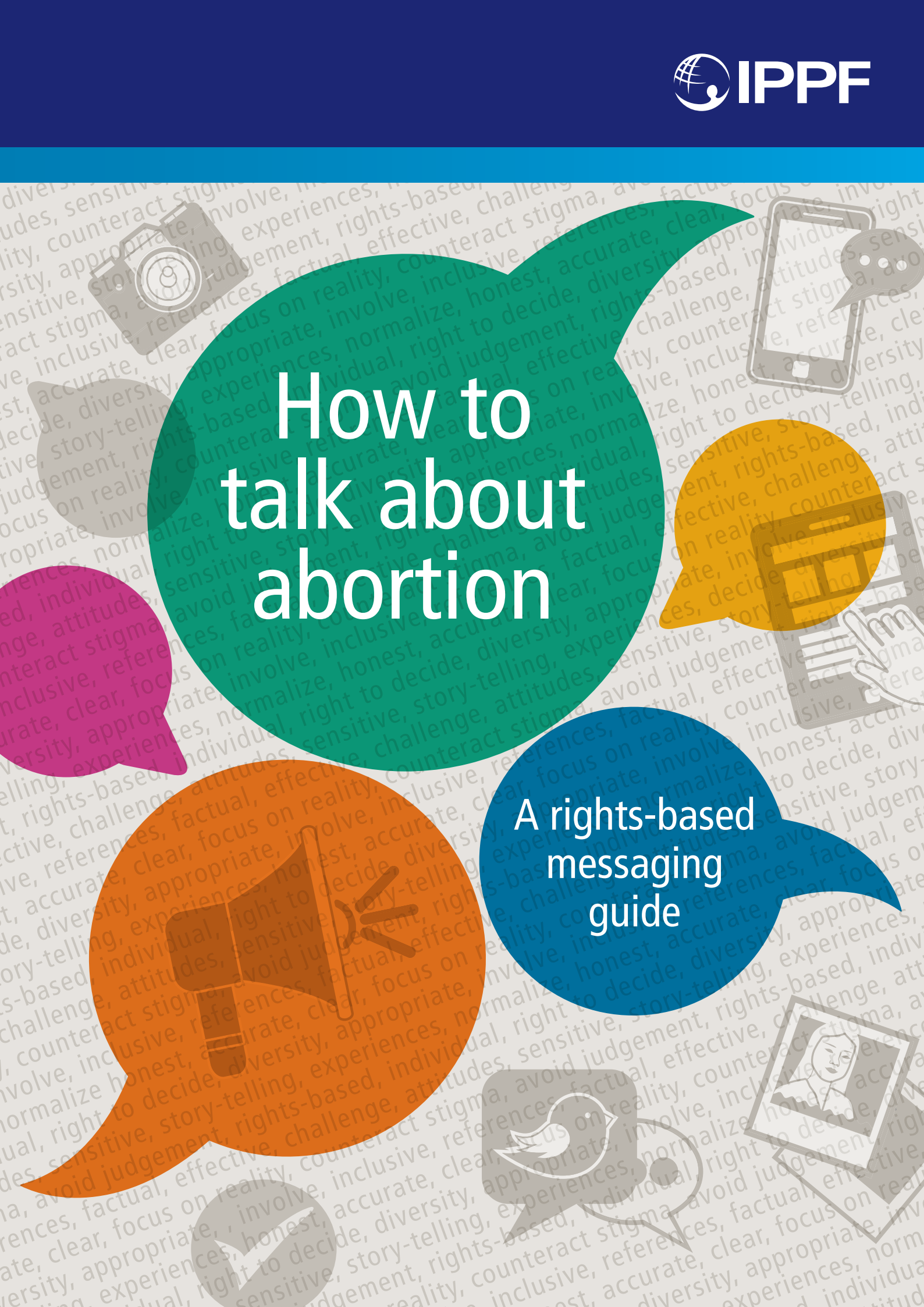
IPPF

How to talk about abortion

A rights-based messaging guide



This guide was published in September 2015. It was written by Judy Gold, Laura Hurley, Hadassah Wachsmann and Rebecca Wilkins at the IPPF Central Office in London as part of a project addressing abortion-related stigma.

The authors gratefully acknowledge the following organizations who provided contributions and/or reviewed the guide:

IPPF Central Office, Africa Regional Office, East and South East Asia and Oceania Region, South Asia Region, and European Network.

Packard Project Youth Advisory Group: Wise Alorvi (Ghana); Sarah Borgen (Norway); Génesis Luigi (Venezuela); Pushpa Joshi (Nepal); Souvik Pyne (India); Ikuma Dee Samungole (Zambia); Anu Thapa (Nepal); Clare Yu (Hong Kong).

External reviewers: British Pregnancy Advisory Service; Ipas; Planned Parenthood Federation of America; Planned Parenthood Global; Anne-Marie Rey (USPDA); Riksförbundet för sexuell upplysning/The Swedish Association for Sexuality Education (RSFU); Sea Change Program; Women Help Women.

IPPF gratefully acknowledges the support of the David and Lucile Packard Foundation in developing and disseminating this guide.

This guide was updated in August 2018, with the help of Camila Ochoa Mendoza at the IPPF Central Office. Many thanks to external reviewers who provided feedback.

LANGUAGE NOTE

In several places, this guide refers to 'people' who have abortions. Although the vast majority of abortions globally are provided to individuals who identify as women, IPPF acknowledges that other people who do not identify as women (such as trans men/trans masculine and non-binary people) can also experience pregnancy and abortion.

Contents

Introduction 2

Getting started: abortion basics 3
Abortion procedures 3
Legal restrictions on abortion 3
Abortion as a human right 3
Abortion as a public health issue 4
Abortion in humanitarian crises 4
Abortion and young people 4
Intersection of abortion and diability 5
Abortion-related stigma 5

Golden rules of abortion messaging 6

Abortion messaging checklists and guidance 7
Checklist: Facts and statistics 8
Checklist: Legal situation 9
Checklist: Abortion provision 10
Checklist: Responding to social norms and stigma 11
Checklist: Sharing personal stories about abortion 12
Checklist: Language 13
Guide to suggested messages 14
Guide to avoiding stigmatizing language 15
Checklist: Images and film 17
Guide to rights-based imagery 18

Appendices 22
Appendix 1: Common myths about abortion 22
Appendix 2: Sex selective abortion 23
Appendix 3: Abortion in second and third trimesters 23
Appendix 4: Talking about the sexual and reproductive health and rights of young people 24
Appendix 5: Key resources 25

References 27

Introduction

What is this guide?

This guide is designed to help organizations review communications materials that include messages about abortion. It includes some basic information about abortion and related issues, and checklists to review and improve abortion messaging. This guide can also be used to inform the development of new materials that include abortion messaging.

Although this guide contains some general information about designing engaging resources, it is not intended to be a complete guide to developing communications materials. More general information about designing health communication materials can be found on the k4Health website www.k4health.org/toolkits/communitybasedfp/behavior-change-communication and in the Centers for Disease Control guide *Simply Put: A guide for creating easy-to-understand health materials* www.cdc.gov/healthliteracy/pdf/Simply_Put.pdf

Why was this guide developed?

There is an increasing number of people and organizations working to improve access to safe abortion for women across the world. With this, there is a growing need for guidance on how to communicate on abortion in a clear and non-stigmatizing way. Communication around abortion can be very difficult and complex. In many contexts, abortion can be a sensitive topic. Talking about abortions and advocating for and providing abortion services may be difficult, and thus it is important to find the most effective ways to talk about abortions. In order to protect people's right to reproductive liberty, it is important to open up discussion in order to challenge stigma and share accurate information.

IPPF Member Associations have expressed a demand for increased support for abortion messaging. This guide is the result, and was developed with funding provided by the David and Lucile Packard Foundation.

Who is this guide for?

This guide was initially developed for IPPF Member Associations. It is clear that many organizations find messaging around abortion challenging and there is a lack of existing resources to provide advice and support.

This guide can be used by any individual or organization involved in creating and disseminating messages about abortion. Educators, advocates and even journalists may find this guide a useful reference for reviewing materials, or talking about abortion more generally.

What kind of materials can I use this guide for?

The guide is designed to be applicable for a wide-range of communications materials that may include abortion messaging, such as:

- Printed information, education and communication (IEC) materials such as leaflets, posters and information sheets
- Press releases
- Curricula and training guides
- Films and still images
- Online messaging including organizational websites, social media platforms and community online fora
- Blogposts and articles
- Project proposals and reports

Take a look at the short animated video that we created to accompany this guide!

www.ippf.org/resource/how-talk-about-abortion-guide-rights-based-messaging

A powerful way to address abortion-related stigma is to change how we talk about and present abortion, which is why this guide has been developed.

