



What you need to know about



The Social and Behaviour Change Communication Strategy for Enhancing Male involvement in advancing SRHR for ALL project in Africa.



Women's Global Network for Reproductive Rights Africa – WGNRR and MenEngage Alliance Africa.



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MenEngage Alliance
working with men and boys for gender equality

About this tool

This tool will enable one navigate the Social and Behaviour Change Communication Strategy for Enhancing Male involvement in advancing SRHR for ALL project in Africa and has tips on the messaging and how to handle men and young people while addressing unsafe abortions. Please note that one may need to refer to the online webinars as a guide on how to process a session with men and boys on abortion.

Who uses the Social Behavior Change Communication – SBCC strategy?

WGNRR Partners, Men Engage Change makers and other like-minded civil society organizations, individuals and government officials working on provision of SRHR services and those advocating for women's and girls' access to SRHR services including safe abortion services.

Purpose of the SBCC strategy

To enable the users:

- ✘ Generate awareness on the magnitude of unsafe abortion in the implementation areas and means of addressing it.
- ✘ Increase advocacy and campaign initiatives that mobilize communities to address masculinities that prevent men and boys from supporting women and girls access safe abortion services.
- ✘ Engage men and boys to challenge the social norms, stigma, discrimination, attitudes and
- ✘ Increase awareness on laws that undermine the fulfillment of SRHR for all through the uptake of gender transformative approaches



List of Acronyms

WGNRR	Women Global Network for Reproductive Rights
SBCC	Social Behavior Change Communication
RH	Reproductive Health
SRHR	Sexual Reproductive Health and Rights
SRH	Sexual and Reproductive Health
PAC	Post Abortion Care
WHO	World Health Organization
MOH	Ministry of Health
IEC	Information, Education and Communication
TORs	Terms of Reference
BCC	Behavior Change Communication
CDO	Community Development Officer
MMR	Maternal Mortality Rate
MCH	Maternal and Child Health
SDG	Social Development Goals
CEDAW	Convention on elimination of all forms of discrimination against women
ICPD	International convention on population and development
WR	Women of Reproductive Health
NGO	Non-Government Organization
CME	Continuous medical education
M&E	Monitoring and Evaluation



The Social and Behaviour Change Communication Strategy for Enhancing Male involvement in advancing SRHR for ALL project in Africa. What you need to know.

The current situation

Unsafe abortion in sub-Saharan Africa often surpasses modern contraceptive practice. Some studies and some data sets indicate that this occurs not only among adolescents but also within older age groups. In several sub-Saharan African countries, particularly where contraceptive use is low and access to unsafe abortion is high (though largely illegal), abortion appears to be so rampant.

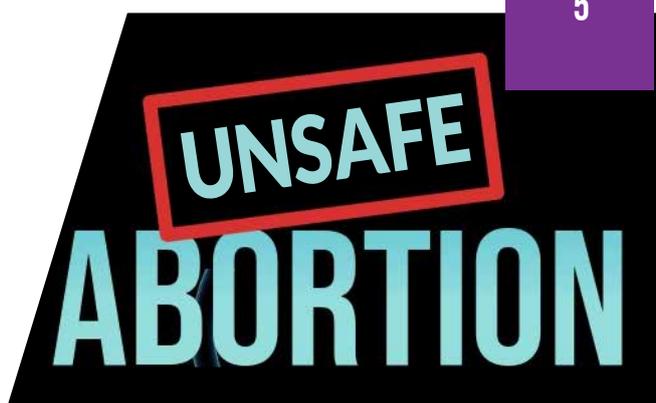
Even in rural areas, women may regularly resort to abortion, often using extremely unsafe procedures, instead of contraception. Available data seem to indicate that relatively high levels of unsafe abortion correlate with low access to modern contraception, low status of women and strong sanctions against out-of-wedlock pregnancy.

A New research released by the Guttmacher Institute on July 28th, 2020 finds that 218 million women in low- and middle-income countries (LMICs), (<https://www.guttmacher.org/report/adding-it-up-investing-in-sexual-reproductive-health-2019>), have an unmet need for modern contraception.

In the 132 countries studied, the need is disproportionately high among adolescents aged 15–19 who want to avoid a pregnancy (43%, compared with 24% among all women aged 15–49).

Fully meeting the needs for sexual and reproductive health care would result in immense health gains, including a reduction of about two-thirds in unintended pregnancies, unsafe abortions and maternal deaths.

The study, called “Adding It Up”, documents the sexual and reproductive health needs of 1.6 billion women of reproductive age (15–49) in 2019, the positive impacts of meeting those needs, and the costs associated with improving and expanding services.



Why engage men in addressing unsafe abortion?

