

# How to talk about abortion:

A guide to  
stigma-free  
messaging

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#### LANGUAGE NOTE

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

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# Introduction

## What is this guide?

This guide is designed to help individuals and organisations create and review communications materials that include messages about abortion. While it does include some basic information about abortion, it is primarily focused on the language that we use to talk about abortion, and how we can ensure that our communication is stigma-free and accurate.

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

## Why was this guide developed?

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

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

## Who is this guide for?

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

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

## What kind of materials can I use this guide for?

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

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



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

[www.ippf.org/resource/how-talk-about-abortion-guide-rights-based-messaging](http://www.ippf.org/resource/how-talk-about-abortion-guide-rights-based-messaging)



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

# Getting started: abortion basics

## Abortion procedures

- Abortion is the induced ending of a pregnancy.<sup>1</sup>
- There are two main methods of safe abortion: medical abortion, where medication (misoprostol alone or in combination with mifepristone) is used to end a pregnancy, and surgical abortion (also known as procedural abortion), involving a procedure, such as vacuum aspiration, performed by a trained professional.
- When done according to WHO guidelines, abortions are very safe and effective. Surgical abortions should be performed by a trained provider under sanitary conditions. Medical abortions are very safe and effective when a person has access to high quality medication, accurate information, and support from a health worker if wanted or needed.<sup>1</sup> Safe abortion is safer than giving birth.<sup>ii</sup> (See Appendix 1: Common myths about abortion for more details on health myths.<sup>iii</sup>)
- Abortion self care is the right of women and girls to lead, in part or entirely, their abortion process, with or without support from health care providers. This can also be called self-managed abortion.
- Self-managing a medical abortion is simple, safe, and highly effective. According to WHO, people can self manage their own abortion safely without the supervision of healthcare providers up to 12 weeks of pregnancy.

## Legal restrictions on abortion

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

- Laws and policies that facilitate access to abortion do not increase the rate of abortion. Instead, as people are better able to access safe abortion services, the number of abortions that are unsafe decreases.<sup>2, vi</sup>

## Abortion as a part of reproductive justice

- Reproductive justice is a social justice movement rooted in the belief that individuals and communities should have the resources and power to make sustainable and liberatory decisions about their bodies, genders, sexualities, and lives.<sup>3</sup>
- According to SisterSong, the leading reproductive justice collective, "*Indigenous women, women of color, and trans\* people have always fought for Reproductive Justice, but the term was invented in 1994. After attending the International Conference on Population and Development in Cairo, (...) a group of black women gathered in Chicago. They recognized that the women's rights movement, led by and representing middle class and wealthy white women, could not defend the needs of women of color and other marginalized women and trans\* people.*"
- It is important to talk about abortion under the framework of reproductive justice, recognizing everyone's right to bodily autonomy. This includes paying particular attention at the intersections of identity, and recognizing the diversity of abortion experiences.
- Abortion self-care is an important aspect of reproductive justice as it puts the pregnant person at the centre of the abortion process, enhancing their decision-making and control, and challenging gender norms, roles, and stereotypes that stigmatize reproductive autonomy. It provides options relevant to the pregnant person's needs and lived experience. While abortion self-care is often a wanted alternative, it may be the only method available to people who cannot access formal health care. Abortion self care recognises how identity and privilege affect the ways people navigate formal health care.
- Abortion provision does not stand alone, but is one aspect of reproductive justice. IPPF advocates for access to abortion, contraception, sexuality education, fertility support, support for people choosing adoption and support for those who choose to have and raise a child. Every aspect of sexual and reproductive health and rights is interlinked.
- A reproductive justice framework recognizes that the fight for reproductive freedom is part of a bigger fight to dismantle systems of power and oppression.

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

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

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



## Abortion as a human right

- At the 1994 International Conference on Population and Development, 179 governments agreed that free and informed decision-making about pregnancy and childbirth is a basic human right.
- Access to safe abortion is often not viewed as a human right in many societies. However, abortion is firmly associated with a number of established human rights, including the right to autonomy and bodily integrity, and the right to dignified healthcare. Denying women access to abortion services is a violation of these rights.<sup>4</sup> It also prevents women from exercising choice and control over their reproductive health, which may reinforce gender-based discrimination.
- United Nations human rights monitoring bodies are increasingly urging governments to ensure women's ability to access safe abortion and post-abortion care in accordance with existing laws, and to review legal restrictions on abortion because of potential conflicts with human rights commitments.
- The denial of abortions violates the right to be free from cruel and inhumane treatment. Denial of abortion care is a form of state sanctioned violence against women, as it forces women to carry an unwanted pregnancy to term or to find ways to end a pregnancy outside of formal healthcare systems.<sup>xi</sup>

## Abortion as a public health issue

- Abortion is a common reproductive health experience. Most women around the world will be sexually active<sup>5</sup> and fertile for up to 40 years and therefore may want to (and have a right to) control if and when they have children during this time.
- Globally, approximately 41 per cent of all pregnancies are unintended.<sup>vii</sup> This means that approximately 99 million women each year will experience an unintended pregnancy. Around half of these pregnancies will end in abortion. People who do not have access to safe and legal abortion services may then be forced through an unwanted pregnancy or an unsafe abortion.
- Individuals may struggle to access contraceptive information and services, choose not to use it, or experience contraceptive failure as no method is 100 per cent effective. Therefore, there will always be a need for abortion. IPPF also advocates for better access to contraception, education, and support for parents and those choosing adoption.



### USEFUL RESOURCES

Useful general references on abortion include:

- Guttmacher Institute, *Facts on Induced Abortion Worldwide*: [www.guttmacher.org/pubs/fb\\_IAW.html](http://www.guttmacher.org/pubs/fb_IAW.html)
- World Health Organization guidance on safe abortion: [www.who.int/reproductivehealth/publications/unsafe\\_abortion/9789241548434/en/](http://www.who.int/reproductivehealth/publications/unsafe_abortion/9789241548434/en/)
- If those who do not want to continue with a pregnancy are unable to access an abortion through safe and legal means, many of them will find other ways to have an abortion, often through unsafe means.<sup>viii</sup> Each year, an estimated 25 million unsafe abortions occur, which is 45% of all abortions. At least 22,800 people die each year from complications of unsafe abortion.<sup>ix</sup>
- Almost every death and injury as a result of unsafe abortion is preventable if safe and legal abortion is available.

