

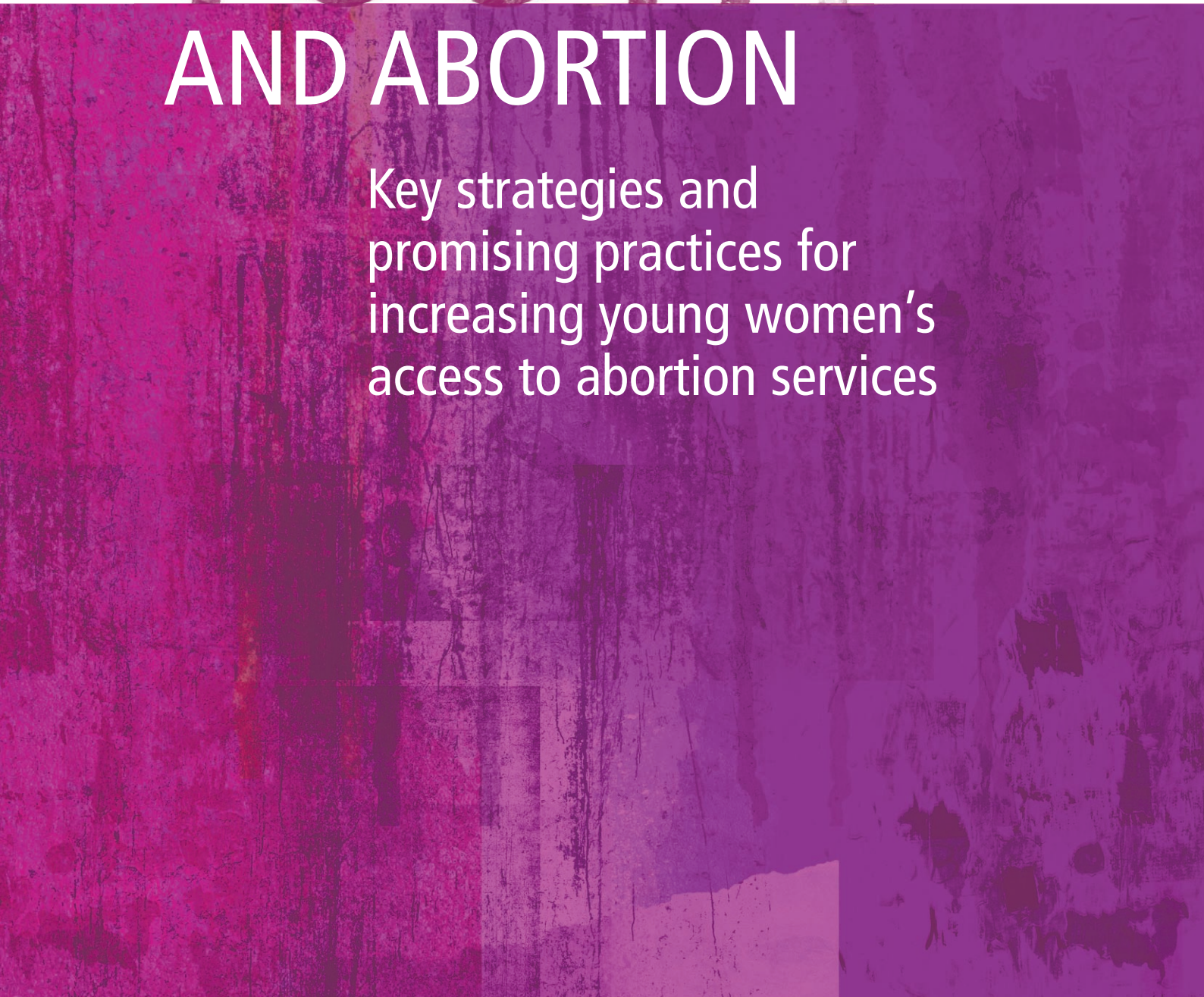


YOUTH



AND ABORTION

Key strategies and
promising practices for
increasing young women's
access to abortion services



Foreword

Every day thousands of women and girls face an unplanned pregnancy and have to make the difficult decision whether to continue the pregnancy or seek a termination.



Due to the stigma surrounding abortion that exists in almost every society, many women are not able to openly discuss this issue, seek advice or counselling or readily access safe services. Once a woman has taken the decision to terminate a pregnancy, it is often something that she keeps from her family, friends and future partners throughout the duration of her life.

For young women and girls the situation can be even worse. They are doubly stigmatized – both for being sexually active and for seeking an abortion. Yet, they are also stigmatized if they decide to keep their pregnancy. It's a **no win situation**.

IPPF is uniquely placed to address the issues that young women and girls face when they experience an unwanted pregnancy. Not only do we have sixty years of experience providing and advocating for safe, legal abortion for all women and girls, our commitment to a rights-based approach drives all our work, most notably in our efforts to provide quality services to young people. In recent years the international community has begun to recognize the central role of women and girls to improved development outcomes. IPPF has been a central part of this global movement by highlighting the importance of young women's and girls' sexual and reproductive health and rights (SRHR).

Increasingly, IPPF is seen as a leading advocate for and provider of safe abortion services worldwide. With this guidance document and a new strategy for reaching underserved young women with abortion services, IPPF continues its 'brave and angry' tradition by supporting and facilitating the rights of young women and girls to access safe and legal abortion.

This guidance document, which is aimed at increasing young people's access to high quality youth-friendly abortion information, services and referral, is evidence-based. The recommendations draw on the experiences of clients, health professionals and technical experts at the national, regional and international levels of the Federation.

There is something for everyone in this document. Whether you are a young advocate, a health professional, a policy-maker, an outreach worker, a programme coordinator, an executive director, a board member or a volunteer within IPPF – you will learn about something more that you can do within your own work to increase young women's and girls' access to safe abortion services.

The development of this document would not have been possible without the staff of the Youth, Abortion and Access teams at IPPF Central Office; staff in IPPF's Regional Offices; health professionals across our Member Associations (MAs); external partner organizations; and the 78 young people from over 50 countries who responded to a survey giving their thoughts on how IPPF can improve information and access to safe abortion services for young people. These guidelines are the result of a process that was truly collaborative to its core.

We hope that this document will be both an inspiration and a practical guidebook for all those who work with and for young women and girls across the world to ensure they have access to safe and legal abortion services.

Doortje Braeken
Senior Adviser, Adolescents, Gender and Rights

Manuelle Hurwitz
Senior Adviser, Abortion

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Introduction



Globally, young women face extraordinary barriers in accessing sexual and reproductive health (SRH) services, and this is particularly true when it comes to accessing safe abortion services. There are a whole host of barriers – from cost to cultural norms and stigma to service provider attitudes – that prevent young women from accessing timely life-saving and life-enhancing abortion and post-abortion care. Further, abortion is often unhelpfully posited as a one-dimensional issue related to the termination of an unwanted pregnancy. However, it is about so much more. It is about young women's life journeys, including plans for their future, education, careers and families.

In light of overwhelming statistics on unsafe abortion-related mortality and morbidity, it is easy to lose sight of the fact that – at the heart of it – it is about the life, both present and future, of an individual and unique human being. Our starting point is and always should be a belief that when young women have the opportunity and support to make their own decisions about sex, relationships and pregnancy – whether wanted or not – and they have access to safe, affordable services, the impact on their lives will be a positive one.

In early 2012, the Adolescent, Access and Abortion teams in IPPF Central Office began a ten-month long information and evidence collection process with external partners, Regional Offices, health professionals and young people. The results, alongside examples of the interview and survey questions and some information on respondents are included in Appendix 3. After the analysis, the team identified common challenges, key strategies and promising practices from countries across the Federation, which are highlighted here. For more information about the strategies and promising practices, including key contacts for follow-up, please contact the IPPF Regional Office or the youth team at the Central Office.

This document, which is a result of all the input received, presents an opportunity for IPPF to put young woman's feelings and decisions about pregnancy first and to ensure that we do our utmost to eradicate the barriers that they face in accessing safe, legal abortion services across the world.



What is this document?

This guidance is designed to support organizations who are interested in scaling up their work on young people's access to abortion and abortion-related services. It presents some ideas and strategies that have been tried by other organizations in order to help inspire and inform creative approaches for different contexts. Readers who are interested in adapting the techniques outlined in this document for their own programmes and contexts are welcome to contact the IPPF Central Office for more information about the programmes and partners currently implementing these practices.



Who is it for?

Originally, this document was developed for IPPF Member Associations' use. However, IPPF realized its value for other organizations that are driving innovation in the area of youth and abortion. It can also be used by advocates wishing to focus on young women's access to safe, legal abortion.

Making the case

Many will ask: why focus on youth and abortion? What makes accessing abortion services for young women harder than for women of any other age? These are valid questions that need to be addressed, understood and internalized in order to help us most effectively facilitate young women's access to abortion and post-abortion care.

Below, we make the case for prioritizing abortion care for young people using health and rights perspectives that highlight the importance of this issue. We then explore some of the ways that IPPF has committed to providing services to young women and our successes and challenges in scaling up this work.

Health perspective

There is an extensive evidence base that can be utilized to illustrate the impact that unsafe abortion has on the lives and health of young women across the globe. Abortion, where legal and provided under medical supervision, is a very safe medical procedure;ⁱ in fact a legal and safe abortion is up to 14 times safer than childbirth.ⁱⁱ In countries where access to legal and safe abortion services is restricted, the number of women seeking abortions does not decrease, rather the rate of unsafe abortion and adverse maternal outcomes increases. Complications resulting from unsafe abortion cause high rates of morbidity and mortality, accounting for approximately 47,000 deaths per year, of which nearly half are young women. The vast majority of unsafe abortions, and the resulting complications and mortality, occur in developing countries where access to safe abortion is restricted.^{iii,iv,v} Appendix 1 includes some key statistics and resources for further research.

Rights perspective

The rights-based arguments for the provision of abortion services are founded in basic human rights, namely a woman's right to bodily integrity and autonomy. These arguments are well articulated by many organizations in much more depth elsewhere (see list of resources in Appendix 2). However, there are crucial differences relating to the provision of abortion services for young women that are worth drawing attention to.



Major 'themes' that were identified in interviews with partners, IPPF Regional Offices and health professionals as being key differences between providing abortion services for young women versus abortion services for adult women

life plans confidentiality education misinformation later abortion traditional values decision-making unwanted marriage law prohibitive cost consent double stigma unsafe abortion judgmental attitudes delay in access life skills counselling

An issue that often arises in the context of provision of abortion for young women is that of the capacity of young people, and young women in particular, to make informed and autonomous decisions. A rights-based approach to the provision of abortion services for young women recognizes their capacity to be actively involved in and consent to their own health care and reproductive life in accordance with their evolving capacities.

