

# STIGMA-BUSTING STRATEGIES TO ADVANCE ABORTION RIGHTS

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## GLOBAL PERSPECTIVES AND SHARED LEARNINGS

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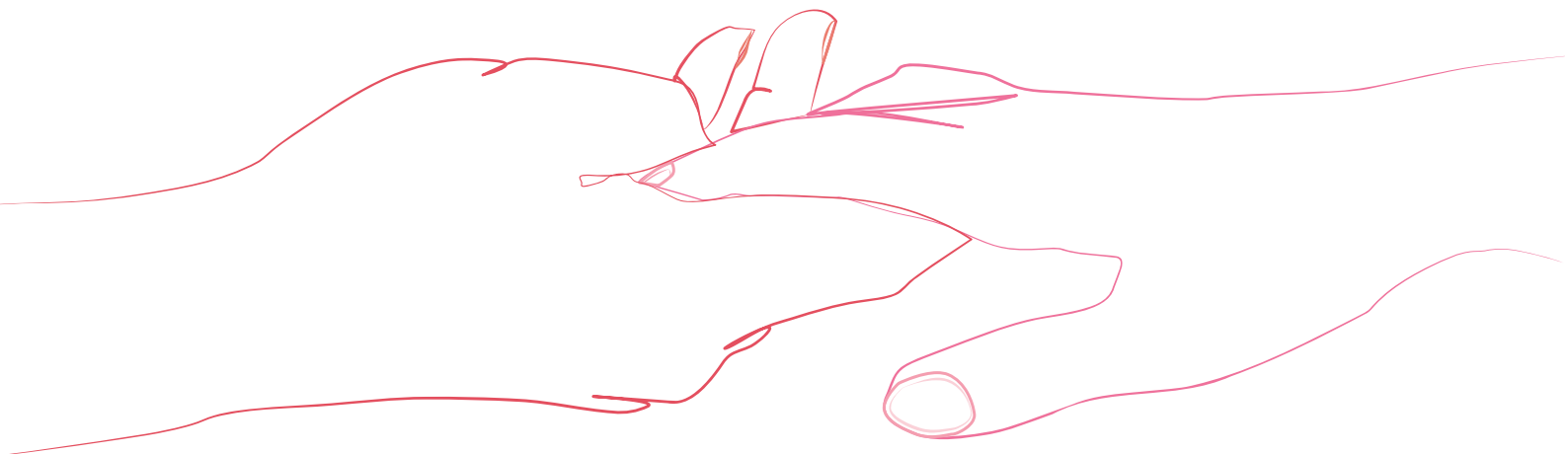
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September 2025



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## EXECUTIVE SUMMARY

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This report presents findings from a collaborative learning initiative involving RFSU, the International Network for the Reduction of Abortion Discrimination and Stigma (inroads), and their partners, examining strategies to reduce abortion stigma across diverse global contexts. Through participatory workshops with abortion rights advocates from Asia, Africa, Europe, and Latin America, we documented innovative approaches that address stigma's complex manifestations across individual, community, institutional, and structural levels.

**Key Findings:** Abortion stigma operates as a mechanism of social control that reinforces power hierarchies and polices reproductive autonomy. Across regions, cultures, and contexts, advocates encounter remarkably consistent stigmatizing language, equating abortion with murder and sin, emphasizing irresponsibility and spiritual consequences, and prioritizing “fetal rights” over pregnant people’s autonomy. These negative connotations are perpetuated through individual and community interactions, and they also influence policies and institutions. However, effective counter-strategies exist at every level of the socioecological model, from individual narrative-sharing and network-building to community-level work with traditional leaders and Values Clarification and Attitude Transformation (VCAT) workshops with service providers, and structural legal reforms that remove abortion from penal codes entirely. While there is no one stigma-busting recipe for all contexts, the report documents successful and promising examples, highlighting the innovative spirit of abortion advocates, and highlights three in-depth case studies: VCAT training for healthcare providers in Nepal that reframes abortion as a human right; efforts in Zambia to recruit traditional marriage counselors as safe abortion champions; and Bolivia’s faith-based organizing that uses feminist theology to address gender-based violence and abortion stigma simul-

taneously. These cases demonstrate the power of working within existing cultural and religious frameworks rather than opposing them directly.

**Critical Gaps:** Significant knowledge gaps remain regarding intersectional experiences of stigma, particularly for systemically marginalized groups of people such as trans-gender and gender non-conforming people, individuals with disabilities, sex workers, and Indigenous communities. The report identifies urgent needs for research into digital-age stigma, economic justice frameworks for abortion access, and long-term sustainability of community-level interventions.

**Path Forward:** Effective anti-stigma work requires multi-level, comprehensive approaches that honor cultural complexity while building solidarity across movements. The strategies presented offer adaptable frameworks for advocates working in diverse contexts, intended to inspire and encourage ongoing creativity to further positive connotations around abortion as life-saving, liberating, and health-affirming.

#### **About RFSU and Learning for Change**

Since 1933, RFSU has worked to advance sexual and reproductive health and rights (SRHR) globally, empowering people to improve their lives. As an independent nonprofit, free from political or religious ties, we support nearly 50 partners and networks across Asia, Africa, Europe, Latin America, and the Caribbean. We advocate for sustained SRHR commitments in Swedish foreign policy, the EU, and the UN while promoting an open, informed approach to sexuality and relationships.

The Learning for Change platform facilitates knowledge-sharing and mutual learning between partners, integrating evidence from practice to encourage innovation and improved performance. The Abortion Cluster, consisting of around 15 organizations engaged in abortion rights across all RFSU partner regions, chose to focus on three key themes: activism, opposition, and stigma. Following an exploratory study that resulted in the publication *Perspectives on Activism, Mobilization, and Movement Building for Abortion Rights*, this report presents the findings from a learning study on stigma reduction strategies among abortion rights advocates.

