SPEAK MY LANGUAGE

A Toolkit Developed by and for Young People

Abortion storytelling in Eastern Europe from a youth perspective

With inputs from Georgia, Lithuania, Republic of Macedonia, Poland and Romania.
Acknowledgements

YouAct is run largely by volunteers, most of whom dedicate their professional, academic and personal lives – to sexual health and rights. We come from different European backgrounds; And yet we share many dreams, principles and a commitment to give sexuality the place it deserves in our lives and communities.

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Dear Reader,

This toolkit has been created for you.

For the young woman who is choosing to get an abortion: you are not alone, your body is yours, and you are the only one who gets to decide what is best for you. If you need help, ask for it. It’s okay to talk about your abortion.

For the healthcare provider: abortions are a delicate topic and the young woman is sensitive, so be cautious of what you say and try to be as supportive as you can be.

For the friend, relative, teacher, or peer of someone who will have, or has had an abortion: respond with compassion and without judgement.

For the pro-choice advocates: your voice is being heard.

To everyone who is reading this right now - we hope this book provides you with the information and guidance on how to talk about abortions, and how to break the stigma.

YouAct and its partners
WHAT IS YOUACT?

YouAct is the European Youth Network on Sexual and Reproductive Rights. We work to empower young people. We think we must take an active role in our communities and organisations, and we need to advocate for Sexual and Reproductive Health and Rights (SRHR) wherever we go. We believe that decisions which affect young people should be planned and formed by young people. We trust in our vitality to join forces and make our voices heard in Europe.

We believe that active and meaningful youth participation is essential to create the world we envision: a world where sexuality is accepted as a positive aspect of life, and where the SRHR of young people are realised.

WHY IS ABORTION STIGMA A PROBLEM?

It is imperative to consider abortion stigma as a critical issue for youth. We recognise the importance of considering the most human aspects of abortion. There is much more than just abortion rights, and health factors. Abortion is a social reality, a cultural phenomenon, and a human experience. Abortion stigma is a social and cultural event which can lead to social, medical and legal ramifications. The consequences raised by abortion stigma are placed within a context where social norms, health and social policies, and community practices play strong roles on the development of abortion experiences (For more on abortion stigma, see the Inroads website). We believe sharing these experiences can empower youth to create a different human reality by eliminating abortion stigma. Stories have a power of their own - telling and sharing them, can help us develop profoundly, as well as give people the chance to see what abortion stigma can mean to others.

THE PURPOSE OF THIS TOOLKIT

With this toolkit, we aim to provide organisations, professionals, individuals, and especially youth with a framework to develop their own strategies to use storytelling to draw out the voices from our bodies\(^1\), learn to speak a language through which we can satisfactorily communicate abortion stigma, and provide others with the tools to learn to speak our language.

ACRONYMS IN THIS DOCUMENT

- PLHIV - people living with HIV
- CSE - Comprehensive Sexuality Education
- SRHR - sexual reproductive health and rights
- SRH - sexual reproductive health
- NGO - non-governmental organisation
- CSO - civil society organisation
- IDP – Internally Displaced Persons
- ARV – Anti Retroviral (medication for HIV/AIDS)

RELEVANT LINKS

YouAct: www.youact.org
Inroads: www.endabortionstigma.org

EASTERN EUROPE AND YOUNG PEOPLE’S REPRODUCTIVE RIGHTS

3x higher rates of unsafe abortions and unintended adolescent pregnancies in Central and Eastern Europe than in the West.

43 Abortions per 1,000 women. Eastern Europe has the highest sub-regional abortion rate in the world.

12 weeks after pregnancy. Abortion is legal in all Eastern European countries and except for Poland, most of them allow abortion up to the 12th week of pregnancy.
SEXUAL RIGHTS AND SEXUAL HEALTH (SRHR) IN EASTERN EUROPE

The Eastern European region serves as an example for the remaining challenges concerning population issues, particularly in SRHR. In recent decades, the countries of the region have struggled with the burden of transformation, resulting in huge economic and social disparities and therefore hindering the advancement of human rights. Achieving progress has also been hampered because of a backlash against gender equality movements and ‘anti-gender’ discourses hostile towards women's and young people's sexual and reproductive health and rights. The rising popularity of conservative narratives is fuelled by the rise of well-organised and funded opposition, aiming to block young people's and women's access to basic reproductive and sexual health services and information. The increase of radicalism combines with the growing power of conservative politics and aims at strengthening the discourse of ‘traditional values’ and introducing laws limiting youth and women's rights. Movements seeking to impose procedural barriers in access to abortion, such as the introduction of mandatory waiting periods and hindering access to emergency contraception on the grounds of conscientious objection have appeared across the region.

YOUTH CIVIL SOCIETY ORGANISATIONS AND YOUTH RIGHTS

These social and political challenges have a substantial effect on how youth civil society functions within the region. Young people and youth-led non-governmental organisations are still not recognized enough as partners in the decision-making process by governments and are often ignored in policy development. Civil society also remains underfunded and experiences difficulties while trying to secure core funding. National investments in civil society are scarce and international funding is reallocated to other regions, thus leaving organisations in Eastern Europe on the brink of collapse. Therefore, youth civil society mostly operates on a voluntary basis. Nevertheless it strives to provide education, counselling and information to children and adolescents through mechanisms of non-formal education. Lack of recognition and governmental protection leaves youth civil society vulnerable to conservative attacks. Despite the numerous recommendations of UN treaty bodies and European Parliaments' reports and resolutions, the realities of vulnerable groups, including young people and women, have not improved. Regional and international frameworks are not addressed on national levels and are even regarded as a threat to national practices and values.

Taking all these factors into consideration, it is evident that the health and lives of citizens, especially young people, are threatened. Young people's sexual and reproductive health and rights are not properly addressed and realised. Comprehensive Sexuality Education is not implemented within the region, leaving adolescents vulnerable to misinformation and harmful stereotypes regarding their sexuality. The prevalence of unsafe abortions and unintended adolescent pregnancies in Central and Eastern Europe is approximately three times higher than in the West. Access to sexual and reproductive health services and supplies is restricted economically and determined by parental consent and age limits. The region also struggles with the growing epidemic of HIV/AIDS as the rates have tripled in the last decade and are still increasing, they are notably highest among adolescents and women.

