

ACKNOWLEDGEMENT:

We acknowledge the contribution of all the young advocates who have been associated with us over the years for their invaluable perspective and insights.

From the team, we can't thank enough the following colleagues who have worked tirelessly since the beginning on the content and creation of this media guide: Ananya Ray, Shahinda Syed, Sunanya Deka and Yoshita Srivastava.

We acknowledge the mentorship of Akanksha Gopal, Deepshikha Ghosh, Japleen Pasricha and Shubhangani Jain in supporting the team and in guiding the process.

Lastly, to our amazing desinger and illustrator **Mrinalini Godara** for their exceptional creativity and dedication in crafting the visual elements of this publication, speaking to our values and overall envisioned impact.

Published in March 2024

Collaboratively created by Feminism in India and The YP Foundation

Supported by Fos Feminista

DISCLAIMER REGARDING LANGUAGE

As an intersectional feminist digital media platform, FII with a mission to increase the representation of women as well as other minority genders and sexualities, and persons with disabilities, from various minority communities, strives to be sensitive and inclusive with the choice of its words and phrases.

We have used certain words like; pregnant persons, and abortion seekers instead of pregnant women, cis women, etc., as our language policy seeks to be empathetic, compassionate, and inclusive, keeping in mind the intersectionality, we aim not to hurt the sentiments and sensitivities of gender minorities and trans community.

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01 INTRODUCTION

The objective of this toolkit is to provide a handy manual for media professionals and journalists on how to report and cover abortion and its intersecting topics sensitively. This guide can also be used and put into practice by abortion advocates, activists, and allies. The media has historically had an enormous role to play in disseminating disinformation, myths, and falsehoods about abortion. This aids in cementing narratives that reinstate the prevalent patriarchal values and stigma around abortion. The choice of language and media practices about the topic of abortion eventually shapes the opinion of the masses.

The toolkit provides an overview of the media's unreliable reporting on abortion with critical examples to highlight the embedded gender biases, discrimination, and other patriarchal injustices. Such reporting and practices undermine the autonomy and agency of abortion seekers and foster an environment of gender inequality, and sexual and reproductive injustice. This toolkit has focused specifically on English News Media platforms such as The Times of India, India Today, Deccan Herald among others. Headlines, reports, and stories on abortion in these media platforms have been analysed and referenced in this toolkit.

This toolkit hence aims to foster nuanced understanding of the а complexities surrounding abortion, providing journalists with the insights and language needed to contribute to a more informed and empathetic public dialogue. By adopting a rights-based approach, media professionals can contribute to destigmatizing abortion, advocating for reproductive autonomy, and ensuring that accurate information is disseminated to the public.

The toolkit lists several ways media organisations and professionals can employ progressive and sensitive language and images. By employing empathetic and destigmatising language and sensitive images, the media can facilitate advocating for the dignity and autonomy of abortion seekers.

WHO ARE WE?

Feminism in India (FII)



FII was created with the vision of dismantling patriarchy and social injustice by centring the voices of those that these structures oppress. Our mission is to increase the representation of Indian women and marginalised communities on the internet and amplify their concerns using tools of digital storytelling. Through our platform, we aim to create a generation of young people who are aware and educated about feminism and social justice.

FII aims to serve as a one-stop platform for everything related to feminism in India.

The YP Foundation (TYPF)



The YP Foundation is a youth-led organisation facilitating feminist and rights-based leadership among youth covering issues ranging from gender justice, health equity, sexuality rights and reproductive rights, and social justice. Our broad vision is to have a world where all young people's human rights are realised and recognised as equal stakeholders and transformative leaders. The Safe Abortion For Everyone (SAFE) programme in TYPF is dedicated to safe abortion awareness and discourse shift in India. It aims to examine common myths and misconceptions around abortion among young people and enable access to technically correct and unbiased information, services, and rights.

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WHY ARE WE DOING THIS?

The Medical Termination of Pregnancy Act of 1971 legalised abortions in India under certain conditions. The Act prescribed that the pregnancy could be terminated with the help of professional medical practitioners to ensure safe abortions under certain conditions. The Supreme Court in a judgement in 2022 elaborated the horizons of abortion laws in India.

