

**TOWARDS CHOICE
AUTONOMY AND RIGHTS:
AN ACTION AGENDA FOR ABORTION RIGHTS**



**TOWARDS CHOICE,
AUTONOMY AND RIGHTS:
AN ACTION AGENDA FOR ABORTION RIGHTS**



CREDITS

The YP Foundation acknowledges the contribution of all the young advocates who have been associated with us over the years for their invaluable perspective and insights.

Conceptualisation: Sunanya Deka and Yoshita Srivastava

Research and Writing: Ragini Bordoloi

Editing: Deepshikha Ghosh and Prabhleen Tuteja

Design: Shikha Sreenivas

Illustrations: Shikha Sreenivas

Translators: Kaku Lahon - Assamese translation

Kavya Ecofeminist - Malayalam translation

Neha Kumari - Hindi translation

Tanvika Gulyani - Hindi translation

Published in October 2023

ABOUT THE YP FOUNDATION

The YP Foundation (TYPF) is a youth-led and focused organisation that facilitates young people's feminist and rights-based leadership on issues of health equity, gender justice, sexuality rights, and social justice. TYPF's Safe Abortion For Everyone (SAFE) programme works with young people from Assam and Kerala to undertake evidence-based action for safe abortion issues using a rights-based framework, and facilitate policy-level interventions with government stakeholders to improve abortion service delivery.

Contact Info

     / theypfoundation

Copyright Statement

This publication is produced and created by The YP Foundation and is available for educational and developmental purposes. Any re-use or adaptation should inform and acknowledge the original publication with due credits.

ACKNOWLEDGEMENTS

This guide was published in 2023 by **The YP Foundation** (TYPF). This would have not been possible without the experiences and leadership of the **youth advocates across Kerala and Assam** who have tirelessly championed on ending abortion access stigma, our mentors and advisors who have supported in building our understanding on abortion rights landscape and our colleagues at The YP Foundation who have worked behind the scenes to make sure a document like this exists to take the narrative building on young people's right to safe abortion in India. We would like to make a special mention to the efforts, time and contribution made by **Ragini Bordoloi** to design, contextualise and add thematic expertise to this document. It would have not been possible without her support and efforts. The YP Foundation gratefully acknowledges the support of **International Youth Alliance for Family Planning** (IYAFFP) in developing and disseminating this guide along with **Safe Abortion Action Fund** (SAAF) for believing in the work we do.

TABLE OF CONTENTS

0

ABOUT THE GUIDE 04

- Why was this guide developed?
- How to use this guide

1

BASICS OF ABORTION RIGHTS 06

- Abortion right is a human right
- Relevance of abortion in public health
- Abortion access for young people

2

LET'S BEGIN! 10

- How to access safe and legal abortion services in India

3

COMBATING STIGMA AND MISINFORMATION 14

- The sources of abortion stigma and misinformation in India
- Responding to common myths and misconceptions about abortion
- Understanding the role of the media in shaping public opinion about abortion
- Strategies for effective media engagement
- Guide for rights-based messaging on abortion

4

STRATEGIES AND TOOLS FOR POLICY ENGAGEMENT ON ABORTION RIGHTS 24

- Identifying actors, influencers, and decision-makers
- Let's keep talking: developing stakeholder communication channels

5

BUILDING PEOPLE POWER 36

- Building power on ground
- Participating in coalitions
- Building power digitally

6

RESOURCES 41

- Self-care tips for abortion advocates
- Networks and organisations working on safe abortion access
- Some initiatives by The YP Foundation
- Supplementary reading material



ABOUT THE GUIDE

If you are reading this guide, we believe that you are a youth leader ready to join the movement for upholding the rights of all adolescents and young people for access to safer abortion. We share your belief and therefore have put together our experiences in the form of this guide to strengthen the collective movement. We hope you will find this useful and share this resource with anyone who you think will find this relevant as they plan their action on ground. We have included some basic information about abortion and related issues, along with checklists to review and improve abortion messaging. This guide can also be used to inform the development of new materials that include abortion messaging from a feminist and rights based perspective.



WHY WAS THIS GUIDE DEVELOPED?

There is always a starting point for normative and structural changes. For abortion rights, starting with the right messaging and using a choice based language is the first step. As youth advocates we have seen that communication around abortion is very difficult, complex and often inaccessible due to barriers of legal, technical and language barriers. Organisations working on abortion rights have to think through their struggles for mainstreaming rights based messaging; and even those among us with extensive experience in advancing the rights based conversation leading to structural changes struggle to find the most effective way(s) to partake in and sustain the abortion discourse from an rights affirming intersectional lens.



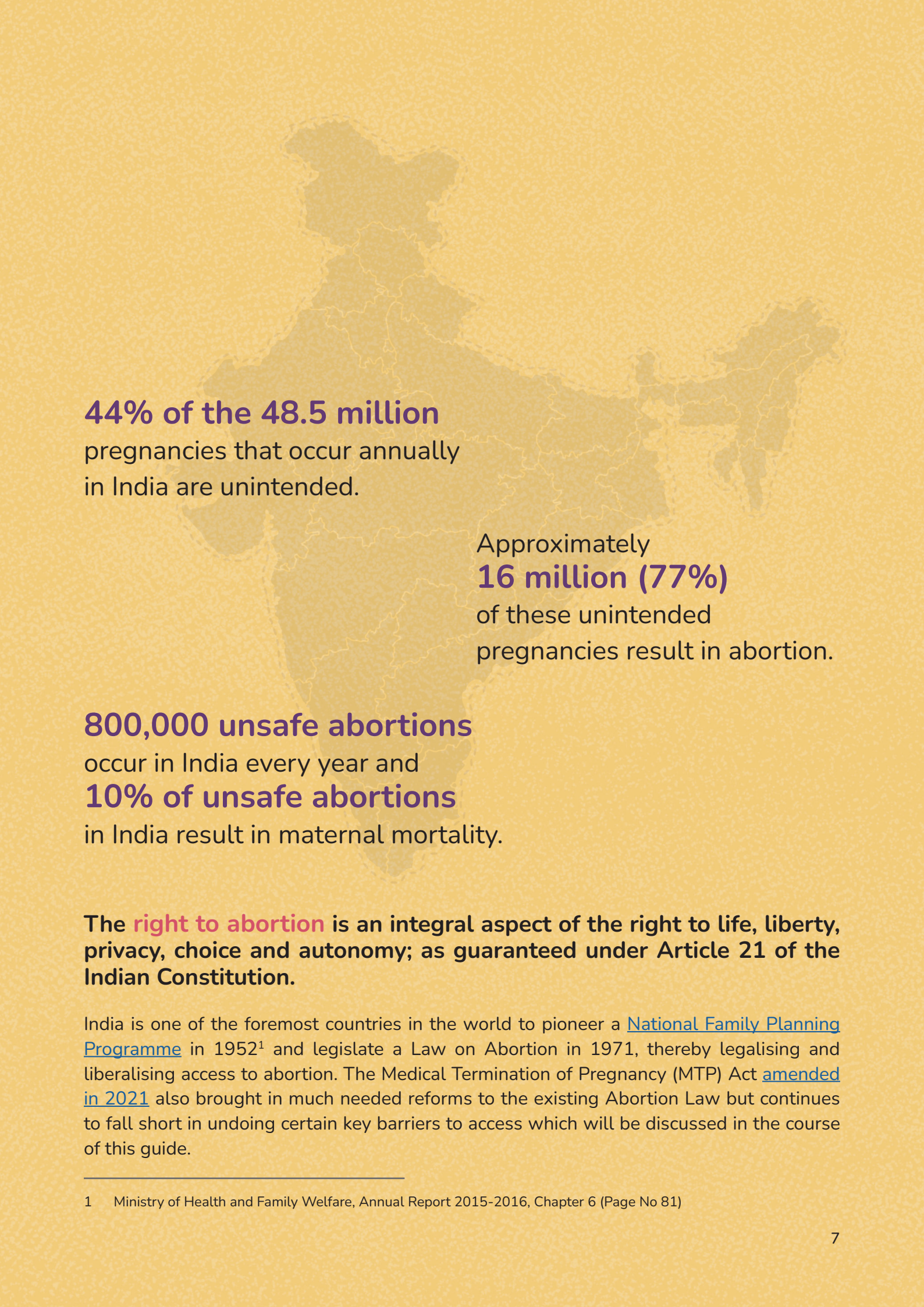
HOW TO USE THIS GUIDE?

As one sees fit. This guide has 6 chapters. You may use the information here for designing, disseminating and participating in campaigns and action to advance abortion messaging through printed information, education and communication (IEC) materials such as leaflets, posters and information sheets. You can refer to this for developing press releases thematically, for holding dialogues with peers and collectives, for social media engagement, for generating support and allyship from service providers and for seeking accountability from different stakeholders who can ensure stigma free access to abortion care. Please do not hesitate to reach out to us in case you want to plan action on ground together. We acknowledge that we may have missed out on annexing the vast possibilities of resources and methodologies practised to advance the discourse on abortion rights. This is not intentional, however, we don't want to overwhelm our readers and are therefore mindful of using this guide to facilitate step by step action and learning.



