AFRICA CENTRE
FOR HEALTH SYSTEMS
AND GENDER JUSTICE

INARE

Safe Abortion Healthcare in Kenya

MESSAGING TOOLKIT

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About

INARE

Interdisciplinary Network for Abortion Rights and Ethics

is a coalition of medical professionals committed to advancing abortion rights, ethics, and access to comprehensive reproductive health care.

INARE brings together doctors, nurses, midwives, and other health providers who believe in body autonomy, dignity, and the right of every person to make informed choices about their own health.

INARE

Safe abortion is healthcare Messaging Toolkit

What is this guide?

This guide has been developed by the Interdisciplinary Network for Abortion Rights and Ethics (INARE) to equip doctors, nurses, midwives, clinical officers, and other qualified healthcare providers with the confidence and clarity to communicate about safe abortion care as an essential component of healthcare.

It serves as a practical tool for health workers who are shaping public conversation through clinical practice, academic spaces, media interviews, or policy engagement. The guide provides evidence-based information on abortion and related health issues, communication checklists, and tested key messages designed to help professionals speak with precision, empathy, and integrity.

By using this guide, INARE members and other health professionals can:

- Speak with confidence in the media, at conferences, and in community forums about safe abortion care as a medical and ethical issue.
- Provide accurate, evidence-based information to counter stigma and misinformation.
- Model compassionate and professional language that centers care, safety, and respect.
- Advocate for safe, legal, and accessible abortion as an integral part of Kenya's public health and human rights commitments.

> When qualified healthcare providers speak truthfully and compassionately about safe abortion care, they save more than lives they protect dignity and trust.

Why was this guide developed?

Across Kenya and around the world, more people and organisations are recognising that access to safe abortion care is essential healthcare. Yet despite medical consensus, public communication about safe abortion care remains difficult, often clouded by stigma, misinformation, and political controversy. Even qualified healthcare providers who provide or support safe abortion care frequently face challenges explaining what they do and why it matters in a clear, compassionate, and evidence-based way.

INARE - the Interdisciplinary Network for Abortion Rights and Ethics was formed to respond to this challenge. As a coalition of health care providers, INARE works to ensure that discussions about safe abortion care in Kenya are guided by law, ethics, science, and respect for human rights.

This guide was developed to support health care providers in communicating safe abortion care confidently and non-stigmatically within medical spaces, mainstream & digital media, and public forums. It helps frame safe abortion care as a medical service rooted in ethics and care, not controversy.

Who is this guide for?

This guide was created for health care providers who engage in safe abortion care or reproductive health communication.
However, it can also be used by:

- **Medical educators and training institutions** developing curricula on reproductive ethics and care.
- **Journalists and media practitioners** reporting on health issues who want to use accurate, ethical, and non-judgmental language.

Introduction to Safe Abortion Care Messaging

Communicating about safe abortion care in Kenya requires accuracy, empathy, and courage. As health pr, we hold a unique responsibility: to ensure that public discussions about safe abortion care are informed by evidence, ethics, and lived experience, not stigma or fear.

This section provides **practical tools and checklists** to support doctors, nurses, midwives, public health officers, educators, and advocates in developing or reviewing materials that address safe abortion care.

It focuses on helping healthcare communicators craft messages that are **clear, factual, and compassionate,** while reflecting Kenya's legal, cultural, and public health realities.

Every communication material has a purpose, and the relevance of each checklist depends on that purpose.

For example:

- **Personal stories** may be powerful in articles, interviews, and social media content that aim to shift public perception or spark empathy.
- **Facts, statistics, and legal information** are essential for materials designed to educate or advocate such as policy briefs, training manuals, or press releases.
- **Rights-based and health-centered framing** helps position safe abortion care as a matter of ethics, dignity and equality, consistent with Kenya's Constitution (Article 43) and national health commitments.

Guidelines for Safe Abortion Care Communication

This checklist equips medical professionals with ten essential points to communicate about safe abortion care confidently, accurately, and compassionately. It is designed to help providers convey medical facts, legal clarity, and ethical guidance while addressing stigma and public misconceptions:

1. Facts and Statistics

Ensure that all communications on safe abortion care are grounded in accurate, reliable, and Kenyan-specific data that reflect the realities of women's health and the broader public health landscape.

How:

- Use data from credible sources such as the Kenya Demographic and Health Survey (KDHS), the Ministry of Health, WHO, and Guttmacher Institute.
- Always cite the year and source of data.
- Provide context — e.g., link abortion data to maternal mortality, reproductive health, and access to care.
- When sharing numbers, pair them with human stories to avoid reducing women's experiences to statistics alone.