## INTRODUCTION

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Understanding how to counter abortion stigma is crucial for advancing reproductive justice globally. This report presents strategies identified by advocates working to reduce abortion stigma in diverse contexts through a collaborative learning approach. In 2025, RFSU and the Learning for Change global network of partners for sexual and reproductive health and rights (SRHR), in collaboration with the International Network for the Reduction of Abortion Discrimination and Stigma (inroads), hosted three regional learning workshops with abortion advocate partners and inroads members (see Methodology below). Rather than using traditional focus group methodologies, the participatory approach aimed to share learning in real time while gathering examples for this report. We conducted follow-up interviews with several participants to develop the in-depth case studies included here. This exploratory exercise was guided by learning questions that sought to understand how abortion stigma manifests and can be combatted at different societal levels across various contexts, and how stigma intersects with movements beyond sexual and reproductive health and rights. This report reflects the collective wisdom of activists working across diverse legal, cultural, and political landscapes to dismantle abortion stigma and advance reproductive justice, highlighting advocates' experiences and key ingredients that they identified for effective anti-stigma interventions. While no universal stigma-busting recipe emerged, common themes and adaptable, innovative approaches were shared that can inform global stigma reduction efforts.



# WHAT IS STIGMA?

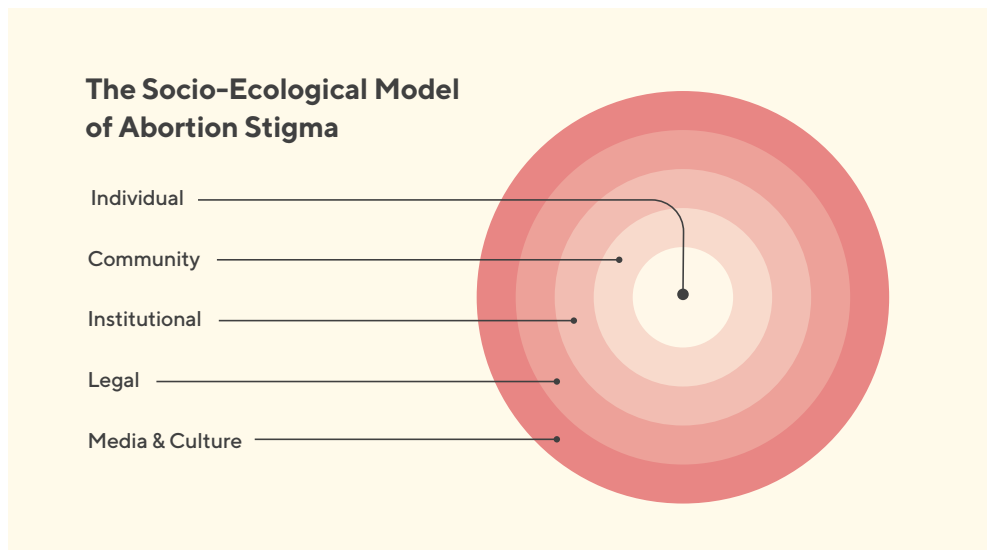
Abortion stigma encompasses the negative social attitudes, discriminatory beliefs, and judgmental perceptions that contribute to shame and marginalization of those seeking or having had abortion care. It operates as a social process that manifests across multiple levels of society, from individual experiences and community attitudes to institutional policies that impose or reinforce barriers to access.

As we explore below, stigma manifests through remarkably consistent language and concepts globally. Beyond language, stigma operates through institutional practices, legal frameworks, and cultural norms that position abortion as deviant, immoral, or dangerous. It creates what workshop participants described as “traumatizing language” while simultaneously limiting access to accurate information and safe services. Understanding stigma as a systemic phenomenon rather than individual prejudice is crucial for developing effective counter-strategies that address structural and root causes rather than symptoms.

## Framework: The Socio-Ecological Model of Abortion Stigma

The socioecological model of abortion stigma provides a framework for understanding how stigma operates across multiple interconnected levels of society. This model conceptualizes abortion stigma not as an individual experience, but as a structural and social process consisting of beliefs and norms that are held together as social structures.

The model is organized into five concentric circles, each representing a different sphere of influence in which abortion stigma manifests and is perpetuated.



**Figure 1.** The Socio-Ecological Model of Abortion, from the inroads online course “Intersectionality & Reproductive Justice to Dismantle Abortion Stigma”, <https://www.makeinroads.org/get-involved/courses/stigma101>

<sup>1</sup> Concepts around abortion stigma in this section have been paraphrased and adapted from the inroads online course. Adapted from: “Intersectionality & Reproductive Justice to Dismantle Abortion Stigma”, <https://www.makeinroads.org/get-involved/courses/stigma101>



### **Individual**

At the center lies the individual level, where people experience abortion stigma personally through internalized beliefs and personal reactions. This innermost circle represents the most intimate manifestation of stigma, affecting how individuals view themselves and their experiences with abortion.



### **Community**

Moving outward, the community level encompasses the immediate social environment, including family members, neighborhoods, communities, and local social networks. This level captures how stigma is expressed and reinforced through everyday interactions and relationships within one's immediate social circles. The stigmatizing attitudes and behaviors of those closest to individuals seeking abortion services can have profound impacts on their experiences and decision-making.



### **Institutional**

The institutional level extends beyond immediate communities to include formal organizations and institutions such as religious organizations, schools, and healthcare facilities. This level examines how stigma becomes embedded in institutional policies, practices, and curricula, shaping the formal structures that govern social life and access to services.



### **Legal**

The legal level represents the formal regulatory framework within which abortion occurs, including laws, policies, and judicial interpretations that govern reproductive rights. This level examines how legal structures can both perpetuate and challenge abortion stigma through the ways they define, permit, or restrict abortion access.