ABORTION IN EASTERN EUROPE

Since the collapse of communism, Eastern Europe has witnessed a number of transformations, especially on political and economic levels. Despite progress in the form of economic development and empowerment of civil society as one of the effective mechanisms calling for the accountability of authorities, there are still grey areas to be addressed. The region has to struggle with growing inequalities, social injustice, discrimination, corruption, religious fundamentalism and patriarchal structures. This situation is reflected in a number of fields, including SRHR.

EASTERN EUROPEAN GOVERNMENTS DO NOT FULLY UNDERSTAND SRHR

The term SRHR is not fully comprehensible for both the public and the authorities in Eastern Europe. This comes from the region's recent history when a topic like sex was shameful to discuss, there was no safe, affordable and accessible contraception, and schools did not implement Comprehensive Sexuality Education in their curricula. The value of SRHR in terms of achieving physical, physiological and mental well-being is not fully understood in the region. The term and its components are often perceived as an intervention of western culture and are opposed because of apparent incompatibility with local religious beliefs, traditions and customs. Moreover, the region often faces a lack of political will on the part of governments to implement the commitments outlined in different international agreements. Furthermore, SRHR implementation in Eastern Europe faces reduced funding opportunities. This region is now considered middle-income, despite that the use of contraceptives in some of its countries is comparable to the least developed countries in the world.

Access to safe and legal abortion is an integral part of SRHR which has to struggle with a number of prejudices and stigma in Eastern Europe. It is closely related to other sexual and reproductive rights such as the right to Comprehensive Sexuality Education, and the right to
access contraception, which amongst others are also not implemented. The highest sub-regional abortion rate in the world is to be found in Eastern Europe (43 abortions per 1000 women)\(^2\). Access to safe and legal abortion is widely opposed by the Church and often stigmatised by wider society in the region. Counsellors and other service providers are often not skilled or professional. As a result women and girls prefer not to seek any kind of counselling services and instead resort to uninfomed and unsafe solutions.

Abortion is legal in all countries within the region, giving women the rights to access abortion up to the 12th week of pregnancy. However, some countries in the region (e.g. Poland) impose strict restrictions on abortion access. Even where abortion is legal, women often face difficulties in accessing it. This can be due to different factors which determine if the abortion is lawful, as well as social or moral pressures (especially enforced by the influence of the Catholic Church), costs, or lack of abortion service providers in rural areas, among other constraining issues. The demographic decline in different countries of the region also contributes to further restrictions in abortion-related legal regulations. Some artificial barriers are also created restricting the right of women to a safe and legal abortion. For example, the pill used to induce medical abortion has been registered in Slovakia since 2012 but it is not available due to pressure from the Catholic Church\(^3\). Medical abortion is considered safer, more effective and less expensive in comparison to surgical abortion where service providers often use old and unsafe equipment\(^4\).

**COUNTRY REPORTS**

In the countries where we have reached out to partners, abortion is legal - up to 12 weeks in Georgia and Lithuania, up to 14 weeks in Romania, up to 10 weeks in the Republic of Macedonia. Several attempts to limit women's right to free choice are taking place in most countries in Central and Eastern Europe by imposing mandatory waiting periods, as in the case of Georgia and the Republic of Macedonia (since 2013). A similar legislative proposal for mandatory psychological counselling was brought forward in Romania in 2012, but the initiative failed due to opposition from civil society.

In Georgia, liberal abortion laws remain in place recognizing a woman’s right to abortion without restrictions up to 12 weeks of pregnancy. However, the procedure still implies a 3 to 5 day obligatory waiting period. Another potential barrier to access is conscientious objection from gynaecologists who, based on their personal beliefs, refuse to perform the abortion (without making a targeted referral). At the same time there are cases of women being coerced into having an abortion due to being infected with HIV, HCV or using drugs. Abortion is in general heavily stigmatized, but even more so for those who are unmarried; young unmarried girls can experience social exclusion that prevents them from finding safe abortion services.

In Lithuania abortion is regulated by a Ministry of Health decree which was adopted in 1994. According to the regulation, abortion is legal and available on request for every woman over 18 years of age up until the 12th week of pregnancy. However, access to an abortion procedure is limited. The fee for an abortion procedure is too high for women with a low income and especially for adolescents. The lack of Comprehensive Sexuality Education in public schools, the low affordability of contraception, and the lack of public awareness on how to avoid unexpected pregnancy are all key factors that determine high ongoing need for abortions.

There are a growing number of actors that conscientiously object to abortion, i.e. clinics and doctors who refuse to carry out abortion because of religious or personal reasons. This trend is associated with the Catholic Church and catholic organisations which stigmatize abortion and condemn women who choose to do it. The Catholic Church and conservative politicians declare that life has to be respected starting at the moment of conception and as a result, many people ostracize women who chose to interrupt pregnancy.

In the Republic of Macedonia, after the adoption of changes in the law on pregnancy termination in 2013, legal barriers regarding access to safe abortion were put in place. The law restricted access to abortion by introducing:

1. Mandatory filing of a written request for the termination of an unwanted pregnancy by the woman to the appropriate health institution;
2. Mandatory counselling regarding the potential advantages of continuing the pregnancy, as well as the health risks for the woman undergoing an abortion;
3. A mandatory waiting period of three days following counselling before a medical intervention is conducted to terminate the pregnancy.

The anti-abortion atmosphere that is supported and led by the government through an anti-abortion campaign has bureaucratized health institutions and has made doctors afraid to conduct abortion procedures even when they are legal. There is general conservative pressure constantly promoted through controlled media which is strengthening prejudices against abortion, this has a domino effect which encourages bullying, and emotional and verbal abuse and harassment. Even the mandatory counselling that is required before having the procedure is one form of harassment for women that have decided to go through with an abortion, as they have to listen to the reasons why they are not supposed to do it.

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Young people and the general population are bombarded with shocking anti-abortion images on a daily basis and lack relevant and scientifically-based information about SRHR. They also are deprived of diverse, relevant perspectives and discourses.