- o The role male partners play in women’s reproductive health takes place directly and indirectly, biologically and socially (Dudgeon & Inhorn, 2004).
- o In relation to abortion, for example, in some countries women even need their husband’s permission to have an abortion (Gürsoy, 1996). The relationship that the man has with the woman, i.e. whether the woman is his wife, mistress or girlfriend, most likely influences his involvement as well as his desires regarding how to manage her reproductive health (Rausch & Lyaruu, 2005).
- o Whereas expectations about childbearing within marriage may lead a man to support his wife to carry a pregnancy to term, a man might encourage a girlfriend to terminate a pregnancy since social sanctions might be brought to bear on them for having a child out of wedlock.
- o Men play a critical role in reproductive decision-making in sub-Saharan Africa (Fayorsey, 1989; Mbizvo & Adamchak, 1999). In the minimal work which has been done with men on abortion in Africa, research has identified men’s opposition to abortion spanning the continent. A recent qualitative exploration of men’s attitudes and involvement in abortion in Burkina Faso found that men do not want women to have abortions. As a consequence, women have them secretly so as to minimize difficulties that could accompany telling the man about the abortion (Rossier, 2007).
- o Qualitative data collected with men in Zimbabwe found that men viewed abortion as a sign of illicit sexual activity (Chikovore et al., 2002). These authors framed men’s attitudes towards abortion within men’s attitudes towards control over women and concluded



that men felt anxious and vulnerable regarding their role in society due to shifting gender roles and greater rights accorded to women. Abortion, as a concrete manifestation of the shift towards smaller families and greater female autonomy, is the site of a great deal of social tension. One of the reasons women said they did not disclose their abortion intentions or experiences to their male partners was because they feared violence (Chikovore et al., 2002).

o In the only research done to date with men in Uganda on abortion, Nyanzi et al. found that due to abortion's legal status in the country, their respondents, motorbike taxi drivers (Boda-Bodas), felt it necessary to dissociate themselves from the practice in public spaces (2005). Yet in private spaces they reported being involved in abortions. This notwithstanding, the motorbike taxi drivers expressed a great deal of tension and conflict over abortion as it relates to notions of respectability, family and shame. The study participants reported that relationships do not survive the event of an abortion due to guilt, broken trust and inherent conflict (Nyanzi et al., 2005).

Emerging issue(s):

Core problem	Affected population	Health Problem to address	Shared vision
<ul style="list-style-type: none"> Men and Boys are not meaningfully engaged in supporting women to access Safe abortion services. Stigma and discrimination attached to abortion Lack of comprehensive information on safe abortion. 	Young women/girls (Women of reproductive age - 15-49 years) all over Africa with the rural areas disproportionately affected.	Maternal Mortality and Morbidity due to Unsafe Abortion.	- An Africa where Men and Boys Support Women and Girls to Access Contraceptives and Safe Abortion services.



Men and Boys



Shared vision

Our Theory of Change



Implementation of this strategy will be founded on the Socio-ecological model of communication.

The Socio-Ecological Model takes into consideration the individual, their relationships with people, organizations and their community at large to be effective. There are five stages to this model – Individual, Interpersonal, Organizational, Community, and Public Policy. Our SBCC plan/strategy realizes that for effective impact on the individual (Person with Disabilities), we will have to greatly impact the community, organizational and policy levels.

The Individual:

Empowering the individual girls, women and communities to prevent unwanted pregnancies and unsafe abortions. The first step in preventing unsafe abortions is to ensure that women are empowered to make decisions about their own bodies and able to prevent unwanted pregnancies.



The Family & Peer Support Network:

Creating an enabling environment in which women are able to access contraceptives and Abortion Care services. To increase access to safe and legal abortion services for women, it is crucial to remove stigmas and taboos and negative masculinities and gender norms surrounding abortion.



The Community:

WGNRR Africa, Men Engage and partners will work with the local leadership to create a supportive environment in which women are able to access abortion services.



The Social & Structural:

WGNRR Africa, MenEngage and partners aim to influence policies, provide guidance on protocols, engage religious and cultural leaders to address negative gender norms and engage the media.



The strategy development methodology and process

The development process was premised on the Human Centered Design theory, a philosophy that empowers an individual or team to designing products, services, systems, and experiences that address the core needs of those who experience a problem. This followed five (5) major steps namely:

Step	Description
Empathize	This is the most important part of the process, focusing on participatory action research – not just documenting the user, but engaging them in the brainstorming, modeling, and prototyping as well.
Define	After defining the problem, we were able to come up with a variety of potential solutions. This statement served as the thesis that the team could repeatedly check solutions against throughout the process to ensure that they're actually tackling all aspects of the problem.
Ideate	With a better understanding of the perspective of the person who experiences the problem during the empathy phase and defining an actionable problem in the define stage, it was brainstorm time. We came up with as many solutions to the problem we defined as possible. This was at an online co-creation workshop where ideas were shared.
Archetype	At this stage we identified archetypes or examples of persons we will impact with our strategy. These archetypes we assigned names in our audience segmentation, developed messages and actions to have them change behavior.
Test & Iterate	We put the ideas and prototypes to test. This is where partners identified flaws, weaknesses, and gaps in the design, improving it along the way. Some of the issues were looking for from the strategy and tools/materials pretest included: Likeability, Level of alienation and why, whether the tools/materials were telling them to do something about a behavior and what it was and any suggestions for betterment of the tools/materials/messages.



