The full story:

Advocating for comprehensive sexuality education that includes abortion

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Health. Access. Rights.

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Abbreviations

CSE   comprehensive sexuality education

GGR   Global Gag Rule

HIV   human immunodeficiency virus

ITGSE   International Technical Guidance on Sexuality Education

NGO   non-governmental organization

SGBV   sexual and gender-based violence

SRHR   sexual and reproductive health and rights

STI   sexually transmitted infection

UN   United Nations

UPR   Universal Periodic Review

US   United States of America

Acknowledgements

Youth leader Seema Gagrai (in blue dress) works with one of Ipas Development Foundation's partner organizations to provide information on sexual and reproductive health and safe abortion care to rural young women living in villages in Jharkhand. Photo © Ipas Development Foundation (IDF)

Executive summary

This toolkit is intended for advocates interested in supporting the integration of abortion into comprehensive sexuality education (CSE) programs. Including abortion in CSE programs is essential to reducing stigma and ensuring people's access to a full package of reproductive health services. It is also important to help young people make informed decisions around both sexuality and reproduction, and to increase their self-efficacy. The motivation for developing this resource was reinforced by the publication of the revised International Technical Guidance on

Sexuality Education (ITGSE) in January 2018, as well as emerging evidence showing that CSE is vital to reducing unintended pregnancy and unsafe abortion.

With publication of the revised ITGSE, governments and civil society organizations have an opportunity to develop and strengthen national sexuality education curricula, including through ensuring evidence-based content on abortion. The purpose of this toolkit is to support the development of effective advocacy strategies for the inclusion of abortion in CSE programs.

This guide covers key considerations when undertaking advocacy for CSE, followed by tools to support you in developing a strategy and planning activities that respond to your national context. This toolkit is intended to be used by groups and organizations working independently, or in coalition with a committed and trusted network of stakeholders.

This guide will lead you through key questions and important steps in strategizing and deciding where to focus your efforts. However, it is up to the users to determine which tools are most relevant to their national context and where to begin. We hope you find this a helpful and user-friendly resource for advancing the integration of abortion into CSE programming.

For questions or requests for additional support in using this guide, please contact advocacy@ipas.org.

What makes this guide different?

There are a range of existing resources focusing on advocacy for CSE, or advocacy for expanding access to abortion. However, there is a gap in terms of resources focusing specifically on advocating for the inclusion of abortion within CSE programs.

This toolkit combines best practice in advocacy for CSE with information around how to specifically call for the inclusion of scientifically accurate content on sexual and reproductive health and rights (SRHR), including abortion. It also includes best practice curriculum modules that demonstrate how abortion can be included in national CSE programs.

This guide takes users through several steps, including: 1) Understanding the advocacy process and researching the state of CSE programming, including how the curriculum develops and evolves; 2) Developing a strategy that considers contextual factors; and 3) Giving an overview of other tools and resources for further support.

A midwife presents a reproductive health lesson to students in secondary school, Kampala, Uganda. Photo © Richard Lord

Abortion as an integral component of CSE

The International Technical Guidance on Sexuality Education (ITGSE) defines comprehensive sexuality education (CSE) as:

"A curriculum-based process of teaching and learning about the cognitive, emotional, physical and social aspects of sexuality. It aims to equip children and young people with knowledge, skills, attitudes and values that will empower them to: realize

their health, well-being and dignity; develop respectful social and sexual relationships; consider how their choices affect their own well-being and that of others; and, understand and ensure the protection of their rights throughout their lives."

CSE must be scientifically accurate and delivered through an incremental process that is both developmentally and age-appropriate. CSE must also be curriculum-based, adopt a human rights-based approach, be centered on gender equality and be culturally relevant, contextually appropriate, and transformative. It also must develop the life skills necessary for supporting healthy choices.

The ITGSE emphasizes that omitting certain key topics—including abortion—will contribute to stigma, shame and ignorance, lessening the effectiveness of CSE and putting the health and lives of young people at risk. The ITGSE provides data on the impact of unsafe abortion on young girls and evidence supporting the provision of:

- A comprehensive curriculum that has scientifically accurate information about pregnancy prevention, and early and unintended pregnancy, among other things;

- Information on what services are available to address the health needs of children and young people, especially their sexual and reproductive health needs, including on abortion where it is legal.

The guidance has also included discussion of abortion in the learning objectives for various age groups. These learning objectives are given below (not in the order that they are presented in the guidance).

- 12–15-year-old learners will be able to:

  ▶ Understand that there are places where people can access support for sexual and reproductive health (for example, counseling, testing and treatment for sexually transmitted infection/HIV; services for modern contraception, sexual abuse, rape, domestic and gender-based violence, abortion and postabortion care);

- 15–18 (and over)-year-old learners will be able to:

  ▶ Analyze local and/or national laws and policies concerning child, early and forced marriage, female genital mutilation/cutting, non-consensual surgical interventions on intersex children, forced sterilization, age of consent, gender equality, sexual orientation, gender identity, abortion, rape, sexual abuse, sex trafficking, and people's access to sexual and reproductive health services and reproductive rights;

  ▶ Understand that unsafe abortion poses a serious health risk to women and girls;

  ▶ Recognize that even if a pregnancy is early or unintended, the pregnant woman or girl should have access to high-quality, safe and comprehensive health care and support;

▶ Demonstrate how to support a friend or loved one who experiences intended or unintended pregnancy, or who has a child, regarding their health, education and wellbeing.

Comprehensive sexuality education programs have a positive impact on young people's sexual and reproductive health — and their ability to make safe and informed decisions. But the topic of abortion remains absent from most programs, even in places where abortion is legal. This diminishes young people's ability to avoid the dangers of unsafe abortion, to make fully informed choices, and to exercise their right to exercise bodily autonomy and to access safe and legal abortion.

Restricting information and education about abortion does not stop abortions from happening; it only increases the likelihood that those who do experience unintended pregnancy will resort to unsafe abortion. By integrating abortion into CSE programs, we can promote access to safe services and greater understanding and respect for the bodily autonomy of all people.

A workshop organized by Ipas and its partner organization, Miles Chile, aims to equip passionate students with the information and skills they need to grow as the next generation of safe abortion champions in Chile. Photo courtesy of Corporación Miles

Advocating for change

Developing a theory of change

Where do we begin thinking through how to effectively advocate so that evidence-based abortion content is integrated into national comprehensive sexuality education (CSE) programs?

Advocates seek to change laws, policies, programs and curricula at a national level to achieve sustainable impact at a larger scale than what

can be achieved through the delivery of standalone programs. Diverse advocates come to policy work with a set of beliefs and assumptions about how change may or may not happen. These beliefs shape their thinking about what conditions and changes are necessary to achieve their advocacy aim, and what tactics will be most effective.

These beliefs are theories of change, and when they are articulated and documented within an organization, coalition or campaign, a common roadmap can be developed which clarifies agreed assumptions and expectations and is a first step toward more effective planning.

Additionally, when working in a coalition, identifying where a specific group can have the greatest leverage or impact can provide some guidance for making strategic choices with limited resources. Sharing theories of change — or where possible, introducing these questions at the level of a partnership or coalition — can also strengthen partnerships by clarifying whether stakeholders share a common approach, or if they are pursuing different but complementary theories of change.

Ultimately, a theory of change seeks to map the thinking behind how strategies connect to specific outcomes, which contributes to the achievement of an overall goal of policy change and social impact. It is meant to be a living resource to help guide strategic decisions and actions. The process for developing a theory of change, and what the end result looks like, will vary between contexts. Below are steps to get you started on a path to developing your theory of change:

1. Conduct desk research on the issue and develop an understanding of the decisionmaking process

Undertake the necessary research to gain a full picture of the current status of CSE. What are the gaps in the current curriculum? What are the relevant national laws and policies that guide curriculum development? Are there regional or international agreements that can be used to promote accountability? For a full set of questions to guide your research, see the section of this toolkit outlining Key questions for understanding CSE in your context. Study, understand and be prepared to work within the decisionmaking process that exists in your national context. Identify when, and by whom, decisions that relate to the national CSE program will be made.

Ask yourself, who has the power to make change? Answering this question is about identifying the decisionmakers and institutions you need to influence; often these are legislators. However, you may not be able to reach your primary target directly, so it's important to consider those players who influence the primary target of your advocacy. This may include the media, advisors, constituents, community leaders or education and/or health authorities. For more on tailoring your advocacy to different stakeholders, see the Approaches to working with stakeholders section of this toolkit.

2. Identify your goals/impact

Define and describe your long-term goals or impact in a clear and compelling way. These should be measurable. Ask yourself, what do we want to achieve? It is essential that those working within your

organization, or in a broader coalition, are working toward the same shared goal(s)? There may be more than one goal if you are working toward multiple target groups.

3. Identify your objectives/outcomes

Define and describe what changes (outcomes) must happen before your goals can be realized. This may include long and short-term goals, relating to, for example, curriculum, law, policy or mobilization. Try not to get distracted by the activities that lead to these outcomes or objectives, at least not just yet. Go back to the root cause of the issue to come up with what changes must take place before the goal can be achieved. These may be immediate or longer term, and together they should form a chain toward your goal(s). Build in an understanding of how you will know and measure change when it happens.