**CHAPTER 1:
BASICS OF
ABORTION RIGHTS**





44% of the 48.5 million pregnancies that occur annually in India are unintended.

Approximately
16 million (77%)
of these unintended pregnancies result in abortion.

800,000 unsafe abortions occur in India every year and **10% of unsafe abortions** in India result in maternal mortality.

The **right to abortion** is an integral aspect of the right to life, liberty, privacy, choice and autonomy; as guaranteed under Article 21 of the Indian Constitution.

India is one of the foremost countries in the world to pioneer a [National Family Planning Programme](#) in 1952¹ and legislate a Law on Abortion in 1971, thereby legalising and liberalising access to abortion. The Medical Termination of Pregnancy (MTP) Act [amended in 2021](#) also brought in much needed reforms to the existing Abortion Law but continues to fall short in undoing certain key barriers to access which will be discussed in the course of this guide.

1 Ministry of Health and Family Welfare, Annual Report 2015-2016, Chapter 6 (Page No 81)

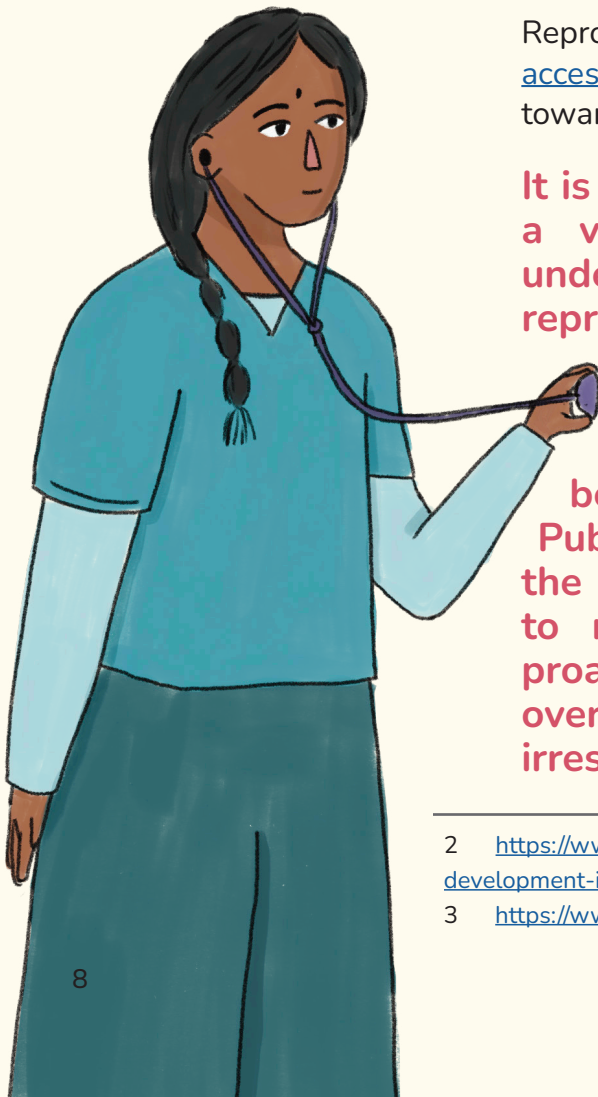
ABORTION RIGHT IS A HUMAN RIGHT

It was in 1994 during the International Conference on Population and Development that 179 governments including India² agreed that free and informed decision-making about pregnancy and childbirth is a basic human right.

However, access to safe abortion is often still not viewed as a human right and therefore the struggle on ensuring everyone's right to bodily autonomy and integrity continues till date. Denying abortion services should be considered as a violation of human rights and fundamental rights.

And systematically preventing anyone from exercising choice and control over their reproductive health, which in turn reinforces and undermines their recognition as equal decision makers and contributors, must be challenged. United Nations human rights monitoring bodies³ have increasingly urged governments to ensure access to 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. While the Indian Government has been prompt in responding to the global scenarios, the road to comprehensive and unconditional access to abortion care is long.

RELEVANCE OF ABORTION IN PUBLIC HEALTH



Reproductive justice lies at the core of the right to [equal access to healthcare](#) and centering individual autonomy towards decisions made about one's own body.

It is important to note that this occurs within a very patriarchal space with gendered understanding of personal autonomy and reproductive rights. Therefore it is crucial to view abortion rights as a public health issue given its significant implications on the physical, mental, and social well-being of individuals and communities. Public health efforts should seek to ensure the provision of safe and equitable access to reproductive healthcare services while proactively addressing disparities to promote overall health and well-being for all individuals irrespective of their social location.

2 <https://www.unfpa.org/events/international-conference-population-and-development-icpd>

3 <https://www.unfpa.org/resources/core-international-human-rights-instruments>

ABORTION ACCESS FOR YOUNG PEOPLE

Adolescents and young people's decision making and access to choice, particularly of those who have made non normative decisions in their lives regarding their gender or sexual orientation, marriage and sexual relationships, sexual health and sexual activity are bound to face stigma for whatever choice they make, whether that is to have an abortion or continue with the pregnancy. Oftentimes, their decision is not considered by their parents, guardians or service providers because of existing notions of young people's capacity to take informed decisions about pregnancy due to their age and/or social status. This lack of recognition of their rights creates an environment in which they are refused abortion services, made to feel uncomfortable when accessing them, or are required to access unsafe abortion care and with limited or absolute no post abortion care support. Laws and policies relating to Sexual and Reproductive health services, including access to contraception and abortion, are more restrictive for young people in the country in spite of the amended legal provisions.

It is also true that adolescent and young people need affirmative services which are affordable, accessible and appropriate to their needs and address specific barriers they may face including ensuring confidentiality, destigmatising access, affordable health care, post procedural care etc. Unfortunately the stigma is compounded in case of adolescents as they are discouraged from having sex until they are older and/or married. When seeking abortion and contraception services, they face additional stigma as it indicates that they are sexually active; which in the context of the [Protection Of Children from Sexual Offences \(POCSO\) Act](#) and its clause of mandatory reporting, makes access illegal. Empowering young people of diverse identities and social locations to exercise their agency and reproductive autonomy and the demand for safe, accessible, affordable reproductive health services bolster youth leadership and position them as protagonists in addressing their sexual and reproductive health needs and rights.







**CHAPTER 2:
LET'S BEGIN!**

There are several allowances introduced in the amended MTP Act of India in 2021 that have enabled progress in access and coverage of abortion care for all. However, the lack of rights-based framing allows for restrictions on abortion on certain grounds, including age, gender orientation, disability, etc. continue to infringe on several human rights including the right to equality (freedom from gender discrimination or gender stereotyping, and freedom from ill-treatment), right to life and personal liberty which includes the right to privacy. The UN Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW) Committee in its General Recommendation No. 24⁴ advises that States should ensure access to abortion and health services for women and not impose any restrictions on access.

The most recent [WHO Abortion Guideline](#), created in 2022 recommends:

-  **Complete decriminalisation of abortion;**
 - removal of grounds-based abortion access;**
 - provision of abortion on demand for girls, women, or any pregnant persons;**
 - removal of gestational limits to ensure access to abortion is not delayed; and**
 - removal of mandatory waiting periods to access abortion.**
- 

Without a holistic review of laws that impact abortion access in the country including relevant provisions of the Indian Penal Code (IPC) and the POCSO Act, the current law protects access to abortion only for pregnant women and does not recognize the diverse experiences of all persons including trans*gender and nonbinary persons.

4 CEDAW General Recommendation No. 24: Article 12 of the Convention (Women and Health)

HOW TO ACCESS SAFE AND LEGAL ABORTION SERVICES IN INDIA

When seeking abortion services, it is essential always to prioritise your safety, legality, and confidentiality. According to Section 4 of The Medical Termination of Pregnancy (MTP) Act, 1971, abortion services can be provided at any Government hospital and private facility with the necessary approval and certification from the Government or a District Level Committee (DLC) constituted by that Government. Any termination of pregnancy at a hospital or other facility that does not have prior approval from the government is deemed illegal. It is important to know that the certificate of approval (Form B) by the DLC needs to be **conspicuously displayed at the site to be easily visible to persons visiting the place.** [Rule 5 (7)] This will help abortion-seekers identify whether legal abortions are provided at a particular facility/hospital.