Step	Description
<p>(Brainstorm) with WGNRR Africa and MenEngage – “getting started.”</p> 	<ul style="list-style-type: none"> o The team started with an online brainstorm on the entire Communication Strategy development process. o Held meetings with WGNRR Africa and MenEngage Alliance members and other stakeholders to clarify on the; ToRs shared technical proposal and other ‘client expectations’. o Agreement on the communication and approval channels for the respective steps proposed for this assignment. 
<p>Situation Analysis (Literature review & Desk Research)</p>	<p>The team engaged the partners in conducting a dipstick research/review already existing research(es) to gather information that informed the technical team about various aspects.</p>
<p>Co-creation Workshop</p> 	<p>The team engaged partners in a five (5) days online co-creation/ design workshop in which; the consultants, WGNRR and MenEngage and key representatives from the Platform, were engaged in various creative process to develop prototypes for the following outputs (among others).</p> <ul style="list-style-type: none"> o The priority Audience and segmentation o An analysis of the Political, Economic, Social, Scientific, Technological and legal frame work. o Our Theory of change o The Monitoring and evaluation framework among others. o Key Messages and media and timeframe for implementation. o Key communication Tools for each audience as per accuracy of reach. o Capacity building plan for key WGNRR and MenEngage platform staff.
<p>Development & Design of Communication Strategy and tools, Implementation and M&E plan</p>	<p>Based on the approved creative brief, the consultants develop the Communication Strategy and tools. During this phase, WGNRR and MenEngage had a chance to review and give feedback on the developed Strategy and tools. The team then made refinements before subjecting the prototypes to a pre-test on the next step.</p>
<p>Pre-test</p>	<p>The team subjected the SBCC strategy with the messages, materials and other tools to a review by the stake holders where feedback was received and incorporated.</p>
<p>Validation Workshop</p>	<p>An interactive methodology was designed to obtain feedback from WGNRR and MenEngage staff, beneficiaries (priority audiences) of the SBCC Strategy and message in a validation workshop setting</p>



In the co-creation workshops conducted, MenEngage, WGNRR and partners identified audience to influence with our interventions. Primary and influencing audiences were identified as below:

Priority Audience(s)	Men and Boys
Influencing Audience(s)	Religious leaders
	Cultural Leaders e.g. Family Chiefs
	Policy Makers e.g. Parliamentarians, Government
	Political Leaders
	The Media



Men and Boys



Religious leaders



The media

Policy Makers e.g. Parliamentarians, Government



Our messages

Messages we developed for each of the audiences by reflecting on the dos and don'ts for abortion messaging which we called the “**Golden rules of Abortion Messaging**”. These messages may be adopted to particular situations and used accordingly. It is however advisable that as you pick on any message(s) for your materials, you bear these in mind.

The Golden Rules of Abortion Messaging.

1. Be honest and accurate.

All abortion messaging should aim to be accurate and clear. While some struggle with the decision of whether or not to end a pregnancy, others do not, and relief is a very common emotion after abortion. Even where access to abortion is highly restricted it is not illegal to talk about abortion, or recognize that it is a common occurrence. Focusing on the realities of abortion as a part of people's lives can counteract stigma and misinformation.

2. Be non-judgmental

Believing that individuals have the right to make decisions about their own bodies means that no one abortion is more 'justified' than another. However, professionals working in the field of abortion, like everyone else, have personal values, beliefs and experiences, but it is important that messages about abortion are factual and supportive of individual choices.

3. Focus on the individual

It is important to maintain a focus on the health and rights of the pregnant woman in all messaging. The right to decide the outcome of a pregnancy should always rest with the person who is pregnant, because they are best placed to understand their own circumstances and the results of their actions.

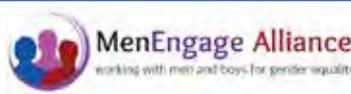
4. Recognize diversity

No two abortions are the same; they occur in a huge variety of different socio-economic and cultural settings, and affect a wide range of people with different experiences and values. With the increasing availability and accessibility of medical abortion, safe abortions do not always occur in clinics or require on-site trained medical providers. It is important to present a range of abortion experiences to reflect this diversity.

5. Avoid stigmatizing language and images

It is easy to unintentionally stigmatize abortion through inaccurate and negative language and poorly chosen images. That is why this guide includes detailed guidance on appropriate language and images to use in abortion messaging.

6. Involve the intended audience as much as possible during material development



At a bare minimum, draft materials should be tested with members of the intended audience; even better, involve them from the conceptual design stage. Make sure that your materials are as inclusive of audience needs as possible. For example, take into account the intended audience’s literacy and comprehension levels.

7. Always provide references and resources

As well as giving citations for factual information, all communications materials about abortion should enable audiences to obtain further information about abortion and related services. When individuals have access to resources, they are less likely to resort to unsafe practices. **Adopted from *How to talk about abortion: a guide to rights-based messaging*. By IPPF.**

Note

1. We are cognizant of the fact that the legal environment in some countries may not be favorable for the messaging below especially use of the word “Abortion”.
2. We recommend that partners use the appropriate wording without necessarily altering the message.
3. For example, in Countries such as Uganda, Behavior change communication has taken on the use of the words “Post Abortion Care” instead.