Key Framing:

> "Unsafe abortion remains a leading but preventable cause of maternal death in Kenya. When women can access safe, legal abortion care, they survive, their families thrive, and communities grow stronger."

2. Legal Situation

Always clarify the constitutional and legal framework governing safe abortion in Kenya and dispel common myths about what the law allows.

How:

- Refer to Article 26(4) of the Constitution of Kenya (2010): Abortion is permitted if, in the opinion of a trained health professional, there is need for emergency treatment, or the life or health of the mother is in danger.
- Emphasise that the Constitution upholds the right to health (Article 43), which includes reproductive healthcare.
- The Penal Code (Sections 158–160) criminalizes abortion when it is unlawful, but it predates the 2010 Constitution. Any abortion that meets the criteria of Article 26(4) is lawful, and therefore not a criminal act.
- Distinguish between the law as written and how it is applied; limited access often reflects stigma and lack of awareness, not illegality.
- Avoid legal jargon when speaking to non-expert audiences; focus on clarity.

Key Framing:

> “Kenya’s Constitution protects the right to health including reproductive health. Safe abortion care is legal when a woman’s health or life is at risk, and qualified healthcare providers are empowered to make that medical judgment.”

3. Sharing Personal Stories

Humanise safe abortion through lived experiences that highlight real situations faced by women and health care providers in Kenya.

How:

- Collect stories through informed consent and anonymise identifying details where needed.
- Prioritise dignity, safety, and empowerment in storytelling.
- Combine stories with data to reinforce both empathy and evidence.
- Feature the voices of health care providers as well as women who sought care.

Key Framing:

> When we talk about abortion, we're talking about real lives: the women who care for us, laugh with us, and walk through life beside us.

> Every day I see the difference between safe and unsafe abortions. Safe care saves lives, protects health, and respects dignity. Unsafe procedures, often done in secret, leave lasting trauma. Access to proper care isn't just medical,it's life-saving."
>
> – gynaecologist.

4. Language

Use language that promotes respect, reduces stigma, and emphasises care, professionalism, and ethics.

How:

- Choose neutral and accurate terminology: use “pregnancy” instead of “baby” or “fetus,” “decision” instead of “choice,” “qualified healthcare provider” instead of “abortionist.”
- Avoid emotionally charged or judgmental words like baby which can trigger judgment or guilt, which can make someone seeking abortion care feel unsafe or shamed.
- Use people-first phrasing: “a person seeking care,” not “a victim” or “a case.”

Key Framing:

> “Language shapes perception. When we speak with accuracy and empathy, we create understanding and trust.”

Language Guide-Suggested Messages

Use language that promotes respect, reduces stigma, and emphasises care, professionalism, and ethics.

How:

- Align every message with the theme: “Safe Abortion care is healthcare.”
- Use short, memorable phrases that can be easily quoted or posted.

Key Framing Examples:

- “Providing safe abortion care is part of saving lives.”
- “Doctors prevent death every day by ensuring women receive safe, legal care.”

How to Avoid Stigmatising Language

- Review all written and spoken materials before release.
- Train spokespersons and media partners on preferred terminology.
- Correct misinformation calmly and factually when encountered in interviews or debates.

Key Framing:

Avoid	Use Instead
“Abortionist”	“Qualified Healthcare provider”
“Killing babies”	“Ending a pregnancy safely”
“Illegal abortion”	“Unsafe abortion”
“Pro-abortion”	“Pro-health” “Pro-decision" or “Pro-safety”
“Victim”	“Person seeking care”

5. Images and Film

Use visuals that accurately and respectfully portray safe abortion care as a normal part of healthcare, free from fear or shame.

How:

- Show healthcare settings, providers, and patient interactions that reflect trust and safety.
- Use photographs and films that include real Kenyan healthcare environments and diverse communities.
- Obtain consent for all identifiable subjects.

Key Framing:

> Images should affirm care. Show compassion, professionalism, and humanity.

6. Guide to Rights-Based Imagery

Use visuals that communicate rights, dignity, and the universality of healthcare access.

How:

- Highlight diversity; women of different ages, regions, and backgrounds.
- Include health workers as agents of care.
- Use images of counseling, community education, and supportive interactions.
- Pair visuals with empowering captions about health, rights, and safety.

Key Framing:

> When we show safe abortion care as respectful, and professional, we reshape the public imagination and affirm that every Kenyan woman deserves healthcare with dignity.

Myths vs. Facts

Health care providers, advocates, and communicators play a crucial role in dismantling falsehoods by sharing facts grounded in science, ethics, and Kenya's legal framework, and by speaking with empathy and confidence. That's why we need to identify the myths that distort public understanding and counter them with clear, evidence-driven messages.

