

INTRODUCTION

Who are we?

Women Help Women (WHW) is a feminist organization that supports people living in countries where access to safe abortion is restricted.

Through a team of multi-lingual, multi-national and multi-disciplined staff and volunteers, anyone seeking reproductive health information and access to medical abortion is supported via email counseling from the moment they suspect an unwanted pregnancy until their abortion is complete.

In each language, each country and each person, our counselors encounter and address abortion stigma on a variety of levels. They do so with empathy and passion. This resource addresses the harmful impact of stigma while providing techniques to fight it by ensuring that responses to anyone with unwanted pregnancy are supportive, engaging and empowering.

A Note on Language

Many terms have been used to describe the experience of taking abortion pills within and outside of established legal and medical systems and will be reflected throughout this resource. For the personal and political act of taking abortion pills at home, outside the established local medical system, the implications that language conveys are numerous and powerful. To that effect, WHW will use the term **“independent use”** to describe this process.

A Note on gender

Women Help Women recognizes that gender-specific terms do not encompass the rights and identities of all people that seek to end pregnancy. At the same time, pregnancy is a biological process that has significant connotations across gender and culture, given global expectations of how pregnancy relates to the concept of what it means to be female. Throughout this resource we have attempted to make our language as inclusive of all identities as possible, as each and every individual has the right to feel supported and respected as they navigate this experience.



WHAT IS ABORTION STIGMA?

a·bor·tion stig·ma noun [ə-'bɔr-shən 'stig-mə]

a shared belief that abortion is wrong and/or morally unacceptable within a community or society ¹

a negative attribute, ascribed to women who seek to terminate a pregnancy and anyone related to abortion that 'marks' them as inferior ²

ABORTION STIGMA IS PERVASIVE

Although self-management of medical abortion presents enormous potential for the empowerment of women, the experience of individual women in countries where abortion is legally restricted often remains deeply stigmatized, despite the availability of safe abortion pills.

Abortion stigma can be found at each and every level of function of life, from personal to global. It is multi-faceted and multi-directional and its meaning and expression are likely to be context-specific.

We find that abortion stigma is a 'cumulative stigma', that is, it builds on other forms of discrimination and structural injustices. Ultimately, abortion stigma serves to marginalize an essential medical process, discredit those who would provide or procure it, and undermine those who advocate for its legality and accessibility.

ABORTION STIGMA IS HARMFUL

Abortion stigma causes systemic harm in a multitude of direct and indirect ways. This stigma is present in each and every system a person encounters throughout this process from their personal beliefs to society at large. Stigma is represented in barriers to care, in judgment and rejection by peers, and in a woman's own core beliefs about who she is and who she will be if she ends her pregnancy. Stigma also allows for the dehumanization of women and increases the risk of emotional, physical and legal-system abuses.

ISOLATION UNSAFE ABORTION REFUSAL OF CARE
FEAR SHAME DOUBT GUILT JUDGEMENT
LOSS OF SUPPORT FORCED PREGNANCY VIOLENCE EXPOSURE PAIN
OSTRACIZATION IMPRISONMENT INFERIOR SERVICE

1. Cockrill K., Herold, S., Blanchard, K., Grossman, D., Upadhyay, U., Baum S. (2013). Addressing Abortion Stigma Through Service Delivery: A White Paper. Retrieved from Sea Change Program: <http://seachangeprogram.org/wp-content/uploads/2015/09/SC-White-Paper-v05.pdf>

2. Kumar, A., Hessini, L., & Mitchell, E. M. (2009). Conceptualising abortion stigma. *Culture, health & sexuality*, 11(6), 625-639.

Abortion Stigma Occurs at Every Level of Functioning

Mass Media and Cultural Messages:

Only bad women have abortions

A pregnancy is more valuable than the woman carrying it

Good abortions' are only earned through tragedy or hardship

Women must suffer after an abortion to remain 'good'

A decision to have an abortion is inevitably a bad one that she is doomed forever to regret

Legal, Governmental & Structural Factors

Abortion stigma is embedded in economic, educational, legal, health and welfare systems because the policies and laws of any given country reflect its ideology as well as its historical oppression of women. People can face legal, financial and logistical hurdles, risk of exposure, loss of benefits and even imprisonment for having an abortion.

