



# COMMUNITY VOICES:

*strategies to address unsafe abortion*



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Ipas is a nonprofit organization that works around the world to increase women's ability to exercise their sexual and reproductive rights, especially the right to safe abortion. We seek to eliminate unsafe abortion and the resulting deaths and injuries and to expand women's access to comprehensive abortion care, including contraception and related reproductive health information and care. We strive to foster a legal, policy and social environment supportive of women's rights to make their own sexual and reproductive health decisions freely and safely.

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*Ipas* works globally to increase women's ability to exercise their sexual and reproductive rights, especially the right to safe abortion. In addition to Ipas's longstanding work with public and private health systems, and policy and advocacy arenas, our community engagement strategies aim to:

- Expand women's—particularly young women's—knowledge, skills and ability to prevent unwanted pregnancies and access safe abortions including medical abortion;
- Identify and mitigate barriers to abortion information and care including stigma;
- Strengthen communities' ability to prevent unwanted pregnancies, decrease unsafe abortions and increase access to comprehensive abortion information, care and services as a basic human right.

These strategies are grounded in a theory of change that affirms that those closest to the issue at hand are agents of

change. Through knowledge-sharing, consciousness-raising and respectful partnerships, change agents are best placed to lead in the process of developing the most effective solutions. Ipas's efforts seek to strengthen the voices, agency and capacity of individual women, collective groups and the broader community in which women work, recreate and reside to address sexual and reproductive health rights and abortion.

This booklet highlights four of these efforts: reaching young women through communication technologies, using interpersonal communication strategies to reach marginalized women, working with community health advocates to provide information and care and strengthening local networks. These stories—written with and about the individual women and men who are transforming the landscape of sexual and reproductive health rights and abortion in their respective communities—provide a glimpse into local social change efforts. They highlight the challenges so many women face in regard to their reproductive health rights, the partici-



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patory nature of community engagement and mobilization work and the importance of identifying local solutions to social and long-term change.

Women of means can usually control their fertility safely, regardless of the legal status of abortion. Without access to information and resources, including safe abortion care, women with the least access to resources—including poor women, adolescents, refugees, women living in rural areas and those who are otherwise marginalized—are disproportionately harmed. It's our belief that strengthening women and their communities can mitigate this harm and help to create a world in which women can exercise their human rights.

*Leila Hessini*

Ipas Director of Community Access and Youth Leadership

# RAISING AWARENESS: Interpersonal communication



*Even in countries where abortion laws are fairly liberal, women and girls continue to seek out clandestine abortions because they don't realize safe and legal abortions are an option. In Zambia, Mexico and other countries that fit this profile, Ipas is using street theater, posters, games and other interpersonal communication strategies to raise awareness about the legality and availability of safe abortion care.*



## ON THE DUSTY GROUNDS OF A LOCAL MARKET IN LUSAKA,

a crowd has gathered, drawn by the sound of drums and a group of dancers. As the drumming dies down, children in the crowd are ushered away and professionally trained local actors take to a stage to enact a dramatic skit.

The skit tells the story of Monica, a teenage girl attending a local university. She has been taking birth control pills but she discovers she is pregnant and is afraid to tell her boyfriend. She doesn't want to have a baby right now and she also doesn't want to miss her final year of college. On the advice of a friend, she goes to an "auntie" who, for a fee, helps her terminate the pregnancy using traditional herbs. Days later, Monica is rushed to a hospital with severe abdominal pains. News of her botched abortion spreads through the village and university. Neighbors attempt to console her mother, even as they wonder aloud why Monica brought such shame and disgrace on her family.

As the skit unfolds, a trained facilitator—a member of a local community-based group partnering with Ipas—periodically halts the action to ask members of the audience for their thoughts on what Monica should do and how her family and community could help. Audience members share details from real-life experiences and give suggestions. Sometimes, the whole group discusses together while in some instances facilitators divide men and women

into separate discussion groups so that talk about contraceptive use and abortion can flow freely. The group discussion is an integral part of the strategic effort to increase knowledge about reproductive health and safe abortion.

