review and documentary study. The study aims to examine the relationship between Ecuadorian regulations on induced abortion and the exercise of women's human rights, particularly in contexts of socioeconomic vulnerability, in light of international human rights law standards and regional experiences in Latin America. The regional comparison is conducted textually and analytically, emphasizing the interpretation of legal documents, reports from international organizations, and specialized literature. Furthermore, the scope is expanded to a statistical level through the study of time series in public health. This enables an analysis of the empirical consequences of regulatory reforms on health and life indicators. To this end, Mexico City, Uruguay, Argentina, and Chile are taken as a reference scenario to examine trends in the consequences of abortion, both when it is criminalized and when it is decriminalized.

2.2 Unit of Analysis and Documentary Corpus

As this is a study based on documentary sources, the collection of primary data—including interviews or surveys—is not contemplated. The units of analysis correspond to a documentary corpus composed of:

I. Ecuadorian Regulatory Sources: Including national sources of case law and legislation relevant to the topic, such as the Constitution of Ecuador, the Comprehensive Organic Criminal Code on issues related to abortion, and Constitutional Court rulings 34-19.IN/21 and 38-19-AN/23, among others.

II. International and Regional Human Rights Sources: Such as treaties to which Ecuador is a party—including the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW), the Belém do Pará Convention, the United Nations Charter of Human Rights, among others—as well as regional instruments and interpretive rulings relevant to Ecuador.

III. International standards and reports issued by international organizations with a focus on health, sexual rights, and human rights—World Health Organization

(WHO), Amnesty International, American Medical Association, International Federation of Gynecology and Obstetrics ( ), bodies of the United Nations system, Pan American Health Organization (PAHO), among others—that allow for a connection to the debate on state obligations regarding women's reproductive lives.

IV. Peer-Reviewed Academic Literature and Comparative Studies: The analysis includes academic documents, reports from nonprofit organizations, and scientific articles examining the effects following regulatory reforms in countries across Latin America. The studies include the differentiated effects based on the socioeconomic conditions of families with pregnant women, as well as the persistence of institutional barriers.

V. Included are epidemiological reports from the Argentine Ministry of Health and official data from the Directorate of Health Statistics and Information (DEIS Argentina) of the same country, data from the Uruguayan Ministry of Public Health, data from the Mexico City government, and data from the Chilean Department of Health Statistics and Information (DEIS Chile). The corpus incorporated historical series on deaths and live births (2014–2024), data on abortions classified by gestational age, and data on abortions in Chile due to fetal malformations.

The literature search was conducted primarily in Dialnet, JSTOR, Scopus, and SciELO. Documents in Spanish, English, Portuguese, and Italian were explored—using the following keywords: Abortion, Induced Abortion, Latin America, Reproductive Rights, Human Rights—; however, the final corpus focused on Spanish and English, as these were the languages in which the most relevant and applicable information could be found.

Priority was given to sources published since 2016, while retaining documents prior to this date when necessary due to their conceptual or theoretical value—as in the case of Say et al. (2014), who conducted a systematic review for the WHO—or due to the lack of recent research on certain aspects.

2.2.1 Inclusion and Exclusion Criteria

Peer-reviewed articles, official documents, case law, treaties, reports from international agencies and national nonprofit organizations, and institutional publications with verifiable methodology or evidence were included.

The following keywords: Feminism, Religion, and Christianity were used as exclusion criteria in search engines for scientific articles to avoid ideologically biased opinions. These

articles will be accepted when they contain paragraphs with high-quality information and reliable sources that are neutral and useful, or when they aim to demonstrate the views of these groups regarding regulatory changes in different countries.

Blogs, news articles, undergraduate and graduate theses, as well as texts dominated by opinion without sources or with obvious conflicts of interest, were excluded, as were documents lacking complete information on authorship and publication date. Undated documents were included only when they came from internationally recognized organizations—such as Amnesty International, which does not include the publication date in some of its reports—and were highly relevant to the analysis of the case.

2.3 Analysis Tools and Techniques

The technique used was content analysis applied to a documentary corpus, aimed at identifying patterns, recurring categories, and relevant normative standards regarding: criminalization of abortion, state obligations regarding human rights, barriers to access, and differential impacts on women in vulnerable contexts.

2.3.1 Analysis of International Recommendations on Abortion Issues

As the main tools for organizing the findings, two technical analysis tables (Table 2 and Table 3) were designed to systematically outline, in an explicit and detailed manner, the United Nations System's position regarding the Ecuadorian case.

Unlike a conventional interpretive summary, these tables function as a repository of direct textual evidence. They include verbatim excerpts from official documents, ensuring that the terminology and scope of each international standard remain intact. To ensure the traceability of the research, each entry includes its respective bibliographic citation and, mandatorily, the specific paragraph number from which the information was extracted, allowing the reader to immediately verify the information in the UN's primary sources.

2.3.2 Epidemiological Analysis Procedure and Differentiation of Causes

The cause-specific ratio analysis method was used to process regional statistical data. To ensure scientific accuracy, the overall Maternal Mortality Ratio (MMR) is distinguished from the Maternal Mortality Ratio due to abortion (MMRA), focusing solely on deaths associated with ICD-10 codes O00 through O08.

Furthermore, the study breaks down the effect of legalization by examining codes relevant to clandestine practices: O06 (Unspecified abortion) and O07 (Failed abortion

attempt). This technique makes it possible to determine whether the change in deaths is due to a genuine improvement in the safety of the procedure or to an administrative change, thereby lending greater validity to the results obtained.

2.3.3 Coding and Bibliographic Management

Bibliographic management and preliminary text coding were performed using Mendeley Reference Manager, which was used for storing sources as well as organizing citations.

In the analysis, the concept of vulnerability will be addressed from an intersectional approach applied to the national context, considering that the impact of the criminalization of abortion may vary among women when factors such as poverty, rurality, age, membership in historically marginalized groups, economic dependence, or exposure to violence, among others, converge.

To organize and systematize the information, a document analysis matrix (see Appendix A) was used, which allows for the uniform recording of key elements from each source: document type, rights involved, references, demographic level of the study, and relevant findings.

2.4 Procedure

2.4.1 Systematization of Regulations and International Standards

The international standards for terms used in the field of abortion studies were described. The grounds for induced abortion were distinguished, and Ecuadorian criminal law was reviewed to determine which abortion procedures are punishable. Ecuadorian constitutional law regarding reproductive autonomy was reviewed, with an emphasis on the potential infringement of women's reproductive autonomy within the legal framework.

Regional and international standards were identified and described, distinguishing between binding instruments—ratified treaties and their jurisprudence as applied to Ecuador—and interpretive or technical pronouncements—general observations, positions of international organizations, reports from specialized agencies. Priority was given to examining instruments cited or linked to the previously cited by the petitioners in both Constitutional Court cases 34-19.IN/21 and 38-19-AN/23.

2.4.2 Identification of Socioeconomic Consequences and Differential Impact

Academic literature and technical reports documenting the social and economic consequences associated with the criminalization or restriction of abortion were reviewed, with an emphasis on barriers to access, health risks, stigmatization, and effects on women in vulnerable situations. The findings were categorized through content analysis, grouping the evidence by type of consequence and by affected population, with an emphasis on conditions of socioeconomic vulnerability.

2.4.3 Regional Comparison and Development of Analytical Scenarios for Ecuador

A comparative assessment of the Argentine experience was conducted using the grouped periods method, structured as follows:

- Defining the Baseline (Period A: 2013–2020): The raw number of abortion-related deaths and live births during the criminal regime (with restrictive grounds) was consolidated to calculate an average risk prior to the law's enactment.
- Assessment of the Immediate Impact (Period B: 2021–2024): Data were grouped following the implementation of Law 27,610 to analyze how the indicator behaved within a legal context.
- Calculation of inter-period change: The standard formula suggested by the WHO was used for both periods.

$$RMMA = \left(\frac{\Sigma\ Muertes\ por\ aborto\ del\ periodo}{\Sigma\ Nacidos\ vivos\ del\ periodo}\right) * 100{,}000$$

- Inference of Scenarios for Ecuador: Analytical scenarios were developed to analyze how a similar regulatory reform in Ecuador could influence the reduction of maternal deaths and the elimination of health barriers for women in vulnerable situations, based on the observed correlation with the distribution of medical technologies (Misoprostol/Mifepristone) and the percentage change obtained.

CHAPTER 3
RESULTS AND DISCUSSION

3.1 Some Socioeconomic Consequences of the Criminalization of Abortion in Ecuador

The reviewed literature allows for the identification of a pattern of various socioeconomic consequences associated with the criminalization of induced abortion in the Ecuadorian context. Among these, the high rate of teenage mothers, the risks associated with clandestine abortions, and the direct and indirect economic losses incurred by the State due to the criminalization of induced abortion stand out.

3.1.1 Adolescent Motherhood in Ecuador as a Demographic Indicator

The prevalence of teenage and child pregnancy is the primary key indicator when examining the country's reproductive reality. To address this phenomenon, it is essential to compare data from the Statistical Register of Live Births of Instituto Nacional de Estadísticas y Censos del Ecuador [Ecuador's National Institute of Statistics and Censuses] (INEC) with projections from the Pan American Health Organization (PAHO). Although the two sources have methodological differences due to their distinct estimation and data collection protocols, the combined analysis of both has made it possible to identify internal trends, as well as Ecuador's situation in comparison with the rest of the region.

Table 1
Table of Live Births in Ecuador by Adolescent Mothers (2013–2023)

Year	Live births to adolescent mothers aged 10–14	Live birth rate per 1,000 women aged 11–14	Live births to adolescent mothers aged 15–19	Live birth rate per 1,000 women aged 16–19
2013	1,967	3	53,754	71
2014	2,159	3	53,969	71
2015	2,436	3	57,749	76
2016	2,191	3	53,170	70
2017	2,298	3	54,715	71
2018	2,099	3	54,168	70
2019	1,819	2	49,992	65
2020	1,653	2	43,619	56
2021	1,863	2	39,716	52
2022	1,937	2	38,276	50
2023	1,680	2	34,812	45

Note: Data extracted from the National Institute of Statistics and Census (INEC) database, under the section *Live Births – Historical Record, 1.2.6.*

According to data provided by INEC, the number of births to teenage mothers aged 15 to 19 has decreased: in 2013, there were 53,754, and in 2023, there were 34,812. However, births among the 10- to 14-year-old age group have remained at a constant rate, averaging

2,000 cases per year over the past decade. This indicator shows that, while pregnancies during late adolescence appear to be declining, pregnancy during childhood and early adolescence remains a constant challenge for the state's health and social protection system.

The significance of these national indicators becomes clearer when compared with the regional picture. According to the Pan American Health Organization (2025), Ecuador recorded a fertility rate of 54.3 births per 1,000 adolescents aged 15 to 19 in 2024. This figure significantly exceeds both the average for the Americas—35.3—and that for Latin America—48.9. This statistical difference suggests that variables associated with adolescent pregnancy—such as barriers to access to comprehensive sex education, the availability of contraceptive methods, and a restrictive legal environment regarding reproductive rights—have a greater prevalence or impact in the Ecuadorian context compared to other countries in the region.

These demographic indicators take on direct importance in the context of the debate regarding the criminalization of voluntary termination of pregnancy. The number of 34,812 births among adolescents in 2023 may be affected by existing restrictions on reproductive choices. In the socioeconomic sphere, early motherhood in Ecuador is directly linked to school dropout rates and reduced participation in the formal labor market. These factors contribute to the perpetuation of intergenerational cycles of poverty. Therefore, the evidence indicates that maintaining a restrictive legal framework does not eliminate unplanned pregnancies but rather exacerbates the structural vulnerabilities of the adolescent population by limiting preventive interventions and comprehensive public health care.

This trend observed in Ecuador's demographic data aligns with global empirical evidence regarding the ineffectiveness of punitive regulatory models. As the specialized literature emphasizes, the criminalization of abortion is not linked to a significant reduction in the rate of pregnancy terminations; on the contrary, this procedure is systematically shifted to settings with lower health safety standards and greater clinical risk (J. M. Bearak et al., 2022; Guttmacher Institute, 2022). In this vein, key research confirms that legal restrictions do not eliminate the phenomenon but rather drive it underground (Faúndes & Hardy, 1997). For Ecuador, this means that maintaining criminalization does not prevent pregnancy terminations but rather causes them to occur outside the health system, which exacerbates the repercussions for populations with limited access to safe resources.

3.1.2 School Dropout and the Economic Cost to the State

Given the high rate of teenage mothers in Ecuador, school dropout rates among these same women also increase, whether due to the search for work to provide economic support or to care for the newborn, among other possible reasons. The Study on the Costs of Neglect in Sexual and Reproductive Health in Ecuador by the Ministry of Public Health of Ecuador et al. (2017) reports that there were 6,487 cases of school dropout in Ecuador due to teenage pregnancy in 2014. These cases are of concern to the State, as individuals who drop out of school do not meet the criteria for adequately paid jobs, which prevents them from advancing in their careers, resulting in precarious employment or labor exploitation. Furthermore, the State is indirectly harmed by reduced tax revenue—referring here to a purely economic issue for the State without addressing its social responsibility—at a cost to the State of $316.7 million (see Table 2) (Ministry of Public Health et al., 2017, p. 8). This decrease in potential revenue represents a direct negative effect that impacts the long-term financial autonomy or improvement of the health system.

Table 2

Adolescents Who Drop Out of School, Years of Education, and Potential Lost Income by Educational Level at the Time of Dropout.

