AN **ENGAGE** PRESENTATION

WITHIN REACH

EXPANDING ACCESS TO SAFE ABORTION

PRESENTATION GUIDE

PRB INFORM EMPOWER ADVANCE

safe ENGAGE

Presentation Guidelines

WITHIN REACH:
EXPANDING ACCESS TO SAFE ABORTION

ACKNOWLEDGMENTS

"Within Reach: Expanding Access to Safe Abortion" is a multimedia advocacy tool developed by Population Reference Bureau. The presentation was written by Lori Ashford, consultant, and Marissa Pine Yeakey, program director. It was designed and produced by Pamela Mathieson, video and digital producer, N'Namdi Washington, graphics designer and digital editor, and Jessica Woodin, senior designer.

The presentation was developed with guidance from a global Technical Advisory Group of researchers, advocates, and medical professionals. We thank the members of that group for their time and dedication, including: Akinrinola Bankole, Ph.D., M.A., M.Sc., Guttmacher Institute; Jennifer Blum, M.P.H., Gynuity Health Projects; Paul Blumenthal, M.D., M.P.H., Population Services International; Ambassador Eunice Brookman-Amissah, M.B. Ch.B., F.R.C.O.G.; Alejandra Cardenas, L.L.M., Center for Reproductive Rights; Barbara B. Crane, Ph.D, M.A.; Patrick G. Ilboudo, Ph.D., l'Agence de Médecine Préventive, Burkina Faso; Faustina Fynn-Nyame, B.S.N., Population Services International; Ndola Prata, M.D., M.Sc., Bixby Center for Population, Health, and Sustainability at the University of California, Berkeley; and John Townsend, Ph.D., Population Council.

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Introduction to the Presentation Guide

This presentation guide is designed to help users make the most of the "Within Reach: Expanding Access to Safe Abortion" ENGAGE presentation. The guide includes supplemental materials, such as the full presentation script; references; key messages with screenshots; FAQs; and a discussion guide that can be used to prompt interaction and dialogue among viewers.

After reviewing the presentation guide, you will know how to:

1. Identify opportunities to use this ENGAGE presentation with various audiences.
2. Respond to frequently asked questions about the presentation.
3. Foster dialogue with audiences about key messages in the presentation.

Presentation Goals

The goal of the "Within Reach: Expanding Access to Safe Abortion" ENGAGE multimedia presentation is to build awareness of causes and consequences of unsafe abortions, particularly in Africa, and to increase support for greater access to comprehensive reproductive health services including safe abortion services.

The presentation highlights the relationship between policies to restrict abortion, the general abortion rate, and share of abortions that are unsafe, and highlights data showing improvements in safety and reduced maternal mortality following policy changes to expand access to safe abortion services.

Specific objectives of the presentation are to:

- Inform audience members about the prevalence of unsafe abortion globally and in Africa specifically, as well as reasons why a woman might seek an abortion.
- Highlight countries where increased access to safe abortions have led to increased safety of the procedure and reduced maternal death.
- Foster discussion among audience members about the need for increased access to safe abortion services and investments in family planning programs to reduce unintended pregnancies.
- Promote understanding of safe abortion services as a component of essential health care.

Opportunities to Give the Presentation

This ENGAGE presentation and supporting materials are tools for professionals involved in reproductive health, safe abortion, and gender equity at all levels—in academic, policy, service delivery, and community settings. The target audiences for this presentation are:

- **Primary:** Regional governing bodies, international decisionmakers, government policymakers, and development donors who are in a position to allocate resources and advance safe abortion on the policy and program agenda in African countries.
- **Secondary:** All of those who influence high-level policymakers—including advocates, news media, civic and religious leaders, program officials, and other community leaders.

We encourage users to deliver this presentation at conferences, policy briefings, expert meetings, and in educational settings where target audiences might be included. The presentation is an effective tool to raise awareness about the burden of unsafe abortion, death and disability related to unsafe abortion, and the need for policy changes to address unsafe abortion using the best available evidence.

Using the Presentation With Different Audiences

The ENGAGE presentation is designed to be used in a variety of settings or environments, especially as African nations implement the Sustainable Development Goals and continue to work towards full implementation of the Maputo Protocol and other regional commitments. Some ways the presentation can be used to reach different audiences are listed below.

POLICYMAKERS

- Educate policymakers about the number of abortions occurring globally and in Africa, and the fact that legal restrictions against abortion do not make it less common.
- Demonstrate the role that expanded access to safe abortion in some African countries has played in reducing maternal mortality and increasing safety.
- Illustrate the cost-effectiveness of family planning and access to safe abortion, and the need to increase funding dedicated to family planning efforts.
- Reiterate the need to make existing policies and laws regarding abortion consistent with international agreements, such as the Maputo Protocol.

FAMILY PLANNING AND SAFE ABORTION ADVOCATES

- Empower advocates with evidence to appeal to decisionmakers in order to expand access to safe abortion.
- Highlight how greater access to safe abortion will improve women's health and decrease the maternal death rate.
- Provide success stories of policy change that have improved women's health care.

DONORS

- Demonstrate the importance of funding reproductive health services, including family planning programs, to prevent unintended pregnancies.
- Highlight the gap in the continuum of reproductive health care services caused by lack of access to safe abortion, which leads to maternal deaths.

THE MEDIA

- Educate the news media on the importance of increasing access to safe abortion and reproductive health services.
- Inform the media on the accurate and reliable data about abortion that exist.
- Emphasize the benefits that increased access to safe abortion can have on society and women and girls in particular.

Additional Considerations

You can make this presentation more interesting to your audience by adding information about local experiences and practices in different African countries, especially those that apply to your audience. We encourage you to personalize the script or add details specific to your audience.

- **Size of the Audience.** With smaller groups, you can provide more in-depth analysis based on real-life stories or experiences because you usually know more about the individuals in the group. In larger groups, you may have to take more time during the scripted presentation to define general concepts and ensure the presentation is relevant to all viewers.
- **Knowledge Level.** It is always safest to assume that the audience may not be familiar with the technical terms you might use in the presentation. If you are giving a live presentation, we advise following the script and providing definitions for terms that may be new to some audiences.

Presentation Instructions

This ENGAGE presentation is available in two formats:

1. A Flash presentation without a voiceover, accompanied by a presentation script so it can be delivered live by a presenter. This presentation requires you to manually click through the presentation. By following the script included in this guide, you can advance the presentation one slide at a time, reading the narration for each slide as you go. This presentation requires Adobe Flash software.
2. A presentation with a voiceover. This presentation plays as a video and does NOT require you to advance each slide. You can stream the video or download it directly from www.prb.org. This presentation requires a movie player such Windows Media Player in order to be viewed on a computer.