"In Zambia, most decisions are made by the men... There are women who give birth yearly because that's what the man wants," says Leah Wanaswa, Ipas Africa Alliance community consultant. "For married men, the facilitator will discuss how they value a woman, the support she gives within the family, what would happen if she wasn't there and how to keep her healthy," Wanaswa says. "We want them to think about this and if they want more information to come to the clinic."

In every instance, facilitators drive home the message that safe abortion care, when needed, is available at designated local health centers in the Lusaka and Copperbelt regions.

"Street drama is a good way to raise awareness," says Pascal Kambafilwe, a member of the Tiye-Tiye, one of the local organizations working with Ipas. "But we have also found that tailoring our discussions around women's productive cycles is very useful. We talk with women while they are doing their daily chores, to cut out the need for them to attend additional meetings to get this information."

In some group discussions, facilitators use various visual aids such as flip books to



disseminate accurate information on safe abortion and help women discuss and understand their options. Other methods such as edusport—a sports-based learning activity—enable groups to compete with each other on various knowledge games. Other strategies being used in Zambia include games, group discussion and distribution of educational leaflets. In Zambia, the community interventions are being done as part of an operational study. The study goals are: to determine if using community-based intermediaries (such as the facilitators and actors) is an effective way to reach large numbers of women and to raise women's awareness about the practicality of less-expensive medical abortion (induced by drugs such as mifepristone and misoprostol), which doesn't require a surgeon and surgical facilities.

"This work has given us knowledge that was hidden from us before," says Ires Phiri, the chairwoman of Tiye-Tiye. "I am now proud that women come to me for more information on safe abortion...[and] I don't hesitate to call out members of my group who may be using harmful, unsafe abortion practices."

Similar interpersonal communication strategies are being used by Ipas in India, where studies show broad unawareness that abortion is legal in early pregnancy, much like in Zambia. An Ipas behavior change communications advisor, Danish

Umair Khan, says Ipas's studies show that word-of-mouth is the main way Indians learn about reproductive and sexual health.

Ipas is working with Indian government health agencies to add an interpersonal communications component to its outreach programs. In Jharkhand state—where there is low literacy, little access to TV or radio, and women rely on husbands and neighbors for information—Ipas piloted a program using street theater, murals in public buildings, posters, games and printed materials to raise awareness about safe abortion services, including medical abortion.

Street plays serve the purpose of opening the dialogue and providing basic information, Khan says, "but there is so much that women must know before going for services." So Ipas is working to get more specific information to women, in smaller settings. Adding a communications component to government health education strategies also meant that Ipas India needed to ensure that information was accurate and helpful. "Because abortion was a new issue, we wanted to ensure that people were specifically trained on that subject," Khan says. Ipas worked with the government to train health workers on this issue and added several communica-

tions components to their outreach—including printed materials, posters, murals in public buildings and street theater.

"But just providing information isn't enough," Khan says. "We assemble a group of four to six women and tell them a story using an illustrated flip book." The flip book depicts women in a family setting, illustrating the consequences of unsafe abortion versus the better outcomes with supportive partners and safe abortion methods in early pregnancy.

Ipas India also has designed games that can be used in group settings to give women knowledge of when abortion is or is not legal. One is a quiz, while the other uses a true-false format. Both have proven to be a good way to help women retain knowledge.

Khan says all of these techniques appear to be an effective way to reach women and to spark discussions that could lead to life-saving changes in behavior. The next step is to encourage the Indian government to make these strategies a permanent part of its health outreach programs, so that even larger numbers of women can be reached. ❁

*"The street plays serve the purpose of opening the dialogue and providing basic information."*

# INCREASING WOMEN'S KNOWLEDGE OF MEDICAL ABORTION



Using wall signs, street dramatizations and content-based games, Ipas India is increasing rural communities' knowledge of medical abortion.