In Poland, access to abortion is regulated through the Family Planning Act, which criminalizes abortion in all but three cases: when there is a high probability of severe and irreversible damage to a foetus or an incurable life-threatening disease; when pregnancy poses a threat to life or health of a woman or when it is a result of a criminal act. Even in situations when abortion is legal, doctors avoid or refuse to perform the procedure, by, among others, multiplying administrative barriers to prevent girls and women from having an abortion, misinforming patients and intimidating them or making threats about the side effects of abortion. These restrictions primarily affect girls and women who cannot afford to buy abortion pills or go abroad to have an abortion. Moreover, abortion is a taboo topic in Poland, taken over in the recent years by the anti-choice movement and Church authorities, claiming that abortion is murder. The rise of anti-choice attitudes strengthens stigmatization of girls and women who have had an abortion, causes them to remain silent about their experience and keeps them from seeking help.

In Romania, abortion on request is legal during the first 14 weeks of pregnancy, but it is not cost-free. However, the legalization of abortion on demand is not a sufficient measure. Access to affordable, accessible, safe abortion and post-abortion care remains restricted because of other barriers women are facing – such as the distance to hospitals that provide such services for women in rural areas, a high cost for abortion services for women with small incomes and arbitrary hospital regulations to ban abortion procedures during certain holidays. Another barrier is the right that doctors have to refuse a medical service on moral grounds. The number of hospitals and medical practices where doctors refuse abortion procedures due to religious beliefs is on the rise, especially during Easter and Christmas. In recent years, numerous initiatives targeted women’s right to choose; some legislative initiatives attempted to undermine women’s access to safe abortion by introducing mandatory counselling and reflection periods prior to the abortion procedure, in which counsellors often try to discourage patients and change their decision. The issue of abortion continues to be present in the public sphere. Access to abortion services for young women in rural areas is difficult because of lack of infrastructure, transport, and high costs. Young people lack sexuality education. There is a lack of youth-friendly medical services and confidentiality.

Until 2015, religious education was a mandatory subject in schools in Romania, while sexuality education remains an optional subject which only reaches 6% of pupils and students. This reinforces stigmatism around abortion, which is often being discussed from a biased religious perspective as being morally wrong and socially unacceptable. Anti-choice educational programs run by religious associations or militant anti-choice groups are present in primary and secondary schools all over the country and anti-choice militant public demonstrations such as the March of Life have been regularly organised throughout the country each year. In short, the anti-choice lobby is gaining more and more support from all spheres of society – schools, religious organisations, and medical professional associations.

And of course if you ask my mom, women who have an abortion definitely go to hell...

It is so painful. I live a total lie...
Abortion stigma is widespread where women and girls face discrimination and are least able to enjoy their human rights. It is associated with poor education, poverty, religious extremism and undemocratic social structures. It flourishes when people do not feel empowered to speak out about their choices, keeping their experiences hidden and remaining silent instead.
WHY IS ABORTION STIGMA A PROBLEM?

It is a shared understanding in some circles that having an abortion is morally wrong and socially unacceptable. Far from being a universal truth, this stigma is actually created and reinforced by social, cultural and religious norms and values. Being stigmatised means people actually feel ashamed of who they are or of the personal choices that they have made. Myths are perpetuated in order to justify these social attitudes towards abortion. Challenging these views can still lead to shame, bullying, harassment and other types of physical and mental harm. Abortion stigma should be a matter of general concern, because it creates barriers to access safe abortion, as well as appropriate information and services, thus hindering women’s sexual and reproductive health and rights.

WHERE DOES ABORTION STIGMA COME FROM?

There are several factors contributing to abortion stigma which range from legal to societal, as well as personal factors. Abortion stigma is high in areas where legal restrictions are placed on women’s right to have an abortion. In such places the law criminalises those that need or decide to have an abortion and those providing it. This criminalisation creates stigma. Abortion stigma can also be rooted in social or cultural values, that is, the community’s norms and beliefs. These values and norms may be reflected in or shaped by policies and media influences. Abortion stigma is most common in areas where there is poor access to sexual and reproductive services. Consequently, there are few social support networks for people who experience or provide abortion in those areas, which further perpetuates the stigma. Abortion stigma is widespread where women and girls face discrimination and are least able to enjoy their human rights. It is associated with poor education, poverty, religious extremism and undemocratic social structures. It flourishes when people do not feel empowered to speak out about their choice, keeping their experiences hidden and remaining silent instead. This allows the spread of misinformation about abortion and the people who need it.

There are several types of abortion stigma, considering both the levels where it is most often encountered, as outlined by the seachange conceptual model, and the people who are usually affected, as highlighted by Norris et al.

WHAT TYPES OF ABORTION STIGMA ARE THERE?

- Policy: where politicians and leaders can decide to limit access to abortion services and exert control over abortion providers affecting quality and availability of services.
- Law: when there are explicit laws in place that restrict access to abortion services.
- Health-care: where clinical services can choose not to provide abortion services to avoid anti-abortion protests or where clinicians may treat the people who are seeking abortion in a different way. The urban-rural divide is a major issue when it comes to differentiated and unequal treatment of women demanding an abortion.
- Media: where traditional/social media can portray a person who has experienced abortion or provided an abortion as a bad or immoral or may portray abortion as a dangerous or dirty act.
- Communities: where community groups condemn abortion or exclude people that need and provide abortions. This tends to be true for closed communities who have strong religious or cultural views. Communities with high levels of poverty and poor education may have higher levels of abortion stigma.
- Culture, beliefs and norms: when existing cultural norms and beliefs portray the act of abortion as malicious. Beliefs and norms may vary across different regions within the same country or even across different neighbourhoods/districts within the same city. There are an increasing number of anti-abortion online communities which can propagate abortion stigma regardless of borders and nationalities.
- Relationships: where a young person may feel unable to tell their friend or partner about an abortion due to fear of judgement or exclusion. This is especially true for unequal relationships based on male dominance or plagued by gender-based violence.
- Personal: where a person may feel bad about themselves for having an abortion or about their feelings about having an abortion.

WHO CAN BE AFFECTED BY ABORTION STIGMA?

- People who have experienced abortion or who are seeking an abortion may be bullied or shamed by members of their community or may have negative experiences attempting to access these services. Their relatives may also face marginalization or harsh critics.
- People who provide abortion services, including but not limited to doctors, nurses, social workers, psychologists, may face harassment and lobbying or criminal penalties.
- People who support or advocate for abortion rights may experience discrimination or judgement.

