The Consequences of Abortion Denial on Women's Physical and Mental Health

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Economics of Health

Motivation

- Following *Dobbs*, major medical and psychological associations warned that abortion restrictions could harm women's physical and mental health APA '22; WHO '24
- Despite the high policy stakes, evidence on the long-run health effects of abortion denial remains limited due to measurement and causal identification challenges NAS '18
  - Turnaway Study ($\approx$ 1,000 women): abortion denial worsened economic outcomes but produced no detectable long-run mental or physical health effects Miller et al. '23; Biggs et al. '17, '18; Foster et al. 15, '18; Ralph et al. '19

$\Rightarrow$ **What are the long-run causal effects of abortion denial on women's health?**

This paper

- **Setting:**
  - Colombia: abortion legally permitted, but barriers to access remain widespread
  - Women challenge these barriers by filing a constitutional writ (*tutela*)

- **Data:**
  - 100,000+ abortion-related *tutelas* linked to nationwide administrative health records

- **Identification:**
  - Judge-leniency design exploits quasi-random assignment of cases to judges
  - 48% of cases are denied; judges vary substantially in abortion-denial rates

Summary of main results

1. **Mental health:** Large, persistent increases in diagnoses and psychotropic medication use (diagnoses $\uparrow$ 26 pp; over 8$\times$ the baseline rate)

2. **Physical & reproductive health:** Persistent increases in reproductive morbidity, ED visits, hospitalizations, and mortality

3. **Heterogeneity:** Health harms increase sharply with gestational age

$\Rightarrow$ **Abortion denial causes large, persistent deterioration in women's mental, physical, and reproductive health**

Contributions to the literature

Existing evidence

- Turnaway Study: no persistent differences in *self-reported* mental or physical health
  Biggs et al. '17, 18; Foster et al. '15, '18; Miller et al. '20, '23; Ralph et al. '19
- Londoño-Vélez & Saravia '25: abortion denial increases mortality and worsens *self-reported* physical health

This paper

- **Nationwide administrative records** (>100,000 abortion seekers)
- **Clinically verified outcomes:** diagnoses, redeemed medications, ED visits, hospitalizations
- **First comprehensive causal evidence** on persistent mental, physical, and reproductive health

Outline

Legal abortion under the 2006 Constitutional Court ruling

Before 2006: abortion criminalized

2006 Constitutional Court: abortion permitted under three circumstances:

1. **Severe fetal anomalies incompatible with life** (certified by a physician)
2. **Pregnancy resulting from rape or incest** (documented by a police report)
3. **Risks to the woman's life or physical or mental health** (certified by a physician)

No gestational-age limits; insurers and providers required to ensure free and timely access

2022: Abortions on request up to 24 weeks; 2006 constitutional grounds thereafter

Legal protections did not guarantee access to abortion

- **Providers:** Invoke conscientious objection or misapply abortion law

- **Health insurers:** Delayed or denied access by requiring unnecessary documentation, failing to connect women with providers, or demanding judicial approval

$\Rightarrow$ ***Tutelas* became a major pathway to abortion care**

(Nearly one-third of all recorded induced abortions occurred after filing a *tutela*)

How does the *tutela* system work?

Fast-track constitutional remedy protecting fundamental rights when delay would cause irreparable harm

- **Accessible:** Free; no lawyer; simple written petition; no hearings
- **Expedited:** Decision within 10 days (grant, deny, or dismiss as inadmissible)
- **Enforceable:** Noncompliance may trigger fines or imprisonment
- **Random assignment:** Cases are quasi-randomly assigned through the *reparto* system

$\Rightarrow$ **Whether a woman is denied an abortion is close to a coin toss**

Linked administrative data

1. **Abortion-related *tutelas***
   - Universe of *tutelas* filed in Bogotá, Medellín, Cali, and Barranquilla (2011–2022)
   - Judge assignment, ruling, claimant identifiers
2. **Nationwide longitudinal administrative health records**
   - Universe of health-care encounters: outpatient visits, procedures, ED visits, hospitalizations (2009–25)
   - Clinically verified diagnoses (4-digit ICD-10) and redeemed medications (ATC codes)
3. **Nationwide vital statistics**
   - Universe of birth and death records (2007-2024)

Linked at the individual level to follow women's health over time

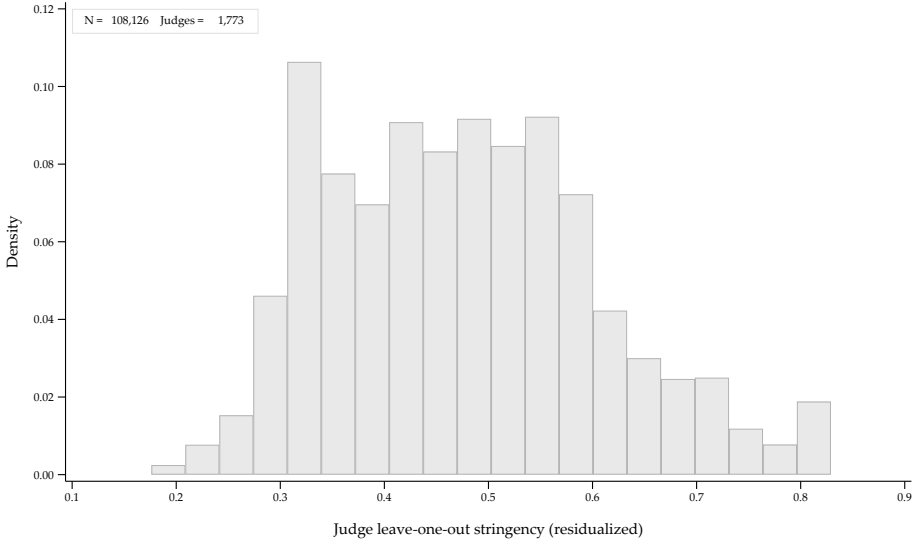
Study sample

- **100,000+** women sought abortions through *tutelas*
- **85%+** had no documented mental-health diagnosis before filing
- Gestational age at filing inferred for **two-thirds**; among them, **55%** filed in trimester 1 and **45%** in trimesters 2–3

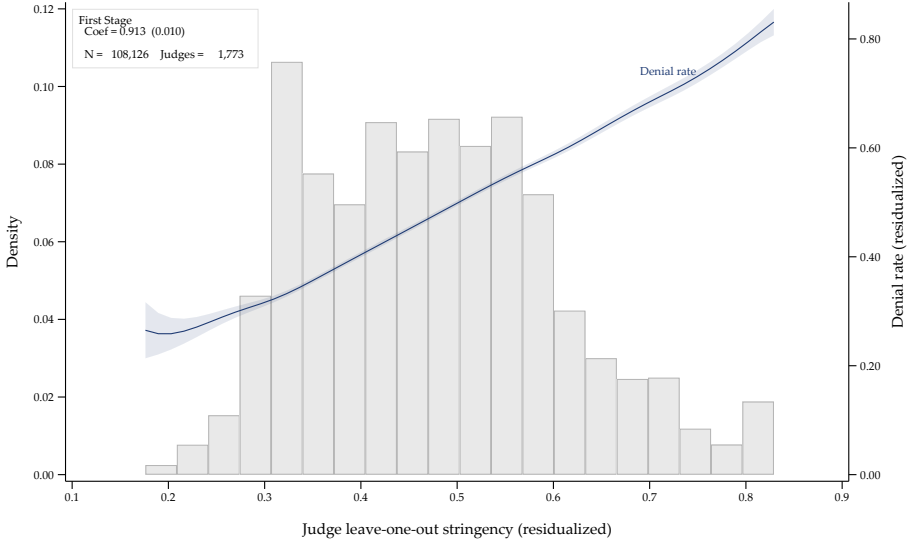
▸ Table ▸ Validation

Outline

Judges differ substantially in abortion-denial propensities (e.g., P90-P10 = 35 pp)

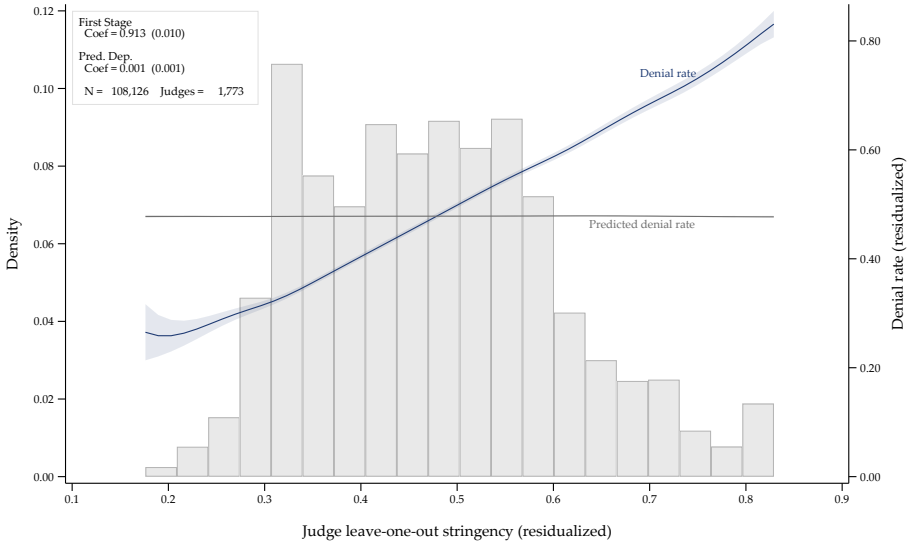


Judge stringency strongly predicts abortion denial (Kleibergen Paap rk Wald F-stat > 8,000)



Predicted denial rate—using all covariates—is flat

▸ Additional balance tests



A judge-leniency design exploits random assignment

Random assignment to judges with different denial propensities generates quasi-experimental variation in abortion denial

$$Denied_i = \gamma Z_{j(i)} + \delta_{o(it)} + e_{it}\,, \tag{1}$$

$$Y_{it} = \beta Denied_i + \delta_{o(it)} + \epsilon_{it}\,, \tag{2}$$

where

- $Denied_i$: judge denied abortion request
- $Z_{j(i)}$: leave-one-out judge denial propensity
- $\delta_{o(it)}$: district×office×quarter FE
- Y_{it}: outcome