Level	Cases	Years of schooling lost	Lost income (in millions of dollars)[a]
Elementary Education	3,641	25,488	208.98
Middle/High School	2,846	11,384	107.76
Total	6,487	36,871	316.73

Note: Data and dollar values correspond to the year 2014. Adapted from *Studies on the Costs of Omission in Sexual and Reproductive Health in Ecuador* by the Ministry of Public Health et al., 2017.

[a]Marginal income lost due to dropping out of school at both the primary and secondary levels. This was calculated by taking the difference between annualized income extended over the working life and the reference level of education: higher education (i.e., it was assumed to be the ideal level of education attainable).

The 6,487 cases of school dropout are recorded among adolescents aged 15 to 19, of whom the Ministry of Public Health of Ecuador et al. indicate that 56% were enrolled in primary education (p. 12). Thus, the lack of initiatives in comprehensive sexuality education (CSE), as well as a punitive regime regarding voluntary abortion, generates greater costs not only for the internal microeconomies of each family but also, in a macroeconomic sense, for the State when compared to a regime focused on sexual health with decriminalized abortion measures.

It is incumbent upon the State to comprehensively review Ecuadorian legislation in light of the principles guiding the protection of life, thereby taking into account its philosophical basis and its practical implementation in specific social situations. In this regard, it is important to analyze the manner—that is, through which legal and institutional mechanisms access to reproductive health is penalized or permitted—and from when—referring to the gestational periods or weeks recognized by law—such protection is established within the legal framework, as well as its relationship to persistent social problems, such as school dropout rates among young people. Furthermore, although the economic factor need not be the focus of the debate, its consideration provides important elements for a more complete understanding of the phenomenon. Specifically, it enables an assessment of the impacts on both the administration of public resources and the realm of household economies, which contributes to a more comprehensive analysis that guides the development of informed and context-specific public policies.

The most recent academic literature strongly supports the economic impact of early motherhood resulting from a restrictive legal framework. National estimates that calculate losses at $316.7 million due to school dropout rates align with the macroeconomic analysis conducted by Rodgers et al. (2021), who demonstrate that legal barriers to terminating unwanted pregnancies directly affect women's participation in the formal labor market on a global scale. At the microeconomic level, this situation forces pregnant women to face income losses and unexpected expenses throughout their lives, perpetuating a cycle of nd precariousness that particularly affects low-income adolescents (Coast et al., 2021).

In the context of Ecuador, indicators show that the criminalization of abortion is linked to quantifiable social and economic consequences. While the purpose of the Comprehensive Organic Criminal Code (COIP) is to protect life from conception, an assessment of this public policy reveals its impact on women's development indicators. The reviewed data suggest that a less restrictive regulatory framework could be associated with a decrease in school dropout rates resulting from teenage pregnancy. In economic terms, interrupting these young women's education limits their ability to acquire technical skills and enter a competitive job market. At the macroeconomic level, this reduction in academic training and labor force participation ultimately reduces national productive capacity and the revenue the state collects through taxes.

3.1.3 Characteristics and Socioeconomic Effects of Prosecution

Data obtained through public information requests, compiled by Wambra Medio Comunitario (2019), describe the distribution of these cases nationwide: between August 2014 and June 2019, the Attorney General's Office recorded 286 complaints for the crime of consensual abortion, while the Judicial Council processed 134 court cases for the same reason. Provinces such as Pichincha (23 cases), Morona Santiago (13), and Cotopaxi (10) accounted for the highest number of documented cases during that period.

To contextualize the scope of these proceedings, the Human Rights Watch (2021) report examined a representative sample of 148 cases prosecuted between 2009 and 2019. The organization found that 81% of those charged were women and girls who had sought care in the health system for obstetric emergencies—a category that includes induced abortions, miscarriages, or attempted abortions.

This information indicates that health centers frequently serve as the starting point for the criminal prosecution of these cases. According to Human Rights Watch (2021), a significant proportion of criminal investigations arise from reports filed by medical staff themselves. The report notes that this dynamic sparks debates regarding the application of professional confidentiality in obstetric emergency situations. Likewise, the organization documented that during the hospital stay, situations have been reported that could infringe upon patients' rights; among them, the conduct of police interrogations on clinical premises and the performance of gynecological examinations without prior informed consent—actions carried out while patients were in physical and psychological recovery following the medical event.

The Comprehensive Organic Criminal Code (COIP) establishes penalties to protect intrauterine life, recognizing the fetus as a protected entity in accordance with the constitutional principles of the defense of life from conception (Sánchez-Ostiz, 2009). Furthermore, the State establishes in Article 66, paragraph 9, of the Constitution the obligation to promote the necessary means to ensure that decisions regarding sexuality and life are made under safe conditions; while paragraph 10 recognizes the freedom of decision regarding reproductive health and life. At the international level, the jurisprudence of the Inter-American Court of Human Rights (Case of Artavia Murillo et al. v. Costa Rica, 2012) states that States must balance prenatal protection with the rights to autonomy and family planning of pregnant persons. Therefore, this balancing and analysis should be periodically

discussed by Ecuador's legislature, with a view to better preserving the right to a dignified life and comprehensive health.

Statistics suggest a variation in the frequency of criminal proceedings following legislative changes. With the entry into force of the COIP reforms in 2014, the annual average of women prosecuted increased, rising from approximately eight cases per year between 2009 and 2013 to about fifteen cases per year between 2015 and 2019, representing an 87% increase (Human Rights Watch, 2021). Regarding judicial rulings, 81% of women who underwent summary proceedings received custodial sentences, typically ranging from four to six months.

Demographic analysis of these cases indicates a statistical correlation between legal proceedings and certain socioeconomic characteristics. The data collected shows that the proportion of cases prosecuted is higher among young women from economically vulnerable sectors (García et al., 2022; Human Rights Watch, 2021). Additionally, the Surkuna Organization (2022) reports that the recording of these proceedings is associated with psychosocial variables that may deter the seeking of medical care, even in scenarios deemed non-punishable by law. This variable has an operational impact on care protocols for patients requiring legal termination of pregnancy on the grounds of sexual violence.

Similarly, the academic literature describes how the empirical application of criminal laws on abortion exhibits indicators of stratification, statistically concentrating on lower-income populations (Berro Pizzarossa & Skuster, 2021; Yamin & Bergallo, 2017). Given the inability to afford the costs of private legal representation, a significant proportion of those prosecuted are represented by the Public Defender's Office. On this point, the Human Rights Watch report (2021), after analyzing 96 rulings in Ecuador, found that in 58% of cases (19 out of 33) with public representation, the legal strategy adopted consisted of suggesting summary proceedings and the subsequent acceptance of the charges. The document notes that the use of other types of defense strategies could have altered the outcome of the verdicts (p. 77), introducing a variable for analysis regarding the standardized procedures of state-provided legal aid in these cases.

In conclusion, the data reveal variations in interaction with the justice system based on income level. Population sectors in the upper economic quintiles have the financial means to hire specialized private legal representation or to access medical services in jurisdictions with permissive regulatory frameworks. In contrast, the statistics show that lower-income

population groups rely more heavily on clandestine methods of care, which increases their statistical likelihood of entering the criminal justice system's judicial process.

3.1.4 Underreporting and Clinical Risks in the Underground

Due to the illegal nature of clandestine abortions, there are no accurate data on the number of pregnancy terminations performed, including due to the difficulty of obtaining data on pregnancies terminated at home by pregnant women during the first trimester using pills such as *Mifepristone*, *Misoprostol*, or a combination of both, as recommended by the World Health Organization (2012). Consequently, data on the number of clandestine abortions performed in a country cannot be accurate.

The estimates provided by Ortiz-Prado et al. (2017) place abortion-related mortality in Ecuador at 43 deaths per 100,000 live births; however, the inability to distinguish between spontaneous and induced abortions, along with the high percentage of cases classified as "other abortions"—which the author indicates is more than 85% of cases—suggests the existence of underreporting of unsafe abortions in the country. This clinical and administrative difficulty in distinguishing between spontaneous and induced abortions strongly suggests the existence of structural underreporting. That is, a significant proportion of these nonspecific complications and deaths likely correspond to the sequelae of induced abortions performed under unsafe conditions that, for fear of legal reprisals, are not reported as such, as also indicated by Silvia & Pantelides (2009).

3.1.5 Direct Financial Impact on the Public Health System

According to the study by Monteverde and Tarragona (2019) and the study by the Argentine Center for Political Economy (2020) on the cost of abortion in Argentina, the greatest economic burden on the state lies not in the abortion procedure itself, but in treating the complications that arise when it is performed unsafely. These complications incur costs more than three times higher than those associated with direct access to the procedure—the study by the Argentine Center for Political Economy indicates that, in a hypothetical model where all hospital discharges for abortions outside the legal system were replaced by the use of the drug *Misoprostol*, clandestine abortion could cost up to 21 times more than legal abortion; however, this is an ideal scenario, not a real one. This finding is particularly significant for Ecuador, where the partial criminalization of abortion means that clandestine practices still exist; rather than eradicating the phenomenon, these practices shift the economic burden to more complex medical procedures within the healthcare system.

Specifically, the treatment of unsafe abortions requires prolonged hospital stays, emergency surgical interventions—such as dilation and curettage or suction procedures for incomplete evacuations—and the clinical management of severe infections, hemorrhages, or uterine perforations, consuming a disproportionate number of hospital beds and resources.

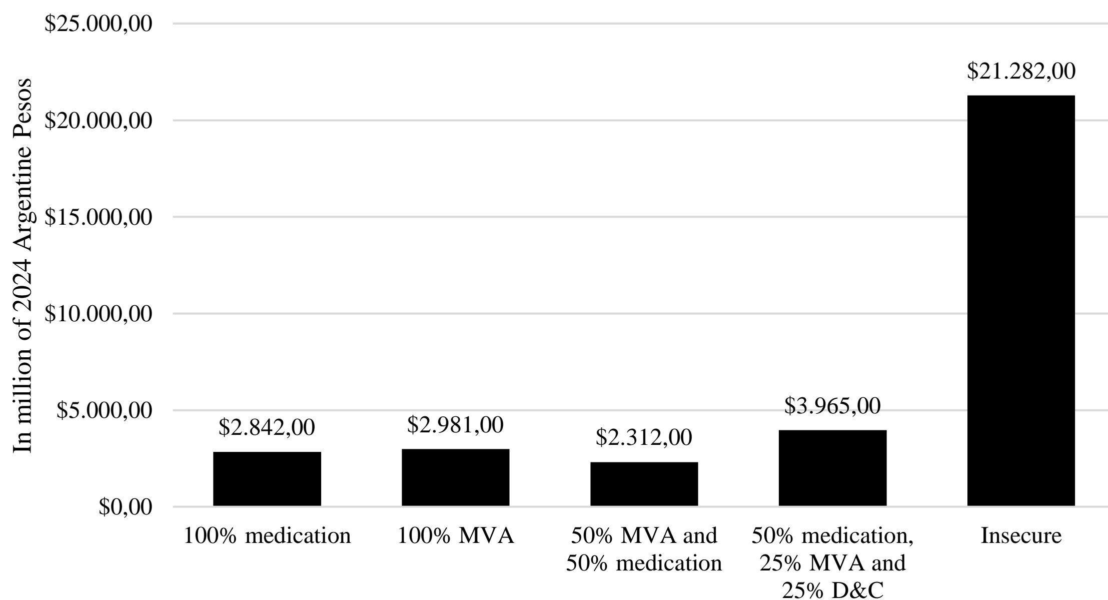
The study by Monteverde & Tarragona reveals, in general terms, that the total cost associated with unsafe abortion can be quite high—476 million pesos—even under the most conservative scenario, and that this cost can increase significantly in contexts with higher incidence rates—up to 1.804 billion pesos—(Monteverde & Tarragona, 2019, p. 11). These projections are based on a model that estimates 457,553 induced abortions annually in the population, which allows us to gauge the immense amount of resources that the health system must divert year after year to address the morbidity resulting from clandestine abortions. Although these figures refer to the situation in Argentina, it is possible to assess the potential magnitude of the economic impact caused by the illegality of voluntary pregnancy terminations. This concern is reinforced by data available in Ecuador regarding hospital discharges in 2024 from the National Institute of Statistics and Census (2025): spontaneous abortion (code O03) accounted for 4,056 hospital discharges among women aged 18 to 29 alone, a figure comparable to other major obstetric causes such as gestational hypertension (4,657) or fetal distress (4,817), establishing spontaneous abortion as one of the top ten causes of morbidity among women aged 18 to 29. Although Ecuador's official registry does not allow for a clinical distinction between spontaneous abortions and complications resulting from unsafe practices, this indicator highlights a highly significant burden of postabortion care on the national public health system.

The hypothesis of cost-effectiveness is strengthened when compared to situations of safe and legal abortion. In the aforementioned analysis, it is observed that public health system costs decrease significantly under a legal framework, ranging from 104 to 232 million Argentine pesos, depending on the number of cases (Monteverde & Tarragona, 2019, p. 11), which would represent massive savings for the Argentine state treasury. The study by the Center for Argentine Political Economy (2020) establishes that Argentina would save up to 88% of the fiscal cost of treating clandestine abortions under a policy of total decriminalization. In particular, the decrease in complications requiring hospitalization and complex treatments is the main reason for this reduction. This is because, as the practice is regulated and legalized, the care model shifts from one of tertiary hospital emergency care to a preventive outpatient model at the primary care level. The implementation of safe

protocols recommended by the WHO, which rely primarily on medications (Mifepristone and Misoprostol) or Manual Vacuum Aspiration (MVA), almost entirely eliminates the need for invasive surgical procedures —such as surgical dilation and curettage (D&C)—, general anesthesia, blood transfusions, and hospitalizations, thereby significantly reducing the cost per patient. Thus, as shown in Figure 3, there is a vast difference in costs between safe abortions performed under standardized medical guidelines and the costs associated with treating emergencies resulting from clandestine procedures.