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5 http://seachangeprogram.org/our-work/abortion-stigma-defined/
CONSEQUENCES OF ABORTION STIGMA

The consequences of abortion stigma vary greatly, nevertheless there are some common outcomes. Abortion stigma very often leads to physical and/or psychological and/or mental exhaustion of the people who experience or provide abortion. Below are some of the consequences that abortion stigma may lead to:

- People may refrain from seeking medical help or social support.
- People may be subjected to legal persecution, marginalisation or social isolation.
- People’s mental, physical and emotional well-being may be negatively affected. Stress-related physical or mental illness may develop as a response to harassment.
- The quality of sexual and reproductive services may decrease. There might be less demand due to fear of stigmatization, but also the actual quality of the provided SRH services may decrease due to the medical staff’s fear of being perceived as pro-abortion/anti-life.
- The accessibility of sexual and reproductive services may decrease and the financial cost of abortion services could increase as medical staff may seek greater compensation due to the stigma of their role.
- People may refrain altogether from seeking an abortion, thereby preventing the person from exercising their right to control their own body.
- People may undergo clandestine unsafe abortions which could lead to increased illness, complications or even death.
- Pregnancy-related morbidity and mortality may increase as women and girls may consider themselves obliged to continue a pregnancy due to lack of choice.
- People’s personal and professional development may be threatened. Gender inequality could become more prominent in those communities where adolescent mothers cannot return to school and/or increased birth rate prevents women from studying, developing their professional skills or achieving economic independence.

YOUNG PEOPLE AND ABORTION STIGMA

Young people are especially vulnerable to abortion stigma. The generalised belief that they are too young to make their own decisions, or that they are too young to be sexually active are both preconceptions that lead to stigmatization. This, along with restrictive laws, lack of information, and lack of access to services, constitute barriers that restrict youth’s access to safe and legal abortions. According to the WHO, around 3 million girls aged 15-19 undergo unsafe abortions every year. This is also true for Europe and it does happen in countries which are members of the European Union.

While there are multiple factors contributing to abortion stigma, the project’s country partners identified the lack of Comprehensive Sexuality Education (CSE) as the main challenge for young people who are subjected to abortion stigma (Georgia, Lithuania, Republic of Macedonia, and Romania). They recommend that along with the knowledge and life skills for making informed decisions about their sexuality and health, young people’s needs should be complemented by free of charge youth friendly services, including free contraception and access to legal and safe abortion without restrictions, and that are geographically accessible.
CASE STUDIES

ROMANIA

In Romania, Comprehensive Sexuality Education is part of the ‘Education for health’ optional subject. In 2013-2014 only 6% of students in Romania accessed CSE classes. Consequently, boys and girls, young men and women lack basic knowledge and awareness about sexuality, intimate relationships and their consequences, the availability of reproductive health services and methods of contraception etc. This problem affects, in particular, youth from rural communities of other disadvantaged environments, who lack access to Internet or other means of information.

MACEDONIA

The striking results from a study that H.E.R.A. conducted in the Republic of Macedonia showed that 45% of youth under the age of 25 are stigmatizing girls and women that have undergone an abortion. This is a result of interwoven factors, but in terms of general factors, we can emphasise:

1. The ongoing anti-abortion campaign led by the Government, stigmatizing women who have had an abortion
2. The lack of access to Comprehensive Sexuality Education in schools.

LITHUANIA

The topics of sexuality education, reproductive health, and especially abortion are often treated as a taboo in Lithuania. People are not eager to discuss them in public. Respondents to an online survey have reported that the biggest fear, while choosing to interrupt pregnancy, is to experience negative reactions from society. Women who interrupted a pregnancy stated that they did not have Comprehensive Sexuality Education at school and because of high prices were not able to afford contraception. They were also lacking psychological support from their families and medical staff and mentioned that they did not have information about where they could receive an abortion procedure, whether it is reimbursed or not.

POLAND

Age limits pose difficulties in accessing SRH services — young girls cannot make their own decisions until they turn 18. The age of consent is 15, but until the age of 16 the gynaecologist is entitled to inform parents/guardians about the health condition of their daughter; and between 16 and 18 years of age the patient and their parents/guardians need to agree on medical treatment under a ‘cumulative agreement’. Young people do not have access to proper information about modern contraception nor the actual means to acquire it, contraception is accessible by prescription only and is too expensive for teenagers. Emergency contraception is also very expensive, and just recently the Ministry of Health decided to try to reinstate the prescription requirement for obtaining it (one of the EC pills has been available over the counter, thanks to the European Commission’s decision, for only a year).

SEXUAL EDUCATION IS LIMITED

Women who interrupted a pregnancy were not able to afford contraception

EMERGENCY CONTRACEPTION IS VERY EXPENSIVE

ONLY 6% OF STUDENTS ACCESSED SEX-ED CLASSES

ONLY 45% OF YOUTH UNDER 25 ARE STIGMATIZING GIRLS AND WOMEN THAT HAVE UNDERGONE AN ABORTION

ONLY
STORYTELLING TECHNIQUES IN THE CONTEXT OF ABORTION STIGMA

“...Telling does not come easy, and neither does listening... people are wounded not just in the body but in voice. They need to become storytellers in order to recover the voices that [abortion] and its treatment often takes away”
THE POWER OF NARRATIVE

Narratives have been shared in all cultures as a means of education, expressing care, moral and cultural preservation of knowledge and values. The word, no matter how it is assembled, pronounced, read, or viewed, has a power of its own; it can provide the reader and the writer; the listener and the speaker, with shared motives, and contexts around which their lives can find some common experiences.

Human stories and histories can not only captivate, convince, or educate. They can heal. The power of storytelling when referring to human suffering lies in its intricate ability to restore what cannot be said, read, or seen openly under other conditions. Human suffering is often unspoken in many cultures and contexts around the world, or at least, not publicly. In the context of stigmatization, and particularly interesting in the context of abortion stigma as presented here, storytelling could provide a framework for engagement, not only with the sufferer, but also with the community. Those who write their stories can work towards healing themselves by re-thinking their past and present experiences around abortion and abortion stigma, thus reflecting on their present and future identities. Those who read them, hear them or see them could be allowed to think over their personal experiences within the same or similar contexts, as well as re-evaluate their interpretations of the experience of abortion.