For example, the message below could read differently in the 2 environments

Legally restrictive Environment	Non-restrictive environment
<p>She has a right to bodily autonomy and integrity. Denying her access to safe Post abortion care services is a violation of these rights and may lead to her failing to fulfill her potential in life.</p> <p>Take a step NOW, TALK to someone about Safe Post Abortion services.</p>	<p>She has a right to bodily autonomy and integrity. Denying her access to safe abortion services is a violation of these rights and may lead to her failing to fulfill her potential in life.</p> <p>Take a step NOW, TALK to someone about Safe abortion services.</p>

4. We also need to establish the level of behavior change the audience is at. If we realize they are not aware and not interested, using the word Abortion may not be applicable in environments that are legally restrictive. If they are Interested, at Trial and Adoption or advocacy stage, we may use the word abortion without much fear. This is because the audience is much more likely to stand for our cause.

Developing messages to address social norms and safe Abortion

Bearing in mind that Stigma and discrimination were the major issues affecting men and boys support to women and girls' access to safe abortion services, please note the following when developing messages responding to social norms and stigma.

What is the social environment regarding abortion?

Know and understand the local situation in which you are working. Whether the local community opposes or accepts abortion services can influence your messaging, as will the purpose of your material (e.g. if you are aiming to influence opinions you will use a different approach than if you are aiming to provide information about available services).

In settings where people are opposed to abortion, openly referring to the provision of abortion services may be difficult and more sensitive messaging might be necessary (e.g. some clinics may refer to 'pregnancy options counselling', rather than 'pre-abortion counselling' on the list of services they offer).

Do not be afraid to challenge social norms and conventions however. While it is important to ensure that your messaging is sensitive to the local context, it is also important to be mindful of the need **to push the boundaries of the current debate** in order to address abortion-related stigma.

To do this, you need to introduce new messages, arguments and information about abortion into the local community. This includes not censoring messages unnecessarily based on what you expect others may think.

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

It will not always be relevant or useful to include personal stories or 'case studies' of individuals' abortion experiences, however, inclusion of such stories in certain materials may help to show the realities of abortion and counteract negative myths and misconceptions.

Sharing experiences publically may help those who have had or are considering abortion, to show that they are not alone, and may also help those who have no experience of abortion to understand that it is part of real people's lives, not just an abstract political issue.

For example, it may be useful to share abortion stories when encouraging others who have experienced abortion to share their story in the media; producing short films on abortion in your country; or using personal stories in advocacy materials or clinic leaflets.

How can you encourage sensitive story telling around abortion?

You may decide that it is necessary to create new abortion storytelling resources that are relevant to your country/community's context. If this is the case it is important to ensure that those providing their stories are well supported, since if they are identifiable, they may experience more stigma and discrimination.

Sea Change has some useful resources for organizations supporting people to share their abortion experiences, and for individuals themselves, <http://seachangeprogram.org/our-work/untold-storiesproject/storytelling-research/>.

It is crucial that individuals retain control of their own stories and that they are not put under pressure in any way.

Think about ways to share real experiences of abortion, without needing to identify individuals. For example, anonymize case studies, or create films that use animation over a person narrating their experience. If you are producing advocacy materials you could consider interviewing community members, such as in the film I Support You from the National Latina Institute for Reproductive Health.

How clear is the language being used?

Good communication involves clear language that can be easily understood by your intended audience. Make sure you spell out all acronyms the first time they are used. While you may use these acronyms frequently, your audience may not be familiar with them. Even if your audience is highly educated, you should still keep your language as simple as possible. The challenge is to remain as simple, yet as accurate, as possible.

How accurate is the language used?

It is important that you use accurate language in your material to ensure that it contains correct information. See the table on next page for suggestions of commonly used inaccurate language and preferred alternatives.

Is there any stigmatizing language used?

It can be easy to unintentionally stigmatize abortion by the language used. Be careful when using local languages, in which the word for abortion might be inherently stigmatizing, and try to come up with a feasible alternative even if you just have to explain abortion as 'ending a pregnancy'. See table below.

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.

How to avoid stigmatizing language?

Below is a guide of wording you my/may not use while developing materials on safe abortion.

NOT Recommended	More accurate/appropriate	Explanation
Abort a child	End a pregnancy Have an abortion	'Abort a child' is medically inaccurate, as the fetus is not yet a child. 'Terminate' a pregnancy is commonly used, however some people prefer to avoid this as terminate may have negative connotations (e.g. 'terminator' or 'assassinate') for some people.
Abortion is illegal	Abortion is legal under the following conditions: ... Abortion is legally restricted	At the time of writing only four countries prohibit abortion in all circumstances, (Chile, El Salvador, Nicaragua and Malta). See the Center for Reproductive Rights' map at www.worldabortionlaws.com/map which provides updates on the legal status of abortion across the world. In most countries abortion is allowed under some circumstances, under varying legal restrictions.
Abortionist	Service provider Abortion provider Healthcare provider	Abortionist is a term used by those opposed to abortion. Healthcare provider is usually a more accurate term to use than abortion provider, as most of those providing abortion services also provide other health services.
Baby Dead fetus Unborn baby Unborn child	Embryo (up to week 10 gestation) Fetus (from week 10 gestation onwards) The pregnancy	Alternatives are medically accurate terms, as the embryo or fetus is not a baby. When referring to the tissue examined following a surgical abortion, an appropriate term is 'products of conception'. However, this term is only useful for materials focused on medical details of abortion, as it is not commonly used or understood outside of medical or scientific contexts..
Conscientious objector Conscientious objection	Provider refusal Someone who refuses to provide abortion care/ service	'Conscientious objector' implies that those who do provide abortions are not conscientious individuals, which is incorrect.
Consequences Dealing with the consequences		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.
Get rid of	Choose abortion Decide to end a pregnancy	Make it clear that abortion is about choice, and not imply it is done without much thought.