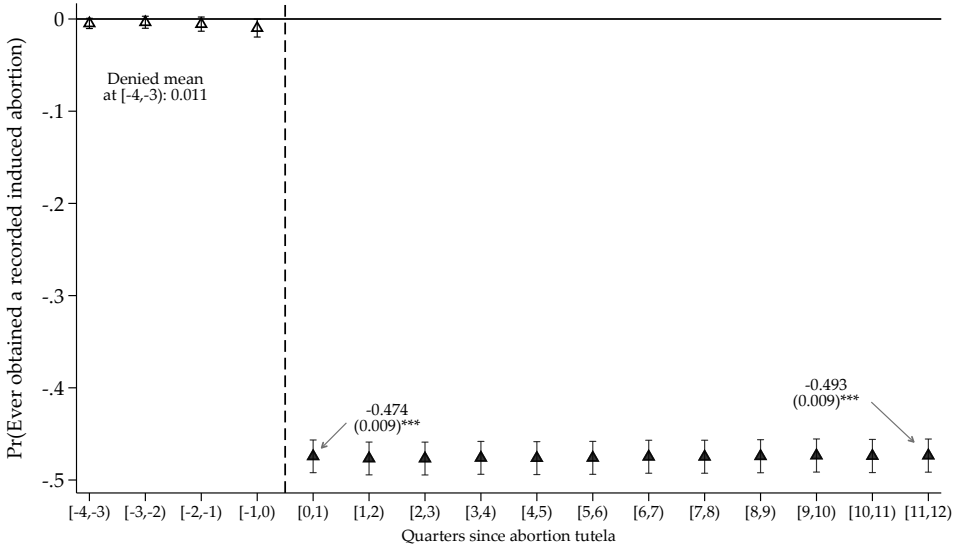
Exclusion and monotonicity | Complier characteristics

Outline

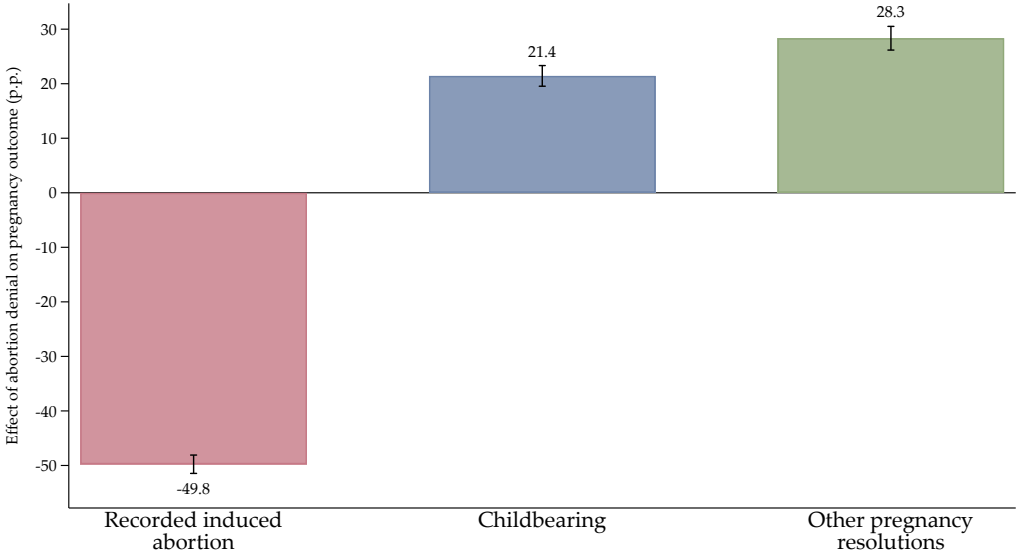
Outline

Pr(Ever obtaining a recorded induced abortion) ↓ 50 pp

Quarterly Method



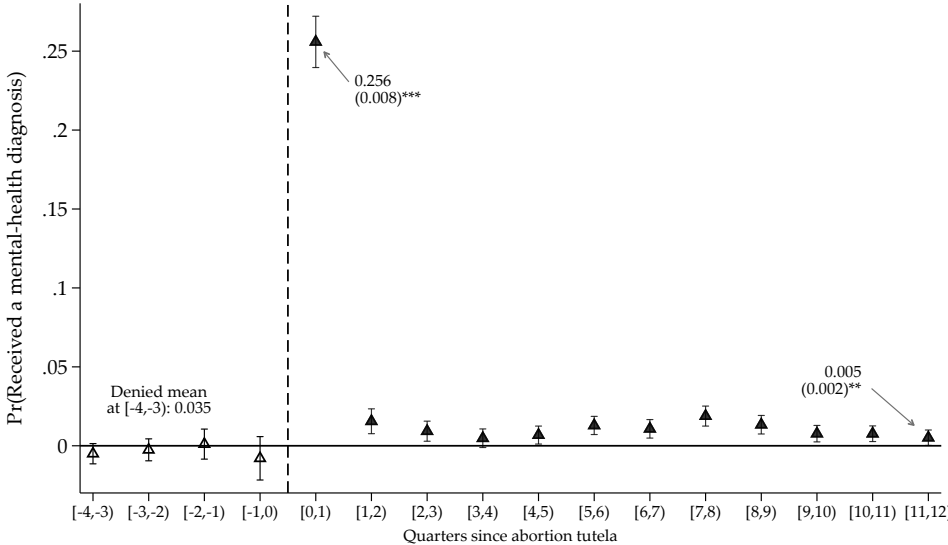
Fewer than half of prevented abortions result in additional births



Outline

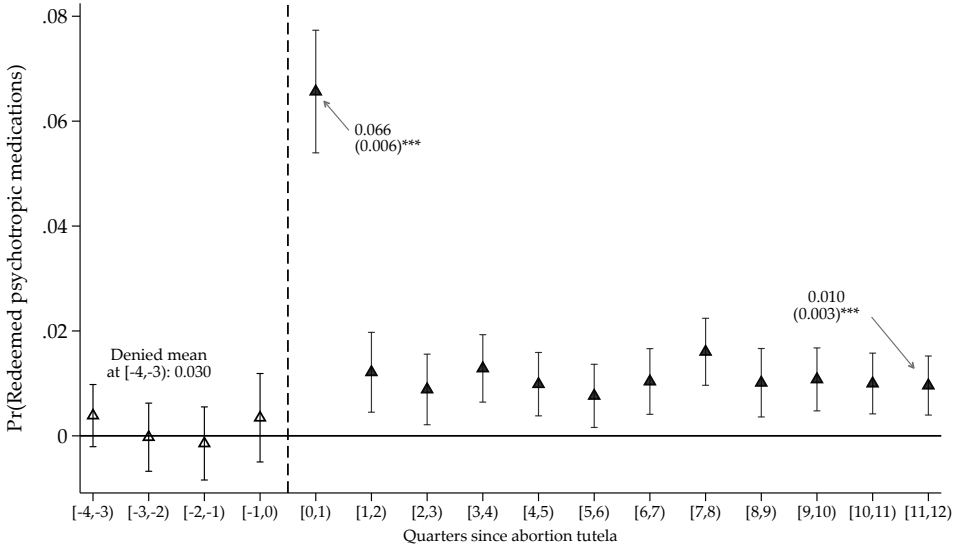
Mental-health diagnoses ↑ 26 pp, effects persist

▸ Diagnoses ▸ Ever ▸ Appeals



Psychotropic medication use ↑ 7 pp

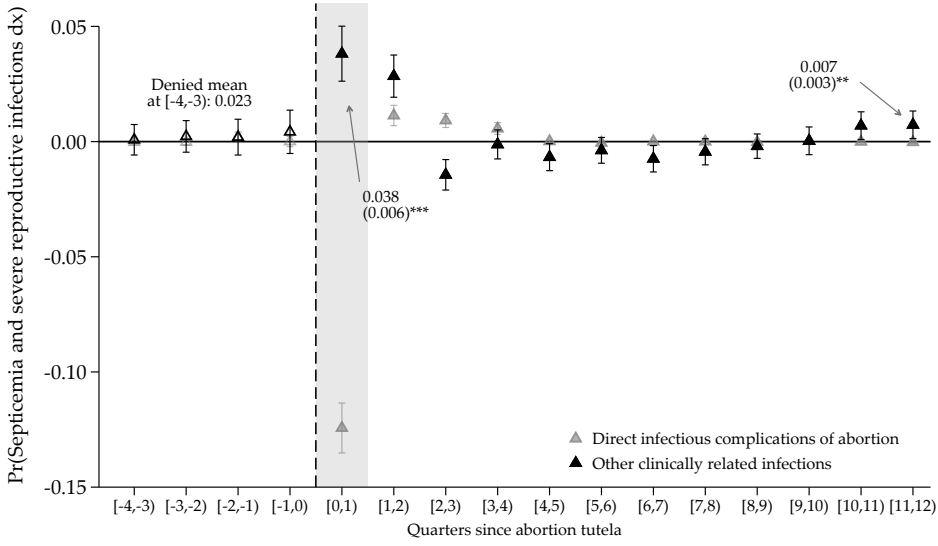
▸ Antipsychotics ▸ Specialty care



Outline

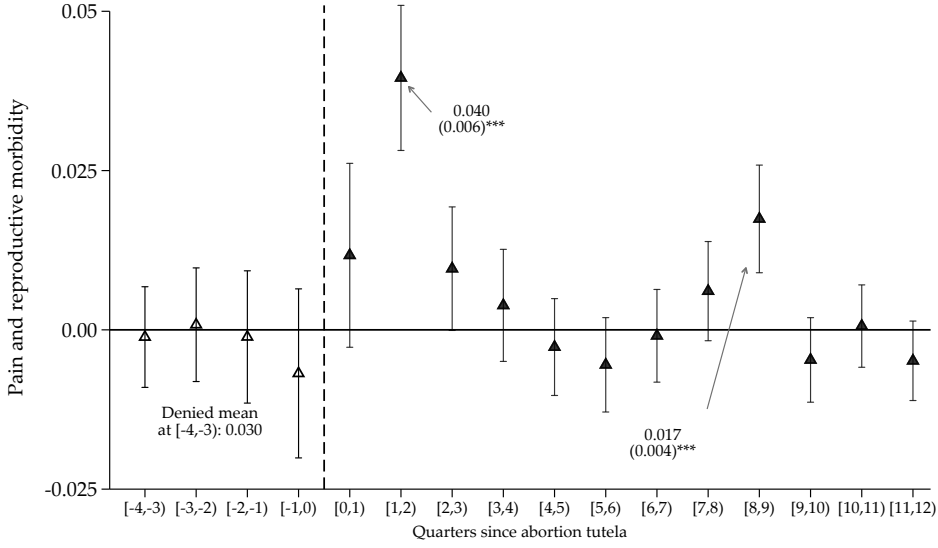
Abortion denial causes persistent reproductive infections