USING STORYTELLING TO TACKLE ABORTION STIGMA

We acknowledge there are other techniques to tackle abortion stigma, however we see some advantages in using this approach over others. Storytelling can be non-intrusive and non-judgmental. There are no contraindications and no side-effects of sharing one’s story with the world. In fact, stories can often provide some healing to the storyteller. “But telling does not come easy, and neither does listening. (...) people are wounded not just in the body but in voice. They need to become storytellers in order to recover the voices that [abortion] and its treatment often takes away” (Frank, 1995: XX). Providing a narrative of one’s life helps the person focus on their identity and self-worth, thus learning to value more their personal choices and decisions, getting to know their realities, their contexts; how they got there, and what is awaiting them now.

People who share their stories may choose to remain anonymous and/or reveal only parts of their identity. Remaining unknown is feasible, and sees its greatest illustration in often popular online actions. Online storytelling has motivated stronger engagement in the topic of abortion rights and abortion stigma in recent years. A collective silence around abortion still exists, which the internet seems to be slowly breaking through. Stories can also be translated into different languages and mediums – online communications and social media being the faster routes to share said stories, and thus travel faster than their authors, reaching those who need them most. Yet online storytelling presents some fundamental limitations as a strategy for reducing abortion stigma at the community level. Stories might be most effective when told face-to-face, or to people you might already share some background with. A blog post or a YouTube video presented to you as you are healing from an experience might be less powerful than a story from a close member of your community. However, it should be acknowledged in some contexts that it is more appropriate.

Stories are a peaceful and positive way of challenging stereotypes and preconceptions. Stories do not judge those who refuse to read or disagree. Stories are universal as all cultures around the world have shared and exchanged stories with other people. Stories move people who otherwise might have little in common with each other, especially in terms of cultural and/or religious background.

Storytelling can function as a potent empowerment tool, giving voice to the marginalized and oppressed. Speaking out is always the first step towards openly affirming one’s rights as a human being. Storytelling can function without technology, becoming accessible to people under all socio-economic circumstances. There are as many types of storytelling instruments and tools as ways for humans to create and express their narratives and experiences. Storytelling can involve the written, or the spoken word. It can take the form of literary narrative, poetry, or personal diaries. Letter exchanges, debates, conversations and academic discourses. Artwork, graphic work, and artistic manifestations. Or petitions, testimonials and protest letters. Blog posts, social media communications and online storytelling.

The only way to tackle abortion stigma is to break the silence. As with any other action which has been stigmatised within our societies, these experiences are often kept silent, often kept within the individual and only shared with those who are very close, which sometimes does not even include certain family members. For youth especially, abortion stigma is surrounded by silence. This is mostly due to a lack of understanding, insolvent Comprehensive Sexuality Education curricula, fear of what people may say, and current debates on abortion rights around our geographies, among other factors.

Taking care of one’s own welfare by telling one’s story is a way to tackle abortion stigma and it can benefit the writer or storyteller, and the reader or listener. Narrating abortion stigma is challenging, but rewarding for both the person who shares her story and the audience. As pregnancy
choices can be hard decisions and emotionally-stong experiences, stories are usually the best way to express it all in an unrestrained and personalized way. Furthermore, the reader or listener gets access to an intimacy which they could never hope to share otherwise with the person who has experienced abortion. It is well known that stories create friendships and connections. Even when we read a story online from an anonymous source we still form a bond with the person who shared her experience. Storytelling prepares people for real-life encounters, and gives them a better understanding of one another, hopefully devoid of stigma.

Storytelling as a technique for tackling abortion stigma can also present some obstacles. Ethical issues concerning the right to privacy and disclosure, and underage subjects, can arise. Working with the media, social media, and publishing can raise concerns about compromising people’s safety, and can prompt a fear of repression or prosecution in some drastic cases. Under certain circumstances, stories may be published. Authorship can become troublesome when the author of a story is unknown, underage, or limited by their legal, political, medical and social circumstances in any way. Intellectual Property legislations may need to be considered when necessary to solve any possible infringements. Invariably it is imperative to acknowledge all ethical and legal considerations that may be pertinent when investing and generating projects with individuals or the community where storytelling may be a basic working tool.

TESTIMONIALS

#1

None of the gynaecologists in Kutaisi agreed to do the procedure after telling them that I was HIV positive. I knew no one in the capital to go to and ask for help.

I immigrated to Turkey for a period of 3-4 years and was engaged in commercial sex work. I lived there with my mother, who worked as a caregiver for a patient. We used to come back to Georgia once every 3 months, because there are no-visa regulations between Georgia and Turkey. After coming back to Georgia I got married and got pregnant. During a regular pregnancy check I tested positive for HIV, although my mother and husband are HIV negative.

I had no idea what to do, with myself and with my child.

I thought I would die and was crying non-stop for my unborn baby who would not see the daylight. I decided to have an abortion, but none of the gynaecologists in Kutaisi agreed to do the procedure after telling them that I was HIV positive. I knew no one in the capital to go to and ask for help. I told my husband nothing, as he also knew nothing about my past.

One day a friend of mine came by in a slightly drunken state. I took a shot of vodka and then I could no longer hide my sorrow.

I told her everything.

She was so drunk she could hardly listen... She raised her head slightly and tried to smile at me.

“You will be fine, and your baby will be fine, she said with great effort.

You will get treatment and you will be fine, trust me, your baby will be healthy.”

How would you know?

“Mine is, though I am also HIV positive. That is how...”

That is how I kept my baby...
She decided to get an abortion as she did not believe the doctor when he told her that HIV would not be transmitted to the child if treated during pregnancy.

This is the story of the 23 year old wife of a migrant. She got married 5 years ago to a wealthy man. Her husband lived in Ukraine for 5 years. He had a business there. As she found out later, he had had unprotected intercourse multiple times with numerous partners. For some period she suffered from a high temperature and swollen lymph glands and because of that she went to the Batumi State Hospital.

Treatment for those symptoms didn’t help her. Based on the doctor’s suggestion she took an HIV test. She sent her husband to collect her results. He came back home in a very bad mood and she sensed that the results were bad. She never imagined that she would ever get infected with HIV...especially while being pregnant…

She decided to get an abortion as she did not believe the doctor when he told her that HIV would not be transmitted to the child if treated during pregnancy. She was refused abortion services 3 times in Batumi due to her medical status and she only succeeded in getting an abortion with a referral to Tbilisi.