A typical **Form B certificate** will look like this:

Regn. No. <u>COMO/N/MTP/18/27</u>	
OFFICE OF THE CHIEF DISTRICT MEDICAL OFFICER, (NORTH DISTRICT) DIRECTORATE OF HEALTH SERVICES, GOVT. OF NCT OF DELHI GULABI BAGH, DELHI - 110007	
Form B [Cat-B] (See sub-rule (6) of rule 5) Certificate of Approval	
The place described below is hereby approved for the purpose of Medical Termination of Pregnancy Act, 1971 (34 of 1971)	
AS READ WITHIN UPTO <u>24</u> WEEKS	
Name of Place <u>XYZ NURSING HOME</u> <u>#201, BLOCK L, GULABI BAGH, DELHI - 110007</u>	
Name of Owner <u>Dr Meera Kumar</u>	SIGNATURE <u>[Signature]</u>
Place : <u>DELHI</u>	NAME <u>Dr Dhruvan P</u> DESIGNATION OF APP AUTHORITY SEAL <u>TEL: 8307658321, 890654</u>
Date : <u>29-10-2022</u>	

The law requires the informed consent of the person seeking an abortion. This means that voluntary and informed consent has to be provided before the procedure can take place.

For more information please visit our [Safe Resource Hub](#).

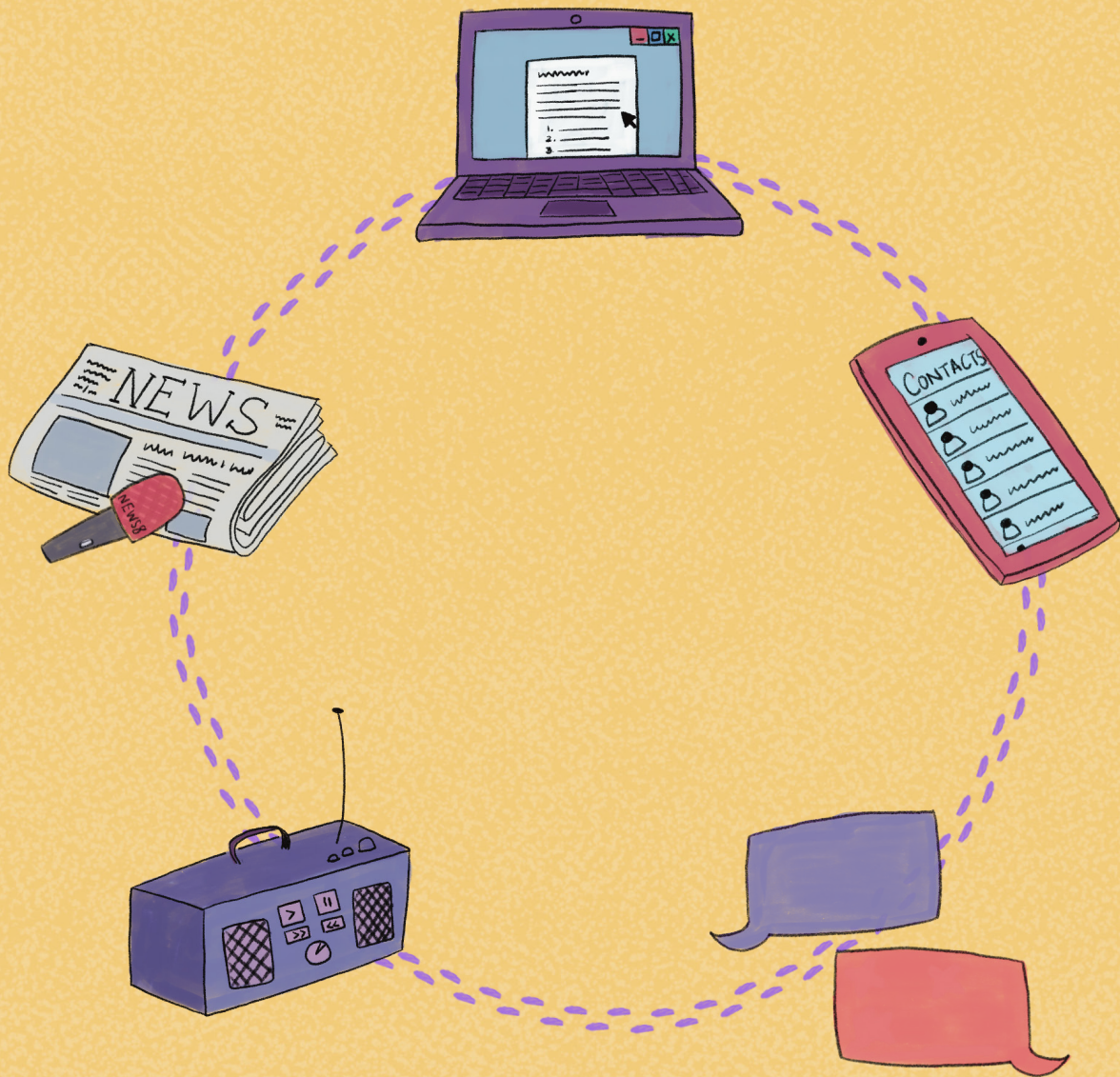
Thus rights based access to abortion can be advanced when:

1 Awareness generation is focused on reproductive rights. You will find the language of advancing rights in the subsequent sections. One may note that this is applicable in the light of the jurisprudence developed by the Supreme Court of India that said on September 29, 2022, “to ensure that the benefit of [Rule 3B\(b\)](#) is extended to all women under 18 years of age who engage in consensual sexual activity...We clarify that the RMP, only on request of the minor and the guardian of the minor, need not disclose the identity and other personal details of the minor in the information provided under Section 19(1) of the POCSO Act.”

2 Developing IEC material like posters, pamphlets and brochures in vernacular languages explaining the legal provisions in an accessible way especially for adolescents and young people. This should include non judgemental and complete information for abortion seekers and the duties of the service providers.

3 Recognise diversity in abortion seekers as individuals as well as in their contexts. Many trans*gender individuals and gender non binary folks have been victims of service provider bias or have been denied service access quoting legal limitations. It is important to note that the legal information and awareness building can focus on breaking this misinformation and enable young people to access self managed abortion, telemedicine, medical abortion of their choice and as their right.

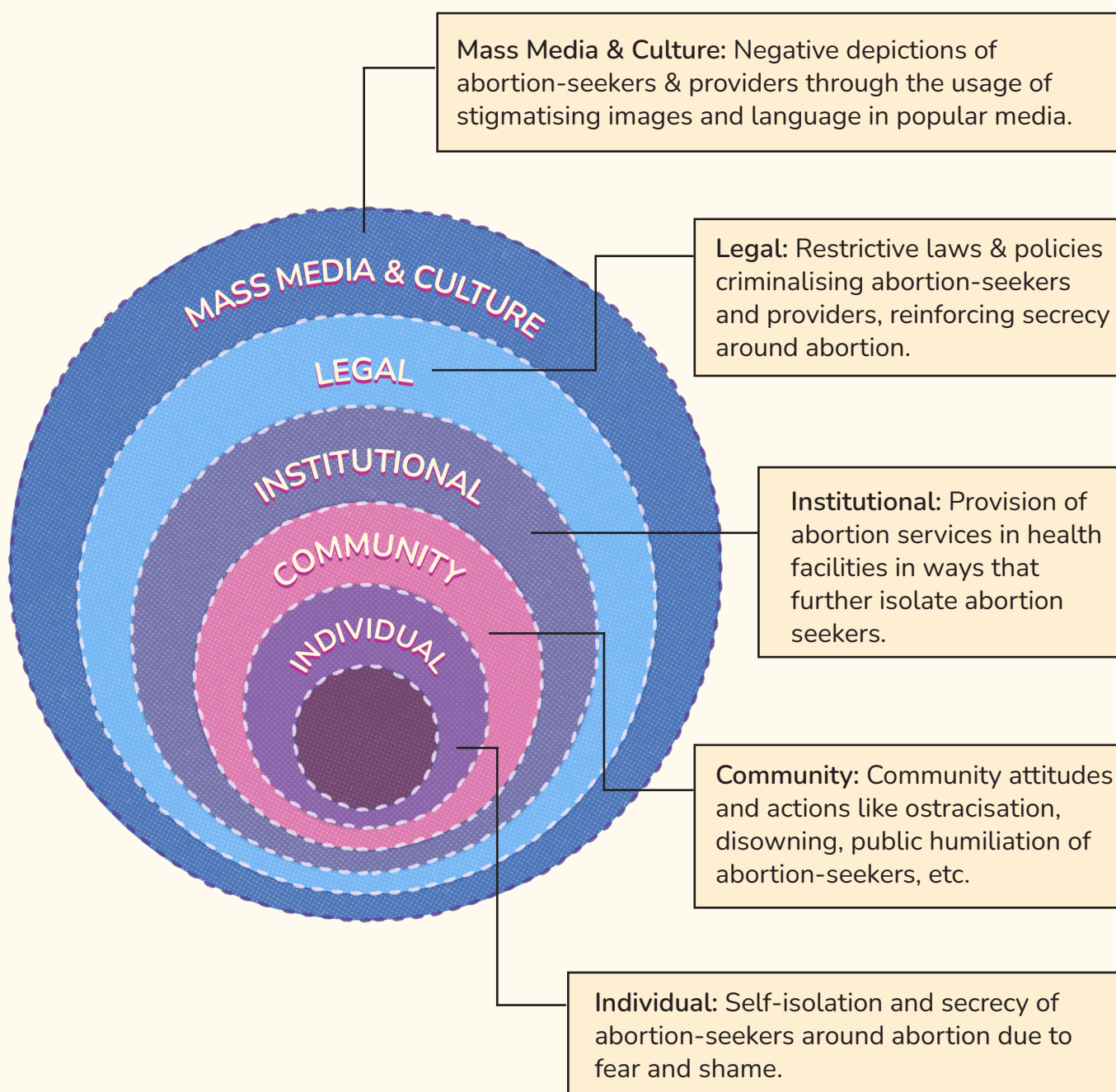
4 Encourage the application of *If you know, You Know* concept for abortion seeker as well as abortion service provider. For those seeking abortion, if you know this is a right decision for you, build your safety net and access your right. Remember the court recognises you as a rights holder and citizen of the country with right to life and personal liberty as a fundamental human right guaranteed by Article 21 of the Indian Constitution. For those providing abortion, know that you can only ask for certain information that you need to provide the service without any judgement. Any additional information that one tries to seek is not ethical and or legally admissible. Prepare factsheets on what could be possible questions that can be asked and why.