Figure 3

Comparison of the Costs of Unsafe and Safe Abortions. Scenarios for a Total of 457,553 Abortions and Average Medical Service Costs. Argentina, in millions of Argentine pesos, July 2018.



Note. Adapted from *Safe and Unsafe Abortions: Total Monetary Costs and Costs to the Argentine Health System in 2018* by M. Monteverde and S. Tarragona, Salud Colectiva, 15 (2019). https://doi.org/10.18294/sc.2019.2275

This finding calls into question the notion that criminalization is an economically effective strategy for the state, given that barriers to accessing safe services remain in Ecuador. In a legal context, for the costs to the health system to exceed those incurred by treating complications in illegal situations, the total number of abortions would need to increase at least fourfold (Monteverde & Tarragona, 2019, p. 13). This finding is particularly important for Ecuador because it indicates that there is no empirical evidence to support claims linking decriminalization to increased public spending, even in circumstances of high demand.

The comparative evidence, taken as a whole, suggests that, in situations like Ecuador's, criminalizing abortion does not eliminate abortion-related costs; on the contrary, it increases

them by shifting them to the treatment of preventable problems within the healthcare system. Conversely, an approach based on providing safe and regulated services could significantly reduce public spending, while optimizing the efficiency of the health system and alleviating the hospital pressure reflected in obstetric-related discharges. Furthermore, if we take into account the total cost of sexual and reproductive health omissions in Ecuador, this financial impact is 17 times greater than the investment needed to prevent such omissions through education and planning. (Ecuadorian Ministry of Public Health et al., 2017). Thus, as Vlassoff et al. (2009) indicate, the costs of unsafe abortion within countries' health systems must be communicated to governments, and these, in turn, must compare and weigh them against lower-cost alternative measures such as implementing improvements in the provision of contraceptive methods or better access to safe abortions (p. 119). From an economic perspective, these findings suggest that criminalizing abortion may be a less effective strategy when considering the allocation of public resources.

3.2 Ecuador's Alignment with International Recommendations

An analysis of the regulatory and interpretive corpus reveals that Ecuador faces some debate regarding regulatory alignment with recommendations issued by international organizations on human rights and reproductive health. On the one hand, significant progress has been made in incorporating international standards through decisions of the Constitutional Court, particularly regarding the expansion of grounds for pregnancy termination and the progressive recognition of rights related to autonomy, health, and personal integrity. However, significant tensions persist within the legal system, especially to the extent that the criminalization of abortion continues to operate as a restriction in most grounds.

To understand this tension, it is pertinent to refer to the legal nature of the instruments applicable to the Ecuadorian State, as previously discussed (see section 1.1.4). While the judgments of the Inter-American Court of Human Rights (IACHR) are directly binding—requiring the State to apply the principle of proportionality and not to override women's reproductive rights in favor of the absolute protection of the embryo—the recommendations of the United Nations Committees operate as *soft law*—understood as non-binding guidance.

Although these observations (detailed below in Table 3 and Table 4) constitute the authoritative interpretation of the treaties that Ecuador has ratified—and exert intense political pressure, given that international custom confirms adherence to these guidelines—

documented practice shows that the State has historically maintained a position based on the defense of its internal legislative sovereignty. This assertion of sovereignty in the face of *quasi-judicial* international guidelines[10] explains why the recent decriminalizations in Ecuador have not arisen from the voluntary compliance of political authorities, but rather from citizen petitions before the Constitutional Court.

3.2.1 Recommendations and General Observations Applicable to Ecuador

The revised international standards emphasize the need to eliminate legal, institutional, and practical barriers that hinder access to reproductive health services, which allows for the identification of specific gaps between the international obligations assumed by the Ecuadorian State and their regulatory and practical implementation.

[10] When a rule is not enforced as a coercive norm through sanctions by a competent authority, but the legitimacy of the norm and its consistent application allow that—even if it does not originate directly from a judicial body—the repeated compliance with it and social acceptance grant it an appearance of enforceability similar to that of a judicial decision.

Table 3

General Recommendations from International Organizations on Abortion Issues.

International Organization	Recommendation	Details
CEDAW Committee (2017)	General Recommendation No. 35	"Violations of women's sexual and reproductive health and rights, such as (…) forced abortion, forced pregnancy, the criminalization of abortion, the denial or delay of safe abortion and post-abortion care, and the forced continuation of pregnancy (…) are forms of gender-based violence that, depending on the circumstances, may constitute torture or cruel, inhuman, or degrading treatment" (Committee on the Elimination of Discrimination against Women, 2017, para. 18).
CEDAW Committee (2017)	General Recommendation No. 35	"Provisions that permit, tolerate, or condone any form of gender-based violence against women, including child or forced marriage and other harmful traditional practices; provisions that allow medical procedures to be performed on women with disabilities without their informed consent; and provisions that criminalize abortion" (Committee on the Elimination of Discrimination against Women, 2017, para. 29).
CEDAW Committee (1999)	General Recommendation No. 24	"To the extent possible, legislation criminalizing abortion should be amended to abolish punitive measures imposed on women who have undergone abortions" (General Recommendation No. 24, 1999, para. 31).
UN Human Rights Committee (2018)	General Comment No. 36	(…) States (…) may (…) regulate the termination of pregnancy; however, such measures must not result in the violation of the pregnant woman's right to life or her other rights (…), such as the prohibition of cruel, inhuman, or degrading treatment or punishment. Therefore, any legal restrictions that limit women's ability to undergo an abortion must not, among other things, endanger their lives or expose them to physical or mental pain or suffering (…). States Parties must ensure safe access to abortion to protect the life and health of pregnant women, and in situations where carrying the pregnancy to term would cause the woman severe pain or suffering, particularly in cases where the pregnancy is the result of rape or incest, or the fetus has a severe abnormality. States Parties must not regulate pregnancy or abortion in a manner contrary to their duty to ensure that women do not have to resort to unsafe abortions. [For example, they must not adopt measures such as criminalizing pregnancies among unmarried women, nor impose criminal penalties on women who undergo an abortion or on the physicians who assist them in doing so, when it is foreseeable that the adoption of such measures will result in a significant increase in unsafe abortions.] (…) (Human Rights Committee, 2018, para. 9).
Committee on Economic, , Social, and Cultural Rights	General Comment No. 22	The prevention of unwanted pregnancies and unsafe abortions requires States to adopt legal and policy measures to ensure that all persons have access to contraceptives (…) comprehensive education on sexuality (…); relax restrictive abortion laws; ensure women's and girls' access to safe abortion services and quality post-abortion care, (…) and respect women's right to make autonomous decisions regarding their sexual and reproductive health. (Committee on Economic, Social, and Cultural Rights, 2016, para. 28).
Committee on Economic, Social and Cultural Rights	General Comment No. 22	States parties have an obligation to eliminate discrimination against individuals and groups and to ensure their equality with regard to the right to sexual and reproductive health. This requires States to repeal or reform laws and policies that nullify or undermine the ability of specific individuals and groups to realize their right to sexual and reproductive health. There are many laws, policies, and practices that undermine autonomy and the right to equality and non-discrimination in the full enjoyment of the right to sexual and reproductive health, for example, the criminalization of abortion or restrictive laws regarding it (Committee on Economic, Social and Cultural Rights, 2016, para. 34).
Committee on the Rights of the Child	General Comment No. 20	The Committee urges States to decriminalize abortion so that girls can safely undergo an abortion and receive post-abortion care, as well as to review their legislation to ensure that the best interests of pregnant adolescents are served and that their views are always heard and respected in decisions regarding abortion (Committee on the Rights of the Child, 2016, para. 60).

Note. The "Details" section refers to the specific citation where an interesting point regarding abortion is discussed.

In this context, international standards, as summarized in Table 3, agree that the extreme criminalization of abortion is not only a barrier to accessing it but could also be viewed as a form of gender-based violence and a violation of the right to health. There is a consensus on the importance of removing penalties and ensuring access to safe services,

which supports the notion that legal restrictions can have outcomes contrary to safeguarding women's lives and integrity.

It can be said that the UN Committees, which monitor the treaties and conventions ratified by Ecuador, pursue the global reduction or elimination of criminalized abortion with specific public health objectives. These objectives are: to guarantee women's dignity, to prevent unsafe abortions—the vast majority of clandestine abortions in Ecuador fall into this category—and to reduce the number of teenage pregnancies.

[11]In turn, these bodies emphasize the importance of States Parties presenting comprehensive plans for comprehensive sexuality education (CSE) and policies that support family planning and the provision of contraceptive methods. In this vein, the international community does not view the decriminalization of abortion as an isolated step, but rather as an essential part of a comprehensive reproductive health policy. According to this approach, international standards require states to prioritize the prevention of unplanned pregnancies through contraception and education, while simultaneously ensuring access to safe abortion as an indispensable and urgent h y health service to safeguard the lives, autonomy, and integrity of women in vulnerable situations—including pregnant women.

3.2.2 Concluding Observations Addressed to Ecuador

To fully understand whether there is an implementation gap, it is necessary to review the specific recommendations made to Ecuador. Table 4 compiles the concluding observations issued by the various treaty bodies following the periodic review of the reports submitted by the Ecuadorian State. These comments constitute direct, specific requirements related to the country's actual situation.

[11] Women in rural areas, girls and adolescents, women in disadvantaged socioeconomic situations, etc. Recognizing that these vulnerabilities often converge in a single pregnant person.

Table 4

Concluding Observations to Ecuador on Abortion Issues by United Nations Committees

International Organization	Recommendation	Details
CEDAW Committee (2015)	Concluding Observations on the Eighth and Ninth Periodic Reports of Ecuador	"The Committee recommends that the State party: (…) Decriminalize abortion in cases of rape, incest, and severe fetal malformations, in accordance with the Committee's General Recommendation No. 24 (1999) on women and health" (Committee on the Elimination of Discrimination against Women, 2015, para. 36).
Human Rights Committee (2016)	Concluding Observations on the Sixth Periodic Report of Ecuador	"The State party should revise the Comprehensive Organic Criminal Code to introduce additional exceptions to voluntary termination of pregnancy, including when the pregnancy is the result of incest or rape, even if the woman does not have a mental disability, and in cases of fatal fetal impairment, and ensure that legal barriers do not lead women to resort to abortions" (Human Rights Committee, 2016, para. 16).
Committee on Economic, Social and Cultural Rights (2019)	Concluding Observations on the fourth periodic report of Ecuador	"The Committee is concerned about the continued persistence of child marriage, teenage pregnancy, and negative attitudes toward contraception, as well as the criminalization of abortion, including in cases of rape (art. 12)" (Committee on Economic, Social and Cultural Rights, 2019, para. 51).
Committee on Economic, Social and Cultural Rights (2019)	Concluding observations on Ecuador's fourth periodic report	"The Committee recommends that the State party: (…) Take all necessary measures to ensure that the regulation of pregnancy termination is compatible with women's integrity and autonomy, in particular through the decriminalization of abortion in cases of rape" (Committee on Economic, Social and Cultural Rights, 2019, para. 52).
United Nations Committee on the Rights of the Child (2017)	Concluding Observations on the combined fifth and sixth periodic reports of Ecuador	"The Committee (…) expresses deep concern about: (…) Barriers to access to abortion services and the practice of unsafe abortions" (Committee on the Rights of the Child, 2017, para. 34).
United Nations Committee on the Rights of the Child (2017)	Concluding observations on the combined fifth and sixth periodic reports of Ecuador	"In light of its General Comment No. 4 (2003) on adolescent health and development, the Committee recommends that the State party: (…) Ensure that girls have access to sexual and reproductive health services, including therapeutic abortion, and consider the possibility of decriminalizing abortion, paying special attention to the age of the pregnant girl and cases of incest or sexual violence" (Committee on the Rights of the Child, 2017, para. 35).

Note. The *"Details"* section refers to the specific passage where an interesting point regarding abortion is found.

The specific and repeated requests that the United Nations system has directed to Ecuador over several review cycles—2015–2019—demonstrate that its recommendations are not limited to simple guidelines. Entities such as the CEDAW Committee, the Human Rights Committee, the Committee on Economic, Social and Cultural Rights, and the Committee on the Rights of the Child unanimously agree on the need to review current criminal legislation and expand the grounds for non-punishment. Specifically, the observations repeatedly call for the decriminalization of abortion in cases of rape, incest, and severe fetal malformations or those incompatible with extrauterine life.

3.2.3 Legislative Developments and the Regime of Criminalized Grounds

From the perspective of the international legal framework, the systematic repetition of the same recommendation by different committees over the years highlights an implementation gap and state resistance to international norms regarding reproductive rights

(Yamin & Bergallo, 2017). Theoretically, a state that ratifies a treaty assumes the obligation to gradually align its domestic legislation with those normative standards (Berro Pizzarossa & Skuster, 2021). However, the repetition of these observations focused on Ecuador—in 2015, 2016, 2017, and 2019—empirically demonstrates a persistent refusal by the Ecuadorian legislature to amend the Comprehensive Organic Criminal Code (COIP) to better align with the recommendations of these monitoring bodies.

The record of legislative processes in Ecuador shows how the current legislation has been debated. During the second debate on the Organic Law Amending the COIP in 2019, the Committee on Justice and State Structure presented a report that included a proposal to decriminalize abortion in cases of rape, incest, and non-consensual insemination (National Assembly of Ecuador, 2019). The document bases this inclusion on an analysis of the recommendations issued by international human rights organizations. However, during the plenary session on September 17, 2019, the proposal failed to secure the qualified majority of votes required for its approval. As a result of this legislative process, the legal framework of the COIP remained unchanged regarding these specific grounds during this Organic Reform Law.