We recommend that all potential presenters practice with the script to determine their level of comfort with each presentation. One's level of comfort should guide the decision about which version is best at a particular event.

The presentation has also been adapted and is available as:

SNAPSHOT VIDEOS

In addition to the two, full-length ENGAGE presentations, there are six Snapshot videos. These Snapshot videos are one- to three-minute excerpts from the presentation that focus on a specific topic, such as "Policy Changes for Safer Abortion." These videos can be used to enhance advocacy activities or to capture an audience's attention when time does not allow for the full presentation.

ADAPTABLE SLIDE DECK

An adaptable slide deck containing the six Snapshot videos as well as simple data and text slides can be customized to suite a presenter's needs. For example, certain Snapshot videos could be removed to focus on specific aspects of the presentation or on-screen text can be modified to better reflect unique advocacy needs. The adaptable slide deck requires Microsoft PowerPoint to be viewed and edited. To use, open the file to edit or present in SlideShow mode as you would with any other PowerPoint presentation.

TECHNOLOGY REQUIREMENTS

To give ENGAGE presentations, you will need:

- A laptop or computer with:
  - At least 2.4 Ghz.
  - At least 3 GB of RAM.
  - An Intel Core 2 Duo processor.
  - Adobe Flash program. If your laptop or computer does not have Flash, you can download a free version of the program at www.adobe.com/products/flashplayer/ (required for non-voiceover presentation); OR
  - A movie player such as Windows Media Player (required for voiceover, narrated presentation).

Presentation Instructions (Without Voiceover)

TO OPEN THE PRESENTATION

- Double click on the red square 'f' icon ('f' stands for Flash). The end of the file name will be ".exe".
- Your computer might give a warning about the file type. This is common with .exe files. This file is safe to open and does not contain viruses or software that will harm your computer.
- Resize the window. The window may open in a small size, off-center on your computer screen. You can maximize or minimize the presentation window by clicking the box at the bottom of the presentation which shows two diagonal arrows either pointing toward or away from each other.

TO MOVE THROUGH THE PRESENTATION

- You can click forward and backward through the presentation in two ways: using the forward and backward arrows on your keyboard; or, pointing your mouse to the forward and backward double-arrows in the gray bottom bar of the presentation. You might find it easier to move through the presentation using the keyboard arrows because you won't have to worry about pointing your mouse to the correct location on screen.
  - The **forward arrow** advances the presentation. This advancement will be the next slide, the next bullet point, or the next piece of animation.
  - The **back arrow** moves you backward to the previous slide. If the previous slide included any animation, the back arrow takes you to the beginning of the slide.
- You can click on the **Menu** box in the bottom bar of the presentation in order to skip to any point in the presentation. When you click on Menu, a list of all slides in the presentations pops up. When you point your mouse to a particular slide number, a snapshot image of the beginning of that slide appears. When you click your mouse, the presentation will jump directly to this slide. You can use this menu to skip directly to the beginning, end, or any other point in the presentation.
- All of the animations are prerecorded and are not interactive.
- If you click twice by accident, **you will skip to the next slide in the sequence**. If this happens, the slide will not match what you are saying. Be careful!
- Every screen in the presentation is numbered, starting with 1. These numbers correspond to the script. Some individual "screens" contain animation, and therefore change as they play.

USING THE PRESENTATION AND SCRIPT TOGETHER

- The presentation script contains all the necessary narration for the presentation, along with instructions every time you need to click forward one slide.
- Every time the script says "Click Forward," click the forward arrow of your keyboard to advance the presentation by one screen. Every click in the presentation is included in the script along with a number. The number corresponds to the lower left corner of the screen, and the script that follows is the narration for that screen.

Presentation Instructions (With Voiceover)

TO OPEN AND PLAY THE PRESENTATION

- Double click on the video file. The end of the file name will be ".mp4".
- Resize the window. The window may open in a small size, off-center on your computer screen. You can resize the window by dragging the top bar or dragging the corners to be smaller or larger. Enter full-screen by pressing Control + F on your keyboard.
- Check to ensure your computer speakers are working and the volume is turned up. You may find it helpful to use a portable speaker to amplify the sound for large groups.
- Click the "play" button. The presentation will play like a video.

PRESENTATION SCRIPT

Within Reach: Expanding Access to Safe Abortion

An ENGAGE Multimedia Presentation

Slide 1
Within Reach: Expanding Access to Safe Abortion

Slide 2
Some of the most important decisions that women and couples make in their lifetimes are whether and when to have children. These are deeply personal decisions, and also a universally recognized human right.[1]

In addition, for women, the timing and number of their births can greatly affect their health and that of their children.

Slide 3
Women are able to become pregnant for about 30 years, but most only want a few children. So, it is not unusual for women to face a situation in which they are pregnant but cannot or don't want to carry the pregnancy to term.

Slide 4
Around the world, unintended pregnancies are common. About **4 in 10** pregnancies worldwide are unintended, and **more than half** of these end in an induced abortion.[2] Abortion is more common in some countries than others, but there is no country where it does not occur.[3]

Slide 5
Almost half of induced abortions worldwide, 25 million each year, are carried out **unsafely**—that is, using an inappropriate method or by an untrained provider, or both.[4]

Slide 6
Unsafe abortion endangers women's health and lives: It is a leading cause of maternal death—accounting for about **1 in 7 deaths** related to pregnancy and childbirth—and it is responsible for countless cases of illness and disability.[5]

Slide 7
Maternal death and disability are especially a problem in **Africa**, which has the highest rates of any world region.

Slide 8
Video testimonial

Slide 9
Countries in Africa *can* make changes to reduce death and disability due to unsafe abortion. To improve women's health, policymakers need to understand that:

- **Making abortion illegal does not stop it from occurring**, but it makes it less safe.
- **Unsafe abortions incur high costs** for women, their families, and health systems.
- And **public health experts agree on what can be done** to protect women's health.

Let's look at the evidence.

Slide 10
In Africa, more than **8 million abortions** occur each year.[6]

This translates to an average of about **one abortion per woman in her lifetime**. Of course, not all women have an abortion. But it is likely that you know someone who has—a sister, cousin, friend, coworker, or neighbor.

Slide 11
Research has shown that abortion occurs among women and girls of **all ages and socioeconomic backgrounds**, rich and poor, whether they are married or unmarried, and whether or not they currently have children.[7]

Slide 12
There are many reasons a woman or girl might choose to end a pregnancy, such as:[8]

- Worrying about finances.
- Feeling that it's too soon to have a child, or not wanting to have any more children.
- Stigma attached to having a child outside of marriage.
- Health concern or risk to the woman.
- Or when the pregnancy is a result of rape or incest.