### **Media & Culture**

The outermost circle encompasses media and culture, representing the broadest societal influences, including television, newspapers, social media, and cultural narratives. This level captures how stigma is communicated and reinforced through mass media representations and cultural messaging about abortion.

The power of this model lies in its recognition that these levels are deeply interconnected and mutually reinforcing. Stigma does not operate in isolation at any single level but rather flows between and across all levels, creating a complex web of influences that shape individual and collective experiences. Institutions are composed of individuals who bring their personal beliefs into their professional roles, while media representations both reflect and shape community attitudes. For the purpose of this learning exercise, we sought to understand what strategies to combat stigma are effective at the individual, community, institutional, structural levels, understanding that the model suggests that effective strategies must address multiple levels simultaneously rather than focusing solely on changing individual attitudes.



## METHODOLOGY

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This learning study employed a participatory research approach designed to facilitate real-time learning while gathering data for analysis. Rather than traditional focus group methodologies that extract information from participants, our collaborative approach aimed to create mutual learning opportunities that benefited participants while contributing to broader knowledge generation.

We conducted three regional workshops (Asia, Africa/Europe, and Latin America) with 6-10 participants each, representing RFSU and inroads partner organizations and network members engaged in abortion advocacy. Each workshop lasted two hours and included interactive polling, small group discussions, and plenary sharing sessions, with note-taking on collaborative boards. Participants engaged with the socioecological model of abortion stigma as an analytical framework, identifying manifestations of stigma and effective counter-strategies at individual, community, institutional, and structural levels. Data analysis involved identifying themes and common patterns from workshop transcripts and notes, development of case studies through follow-up interviews, and synthesis of findings within the socioecological framework to identify strategies operating at different levels.

Limitations to this study include that geographic representation, while broad, did not include all global regions where abortion stigma manifests, and examples were limited to the self-selecting participants. The online workshop format also may have limited depth of discussion on complex topics. The findings should be understood as the result of an exploratory learning study, offering ideas for further research.



## FINDINGS

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The findings from these workshops reveal both the universal nature of abortion stigma and the diverse, innovative strategies advocates have developed to counter it. These strategies are vital to ensure access to abortion services for those who seek them. This section presents three main areas of discovery: how stigma manifests across different cultural contexts while maintaining core themes; the comprehensive strategies advocates have developed to address stigma at individual, community, institutional, and structural levels; and the critical intersections between abortion rights and other social justice movements that offer opportunities for broader coalition-building. Three detailed case studies illustrate how these approaches work in practice, demonstrating the importance of cultural understanding in effective anti-stigma work.

### How Stigma Manifests Across Cultures

Across the regions represented in the workshops, participants identified remarkably similar stigmatizing language and concepts that manifest across the ecological framework. Common themes were equating abortion with murder and sin, often reinforced by religious frameworks and even satanic references, promiscuity, irresponsibility, and bad karma, in other words, the idea that a person seeking an abortion lacks moral behavior or will face spiritual consequences. Finally, participants noted that stigma manifests through the use of language that prioritizes fetal rights over a pregnant person's autonomy. As one participant from the Philippines noted, "Nobody talks about the lack of contraception, nobody talks about consent, nobody talks about comprehensive sexuality education, but the conversation is heavily skewed towards morality."

Across all three workshops, participants identified religious institutions, media, and political figures as primary sources of stigma reinforcement, while also noting the role of healthcare providers, family members, and community leaders. Perhaps most significantly, when asked on which level of the socioecological model stigma manifests the most in their contexts, responses were distributed across community, institutional, and structural levels, with very few participants selecting the individual level. Many noted that stigma operates simultaneously across all levels. This finding reinforces the workshop discussions about stigma as a systemic rather than individual phenomenon, requiring comprehensive approaches that address multiple levels of society simultaneously rather than focusing solely on changing individual attitudes or behaviors.

**While core stigmatizing concepts were consistent, participants shared some examples of variations based on cultural contents:**

- ➔ **Rural vs. urban divides:** In Kenya and Georgia, participants reported that rural areas show intensified stigma due to lack of positive abortion narratives and concerns about confidentiality in small communities.
- ➔ **Legal context influences:** In Thailand, where abortion is legal, stigma manifests at the institutional level through euphemistic language. Officials avoid saying "abortion," preferring "termination of unintended pregnancy."

- **Colonial legacies:** Latin American participants highlighted how abortion stigma intersects with colonial ideas about controlling Indigenous and Afro-descendant bodies.
- **Religious syncretism:** In Brazil, stigma appears not only in Christian contexts but also in Afro-Brazilian religions through concepts of incomplete spiritual cycles.

### Gaps in Understanding Stigma

Workshop participants identified several communities whose experiences of abortion stigma remain underexplored, and would be important to examine further:

- Transgender and gender non-conforming people seeking abortion, who may face different occurrences of stigma
- People with disabilities navigating both ableist and abortion stigma, and eugenicist justifications for abortion decisions
- Sex workers facing compounded marginalization
- Indigenous communities with underexplored cultural frameworks around reproduction

### Strategies for Countering Stigma and Their Key Ingredients, by Level

#### **Individual Level Strategies**

The foundation of effective individual-level anti-stigma work rests on ensuring access to accurate information in an era overwhelmed by misinformation and disinformation. Participants from across regions emphasized that stigma thrives on false narratives, making evidence-based resources essential for those seeking to counter harmful myths. This information must be accessible in local languages and culturally appropriate formats to reach diverse communities effectively.

Building networks and fostering solidarity emerged as another critical component. Activists stressed the importance of connecting individuals across regions for mutual support and creating safe spaces for experience sharing. The importance of these networks became particularly evident in restrictive environments, with one participant from Sri Lanka noting how a youth-operated hotline had to be shut down, highlighting for their activist community the vulnerability of individual efforts and the need to build broader networks to protect those efforts.

