

Reducing Abortion Stigma



Abortion stigma and its toll on young women

Abortion is a very common procedure, and when carried out by a trained provider in line with WHO standards, is extremely safe¹. Yet it continues to be shrouded in stigma, shame and secrecy. Stigma limits people's knowledge of abortion, and is a major barrier to women seeking and accessing safe abortion services and information, even in countries where it is legally available. Stigma affects everyone, including women, families, service providers and whole communities. But young women bear the brunt of abortion stigma, due to taboos around young people's sexuality and deep-rooted beliefs that young women cannot or should not make their own decisions about their bodies.

Fear of being recognized by family and friends when visiting a clinic for an abortion, and fear of being judged by providers, leads many young women to avoid trained health professionals in formal medical settings². Stigma drives abortion underground where it is more likely to be unsafe. More than two-thirds of abortions among adolescents occur in countries where abortion is highly restricted, and in

¹ Guttmacher Institute (2018). 'Abortion Worldwide 2017: Uneven Progress and Unequal Access'.

² Guttmacher Institute (2016). 'Adding it Up: Costs and Benefits of Meeting the Contraceptive Needs of Adolescents'

these cases, women typically obtain unsafe abortions³. Compared with older women, adolescents are less likely to obtain safe abortions⁴. The reinstatement and expansion of the Global Gag Rule in January 2017 has bolstered efforts to silence discussion around abortion, fuel stigma and restrict access to safe abortion services.

IPPF: a leader in reducing abortion stigma



The International Planned Parenthood Federation (IPPF) is at the forefront of efforts to tackle abortion stigma. Enshrined in its Strategic Framework (2016-2022), IPPF is fully committed to a youth-centred approach and the delivery of rights-based sexual and reproductive health services, including safe abortion. With the generous support of the David & Lucile Packard Foundation, we have addressed the stigma surrounding abortion since 2011, with a focus on young people since 2014.

The pioneering initiatives of this project aim to reduce the stigma experienced by young women and to increase access to safe abortion services and information. Projects have been implemented primarily by IPPF Member Associations (MAs) in four countries (Benin, Burkina Faso, India and Pakistan), as well as in a number of other countries through small youth-led grants. The IPPF Secretariat has informed stigma-free messaging with a series of expert tools and resources. Meaningful youth participation ensures that young people's lived experiences are central in all aspects of the project.

The approaches used during this project have proved highly successful. Achievements in this period (2014-2018) include:

- IPPF has developed global guidance, tools and resources on stigma-free messaging around abortion and young people (see box below).
- IPPF has expanded the evidence base on abortion-related stigma, shedding light on the impact of stigma on access to quality abortion services for young women.
- IPPF has developed and shared expertise on how to address abortion-related stigma. The MAs involved in the project increased provision of stigma-free abortion services to young women by 17% between 2014 and 2018.

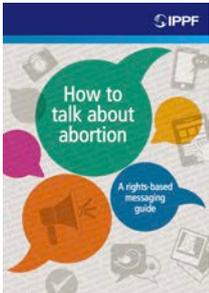
This short document showcases IPPF's key resources, and summarizes effective strategies and learning over a four-year period (2014-2018). It is anticipated that by sharing learning and best practices, IPPF will inform the design and implementation of successful strategies to challenge abortion-related stigma in other countries.

³ Guttmacher Institute (2018). 'Abortion Worldwide 2017: Uneven Progress and Unequal Access'

⁴ *ibid.*

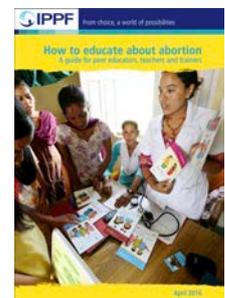
IPPF's Expert Messaging Tools and Resources

IPPF identified a lack of materials to address abortion-related stigma, particularly tools providing tips and practical guidance. MAs expressed a need for support in developing stigma-free messaging on abortion. IPPF Secretariat therefore produced a series of expert tools aimed at informing and shaping positive, rights-based messaging on abortion:



[‘How to talk about abortion: a guide to rights-based messaging’](#) (2015) is designed to help individuals and organizations think about the language and images they use to communicate about abortion. It is accompanied by an engaging two-minute [animated film](#). The messaging guide was updated in August 2018.

[‘How to educate about abortion: a guide for peer educators, teachers and trainers’](#) (2016) provides the rationale for teaching about abortion as well as offering practical support for training sessions and workshops. It is accompanied by a short [animated film](#). The [‘How to educate about abortion - The essentials’](#) is a shorter version of the guide, and includes the most important information.