Dx Antibiotics



Persistent reproductive morbidity

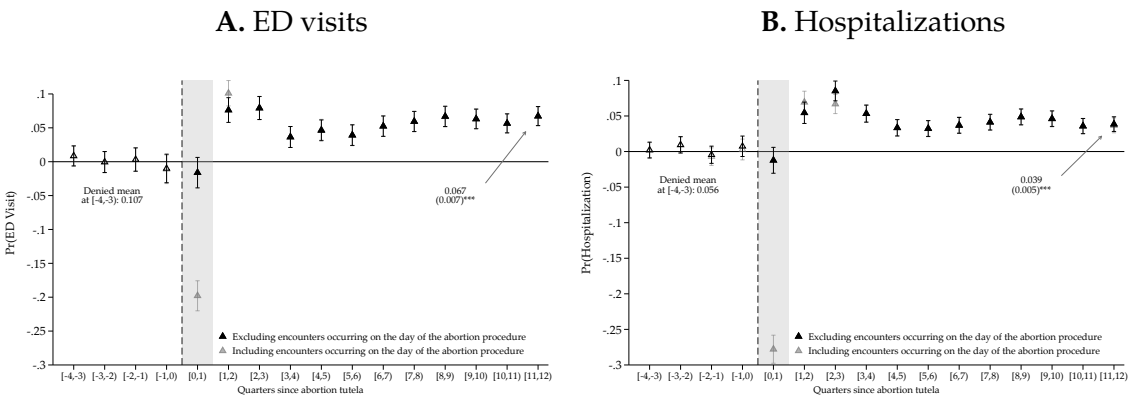
▸ Diagnoses ▸ Redeemed analgesic prescriptions



Outline

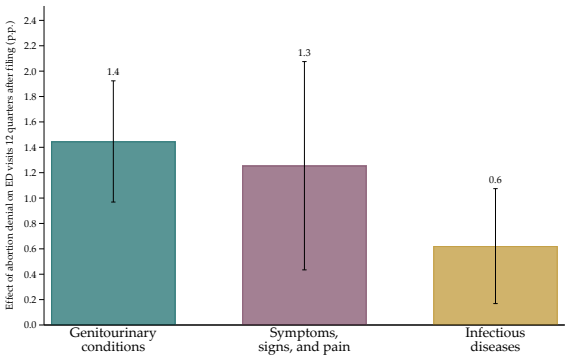
Persistent increases in acute health-care utilization

Ever

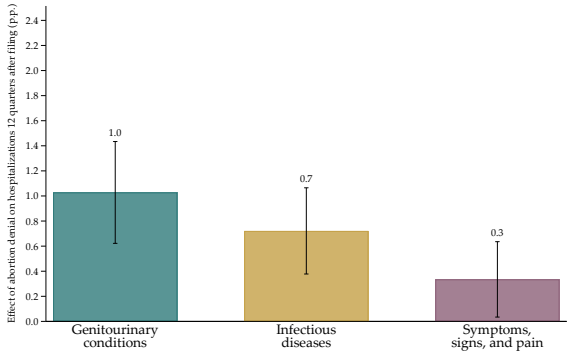


Increases are concentrated in reproductive and infectious conditions

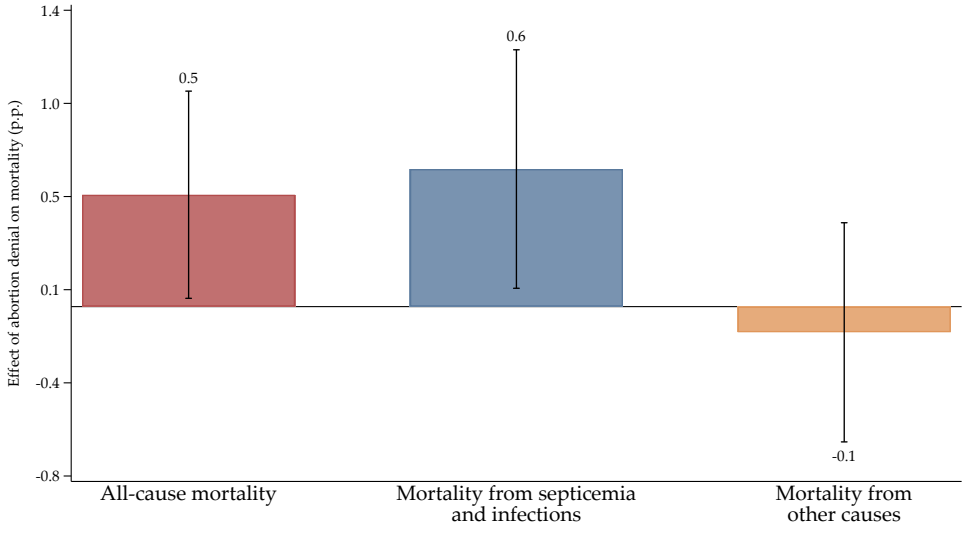
A. Diagnoses during ED visits



B. Diagnoses during hospitalizations

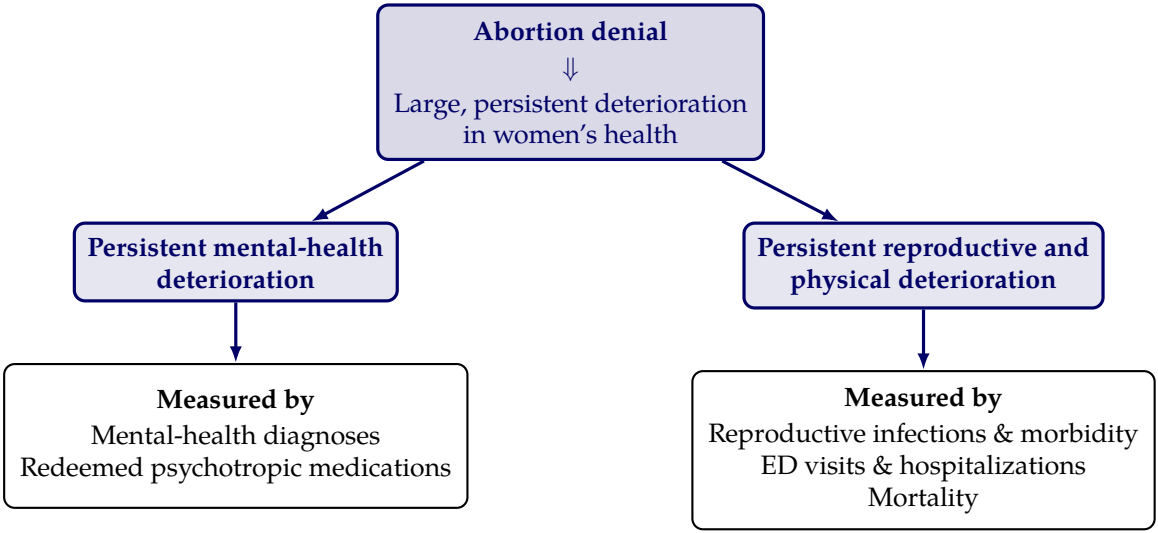


Abortion denial also increases mortality



Putting the evidence together

A broad spectrum of persistent health consequences



Outline

Heterogeneity

- **Where are the health harms largest?**
  Health harms increase sharply with gestational age

- **New mental-health problems—not merely exacerbating pre-existing conditions**
  Most of the mental-health burden falls on women with no prior diagnosis

By prior parity | By prior PCP contact | By health regime | By legal grounds

Why do the health effects persist?

Two competing explanations:

× **Behavioral adjustment**
- No sustained increase in contraception
- No long-run reduction in subsequent fertility

✓ **Lasting deterioration in reproductive health**
- Worse subsequent pregnancy outcomes (ectopic pregnancy, fetal death)
- Persistent reproductive morbidity among women w/ subsequent pregnancies

Pregnancy resolution analysis

⇒ Abortion denial leaves women less healthy, rather than permanently changing their reproductive behavior

Outline

Conclusion

- Abortion denial causes large and persistent deterioration across women's mental, physical, and reproductive health
- Health consequences increase sharply with gestational age but remain substantial across all groups
- Abortion denial leaves women less healthy, rather than permanently changing their reproductive behavior

▸ External validity

Thank you!

Appendix

Validation of procedure-based gestational trimester

Return

	Procedure-based: Trimester 1	Procedure-based: Trimester 2 or 3
Tutela: Trimester 1	94.1%	5.9%
Tutela: Trimester 2 or 3	4.8%	95.2%

Notes. This table validates the procedure-based measure of gestational trimester using the gestational trimester reported in the abortion-related *tutela*. The sample is restricted to the 23,474 cases for which gestational trimester is both reported in the *tutela* and can be classified using administrative procedure codes. Entries are row percentages and report the percentage of observations in each *tutela*-based trimester classification assigned to the corresponding procedure-based classification. The two measures agree in 95.4% of cases (correlation = 0.946). *Source.* Authors' calculations using data from the Constitutional Court and SISPRO.

