YNCSD ADVOCACY TOOLKIT



A STEP-BY-STEP ADVOCACY GUIDE FOR IMPROVING ACCESS TO SAFE ABORTION SERVICES

LIST OF ACRONYMS

CEDAW - Convention on the Elimination of Discrimination against Women

CRC - Convention on the Rights of the Child

CSE – Comprehensive Sexuality Education

FGM – Female Genital Mutilation

PHC – Primary Health Centres

SDGs – Sustainable Development Goals

SRHR - Sexual and Reproductive Health Rights

WHO - World Health Organisation

YNCSD - Youth Network for Community and Sustainable Development

INTRODUCTION

About the Toolkit

Youth Network for Community and Sustainable Development (YNCSD) employs advocacy in promoting the sexual and reproductive health and rights for women and young girls.

This toolkit serves as a practical and innovative guide to helping all staff, partners and stakeholders of YNCSD with approaches for advocacy.

This toolkit will take you through the process of developing a strategy that focuses on the considerations for improving safe access to abortion care and other services related to sexual and reproductive health and rights (SRHR).

Target group of this toolkit

The *advocacy toolkit* will be valuable to anyone who needs a guide on advocacy approaches and how these approaches are applied.

It is for anyone who believes passionately in the right of women and girls to responsibly decide on their sexual and reproductive lives, free of bias and discrimination.

Objective of this toolkit

The *Advocacy Toolkit* will provide a working definition of advocacy based on YNCSD's work, and will also show YNCSD's stance on abortion advocacy issues.

This toolkit will focus on advocacy approaches that support improved access to safe abortion care and services for women and girls who may need them. It will provide a step-by-step process and be helpful as you begin liaising with stakeholders such as abortion service providers, policy makers, women and girls, youth, religious and traditional leaders, etc.



ABORTION CONTEXT IN NIGERIA

Abortion is defined as the procedure by which a pregnancy ends before it is fully developed. This procedure may occur on its own (as in a **spontaneous abortion**, also known as a miscarriage) or it may be intentional (**induced abortion**). A miscarriage is, in many cases, seen as an unfortunate situation, whereas an induced abortion is often criticised due to many factors, with sociocultural beliefs being the most prevalent among them.

When people use the word 'abortions', they usually refer to an induced one. This toolkit will focus on induced abortions.

Abortion is legally restricted in Nigeria and is guided by the Penal Code in Nigeria and the Criminal Code in Southern Nigeria. While the laws provide room for interpretation, the accepted legal ground for an abortion in Nigeria is in the case where the woman's pregnancy endangers her life. This provision leaves out legal backing for abortions performed in cases of pregnancy arising from incest, rape, foetal disabilities, or other socioeconomic reasons.

Despite these laws, abortions in Nigeria are very common with an estimated 1.25 million induced abortions occurring in 2012. Up to 39% of these abortions were unsafe (Bankole, et al, 2015).

Again, despite the restrictive abortion laws, the Nigerian government has shown its commitment to improving the reproductive health of women and girls in Nigeria. For example, Nigeria is committed to achieving the Sustainable Development Goals (SDGs), including Goal 3, which has targets aimed at improving maternal health and achieving universal health coverage.

The rates of unplanned pregnancies, low contraceptive use and unsafe abortion remain very high in Nigeria (Bankole, et al, 2015, Blackstone & Iwelunmor, 2017). Comprehensive sexuality education (CSE), informed access to contraceptive use and the provision of safe abortion services will help to reduce maternal mortality and morbidity.

Given that these rates are still high and the solutions are yet to be achieved, there is a need for the government to exert more political will and effort towards achieving reproductive health.

Aside the regulatory and legal enforcements on abortion in Nigeria, a lot of sociocultural and religious beliefs consider abortion as an act of murder. In many cases, it is the fear of backlash or being stigmatised that leads many women and girls to seek clandestine abortions.

As such, restrictive laws and stigma cause many people to seek abortions from unskilled persons or to attempt harmful self-induced abortions.