## Abortion in humanitarian crises

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

## Abortion and young people

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

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



### USEFUL RESOURCES

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

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

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

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

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

- **Capacity:** A young person may be considered by their parents, guardians or service providers to be incapable of making informed decisions about pregnancy due to their age and/or social status. This lack of recognition of young people's rights can create an environment in which young people are refused abortion services, made to feel uncomfortable accessing them, or are required to provide parental or spousal consent in order to do so.
- **Compounded stigma:** As young women in many societies are discouraged from having sex until they are older and/or married, they can face additional stigma when seeking abortion and contraception services as it indicates that they are sexually active.
- **Law:** Laws and policies relating to sexual and reproductive health services (such as contraception and abortion) can often be more restrictive for young people (e.g. by restricting services to individuals over a certain age or requiring parental or spousal consent). Even where laws and policies are less restrictive, they may still be interpreted in a more restrictive way by service providers when working with young people.
- **Lack of access to quality healthcare:** Young people need quality healthcare services which are accessible and appropriate to their needs and address specific barriers they may face (e.g. payment of fees, ability to attend during clinic operating hours, or judgmental and non-friendly attitudes by service providers).
- **Lack of information:** Young people are often not familiar with what an abortion involves, the abortion laws in their country, or where they can go to access youth-friendly abortion services. Stigma around abortion can lead to a lack of practical understanding about how to access safe abortion services, and confusing misinformation about the safety of contraception and abortion.

## The intersection of abortion and disability

- People with disabilities represent 15% of the world's population, yet they are grossly underserved and neglected by sexual and reproductive right services. This is due to the fact that they have particular and diverse needs which are largely invisible and unskillfully handled.
- Due to compounded and intersecting stigmas, people with disabilities may face unique and extensive barriers to abortion care. They often do not receive information about or access to safe abortion or contraceptive care.
- Abortion care spaces should ensure that information and services are not only accessible, but also tailored to meet the needs of people with disabilities.
- When talking about and including people with disabilities, we must always remember that people with disabilities are a heterogeneous and diverse community with different needs.
- People with disabilities also face stigma and extensive barriers to having children and starting families. Avoid making assumptions about the reproductive desires of people with disabilities, and ensure that communication supports all reproductive decision making.



### USEFUL RESOURCE

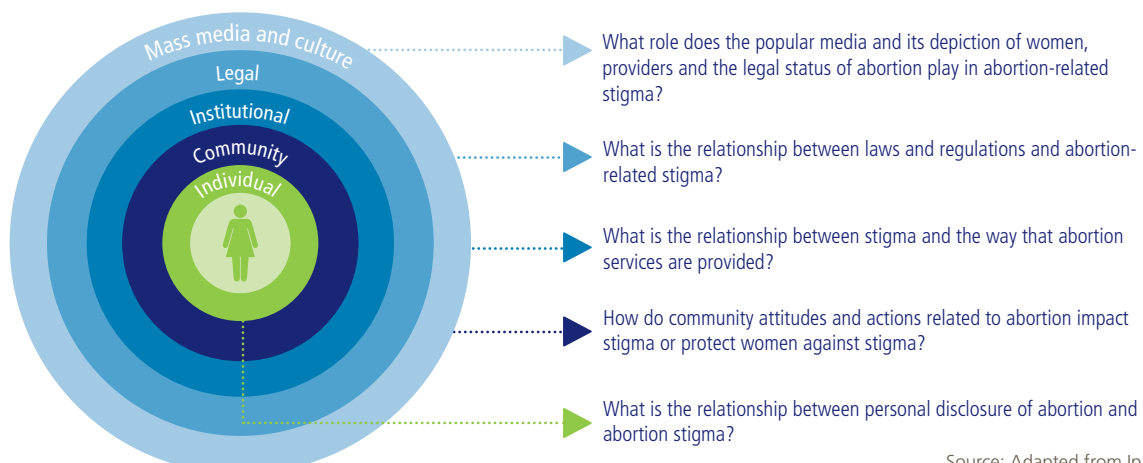
For more information, check out the Ipas resource, *Access for Everybody: Disability inclusion in abortion and contraceptive care*: [www.ipas.org/en/Resources/Ipas%20Publications/Access-for-everyone--disability-inclusion-in-abortion-and-contraceptive-care--overview.aspx](http://www.ipas.org/en/Resources/Ipas%20Publications/Access-for-everyone--disability-inclusi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

## Abortion-related stigma

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

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

### A LEARNING AGENDA FOR ABORTION-RELATED STIGMA



Source: Adapted from Ipas

# Golden rules of abortion messaging

1

**Be honest and accurate:** All abortion messaging should aim to be accurate and clear. Myths and misinformation about abortion is common. Counteract this by using accurate information and language that is accessible and to-the-point. Even where access to abortion is highly restricted, it is not illegal to talk about abortion or to recognize that it is a common occurrence.

2

**Be non-judgemental:** Believing that individuals have the right to make decisions about their own bodies means that no abortion is more 'justified' than another. Every abortion experience is valid. It is important to reflect the range of reasons that people have abortions.

3

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

4

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

5

**Avoid stigmatizing language and images:** It is easy to unintentionally stigmatize abortion through inaccurate and negative language and poorly chosen images. Even people who are committed to abortion rights can have internalized stigma and prejudice. Be mindful of the language you use, and make sure to review it often.

6

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

7

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





## Abortion messaging checklists and guidance

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

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

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

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



Facts and statistics



Legal situation



Abortion provision



Responding to social norms and stigma



Sharing personal stories about abortion



Language

Guide to suggested messages

Guide to avoiding stigmatizing language



Images and film

Guide to rights-based imagery



## Checklist: Facts and statistics

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

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

- It is important to provide accurate information about abortion, to counter misinformation and correct common myths. Therefore, it is often useful to include key facts and statistics in materials about abortion.
- Think carefully about the message that you are trying to convey, and whether the facts and statistics are a relevant and necessary addition to that message.
- Only use statistics that are relevant to the message of the material and the target audience (e.g. it is unlikely to be relevant to include statistics about young people who have abortions in a resource explaining clinical guidelines on medical abortion).
- Facts on their own do not have a subjective value. They can be used and interpreted in many different ways. Therefore, it is important to provide context and clearly state the relevance to the fight for access to abortion care and for the decriminalization of abortion.

Are the facts and statistics from a reliable source?

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

What type of information should be included?

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

Is it clear where the facts and statistics come from?

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



## Checklist: Legal situation

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

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

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

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

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

Is the legal information provided in your material accurate?

- Ensure the material states the legal situation accurately. While abortion is legally restricted all across the world, most countries do allow for abortion in some circumstances. Very few countries prohibit abortion altogether.
- In no country is it illegal to talk about abortion or provide accurate information about abortion. In addition, in no country is it illegal to provide services for treatment for incomplete abortion.
- If the legal situation is hard to establish and is complicated, consider working with a lawyer or other experts in this field to gain greater clarity and understanding.