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**MEDICAL ABORTION**, or abortion with pills, offers a promising option for women for whom cost, distance or other factors make reaching other abortion services difficult or impossible. As a safe and effective way of terminating a pregnancy, it is a non-invasive method that women can use in a range of settings, and often in the comfort of their own homes or chosen safe spaces.

“Medical abortion creates new opportunities to decentralize abortion care and for women to access care from health intermediaries, who live where they live,” says Leila Hessini, Ipas director for Community Access.

When a woman's best option is to take medication to end her pregnancy without assistance from a health-care provider, she needs accurate, appropriate information on how to do so safely, no matter how, where or from whom she obtains the pills.

In Jharkhand, a predominately rural state in east India, health services are few and far between and many of the rural health centers are not equipped to provide safe abortion services. Where services exist, other barriers to women's access to them persist: some women do not know about the availability of safe abortion services, others are not aware that the service is legal, and many more are deterred by the long distance they must walk in order to reach the nearest health center. As a result, many rural women turn to untrained providers for assistance in terminating an unwanted pregnancy, risking their health and lives.

To address the information and knowledge gap, Ipas India designed a behavior change communication strategy aimed at informing communities about medical abortion. Using wall signs, street dramatizations and content-based games, Ipas India is increasing rural communities' knowledge of medical abortion. Ipas staff work with local partners to mobilize and meet with small groups of women in their villages. Based on the needs and interests of women in 253 of the state's villages, Ipas India designed more than 500 wall signs and carried out more than 350 street performances. They use pictorial flip charts and other materials designed for a variety of literacy levels to help women distinguish between accurate and inaccurate information. Other interpersonal communication activities, such as community discussions and games to inform community members about safe medical abortion services, support the community outreach strategy.



# REACHING WOMEN

with information through  
communication technologies



*Unsafe abortion remains one of the most preventable causes of maternal death and injury worldwide, in part because women lack the necessary information to make the best choices about their reproductive health. Sometimes the information they need is just a phone call or subway ride away, as Ipsas projects around the world are showing.*

**IN MEXICO CITY, 21-YEAR-OLD ANA IS PREGNANT.** She turns to a friend for help, who tells her about a confidential hotline she can call. Gripping a small “Need a safe abortion?” card, Ana nervously dials the hotline number. The operator on the other side of the line is pleasant and reassuring, and provides Ana with confidential information about her options.

When Ana tells the operator she would like more information about medical abortion—an abortion induced by pills—she is given two more numbers to contact: the number for a safe abortion provider and the number for the Maria Fund, a group that provides financial support for women seeking safe pregnancy termination in Mexico City.

Just a few short years ago, Ana’s story would have turned out differently. Until 2007, abortion was illegal in Mexico City (and remains legally restricted in every other part of Mexico). This meant women had to resort to clandestine abortions, which often were dangerous. In 2006, nearly 150,000 women in Mexico were hospitalized for abortion-related complications, according to the Guttmacher Institute, a U.S.-based research and policy organization.

photograph © Todd Warnock/Lifesize Collection/Thinkstock



Ipas Mexico worked with legislators, media and activists to promote the law change, and is continuing to work with partner organizations to ensure that women get the information they need to access safe and legal abortion care.

The hotline that Ana consulted for information is operated by an Ipas Mexico partner. Ipas Mexico also works with several community allies to publish and distribute subway maps that indicate stops near hospitals and other facilities where safe abortions can be obtained. On the flip side of the maps, information about the law is clearly spelled out: “In Mexico City you can choose to have an abortion within the first 12 weeks of pregnancy. There’s no longer a need to keep it clandestine. The law is now on your side.”

**Like in all of Mexico excluding Mexico City, the law in Nigeria is restrictive:** abortion is illegal except to save the life of the woman. Even for women who meet that requirement, services often are inaccessible, forcing women to seek out risky and clandestine procedures. Aside from a lack of facilities, there are many other barriers to safe care, including the patriarchal culture and social stigma surrounding abortion.