Ecuador's legal system regarding abortion was altered after Ruling 34-19-IN/21 decriminalized the ground of rape through constitutional review; however, the Comprehensive Organic Criminal Code still does not include other grounds proposed by international bodies. For this reason, the State is in a situation of partial technical misalignment with respect to the recommendations of human rights treaty bodies due to the continued criminalization of abortion in cases of lethal fetal malformations and incest[12].

[12] It is appropriate to provide a theoretical clarification regarding the legal grounds for incest within Ecuador's legal system. The Comprehensive Organic Criminal Code (COIP) does not establish incest as a separate offense for these purposes, but rather includes "incestuous rape" (Art. 171.1). Although this categorization legally permits the termination of a pregnancy resulting from rape, its implementation in practice poses significant barriers to accessing it. The requirement to classify and report the incident solely as an intrafamilial rape could have a deterrent effect; on numerous occasions, victims or their families might decide not to pursue medical assistance to avoid the serious criminal and social consequences of identifying a family member as the perpetrator of a rape. This situation was addressed by the Constitutional Court in Ruling 34-19-IN/21. In responding to the petition to decriminalize abortion in cases of incest and severe fetal malformations, the Court determined that the inclusion of independent grounds exceeds the scope of a constitutional ruling, expressly delegating this task to the legislative discretion of the National Assembly and calling on that body not to neglect the consideration of these issues of high social relevance. Therefore, the legislative branch's inaction in response to this judicial call would reinforce the regulatory gap previously identified by international organizations.

3.3 Projections of Decriminalization in the Regional Context

An analysis of cases in Latin America shows that the processes of decriminalizing abortion have been accompanied by significant changes in the way states approach reproductive health. In general, these changes have sought to facilitate access to services and reduce the barriers faced by women, particularly those in vulnerable situations. The reviewed literature agrees that criminalization does not significantly reduce the practice of abortion, but rather drives it into less safe conditions (Faúndes & Hardy, 1997). As various studies indicate, the criminalization of abortion does not significantly reduce the practice (J. M. Bearak et al., 2022; Faúndes & Hardy, 1997; Guttmacher Institute, 2022). This suggests that the debate should not focus solely on the legal aspect, but rather that it also has important implications in terms of health and social inequality.

This paper presents various findings observed in Latin American countries that have implemented reforms to their abortion laws. The focus is on three models: decriminalization processes that allow for voluntary termination of pregnancy—within specific time frames, generally between 8 and 24 weeks—and data provided by various countries —Mexico, Uruguay, Argentina— as well as on the expansion of specific grounds that remain criminalized in the Ecuadorian context, such as abortion due to fetal malformations, and the context of restrictions present in Ecuador. This distinction allows for a more precise identification of the effects these changes have had on different regulatory models within the region.

3.3.1 The Time-Limit Model and Its Impact on Public Health

To objectively assess the impact of a transition to a time-based model, it is methodologically necessary to begin the analysis by examining its most critical and direct effect: the preservation of maternal life. In this regard, the Argentine government's recent experience provides compelling evidence of the effectiveness of legalization in reducing preventable deaths.

The analysis of maternal mortality due to abortion in Argentina is marked by a historic change in the law: the enactment, in late 2020 and effective as of 2021, of Law 27,610, which legalizes Voluntary Termination of Pregnancy (VTP) in the country. This legal framework transformed abortion from an act that was largely criminalized into a health service.

Table 5

Abortion-related deaths and live births in Argentina, 2014–2024

Year	Deaths from Abortion (O00-O07)	Number of live births[a]
2024	14	413,135
2023	18	460,902
2022	18	495,295
2021	13	529,794
2020	23	533,299
2019	25	625,441
2018	35	685,394
2017	30	704,609
2016	43	728,035
2015	55	770,040
2014	43	777,012
Total	317	6,722,956

Note: Data extracted from the Argentine Directorate of Health Statistics and Information in the sections on Deaths and Live Births (2024–2014), argentina.gob.ar

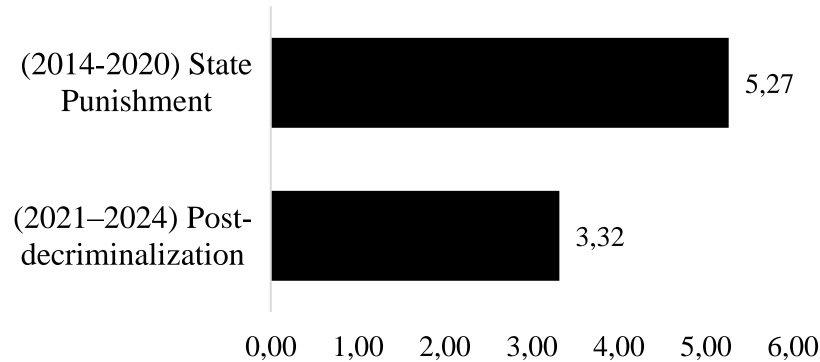
The purpose of Table 5 is to examine deaths recorded under ICD-10 codes O00-O07 (spontaneous abortion) between 2014 and 2024 in Argentina, along with the number of live births in the same country. The Number of Live Births column is included to provide a complete perspective on Argentina's demographic context. As can be seen, there has been a pronounced downward trend in the birth rate over the past decade.

This variable is essential, in accordance with the proposed methodology, for the subsequent calculation of the Maternal Mortality Rate due to Abortion (MMRA). A standardized indicator can be obtained by correlating the number of births with deaths, which will allow for a rigorous comparison of the risk of death from abortion during the period of legal restriction and the period of legalization, avoiding the biases that would arise if only absolute numbers were analyzed in a population with a declining birth rate.

An MMRA is obtained for the 2014–2020 period, prior to the decriminalization of the law, as well as one for the 2021–2024 period, with abortion decriminalized. The MMR for 2014–2020 is 5.27 abortion-related deaths per 100,000 live births and drops to 3.32 for the 2021–2024 period (see Figure 4), indicating a 37% reduction in the risk of maternal mortality from this cause.

Figure 4

Maternal Mortality Rate Due to Abortion in Argentina, (2024–2014)



Note: Calculations based on data from the Table, extracted from the Argentine Directorate of Health Statistics and Information in the sections on Deaths and Live Births (2024–2014), argentina.gob.ar

As noted above, the data show that the transition to a legal framework led to a 37% drop in the abortion-related maternal mortality rate; prior to the legal change decriminalizing abortion, abortion was the third leading cause of maternal mortality in Argentina (Centro de Economía Política Argentina, 2020). This improvement in survival indicators is empirically supported by the shift of the practice from unsafe clandestine settings to the formal healthcare system. This phenomenon is evidenced by the increase in the dispensing of safe medications—*misoprostol,* for example—following decriminalization. In this regard, Fernández's (2022) study indicates that, following the enactment of Law 27,610, there was a more than threefold increase in the amount of misoprostol (200 mcg) dispensed in public institutions such as the Pasteur Hospital in Villa María, ensuring low-risk pharmacological procedures.

It is essential to note that the observed decline in the MMR must be interpreted analytically. Although there is an undeniable correlation with decriminalization, demographic literature warns that figures from the era when abortion was criminalized likely suffered from a serious underreporting bias. As Silvia & Pantelides (2009) note, the clandestine nature of abortion poses a structural challenge for health registration systems, as deaths and complications tend to be underclassified under other clinical diagnoses to evade criminal scrutiny. In general, hospital discharge records in punitive contexts are incomplete; fear of prosecution leads women and doctors to report unsafe induced abortions as "spontaneous" or of "unspecified cause" (Silvia & Pantelides, 2009, p. 10).

In this vein, the Argentine Ministry of Public Health & the Argentine Directorate of Health Statistics and Information (2026) acknowledge the likelihood that historical data contain a margin of underreporting. Consequently, the rate of 5.27 deaths (2014–2020) calculated in this study constitutes a statistical floor; it is highly likely that actual mortality during the years of prohibition was significantly higher, which would mean that the impact of Law 27,610 is, in practice, possibly more profound than the documented 37%.

The Argentine case provides empirical evidence that debunks the premise that criminalization protects life. For Ecuador, these results chart a clear path: the restrictive criminal framework currently in place under the COIP is directly responsible for maintaining the rates of maternal morbidity and mortality that today overwhelm Ecuadorian hospitals. Comparative experience shows that legalizing abortion does not overwhelm the healthcare system, but rather optimizes it by e ing the early provision of safe medications, thereby eliminating the lethal infections and hemorrhages associated with clandestine procedures. If the Ecuadorian government were to adopt a similar public health approach, regional evidence strongly suggests that it would achieve a drastic and immediate reduction in the loss of lives among women and adolescents who are currently victims of the punitive model.

Beyond reducing maternal mortality, the implementation of a time-limit model has also been shown to function as a mechanism of socioeconomic protection for developing populations. In this regard, the experience accumulated in Mexico offers revealing data on the profile of service users and the impact on their life plans.

In Mexico City, from April 2007 to June 30, 2024, 1,769 legal pregnancy termination (ILE) procedures were performed[13] on girls aged 11 to 14, 12,587 on young women aged 15 to 17, and 125,660 procedures on young women aged 18 to 24; these three age categories together accounted for 50.5% of all procedures. These data indicate that access to pregnancy termination services has been utilized significantly by the youth population; thus, while the data do not allow for a direct causal relationship with the reduction in teenage pregnancy, the availability of this service is interpreted as a factor that expands women's reproductive

[13] Any registered abortion procedure that is legalized within a territory is classified as ILE; within this category, we find voluntary terminations of pregnancy (IVE) as well as the various legal grounds that differ by country—abortion for the woman's health, abortion due to rape, and abortion due to fetal malformations. In Mexico City, IVE and abortion for legal grounds are permitted up to the twelfth week.

options in vulnerable contexts, and it can be assessed that a significant reduction in the number of teenagers forced into motherhood is possible[14].

Table 6
Users Served by ILE Services in Mexico City by Age Group

Age Group	Total	Percentage	Cumulative Frequency
11 to 14	1,769	0.6%	0.6%
15 to 17	12,587	4.5%	5.2%
18 to 24	125,660	45.3%	50.5%
25 to 29	66,650	24.0%	74.5%
30 to 34	39,439	14.2%	88.8%
35 to 39	21,968	7.9%	96.7%
40 to 44	7,510	2.7%	99.4%
45 to 54	581	0.2%	99.6%
<55	3	0.0%	99.6%
N/A	1,101	0.4%	100.0%
Total	277,268	100%	

Note. Adapted from *Legal Termination of Pregnancy Statistics April 2007 – June 30, 2024* by the Government of Mexico City (2024).

Table 6 quantitatively demonstrates that the demand for legal pregnancy termination services in a decriminalized setting is overwhelmingly concentrated among young people. Women under 24 account for more than half (50.5%) of all procedures performed over 17 years of public policy, with the 18–24 age group having the highest prevalence (45.3%). Conversely, as reproductive age advances, use of the service decreases drastically, accounting for barely 10% among women over 35.

This age distribution is predictable and revealing when viewed from a demographic and reproductive rights perspective. Early youth and adolescence coincide with the period of highest fertility from a biological standpoint; however, structurally, this overlaps with the period of greatest economic vulnerability and the consolidation of life plans—such as entering the workforce or pursuing higher education. According to the reviewed literature, such as studies by the Guttmacher Institute (2022), young women have higher rates of unplanned pregnancies due to barriers to accessing sex education and long-acting contraceptive methods. Consequently, Mexico City's time-frame model demonstrates in practice that access to legal abortion primarily serves as a safety net for young people, enabling them to correct mistakes in contraception without this resulting in a permanent interruption of their life paths.

[14] As noted above, this must be linked to effective policies for implementing comprehensive sexuality education (CSE) and ensuring access to contraceptive methods, so that abortion remains a last resort in cases of teenage pregnancy.

The contrast between these Mexican results and the Ecuadorian reality—previously outlined in Table 1 on live births—forms the core of this comparative study. The Ecuadorian government records approximately 36,000 births among adolescents and girls under 19 each year, under a criminal framework that prohibits abortions; on the other hand, in Mexico City, thousands of young people choose to have an abortion if they face an unplanned pregnancy. The data strongly suggest that, in Ecuador, criminalizing abortion does not reduce sexual activity or pregnancies among young people; rather, it may limit the options available to this population to prevent a teenage pregnancy from becoming a major socioeconomic constraint.

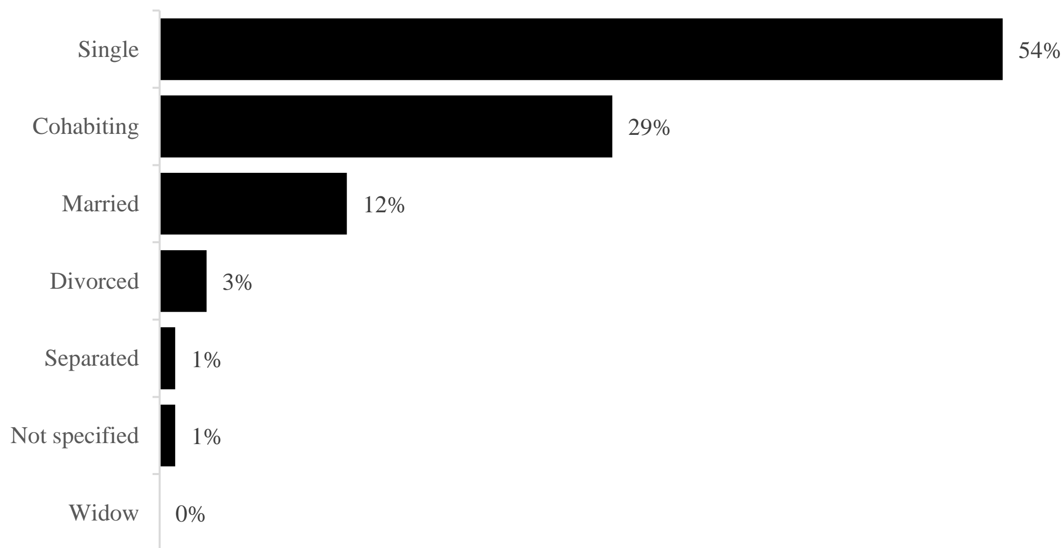
In this vein, to thoroughly analyze the impact of decriminalization, it is essential to examine the economic and social characteristics of the individuals who use these services. This perspective makes it possible to understand that the decision to have an abortion does not occur in isolation but is closely linked to educational opportunities and the stability of the family environment. Thus, analyzing variables such as employment, education, and the type of domestic support within a decriminalized system facilitates the identification of the population groups most in need of these safeguards to secure their future.