Often women have nowhere to turn in these situations.

Slide 13
More than 9 out of 10 African women of reproductive age live in countries with restrictive abortion laws.[9]

- In 10 out of 54 African countries, abortion is not permitted for any reason.
- In eight countries, it is permitted only to save a woman's life.
- In 32 countries, it is restricted to certain conditions such as saving the woman's life, preserving her physical or mental health, or in cases of rape, incest, or fetal abnormality.
- In four countries—Tunisia, Cape Verde, South Africa, and Zambia—abortion is broadly permitted.

Slide 14
Yet, the legal status of abortion has little bearing on how frequently it occurs. Across Africa, between 30 and 40 abortions per 1,000 women occur each year, with little connection to the laws.[10]

Slide 15
In contrast, abortion rates are much lower in North America and parts of Europe where abortion has been broadly permitted for 20 years or more. In these regions, modern contraception is widely available and used, which leads to fewer unexpected pregnancies.[11]

Slide 16
And, in these regions, nearly all abortions—more than 9 in 10—are performed safely.

In Africa, in contrast, only one-quarter, on average, are safe.[12]

Slide 17
Across Africa's subregions, 12 percent to 29 percent of procedures are safe, with the exception of Southern Africa, where 74 percent of abortions are safe.[13] That region includes South Africa, one of the four countries where abortion is broadly permitted.

The evidence shows that outlawing abortion does not stop it from occurring—it makes it less safe. And conversely, where abortion is legally permitted, it is not necessarily more frequent, but it is much safer.

Slide 18
In South Africa, where abortion was legalized in 1996, the number of women who died due to abortion complications declined by 90 percent.[14]

Slide 19
Another example is Ethiopia, where the abortion law changed in 2005, expanding the conditions under which women may obtain an abortion, including for minors under age 18. Between 2008 and 2014, the share of abortions obtained safely in health facilities increased from about one-quarter to more than one-half.[15]

In Ethiopia and elsewhere, much work remains to be done to ensure that all abortions are performed safely.

Slide 20
When an abortion is performed according to World Health Organization guidelines under the supervision or care of a trained health provider and in a facility that meets minimum medical standards, major complications are extremely rare.[16]

Slide 21
In places where abortion is highly restricted, safe procedures are often only available to women living in urban areas, who can afford to pay for a private doctor, or who can gain access to an abortion medication.

Most other women do not have these options, making access to care extremely inequitable.

Even in countries where the law allows abortion under certain circumstances, some women may have difficulty obtaining a safe, legal procedure.

Slide 22
Some **policy restrictions** limit where the procedures can be provided or who can provide them.

Some **health care professionals** are uncertain about the laws or reluctant to offer services.

And some **women** do not seek services because they are worried about stigma or being reported to the police.

Slide 23
These kinds of barriers lead many women with unintended pregnancies to seek clandestine abortions, which are usually unsafe. These are often women who live in rural areas, are less educated, young, or unmarried.

Slide 24
Young women, in particular, are more likely than older women to have an unsafe abortion because they may not know where to go, they may not be able to pay, or they worry about shame or embarrassment.

Slide 25
Unsafe abortion methods may fail to terminate a pregnancy, and—even worse—lead to serious medical complications, long-term disability, and even death of the woman.

Slide 26
Beyond the risk to women's health and lives, unsafe abortion and its complications impose **costs** on families and health care systems that are already struggling financially.

Slide 27
A study in 2012 found that each year, about **1.6 million women** in Africa were treated for complications of unsafe abortion.[17] The treatment is expensive because it requires skilled personnel, surgical procedures, drugs and supplies, and hospital stays.

Slide 28
A study in Rwanda estimated the total cost to be US$ 93 dollars per patient; and in Uganda, US$ 131 dollars per patient.[18]

With so many women resorting to unsafe abortion, the costs for postabortion care add up quickly—as much as US$ 1.7 million dollars in Rwanda and US$ 13.9 million in Uganda.[19]

According to recent estimates, the cost of unsafe abortion in developing regions is **10 times** the cost of providing safe abortion care.[20]

Slide 29
One of the most cost-effective ways to *prevent* unintended pregnancies and unsafe abortion is voluntary family planning.

Slide 30
But it is underutilized in Africa, where nearly half of women who want to delay or stop childbearing are not using a modern contraceptive method.[21]

Slide 31
Meeting women's needs for contraception is a key strategy for reducing unintended pregnancies, unsafe abortions, and maternal deaths.

Slide 32
Governments, donors, and health professionals throughout Africa have worked to expand women's and girls' access to effective and affordable reproductive health care, including family planning, labor and delivery care, postpartum care, and postabortion care.

Slide 33
Yet, a major gap remains in the continuum of care: Every year, at least 6 million women in Africa end their pregnancies unsafely.[22]

The consequences are dire. As many as 26,000 women and girls die each year from the complications of unsafely performed abortions.[23]

Slide 34
Evidence shows that policy change can make a difference to save lives and ensure that women and girls who need abortion have access to safe, legal procedures.

Slide 35
We need a commitment to women's and girls' reproductive health and rights at the highest levels of government, to:

- Translate international agreements into laws, policies, and actions.
- Adopt and disseminate guidelines for providing safe abortion.
- And increase access to modern contraceptives.

Slide 36
In various international agreements, including the 2030 Agenda for Sustainable Development, governments throughout Africa have committed to making sexual and reproductive health care accessible to all, and particularly to those who are most vulnerable to poor health.

Slide 37
Fifty-one African countries have signed the **Maputo Protocol** of 2003—a roadmap for guaranteeing women's rights and achieving universal access to sexual and reproductive health care.[24]

Slide 38
The protocol states that the signing countries should authorize "medical abortion in cases of sexual assault, rape, incest, and where the continued pregnancy endangers the mental and physical health of the mother or the life of the mother or the foetus."[25]

Many African countries' laws are not in line with this commitment.

Slide 39
Therefore:

Governments should **revise abortion laws** to give women and girls greater access to safe procedures, free from shame and stigma.

Health ministries should **ensure women have access to abortion in all circumstances allowed under existing laws.**

The African Union provides guidance that can help parliamentarians align their laws with the Maputo Protocol and help health ministries to interpret and implement existing abortion laws so that fewer women resort to clandestine and dangerous procedures.[26]

Slide 40
A second area of work is to **adopt and disseminate guidelines** for providing safe and comprehensive abortion services, and to **ensure providers have the skills, resources, and support** to provide services safely.