What many women and girls in Nigeria do have, however, is a mobile phone. In Lagos, Ipas set up a project using mobile phone “flash cards” to get information to school-aged young women. Through a partnership with a local mobile phone company, customers purchasing airtime were given cards listing phone numbers that could be “flashed” to reach a reproductive health hotline. By calling one of the numbers on the card and quickly hanging up (and therefore not being charged for the call), the caller would get a return call from an operator at one of

Ipas’s global trainer networks, who could provide expert information on reproductive health issues.

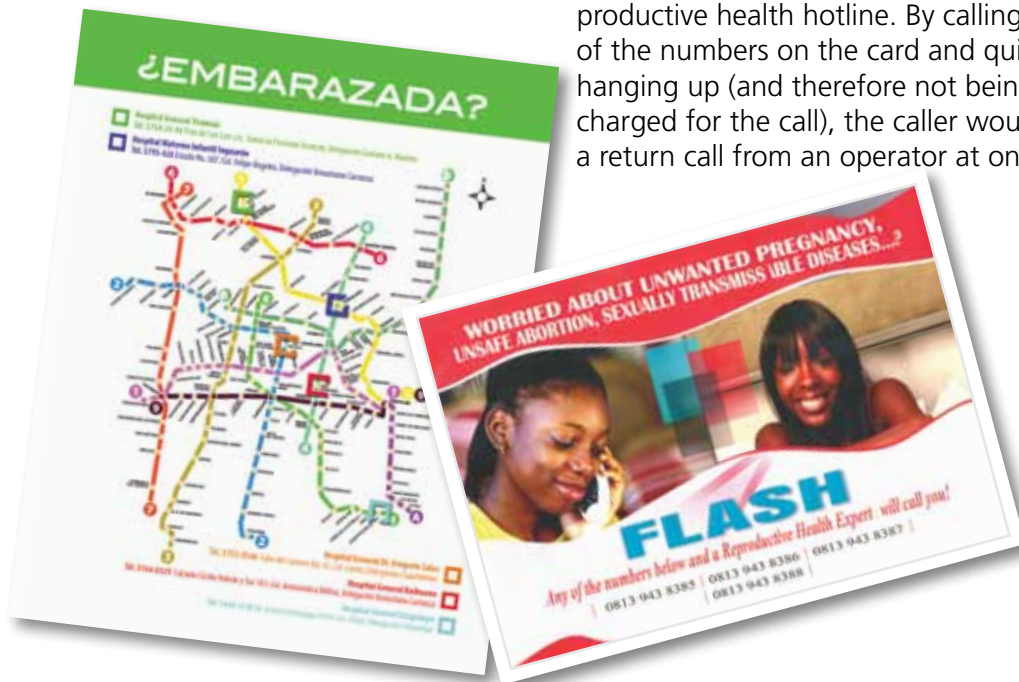
The numbers were also advertised on posters and billboards and through women’s social networks and groups. During a three-month period, the project generated more than 500 calls, with most of the questions concerning family planning options. In more than 50 cases, callers were referred to a medical center for services.

“What we learned is that the majority of women lack necessary information to make informed choices about their bodies,” says Sarafina Ojimiduka, Ipas Nigeria Community Access associate. “The judgment and stigma about what choices she makes are barriers to real choice.”

**In Ethiopia, Ipas is working with journalists** to ensure that media efforts deliver appropriate and correct information about safe abortion to the community.

“After training (in basic skills) we met with motivated journalists and gave them facts, figures and new developments in the law,” says Dereje Wondimu, Ipas Ethiopia policy associate. “The journalists produced programs and news articles—more than 10 articles on abortion and family planning and more than five radio programs over 12 months.”