**CHAPTER 3:
COMBATING STIGMA AND
MISINFORMATION**

THE SOURCES OF ABORTION STIGMA AND MISINFORMATION IN INDIA

Abortion stigma is a result of a complex interplay of several intersecting factors across different levels of society. The different levels of abortion stigma in society (Hessini, 2014; Inroads, 2015) are shown in the diagram below.



RESPONDING TO COMMON MYTHS AND MISCONCEPTIONS ABOUT ABORTION

A key responsibility of us as rights advocates is to counter prevailing myths and misconceptions about abortion by disseminating rights-based, evidence-based information.

Any material created for awareness generation, knowledge dissemination and community outreach must adhere to facts and evidence and should be embedded within a human rights framework. Please see the following table as a reference to such myth busting. You may use this information as a factsheet, or develop a participatory activity using the statements to encourage participant engagements.⁵

MYTHS AROUND THE MEDICAL PROCEDURES RELATED TO ABORTION

Myth	Fact
<i>“Multiple abortions are risky.”</i>	When done with safe methods and settings by a qualified service provider, there is no increased risk for multiple abortions.
<i>“Performing abortion in the second trimester is risky.”</i>	Abortions are safer when performed as early as possible. However, with advances in medical technology, second-trimester abortions are safe when performed by trained providers with appropriate recommended methods under safe conditions.
<i>“Home remedies such as eating raw papaya, sesame seeds and jaggery, and inserting sticks dipped in latex into the uterus are methods of abortion.”</i>	These methods are not medically approved and are unsafe to practise. These methods could induce serious health complications.

⁵ Please note that the complete document can be accessed from The YP Foundation’s publication that you can access from the website. Read the full document [here](#).

Myth	Fact
<i>“Abortion if done in the first pregnancy can affect future fertility.”</i>	When performed under safe conditions, abortions do not have any long-term consequences including on fertility. However, when performed under unsafe conditions, abortion can lead to morbidity and mortality including reproductive tract infections that can affect future fertility.
<i>“The circulation of Medical Abortion (MA) pills in the market has increased sex-selective abortions.”</i>	Sex-determination is possible through ultrasonography (USG) and not in the first trimester. MA pills are prescribed legally for induced abortions in the first trimester, and in certain cases, under medical supervision, multiple doses are prescribed to induce abortion in the second trimester.

MYTHS AROUND THE LEGALITY OF ABORTION

Myth	Fact
<i>“Termination of pregnancy is illegal in India. ”</i>	According to the MTP (Amendment) Act 2021, abortions within 20-24 weeks of the gestation period under certain conditions are allowed, thereby making abortion a legalised process in India.
<i>“Abortion can be offered only if the seeker is a ‘married woman’ and/ or if accompanied by her husband in case of failure of contraception “</i>	The MTP Amendment Act expanded the definition of abortion seeker to “any woman or her partner,” which means that unmarried women in relationships can now invoke failure of contraception as a ground to seek abortion.
<i>“Abortion is only for married women.”</i>	Under MTP Act, pregnancies up to 24 weeks can be terminated irrespective of marital status.

MYTHS AROUND GENDER ROLES AND SOCIAL NORMS

Myth	Fact
“Abortion promotes sex selection.”	We need to distinguish between sex selection and sex determination. The former continues even after birth, in the form of gender-based discrimination. Access to safe abortion only enables the abortion seeker to protect and promote a healthier and consensual decision towards their bodily rights.
“Abortions out of wedlock are immoral.”	Let us not promote non consensual relationships to infuse patriarchal notions of child rearing and child birth. It should always be the right of the pregnant person whether they want to continue with the pregnancy or not and should not be compelled to forcefully get into a relationship to claim their right.
“Abortion makes women promiscuous.”	It is important to note that social stigma around abortion is designed to socially legitimise character defamation and disrespect towards abortion seekers for their decision.

UNDERSTANDING THE ROLE OF THE MEDIA IN SHAPING PUBLIC OPINION ABOUT ABORTION

In the context of abortion, the media’s influence on public opinion suggests that any negative connotations perpetuated can contribute to the stigmatisation of those seeking abortion care.

In Indian mainstream media, its role in (mis) representing abortion in print media as well as movies raises a cause of concern. An analysis of common media portrayals of abortion in print media, TV films, etc., can

demonstrate how they reinforce abortion stigma by perpetuating negative stereotypes, biased narratives, or sensationalising the topic. Media outlets must disseminate accurate and evidence-based information about abortion through news articles, documentaries, and other media formats. Mass media can be leveraged to provide accessible and reliable information on abortion, combat myths, address social norms and ensure the representation of diverse perspectives.

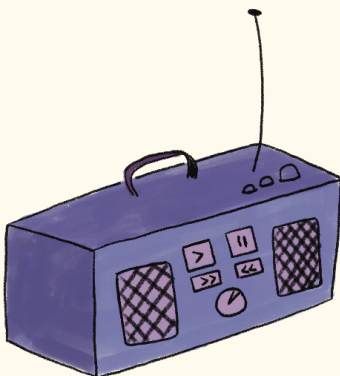
STRATEGIES FOR EFFECTIVE MEDIA ENGAGEMENT

Organising workshops for journalists and media professionals and use the checklist below to frame your conversation with justification of the language change. Remember: Journalists have an ethical responsibility to provide balanced and fact-based coverage of abortion and avoid stigmatising language while reporting on any issue.



Submit opinion pieces in digital print mediums like Feminism in India, YouthKiAwaaz and other local newspapers, magazines, and online platforms to present a rights-based perspective on abortion and provide insights into the issue based on the experiences of your context and region.

Create a network of youth advocates who can be spokespersons and collaborators for digital media engagement and narrative building.









Use radio channels including community radio to make podcasts using the rights affirming language.



GUIDE FOR RIGHTS-BASED MESSAGING ON ABORTION

The following checklist can help in advocating for proactively using rights based language while speaking about abortion rights. This is especially helpful during key observation days like The International Safe Abortion Day, The World Population Day, Sexual and Reproductive Health Awareness Day and so on.

Stigmatizing language and imagery to be avoided	Rights-based language/ imagery to be used instead	Rationale
1. Abort a child, baby; dead baby; unborn child; Keep the baby	Embryo (up to week 10 gestation); Foetus (from week 10 gestation onwards); terminating a pregnancy; Decision to continue the pregnancy	Referring to an embryo or foetus as a baby or child is medically inaccurate as it centres the language on a future state of the pregnancy.
2. Female foeticide	Sex-determined abortion	The suffix '-cide' denotes 'killing' which is not appropriate when describing abortion. It is more accurate to describe the practice in terms of choosing to end the pregnancy based on the predicted sex of the foetus.
3. Get rid of	Choose not to move through a full pregnancy; Decide to end a pregnancy	The implication of ending a pregnancy without careful consideration should be avoided. Instead, the focus should be on highlighting it as an informed decision.