In developing these objectives, using SMART objective setting helps to ensure structure and trackability. In fact, every objective—from an intermediary step to an overarching goal—can be made more realistic through using SMART objective setting.

To make your objective SMART, it needs to be: specific, measurable, attainable, realistic and time-bound.

- **Specific:** In thinking through whether your objective is specific enough, it may help to ask: What do I want to achieve? When? Where? How? With whom? Why do I want to achieve this objective?

- **Measurable:** Having a measurable objective or goal means that when you reach it, you know what you will see, hear, and feel as a result. It means your objective can be broken down into measurable elements.

- **Attainable:** Assessing whether a given objective is attainable is about investigating whether it can be achieved, and whether it is worth the investment of time and other costs required to achieve it.

- **Relevant:** Is reaching your objective relevant to what you want to achieve (your larger goal)? Why is this objective being pursued at the expense of others? Will the objective really help you achieve your goal? All these questions are ways of getting to the core of whether your objective is relevant.

- **Time-bound:** Time is a resource, and one you can't afford to spend unwisely. Deadlines are vital to action, so for all the activities you map out, be sure to set deadlines for yourself and your team. This helps to keep the timeline for achieving your goals and objectives both flexible and realistic.

4. Deepen your understanding of where to put pressure and when

Research and monitor the political context in which decisions are being made. Government ministers have limited time, and priorities are constantly shifting. Are there regular cycles where the issue of CSE, or a curriculum review, comes to the forefront? When do you need to bring your ideas and messages before key ministry officials for them to be

considered? Are there upcoming opportunities to raise the profile and public awareness on the issue?

> ### CASE STUDY: Syncing advocacy efforts with relevant cycles
>
> In Bangladesh, the government regularly develops its sector plan, which includes budgeting for the next five years. If CSE is included, there will be a clear window for influence, and an opportunity to make it a more robust program. For Ipas Bangladesh, mapping and planning for budgeting cycles and periodic reviews of programming is critical to strengthening programming and implementation.

Additionally, it's important to know the difference between what can be achieved through, for example, presenting to a parliamentary commission or committee, as opposed to what international advocacy can do. All advocacy spaces have their distinct scope and limitations, and it's vital to know what these are.

Ask yourself, what do the decisionmakers need to hear? Influencing your targets requires consideration of each audience you are trying to reach. What is their position now? What are their concerns and priorities? What do they need to know? While your messages should always be rooted in evidence and in the same basic principles of ensuring health, human rights and bodily autonomy for all, they need to be tailored to different audiences depending on where they are in their understanding of the issue. Most messages will appeal to what is the right thing to do and to the audience's interest.

Also ask yourself, who do they need to hear it from? Messages have very different impacts depending on who delivers them. For example, who are

the most credible messengers who can sway different audiences? These might be experts from their respective fields, or groups of people who are themselves most impacted by this issue. What do you need to do to identify, prepare and support these messengers to join you in your work?

5. Know your allies

Identify who shares your values or objectives, and who might help form a coalition to support the revision of CSE programming, and the integration of abortion content. Sometimes allies are inside the process, like other civil society partners, and other times they may be outside of it, like the media.

Youth advocates and youth-led organizations are key allies in any initiative to integrate abortion into CSE. Young people must be at the center of any process to review and strengthen the policies and programs that directly impact their lives. Attention to ensuring the voices of diverse youth advocates, including adolescents and young people who traditionally experience marginalization, is vital to advancing CSE programming that leaves no one behind.

Due to abortion stigma, many organizations that work on sexual and reproductive health and rights (SRHR), who may be traditional allies, won't necessarily want to work on abortion or advocate for the integration of abortion into CSE programs. Building the necessary support for this issue may take time and significant investment, especially if your strategic planning indicates that a broad coalition is needed to promote an evidence-based, rights-based CSE curriculum.

Ipas's Abortion Attitude Transformation: A values clarification toolkit for global audiences has proven useful in opening up a space for individuals and organizations that do not ordinarily work on abortion to explore their own values. This is often a useful starting point for initiating dialogue and building support.

> ### Impact of the Global Gag Rule
>
> The 2017 expansion of the Global Gag Rule, also known as the Mexico City Policy, has hindered work to integrate abortion into CSE programs in some contexts. For example, groups receiving US global health assistance have not been able to join coalitions that take a comprehensive approach which includes safe abortion. Safe abortion is an integral part of sexual and reproductive health and cannot be isolated from coalitions working to achieve SRHR. To do so runs counter to existing evidence. However, some organizations within broader coalitions focusing on SRHR or CSE have been prevented from taking an active role in advocacy for the inclusion of abortion in CSE.

6. Know the opposition

As with advocacy on any SRHR-related topic, advocacy for access to evidence-based information and education about abortion will attract the attention of—and pushback from—the opposition. It's important to monitor what the opposition's arguments and tactics are. Effective opposition identifies the genuine concerns people hold, or areas where there is a lack of understanding, and works to exploit this. To deal effectively with the opposition, one needs an awareness of who they are, their messaging, and how and when to effectively counter it.

It is helpful to begin by identifying the groups or individuals likely to oppose your efforts, and to try to understand how they think and work. Knowing their beliefs, strategies, resources and constituencies can help you expose their tactics, anticipate their future activities and neutralize their effectiveness. Ask the following questions about the opposition:

• Who are they and what is their affiliation? Are they individuals? Religion-based groups? Activist non-governmental organizations affiliated with foreign groups?

• What are their resources? Do they have funding? Do influential legislators or politicians support them? Do they have access to materials, videos or training from foreign anti-abortion groups? Are any media groups biased toward their point of view? Do they get financial support or technical assistance from outside the country, perhaps from the US?

• How large and powerful is their constituency? How do they reach their affiliates? Through e-mail, personal or phone contacts, or churches?

• Become familiar with their tactics, including making public statements, using social media, organizing marches, and conducting outreach to youth. Have they made public statements? What has been the tone of news coverage about them? What is the personal background of their leaders? Do they try to intimidate your supporters through public or personal harassment, or are their tactics more subtle?

• If there is an organized opposition group, assign someone from your coalition to regularly attend their meetings and forums. Read their

materials, sign up for their e-mail bulletins or mailings, know what they are saying.

For tools to support you in effectively dealing with the opposition, see the section of this toolkit, Prepare to meet the opposition, as well as the section Five frequently asked questions on abortion and CSE, which can help respond to common opposition arguments.

7. Take stock of the tools and resources at hand

Ask yourself, how can we reach our advocacy targets? There are a range of ways to deliver a message. These include press releases, lobbying, activism and new/social media. The most effective way to reach your audience with your message depends on the channels available to you and those which are most likely to reach your intended audience.

Ask yourself, which resources can we use? An effective strategy takes stock of all the resources available. This includes work to date on the issue, or work that is related; alliances or coalitions that are developing or already in place; the capacity of staff and volunteers; information; and political intelligence. Even when it doesn't feel like it, you are never starting from scratch; you're always building from a foundation.

Finally, ask yourself, what do we need? After taking stock of what you have, it's important to identify what resources you'll need that aren't in place yet. This might include outreach and partnership work, the development of media skills, further research and funding.

8. Gain perspective on your assumptions and blind spots

All advocacy rests on certain assumptions about what will and won't work, what is necessary for change to happen, and what can be achieved within a given timeframe. It is worthwhile to articulate these assumptions in the context of your organization or a broader coalition to ensure that all the relevant information is shared and that allies are working from an expansive and realistic understanding of the context and the possibilities for change. It is also worth considering the possible risks that may be involved in undertaking advocacy and agreeing on a risk-reduction and mitigation roadmap so that you are prepared for various eventualities. Risks can be unpredictable, and it's better to be prepared.

Your risk-reduction strategy might include in-depth research into the evidence about the implementation of CSE programs in your context. Or it might include training for spokespeople, particularly focusing on preparing to counter new and emerging opposition arguments. It might also require identifying and training new spokespeople who can reach broader audiences and speak from a position of technical expertise. Though the strategies you use may differ, it is important to ensure that your strategic planning includes a section assessing potential risks and listing mitigating factors.

9. Establish a work plan

Identify where you want to invest your resources in the short term to decide where to start. What are some short-term objectives or projects

that will move you closer to your goal, that will bring the right minds together, and that will lay the groundwork for your advocacy campaign?

If you are working together as a group or coalition on the national level, consider division of responsibility. Can some individuals and organizations agree to lead specific pieces of work? Can you avoid duplication of efforts? In the short term, develop an idea of not only what you are doing, but who has agreed to do what.

10. How do we know if it's working?

Advocacy is a process, and often a long one. As with any long-term process, the strategy needs to be evaluated along the way. It also needs to be evaluated considering major political shifts (for example, around elections or in light of growing social movements). Check whether you are on the right course by revisiting the steps above and adjusting your plans as necessary. In advocacy, mid-course corrections are often necessary.