Evolving capacity is a concept introduced in the Convention of the Rights of the Child, article 5. It recognizes the varying rates at which young people develop and mature as a result of myriad factors including education, family life, socio-economic status and gender. In other words, it embodies a recognition that young people do not grow and develop at the

same rate and, therefore, young people of the same age may need varying levels of protection and support to make autonomous decisions about their sexual and reproductive health.

In the context of young people's sexual and reproductive health, 'protection' is not interpreted as the *denial* of services or information but, rather, refers to the provision of a supportive environment within which young people can learn, grow and make decisions while knowing that a safety net exists for them if and when they need it. For example, in the context of abortion, protecting a 14-year-old pregnant young woman may translate into respecting her autonomous decision to either continue or terminate a pregnancy whilst, at the same time, providing her with enough support through counselling, parental/relative involvement, information and contraceptive options to avoid future unwanted pregnancies if she so desires. The concept of protection also requires the service provider to be trained to look for, and respond to, signs that a pregnancy is the result of non-consensual or coercive sex, which adds additional dimensions to these decisions and the support required.

IPPF: Scaling up services

In recent years, there has been a marked increase in investment in youth programming in IPPF, primarily aimed at increasing young people's access to SRH services. Similarly, abortion programming at IPPF has also received increasing focus since its inclusion in the IPPF Strategic Framework in 2005. In that framework, IPPF renewed its commitment to work to strengthen public commitment for the right to choose and access safe abortion, to increase access to safe abortion services and to raise awareness of the public health and social justice impacts of safe abortion. From 2008 to 2013 there was a 127 per cent increase in all abortion-related services and referrals provided by Member Associations. There was also a significant increase in the number of abortion-related services and referrals provided to young people, up 136 per cent from 2008 to 2013.

Despite these gains and concerted efforts in these programmes to focus on increasing young women's access to abortion, this area continues to lag when compared with other areas of service provision: clinical abortion services only account for .57 per cent of all services provided to young people.

The IPPF Abortion Policy approved by the Governing Council in November 2010 and the IPPF Abortion Strategic Action Plan 2012–2014, highlight young people as a key population with specific needs and barriers to accessing abortion-related information and services that must be addressed. This provides a framework under which Member Associations can work to provide youth-friendly abortion services.

A total of 92 Member Associations reported providing clinical abortion services¹ in 2013 and a total of 128 Member Associations reported providing abortion-related services. Overall, IPPF's Member Associations have a big focus on young people. In 2013, 48 per cent of all SRH services provided by IPPF were to people under the age of 25; this slightly decreases to 40 per cent when we look at abortion services provided in the same time period.

IPPF recognizes that girls and young women have borne a disproportionate burden of sexual and reproductive ill health, unsafe abortion, and related mortality, and that we must focus special attention on their needs. However, the high unmet need for abortion services among young people, the increasing drive to ensure youth-friendly services across the Federation, the inclusion of issues relating to young people in the abortion strategic action plan, and the desire of Member Associations to know how to better reach and serve young people with abortion-related services and care, make this an ideal time to place a specific focus on this issue.

Figure 1: IPPF clinical abortion services provided, by age 2008–2013



Worldwide, young women under the age of 20 make up 70 per cent of all hospitalizations resulting from unsafe abortion complications.

Plan. 2007. *Because I am a Girl: The State of the World's Girls 2007*. London: Plan.

1. Clinical abortion services - medical abortion, surgical abortion, treatment for incomplete abortion and harm reduction consultation services.

Challenges and obstacles

Many young women still find it more difficult to access abortion services than adult women. These unique challenges are grouped below into several categories, which are helpful in understanding the 'extra' barriers that young women face around the world.

Capacity

Often, a young woman's difficulty in accessing abortion services is related to perceptions held by adults about her capacity to make decisions about sex and sexual health. She may be considered by adults to be insufficiently mature or incapable of making informed decisions as a result of her age and/or social status. These attitudes about young women's capacity can come from a desire to protect her, as much as from a lack of recognition of her rights, but regardless of the source of the attitudes, they can lead to:

- the refusal of health professionals, educators and parents/guardians to provide information to young women (and men) on sex, sexuality and SRH
- the refusal of health professionals, religious groups, educational or judicial institutions to allow or provide abortion information, referrals or services to young women
- the imposition of 'extra' and unnecessary requirements for young women who want to access abortion services
- a lack of respect for or recognition of young women's right to privacy when seeking out abortion services as a result of a perception that they are not capable of making such decisions on their own or require the participation of parents or other responsible adults in making that decision, and
- judgmental or protectionist attitudes held and expressed by health professionals that mean young women do not feel comfortable accessing abortion services.

Compounded stigma

A young woman may experience compounded stigma when attempting to access abortion services given the implication that she is both sexually active and expressing an autonomous decision to end an unwanted pregnancy. In some cases this stigma may be worse for unmarried young women, where it is not her age but her marital status or lack of partner engagement that prevents her from accessing abortion services. She may also experience stigma for seeking contraception that would help her to avoid unwanted pregnancy in the first place. This leaves young women in a 'no win' situation.

Health professionals may experience stigma, too, for being associated with a clinic that provides abortion

services to young women. This, of course, leads such professionals to fear for their own safety and livelihoods.

The existence of abortion stigma can have an impact at many levels in that it:

- prevents open discussion on the topic of abortion within families and in sexuality education programmes
- makes young women feel ashamed of their choices concerning sex and contraception
- means that young women are less likely to access timely SRH care (preventive or curative)
- means that young women are more likely to delay seeking services and often resort to unsafe abortion services
- positions pregnancy as a 'punishment' that unmarried young women deserve for being sexually active, and
- young women who become pregnant as a result of sexual violence, rape or incest are likely to conceal the circumstances under which they became pregnant and, therefore, unlikely to benefit from the legal grounds.

Law

Perceptions about young women's capacities and limitations placed on their sexual rights are often embodied not only in the norms that dictate what 'acceptable' behaviour is for young women in any given context but are perpetuated through laws and policies – all of which have a real impact on access to timely and safe abortion services. Parental consent laws are an example of laws that inhibit young women's access to abortion services and fail to consider the potentially harmful impact that it might have on a young woman if she must involve a parent. Often, laws and policies relating to sexual and reproductive health of young people translate into a denial of access to information and services in a misguided attempt to 'protect' them. Even in countries with more liberal laws, often providers interpret them in a more restrictive way with young people or simply do not know exactly what the laws says and therefore err on the side of 'protection,' both for themselves and the young woman. The delay and denial of safe abortion services means that these women are placed at higher risk of death and disability.

Lack of youth-friendliness

As with other SRH services, health providing institutions must make a special effort to ensure that their abortion services are youth-friendly. This means more than merely decorating a clinic with bright colours; it is about ensuring that the services provided meet young people's *real and perceived* needs in relation to unwanted pregnancy. Health professionals and institutions in any given area should prioritize knowing the context in which young people make sexual and reproductive decisions; understanding the barriers that they might face in trying to access abortion services; involving young women in planning and evaluation of abortion programmes; and attempting to mitigate against such barriers through their youth programmes.



Promising practices

Where you have a strong youth programme first, it is easier to then integrate abortion.

South Asia Regional
Office Youth Focal
Point interview

Many promising practices for strengthening abortion service provision for young women emerged from this review; just a few are presented in this section. While each promising practice may not be appropriate or feasible for every organization, each of these areas of work appeared across two or more regions.

Integration with other youth programmes

Many organizations are finding that young people make the best ambassadors for youth abortion services. Where strong peer outreach and education programmes exist, youth referral and a peer promoter model have increased service provision for young people. Youth centres can be integrated with and even providers of some clinical services. Organizations could promote the use of youth centres to provide referrals, host mobile clinic days, or provide basic contraceptive and harm reduction services as a way to strengthen outreach to young people and scale up access to safe abortion services.

Improving the friendliness of clinical services increasingly means meeting young people where they are: in schools, at youth centres, in informal youth networks, with mobile clinics and peer outreach. Integrating abortion information and services into existing youth programmes and outreach may frequently prove easier than integrating youth outreach into abortion services.

Increasing staff commitment

Staff commitment to young women's rights to health information and services can be a key predictor for the success of an abortion service for young women. IPPF Member Associations across the Federation are applying different strategies for building staff commitment, including values clarification and human rights trainings, developing position statements and clear policies, and working with broader advocacy coalitions.

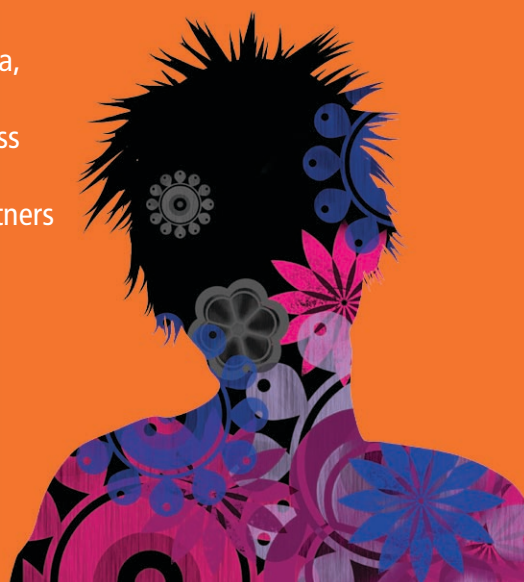
Focusing on confidentiality and autonomy

In places where the law and prevailing social attitudes towards abortion services are not supportive, some organizations may choose to focus on young people's autonomy and need for confidentiality. *Sexual Rights: an IPPF Declaration* states clearly that all people, including young people, have the right to autonomously and freely decide on matters concerning their sexual and reproductive health, and the right to privacy regarding those decisions.^{vi}

The protection of the right to privacy is closely related to health professionals' duty to protect doctor-patient privilege with regards to all things they have seen, heard, understood or suspected in the context of their work. This is particularly important since the fear that certain information about a client might be made public will likely discourage her from seeking the medical attention that she needs. The protection of patients' privacy and the effectiveness of the doctor-patient privilege are particularly important for young people who, when fearful that information will be provided to their parents, guardians or others may delay making timely decisions about their sexual and reproductive health or may decide not to access health services entirely. These untimely decisions or those made without adequate



In Mexico City, a broad coalition of organizations, called La Alianza, worked together to change the city's laws around women's access to abortion. After their success in liberalizing the law, La Alianza worked with partners on provider trainings, empowering providers at MEXFAM and other clinics to be both health professionals and rights activists.



information, particularly in this context, can have grave consequences for a client's well-being. Within the human rights framework, people, including young people, have a right to confidentiality regarding health services, medical records and, in general, any information concerning their health status, including their HIV status, or any decisions they make with regard to their sexual and reproductive health. Building on existing training and resources devoted to the evolving capacity of the child, providers can focus on providing the support and the enabling environment that young people need.