Characteristics of Abortion-Related *Tutelas*

Return

Involved party ($N = 108{,}126$)	Share of total
Health insurer	65.5%
Other (e.g., government)	27.7%
Health provider	6.9%

Gestational age ($N = 33{,}985$)	Mean	Min	Median	Max
Weeks at filing	13.6	3	11	33

Reported legal grounds	Share of total	Pr(denial)
None reported (N = 81,486)	75.4%	50.4%
At least one reported (N = 26,640)	24.6%	38.4%
Conditional on reporting		
Woman's life or health	88.9%	39.8%
Physical health	37.5%	41.1%
Mental or emotional health	48.9%	39.6%
Social health	4.5%	28.6%
Fetal malformation	5.4%	34.4%
Rape, incest, unwanted insemination	5.9%	20.6%

Summary statistics of women seeking abortions

Return

	Abortion-Related *Tutelas*				Recorded Induced Abortions			
	All (1)	Denied (2)	Not denied (3)	(2)–(3) *p*-value (4)	Without *tutela* (5)	With *tutela* (6)	(5)–(1) *p*-value (7)	(5)–(6) *p*-value (8)
Judicial district								
Medellín	0.259	0.307	0.215	0.000	0.263	0.172	0.035	0.000
Cali	0.115	0.134	0.097	0.000	0.160	0.095	0.000	0.000
Barranquilla	0.086	0.098	0.076	0.000	0.149	0.078	0.000	0.000
Bogotá	0.540	0.461	0.612	0.000	0.427	0.656	0.000	0.000
Prior contact with health system	0.802	0.797	0.806	0.000	0.883	0.838	0.000	0.000
Prior PCP contact	0.411	0.407	0.415	0.006	0.476	0.489	0.000	0.000
Age	24.802	24.945	24.695	0.000	28.525	26.235	0.000	0.000
Subsidized regime	0.638	0.642	0.635	0.043	0.554	0.619	0.000	0.000
Prior parity	0.176	0.148	0.202	0.000	0.168	0.270	0.000	0.000
Area of residence								
Urban center	0.928	0.917	0.937	0.000	0.982	0.955	0.000	0.000
Other populated centers	0.019	0.022	0.016	0.000	0.006	0.015	0.000	0.000
Rural area	0.034	0.037	0.033	0.000	0.012	0.030	0.000	0.000
Inferred gestational age								
Trimester 1	0.346	0.342	0.351	0.001	0.461	0.369	0.000	0.000
Trimester 2 or 3	0.286	0.277	0.296	0.000	0.185	0.297	0.000	0.000
Trimester N.A.	0.367	0.382	0.354	0.000	0.354	0.334	0.000	0.000
ED visit	0.210	0.211	0.209	0.378	0.236	0.235	0.000	0.853
Hospitalization	0.112	0.108	0.115	0.001	0.088	0.133	0.000	0.000
Mental health								
Diagnosis	0.090	0.124	0.059	0.000	0.023	0.055	0.000	0.000
Redeemed Rx	0.064	0.080	0.049	0.000	0.029	0.048	0.000	0.000
Observations	108,126	51,707	56,419		74,285	28,493		
Individuals	103,345	49,135	54,210		70,100	27,327		

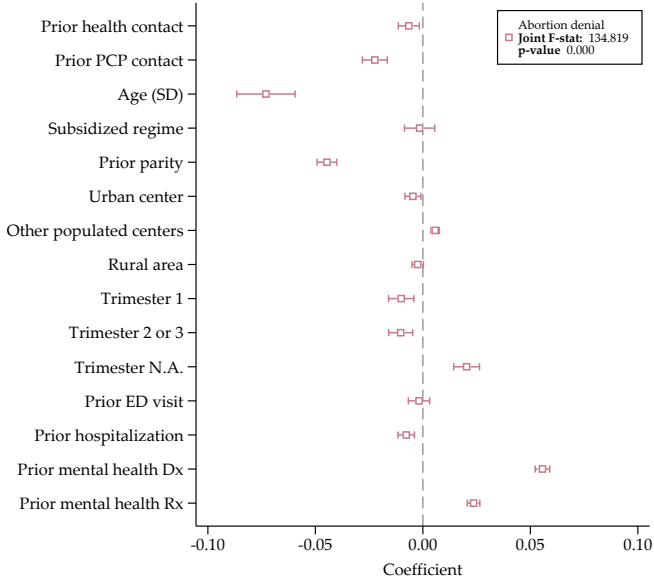
Complier characteristics

Return

	All (1)	Compliers (2)
Judicial district		
Medellín	0.259	0.136
Cali	0.115	0.009
Barranquilla	0.086	0.033
Bogotá	0.540	0.822
Prior contact with health system	0.802	0.808
Prior PCP contact	0.411	0.413
Age	24.802	24.111
Subsidized regime	0.638	0.633
Prior parity	0.176	0.192
Area of residence		
Urban center	0.928	0.938
Other populated centers	0.019	0.019
Rural area	0.034	0.027
Inferred gestational age		
Trimester 1	0.346	0.335
Trimester 2 or 3	0.286	0.301
Trimester N.A.	0.367	0.364
ED visit	0.210	0.195
Hospitalization	0.112	0.111
Mental health		
Diagnosis	0.090	0.073
Redeemed Rx	0.064	0.055

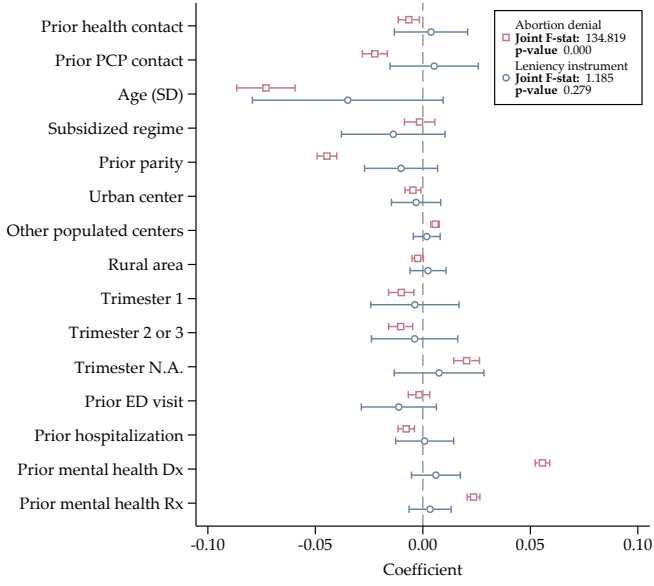
✓ **Exogeneity:** Balance test

Return



✓ **Exogeneity:** Balance test

Return



IV assumptions

▸ Return

✓ **Exclusion**
Judges determine abortion access—not subsequent medical care

✓ **Monotonicity**
Stricter judges weakly increase denial

▸ Positive first-stage estimates across subsamples

▸ Frandsen et al. (2023) test

Frandsen et al. '23 tests of exclusion and monotonicity

Return

Outcome	Without variance correction		With variance correction		
	F-stat (1)	p-value (2)	Wald stat (3)	df (4)	p-value (5)
Abortion	1,306.17	1.000	1,678.96	1,668	0.420
Mental health	1,592.52	0.952	1,596.88	1,668	0.892
ED visit	1,286.56	1.000	1,469.86	1,668	1.000
Hospitalization	1,289.92	1.000	1,507.71	1,668	0.998

Notes: Columns (1)–(2) report the F-statistic and p-value from jointly testing whether spline residuals differ across judges, without adjusting for the estimation of judge propensities. Columns (3)–(5) report the Wald statistic, degrees of freedom, and p-value using the sandwich variance estimator, which accounts for the two-step estimation of both the judge propensity and the spline coefficients. Under the null, the test statistic follows a χ^2 distribution with degrees of freedom equal to the number of judges minus the number of spline basis functions. All specifications are residualized by judicial district $\times$ office $\times$ quarter fixed effects. The Bonferroni weight is set to $\omega = 1$, as recommended for settings with many judges.

First-stage estimates are nonnegative across all subsamples

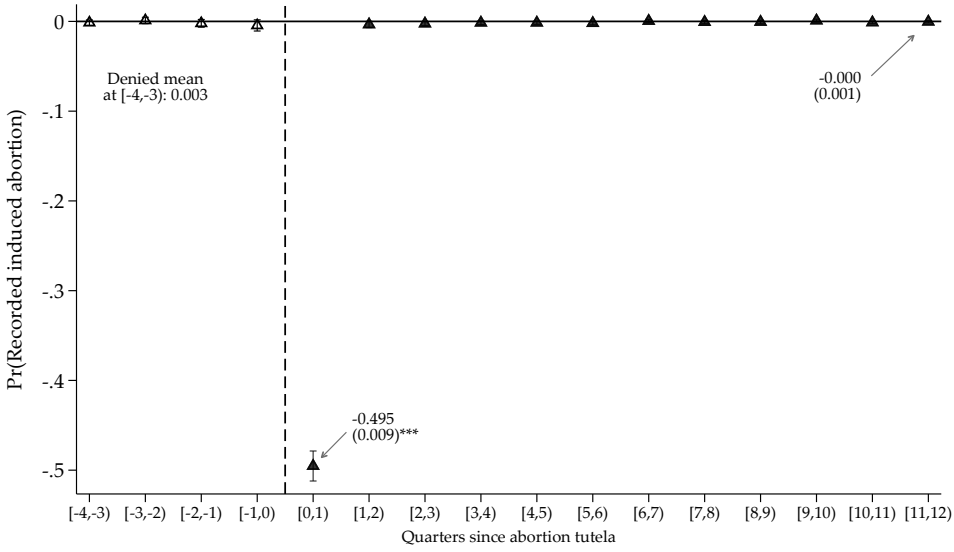
Return

	Judge Stringency
Above median age	
1	0.859
	(0.016)
0	0.792
	(0.018)
Subsidized regime	
1	0.836
	(0.016)
0	0.819
	(0.019)
Prior parity	
1	0.925
	(0.038)
0	0.914
	(0.011)
First trimester	
1	0.917
	(0.019)
0	0.912
	(0.013)
Prior ED visit	
1	0.904
	(0.028)
0	0.917
	(0.010)
Prior hospitalization	
1	0.895
	(0.046)
0	0.913
	(0.010)
Prior mental-health diagnosis	
1	0.829
	(0.035)
0	0.917
	(0.011)
Prior PCP contact	
1	0.929
	(0.021)
0	0.902
	(0.013)

Notes: All regressions include district-by-office-by-quarter FEs. Standard errors are shown in parentheses and are clustered at the judge level.