“She now regret my decision, as I actually saw a friend of mine who is also HIV positive giving birth to a healthy child. But every time I remember how badly I was treated by the gynaecologists, I feel that I do not even want to go and visit them for any reason at all…”

And of course if you ask my mom, women who get abortions definitely go to hell…

I came to find out about my HIV status last year in the summer. My CD4 was very low, which meant I had to start ARVs. I forgot to tell you that I am only 19. I started taking drugs after a month and right now as I am writing this letter I am still on drugs.

Well, I always thought I would never be HIV positive but it has happened and there’s nothing I can do about it but live a positive life. My prayer is for God to keep protecting me all the days of my life.

The only problem I face is telling my boyfriend who wants to marry me this very year. And yes, I had the abortion … my doctor advised me to. She told me my child would never be normal…

I am so scared that he will leave me when he finds out that I am HIV positive because every time I bring up the issue of HIV just to get his views on the matter, he says he would die of depression...Moreover, he would never forgive me for having the abortion without asking him.

I also know that if my mother found out, she would die.

She never wanted me to go abroad saying it would be harmful for me, and if I confess, she will remind me once more that she was right and she should have kept me in, as Georgia is the safest country. She thinks AIDS is only found in Africa and Europe, where people are punished by various diseases.

And of course if you ask my mom, women who get abortions definitely go to hell…

It is so painful. I live a total lie…

When the doctor found out I was pregnant, he played the foetus’ heartbeat... It was a horrible way to lay guilt on me. After that he asked me : "Do you still want to abort?"

I went to the doctor and told him that I was pregnant, but didn’t want to be. First he recommended the “Women on Web” website, but then told me not to do this. I bought the abortion pills on the internet, though not from the “Women on Web” website, but from someone who fooled me and sold me something else.

When the doctor found out that I was pregnant, he played the foetus’ heartbeat... It was a horrible way to lay guilt on me...After that he asked me: “Do you still want to abort?” He really pissed me off and I thought I would destroy his office.

Two weeks later, when I got to a hospital for the intervention, a woman approached and asked me smiling: “What happened, the abortion didn’t succeed?”

I talked about the abortion to a dozen of my acquaintances. I found out that from their point of view I was inhumane and I was a murderer. This is the typical statement in Poland.

Fortunately, there were some women with me who offered a lot of support. I know that in a group of women I can survive everything. And I thank them for being there.
LET'S TALK ABOUT ABORTION?!

Abortion stigma can only be tackled by breaking the silence.

Because of all the myths and preconceptions surrounding abortion, it has become a huge taboo to even mention it. It's a sensitive topic, it's personal, it's emotional, and it simply isn't talked about. But if we want to remove the taboo, if we want to remove the stigma, this has to change! Don’t be afraid to challenge the norms and conventions that surround abortion.

This section will provide you with some tips to keep in mind whenever talking about abortions, whether it is regarding your own experience, or that of a friend, relative or patient.
**BE NON-JUDGEMENTAL**

This is crucial. We have to recognize diversity, acknowledge that everyone comes from different backgrounds, with different beliefs and different experiences. At the end of the day, the most important thing that we all share (or should share) is people’s right to choose what they want for their own body. Recognize that someone else wouldn’t have made the same decision as you. And that’s okay!

**PUT ASIDE THE POLITICS**

Abortions are a controversial topic which has been polarized through political rhetoric. You’re either Pro-Choice, or Pro-Life. You either believe abortions should be legal, or you don’t. Because of this polarization, we have put people into categories and look down on those who don’t share the same beliefs as us. We have to remove this “us-versus-them” mentality. We have to be open to others’ opinions, and refrain from imposing our own beliefs on others.

**BE CONFIDENT, AND SEARCH FOR HELP WHEN YOU NEED IT**

You are allowed to talk about it, and there will always be people willing to listen. Don’t feel guilty, you are the only person who has a say on what you do with your body, and you have the right to do whatever you want with it. An abortion is a medical procedure like any other, although for some people it may carry an emotional burden that makes it somewhat more difficult to process. But talk about it! Talk about what you’re feeling, what you felt before. Talk about why you want an abortion, or why you had an abortion. This is the only way that people are going to learn. If you talk to someone, and they don’t understand, try to help them. This is a topic that people rarely have the chance to talk about, and so there are many questions yet to be answered.

**BE SUPPORTIVE**

If someone you know is planning on having an abortion, or has had one, be there for them. They need your help; they need to talk to somebody. Let go of your preconceptions and beliefs, and just listen. Respond with compassion and without judgement. Don’t assume anything; wait for them to tell you. Give them advice, but realise that you do not know what they are experiencing, and you can’t tell them what to do. Assure them that you will be supportive of any decision they make. Try to speak their language. If they say “baby”, you can say “baby”. If they make a joke, it’s okay to laugh. If they cry, it’s okay to hold them.

**HOW TO START TALKING**

We don’t talk about abortions because it seems that there is never a good time to do so. It’s a sensitive and controversial topic, and it can be scary to bring it up. As youth advocates for SRHR, it is up to us to create platforms in which youth feel comfortable and safe talking about abortions. Here are a few ways to open up spaces to talk about abortion:

**COMPREHENSIVE SEXUAL EDUCATION**

Youth must have access to accurate information on abortions in order to make informed decisions. Schools and health-care providers should not only provide accurate information, they should also be taking a sex-positive approach that encourages and empowers women to take control of their bodies. Education can also help with capacity and skill building, as well provide strategies for combating negative attitudes that surround abortion.

**COUNSELLING**

Professional counselling can be very helpful for youth who are experiencing abortion stigma. This intimate, confidential and non-judgement space can provide emotional support and allow people to feel comfortable talking to a professional and seeking advice.

**SOCIAL MEDIA CAMPAIGNS**

Social media can be used as a platform for sharing information and becoming familiar with other people’s experience. Using video, images, infobytes and hashtags, we can tackle the myths and preconceptions that surround abortions.

**STORYTELLING**

Sharing stories helps show the realities of abortions, and puts it in a real life context. It shows youth experiencing abortions that they are not alone, and helps them see that it is a part of many people’s lives and not just a political issue. Stories can be used to connect people with one another from different backgrounds and beliefs. It is a way of exposing a topic that is always excluded from conversations.