Stigmatizing language and imagery to be avoided	Rights-based language/ imagery to be used instead	Rationale
<p>4. Pro-life</p>	<p>Anti-choice; Anti-abortion</p>	<p>Pro-life implies that those who support legal abortion access are 'anti-life', which is inaccurate.</p>
<p>5. Unwanted pregnancy</p>	<p>Unintended pregnancy; unplanned pregnancy</p>	<p>An unplanned or unintended pregnancy occurs when a person is not trying to get pregnant and doesn't have negative connotations like the word "unwanted".</p>
<p>6. Images of visibly pregnant people</p> <p>Example:</p>  <p>Source: BBC India</p>	<p>Images of MA pills; representative depictions of a diverse range of people.</p> <p>Example:</p> 	<p>Showing a visibly pregnant person is often a female bodied person and the focus then is not on expanding the definition of abortion seeker. Showcasing methods instead also makes abortion be seen as a normal medical procedure which also might not have a direct picture involved that is socially discriminatory.</p>

Stigmatizing language and imagery to be avoided	Rights-based language/ imagery to be used instead	Rationale
<p>7. Images of abortion-seekers showing distressed emotions.</p> <p>Example:</p>  <p>Source: CNN</p>	<p>Images of individuals/ animated graphics with ‘neutral’ expressions are a better alternative.</p> <p>Example:</p> 	<p>Images exclusively showing distressed emotions perpetuate the myth that all people are distressed, upset or troubled by abortion. On the contrary, abortion can be a life-saving option that most people voluntarily seek.</p>
<p>8. Sensationalist images</p> <p>Example:</p>  <p>Source: Times of India</p>	<p>Neutral, affirming imagery showing care and support given to an abortion-seeker.</p> <p>Example:</p> 	<p>Dramatised and distorted imagery on abortion aims to “shock” the audience with gore and sensationalism. Such images must not be used to depict safe abortion.</p>

Stigmatizing language and imagery to be avoided	Rights-based language/ imagery to be used instead	Rationale
<p>9. Images of Foetuses</p> <p>Example:</p>  <p>Source: LiveLaw.in</p>	<p>Representative images of a person interacting with a healthcare provider.</p> <p>Example:</p>  <p>Source: KJK Hospital, Kerala</p>	<p>Graphic foetal imagery is misleading and often perpetuates myths about the gestational age at which most abortions occur. The majority of abortions occur in the first trimester.</p>

This list is adapted from IPPF’s “How to talk about abortion: a guide to rights-based messaging”



**CHAPTER 4:
STRATEGIES AND TOOLS
FOR POLICY ENGAGEMENT
ON ABORTION RIGHTS**

While almost all abortion rights efforts have the overarching objective of making abortion services accessible and affordable for people of all backgrounds, it is crucial to have a strengthened abortion service provision network. This can be made possible using precise and specific accountability focused processes that are led by youth leaders to amplify the need for an rights enabling environment.

Evidence based narrative building enables increased buy-in with relevant policymakers, legislators and government agencies to emphasise the need for comprehensive policies that safeguard reproductive rights and ensure access to safe and legal abortion services. Accessing information through reports like the United Nations Population Fund (UNFPA)'s [State of the World Population Report 2023](#), or creating your own evidence are both possible steps to initiate your action.

You can also find resources using approaches like filing an RTI application as outlined in the [Right to Information Act](#) or using approaches like the mystery client approach in the Safe Resource Hub.

Here is a list of guiding questions for seeking information:

1. How many young people currently/potentially need abortion services?
2. How many young people report being unable to access proper counselling for abortion?
3. How many young people report having been able to access abortion services based on informed decision-making and through safe providers at affordable prices?
4. How many young people report having faced discrimination in their effort to access abortion? What are the different ways in which they have been discriminated against?
5. How have young people responded to their experience of discrimination? As a result, did they choose to not access abortion through a healthcare provider or sought unsafe and unreliable alternatives instead?
6. What are the specific challenges faced by young people belonging to different marginalised groups such as those from low-income backgrounds, rural areas, or minority communities, in accessing abortion services?
7. Does age, location, caste, economic and marital status affect a young person's access to abortion?
8. How do young people of diverse gender identities and sexual orientations access abortion? What are the unique barriers that they face?
9. What are the sources of information on abortion young people have? How do they access them?
10. What percentage of young people show evidence of accurate and adequate information regarding abortion?
11. What socio-cultural barriers do young people face in accessing abortion services, such as stigma, lack of knowledge, or limited support?

- An RTI can be written in English/Hindi/the official language of the state.
- Mention the full name, contact details and address of the applicant.
- Send via registered post with a demand draft or a banker's cheque or an Indian Postal Order of Rs. 10/- (Rupees ten), payable to the Accounts Officer of the public authority as the fee prescribed for seeking information.
- If there is no response to the application within 30 days or the response is incomplete, the applicant can submit a First Appeal to the First Appellate Authority (FAA).

To,

The Public Information Officer
Directorate of Health Services
Jorhat, Assam- 785001.

Dear Sir/Madam,

Subject : Requesting the following information under Right to Information (2005) act.

1. Kindly provide me the list of registered government, private hospitals, nursing homes and other clinical establishments that provide abortion services in Sonitpur district.
2. Kindly provide me the list of authorised abortion methods permitted/used/practiced in each registered health facilities (mentioned in Query1)
3. Kindly provide me with the information regarding whether pre and post abortion counselling services are offered in these facilities. (mentioned in Query 1)

I have affixed court fees stamp (for the value of Rs.10/-) for seeking the above information. If any part of the information is unavailable at your office/department, kindly forward the particular query to the concerned department under Section 6(3) of the RTI Act, 2005 with due acknowledgement to me.

Regards,

[Applicant name, Date and Place.]

IDENTIFYING ACTORS, INFLUENCERS, AND DECISION-MAKERS

It is important to understand the government bodies and policy-makers that are relevant to the accountability process that we are strengthening through our campaign. It is important to note that while the Ministry of Health and Family Welfare is the topmost ministry concerned with health policy in India at the national level, public health is by and large a state subject as per the Constitution of India. This means that there is no standard organisational structure for health departments across all States and Districts in India. Each State has its own system of health care delivery, independent of the Central Government.

The organisation at the State level is under the State Department of Health and Family Welfare and is headed by the State Minister with the Secretariat under the charge of the Secretary/Commissioner (Health and Family Welfare) belonging to the cadre of Indian Administrative Service (IAS). The State Directorate of Health Services, as the technical wing, is an attached office of the State Department of Health and Family Welfare and is headed by a Director of Health Services⁶.

To understand the basic organisational and administrative set-up of health systems at the State as well as District level and identify the specific officials and committees involved in the decision-making process, follow this chart:

⁶ For more clarity, visit the website of the health department of your respective state government. For example, here is the organisational structure of Govt. of Kerala's Health and Family Welfare Department:

State Level

State Ministry of Health & Family Welfare

- Headed by the State cabinet minister of Health & Family Welfare.
- Formulates health policies, and oversees monitoring & implementation of these policies in their respective states.

State Secretariat

- Headed by the Principal Secretary/Commissioner and assisted by joint secretaries along with other administrative staff belonging to the cadre of Indian Administrative Service (IAS).

State Health Directorate

- Headed by The Director of Health Services, who is the chief technical adviser to the State Government on all matters relating to public health.
- Responsible for the organization and direction of all health activities, medical education, trainings, research, implementation of schemes, awareness generation, health insurance, etc.

Once the key decision-making bodies and institutions responsible for shaping and implementing policies on abortion and reproductive health have been identified, the next step is to gather information on individuals within these decision-making bodies who have the power to take action on your ask. There are different ways to find your influencers. Map allies and opposers in the context of abortion rights - they can be classified as:

Active allies: Individuals who actively support and advocate for safe abortion and reproductive rights. They are proactive in their support, actively engaging in activities, such as attending gatherings, collectively building rights-based narrative and expanding the outreach to include more people.

Passive allies: Individuals who also support the cause but may not actively engage in outreach activities. They may have a positive stance on the issue but instead of taking direct action may passively support the cause through passive means such as liking social media posts, sharing information, or expressing verbal agreement. You may be able to successfully persuade them to participate in direct action.

Neutrals: Neutrals are individuals who are neither actively supportive nor actively opposed to abortion-related issues. They may have limited knowledge or interest in the issue or prefer not to take a position. Don't ignore this group. They may require more information or persuasion to move them towards becoming allies or may simply choose to remain neutral.

Active opposers: Active opposers are individuals who actively oppose or work against abortion rights. They may have ideological, political, or personal reasons for their opposition. Knowing the opposition and their arguments as well as tactics is important while advocating for stigmatised issues like abortion to effectively counter it. Engaging with active opposers can be challenging but engaging in respectful dialogue can sometimes lead to a shift in perspective or finding common ground.

Passive opposers: Passive opposers also oppose abortion and reproductive rights but may not actively engage in opposition activities. They may hold negative views on the issue but choose not to voice their opposition actively. They may quietly disagree or express their opposition in limited ways, such as withholding support or expressing their disagreement privately.