Part of that enabling environment requires the service provider to understand the full extent of the legal requirements governing access to SRH services, including safe abortion, for the young people in their care. All too frequently, the lack of specific policy or legislation on young people's access to services is interpreted by service providers as restricting their access. Some organizations have taken another path, consulting with local legal advisors to understand where law and policy create opportunities which can be used to promote young people's autonomy and ensure their access to health.

CASE STUDY: HARM REDUCTION



In a consulting room at the clinic, a doctor is talking to a young woman who is six weeks pregnant. It was unplanned, and the client is considering termination, though she hasn't yet made a final decision. "It should be your own decision," the doctor says. "That's the most important thing." She outlines the options: having the child, doing so and giving it up for adoption, or termination. To do that safely – though still illegally – she would either need to find a willing doctor, or take a certain drug that is used in countries where abortion is legal.

She asks if the woman knows the name of the drug – she does – and whether she knows how to take it. The woman suggests taking three pills and putting two in her vagina; the doctor says this is not what the World Health Organization recommends. Staff members are not allowed, by law, to write down details of how to obtain and take the misoprostol pills. Instead, the doctor verbally explains the correct way to use the drug as recommended by health experts. She cannot name places where it is available, but is able to suggest that small, independent pharmacies, or women in her community would be good places to try.

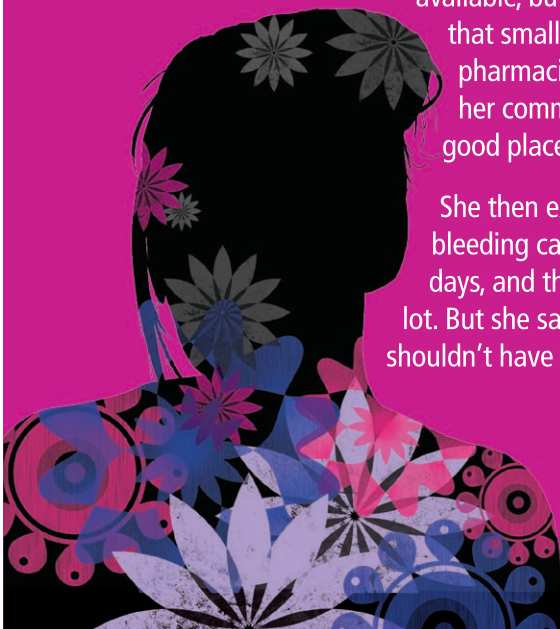
She then explains that bleeding can go on for several days, and there may be a lot. But she says the woman shouldn't have a haemorrhage

– a continuous flow that lasts an hour or more – and should go straight to the maternity hospital, where she will be looked after, if she does. Crucially, she says, the woman must come back to the clinic eight to ten days after taking the pills for a follow-up appointment and to check that the termination is complete.

"That's very important, to see if you managed to terminate and if you managed to release all the contents," she explains. If there is any material left the clinic can remove it, completely legally. If anything remains and is not identified with a scan, the woman runs the risk of infection.

"You have a couple of weeks to think about this," the doctor says. "Remember that nobody is exerting pressure on you. You make the best decision for you."

During the appointment, the client explains that she had thought she might have a baby when she was about 30, but at the moment is keen to go to university. After the consultation is over, she says she came to the clinic after several recommendations, and is impressed by the service. "I have been very well looked after compared to other facilities," she says. "The care is the best part. They have given me all the information." Now she must make her own decision. "I would like to have a baby because it's something that belongs to me, it's mine," she says. "But I also have other expectations for the future."



Harm reduction model

In some legally-restrictive settings, a harm reduction model can use existing legal recognition of the right to information, confidentiality and autonomy to inform young women about their options, including access to medical abortion. The term ‘harm reduction’ refers to public health interventions that seek to reduce the dangers and risks associated with a particular activity, like unsafe abortion, rather than prohibit the activity itself. In general terms, the harm reduction model ensures respect for the right to information, the right to health and the concept of autonomy. Women obtain the information they need to make informed decisions and adequately manage their own health. The model also mobilizes health professionals, converting them into guarantors of rights and agents of social change.

Pioneered by Iniciativas Sanitarias in Uruguay, the harm reduction model to prevent unsafe abortion focuses on the before and the after of an abortion – counselling before to discuss options, health risks of the most unsafe practices and safer practices like medical abortion, and the legal context; and post-abortion care services afterwards focusing on prevention of complications and contraceptive counselling. It is grounded in the idea that even if the abortion is illegal, women who contemplate terminating their pregnancy should have access to a pre-consultation and a post-consultation with an interdisciplinary health team that provide clients with comprehensive and humanizing care. Under these circumstances, health professionals clearly have a responsibility to reduce the risks and harms associated with unsafe abortion by providing information and counselling.

Because post-abortion care is legal in all contexts, organizations operating in countries where abortion itself is restricted can still encourage women and young women who are considering terminating a pregnancy on their own to follow up with clinic visits to ensure their health and safety, whatever their choice. IPPF Member Associations have taken up the model, increasing women’s access to health through a focus on their rights to information, health and autonomy.

Understanding consent laws

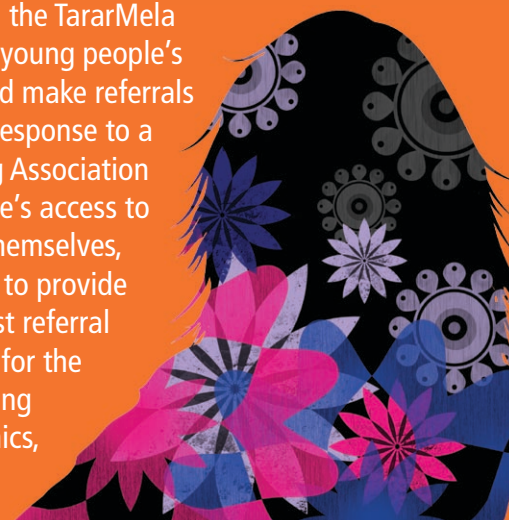
Clinics can serve young people better by becoming familiar enough with the laws relating to age of consent to know where there is more or less flexibility for their clients. Where allowed by law, some organizations have a team of health professionals who can consent in the place of parents. IPAS, an international partner organization, has used the ‘principle of capability’ to help guide their approach to young people’s rights to consent to health services. Simply put, the principle states that “young people who understand that they need to protect their reproductive health, and who request reproductive health services to that end, can be considered capable of receiving reproductive health counselling and services without parental oversight.”^{vii} In the Africa region, the principle of capability is being mainstreamed into Ipas’ youth services, including abortion services, in order to reduce delays and complications for young clients.

Peer promotion

Working with peer educators and outreach workers has been driving the use of services for young women in Kenya, Ghana, and Bangladesh. Young people can serve as the first point of contact for each other, helping each other find the services and information they need when they need it. In Zambia, Nepal, Kenya, Ghana, Burkina Faso, Bangladesh and many other countries, young people’s first point of entry to IPPF clinics is often through peer referral. The Family Health Organisation of Kenya (FHOK) has developed a youth referral voucher system, where peer educators carry coupons that they can give to the young women they meet who are in need of services, allowing FHOK to track how many of the young women follow up with clinic visits. The peer promoter model from Kenya has been taken up as well in Ghana, and peer referrals frequently drive traffic at youth-friendly clinics across the Federation. IPPF Member Associations use on-going values clarification exercises and language trainings in order to empower youth outreach workers to provide accurate information on abortion.



In Bangladesh, youth counsellors in the TararMela youth centres are trained to assess young people’s clinical needs, provide condoms, and make referrals to youth-friendly service clinics. In response to a survey of users, the Family Planning Association of Bangladesh has sought to expand young people’s access to services and service providers in the TararMelas themselves, through clinic days, empowering peer counsellors to provide health counselling and contraception, and a robust referral system. The youth counsellors are an integral link for the young people visiting the youth centres and availing sexual and reproductive health services in the clinics, including menstrual regulation services.



“Talking to peers about menstrual regulation services requires more than just information about the service itself; it requires communication skills and confidence, both of which must be addressed in any training for peer educators or attempts to integrate abortion into peer education programmes.”

Bangladesh Programme Supervisor

Applying a ‘buddy system’

Though Association XY, in Bosnia, does not provide abortion services at their clinics, they do provide pre- and post-abortion counselling and have added a new element to this service: in person referral support. Association XY staff accompany clients who would like the support to partner clinics, where they can be the young person’s friend, advisor and advocate. In Bangladesh, youth counsellors from the TararMelas (youth centres) frequently accompany their referral clients to the health clinics as well. In Mexico City, combining a referral ‘buddy system’ with a complete understanding of consent requirements has opened the doors for services for young women who prefer to have an adult who is not their parent accompany them for any clinical procedures.

Advocacy by example

In contexts with more liberal laws but poor implementation, IPPF Member Associations can work directly with the government and other partners to lead by example on the provision of youth-friendly abortion services. Inviting government officials, public service providers, and others to visit and tour model clinics, as well as using strong providers as a resource for wider training and advocacy, can help public uptake of youth-friendly service models. Even in countries with more restrictive legal frameworks, demonstrating the use and effectiveness of services first-hand can help develop stronger partnerships with Ministries of Health and other key partners.

Social media and mobile outreach

Increasingly, organizations are using mobile phones and social media to bolster their peer outreach. As mobile and web penetration grows globally, reaching young people with information about services increasingly means reaching them on the phone or via social media like Facebook and Twitter. Several IPPF Member Associations are either running or partnering with other initiatives to run counselling or question and answer hotlines, or to place youth-friendly abortion and SRH information online. The Family Health Association of Kenya runs an SMS line specifically devoted to answering young people’s questions about abortion, while other Member Associations have partnered with radio stations or HIV hotlines to reach more young people with SRH information.



In China, IPPF ally MSI has been working to promote government uptake of youth-friendly services, including comprehensive abortion care, by working directly with local government. In the past decade, between 5,000 and 10,000 government officials have visited MSI clinics across the country, creating a huge corps of supporters at all levels of government and promoting cross-sector cooperation and learning.