Of the individuals served in Mexico City from April 2007 to June 30, 2024, 9% had completed only primary school; 30% had completed secondary school; 43% had completed high school; and only 19% had completed higher education—with 1% having no formal education and an unspecified percentage—(p. 9). Furthermore, when examining the occupations of pregnant women, it is notable that 30% were engaged in unpaid domestic work, 24% were students, 30% were employed, 5% were unemployed, and the remainder were distributed among other jobs or did not specify their status (p. 11). In turn, we can determine the marital status of women undergoing this abortion procedure in Mexico City[15], indicating that more than 50% of pregnant women were unmarried (see Figure 5).

[15] It is considered important to understand the marital status of women who undergo abortion procedures because, in general, unmarried women who decide to become mothers will face greater economic, psychological, and parenting challenges compared to women who receive emotional and financial support from established partners.

Figure 5

Marital Status of Women Undergoing Legal Termination of Pregnancy in Mexico City



Note. Adapted from *Legal Termination of Pregnancy Statistics: April 2007 – June 30, 2024,* by the Government of Mexico City (2024).

A breakdown of the data provided by the Mexico City government (2024) reveals a very clear demographic profile: the average user of legal abortion services is a young woman who is either single (54%) or in a common-law relationship (29%), with a secondary or basic education level (middle and high school combined account for 73%), and whose primary occupation is typically domestic work or academic studies (54% combined). This pattern indicates that access to safe abortion within a legal framework is predominantly utilized by segments of the population who are still in the process of completing their education or who are in positions of economic and employment vulnerability.

These results align with what Coast et al. (2021) established regarding the microeconomics of abortion: an unplanned pregnancy can completely destabilize the life trajectory of women with lower incomes. The fact that nearly a quarter of women using services in Mexico City are students suggests that legalization acts as a social protection mechanism that can reduce rates of forced school dropout. At the same time, it is shown that the choice to terminate a pregnancy is strongly correlated with the absence of financial support networks and shared responsibility for child care, given that a high percentage of women are unmarried or engaged in domestic work.

This sociodemographic profile serves as a revealing and deeply critical mirror for Ecuador. Ecuadorian adolescents who drop out of primary and secondary school, as evidenced in Table 2 of this chapter, share the same characteristics as women in Mexico who

obtain a legal and safe abortion (young, from middle- and lower-income socioeconomic strata, students). This has resulted in more than 6,400 annual cases of school dropout. Although Mexico City's legislation allows these pregnant adolescents to terminate an unplanned pregnancy in order to continue with their life plans and academic education, Ecuador's criminal law, by its very nature, could lead this same demographic group to abandon their studies. This empirically demonstrates that the legalization of abortion is not only a public health policy but also an essential tool for reducing the exclusion of women in education and the workforce.

However, the comparative analysis also warns that regulatory changes toward a time-limit model must be accompanied by accessible protocols. Evidence shows that bureaucratic and procedural barriers can undermine the law's effectiveness, particularly among the most vulnerable age groups, as illustrated by the Uruguayan system.

In the case of Uruguay, 750 minors under the age of 15 gained access to abortion (see Table 7); this enables them to have institutional mechanisms that prevent forced motherhood among girls in Uruguay. However, Mujer y Salud en Uruguay (2021) questions whether adequate care is being provided to all pregnant girls under 15, as it indicates that—at least during the period studied by the organization—there are more girls who end up becoming mothers than those who accessed a legal abortion in this country, which raises questions for Women and Health in Uruguay regarding the adequacy, accessibility, and scope of these public policies.

Table 7

Distribution of Approved Abortions by Age of Users in Uruguay through 2024

Year	Under 15	15 to 19 years	20 years or older
2013	74	1,200	5,897
2014	69	1,404	7,064
2015	94	1,603	7,665
2016	74	1,597	8,048
2017	64	1,476	8,290
2018	53	1,421	8,899
2019	35	1,335	8,840
2020	47	1,258	8,610
2021	58	1,148	8,905
2022	55	1,218	9,232
2023	59	1,272	9,567
2024	68	1,249	9,915
Total	750	16,181	100,932

Note: Adapted from *Voluntary Termination of Pregnancy, 2013–2024,* by the Ministry of Public Health of Uruguay (2025)

Table 7 shows a significant difference in the use of reproductive health services depending on age group. With 100,932 procedures, the group of women aged 20 and older represents the majority; conversely, the group of girls under 15 has the lowest number, with only 750 procedures over twelve years. There is a fluctuation in this latter group, which reached its highest peak with 94 cases in 2015 and its lowest figure with 35 cases in 2019. In recent years, its averages have been variable.

The prevalence of births over abortions among girls under 15, according to the study "Women and Health in Uruguay" (2021), indicates that the mere existence of a legal framework does not eliminate structural barriers. The Uruguayan model establishes a rigid administrative procedure, according to the academic literature, which requires an interdisciplinary team and a five-day waiting period before the process begins. For a teenage mother, these requirements, along with social stigma and potential dependence on parental consent, could act as barriers to accessing medical care.

When comparing the figures with INEC data in Table 1, it is observed that Ecuador has an average of 2,000 annual births among girls aged 10 to 14. This figure is nearly three times the total number of abortions performed in Uruguay for that group over more than ten years. However, the continued occurrence of births among Uruguayan girls indicates that regulatory changes in Ecuador must be complemented by the promotion of a comprehensive sex education environment with protocols that prioritize identifying sexual violence from the outset and eliminate administrative delays that tend to revictimize young women and girls.

3.3.2 The Grounds Model and Protection Against Fetal Non-Viability

Unlike the broad-timeframe models applied in Mexico City or Argentina, the Chilean government addresses pregnancy termination through a strict grounds-based model. Since the enactment of Law 21.030 in 2017, the Chilean legal framework has permitted legal and safe abortion under three specific circumstances: risk to the woman's life, pregnancy resulting from rape, and lethal congenital or genetic structural abnormalities. It is important to examine this model to analyze the statistical trends of grounds that remain criminalized in other jurisdictions, such as Ecuador.

Data from Chile show that there is a strong institutional demand related to non-viable pregnancies. From the law's implementation in 2018 through 2025, the Chilean Department of Health Statistics and Information & the Chilean Ministry of Health (2025) report that

Chile has recorded 3,094 abortions induced due to fatal genetic or congenital conditions in fetuses. According to the statistics, fetal nonviability is the leading cause of legal abortions in this country, surpassing rape and maternal risk. Chilean statistics show that fetal nonviability is not a marginal occurrence, but rather the most significant reason for legal abortion in the nation. This volume of 3,094 cases over seven years demonstrates that, when there is a clear legal framework, the healthcare system can identify and respond differently to a medical need that in Ecuador is currently addressed only by continuing the pregnancy, even in the face of fatal diagnoses.

From both a medical and a human rights perspective, the regulatory approach to fetal nonviability represents a critical point of contention. Clinically, the definitive diagnosis of structural malformations or chromosomal abnormalities incompatible with extrauterine life is usually confirmed during the second trimester of pregnancy—generally through a morphological ultrasound between weeks 18 and 22—(Caras & Caretas, 2025). By criminalizing this ground for termination, states force women to continue their pregnancies for several additional months, fully aware that the fetus will not survive birth. This is consistent with the CEDAW Committee's (2017) General Recommendation No. 35, which warns that "forced continuation of pregnancy" and the denial of timely medical services could constitute a form of torture or cruel, inhuman, or degrading treatment. As discussed above, UN committees have called on the Ecuadorian government to decriminalize this specific cause (see Table 4). Data from Chile indicate that, if a similar reform were implemented in Ecuador, a significant latent demand would emerge.

From the perspective of public policy and international studies, maintaining criminalization in Ecuador in cases of fetal nonviability could have a severe psychological impact on pregnant women. Prolonging a pregnancy when extrauterine life is biologically impossible raises the question of whether it upholds the objective of protect a future life while balancing the state's obligation to guarantee the comprehensive health of its citizens. Consequently, the adaptation of this ground for abortion is described as a measure linked to public health management and the harmonization of the Comprehensive Organic Criminal Code (COIP) with international standards. This process would allow the Ecuadorian State to better align the recommendations of human rights bodies with its domestic legislation while protecting the health of pregnant women.

CONCLUSIONS

The data reveal a clear thematic thread of suggestions and observations raised by international bodies regarding abortion; these bodies view the criminalization of abortion as something that can exacerbate systemic social problems for women—and that, in extreme cases, is even treated as a cruel and inhuman act, for example, by the CEDAW Committee. These committees, particularly in their specific concluding observations for Ecuador, extensively advocate for the legalization of abortion on grounds of protecting the life and health of the woman, rape, incest, and fetal malformations.

Of the grounds expressed by these United Nations committees, Ecuador currently does not criminalize abortion if it is for the protection of a woman's life and overall health, as well as in cases of rape—currently permitted for all women. However, Ecuador did not legalize this latter ground following a legislative debate in the National Assembly; rather, it did so pursuant to a ruling by the Constitutional Court. Currently, it is uncertain whether the discussion on new grounds for non-punishable abortion could be established as a debate and lead to a comprehensive resolution, since there is precedent—such as in the *Informe para Segundo Debate del Proyecto de Ley Orgánica Reformatoria al Código Orgánico Integral Penal* [Report for the Second Debate on the Draft Organic Law Amending the Comprehensive Organic Criminal Code] (2019)—where this issue has been addressed, although it has not resulted in a legislative change regarding the decriminalization of abortion. Therefore, we can affirm that Ecuador is not fully aligned with the recommendations issued by the United Nations (UN), although it has been able to introduce significant regulatory changes with the decriminalization of abortion in cases of rape and is not reluctant to initiate a debate in the near future, which could lead, in the future, to greater harmonization between domestic law and international guidelines.

Evidence shows that women in socioeconomically vulnerable situations are the most affected by the criminalization of induced abortion—whether this refers to broader grounds for criminalization or legal regulations governing voluntary abortion. Maintaining a restrictive criminal framework can limit the available solutions for forced pregnancies, which is directly correlated with increased school dropout rates and the consequent loss of millions of dollars in human capital for the state. Likewise, the evidence gathered confirms that the criminalization of obstetric emergencies in the public health system is concentrated among populations with lower incomes and social capital, widening the gap in access to justice and healthcare among the different socioeconomic quintiles of the country, where the

highest quintiles will have more options to avoid the risks of clandestine procedures—by having greater opportunities to travel to another state with legal abortion regulations, maintaining influence and contacts that facilitate immediate access to abortion pills within the state, which would avoid the use of more invasive procedures, or, if necessary, hiring a specialized private defense attorney to avoid a criminal conviction—.

An analysis of comparative regional evidence leads to the conclusion that the transition toward less restrictive regulatory models improves public health indicators, even when we refer only to statistical floors due to medical underreporting resulting from clandestine practices. The empirical review demonstrates that, in Argentina, the implementation of Law 27,610 generated a statistically significant reduction in the Maternal Mortality Rate from Abortion (MMRA), confirming that legalization achieved quantifiable improvements in maternal mortality. At the same time, Mexico City's time-limit model shows that access to voluntary pregnancy interventions functions as a social safety net, allowing young women and students to maintain continuity in their life and educational trajectories, and potentially reducing school dropout rates for this group—an area that further research is expected to explore in greater depth. However, the experience of Uruguay warns that regulatory reform constitutes only an initial phase; the persistence of rigid administrative and bureaucratic requirements can act as an institutional barrier that limits effective access, disproportionately affecting the most vulnerable groups, such as girls under 15 years of age, so reforms must be accompanied by standardized medical training and government oversight of practices.

The research concludes that the continued criminalization of fetal non-viability due to fatal causes in Ecuador's legal system may provide grounds for treating it as a violation of pregnant women's rights, as observations by UN committees establish that the criminalization of this ground must be eliminated because it is contrary to standards of human dignity and comprehensive health. Furthermore, drawing on the empirical data from the grounds model in Chile, it is evident that lethal fetal malformation constitutes a recurring obstetric reality.

It is concluded that, without entering into the philosophical and dogmatic debate regarding the beginning of life and its protection, the decriminalization of abortion in Ecuador is projected as a y public policy measure that can improve fiscal efficiency, social equity, and state development. The analyzed evidence indicates that a regulatory reform aimed at decriminalization, if systematically coordinated with public policies on transparent comprehensive sexuality education (CSE) and unrestricted access to contraceptive methods,

would not lead to a collapse of the healthcare system or an exponential and sustained increase in procedures over the long term. On the contrary, this transition would help eradicate the morbidity associated with clandestine abortions and optimize state resources by reducing the costs associated with emergency obstetric care resulting from unsafe abortions. It is noted that adapting the legal framework and evolving regulations would better align with the recommendations of international bodies regarding abortion. For this reason, the role of the Ecuadorian legislature is to keep the debate regarding full decriminalization or expanded decriminalization based on specific grounds alive, using critical data and objective reasoning.