## Checklist: Abortion provision

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

Does the material include accurate information about current practices?<sup>6</sup>

- Abortion practices have changed over time in most countries. For instance, changes to best practice for surgical abortion, or the availability and recommended instructions for medical abortion. Gynuity Health Projects provides a list of countries where abortion medication is approved <http://gynuity.org/resources/type/Map>
- Ensure the material contains current information on local practices, processes and abortion-related services (or lack thereof).
- Abortion is just one aspect of sexual and reproductive health. When appropriate, make sure you include information on contraception and link up with other sexual and reproductive health services.
- Ensure that information on abortion medication and instructions for abortion self care are updated and reflect the recommendations by WHO.

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

- Safe abortion services may be available in public or private organizations, from non-governmental organizations (including IPPF Member Associations), pharmacies and other trained health workers. Abortion hotlines, accompaniment groups, and feminist networks also provide abortion care, information and support, including for abortion self-care.
- For a list of hotlines around the world please refer to the International Campaign for Women's Right to Safe Abortion: [www.safeabortionwomensright.org/safe-abortion-3/safe-abortion-information-hotlines](http://www.safeabortionwomensright.org/safe-abortion-3/safe-abortion-information-hotlines)
- As different services will be appropriate for different people, it can be useful to include information about a range of providers.
- In many parts of the world, telemedicine services exist that allow people to access abortion pills by mail, even when they are living in legally restrictive settings.<sup>7</sup>

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

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

6. The World Health Organization has published guidelines with recommendations and best practices relating to abortion. Make sure all material reflects these guidelines: [www.who.int/publications/i/item/9789240039483](http://www.who.int/publications/i/item/9789240039483)

7. For more information, take a look at networks such as Women on Web, Women Help Women, Abortion on Demand, and Aid Access.



## Checklist: Responding to social norms and stigma

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

What is the social environment regarding abortion?

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

Are you using rights-based messaging?

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

Are you using public health-based messaging?

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

Who is your target audience?

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

Are you challenging social norms?

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





## Checklist: Sharing personal stories about abortion

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

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

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

Are there existing resources you can use?

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

How can you encourage sensitive and safe storytelling on abortion?

- You may decide that it is necessary to create new abortion storytelling resources that are relevant to your country/community's context. If this is the case it is important to ensure that those providing their stories are well supported.
- The person sharing their story should have the choice of remaining anonymous. Some ways to ensure anonymity are: avoid using real names and photographs, case studies, or create films that use animation over a person narrating their experience. If you are producing advocacy materials you could consider interviewing community members, such as in the film *I Support You* from the National Latina Institute for Reproductive Health, [www.youtube.com/watch?v=2kJBObfS7KI&feature=player\\_detailpage](http://www.youtube.com/watch?v=2kJBObfS7KI&feature=player_detailpage).
- Remember that people who have abortions may not necessarily have any strong opinion or view on abortion. People may not want to use their experience as part of an advocacy campaign. People want to share their stories for many reasons, some deeply emotional and personal. Honor peoples' stories.
- Respect peoples' stories and the language they use to describe their own experience. Do not censor peoples' stories. Abortions and the people who have them are complex, and do not fit neatly into narratives and categories.



## Checklist: Language

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

How clear is the language being used?

- Good communication involves clear language that can be easily understood by your intended audience.
- Make sure you spell out all acronyms the first time they are used. While you may use these acronyms frequently, your audience may not be familiar with them.
- Avoid assuming how much knowledge people have of abortion. Keep your language simple and to-the-point. Avoid using jargon that people are not familiar with. Use clear phrases and terms that people use in their everyday language.
- The challenge is to remain as simple, yet as accurate, as possible.

How accurate is the language used?

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

Is any stigmatizing language used?

- It can be easy to unintentionally stigmatize abortion by the language we use. Sometimes we take phrases and terms for granted, because they are the ones we were taught and are most used to.
- Be careful when translating material. Sometimes what is common and empowering in one language is stigmatizing and offensive in another.
- See the table on pages 15–16 regarding suggestions of value-laden language to avoid and alternatives that should be used.
- Abortion messaging should not stigmatize individuals for having consensual sex, as all individuals have the right to have, and enjoy, sex.
- Appreciate the nuance, complexity and diversity of abortion experience by refraining from generalizations and binaries such as safe/unsafe or legal/illegal. Abortions happen under a wide range of circumstances and should not be simplified. Often times abortion experiences do not fall under clear cut categories and thus should not be generalized as such.
- All abortion experiences are valid. There is no such thing as ‘good’ and ‘bad’ abortions, or ‘right’ and ‘wrong’ abortions. Whether an abortion takes place according to recommended practices or not, take care not to place judgment or use stigmatizing language.

Is the language used accessible for your audience?

- Make sure that your language is accessible for your intended audience (i.e. can be easily understood). This includes consideration of their age, literacy levels and fluency in the language used. Perhaps include translations into local languages or sign language for those who have hearing disabilities.
- Some good examples of abortion messaging for low literacy audiences can be found online at:
  - [www.easyhealth.org.uk/listing/abortion-\(leaflets\)](http://www.easyhealth.org.uk/listing/abortion-(leaflets))
  - [http://hesperian.org/wp-content/uploads/pdf/en\\_wwhnd\\_2014/en\\_wwhnd\\_2014\\_15.pdf](http://hesperian.org/wp-content/uploads/pdf/en_wwhnd_2014/en_wwhnd_2014_15.pdf)
  - [https://womenhelp.org/en/media/inline/2018/5/13/mama\\_safe\\_abortion\\_with\\_misoprostol\\_english\\_2nd\\_edition.pdf](https://womenhelp.org/en/media/inline/2018/5/13/mama_safe_abortion_with_misoprostol_english_2nd_edition.pdf)

## Guide to suggested messages<sup>8</sup>

Abortion is a common and safe medical procedure.

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

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

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

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

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

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

We are fighting for a world where people can live free from reproductive coercion and have access to equitable healthcare.

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

Abortion self care is a safe and effective way to end a pregnancy. By putting control over the abortion process directly in women's hands, they have full autonomy over their bodies and reproductive health.