Working with government departments

Advocacy around most SRHR issues often involves working with government departments or ministries. Focusing specifically on the issue of integrating abortion into CSE programs will typically involve working with the Department of Education on school-based curricula, though the Department of Health may play a role as well. If there is a Department of Youth and Sport (or Youth, Sport and Culture), this is often the body tasked with overseeing the development of out-of-school CSE curricula, usually targeting marginalized youth.

When advocating with government departments, it helps to identify an advocacy objective that is broad and that both the government and civil society organizations can identify with and work toward. This might not be your ultimate objective, but a step toward it. Reflect on how your objective can be made attractive to policymakers who may not be invested in the issue of abortion education and services.

Are there outcomes that will relate to their priorities, like reducing health or education spending? Identifying a subset of your objective that can attract the interest of policymakers can help you find champions within government departments, the parliament or media, who can take your message forward and advocate internally for change. For more on identifying potential champions, see the section of this toolkit on Power mapping.

Most national CSE programs have built-in cycles for review and revision based on monitoring and evaluation reports, as well as input from civil society and other stakeholders. This provides a key opportunity for existing content to be strengthened or new content to be added. If, for some reason, there is not a built-in review mechanism, this can be initiated by the government, and securing a review could be a key starting point for your advocacy. The outcomes of external evaluations can also help to build support for a review of the program or curricula or help to improve teacher training.

Planning your advocacy according to curriculum review cycles

Advocating for abortion to be integrated into CSE as a standalone issue can pose challenges. To work on any aspect of CSE in isolation risks drawing the attention of opposition and separating it from the overall curriculum. Politically, there might be openness to integrating abortion into existing programming, particularly if this can be done without attracting the attention of the opposition.

Curriculum review cycles provide an important opportunity to advocate for abortion to be integrated into curriculum content. Integrating or enhancing information and education about abortion ensures that the program will better reflect the realities facing young people and makes the curriculum more comprehensive, evidence-based and scientifically accurate. If the introduction of abortion content is part of the overall curriculum review process, it becomes more difficult to isolate and eliminate it later on.

Before undertaking your advocacy, be sure to research when review cycles take place and how they are structured. (For example, are there open consultations? Is there a forum for input? Can groups make submissions?) When making your inputs, understand how the existing CSE program is structured so that your recommendations can be tailored to fit within its parameters without requiring an overhaul of the curriculum itself. To support you in this research, see Key questions about the state of CSE in your context.

Any changes to CSE programming will likely be surrounded by public discussion and debate, and this can rarely be avoided altogether. It is important to be able to respond to questions and concerns and to refocus the conversation around evidence and information. We will delve into how you can approach this in the section Five frequently asked questions about abortion and CSE.

Connecting the local, national, regional and global

The advocacy you engage in locally and nationally can reinforce advocacy efforts at the regional and international levels, and vice versa. In some contexts, civil society organizations are connected to regional or global networks, which can open the opportunity to access international and regional coalitions, and to advocate for evidence and rights-based CSE in regional and international fora.

By engaging with global advocacy efforts, it is possible to multiply the scope of your impact beyond national programming to support and influence international policies that can affect the lives of young people around the world. When international policies and agreements affirm the value of evidence and rights-based CSE, this can reinforce your arguments and messages on the national and local levels. International and regional advocacy efforts can help to create an enabling environment that supports education and information about abortion. International commissions and summits also help draw media attention to CSE as a global issue and point toward international best practice.

Additionally, in some countries, national or international non-governmental organizations are engaged in delivering large-scale CSE programs. Focusing your advocacy efforts on these organizations can help ensure that not only is abortion included within CSE programs in the short term, but also that it is rigorously evaluated. This is key to building the evidence base to demonstrate that when abortion is included in CSE programs, this furthers the objectives of promoting the health and human rights of adolescents and young people and supports their self-efficacy.

Approaches to working with stakeholders

A multi-sectoral approach involves connecting relevant government departments, parliamentary committees or commissions, and schools, youth-led organizations and associations of parents and caretakers.

Advocacy for CSE that includes abortion means bringing government departments on board but it can also require a shift in societal norms surrounding the issue. It is important to be prepared with key messages, tailored to the different audiences you need to reach to create change.

Below are sample messages tailored to different audiences. You can also refer to the section of this toolkit on Five frequently asked questions about abortion and CSE for broad messaging about why abortion should be integrated into CSE programs. Or you can collaborate with allies to develop tailored messages that will work best in your context.

Sample messages to the Department of Education:

- Young people make decisions about abortion in every country and context. They have the capacity to make these decisions and they must be supported with information and access to safe abortion.

- Including abortion within school-based CSE programs supports young people to think critically about the issue and provides space for clarifying their own values and attitudes toward abortion. It also supports safe and healthy decisionmaking, developing their capacities for self-efficacy.

- As with any other topic, abortion can be integrated into CSE programming without overburdening teachers or the curriculum.

- When abortion content is effectively integrated into CSE programs, it can help young people to understand, value and feel autonomy over their own bodies and lives, and promote respect for the rights and bodily autonomy of others. These benefits can support success throughout young people's academic careers and beyond.

Sample messages to the Department of Health:

- Including information about abortion in CSE programs contributes to national strategies for preventing unsafe abortion, and by extension, for preventing maternal mortality and morbidity.

- Integrating abortion into CSE programs is an integral part of ensuring the curriculum is "comprehensive." It connects directly to curriculum

content relating to reproductive health, sexual health and human rights.

- Providing information about reproductive health services, including safe abortion services, is a key strategy to reduce unintended pregnancies and unsafe abortions.

Sample messages to the Department of Youth and Sport:

- Including abortion content in out-of-school CSE programs is vital to reaching the most marginalized youth, who are often disproportionately at risk of unsafe abortion.

- Abortion is a part of the reality of young people's lives and out-of-school CSE programs must respond to this.

- Integrating abortion into CSE programs can help to address abortion stigma and discrimination against those who have accessed abortion services, contributing positively to social inclusion.

Sample messages to school administrators and teachers:

- The ITGSE includes abortion as part of a comprehensive curriculum because this issue impacts the health and lives of young people, and CSE programs must reflect the reality of young peoples' experiences.

- CSE programs, including content relating to abortion, should be age- and developmentally-appropriate, and should be planned and delivered accordingly to build young people's knowledge and skills as they mature.

- CSE that does not include abortion diminishes its effectiveness, contributes to stigma, shame and ignorance, and may create barriers to help for adolescents and youth.

- When abortion content is effectively integrated into CSE programs, it can help young people to understand, value and feel autonomy over their own bodies and lives, and it promotes respect for the rights and bodily autonomy of others. These benefits can support success throughout their academic careers and beyond.

Sample messages to parents and caretakers:

- In the absence of standardized curriculum content, where will young people get their information? Evidence-based CSE programs are important because in their absence, young people obtain information from sources that are often unreliable, including media and peers.

- CSE provides young people with the space to explore and define their individual values and attitudes toward core topics relating to sexuality and sexual health, including abortion. It does not have a specific positive or negative approach toward individual values, or the values of a young person's family or community, though it is underpinned by a human rights-based approach, and principles including equality and respect.

Coalition building

Working in coalitions or networks helps build collective power to make change happen. It helps create a larger base for your cause, brings in different levels, types of knowledge and experience, and voices, and creates solidarity among different actors toward the same goal. With different voices, you also develop a deeper understanding of the issue and can be seen as a more credible movement that is inclusive and has a diverse base. Additionally, coalition members will have different relationships with key stakeholders and advocacy targets, and their participation can increase the likelihood you will be able to connect with the audience you need to reach.

You may find that groups who are not working directly on the issue of abortion will support efforts to ensure information and education about abortion is integrated into CSE programs. Advocating for the inclusion of abortion in CSE programs and curricula can support the integration of other topics that are often excluded from CSE programs, including content on sexual orientation and gender identity, or sexual consent. Complementary advocacy efforts and solidarity can form the basis of strong advocacy partnerships.

If there isn't an existing advocacy coalition on SRHR including CSE that you can draw from, you will need to **map out all the possible organizations and networks** that would be willing to work toward your goals. Start with listing them and then begin to find out more (using the following questions) to determine if it will be feasible to include them in the coalition.

- What are their opinions about the issues that you have prioritized and your advocacy goals and objectives?

- What activities have they taken in relation to the issues?

- What are their main skills and strengths?

- Do they have a good record of working with young people?

- Have they been involved in the abortion or CSE conversation so far?

- Do they have existing relationships with key decisionmakers?

- Do you have an existing relationship with them? If not, how could you connect with them?

You might have the answers to these questions among your team or you may need to find out more from their websites, publications or through talking to their members or other partners.

Ensure that all the organizations/actors you want to involve believe in the overall goal and objectives of the coalition and share the same values. Once the coalition is formed, work together to first **establish the principles of working together**, articulate the values that the coalition members must subscribe to, and clarify the advocacy theory of change for all. Establish knowledge transfer systems within the coalition, so that no matter which individual is representing which organization, everyone has ready access to previous discussions and agreements.