Kinds of Abortions

Medical abortions refer to the use of abortion pills to end a pregnancy. The abortion pills used to end a pregnancy are mifepristone and misoprostol. People may choose to have a medical abortion for different reasons including comfort, having an abortion away from the doctor's office or because it is less invasive (Planned Parenthood, n.d.). Abortion pills can still be taken in a hospital or can be self-managed. While self-administering, it is usually recommended that people get proper information regarding usage from skilled medical personnel.

Surgical abortions, also referred to as in-clinic abortions, usually refer to the use of suction to end a pregnancy. There are various types of surgical abortions including Manual Vacuum Aspiration, Dilation and Evacuation (D&E).

Both kinds of abortions are effective and can be procured safely.

Are Abortions Safe?

Abortions are one of the safest medical procedures although like any medical procedure, there might be risks.

Safe abortions are those which are performed by a trained health worker using an appropriate medical method.

An unsafe abortion is defined as the ending of a pregnancy by persons lacking the necessary skills or carried out in an environment lacking minimal medical standards or both (World Health Organisation, n.d.). Unsafe abortions will usually lead to disabilities, health complications and in many cases, death. Between 2010 and 2014, Guttmacher (2017) estimates that of the 56 million abortions procured, 25 million were unsafe.

The majority of unsafe abortions also occurred in African countries and other developing countries. In Nigeria, unsafe abortion is one of the major causes of maternal mortality and morbidity.

Reasons for Safe Abortion Advocacy

There are several reasons why abortion advocacy is important and some of these reasons are as follows:

- 1. Decriminalization of Abortion
- 2. To portray abortion as a public health issue.
- 3. To legalize abortion.
- 4. To ensure that access to abortion is a human right.
- 5. Destignatising abortion.

Decriminalisation of Abortion

In countries that criminalise abortion, women and girls may be imprisoned for seeking an abortion. Making abortion a criminal offence does not restrict women from seeking out abortions, nor will it increase the rate of abortions.

Criminalising abortion is an attempt to control the reproductive rights of women and girls. It is also an issue of discrimination against women in the area of sexual equality.

Abortion is a Healthcare Issue

To address maternal mortality and morbidity, it is important to advocate access to safe and legal abortion. Lack of access to safe abortions exposes women and girls to untrained providers, unhygienic environments or ingesting substances in an attempt to self-induce an abortion.

Restrictive Laws on Abortion

In many developing countries including Nigeria, abortion is guided by very restrictive and ambiguous laws. In the same vein, there are more cases of unsafe abortions in these countries. In Nigeria, for

instance, the legal provision for abortion states that an abortion can only be provided to save the life of the pregnant person. This means that people who need abortions cannot always freely and legally access the service.

Apart from contributing to unsafe abortions, these restrictions also contribute to stigma because laws often intertwine with morality and give birth to stigma.

Abortion-related Stigma has Negative Impacts

In many communities and families in Nigeria, abortion is viewed in a negative light and as a topic that should not be discussed. As such, individuals who have had abortions, abortion advocates or service providers may often face stigma.

This stigma can have negative effects on the psyche of these individuals and can affect their relationship with friends and family.

Nigeria's Legal Provision for Abortion

In Nigeria, abortion is legally restricted and only legally allowed to save the life of the pregnant person. This serves as a correction to the notion that abortion is illegal in Nigeria.

Nigeria's legal abortion provisions are guided by the **Penal Code Federal Provisions Act**, Chapter 345 of the Laws of the Federation of Nigeria (Revised ed. 1990), Articles 232-236 and the **Criminal Code Act**, Chapter 77 of the Laws of the Federation of Nigeria (Revised ed. 1990), Articles 228-230, 297, 309, 328.

The penal code applies in the northern states of Nigeria while the criminal code applies in the southern states of Nigeria.

These laws criminalise abortion for women and service providers. This means that this group of people face criminal penalties including going to jail for seeking or providing abortion services.

For more resources to help know the abortion laws in countries, check out:

World Health Organisation's: Global Abortion Policies Database

Centre for Reproductive Rights': The World's Abortion Laws

Note: Nigeria's restrictive legal setting on abortion means that there are legal barriers to safe abortion access and care. As earlier discussed, there are other barriers to abortion access.