Even with relatively progressive laws and rulings in place, abortion-seeking remains debatable and presents itself in the form of a moral dilemma even for service providers, and other duty-bearers within the socio-medicolegal framework of India. The taboos, stigmas, and myths that have been associated with abortion remain rampant and get exacerbated when mass media, a powerful and reliable source of information, is not intentional about covering the topics of abortion from the lens of choice, and bodily autonomy.

The language and visuals employed by media platforms and media professionals heavily influence the thought process of general audiences regarding abortion. The choice of language employed during reporting can often dehumanise and villainize abortion seekers.

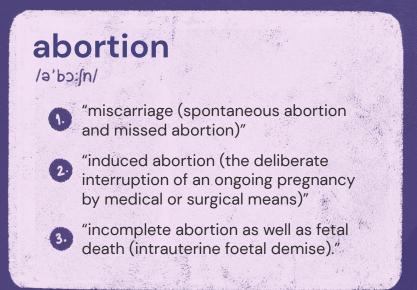
Words have powerful connotations and provocative words like 'killers', 'murderers', and 'criminals' can create fear and panic around the topic of abortion. In addition, the stigma limits the abortion seekers' bodily autonomy and agency. Such coverage makes abortion seeking a social and moral issue rather than an issue of public health relevance.

WHO CAN USE THE TOOLKIT?

This toolkit is primarily for media outlets, media professionals, editors, and young budding journalists who aim to contribute to gender and health issues and related matters. Abortion advocates, professionals working in feminist and rights-based organisations as well as allies can also benefit from this toolkit. The toolkit will aid journalists in reporting stories on abortion in the most inclusive, sensitive, and effective way possible. Sensitive media reporting will aid in destigmatising the topic of abortion, paving the way for safer abortion-seeking and reproductive justice.

02 Abortion in India

What 'abortion' means may vary from country to country based on the prevalent laws, religious, social, and political opinions and approaches towards it. Often, the definitions of abortion are not necessarily based on scientific understanding. The World Health Organisation (WHO), describes abortion in three ways;



According to Amnesty International,

An abortion is a medical procedure that ends a pregnancy. It is a basic healthcare need for millions of women, girls, and others who can become pregnant."

> In India, according to the Medical Termination of Pregnancy (MTP) Act,

> > Abortion is described as induced abortion, when pregnancy is terminated voluntarily through medical intervention before reaching full term."

INDIAN LAWS GOVERNING ABORTION

Law	What it says
Until the 1960s	Abortion was a punishable offence under Section 312 of the Indian Penal Code.
1971, MTP Act	The Medical Termination of Pregnancy(MTP) Act came into force with certain conditions. Under this Act, abortion could be done by a registered medical practitioner (RMP) for up to 20 weeks.
2021 amendments	Pregnancy could be terminated until 24 weeks under certain conditions.
2022 Supreme Court of India	The judgement emphasised 'women's' bodily autonomy, and sexual and reproductive choice and extended the benefits to 'unmarried women.' The judgement defined "woman" as all persons who require access to safe abortion, thus including transpersons and other gender-diverse persons.

EVOLUTION OF ABORTION LEGISLATURE



Abortion in India until the 1960s was an illegal and punishable offence under section 312 of IPC 1980.

Abortion laws in India took a turn in the mid-1960s when the Union Government formed the Shantilal Shah Committee. Under the supervision of a medical professional Dr Shantilal Shah¹ (recommended by the Ministry of Health), the committee was tasked to check whether the country needed liberalisation of abortion law². It was inferred from the statistical data prevalent at that time that unsafe abortions were taking place at an alarming rate. Unsafe abortions according to ICMR (1989) and FOGSI (2001) were about 4 and 6.7 million respectively.

A Manchanda, D. V. K. (n.d.). Advances in Methods of Emergency Contraception: Experience With Liberalised Abortion Services. ² Explained: The role of Shantilal Shah Committee that recommended making abortion legal in India and the evolution of the law. Firstpost. (2022, May 5).

Based on the Shanti Lal Committee report, the **Medical Termination of Pregnancy bill** was introduced and an Act was passed in Parliament in August 1971. "The Committee suggested the liberalisation of abortion laws in India that will help in reducing unsafe abortions and decrease maternal mortality in the country."