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

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

## Guide to avoiding stigmatizing language

The table below gives examples of terms that could be considered stigmatizing and therefore should be avoided. Remember that language is fluid and constantly evolving, and the terms we use may change depending on the context.

| Not recommended                                   | Prefer  | Explanation  |
|---|---|--|
| Abort a child                                     | End a pregnancy<br>Have an abortion<br>Voluntary interruption of pregnancy<br>Not moving through a full pregnancy | 'Abort a child' is medically inaccurate, as the fetus is not yet a child. When speaking about abortion, the focus should be on the pregnant person or the procedure itself, and not the pregnancy.<br>'Terminate' a pregnancy is commonly used, however some people prefer to avoid this as terminate may have negative connotations (e.g. 'terminator' or 'assassinate') for some people.<br>The word 'abortion' may not always be the safest term to use in all contexts, as it may be heavily loaded and have negative associations.  |
| Abortion is (always) illegal                      | Abortion is legal under the following conditions ...<br>Abortion is legally restricted                            | It is important to be legally accurate, and in nearly all countries in the world abortion is legally permitted, if only in very restrictive circumstances. However, in many countries, the barriers to access may be so great that abortion is considered by many to be 'illegal'. Make sure that you share accurate information about the legal situation and make the circumstances under which abortions are legal clear. See the Center of Reproductive Rights' map at <a href="http://worldabortionlaws.com/map">http://worldabortionlaws.com/map</a> for information on the legal status of abortion across the world. |
| Abortionist                                       | Abortion provider<br>Healthcare provider<br>Abortion doula<br>Abortion care worker                                | Abortionist is a term used by those opposed to abortion. However, in some contexts, feminist activists are trying to reclaim this term.<br>Healthcare provider is usually a more accurate term to use than abortion provider, as most of those providing abortion care also provide other health services.   |
| Baby<br>Dead fetus<br>Unborn baby<br>Unborn child | Embryo (up to week 10 gestation)<br>Fetus (from week 10 gestation onwards)<br>The pregnancy                       | The alternatives are medically accurate terms, as the embryo or fetus is not a baby.<br>When referring to the tissue examined following a surgical abortion, an appropriate term is 'products of conception'. However, this term is only useful for materials focused on medical details of abortion, as it is not commonly used or understood outside of medical or scientific contexts.  |
| Conscientious objector<br>Conscientious objection | Provider refusal<br>Someone who refuses to provide abortion care  | 'Conscientious objector' implies that those who do provide abortions are not conscientious individuals, which is incorrect.  |
| Consequences<br>Dealing with the consequences     | N/A   | Tends to suggest an act of wrongdoing placing unwarranted blame on the woman and frames parenthood as punishment. The right to abortion should never be linked to how or why a woman becomes pregnant.   |
| Female feticide<br>Gendercide<br>Aborting girls   | Abortion on the basis of fetal sex<br>Sex selective abortion  | The suffix '-cide' denotes 'killing' which is not appropriate when describing abortion. When referring to sex-selective abortion, it is more accurate to describe the practice in terms of choosing to end the pregnancy based on the predicted sex of the fetus. See <a href="#">Appendix 2: Sex selective abortion</a> for more information on this topic.   |

| Not recommended                                       | Prefer   | Explanation   |
|---|--|---|
| Get rid of  | Choose not to move through a full pregnancy<br>Decide to end a pregnancy               | Make it clear that abortion is about making an informed decision, and avoid the implication that ending a pregnancy is done without careful thought or consideration.   |
| Keep the baby<br>Keep the child                       | Choose to move through a full pregnancy<br>Continue the pregnancy                      | The term 'keep' implies a positive outcome which may not accurately reflect the situation. In addition it is medically inaccurate to describe the pregnancy as a baby or child (see earlier for explanation). It is more accurate to describe the situation as a pregnant woman choosing to continue with the pregnancy. That being said, many people describe their own pregnancy as a 'baby', and in this situation it is okay to reflect the language that they use. |
| Late term abortion                                    | Abortion in second/<br>third trimester<br>Abortion at XX<br>weeks gestation            | Late term could refer to any time in the second or third trimester – instead, if necessary, use terms that indicate the specific trimester or gestation. Use of 'late' may also imply that a woman is late (and thus irresponsible) in seeking an abortion.   |
| Mother<br>Father<br>Parent                            | Pregnant woman<br>Partner of a<br>pregnant woman                                       | Use of mother/father/parent during a pregnancy is value laden and assigns roles that the man or woman may not accept. It also implies that the fetus is a child, which is not accurate.   |
| Partial birth<br>abortion                             | Intact dilation and<br>extraction  | Intact dilation and extraction is the accurate description of a medical procedure used for abortions performed at 16 weeks gestation or later.  |
| Prevent abortion<br>Reduce the number<br>of abortions | Prevent unintended<br>pregnancies<br>Reduce the number<br>of unintended<br>pregnancies | People often seek abortion due to the occurrence of an unintended pregnancy, or for health reasons, and there will always be a need for safe and legal abortion. All reproductive choices and care should be available and supported.<br>People should be supported to prevent unintended pregnancies with access to contraception and accurate information.  |
| "Safe, legal, and<br>rare"                            | Safe, legal, and<br>accessible   | The phrase 'safe, legal, and rare' is sometimes used in abortion advocacy. However, the inclusion of 'rare' in this phrase is stigmatizing because it implies that the goal is to reduce the number of abortions that happen. As mentioned above, there will always be a need for safe and legal abortion. Saying that abortions should be rare or prevented is implying that abortions are a negative thing.   |
| Pro-life  | Anti-choice<br>Anti-abortion<br>Someone who<br>is opposed to<br>abortion               | Pro-life implies that those who support legal abortion access are 'anti-life', which is inaccurate. Instead use alternative terms to make it clear that you are referring to individuals opposed to anyone having an abortion.  |
| Repeat abortion<br>Multiple abortion                  | More than one<br>abortion  | 'Multiple' and 'repeat' can have negative connotations, such as 'repeat offenders'. Multiple and repeat also imply that each abortion experience for a woman is the same, whereas each abortion is surrounded by a unique set of circumstances.   |



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

| Avoid using the following terms interchangeably  | Use the specific term for what you are referring to   |
|--|---|
| <ul style="list-style-type: none"> <li>■ Illegal Abortion</li> <li>■ Unsafe Abortion</li> <li>■ Restricted Abortion</li> </ul> | <p><b>Illegal abortions</b> do not comply with a country's legal framework, but may be safe if performed by a trained provider or when a person has access to high quality medication, information and support to safely undergo a medical abortion. Using the word 'illegal' implies that the person who has had an abortion or healthcare workers that provide abortions are doing something wrong. Instead, place the focus on the state and how it restricts and denies people access to abortion.</p> <p><b>Unsafe abortions</b> are performed by un- or under-trained providers or in situations where people are unable to safely undergo a medical abortion due to lack of access to high quality medication, information or support. It is possible to have an unsafe, legal abortion.</p> <p><b>Restricted abortions</b> imply that abortions are permitted in some restricted cases. Most countries have legislation that allow for abortion in some, albeit limited, circumstances (e.g. in case the life of the pregnant person or in cases of rape)</p> |
| <ul style="list-style-type: none"> <li>■ Unwanted pregnancy</li> <li>■ Unintended pregnancy</li> </ul>                         | <p><b>Unwanted pregnancy</b> is a pregnancy that a person decides they do not desire.</p> <p><b>Unplanned or unintended pregnancies</b> refer to pregnancies that occur when a person is not trying to get pregnant.</p> <p>An unplanned or unintended pregnancy may be either a wanted or unwanted pregnancy.</p>  |
| <ul style="list-style-type: none"> <li>■ Safe abortion</li> <li>■ Abortion provided by healthcare professionals</li> </ul>     | <p><b>Safe abortion</b> can refer to abortions that are carried out either with or without support and supervision of a trained healthcare professional. An abortion that is entirely self-managed without the support or oversight of a health worker can be a safe and effective way of ending a pregnancy.</p> <p><b>Abortion provided by healthcare professionals</b> refers to abortions that are provided by health workers, usually within the formal health system.</p>   |





## Checklist: Images and film

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

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

Why have images/films been included?