KNOW YOUR STAKEHOLDERS

Power mapping is a visual that helps advocates identify who holds the power to make the change, and what key relationships and power dynamics must be considered to influence them. One may not always have the connections and access to reach out immediately to the primary decision-maker at the highest level. In that case, who are the people and networks an youth leader can leverage to influence the decision-maker? An understanding of these networks and relationships will provide a ‘map’ of who and what to target.

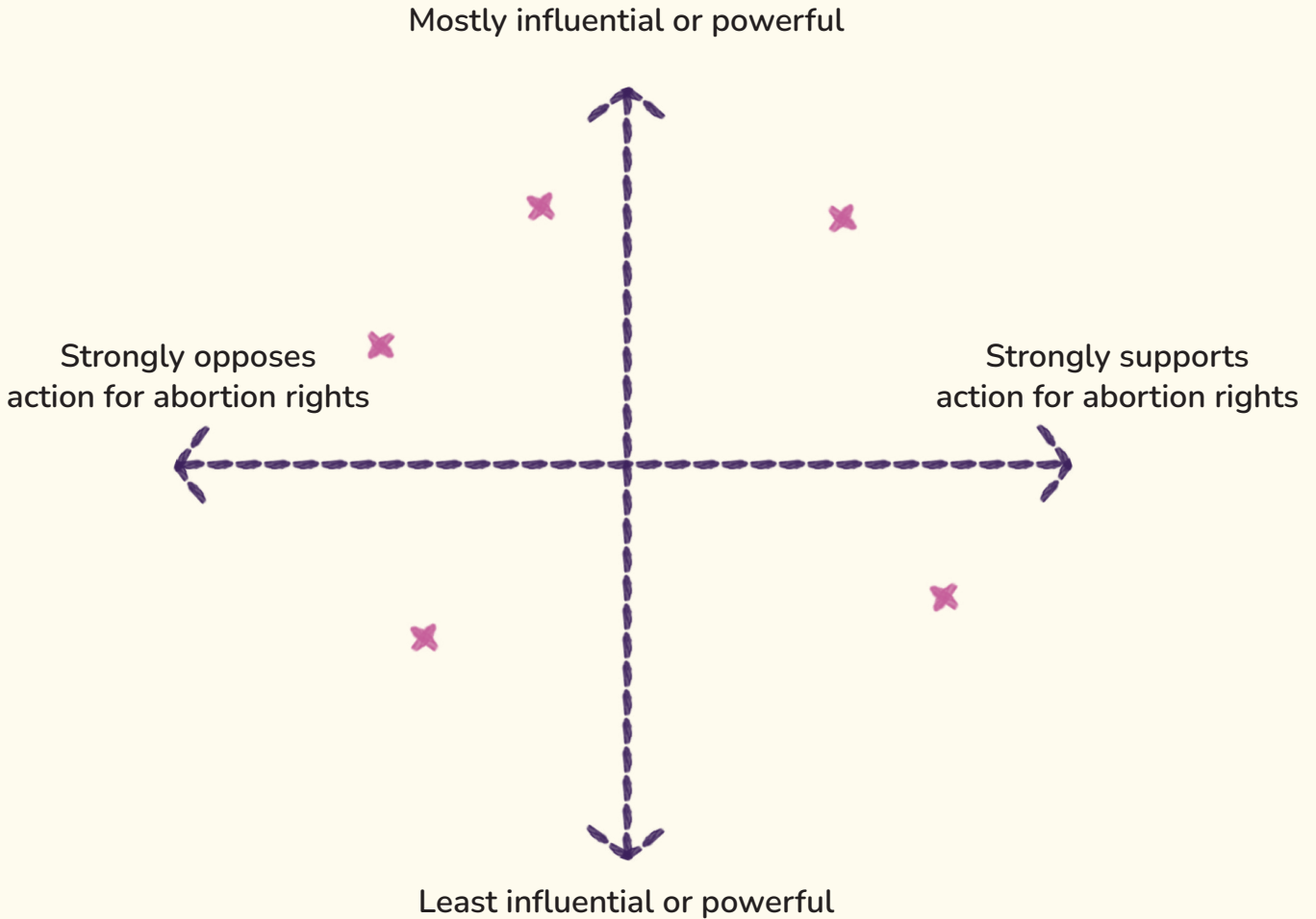
The steps for carrying out a power mapping exercise are as follows:

1. Create an inventory of tentative decision-makers and partners for collective action on abortion rights:

Name of person/ Institution	Support for your goal (Active ally/ Passive ally/ Neutral/Active opposer/Passive opposer)	Power to influence Change (High, Medium, Low)	Ease of Onboarding (Easy / Difficult)	Contact Person / How to get in touch with them.

2. Create a visual 'map' by plotting these stakeholders and influencers based on their support and power on a quadrant diagram.

Power Mapping



TYPES OF CONVERSATIONS TO HAVE WITH STAKEHOLDERS:

Evidence-based conversation: These conversations utilise research, data, and facts. Documented evidence on the impact of unsafe abortions, the benefits of safe abortion access for public health, statistics on maternal mortality rates, and the positive outcomes for reproductive health and well-being can be presented to bolster such arguments. Such arguments help build a strong case by presenting credible information and neutralising controversy.

Emotional conversation: Incorporate personal stories, testimonies, and narratives to connect with the stakeholders. Ensure young people are able to share their narratives directly and voice their demands.

Ethical arguments: These arguments centre human rights and social justice perspectives. Emphasising the right to bodily autonomy and highlighting the disproportionate impact of restrictive abortion laws on marginalised communities, low-income individuals, and those facing intersecting forms of discrimination may appeal to the decision-maker's sense of responsibility. A person in a position of power can also be held accountable using these arguments.

Use the template below to put all the information together before embarking on developing the bi-lateral agenda and engagement strategy:

Decision-maker's name and position	What does the decision-maker value?	What is your message? Use evidence-based, ethical and emotional conversation	Anticipate objections and prepare responses
Example: ABC	Public Health and Youth Rights	Highlight the implications of inaccessible abortion services on public health at large. Use statistical evidence. Illustrate how reproductive rights, agency and autonomy empower young people.	<p>Objection: Giving young people access to abortion can influence them to have unsafe and irresponsible sexual relationships.</p> <p>Response: Present evidence from research studies showing young people who are exposed to comprehensive information about SRHR demonstrate healthier sexual behaviours.</p>

Decision-maker's name and position	What does the decision-maker value?	What is your message? Use evidence-based, ethical and emotional conversation	Anticipate objections and prepare responses

Additional tools:

- Prepare communication materials like presentation decks (PPTs), short videos, etc., to highlight key messages, present relevant arguments, outline challenges, and provide concrete next steps for collaboration.
- Frame your pitch by preparing a short introduction to your issue, a clear implementable ask, and the expected impact of taking action towards that.
- Practise it a few times before meeting the target audience so that you can anticipate changes and challenges.

LET'S KEEP TALKING: DEVELOPING STAKEHOLDER COMMUNICATION CHANNELS

After the stakeholders are identified and messages have been drafted, it is crucial to identify effective communication channels to ensure your messages reach and engage the target audience. The choice of the channels will depend on the nature of the message and the resources available. Here are some ways to deliver messages to stakeholders:

Selecting an appropriate messenger: Messengers are the individuals or groups that deliver a policy message to the target audience. These messengers should ideally have some level of authority or influence to compel the target decision-makers to act. This could be any person/coalition/organisation who can access the decision-makers. For example: If the target decision-maker is the District Chief Medical Officer, an officer of the same rank or a subordinate officer working in the same department can become a messenger. Make a list of all the entities that are most likely to convince the decision-maker and reach out to them to assess their willingness to deliver your advocacy message.

Written communication to the target decision-makers: If access to messengers and networks with influence is unavailable, advocates may attempt to arrange in-person meetings, telephonic conversations or video conferencing by communicating directly to the decision-makers through formal letters, emails, tweets, etc.

Community mobilisation to build support: It's always helpful to engage and mobilise community members, associations, youth networks, etc., to together amplify our collective ask(s), showcase widespread support, and create a stronger collective voice. Read more about strategies for effective community engagement in Chapter 5: Building People Power.