Obtained a recorded induced abortion in each quarter

Return



Pregnancy outcome and abortion method

Return

	Recorded Induced Abortions			Childbearing	Fetal death	Residual
	Any method	Medication or vacuum aspiration	D&C or other			
	(1)	(2)	(3)	(4)	(5)	(6)
Panel A. *Within nine months of filing*						
	-0.498	-0.037	-0.470	0.214	0.003	0.280
	(0.009)***	(0.003)***	(0.009)***	(0.010)***	(0.002)	(0.011)***
μ^{ND}	0.485	0.042	0.456	0.164	0.012	0.348
Panel B. *Within three years from filing*						
	-0.493	-0.038	-0.466			
	(0.009)***	(0.003)***	(0.009)***			
μ^{ND}	0.487	0.043	0.459			

By appeal status

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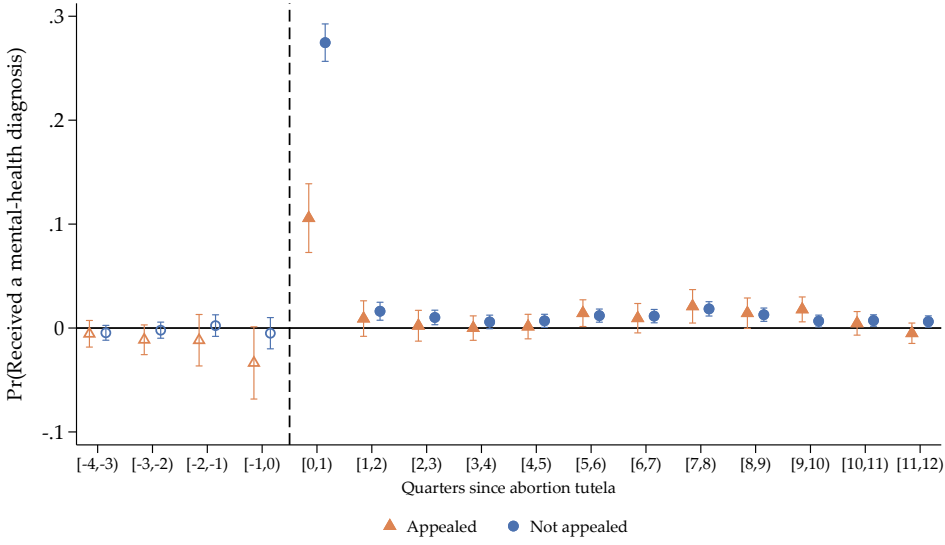
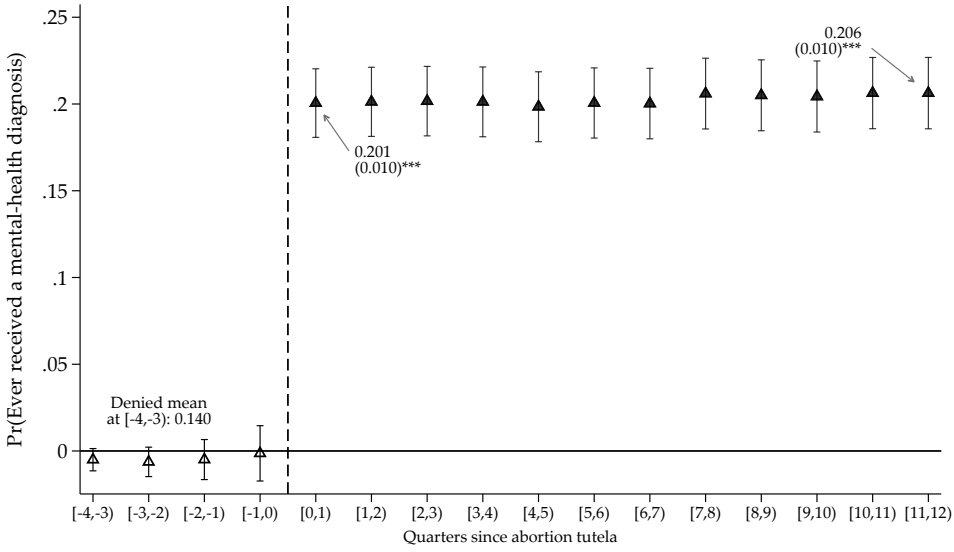


Ever received a mental-health diagnosis

Return



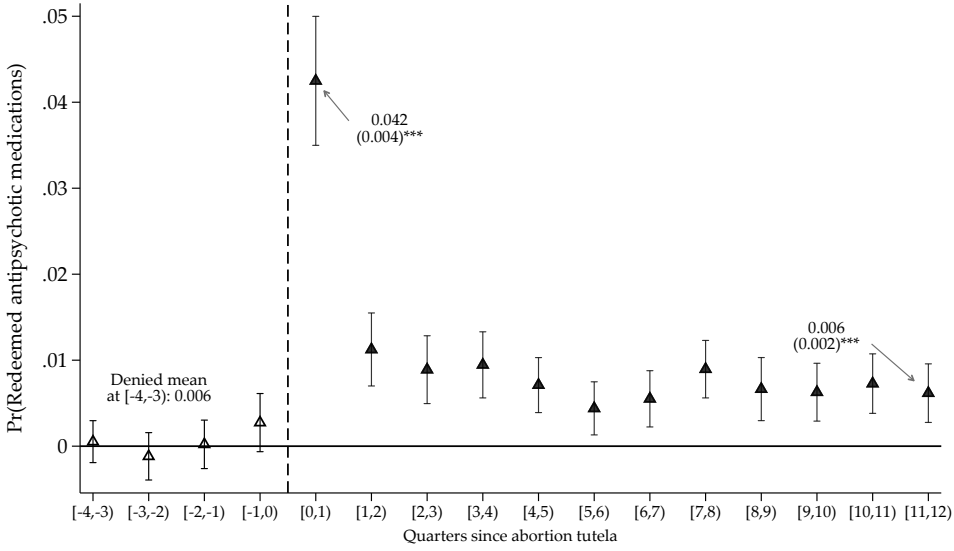
Impacts on mental-health Dx

Return

	Mental-Health Diagnosis					
	Any	Depression	Anxiety	Postpartum	PTSD	Other
	(1)	(2)	(3)	(4)	(5)	(6)
Panel A. *In the filing quarter*						
	0.256	0.144	0.154	-0.000	0.003	-0.003
	(0.008)***	(0.007)***	(0.006)***	(0.000)	(0.002)*	(0.002)*
Panel B. *Twelve quarters after filing*						
	0.005	0.002	0.005	0.000	0.000	-0.000
	(0.002)**	(0.002)	(0.002)**	(0.000)	(0.000)	(0.000)
$\mu^D_{[-4,-3)}$	0.035	0.018	0.015	0.000	0.001	0.001

Redeemed antipsychotic medications

Return



Consultations with a psychiatrist

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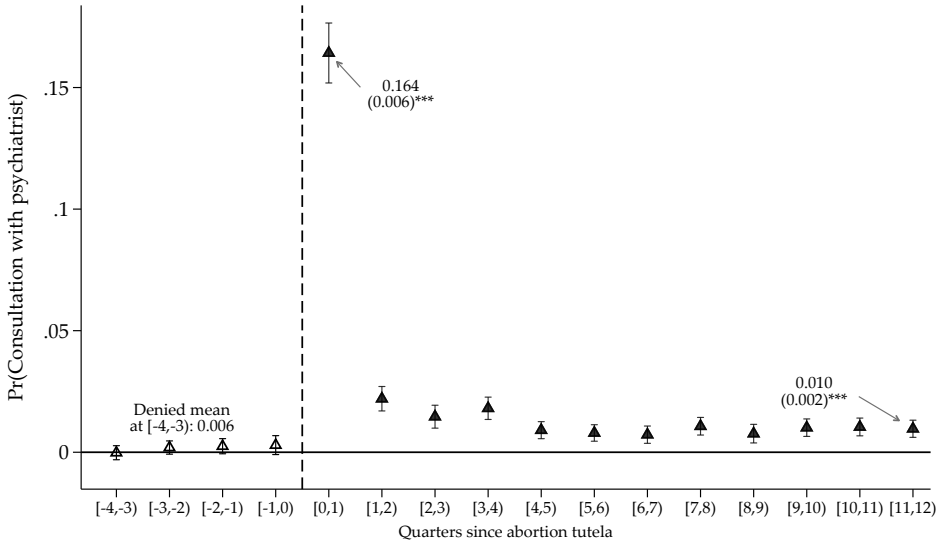
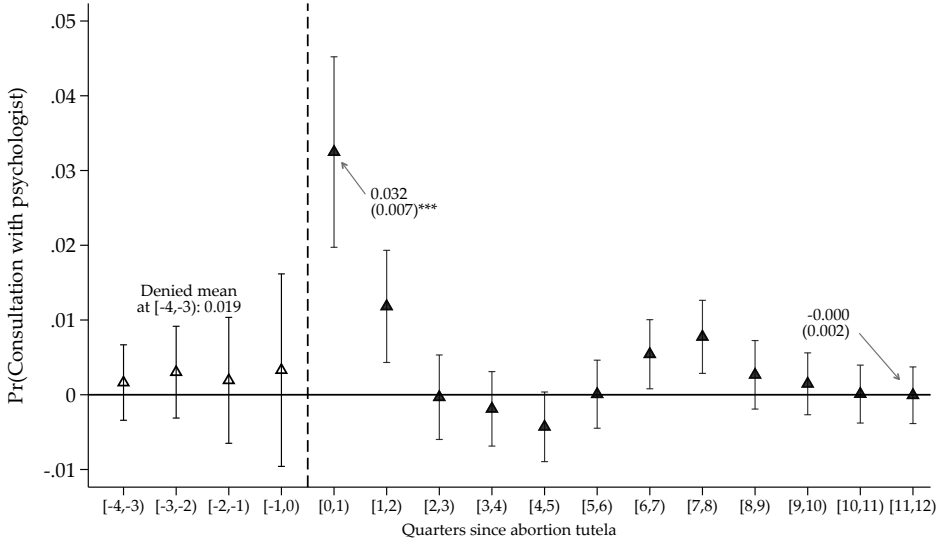


Consultations with a psychologist

Return



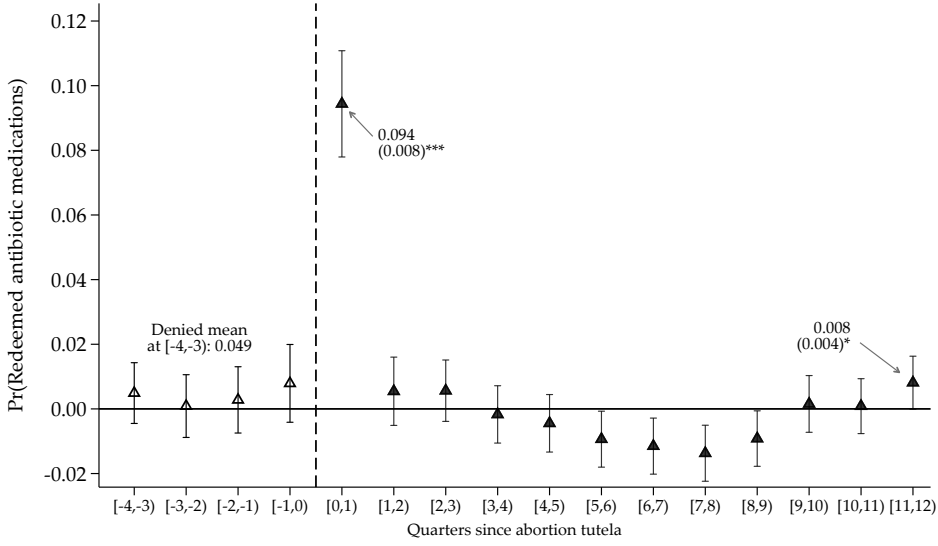
Heterogeneity in impacts on mental health