Keep the baby Keep the child	Choose to continue the pregnancy Continue the pregnancy	The term 'keep' implies a positive outcome which may not accurately reflect the situation. In addition, it is medically inaccurate to describe the pregnancy as a baby or child (see earlier for explanation). It is more accurate to describe the situation as a pregnant woman choosing to continue with the pregnancy.
Mother Father Parent	Pregnant woman Partner of a pregnant woman	Use of mother/father/parent during a pregnancy is value laden and assigns roles that the man or woman may not accept. It also implies that the fetus is a child, which is not accurate.
Prevent abortion Reduce the number of abortions 'Safe, legal and rare'	Prevent unintended pregnancies Reduce the number of unintended pregnancies	Women often seek abortion due to the occurrence of an unintended pregnancy. Therefore, it is unintended pregnancy that needs to be avoided and reduced, rather than abortion.
Pro-life	Anti-choice Anti-abortion Someone who is opposed to abortion	Pro-life implies that those who support legal abortion access are 'anti-life', which is inaccurate. Instead use alternative terms to make it clear that you are referring to individuals opposed to anyone having an abortion
Promote abortion	Promote choice Raise awareness of availability of abortion services (or include specific information about the services available)	Providing abortions is about promoting choices and rights for pregnant women, not only abortion services. However, it is appropriate to include specific information about abortion services in many materials talking about abortion
Repeat abortion Multiple abortion	More than one abortion	'Multiple' and 'repeat' can have negative connotations, such as 'repeat offenders'. Multiple and repeat also imply that each abortion experience for a woman is the same, whereas each abortion is surrounded by a unique set of circumstances.



Also avoid using the following terms in your messaging interchangeably.

Term	Use the specific term for what you are referring to
Illegal abortion Unsafe abortion	<p>Illegal abortions do not comply with a country's legal framework, but may be safe if performed by a trained provider or when a woman has access to high quality medication, information and support to safely undergo a medical abortion.</p> <p>Unsafe abortions are performed by un- or under- trained providers or in situations where women are unable to safely undergo a medical abortion due to lack of access to high quality medication, information or support. It is possible to have an unsafe, legal abortion</p>
Unwanted pregnancy Unplanned or unintended pregnancy	<p>Unwanted pregnancy is a pregnancy that a woman decides she does not desire.</p> <p>Unplanned or unintended pregnancies refer to pregnancies that occur when a person is not trying to get pregnant. An unplanned or unintended pregnancy may be either a wanted or unwanted pregnancy.</p>

Images and film

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.

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 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.



Less appropriate

Visibly pregnant woman (second or third trimester).



Explanation

The majority of abortions occur during the first trimester, well before most people begin to show a pregnancy 'bump' or 'belly'. By showing a visibly pregnant woman you can perpetuate myths about abortion, such as how developed the pregnancy is at the time most abortions occur.

More appropriate

If the intention is to show individuals who may seek abortions, use diverse depictions of women, to demonstrate that a range of women (different ages, ethnicities, professions, social economic status, with and without children) have abortions. Choose depictions that reflect the intended audience of the material. If the intention of the image is to show a pregnancy, an appropriate alternative is to use an image of a positive pregnancy test.

Photos of women obscuring their faces



By making it obvious that women are not willing to be identified it may imply that abortion is something that women should feel ashamed or guilty about, and that it should not be disclosed to others.



If you do not wish (or are not able) to show identifiable photos of women, use a cartoon. A realistic drawing of a woman is a good alternative, as it enables the viewer to identify with the person depicted, without requiring a photo. Showing faces of women who have had abortions can send a powerful message, such as this photo story from India. www.npr.org/2014/12/31/374253565/a-haven-in-a-land-of-unsafe-abortions). However, you must ensure that you have permission from those included to use their images in this way.

Individuals showing strong negative emotions



Different individuals will have different reactions to considering and undergoing an abortion. Ensure your images do not perpetuate the myth that all people are distressed, upset or troubled by abortion as this is not true.

Individuals experience a range of emotions following abortion. The best images to use are of individuals with 'neutral' expressions, similar to what you expect to see in any material depicting a medical procedure. Avoid using images that depict overly happy or overly sad expressions.

Avoid using images of fetuses at all



The majority of abortions occur in the first trimester so by including images of fetuses older than three months you can perpetuate myths about the gestational age at which most abortions occur.

Graphic fetal imagery is used a lot by anti-abortion campaigners, and may have negative associations for those seeking abortion services. As women have abortions at different gestational ages, and fetuses change a lot depending on the gestational age, using an image of a fetus at any gestational age could be misleading.