**CHAPTER 5:
BUILDING
PEOPLE POWER**



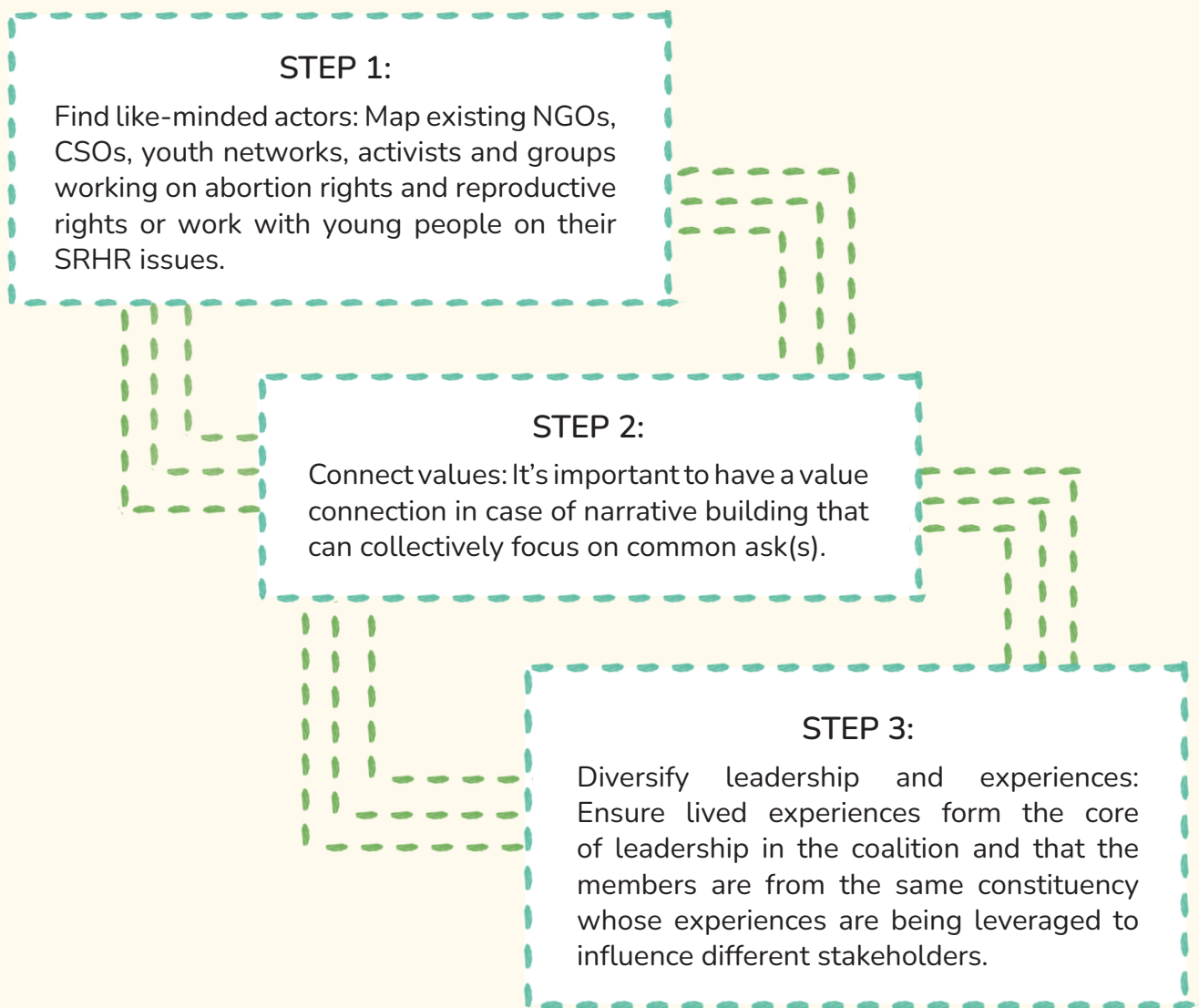
Let's connect the dots. Let's connect people. Let's break the concentric circles of stigma. The following examples will help you identify key normative change techniques to advocate for reproductive rights. You will note that using contextual techniques is always helpful as it enables one to ensure a larger community base and also create a support system for adolescents and young people to advance our rights for bodily autonomy and freedom.

BUILDING POWER ON GROUND

- **Youth/community forums:** Find out if you can get in touch with community centres, Nehru Yuva Kendras or organise public meetings where young people can come together and facilitate a dialogue. This is also possible in a canteen of a college with due permission. Always ensure this is a non judgemental, accessible and a safe place for young people of diverse identities and social locations.
- **Street Theatre:** Using street theatre to advance community dialogue is very effective. Street theatre is performed across the year by college students and societies. Reach out to one of the committees and use your language suggestions to help them come up with a rights based script of a play or performance on breaking the stigma on abortion access.
- **Posters and Pamphlets:** Posters and pamphlets can be designed with simple, clear messaging and compelling visuals and placed/distributed in high-density areas, such as schools, community centres and other public spaces. These can be used to disseminate information or attract attention and guide the audience on what you want them to do next—whether it's visiting a website, attending an event, or taking a specific action. You can also use any of the information that is highlighted in the chapters above.

PARTICIPATING IN COALITIONS

Coalition building can enable the pooling of power, influence and resources to carry out coordinated activities and seek allies. You can participate in or build coalitions using the following steps:



BUILDING POWER DIGITALLY

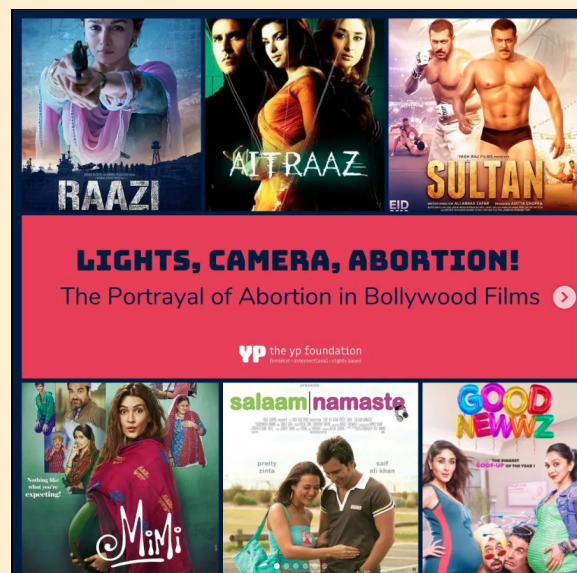
A social media campaign aimed at reducing abortion stigma should be well-planned and thoughtfully executed to raise awareness, provide accurate information, foster empathy, and challenge negative stereotypes and judgement associated with abortion.

Here's a step-by-step guide to creating such a campaign:

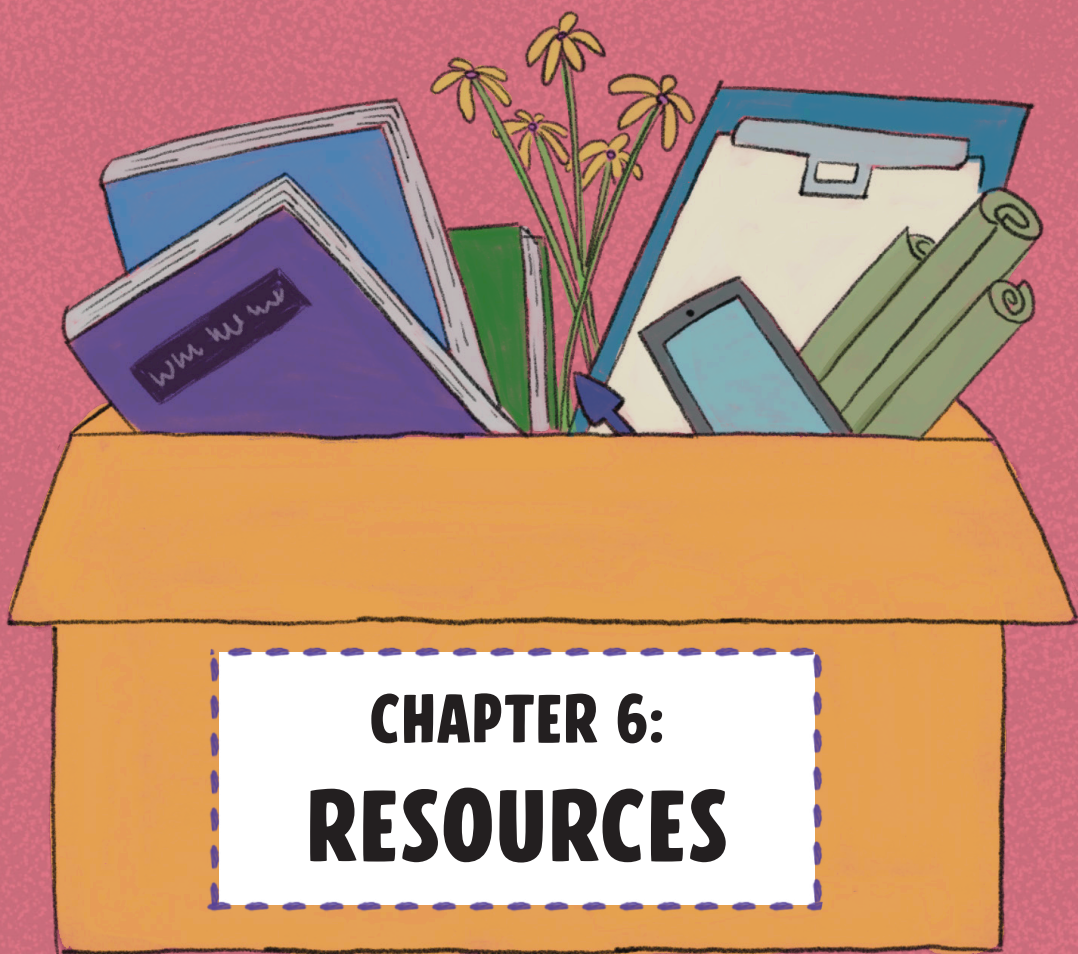
- 1. Define Your Campaign Objectives:** Clearly outline the goals of your campaign. What do you hope to achieve? Examples include reducing stigma, increasing awareness of reproductive rights, and promoting empathy and solidarity.
- 2. Identify Your Target Audience:** Determine the demographic and psychographic characteristics of the people you want to reach. Consider age, gender, location, and attitudes toward abortion. You can use the insights information from your social media pages to know your audience.
- 3. Develop a Compelling Campaign Theme:** Create a campaign slogan, hashtag, or catchphrase that encapsulates your message and resonates with your target audience. For example, #BreakTheStigma, #AbortionIsHealthcare, or #Unstoppable Movements.
- 4. Create Engaging Content:** Develop a content calendar with a variety of posts, including graphics, videos, and written content. Content should be informative and non judgemental. Ensure you are using trigger warnings in case of sharing content that can be sensitive or personally triggering.
- 5. Collaborate with Partners:** Partner with organisations, collectives and influencers who are allies in the abortion rights space. This collaboration helps us amplify messages and reach a broader audience.
- 6. Engage Your Audience:** Encourage interaction through likes, shares, comments, and user-generated content. Using polls, surveys, and interactive stories to promote engagement and gather feedback have been effective especially in creating a larger audience base for prompting pro choice stance.
- 7. Utilise Multiple Social Media Platforms:** Tailor your content to the specific platform and audience on each social media site, whether it's Facebook, Twitter, Instagram, Josh or others.
- 8. Use Visual Storytelling:** Visual content, such as infographics, images, and short videos, can be highly effective in conveying your message and evoking emotions. You can check out posters on the Safe Resource Hub
- 9. Monitor and Respond:** Keep an eye on comments and messages, and respond to questions or concerns with accurate information.