EXERCISE

- 1. What criminal penalties exist for people who seek or provide abortions in your country?
- 2. Identify any available data on abortion-related criminal enforcements in your country.
- 3. Identify other laws or documents which address discrimination and can be adapted to include abortion access and care.

Adapted from Ipas (2018). Roots of change

Assessing Nigeria's Health System Readiness for Abortion Services and Care

Again, when performed by trained medical personnel in a medically appropriate setting, abortion is a safe procedure with minimal risks.

Unsafe abortion contributes to the high maternal mortality rate in Nigeria. Complications arising from unsafe abortions fall within the first five major causes of maternal mortality in Nigeria (Chigbu et al, 2018).

Exercise to Access Readiness for Abortion Services and Care

In a group, discuss the following

- 1. What cadres of service providers are permitted to perform abortions in your country?
- 2. Are those who do not fall within the cadre willing to learn?
- 3. Do women and girls have access to contraception or information regarding SRHR?
- 4. Do health facilities, even those at the lowest level such as PHCs, provide abortion services?
- 5. Is abortion available to women and girls at little or no cost?
- 6. Are health professionals willing to provide abortion services?
- 7. Are abortion pills easily accessible? At what points? At what levels?
- 8. Is post-abortion care accessible? At what costs?

Human Rights Treaties and Conferences

Nigeria is a party to certain treaties and conventions that can be used to support abortion-related advocacy. As an SRHR issue, abortion rights can be advocated for by holding governments accountable to the treaties they have signed.

Exercise to Highlight Abortion as a Human Rights Issue

- 1. Identify treaties or conventions that Nigeria is party to that advocate reproductive rights or abortion.
 - Answers may include a) CEDAW b) CRC c) Maputo Protocol
- 2. Find out the provisions of these treaties and how they can be applied in the advocacy.

Barriers to Safe Abortion Access and Care

People may refuse to contact medical personnel to procure abortions for various reasons. When this happens, they may resort to seeking abortions from different sources. This includes ingesting substances or going to unskilled persons.

To identify barriers to safe abortion access and care, it is important to think towards issues specific to the region and context of the abortion advocacy that may hinder people from seeking out safe abortion.

These barriers may fall under the broader divisions of:

- 1. Restrictive Laws and Policies
- 2. Cultural, Personal or Religious Beliefs
- 3. Economic Reasons
- 4. Stigma

Exercise 1: Identifying Barriers to Abortion

To identify these barriers to safe abortion access and care, discuss the following questions (and more) in a group:

- ↔ Is safe abortion available to women and girls at low or no cost?
- ↔ Are women and girls free or willing to discuss abortions in close circles?
- ← Is abortion access or provision restricted by law?
- ← Is abortion procurable at various health facilities like Primary Health Centres (PHCs), private clinics?
- Are women and girls who seek out abortions free from harassment or violence from family, community members and health professionals?
- Are health professionals who offer abortion services free from harassment or violence?
- ↔ Is abortion considered as part of broader health services?
- 1. Classify the issues arising from these questions and classify them under the broader divisions?
- 2. Think about which of these problems are most urgent and possible to resolve in your context?

After discussing these barriers, it is important to consider the status of safe abortion access and care.

Ipas (2018) identifies four elements that are essential to obtaining positive results for abortion-related advocacy and any form of advocacy at all. They are a) laws that permit wide access to abortion; b) strong implementing policies, systems, and resources; c) political will and government ownership; and d) stakeholder knowledge and support.

These factors will determine how much effort needs to go into the abortion advocacy.

UNDERSTANDING ABORTION ADVOCACY

This chapter introduces the key concepts and terms that may come up in advocacy. It also looks at the relevance of abortion-related advocacy. This section explains the need to advocate and situates advocacy within the context of expanding abortion access in Nigeria.

What is Advocacy?