[‘How to report on abortion: a guide for journalists, editors and media outlets’](#) (2017) aims to encourage reporting of the facts about abortion, including the use of accurate images. The guide features honest portrayals of abortion as part of people’s lives and relationships.

This series of expert tools, resources and short films has positioned IPPF as a global leader in abortion messaging. The resources have been extremely well-received and have helped fill gaps in knowledge about how to combat abortion stigma. The guides ‘How to talk about abortion’ and ‘How to educate about abortion’ have each received more than 2,250 views on IPPF’s website since 2016, and ‘How to report on abortion’ has been viewed 555 times.

The guides have been translated and adapted for use in many countries and have formed the basis of training workshops for peer educators, advocates and young volunteers. They have been used extensively all over the world: not only by IPPF MAs but externally by a number of organizations, such as Rutgers, Women on Waves, Medical Students for Choice, Stop AIDS, and inroads.

Effective strategies to reduce abortion stigma

IPPF has gained an understanding of what works and what doesn't when addressing abortion stigma, particularly as it affects young women. Successful strategies and good practices will be shared in four areas: stigma-free messaging; strengthening service delivery; promoting genuine youth participation; and conducting and using research.

1. Stigma-free messaging on abortion

Effective strategies include:

- **Develop and disseminate positive, stigma-free messages on abortion in the community.** Using IPPF's comprehensive guide, 'How to talk about abortion', MAs implemented a wide range of initiatives, including information-sharing, education and communication, advocacy and awareness-raising, in order to transform attitudes and beliefs in the community. Guided and led by young people, MAs have challenged stigma by engaging the community, schools, colleges and universities through lively workshops, events and dialogues. To succeed, this process entails reframing the debate on abortion: avoiding negative associations and generating positive, culturally appropriate communication (including stigma-free images) about rights-based, safe abortion. MAs seek to raise awareness among large groups, and increase the diversity of young people reached.

CASE STUDIES:

In India (Jharkhand State), the Family Planning Association of India (FPAI) created wall paintings, indicating where safe abortion services are provided. They reinforced the key message that 'abortion is not a crime' and that 'there is no shame in accessing safe abortion services: it is a woman's right'. Walls were painted in busy public spaces where underserved communities gather, for example, near buildings running government meal schemes.

In Nepal, young people at the Family Planning Association of Nepal (FPAN) designed a project to tackle myths and negative stereotypes about abortion in their community. They led interactive workshops and street dramas to share accurate information about abortion. The focus was on inclusion: reaching the most vulnerable and marginalized young people, including people living with HIV and disabilities. Dramas, written by peer educators, were performed in schools for visually impaired children.

In Pakistan, trained peer educators provided door-to-door outreach visits, reaching young people who were not in school with stigma-free messaging on abortion.



➤ **Work with the media and engage social media.**

Mass media can propagate abortion stigma through negative messages about young people's sexuality. This can have a far-reaching negative impact on individuals, communities and decision-makers. The media is therefore an important channel to influence. Working with young people, MAs used mass media channels (TV, radio, newspapers and film) and harnessed the power of social media in order to extend the reach of stigma-free messaging. Using IPPF's 'How to report on abortion guide', MAs trained journalists in order to promote accurate media coverage of abortion.

CASE STUDIES:

In **Benin**, the Association Béninoise pour la Promotion de la Famille (ABPF) created a short educational film. Broadcast on one of the main TV channels, it helped raise awareness of the impact of abortion stigma on young people. Regular Twitter chats, using the hashtag #NoMoreStigma, sparked discussion on abortion-related stigma as experienced by adolescents and young women. This was a powerful tool to counter the stigmatization of abortion. Helene, a youth champion, addressed a group of African journalists, highlighting the importance of accurate media coverage of access to abortion for young women.

In **Venezuela**, trained youth volunteers at the Asociación Civil de Planificación Familiar (PLAFAM) mounted a highly successful social media campaign – reaching over 27,000 people – to shatter the silence and taboos around abortion. Young people held rallies and created infographics, videos and colourful posters to bring home the lived experiences of young women who have had abortions.



- **Strengthen the capacity of young people to advocate for abortion rights.** Building young people's skills, knowledge and confidence is essential to support them to speak up for their right to safe abortion. Using IPPF's advocacy training resources, MAs have increased young people's understanding of abortion and their sexual and reproductive rights, empowering them to become articulate advocates. In **Zambia**, following training at Planned Parenthood Association of Zambia (PPAZ), one young participant said, "With the information provided to me, I can now stand my ground and talk about abortion in my community."