Take action

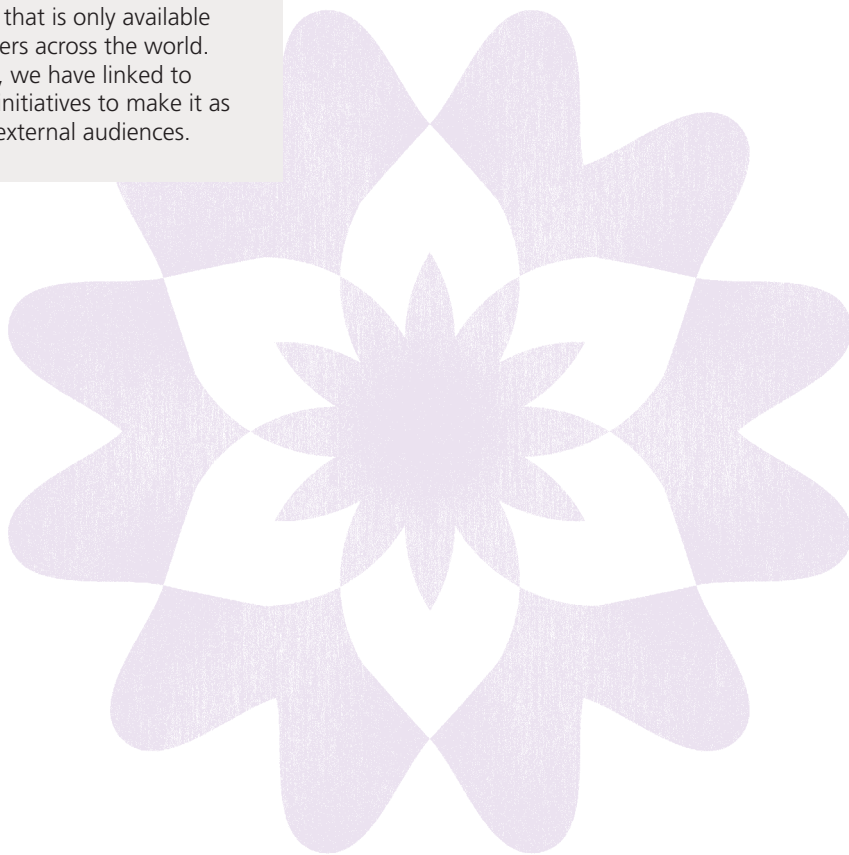
The hope is that this document is a useful resource and an inspiration for all those who want to support increased access to abortion services for young women.

This section presents recommended actions for four groups of 'key implementers' – Member Associations, Regional Offices, Central Office and young volunteers – to overcome the unique barriers faced by young women in accessing abortion services. External organizations can also draw inspiration from this section, depending upon the level at which they work. The four areas for action are:

- Institutional policy and strengthening
- Youth-friendly SRH provision
- Information, education and communication
- Advocacy



The 'Take Action' section of the document is meant to be continuously updated and enhanced based on the experiences of those who are doing work on youth and abortion. Originally intended for an IPPF-only audience, this document 'lives' on an internal communication platform that is only available for IPPF staff and volunteers across the world. However, where possible, we have linked to relevant documents and initiatives to make it as accessible as possible to external audiences.



Recommended actions: Institutional policy and strengthening








Young people	Member Associations	Regional Office	Central Office
<p>Strengthen youth networks at the regional and national levels to ensure that communication is streamlined and coherent strategies are in place</p> <p> Resource: Youth-led Organizations and SRHR (Youth Coalition)</p>	<p>Strengthen youth networks at the regional and national levels to ensure that communication is streamlined and coherent strategies are in place</p> <p> Resource: Youth-led Organizations and SRHR (Youth Coalition)</p>	<p>Strengthen youth networks at the regional and national levels to ensure that communication is streamlined and coherent strategies are in place</p> <p> Resource: Youth-led Organizations and SRHR (Youth Coalition)</p>	<p>Strengthen youth networks at the regional and national levels to ensure that communication is streamlined and coherent strategies are in place</p> <p> Resource: Youth-led Organizations and SRHR (Youth Coalition)</p>
<p>Connect up your regional network with MYX, the global IPPF youth network, to ensure access to the most up-to-date resources, information and news</p>	<p>Connect up your regional network with MYX, the global IPPF youth network, to ensure access to the most up-to-date resources, information and news</p>	<p>Connect up your regional network with MYX, the global IPPF youth network, to ensure access to the most up-to-date resources, information and news</p>	<p>Maintain and update MYX, the global IPPF youth network, to ensure access to the most up-to-date resources, information and news</p>
<p>Adopt a statement for the national and regional youth network that articulates its pro-choice stance</p>	<p>Adopt, implement and monitor recruitment policies and procedures that ensure all staff and volunteers are aligned with IPPF's values and mission regarding abortion</p>	<p>Adopt, implement and monitor recruitment policies and procedures that ensure all staff and volunteers are aligned with IPPF's values and mission regarding abortion</p>	<p>Adopt, implement and monitor recruitment policies and procedures that ensure all staff and volunteers are aligned with IPPF's values and mission regarding abortion</p>
	<p>Draft a clear, concise statement that articulates the MA's position and role in the area of abortion, including in relation to youth, that is shared with all staff and volunteers; ensure that such a policy includes mention of the rights of young women living with HIV who seek abortion services</p>	<p>Work with the Regional Board of Directors and MA Executive Directors to sensitize them on abortion and youth</p> <p> Resource: Ipas training manuals</p>	<p>Work with ROs, MAs and youth networks to identify opportunities for learning and programme development on abortion and youth</p>
	<p>Adopt, implement and monitor a clear policy on user-fee exemption for abortion services that is posted in all service delivery points</p>	<p>Provide technical guidance for MAs on developing, implementing and monitoring policies related to parental consent, conscientious objection, user-fee exemptions, child protection and confidentiality</p>	<p>Provide technical guidance for MAs on developing, implementing and monitoring policies related to parental consent, conscientious objection, user-fee exemptions, child protection and confidentiality</p>
	<p>Adopt, implement and monitor a confidentiality policy that is displayed in all clinic waiting rooms, MA offices; ensure that it explicitly states that such policy extends to young clients too</p>		
	<p>Ensure compliance with the IPPF child protection policy by adopting, implementing and monitoring such a policy at the MA level</p> <p> Resource: IPPF Child Protection Policy and Guidance</p>		

Recommended actions: Institutional policy and strengthening




Young people	Member Associations	Regional Office	Central Office
	Institute a protection scheme for health professionals to ensure that they feel comfortable and protected by the MA in providing abortion services to young women in a manner that does not jeopardize their lives or livelihoods		
	Adopt, implement and monitor a clear policy on conscientious objection with young women's rights at the heart of it		
	Adopt, implement and monitor a policy that facilitates young women's access to abortion, including to medical abortion in cases where parental consent is mandatory for surgical abortion		
Conduct values clarification training for all young volunteers and peer educators to ensure all support a woman's right to choose to terminate a pregnancy and commitment to the MA's provision of abortion-related services for all, and in particular to young people	Conduct values clarification training with all MA management, volunteers and staff, including clinic staff, to ensure all support a woman's right to choose to terminate an unwanted pregnancy and commitment to the MA's provision of abortion-related services for all, and in particular to young people	Provide support to MAs in the development of abortion-related trainings	Disseminate the IPPF Abortion Policy and the Abortion Strategic Action Plan (ASAP)
Hold MA accountable to ensure compliance with IPPF policies on young people, including on young people in governance and young people's access to service	Ensure compliance with the IPPF policy that 20 per cent of each MA's governing board is comprised of people under the age of 25	Ensure compliance with the IPPF policy that 20 per cent of each Region's governing board is comprised of people under the age of 25	Ensure compliance with the IPPF policy that 20 per cent the Federation's governing board is comprised of people under the age of 25






Recommended actions: Youth-friendly sexual and reproductive health service provision

Young people	Member Associations	Regional Office	Central Office
<p>Conduct exit interviews with young clients at the MA's service delivery points and provide feedback to the MA on ways to improve the youth-friendliness of all services, including abortion</p> <p> Resource: <u>Your Comments Count! (IPPF WHR)</u></p>	<p>Engage young people in planning, implementation and evaluation of service delivery programmes</p> <p> Resource: <u>Participate: The Voice of Young People in Programmes and Policies</u> <u>Explore: Toolkit for involving young people as researchers in sexual and reproductive health programmes</u></p>	<p>Provide technical guidance and support to MAs on engaging young people in programmes and service provision</p>	<p>Provide technical guidance and tools for engaging young people in programmes and service delivery</p>
<p>Implement an assessment with young people of the youth-friendliness of the MA's clinics</p> <p> Resource: <u>Provide: Strengthening Youth-friendly Services (IPPF)</u> <u>Clinic Assessment of Youth-Friendly Services: A Tool for Improving Reproductive Health Services for Youth (Pathfinder)</u></p>	<p>Ensure that 100 per cent of health professionals in the MA receive regular training on the provision of youth-friendly services, including abortion and sexual rights, and engaging young people in trainings and implementation</p> <p> Resource: <u>Abortion Care for Young Women: A Training Toolkit (Ipas)</u> <u>Keys to youth-friendly services (IPPF)</u></p>	<p>Ensure that MAs are supported to provide youth-friendly services, including abortion services, from a rights-based perspective. Identify tools and best practices for engaging young people in service delivery</p> <p> Resource: <u>Youth Peer Provider Program Replication Manual (PPG)</u></p>	<p>Update and disseminate <i>Provide</i>, a youth-friendly self-assessment tool for MAs, and incorporate further checklists on sexual rights and abortion</p>
<p>Ensure that all peer educators and IPPF youth are aware of what abortion services are offered at the MA, including the costs and at which clinics they are provided</p>	<p>Conduct values clarification on abortion, including sessions on young women, with health professionals and other clinical staff members who come into contact with young clients</p> <p> Resource: <u>Abortion Care for Young Women: A Training Toolkit (Ipas)</u> <u>Abortion attitude transformation: A values clarification toolkit for global audiences (Ipas)</u></p>	<p>Ensure a specific focus on abortion services for young women into all funding proposals for the Adolescent and Abortion 'A's</p>	<p>Ensure a specific focus on abortion services for young women into all funding proposals for the Adolescent and Abortion 'A's</p>
<p>Work with MAs and other youth organizations on youth-led SRHR advocacy initiatives to improve young women's access to SRH services, including safe abortion</p> <p> Resource: <u>Want to Change the World? Here's How: Young People as Advocates Toolkit (IPPF)</u></p>	<p>Become familiar with the national laws and regulations on abortion. In contexts where abortion is only permitted under certain restricted circumstances, implement abortion services using a progressive interpretation of these circumstances</p>	<p>Provide technical guidance and support on understanding and interpreting national laws and policies on abortion</p>	

Recommended actions: Youth-friendly sexual and reproductive health service provision