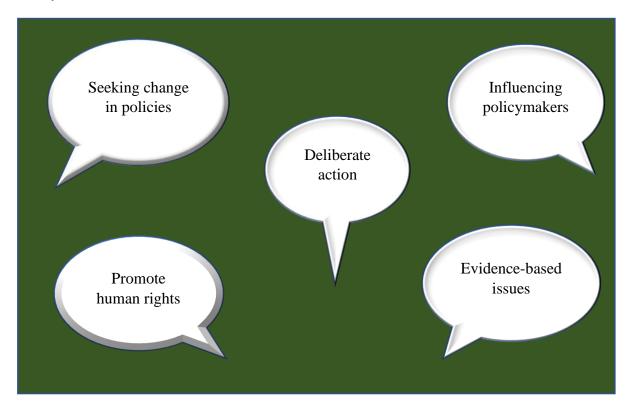
There are many definitions of advocacy, but YNCSD has a simple definition:

Advocacy is defined as a deliberate action taken towards championing a cause that affects a specific group of people, and is targeted at bringing about change.

Advocacy is speaking for a group of people that would otherwise be voiceless and unable to push for the actualisation of that cause.

This means that advocacy is targeted at seeking improvements in a policy. Advocacy targets the government, the stakeholders and those who influence them. It supports evidence-based issues with a goal to addressing imbalances and promoting human rights and social justice.

So, keywords are:



Purpose of Abortion Advocacy

Advocacy is not simply raising awareness of an issue. It is about trying to seek a change in policies, systems and attitudes.

Advocacy aims to **RISE**.

R – Repeal an existing regulation

This means that advocacy efforts can be targeted at laws or policies that are in place, but which
may be unfair or unfavourable towards a group. Advocacy efforts here involves asking that
these laws or policies be revoked.

I – Introduce a proposal for a new regulation.

• In some cases, there might be no law or policy in place and one may need to be developed for a plethora of reasons. In this case, advocacy efforts will be tilted towards asking for a new law.

S – Stop a practice that should not happen.

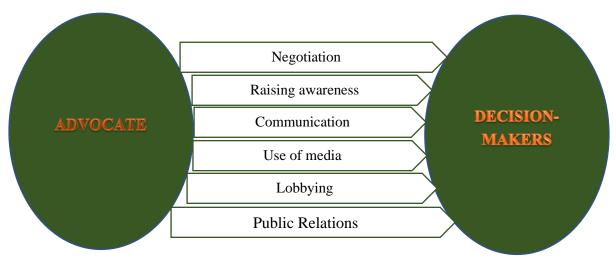
• Sometimes, there is a law or practice in place which may be unjust or unfavourable to a group of people. Advocacy ensures that this practice is abolished or discontinued.

E– Enforce an existing regulation

• This means that advocacy efforts here are targeted at enforcing a law or policy that is already in place. This also involves ensuring that the law or policy is implemented.

Approaches to Advocacy

Essentially, advocacy employs various approaches including negotiation, raising awareness, communication, use of media, lobbying and increased public relation activities.



The overall goal of advocacy is to achieve policy change and the message of advocacy is passed on to decision makers via the approaches shown above.

Levels of Advocacy

Advocacy takes place at all levels of decision-making. This includes at the household, community, state, national, regional and international.

The level of advocacy is peculiar to the issue being addressed. Sometimes, advocacy might be needed at just one level. Other times, advocacy might need to be addressed with a multi-level approach. This is because decisions made at one level will always affect other levels whether at the bottom or at the top.

Case study: YNCSD understands that teaching CSE to children of school age will bring them to the awareness of their sexual and reproductive rights, as well as reduce the rates of unplanned pregnancies and sexual violence. In light of this, YNCSD plans to advocate the inclusion of CSE into the school curriculum.

However, parents, school heads and others do not share this same thought. Popular misconceptions about CSE make people think that it encourages sexual behaviour in children and young people.

Negotiations for the school curriculum takes place at the national level, yet school heads and state governments are responsible for implementation. So, there will be a need to carry out a multi-level advocacy.

International Level

Regional Level

National Level

State Level

Household Level

COALITION BUILDING

Spangler (2003) defines a coalition as a temporary partnership between groups looking to achieve a common purpose or carry out a common action. Coalition building, then, is the process through which a coalition is formed.

