



HOW TO IMPROVE YOUNG PEOPLE'S ACCESS TO SAFE ABORTION:

Using social media

STRATEGY:

Using **social media** to help young people access safe abortion information and services



MEMBER ASSOCIATION:

Planned Parenthood Association of Ghana (PPAG)



STRATEGY OVERVIEW:

Social media is a generic term used to describe a range of online applications that enable and encourage interactive communication between users. Social media, especially via mobile phones can be an effective tool for engaging with young people who tend to be enthusiastic adopters of new technology. Although the use of social media includes a range of applications, the primary focus of this strategy is the use of messaging via WhatsApp and Facebook to deliver and exchange information about sexual and reproductive health (SRH), and in particular safe abortion.

BENEFITS OF SOCIAL MEDIA FOR SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS (SRHR)

USE OF SOCIAL MEDIA CAN:

- Provide a safe and readily accessible platform for young people to enquire about SRH, particularly on issues like abortion on which it is difficult to find reliable and non-judgemental information
- Reach large numbers of young people to inform on and link to SRH services when needed
- Improve service provision by responding to urgent SRH issues quickly and in real time
- Empower young people to access services by increasing their awareness about the range of services available to them
- Include pictures to aid understanding, e.g. pictures of contraceptive methods, location of facilities etc.

BARRIERS TO ACCESS

In Ghana, despite a fairly liberal abortion law, almost half of all abortions are unsafe, accounting for 11% of maternal mortality in the country.¹ Young women are more likely than older women to have an unsafe abortion as a result of factors such as not knowing where to get a safe abortion, having less access to financial resources and being affected by stigma associated with unwanted pregnancy and abortion. The use of contraception is low in Ghana with only 17% and 25% of sexually active young women aged 15-19 and 20-24 years respectively using a modern method of contraception.²

USE OF SOCIAL MEDIA TO ADDRESS BARRIERS TO SRH SERVICES IN GHANA

PPAG started using social media as a mechanism to provide young clients with advice and care following a Comprehensive Abortion Care (CAC) service. A PPAG clinic



1 Guttmacher Institute Fact Sheet: Abortion in Ghana. January 2014. Guttmacher Institute, USA. (<http://www.guttmacher.org/pubs/FB-Abortion-in-Ghana.html>)

2 Demographic and Health Survey 2014. Ghana Statistical Service, Accra, Ghana. July 2015.



SRH counsellor recognised that more could be done to support young women after their abortion. The counsellor began their work by offering their mobile telephone number to clients so that they could text questions via WhatsApp about their treatment after they had left the clinic. As one service provider explains: "Some young people tend to forget the information given during counselling so some use WhatsApp to ask for reassurance or advice, such as when they feel pain or concerning the use of contraception following CAC."

This support service became very popular with young clients and soon evolved to include questions about other SRH issues and attract young people who were not PPAG clients. PPAG decided to pilot the use of social media for different purposes:

- **One-to-One Questions** - young people initiate the interaction by sending a question via WhatsApp to the provider who responds with an individualised message. This allows young people to access accurate SRH information and get a referral to their nearest service provider if needed.
- **One-to-Many Information** - messages can be sent out to many people at once using WhatsApp. Once a person has engaged with the service provider (and with their consent) their number is then stored so that other regular messages can be sent out on a specific topic to a group of users, such as to youth volunteers or Peer Educators.
- **Multi-way Information and Discussion** - information is shared between multiple users who can contribute to a discussion about SRH issues. PPAG developed a Facebook page to provide a platform for wider group discussion.

"The discussions on Facebook are triggered by messages posted on the page. Alternatively, if someone has more personal issues to discuss or needs further clarification they can also engage with me in a private chat."

Service provider, PPAG

"The use of social media enables the messages to travel at the speed of light, especially when it's catchy. People store the number just in case they need it or to pass on to a friend."

Service provider, PPAG

KEY LESSONS LEARNED

1. Messages and information should be kept short, and friendly and informal in tone. Discussions on social media should be client-led to give young people the opportunity to discuss SRH topics that matter to them.
2. The WhatsApp number needs to be advertised in places where young people visit and socialise. PPAG's WhatsApp number is announced at the end of its regular SRH radio programme and displayed at its clinics and outreach services in remote locations, as well as on its Facebook page.
3. The safeguarding of user information and secure storage of telephone data is vital and confidentiality issues regarding sharing of information must be informed by the organization's Child Protection Policy.
4. While the use of social media can be less resource intensive than other engagement activities, it is important to be aware of hidden costs associated with increased user participation, staff training, marketing, technology updates and increasing technical capacity over time.





HOW TO DEVELOP AN EFFECTIVE SOCIAL MEDIA INTERVENTION

Step 1:

Conduct an assessment of your target group, organizational capacity and resource needs.

Developing an effective intervention requires knowledge of your audience's needs, wants and limitations that all affect their ability or desire to engage with social media activities; as well as an understanding of your organization's capacity (e.g. staff and time) and the technology costs (e.g. phones, computers, chargers) to deliver and sustain the intervention.

Step 2:

Design a social media intervention that is tailored to meet young people's needs.

Selecting what type of social media approach to use will require a good understanding of the needs and interests of your audience (e.g. sending out general SRH information, providing one-to-one advice or providing a platform for group discussions).

Step 3:

Establish links with vital referral services for youth.

Identify the types of services needed by young people and establish links with other service providers, such as government health facilities, drug and alcohol services, legal advice, and mental health services etc. for referrals.

Step 4:

Deliver training. Conduct training to prepare all people who will be implementing, supporting and using the social media strategy.

Step 5:

Launch the social media strategy. Before launching your social media strategy pre-test different topics and the technology platform with a small target group (e.g. Peer Educators) to confirm end users are interacting with the technology as expected and to resolve any technical issues. Put marketing and demand creation activities in place to ensure you have a group of people ready and willing to participate.

Step 6:

Monitor and regularly review the social media strategy. It is important that systems are in place at the start to monitor if the strategy is achieving its objectives, to inform continual learning and improvement, and to evaluate its effect on service and health outcomes.



Planned Parenthood Association of Ghana 2015 SERVICE DATA



	Number of SRH services provided in 2015	2,109,680
	Proportion of SRH services provided to young people	64%
	Proportion of abortion related services provided to young people	56%
	Proportion of contraceptive services provided to young people	65%



Published July 2016
Design: Peter Beatty
Photography:
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