Organizational & Institutional Factors

Institutions perpetuate abortion stigma through their policies, architecture and norms. Medical institutions do this by creating barriers to care that can include refusal to provide abortion care, refusal to address complications if they occur, insufficient pain management, and refusal to provide post-abortion care. They may also provide inaccurate medical information with the aim of scaring or shaming those who seek abortions.

Community factors

Abortion stigma and loss of status is most often articulated at community and social network levels. Women risk ostracization and judgment by peers in places of worship, employment, school and other community systems. They may be labeled by their community and refused traditional supports. Because of this, many people fear disclosing their experiences to friends, family and partners.

Individual factors

These relate to the processes by which we interpret, rationalize and make sense of our abortion experiences. The penetration of abortion stigma into the psyche of individual women and men is perhaps the most destructive locus of abortion stigma and most commonly manifests as shame and guilt. Women may feel that they are selfish or immoral because they perceive themselves to be defying familial expectations, cultural norms or ideas of motherhood.



Independent Use of Abortion Medicines Compounds Stigma

With independent use of abortion medicines, often in settings with deeply oppressive laws and attitudes, the effects of stigma are multiplied. This is because the manner in which people are ending their pregnancies falls outside of the law, the medical establishment and of socially accepted behavior.

In this context, a woman who manages her own abortion is committing a political act by refusing to submit to various oppressive systems, whether intending to or not. By placing control into their own hands, these women are rejecting systems of law, local medical practice, societal norms, religious norms and sometimes deeply held personal beliefs.

In addition to the forms of abortion stigma described previously, additional layers for these women are woven throughout the fabric of individual and societal function:

Mass Media & Cultural Messages

The pills are 'mis-used' by women and cannot be self-managed

No woman should ever do this by herself because she will likely die or become infertile

Women who do it this way are reckless

This process should never be made so easy

Legal Factors

Additional legal penalties for independent use and those who facilitate it, even in regions where abortion is legal

Institutional Factors

Instilling of fear and shame

Provision of incorrect medical information

Refusal to address complications or to provide post-abortion care

Threats of disclosure to family or police

Threats that independent-use can be detected by medical staff

Community Factors

Further risk of ostracization or judgment by peers, places of worship, and other social systems

Belief that independent-use is equal to 'back-alley' abortions that are only for the truly desperate.

Fear from partners that this can be done 'behind my back'

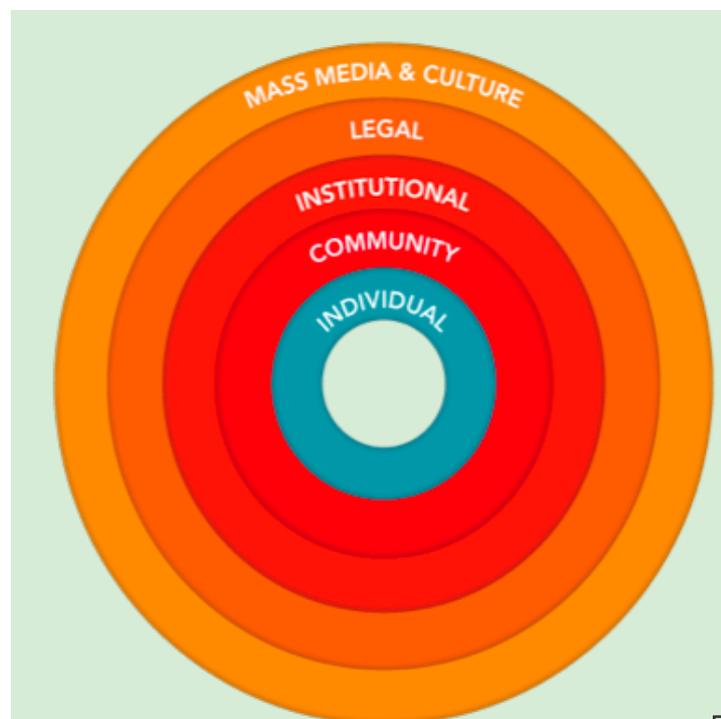
Rejection and shame from family and friends

Individual Factors

Belief that independent-use is dangerous and unsafe

Fears of legal, medical and personal consequences for independent-use

The need to keep everything secret because no one can find out



WHAT DOES ABORTION STIGMA LOOK LIKE?

With independent use of medicines

How is Stigma Reflected in the Messages WHW Receives?

People choosing to end a pregnancy represent a diverse mix of ethnicities, beliefs, communities and cultures; yet the impact of stigma is frequently reflected across all messages received, regardless of the sender's background.