➤ **Storytelling.**

Sharing personal stories of young women who have had an abortion and/or who have experienced abortion stigma is an important strategy to ‘normalize’ abortion. By increasing the visibility of abortion, storytelling can challenge entrenched cultural norms which stigmatize the procedure. Sharing stories can also be an empowering experience for young women. In **Benin**, the MA collected 14 video and written testimonials from young women who had had an abortion and/or experienced stigma.

2. Strengthen service delivery

Effective strategies include:

➤ **Train IPPF staff to deliver quality abortion care and counselling for young women.**

Providers’ judgmental attitudes to young women who seek an abortion serve as a major barrier to quality of care. Values clarification training is therefore essential to strengthen the delivery of rights-based abortion services. Training aims to explore service providers’ values and attitudes to abortion, and spark critical reflection so that they can support young women rather than judge or lecture them. A clinic staff member in **India** said, “I used to get very irritated when clients came for [more than one abortion]. I thought they were being irresponsible. Later on, thanks to the project activities that encouraged open discussion, I realized how those women had no negotiating power over the men and how my attitude was only bringing them more misery. I learned to become non-judgmental in a true sense.”

CASE STUDY:

In **India**, FPAI trained a wide range of health care providers on young people’s sexual and reproductive health needs, the risks of unsafe abortion and the importance of youth-friendly services. These discussions helped trigger a change in providers’ attitudes towards young people. The MA collaborated with pharmacists, developing referral linkages for safe abortion. As a result, young women who came to them for abortion pills were referred to FPAI clinics for comprehensive services as well as non-judgmental counselling and information.

➤ **Work with a range of health care providers to strengthen referrals to clinics.**

IPPF MAs found that in order to reduce barriers to safe abortion services, it is essential to work with other health care providers too.

➤ **Provide youth-friendly spaces**

Where young people can meet in a confidential, stigma-free safe space, and, led by trained peer educators, discuss issues such as sexuality, sexual and reproductive rights and abortion.

CASE STUDIES:

In **Pakistan**, working in a highly restrictive setting, Rahnuma-Family Planning Association of Pakistan (R-FPAP) found that offering practical training, as beauticians or tailors, helped attract young people to its youth-friendly spaces, and overcome barriers to accessing the services, including parental permission. A toll-free helpline, where young people can receive confidential support by trained counsellors on sensitive issues, has also proved popular.

In **Burkina Faso**, guided tours of the youth centre introduced parents and community members to the range of services provided by the Association Burkinabé pour le Bien-Etre Familial (ABBEF). Community members learned about the circumstances in which abortion is legally permitted. One school principle said “Before, I really didn’t know where to refer cases of unplanned pregnancy other than the hospital of Koupéla, where the management is a little slow especially for the cases of abortions. After the training, I acquired information that allows me to support girls with unplanned pregnancies.”

3. Foster genuine youth participation

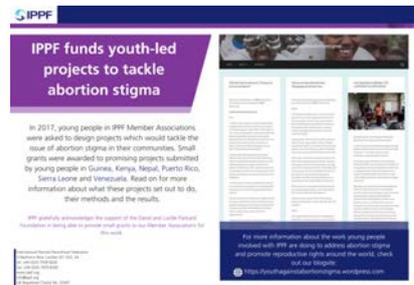


Effective strategies include:

➤ **Award small grants to support youth-led projects.**

IPPF awarded grants to young people in MAs in five countries: Ghana, Palestine, Spain, Macedonia and Nepal (2014-2016) and a further six grants to young people in Guinea, Kenya, Nepal, Puerto Rico, Sierra Leone and Venezuela (2016-2018). These grants empowered young people to take the

lead in devising creative ways to provide accurate, rights-based information on abortion within their own communities. Innovative projects include theatre, dance and live Twitter chats to dispel myths about abortion in **Kenya**, and in **Palestine**, youth volunteers painted public murals to spark discussion and draw attention to the ‘secret’ of abortion. The projects have been showcased in a [document](#) that aims to share successful strategies and inspire young people.



➤ **Identify, train and empower youth champions.**

MAs trained two youth champions in each country to lead communications and advocacy activities. Youth champions play a pivotal role in advocating for abortion rights; providing counselling for young women; and accompanying them to clinics to access safe abortion services. In turn, youth champions train other peer educators and youth advocates, thereby amplifying impact and sustainability.