Be clear on the strengths that each coalition member brings to the table and assign roles based on them. The **division of responsibilities** should be done after you make a coalition work plan, based on the theory of change. Play to coalition members' strengths and identify clear leads for different strategies. Put in place a transparent and fair system of representation and leadership—for example, a steering group to guide and monitor implementation of the work plan. Clarify decisionmaking processes and enable all members to provide their inputs.

Since your coalition is focused on CSE, the main beneficiaries of which are young people, you must make sure that there is **meaningful youth participation** in the coalition. Young people and youth-led organizations need to be part of the coalition, as do other young people from adult-led organizations. This can sometimes be difficult to achieve as adults often do not want to give up a seat to a younger person. You may need to allocate a certain number of 'seats' in a meeting or decision-making body to young people to ensure that their voices are meaningfully included. Young people must be equal members of the coalition. Systems for knowledge transfer within the coalition should ensure that newer young people being recruited to the cause get ongoing orientation.

You will also need to account for the ageing out of young people, their diverse capacities, and their financial and resource constraints, when planning for youth representation.

You should also have **representation and inclusion of marginalized voices**—including within and beyond the youth members of your

coalition. It is imperative to make sure that the voices of those most impacted are at the heart of your coalition. These could include girls and women from minority communities in your context who might suffer consequences from a lack of access to knowledge and services related to abortion and lack of CSE in general. Other marginalized voices for this issue could be trans* persons (especially female-to-male), younger adolescent girls (10 to 14-year-olds), girls who have had a child or experienced early or forced marriage, and girls who have had to drop out of school due to teenage pregnancy.

Listen to these communities to understand the best method for their representation and inclusion. Be flexible to work around their needs and realities so that their representation on the coalition remains meaningful. Ensure their safety, including their privacy and confidentiality, where required. These communities must be equal members of the coalition.

CASE STUDY: Sustainable engagement with rights holders

Ipas Bolivia works with communities to support the development of community leaders who are well-positioned to speak to their experiences and advocate for SRHR at a high level. For many adolescents and young people who have been denied full sexual and reproductive rights, the process of becoming advocates and working to advance the rights of their peers and future generations is an empowering one.

For over seven years, Ipas Bolivia has also been working with indigenous women's groups on abortion, sexuality and SRHR more generally. When Bolivia's Constitutional Court was debating the issue of abortion, it was indigenous women leaders who went to the court to call for full decriminalization. These leaders have developed their skills and continue to act as strong and effective advocates on a range of SRHR issues and will be key actors in advancing access to CSE.

To **mobilize resources** for the coalition and its work plan, approach donors as a coalition and demonstrate a cohesive voice. If you have straightforward objectives and strategies in place with a clear division of labor, donors will be more inclined to fund the coalition. You also need to have transparent leadership and fiscal structures with democratic values. Transparency is needed not only for resource mobilization but also for meaningful youth participation and representation and inclusion of marginalized voices. Provide adequate support to young people and/or marginalized people in power and positions of responsibility.

Refer to Section 3 in Ipas's *Roots of Change: A step-by-step advocacy guide for expanding access to safe abortion* for practical guidance and tools on establishing and running an advocacy coalition.

Using the human rights framework

The right to access CSE, which includes evidence-based content on abortion, embraces many human rights set out in internationally negotiated human rights treaties. These include the right to health, life, education and information, non-discrimination and equality, among others.

International and regional human rights treaties can be powerful tools for advocacy efforts to advance SRHR. Treaty monitoring bodies can ask governments to report on how they are respecting, protecting and fulfilling people's human rights, including SRHR. The responses from state parties and the recommendations from human rights treaty monitoring bodies can be used for advocacy follow-up. You can find a list of international treaties

to which your country is a party, at the Office of the United Nations High Commissioner for Human Rights website.

The rights to access CSE and safe abortion are grounded in decades of jurisprudence from international human rights mechanisms. In some Concluding Observations to states, committees have made the links between these two issues, including by citing sexuality education as a way to reducing unintended pregnancy and unsafe abortion.

CASE STUDY: Connecting CSE and abortion through the human rights framework

In its Concluding Observations to Ireland in 2016, the UN Committee on the Rights of the Child made several observations on adolescent health. As part of these, it called for abortion to be fully decriminalized and for the views of pregnant girls to be respected in abortion decisions. It also called for a comprehensive sexual and reproductive health policy to ensure universal access to reproductive health education for young people in school, toward the prevention of unintended pregnancy.[1]

The Committee on the Rights of the Child and the Committee on Economic, Social and Cultural Rights have both found that the rights to health and information require that states may not censor, withhold or purposefully misrepresent information related to health, including sexuality information and education. The Committee on the Rights of the Child noted adolescents' right to information that is essential to their health and development.

In contexts where the state values human rights, the government takes international criticism of its laws and policies seriously. Advocacy

approaches can link national processes of law and policy reform to international review cycles of the state's human rights record.

Using the UN treaty monitoring bodies

Advocacy toward UN treaty monitoring bodies presents an opportunity to facilitate global scrutiny of national laws, policies and practices relating to the delivery of CSE and access to abortion services. Using the human rights framework as a part of advocacy initiatives has made it possible, for example, to highlight how laws and policies that delay or deny access to CSE and abortion violate human rights.

There are nine core human rights treaties, and most of these have articles on health, education, non-discrimination and access to information, which connect directly to the right to access CSE and abortion services. International human rights law is set out in broad terms. Treaty monitoring bodies, which are composed of independent experts elected by states, interpret the meaning and scope of treaty provisions on an ongoing basis. Although "comprehensive sexuality education" is not explicitly mentioned in the treaties, the right to access CSE is firmly grounded in jurisprudence of the treaty bodies. The Committee on the Rights of the Child and the Committee on the Elimination of Discrimination against Women, for example, have interpreted the relevant treaties as establishing a direct obligation to provide evidence-based CSE. They have also criticized states for failing to ensure access for young people.

When civil society engages in treaty monitoring processes, the first step is submitting a shadow report to the government's report, to provide an

alternative perspective on the human rights situation on the ground. The Office of the High Commissioner for Human Rights has provided a useful *Handbook for Civil Society* for working with the UN Human Rights Program, which includes guidance for developing a shadow report.

There are also opportunities to deliver oral statements as part of formal proceedings, share written briefings during sessions and engage in lunchtime briefings with committee members. Face-to-face advocacy works well in this context, enhancing the avenues for finding allies among committee members. All these activities contribute to a committee being heavily influenced by civil society perspectives and evidence. Outcomes of the treaty monitoring process may then be shared widely with the media to raise awareness among the general public of the fact that human rights standards relating to CSE and abortion are internationally accepted, and to publicize gaps in the state's human rights record.

Using the Universal Periodic Review mechanism

The Universal Periodic Review process can also be used to hold governments accountable for the lack of access to information and education about SRHR, including abortion. This unique mechanism facilitates the review of each member state's human rights record, conducted by its peers. The outcome of the review is a set of recommendations made by other states, the response of the state under review, as well as any voluntary commitments made by the state during the review.

In just the first cycle of the Universal Periodic Review, which saw every member state's human rights record reviewed, a significant percentage of the recommendations related to SRHR. Advocates can engage with this mechanism by meeting with local embassies, or with country missions in Geneva, to request recommendations relating to CSE and abortion, including unimpeded access to information and education about abortion. A useful entry point with some governments is the fact that information and education about abortion contributes to reducing maternal mortality and morbidity due to unsafe abortion.

There are also opportunities to participate in the Universal Periodic Review itself and to make statements. For more information on working with the UN Treaty Monitoring Bodies and the Universal Periodic Review as part of your advocacy, the Office of the High Commissioner for Human Rights has provided this helpful guide for civil society organizations who wish to engage in advocacy at the UN level.

Tips to ensure your international advocacy is effective:

- It is important to choose the right committee (or country, in the case of the Universal Periodic Review), considering where the issue is most relevant and which committee has addressed the issue previously. It helps to be familiar with each committee's processes, language and way of working; smaller organizations and groups can rely on more experienced civil society organizations for support and guidance.

- UN expert committees respect the evidence brought by rights holders, service providers and advocates. Presenting a clear rights-based advocacy "ask" supports committee members in linking the content of the relevant treaty with sexual and reproductive rights.

- Because committee members' country missions are juggling a broad portfolio and may not be familiar with a country's context, present information clearly and simply to help ensure it is picked up.

Plan the implementation strategy from the outset. Advocacy does not end with a committee's report — prepare to promote its recommendations, including concluding observations and general comments, widely.

Sustainability

What makes abortion-inclusive CSE sustainable?

Some key approaches:

- Advocate for information about abortion to be integrated into existing CSE curricula for in- and out-of-school youth;

- Focus on training teachers, so that those delivering the program are comfortable with the guidelines and modules;

- Focus on building consensus among stakeholders that integrating abortion into CSE programs is vital to promoting evidence-based information and a program that supports the physical, mental, emotional and social well-being of young people;

- Advocate for the allocation of resources to ensure that the program continues, and that comprehensive content is retained and delivered;

- Advocate for local laws and policies that ensure access to CSE and referrals to reproductive health services, including safe abortion.