Slide 41
The World Health Organization has published evidence-based standards and guidelines for providing comprehensive abortion care, which have been adopted around the world.[27]

Slide 42
The most recent guidelines clarify that procedures in the first three months can be safely provided by non-physicians who are properly trained.[28]

Slide 43
One of these procedures is medication abortion, when women take oral pills to terminate a pregnancy. It is safe, cost-effective, and women can do it themselves with the right information on proper dosage.

Slide 44
A third critical area of action is to **promote widespread access to family planning information, counseling, and a full range of effective contraceptive methods** to enable women to plan and space their pregnancies at a time that is right for them and their families. Increasing access to family planning is particularly important as African couples today want smaller families than their parents had.

Slide 45
Women and girls everywhere want control over their bodies and their lives, and women and girls everywhere have unintended and unwanted pregnancies.

Slide 46
It is tragic that women and girls in African nations and other developing countries die every day of causes that could be prevented with relatively simple technologies.

Providers on the front lines have seen for themselves the results of clandestine unsafe abortions and know that it is a very real problem.

Slide 47
Video testimonial

Slide 48
Making abortion safe for all who need it is feasible, cost-effective, and compassionate.

Slide 49
By ensuring that all women and couples can make a safe decision that prioritizes their health, family needs, and personal goals, we take a bold step forward in increasing equity and achieving African development goals.

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Key Messages Handout

The Key Messages handout is a short handout that includes visual “snapshots” from the ENGAGE presentation. The handout is intended to be succinct, serving as a visual aid as well as a readable document. We encourage you to use this handout when giving the presentation to an audience.

WITHIN REACH: EXPANDING ACCESS TO SAFE ABORTION

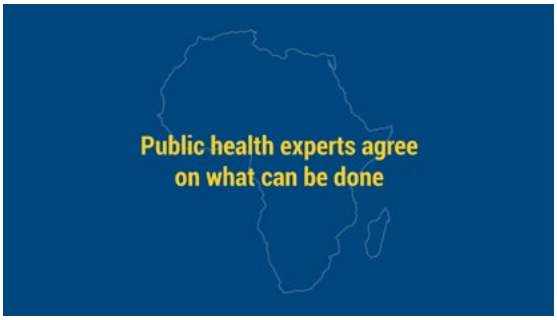
KEY MESSAGES

Some of the most important decisions that women and couples make in their lifetimes are whether and when to have children. For women, the timing and number of their births can greatly affect their health and that of their children.

About 4 in 10 pregnancies worldwide are unintended, and more than half of these end in an induced abortion.[1]

Almost half of induced abortions worldwide, 25 million each year, are carried out unsafely—using an inappropriate method or by an untrained provider, or both.[2]

Unsafe abortion is among the leading causes of maternal death—accounting for about 1 in 7 deaths related to pregnancy and childbirth.[3]

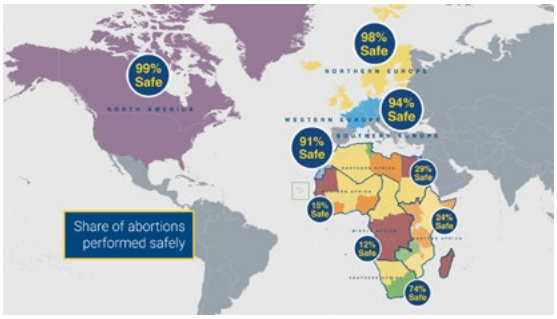


Countries in Africa can make changes to reduce maternal death and disability due to unsafe abortion.

- Making abortion illegal does not stop it from occurring, but it makes it less safe.
- Unsafe abortions incur high costs for women, their families, and health systems.
- Public health experts agree on what can be done to protect women's health.

In Africa, more than 8 million abortions occur each year.[4] This number translates to an average of about one abortion per woman in her lifetime.

Research shows that abortion occurs among women and girls of all ages and socioeconomic backgrounds, rich and poor, married or unmarried, and whether or not they currently have children.[5]



More than 9 out of 10 African women of reproductive age live in countries with restrictive abortion laws.[6] Across Africa, between 30 and 40 abortions per 1,000 women occur each year.[7] Abortion rates are much lower in North America and parts of Europe.[8] In these regions, abortion has been broadly permitted for 20 years or more, and modern contraception is widely available and used. In these regions, nearly all abortions are performed safely, whereas in Africa, only one-quarter, on average, are safe.[9]

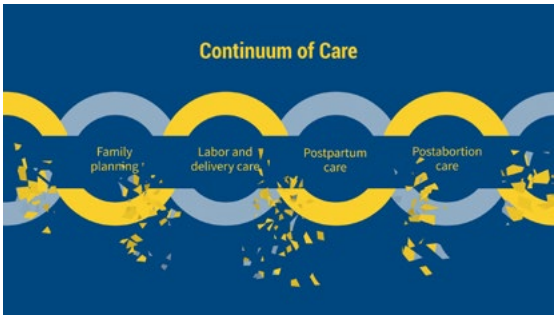
When an abortion is performed according to World Health Organization guidelines, major complications are extremely rare.[10] Unsafe abortion methods often fail to terminate a pregnancy, and—even worse—they can lead to serious medical complications, long-term disability, and even death of the woman.

A 2012 study found that each year, about 1.6 million women in Africa were treated for complications of unsafe abortion.[11]

Treatment for the complications of unsafe abortion is expensive, requiring skilled personnel, surgical procedures, drugs and supplies, and hospital stays.

The costs for health systems add up quickly—as much as US$ 1.7 million in Rwanda and US$ 13.9 million in Uganda in 2012.[12]

One of the most cost-effective ways to prevent unintended pregnancies and unsafe abortion is voluntary family planning. Yet, it is underutilized in Africa, where nearly half of women who want to delay or stop childbearing are not using a modern contraceptive method.[13]

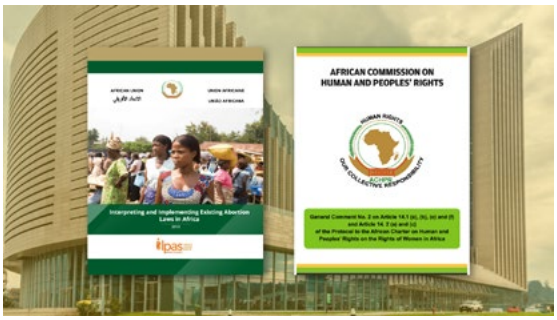


Governments, donors, and health professionals throughout Africa have worked to expand women's and girls' access to effective and affordable reproductive health care, including family planning, labor and delivery care, postpartum care, and postabortion care.