Self-care practices represent a form of resistance against the structural forces that perpetuate stigma. Workshop participants recognized activist burnout as a systemic issue rather than personal failure, emphasizing the need for collective care practices and proactive approaches to addressing vicarious trauma. As one participant from Sri Lanka explained, activists must develop mechanisms to take care of themselves “in a world of opposition and violent conflict.”

The power of personal narratives to normalize abortion experiences proved particularly compelling. Activists in every regional workshop shared examples of engaging families through personal conversations and using intergenerational dialogue to bridge understanding. For example, in the Latin American workshop, a participant cited the power of having older women share their abortion stories. The importance of individual-level engagement within families was emphasized. In the Asia Pacific regional workshop, a participant noted that individuals can create impact “at a very impactful level with your families rather than you know a big organization coming and telling you what to do.”

### **Community Level Strategies**

Values Clarification and Attitude Transformation workshops, which is a strategy that straddles the community and institutional levels in the socioecological framework, emerged as a key tool. Participants described implementing structured workshops for healthcare providers and community leaders that use empathy-building exercises and interactive methods to address unconscious biases. See the case study below for a detailed example from Nepal.

Related to the above, participants from India and Nepal discussed training community health workers as stigma reduction ambassadors and creating support systems for willing providers. This approach addresses the pipeline from community-level stigma to institutional barriers, recognizing that healthcare systems reflect and reinforce broader community attitudes.

Working with religious leaders emerged as an important strategy, especially sympathetic faith leaders who can provide religious legitimacy for abortion access within their communities. For example, Tamtang in Thailand partnered with Buddhist monks who publicly support abortion rights and helped reframe narratives. Also see the case study below for a detailed description of work with religious leaders in Bolivia.

Language and messaging work represents another powerful tool for community change. Activists described systematic efforts to replace stigmatizing terminology, training media professionals on appropriate language, and developing comprehensive argument guides for different audiences. As one participant from India noted, advocates are working to reclaim language by calling themselves “pro-choice” while labeling opponents as “anti-choice” rather than accepting the “pro-life” framing.

Cultural interventions adapt anti-stigma messages to local contexts through art, music, and cultural events. For example, a participant from Mexico relayed integrating positive messaging around abortion into theater and creative writing interventions. These approaches leverage cultural moments for visibility while respecting community values and traditions. Participants emphasized the importance of strategic resource management when engaging with religious institutions, noting the need to choose battles wisely rather than fighting every religious person.

### **Institutional and Structural Level Strategies**

Legal reform was mentioned as a key strategy at the institutional and structural levels, extending beyond decriminalization to address implementation gaps between law and practice. Activists described challenging related laws that indirectly stigmatize abortion, such as sex determination bans in Asia and population policies, while resisting

pro-eugenics exceptions that reinforce ableist stigma. The work involves advocating for removing abortion completely from penal codes in places like India and Malaysia so that institutions no longer have that mechanism of control.

Integrating abortion into general healthcare services, creating protective policies for willing providers, and addressing conscientious objection systematically were noted as important ingredients in healthcare system transformation to combat stigma. This includes revising medical and nursing curricula to ensure proper training and implementing comprehensive sexuality education that challenges myths in educational settings. A participant from Ghana shared that due to legal restrictions, they work to integrate a harm reduction strategy in the healthcare system to increase access to care.

Media engagement represents a proactive approach to narrative change, building relationships with journalists through specialized programs and creating rapid response systems for misinformation. Participants emphasized the importance of developing positive narrative banks that can be deployed quickly when needed. For example a participant from Kenya cited examples of campaigns that “shift kind of narrative and invoke kind of empathy.”

### **Intersectionality and Movement Building**

Participants identified opportunities to learn from other social movements, particularly the LGBTQI+ movement’s decriminalization strategies, while addressing challenges like trans-exclusionary feminism that divides potential allies.

The disability rights intersection proved particularly complex, with activists, for example in Kenya, working to challenge pro-eugenics abortion exceptions while building narratives that support both disability rights and abortion access. In another example, a participant from Mexico cited training to build the capacity of activists to accompany people with disabilities who seek abortions. Similarly, connections to labor and economic justice movements offer opportunities to link reproductive rights to economic participation and challenge productivity-focused narratives. Participants expressed interest in further exploring those intersections.



# CASE STUDIES

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## Case Study: Safe Abortion Advocacy in Nepal

### Background

In Nepal, the legal framework surrounding abortion has been established, yet stigma and misinformation persist, impacting access to safe services. Youth Led SRHR Advocacy Nepal (YoSHAN), Visible Impact, Yuwa, and Ipas Nepal, among other collaborators, participate in the provision of Values Clarification and Attitude Transformation (VCAT) workshops. These workshops target health service providers, including doctors and nurses, who have undergone Comprehensive Abortion Care (CAC) training. The aim is to address the stigma associated with abortion and to foster a supportive environment for service seekers.

### Implementation

The VCAT workshops implemented in Nepal represent a comprehensive strategy for transforming healthcare provider attitudes toward abortion care. These training sessions create a safe, non-judgmental environment where participants can examine their personal values and beliefs regarding abortion through structured activities such as the “agree versus disagree” exercise, which uses controversial statements to prompt deep reflection on how individual attitudes might affect patient care. The workshops engage participants in discussions about gender, sexuality, patriarchy, and the socio-cultural factors that influence abortion attitudes, while incorporating participatory activities that illustrate the real consequences of unsafe abortions and encourage providers to reflect on their professional responsibilities. By presenting national data on contraceptive failure rates and Nepal’s legal abortion framework, the training bridges critical knowledge gaps among providers and shifts perspectives from viewing abortion merely as a medical procedure to recognizing it as a fundamental human right, ultimately aiming to reduce stigma and improve the quality of reproductive healthcare services.