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

Are the images/films used appropriate?

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

Are individuals recognizable?



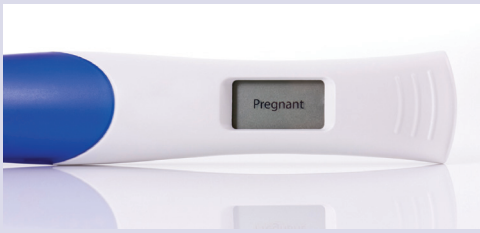
- Consider whether or not this is appropriate in your setting. If abortion is legally restricted, you should protect individuals by working with them to understand how they want to be associated with imagery and decide together how they can be safely involved.
- One way to do this is to choose photos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



Do you have permissions for all images?



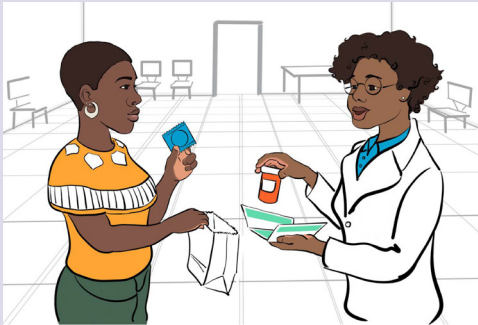
- You need to ensure you have permissions for all images used in your materials. In addition, if you are using identifiable images of individuals, you should seek consent and retain records of their consent for their image(s) to be used in materials focusing on sexual and reproductive health and abortion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

## Guide to rights-based imagery

Images can be helpful, and often necessary, to explain abortion. However, extra steps need to be taken to make sure the images we use are not contributing to abortion stigma, and are safe to use.

| Less appropriate images  | Explanation  | Suggested alternative  |
|--|--|--|
| <p data-bbox="150 600 421 629">Visibly pregnant people</p>  | <p data-bbox="571 600 895 891">The majority of abortions occur during the first trimester, well before most people begin to show a pregnancy 'bump' or 'belly'. By showing a visibly pregnant person you can perpetuate myths about abortion, such as how developed the pregnancy is at the time most abortions occur.</p> | <p data-bbox="960 600 1442 801">If the intention is to show individuals who may seek abortions, use diverse depictions of people, to demonstrate that a range of people (different ages, ethnicities, professions, social economic status, with and without children) have abortions. Choose depictions that reflect the intended audience of the material.</p>  <p data-bbox="960 1189 1442 1272">If the intention of the image is to show a pregnancy, an appropriate alternative is to use an image of a positive pregnancy test.</p>  |

| Less appropriate images  | Explanation  | Suggested alternative   |
|--|--|---|
| <p data-bbox="150 387 528 443"><b>Photos of people with their faces obscured</b></p>        | <p data-bbox="572 387 916 589">By making it obvious that people are not willing to be identified it may imply that abortion is something that people should feel ashamed or guilty about, and that it should not be disclosed to others.</p>                         | <p data-bbox="959 387 1441 562">If you do not wish (or are not able) to show identifiable photos of people, use a cartoon or drawing like this one. A realistic drawing of a person is a good alternative, as it enables the viewer to identify with the person depicted, without requiring a photo.</p> <p data-bbox="959 584 1437 786">Showing faces of people who have had abortions can send a powerful message, such as this photo story from India (<a href="http://www.npr.org/2014/12/31/374253565/a-haven-in-a-land-of-unsafe-abortions">www.npr.org/2014/12/31/374253565/a-haven-in-a-land-of-unsafe-abortions</a>). However, you must ensure that you have permission from those included to use their images in this way.</p>  |
| <p data-bbox="150 1187 453 1243"><b>Individuals showing strong negative emotions</b></p>  | <p data-bbox="572 1187 916 1417">Different individuals will have different reactions to considering and undergoing an abortion. Ensure your images do not perpetuate the myth that all people are distressed, upset or troubled by abortion as this is not true.</p> | <p data-bbox="1155 1187 1426 1541">Individuals experience a range of emotions following abortion. The best images to use are of individuals with 'neutral' expressions, similar to what you expect to see in any material depicting a medical procedure. Avoid using images that depict overly happy or overly sad expressions.</p>   |

| Less appropriate images  | Explanation   | Suggested alternative  |
|--|---|--|
| <p data-bbox="150 387 518 443">Avoid using images of fetuses at all</p>                           | <p data-bbox="571 387 917 562">The majority of abortions occur in the first trimester so by including images of fetuses older than three months you can perpetuate myths about the gestational age at which most abortions occur.</p> <p data-bbox="571 584 912 904">Graphic fetal imagery is used a lot by anti-abortion campaigners, and may have negative associations for those seeking abortion services. As people have abortions at different gestational ages, and fetuses change a lot depending on the gestational age, using an image of a fetus at any gestational age could be misleading.</p> | <p data-bbox="959 387 1445 472">Avoid using an image of a fetus as these can take the focus away from the individual having the abortion.</p> <p data-bbox="959 495 1433 672">Images of fetuses may be appropriate where the primary purpose of the material is to inform patients or service providers about the abortion process, in which case you could use an image of an appropriate gestational age (e.g. six weeks).<sup>9</sup></p>   |
| <p data-bbox="150 952 475 1014">Images with no context or exclusively in clinical settings</p>  | <p data-bbox="571 952 898 1218">To help normalize abortion and show the range of settings in which abortions can occur, we should deliberately include images of people in everyday situations such as at home and in their communities, and not only show women alone or in clinical settings.</p> <p data-bbox="571 1240 890 1444">Images in clinical settings are appropriate to use in materials that focus exclusively on abortions provided in a clinical settings (e.g. a material from a clinic promoting the services available at that clinic).</p>   | <p data-bbox="959 952 1414 1043">Include a range of settings and individuals (e.g. women with family and friends) where possible.</p> <p data-bbox="959 1066 1441 1330">Including only images in clinical settings may be appropriate where the primary purpose of the material is to inform women about what will happen when they attend a clinic for an abortion service. Materials that are more general should include non-clinical settings, as abortions are more likely than before to occur in community settings due to the increased availability of medical abortion.</p>  |