Common Themes from WHW Emails:

Explanation: Women seeking help often send long lists of reasons explaining why the medicines are needed this way, as if the sender is feeling they must prove that the need is worthy enough

Reassurance: We receive constant assurances that the decision has been thought through many many times

Desperation: We are assured that there is no possible alternative, that this decision is the last desperate option

Shame: We are assured that she knows she is a bad person for making this decision

Fear: Women share their expectation that this is a perilous process and send frequent panicked inquiries throughout the experience because dangerous complications are expected at every step along the way

Secrecy: People request that the medicines be received at non-residential addresses, under the names of others; messages and donations are sent via friends; pleas for anonymity because partners, family, community cannot ever find out

Relief: Surprise and astonishment are expressed after the abortion is over because they experienced no complications and that they feel healthy both physically and emotionally

"I know what you must think of me but I just can't have another child right now"

"Please I'm desperate, I wouldn't do this if there was any other choice "

"I know I'm bad, I love my children"

"3 children, husband cannot know anything, nobody can know what I am doing"

"I feel like such a horrible parent"

"They'll kill me if they find out"

"I live in small city, please send the package to someplace else, so the postman won't see"

"Are you sure this is safe?"

"I have no doctor that I can trust"

"I know I'm going to hell for this"

"How can I make sure that no one knows"

"What if the doctor finds out I did it myself and tells the police?"

"Will I ever have children again?"

"Are you sure this is safe? I heard I might die from this"

WHAT ARE SOME MODELS OF ABORTION ADVOCACY THAT CAN ADDRESS STIGMA?

Public Health-based Messaging

The focus is on safety and prevention: Restrictive laws do not reduce the number of abortions performed. Illegality only increases the likelihood that women will resort to unsafe services, putting their lives in danger. Deaths and suffering of women due to lack of access to abortion and contraception are completely preventable.

Harm Reduction

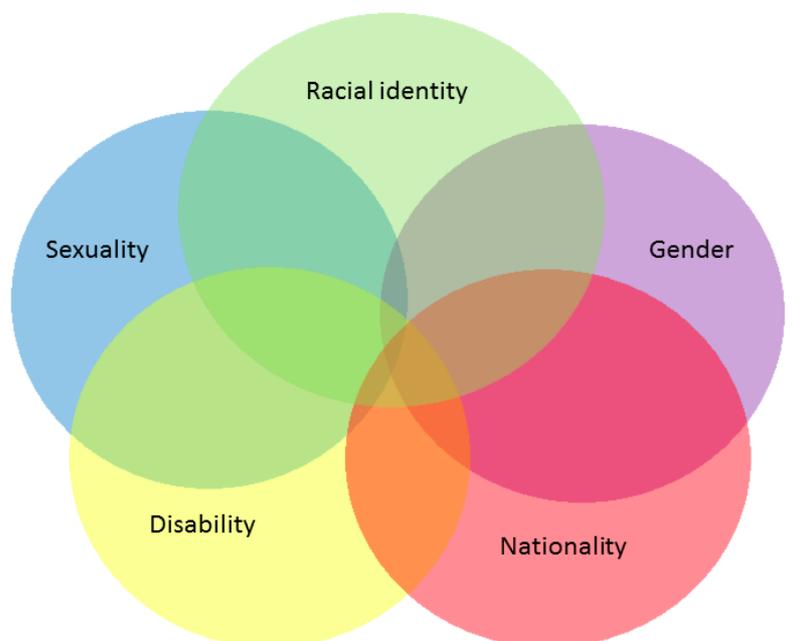
The focus is on avoiding harm: Harm reduction prioritizes strategies to reduce harm and preserve health in situations where policies and practices prohibit, stigmatize and drive common human activities underground. The harm reduction approach recognizes that taking abortion medicines at home with¹ support is safer than obtaining 'illegal abortion procedures,' and that if abortion is going to happen anyway, then it should be made as safe as possible.

Human Rights-based Messaging

The focus is on abortion access as a human right: Lack of access to safe abortion and contraception is a violation of human rights. Those rights include the right to life, the right to non-discrimination, the right to the highest attainable standard of health, the right to be free from cruel, inhuman and degrading treatment, the right to privacy and confidentiality, and the right to health information and education. All women have the right to choose to end or to continue a pregnancy as they see fit.

