How to talk about abortion:
a guide to rights-based messaging

LANGUAGE NOTE

In several places, this guide refers to 'women' 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 people and non-binary people) can also experience pregnancy and abortion.

Contents

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 http://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. Abortion is often seen as a controversial issue, and even organizations that have extensive experience in advocating for and providing abortion services can struggle to find the most effective ways to talk about abortion.

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

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]
- Most countries restrict access to abortion in some way, however the extent of these restrictions varies widely from country to country. In some countries, abortion is highly restricted and accessible under only a few 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 women can access an abortion 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 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 in some cases, 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 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.[3] 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 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[4] 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.

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1. In this document abortion refers only to the voluntary termination of a pregnancy, 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. 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/

4. 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.

- Globally, approximately 41 per cent of all pregnancies are unintended.[vii] This means that approximately 85 million women each year will experience an unintended pregnancy.
- 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. IPPF advocates for better access to contraception, education, and support for parents and those choosing adoption, but even with these in place there will always be a need for abortion.
- 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 likely access an unsafe abortion.[viii] Each year, an estimated 22 million unsafe abortions occur resulting in the death of 47,000 women and injury for an additional 5 million women.[ix]
- Almost every death and injury as a result of unsafe abortion is preventable through the provision of safe abortion services.

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 that is to have an abortion or continue with the pregnancy.

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

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

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/

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 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 services: Young people need quality services which are accessible and appropriate to their needs and address specific barriers they may face (e.g. payment of fees or ability to attend during clinic operating hours).
- 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.

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-a-youth-activists-guide-to-safe-abortion-advocacy/
- 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

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.[xi] Abortion-related stigma is a key barrier preventing all people having access to high quality, accessible and safe abortion services in a timely manner.

A LEARNING AGENDA FOR ABORTION-RELATED STIGMA

Mass media and culture
Legal
Institutional
Community
Individual

What role does the popular media and its depiction of women, providers and the legal status of abortion play in abortion-related stigma?

What is the relationship between laws and regulations and abortion-related stigma?

What is the relationship between stigma and the way that abortion services are provided?

How do community attitudes and actions related to abortion impact stigma or protect women against stigma?

What is the relationship between personal disclosure of abortion and abortion stigma?

Source: Adapted from Ipas

USEFUL RESOURCES

For more information about abortion-related stigma see:

- Inroads website: http://endabortionstigma.org/en.aspx
- RH Reality Check blog: http://rhrealitycheck.org/tag/abortion-stigma/
- Special abortion stigma issue of Women & Health (subscription required): www.tandfonline.com/toc/wwah20/54/7#.VH3qXDGsVqU

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.[xii] 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 that messages about abortion are factual and supportive of individual choices.

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 to reflect this diversity.

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 13 and 17).

6 Involve the intended audience as much as possible during material development: 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 that your materials are as inclusive of audience needs as possible. For example, take into account the intended audience's literacy and comprehension levels.

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.

Introduction to abortion messaging

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:

CHECKLISTS

✓ Facts and statistics

✓ Legal situation

✓ Abortion provision

✓ Responding to social norms and stigma

✓ Sharing personal stories about abortion

✓ Language

Language guide – suggested messages

Language guide – how to avoid stigmatizing language

✓ Images and film

Guide to rights-based imagery

Facts and statistics

Aim: Material contains accurate and appropriate factual information about abortion, including where the information comes from.

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.

- 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 sex selective abortion in a resource explaining clinical guidelines on medical abortion).

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 www.guttmacher.org/idc/index.jsp. 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:
  - 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.

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?

- In many countries there are differences between what the law states and how the law is applied in practice.

- 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 women in practice.

- If the most liberal interpretation of the law is not currently being applied in practice than it may be beneficial to highlight this in your publication.

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).

- 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 Asia Safe Abortion Partnership (ASAP) country profiles website http://asap-asia.org/country-profiles/

- 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).

- See Ipas, Young Women and Abortion: Avoiding Legal and Policy Barriers www.ipas.org/en/Resources/Ipas%20Publications/Young-Women-and-Abortion--Avoiding-Legal-and-Policy-Barriers.aspx and Harvard Abortion Laws www.hsph.harvard.edu/population/abortion/abortionlaws.htm

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 (Chile, El Salvador, Nicaragua and Malta). The Women on Waves map www.womenonwaves.org/en/map/country provides updates on the legal status of abortion across the globe.

- 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.