Because of the diverse terrain and many rural areas, radio is a key medium—many rural Ethiopians and even those in urban



areas listen to radio soap operas. Ipas Ethiopia also provided radio spot advertising and radio scripted dramas to reinforce the messages. The radio script told the story of a high school student who wasn't sure where she could secure an abortion. In the story, she is eventually able to obtain information on safe abortion methods and available services through community interventions.

The pilot program ran for one year in print media targeting health providers, government officials and the general public. The radio pilot lasted one month, targeting a young audience (ages 15 to 29), Wondimu says. "We targeted both sexes because we want men to support

the women and to be responsible for reproduction also.

"The best thing was that the media are now aware of the problem and are also in a good position to develop their own messages and articles. Giving the training to journalists before engaging the media was one of our key lessons," Wondimu adds.

Strengthening the social network among and around women will increase their options, Ipas Nigeria's Ojimaduka says, and one of the best ways to do that is for Ipas and its partners to continue community outreach activities that will help women get the information they need on sexual and reproductive health and rights and the dangers of unsafe abortion. ✦



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## USING TECHNOLOGY TO HELP WOMEN LEARN ABOUT MEDICAL ABORTION

Ipas Mexico has also developed an interactive game that can be accessed through a CD-ROM and is distributed through providers and civil society organizations as well as online via a web portal. The game guides women, particularly young women, through an engaging virtual decision tree that helps women understand what they need to know or think through at each juncture in the decisionmaking process over an unwanted pregnancy.

"Women answer questions and are prompted by characters in the game, then they are led through

various scenarios, depending on their answers and decisions," says Maria Elena Collado, Ipas Mexico community access coordinator.

First the program helps users identify their stage of pregnancy—if they are nine weeks or less then they are able to choose between medical abortion or other termination services. Young women characters then give users accurate dosage information and instructions on how to use misoprostol. Because pills are often sold individually or are counterfeit, the program also helps users identify the right pills, says Collado.

Furthermore, "the program not only provides clinical information, it also provides some level of emotional counseling too," she adds. "The young woman in the game has a boyfriend and in the first few screens, she talks through whether she wants to make the decision to abort by herself or with support from her partner and ends up urging users to talk about their decision with someone they trust." The interactive program, she says, is designed to reduce harm to women by arming them with accurate information about medical abortion.



## FILM SPARKS DIALOGUE IN MEXICO

Strategies to reach wider audiences with correct information on abortion have not been limited to radio and print. In 2007, Ipas Mexico supported the production of a short documentary and DVD entitled "Aborto sin pena" which translates to "Abortion without penalty." Ipas Mexico staff identified the need to include the voices of women from various cultural and economic backgrounds in the debate on abortion access in Mexico.

Ipas Mexico worked with several partners to develop the script and the story board for the film. The film features three women—a poor mestizo woman, a middle class university student, and an indigenous migrant woman from Oaxaca—all telling their stories of how they chose to end their pregnancies and seek access for the procedure in spite of its prohibition.

The film was a hit and the reason is simple. One domestic worker watched the film at a point when she was struggling to come to terms with her own decision to end her pregnancy. She knew she could not have another child but had only been told by her teachers, priests and parents that abortion was wrong:

*"My heart was divided. But when I saw 'Aborto sin pena' I could finally see that I was not alone and that there was nothing wrong with me. Women who are just like me decide to have abortions for the same reasons as me and they have no regrets later on."*



# Working with community-level health workers to **BROADEN ACCESS TO SAFE ABORTION**

*In the developing world, rural and urban communities alike can suffer from a lack of accurate information on sexual and reproductive health—and too few trained health educators and providers to reach all those in need. Ipas works with local governments and organizations to train community-level providers—such as Female Community Health Volunteers (FCHVs) in Nepal and Auxiliary Nurse Midwives (ANMs) in India—to educate and care for women in the communities where they live.*



**RANJU SAPKOTA** is a Female Community Health Volunteer (FCHV) in rural Nepal's Kavre District. She serves the women and children of her community as a peer educator, community mobilizer and source of information on sexual and reproductive health. She distributes condoms, gives children rehydrating solution when needed, administers urine pregnancy tests, refers women for safe abortion services, and organizes monthly meetings for the women's group in her community to share new health information.