Implementation, monitoring and evaluation

Advocacy strategies do not begin and end with integrating abortion into existing CSE curricula. Implementation, as well as monitoring and evaluation, plays a key role in the success of any program. As with any other aspect of the curriculum, abortion-related content can be integrated into existing frameworks for monitoring and evaluating effectiveness. This can include monitoring and evaluation of the CSE programs overall. Pay attention to:

- Delivery and quality: Is the program providing clear, comprehensive, accurate, non-judgmental information? Does it include substantive discussions on contraceptive choices and abortion? Does it respond to young people's realities regarding unintended pregnancies?

- Materials used for teaching and learning: Are there participatory, learner-centered methodologies in place? Does it provide young

people with opportunities to explore and discuss personal values and attitudes? Does it enable them to build skills and give them the confidence to make decisions?

- Resources and funding allocations for CSE: Are there enough resources allocated to teacher training? Is there an adequate supply of teaching and learning materials?

- Coverage of CSE: Is it only in the capital city or is it more far-reaching? Is it being provided to marginalized adolescents, especially girls?

- Linkages to youth-friendly SRH services, including safe abortion or postabortion care: Are there clear referral links established?

In contexts where there are few resources for monitoring and evaluation, teacher training can be key to implementation. There must be space within pre-service teacher training programs, and in-service training, to allow those who will deliver the program to examine their own beliefs and attitudes toward abortion. Ipas's values clarification toolkit can provide helpful resources, which can be adapted. This is key to ensuring teachers are comfortable with abortion-related content and feel prepared and supported to deliver it effectively.

Some example indicators to track include:

- Inclusion of abortion-related content in curriculum (qualitative)

- % of CSE teachers and educators with capacity to provide abortion education

- % of trained CSE teachers teaching abortion-related content

- % of students, aged 10–24 years, who demonstrate desired knowledge levels on abortion and related laws, policies and services

- % of schools with referral links to abortion and related health services (for example, postabortion care where abortion services are legally restricted)

Other challenges

In the course of your advocacy, you may face challenges beyond the scope of your advocacy planning and activities. For example, even the most comprehensive CSE programs, which include evidence-based content on abortion and build in a strong referral system to services, may be undermined in a context where there are real commodity challenges—for example, if misoprostol is perennially out of stock.

Similarly, a program that includes comprehensive information about the legal status of abortion, and how to obtain a safe abortion, will be hindered if the legal grounds for access to abortion are heavily restricted, or if there are legal, policy, or procedural barriers, including parental consent requirements. However, young people still have the right to information and education about SRHR, including abortion. They must learn about the legal context, what services are allowed under the national law, and where to access them. Only by providing this information will CSE help to prevent unsafe abortion.

In some contexts, deep resource challenges may hinder effective delivery, monitoring and evaluation of CSE. If there are limited resources to keep students in school, this may result in large class size, where it is challenging to engage in a meaningful discussion.

As advocates, you can work effectively with policymakers, teachers and other stakeholders by supporting the preparation of materials and content, and in advocating for budget allocation. However, it may not be possible to do everything. When developing your strategy, consider wider environmental factors when choosing where to focus your efforts and why. For more on this, refer to the Sample Planning Worksheet included in the advocacy tools.

Catherine Nkawani (center) talks during a young women's meeting at Africa Directions, a youth-led nonprofit, in Lusaka, Zambia. Among other things, Africa Directions educates young people about sexual and reproductive health services, including abortion. Ipas photo

Advocacy tools

Key questions about the state of CSE in your context

The questionnaire below can be a useful tool to structure how you research and gather information about the current state of comprehensive sexuality education (CSE) and abortion in your national context. Answering the following questions can help clarify where you need to focus your efforts and how to plan your advocacy strategy.

1. According to national/state policies:
   a. Is CSE a compulsory subject?
   b. Is CSE an examinable subject?
   c. Are teachers required to teach the full CSE curriculum (rather than making a personal selection of topics to teach)?

2. Is CSE integrated into extra-curricular programs?

3. Is CSE integrated within the broader curriculum or a standalone subject?
   a. If sexuality education is integrated across different carrier subjects, which subjects is it integrated into (for example, languages, life skills, integrated science, integrated social sciences, arts, technology studies or physical education)?
   b. If sexuality education is integrated across different carrier subjects, is there national/state guidance on how to offer a comprehensive program through linking and collaboration across the different subjects? Are there guidelines on how to manage the integrated program, including who is responsible to supervise the full program across all carrier subjects?

4. Is CSE offered through the entire national/state territory?

5. Does the CSE program have goals and objectives on:
   a. Respecting human rights and gender equality?
   b. Reducing unintended pregnancy?
   c. Reducing illegal and unsafe abortion?

6. Did the CSE curriculum development process include an assessment of the sexual and reproductive health needs and behaviors of the targeted adolescents, including on sexual activity, unintended pregnancies, access to (un)safe abortion, and contraceptive use and access?

7. Do the teacher-training programs on CSE prepare teachers to:
   a. Reflect on the distinction between their own values, biases and opinions, and the actual health needs of learners?
   b. Recognize a wide diversity of bodies, beliefs, attitudes, behaviors, norms and values (encouraging non-biased language, like avoiding the use of such words as "abnormal" and "unnatural")?
   c. Create and maintain a safe, inclusive and enabling environment for all learners?
   d. Foster an educational approach that draws on learners' experiences?
   e. Apply educational approaches that build students' power to reflect and think critically about their own lives and about the world around them, and to solve problems?

8. Are there policies/strategies in the country on advancing sexual and reproductive health through education, including reducing adolescent pregnancy?

9. What do the laws/policies say about abortion, access to comprehensive abortion care for young people, and education about abortion?

Recommended curriculum content

The International Technical Guidance on Sexuality Education (ITGSE) discusses abortion-related content and sets minimum standards for how abortion should be included in sexuality education. This ensures that young learners ages 12–15 can understand that there are places where people can access support for sexual and reproductive health (for example, counseling, testing and treatment for sexually transmitted infections/HIV; services for modern contraception, sexual abuse, rape, domestic and gender-based violence, abortion and postabortion care).

This information can be easily integrated into existing content which links CSE and available services. Any overview of available services should also contain information on the ages of sexual and medical consent, so young people understand the degree to which their right to access confidential services is respected in their national context. Sharing this information should be underpinned by a human rights-based approach and founded on values of respect and equality. Ideally, this information will be accompanied by a strong referral system for young learners to be able to avail of youth-friendly services.

The ITGSE also calls for ensuring that 15–18-year-old learners can:

• Analyze local and/or national laws and policies concerning child, early and forced marriage, female genital mutilation/cutting, non-consensual surgical interventions on intersex children, forced sterilization, age of consent, gender equality, sexual orientation, gender identity, abortion,

rape, sexual abuse, sex trafficking and people's access to sexual and reproductive health services and reproductive rights;

- Understand that unsafe abortion poses a serious health risk to women and girls;

- Recognize that even if a pregnancy is early or unintended, the pregnant woman or girl should have access to high-quality, safe and comprehensive health care and support;

- Demonstrate how to support a friend or loved one who experiences intended or unintended pregnancy, or who has a child, regarding their health, education and wellbeing.

This content can be introduced through a standalone module on abortion, or by integrating it into other modules on reproductive health, sexual and reproductive rights, and gender, among others. This should include, at a minimum, information about the legal basis for abortion, and in what circumstances it can legally be accessed. This should form a part of full information on how to access abortion, and how to support a friend or loved one to access the full range of reproductive choices available.

In most countries there are at least some legal grounds for abortion. These should be explained to learners, as well as how services can be accessed and whether legal grounds carry any procedural requirements before access can be obtained. Students should also be informed of the basis for the right to access abortion in international human rights law.

Information about the legal grounds for abortion in your context can be found in the *WHO Abortion Policies Database* and the Center for Reproductive Rights' *World Abortion Laws Interactive Map*.

These are the minimum standards set out by the ITGSE; however, curricula can go further to dispel myths and stereotypes, and to support young people to clarify their attitudes and values surrounding abortion. Information about abortion can also be included in other sessions related to sexual and gender norms, sexual decision-making, pregnancies and unintended pregnancies and self-efficacy, as indicated in the table found in Annex 1.

In its *Best Practice Toolkit for Abortion Education*, Brook sets out ways that basic information can be communicated, using available information about abortion prevalence and the methods and safety of abortion. They have also collated key information to debunk persistent myths and stereotypes about abortion.

Another tool that provides helpful sessions on discussing abortion is IPPF's *How to Educate about Abortion: A guide for peer educators, teachers and trainers*. It includes key terms, instructions for facilitators and specific activities that educators can use.