9. The MYA network, a group of pro-choice clinicians, produced photographs that show what abortion really looks like before 10 weeks of pregnancy: [myanetwork.org/the-issue-of-tissue](http://myanetwork.org/the-issue-of-tissue)



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

# Appendices

## Appendix 1: Common myths about abortion

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

## Appendix 2: Abortion self-care

- Abortion self-care is the right of women and girls to lead, in part or entirely, their abortion process, with or without support from healthcare providers. Also known as self-managed, or self-induced abortion, it primarily refers to the self-administration of the abortion pills (either by taking misoprostol alone or in combination with mifepristone), however it could also mean being in charge of other aspects of the abortion process, such as the post-abortion care or the decision of engaging (or not) other stakeholders throughout the process.
- WHO endorses abortion self-care as a simple, safe, and highly effective way of ending a pregnancy up to 12 weeks of gestation. While it is still possible to self-manage an abortion after 12 weeks, the risks of complications increase.
- Abortion self-care places women and girls firmly at the centre of the abortion process, as the key decision makers in control of their bodies. By placing the pregnant person at the centre, it enhances their decision making and promotes control over the abortion process.
- Abortion self-care is gender-transformative, inclusive, and equitable. It removes gatekeepers to abortion access and enables anybody to self-manage their abortion irrespective of, for example, their socio-economic status, gender, location, age, marital status, profession, or education.
- While many people prefer to self-manage their abortions, for people facing barriers to access abortion care through formal healthcare, for example those living in legally or socially restrictive settings, self-managing an abortion may be the only option available.
- Even when people choose to self-manage an abortion, they may still need or want support from health care facilities or health workers. Therefore, self-care should take place in an enabling environment with access to accurate information, quality medical abortion pills, and supportive care if wanted or needed.
- It is important to recognise that throughout history self-managed abortion has existed in some form, as women have taken responsibility for their reproductive healthcare and have always had abortions, even before it became part of formal healthcare.
- Abortion self-care through pills was made mainstream through grassroots efforts. In the late 1980s, women in Brazil discovered that misoprostol, a pill created to cure stomach ulcers, could be used as a safe and effective way to end a pregnancy.<sup>10</sup>

## Appendix 3: Sex selective abortion

- Sex selective abortion refers to choosing to have an abortion based on the sex of the fetus.
  - This term is commonly used to describe the ending of a pregnancy because the fetus is female. This may occur in societies and cultures where there is a preference for male rather than female children.
  - Sex selective abortion is the result of deeply entrenched gender discrimination and a symptom of pervasive social, cultural, political and economic injustices against women. These injustices should be addressed without restricting or denying access to abortion services, as restricting access to services may then result in other harms (e.g. increasing the number of unsafe abortions or forcing women to continue unwanted pregnancies).
  - Laws that ban abortion on the basis of sex selection do not address underlying gender inequalities. There is no evidence to suggest that banning abortion on the basis of sex selection prevents sex selective abortion.<sup>xxvii</sup>
  - The root causes of gender-based discrimination should be addressed by implementing rights-based programmes that promote gender equality and empower women and girls.
- More information about sex selective abortion can be found in the interagency statement *Preventing Gender-Based Sex Selection* at [http://whqlibdoc.who.int/publications/2011/9789241501460\\_eng.pdf?ua=1](http://whqlibdoc.who.int/publications/2011/9789241501460_eng.pdf?ua=1) and the Population Reference Bureau Policy Brief *When technology and tradition collide: From gender bias to sex selection* at [www.prb.org/pdf12/gender-bias-sex-selection.pdf](http://www.prb.org/pdf12/gender-bias-sex-selection.pdf)

10. De Zordo, S. (2016) The biomedicalisation of illegal abortion: the double life of misoprostol in Brazil [www.scielo.br/hcsm/a/X74PWDTg8njthWPPPh5dVQSD/?lang=en](http://www.scielo.br/hcsm/a/X74PWDTg8njthWPPPh5dVQSD/?lang=en)

## Appendix 4: Abortion in second and third trimesters

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

## Appendix 5: Talking about the sexual and reproductive health and rights of young people

### SUGGESTED MESSAGES

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

## Appendix 6: Key resources

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

### STATISTICS

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

### LAWS AND POLICIES

- **A global database of abortion laws, policies, health standards and guidelines,** World Health Organization (2017): [www.who.int/bulletin/volumes/95/7/17-197442.pdf](http://www.who.int/bulletin/volumes/95/7/17-197442.pdf)
- **United Nation’s Reproductive Health Policies 2017:** [www.un.org/en/development/desa/population/publications/pdf/policy/reproductive\\_health\\_policies\\_2017\\_data\\_booklet.pdf](http://www.un.org/en/development/desa/population/publications/pdf/policy/reproductive_health_policies_2017_data_booklet.pdf)
- **Sexual Rights Initiative’s National Sexual Rights Law & Policy Database:** <http://sexualrightsdatabase.org/countries>
- **World Abortion Laws Map:** Produced by the Center for Reproductive Rights, this online map visually displays the legal status of abortion in each country of the world and is regularly updated. <http://worldabortionlaws.com/map/>
- **Storehouse for Abortion Law and Policy:** Hosted by Ipas, this is a useful collection of resources organized by common barriers to access abortion (adolescent rights, provider authorization, conscientious objection, privacy and confidentiality etc.). [www.ipas.org/en/The-Storehouse-for-Abortion-Law-and-Policy.aspx](http://www.ipas.org/en/The-Storehouse-for-Abortion-Law-and-Policy.aspx)
- **Country profiles:** A website produced by the Asia Safe Abortion Partnership (ASAP) providing easy to read summaries of the abortion laws, policies and practices in 17 countries in Asia. <http://asap-asia.org/country-profiles/>