"I do this because it is satisfying; I don't want to see mothers and children die," she says.

Nepal's innovative FCHV program has been training rural women to administer basic health services and counseling for decades; there are now more than 48,000 FCHVs working throughout the country, and Ipas Nepal works to bolster their capacity to counsel and inform women who experience unintended pregnancy.

According to Anuja Singh, Ipas Nepal community access coordinator, FCHVs are the main connection to health information and care for many Nepali women: "Health centers tend to be a two- or three-hour walk for most women. For many issues, they turn to FCHVs," she says.

As these volunteer health workers are perfectly situated to advise their communities on safe abortion care, Ipas and the Nepal Ministry of Health decided in 2009 to develop a two-day training in which more than 5,400 FCHVs have now participated. The program not only taught techniques for performing urine pregnancy tests, but also the legal conditions for safe abortion in Nepal, the consequences of unsafe abortion, and how to refer women for reproductive health care.

Sapkota says the two-day training has made a huge difference in her ability to help her community. "We didn't know about the safe abortion law," she says.

"We start with a real story of abortion and integrate that into the full spectrum of

*"I do this because it is satisfying; I don't want to see mothers and children die."*



photographs © Richard Lord

reproductive health care,” Singh explains. “There is still a lot of stigma in the communities about abortion, so we work with the FCHVs on how to talk about it,” she says.

Women in Sapkota’s community know they can trust her with their most personal problems and concerns; she has already established herself as a well-respected community resource during her 16 years as a FCHV. “This is our main strength,” she says. “That’s why they come to us. They meet us separately if they cannot talk in group.”

The community status and respect awarded FCHVs often cultivates a strong sense of pride and long-term commitment in these women volunteers. Sapkota explains that many FCHVs in her district are so devoted they resist retirement and have to be asked to step down so younger women can take their place. The job satisfaction for these volunteers more than compensates for the fact that it’s an unpaid position. “They count their prestige more than money,” Sapkota says.

Nepal’s use of FCHVs to educate women about healthy pregnancy and safe abortion services has helped to nearly halve its maternal mortality ratio in the last decade. The number of women who die from pregnancy-related complications dropped from 415 to 229 per 100,000 live births between 2000 and 2010.

“Village women are taking safe abortion services from approved sites now,” says one FCHV in Kailali District. “Earlier, they used

to abort clandestinely, risking their life and health and spending a lot of money. Now they know many things about it, and they share that information with others.”

**As in Nepal, in India** women receive most of their information about reproductive health through personal communication. Therefore, training health intermediaries and community-level providers is crucial—and one of the most effective and trusted ways to link women to the information and care they need.

“These workers enjoy a tremendous amount of trust within the community and most of the time they are the first point of contact for women for any reproductive health-related problem,” says Danish Umair Khan, Ipas India behavior change communication advisor.

Auxiliary Nurse Midwives (ANMs) and Traditional Birth Attendants (TBAs) in India work closely with women in the communities where they live. When given accurate information and training on how to talk about safe abortion and referral sites, these community-level providers can share their knowledge with women and save lives. In addition to training more than 8,000 health workers in four states, Ipas India has developed leaflets and posters about safe abortion care that ANMs and TBAs can share with women and men—especially those in rural communities.

“Orientation of health workers is an important component of our behavior change



*"There is a link between community work and health systems work here in South Africa. We work together to ensure that these providers are prepared to offer services to women."*

communications strategy and it supplements other community-based activities. The strategy focuses on developing effective referral points for women to access comprehensive abortion care information and services," says Khan, adding that health workers not only refer women for care but also regularly stay in contact with the families they visit in order to provide long-term guidance and services.