Young people	Member Associations	Regional Office	Central Office
	Ensure that young women receiving pregnancy test results do so in the context of counselling to give them the opportunity to ask questions and learn about their options; if this is not possible, ensure that young women receive an invitation to counselling with their pregnancy test results from the laboratory	Provide technical guidance to MAs on the implementation of the IPPF Integrated Package of Essential Services (IPES), including abortion services	Provide technical guidance to MAs on the implementation of the IPPF Integrated Package of Essential Services (IPES), including abortion services
Ensure that young people are aware of the referral networks and partners working with the MA	Develop and monitor the effectiveness of referral networks for abortion services		
	Develop alliances with other NGOs and youth organizations who can support young women's access to abortion services, particularly those who cannot afford the services  Resource: Fondo Maria		
	Explore the use of ehealth to increase access to safe abortion services for young people		
	Develop, implement and monitor service delivery protocols that are rights-based, take into account the medical history and capacity of each individual client, and follow the latest WHO technical guidelines on the provision of safe abortion  Resource: Safe abortion: technical and policy guidance for health systems. WHO Guidelines. 2nd edition		
	Implement the abortion harm reduction model in legally restrictive settings  Resource: Maternal Mortality, Unsafe Abortion and the Harm Reduction Model: The Legal Platform (Women's Link Worldwide)		







Recommended actions: Information, education and communication

Young people	Member Associations	Regional Office	Central Office
Ensure that all peer education training programmes include comprehensive information and values clarification on abortion	Explore the possibility of integrating the harm reduction model into peer education programmes at the MA	Monitor the extent to which sexuality education curricula in the region include abortion as a topic	Provide technical support and guidance on integrating safe abortion into sexuality education programmes and curricula
Utilize the MYX online comprehensive sexuality education game's module on 'Pregnancy Options' and other resources to do interactive training with young people	Implement a waiting room informational strategy utilizing videos or games to provide young people and their parents/guardians with information on abortion  Resource: Girls Decide video – Argentina (IPPF)	Support and engage regional youth networks to create new and dynamic IEC tools on a variety of topics related to abortion	Develop and disseminate educational tools and materials for supporting young women's rights to services, including safe abortion, with regional youth networks via MYX platforms
Develop informational materials for young people in the local language on a variety of topics related to abortion: safe/unsafe methods, confidentiality, autonomy, decision-making	Ensure that informational material on abortion is available in all clinic waiting rooms	Provide technical support and guidance on messaging for informational materials on youth and abortion  Resource: IEC messaging toolkit for youth programmes (IPPF)	Provide technical support and guidance on messaging for informational materials on youth and abortion  Resource: IEC messaging toolkit for youth programmes (IPPF)
Engage with student groups at colleges and medical schools to support integration of abortion into curricula	Link to educational institutions, such as college and medical schools, to develop the capacities of future health professionals	Link with international and regional student and professional organizations (Internal Federation of Medical Students Association, FIGO, etc) to develop tools and best practice on integrating abortion into health professionals education and training	Link with international and regional student and professional organizations (Internal Federation of Medical Students Association, FIGO, etc) to develop tools and best practice on integrating abortion into health professionals education and training
	Explore using innovative strategies such as hotlines, mobile and web-based platforms to provide information on abortion in a quick and anonymous way	Explore using innovative strategies such as hotlines, mobile and web-based platforms to provide information on abortion in a quick and anonymous way	Explore using innovative strategies such as hotlines, mobile and web-based platforms to provide information on abortion in a quick and anonymous way
	Ensure that abortion services are advertised and promoted in a manner that makes young people feel welcomed		
	Ensure that abortion services are advertised as part of the package of clinical services available for young women in places where young people access information, including through social media, radio, and youth centres		

Recommended actions: Advocacy

Young people	Member Associations	Regional Office	Central Office
<p>Start a campaign on access to safe abortion for young women in your region or community</p> <p> Resource: Want to Change the World? Here's How: Young People as Advocates Toolkit (IPPF)</p>	<p>Support the training of youth networks and young leaders on advocacy on abortion using innovative technologies such as webinars</p> <p> Resource: Want to Change the World? Here's How: Young People as Advocates Toolkit (IPPF)</p>	<p>Support the training of youth networks and young leaders on advocacy on abortion using innovative technologies such as webinars</p> <p> Resource: Want to Change the World? Here's How: Young People as Advocates Toolkit (IPPF)</p>	<p>Support the training of youth networks and young leaders on advocacy on abortion using innovative technologies such as webinars</p> <p> Resource: Want to Change the World? Here's How: Young People as Advocates Toolkit (IPPF)</p>
<p>Conduct a survey amongst young people to gather their opinion on what the biggest barrier to accessing safe abortion services is for young women; use this as the basis for developing an advocacy plan</p> <p> Resources: Want to Change the World? Here's How: Young People as Advocates Toolkit (IPPF) Explore: Toolkit for involving young people as researchers in sexual and reproductive health programmes</p>	<p>Advocate for the removal of legal barriers to young women's access to abortion, particularly age of consent laws and parental consent laws</p> <p> Resource: Right to Decide series (IPPF) When Abortion is a Crime (Ipas)</p>	<p>In participating in the Universal Periodic Review process, select a specific focus on abortion laws in countries where this is a leading cause of maternal mortality amongst adolescents</p> <p> Resource: Sexual Rights and the Universal Periodic Review: A toolkit for advocates (IPPF)</p>	<p>Support and conduct research and advocacy on reducing the barriers to accessing safe abortion services amongst young people</p> <p> Resource: Freedom of Choice: A Youth Activist's Guide to Safe Abortion Advocacy 2nd Edition</p>
	<p>Ensure that young people – and particularly young women – are involved in any advocacy efforts to increase access to safe abortion services</p>	<p>Ensure that young people – and particularly young women – are involved in any advocacy efforts to increase access to safe abortion services</p>	<p>Ensure that young people – and particularly young women – are involved in any advocacy efforts to increase access to safe abortion services</p>
<p>Get involved in the annual International Day of Action for the Decriminalization of Abortion on September 28. Use social media and plan events to raise awareness around the issue of unsafe abortion</p> <p> Resource: Campaign website</p>	<p>Plan activities and action to mark the International Day of Action for the Decriminalization of Abortion on September 28. Coordinate with youth networks to gain support for activities</p> <p> Resource: Campaign website</p>	<p>Encourage and support MA involvement in the International Day of Action for the Decriminalization of Abortion on September 28, and disseminate strategies and plans being used by MAs across the region, and the Federation, to provide ideas for action</p> <p> Resource: Campaign website</p>	<p>Encourage and support MA involvement in the International Day of Action for the Decriminalization of Abortion on September 28, and disseminate strategies and plans being used by MAs across the region, and the Federation, to provide ideas for action</p> <p> Resource: Campaign website</p>
<p>Partner with pro-choice youth groups</p>	<p>Partner with pro-choice legal professionals who can assist the MA with advocacy for legal reform in the area of abortion and SRHR</p>		<p>Establish partnerships with organizations specializing in legal advocacy work in order to build IPPF's capacity in this area at the CO, RO and MA levels</p>

Recommended actions: Advocacy

Young people	Member Associations	Regional Office	Central Office
	Advocate for the translation of laws into concrete standards, protocols and guidelines for health professionals and conduct training to ensure consistent application across the MAs' service delivery points		Utilize the findings of the qualitative research on legal barriers to young people's access to sexual to advocate for legal reform and establish IPPF as a leader in the field of adolescent SRHR advocacy
		Roll-out the Guttmacher-IPPF indicators tool with a training workshop on its uses for advocacy on adolescent SRHR and abortion in the regions and at select MAs  Resource: Demystifying Data (IPPF, Guttmacher)	Roll-out the Guttmacher-IPPF indicators tool with a training workshop on its uses for advocacy on adolescent SRHR and abortion in the regions and at select MAs  Resource: Demystifying Data (IPPF, Guttmacher)
Work with MAs and other in-country advocacy organizations on engaging with the Universal Periodic Review process to ensure a strong focus on the effects of restrictive laws on young people's health and well-being  Resource: Sexual Rights and the Universal Periodic Review: A toolkit for advocates (IPPF)	In participating in the Universal Periodic Review process, engage young advocates to talk about the effects of restrictive laws and policies on their health and well-being  Resource: Sexual Rights and the Universal Periodic Review: A toolkit for advocates (IPPF)	In participating in the Universal Periodic Review process, engage young advocates to talk about the effects of restrictive laws and policies on their health and well-being  Resource: Sexual Rights and the Universal Periodic Review: A toolkit for advocates (IPPF)	In participating in the Universal Periodic Review process, engage young advocates to talk about the effects of restrictive laws and policies on their health and well-being  Resource: Sexual Rights and the Universal Periodic Review: A toolkit for advocates (IPPF)