Getting started: abortion basics

Abortion procedures

- Abortion is the voluntary ending of a pregnancy.[1]
- There are two main methods of safe abortion: **medical abortion,** where medication is used to end a pregnancy, and **surgical abortion**, involving a medical procedure performed by a trained professional.
- Abortion is safe when it is performed by a trained provider under sanitary conditions in the case of surgical abortion, or when a person has access to high quality medication, information and support to undergo a medical abortion.[i] Safe abortion is safer than giving birth.[ii] (See Appendix 1: Common myths about abortion for more details on health myths.[iii])

Legal restrictions on abortion

- Restrictions on abortion exist around the world. These are laws or regulations, defining who can have an abortion, who can provide an abortion, when an abortion can be provided and under what circumstances.[iv]
- In some countries, abortion is highly restricted and only legal under certain circumstances, such as if the pregnancy is the result of rape or if the pregnant woman's life is in danger. In other countries, the range of circumstances under which abortion is legal is much broader, for example for socio-economic reasons.
- However, it is important to note that in many countries there is a difference between what the law states and how it is applied in practice. For example, abortion may be permissible under the law, but in practice a lack of awareness of the law and/or too few trained providers results in abortion services not being easily available or accessible.
- Laws and policies that prevent access to abortion do not reduce the rate of abortion: instead, they often increase the number of unsafe abortions that occur, which are associated with higher incidence of injury and death.[v]
- Laws and policies that facilitate access to abortion do not increase the rate of abortion. Instead, as people are better able to access safe abortion services, the number of abortions that are unsafe decreases.[2, vi]

Abortion as a part of reproductive justice

- Reproductive justice is a social justice movement rooted in the belief that individuals and communities should have the resources and power to make sustainable and liberatory decisions about their bodies, genders, sexualities, and lives.[3]
- According to SisterSong, the leading reproductive justice collective, "*Indigenous women, women of color, and trans* people have always fought for Reproductive Justice, but the term was invented in 1994. After attending the International Conference on Population and Development in Cairo, (…) a group of black women gathered in Chicago. They recognized that the women's rights movement, led by and representing middle class and wealthy white women, could not defend the needs of women of color and other marginalized women and trans* people.*"
- It is important to talk about abortion under the framework of reproductive justice, recognizing everyone's right to bodily autonomy. This includes paying particular attention at the intersections of identity, and recognizing the diversity of abortion experiences.
- Abortion provision does not stand alone, but is one aspect of reproductive justice. IPPF advocates for access to contraception, sexuality education, and support for people choosing adoption. Every aspect of sexual and reproductive health and rights is interlinked.

Abortion as a human right

- At the 1994 International Conference on Population and Development, 179 governments agreed that free and informed decision-making about pregnancy and childbirth is a basic human right.
- Access to safe abortion is often not viewed as a human right in many societies. However, abortion is firmly associated with a number of established human rights, including the right to autonomy and bodily integrity. Denying women access to abortion services is a violation of these rights.[4] It also prevents women from exercising choice and control over their reproductive health, which may reinforce gender-based discrimination.
- United Nations human rights monitoring bodies are increasingly urging governments to ensure women's ability

1. In this document abortion refers only to the voluntary termination of a pregnancy, also known as induced abortion, and not a spontaneous abortion or miscarriage.

2. Note, however, that the officially reported number of abortions may increase when restrictions on abortion are reduced. This is because many abortions are unreported, particularly in locations with very restrictive abortion laws and policies where there may be strong legal (or social) disincentives for reporting abortions.

3. SPARK Reproductive Justice Now, http://www.sparkrj.org/about/whatisreprojustice/

4. For more information about abortion as a human right, see the Ipas factsheet *Abortion is a Human Rights Issue* www.ipas.org/~/media/Files/Not Yet Rain Factsheets/NYR HR Abortion.pdf.ashx and page 18 of the World Health Organization guidance on safe abortion www.who.int/reproductivehealth/publications/unsafe_abortion/9789241548434/en/

to access safe abortion and post-abortion care in accordance with existing laws, and to review legal restrictions on abortion because of potential conflicts with human rights commitments.

Abortion as a public health issue

- Abortion is a common reproductive health experience. Most women around the world will be sexually active[5] and fertile for up to 40 years and therefore may want to (and have a right to) control if and when they have children during this time.
- Globally, approximately 41 per cent of all pregnancies are unintended.[vii] This means that approximately 99 million women each year will experience an unintended pregnancy. Around half of these pregnancies will end in abortion. People who do not have access to safe and legal abortion services may then be forced through an unwanted pregnancy or an unsafe abortion.
- Individuals may struggle to access contraceptive information and services, choose not to use it, or experience contraceptive failure as no method is 100 per cent effective. Therefore, there will always be a need for abortion. IPPF also advocates for better access to contraception, education, and support for parents and those choosing adoption.
- If those who do not want to continue with a pregnancy are unable to access an abortion through safe and legal means, many of them will access an unsafe abortion.[viii] Each year, an estimated 25 million unsafe abortions occur, which is 45% of all abortions. At least 22,800 people die each year from complications of unsafe abortion.[ix]
- Almost every death and injury as a result of unsafe abortion is preventable if safe and legal abortion is available.

Abortion in humanitarian crises

- A crisis can heighten women's and girls' risks and vulnerabilities to HIV infection, unintended and unwanted pregnancy, maternal death, gender-based violence, child marriage, rape and trafficking.
- While some elements of sexual and reproductive health are increasingly available in humanitarian settings, safe abortion services are rarely addressed.[x]

USEFUL RESOURCES

Useful general references on abortion include:

- Guttmacher Institute, *Facts on Induced Abortion Worldwide*: www.guttmacher.org/pubs/fb_IAW.html
- World Health Organization guidance on safe abortion: www.who.int/reproductivehealth/publications/unsafe_abortion/9789241548434/en/

- The denial of abortions violates the right to humane treatment and the right to be free from cruel and inhuman treatment. Denial of abortion services has been explicitly determined to cause serious mental and physical suffering.[xi]

Abortion and young people

Young people who are pregnant, and in particular those who are unmarried, often feel that they will be stigmatized whatever choice they make, whether or not they choose to move through a full pregnancy. When talking about and including young people, we must always remember that young people are a heterogeneous and diverse community with different needs.

According to the World Health Organization, complications during pregnancy and childbirth are the second most common cause of death among 15 to 19 year-old girls and every year, approximately 3 million girls aged 15 to 19 undergo unsafe abortions.[xii]

Young people can face specific barriers to accessing abortion services. They relate to:

- **Capacity:** A young person may be considered by their parents, guardians or service providers to be incapable of making informed decisions about pregnancy due to their age and/or social status. This lack of recognition of young people's rights can create an environment in which young people are refused abortion services, made to feel uncomfortable accessing them, or are required to provide parental or spousal consent in order to do so.
- **Compounded stigma:** As young women in many societies are discouraged from having sex until they are older and/or married, they can face additional stigma when seeking

USEFUL RESOURCES

Useful resources that specifically address young people's access to abortion services include:

- IPPF, *Youth and Abortion Guidelines*: www.ippf.org/resource/Youth-and-abortion-guidelines
- Youth Coalition, *Youth Activist Guide to Safe Abortion Advocacy*: www.youthcoalition.org/publication/freedom-of-choice-2ed/
- Ipas, *Training Toolkit on Abortion Care for Young Women*: www.ipas.org/~/media/Files/Ipas%20Publications/ACYTKE11.ashx
- IPPF, *I Decide: Young women's journeys to seek abortion care* is a compilation of stories based on young women's experience seeking abortion services around the world: www.ippf.org/resource/I-Decide-Young-womens-journeys-seek-abortion-care

5. As abortion is the ending of a pregnancy, references to sexual activity in this document focus on penile-vaginal intercourse, though of course, not all women will have this type of sex, or experience the same risk of unintended pregnancy.

abortion and contraception services as it indicates that they are sexually active.

- **Law:** Laws and policies relating to sexual and reproductive health services (such as contraception and abortion) can often be more restrictive for young people (e.g. by restricting services to individuals over a certain age or requiring parental or spousal consent). Even where laws and policies are less restrictive, they may still be interpreted in a more restrictive way by service providers when working with young people.
- **Lack of access to quality healthcare:** Young people need quality healthcare services which are accessible and appropriate to their needs and address specific barriers they may face (e.g. payment of fees, ability to attend during clinic operating hours, or judgmental and non-friendly attitudes by service providers).
- **Lack of information:** Young people are often not familiar with what an abortion involves, the abortion laws in their country, or where they can go to access youth-friendly abortion services. Stigma around abortion can lead to a lack of practical understanding about how to access safe abortion services, and confusing misinformation about the safety of contraception and abortion.

The intersection of abortion and disability

- People with disabilities represent 15% of the world's population, yet they are grossly underserved and neglected by sexual and reproductive right services. This is due to the fact that they have particular and diverse needs which are largely invisible and unskillfully handled.
- Due to compounded and intersecting stigmas, people with disabilities may face unique and extensive barriers to abortion care. They often do not receive information about or access to safe abortion or contraceptive care. As a result, they experience an increased risk of unwanted pregnancy and unsafe abortion – and the associated risk of injury or death.
- Make sure that all communication materials and abortion-related services are accessible to people with disabilities.