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 to abortion-related services (or lack thereof). |

| Does the material contain information about where safe services can be accessed? | Safe abortion services may be available in the public or private sector, from non-governmental organizations (including IPPF Member Associations), pharmacies and other trained health workers. Safe abortion hotlines also offer information about where safe services can be accessed, see Women on Waves www.womenonwaves.org/en/page/2583/safe-abortion-hotlines for a list. As different services will be appropriate for different people, it can be useful to include information about a range of providers. Two organizations offering medical abortion consultations online are Women on Web www.womenonweb.org/en/i-need-an-abortion and Women Help Women https://consult.womenhelp.org/en/get-abortion-pills Note: others may be offering abortion services, but these may be unregistered and/or use unsafe methods and should not be recommended. |

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

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 (e.g. some clinics may refer to 'pregnancy options counselling', rather than 'pre-abortion counselling' on the list of services they offer).

Are you using rights- or public health-based messaging?

- Rights-based messaging focuses on abortion as a human rights issue whereas public health-based messaging focuses on the health costs and disadvantages of unsafe abortion compared to safe abortion.

- To reduce abortion-related stigma, it is important to use rights-based messages when talking or writing about abortion. In some social contexts, explaining the health impact of unsafe abortion can be more effective than rights-based arguments.

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 reach 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. This includes not censoring messages unnecessarily based on what you expect others may think.

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?

- 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.

- 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.

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 link 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 U.S.-based '1 in 3' campaign includes stories and films in English and Spanish, www.1in3campaign.org/en/. IPPF's 'Women's Voices' campaign provides short films of women talking about their own experiences, www.ippf.org/womens-voices.

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, since if they are identifiable, they may experience discrimination.

- Sea Change has some useful resources for organizations supporting people to share their abortion experiences, and for individuals themselves, http://seachangeprogram.org/our-work/untold-stories-project/storytelling-research/. It is crucial that individuals retain control of their own stories and that they are not put under pressure in any way.

- Think about ways to share real experiences of abortion, without needing to identify individuals. For example, anonymize 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.

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.
- 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 'ending a pregnancy'.
- See the table on pages 15–16 regarding suggestions of value-laden language to avoid and alternatives that should be used.

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.
- Some good examples of abortion messaging for low literacy audiences can be found online at EasyHealth www.easyhealth.org.uk/listing/abortion-(leaflets), Mencap www.mencap.org.uk/sites/default/files/documents/Abortion factsheet.pdf and Hesperian http://hesperian.org/wp-content/uploads/pdf/en_wwhnd_2014/en_wwhnd_2014_15.pdf

Language guide – suggested messages[5]

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

Abortion is a common medical procedure.

Unsafe abortion is a public health concern, especially for young women.

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

All women have the right to choose whether or not to carry a pregnancy to term. No woman should be forced to carry a pregnancy to term. Every woman has the right to choose when and if she wants to become a mother.

All women have the right to access safe, legal and affordable abortion services.

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

Reducing and eliminating mortality and morbidity related to unsafe abortion requires a two-pronged approach: (1) provision of the full range of sexual and reproductive health services including contraception, safe abortion, youth-friendly services and comprehensive sexuality education; and (2) advocacy to make abortion safe, legal and accessible for all women everywhere.

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.

Abortion messaging should not stigmatize individuals for having consensual sex, as all individuals have the right to have, and enjoy, sex.

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

Language guide – how to avoid stigmatizing language

NOTRecommended	More accurate/appropriate	Explanation
Abort a child	End a pregnancy Have an abortion	'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.
Abortion is illegal	Abortion is legal under the following conditions: … Abortion is legally restricted	At the time of writing only four countries prohibit abortion in all circumstances, (Chile, El Salvador, Nicaragua and Malta). See the Center for Reproductive Rights' map at http://worldabortionlaws.com/map/ which provides updates on the legal status of abortion across the world. In most countries abortion is allowed under some circumstances, under varying legal restrictions.
Abortionist	Service provider 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 services 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/ services	'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. 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 abortion Decide to end a pregnancy	Make it clear that abortion is about choice, and not imply it is done without much thought.
Keep the baby Keep the child	Choose to continue the 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.

NOTRecommended	More accurate/appropriate	Explanation
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 'Safe, legal and rare'	Prevent unintended pregnancies Reduce the number of unintended pregnancies	Women often seek abortion due to the occurrence of an unintended pregnancy. Therefore, it is unintended pregnancy that needs to be avoided and reduced, rather than abortion.
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.
Promote abortion	Promote choice Raise awareness of availability of abortion services (or include specific information about the services available)	Providing abortions is about promoting choices and rights for pregnant women, not only abortion services. However, it is appropriate to include specific information about abortion services in many materials talking about abortion.
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.