REFERENCES

American College of Obstetricians and Gynecologists. (July 2025). *Abortion Policy*. American College of Obstetricians and Gynecologists. https://www.acog.org/clinical-information/policy-and-position-statements/statements-of-policy/2025/abortion-policy

American Medical Association. (2025). *Abortion*. Preserving Access to Reproductive Health Services D-5.999. https://policysearch.ama-assn.org/policyfinder/detail/abortion%20healthcare?uri=%2FAMADoc%2Fdirectives.xml-D-5.999.xml

Amnesty International. (n.d.). *Right to abortion*. Retrieved January 9, 2026, from https://www.amnesty.org/es/what-we-do/sexual-and-reproductive-rights/abortion-facts/barrierstoabortion

Argentine Directorate of Health Statistics and Information. (2026a). *Deaths*. Argentina.Gob.Ar. https://www.argentina.gob.ar/salud/deis/datos/defunciones

Argentine Directorate of Health Statistics and Information. (2026b). *Live Births*. Argentina.Gob.Ar. https://www.argentina.gob.ar/salud/deis/datos/nacidosvivos

Argentine Center for Political Economy. (2020). *La economía del aborto: el costo fiscal oculto del aborto clandestino y la importancia de su legalización [The Economics of Abortion: The Hidden Fiscal Cost of Clandestine Abortion and the Importance of Its Legalization]*. Centrocepa.

Artavia Murillo et al. ("In Vitro Fertilization") v. Costa Rica (November 28, 2012). https://corteidh.or.cr/docs/casos/articulos/seriec_257_esp.pdf

Bearak, J. M., Popinchalk, A., Beavin, C., Ganatra, B., Moller, A. B., Tunçalp, Ö., & Alkema, L. (2022). Country-specific estimates of unintended pregnancy and abortion incidence: a global comparative analysis of levels in 2015–2019. *BMJ Global Health*, *7*(3). https://doi.org/10.1136/bmjgh-2021-007151

Bearak, J., Popinchalk, A., Ganatra, B., Moller, A.-B., Tunçalp, Ö., Beavin, C., Kwok, L., & Alkema, L. (2020). Unintended pregnancy and abortion by income, region, and the legal status of abortion: estimates from a comprehensive model for 1990–2019. *The Lancet Global Health*, *8*(9), e1152–e1161. https://doi.org/10.1016/S2214-109X(20)30315-6

Berro Pizzarossa, L., & Skuster, P. (2021). Toward Human Rights and Evidence-Based Legal Frameworks for (Self-Managed) Abortion: A Review of the Last Decade of Legal Reform. *Health and Human Rights*, *23*(1), 199–212. https://pubmed.ncbi.nlm.nih.gov/34194213/

Camelo Sierra, J. C., Müller, E. Á., Parra, M. O., & Bautista Charry, A. A. (2022). Interrupción Voluntaria del Embarazo [Voluntary Termination of Pregnancy]. In *Comprehensive Obstetrics in the 21st Century: Second Edition*. Faculty of Medicine. National University of Colombia. https://books.google.com.ec/books?hl=es&lr=&id=335lEAAAQBAJ&oi=fnd&pg=P

A22-IA63&dq=el+aborto+puede+entenderse+como+un+acto+que+implica+la+interrupci%C3%B3n+de+la+gestaci%C3%B3n+de+un+embarazo&ots=iS9C86J1BX&sig=oJAt7frkdvZh6t2CC13nDZl1kB0&redir_esc=y#v=onepage&q&f=false

Caras & Caretas. (2025). *Aseguran que despenalización del aborto fue exitosa pero hay puntos para revisar [They assert that the decriminalization of abortion was successful but there are points to review]*. Caras & Caretas Online Edition. https://www.carasycaretas.com.uy/aseguran-que-despenalizacion-del-aborto-fue-exitosa-pero-hay-puntos-revisar-n85008

Case No. 34-19-IN and Consolidated Cases, Pub. L. Judgment No. 34-19-IN/21 (2021). www.corteconstitucional.gob.ec

CEPAM Guayaquil. (2024). *Guide to Understanding Therapeutic Abortion*. https://cepamgye.org/wp-content/uploads/2024/07/Cepam_-Guia-sobre-Aborto-Terapeutico.pdf

Coast, E., Lattof, S. R., Meulen Rodgers, Y. Van Der, Moore, B., & Poss, C. (2021). The microeconomics of abortion: A scoping review and analysis of the economic consequences for abortion care-seekers. *PLoS ONE*, *16*(6 June). https://doi.org/10.1371/journal.pone.0252005

Colgrove, N. (2025). Defining ‘Abortion’: a call for clarity. *Theoretical Medicine and Bioethics*, *46*(2), 137–175. https://doi.org/10.1007/s11017-025-09706-5

Comprehensive Organic Criminal Code (COIP), Pub. L. 180, Official Gazette Supplement (2014).

Constitution of the Republic of Ecuador, Pub. L. Constitution of 2008, Official Register (2008). www.lexis.com.ec

Cordero Oropeza, M., Moreno, M., Ramos, L., & Flores Celis, K. (2022). *Mortalidad materna por aborto en México: retos persistentes para la atención a la salud sexual y reproductiva [Maternal mortality due to abortion in Mexico: persistent challenges for sexual and reproductive health care]*. https://doi.org/10.22201/ents.20075987p.2021.25-26.82130

Chilean Department of Health Statistics and Information & Chilean Ministry of Health. (2025). *Información sobre casos constituidos en el marco de la Ley 21.030 que regula la interrupción voluntaria del embarazo en 3 causales* [*Information on cases filed under Law 21.030 regulating voluntary termination of pregnancy in three specific circumstances]*. Informesdeis.Minsal. https://informesdeis.minsal.cl/SASVisualAnalytics/?reportUri=%2Freports%2Freports%2F382105c8-521f-4356-b1b8-6bad21ba8b08§ionIndex=0&sso_guest=true&reportViewOnly=true&reportContextBar=false&sas-welcome=false

Faúndes, A., & Hardy, E. (1997). Illegal abortion: consequences for women’s health and the health care system. *International Journal of Gynecology & Obstetrics*, *58*(1), 77–83. https://doi.org/10.1016/S0020-7292(97)02860-9

Fernández, M. de L. (2022). *Un estudio de Utilización de Misoprostol en Interrupción Voluntaria del Embarazo: Análisis del Consumo y Perfil de Usuarias en el Hospital Pasteur de Villa María [A Study on the Use of Misoprostol in Voluntary Termination of Pregnancy: Analysis of Consumption and User Profile at Pasteur Hospital in Villa María]* [Master's thesis, National University of Córdoba]. https://rdu.unc.edu.ar/server/api/core/bitstreams/83436b60-041a-4536-81fa-a7de81909daf/content

Ganatra, B., Gerdts, C., Rossier, C., Johnson, B. R., Tunçalp, Ö., Assifi, A., Sedgh, G., Singh, S., Bankole, A., Popinchalk, A., Bearak, J., Kang, Z., & Alkema, L. (2017). Global, regional, and subregional classification of abortions by safety, 2010–14: estimates from a Bayesian hierarchical model. *The Lancet*, *390*(10110), 2372–2381. https://doi.org/10.1016/S0140-6736(17)31794-4

García, M., Armijos Acurio, M. L., Sotomayor, R. J., Sanchez, X., & Guijarro, S. (2022). Analysis of births, abortions, and maternal mortality among adolescents in Ecuador from 2013 to 2016. *International Journal of Pediatrics and Adolescent Medicine*, *9*(1), 7–10. https://doi.org/10.1016/J.IJPAM.2019.07.002

Government of Mexico City. (2024). *Interrupción Legal del Embarazo Estadísticas Abril 2007 – 30 de Junio 2024* [*Legal Termination of Pregnancy Statistics: April 2007 – June 30, 2024]*. https://ile.salud.cdmx.gob.mx/wp-content/uploads/ILE-WEB-jun2024.pdf

*Go*icolea, I., Wulff, M., Öhman, A., & Sebastian, M. S. (2009). Risk factors for pregnancy among adolescent girls in Ecuador's Amazon basin: a case-control study [Factores de riesgo de embarazo entre adolescentes en la cuenca amazónica de Ecuador: un estudio de casos y controles]. *Pan American Journal of Public Health*, *26*(3), 221–228. https://doi.org/10.1590/S1020-49892009000900006

González Quitián, A. I., Moreno López, D. J., & Grass Cuadros, D. E. (2021). Interrupción voluntaria del embarazo en Latinoamérica, superando barreras [Voluntary termination of pregnancy in Latin America: overcoming barriers]. *Salud UIS*, *53*(1). https://doi.org/10.18273/saluduis.53.e:21013

Guttmacher Institute. (2022). *Unintended Pregnancy and Abortion in Latin America and the Caribbean*. https://www.guttmacher.org/fact-sheet/unintended-pregnancy-and-abortion-latin-america-and-caribbean

Haus, K. M., House, H. R., Martínez, P., Schuette, A., & Kneese, G. S. (2023). Factors Influencing High Adolescent Pregnancy Rates in Riobamba, Ecuador. *Proceedings in Obstetrics and Gynecology*, *12*(1), 7. https://doi.org/10.17077/2154-4751.31968

Hernandez, I., Reina-Ortiz, M., K. Yusuf, K., Ochoa, T., Rosas, C., Sharma, V., Naik, E., Salihu, H. M., Terán, S., Izurieta, R., & Teran, E. (2019). Risk factors for HIV and STIs among female sex workers in a region of Ecuador with high HIV prevalence. *Cogent Medicine*, *6*(1), 1565292. https://doi.org/10.1080/2331205x.2019.1565292

Human Rights Watch. (2021). *“Por qué me quieren volver hacer sufrir”[“Why do they want to make me suffer again?”]* https://www.hrw.org/sites/default/files/media_2021/07/ecuador0721spweb.pdf

https://www.ecuadorencifras.gob.ec/camas-y-egresos-hospitalarios/

International Federation of Gynecology and Obstetrics. (November 2022). *Declaración de la División de Salud y Bienestar Sexual y Reproductivo de la Federación Internacional de Ginecología y Obstetricia [Statement by the Division of Sexual and Reproductive Health and Well-being of the International Federation of Gynecology and Obstetrics].* International Federation of Gynecology and Obstetrics.

Ituarte, M. L., & López-Gómez, A. (2021). Las adolescentes frente a la decisión de interrumpir un embarazo en un contexto de aborto legal [Adolescent girls facing the decision to terminate a pregnancy in a context of legal abortion]. *Cadernos de Saúde Pública*, *37*(2). https://doi.org/10.1590/0102-311x00235219

Judgment 38-19-AN/23, Pub. L. CASE 38-19-AN, 593 394 (2023). www.corteconstitucional.gob.ec

Küng, S. A., Wilkins, J. D., Díaz de León, F., Huaraz, F., & Pearson, E. (2021). “We don’t want problems”: reasons for denial of legal abortion based on conscientious objection in Mexico and Bolivia. *Reproductive Health*, *18*(1). https://doi.org/10.1186/s12978-021-01101-2

Ministry of Public Health of Argentina, & Directorate of Health Statistics and Information of Argentina. (2026). Argentina - Year 2024 Vital Statistics Basic Information. In *Vital Statistics*.

Ministry of Public Health of Uruguay. (2025). *Interrupción Voluntaria del Embarazo [Voluntary Termination of Pregnancy], 2013–2024*.

Ministry of Public Health of Ecuador. (2014). *Reglamento para Regular el Acceso de Métodos Anticonceptivos* [*Regulations Governing Access to Contraceptive Methods]*. www.lexis.com.ec

Ministry of Public Health of Ecuador, Senplades, United Nations Population Fund, & SENDAS. (2017). *Study on the Costs of Non-Intervention in Sexual and Reproductive Health in Ecuador*. https://ecuador.unfpa.org/es/publications?title=Estudio+de+Costos+de+Omisi%C3%B3n+en+Salud+Sexual+y+Reproductiva+de+Ecuado&field_thematic_area_target_id=All&field_type_of_publication_value=All&field_date_value=

Monteverde, M., & Tarragona, S. (2019). Safe and unsafe abortions: Total monetary costs and costs to the Argentine health system in 2018. *Salud Colectiva*, *15*. https://doi.org/10.18294/sc.2019.2275

National Assembly of Ecuador. (2019). *Informe para Segundo Debate del Proyecto de Ley Orgánica Reformatoria al Código Orgánico Integral Penal (COIP)* [*Report for the Second Debate on the Draft Organic Law Amending the Comprehensive Organic Criminal Code (COIP)]*. https://www.asambleanacional.gob.ec/sites/default/files/private/asambleanacional/fil

esasambleanacionalnameuid-29/Leyes%202013-2017/161-lr-coip-paez-10-09-2015/inf-2d-ref-coip-14-05-2019.pdf

National Institute of Statistics and Censuses of Ecuador. (n.d.). *Nacidos Vivos y Muertes Fetales* [*Live Births and Fetal Deaths]*. Ecuadorencifras. Retrieved April 8, 2026, from https://www.ecuadorencifras.gob.ec/nacidos-vivos-y-defunciones-fetales/

National Institute of Statistics and Censuses of Ecuador. (2025). *Camas y Egresos Hospitalarios* [*Hospital Beds and Discharges 2024]*. Ecuadorencifras. Women and Health in Uruguay. (2021). *Abortion in Figures - Data from Uruguay as of 2021*. https://www.mysu.org.uy/wp-content/uploads/2023/12/2021b-Aborto-en-Cifras.pdf

Organic Health Law, Official Gazette (2006).