Yet, a major gap remains in the continuum of care: At least 6 million women in Africa end their pregnancies unsafely every year, leading to as many as 26,000 maternal deaths annually from the complications of unsafe abortion.[14]

Fifty-one African countries have signed the Maputo Protocol of 2003—a roadmap for achieving universal access to sexual and reproductive health care.[15] The protocol states that the signing countries should authorize "medical abortion in cases of sexual assault, rape, incest, and where the continued pregnancy endangers the mental and physical health of the mother or the life of the mother or the foetus."[16]

Many African countries' laws, even in countries that have signed the protocol, are not in line with this commitment.



Evidence shows that policy change can make a difference to save lives and ensure that women and girls who need abortion have access to safe, legal procedures.

First, governments should revise abortion laws to give women and girls greater access to safe procedures, free from shame and stigma. Health ministries should ensure women have access to abortion in all circumstances allowed under existing laws. The African Union provides guidance that can help health ministries to align their laws with the Maputo Protocol.[17]

Second, governments should adopt and disseminate guidelines for providing safe and comprehensive abortion services, and ensure providers have the skills, resources, and support to provide services safely. The World Health Organization has published evidence-based standards and guidelines for providing comprehensive abortion care that have been adopted around the world.

A third critical area of action is to promote widespread access to family planning information, counseling, and a full range of effective contraceptive methods to enable women to plan and space their pregnancies at a time that is right for them and their families. Increasing access to family planning is particularly important as African couples today want smaller families than their parents had.

Making abortion safe for all women and girls who need it is feasible, cost-effective, and compassionate.

By ensuring that all women and couples can make a safe decision that prioritizes their health, family needs, and personal goals, we take a bold step forward in increasing equity and achieving African development goals.

Key Messages Handout References

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Discussion Guide

After giving the "Within Reach: Expanding Access to Safe Abortion" ENGAGE presentation, you may have the opportunity to foster discussion among the audience members. We encourage you make the discussion specific to the recommendations included in the presentation and to ask your audience members what types of actions they can take to improve women's reproductive health and improve access to safe abortion services.

Sample discussion questions are listed below.

DISCUSSION ABOUT ACCESS TO SAFE ABORTION

1. Were you aware of the high number of abortions happening in Africa and prevalence of maternal deaths related to unsafe abortions? What did you learn today about these relationships?
2. This presentation shared data showing that the number of abortions that take place has little connection to the laws, and in some countries where abortion is legal and accessible, the number of abortions is quite low. Were you aware of this relationship before? How can we help more people to understand that abortions take place even when legally restricted?
3. People have diverse views about abortion. Has this presentation affected the way that you think about the issue or about the women who access abortion services?
4. Women from all socioeconomic backgrounds seek out abortions. What are some of the many reasons women seek out abortions?
5. This presentation discussed the burden of unsafe abortion on society in terms of deaths and costs to the health system, but there are many other types of costs from unsafe abortions. What are additional potential costs to women, families, and society?
6. How can an increased focus on sexual and reproductive health services for men and women help them achieve their full potential and lead to better development outcomes for African nations? How can improving access to safe abortion impact a country's development?
7. What are the potential benefits for families of reducing unintended pregnancies and unsafe abortion?

DISCUSSION ABOUT FAMILY PLANNING AND REPRODUCTIVE HEALTH

8. Family planning use has increased in sub-Saharan Africa, but many women do not use contraceptives even though they don't want to become pregnant. Why do you think this is?
9. Many people have diverse views about family planning. Did you learn anything that makes you think differently about family planning, especially with regard to how these issues affect health and well-being?
10. How does geographic location (for example, living in a rural area versus an urban area) affect a person's ability to access health care services, including reproductive health care? Is this an issue of equity?
11. What are some of the obstacles women, men, and couples face when trying to plan and space their births?
12. How do you think family planning makes a difference for: (a) families, (b) communities, and (c) nations?

DISCUSSION ABOUT RECOMMENDATIONS

13. What can reproductive health care organizations do to expand access to safe abortion?
14. The presentation included several actions that were recommended for governments. In addition to those actions, what else do you think you can do, in your personal life or in your profession, to support greater access to safe abortion services? Who else could you share this presentation with? (Encourage people to be specific and feasible in the actions they suggest).
15. What sorts of commitments and policies can governments and regional governing bodies make and implement to reduce maternal death due to unsafe abortion and expand access to affordable reproductive health care?
16. How can governments be motivated to align current abortion laws and policies with the various international agreements, such as the Maputo Protocol, that call for making sexual and reproductive health care accessible to all?
17. How can governments and policymakers ensure that health care providers are empowered with the skills, resources, and support to provide services safely and effectively?

Frequently Asked Questions

Often, audience members have questions about the presentation. Some of these questions may be specific to the information presented (data, pictures, figures, sources of information) while other questions may be generally related to the topic. For questions about specific data points included in the presentation, you can refer to the references cited in the script.

Below are some frequently asked questions and suggested answers.

QUESTIONS ABOUT THE PRESENTATION

Q. How accurate are your data?

A. The data that we have shared in this presentation are from the most accurate sources available. These sources include scientific journals such as *The Lancet* and *Obstetrics and Gynecology*, research organizations such as the Institute for Health Metrics and Evaluation and the Guttmacher Institute, and regional bodies including the African Union and the World Health Organization.

Q. How do you know how many abortions take place each year?

A. We use estimates from the Guttmacher Institute, a research organization that collaborates with experts worldwide to determine the number of abortions that occur annually. They have tested and refined their methodology over several decades. In some countries, official statistics on abortion are available and reliable; in others, the statistics must be verified through investigation and interviews; and in many others, there are no abortion statistics at all. In this last case, abortions are estimated indirectly using other available data, such as total numbers of births, pregnancies, percentages or pregnancies reported to be intended or unintended, percentages of pregnancies known to end in miscarriage, numbers of maternal deaths, contraceptive users, rates of contraceptive failure, and so forth. Because these data are estimates, at times you may see different numbers reported by different sources. This variation is due to the sources of data and statistical methods used.

Q. You shared data about abortion rates and safety for only some parts of the world. What about other regions of the world?

A. This table presents the best estimates for the annual number of abortions and the corresponding abortion rate (the annual number of abortions per 1,000 women ages 15 to 44) for the period 2010 to 2014. It also provides estimates for the number of abortions performed safely.