In forming coalitions, it is important that the other parties (individuals, government or other CSOs) share the same or similar values, purpose and interests and are working to achieve the same goal. For example, a common purpose for a coalition might be to introduce a proposal for the legal provision of abortion in Nigeria. The structure of a coalition has the potential to greatly influence advocacy results.

For abortion advocacy, the members of a coalition should:

- Be focused on the advancement of SRHR for women and girls;
- Be committed to contributing resources human, knowledge and material to carry out activities:
- Ensure that their individual goals are not in conflict with the goals of the coalition;
- Be committed to the goals of the coalition, as a whole

Composition of the Coalition

Other actors, apart from organisations, can also form members of the coalition perhaps operating in another capacity. You can choose to involve healthcare workers or prochoice individuals who wield a lot of influence.

In all of this, make sure that your coalition accurately represents the audience or population that you will be serving.

Also, leave room for new members to join the coalition.

Benefits of Coalition Building

The point of having a coalition of organisations working to achieve the same purpose – abortion advocacy, in this case – is that the coalition wields more power to achieve a goal. In a coalition, members pool their resources together and are better able to advance their interests. The joint resources and joint skills that a coalition offers helps members to address more complex issues and adapt approaches that work. As a joint force, members are able to face arising opposition and defend their interests together. Coalitions might also have better success with government-level advocacy and influencing laws and policies.

That is to say that the benefits of having a coalition go beyond wielding greater power or influence. Another benefit is that due to the opportunities available for learning and discussions, members also pass through internal development and become more efficient in new areas and approaches.

Some issues may arise from working in coalitions, such as ensuring that members do not push their individual interests over that of the coalition. To curb other challenges that may arise, a governing structure can be set up to ensure that there is a clear vision for leadership.

MAPPING OF STAKEHOLDERS

For a successful abortion advocacy plan, it is important to work with diverse stakeholders. At every level of advocacy, there are people who wield the right amount of influence needed to attain an advocacy goal. They hold the power or influence needed to achieve the change in policy you want to see. These decision makers can influence the implementation or repeal of policies and programmes. For example, key decision makers to consider in abortion advocacy are the Health Minister, representatives from the National Medical Association (NMA), or other principal offices working with youth health-related issues.

Not all relevant stakeholders might be government-related. Some of the stakeholders might be community leaders or gatekeepers, school teachers, parents, women and girls, healthcare providers, legal representatives, youth leaders or other NGOs, who can also act as an influence on government actors. These are important people to reach out to in order to ensure improve access to abortion services and care. It is important to make these people your allies.

Some of these identified stakeholders and decision makers eventually make up the allies and opposition. Consider a government official – who has internalised biases towards abortion service provision – but is also the Chairperson of the NMA. Such a person is most likely to become an opposition. It is important to know what drives the opposition and find points to counter their views.

Identifying Decision Makers and Influencers

To identify decision makers, consider the following:

- ↔ Who works on abortion-related issues?
- ↔ Who possesses information, knowledge and resources?
- ↔ Who can provide information, knowledge and resources?
- ↔ Who can reach out to a large number of the target audience?
- ↔ Who has an influence on the target audience?
- ↔ Who can influence public opinion and attention?
- → Who has connections to those in authority?

It is also important to consider the decision makers' knowledge on abortion. For example, do they know the difference between a safe and an unsafe abortion?

Finally, consider how committed the decision makers might be to improving abortion access and care.

Identifying the Opposition

Opposition to abortion access and care is rooted in many things and exists in almost all cultures and regions. This opposition may be rooted in religion, culture or social norms. It may also be as a result of individual or communal responses to issues related to sexuality and reproduction.

Even those who need to be the decision makers may also be part of the opposition. At the end of it all, it may not be possible to change the stance of every person in the opposition group.

Consider the following when trying to identify the opposition:

- ↔ Who are they? Are they individuals? Organisations? Religious groups? Cultural groups?
- What are their beliefs and reasons?
- ↔ How influential are they? Do they have an influence on the lawmakers?
- Are they backed by people with power or influence?
- ↔ What are their means of information and what methods of opposition do they employ?