Remember that addressing abortion stigma is an ongoing process. Continue to engage with your audience and support individuals who have experienced abortion, fostering a more empathetic and enabling systems that encourage and centre bodily autonomy.

- Evidence-informed and rights-based information and resources on abortion can be made available in the form of websites and blogs. For example, the SAFE Resource Hub (<https://safe.theypfoundation.org/>) aims to provide contextual and comprehensive information on abortion. Some popular free website builders are Wordpress (<https://wordpress.com>), Wix (<https://www.wix.com>), and Blogger (<https://www.blogger.com>).
- An example of The YP Foundation's social media post discussing the portrayal of abortion in Bollywood films. Check it out [here](#).



- Microblogging sites like Twitter are useful for sharing short-form content and encouraging quick communication with supporters and stakeholders. Official handles of stakeholders can be tagged to address them and relevant hashtags can be used to connect the tweets to increase their visibility and reach a broader audience. Examples of relevant hashtags include #SafeAbortion, #ReproductiveRights, #AbortionIsHealthcare, and #MyBodyMyChoice. Twitter chats or Q&A sessions with experts and advocates dedicated to safe abortion access can be organised.



CHAPTER 6:
RESOURCES

SELF-CARE TIPS FOR ABORTION ADVOCATES

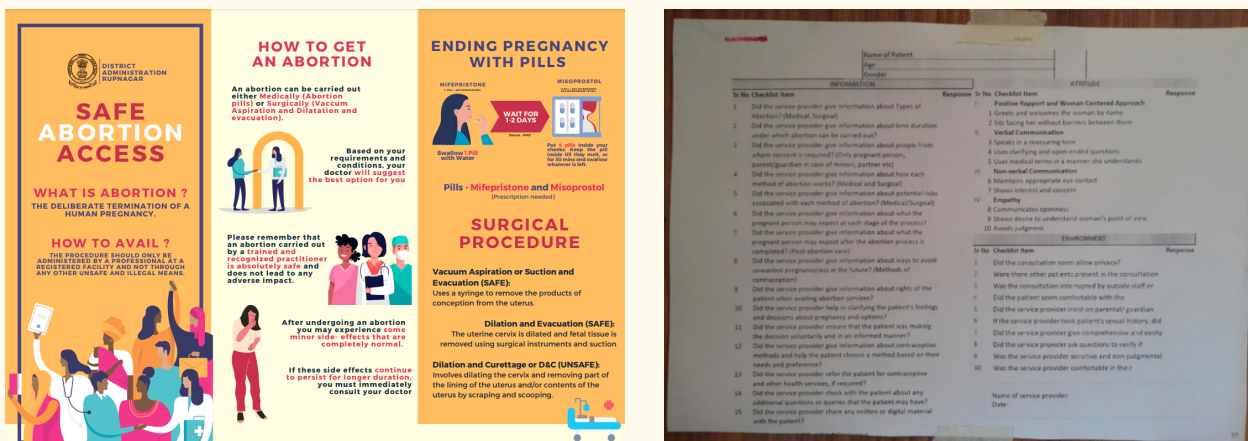
- Take care of your health. Change may often involve delays and lags leading to feelings of being overwhelmed or frustrated after an extensive period of time. It is important to prioritise one's physical and mental well-being by engaging in physical exercise, eating nutritious meals and getting adequate sleep.
- Don't put your personal safety at risk. While seeking accountability for a sensitive and socially stigmatised issue like abortion, one may have to face criticism and backlash. It is important to take precautions to safeguard one's safety and security. In the case of threats, stalking, or violence, seek immediate help from your community or police authorities.
- It is important to recognise that you are not the only one out there working on this issue. Seek out other organisations or like-minded people to support you with your work and engagement. Peer support is key
- Do not feel guilty about putting your safety and wellbeing first. Your personal wellbeing and mental health always go first, self-care is a very important aspect of your accountability journey
- Keep personal social media profiles separate from ones you use for public engagement.
- Have your social media accounts with end to end encryption and you can disable comments in case you don't want to engage to all comments.
- You may want to not use photos of yourself on some accounts - it is perfectly okay to use some artwork or generic stock photos if it helps you stay safer!

NETWORKS AND ORGANISATIONS WORKING ON SAFE ABORTION ACCESS

- CommonHealth Coalition (commonhealth.in)
- Asia Safe Abortion Partnership-ASAP (asap-asia.org)
- Ipas Development Foundation (ipasdevelopmentfoundation.org)
- Young Activist Network for Abortion Advocacy-YANAA (safeabortionwomensright.org/network/yanaa/)
- SAIGE (<https://saige.arrowadvocacy.org>)

SOME INITIATIVES BY THE YP FOUNDATION

The YP Foundation anchors short term engagement to build young people’s leadership to demand narrative change to access abortion for all. In one such engagement with the district administration in the Rupnagar district of Punjab the Deputy Commissioner included the monitoring and evaluation of authorised abortion facilities as a priority agenda in the monthly official meetings. Moreover, IEC material (hand-outs and pamphlets) on safe abortion were designed in three languages, viz. English, Hindi and Punjabi and distributed in abortion facilities.



In Pune, Maharashtra, a standard checklist was designed to facilitate abortion service providers in delivering comprehensive information. The checklist was distributed in 7 authorised abortion facilities, out of which 4 facilities were reported to be using it regularly while 3 facilities have been using it occasionally depending on patient load. Service providers have reported that the checklist has been useful in mapping their attitude, the environment in which the information is being provided, and the information itself.

SUPPLEMENTARY READING MATERIAL

Mitigating abortion stigma	<ol style="list-style-type: none"> 1. ABORTION STIGMA ENDS HERE: A guide for understanding and action by IPAS (2018) 2. Abort the Stigma guide by CREA (2020) 3. How to talk about abortion: A guide to rights-based messaging by IPPF (2015)
Policy engagement	<ol style="list-style-type: none"> 1. The full story: Advocating for comprehensive sexuality education that includes abortion by IPAS (2020) 2. An Advocate’s Guide to Rights-Based Safe Abortion Policies, Programmes and Services by ARROW (2021) 3. Youth Activist guide by Advocates for Youth (2019) 4. Contraception Advocacy guide by The YP Foundation (2020)
Medical and legal aspects of abortion in India	<ol style="list-style-type: none"> 1. Access to safe & legal abortion: A handbook on abortion laws for Healthcare service providers in India by CJLS, Jindal Global Law School. 2. Legal Barriers to Accessing Safe Abortion Services in India: A Fact Finding Study by NLSIU, Bangalore (2021) 3. The POCSO Act & adolescents’ access to abortion in India by CJLS, Jindal Global Law School

YP the yp foundation
feminist • intersectional • rights-based