USEFUL RESOURCE

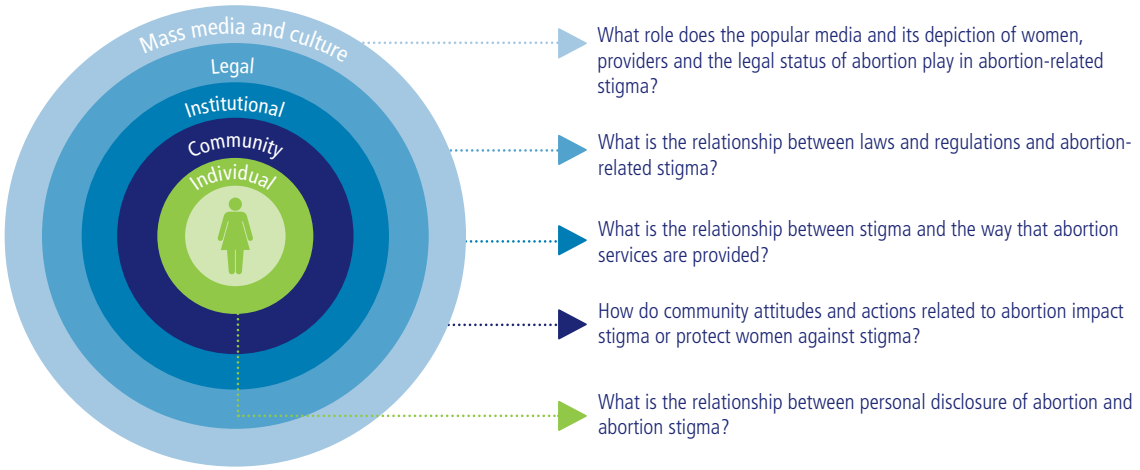
For more information, check out the Ipas resource, *Access for Everybody: Disability inclusion in abortion and contraceptive care*: www.ipas.org/en/Resources/Ipas%20Publications/Access-for-everyone--disability-inclusion-in-abortion-and-contraceptive-care--overview.aspx

Abortion-related stigma

Abortion-related stigma is the association of negative attributes with people involved in seeking, providing or supporting abortion. Abortion is stigmatized because it challenges a number of social, cultural and religious norms and values. Beliefs and social norms such as the attribution of personhood to a fetus and traditional expectations about women's role in society and a woman's right to express her sexuality have a direct link to abortion-related stigma.

Abortion-related stigma can allow myths about abortion to flourish, and lead to shame, bullying, harassment, and physical and mental harm to individuals who undergo abortions, their family and friends and those who provide abortion services.[xiii] Abortion-related stigma is a key barrier preventing all people having access to safe and high-quality healthcare in a timely manner.

A LEARNING AGENDA FOR ABORTION-RELATED STIGMA



Source: Adapted from Ipas

Golden rules of abortion messaging

1. **Be honest and accurate:** All abortion messaging should aim to be accurate and clear (see pages 8 and 13). While some struggle with the decision of whether or not to end a pregnancy, others do not, and relief is a very common emotion after abortion.[xiv] Even where access to abortion is highly restricted it is not illegal to talk about abortion, or recognize that it is a common occurrence. Focusing on the realities of abortion as a part of people's lives can counteract stigma and misinformation.

2. **Be non-judgemental:** Believing that individuals have the right to make decisions about their own bodies means that no one abortion is more 'justified' than another. However, professionals working in the field of abortion, like everyone else, have personal values, beliefs and experiences, but it is important to present a range of abortion experiences and to reflect the diversity of people who have and need abortions.

3. **Focus on the individual:** It is important to maintain a focus on the health and rights of the pregnant woman in all messaging. The right to decide the outcome of a pregnancy should always rest with the person who is pregnant, because they are best placed to understand their own circumstances and the results of their actions.

4. **Recognize diversity:** No two abortions are the same; they occur in a huge variety of different socio-economic and cultural settings, and affect a wide range of people with different experiences and values. With the increasing availability and accessibility of medical abortion, safe abortions do not always occur in clinics or require on-site trained medical providers. It is important to present a range of abortion experiences and to reflect the diversity of people who have and need abortions.

5. **Avoid stigmatizing language and images:** It is easy to unintentionally stigmatize abortion through inaccurate and negative language and poorly chosen images. That is why this guide includes detailed guidance on appropriate language and images to use in abortion messaging (see pages 18–21).

6. **Involve the intended audience as much as possible during the development of communication materials:** At a bare minimum, draft materials should be tested with members of the intended audience; even better, involve them from the conceptual design stage. Make sure your materials are as responsive to the audience needs and characteristics as possible. For example, take into account the intended audience's literacy and comprehension levels, values, beliefs and identities, along with the emotions that the materials may evoke in them.

7. **Always provide references and resources:** As well as giving citations for factual information, all communications materials about abortion should enable audiences to obtain further information about abortion and related services. When individuals have access to resources, they are less likely to resort to unsafe practices.

Abortion messaging checklists and guidance

The following checklists (and additional guides on use of non-stigmatizing images and language) are designed to provide practical suggestions for things to consider when developing or reviewing resources on abortion.

Of course, the relevance of each checklist depends on the type of resource, and its purpose. For example, including personal stories about abortion may be particularly pertinent for materials designed to persuade or engage with an audience (such as a blogpost or article), using accurate statistics and legal facts on abortion may be more relevant for materials designed to inform and educate (such as training guides or press releases).

As well as checklists there are also more in-depth guides on the use of non-stigmatizing language and imagery in this section. The language guide contains examples of unhelpful, inaccurate or stigmatizing language, which is sometimes used around the topic of abortion, and suggests alternatives. The image guide gives visual examples of unhelpful images, which may be used in visual materials relating to abortion, and again, gives suggested alternatives.

Each checklist focuses on a specific area to consider when creating content on abortion:

- Facts and statistics
- Legal situation
- Abortion provision
- Responding to social norms and stigma
- Sharing personal stories about abortion
- Language
  - Guide to suggested messages
  - Guide to avoiding stigmatizing language
- Images and film
  - Guide to rights-based imagery

Checklist: Facts and statistics

Aim: Material contains accurate and appropriate factual information about abortion.

Are the facts and statistics relevant to the main message of the material?

- It is important to provide accurate information about abortion, to counter misinformation and correct common myths. Therefore, it is often useful to include key facts and statistics in materials about abortion.
- Think carefully about the message that you are trying to convey, and whether the facts and statistics are a relevant and necessary addition to that message.
- Only use statistics that are relevant to the message of the material and the target audience (e.g. it is unlikely to be relevant to include statistics about young people who have abortions in a resource explaining clinical guidelines on medical abortion).
- Facts on their own do not have a moral value. When sharing facts or statistics be sure to highlight the impact of abortion stigma and unsafe abortion on real people's lives, in order to provide the moral imperative for legal access to safe abortion (e.g. abortion stigma and restrictive laws put people in danger. According to Guttmacher, at least 22,800 women die each year from complications of unsafe abortion. Ensuring that abortion services are safe and legal can save the lives of thousands of people each year).

Are the facts and statistics from a reliable source?

- Reliable sources include local health services, government agencies and international health bodies.
- A good source of information on abortion statistics is the Guttmacher Institute Data Centre https://data.guttmacher.org/regions. Other key resources are listed in Appendix 5: Key resources.
- Be careful to avoid taking information from anti-choice websites. These often pose as independent and objective information sites but provide inaccurate and misleading information.

What type of information should be included?

- The type of information you might want to include:
  - statistics that show that abortions are safe
  - the number or rate of women in a country who have had an abortion
  - description of the abortion law and how it is interpreted in practice
  - the mortality and morbidity associated with unsafe abortions.
- Note: abortion estimates, especially at country-level, are likely to be underreported.

Is it clear where the facts and statistics come from?

- Add information about the source in the material so that it is clear to all who see the material where your facts are sourced from.

Checklist: Legal situation

Aim: Material contains an accurate description of the legal framework for abortion services in the country of interest.

Is it helpful to include information about the legal status of abortion?

- Limited and inaccurate knowledge of abortion laws influence if and how people seek services.
- In some settings, while the law may appear to be restrictive, in practice it may be liberally interpreted and therefore relatively easy for people to access safe abortion services. Therefore, carefully consider the information you provide, and ensure that it represents a clear and accurate description about the actual availability of abortion services in the country.
- However, in other settings the law may allow for the provision of abortion under a range of different circumstances, but this may not be a reality for people in practice.
- If the most liberal interpretation of the law is not currently being applied in practice then it may be beneficial to highlight this in your publication.
- Abortion is recognized as a human right under several international institutions and agreements, including the United Nations. Under this basis, you can hold your leaders accountable.

Do you know the legal status of abortion in the country this material is for?