### Results

The implementation of this strategy has led to observable changes in the attitudes of health service providers. Participants have reported a shift towards more empathetic and supportive interactions with patients seeking abortion services, and a commitment to providing non-judgmental care. Additionally, the collaboration with government stakeholders has enhanced the legitimacy of the training programs, ensuring that they are perceived as integral to the providers’ professional responsibilities. There were also commitments from the government to improve accessibility of abortion services, including making clinics more adolescent-friendly and disability-inclusive.

### Challenges

Despite the successes, challenges remain. Continuous advocacy is needed to ensure that the workshops are regularly implemented and that the values of service providers align with the principles of human rights and dignity in healthcare. The ongoing commitment from both NGOs and government entities will be crucial in sustaining the momentum of this initiative and expanding access to safe abortion services across Nepal.

### **Top Tips**

To effectively implement a provider training strategy for abortion advocacy in a different context, it is strategic to collaborate with government stakeholders, as this enhances the legitimacy and practicality of the training. Understanding the legal status of abortion in the respective country is essential; if abortion is criminalized, it poses security risks for advocates. In contexts where abortion is legalized or partially legalized, partnering with government entities can foster a sense of responsibility and ownership towards the training initiatives. Additionally, incorporating human rights perspectives into the training is vital, emphasizing that safe abortion is not merely a health issue but a fundamental human right. Training should also focus on addressing biases and values among service providers, creating a non-judgmental environment for discussion, and using contextual examples relevant to the local culture. Engaging in exercises that promote empathy and reflection on personal values can significantly impact providers' attitudes towards abortion care.

## **Case Study: Transforming Traditional Marriage Counselors into Abortion Access Champions in Rural Zambia**

### **Background**

A participant from Sisters Taking Charge (SiTCha) in Zambia, relayed an innovative emerging strategy to reduce abortion stigma and improve access to safe services in rural communities. The initiative focuses on working with traditional grandmothers, who serve as respected marriage counselors and reproductive health providers, to become informed allies and referral sources. Operating in marginalized provinces where women face significant barriers to accessing safe abortion care, this approach leverages existing cultural structures and trusted relationships to create sustainable change at the community level. The project emerged from a critical need to address unsafe abortion practices in rural Zambia, where women were dying from unsafe abortions using herbs provided by traditional practitioners. In these remote areas, women face multiple barriers to accessing safe abortion care, including long distances, inaccessible costs, and severely limited government funding that has reduced availability of safe abortion medication. The traditional grandmothers represent a countrywide association of elderly women who serve as marriage counselors, traditional birth attendants, and trusted advisors on sexual and reproductive health matters within church and community structures. These women hold significant cultural authority, and have also been associated with referrals to and provision of potentially harmful traditional methods for pregnancy termination.

### **Implementation**

The informant shared that she has conducted training sessions with the grandmothers during their regular association meetings, providing accurate information about safe abortion options and teaching them to refer women to appropriate health facilities rather than providing traditional remedies. The approach includes clear messaging about legal consequences of providing unsafe herbal abortions, combined with practical alternatives and referral pathways. Key implementation elements include leveraging her position as a church leader to gain credibility and access, working with priests to discuss abortion during church gatherings, training women in different church groups to serve as referral points, and creating networks between traditional counselors and health facilities. The informant also provides direct financial assistance

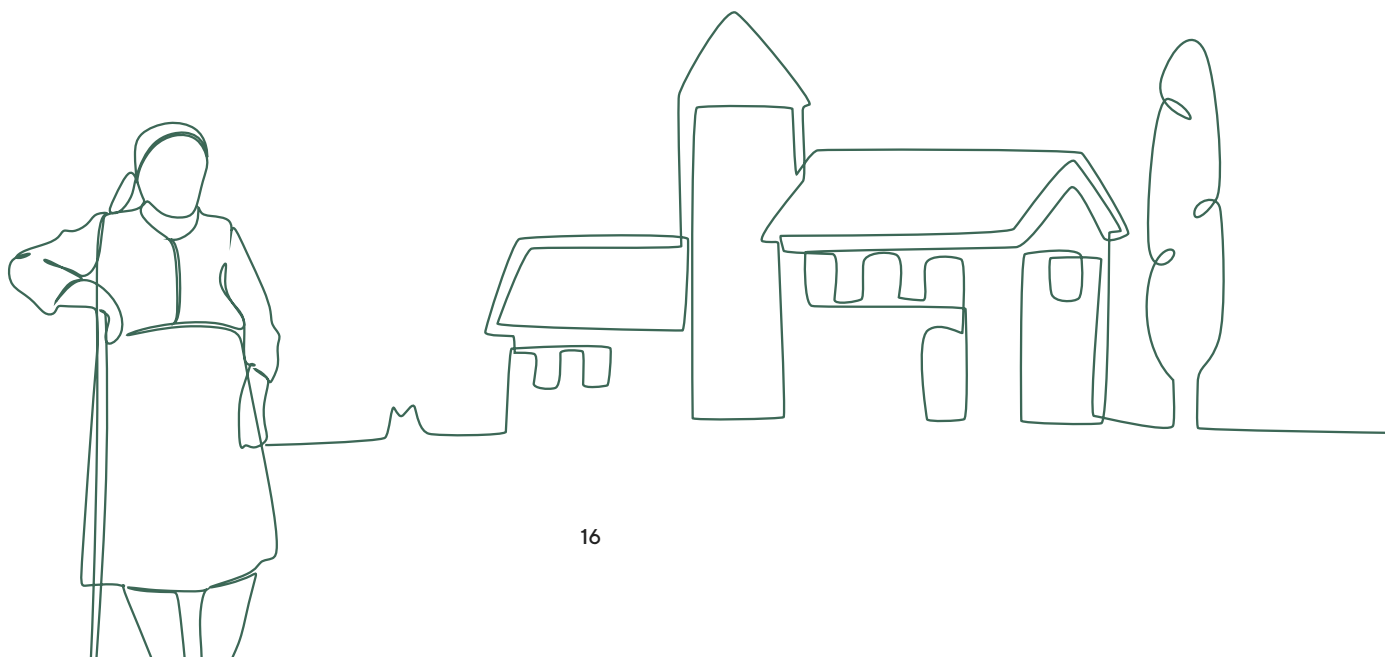
when women cannot afford to travel for services, recognizing that individual intervention is sometimes necessary to prevent deaths. The strategy carefully navigates cultural sensitivities by framing discussions around existing marriage counseling roles, emphasizing harm reduction rather than challenging traditional practices directly, and working within church structures rather than opposing them. It also involves storytelling techniques, for example, during farmers' union meetings and other community gatherings to raise awareness about safe options for young women facing unwanted pregnancies.