Avoid using an image of a fetus as these can over-medicalize the process of abortion and take the focus away from the individual having the abortion.

Images of fetuses may be appropriate where the primary purpose of the material is to inform patients or service providers about the abortion process, in which case you could use an image of an appropriate gestational age (e.g. six weeks).



Images with no context or exclusively in clinical settings



Babies



To help normalize abortion and show the range of settings in which abortions can occur, we should deliberately include images of women and men in everyday situations such as at home and in their communities, and not only show women alone or in clinical settings.

Images in clinical settings are appropriate to use in materials that focus exclusively on abortions provided in a clinical settings (e.g. a material from a clinic promoting the services available at that clinic).

Including babies in materials about abortion can send a confusing message to some audiences, particularly as images of babies are often associated with anti-choice campaigns.

However, as many women who seek abortion services already have children, or will choose to have children in the future, the careful use of images of children within materials may help represent the reality and diversity of women who have abortions.

Include a range of settings and individuals (e.g. women with family and friends) where possible.

Including only images in clinical settings may be appropriate where the primary purpose of the material is to inform women about what will happen when they attend a clinic for an abortion service. Materials that are more general should include non-clinical settings, as abortions are more likely than before to occur in community settings due to the increased availability of medical abortion.



Including images of babies may be most appropriate when this image is part of a 'story' within a longer communications piece about who has abortion services and when they might need them. It could also be appropriate to show women holding babies among a diverse group of women to show that mothers have abortions too.

In shorter or simpler materials, having an image of a baby may increase confusion about the intended message of the material and are best avoided. Materials on abortion should focus on the individual undergoing an abortion, rather than the pregnancy itself.

Explicit and 'shock' images like a woman bleeding.



Potential consequence of unsafe abortion

While graphic and 'shock' images may attract attention, they could cause distress and anxiety to viewers.

The use of graphic and 'shock' images to depict the impact of unsafe abortion, must be carefully managed to avoid misinterpretation. They could imply that all abortion is a 'scary' and/ or 'dangerous' experience. Therefore, images like this should be clearly labelled as representing unsafe abortion and must not be mixed in with messages around safe abortion.

There are many ways to increase the visual appeal of materials other than the use of graphic images, such as using eye-catching colors, multiple images and clear formatting.

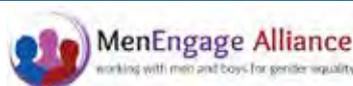
Only use graphic images where this is critical to conveying the primary intention of the material. This is generally appropriate when the material has a specific educational purpose (e.g. how to identify when to seek medical care for complications of abortion or the dangers of unsafe abortion) rather than general communications material about abortion.



Common Myths and misconceptions about Abortion.

Please take note these in your communications about safe abortions.

Statement	True or False	Explanation
Abortion increases a woman's chance of developing breast cancer		This is a common claim made by those opposed to abortion. However, there is no reputable medical evidence that having an abortion increases a woman's chance of developing breast cancer.
Having an abortion makes it more difficult to get pregnant in the future		A safely conducted abortion does not cause subsequent fertility problems and in fact, fertility can return as soon as two weeks after an abortion. xiv This myth can lead to more unintended pregnancies if women believe they are unable to get pregnant after an abortion and thus do not use contraception
Women would not need to have abortions if they used contraception		Individuals may not be able to access contraception, choose not use it, or experience contraceptive failure since no method is 100% effective. They may also have been in situations of coercive control by partners or become pregnant through rape. An estimated 33 million women worldwide using contraception will experience unintended pregnancy each year.
Making Abortion easier to access will discourage people from using contraception and lead to more unplanned pregnancies Where modern methods of contraception are easily accessible, abortion is not widely used as an alternative to contraception.		However, it is still necessary to have access to abortion services. Studies in the U.S., for example, have found that women who have had more than one abortion are more likely to have been using an effective hormonal method of contraception at the time of their abortions. This finding refutes the related myth that large numbers of women are using abortion as an alternative to contraception. Women
Women commonly experience feelings of intense grief, regret or depression after abortion		Women experience a whole range of emotions following an abortion. However, evidence suggests that the majority of women do not regret having an abortion. 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.
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.
Legalizing Abortion will lead to more abortions occurring		Highly restrictive abortion laws are not associated with lower abortion rates. 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.
Most abortions take place late in pregnancy, when a woman is visibly pregnant		Often the media and others show images of heavily pregnant women alongside the topic of abortion. However, this is a misrepresentation as the vast majority of abortions take place in the first trimester of pregnancy before a women is visibly pregnant.
Only young or irresponsible women have abortions		All different sorts of people, of different ages, experience pregnancy and abortion, and a large proportion of those seeking abortion are mothers.
Men are less likely to engage in helping a woman access a safe abortion due to stigma related to it especially in Africa.		Men are more likely not to support a woman access safe abortion services due to fear and stigma attached to abortions. They hide away yet they play a n equally big role in having the woman/girl pregnant.



The following were developed as messages for each audience. Please remember that these may be adapted to suit particular countries, cultures etc. These were developed based on a standard message development guide of: What we want the audience to know, feel and do.