### SERVICE PROVISION

- **Expanding health worker roles for safe abortion in the first trimester of pregnancy,** World Health Organization (2016): [www.who.int/reproductivehealth/publications/unsafe\\_abortion/health-worker-roles-safe-abortion-1st-trimester-summary/en/](http://www.who.int/reproductivehealth/publications/unsafe_abortion/health-worker-roles-safe-abortion-1st-trimester-summary/en/)
- **Evidence-based practices can improve safety and timeliness of care for women needing safe termination of pregnancy,** Ganatra and Johnson (2016): <https://obgyn.onlinelibrary.wiley.com/doi/epdf/10.1111/1471-0528.14118>
- **Protecting safe abortion in humanitarian settings,** Radhakrishnan, Sarver and Shubin (2017): [www.tandfonline.com/doi/full/10.1080/09688080.2017.1400361](http://www.tandfonline.com/doi/full/10.1080/09688080.2017.1400361)
- **UNFPA Agenda for women and girls in a crisis-prone world** (2015): [www.unfpa.org/sites/default/files/pub-pdf/State\\_of\\_World\\_Population\\_2015\\_EN.pdf](http://www.unfpa.org/sites/default/files/pub-pdf/State_of_World_Population_2015_EN.pdf)
- **Women’s Refugee Commission report on the intersection of reproductive health and sisability:** [www.womensrefugeecommission.org/resources/download/1102](http://www.womensrefugeecommission.org/resources/download/1102)
- **Improving reproductive health services for forcibly displaced women,** PRB (2013): [www.prb.org/refugee-women-reproductive-health/](http://www.prb.org/refugee-women-reproductive-health/)
- **Information package on medical abortion:** Produced by the International Consortium for Medical Abortion, this package contains practical information about medical abortion for women, health advocates and NGOs, healthcare providers and policy makers. [www.medicalabortionconsortium.org/information-package-on-medical-abortion.html](http://www.medicalabortionconsortium.org/information-package-on-medical-abortion.html)
- **Map of Mifepristone Approvals and Misoprostol Approvals:** Produced by Gynuity, these maps display the countries where the two drugs commonly used for medical abortion have been approved for clinical use (not necessarily for medical abortion). <http://gynuity.org/resources/single-map-of-mifepristone-approvals/>
- **Sexual Health and Abortion Services Worldwide:** Produced by Women on Waves, this site contains information about abortion services available in most countries of the world. [www.womenonwaves.org/en/page/4741/sexual-health-and-abortion-services-worldwide](http://www.womenonwaves.org/en/page/4741/sexual-health-and-abortion-services-worldwide)
- **Where Women Have No Doctor: Abortion and complications from abortion:** An easy to read, practical online publication from Hesperian Health Guides outlining safe and unsafe abortion, what a safe abortion involves and what to expect after an abortion. It includes instructions for how to give emergency assistance to women who have severe bleeding due to abortion complications. [http://en.hesperian.org/hhg/Where\\_Women\\_Have\\_No\\_Doctor:Chapter\\_15:\\_Abortion\\_and\\_Complications\\_from\\_Abortion](http://en.hesperian.org/hhg/Where_Women_Have_No_Doctor:Chapter_15:_Abortion_and_Complications_from_Abortion)



- **World Health Organization abortion resources:** Key resources published by the World Health Organization on abortion, including clinical guidelines and global and regional estimates of levels of safe and unsafe abortion. [www.who.int/reproductivehealth/publications/unsafe-abortion/en/](http://www.who.int/reproductivehealth/publications/unsafe-abortion/en/)
- **Youth and Abortion Guidelines:** Produced by IPPF, this guide provides information for young people, health professionals, policy makers and advocates about increasing young people's access to safe abortion services (also available in Spanish and French), [www.ippf.org/resource/Youth-and-abortion-guidelines](http://www.ippf.org/resource/Youth-and-abortion-guidelines)
- **Tracking the Backlash** is a project by OpenDemocracy that aims to track anti-abortion misinformation around the globe [www.opendemocracy.net/en/5050/global-anti-abortion-misinformation/](http://www.opendemocracy.net/en/5050/global-anti-abortion-misinformation/)
- **Hotlines and regional resources for abortion services and activism** [www.womenhelp.org/en/page/regional-resources](http://www.womenhelp.org/en/page/regional-resources)
- **Trans Inclusive Abortion Care Toolkit** by A.J. Lowik [www.optionsforsexualhealth.org/wp-content/uploads/2019/07/FQPN18-Manual-EN-BC-web.pdf](http://www.optionsforsexualhealth.org/wp-content/uploads/2019/07/FQPN18-Manual-EN-BC-web.pdf)
- **Abortion Language Guide** by MSI provides tips for talking about abortion. [www.msichoices.org/get-involved/abortion-language-guide-how-to-use-your-voice-for-choice/?utm\\_source=organic&utm\\_medium=email&utm\\_campaign=learn](http://www.msichoices.org/get-involved/abortion-language-guide-how-to-use-your-voice-for-choice/?utm_source=organic&utm_medium=email&utm_campaign=learn)
- **Abortion, with Love** is a podcast about abortion that includes people's personal abortion experience as well as interviews with people who work with abortion. [www.abortionwithlove.com](http://www.abortionwithlove.com)
- **We Can Talk about Abortion without being Ableist**, McLelland 2022. [www.yesmagazine.org/opinion/2022/09/13/abortion-disability-justice](http://www.yesmagazine.org/opinion/2022/09/13/abortion-disability-justice)

#### IMAGE LIBRARIES

- **Illustrated instructions for medical abortion**, developed by Women Help Women: [https://womenhelp.org/en/media/inline/2018/5/13/mama\\_safe\\_abortion\\_with\\_misoprostol\\_english\\_2nd\\_edition.pdf](https://womenhelp.org/en/media/inline/2018/5/13/mama_safe_abortion_with_misoprostol_english_2nd_edition.pdf)
- **Images of Empowerment:** This photo library, produced by Jonathan Torgovnik of Getty Images with support of the Hewlett Foundation, provides high quality empowering images of women in Kenya, Senegal and Uganda. All images can be downloaded and used free of charge for non-commercial purposes. [www.imagesofempowerment.org](http://www.imagesofempowerment.org)