Appendix 1: Key statistics and resources for health arguments

- **Globally, the estimated number of unsafe abortions has increased from 19.7 million to 21.6 million between 2003 and 2008.** (WHO. 2011. *Unsafe abortion: Global and regional estimate of the incidence of unsafe abortion and associated mortality in 2008*, 6th edition Geneva: WHO.)
 - **Young women under the age of 24 account for 40 per cent of unsafe abortions annually.** (IPPF. 2010. *I Decide: Young women's journeys to seek abortion care*. London: IPPF.)
 - **Young women aged 15 to 19 are estimated to have 2.5 million of the approximately 19 million unsafe abortions that occur annually in the developing world.** (Guttmacher Institute and IPPF. 2010. *Facts on the Sexual and Reproductive Health of Adolescent Women in the Developing World*. New York: Guttmacher Institute.)
 - **In Sub-Saharan Africa, over 60 per cent of unsafe abortions are among women younger than 25 years.** (Greene, Margaret E., Laura Cardinal and Eve Goldstein-Siegel. 2010. *Girls Speak: A New Voice in Global Development*. Washington DC: International Center for Research on Women.)
 - **Worldwide, young women under the age of 20 make up 70 per cent of all hospitalizations resulting from unsafe abortion complications.** (Plan. 2007. *Because I am a Girl: The State of the World's Girls 2007*. London: Plan.)
 - **Approximately 47,000 women per year die from unsafe abortion complications, an estimated 13 per cent of maternal deaths.** (WHO. 2011. *Unsafe abortion: Global and regional estimate of the incidence of unsafe abortion and associated mortality in 2008*, 6th edition Geneva: WHO.)
 - **In 2003, young women accounted for approximately 45 per cent of the estimated unsafe abortion-related deaths.** (WHO. 2007. *Unsafe abortion: Global and regional estimate of the incidence of unsafe abortion and associated mortality in 2003*, 5th edition Geneva: WHO.)
 - **Death from safe abortion is one of the five main contributors to maternal mortality globally.** (WHO 2012. *Maternal Mortality Fact Sheet*. Geneva: WHO. Available at: www.who.int/mediacentre/factsheets/fs348/en/)
 - **For men, there is no cause of death and disability of a magnitude comparable to maternal mortality and morbidity.** (United Nations. 2010. *Report of the Office of the United Nations High Commissioner for Human Rights on preventable maternal mortality and morbidity and human rights*. Geneva: United Nations.)
 - **Over 95 per cent of abortions performed in Africa and Latin America are done so under unsafe circumstances.** (Guttmacher Institute, Facts on Induced Abortion Worldwide, 1338-45; According to its 2012 study, the Guttmacher Institute found that 97 per cent of all abortions were unsafe in Africa. G Sedgh et al., Guttmacher Institute, Induced Abortion: Incidence and Trends Worldwide from 1995 to 2008, 5; See also Guttmacher Institute, Facts on Abortion in Latin America and the Caribbean, IN BRIEF (2012), available at: www.guttmacher.org/pubs/IB_AWW-Latin-America.pdf)
 - **There has been a plateau in contraceptive uptake worldwide since 2000. 222 million women wanting to avoid pregnancy did not have access to or are not using an effective method of contraception: 58 million women have an unmet need in Africa, 140 million in Asia and 23 million in Latin America and the Caribbean.** (Guttmacher Institute, Adding it Up: The Costs and Benefits of Contraceptive Services 4 June 2012.)
 - **Countries that liberalized their abortion laws experienced an 83 to 100 per cent decrease in abortion-related mortality rates.** (Singh K and SS Ratnam. 1998. The influence of abortion legislation on maternal mortality. *International Journal of Gynecology and Obstetrics* 63 suppl 1: S123-S129.)
- Most useful online resources for the health argument**
- Ipas, **Abortion care for young women: A training toolkit:** www.ipas.org/~media/Files/Ipas%20Publications/ACYTKE11.ashx
 - Guttmacher, **Facts on Abortion in Latin America and the Caribbean:** www.guttmacher.org/pubs/IB_AWW-Latin-America.pdf
 - Guttmacher, **Facts on Abortion in Africa:** www.guttmacher.org/pubs/IB_AWW-Africa.pdf
 - Women's Link and IPPF/WHO **Maternal Mortality, Unsafe Abortion and the Harm Reduction Model:** www.womenslinkworldwide.org/wlw/new.php?modo=detalle_proyectos&dc=63
 - WHO, **Unsafe abortion: Global and regional estimates of the incidence of unsafe abortion and associated mortality in 2008:** www.who.int/reproductivehealth/publications/unsafe_abortion/9789241501118/en/

Appendix 2: Online resources for the rights argument

Most useful online resources for the rights argument

- Women's Link and IPPF/WHO, **Maternal Mortality, Unsafe Abortion and the Harm Reduction Model:** www.womenslinkworldwide.org/wlw/new.php?modo=detalle_proyectos&dc=63
- IPPF, **Exclaim! Young people's guide to Sexual Rights: an IPPF Declaration:** <http://ippf.org/resource/Exclaim-Young-Peoples-Guide-Sexual-Rights-IPPF-declaration>
- IPPF, **MYX website for young people:** <http://myx.ippf.org>
- IPPF, **Keys to youth-friendly services:** www.ippf.org/resources/publications/Keys-youth-friendly-services
- Youth Coalition, **Freedom of Choice: A young activist's guide to safe abortion advocacy:** www.youthcoalition.org/html/index.php?id_art=224&id_cat=7
- Center for Reproductive Rights, **Bringing Rights to Bear: Abortion and Human Rights:** http://reproductiverights.org/sites/crr.civicaactions.net/files/documents/BRB_abortion_hr_revised_3.09_WEB.PDF
- Center for Reproductive Rights, **Bringing Rights to Bear: An Advocate's guide to the work of UN monitoring bodies on reproductive and sexual rights:** http://reproductiverights.org/sites/crr.civicaactions.net/files/documents/pub_bp_BRB.pdf
- UK FPA, **Abortion Rights are Human Rights:** www.fpa.org.uk/sites/default/files/abortion-rights-are-human-rights.pdf

Appendix 3: Guideline development process

Within this appendix are the findings from the five main sources of information included in the development of this document: interviews with external partners; interviews with IPPF youth and abortion staff members; interviews with health professionals; a youth survey and documents relating to WHR's youth and abortion programme. Further information or data can be provided upon request to the Regional or Central Office of IPPF.

External partners

IPPF Central Office staff members interviewed staff members from four external partner organizations working on youth and sexual and reproductive health. All partners were extremely positive about IPPF's initiative and expressed interest in seeing the final youth and abortion guidelines document.

The main, guiding questions addressed in each of the interviews were:

- Can you give an overview of your work on youth and abortion in general?
- In your experience, what are the main differences in providing access to abortion services for young woman/legal minors as opposed to adult women/ those who have reached legal majority?
- Are there some challenges that all young women (under 25) face in accessing abortion? Are there differences for certain groups of women (e.g. rural)?
- For countries where it's legal, what are the main barriers if the law is not one of them?
- What is your take on the stigma that young women face? How does that affect their access to services?
- What are some of the promising practices that your organization has identified (be they country specific or general) in facilitating young women's access to abortion services?
- What successes has your organization had in advocating for young women's rights to abortion? Who did you partner with? How did the process play out?

RECOMMENDATIONS DRAWN FROM THESE INTERVIEWS ARE NUMEROUS; HERE ARE A FEW OF THE MOST INSIGHTFUL AND USEFUL:

Determine what the role of each individual organization (or MA) is in terms of advocating for abortion access. MSI China, for example, 'advocates by example' – in other words, by providing the highest quality youth-friendly services, they believe that they can have a greater influence than they could undertaking other forms of advocacy. They invite government officials to visit their clinics and, in this way, influence how the Ministry of Health provides services to young people.

For young women, integration of abortion services with other SRH services is very important. Having abortion as a stand-alone service does not work when trying to reach young women; it must be packaged with post-abortion care, contraception and education.

Start with or prioritize systemic issues when attempting to increase access to abortion services for young women (for example, M&E, quality of care, client forms). This lays the groundwork for what is to come and, importantly, allows organizations to measure the impact of their work in this area.

Talking to peers about abortion requires more than just information about abortion itself; it requires communication skills and confidence, both of which must be addressed in any training for peer educators or attempts to integrate abortion into peer education programmes

Linkages should be made with work on abortion stigma and lessons learnt from the HIV stigma work.

IPPF Regional Offices

One-on-one interviews were conducted with the Regional Office focal points for youth and abortion, both in person and via Skype. The objective of these interviews was to gather information on which Member Associations are strong on abortion, youth and both and why; the interviewers also sought to gather insight into emerging issues and challenges in each region relating to the provision of abortion services to young women.

The main, guiding questions addressed in each of the interviews were:

- Which Member Associations are strong on youth and abortion, and why?
- What are some of the most important issues being addressed/to be addressed in the region?
- What are some of the lessons learnt that your Regional Office can share with other regions?
- What, in your opinion, is different for young women in terms of accessing abortion services?

Throughout the discussions, Regional Office staff members provided insight into the main challenges or issues facing their region and its MAs. These are grouped into the categories in the below table.

Health professionals

In early 2012, IPPF Central Office developed an interview guide with WHRO for use with health professionals. The intention was that Central Office and Regional Office staff members travelling to Member Associations would build in time to speak with one to two health professionals using the interview guide. In the end, nine interviews were completed with health professionals from seven Member Associations in two different regions (ARO and WHR). Interviews were completed with health professionals in: Belize, Bolivia, Côte d'Ivoire, Ethiopia, Guatemala, Malawi and Zambia. Given the limited geographical scope of the interviews completed, it is difficult to make generalizations from the results of the surveys; however, it is likely that the barriers and issues identified are not unique to these two regions of the world.

From the data collected, it is clear that many providers have a personal commitment to a young woman's right to choose that extends beyond their professional mandate to 'do no harm.' Through their interviews, they shared the various ways that they are helping to facilitate young women's access to abortion services, sometimes within very legally restrictive settings.

Challenges/Issues	
Parental consent and other legal barriers	Few organizations are addressing this comprehensively and even fewer institutional policies exist to provide guidance for health professionals even where laws stipulate what must be done. This translates into confusion amongst health professionals within the same clinic and, often, leads to the denial of services to young people even where parental consent is not required.
Promotion of abortion services	Due to close ties with the government, many organizations fear promoting their abortion services even if they are available. Organizations that do advertise and promote their abortion services often do not do enough to ensure that young women feel welcomed to these services as well. Little targeted promotion is done amongst young, unmarried women.
Cost of abortion services	For many young women, the cost of a safe abortion remains prohibitive. This contributes to many young women delaying their decision to seek abortion services, or instead seek unsafe abortion services that may be more affordable.
Lack of training materials on abortion for youth	Many organizations do not include comprehensive information on abortion in their training programmes for young volunteers, peer educators and advocates. There is a need to develop a model manual for adaptation.
Growing anti-choice movements	Anti-choice movements around are spreading into Europe, Africa and other parts of the world. Organizations need to be prepared to respond to their messages.
Lack of commitment from management	Some believe commitment amongst management to be the single greatest factor contributing to the success of programmes on youth/abortion.
Stigma	A 'double-whammy' of stigma exists for young women seeking abortion services in many contexts: they are stigmatized for being sexually active in the first place and stigmatized again for wanting to terminate an unwanted pregnancy.

Promising practices

Strong leadership and commitment from Member Association management	This promising practice was echoed in almost every interview done with Regional Offices and external partners. It is key to ensuring that Member Association staff and volunteers are committed and on-message. When an Member Association 'comes out' as pro-choice, it may lose staff members initially, but they should not be afraid to do so.
Peer promoter model	Peer promoters in ARO, for example, give out coupons to young women and keep one part of the coupon to return to the clinic for follow-up.
Introduction of medical abortion	This is often a preferable option for young women, who can administer the medication at home if allowed by law. It can also be less expensive in some settings (though not always). Where it is available over-the-counter, it is also easily accessible for young women.
Involvement of young people in clinical service provision and evaluation	Listening to young people's ideas about how to make abortion services more accessible for their peers is crucial. Further, exit surveys with young clients (administered by a peer) can be a useful way to evaluate and improve the quality of services provided.
Operating in restrictive legal contexts	Some organizations have a team of health professionals who can consent in the place of parents where this is allowed.
Harm reduction model	This model, originating from Uruguay's Iniciativas Sanitarias, is appropriate to use in certain legally-restrictive settings where the right to information, confidentiality and autonomy are nevertheless protected.
Existing, strong youth programme	Many staff members interviewed believed this to be a precursor to introducing abortion services for young women. MAs that have existing programmes that make concrete links between information/education and services for young people are primed for introducing abortion services.