Audiences and messages.

Audience	Men
Stage of behavior change	Awareness
Campaign Theme	<p>“Her Rights matter”.</p> <p>“Take a step”</p> <p>“Let her be”.</p> <p>“Wacha mucheezo”.</p> <p>“Break the silence”</p>
Key Message Content	<p>We envisioned man say this on an IEC Material.</p> <ol style="list-style-type: none"> Free and informed decision-making about pregnancy and childbirth is a basic human right. <i>(The 1994 International Conference on Population and Development, 179 governments agreed to this)</i> <p>I am for her Rights.</p> <p>Allow Women to enjoy the right to terminate a pregnancy.</p> <p>For more information, call Toll free XXXXXX or see a Gynaecologist near you.</p> <ol style="list-style-type: none"> She has a right to bodily autonomy and integrity. <p>Denying her access to safe abortion services is a violation of these rights and may lead to her failing to fulfill her potential in life.</p> <p>Take a step NOW, TALK to someone about Safe abortion services.</p> <p>For more information, call Toll free XXXXXX or see a Gynaecologist near you.</p>



3. She has dreams, we have Dreams.

When we realized she was not ready, we made a decision not to have it.
Take a step, TALK to someone about Safe abortion services, enable women realize their dreams.

For more information, call Toll free XXXXXX or see a Gynaecologist near you.

4. Why carry it if you are not ready and prepared to?

Do not force a woman to carry a pregnancy she is not ready for.
Take a step, TALK to someone about Safe abortion services.
For more information, call Toll free XXXXXX or see a Gynecologist near you.

5. Better access to contraception, education, and support for parents and those choosing adoption is what I stand for.
But even with these there will always be a need for abortion.

Wacha Mchezo.

Talk to someone about abortion today or call Toll free XXXXXX or see a Gynaecologist near you.

6. A woman who does not want to carry a pregnancy to term and is unable to access an abortion, is likely to access an unsafe abortion. **An estimated 22 million unsafe abortions occur leading to death of 47,000 women and injury for an additional 5 million women annually.**

Do not Harass us, we simply need a service.
For more information, call Toll free XXXXXX or see a Gynecologist near you

7. *An estimated 22 million unsafe abortions occur leading to death of 47,000 women and injury for an additional 5 million women annually.*

Provision of safe abortion services can prevent this.
Be a Champion.

Talk to someone about abortion today or call Toll free XXXXXX or see a Gynaecologist near you.

8. 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 and many women that die in the process.

Be a Champion.

Talk to someone about abortion today or call Toll free XXXXXX or see a Gynaecologist near you.

9. When a woman is able to access safe abortion services, the number of abortions that are unsafe decreases.

Be a Champion, save a life.

Talk to someone about abortion today or call Toll free XXXXXX or see a Gynaecologist near you.

10. If my rights matter, hers do.

Women and girls should enjoy the right to decide when to become pregnant and whether or not to carry a pregnancy to term.

For more information, call Toll free XXXXXX or see a Gynaecologist near you.

11. When we realized it was getting in between her dreams, we stopped it.

Support a woman access safe abortion services today, enable her realize her life dreams.

For more information, call Toll free XXXXXX or see a Gynaecologist near you.

1. *If you can't carry it,*

Drop it.

Visit a Health Center near you today or call Toll free XXXXXX.

2. A woman has the right to make decisions about their bodies and decide if, when and how to have a child.

Let her be.

For more information, call Toll free XXXXXX or visit a Health Center near you.

3. Abortion is a common medical procedure.

Fear Not. Your friend is safe and risks of complications are rare.

For more information, call Toll free XXXXXX or visit a health Center near you.

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

Over 3 million girls aged 15 to 19 undergo unsafe abortions annually.

Break the Silence.

Talk to someone about abortion today or call Toll free XXXXXX or visit a Health Center near you.

5. Medical complications and deaths related to abortion are rare only when women have access to safe abortion services.

Break the Silence.

Talk to someone about abortion today or call Toll free XXXXXX or see a visit a Health Center near you.

6. Every woman has the right to choose when to and if she wants to become pregnant.

Be the Champion. Support her realize her wish.

For more information, call Toll free XXXXXX or visit a health Center near you.

7. Young people should be encouraged (but not required) to seek the help of a supportive adult of their choice when accessing safe abortion services.

Break the silence.

Talk to someone about abortion today or call Toll free XXXXXX or visit a Health Center near you.

8. Supporting my spouse /friend to access safe abortion service is my plot.

Let me be.

For more information, call Toll free XXXXXX or visit a health Center near you.

9. Unsafe Abortions happen to women of all ages.

It might be your sister, mother, Auntie or any other woman.

Stop the stigma. Save a life.

For more information, call Toll free XXXXXX or visit a health center near you.

10. Safer sex is pleasurable sex. Reducing the risk of unintended pregnancy makes safer sex more enjoyable.



Talk to someone about safer sex, prevent unsafe abortions.

For more information, call Toll free XXXXXX or visit a Health Center near you.

11. When she did not want it, we let go of it.

NO girl should be forced to carry a pregnancy she does not want to term.

Let her be.