- Laws and policies about abortion may be found in national constitutions, criminal laws, common laws (established via precedents in courts) and policies of ministries and institutions (e.g. hospitals, professional accreditation bodies). For information on the different types of policies and legal codes, see this graphic representation of Worldwide abortion regulations: http://sandpit.bmj.com/graphics/2017/abort-pol/
- Laws and policies are not always clear and straight-forward. Refrain from using the binary of legal vs. illegal, as almost every country allows for abortions under certain circumstances. Always highlight the aspects of the law that allow for abortions and make sure those circumstances are known.
- You can find out more about the legal situation in your country from the Centre for Reproductive Rights, World Abortion Laws Map http://worldabortionlaws.com/map/ or from the WHO Global Abortion Policies Database: https://srhr.org/abortion-policies/
- In many countries, there are further restrictions for those under 18 years of age (e.g. young people requiring parental or spousal consent to access abortion services).

Is the legal information provided in your material accurate?

- Ensure the material states the legal situation accurately. For example, contrary to popular belief, at the time of writing abortion is illegal under all circumstances in only four countries.
- In no country is it illegal to talk about abortion or provide accurate information about abortion. In addition, in no country is it illegal to provide services for treatment for incomplete abortion.
- If the legal situation is hard to establish and is complicated, consider working with a lawyer or other experts in this field to gain greater clarity and understanding.

Checklist: Abortion provision

Aim: Material contains accurate description of the current abortion practice in-country, and where services can be accessed.

Does the material include accurate information about current practices?

- Abortion practices have changed over time in most countries. For instance, changes to procedures for surgical abortion and the availability of medication that can induce abortions. Gynuity Health Projects provides a list of countries where abortion medication is approved http://gynuity.org/resources/type/Map
- Ensure the material contains current information on local practices, processes and abortion-related services (or lack thereof).
- Abortion is just one aspect of sexual and reproductive health. When appropriate, make sure you include information on contraception and link up with other sexual and reproductive health services.

Does the material contain information about where safe services can be accessed?

- Safe abortion services may be available in public or private organizations, from non-governmental organizations (including IPPF Member Associations), pharmacies and other trained health workers. Safe abortion hotlines, accompaniment groups and other online platforms also offer information about where safe services can be accessed.
- For a list of hotlines around the world please refer to the International Campaign for Women's Right to Safe Abortion: www.safeabortionwomensright.org/safe-abortion-3/safe-abortion-information-hotlines
- As different services will be appropriate for different people, it can be useful to include information about a range of providers.

Does the material contain all possible information on access to abortion care?

- Remember to include information about the full range of abortion-related services provided including pre- and post-abortion counselling, treatment for incomplete abortion, post-abortion contraception and harm reduction services.
- In no country is it illegal to provide information about abortion. Harm reduction for abortion is a framework that promotes providing information and support to people requiring abortion in legally restrictive settings. You can read more about harm reduction for abortion at: www.arhp.org/Publications-and-Resources/Contraception-Journal/February-2013

Checklist: Responding to social norms and stigma

Aim: Material uses arguments that are most likely to be effective in the social context, yet (where appropriate and needed) challenge social norms and attitudes about abortion.

What is the social environment regarding abortion?

- It is important to know and understand the local situation in which you are working. Whether the local community opposes or accepts abortion services can influence your messaging, as will the purpose of your material (e.g. if you are aiming to influence opinions you will use a different approach than if you are aiming to provide information about available services).
- In settings where people are opposed to abortion, openly referring to the provision of abortion services may be difficult and more sensitive messaging might be necessary. Check the language guide on page 15 for suggestions of terminology.

Are you using rights-based messaging?

- Rights-based messaging focuses on abortion as a human rights issue, where gender equality, body autonomy, and access to healthcare and information is a fundamental human right.
- To reduce abortion-related stigma, it is important to use rights-based messages when talking or writing about abortion.
- The UN Declaration of Human Rights represents the universal recognition that basic rights and fundamental freedoms are inherent to all human beings, inalienable and equally applicable to everyone.

Are you using public health-based messaging?

- Public health-based messaging focuses on the health risks and disadvantages of unsafe abortion compared to safe abortion.
- In some social contexts, explaining the health impact of unsafe abortion can be more effective than rights based arguments.
- Abortions and post-abortion care are a part of healthcare and a medical necessity.

Who is your target audience?

- You may need to change your messaging approach depending on who you are trying to reach with your communication materials.
- For example, if you are trying to target young people, it may be more viable to use progressive and rights-based language around access to abortion, whereas if you are trying to reach community elders or religious leaders, public health-based messaging may be more effective. Your chosen approach may depend on audience, objectives of messaging material and research.

Are you challenging social norms?

- Do not be afraid to challenge social norms and conventions. While it is important to ensure that your messaging is sensitive to the local context, it is also important to be mindful of the need to push the boundaries of the current debate in order to address abortion-related stigma.
- To do this, you need to introduce new messages, arguments and information about abortion into the local community. Do not censor messages based on what you expect others may think. Honesty is very important!
- Do not be afraid to make the moral case for access to safe abortion, and emphasizing the positive impact that access to reproductive healthcare has on people's lives, including their mental and physical health and well-being.

Checklist: Sharing personal stories about abortion

Aim: Material reflects the realities of abortion experiences, in a sensitive and safe way.

Are individuals' experiences of abortion relevant to the materials that you are producing?

- Sharing experiences publically may help those who have had or are considering abortion, to show that they are not alone, and may also help those who have no experience of abortion to understand that it is part of real people's lives, not just an abstract political issue.
- For example, it may be useful to share abortion stories when encouraging others who have experienced abortion to share their story in the media; producing short films on abortion in your country; or using personal stories in advocacy materials or clinic leaflets.
- It will not always be relevant or useful to include personal stories or 'case studies' of individuals' abortion experiences, however, inclusion of such stories in certain materials may help to show the realities of abortion and counteract negative myths and misconceptions.

Are there existing resources you can use?

- If your organization has existing case studies on unwanted pregnancy and abortion experiences, ensure that you have the consent of those involved to use their stories in new materials. Those who have provided stories (especially with names/images) should be consulted and supported to ensure they understand how their story will be used.
- You may wish to share or provde links to external resources that share personal abortion experiences to make clear that abortion is a common experience and affects people in different ways. For example, the US-based '1 in 3' campaign includes stories and films in English and Spanish, www.1in3campaign.org. IPPF's 'Women's Voices' campaign provides short films of women talking about their own experiences, www.ippf.org/resource/womens-voices-india.

How can you encourage sensitive and safe storytelling on abortion?

- You may decide that it is necessary to create new abortion storytelling resources that are relevant to your country/community's context. If this is the case it is important to ensure that those providing their stories are well supported.
- The person sharing their story should have the choice of remaining anonymous. Some ways to ensure anonymity are: avoid using real names and photographs, case studies, or create films that use animation over a person narrating their experience. If you are producing advocacy materials you could consider interviewing community members, such as in the film *I Support You* from the National Latina Institute for Reproductive Health, www.youtube.com/watch?v=2kJBObfS7KI&feature=player_detailpage.

Checklist: Language

Aim: Material contains language that is clear, accurate and accessible and does not stigmatize abortion in any way.

How clear is the language being used?

- Good communication involves clear language that can be easily understood by your intended audience.
- Make sure you spell out all acronyms the first time they are used. While you may use these acronyms frequently, your audience may not be familiar with them.
- Even if your audience is highly educated, you should still keep your language as simple as possible. Avoid using jargon that people are not familiar with. Use concrete phrases and terms that people use in their everyday language.
- The challenge is to remain as simple, yet as accurate, as possible.

How accurate is the language used?

- It is important that you use accurate language in your material to ensure that it contains correct information.
- See the table on pages 15–16 for suggestions of commonly used inaccurate language, and preferred alternatives.

Is any stigmatizing language used?

- It can be easy to unintentionally stigmatize abortion by the language used. Be careful when using local languages, in which the word for abortion might be inherently stigmatizing, and try to come up with a feasible alternative even if you just have to explain abortion as 'not moving through a full pregnancy'.
- See the table on pages 15–16 regarding suggestions of value-laden language to avoid and alternatives that should be used.
- Abortion messaging should not stigmatize individuals for having consensual sex, as all individuals have the right to have, and enjoy, sex.
- Appreciate the nuance, complexity and diversity of abortion experience by refraining from generalizations and binaries such as safe/unsafe or legal/illegal. Abortions happen under a wide range of circumstances and should not be simplified. Often times abortion experiences do not fall under clear cut categories and thus should not be generalized as such.

Is the language used accessible for your audience?

- Make sure that your language is accessible for your intended audience (i.e. can be easily understood). This includes consideration of their age, literacy levels and fluency in the language used. Perhaps include translations into local languages or sign language for those who have hearing disabilities.
- Some good examples of abortion messaging for low literacy audiences can be found online at:
  - www.easyhealth.org.uk/listing/abortion-(leaflets)
  - http://hesperian.org/wp-content/uploads/pdf/en_wwhnd_2014/en_wwhnd_2014_15.pdf
  - https://womenhelp.org/en/media/inline/2018/5/13/mama_safe_abortion_with_misoprostol_english_2nd_edition.pdf

Guide to suggested messages[6]

All people have the right to make decisions about their own bodies and decide if, when and how to have a child.

Abortion is a common and safe medical procedure.

Unsafe abortion is a public health concern, and young people are amongst the most vulnerable.

Legal, accessible and safe abortion saves people's lives. Medical complications and maternal mortality related to abortion become truly rare only when people have access to safe abortion services.