Avoid using the following terms interchangeably	Use the specific term for what you are referring to
Illegal abortion 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 woman 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 women 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 Unplanned or unintended pregnancy	Unwanted pregnancy is a pregnancy that a woman decides she does 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.

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 18–20 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 appropriate images	Explanation	More accurate alternative
Visibly pregnant women (second and third trimester)	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 woman 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 women, to demonstrate that a range of women (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.

Less appropriate images	Explanation	More accurate alternative
Photos of women obscuring their faces	By making it obvious that women are not willing to be identified it may imply that abortion is something that women 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 women, use a cartoon or drawing like this one. A realistic drawing of a woman is a good alternative, as it enables the viewer to identify with the person depicted, without requiring a photo. Showing faces of women 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.
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.

Less appropriate images	Explanation	More accurate alternative
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 women have abortions at different gestational ages, and fetuses 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 women and men 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 appropriate images	Explanation	More accurate 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 women 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 women 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 women 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

Appendix1:Commonmythsaboutabortion

Myth	Fact
Abortion increases a woman'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 woman's chance of developing breast cancer.[xiii]
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.[xiv] 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.[xv]
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 women are using abortion as an alternative to contraception.[xvi]
Women commonly experience feelings of intense grief, regret or depression after abortion	Women experience a whole range of emotions following an abortion. However, evidence suggests that the majority of women do not regret having an abortion.[xvii] 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.[xviii]
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.[xix]
Legalizing abortion will lead to more abortions occurring	Highly restrictive abortion laws are not associated with lower abortion rates.[xx] 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.[xxi]
Most abortions take place late in pregnancy, when a woman is visibility pregnant	Often the media and others show images of heavily pregnant women 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 women is visibly pregnant.[xxii]
Only young or irresponsible women have abortions	All different sorts of people, of different ages, experience pregnancy and abortion, and a large proportion of those seeking abortion are mothers.[xxiii]

Appendix2:Sexselectiveabortion

- 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 a 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.[xxiv]
- 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 woman is best placed to make a decision about the outcome of her pregnancy in the first trimester of pregnancy, it follows that she should be granted the same autonomy over her body in the second and third trimesters.
- Women 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 women have wanted pregnancies that, due to unexpected circumstances have become unwanted, or where socio-economic vulnerability has made earlier access to services impossible. Young women 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 woman's need to seek an abortion service. In fact, it results in an increase in the number of women seeking unsafe abortions.[xxv]

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 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. www.ippf.org/sites/default/files/positive_approach.pdf
- World Health Organization Unsafe Abortion Estimates: Global and regional estimates of the incidence of unsafe abortion and associated mortality from 2008. www.who.int/reproductivehealth/publications/unsafe_abortion/9789241501118/en/

LAWS AND POLICIES

- 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/
- World Abortion Policies 2013: Produced by the United Nations Population Division, this provides a list for each country on what grounds abortion is permitted alongside national statistics on abortion and contraception use. www.un.org/en/development/desa/population/publications/policy/world-abortion-policies-2013.shtml
- 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

- Abortion: Quality Care and Public Health Implications: Produced by the University of San Francisco, a free online course on abortion targeted towards current and future healthcare providers. www.coursera.org/course/abortion
- 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/type/Map
- 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) and www.mencap.org.uk/sites/default/files/documents/Abortion factsheet.pdf

- 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

- Sexual and Reproductive Health and Rights Terminology Guide: Developed by the IPPF South Asia office, this document provides guidance for using accurate, gender-sensitive, non-discriminatory and culturally-appropriate language for sexual and reproductive health and rights that promotes universal human rights. www.ippfsaro.org/sites/ippfsaro/Pages/Publications.aspx

- 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/womens-voices

- 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/Youth-messaging-guidelines-checklist

IMAGE LIBRARIES

- 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

- Hesperian Images: This library contains simple line drawn illustrations from the Hesperian Health Guides. The images are available for download and use in online and print materials for a small cost. http://images.hesperian.org/libraryhome.tlx

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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.   See reference i. World Health Organization (2012), p.17.

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

xi.   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].

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

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

xv.   See reference i. World Health Organization (2012), p.17.

xvi.   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

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

Notes

INVOLVE COUNTERACT STIGMA

RIGHT TO DECIDE

STORY-TELLING SENSITIVE

CLEAR CHALLENGE ATTITUDES

FACTUAL INDIVIDUAL

RIGHT TO DECIDE

DIVERSITY

AVOID JUDGEMENT

HONEST ACCURATE

FACTS