Areas for improvement in providing abortion services to young women

- Raising awareness of the availability of abortion services to young women
- Unbiased options counselling for young women
- Referring to other organizations and ensuring follow-up
- Opening clinics at convenient times for young women
- Understanding the law
- Establishing/applying institutional policy in relation to adult involvement in young women's decision-making
- Post-abortion contraception services for young women
- Differentiating abortion services (particularly counselling) for young women

Health professionals also explained to us, from their perspective, what they believe to be the greatest barriers that young women face in accessing abortion services. Every respondent mentioned *stigma* (either on the provider or client side) as being a barrier.

Although there is great work being done across the Federation and the commitment of many health professionals is evident, there is also much work to be done around training on youth-friendly services and clarification of values and attitudes relating to abortion.

Young people

In order to capture information from young people on abortion, IPPF WHR developed an online survey² using fluid surveys with support from IPPF Central Office. The survey was disseminated in English, French and Spanish through IPPF youth networks and was intended for IPPF young volunteers only. The objective of the survey was to understand a) where young people get information on abortion and b) the extent to which abortion is covered in IPPF Member Association trainings for volunteers and peer educators.

In the end, 98 people responded to the survey; however, only 79 were under the age of 25. The respondents came from exactly 60 countries around the world, with representation from every IPPF region. Sixty-four per cent of the respondents were female, and 81 per cent of respondents were youth volunteers, board volunteers, peer educators or youth leaders in their respective Member Associations whilst others were staff members.

Young respondents felt that they needed more training on a number of topics relating to abortion from their Member Associations – namely, laws, abortion as part of sexuality education, advocacy, values and messaging. In other words, there is a great desire amongst youth volunteers to learn more about abortion to enhance the work that they do with the Member Association.

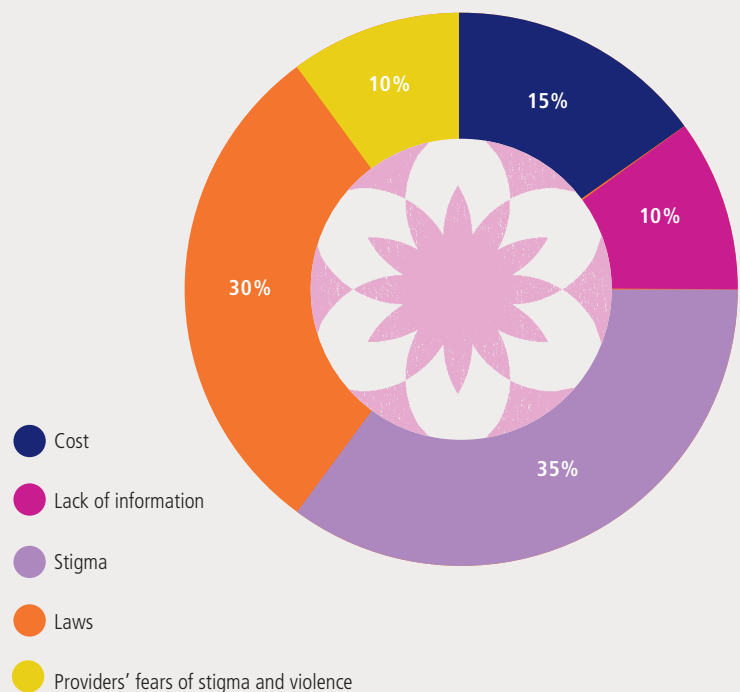
The answers to this question give IPPF a mandate to ensure that comprehensive, pro-choice information is provided to young volunteers, board members, peer educators and advocates upon joining their respective Member Associations.

WHRO experience

Since 2006, through its Regional Safe Abortion Initiative, WHR has worked with its Member Associations to improve access to safe and legal abortion, post-abortion care and harm reduction services through service provision and advocacy in collaboration with key partners in each country. IPPF/WHRO has also long been a leader in providing comprehensive sexuality education (CSE) as well as clinical services tailored to the unique needs of young people. Lessons learned from these experiences shed light on the need for increased youth-friendly abortion-related services as well as the inclusion of abortion in CSE and other educational outreach activities. In response to this need, the initial youth and abortion strategy was designed in 2008 and then revised in 2011 with a goal to contribute to a strengthened youth pro-choice movement and expanded youth access to safe abortion services in the region.

Recent statistics show that just under 50 per cent of the region's abortion services are provided to young people and Member Associations are increasingly including abortion in their CSE outreach. WHR's efforts this year have focused on ensuring that Member Associations make young people aware of the availability of youth-friendly abortion services and that curricula include a rights-based approach to the topic.

Figure 2: Main barriers to young women's access to abortion services



2. Note: In designing this survey, the goal was to gather information about what existing IPPF youth volunteers learn about abortion both outside of their MA and from their MA. Many of these young respondents would be sensitized to abortion issues given their work with IPPF MAs and, therefore, may express more of a pro-choice stance than other young people in any given country.

Appendix 4: Health professionals interview guide

Guidance for interviewers

1. **Who can use it?** This interview guide is designed for use by any IPPF staff member who visits a Member Association clinic between March and 15 September 2012.
2. **Who can be interviewed?** For the purposes of this interview guide, a health professional could be a nurse, midwife or doctor who works in the clinic. Please specify her/his position in the box below before starting the interview.
3. **What is the purpose of conducting these interviews?** The purpose of this questionnaire is to gather the opinions of health professionals on the greatest barriers that young women face in accessing abortion services as well as promising practices that exist for facilitating young women's access at the MA/clinic level. We also want to know what the unique elements that need to be in place when providing abortion services to young women. Additionally, it will help to institutionalize a focus on youth and abortion in monitoring trips across all 'A's.
4. **How will the results be used?** The results will feed into the drafting of a Youth and Abortion strategy for IPPF later this year; we want to ensure that all stakeholders have a voice in the strategy development. Please note that there are no 'right' answers to these questions, and health professionals should be encouraged to speak freely based on their own knowledge, attitudes and practice!
5. **How should I conduct the interview?** Make sure you find a quiet, private space for a one-on-one chat. Clinic managers and other staff members should not be present; it should not be a group interview. The chat should be informal, with the questions below providing you with guidance only (as opposed to being rigidly followed and answered). In the boxes below, there is a main question with guiding questions below it. You may find that once you ask the main question (in bold) the conversation flows freely from there, so there is no need to reference the guiding questions (in italics).
6. **There are two guides, which should I use?** Guide 'A' below should be used when interviewing health professionals in clinics that do provide actual surgical or medical abortion services; Guide 'B' should be used in clinics that do not provide these services. The terms 'abortion services' and 'abortion-related services' have the same meaning as in the IPPF service statistics module. In sum, 'abortion services' refers only to actual surgical and medical abortion, whilst abortion-related refers to everything (including surgical/medical abortion); abortion-related services is a 'catch-all' term.
7. **Will there be confidentiality?** You can reassure each respondent that his/her answers will be kept confidential and will not be shared with their management. There is no need to note the respondents' names, only their job title.
8. **How long will it take?** It is advised that you schedule time to conduct the interviews before you travel and work it into your terms of reference for the trip. It is likely to take approximately 30 minutes with each health professional, but in many cases you could speak for much longer. Let the conversation flow naturally if you have time and, if not, prioritize the first, second and last sections ('The law relating to abortion,' 'Seeking abortion care' and 'General questions').
9. **How do I feedback after my trip?** You can either type up the answers or schedule a phone/Skype call to feedback on the interview. Alternatively, you may wish to record it on a dictaphone and send the file to CO. Do not feel constrained by the spaces provided in this guide – please use another sheet if that is more convenient for you or tab down to create more space in the boxes. Please contact Kat Watson (kawatson@ippf.org) following your trip to send her your interview guide or to schedule a call for feedback.

Name and country of Member Association Clinic location/name Role/job/profession of respondent *Health professional may remain anonymous; no name is required*Date of interview

Interview Guide 'A' – for clinics that provide abortion services

SECTION 1: LAW**How does the law impact on your ability to provide abortion services to young women?***Do you feel that you have a clear understanding of the law and how it relates to your practice? Is there a parental consent law? Does marital status matter? Are young women required to give reasons for accessing abortion? If so, what reasons justify providing abortion in law?***SECTION 2: ACCESS****Please explain the process that a young woman with an unwanted pregnancy from your community must go through in order to seek abortion services at your clinic. Please include details from the time she walks into the clinic until the time she accesses an abortion service. Tell her story, every step of the way.***Encourage the respondent to talk about all the logistics involved in accessing the service, including paperwork, payment, waiting periods, counselling, professionals involved in the clinic setting, parental involvement. These answers will be formulated into case studies, so encourage them to tell a story of a particular client (maintaining confidentiality) if possible.***Does a young woman have to include her parents and/or spouse in the decision to have an abortion?***If so, is that mandated by law or the clinic/MA policy? Can a young woman involve any adult (over 18 or the legal age of majority) as opposed to her parent/guardian?***What are the main barriers that a young woman faces in accessing abortion services in your country/district?***Do young women who try to access abortion services face stigma from the community? If so, how? In what ways? Give examples.***If access to safe, legal abortion is limited in your country, what do you think young pregnant women do?***Do they continue their pregnancies? Do they use unsafe methods? Do they obtain drugs online or from somewhere in the community? What are the consequences of this from your point of view?*

SECTION 3: PROVISION

How does your clinic advertise abortion services for young women?

Where are you advertising? Are the services advertised as confidential? Is your clinic known as a place where young women can access abortion services in the community? If not, why not?

Are young women referred to your clinic for abortion services?

Who or which institutions are referring to your clinic? Check all boxes or highlight those that apply:

- ☐ Public hospitals
- ☐ Partner organizations
- ☐ Other MA clinics
- ☐ Peer educators
- ☐ Private providers
- ☐ Other (please specify)

What type of counselling does a young woman with an unwanted pregnancy go through at your clinic before she can access an abortion service?

Does the young woman have to go to counselling before she can access an abortion? Or can she opt for counselling? Can she see the counsellor alone rather than with the person accompanying her? What options are presented during the counselling and what topics are covered?

What abortion methods do you provide? (E.g. manual vacuum aspiration, medical abortion)

Please list all methods provided.

Do you provide treatment for incomplete abortion at your clinic?

If not, why not? Do other health centres in the community provide it?

If you do not provide medical abortion (misoprostol and mifepristone or misoprostol alone) in your clinic, is it accessible elsewhere?

To your knowledge, is misoprostol/mifepristone easy to access in your country without prescription? What are the channels to get the drugs without a prescription? If so, where? Do you think it is safe? How much does it cost?