### Results

The initiative has achieved some change among traditional grandmothers, with some now referring women to health facilities rather than providing herbal treatments, an outcome that honors the women's role in the community while supporting effective abortion care. Some grandmothers have become more conscious of the potential risks associated with traditional methods and are increasingly willing to work with government health systems. Women in the community are keeping more pregnancies rather than risking unsafe abortions, though this has created new challenges around contraceptive access. The informant has successfully integrated safe abortion information into her pre-marriage counseling sessions, reaching young women before they face crisis pregnancies. The approach has created a burgeoning referral network that could function even when formal health systems are inadequate, with trained women in various church groups serving as connection points between communities and health services. The informant's dual role as both a human rights activist and a church leader has provided protection and legitimacy, allowing the work to continue despite conservative opposition.

### Challenges

The most immediate challenge to this strategy is the shift in government support, where previous administrations that openly supported safe abortion access have been replaced by leadership that is not supportive. At the community level, deep-rooted religious stigma poses significant barriers, as abortion is viewed through a biblical lens where women are considered "witches or murderers" for seeking or providing abortion services. The traditional grandmothers themselves face a complex dilemma: while they possess generational knowledge of herbal abortion methods, they now risk arrest





if they continue these practices, yet many refuse to refer women to hospitals due to fear and stigma. Healthcare access creates additional obstacles, with barriers that can push them beyond safer gestational limits. Perhaps most challenging is the contradiction between community needs and available resources: while traditional grandmothers have learned about the dangers of unsafe abortion and the importance of referrals to safe care, the formal healthcare system cannot adequately serve the women who are referred, creating a gap between awareness and accessible care that leaves women without safe options.

### **Top Tips**

Effective abortion advocacy within traditional and religious communities requires working through existing cultural structures rather than challenging them directly. Advocates should identify respected community leaders who can become allies through education and practical support, using harm reduction messaging that emphasizes safety over moral challenges. Those with insider status within religious or traditional structures often possess greater credibility than outside organizers, and discussions framed around practical consequences and legal realities prove more persuasive than abstract rights arguments in conservative communities. Creating sustainable referral networks independent of formal health systems becomes essential, particularly in rural and marginalized communities that rely on informal support structures. Training multiple community members ensures continuity when individual champions face opposition, while advocates must be prepared to provide direct financial assistance when systemic barriers prevent access to services. Storytelling and case examples work more effectively than confrontational approaches, allowing communities to reach conclusions about change through their own cultural frameworks rather than external pressure.

## **Case Study: Engaging Religious Communities to Address Gender Violence and Abortion Stigma in Bolivia**

### **Background**

Catholics for the Right to Decide in Bolivia developed a strategy to reduce abortion stigma through the participation of religious communities in 51 municipalities. The initiative arose from recognizing that traditional approaches to abortion advocacy concentrated in urban areas, among already convinced feminist groups, without reaching rural communities where rights violations are greater and access to legal pregnancy termination is more limited.

The project, developed in collaboration with UN Women Bolivia and funded by the European Union, addresses the intersection of gender violence and abortion stigma in religious contexts. Operating in a context where religious influence remains strong, the initiative recognizes that religious communities have significant power to perpetuate or challenge stigma around reproductive rights. The approach specifically focuses on the gap between legal frameworks and community acceptance, working to generate community support for women facing violence and unwanted pregnancies.

**Challenging exclusionary narratives:** The initiative recognizes that feminist activists and abortion rights advocates have frequently been “expelled” from the possibility of professing any creed, as if their praxis incapacitated them for religious faith. This project challenges the notion that religion has been hijacked by fundamentalist groups

that speak on behalf of creeds, positioning feminists as if they were in inherent opposition to faith. The Bolivian experience demonstrates that it is possible to be Catholic, believer, militant of faith and, at the same time, an advocate for abortion rights.

### **Implementation**

The strategy involved creating dialogue spaces with women and men from diverse churches, initially focusing on the broader theme of gender violence as a meeting point, before introducing debates about abortion. The organization worked systematically to identify and engage progressive religious leaders, particularly Protestant pastors who demonstrated greater openness than traditional Catholic leaders to address these issues in their congregations.

Key implementation elements included training sessions based on feminist theology that reframed traditional religious narratives about sin and guilt, orienting them toward messages of compassion and human dignity. Local religious leaders were trained to replicate workshops and debates in their own communities. Instead of directly confronting religious doctrine about abortion, the approach used gender violence as a starting point, which allowed participants to recognize the connections between violence, unwanted pregnancy, and the need for comprehensive support systems.

**Strategic resource management:** Implementation required careful strategic management of resources when interacting with religious institutions, choosing battles wisely rather than confronting every religious person. This approach recognizes that not all religious voices are conservative by nature, and that there exists a diversity of perspectives within faith traditions that can align with reproductive justice principles.