Region	Annual Number of Abortions 2010-2014 *(in millions)*	General Abortion Rate 2010-2014 *(Number of abortions per 1,000 women ages 15-44)*	Percent of Abortions Performed Safely
AFRICA	8.2	34	24.4
Eastern	2.7	34	23.9
Middle	1.0	35	11.8
Northern	1.9	38	29.0
Southern	0.5	34	73.5
Western	2.1	31	15.3
ASIA	35.5	36	62.1
Central	0.7	42	*unknown*
Eastern	12.8	36	88.9
Southeastern	5.1	35	59.6

Region	Annual Number of Abortions 2010-2014 *(in millions)*	General Abortion Rate 2010-2014 *(Number of abortions per 1,000 women ages 15-44)*	Percent of Abortions Performed Safely
Southern	15.0	37	42.2
Western	1.9	34	51.5
LATIN AMERICA & CARIBBEAN	6.5	44	23.6
Caribbean	0.6	59	25.4
Central America	1.3	33	18.4
South America	4.6	48	24.9
NORTHERN AMERICA	1.2	17	99.0
EUROPE	4.3	29	88.8
Eastern	2.6	42	85.8
Northern	0.3	18	97.9
Southern	0.8	26	91.2
Western	0.6	16	93.5
OCEANIA	0.1	19	66.3

Source: Susheela Singh et al, *Abortion Worldwide 2017: Uneven Progress and Unequal Access* (New York: Guttmacher Institute, 2018).

Q. You showed a map of Africa with the legality of abortion classified into four categories. How did you determine the legality categories used in the presentation?

A. Throughout Africa, abortion laws and the circumstances under which abortion is legal vary widely. For the purposes of simplicity and clarity in this presentation, we created four broad categories of legality based on the Guttmacher Institute's *Abortion Worldwide 2017* report.[1] This publication classifies abortion legality as:

- Not allowed under any circumstances.
- Only allowed to save the woman's life.
- Allowed for certain conditions.
- Broadly permitted.

Even among the countries that have been grouped together in this presentation, there may be significant variation. Additionally, the legal situation in some countries may have changed since the time this presentation was created. For more information about the laws in specific countries, please see: Guttmacher Institute's *Abortion Worldwide 2017: Uneven Progress* and *Unequal Access* and WHO's *Global Abortion Policies Database.*[2]

Q. You use only two abortion safety categories in the presentation. Why didn't you use the three abortion safety categories of safe, less safe, and least safe commonly used by researchers and advocates?

A. Although researchers and advocates have moved toward classifying abortions into three categories in recent years, for the intended audiences of this presentation the nuance between "less safe" and "least safe" is not as important as understanding the overall magnitude of unsafe abortion. While the distinctions have important programmatic considerations—the consequences of a less safe abortion can be very different than the consequences of a least safe abortion—ultimately both "less safe" and "least safe" abortions are unsafe abortions. For this reason, we chose to present abortion safety data and messages via two categories: Safe and unsafe.

Q. Have the people in the photographs and videos in your presentation given their consent?

A. We have the legal right to use every photograph and video that was included in this presentation. The photographs in this presentation are for illustrative purposes only. They do not imply any particular health status or behaviors of the people featured in this presentation.

Q. Do your statistics refer to both spontaneous abortion (miscarriage) and induced abortion?

A. This presentation states that there are more than 8 million abortions in Africa each year. This number refers to induced abortions and does not include spontaneous abortion or miscarriage.[3]

QUESTIONS ABOUT ABORTION[4]

Q. You talk about unwanted children in this presentation. There are no unwanted children in Africa.

A. In this presentation we focus on unintended pregnancies. Unintended pregnancies can be either unwanted or mistimed, meaning the woman wants to have a child but not at this time. Evidence shows that many African women find themselves in an unimaginable situation, made worse by the reality that all doors are closed to them.

Q. We should promote adoption instead of abortion. Why didn't you address adoption in this presentation?

A. Adoption is an important component of comprehensive services for unintended pregnancy. In this presentation, however, we focus on the issue of maternal health and examine the contribution of unsafe abortion to maternal death and disability.

Q. Isn't abortion just some Western idea being forced onto African nations by outsiders?

A. It is my experience that women from all countries have a mind and a will of their own, and the data show that there are women in Africa seeking abortion. The Maputo Protocol, which was developed by African countries, through the African Union, includes Article 14: Health and Reproductive Rights, which states that parties shall ensure that the right to health for women, including sexual and reproductive health, is respected and promoted, including: the right for women to control their fertility; the right for women to decide whether to have children, the number of children, and the spacing of children; the right to choose any method of contraception; the right to family planning education; and the right to adequate, affordable, and accessible health services including information, education, and communication programs to women, especially in rural areas."

Q. When abortion is legal, doesn't it cause more abortions to take place?

A. As shared in this presentation, data from around the world show that restricting abortion does NOT reduce the number of abortions that take place. Western Europe, with liberal abortion laws, has the lowest rates of abortion, while many parts of Africa and Latin America, with very restrictive laws, have much higher rates of abortion. Legalizing abortion makes it safe and reduces the likelihood that women will resort to unsafely performed abortion. The best way to reduce the number of abortions is to ensure that all women have access to quality, reliable contraception, so that they may choose whether and when to have children.

Q. Abortion is an instrument of population control.

A. We are against population control, and we oppose coercion in reproductive health, including whether to have a child or not. We want to reduce the number of women who harm themselves because they are seeking and using unsafe abortion. Women should be able to make all decisions about their health and well-being, including those related to their sexual and reproductive health, voluntarily and free from coercion.

Q. My religion says that abortion is immoral.

A. Everyone has their own beliefs about faith and religion, and individuals should be free to make decisions about their lives that are in line with their personal beliefs. Women who terminate their pregnancy and are not able to access safe abortion care may risk their health or life with an unsafe abortion. Many people feel that not providing safe services and thus allowing women to die from unsafe abortion is immoral. We believe that each woman should be free to make heath decisions in light of her own morals and religious beliefs, and free from coercion.

Q. A man has just as much say about the continuation of a pregnancy as a woman. There should be a law that requires his permission before a woman can get an abortion.

A. We encourage women to consult their partners about the decision to end a pregnancy, provided that they feel safe doing so. We also encourage men to respect women's choices about childbearing, particularly given the unequal burden of pregnancy on women. By legally requiring a man's consent for an abortion, we perpetuate barriers that may cause women to seek clandestine, unsafe abortion and put their lives at risk.

Q. Can't abortion drugs be misused?

A. Similar to all prescription drugs, there is a potential for the drugs used for medication abortion to be misused. However, these drugs have been deemed safe and registered for use in some African countries. Abortion providers, as all health care providers, oversee the correct use of these drugs, and monitor for adverse reactions.

QUESTIONS ABOUT FAMILY PLANNING

Q. Why do you focus so much on sexual and reproductive health, when there are so many other important issues to be addressed, such as education, poverty, access to health care, or food security?

A. Yes, these are important issues, and they are intertwined with sexual and reproductive health. The ability to decide whether and when to have children is central in women's lives, and it is linked to their education, their health, their children's health, and their family's income and well-being. So, when we talk about poverty, food, and health care, we need to take these issues into account. Sexual and reproductive health care has proven to be cost-effective, and it can help lift families out of poverty and help African nations achieve their development goals.