Organic Law Regulating Voluntary Termination of Pregnancy for Girls, Adolescents, and Women in Cases of Rape, Pub. L. 53, Second Supplement 1 (2022).

Ortiz-Prado, E., Simbaña, K., Gómez, L., Stewart-Ibarra, A., Scott, L., & Cevallos S, G. (2017). Abortion, an increasing public health concern in Ecuador, a 10-year population-based analysis. *Pragmatic and Observational Research*, *Volume 8*, 129–135. https://doi.org/10.2147/por.s129464

Pan American Health Organization. (2025). *Basic indicators | PAHO/EIH Open Data*. https://opendata.paho.org/es/indicadores-basicos

Ramón Michel, A., Romero, M., Ramos, S., Ariza, S., Benetti Catarineu, C., Guberman, D., Isla, V., Keefe-Oates, B., & Krause, M. (2025). *2024 Annual Report: The Law at All Costs*. https://repositorio.cedes.org/handle/123456789/4813

Ramos, S. (2016). Investigación sobre aborto en América Latina y el Caribe. Una agenda renovada para informar políticas públicas e incidencia (resumen ejecutivo) [Research on Abortion in Latin America and the Caribbean. A Renewed Agenda to Inform Public Policy and Advocacy (Executive Summary)]. *Demographic and Urban Studies*, *31*, 833–860. https://www.scielo.org.mx/scielo.php?script=sci_arttext&pid=S0186-72102016000300833

Rodgers, Y. V. D. M., Coast, E., Lattof, S. R., Poss, C., & Moore, B. (2021). The macroeconomics of abortion: A scoping review and analysis of the costs and outcomes. *PLoS ONE*, *16*(5 May). https://doi.org/10.1371/journal.pone.0250692

Rodríguez Parrales, D. H., Zambrano Caballero, G. A., Zambrano García, D. A., & Zambrano Álava Sara Noemi. (2021). *Hablemos del aborto: un enfoque en su legalización en Ecuador [Let's talk about abortion: a focus on its legalization in Ecuador]. Dominio de las Ciencias*, *7*(5), 296–311. https://doi.org/10.23857/dc.v7i5.2251

Sadler, T. W. (2019). *Langman's Medical Embryology* [14th]*Edition* (G. E. Cotera, Trans.; 14th ed.). Wolters Kluwer.

Sánchez-Ostiz, P. (2009). *¿TIENEN TODOS DERECHO A LA VIDA? Bases para un concepto constitucional de persona [DOES EVERYONE HAVE THE RIGHT TO*

LIFE? Foundations for a constitutional concept of personhood]. Electronic Journal of Criminal Science and Criminology. http://criminet.ugr.es/recpc/11/recpc11-11.pdf

Sancinetti, M. A. (2018). *¿Aniquilamiento de la vida humana del no-nacido por parte del Estado? Reflexiones sobre el derecho a la vida humana intrauterina y al nacimiento [Annihilation of the Human Life of the Unborn by the State? Reflections on the Right to Intrauterine Human Life and Birth]. Argentine Supreme Court*.

Say, L., Chou, D., Gemmill, A., Tunçalp, Ö., Moller, A. B., Daniels, J., Gülmezoglu, A. M., Temmerman, M., & Alkema, L. (2014). Global causes of maternal death: A WHO- -systematic analysis. *The Lancet Global Health*, *2*(6). https://doi.org/10.1016/S2214-109X(14)70227-X

Silvia, M., & Pantelides, E. A. (2009). Estimación de la magnitud del aborto inducido en la Argentina [Estimation of the magnitude of induced abortion in Argentina]. *Population Notes*. https://hdl.handle.net/11362/12842

Surkuna Organization. (2022). *REPORTE: Casos acompañados para la Interrupción Voluntaria del Embarazo por Violación en Ecuador [REPORT: Cases Supported for Voluntary Termination of Pregnancy Due to Rape in Ecuador].* https://surkuna.org/recurso/reporte/

United Nations Committee Against Torture. (2017). *Concluding observations on the seventh periodic report of Ecuador ***.

United Nations Committee on Economic, Social and Cultural Rights. (2012). *Concluding observations of the Committee on the third periodic report of Ecuador, adopted by the Committee at its 49th session*.

United Nations Committee on Economic, Social and Cultural Rights. (2016). General Comment No. 22. *Economic and Social Council*. https://docs.un.org/es/E/C.12/GC/22

United Nations Committee on Economic, Social and Cultural Rights. (2019). *Concluding observations on the fourth periodic report of Ecuador*. https://docs.un.org/es/E/C.12/ECU/CO/4

United Nations Committee on the Elimination of Discrimination against Women. (1999). General Recommendation No. 24. *UNHCR.ORG*. https://www.acnur.org/fileadmin/Documentos/BDL/2001/1280.pdf

United Nations Committee on the Elimination of Discrimination against Women. (2015). *Concluding Observations of the Committee on the Elimination of Discrimination against Women: Ecuador. CEDAW/C/ECU/CO/8-9*.

United Nations Committee on the Elimination of Discrimination against Women. (2017). *General Recommendation No. 35 on gender-based violence against women*. http://tbinternet.ohchr.org/_layouts/treatybodyexternal/Download.aspx?symbolno=

United Nations Committee on the Rights of the Child. (2016). *General Comment No. 20*. United Nations. https://www.ohchr.org/es/documents/general-comments-and-recommendations/general-comment-no-20-2016-implementation-rights

United Nations Committee on the Rights of the Child. (2017). *Concluding Observations on the combined fifth and sixth periodic reports of Ecuador*. https://acnudh.org/wp-content/uploads/2017/10/G1732795.pdf

United Nations Human Rights Committee. (2016). *Concluding Observations on the Sixth Periodic Report of Ecuador*. https://docs.un.org/es/CCPR/C/ECU/CO/6

United Nations Human Rights Committee. (2018). General Comment No. 36. *United Nations*. https://www.ohchr.org/sites/default/files/Documents/HRBodies/CCPR/GCArticle6/GCArticle6_SP.pdf

Vlassoff, M., Walker, D., Shearer, J., Newlands, D., & Singh, S. (2009). Estimates of Health Care System Costs of Unsafe Abortion in Africa and Latin America. *International Perspectives on Sexual and Reproductive Health*, *35*, 114–121. https://doi.org/10.1363/ipsrh.35.114.09

Wambra Medio Comunitario. (2019). *Las 10 preguntas que te has hecho sobre el aborto [The 10 Questions You've Asked Yourself About Abortion]*. https://wambra.ec/las-preguntas-que-te-has-hecho-sobre-el-aborto/

World Health Organization. (2012). *Safe Abortion: Technical and Policy Guidance for Health Systems*. World Health Organization.

World Health Organization. (2024). *Abortion*.

World Health Organization. (2025). *Abortion*. https://www.who.int/news-room/fact-sheets/detail/abortion

Yamin, A., & Bergallo, P. (2017). Narratives of Essentialism and Exceptionalism: The Challenges and Possibilities of Using Human Rights to Improve Access to Safe Abortion. *Health and Human Rights*, *19*(1), 1–11.

APPENDICES

Appendix 1

Table of References

Author(s)	Year	Document Title	Type of document	Rights Involved	Demographic level of study	Relevant findings
Amnesty International	n.d.	Right to abortion	Statute	Right to health - Right to a dignified life	Global	The criminalization of abortion can exacerbate inequalities, particularly among already marginalized groups.
National Assembly of Ecuador	2019	Report for the Second Debate on the Draft Organic Law Amending the Comprehensive Organic Criminal Code (COIP)	Report	Reform of rights, right to life from conception		This constitutes a key legislative precedent in which non-punishment for rape, incest, and non-consensual insemination was proposed, based on international standards
American Medical Association	2025	Preserving Access to Reproductive Health Services D-5.999 [Preserving Access to Reproductive Health Services D-5.999]	Statute	Right to abortion - Right to health - Right to education (on reproductive issues) - Right to autonomy	United States of America	Abortion is classified as a human right by the American Medical Association
Bearak et al.	2022	Country-specific estimates of unintended pregnancy and abortion incidence: a global comparative analysis of levels in 2015-2019	Scientific article	Right to autonomy	Global	Provides an estimate of abortions and unintended pregnancies from 2015 to 2019 in most countries around the world
Bearak et al.	2020	Unintended pregnancy and abortion by income, region, and the legal status of abortion: estimates from a comprehensive model for 1990–2019	Scientific article	Right to a dignified life	Global	Concludes that the illegality of abortion does not reduce the practice of abortion
Berro Pizzarossa, L., & Skuster, P.	2021	Toward Human Rights and Evidence-Based Legal Frameworks for (Self-Managed) Abortion: A Review of the Last Decade of Legal [Toward human rights and evidence-based legal frameworks for (: A review of the last decade of legal reform]	Scientific article	Right to health	Global	Concludes that states tend to decriminalize abortion over time
Camelo Sierra et al.	2022	Voluntary Termination of Pregnancy	Book Chapter	Right to sexual autonomy	Colombia	Defines what Voluntary Termination of Pregnancy (VTP) is and what its characteristics are
Faces & Masks	2025	They claim that the decriminalization of abortion was successful, but there are points to review	Website	N/A	Uruguay	Comments on abortion in Uruguay by the country's Minister of Health

Inter-American Court of Human Rights	2012	Artavia Murillo et al. (“In Vitro Fertilization”) v. Costa Rica	International legal case	Right to Life	Inter-American	Clarifies at what stage of the gestational process life is protected
Constitutional Court of Ecuador	2021	Case No. 34-19-IN and Consolidated Cases	Legal Case	Right to health, Right to a dignified life, Right to autonomy (raised)	Ecuador	Rules that the exemption from criminal liability for abortion due to rape, limited only to "women with mental disabilities," is unconstitutional and extends it to all women
Argentine Center for Political Economy	2020	The Economics of Abortion: The Hidden Fiscal Cost of Back-Alley Abortion and the Importance of Its Legalization	Website	Economic Rights	Argentina	A study examines the economic costs associated with clandestine abortion compared to a legal, safe, and free environment
CEPAM Guayaquil	2024	Guide to Understanding Therapeutic Abortion	Report	Right to a dignified life, Right to comprehensive health care	Ecuador	Defines therapeutic abortion as understood under Ecuadorian law
Coast et al.	2021	The microeconomics of abortion: A scoping review and analysis of the economic consequences for abortion care-seekers	Scientific article	Economic rights, Right to a dignified life	Global	It argues that economic constraints on families can delay the search for care and affect the quality of a safe abortion
Official Register Supplement	2014	Comprehensive Organic Criminal Code (COIP)	Statutory Body	N/A	Ecuador	Criminal law in Ecuador that criminalizes induced abortion
American College of Obstetricians and Gynecologists	2025	Abortion Policy	Status	N/A	United States of America	Defines what constitutes an abortion
Colgrove, N.	2025	Defining ‘Abortion’: a call for clarity	Scientific article	N/A	N/A	Define what is meant by abortion
United Nations Committee Against Torture	2017	Concluding Observations on the Seventh Periodic Report of Ecuador	International Recommendation	Right to a dignified life, Right not to be tortured	Ecuador	Indicates that a framework restricting access to safe and legal abortion may be considered a form of torture

United Nations Committee on Economic, Social and Cultural Rights	2012	Concluding observations of the Committee on Ecuador's third periodic report, adopted by the Committee at its 49th session	International Recommendation	Economic rights, Right to a life of dignity	Ecuador	Expresses grave concern over the persistent criminalization of abortion within the State and recommended the revision of criminal legislation
United Nations Committee on Economic, Social and Cultural Rights	2016	General Comment No. 22	International Recommendation	Right to equality, non-discrimination, and sexual and reproductive health	Global	Establishes the state's obligation to liberalize restrictive abortion laws to prevent risky practices and protect women's autonomy
United Nations Committee on Economic, Social and Cultural Rights	2019	Concluding Observations on the Fourth Periodic Report of Ecuador	International Recommendation	Right to personal integrity and autonomy	Ecuador	Expresses concern over criminalization and explicitly recommends that Ecuador decriminalize abortion in cases of rape to ensure women's well-being
United Nations Human Rights Committee	2016	Concluding observations on Ecuador's sixth periodic report	International Recommendation	Right to health - Right to a dignified life	Ecuador	Expresses concern over the high rates of unsafe abortion in the country, noting that excessively restrictive laws regarding the termination of pregnancy are incompatible with the obligations established in the International Covenant on Civil and Political Rights
United Nations Human Rights Committee	2018	General Comment No. 36	International Recommendation	Right to life and prohibition of cruel, inhuman, or degrading treatment	Global	It warns that legal restrictions on abortion must not endanger the life of the pregnant woman or subject her to physical or mental suffering.
United Nations Human Rights Committee	2016	General Comment No. 20	International Recommendation	Right to health, development, and the best interests of the child	World	Urges States to decriminalize abortion to ensure that pregnant adolescents have access to safe procedures and proper post-abortion care
United Nations Committee on the Rights of the Child	2017	Concluding observations on the combined fifth and sixth periodic reports of Ecuador	International Recommendation	Right to health - Right to a dignified life	Ecuador	Recommends that the Ecuadorian State ensure that girls and adolescents have effective access to safe abortion services in cases of rape, incest, or risk to their health
United Nations Committee on the Elimination of Discrimination against Women	1999	General Recommendation No. 24	International Recommendation	Women's right to health and non-discrimination	World	Recommends that Member States amend their domestic legislation with the primary aim of abolishing punitive measures imposed on women who have had an abortion