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“When the doctor found out that I was pregnant, he played the foetus’ heartbeat…It was a horrible way to lay guilt on me… After that he asked me: “Do you still want to abort?””

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The only way to tackle abortion stigma is to break the silence. As with any other action which has been stigmatised within our societies, these experiences are often kept silent, often kept within the individual and only shared with those who are very close, which sometimes does not even include certain family
Here are some of the ways to reach out to young people who have faced or could face abortion stigma:

- Collect personal testimonials through an open call launched on your website or social media accounts
- Invite people to share their experiences by organising a storytelling workshop or a peer-support group
- Ask persons who have benefited from individual guidance or counselling whether they want to share their story, anonymously or not, as part of the therapeutic process
- Target previously marginalized individuals and offer them a safe space (physical or virtual) where they could bring to light the challenges they are facing
- Collaborate with the media in order to reach persons facing abortion stigma and give them the option to upgrade their testimonials into a fully-developed story
- Work with writers and artists in order to fictionalize the accounts of those people who do want to share their stories, but prefer to remain anonymous. The well-documented experiences of several persons may be merged into one fictionalized semi-autobiographical story.

Young people may be encouraged to work together on presenting a story with the help of a different art form. Apart from words, don't be afraid to use other tools which might enable you to describe the complex reality of abortion stigma: photos, videos, drawings, graffiti, and graphic novels, theatre and dance. We are young, we like to be creative, and we are possibly pretty good at it, why not show it off to others?

APPROACHES FROM EASTERN EUROPEAN COUNTRIES

In Georgia, outreach is made via Peer Educators operating in the capital and focal points that operate in the following regions of Georgia: Samtskhe-javakheti, Samegrelo, Adjara, Imereti. Peer Educators and Focal points cooperate with community based NGOs and support them to hold information sessions as well as meetings and workshops focused on revealing existing needs. Based on the mapping of potential partners and services, they provide support and referral to social and medical service providers. The Peer Educators or Focal Points establish personal contact with the beneficiaries as they are entry points to involving the referral mechanisms described above. Alternatively they track people through focus group discussions and in the case of willing participants (they have signed the consent forms) they help them to document their stories. Another methodology used, especially when working with youth groups, is to make visual materials based on the stories they gather, paintings, videos or caricatures. There have been the cases where the stories or visual materials gathered have been entered in regional or global contests. We have youth group members who have won several testimony contests, including journalism contests. The activities motivate young people to use an artistic approach to sharing their personal testimonies.

In Lithuania, in order to reach out to a broader audience and find out what the prevailing attitudes towards abortion are, in the framework of this project, an anonymous online survey was carried out. Out of the 533 respondents, 93.5% were women (15-35 year olds). Out of these women, 12.38% had an abortion; half of them were between 15 and 25 years old.

The results of the survey showed that:

- 73% of respondents had positive attitude towards the existence of opportunity to have an abortion procedure. 15.8% of respondents had a negative attitude. The rest of respondents answered that their attitude ‘depends on situation’, ‘is neutral’ or is positive ‘only when we are talking about medical conditions, raped girl or families with low-income’. There were few answers that stated ‘I am only in favour of medical abortion or abortion until the 5th week’.
- 49.5 % of respondents stated that they support women who had had an abortion. 15.2% had a negative opinion about such women. The rest of the respondents reported that they had a neutral position, because they did not face the problem of unexpected pregnancy themselves. There were only a few respondents who answered: ‘I support such women, because abortion is a human right’.
- 90.2 % of respondents believed that women who had an abortion experienced stigmatization. 80.7% of respondents agreed with the statement that stigmatization of abortion in society must be reduced.
- 46.1% of respondents believed that the number of abortions could be reduced by improving access to contraception. 44.7 % of respondents noted that Comprehensive Sexuality Education has to be introduced to reduce the number of abortions.

In the Republic of Macedonia, H.E.R.A. supported a project for youth by youth, using grassroots activities and taking advantage of the power of social media to raise awareness about the issue, to tackle and challenge stigma and finally to influence and change attitudes towards abortion in youth. The project “It’s about you” was based on young people's ideas. Along with a meeting with youth from different ethnicities and backgrounds, H.E.R.A. also produced educational videos, photos, banners and pocketbook and promoted them through social media and distribution of materials on the streets in smaller cities. Bearing in mind the anti-abortion atmosphere and the general fear to speak up regarding these issues, they have decided that raising awareness is the key.

As the project is aimed at raising awareness among young people regarding abortion stigma and its effects
HOW TO REACH OUT TO YOUNG PEOPLE WHO HAVE FACED OR COULD FACE ABORTION STIGMA

It was important to collect stories and personal opinions from young people themselves. H.E.R.A. then decided to create videos to share the stories of young women, to raise awareness of the severity of the effects of the government's anti-abortion campaign, and the effects of restrictive legal amendments as well as the protests against the new legislation.

**VIDEO**

Watch the short film featuring young female volunteers and activists from the Republic of Macedonia speaking out about the right to accurate and non-stigmatising information on abortion.

www.youtube.com/watch?v=C5ZcNzMtl-s

The videos were very successful, as more than half a million social media users were exposed to the messages and materials created. As the content of the materials provided scientific, objective and evidence-based information on various issues (what is the law, what is safe abortion, what is abortion stigma, abortion as a human right and constitution-based right, the need for CSE, improved access to modern contraception, what are the recommendations of the UN Human Rights Committee for amending the law and similar) it can be concluded that the project greatly contributed toward educating the young on these issues.

In Poland, the Federation for Women and Family Planning has established contacts with ally organisations and groups working in the field of women’s rights and supporting abortion rights. As abortion is such a taboo topic, we regarded it as best to reach out to girls and women through groups that supports them to access abortion. When reaching out, we underlined that stories and shared materials must include statements of consent. Participants were also informed about the aim of collecting stories and how they will be used further.

In Romania, A.L.E.G.'s outreach methods focus on two pillars. The first one is its counselling centre for victims of gender-based violence. The second pillar focuses on educational and awareness raising projects. A.L.E.G. organises annually the Gender Equality Festival in Sibiu, Romania, whose principal target groups are students and young people. During the last editions, the Festival program included the film screening of ‘The Children of the Decree’, which discusses the issue of abortion during communism in Romania and is followed by a debate with the participants about women's rights and reproductive health. The film has been screened in several public spaces. ‘The Living Library’ is another activity included in the Festival's program. It consists of people acting as ‘books’, sharing real stories about gender-equality and related issues, including experience about abortion and related stigma.