The MTP Act of 1971³ liberalised abortion on some conditions such as, if the continuation of pregnancy is a risk to the life of a pregnant woman or could cause grave injury to her physical or mental health, and in the cases where pregnancy is caused due to rape. According to the act, the abortion could be done by a registered medical practitioner up to 20 weeks, yet, for pregnancies exceeding 20 weeks, abortion requires approval from a Medical Board.

Medical Boards are government constituted bodies in every state and union territory governments. The Board decides if a pregnancy may be terminated after 24 weeks based on the conditions enshrined in the MTP Act. Each Board has a gynaecologist, paediatrician, radiologist/sonologist, and other members notified by the state government.

In 2021, the MTP Act saw some new amendments. Pregnancy could be terminated until 24 weeks which was 20 weeks before this amendment. However, the government determined who should be availing abortion between 20 to 24 weeks of pregnancy. i.e survivors of rape, minors, and women with disabilities.

In 2021 further changes in the MTP amendment were made and the bill was passed in Rajya Sabha but is still pending in Lok Sabha⁴.

A three-judge bench of the Supreme Court of India in Civil Appeal No. 5802⁵ of 2022 elaborated on the scope of abortion and who can seek abortion. The judgement emphasised the 'women's' bodily autonomy, and sexual and reproductive choice and extended the benefits to 'unmarried women.' The judgement defined 'woman' as all persons who require access to safe abortion, thus including transpersons and other gender-diverse persons.

It is crucial to highlight that abortion remains criminalised even after 50 years of the Medical Termination of Pregnancy Act. Section 312 of the Indian Penal Code, 1860 (IPC), makes abortion (induced miscarriage) a criminal offence. The MTP Act is the exception to this rule.

KEEP ABORTION

SAFE &

PRO

CHOICE

LEGAL!

My

BODY

DICF

My

- ³ <u>MTP act, 1971: Ministry of Health and Family Welfare: GOI. Ministry of Health</u> and Family Welfare | GOI. (n.d.).
- ⁴ Rajya Sabha passes the medical termination of pregnancy (amendment) Bill, 2021 (2021) Press Information Bureau.
- ⁵ <u>Chandrachud and Dhananjaya (2022, Sep 29th) Judgement: Civil Appeal No</u> <u>5802 of 2022.</u>

03 THE MEDIA'S BIASED RELATIONSHIP WITH ABORTION

Abortion always becomes a topic of debate in the media when new developments take place in the legal and political arena. While some media platforms over the years have started to use progressive language while covering the topic of abortion, numerous news platforms still portray abortion in a negative and inaccurate light. This is evident in their failure to incorporate sufficient data and statistics, reluctance to interview abortion seekers, and the promotion of biased narratives.



VIEWING ABORTION AS HEALTH CARE IN MEDIA

Abortion is health care. It is not a moral or ethical issue to debate about. It is a human right as emphasised by many global human rights bodies. Abortion is legal in India and the media reports on abortion should reflect that.

Media needs to refrain from treating abortion as a moral or ethical, or a 'lifestyle choice' for it could further the stigma associated with abortion and abortion seeking.

Such reporting can lead to adverse impacts on the ground, especially in a country like ours with service providers who uphold such religious and moral biases.

In one of the case stories collected by the youth leaders of The YP Foundation, it was noted that a doctor denied abortion service as they believed it to be a sin, and considered both clients and service providers who perform abortion to be sinners.



For instance, this particular headline from The Times Of India, uses the phrase, 'mom's choice,' which portrays abortion as a 'lifestyle choice' of an abortion seeker. Such portrayal could further perpetuate negative stereotypes and biases against women and gender minorities.

Furthermore, using a term like 'mom' ascribes a gender-based familial role to the abortion seeker, a role that they have not accepted or consented to. In addition, such words attach motherhood to the abortion seeker who may not wish to be one, and terminating a pregnancy then portrays the person as reckless. This then elicits a negative emotional reaction from the reader of the article against the abortion seeker.

Media should cover the topic of abortion through a sensitive and human rights point of view, urging the masses to look at abortion as a health and reproductive right.