Ipas's *Abortion Attitude Transformation: A values clarification toolkit for global audiences* also sets out useful exercises that can be adapted to a classroom setting, to facilitate young people to explore their own values and attitudes toward abortion. This can also be adapted for teacher training programs. Another toolkit by Ipas is *Abortion Stigma Ends Here: A*

toolkit for understanding and action, which is designed to help community members, community health workers, activists and staff of community-based organizations and others to address abortion stigma in various settings and contexts.

The Population Council's *It's All One Curriculum* includes guidelines and activities on abortion. Key modules build on minimum required content relating to the availability of services, and abortion and the law, by leading learners through a series of questions to assess the accessibility of abortion in their context.

Ipas's *Youth Act for Safe Abortion: A training guide for future health professionals* contains several activities that can be incorporated into existing CSE programs. Activity 1(a) "The Reasons Why," includes questions around pregnancy and abortion, and can be a useful exercise for exploring personal values, as well as reproductive choices. Activity 5(d) "Supporting women during their abortion experiences" is a role-play activity that can be useful in building greater understanding of compassionate peer-to-peer support or accompaniment in cases of unintended pregnancy.

Ultimately, all content must seek to communicate evidence-based information and combat myths and stereotypes. As a guiding rule, this can be achieved through focusing on the lived experiences of people who have had an abortion and understanding the complex and varied reasons why people choose to access abortion services.

Five frequently asked questions on abortion and CSE

1. Will including abortion content in CSE programs result in more young people having abortions?

Restricting or withholding information about abortion does not stop young people from having abortions; it only limits their knowledge of and access to safe services. Ensuring access to CSE, paired with youth-friendly services, is key to reducing unintended pregnancy. However, there will always be a need for abortion services, and promoting information about and access to safe services is vital to ensuring no one must resort to unsafe abortion.

2. Does including abortion in CSE programs risk being prescriptive in terms of values and attitudes toward abortion?

No. The purpose of CSE is to provide young people with the space and opportunity to explore and define their individual values and attitudes toward core topics relating to sexuality and sexual health. It does not have a specific positive or negative approach toward individual values, or the values of a young person's family or community. At the same time, CSE is underpinned by a human rights-based approach and principles including equality and respect.

3. Our CSE programs have not included abortion to date; why should we include it now?

In some contexts, abortion is not included in CSE curricula because it is perceived to be 'controversial' or perhaps because it is legally restricted.

However, as with all curriculum content, it is important for stakeholders to ask themselves: In the absence of standardized curriculum content, where will young people get their information? CSE programs exist because, in their absence, young people obtain information from sources that are often unreliable, including the internet, media and peers. The ITGSE includes abortion as part of a comprehensive curriculum because this issue impacts the health and lives of young people, and the evidence-based information communicated through CSE programs must reflect the reality of young people's experiences.

4. Will including abortion content in CSE programs have a positive impact on the health and well-being of young people?

Yes. Integrating abortion content into CSE programs is crucial for reducing the negative health consequences associated with unsafe abortion and forced pregnancy. Modules can support young people to be better equipped to communicate about their reproductive health and rights. When abortion content is effectively integrated into CSE programs, it can help young people to understand, value and feel autonomy over their own bodies and lives, as well as promote respect for the rights and bodily autonomy of others.

5. What does including abortion in sexuality education look like?

Integrating abortion content into sexuality education programs is about sharing evidence-based information and supporting young people to clarify and understand their own values around abortion. For example, curriculum content should include: Information about the legal status

of abortion, including young peoples' rights to access confidential services; how to support someone experiencing unintended pregnancy to access the full range of reproductive health services available; key facts about abortion, to counter myths and misconceptions; exercises to support young people to clarify and understand their own values relating to abortion; and links to services where safe and legal abortion can be accessed. In general, CSE should be age- and developmentally-appropriate, and should be planned and delivered incrementally to build young people's knowledge and skills as they mature.

For more responses to common concerns about CSE, refer to the revised ITGSE (pages 84 – 85), which discusses CSE in general) rather than abortion inclusion in CSE in particular), but can be useful in your advocacy nonetheless.

Power mapping

A 'power map' is a tool used by advocates to identify the individuals they must target to effect the social change they are working to achieve. The relationships between advocacy targets and champions of your issue are important for seeking change.

To succeed in your work, you must first identify who has the power to effect the change you need. Once this individual or group of individuals is identified, you can work to influence their decisions. Power mapping is a tool to not only identify who holds the power to make change, but

crucially, what key networks and relationships influence the power holder(s). Exploration of these networks and relationships will give you a 'map' of who and what to target with your activities.

A power map helps you to discover individuals and reveal relationships and power dynamics that must be considered when designing your strategy.

It's vital to do a power mapping exercise before you begin your strategy, as pursuing the wrong targets can be detrimental to your motivation and resources. However, sometimes you may find that you can't mobilize enough power to directly pressure your primary targets into addressing the problem. At this stage, you may need to refocus your energies on 'secondary targets,' or power-holders who can influence your primary decisionmaking target. Your power map should help you identify the networks and relationships connecting your primary target and other stakeholders involved.

Steps for carrying out a power mapping exercise are given below—they have been adapted from Andrew Boyd's "Power Mapping." You can also adapt the stakeholder mapping tool in Ipas's *Roots of Change* guide.

Power mapping exercise

1.   **Summarize the issue:** Capture a broad understanding of the issue and the forces involved.

2.   **Identify the main stakeholders:**

   - Those responsible for creating the key policies and curricula

   - Those who have the power to strengthen policy or curricula, but are not doing so

   - Those who can influence individuals with power to act, but are not doing so

   - Those who are working to fix the problem

   - You, your allies and potential allies

This should yield a list including relevant organizations, institutions, influencers, media and individuals. Keep this list as an essential part of your map.

3.   **Research the stakeholders:** There may be some organizations and institutions on your list of stakeholders to research. Institutions and organizations don't make decisions—the people comprising them do. The key to completing your map is finding out who makes the decisions in those institutions, whether they agree with your positions, and how much influence they have over the institution on this issue. With this information, it often helps to, as a group, plot these key actors on an axis, according to their level of influence and what you know about their stance on this issue.

4. **Draw out a version of this axis on a big sheet of flipchart paper:**
    Put each stakeholder on a post-it note and together decide how
    much power you understand them to have over the issue, and how
    supportive they are, and place them on the axis accordingly. Keep a
    snapshot of this first step in the power mapping.

5. **With the mapping completed, if you didn't know it already, you
    should have now identified your primary and secondary targets:**
    Who has the most influence over the issue, and who can effect
    change? The most challenging kind of target to move, and the
    one you often face, is someone with a lot of power who publicly
    disagrees with you or is indifferent to your issue. If you can't decide
    on a single primary target, keep going with the possible candidates
    you've identified, with attention to your potential to reach each of
    them. This may give you an idea of where it makes the most sense to
    place your focus.

6. **Draw out the power relationships around your primary target(s):**
    Place the primary target(s) in the middle of another sheet of flipchart
    paper. Are they influenced by any other stakeholders you have
    written down on the other post-it notes? Who can influence them?
    Arrange these stakeholders in relation to the primary target(s). Draw
    circles and arrows showing relationships of influence. Include yourself
    and your allies in this map wherever possible to clarify spheres of
    influence and later, roles.

7. **Now, map the power relationships around your secondary targets:** You may not be able to reach your primary target directly, but it may be possible to influence them through secondary targets. Focus on who influences them. It might be useful to make another map for each of these stakeholders. Be sure to include yourself and your allies to clarify roles and division of responsibility in planning your legal and advocacy strategies.

8. **Use the map and analysis you've done to plan your campaign strategy:** It will help you refocus around those who can create the needed change, rather than just those who can be reached easily.

9. **Be sure to revisit and revise this mapping:** As things shift politically, or at key campaign junctures, things may change. People who hold the power may reshuffle, or you may gain new information that helps you to refine your understanding of who holds the power. Over the course of your work, you'll likely need to revisit your map and revise your strategy several times to maintain a current and accurate picture of the power dynamics that you need to encounter. Power structures not only change with time, they also vary widely from place to place, so similar problems will have completely different power maps in different geographies.

Opposition monitoring

There tends to be strong opposition not only to abortion but also to CSE. It's important to really study the opposition so that you can remain ahead of them and plan for possible backlash. The following tool is adapted from Ipas's *Roots of Change* guide.

Ask the following questions about the opposition:

- Who are they and what is their affiliation? Are they individuals? Religious groups? Activist non-governmental organizations affiliated with foreign groups?

- What are their resources? Do they have funding? Do influential legislators or politicians support them?

- Do they have access to and/or use materials, videos or training from foreign anti-abortion or anti-CSE groups? Are any media groups biased toward their point of view? Do they get financial support or technical assistance from outside the country, perhaps from the US?

- How large and powerful is their constituency? How do they reach their affiliates? Through email, personal or phone contacts, churches?

- Have they made public statements? What has been the tone of news coverage about them?

- What is the personal background of their leaders? Do they try to intimidate your supporters through public or personal harassment, or are their tactics more subtle?