All people have the right to choose whether or not to move through a full pregnancy. No person should be forced through a full pregnancy. Every person has the right to choose when and if they want to become a parent.

All people have the right to access safe, legal and affordable care.

Mandatory parental involvement or spousal consent laws and policies are a form of reproductive coercion and create barriers that prevent many people from accessing safe abortion care. Young people should be encouraged (but not required) to seek the support of an adult of their choice when accessing safe abortion services.

Reducing and eliminating mortality and morbidity related to unsafe abortion requires a movement which ensures safe abortion services are provided in the here and now, and also advocates for liberalized abortion laws and procedures to create a more enabling environment.

Men can, and should be encouraged to play a supportive role as partners and advocates for safe abortion. That involves respecting a woman's right to make the final decision about the outcome of her pregnancy.

We protect people from reproductive coercion and interference in their reproductive lives. It is important to provide people with healthcare to ensure their health and safety and protect them from harm.

For additional suggested messages see Appendix 4: Talking about the sexual and reproductive health and rights of young people.

6. Messages adapted from the IPPF Youth Messaging Checklist: www.ippf.org/resource/Youth-messaging-guidelines-checklist

Guide to avoiding stigmatizing language

Not recommended	Prefer	Explanation
Abort a child	End a pregnancy Have an abortion Voluntary interruption of pregnancy Not moving through a full pregnancy	'Abort a child' is medically inaccurate, as the fetus is not yet a child. 'Terminate' a pregnancy is commonly used, however some people prefer to avoid this as terminate may have negative connotations (e.g. 'terminator' or 'assassinate') for some people. In some contexts, the word 'abortion' has negative connotations. In these situations, it may be helpful to avoid the word completely.
Abortion is (always) illegal	Abortion is legal under the following conditions … Abortion is legally restricted	It is important to be legally accurate, and in nearly all countries in the world abortion is legally permitted, if only in very restrictive circumstances. However, in many countries, the barriers to access may be so great that abortion is considered by many to be 'illegal'. Make sure that you share accurate information about the legal situation and make the circumstances under which abortions are legal clear. See the Center of Reproductive Rights' map at http://worldabortionlaws.com/map for information on the legal status of abortion across the world.
Abortionist	Abortion provider Healthcare provider	Abortionist is a term used by those opposed to abortion. Healthcare provider is usually a more accurate term to use than abortion provider, as most of those providing abortion care also provide other health services.
Baby Dead fetus Unborn baby Unborn child	Embryo (up to week 10 gestation) Fetus (from week 10 gestation onwards) The pregnancy	The alternatives are medically accurate terms, as the embryo or fetus is not a baby. When referring to the tissue examined following a surgical abortion, an appropriate term is 'products of conception'. However, this term is only useful for materials focused on medical details of abortion, as it is not commonly used or understood outside of medical or scientific contexts.
Conscientious objector Conscientious objection	Provider refusal Someone who refuses to provide abortion care	'Conscientious objector' implies that those who do provide abortions are not conscientious individuals, which is incorrect.
Consequences Dealing with the consequences	N/A	Tends to suggest an act of wrongdoing placing unwarranted blame on the woman and frames parenthood as punishment. The right to abortion should never be linked to how or why a woman becomes pregnant.
Female feticide Gendercide Aborting girls	Abortion on the basis of fetal sex Sex selective abortion	The suffix '-cide' denotes 'killing' which is not appropriate when describing abortion. When referring to sex-selective abortion, it is more accurate to describe the practice in terms of choosing to end the pregnancy based on the predicted sex of the fetus. See Appendix 2: Sex selective abortion for more information on this topic.
Get rid of	Choose not to move through a full pregnancy Decide to end a pregnancy	Make it clear that abortion is about making an informed decision, and avoid the implication that ending a pregnancy is done without careful thought or consideration.

Not recommended	Prefer	Explanation
Keep the baby Keep the child	Choose to move through a full pregnancy Continue the pregnancy	The term 'keep' implies a positive outcome which may not accurately reflect the situation. In addition it is medically inaccurate to describe the pregnancy as a baby or child (see earlier for explanation). It is more accurate to describe the situation as a pregnant woman choosing to continue with the pregnancy.
Late term abortion	Abortion in second/ third trimester Abortion at XX weeks gestation	Late term could refer to any time in the second or third trimester – instead, if necessary, use terms that indicate the specific trimester or gestation. Use of 'late' may also imply that a women is late (and thus irresponsible) in seeking an abortion.
Mother Father Parent	Pregnant woman Partner of a pregnant woman	Use of mother/father/parent during a pregnancy is value laden and assigns roles that the man or woman may not accept. It also implies that the fetus is a child, which is not accurate.
Partial birth abortion	Intact dilation and extraction	Intact dilation and extraction is the accurate description of a medical procedure used for abortions performed at 16 weeks gestation or later.
Prevent abortion Reduce the number of abortions	Prevent unintended pregnancies Reduce the number of unintended pregnancies	People often seek abortion due to the occurrence of an unintended pregnancy, or for health reasons, and there will always be a need for safe and legal abortion. All reproductive choices and care should be available and supported. People should be supported to prevent unintended pregnancies with access to contraception and accurate information.
Pro-life	Anti-choice Anti-abortion Someone who is opposed to abortion	Pro-life implies that those who support legal abortion access are 'anti-life', which is inaccurate. Instead use alternative terms to make it clear that you are referring to individuals opposed to anyone having an abortion.
Services Clients	Healthcare Abortion care Patients	Where possible, our language should reflect the fact that we are charitable organizations with a focus on providing rights-based, quality healthcare and support. In order to dispel myths about organizations that provide abortion care, it might be useful to avoid business-related language.
Repeat abortion Multiple abortion	More than one abortion	'Multiple' and 'repeat' can have negative connotations, such as 'repeat offenders'. Multiple and repeat also imply that each abortion experience for a woman is the same, whereas each abortion is surrounded by a unique set of circumstances.

Because abortions happen under a wide range of cultural, legal and medical circumstances, it is important to be careful about the terms that you use to avoid mixing up terms and creating confusion. Here are a few phrases to be aware of:

Avoid using the following terms interchangeably	Use the specific term for what you are referring to
Illegal abortion vs unsafe abortion	**Illegal abortions** do not comply with a country's legal framework, but may be safe if performed by a trained provider or when a person has access to high quality medication, information and support to safely undergo a medical abortion. **Unsafe abortions** are performed by un- or under-trained providers or in situations where people are unable to safely undergo a medical abortion due to lack of access to high quality medication, information or support. It is possible to have an unsafe, legal abortion.
Unwanted pregnancy vs unplanned or unintended pregnancy	**Unwanted pregnancy** is a pregnancy that a person decides they do not desire. **Unplanned or unintended pregnancies** refer to pregnancies that occur when a person is not trying to get pregnant. An unplanned or unintended pregnancy may be either a wanted or unwanted pregnancy.

Checklst: Images and film

Aim: Material contains images/films that are appropriate and enhance the intended message.

Images can be helpful for assisting audiences to understand materials, particularly for younger audiences, those with low literacy and those with learning difficulties. While you may never be able to find the 'perfect' image, it is important to consider why particular images may be more or less appropriate and to avoid perpetuating common myths and stigma surrounding abortion (see also Appendix 1: Common myths about abortion).

Why have images/films been included?

- Identifying why images or film clips are used can help to determine whether they have been chosen appropriately.
- Common reasons for including images or films are:
  - to make the material attractive
  - to increase understanding of the content
  - to connect the viewer to the material
  - to accurately show the reality of the situation

Are the images/films used appropriate?

- See the image guide on pages 19–21 for suggestions of what images should be avoided (and alternatives to use) based on the intended purpose and audience of the material.
- You may also want to consider using subtitles or sign language depending on your audience.

Are individuals recognizable?

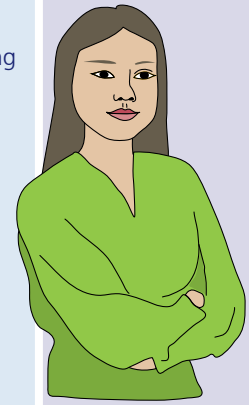
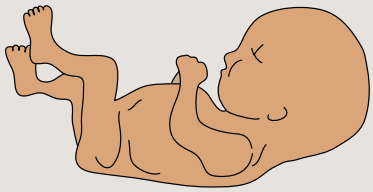
- Consider whether or not this is appropriate in your setting. If abortion is legally restricted, you should protect individuals by working with them to understand how they want to be associated with imagery and decide together how they can be safely involved.
- One way to do this is to choose photos where individuals are not so recognizable (e.g. shots from a distance) or use cartoons or drawings instead of photos. However, avoiding full face images or blurring out faces can be problematic as this can imply shame and wrongdoing.

Do you have permissions for all images?

- You need to ensure you have permissions for all images used in your materials. In addition, if you are using identifiable images of individuals, you should seek consent and retain records of their consent for their image(s) to be used in materials focusing on sexual and reproductive health and abortion specifically.
- Where you can, credit the owner of the image.