Q. You discussed family planning a lot in this presentation, but you didn't describe anything about family planning. What are the choices for family planning or contraception?

A. There is a wide range of contraceptive methods available for both women and men depending on the reproductive needs of each individual. Some methods are more effective than others. The most common methods used in Africa are oral contraceptive pills, hormonal injections, and condoms. The most effective methods are long-acting or permanent: IUDs, female sterilization, and vasectomy. Couples can also use other methods that rely on knowing when a woman's fertile period is and abstaining from sex or using another method on fertile days.

Q. Isn't it true that many forms of family planning have negative side effects?

A. All medications can have side effects, but in the case of contraceptives, these are minimal and differ for each method. Each woman or couple needs to find the method that is most suitable for them. In every case, the side effects have to be weighed against the risks of becoming pregnant and the potential health consequences of an unwanted pregnancy. It's best to seek counseling from someone who is trained to provide family planning and related health care to select an appropriate method and learn about the possible side effects.

Q. African women want to have many children. It is our tradition to have large families. So how can you say that African women want to have fewer children?

A. Each woman can make her own decision about a pregnancy, and whether or not she wants a child at that time. Being African does not automatically mean that a woman wants many children. Many African women and men want many children, but many others prefer to have a small family, or no children at all. The data that we shared during this presentation show that many women who could benefit from family planning and contraception aren't using it. By increasing access to family planning, we can ensure that all women and couples who want to use contraception are able to.

Q. In many villages in Africa, children continue to die from things like malaria, infectious diseases, or malnutrition. Is it still important to invest in reproductive health and family planning when there is no guarantee our children will survive?

A. There are many serious threats to child survival. However, family planning can actually help countries improve child survival rates and child health. Family planning empowers women and families to make healthy decisions about when to have children, how to space their children, and how many children to have. Family planning can reduce the number of births that occur less than two years apart, as well as reduce births among very young and older women whose children are at greater risk for reproductive health complications. For example, if women spaced their births at least 36 months apart, almost 3 million deaths to children under age five could be averted. At the same time, families with fewer children are better able to invest in the health and education of each child and contribute to the family's income.

Q. Isn't it true that we need a large population to drive economic growth?

A. While it is true that countries like China and Brazil have large economies and large populations, the fertility rates, or the number of children per woman, are very low, and have declined over time. When fertility declined in these countries and the right investments were in place, economic growth took off. At the same time, there are many examples of countries with very small populations who have also made the right investments and were able to spur strong economic growth, like South Korea, Singapore, and Rwanda. Factors like the population age structure, health and education systems, economic policy, and governance together play a much greater role in spurring economic growth than just the population size.

Q. Is it true that as women become more empowered, men will lose status and power, and this will be a negative consequence for them?

A. Actually, research shows that gender inequities and power disparities harm men as well as women. For example, in many settings, gender norms for men mean being tough, brave, and aggressive. Consequently, men are more likely to take risks which can lead to poor health, such as violent activity or unsafe sex. Everyone—boys and girls, men and women—is therefore made vulnerable by harmful gender norms and behaviors. At the same time, everyone can benefit from greater gender equality.

Q. Some people say that family planning is an instrument of population control to keep poor people from having too many children. What do you think about this statement?

A. It is important that women never feel coerced in reproductive health matters. The data in this presentation show that many women and couples in Africa want to use family planning to delay, space, or limit their pregnancies. By ensuring that women and couples who want to use family planning are able to, women and couples can choose the timing, spacing, and size of their families, leading to better health and well-being for the family, community, and ultimately the entire nation.

Q. Some religious leaders do not support family planning use, especially for young people. What can I do to change attitudes among religious leaders about family planning?

A. Throughout the world, religious leaders are looked to for guidance and advice on all aspects of life. Access to contraception and family planning is not just about child spacing but about maintaining optimal health at all stages of life and in all issues related to women's and men's reproductive health. In many religious communities, people are faced with reproductive health challenges such as the illness and death of women during childbirth; health problems associated with pregnancies that are too early in life or too close together; violence against women; and sexually transmitted infections, including HIV/AIDS. In order to win the support of a religious leader, it is helpful to frame the issues within the values, beliefs, and directives of the religion you are addressing. There are examples from around the world of leaders within all major religious groups who do support family planning. Work with them to create messages that show where in the Bible or the Qur'an child spacing is supported and promoted for the health of the mother and child. It is important for programs to partner with these "champions" to design messages and community outreach strategies that support family planning within religious frameworks.

PERSONAL ATTACKS

Q. How can you, a woman with no children, talk about abortion? Or, how can you, as a man, talk about abortion?

A. We believe that abortion is an issue that everyone has a right and an obligation to take seriously. I am not here to discuss my personal experience with this issue, but rather to talk about what data and research show about abortion and maternal health in African countries.

Q. Have you ever had an abortion?

A. That is a private medical question and inappropriate to this discussion. That is not why I am here today. I am here because we are dealing with a political, social, and health issue in our society. It is not about me personally.

Q. You are a doctor. Have you ever performed an abortion?

A. As a health provider, I have been trained in how to perform an abortion, because abortion is medically indicated in some circumstances. The circumstances of each procedure are not the subject of this presentation. It is important to me, as a health care provider, to take care of my patients' health care needs and also respect their privacy.

Q. You are promoting abortion even though it endangers women's health.

A. Actually, we are trying to show that women are suffering from disability and dying because of unsafe abortion. We want to make abortion-related services safe, so that when women seek an abortion, they can do so safely, without endangering their lives. With increasing use of family planning, fewer women will want to seek abortions in the first place. Through expanding family planning programs and increasing access to abortion-related services, we can promote women's health.

Q. Are you doing this presentation for financial gain because, as a doctor, you will earn a lot of money performing abortions?

A. Doctors make money practicing medicine in general, whether it is for performing abortions, delivering babies, or performing surgery. In fact, if safe abortion were more widely available, it would become less expensive, as we have seen in countries that have introduced medication abortion. As a doctor, I want to make abortion safe.

QUESTIONS ABOUT FUNDING AND PARTNERS

Q. Who developed this presentation?

A. This presentation was developed by Population Reference Bureau with the guidance of a global task force comprised of researchers, advocates, and medical professionals.

Q. What is the SAFE ENGAGE Project?

A. SAFE ENGAGE is a three-year project begun in November 2017 that supports access to safe abortion by providing decisionmakers with the latest data on abortion and maternal health, and building the capacity of advocates and other decisionmakers to use evidence to achieve policy goals.