For more information, call Toll free XXXXXX or visit a Health Center near you.

Religious leaders



- *“Judge yee not and thou shall not be judged”.*

- *“You are not alone”*

1. Women accessing safe abortion services are not evil.

“Judge yee not. Mathew 7:1.

- 2.

Respect and do not shame them.

3. I am not Evil. I simply have goals in life.

Judge me not. For the same judgement you pronounce, you will be judged. Mathew 7:2.

Speak out on Policy Reform for your Flock to access Safe abortion services.

4. “My life was saved by an abortion. I live in a hugely religious town. The nurses treating me would have refused care to me, I would have died”. Christina Michigan.

Be Smart, Save a life today.

For more information, call Toll free XXXXXX or see a Gynecologist near you.

5. No matter where or when it happens, Stigma impacts the woman negatively.

Judge yee not. Mathew 7:1.

Speak out on Abortion Related Stigma.

6. “No woman is free until she can choose whether she will or will not be a mother”. **Margaret Sanger.**

Support your Flock access safe Abortion services.

STOP the stigma.

Traditional leaders

7. “Safe abortion is not a privilege or a benefit. It is fundamental Human right.
Support policy change, enable me to access the service.

8. Suppose one of you has 100 sheep and loses one of them. Doesn't he leave the 99 in the open country and go after the remaining 1 sheep? Luke 15: 1-6.

Be the good shepherd, look for that 1 sheep. Help a woman/girl access safe abortion services.

9. I am the Good shepherd who lays down his life for the sheep. **John 10:11.**

I stand for life; I stand for women's rights.

Theme:

“Worry not”. Premised on the fact that traditional leaders in Uganda (Ugandan opinion leaders' knowledge and perceptions of unsafe abortion by: An Moore, Richard Kibombo, Deva Cuts-BARIL.

1. Worry Not.

When a woman is able to access safe abortion services, the number of abortions that are unsafe decreases.
Support a woman access safe abortion services, save a life.

2. Every woman has the right to choose when and if she wants to become pregnant.
Be a Champion.
Support a woman realize her wish.

Your word counts.

3. No woman/girl should be forced to carry a pregnancy she does not want to term.
Speak out against Abortion related Stigma.
4. Children are a source of “Pride” but unplanned and unwanted births can lead to death of the mother and child.
If she is not ready, put the pride aside, think Life.
Be the champion, Save a life.



Influencing Audiences

Who influences the Audience?	How much influence do they have? Strong, Very Strong, Weak.	What behavior do they influence the audience to do?	Why should they encourage the desired behavior?	Why would they discourage the desired behavior?	What media channels do they use most?
Priority Audience: Men					
Religious Leaders	Very Strong	Not to support their women to procure an abortion.	Save women's lives from dying due to unsafe abortion.	They say it "sin", evil.	Radio, TV WhatsApp, Newspapers. Preaching
Cultural/traditional Leaders e.g. Family Chiefs	Very strong	Emphasize women role to give birth no matter what-discourage abortion. Not talk about abortion in community or public spaces.	Open up to a constructive and objective debate on these public health issues	They say it will contribute to moral erosion and it's against our culture	Family/community meetings, Radio TV Vijiweni (coffee points)
Media	Strong	Stigmatize women and girls who seek or have undergone abortion procedures	Change the narrative around abortion and open up to a constructive and objective debate around abortion	They say it's immoral and against African culture	Newspapers Radio TV Facebooks Whatsaps YouTube
Politicians and Policy/decision makers e.g. Parliamentarians, Government Politicians	Strong	Comply with the laws of the land and the African culture	Create enabling legal and policy environment for accessing these public services with no discrimination	They say it's a western import, a hidden agenda to depopulate Africa, against our laws and the Africa culture	Radio, TVs Newspapers Parliamentary sessions Public speeches National, regional and global forum.

Priority Audience: Boys

Peers	Very strong	Deny pregnancy responsibility as it will result in early parental responsibilities, and do not involve in abortion as it will end up in being jailed	Increase responsible behavior during sex, pregnancy and abortion	They say abortion result always in complications that lead to death of girls and consequently to jail for boys	WhatsApp Facebook Instagram YouTube Twitter SMS Role plays
Cultural/Traditional Leaders e.g. Family Chiefs	Very strong	Not talk about abortion in community or public spaces. It not yet time for responsibilities like child birth.	Open up to a constructive and objective debate on these public health issues	They say it will contribute to moral erosion and it's against our culture	Family/community meetings, Radio TV Vijiweni (coffee points)
Religious Leaders	Very Strong	Not to support their women to procure an abortion.	Save women's lives from dying due to unsafe abortion.	They say it "sin", evil.	Radio, TV WhatsApp, Newspapers. Preaching
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Politicians and Policy/decision makers e.g. Parliamentarians, Government Politicians	Medium	Comply with the laws of the land and the African culture	Create enabling legal and policy environment for accessing these public services with no discrimination	They it's a western import, a hidden agenda to depopulate Africa, against our laws and the Africa culture	Radio, TVs Newspapers Parliamentary sessions Public speeches National, regional and global forums

Attached is a social media tool kit to guide you just in case you need to use Social media to reach out to your audience.