A purely clinic-based approach to providing safe abortion care is doomed to leave many without care. The trust and respect communities have for health workers from their own communities is powerful, and enables these providers to educate and care for women who have difficulty seeking care outside their community.

Buyile Buthelezi, Ipas South Africa program coordinator, agrees that training providers such as nurses and midwives, who are legally able to provide abortion care in South Africa, is an integral part of expanding community access to safe care as well as accurate information and counseling about reproductive health.

"There is a link between community work and health systems work here in South Africa. We work together to ensure that these providers are prepared to offer services to women," she says.

"What happens is that from the health systems side, they do the clinical part of training and then in the curriculum they include pre- and postabortion counseling for women. We also conduct values clarification for providers and managers of clinics. When it comes to the community level, we share with them the abortion law—explaining it's something that is approved by our government, not just Ipas," Buthelezi adds.

In addition to working with nurses and midwives, Ipas South Africa works with health extension workers to increase access to safe abortion, particularly in rural areas. Rather than clinical training, Ipas South Africa focuses on referral training and ensuring that such workers understand the country's law and where and how women can access services. "Like nurses and midwives, health extension workers often have first contact with

women. We emphasize to women that they should know their bodies and use the sexual and reproductive health clinics to get more information. We try to bring in home-based caregivers and share that information with them too. It's all about connections—within the community," says Buthelezi. ✨



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# STRENGTHENING existing social networks





*Within communities in the developing world, newer information channels like television and the Internet often do not wield as much influence as traditional authority figures and social networks—a challenge for women who need accurate and up-to-date information on reproductive health care. Ipas partners with local community organizations and traditional authorities that have the clout to reach diverse audiences with accurate information on safe abortion services.*

## **ON A TYPICAL DAY IN A VILLAGE WITHIN ACCRA,**

the sprawling capital region of Ghana, public address systems are playing local music to remind residents of the durbar taking place at the community center. Traditional community gatherings that include lectures, discussion of local issues, drumming, dancing and socializing, durbars are central to village life and serve as a powerful source of information for all members of the community.

Today's durbar is a gathering of almost 400 people, and it is preceded, as always, by the arrival of Queen Mothers, chiefs, elders and other local leaders. Queen Mothers are traditional and highly influential authority figures in their communities, and they increasingly serve as a link between cultural heritage and modern information that can serve the community's and women's needs. Ipas collaborates with Queen Mothers to disseminate information on safe abortion and to educate communities on the dangers of unsafe abortion and its contribution to

maternal mortality. Realizing the prevalence of deaths and the growing cases of clandestine and unsafe abortions in their communities, the Queen Mothers have, over time, recognized the importance of saving women's lives by educating them on sexual and reproductive health and safe abortion choices.

As the durbar commences, the Queen Mother welcomes and introduces other Queen Mothers and traditional chiefs present and establishes the focus of today's meeting: reproductive health and the dangers of unsafe abortion. Each of the traditional rulers acknowledges the issue of unsafe abortion and pledges to address this issue in their communities. A performance by a local drama troupe follows, setting the stage for later discussions through a dramatization of the dangers of unsafe abortion.

As part of the proceedings, the Queen Mother invites the community health nurse to discuss issues around family planning, contraceptives, the dangers of unsafe abortion and where women can



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access safe services. The nurse also reviews the legal conditions for abortion in Ghana and stresses that safe reproductive health care is beneficial to the well-being of communities. Finally, she explains family planning methods in detail; she demonstrates various methods, debunks myths and negative perceptions of some methods, and answers audience members' questions.

"The problem of unsafe abortion cuts across all sectors of the community and cannot be solved by health professionals alone. We have to move beyond the health sector to collaborate with other stakeholders to help solve the problem. Ipas Ghana felt the need to collaborate with Queen mothers who are royals in their communities as well as the custodians of our tradition," says Koma Jehu-Appiah, Ipas Ghana country director.

Queen Mothers, says Jehu-Appiah, have a stake in most of the traditional and socio-cultural functions and can make the issue of unsafe abortion a vital component of their programs.