Return

	Mental-Health Diagnosis						Mental-Health Rx	
	Any	Depression	Anxiety	Postpartum	PTSD	Other	Any	Antipsychotics
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
Panel A. *Heterogeneity by Gestational Age*								
Trimester 1	0.193	0.139	0.078	-0.000	0.008	-0.005	0.053	0.044
	(0.014)***	(0.011)***	(0.009)***	(0.000)	(0.003)***	(0.003)*	(0.010)***	(0.006)***
Trimester 2 or 3	0.378	0.138	0.313	-0.000	-0.003	-0.004	0.075	0.040
	(0.016)***	(0.012)***	(0.014)***	(0.000)	(0.003)	(0.003)	(0.011)***	(0.007)***
Trimester N.A.	0.211	0.153	0.095	-0.000	0.002	-0.001	0.068	0.044
	(0.013)***	(0.011)***	(0.009)***	(0.000)	(0.003)	(0.003)	(0.010)***	(0.007)***
Panel B. *Heterogeneity by Mental-Health History*								
Had prior diagnosis	0.345	0.203	0.226	-0.001	0.009	-0.006	0.090	0.033
	(0.025)***	(0.021)***	(0.020)***	(0.001)	(0.007)	(0.005)	(0.019)***	(0.011)***
No prior diagnosis	0.232	0.123	0.137	-0.000	0.001	-0.002	0.050	0.042
	(0.009)***	(0.007)***	(0.007)***	(0.000)	(0.001)	(0.002)	(0.006)***	(0.004)***
Panel C. *Heterogeneity by Parity*								
Had previous births	0.176	0.083	0.091	-0.000	0.004	0.001	0.027	0.039
	(0.017)***	(0.013)***	(0.012)***	(0.000)	(0.003)	(0.002)	(0.012)**	(0.009)***
No previous births	0.313	0.179	0.195	-0.000	0.003	-0.003	0.084	0.042
	(0.010)***	(0.008)***	(0.008)***	(0.000)	(0.002)	(0.002)	(0.007)***	(0.004)***
Panel D. *Heterogeneity by Prior PCP Contact*								
Prior PCP contact	0.294	0.176	0.177	-0.000	0.004	-0.006	0.090	0.040
	(0.014)***	(0.011)***	(0.011)***	(0.000)	(0.003)	(0.003)*	(0.010)***	(0.006)***
No prior PCP contact	0.229	0.120	0.140	-0.000	0.002	-0.002	0.048	0.044
	(0.010)***	(0.008)***	(0.008)***	(0.000)	(0.002)	(0.002)	(0.007)***	(0.005)***

Infection effects are mirrored in antibiotic use

Return



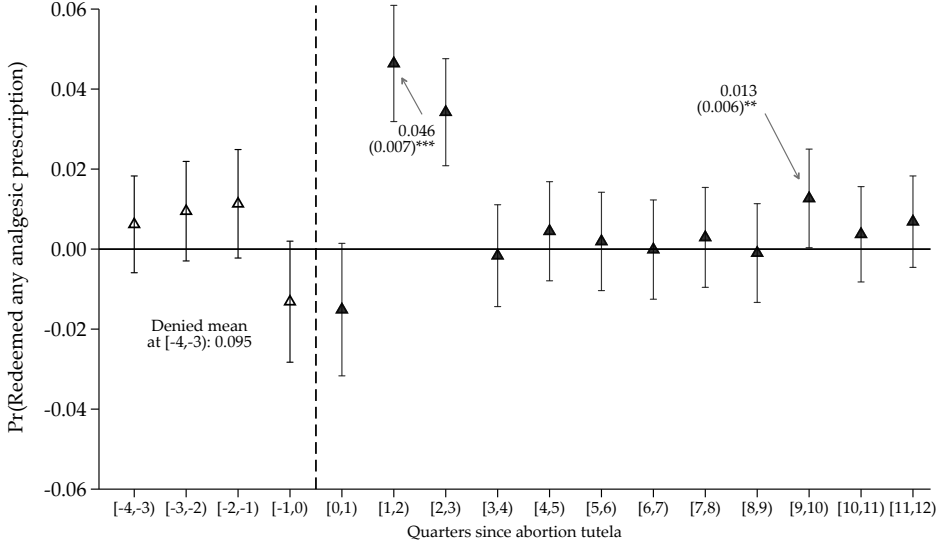
Decomposition of physical morbidity effects

Return

	Infections							Reproductive morbidity	
		Diagnoses					*Medications*	*Diagnoses*	
	Composite index (1)	Abortion-related (2)	Genitourinary and reproductive (3)	Sepsis and septic shock (4)	Puerperal (5)	Unspecified bacterial (6)	Systemic antibacterials (7)	Abdominal and pelvic pain (8)	Gynecologic disorders (9)
Panel A. *In the filing quarter*									
	-0.088	-0.127	0.050	-0.006	-0.007	0.000	0.094	0.013	-0.003
	(0.008)***	(0.006)***	(0.006)***	(0.001)***	(0.002)***	(0.001)	(0.008)***	(0.007)*	(0.001)**
Panel B. *One quarter after filing*									
	0.042	0.011	-0.004	0.016	0.001	0.017	0.005	0.035	0.004
	(0.005)***	(0.002)***	(0.004)	(0.002)***	(0.001)	(0.002)***	(0.005)	(0.006)***	(0.002)**
Panel C. *Twelve quarters after filing*									
	0.007	-0.000	0.007	0.000	0.000	-0.000	0.008	-0.005	0.001
	(0.003)**	(0.000)	(0.003)**	(0.000)*	(0.000)	(0.000)	(0.004)**	(0.003)*	(0.001)
$\mu^D_{[-4,-3)}$	0.023	0.000	0.020	0.000	0.000	0.000	0.049	0.031	0.003

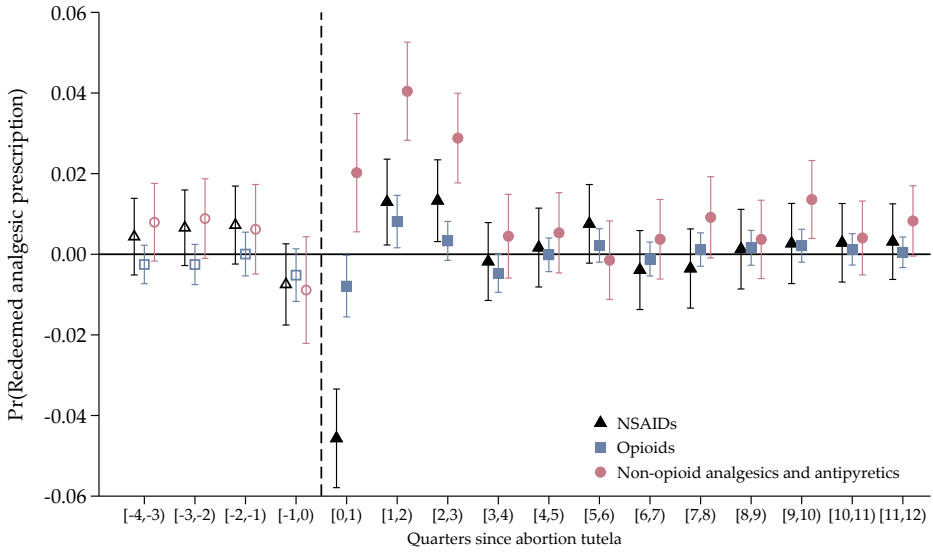
Redeemed any analgesic prescription

Return



Redeemed analgesic prescriptions

Return

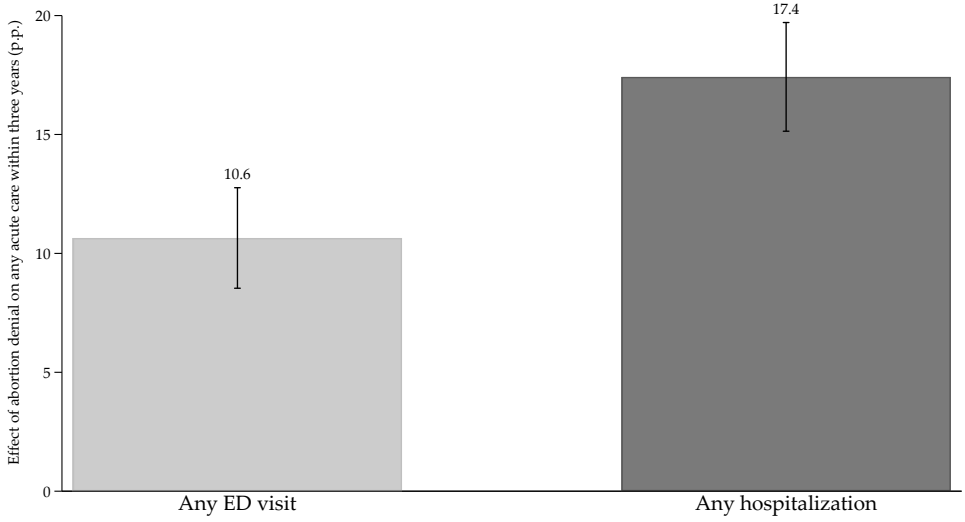


The effects of abortion denial on ED visits and hospitalizations

Return

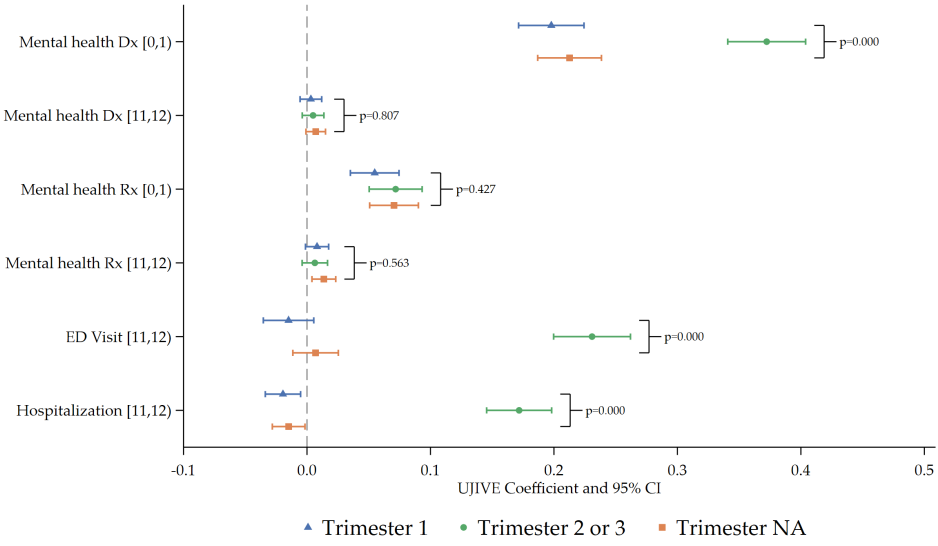
	ED Visit (1)	Hospitalization (2)
Panel A. *Including encounters occurring on the day of the abortion procedure*		
Filing quarter	-0.203	-0.278
	(0.011)***	(0.010)***
Twelve quarters later	0.067	0.040
	(0.007)***	(0.005)***
Ever within three years	0.013	-0.022
	(0.010)	(0.011)*
Panel B. *Excluding encounters occurring on the day of the abortion procedure*		
Filing quarter	-0.016	-0.012
	(0.011)	(0.009)
Twelve quarters later	0.067	0.039
	(0.007)***	(0.005)***
Ever within three years	0.106	0.174
	(0.011)***	(0.012)***
$\mu^D_{[-4,-3)}$	0.107	0.056