The initiative also developed new communication strategies and narratives designed specifically to create alternative frameworks that could connect with religious audiences, recognizing that effective advocacy required connecting with communities within their existing value systems, rather than challenging them entirely.

### **Results**

The project achieved notable success in opening dialogue within religious communities that had previously remained closed to discussions about reproductive rights. Protestant leaders showed significantly greater engagement than Catholic leaders, and some pastors incorporated sexual violence prevention into their sermons and church programming.

The initiative created an unprecedented network of progressive religious leaders willing to address gender violence and its consequences, including unwanted pregnancy. Community leaders demonstrated greater awareness and sensitivity regarding the implications of gender violence and the legal foundations for abortion in Bolivia. The project succeeded in normalizing conversations about women's rights and sexual health in religious contexts, contributing to more informed and compassionate community responses. Participants began to recognize their responsibility to address violence within their congregations and provide support, rather than judgment, to women facing difficult circumstances.

## **Challenges**

The most significant challenge remains the hierarchical structure of traditional religious institutions, which limits opportunities for open debate about abortion, even when some leaders may show understanding. Catholic leadership participation remained minimal despite specific outreach initiatives, reflecting institutional resistance to questioning established doctrine about sexuality and reproduction.

Conservative religious voices continue to dominate public discourse in many communities, making it difficult for progressive religious leaders to openly advocate their ideas without facing internal opposition. The hegemony of fundamentalist groups within many religious traditions presents a particular challenge, as these groups have managed to position themselves as the only legitimate representatives of faith, marginalizing progressive voices that integrate religious beliefs with social justice principles.

Resource scarcity limits the capacity to expand the network beyond current municipalities, despite evident demand for this type of program in other regions. Finally, while the project has succeeded in generating conversations, transforming attitudes into supportive actions when women face crisis pregnancies requires sustained commitment and institutional support that transcends individual awareness initiatives.

## **Top Tips**

When working in religious contexts to address abortion stigma, advocates can consider starting with gender violence as common ground, as this issue resonates across diverse religious traditions and creates space to discuss abortion as a consequence of violence against women. This approach allows for gradual introduction of reproductive rights concepts without directly confronting religious doctrine, enabling engagement with leaders who might otherwise refuse to participate.

**Reclaiming religious spaces:** It is crucial to recognize and challenge the false dichotomy between being feminist/abortion rights advocate and being religious. Activists must reclaim their right to profess their faith while defending reproductive justice, rejecting the narrative that religion belongs exclusively to conservative sectors. This involves making visible and amplifying the voices of believers who integrate their faith with feminist principles, creating platforms for them to share their testimonies and demonstrate that it is possible to maintain deep faith while supporting reproductive autonomy.

Feminist theology provides a powerful reframing tool that allows religious communities to explore reproductive rights through concepts of love, dignity, and freedom, rather than traditional narratives of sin and punishment. Focus efforts on engaging grassroots religious leaders, rather than attempting to change institutional positions from above, as hierarchical religious structures often resist rapid changes. Creating networks among progressive religious leaders builds sustainable capacity for continued advocacy and mutual support.

# RECOMMENDATIONS FOR FUTURE LEARNING AND RESEARCH

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1

## **Deepen Understanding of Intersectional Stigma Experiences**

Further research is urgently needed to understand how abortion stigma compounds with other forms of marginalization. Workshop participants identified gaps in knowledge about transgender and gender non-conforming people's experiences with abortion stigma, people with disabilities navigating both ableist assumptions and reproductive stigma, and sex workers facing multiple layers of criminalization and judgment. These communities often experience unique manifestations of stigma that current advocacy strategies may not adequately address. Future learning initiatives should prioritize participatory research methodologies that center these voices and examine how intersecting identities shape both stigma experiences and potential resistance strategies.

2

## **Explore Digital Age Stigma and Counter-Strategies**

The landscape of abortion stigma is rapidly evolving in digital spaces, yet our understanding of effective online counter-strategies remains limited. Participants noted emerging challenges including AI-generated disinformation, digital surveillance of abortion seekers, and the viral spread of stigmatizing content across social media platforms. Learning initiatives should investigate how stigma operates differently in digital environments, what new forms of harm are emerging, and how advocates can develop rapid response capabilities for online misinformation campaigns. This includes understanding how different generations engage with abortion information online and how cultural contexts shape digital stigma experiences.

3

## **Develop Economic Justice Frameworks for Abortion Access**

While workshop participants identified connections between reproductive rights and economic participation, this intersection remains underexplored in anti-stigma work. Future research should examine how economic arguments for abortion access can reduce stigma, particularly in contexts where reproductive rights framing alone proves insufficient. This includes investigating how labor movements and economic justice advocates can become allies in reducing abortion stigma, understanding the relationship between economic dependency and internalized stigma, and developing messaging that connects reproductive autonomy to broader economic freedom narratives.

4

## **Develop Cross-Movement Solidarity Methodologies**

Workshop participants identified significant potential in learning from other social movements, particularly LGBTQI+ rights and disability justice organizing, but practical methodologies for building these alliances remain underdeveloped. Future learning should focus on developing concrete tools for cross-movement organizing, including how to navigate tensions between movements with different priorities, what shared language and frameworks can bridge diverse struggles, and how to build solidarity without erasing the specific experiences of different marginalized communities. This includes ex-

amining successful models of intersectional organizing and identifying barriers that prevent broader coalition-building.