➤ **Create a Youth Advisory Group on abortion stigma.**

The online Youth Advisory Group was set up by IPPF Secretariat to amplify young people’s voices and ensure that activities are truly informed by youth. Members of this thriving group review resources, including the ‘how to’ tools, and contribute lively blogs to the Youth Against Abortion Stigma [website](#). This site offers insights from young people across the world on how to reduce stigma and improve access to safe abortion.

4. Generate, use and share evidence

Effective strategies include:

➤ **Conduct research to shape the design of interventions and messaging.**

Using Ipsas’ Stigmatizing Attitudes, Beliefs and Actions Scale (SABAS), research was conducted in four countries to measure community attitudes to abortion. Key findings suggest that negative stereotyping about women who have had an abortion – rather than exclusion or discrimination – is the most common form of abortion stigma. This learning has enriched messaging in each country, enabling MAs and young people to tailor activities accordingly and make them more effective. IPPF adapted the SABAS tool as it was not primarily aimed at young women; this tool has now been shared and used by other organizations.

Key lessons learnt

Some of the most useful learning arises from overcoming the challenges we have faced. Key lessons learnt include:



Understanding that service provider training is an ongoing process, which should involve all staff. IPPF has learned that training should not only be for health professionals, but also cleaners, receptionists and security guards, who are often the first to greet young people in clinics and youth centres. In order to achieve lasting transformation of attitudes and beliefs, we know that capacity building is not a one-off exercise. We also recognize that specific training is required to support the decision-making process of younger and/or unmarried women who may be vulnerable and isolated.

Recognizing the power of youth champions in speaking up on sensitive issues. There are many examples of youth champions' courage in challenging negative attitudes and beliefs about abortion. In **Burkina Faso**, Sawdate, a confident youth champion changed community elders' views using a "cross the line" values clarification exercise. Laura Hurley, Technical Advisor, Youth

Services, IPPF Secretariat, said, "I saw, in front of my eyes, those who had denounced abortion as a sin, start to accept that safe abortion does in fact save lives, and that there are circumstances where it is completely understandable that a woman would need to end a pregnancy. The session ended with the village chief agreeing to refer any young people presenting to him with pregnancy or sexual health issues to the ABBEF clinic."

Refining research. Data on the extent of stigma in the community, collected using the SABAS tool, proved extremely useful in informing programme planning. In settings where notions of abortion as a 'sin' are prevalent, for example, this research enables organizations to target interventions by focusing on faith. However, the study had a number of limitations, which made it difficult to compare data across time and location, and assess attribution. These limitations will be addressed in future – in collaboration with Ibis Reproductive Health – so that baseline and endline results can be compared more closely.

Forging alliances with organizations not working directly on abortion in order to promote rights-based messaging. In **Guinea**, young people at the Association Guinéenne pour le Bien-être Familial (AGBEF) invited human rights organizations and youth organizations to educational talks, so that they too could see the importance of safe abortion. Additionally, the Secretariat held two successful workshops in the UK with organizations not directly involved in abortion, including Amnesty International, Plan UK and BBC Media Action, to help them incorporate stigma-free messaging in their work.

Looking to the future

“I have understood that abortion is a human right. A woman’s bodily autonomy cannot be ignored and must be protected.” - Medical student, Nepal

Reducing stigma empowers women to exercise their right to safe abortion without discrimination. Through its ground-breaking work, IPPF has succeeded in addressing abortion stigma at the individual, community and service provider level in a number of countries, and increasing access to quality abortion services and information for young women.

Furthermore, IPPF has strengthened the evidence base, enhancing understanding of the impact of abortion stigma on young women. By developing global guidance on stigma-free messaging on abortion, sharing best practices on reducing stigma, and collaborating with a range of organizations, including those not directly involved in abortion, IPPF has extended the reach and impact of this valuable work.

IPPF will build on these achievements, focusing in the future on four MAs in Benin, Ghana, India (Uttar Pradesh) and Nepal. We will update, adapt and roll out our expert tools and resources; continue to collect and use evidence to inform effective strategies aimed at challenging abortion stigma; and share learning.

Young people have been – and will always be – at the heart of this initiative. IPPF will continue awarding small grants for innovative youth-led projects. And we will keep supporting young people to tell their stories and speak out. Positive communication about safe abortion, combined with strengthened access to quality services, will counter negative stereotypes, myths and shaming, and empower young women around the world to fulfil their right to safe abortion.



International Planned Parenthood Federation
 4 Newhams Row, London SE1 3UZ, UK
 tel: +44 (0)20 7939 8200
 fax: +44 (0)20 7939 8300
www.ippf.org
info@ippf.org
 UK Registered Charity No. 22947