Key Framing:

Myth	Fact	How to respond
"Abortion is illegal in Kenya."	Abortion in Kenya is legal under specific conditions. Article 26(4) of the Constitution of Kenya (2010) allows abortion when, in the opinion of a trained health professional, there is need for emergency treatment, or the life or health of the woman is in danger. Article 43 also guarantees the right to health, including reproductive healthcare.	"Kenya's Constitution protects women's right to health — that includes access to safe abortion when a woman's life or health is at risk. The law empowers trained health professionals to make that decision, not politicians or judges."
"Abortion is unsafe and dangerous."	Unsafe abortion is dangerous; safe abortion is not. When performed by trained health care providers, abortion is one of the safest medical procedures.	"Safe Abortion isn't dangerous, unsafe abortion is. When women can access safe, legal care from qualified health care providers, complications are extremely rare."

Myth	Fact	How to respond
"Women use abortion as birth control."	No woman chooses abortion casually. Most women who seek abortion in Kenya already have children and make the decision carefully based on health, economic, or personal reasons. Contraception and abortion are **complementary, not interchangeable** parts of reproductive healthcare.	"Women don't plan to have abortions; they plan their lives. Safe Abortion is a medical service used when contraception fails, or when continuing a pregnancy isn't safe or possible."
"Abortion encourages promiscuity or immoral behavior."	There is **no evidence of** linking access to safe abortion or contraception with increased sexual activity. In fact, open access to reproductive health services leads to **fewer unintended pregnancies** and better sexual health outcomes.	"Providing safe abortion care doesn't promote immorality; it promotes health, safety, and informed decision-making. It helps women live."
"Only unmarried or young women seek abortions."	Lack of acces to safe abortion care affects women of all ages, backgrounds, and marital statuses. Many women who seek abortion are married and already mothers. A 2023 study found that 78.6% of induced abortions were among married women, who often seek to delay or space births. The assumption that only young or unmarried women have abortions reinforces stigma and hides reality.	"Safe abortion care is a healthcare issue. Married women, mothers, students, and professionals all need access to safe care when circumstances demand it."

Myth	Fact	How to respond
Abortion causes infertility or long-term health problems.	Safe abortion does not cause infertility or long-term health complications. The risks come from unsafe procedures, often performed by untrained people in unsanitary conditions. Safe abortion care, conducted under proper medical supervision, has no impact on future fertility.	"Safe abortion care doesn't cause infertility, unsafe abortion does. When care is provided in a proper health facility, women recover fully and can have children later if they choose."
Abortion is against African culture.	Abortion has existed throughout African societies for centuries. What is new are the laws and stigmas introduced through colonial and religious institutions. Many traditional African systems recognised the need to protect women's health through compassionate care.	"Caring for women's health has always been part of African values. Safe abortion care is not foreign it's consistent with our commitment to life, dignity, and community well-being."

Communicating with Confidence in Media and Public Forums

a. How to Handle Misinformation/Disinformation in Interviews or Public Forums

In Kenya, media conversations about safe abortion are often emotionally charged and politically influenced. As a health care provider, your credibility, tone, and clarity are powerful tools for shifting the conversation from controversy to care.

This section offers practical strategies for navigating tough questions, correcting myths, and ensuring that your voice is grounded in ethics and science cuts through stigma and noise.

> The right voice at the right place and with the right message can change the world

1. Know Your Core Message

Before every interview, forum, or community dialogue, prepare one to three key points you want your audience to walk away with. Write them and keep them in front of you as your anchor. Everything you say should circle back to those points; every answer, every clarification, every pivot. This keeps your message tight, consistent, and impossible to forget

Core messages:

1. "Safe Abortion care is healthcare -it's about saving lives."
2. "Kenya's Constitution protects the right to health, including safe abortion care."
3. "When abortion is safe and legal, women live. When it's restricted, they die."

Keep repeating your key messages calmly, even when provoked or interrupted. Repetition builds clarity and credibility.

2. Lead with Empathy, Not Argument

Avoid debating morality or ideology. Focus on empathy, facts, and shared values. When a question is framed to provoke, reframe it back to health and compassion.

Example:

- **Question:** "Don't you think abortion is wrong?"
- **Response:** "What's wrong is when women die from unsafe procedures. As a doctor, my job is to save lives and safe abortion care does exactly that."

3. Humanise the Issue

Data is powerful, but stories move hearts. Use anonymised, respectful examples from real cases (without breaching confidentiality) to illustrate why safe abortion care matters.

Example:

> "Last year, I treated a young woman who nearly died because she feared being judged for seeking care. When we provide safe, legal services, we prevent tragedies like hers."