Q. Who is funding the SAFE ENGAGE Project?

A. The Population Reference Bureau received private funds to lead the SAFE ENGAGE project.

Q. Is PRB an advocacy group?

A. PRB is a nonprofit, private, educational organization that focuses on providing accurate data and facts. As such they do not directly advocate or plead in favor of specific outcomes or recommendations in countries. However, they do help local partners communicate by making sure that their messages are based on the best and latest data and information.

Frequently Asked Questions References

1 Susheela Singh et al, *Abortion Worldwide 2017: Uneven Progress and Unequal Access* (New York: Guttmacher Institute, 2018).

2 World Health Organization (WHO), "Global Abortion Policies Database," accessed at https://abortion-policies.srhr.org/.

3 Singh et al., *Abortion Worldwide 2017*.

4 Many of the frequently asked questions and responses about abortion were adapted from materials published by Catholics for Choice, and specifically, *Telling the Truth About Reproductive Health: A Guide to Successful Communications* (Washington, DC: Catholics for Choice, 2012).

Data Note

This presentation is intended for global and regional audiences working to expand women's access to safe abortion and reduce death and disability due to unsafe abortion, particularly in Africa. To give a global overview of the topic, we present estimates of maternal deaths, the share of maternal deaths attributable to unsafe abortion, unintended pregnancies and their outcomes, and abortions performed under different safety conditions. We relied on the most recent and rigorous sources that provided comparable estimates across countries or regions (as of October 2018). For a complete list of all sources used, please see the Script References on page 12 of this Presentation Guide.

Comparable, national-level data on levels and trends in abortion are essential for research and policy; they help governments and policymakers understand the implications and consequences of unsafe abortion and craft appropriate policies to address it. But such data are hard to obtain for abortion, which tends to be highly stigmatized, underreported, and often illegal. In countries where abortion is legal and broadly available, official abortion statistics may exist, but where abortion is restricted, reliable counts for the number of abortions annually are often not available and more complex methods of estimation must be used.

Presently, the only available abortion estimates that are suitable for regional and global comparisons are published by the Guttmacher Institute. Guttmacher has refined its estimates over the past several decades, collaborating with experts worldwide to determine the number of abortions occurring annually, under both safe and unsafe conditions. Its latest estimates for 1990-1994 and 2010-2014 were published in the medical journal, Lancet, in 2016 and 2017, and in the Guttmacher report, *Abortion Worldwide 2017: Uneven Progress and Unequal Access.*

For Guttmacher's analyses, the researchers implemented a new statistical approach to estimate abortion incidence and abortion safety. The statistical models use available survey data on total numbers of births, numbers of pregnancies, percentages of pregnancies reported as intended or unintended, percentages of pregnancies known to end in miscarriage, numbers of maternal deaths, prevalence of contraceptive use, and rates of contraceptive failure, among other indicators. The modeling approach allowed the researchers to make statistical inferences to present estimates for the number of abortions with 90 percent confidence intervals, which reflect the variability in the quality and quantity of the available data across countries. Because these model-based estimates for 2010-2014 are specific to Guttmacher's statistical model and estimation approach, they cannot be compared with estimates appearing in other publications on abortion. Hence, we presented estimates of the number of abortions and safety conditions from this single source to ensure consistency. We presented only mean (or average) estimates and combined the "less safe" and "least safe" categories into a single "unsafe" category for clarity in the presentation.

The table below includes regional estimates of the number of abortions from Guttmacher's analysis. The estimates for each region are presented with the 90 percent confidence interval in parentheses. For country-by-country estimates, please see *Abortion Worldwide 2017: Uneven Progress and Unequal Access,* published by the Guttmacher Institute in 2018.

Annual Abortion Estimates for 2010-2014 by Geographic Area, Used in Within Reach: Expanding Access to Safe Abortion

Region	Annual Abortions (millions)	Abortions per 1,000 Women Ages 15–44	Percent of Abortions Classified Safe	Percent of Abortions Less Safe	Percent of Abortions Least Safe
WORLD	**55.9 (51.8–68.6)**	**35 (32–43)**	**54.9 (49.9–59.4)**	**30.7 (25.5–35.6)**	**14.4 (11.5–18.1)**
Developed Regions	6.6 (6.0–8.8)	27 (24–36)	87.5 (81.9–89.6)	12.4 (10.2–17.9)	0.08 (0.0–1.36)
Developing Regions	49.3 (45.0–61.4)	36 (33–35)	50.5 (45.2–55.9)	33.2 (27.0–38.3)	16.3 (13.1–20.7)
AFRICA	**8.2 (7.4–11.3)**	**34 (31–46)**	**24.4 (18.6–33.6)**	**27.6 (21.2–37.0)**	**48.0 (36.5–52.9)**
Eastern	2.7 (2.4–3.2)	34 (31–41)	23.9 (17.0–33.0)	29.2 (19.9–37.6)	46.9 (36.5–54.9)
Middle	1.0 (0.7–1.8)	35 (24–62)	11.8 (5.5–30.4)	19.2 (6.7–40.7)	69.0 (38.0–81.2)
Northern	1.9 (1.1–4.1)	38 (23–82)	29.0 (11.0–49.9)	26.6 (10.0–46.3)	44.4 (19.5–58.9)
Southern	0.5 (0.3–1.0)	34 (19–69)	73.5 (27.7–93.2)	19.4 (1.5–62.1)	7.1 (2.6–11.1)
Western	2.1 (1.9–2.7)	31 (28–39)	15.3 (10.4–24.1)	32.6 (24.1–42.8)	52.1 (40.0–59.8)
NORTHERN AMERICA	**1.2 (1.1–1.3)**	**17 (16–18)**	**99.0 (97.7–99.8)**	**0.9 (0.2–2.3)**	**0.0 (0.0–0.03)**
EUROPE	**4.3 (4.0–5.5)**	**2 (27–37)**	**88.8 (80.3–91.7)**	**11.2 (7.8–19.3)**	**0.0 (0.0–0.02)**
Northern	0.3 (0.3–0.4)	18 (17–20)	97.9 (92.8–99.6)	2.1 (0.4–6.8)	0.03 (0.0–0.9)
Southern	0.8 (0.5–1.6)	26 (18–55)	91.2 (85.6–92.9)	8.7 (6.0–13.9)	0.11 (0.0–2.9)
Western		16 (12–28)	93.5 (90.6 – 96.1)	6.5 (3.9–9.4)	0.0 (0.0–0.03)

Note: The estimates in parentheses represent the 90 percent confidence interval.
Source: Susheela Singh et al., Abortion Worldwide 2017: Uneven Progress and Unequal Access (New York: Guttmacher Institute, 2018).

Additional Resources

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