Women are much more likely to require acute care within 3 years



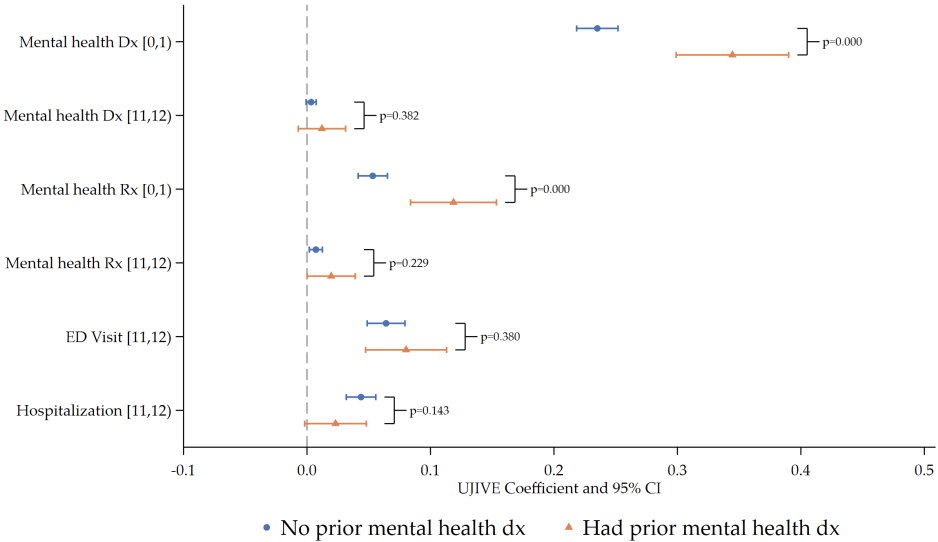
Heterogeneity by inferred gestational age at filing