A special methodology for story sharing is the Living Library workshops during the Gender Equality Festival, an event openly challenging prejudices and stereotypes in society. This format allows the Living Book (the person revealing a story – her own or somebody else’s) to be creative in the way she shapes and presents her story and to be flexible in the dialogue with the audience within the framework of a set of pre-agreed rules aiming for a safe environment. As the audience is made up of young people attending the festival, the event is in fact a method to encourage young people to overcome their own experiences of stigma after listening to a story shared by a Living Book (a mature individual who has overcome trauma and volunteered to speak for the cause).

The wider impact of the method is making it acceptable to talk about abortion stigma by including the topic in a public event. In a society in which having an abortion is regarded as taboo, it is essential to encourage young people to seek support by breaking the silence around the issue and setting examples for constructive dialogue.

**CONCLUDING THOUGHTS**

There are many different ways to ensure young people’s voices are heard clearly in the fight against abortion stigma. This toolkit has explained different ways of exploring the negative impacts abortion stigma can have on young people and the power of storytelling in helping us to understand young people’s SRHR experiences and needs. We have highlighted some of the diverse methods that real grassroots organisations in Eastern Europe are currently using to help them to understand young people’s experiences of abortion stigma. We hope that this toolkit has provided useful guidance to help support people speak out against stigma and promote SRHR! The real-life examples from Georgia, Lithuania, the Republic of Macedonia, Poland and Romania show the many different methods we can use to ensure young people’s voices are heard from surveys and informal meetings to video and photos. We hope that the information in this toolkit will be used widely by many partners and that it will help us all to speak one language!
**PROJECT PARTNERS**

**Real People Real Vision (RPRV)** is a not-for-profit, non-governmental organisation established by People living with HIV (PLHIV) for PLHIV in 2010. Their main aim is to advocate for equal access to medical and social services for all and to support vulnerable and marginalized groups to be in a stigma free environment. Key programs and activities are directed towards community strengthening and developing HIV diagnostics testing and treatment referral mechanisms locally and regionally. The basic work includes but is not limited to raising awareness of HIV prevention among drug users, commercial sex workers, men having sex with men, mobile population out of social support systems including IDPs, people below the poverty line, young girls and boys, mobilizing and strengthening community leaders and supporting full participation of the above mentioned groups based on gender mainstreaming in advocacy processes, contributing to developing medical and social referral mechanisms to SRHR and continuous ARV treatment in Georgia.

**Family Planning and Sexual Health Association (FPSHA)** in Lithuania is a non-governmental organisation, which advocates for sexual reproductive health and rights (SRHR) of Lithuanian population. It was founded in 1995. FPSHA unites different members: physicians, social workers, midwives, teachers, journalists, politicians, students. The vision of FPSHA is that SRHR should be respected and enjoyed as a natural and inseparable part of everyday life for all. Therefore, FPSHA’s mission is to enable and empower society to respect SRHR as a part of human rights. FPSHA organises seminars, training courses and conferences, publishes informational material, carries out projects and programmes, and cooperates with local and international organisations. FPSHA especially focuses on young people’s needs: it provides comprehensive SRHR information and evidence based sexuality education for youth, seeks to improve the access to reproductive health services and contraception. FPSHA has Youth Groups which represents progressive Lithuanian youngsters and advocates for their SRHR.

**Republic of Macedonia, Health Education and Research Association (H.E.R.A.).** Young people are a very important part of H.E.R.A’s work. They are part of the volunteer sector that consists of different programs and activities related to sexual and reproductive health and education. H.E.R.A. Youth has two sectors that are concentrating on these issues from different perspectives including “Sexy Hood” a radio show organised by volunteers and a non-formal education group of accredited peer educators on CSE.

**The Federation for Women and Family Planning** is a Polish nongovernmental organisation acting for the fulfilment of girls’ and women’s sexual and reproductive health and reproductive rights in Poland. We defend their rights through provision of information and education on SRHR as well as advocacy for the realisation of SRHR at national, regional and international levels. Our activities are focused on ensuring the right to legal and safe abortions (as allowed by law currently, but advocating for liberalization), the right to family planning information, services and supplies and to Comprehensive Sexuality Education. Federation also provides legal, psychological and medical counselling on sexual and reproductive health issues. We cooperate with young people through two networks affiliated with Federation: Ponton Group of Sex Educators acting for realisation of youth SRHR in Poland; and ASTRA Youth – Network for Youth Sexual and Reproductive Health and Rights in Central and Eastern Europe - which advocates for realisation of young people’s SRHR in the region.

**Romania, The Association for Liberty and Equality of Gender (A.L.E.G.).** The key priorities of The Association for Liberty and Equality of Gender - A.L.E.G. are to combat violence against women and to promote gender equality. One of the main focuses of A.L.E.G’s work is to prevent gender based violence that affects youth by running educational activities in schools and public campaigns like the Gender Equality Festival. In addition A.L.E.G. provides counselling services for survivors of gender-based violence, some of whom may also be struggling with abortion stigma. The acronym A.L.E.G. means “I choose” in the Romanian language and it reflects one of the core principles of the organisation - freedom from gender stereotypes and from coercive norms limiting reproductive rights. For more information visit http://aleg-romania.eu/en/consiliere/.

**RESOURCES**

- Adolescents’ Need for and Use of Abortion Services In Developing Countries, Guttmacher Institute, Fact Sheet, 2016 [http://www.guttmacher.org/pubs/FB_Adolescent-abortion-services-developing-countries.html](http://www.guttmacher.org/pubs/FB_Adolescent-abortion-services-developing-countries.html)
- TEDWomen 2015 [https://www.ted.com/talks/aspen_baker_a_better_way_to_talk_about_abortion?language=en#t-401735](https://www.ted.com/talks/aspen_baker_a_better_way_to_talk_about_abortion?language=en#t-401735)
- [https://youthagainstabortionstigma.wordpress.com/](https://youthagainstabortionstigma.wordpress.com/)