Guide to rights-based imagery

Less approriate images	Explanation	Suggested alternative
Visibly pregnant people 	The majority of abortions occur during the first trimester, well before most people begin to show a pregnancy 'bump' or 'belly'. By showing a visibly pregnant person you can perpetuate myths about abortion, such as how developed the pregnancy is at the time most abortions occur.	If the intention is to show individuals who may seek abortions, use diverse depictions of people, to demonstrate that a range of people (different ages, ethnicities, professions, social economic status, with and without children) have abortions. Choose depictions that reflect the intended audience of the material. If the intention of the image is to show a pregnancy, an appropriate alternative is to use an image of a positive pregnancy test.
Photos of people, obscuring their faces 	By making it obvious that people are not willing to be identified it may imply that abortion is something that people should feel ashamed or guilty about, and that it should not be disclosed to others.	 If you do not wish (or are not able) to show identifiable photos of people, use a cartoon or drawing like this one. A realistic drawing of a person is a good alternative, as it enables the viewer to identify with the person depicted, without requiring a photo. Showing faces of people who have had abortions can send a powerful message, such as this photo story from India (www.npr.org/2014/12/31/374253565/a-haven-in-a-land-of-unsafe-abortions). However, you must ensure that you have permission from those included to use their images in this way.

Less approriate images	Explanation	Suggested alternative
Individuals showing strong negative emotions 	Different individuals will have different reactions to considering and undergoing an abortion. Ensure your images do not perpetuate the myth that all people are distressed, upset or troubled by abortion as this is not true.	 Individuals experience a range of emotions following abortion. The best images to use are of individuals with 'neutral' expressions, similar to what you expect to see in any material depicting a medical procedure. Avoid using images that depict overly happy or overly sad expressions.
Avoid using images of fetuses at all 	The majority of abortions occur in the first trimester so by including images of fetuses older than three months you can perpetuate myths about the gestational age at which most abortions occur. Graphic fetal imagery is used a lot by anti-abortion campaigners, and may have negative associations for those seeking abortion services. As people have abortions at different gestational ages, and fetus change a lot depending on the gestational age, using an image of a fetus at any gestational age could be misleading.	Avoid using an image of a fetus as these can over-medicalize the process of abortion and take the focus away from the individual having the abortion. Images of fetuses may be appropriate where the primary purpose of the material is to inform patients or service providers about the abortion process, in which case you could use an image of an appropriate gestational age (e.g. six weeks).
Images with no context or exclusively in clinical settings 	To help normalize abortion and show the range of settings in which abortions can occur, we should deliberately include images of people in everyday situations such as at home and in their communities, and not only show women alone or in clinical settings. Images in clinical settings are appropriate to use in materials that focus exclusively on abortions provided in a clinical settings (e.g. a material from a clinic promoting the services available at that clinic).	Include a range of settings and individuals (e.g. women with family and friends) where possible. Including only images in clinical settings may be appropriate where the primary purpose of the material is to inform women about what will happen when they attend a clinic for an abortion service. Materials that are more general should include non-clinical settings, as abortions are more likely than before to occur in community settings due to the increased availability of medical abortion.

Less approriate images	Explanation	Suggested alternative
Babies 	Including babies in materials about abortion can send a confusing message to some audiences, particularly as images of babies are often associated with anti-choice campaigns. However, as many people who seek abortion services already have children, or will choose to have children in the future, the careful use of images of children within materials may help represent the reality and diversity of people who have abortions.	Including images of babies may be most appropriate when this image is part of a 'story' within a longer communications piece about who has abortion services and when they might need them. It could also be appropriate to show women holding babies among a diverse group of people to show that mothers have abortions too. In shorter or simpler materials, having an image of a baby may increase confusion about the intended message of the material and are best avoided. Materials on abortion should focus on the individual undergoing an abortion, rather than the pregnancy itself.
Explicit and 'shock' images Potential consequence of unsafe abortion	While graphic and 'shock' images may attract attention, they could cause distress and anxiety to viewers. The use of graphic and 'shock' images to depict the impact of unsafe abortion, must be carefully managed to avoid misinterpretation. They could imply that all abortion is a 'scary' and/or 'dangerous' experience. Therefore, images like this should be clearly labelled as representing unsafe abortion and must not be mixed in with messages around safe abortion.	There are many ways to increase the visual appeal of materials other than the use of graphic images, such as using eye-catching colours, multiple images and clear formatting. Only use graphic images where this is critical to conveying the primary intention of the material. This is generally appropriate when the material has a specific educational purpose (e.g. how to identify when to seek medical care for complications of abortion or the dangers of unsafe abortion) rather than general communications material about abortion.

Appendices

Appendix 1: Common myths about abortion

Myth	Fact
Abortion increases a person's chance of developing breast cancer	This is a common claim made by those opposed to abortion. However, there is no reputable medical evidence that having an abortion increases a person's chance of developing breast cancer.[xv]
Having an abortion makes it more difficult to get pregnant in the future	A safely conducted abortion does not cause subsequent fertility problems and in fact, fertility can return as soon as two weeks after an abortion.[xvi] This myth can lead to more unintended pregnancies if women believe they are unable to get pregnant after an abortion and thus do not use contraception.
Women would not need to have abortions if they used contraception	Individuals may not be able to access contraception, choose not use it, or experience contraceptive failure since no method is 100% effective. They may also have been in situations of coercive control by partners or become pregnant through rape. An estimated 33 million women worldwide using contraception will experience unintended pregnancy each year.[xvii] Additionally, abortions are also necessary for a wide range of medical reasons, as there could be complications with the pregnancy or fetal abnormalities.
Making abortion easier to access will discourage people from using contraception and lead to more unplanned pregnancies	Where modern methods of contraception are easily accessible, abortion is not widely used as an alternative to contraception. However it is still necessary to have access to abortion services. Studies in the U.S., for example, have found that women who have had more than one abortion are more likely to have been using an effective hormonal method of contraception at the time of their abortions. This finding refutes the related myth that large numbers of people are using abortion as an alternative to contraception.[xviii]
People commonly experience feelings of intense grief, regret or depression after abortion	However, evidence suggests that the majority of people do not regret having an abortion, and the most common emotion is in fact relief.[xiv] Those who campaign against legal abortion often talk about something called 'post-abortion stress/ syndrome' a disorder that appears to be made up as it has no medical grounding.[xx]
All abortions are unsafe	Abortion is a very safe procedure when conducted in sanitary conditions by a trained provider, using approved methods and medication. Carrying a pregnancy to term is more risky than having a safe abortion.[xxi] In fact, safe abortion is one of the safest medical procedures that exists.[xxii]
Legalizing abortion will lead to more abortions occurring	Highly restrictive abortion laws are not associated with lower abortion rates.[xxiii] For example, the abortion rate in Latin America, where abortion laws are extremely restrictive is 32 per 1,000 women of childbearing age, compared to a rate of 12 per 1,000 women in Western Europe, where abortion laws are generally less restrictive.[xxiv]
Most abortions take place late in pregnancy, when a person is visibility pregnant	Often the media shows images of heavily pregnant people alongside the topic of abortion. However, this is a misrepresentation as the vast majority of abortions take place in the first trimester of pregnancy before a person is visibly pregnant.[xxv]
Only young or irresponsible people have abortions	All different sorts of people, of different ages, experience pregnancy and abortion, and a large proportion of those seeking abortion are mothers.[xxvi]

Appendix 2: Sex selective abortion

- Sex selective abortion refers to choosing to have an abortion based on the sex of the fetus.
- This term is commonly used to describe the ending of a pregnancy because the fetus is female. This may occur in societies and cultures where there is a preference for male rather than female children.
- Sex selective abortion is the result of deeply entrenched gender discrimination and a symptom of pervasive social, cultural, political and economic injustices against women. These injustices should be addressed without restricting or denying access to abortion services, as restricting access to services may then result in other harms (e.g. increasing the number of unsafe abortions or forcing women to continue unwanted pregnancies).
- Laws that ban abortion on the basis of sex selection do not address underlying gender inequalities. There is no evidence to suggest that banning abortion on the basis of sex selection prevents sex selective abortion.[xxvii]
- The root causes of gender-based discrimination should be addressed by implementing rights-based programmes that promote gender equality and empower women and girls.