United Nations Committee on the Elimination of Discrimination against Women	2015	Combined Concluding Observations 8 and 9 of the Committee on the Elimination of Discrimination against Women: Ecuador	International Recommendation	Right to comprehensive health care and a dignified life	Ecuador	Directly recommends that the Ecuadorian State amend its legislation to decriminalize abortion specifically in cases of rape, incest, and severe fetal malformations
United Nations Committee on the Elimination of Discrimination against Women	2017	General Recommendation No. 35 on gender-based violence against women	International Recommendation	Right to Comprehensive Health Care - Right to Autonomy	World	Recognizes that denying access to safe abortion may constitute a form of gender-based violence and cruel treatment
Official Record	2008	Constitution of the Republic of Ecuador	Statutory Body	N/A	Ecuador	The highest authority in Ecuador
Cordero Oropeza, M., Moreno, M., Ramos, L., & Flores Celis, K	2022	Maternal mortality due to abortion in Mexico: persistent challenges for sexual and reproductive health care	Scientific article	Right to a dignified life, Right to comprehensive health	Mexico	Finds that legal restrictions and the lack of medical care increase maternal mortality
Chilean Department of Health Statistics and Information, & Chilean Ministry of Health	2025	Information on cases filed under Law 21.030, which regulates voluntary termination of pregnancy under three grounds	Statistics	N/A	Chile	Statistically demonstrates that fetal nonviability is the leading cause of legal termination in Chile, indicating a strong latent clinical demand
Argentine Directorate of Health Statistics and Information	2026a	Deaths	Statistics	N/A	Argentina	It provides the official database documenting the sharp decline in maternal deaths following the legalization of abortion
Argentine Directorate of Health Statistics and Information	2026b	Live Births	Statistics	N/A	Argentina	Provides the essential demographic variable for standardizing the Maternal Mortality Rate due to Abortion (MMRA) and empirically validating the effectiveness of the Argentine model

Faúndes, A., & Hardy, E.	1997	Illegal abortion: consequences for women's health and the health care system	Scientific article	Right to comprehensive health and a dignified life	Global	Concludes that criminalization does not reduce the actual incidence of abortion, but rather drives the practice underground and into medical insecurity
International Federation of Gynecology and Obstetrics	2022	Statement by the Division of Sexual and Reproductive Health and Well-being of the International Federation of Gynecology and Obstetrics	Statute	Right to Health, Right to Autonomy	World	argues that women must have access to modern contraception, safe abortion, and fertility care, thereby guaranteeing their right to decide on reproduction and fulfill their potential throughout their lives.
Fernández, M.	2022	A Study on the Use of Misoprostol in Voluntary Termination of Pregnancy: Analysis of Consumption and User Profile at Pasteur Hospital in Villa María	Graduate thesis	N/A	N/A	Establishes exceptional cases where medical abortions are performed after twenty-four (24) weeks of gestation due to lethal malformations
Ganatra et al.	2017	Global, regional, and subregional classification of abortions by safety, 2010–14: estimates from a Bayesian hierarchical model [, 2010–14: estimates from a Bayesian hierarchical model]	Scientific article	N/A	Global	Establishes a new model for researching and classifying abortions by country
García et al.	2022	Analysis of births, abortions, and maternal mortality among adolescents in Ecuador from 2013 to 2016	Scientific article	Right to a dignified life, Right to autonomy	Ecuador	Establishes the number of births to adolescent mothers in Ecuador between 2013 and 2016
Government of Mexico City	2024	Legal Termination of Pregnancy Statistics	Statistics	Right to autonomy and free development of personality	Mexico City	Statistical evidence shows that legal abortion services function as a safety net for the life plans of young people and students.
Goicolea, I., Wulff, M., Öhman, A., & Sebastian, M. S.	2009	Risk factors for pregnancy among adolescent girls in Ecuador's Amazon basin: a case-control study	Scientific article	Right to education, Right to a dignified life	Ecuador	Indicates a lack of comprehensive sex education in Ecuador
González Quitián, A. I., Moreno López, D. J., & Grass Cuadros, D. E.	2021	Voluntary termination of pregnancy in Latin America: overcoming barriers.	Scientific article	Right to autonomy	Latin America	indicates that in countries where abortion is fully decriminalized, there are lower rates of unintended pregnancy
Guttmacher Institute	2022	Unintended Pregnancy and Abortion in Latin America and the Caribbean	Scientific article	Right to sexual and reproductive health	Latin America and the Caribbean	Confirms that countries with legal restrictions have higher rates of unintended pregnancies due to barriers to access to contraceptives and sex education
Haus et al.	2023	Factors Influencing High Adolescent Pregnancy Rates in Riobamba, Ecuador	Scientific article	Right to education, Right to a dignified life	Ecuador	Indicates a lack of comprehensive sex education in Ecuador

Hernandez et al.	2019	Risk factors for HIV and STIs among female sex workers in a region of Ecuador with high HIV prevalence	Scientific article	Right to education, Right to a dignified life	Ecuador	Indicates a lack of comprehensive sex education in Ecuador
Human Rights Watch	2021	“Why do they want to make me suffer again?”	Report	Right to a dignified life, Right to a fair trial	Ecuador	Provides data, case studies, and personal accounts from Ecuador regarding women who had clandestine abortions or who fought the legal system over abortion issues
National Institute of Statistics and Censuses of Ecuador	2025	Hospital Beds and Discharges 2024	Statistics	Right to public health and medical care	Ecuador	Reveals that emergencies due to spontaneous/unspecified abortion are among the leading causes of morbidity in young women
National Institute of Statistics and Censuses of Ecuador	n.d.	Live Births and Fetal Deaths	Statistics	Right to Comprehensive Development and Protection of Children	Ecuador	Quantifies the structural problem of teenage pregnancy, recording a sustained average of 2,000 births per year among girls aged 10 to 14
Ituarte, M. L., & López-Gómez, A.	2021	Adolescent girls facing the decision to terminate a pregnancy in a context of legal abortion	Scientific article	Right to comprehensive health care without discrimination	N/A	It points out that, despite decriminalization in Uruguay, the imposition of bureaucratic procedural requirements acts as a restrictive barrier for adolescents
Küng, S. A., Wilkins, J. D., Díaz de León, F., Huaraz, F., & Pearson, E.	2021	“We don’t want problems”: reasons for denial of legal abortion based on conscientious objection in Mexico and Bolivia	Scientific article	Right to timely medical care	Mexico, Bolivia	Identifies that the misuse of conscientious objection and doctors’ lack of regulatory knowledge act as a serious obstacle to accessing legal abortion
Official Record	2006	Organic Health Law	Regulatory Framework	Right to Health	Ecuador	Explicitly recognizes unsafe abortion as a serious public health problem, the prevention of which is the responsibility of the State
Second Supplement	2022	Organic Law Regulating Voluntary Termination of Pregnancy for Girls, Adolescents, and Women in Cases of Rape	Legislative Text	Right to Health	Ecuador	Establishes guidelines and time limits (up to 12 weeks) to facilitate access to legal abortion in cases of rape in Ecuador.
Ministry of Public Health of Argentina, & Directorate of Health Statistics and	2026	Argentina - Year 2024 Vital Statistics Basic Information. In Vital Statistics	Statistics	Right to public health and access to information	Argentina	Technically acknowledges the existence of statistical underreporting during the ban, implying that the reduction in mortality achieved is possibly greater than that calculated

Information of Argentina						
Ministry of Public Health of Uruguay	2025	Voluntary Termination of Pregnancy 2013–2024	Statistics	Right to reproductive health for girls and adolescents	Uruguay	Demonstrates, through national figures, the low utilization of legal abortion services by minors under 15 compared to the adult population
Ministry of Public Health of Ecuador	2014	Regulations Governing Access to Contraceptive Methods	Regulatory Framework	Right to Health, Right to Autonomy	Ecuador	Clarifies from a medical perspective that emergency contraception prevents ovulation or implantation, categorically distinguishing it from abortion
Ministry of Public Health of Ecuador, Senplades, United Nations Population Fund, & SENDAS	2017	Study on the Costs of Neglect in Sexual and Reproductive Health in Ecuador	Report	Right to Education and Economic Development	Ecuador	Quantifies the structural impact of early motherhood, revealing that the State loses more than $316 million in human capital due to school dropout
Monteverde, M., & Tarragona, S	2019	Safe and unsafe abortions: Total monetary costs and costs to Argentina's health system in 2018	Scientific article	Right to public health and state efficiency	Argentina	Evidence shows that treating hospital complications resulting from clandestine abortions is significantly more costly than providing legal services
Women and Health in Uruguay	2021	Abortion by the Numbers - Data from Uruguay as of 2021	Report	Right to Comprehensive Health Care Without Discrimination	Uruguay	Questions the effectiveness of Uruguayan policies by empirically revealing that there are more forced births than abortions among girls under 15
World Health Organization	2012	Safe abortion: technical and policy guidance for health systems	Website	Right to health	Global	Establishes global guidelines on the safe pharmacological use (Misoprostol/Mifepristone) to avoid invasive and high-risk surgical procedures
World Health Organization	2024	Abortion	Website	Right to health	Global	Provides standardized technical guidelines that classify unsafe abortion as a critical and preventable risk within global health systems

World Health Organization	2025	Abortion	Website	Right to health	Global	Quantifies the global crisis by indicating that 45% of the 73 million annual abortions are performed under conditions of serious risk and clinical insecurity
Pan American Health Organization	2025	Basic indicators	Indicator	N/A	Global	Demographically, it shows that Ecuador's adolescent fertility rate significantly exceeds the global averages for Latin America
Surkuna Organization	2022	REPORT: Cases Assisted for Voluntary Termination of Pregnancy Due to Rape in Ecuador	Report	Right to life and timely medical care	Ecuador	Confirms nationwide underreporting of unsafe abortions in Ecuador by identifying an excess of maternal deaths categorized under nonspecific diagnoses
Ortiz-Prado et al.	2017	Abortion, an increasing public health concern in Ecuador: a 10-year population-based analysis	Scientific article	Right to reproductive health and regulatory progressiveness	Ecuador	Confirms nationwide underreporting of unsafe abortions in Ecuador by identifying an excess of maternal deaths categorized under nonspecific diagnoses
Ramón et al.	2025	2024 Annual Report: The Law at All Costs	Report	Right to reproductive health	Argentina	Analyzes the vulnerability of Argentine law to central government budget cuts and highlights the role of provincial governments in ensuring the distribution of medicines
Ramos, S	2016	Research on abortion in Latin America and the Caribbean. A renewed agenda to inform public policy and advocacy (executive summary)	Scientific article	Right to public health	Latin America	Argues that the legislative debate on abortion should be separated from social morality and strictly grounded in medical, political, and social welfare evidence
Rodgers et al.	2021	A scoping review and analysis of the costs and outcomes of abortion	Scientific article	Economic rights	N/A	Concludes at the macroeconomic level that criminal barriers to accessing abortion systematically reduce women's entry into and retention in the formal labor market
Rodríguez Parrales, D. H., Zambrano Caballero, G. A., Zambrano García, D. A., & Zambrano Álava Sara Noemi	2021	Let's Talk About Abortion: A Focus on Its Legalization in Ecuador	Scientific article	Right to autonomy	Ecuador	It highlights the existence of a constant tension in Ecuador between the secular regulatory evolution toward legalization and the strong influence of conservative religious beliefs

Sadler, T. W	2019	Langman Medical Embryology, 14th Edition	Book	N/A	N/A	Provides the embryological basis that distinguishes cellular fertilization from uterine implantation, which biologically establishes pregnancy
Sánchez-Ostiz, P	2009	DOES EVERYONE HAVE THE RIGHT TO LIFE? Foundations for a constitutional concept of personhood	Scientific article	Right to life (as a protected intrauterine right)	N/A	Analyzes, from a constitutional law perspective, the dogmatic basis by which the criminal justice system justifies sanctions in favor of the protection of the embryo
Sancinetti, M. A.	2018	Annihilation of the human life of the unborn by the State? Reflections on the right to intrauterine human life and to birth	Scholarly article	Right to life of the unborn	N/A	Presents a doctrinal debate regarding international law, arguing that the American Convention establishes legal personhood from the moment of implantation
Say et al.	2014	Global causes of maternal death: A WHO systematic analysis	Scientific article	Right to a dignified life, Right to comprehensive health	Global	Concludes through a global analysis that between 4.7% and 13% of global maternal mortality is a direct consequence of unsafe abortion
Constitutional Court of Ecuador	2023	Ruling 38-19-AN/23	Legal Case	Right to effective judicial protection and reproductive autonomy	Ecuador	Illustrates judicial dismissal on procedural grounds of lawsuits seeking to sanction the State's failure to comply with UN guidelines
Silvia, M., & Pantelides, E. A.	2009	Estimating the magnitude of induced abortion in Argentina	Scientific article	The right to public health free from criminalization	Argentina	It highlights how the fear of facing criminal charges forces medical staff and women to falsely classify induced abortions as spontaneous miscarriages
Vlassoff et al.	2009	Estimates of Health Care System Costs of Unsafe Abortion in Africa and Latin America	Scientific article	Economic rights	Latin America	Quantifies the average financial cost ($96 USD per patient in 2009) borne by Latin American governments to treat complications from botched abortions
Wambra Community Media	2019	The 10 questions you've asked yourself about abortion	Website	N/A	Ecuador	Documents the stark figures on criminal prosecution in Ecuador
Yamin, A., & Bergallo, P	2017	Narratives of Essentialism and Exceptionalism: The Challenges and Possibilities of Using Human Rights to Improve Access to Safe Abortion	Scientific article	Reproductive rights	N/A	It highlights the shrinking of spaces for political dialogue in the region and documents how criminal prosecution affects almost exclusively the most vulnerable segments of society