#### ABORTION MESSAGING EXAMPLES AND TOOLS

- **A Haven in a Land of Unsafe Abortions:** A photo-story of one woman's experience of undergoing abortion in India. A good example of how photos of women can be very powerful in capturing the audience's attention and telling the story. [www.npr.org/2014/12/31/374253565/a-haven-in-a-land-of-unsafe-abortions](http://www.npr.org/2014/12/31/374253565/a-haven-in-a-land-of-unsafe-abortions)
- **Low literacy abortion materials:** Produced by EasyHealth and Mencap, these are simple, easy-to-understand materials on abortion designed for audiences with low literacy levels. [www.easyhealth.org.uk/listing/abortion-\(leaflets\)](http://www.easyhealth.org.uk/listing/abortion-(leaflets))
- **Medical abortion in early pregnancy:** 'Information, education and communication (IEC) materials and job aids: A toolkit' developed by Ipas that includes materials on medical abortion that can be adapted for use by others. This includes an image library (see below). [www.commonhealth.in/images/safe\\_abortion/362.pdf](http://www.commonhealth.in/images/safe_abortion/362.pdf)
- **Women's Voices:** Three short videos produced by IPPF highlighting three women's stories from Cameroon, France and India about their experiences accessing abortion services. [www.ippf.org/resource/womens-voices-india](http://www.ippf.org/resource/womens-voices-india)
- **Youth messaging checklist:** A user-friendly guide developed by IPPF to develop more effective information, education and communication materials for young people (although many of the checklist items are applicable to all age groups, not just young people). The checklist includes language to use and avoid for a range of sexual and reproductive health topics including (but not only) abortion. [www.ippf.org/resource/womens-voices-cameroon](http://www.ippf.org/resource/womens-voices-cameroon)
- **What's an Abortion Anyway?** By Carly Manes and Mar (2022), is a children's book about abortion. [www.whatsanabortionbook.com](http://www.whatsanabortionbook.com)
- **The Stigma Toolkit** provides information and resources to those working to address reproductive stigma. [www.stigmatoolkit.org/](http://www.stigmatoolkit.org/)
- **inroads** is a global network with the goal of shifting the global conversation on abortion to reimagine a world free of abortion stigma. <http://endabortionstigma.org>. Also see paper synthesizing abortion stigma qualitative research: 'Abortion Stigma Around the World' (2016): [www.endabortionstigma.org/en/Making-inroads/2016/March/QualitativeSynthesis.aspx](http://www.endabortionstigma.org/en/Making-inroads/2016/March/QualitativeSynthesis.aspx)
- **Disgust, Stigma, and the Politics of Abortion**, Anuradha Kumar (2018): <http://journals.sagepub.com/doi/abs/10.1177/0959353518765572>
- **Situating stigma in stratified reproduction: Abortion stigma and miscarriage stigma as barriers to reproductive healthcare**, Bommaraju et al. (2016): [www.sciencedirect.com/science/article/pii/S1877575616301793](http://www.sciencedirect.com/science/article/pii/S1877575616301793)
- **Abortion Stigma: A Systematic Review**, Hanschmidt et al. (2016): [www.ncbi.nlm.nih.gov/pubmed/27037848](http://www.ncbi.nlm.nih.gov/pubmed/27037848)
- **Ipas resource on disability inclusion in abortion and contraceptive care:** [www.ipas.org/en/Resources/Ipas%20Publications/Access-for-everyone--disability-inclusion-in-abortion-and-contraceptive-care--overview.aspx](http://www.ipas.org/en/Resources/Ipas%20Publications/Access-for-everyone--disability-inclusion-in-abortion-and-contraceptive-care--overview.aspx)
- **'Repeat abortion', a phrase to be avoided? Qualitative insights into labelling and stigma**, Hoggart, Newton and Bury (2016): <http://srh.bmj.com/content/43/1/26>
- **Abortion Explained! Disability Justice** is a tool by WeTestify explaining how reproductive justice and disability justice intersect. [www.wetestify.org/abortion-explained-disability-justice](http://www.wetestify.org/abortion-explained-disability-justice)



## STORYTELLING

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

## ABORTION SELF CARE

- **IMAP Statement Abortion Self Care**: Practical recommendations for IPPF MAs and other SRH stakeholders on how to manage abortion care within a people-centred model which empowers individuals. [www.ippf.org/resource/imap-statement-abortion-self-care](http://www.ippf.org/resource/imap-statement-abortion-self-care)
- **Abortion Care Guidelines** are recommendations and best practices by the World Health Organisation about self managed abortion [www.who.int/publications/item/9789240039483](http://www.who.int/publications/item/9789240039483)
- **Self-Managed Abortion and Embodying the Principles of Reproductive Justice**, Fried & Yanow ( 2018) [rewirenewsgroup.com/2018/01/12/self-managed-abortion-embodiment-principles-reproductive-justice](http://rewirenewsgroup.com/2018/01/12/self-managed-abortion-embodiment-principles-reproductive-justice)
- **Putting abortion pills into women's hands: realizing the full potential of medical abortion** Jelinska & Yanow (2017) [clacaidigital.info/bitstream/handle/123456789/1056/Putting%20pills%20into%20Women%27s%20Hands.pdf?sequence=3&isAllowed=y](http://clacaidigital.info/bitstream/handle/123456789/1056/Putting%20pills%20into%20Women%27s%20Hands.pdf?sequence=3&isAllowed=y)
- **Understandings of self-managed abortion as health inequity, harm reduction and social change**: Erdman, Jelinska & Yanow (2018) [www.tandfonline.com/doi/pdf/10.1080/09688080.2018.1511769](http://www.tandfonline.com/doi/pdf/10.1080/09688080.2018.1511769)

- **Self Managed** is a podcast about self-managed abortion <https://www.smapodcast.org>
- **Self-Managed Abortion: Strategies for Support by a Global Feminist Movement** Braine & Velarde (2020) [www.tandfonline.com/doi/full/10.1080/23293691.2022.2016142](http://www.tandfonline.com/doi/full/10.1080/23293691.2022.2016142)
- **Plan C** provides up-to-date information on how people in the U.S. are accessing at-home abortion pill options online [www.plancpills.org](http://www.plancpills.org)
- **How To Use Abortion Pill** provides step-by-step instructions for self-managing an abortion in many languages [www.howtouseabortionpill.org](http://www.howtouseabortionpill.org)

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- iv. Center for Reproductive Rights (2015), *The World's Abortion Laws 2015*. Available at: <http://worldabortionlaws.com/map/> [Accessed 1st July 2015].
- v. See reference i. World Health Organization (2012), p.23.
- vi. See reference i. World Health Organization (2012), p.90.
- vii. See reference i. World Health Organization (2012), p.19.
- viii. See reference i. World Health Organization (2012), p.23.
- ix. Guttmacher (2018), *Induced Abortion Worldwide Factsheet*. Available at: [www.guttmacher.org/fact-sheet/induced-abortion-worldwide](http://www.guttmacher.org/fact-sheet/induced-abortion-worldwide)
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- xv. See reference i. World Health Organization (2012), p.49.
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- xvii. Royal College of Obstetricians and Gynaecologists (2004), *The Care of Women Requesting Induced Abortion. National EvidenceBased Clinical Guidelines*. London: RCOG. Summary at: [www.rcog.org.uk/en/guidelines-research-services/guidelines/the-care-of-women-requesting-induced-abortion/](http://www.rcog.org.uk/en/guidelines-research-services/guidelines/the-care-of-women-requesting-induced-abortion/)
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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](mailto:info@ippf.org)  
 web [www.ippf.org](http://www.ippf.org)

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