Return



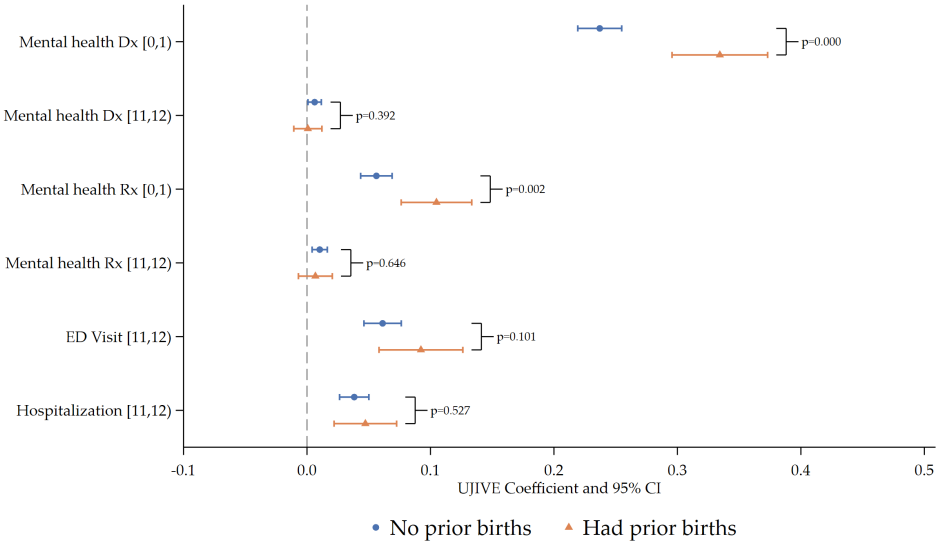
Heterogeneity by mental-health history

Return



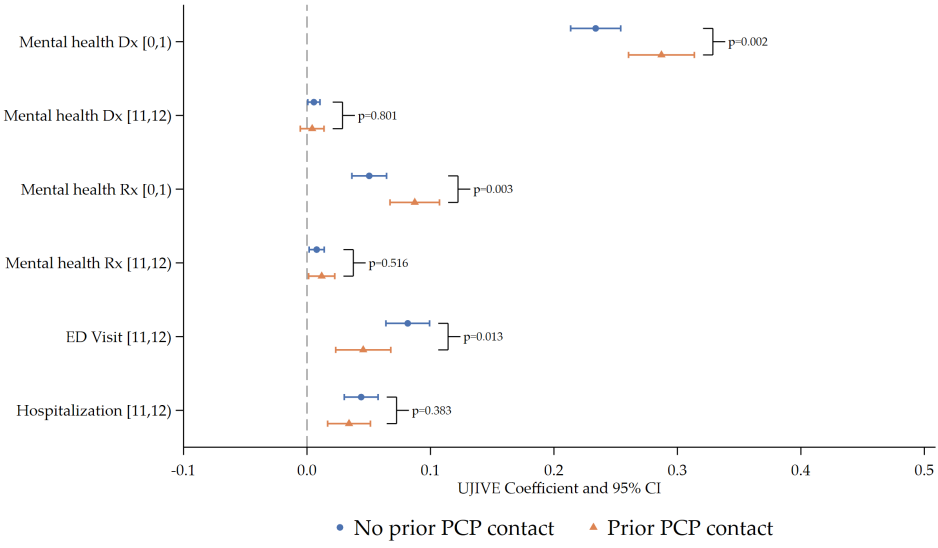
Heterogeneity by prior parity

Return



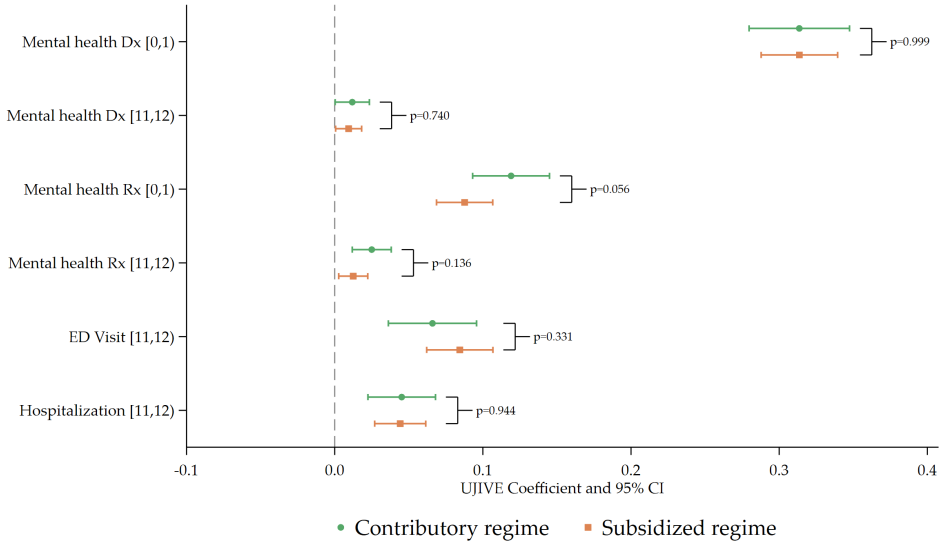
Heterogeneity by prior PCP contact

Return



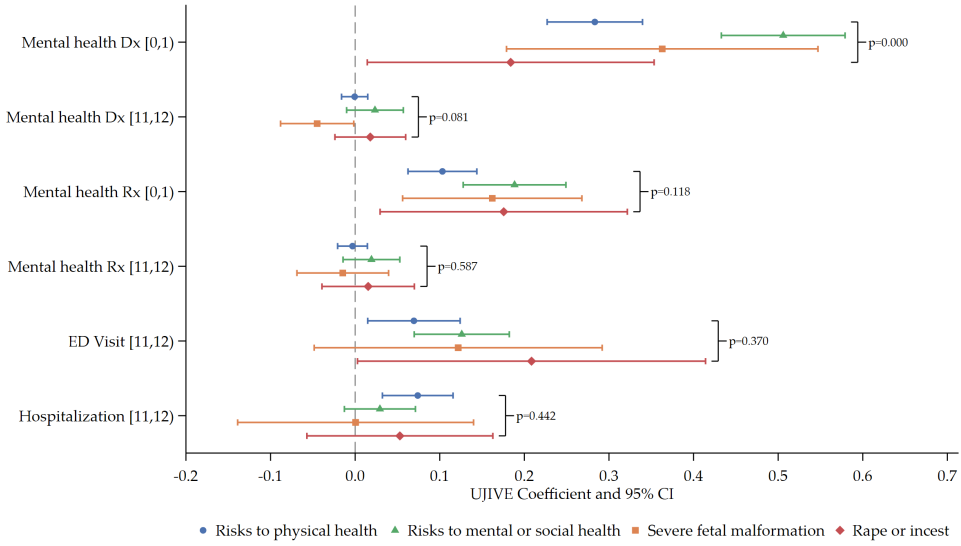
Heterogeneity by health regime

Return



Heterogeneity by legal grounds invoked in *tutela*

Return



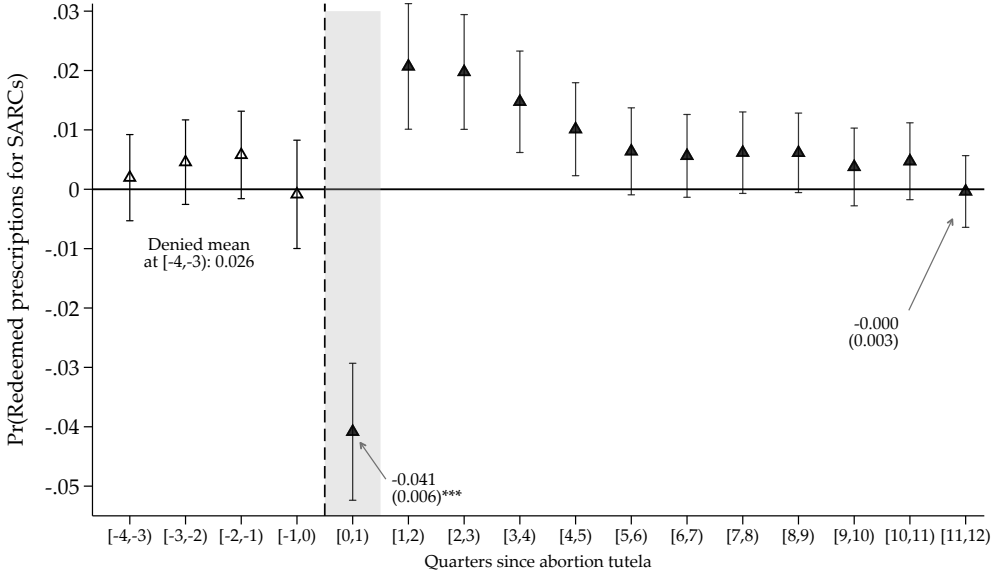
Denial does not trigger sustained increases in contraceptive use

- No sustained increase in SARC use
- No sustained increase in active LARC use
- Reduced sterilization

$\Rightarrow$ **The health costs of abortion denial are not offset by $\uparrow$ in contraceptive use**

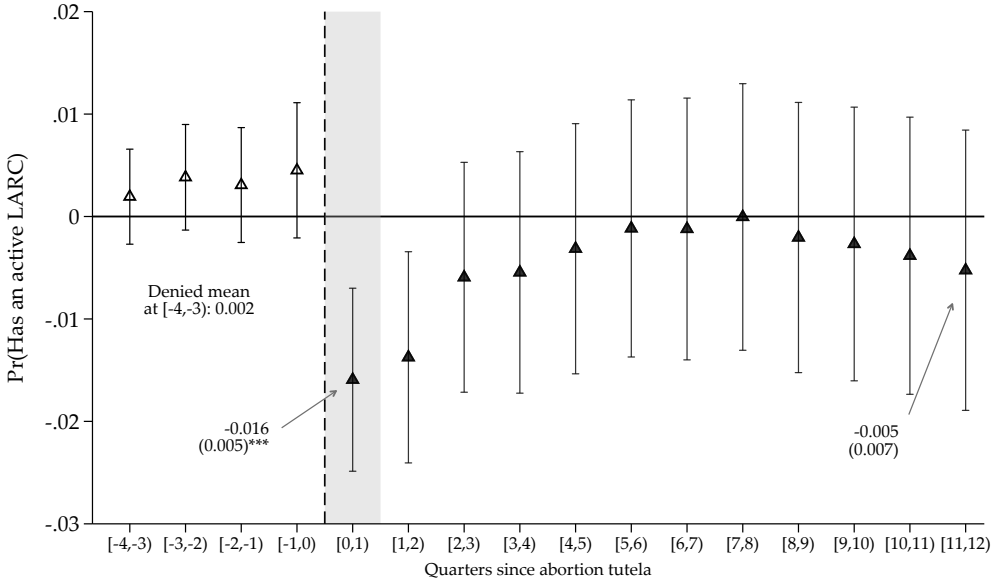
No sustained substitution toward SARC use

Return



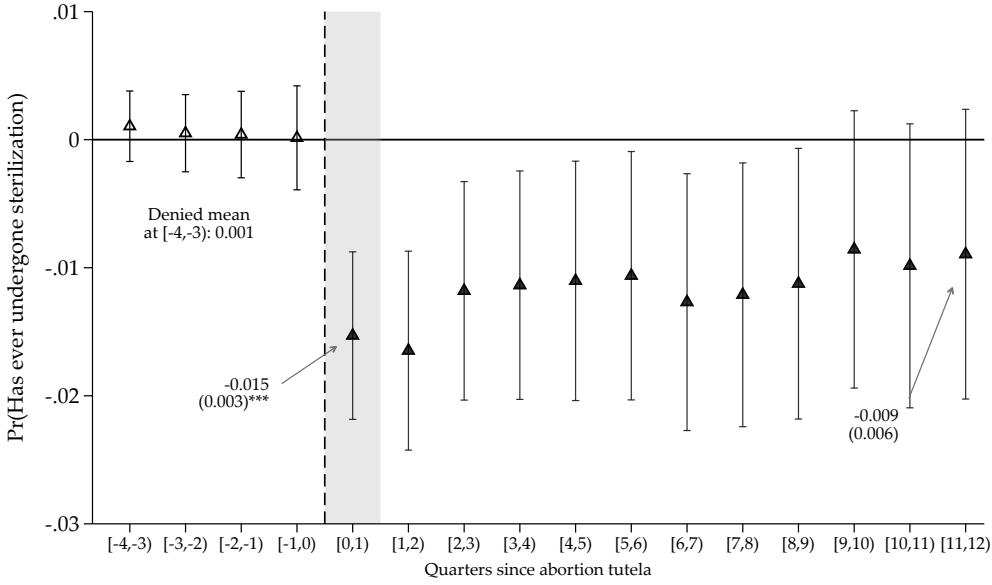
Abortion denial temporarily lowers active LARC use

Return



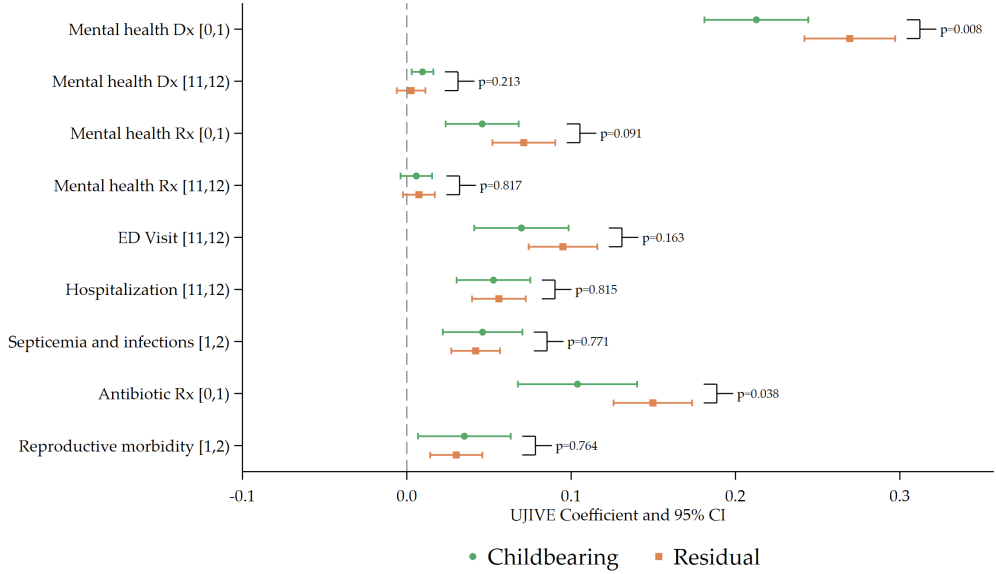
Abortion denial temporarily lowers sterilization

Return



Heterogeneity by pregnancy resolution

Return



Subsequent pregnancy outcomes

Return

	Subsequent pregnancy					
	Any	Ectopic pregnancy	Spontaneous abortion	Fetal death or stillbirth	Serious pregnancy complications	High-risk pregnancy care
	(1)	(2)	(3)	(4)	(5)	(6)
Panel A. *Observed between months 10 and 36 after filing*						
	-0.044	0.001	-0.005	0.001	-0.000	-0.005
	(0.010)***	(0.002)	(0.002)**	(0.000)*	(0.005)	(0.005)
$\mu^{ND}_{[4,12)}$	0.165	0.011	0.013	0.000	0.045	0.054
Panel B. *Ever observed from month 10 onwards*						
	0.009	0.017	0.001	0.011	0.016	0.017
	(0.011)	(0.004)***	(0.004)	(0.001)***	(0.006)**	(0.007)**
$\mu^{ND}_{[4,.)}$	0.295	0.024	0.025	0.001	0.085	0.099

Decomposition by subsequent pregnancy

Return

	Septicemia and Severe Reproductive Infections				Reproductive Morbidity	
	Genitourinary infections (1)	Sepsis and septic shock (2)	Puerperal infections (3)	Unspecified bacterial infections (4)	Abdominal and pelvic pain (5)	Gynecologic conditions (6)
Panel A. *Ever between 10 and 36 months from filing*						
	0.007	0.001	0.000	0.002	-0.005	0.005
	(0.007)	(0.001)	(0.001)	(0.001)	(0.009)	(0.003)*
Panel B. *Heterogeneity by subsequent pregnancy*						
Subsequent pregnancy = 1	0.041*	-0.000	0.002	0.003	0.087***	0.003
	(0.023)	(0.002)	(0.004)	(0.004)	(0.027)	(0.010)
Subsequent pregnancy = 0	0.007	0.001	—	0.001	-0.012*	0.007**
	(0.007)	(0.001)	(—)	(0.001)	(0.007)	(0.003)
p-value (difference across groups)	0.165	0.601	—	0.573	0.000	0.727

What should generalize?

Return

- Institutional setting is distinctive (*tutelas*, judge assignment), though many barriers to accessing legal abortion—provider refusal, administrative delays, and denial of legally protected care—are common across settings
- Many of the underlying biological and clinical pathways linking abortion denial to women's health are unlikely to be unique to Colombia
- Exact magnitudes depend on who is denied abortion
  - In our data, health harms increase sharply with gestational age; therefore, settings in which abortion denial occurs earlier in pregnancy may exhibit smaller average effects
- Estimates identify women seeking abortion through the *tutela* system