More information about sex selective abortion can be found in the interagency statement *Preventing Gender-Based Sex Selection* at http://whqlibdoc.who.int/publications/2011/9789241501460_eng.pdf?ua=1 and the Population Reference Bureau Policy Brief *When technology and tradition collide: From gender bias to sex selection* at www.prb.org/pdf12/gender-bias-sex-selection.pdf

Appendix 3: Abortion in second and third trimesters

- The decision of whether to end or continue a pregnancy should always rest with the person who is pregnant, regardless of the stage of gestation. If a person is best placed to make a decision about the outcome of their pregnancy in the first trimester of pregnancy, it follows that they should be granted the same autonomy over their body in the second and third trimesters.
- People should have access to safe abortion services as early as possible and as late as necessary. Abortions carried out early in pregnancy can offer women medical advantages such as more options on the choice of procedure, shorter duration of the procedure and reduced likelihood of complications. Thus, access to abortion services in the first trimester should be made as widely available as possible. However, due to advances in medical technology, an abortion in the second or third trimester when performed by a trained provider is also a very safe and effective procedure.
- There will always be a need for abortions in the second and third trimesters. Abortion in the first trimester of pregnancy is not always possible. Reasons for seeking an abortion in the second or third trimester are diverse, and tend to occur where people have wanted pregnancies that, due to unexpected circumstances they may not be able to continue. Some of these reasons could be socio-economic, or medical, such as fetal anomalies. Young people may be particularly vulnerable to delays in accessing abortion services, especially where they need to pay a fee, or gain parental or spousal consent.
- Making access to abortion-related services more difficult at any stage in pregnancy does not reduce a person's need to seek an abortion service. In fact, it results in an increase in the number of people seeking unsafe abortions.[xxviii]

Appendix 4: Talking about the sexual and reproductive health and rights of young people

SUGGESTED MESSAGES

- All young people are sexual beings and have sexual and reproductive rights, irrespective of age, race, gender, sexual orientation, religion, HIV status, disability or any other personal trait or characteristic.
- Sexuality is an important aspect of all young people's lives, whether or not they are sexually active. Sexuality is diverse and can change over time.
- Young people should respect their own bodies, and the bodies of others.
- Reproduction is just one aspect of sexuality – many expressions of sexuality are not aimed at reproduction.
- All young people have the right to freely express and explore their own sexuality in a safe, consensual, healthy and pleasurable way.
- Sexual pleasure is more than mere physical stimulation or orgasm. It encompasses diverse forms of emotional, psychological and social fulfilment. Sexual pleasure is experienced differently for different people.
- Every young person has the right to choose when, if, how and with whom to marry.
- All young people must have access to a range of effective contraceptive methods and must be able to choose which method is best for them.
- All young people have the right to life, liberty and to be free from harm, which includes the right to express one's sexuality and gender free from coercion or violence.
- All young people have the right to privacy and to make decisions about their sexuality privately.
- All young people have the right to education and information, including comprehensive gender-sensitive and rights-based sexuality education.
- Masturbation is a natural, safe and enjoyable practice for young people of all genders; and it is a personal choice.
- Safer sex is pleasurable sex: for many, reducing risk of sexually transmitted infections and unintended pregnancy makes safer sex more enjoyable.
- A useful guide for talking about sex and related issues with young people is the IPPF publication *Keys to Youth-Friendly Services: Adopting a Sex Positive Approach*, www.ippf.org/sites/default/files/positive_approach.pdf

6. Messages adapted from the IPPF Youth Messaging Checklist: www.ippf.org/resource/Youth-messaging-guidelines-checklist

Appendix 5: Key resources

Below is a list of key resources relevant to communicating about abortion, many of which have been referenced in this guide.

STATISTICS

- **Guttmacher Institute:** Wordwide Abortion Factsheets 2018; www.guttmacher.org/fact-sheet/induced-abortion-worldwide
- **Accelerate progress – sexual and reproductive health and rights for all: report from the Guttmacher–Lancet Commission:** www.thelancet.com/journals/lancet/article/PIIS0140-6736(18)30293-9/fulltext
- **Guttmacher Institute Data Centre:** A comprehensive data set, enabling extraction of abortion and related indicators (contraception, pregnancy, fertility and maternal health funding) by individual countries and regions. https://data.guttmacher.org/regions
- **Abortion: access and safety worldwide**, *The Lancet* (2018): www.thelancet.com/journals/lancet/article/PIIS0140-6736(18)30624-X/fulltext?code=lancet-site

LAWS AND POLICIES

- **A global database of abortion laws, policies, health standards and guidelines**, World Health Organization (2017): www.who.int/bulletin/volumes/95/7/17-197442.pdf
- **United Nation's Reproductive Health Policies 2017:** www.un.org/en/development/desa/population/publications/pdf/policy/reproductive_health_policies_2017_data_booklet.pdf
- **Sexual Rights Initiative's National Sexual Rights Law & Policy Database:** http://sexualrightsdatabase.org/countries
- **World Abortion Laws Map:** Produced by the Center for Reproductive Rights, this online map visually displays the legal status of abortion in each country of the world and is regularly updated. http://worldabortionlaws.com/map/
- **Storehouse for Abortion Law and Policy:** Hosted by Ipas, this is a useful collection of resources organized by common barriers to access abortion (adolescent rights, provider authorization, conscientious objection, privacy and confidentiality etc.). www.ipas.org/en/The-Storehouse-for-Abortion-Law-and-Policy.aspx
- **Country profiles:** A website produced by the Asia Safe Abortion Partnership (ASAP) providing easy to read summaries of the abortion laws, policies and practices in 17 countries in Asia. http://asap-asia.org/country-profiles/

SERVICE PROVISION

- **Expanding health worker roles for safe abortion in the first trimester of pregnancy**, World Health Organization (2016): www.who.int/reproductivehealth/publications/unsafe_abortion/health-worker-roles-safe-abortion-1st-trimester-summary/en/
- **Evidence-based practices can improve safety and timeliness of care for women needing safe termination of pregnancy**, Ganatra and Johnson (2016): https://obgyn.onlinelibrary.wiley.com/doi/epdf/10.1111/1471-0528.14118
- **Protecting safe abortion in humanitarian settings,** Radhakrishnan, Sarver and Shubin (2017): www.tandfonline.com/doi/full/10.1080/09688080.2017.1400361
- **UNFPA Agenda for women and girls in a crisis-prone world** (2015)**:** www.unfpa.org/sites/default/files/pub-pdf/State_of_World_Population_2015_EN.pdf
- **Women's Refugee Commission report on the intersection of reproductive health and sisability:** www.womensrefugeecommission.org/resources/download/1102
- **Improving reproductive health services for forcibly displaced women,** PRB (2013): www.prb.org/refugee-women-reproductive-health/
- **Information package on medical abortion:** Produced by the International Consortium for Medical Abortion, this package contains practical information about medical abortion for women, health advocates and NGOs, healthcare providers and policy makers. www.medicalabortionconsortium.org/information-package-on-medical-abortion.html
- **Map of Mifepristone Approvals** and **Misoprostol Approvals:** Produced by Gynuity, these maps display the countries where the two drugs commonly used for medical abortion have been approved for clinical use (not necessarily for medical abortion). http://gynuity.org/resources/single/map-of-mifepristone-approvals/
- **Sexual Health and Abortion Services Worldwide:** Produced by Women on Waves, this site contains information about abortion services available in most countries of the world. www.womenonwaves.org/en/page/4741/sexual-health-and-abortion-services-worldwide
- **Where Women Have No Doctor: Abortion and complications from abortion:** An easy to read, practical online publication from Hesperian Health Guides outlining safe and unsafe abortion, what a safe abortion involves and what to expect after an abortion. It includes instructions for how to give emergency assistance to women who have severe bleeding due to abortion complications. http://en.hesperian.org/hhg/Where_Women_Have_No_Doctor:Chapter_15:_Abortion_and_Complications_from_Abortion
- **World Health Organization abortion resources:** Key resources published by the World Health Organization on abortion, including clinical guidelines and global and regional estimates of levels of safe and unsafe abortion. www.who.int/reproductivehealth/publications/unsafe_abortion/en/
- **Youth and Abortion Guidelines**: Produced by IPPF, this guide provides information for young people, health

professionals, policy makers and advocates about increasing young people's access to safe abortion services (also available in Spanish and French), www.ippf.org/resource/Youth-and-abortion-guidelines

ABORTION MESSAGING EXAMPLES AND TOOLS

- **A Haven in a Land of Unsafe Abortions:** A photo-story of one woman's experience of undergoing abortion in India. A good example of how photos of women can be very powerful in capturing the audience's attention and telling the story. www.npr.org/2014/12/31/374253565/a-haven-in-a-land-of-unsafe-abortions
- **Low literacy abortion materials:** Produced by EasyHealth and Mencap, these are simple, easy-to-understand materials on abortion designed for audiences with low literacy levels. www.easyhealth.org.uk/listing/abortion-(leaflets)
- **Medical abortion in early pregnancy:** 'Information, education and communication (IEC) materials and job aids: A toolkit' developed by Ipas that includes materials on medical abortion that can be adapted for use by others. This includes an image library (see below). www.commonhealth.in/images/safe_abortion/362.pdf
- **Women's Voices:** Three short videos produced by IPPF highlighting three women's stories from Cameroon, France and India about their experiences accessing abortion services. www.ippf.org/resource/womens-voices-india
- **Youth messaging checklist:** A user-friendly guide developed by IPPF to develop more effective information, education and communication materials for young people (although many of the checklist items are applicable to all age groups, not just young people). The checklist includes language to use and avoid for a range of sexual and reproductive health topics including (but not only) abortion. www.ippf.org/resource/womens-voices-cameroon