5

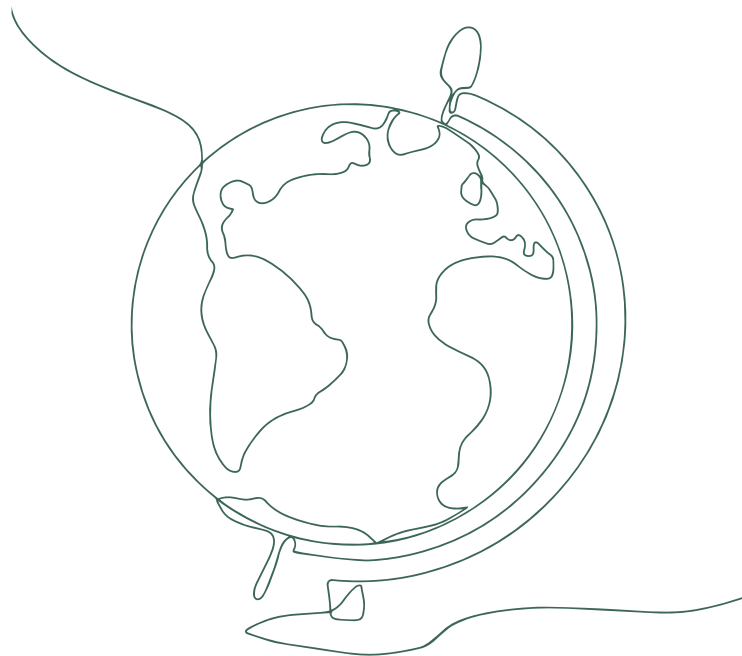
#### **Address Provider Stigma in Healthcare Systems**

While VCAT training emerged as a key strategy, systematic understanding of provider stigma and institutional change remains incomplete. Research should investigate how healthcare institutions can transform their cultures to reduce stigma, what training approaches prove most effective across different medical hierarchies, and how to address both explicit bias and unconscious stigma among healthcare workers. This includes examining how medical education can be reformed to prevent stigma development and understanding the relationship between provider stigma and broader institutional policies.

6

#### **Examine Environmental and Climate Justice Connections**

Workshop participants noted the absence of environmental justice perspectives in abortion rights organizing, representing a significant gap in understanding how ecological crisis intersects with reproductive autonomy. Learning initiatives should explore how climate change affects reproductive decision-making, how environmental justice frameworks can inform abortion advocacy, and what new forms of stigma may emerge as environmental degradation affects reproductive choices. This includes understanding how indigenous perspectives on land and reproduction can inform broader movement



## CONCLUSION

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This collaborative learning initiative involving RFSU, inroads, and member-partners across Asia, Africa, Europe, and Latin America has generated important insights about how abortion stigma manifests and can be countered across diverse global contexts. Through participatory workshops with abortion rights advocates, several key patterns emerged that advance our understanding of effective anti-stigma strategies.

The exploratory learning study revealed that abortion stigma operates consistently across different cultural contexts, with advocates encountering similar stigmatizing language that equates abortion with murder and sin, emphasizes irresponsibility and spiritual consequences, and prioritizes fetal rights over pregnant people's autonomy. Significantly, workshop participants identified stigma as operating simultaneously across community, institutional, and structural levels rather than being primarily an individual phenomenon, reinforcing the need for comprehensive multi-level approaches.

The documentation of strategies across the socioecological model provides concrete examples of effective interventions at each level. Individual-level strategies focus on ensuring access to accurate information, building networks for mutual support, and normalizing abortion experiences through personal narratives. Community-level approaches include Values Clarification and Attitude Transformation (VCAT) workshops with healthcare providers, engagement with sympathetic religious leaders, and systematic language and messaging work to replace stigmatizing terminology. At institutional and structural levels, legal reform extending beyond decriminalization, integration of abortion into general healthcare services, and proactive media engagement for narrative change emerged as key strategies.

The three case studies from Nepal, Zambia, and Bolivia demonstrate how these approaches work in practice, highlighting the importance of working within existing cultural and religious frameworks rather than opposing them directly. These examples show that effective anti-stigma work requires both cultural understanding and strategic sophistication, with advocates successfully transforming healthcare provider attitudes, engaging traditional marriage counselors as referral sources, and using faith-based organizing to address gender-based violence and abortion stigma simultaneously.

The research identified knowledge gaps that require further attention. The experiences of transgender and gender non-conforming people, individuals with disabilities, sex workers, and Indigenous communities in relation to abortion stigma remain underexplored. The rapidly evolving landscape of digital-age stigma, including AI-generated disinformation and online misinformation campaigns, requires urgent research into effective counter-strategies. Additionally, the intersection between reproductive rights and economic justice movements offers opportunities for broader coalition-building that have not been fully developed.

The strategies documented in this report offer adaptable frameworks for advocates working in diverse contexts. However, the learning questions that guided this exploration remain open, reflecting the ongoing nature of cultural transformation work

required to combat stigma. The participatory research approach demonstrated the value of real-time learning and knowledge-sharing among advocates from different regions and movements. Investments in longer, in-person learning sessions could be considered.

Future research priorities should include deepening understanding of intersectional stigma experiences, exploring digital-age stigma and counter-strategies, developing economic justice frameworks for abortion access, creating cross-movement solidarity methodologies, addressing provider stigma in healthcare systems, and examining environmental and climate justice connections to reproductive autonomy.

The collaborative learning process itself provides a model for ongoing knowledge generation and solidarity-building among abortion rights advocates. While no universal stigma-busting recipe emerged from this work, the common themes and innovative approaches shared demonstrate that effective anti-stigma interventions exist at every level of the socioecological model. The continued development and sharing of these strategies, combined with sustained research into underexplored areas, will be essential for advancing reproductive justice globally.

This work represents a foundation for continued learning and action rather than a final blueprint. The experiences and wisdom of advocates documented here provide valuable guidance for future anti-stigma efforts while highlighting the ongoing need for culturally-informed, strategically sophisticated, and multi-level approaches to dismantling the systems that perpetuate abortion stigma.





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