Reproductive Justice

The focus is on recognizing and fighting oppression: Reproductive justice is based on the understanding that the negative impacts of class, gender, race and sexual identity are interwoven, creating a paradigm of intersectionality. Lack of access to abortion is linked to systemic marginalization as disadvantaged communities experience the most challenges to access. Health, justice and safety should never be determined by social, racial or economic status.



¹ Hyman A, *Misoprostol in women's hands: a harm reduction strategy for unsafe abortion, Contraception* 2013

WHAT IS WHW'S APPROACH TO FIGHTING STIGMA

For independent use of abortion medicines?

To support those using abortion pills independently WHW draws from all of the above models while focusing on four key concepts:

1. An Individualized Approach:

One email at a time, our responses recognize each person as an individual. We acknowledge their country, their culture, their beliefs and their unique set of circumstances while providing accurate information, warmth and support.

2. Respect for Choices:

Women Help Women supports all people seeking to end pregnancy safely, no matter their eventual decision or their reasons for it. Each woman deserves care as she navigates this process and eventually makes the decision she feels is best for her at this point in her life, including the method she chooses, whether done privately at home or within the medical establishment.

3. Independent Use of Abortion Medicines As a Political Act:

Abortion is an act of empowerment and of resistance to entrenched systems of oppression. Stigma around abortion is rooted in gender discrimination and patriarchy. Along with direct support for people seeking abortion care, WHW supports advocacy for global change, decriminalization of abortion, and empowerment. WHW continues to build and learn from relationships with established and grassroots networks, allies and activists. Without collaboration and support among everyone, there is little change for anyone.

4. Information is Power, and it Belongs in the Hands of Women:

Information on safe use of abortion medicines should be posted accessibly and clearly. Many women may have obtained the medicines already and simply seek guidance on how to use the pills safely and effectively. Anyone seeking this information must have access to clear medical guidelines based on empirically supported best practices.

Guidelines for independent use, answers to frequently asked questions and common concerns are posted on the WHW website (WomenHelp.org) and provided via email to anyone who is in need, regardless of whether they are using the service WHW provides.

WHAT IS WHW'S APPROACH TO FIGHTING STIGMA

For independent use of abortion medicines?

THE INDIVIDUALIZED APPROACH IN ACTION:

We navigate within complex systems of institutionalized stigma but steadily work to empower, de-stigmatize and provide support in each and every message and action. It is a unique opportunity for sparking change because of the gift of trust from those we help, even if they feel they cannot talk to anyone else. Any intervention on behalf of independent use in restrictive settings must engage fully in conversation.

Messages, especially written ones, cannot be dry cut-and-paste affairs addressing only medically-related aspects, because this does not reduce stigma or address the relationships and emotions being navigated. All people and situations are different and each person deserves to feel heard, understood and respected. Stigma can feel overwhelming but can be addressed brick-by-brick in small but meaningful written exchanges.

THERE CAN BE NO DE-STIGMATIZATION WITHOUT NORMALIZATION

Globally, 1 in 3 women will have an abortion in their lifetimes.¹ Abortion is a common part of reproductive health and life and must be treated this way. It is crucial to normalize and talk about abortion, both within and outside of the medical establishment, as a common experience, and to reclaim this right. Targeted anti-choice efforts across legal, medical and social systems have succeeded in making those seeking abortion feel isolated, stigmatized and alone in their situations. Normalizing experiences, emotions and beliefs serves to fight stigma's effects and to provide the support and respect that anyone seeking abortion has a right to.

RESPECTING THE DESIRE FOR CONFIDENTIALITY AND PRIVACY WHILE ADVOCATING FOR ABORTION ACCESS LOUDLY AND PROUDLY:

While it is an important skill to sense and address stigma whenever possible, it is imperative that each person feels respected in their beliefs and situation. The focus must be on *their* needs and not *our* agenda of support. We respect each person's beliefs and desires for care and work to meet them there. While WHW takes pride in boldly advocating for abortion access, in each exchange, the person we support must feel that their needs for privacy, security and secrecy are being heard, understood and protected.

¹ Jones, Rachel K. PhD; Kavanaugh, Megan L. DrPH, *Changes in Abortion Rates Between 2000 and 2008 and Lifetime Incidence of Abortion, Obstetrics & Gynecology 2011*

THE PARADOX OF FIGHTING STIGMA

WITHOUT INCREASING STIGMA

Addressing stigma with independent use of abortion medicines demands that we as an organization exercise self-reflection about the impact of our work and the risks of worsening rather than ameliorating stigma's impact. This internal debate has made us aware of several paradoxes that we face daily in our work. *These paradoxes become apparent in the following aspects:*

Safety:

We talk about how safe self-management of abortion medicines is, but we encourage women to be close to the hospital if additional care is needed.