Based on your background research on the opposition:

- Take clear positions on major issues right from the start

- Know the opposition's arguments and prepare for them

- Correct any misinformation spread by them, including educating the media

- Find allies from other groups or constituencies who could be harmed by the opposition — for example, lesbian, gay, bisexual and transgender rights groups

- Frame your messages in a positive and memorable way

- Understand the opposition's underlying beliefs and agendas so you can ask questions that force opposition leaders to expose them

- Avoid hostility and instead respond evenly and objectively

- Establish a rapid response system for alerting allies about opposition activities

- Find lawyers, doctors, law enforcement officials, social workers, psychologists, teachers and other professionals who will provide free or inexpensive assistance if needed

You need to remain in constant touch with what the opposition is doing, so attend their events, read their materials and sign up for their newsletters.

Prepare to meet the opposition

It is possible to meet the challenge posed by the opposition effectively. Preparedness is key. Below are some useful tips to ensure you're in a strong position to drive the narrative on CSE and abortion and to deflect opposition arguments and tactics.

Undertake **careful research** to substantiate your position and take clear positions on major and controversial issues right from the start.

Prepare for criticism. Know your issue and the opposition's arguments thoroughly and don't be caught off guard.

Be prepared to **correct any misinformation** spread by the opposition and to address or answer all the charges they make against you or your work.

Look beyond reproductive health and rights issues and determine whether other groups can be damaged indirectly by the work of the opposition or are also under attack by the same organizations/opposition. Then **find allies** among those groups and band together. For example, efforts to end physical and sexual violence, or efforts to ensure the equality of lesbian, gay, bisexual and transgender people, may be affected by campaigns which oppose CSE. This may encourage allies working on issues of consent, or equality before the law for all, to work with your coalition

to fight these efforts. Help the public understand why your approach supports the human rights of young people and adolescents, protects their health and lives, and benefits the community at large.

Frame your message in a positive way and use memorable imagery to define your work for the public. The role of language is important in countering opposition or garnering support for your cause. In many cases, language that deflects from a binary or polarizing view can be useful in garnering support—for example, the use of phrases like 'life skills education' or 'family life health education,' instead of 'comprehensive sexuality education' in some countries.

Look beyond the distinct issues of abortion and CSE and **try to understand the opposition's underlying beliefs and agendas**. Train campaigners and coalition members to ask questions that force opposition leaders to expose their beliefs and biases.

Weigh the benefits and disadvantages of responding to verbal attacks on campaigners and coalition members but be prepared to react quickly if you decide to respond. In some cases, a response could attract more negative media attention; in others, it may be necessary to clarify misleading or inaccurate claims. When you decide to respond, do so evenly and objectively. **Avoid hostility**.

If telecommunications infrastructure is adequate and secure, **establish a rapid response** phone or e-mail system through which to alert campaigners and coalition members to opposition activities. This can be

an effective way to generate supportive calls to a radio talk show, letters to the editor or attendance at a community rally on short notice.

Educate the press to recognize misleading information. Educate the public about which media outlets have a biased agenda that is out of step with young people's human rights. Be prepared to demonstrate how specific media outlets are not handling the issues of abortion and CSE objectively.

Find lawyers, doctors, counsellors, law enforcement officials and other professionals who will provide free or inexpensive assistance if needed. Ask for their help in developing strategies to combat opposition tactics.

Stay one step ahead of the opposition by being a resource for the community. Keep a high profile, publicize the work of the coalition, and invite questions and input from the public.

Draw validation from regional and international authorities by using regional and international agreements to support advocacy for abortion and CSE. This can include the Sustainable Development Goals, binding international human rights treaties your country has signed and ratified, or global and regional consensus documents. The use of **data about the impact of unsafe abortion** on adolescents and youth can also refocus the conversation around the reality on the ground. Recommendations from the *International Technical Guidance on Sexuality Education* are also useful in shifting focus to established **international best practice**.

Leverage public opinion through opinion polling on the level of public support for CSE and unbiased information about abortion.

Sample planning for next steps

Below, find a sample worksheet to help you compile the pieces of your strategy and activity planning:

Objective(s):

1. ....

2. ....

3. ....

4. ....

5. ....

Theory of change:

Political/situational analysis:

What is the political environment in which you are working to achieve your objectives?

Risk analysis:

What are the greatest risks to our strategy, and how can we protect against them?

RISKS/ASSUMPTIONS	MITIGATING FACTORS

Milestones:

What are the steps along the way that mark progress toward the specific change you want to see?

Key dates and upcoming opportunities:

Sub-strategies/tactics:

What are the means you will use to achieve your objectives?

SMART SUB-OBJECTIVES			
OUTCOME/THEORY OF CHANGE			
HIGH-LEVEL ACTIVITIES			
KEY OUTPUTS/EVENTS			
INDICATORS			
WHO LEADS AND WHO IS INVOLVED			

Alexander Huayta Lugarani is part of a group of motivated student leaders at Public University in El Alto, Bolivia, working to break down machismo and show young people that men can play a crucial role in supporting women's reproductive rights—including the right to safe abortion. Photo © Ariel Duranboger

Links and resources

International best practice

Revised edition: International technical guidance on sexuality education (UNESCO, 2018) This was developed to assist education, health and other relevant authorities in the development and implementation of school-based and out-of-school comprehensive sexuality education (CSE) programs and materials. It is useful for anyone involved in the design,

delivery and evaluation of sexuality education programs both in and out of school, including stakeholders working on quality education, sexual and reproductive health, adolescent health and/or gender equality, among other issues.

Review of Curricula and Curricular Frameworks: Report to inform the update of the UNESCO International Technical Guidance on Sexuality Education (ITGSE) (UNESCO, 2017) This report, which served as background information to prepare the revised ITGSE, summarizes evidence-informed conclusions, expert recommendations and current practice for curriculum-based sexuality education for ages 5–18+.

Emerging Evidence, Lessons and Practice in Comprehensive Sexuality Education: A global review (UNESCO, 2015) This provides an overview of the status of CSE implementation and coverage on a global level, drawing on specific information about the status of CSE in 48 countries, generated through analysis of existing resources and studies.

Everyone's Right to Know: Delivering comprehensive sexuality education for all young people (IPPF, 2016) This informs advocates and decisionmakers about how to support the sexual and reproductive rights of young people around the world. It argues that CSE is critical for young people to realize their rights.

Operational Guidance for Comprehensive Sexuality Education: A focus on human rights and gender (UNFPA, 2014) This sets out UNFPA's framework for CSE, which is one of the five prongs to UNFPA's Adolescent and Youth

Strategy. Building on current standards, it outlines steps to identify priorities, implement actions and evaluate outcomes—providing country-specific examples, tools for program managers and technical advisers.

Advocacy for CSE

From Evidence to Action: Advocating for comprehensive sexuality education (IPPF, 2012) This defines CSE, answers common questions, sorts fact from fiction, connects high-quality CSE to global health goals, promotes approaches which recognize young people's lived experience, links to reports on what works and what obstructs CSE and SRHR goals, and provides a checklist of activities for CSE advocates.

We Demand More! A sexuality education advocacy handbook for young people (The Pact, 2017) This encourages young people to stand up for their right to high-quality education on their SRH and supports young people to lead advocacy efforts to improve CSE. It is mostly aimed at young people and youth-led and youth-serving organizations, but it is also useful to other organizations, volunteers and activists who want to begin or strengthen advocacy around improving sexuality education.

'Freedom of Choice': A youth activist's guide to safe abortion advocacy (YCSRR, 2013) This guide seeks to empower young activists working on sexual and reproductive rights with the information and context needed to become strong advocates for young women's right to abortion. It offers a youth perspective on some of the key issues in advocating for young women's right to abortion.

Breaking Ground 2018: Treaty monitoring bodies on reproductive rights (Center for Reproductive Rights, 2018) This summarizes the jurisprudence from UN treaty monitoring bodies on reproductive rights, particularly the standards on reproductive health information and contraception, maternal health care and abortion. It is intended to provide treaty body experts and human rights advocates with succinct and accessible information on the standards being adopted across treaty monitoring bodies surrounding these important rights.

Ministerial Commitment on Comprehensive Sexuality Education and Sexual and Reproductive Health Services for Adolescents and Young People in Eastern and Southern Africa (ESA, 2013) On December 7, 2013, ministers and their representatives from 21 countries in Eastern and Southern Africa came together to endorse and adopt the UN commitment for Eastern and Southern Africa, with its recommendations for bold action in response to HIV and the education/health challenges experienced by young people. Recognizing the urgency of the situation facing young people, education and health ministers have committed to addressing young people's realities by ramping up sexuality education and health services in their countries.

Montevideo Consensus on Population and Development (ECLAC, 2013) Countries in Latin American and the Caribbean have adopted the Montevideo Consensus on Population and Development, agreeing to prioritize population dynamics in sustainable development, issues of youth and aging, and access to sexual and reproductive health services. The Montevideo Consensus was agreed at the close of the first session

of the Regional Conference on Population and Development in Latin America and the Caribbean.