Ipas Ghana conducted capacity building workshops for Queen Mothers and Volunteers in the Ashanti, Eastern and Greater Accra regions which, says Jehu-Appiah, allowed them to include the issue of unsafe abortion in durbars, community meetings and seminars, and radio and television discussions. Through Queen Mothers' activities, 11,000 people in about 40 communities have been reached with information

on unsafe abortions and comprehensive abortion care services, he says.

Indeed, the program has had an impact: "Since the program started, the number of young women going in for unsafe abortion in my community has reduced," says one Queen Mother in the Ashanti region.

Like Ghana's Queen Mothers, the Umuada Igbo, a regional grouping of women from Igbo-speaking regions across Nigeria, are influential in their communities. Recently, they have added something new to their regular meetings: they read an official statement that denounces sexual violence against women and girls and encourages communities to report any such violence so the victim can receive medical care to prevent unwanted pregnancy. But it wasn't always this way.

Dominated by Catholics, the group "initially had a challenge with abortion rights," says Sarafina Ojimaduka, Ipas Nigeria community access associate. "But through continuous engagement for the past four years, and trainings ... they now better understand the concept of choice and why they should not keep information from women who may need it." Important discussions on abortion rights became unavoidable for the Umuada Igbo because women in their communities were dying from unsafe abortions, Ojimaduka says.

The goal of Ipas's work with the Umuada Igbo is to get critical information to

*"Ipas addressed the resistance from the point of view of an Igbo adage, which when translated means: 'Rather than break the pot, throw away the water.' The adage helps to focus upon the value of the woman's life and health."*

women, but convincing group members of this importance required a change in perspective. "Ipas addressed the resistance from the point of view of an Igbo adage, which when translated means: 'Rather than break the pot, throw away the water.' The adage helps to focus upon the value of the woman's life and health," Ojimaduka says.

Ipas Nigeria recognizes that through work with Umuada Igbo and other local groups, greater numbers of women are reached with important sexual health information. By collaborating with community organizations already involved and familiar with individuals and families, as well as the challenges they are confronted with, women in different settings—including in remote areas where facility-based services and care do not exist—have access to information from trusted members of their communities.

Not all groups Ipas partners with are initially resistant to discussing reproductive health and abortion. In fact, partnerships can result in expanded missions with like-minded organizations.

By collaborating with Ipas, two groups in South Africa with the original mission of addressing sexual violence have developed their community role to now include reproductive health services.

Masisukumeni Women's Crisis Center, located near South Africa's borders with Swaziland and Mozambique, began as a rape crisis center. But when women with complications from unsafe abortions started showing up for counseling, the center's leaders knew it was time to expand services. Ipas South Africa partnered with Masisukumeni in 2005 to help grow the center's scope and reach.

"Ipas has helped expand the perception of Masisukumeni as a group that is concerned with sexual rights for everyone," says Buyile Buthelezi, Ipas South Africa program coordinator. "They are seen as the foundation of the community when it comes to sexual health."

Ipas has worked behind the scenes with Masisukumeni to support its expansion, "providing them with leaflets translated

into the local language and dropped door-to-door, [and] enabling group discussions and workshops for women and out-of-school youth, especially girls," Buthelezi says.

Similarly, the Cape Town-based community organization Mosaic, whose initial mission was to raise awareness about gender-based violence, has now partnered with Ipas and grown to also offer reproductive health services, including safe abortion. "They are trying to bridge the gap in what public facilities provide," Buyile says. "They started with domestic violence but expanded to counsel on safe abortion because of the need in the community."

Ipas South Africa and Mosaic joined forces in 2005 to develop a combination of clinical services and community outreach, which features reproductive health awareness campaigns and educational sessions in schools and community centers. With Ipas's supportive partnership, both Mosaic and Masisukumeni continue to develop new methods of educating and serving their communities. ✨