Empowerment:

At the same time we empower a woman to make a decision about her pregnancy because it should be her choice, she may still face this process alone and may feel scared or isolated.

Privacy:

Independent use is private until the moment a serious complication is suspected and women must go to an institution to get medical care.

Choice:

We defend the right to determine how to end a pregnancy safely, (going to a clinic for pills or a procedure or receiving the medicines at home) but operate as an organization that can only support one method directly.

Organizational:

While WHW mostly supports women in countries where no other option for safe abortion exists, we also realize that in countries where care is technically legal and accessible others also desire the same approach.

As an organization, we have to be aware of these paradoxes and try to mitigate them in our daily work by responding to each email in the most de-stigmatizing way possible.

SUPPORT THROUGHOUT THE ABORTION EXPERIENCE

With independent use of abortion medicines at home, good support before, during and after the abortion process is essential. While much of the email that the WHW helpdesk receives focuses on practicalities (is it all out, how much bleeding is normal, did it work, when can I have sex again?), women also share their feelings.

All perspectives expressed throughout the abortion experience, both positive and negative, are heard, normalized and respected. We continue to be available for support and guidance as needed no matter when a woman received our services.

During the abortion process, messaging should be professional, objective, calming, supportive and concise while still providing the following:

Acknowledge:

We acknowledge the situation, the fears, the feelings, the implications of culture and gender

Engage and support:

When communicating with someone seeking an abortion, we show empathy. We discuss whatever is important to her, whether it's access, politics, feelings or personal beliefs. We state again and again that we are here for her if she has questions or needs support.

Normalize:

We emphasize that there are no 'right' or 'wrong' feelings, that abortion is a common experience, and they are not alone.

Reframe:

We address stigmatizing feelings and events in a way that allows people to recognize their strength and their courage.

Inform:

We offer reliable information on medical, legal and logistical aspects of accessing and safely taking abortion medicines, sharing research data, and the experiences of others.

Empower:

We promote her rights, her power; we use sex-positive and abortion-positive language while promoting all options, as it is always up to each person to decide what is right for them.

Serving women who choose independent use of abortion medicines when clinical abortion care is available in her country

Women Help Women most often provides support for people in areas where abortion access is so restricted that independent use of medicines is often the only option for ending a pregnancy safely. However, WHW also supports those with access to legal abortion. It is not only the decision to end a pregnancy that belongs in women's hands, but also *how* to end a pregnancy.

Access to all forms of abortion care should never depend on what local governments or institutions deign to make available. WHW always provides information about all possible choices, including clinical care at local medical institutions whenever available. Advocacy for choices and a variety of available methods are core messages of WHW.

WHW opposes the stigmatization of independent home use of abortion pills as a method of last resort, instead seeing it as one of many proven safe and effective methods that should be available to all people seeking abortion alongside care in hospital and clinic settings. WHW does not seek to undermine or give preferences to any methods, but to augment the choices available to everyone in need of care.

Take Action to End Stigma for Independent Use

While supporting women seeking to self-administer abortion medicines is a complex process, it presents all of us who seek to help with many opportunities to contribute:

1. Be open to feedback and critique from colleagues, partners and especially the people you serve. No single perspective, model or approach can serve everyone in every region perfectly. Competent, mindful and culturally competent messaging can only take place when we are open to correction, aware of privilege and committed to collaboration in a reproductive justice framework.
2. Learn from the expertise, practices and wisdom of others. Good work does not happen in isolation. Work with activists, doctors, counselors, advocates. The more we connect to and collaborate with others, the stronger we are and the better our work.
3. When you provide direct support to women seeking safe abortion, it's essential to care for yourself and support your colleagues. Continued support and sharing allows for good self-care and continued checking in of your own practices and approach.
4. While helping individual people, advocate for systemic change, empowerment and de-criminalization of abortion.
5. Be an ally! You can be an ally to a woman in need, to a grassroots group or an established organization. No change is possible or sustainable without passion and commitment from activists in heart and in practice.

*Do you have questions? Are you interested in partnering with Women Help Women?
Would you like to provide feedback on this resource or ways we can improve our efforts?*

We'd love to hear from you!

Contact: info@womenhelp.org