Does the clinic have special equipment for the provision of abortion services to young women? If so, what?

When providing surgical abortion, do you use a different pain relief protocol for young women? If so, how is it different?

What extra support, if any, is given to the young woman by you and your team during the procedure?

Please check all that apply and add others as necessary.

- ☐ Counselling by specially trained youth-friendly counsellors
- ☐ Subsidized services
- ☐ Free services
- ☐ Support to involve parents, guardians or other trusted adults in the decision-making process if desired
- ☐ Support to involve friends or peers in the decision-making process if desired
- ☐ Support to be accompanied by a person of their choosing during the procedure (counsellor, friend, parents)
- ☐ Informational materials aimed specifically at young women written in youth-friendly language
- ☐ Other (please specify)

Does your clinic provide a full range of post-abortion contraceptive counselling/services for all abortion clients, including young women?

How does your clinic follow-up with young women who have accessed abortion services at your clinic?

For example, do you provide an appointment, call or home visit depending on the client's choice?

If you refer a young woman to another organization/clinic to access abortion services please explain why referrals are made

What you do to ensure that she receives a quality, youth-friendly service (e.g training for referral partners)? How do you follow-up?

Who/which organizations do you refer to, highlight all that apply in the list below:

- ☐ Public hospitals
- ☐ Partner organizations
- ☐ Other MA clinics
- ☐ Peer educators
- ☐ Private provider
- ☐ Other (please specify)

SECTION 4: TRAINING AND GENERAL

Have you and your team ever received training specifically on the provision of youth-friendly services?

If so, what did it cover? Are there special or 'extra' youth-friendly measures that you think need to be in place for young women accessing abortion services?

What are your main concerns, if any, in providing abortion services to young women?

Are health professionals in danger if they provide abortion services (e.g. from community members opposed to abortion)?

In your opinion, what are the main differences in providing an abortion service to a young woman as compared to an adult woman?

This question is trying to get at the actual provision of the service(s) itself, not the legal barriers. For example, are there extra steps that the health professional takes when providing abortion to a young woman that he/she wouldn't take if it were an adult?

Can you estimate how many young women (under 25) accessed abortion services last month in your clinic? (Please indicate the month)

If the number is low you can ask where the provider thinks young people go instead. Please highlight the number range that applies.

- ☐ 1–3
- ☐ 5–10
- ☐ 10–20
- ☐ 20–50
- ☐ 50+

SECTION 5: GENERAL

Please give the top 3–5 barriers that you think prevent young women from accessing safe abortion services in your context that you would like to see IPPF as an organization address.

What do you think your clinic/MA could do better in facilitating young women's access to abortion services?

You can ask the question in another way: If you had \$50,000 to increase access for young women, how would you use it?

Please give your top 3–5 'promising practices' from your clinic in terms of providing high-quality abortion services for young women that you would like to see in every IPPF clinic across the world.

Thank you very much for helping IPPF to improve the provision of abortion services to young women across the world!

Questionnaire 'B' – for clinics that do **not** provide abortion services

SECTION 1: ACCESS

Please could you explain the reasons your clinic cannot provide abortion services to young women?

What do you do to support a young pregnant woman that walks into your clinic?

Do you provide referrals? To whom? What do you do to ensure that she receives a quality, youth-friendly service (e.g training for referral partners?) and how do you follow up? Do you provide information on safe abortion (a harm reduction approach – the use of misoprostol) and unsafe methods of abortion? Do you offer ante-natal care?

Do you provide treatment for incomplete abortion at your clinic?

If not, why not? Do other health centres in the community provide it? Do you refer to them?

As access to safe, legal abortion is limited in your country/clinic, what do you think young pregnant women do?

Do they continue their pregnancies? Do they use unsafe methods? Do they obtain drugs online or from somewhere in the community? What are the consequences of this from your point of view?

SECTION 2: TRAINING AND GENERAL

Have you and your team ever received training specifically on the provision of youth-friendly services?

If so, what did it cover? Are there special or 'extra' youth-friendly measures that you think need to be in place for young women accessing abortion services?

What are your main concerns, if any, in providing abortion-related services to young women?

Lack of training? Stigma? Threats from community members opposed to abortion?

In your opinion, what are the main differences in providing an abortion-related service to a young woman as compared to an adult woman?

This question is trying to get at the actual provision of the service(s) itself, not the legal barriers. For example, are there extra steps that the health professional takes when providing an abortion related service to a young woman that he/she wouldn't take if it were an adult?

Can you estimate how many young women (under 25) accessed abortion-related services last month? (Please indicate the month)

Please give the top 3–5 barriers that you think prevent young women from accessing safe abortion services in your context that you would like to see the IPPF as an organization address.

What do you think your clinic/MA could do better in facilitating young women's access to abortion services?

You can ask the question in another way: If you had \$50,000 to increase access for young women, how would you use it?

Thank you very much for helping IPPF to improve the provision of abortion services to young women across the world!

Appendix 5: Youth survey questions

1. **How old are you?**
2. **What is your gender?**
 - a. Male
 - b. Female
 - c. Other (Please specify)
3. **Which Member Association (MA) are you affiliated with? (Please choose the name of the country in which your MA is located.)**
4. **What is your role at your MA?**
 - a. Board volunteer
 - b. Community outreach
 - c. Peer educator
 - d. Volunteer
 - e. Staff
 - f. Other (Please specify)
5. **Where have you received information about abortion, other than from your MA? (Please check all that apply.)**
 - a. School
 - b. Healthcare providers
 - c. Family
 - d. Television
 - e. Trainings or workshops
 - f. Friends or peers
 - g. Internet
 - h. Other (Please specify)
 - i. I have never received any information about abortion
6. **At what age(s) did you hear information about abortion in school? (Please check all that apply.)**
 - a. <10
 - b. 10–14
 - c. 15–19
 - d. 20–24
 - e. 25–34
 - f. >34
7. **All together, please estimate how much time was devoted solely to information about abortion:**
 - a. Under 10 minutes
 - b. 10–30 minutes
 - c. 30 minutes–1 hour
 - d. 1 hour–2 hours
 - e. More than 2 hours
8. **What information were you taught about abortion?**

9. **At what age(s) did you hear information about abortion from a healthcare provider? (Please check all that apply.)**
 - a. <10
 - b. 10–14
 - c. 15–19
 - d. 20–24
 - e. 25–34
 - f. >34
10. **All together, please estimate how much time was devoted solely to information about abortion:**
 - a. Under 10 minutes
 - b. 10–30 minutes
 - c. 30 minutes–1 hour
 - d. 1 hour–2 hours
 - e. More than 2 hours
11. **What information were you taught about abortion?**
12. **At what age(s) did you hear information about abortion from a family member? (Please check all that apply.)**
 - a. <10
 - b. 10–14
 - c. 15–19
 - d. 20–24
 - e. 25–34
 - f. >34
13. **How often did you talk about abortion with your family in the last 6 months?**
 - a. Once
 - b. 2–4 times
 - c. More than 4 times
14. **What information were you given about abortion?**
15. **At what age(s) did you hear information about abortion on television? (Please check all that apply.)**
 - a. <10
 - b. 10–14
 - c. 15–19
 - d. 20–24
 - e. 25–34
 - f. >34
16. **All together, please estimate how much time was devoted solely to information about abortion:**
 - a. Under 10 minutes
 - b. 10–30 minutes
 - c. 30 minutes–1 hour
 - d. 1 hour–2 hours
 - e. More than 2 hours
17. **What information was provided about abortion?**
18. **At what age(s) did you hear information about abortion in training or workshops? (Please check all that apply.)**
 - a. <10
 - b. 10–14
 - c. 15–19
 - d. 20–24
 - e. 25–34
 - f. >34

- 19. All together, please estimate how much time was devoted solely to information about abortion:**
- a. Under 10 minutes
 - b. 10–30 minutes
 - c. 30 minutes–1 hour
 - d. 1 hour–2 hours
 - e. More than 2 hours
- 20. What information were you taught about abortion?**
- 21. At what age(s) did you hear information about abortion from friends or peers? (Please check all that apply.)**
- a. <10
 - b. 10–14
 - c. 15–19
 - d. 20–24
 - e. 25–34
 - f. >34
- 22. How often have you talked about abortion with your friends or peers in the last 6 months?**
- a. Once
 - b. 2–4 times
 - c. More than 4 times
- 23. What types of information did you talk about?**
- 24. At what age(s) did you first come across information about abortion on the internet? (Please check all that apply.)**
- a. <10
 - b. 10–14
 - c. 15–19
 - d. 20–24
 - e. 25–34
 - f. >34
- 25. How often have you looked for information or read about abortion on the internet in the past 6 months?**
- a. Once
 - b. 2–4 times
 - c. More than 4 times
- 26. What information was provided about abortion?**
- 27. Did you receive any type of training upon joining your MA?**
- a. Yes
 - b. No
- 28. Have any of the trainings covered abortion?**
- a. Yes
 - b. No
- 29. What information was covered in these trainings or workshops?**
- a. Abortion laws
 - b. Values clarification
 - c. Messaging
 - d. Clinical training on how to provide abortion
 - e. Advocacy
 - f. Harm reduction
 - g. Abortion as part of sexuality education
 - h. Other (Please specify)

30. In your opinion, what further information do you feel was missing from these trainings or workshop that would have been useful for you?

31. Has sexuality education at your MA included abortion as a topic?

- a. Yes
- b. No

32. Is medical or surgical abortion offered as a service at your MA?

- a. Yes
- b. No
- c. I don't know

33. How could the MA improve its abortion-related services to youth?

34. What aspect of abortion do you want more training on?

- a. Abortion laws
- b. Clarifying values
- c. Messaging
- d. Clinical training on how to provide abortion
- e. Abortion as part of sexuality education
- f. Advocacy on abortion
- g. Other (Please specify)

35. Choose the statement that applies to your country:

- a. Abortion is not legal under any circumstances.
- b. Abortion is legal under at least one circumstance.

36. In your opinion, abortion should be legal if:

- a. the pregnancy endangers a woman's physical health?
- b. the pregnancy endangers a woman's mental health?
- c. the pregnancy was a result of rape?
- d. the pregnancy was a result of incest?
- e. the woman is under 18?
- f. the woman can't afford a child financially?
- g. the woman doesn't want a child?
- h. there is severe fetal malformation?
- i. Other (Please specify)

Endnotes

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Who we are

The International Planned Parenthood Federation (IPPF) is a global service provider and a leading advocate of sexual and reproductive health and rights for all. We are a worldwide movement of national organizations working with and for communities and individuals.

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International Planned Parenthood Federation

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