4. Correct Mis/Disinformation Calmly and Confidently

When confronted with false claims, don't repeat the myth but restate the truth clearly and simply.

Example:

- **Misinformation:** "Abortion causes infertility."
- **Better response:** "That's not true. Safe abortion, performed by trained providers, doesn't affect fertility. What causes infertility is unsafe abortion, that's what we're trying to prevent."

Speak in accessible, relatable language. Avoid jargon.

5. Ground Your Responses in Law and Ethics

Use Kenya's Constitution and public health commitments as your foundation. Mention of Article 26(4) (conditions for legal abortion) and Article 43 (right to health) where appropriate.

Example:

> "The Constitution of Kenya allows safe abortion care when a woman's life or health is at risk. My duty as a healthcare provider is to uphold that right and ensure women get the care they need safely."

> Protecting a woman's life and safeguarding her health are constitutional duties. Article 26(4) and Article 43 work together: when a pregnancy endangers a woman's life or undermines her health, the law requires that she receives appropriate, safe medical care.

7. Choose Language that Builds Trust

Use inclusive, non-judgmental terms that reflect care. Avoid moralising or clinical detachment.

Say "women seeking care", not "abortion cases".
Say "healthcare providers", not "abortionists."

People trust doctors who speak with humanity and humility.

8. Work with Journalists, Not Against Them

Most journalists want accuracy, not conflict. Offer to share credible sources or connect them with INARE for data verification. Encourage balanced reporting and rights-based framing.

Example approach:

> I can share official data from the Ministry of Health and WHO that might help clarify this issue.

This builds relationships and establishes INARE as a credible, go-to expert source on reproductive health.

9. Manage Social Media Engagement Wisely

Social media can amplify your message or expose you to hostility.

- Keep your tone factual and professional.
- Avoid personal debates; respond with verified information.
- Use clear hashtags that reinforce care and rights, e.g. #SafeAbortionCareIsHealthcare, #RightToHealthKE
- Never engage in attacks or insults; silence or block abusive accounts when needed.

Example response:

> Unsafe abortion is a leading cause of marternal death in Kenya. Safe abortion care saves lives.

10. Prioritise Safety and Support

If you're a visible advocate or medical spokesperson, be mindful of your own safety both physically and online.

- Coordinate with INARE and trusted organisations before major media appearances.
- Avoid sharing personal details publicly.
- Debrief with supportive colleagues after difficult interviews or hostile encounters.

Remember: Your voice matters, but so does your well-being.

b. Dos and Don't During a Media Interview

1. Back-of-the-Envelope Strategy

Before going on air or speaking in public, quickly jot down your key points on a small piece of paper or the back of an envelope.

This helps you:

- Keep your main messages clear and focused.
- Avoid being sidetracked by unexpected questions.
- Ensure you stay consistent with data and core values.

Dos:

- Write 3–5 key points you want the audience to remember.
- Include a credible fact or statistic for each point.
- Have a short anecdote or human story to illustrate each point.

Don'ts:

- Don't overload the note with every detail-brevity is your friend.
- Don't rely solely on memory if you can write it down; anxiety can cloud recall.
- Don't ignore sensitive phrasing-plan how to address emotional questions calmly.

c.Handling Hostile Questions with Composure (Sandwich Method)

Hostile or emotionally charged questions are common in media interviews. The sandwich method keeps you calm and professional while centring the conversation on facts, safety, and compassion.

How to Use the Sandwich Method:

1. Start with empathy or a shared value (Top Slice)

a. Recognise the emotion or concern behind the question.

b. Example:

> "I understand this is a sensitive topic for many people, and emotions can run high."

2. Insert the key fact or correction (Filling)

a. Provide the accurate, health-focused point you want the audience to understand.

b. Example:

> "But what we see every day as health professionals is that this is fundamentally a public health issue,women are dying because of unsafe abortion."

3. End with reassurance and your core message (Bottom Slice)

a. Redirect to safety, rights, and compassionate care.

b. Example:

> "That's why it's so important to focus on safety, compassion, and access to proper care, rather than stigma."

Conclusion

The link between safe abortion care and overall health in Kenya is often overlooked, yet it is central to reducing preventable illness and death. Social and economic realities place many women and girls especially those in rural and low-resource settings in disproportionately high-risk situations when safe services are restricted or inaccessible. Despite these challenges, healthcare providers across the country have shown remarkable commitment in delivering compassionate, lawful, and lifesaving care within the constitutional framework. We must strengthen awareness, expand training, improve service delivery, and support evidence-based practices to protect women's right to life and health. By ensuring Kenyan perspectives and experiences are reflected in national and global health conversations, we can advance accountability, safeguard public health, and build a system where every woman receives safe, dignified care.

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