After considering these questions, it is important to know how and when to counter the opposition. Use detailed, accurate research to know their points and form better support for yours. Do not, in an attempt to garner support, put out data that may be inaccurate or lead to misinformation. Also, be willing to correct any misinformation that the opposition might put out.

Most importantly, educate the press on how to properly relay abortion-related information. The media has an undeniably wide and influential reach, so it is important to use this in your favour.

WORKING WITH THE MEDIA AS AN ADVOCACY STRATEGY

Media Communication

The media can be a powerful ally or opposition to abortion-related advocacy. Based on this and because the media is a primary source of information to the public, it is important to turn the media into an ally for your advocacy. The media can be used to sway public opinion and gather public attention.

The media also has a wide reach and can be trusted to pass on information to a large audience and in good time.

The Strategy

- ↔ Identify and contact influential members of the media including digital, print and social media.
- ← Consider the reasons for this selection such as a) how relevant are they to your advocacy? b) how can they be involved in the advocacy?
- ↔ What message will they be passing across and to what section of the audience?
- ↔ What communication channels are most relevant to the audience?

An important aspect of putting out content to the media or even engaging with journalists is developing and putting out key messages. Key messages should be suited to the audience and should motivate them to take action. Messages contained in all communication materials should be inclusive and non-discriminatory.

Remember to keep the media updated with relevant information and stories. In turn, get them to commit to proper reportage and sending out stories. Also, provide members of your media team with resource kits, facts on abortion and key messages.

DEVELOPING AN ADVOCACY STRATEGY

At the end of all these brainstorming, you may wish to capture all of this with a strategy document.

YNCSD'S Advocacy Focus

Legal restrictions, abortion stigma and a lack of willingness to implement policies still impede access to safe abortion services for women and girls in Nigeria. As such, there is a need for pro-choice advocates and abortion rights supporters to continue with advocacy to expand the provisions for abortion access in Nigeria.

This involves advocacy to key decision makers, messaging aimed at deconstructing stigma and expanding the cadre of service providers beyond formal health service providers.

The main advocacy goal for YNCSD is to ensure that safe abortion becomes more accessible and available to people who may need it. This also means lesser restrictions to safe abortion access.

Why Develop an Advocacy Strategy?

The point of an advocacy strategy is rather simple. It helps to highlight the issue that needs change, relevant stakeholders and the boundaries of their power, target audience(s), proper messaging appropriate to the audience and the views of the relevant decision makers. An advocacy strategy also helps with setting goals and targets, recognising organisational and individual capacity and developing an action plan.

These are parts of an advocacy strategy that can be focused on and important questions to note in populating these sections while developing an advocacy strategy document.

- 1. **Identifying the Advocacy Issue**: It answers the question: what do we want and hope to achieve?
- **2. Set Goals and objectives:** What positive change can be expected to come about if your advocacy is successful? What steps can be taken to achieve these goals?
- 3. **Research/Fact Finding:** Has there been document work on the issue? What is the contextual background of the issue and what drives the issue in society? What is the level of advocacy already in place or needed?
- 4. **Identify the target Group(s):** Who are those expected to benefit or be impacted by the advocacy?
- 5. **Develop an Advocacy Message:** What exactly are you trying to achieve? What message do you want to share to your target group?
- 6. **Identify Strengths and Weaknesses:** What do we have? What should we improve on? What do we need?
- 7. Opportunities and Threats: What can we take advantage of? What should we be wary of?
- 8. **Coalition Building**: Do we have all the resources needed to address this advocacy issue? Are there others working on this issue that we can collaborate with?
- 9. **The decision makers:** It answers the question: who has the influence needed to address the issue?
- 10. **Identify the Audience:** Who are those that are mostly affected by the issue?
- 11. **The Message:** What do the decision makers, stakeholders and target audience need to hear?

- 12. **The Messenger:** Who do they need to hear it from?
- 13. **The Means:** How can we make sure they hear it? What media channels can we use?
- 14. **Implementation of the Advocacy Activities:** How should we take action? What approach is best? How do we go about getting the bets result?
- 15. **Monitoring and Evaluation:** How can we tell if it's working or not? How can we sue the data or information gathered in designing, improving or measuring progress?

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