IMAGE LIBRARIES

- **Illustrated instructions for medical abortion**, developed by Women Help Women: https://womenhelp.org/en/media/inline/2018/5/13/mama_safe_abortion_with_misoprostol_english_2nd_edition.pdf
- **Images of Empowerment:** This photo library, produced by Jonathan Torgovnik of Getty Images with support of the Hewlett Foundation, provides high quality empowering images of women in Kenya, Senegal and Uganda. All images can be downloaded and used free of charge for non-commercial purposes. www.imagesofempowerment.org

ABORTION STIGMA

- **The Stigma Toolkit** provides information and resources to those working to address reproductive stigma. www.stigmatoolkit.org/
- **inroads** is a global network with the goal of shifting the global conversation on abortion to reimagine a world free of abortion stigma. http://endabortionstigma.org. Also see paper synthesizing abortion stigma qualitative research: 'Abortion Stigma Around the World' (2016): www.endabortionstigma.org/en/Making-inroads/2016/March/QualitativeSynthesis.aspx
- **Disgust, Stigma, and the Politics of Abortion**, Anuradha Kumar (2018): http://journals.sagepub.com/doi/abs/10.1177/0959353518765572
- **Situating stigma in stratified reproduction: Abortion stigma and miscarriage stigma as barriers to reproductive healthcare**, Bommaraju et al. (2016): www.sciencedirect.com/science/article/pii/S1877575616301793
- **Abortion Stigma: A Systematic Review,** Hanschmidt et al. (2016): www.ncbi.nlm.nih.gov/pubmed/27037848
- **Ipas resource on disability inclusion in abortion and contraceptive care:** www.ipas.org/en/Resources/Ipas%20Publications/Access-for-everyone--disability-inclusion-in-abortion-and-contraceptive-care--overview.aspx
- **'Repeat abortion', a phrase to be avoided? Qualitative insights into labelling and stigma**, Hoggart, Newton and Bury (2016): http://srh.bmj.com/content/43/1/26

STORYTELLING

- **Abortion narratives: moving from statistics to stories**, *The Lancet* (2018): https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(18)31036-5/fulltext
- **Speak My Language:** A toolkit that explains how storytelling can be an effective tool to combat stigma by YouAct: http://youact.org/2018/03/04/speak-my-language-abortion-storytelling-in-eastern-europe-from-a-youth-perspective/
- **We Testify** is dedicated to increasing the spectrum of abortion storytellers in the public sphere: https://wetestify.org
- **The Abortion Diary:** a podcast that aims to create a space for abortion storytelling as a way of self-expression and healing. http://theabortiondiary.com
- **Shout Your Abortion** is a decentralized network of individuals talking about abortion in their own terms and creating a space for others to do the same. https://shoutyourabortion.com
- **'In Her Shoes – Women of the eighth'** is an online platform of abortion stories that shed light on the voices of those that have been silenced by the Irish 8th amendment. https://twitter.com/InHerIrishShoes and www.facebook.com/InHerIrishShoes/
- **"Every female athlete I know has had an abortion"** four-time Olympic champion, Sanya Richards-Ross breaks the silence around athletes who get abortions: www.independent.co.uk/sport/general/athletics/sanya-richards-ross-abortions-female-athletes-olympic-champion-track-field-a7787546.html

References

i. World Health Organization (2012), *Safe Abortion: Technical and Policy Guidance for Health Systems* (second edition). Available at: http://apps.who.int/iris/bitstream/10665/70914/1/9789241548434_eng.pdf [Accessed 1st July 2015].

ii. Raymond, E. G., Grimes, D. A. (2012), 'The Comparative Safety of Legal Induced Abortion and Childbirth in the United States'. *Obstetrics & Gynecology* 119 (2, Part 1): 215–219.

iii. See reference i. World Health Organization (2012), p.49.

iv. Center for Reproductive Rights (2015), The World's Abortion Laws 2015. Available at: http://worldabortionlaws.com/map/ [Accessed 1st July 2015].

v. See reference i. World Health Organization (2012), p.23.

vi. See reference i. World Health Organization (2012), p.90.

vii. See reference i. World Health Organization (2012), p.19.

viii. See reference i. World Health Organization (2012), p.23.

ix. Guttmacher(2018), Induced Abortion Worldwide Factsheet. Available at: www.guttmacher.org/fact-sheet/induced-abortion-worldwide

x. McGinn and Casey (2016), Why don't humanitarian organizations provide safe abortion services?

xi. Radhakrishnan, Sarver and Shubin (2017), Protecting safe abortion in humanitarian settings: overcoming legal and policy barriers.

xii. World Health Organization, *Adolescent Pregnancy Fact Sheet* (updated September 2014). Available at: www.who.int/mediacentre/factsheets/fs364/en/ [accessed 4th March 2015].

xiii. American Psychological Association (2008), Task Force on Mental Health and Abortion. *Report of the Task Force on Mental Health and Abortion*. Available at: www.apa.org/pi/wpo/mental-health-abortion-report.pdf [accessed 4th March 2015].

xiv. Rocca, C.H., Kimport, K., Roberts, S.C.M., Gould, H., Neuhaus, J., Foster, D.G. (2015), 'Decision Rightness and Emotional Responses to Abortion in the United States: A Longitudinal Study'. *PLoS ONE* 10(7): e0128832.

xv. See reference i. World Health Organization (2012), p.49.

xvi. See reference i. World Health Organization (2012), p.53.

xvii. Royal College of Obstetricians and Gynaecologists (2004), The Care of Women Requesting Induced Abortion. National EvidenceBased Clinical Guidelines. London: RCOG. Summary at: www.rcog.org.uk/en/guidelines-research-services/guidelines/the-care-of-women-requesting-induced-abortion/

xviii. Rocca CH, Kimport K, Roberts SCM, Gould H, Neuhaus J, et al. (2015), Decision Rightness and Emotional Responses to Abortion in the United States: A Longitudinal Study. *PLOS ONE* 10(7): e0128832. https://doi.org/10.1371/journal.pone.0128832.

xix. Cohen, S. (2007), 'Repeat Abortion, Repeat Unintended Pregnancy, Repeated and Misguided Government Policies', *Guttmacher Policy Review*, Spring, Volume 10, Number 2. Available at: www.guttmacher.org/pubs/gpr/10/2/gpr100208.html

xx. Rocca, C.H., Kimport, K., Roberts, S.C.M., Gould, H., Neuhaus, J., Foster, D.G. (2015), 'Decision Rightness and Emotional Responses to Abortion in the United States: A Longitudinal Study'. *PLoS ONE* 10(7): e0128832.

xxi. Charles, V. E., Polis, C.B., Sridhara, S.K., Blum, R.W. (2008), 'Abortion and long-term mental health outcomes: a systematic review of the evidence'. *Contraception* 78 (6): 436–50. doi:10.1016/j.contraception.2008.07.005. PMID 19014789.

xxii. See reference i. World Health Organization (2012), p.49.

xxiii. See reference i. World Health Organization (2012), p.90.

xxiv. Guttmacher Institute (2012), 'Facts on Induced Abortion Worldwide'. Available at: www.who.int/reproductivehealth/publications/unsafe_abortion/induced_abortion_2012.pdf?ua=1 [Accessed 2nd July 2015].

xxv. Guttmacher Institute (2018), *Fact Sheet: Induced Abortion in the United States*. Available at: www.guttmacher.org/fact-sheet/induced-abortion-united-states.

xxvi. See reference i. World Health Organization (2012), p.90.

xxvii. Citro, B., Gilson, J., Kalantry, S., Stricker, K., University of Chicago Law School. International Human Rights Clinic; National Asian Pacific American Women's Forum (U.S.); and Advancing New Standards in Reproductive Health (Organization) (2014), 'Replacing Myths with Facts: Sex-Selective Abortion Laws in the United States". Cornell Law Faculty Publications. Paper 1399. http://scholarship.law.cornell.edu/facpub/1399

xxviii. See reference i. World Health Organization (2012), p.23.

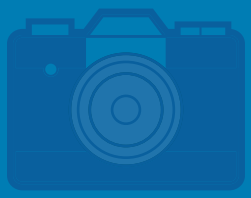


PHOTO REFERENCES

Pg18: IPPF/Jane Mingay/Georgia; iStock.

Pg19: Original photo IPPF/Phillip Wolmuth/Dominica.

Pg20: IPPF/Peter Canton/Bangladesh.

Pg 21: IPPF/Kathleen Prior/Vanuatu; IPPF/Gabriel Blanco/Rwanda; IPPF/Chloe Hall/Ethiopia.

IPPF Central Office is a signatory to the CONCORD European-wide NGO Code of Conduct on the use of photographs and images and is committed to upholding its principles. The photographs used in this publication are for illustrative purposes only; they do not imply any particular attitudes, behaviour or actions on the part of any person who appears in the photographs.

Published in September 2015 by the
International Planned Parenthood Federation.
Updated in 2018.

IPPF
4 Newhams Row
London SE1 3UZ
United Kingdom

tel + 44 (0)20 7939 8200
fax + 44 (0)20 7939 8300
email info@ippf.org
web www.ippf.org

UK Registered Charity No. 229476

Designed by www.janeshepherd.com