NAVIGATING SENSATIONALISM IN ABORTION REPORTING

In news reports about abortion, it is common to find headlines or articles with clickbait titles and phrases sensationalising the topic of abortion. The purpose of these reports is then to attract views, rather than presenting an unbiased non-judgemental account. Another common trend we witness is the lack of abortion seeker's experience or perspective informing the news piece. The news is then focused on the sensationalised overarching topic of abortion, rather than the humane story of the abortion seeker.

Source: India Today, 14th December 2020

'Love jihad' law: Officials say UP woman didn't suffer miscarriage, reports of forced abortion fake

Officials have said the UP woman, who converted to Islam after marrying a Muslim man, did not suffer a miscarriage and is kept at a governmentrun shelter home.

According to reports, the 22-years-old girl was admitted to a hospital after she complained of stomach ache and bleeding. But in an ultrasound checkup, everything was found to be fine, following which she was discharged. Later, she was again admitted when she complained of the pain again. She has been currently kept under observation.

A week ago, after the first case of Love Jihad came to light, the police, acting on a complaint, arrested a man, identified as Rashid, and booked him under the new anti-conversion law, while the woman was sent to a protection home. A few days later, several sections of media reported that the woman, who was shifted to a government shelter home, was forced into abortion.

Reacting to the media report, the Child Protection Commission took cognizance of the matter but found that the news was fake. The officials also alleged conspiracy to defame the government.

MISSING: ABORTION SEEKER'S PERSPECTIVE

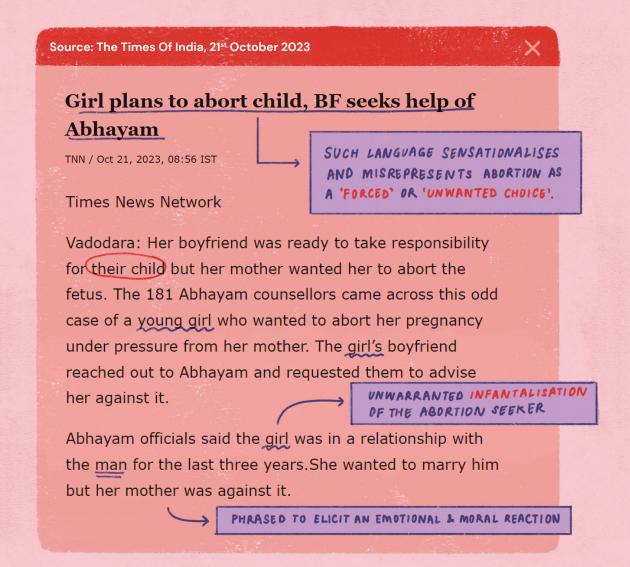


FOCUS ON SENSATIONALISM

Often abortion seekers' authentic stories are omitted, and more space is allotted to sensationalising and blowing stories out of proportion so that these stories get clicks. For instance, the article above falls short of rights based reporting as it employs stigmatising language while excluding the woman's perspective. As stated in the article the incident was later found to be fake, despite this the headline included words like 'love jihad' and 'forced abortion'. The focus on sensationalism instead of the fact of the incident often exacerbates the taboo around the topic of abortion. These reported stories do not provide any integral information about abortion or abortion seekers but rather provide an episodic or incident-based narrative overplaying on the issues trending during the reporting period. Such reports and stories fail to go beyond the incident to cover the complexities that arise in accessing abortion based on the social identity of the persons involved, looking at caste, class, ethnicity, ableism etc.



In addition, the placement of words and phrases to describe incidents mentioned above in the India Today report, such as writing the name of the rape survivor first puts the whole narrative in a passive voice, where the focus and therefore onus shifts from the perpetrator to the survivor. The beginning of the headline should focus on the perpetrators "the man" here, rather than the woman. In the story dated 14th December from India Today, the mention of the perpetrator hasn't even been done in the headline portraying that the survivor is responsible for the crime.



In this article from Times of India, the reporter has framed the headline to sensationalise this news piece and portray abortion as a forced or unwanted choice. The pregnant person is referred to as a girl in this article, with no mention of her age. The usage of 'girl' as a term infantalises the abortion seeker and makes the reader see her as someone who is reckless and young. To avoid such a biassed portrayal, the article should have used a neutral term like 'pregnant person,' or 'abortion seeker.'