Briefings and factsheets

Comprehensive sexuality education: Knowledge file (Rutgers, 2018) This gives an overview of the current state of sexuality education with a focus on Europe and developing countries. It includes a definition of sexuality and sexuality education; approaches to sexuality education worldwide and current international policy; a short history of CSE; how to work within multi-component approaches; and quality, evaluation and implementation process of CSE and effectiveness.

Comprehensive Sexuality Education: What we know (International Women's Health Coalition, 2015) This looks at the evidence on CSE, what makes it successful, its impact, supportive UN policies, and key resources on developing effective programs. It provides an overview of the research findings presented in the article, "Sexuality Education: Emerging Trends in Evidence and Practice," by Nicole Haberland and Deborah Rogow in the *Journal of Adolescent Health*, January 2015.

Supporting curriculum development and delivery

It's All One Curriculum: Guidelines and activities (Population Council, 2011) This provides a rationale, content and sample activities for placing gender

and rights at the center of sexuality and HIV curricula—both as stand-alone modules and integrated with topics such as relationships, puberty and condom use. The two-set book is user-friendly and designed to be used flexibly, so that educators in diverse settings can easily understand the content and extract the level of detail they need to meet local goals.

Best Practice Toolkit: Abortion education (Brook, 2016) This can be used to help educators understand the aims and principles of best practice in abortion education. It includes a rationale for providing high-quality abortion education; a framework against which educators can assess their own practice; education guidance; information and tools to help with lesson planning; a checklist against which to assess resources and services; basic factual information on abortion; links to evidence-based literature; and further sources of information and guidance to support teaching and learning.

How to Talk About abortion: : A rights-based messaging guide (IPPF, 2015) This provides useful tips and advice on what to consider when developing materials relating to abortion. It includes examples of positive, rights-based messages, and explains how to avoid using stigmatizing language and images. This guide can be used by educators, advocates, programmers, health professionals and policymakers, among others, to help inform the development of a wide range of communications materials.

Abortion Stigma Ends Here: A toolkit for understanding and action (Ipas, 2018) This is designed to help community members, community health workers, activists, staff of community-based organizations and others

address abortion stigma in various settings and contexts. The toolkit activities are clustered into thematic modules, but facilitators can also develop their own workshop agenda by picking activities that suit the goals of the gathering, the participants' needs, the facilitators' skill level and the time available.

Abortion Attitude Transformation: A values clarification toolkit for global audiences (Ipas, 2014) This is a resource for trainers, program managers and technical advisors who organize or facilitate training events and advocacy workshops in the field of sexual and reproductive health. It provides experienced trainers with the background information, materials, instructions, and tips necessary to effectively facilitate abortion values clarification and attitude transformation interventions.

Implementation

Professional Learning Standards for Sex Education (Sex Education Collaborative, 2018) This helps identify needs for professional development and/or technical assistance among those who teach or will teach sex education. It is divided into four domains: Context for sex education, professional disposition, best practices and key content areas.

How to Educate about Abortion: A guide for peer educators, teachers and trainers (IPPF, 2016) This guide presents a rights-based approach to education on abortion and it has been developed for trainers and educators who want to deliver workshops or training on abortion to young people, especially those training young peer educators.

Monitoring and evaluation

The Evaluation of Comprehensive Sexuality Education Programs: A focus on the gender and empowerment outcomes (UNFPA, 2015) This offers an extensive review and analysis of a wide range of evaluation studies of different CSE programs, at different stages of development and from different contexts and settings around the world. It enriches our knowledge of new methodologies, available questionnaires and instruments that can be applied in future assessments and evaluations, particularly to measure the gender empowerment outcome of CSE programs.

Annex 1: Foundational concepts or entry points for integrating abortion

Key Concepts from ITGSE (2018): RELATIONSHIPS			
AGE 5–8	**AGE 9–12**	**AGE 12–15**	**AGE 15–18+**
	Stigma limits access to abortion information and services and leads to negative health outcomes for women, girls and transpeople; unsafe abortion and reproductive coercion is a consequence of child, early and forced marriage	Address abortion stigma and the influence stigma around adolescent sexuality can have on their reproductive health decisions; focus on the right to decide if and when to become a parent	Focus on support from friends and family when disclosing sexual and reproductive health information, including abortion accompaniment or support; talk about abortion as an option when having an unintended pregnancy

Key Concepts from ITGSE (2018): VALUES, RIGHTS, CULTURE AND SEXUALITY			
AGE 5–8	**AGE 9–12**	**AGE 12–15**	**AGE 15–18+**
Connect respect for human rights to the right to make decisions about one's own body; emphasize that despite people having different values, they deserve equal respect; explain that community or family values may be deeply held, but that they cannot be imposed on others	Focus on human rights, which includes respecting diverse beliefs around sexuality (including abortion); emphasize that cultural, religious or social beliefs and practices related to sexuality change over time so what is considered taboo today may not be so in the future (for example, abortion and associated stigma)	Understand how sociocultural and gender norms influence/ shape people's behaviors, beliefs and values around sexuality, pregnancy and abortion, and people's health and personal decisions; provide information about local laws about abortion, including in countries where abortion is restricted (this type of information can help to prevent unsafe abortion)	Provide information on the abortion laws and policies in the country; highlight the importance of access to information, education and health services that are comprehensive, high-quality and evidence-based

Key Concepts from ITGSE (2018): UNDERSTANDING GENDER

AGE 5–8	AGE 9–12	AGE 12–15	AGE 15–18+
Emphasize the unfairness of the burden gender norms place on girls and young women; underscore the possibility of changing gender norms to better reflect values of equality and respect and to realize human rights; identify that exerting control over someone — including coercion relating to their choices about their body and sexuality — is a form of gender-based violence		List ways that gender roles, inequality and discrimination affect decisions about sexual behavior, contraceptive use and life-planning and talk about unintended pregnancies and abortion	Enable understanding of transphobia, which can include the lack of access to reproductive health services, including abortion, for transmen due to their identity; gender and power impact sexual behaviors and access to safe abortion is influenced by access to financial resources — poor people are usually the most affected by unsafe abortion

Key Concepts from ITGSE (2018): VIOLENCE AND STAYING SAFE

AGE 5–8	AGE 9–12	AGE 12–15	AGE 15–18+
	Highlight the importance of providing access to comprehensive care, including abortion care, for victims of sexual and gender-based violence	Express ways in which they can defend their right to privacy and bodily integrity, which includes control over fertility and pregnancy	

Key Concepts from ITGSE (2018): SKILLS FOR HEALTH AND WELL-BEING

AGE 5–8	AGE 9–12	AGE 12–15	AGE 15–18+
All kinds of decisions have consequences and it is important for everyone to be able to understand and consider these before making a decision for themselves; in the same situation, one person may make a particular decision while another may make a different decision; people may make different decisions at different times in their lives	Show how media perpetuate abortion stigma and provide examples on how to provide human rights-based messaging around abortion	Understand that there are places where people can access support for sexual and reproductive health and include information about how and where to find reliable information about reproductive health, including abortion	Negative views and stigma around abortion can influence decisionmaking for people who have unintended pregnancies; social and gender norms around virginity, marriage and sexuality can influence girls' decisions to have an abortion; identify where to access relevant sexual and reproductive health services or assistance including abortion

Key Concepts from ITGSE (2018): HUMAN BODY AND DEVELOPMENT

AGE 5–8	AGE 9–12	AGE 12–15	AGE 15–18+
Reinforce concepts of bodily integrity and autonomy		Religious, societal and personal views about sex, gender and reproduction are distinguished from biological aspects; urge students to reflect on and articulate their own perspectives on sex, gender and reproduction, including abortion	

Key Concepts from ITGSE (2018): SEXUALITY AND SEXUAL BEHAVIOR			
AGE 5–8	**AGE 9–12**	**AGE 12–15**	**AGE 15–18+**
		Make well-informed choices about their sexual behavior and its consequences	

Key Concepts from ITGSE (2018): SEXUAL AND REPRODUCTIVE HEALTH			
AGE 5–8	**AGE 9–12**	**AGE 12–15**	**AGE 15–18+**
Underscore the right of every individual to decide whether and when to have children	Understand the importance of informed decisionmaking (for example, advantages and disadvantages, impact on future plans) on sexual behavior, including on unintended/ unwanted pregnancies; correct myths about modern contraceptives and abortion; recognize that women and girls have the right to access all services and information that help them to act upon their decisions related to pregnancy	Methods to prevent unintended pregnancy; the differences between emergency contraception and medical abortion with evidence-based information, and information on how to access reproductive health counselling and services; preferences about if and when to become pregnant, and how sometimes unintended pregnancies happen even when using contraception	Provide elements around men's and boys' role as supportive partners on women's decisionmaking in general, including abortion; even when a pregnancy is wanted, a woman may need an abortion and can need support from her male partner; understand that, where legal and available through the health system, abortion is a safe option for women and girls experiencing unintended pregnancy and that unsafe abortion poses a serious health risk; construct and practice a personal plan for health and well-being based upon an understanding of all the potential influences on their sexual decisionmaking, and include information about reproductive health services and abortion

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