In contrast, at the end of the article the partner of the abortion seeker is called a 'man' instead of a more juvenile term like a 'boy.' It is important to note that there is no mention of the partner's age as well in the article. But a term like 'man' could signify that the partner is older and more well informed than the pregnant person. Hence, the choice that the partner is suggesting should be taken more seriously by the reader than the choice of the pregnant person. This makes the choice of abortion a lesser choice.

The article further stresses on the romantic angle of the story, repeatedly calling them boyfriend and girlfriend and highlighting the years of their partnership. This elicits an emotional and moral reaction from the reader. The article begins with the proclamation that the partner is in favour of continuing the pregnancy, asking the reader to sympathise with the partner. Abortion is then painted as an evil step against this love story, rather than a choice for the abortion seeker. A rights-based approach of the article could have given the reader more context and the point of view of the abortion seeker and the mother of the abortion seeker. It should have been a balanced reportage of the case, rather than painting one outcome as the morally and emotionally superior one.

Source: Deccan Herald, 5th December 2023

One more nurse arrested over illegal abortion racket case in Bengaluru

Usharani, 35, has been accused of helping Dr Chandan Ballal, who allegedly performed more than 900 illegal abortions in three years.

DHNS

Last Updated 05 December 2023, 01:17 IST

WORDS LIKE 'RACKET' CREATE A NEGATIVE Association to accessing Abortion Healthcare

This headline from Deccan Herald, further sensationalises the topic, by using the term 'abortion racket.' Such phrases put the topic of abortion in a negative spotlight alleging that seeking and offering abortion services is akin to facilitating a crime. Words and phrases like 'illegally terminated' should not be used as there are several caveats as to what constitutes an illegal termination. Many times pregnant persons opt for self-managed and outside-of-clinic abortion based on their circumstances like financial condition, awareness and information, lack of supportive environments, and access to healthcare.

The following case story collected by youth leaders from TYPF is an example of an out-of-clinic abortion for the fear of ostracisation from the family or community:

I found a video posted on YouTube where a gynaecologist mentioned about medical abortion or 'unwanted-kit'. It consisted of four pills. On day 1, I was supposed to take one pill, and on day 3, I was supposed to take the remaining three. I was confused and scared to get it, as it wasn't prescribed by any doctor. I felt the judgement from the pharmacist also. The way the pharmacist stared at me, made me feel uncomfortable. I followed the procedure as directed by the gynaec on YouTube. The very next day, I was bleeding heavily and it continued for 15 days. I had to use two pads at a time. I felt very lonely; I didn't have support emotionally at that moment. But I couldn't risk my family or relatives finding out."

- A 24 year-old woman based in Assam



SECTION 3

Abortion stories should be presented with compassion and empathy towards the abortion seeker. The emphasis should be given to the pregnant person's right to a healthy and dignified life. The media should refrain from sensationalism by describing the choice to seek abortion services as an anomaly to a "normal" life.

Avoid contextualising the report in a way that builds the narrative on feelings like shame, guilt, disgust, or trauma, representing the abortion seeker as reckless, and overwhelmed with shame and guilt. Accessing safe and affordable abortion services, counselling and care is a universal reproductive right of all girls, women, transgender and non-binary people. There have been several studies⁶ that suggest most pregnant people experience relief rather than feelings of guilt or regret after an abortion. Therefore, we need to ensure that a more holistic and nuanced approach is taken when reporting on abortion.

CENTERING CONSENT IN ABORTION REPORTING

When stories of pregnant persons and abortion seekers are featured or covered, consent should be prioritised and be a central theme. As a reporter, featuring the abortion seeker's voice is imperative to telling their own story. Seeking the consent of the person to feature their story must be non-negotiable, but so is hearing and receiving their story with compassion. In addition, medical practitioners or health care officials who facilitated the abortion can be featured in the stories with the consent of the abortion seeker. This will emphasise the centrality of the abortion seeker's bodily autonomy and situate abortion as a reproductive and healthcare choice.

News reports of abortion sometimes omit the essential details which offer the context within which abortion services are sought by pregnant persons. Such reports are at the risk of becoming an opinionated piece based on conventional and preconceived notions of abortion. Featuring accounts from abortion seekers, healthcare professionals, policymakers give these news pieces a comprehensive understanding of the abortion rights landscape. In addition, data and statistics-driven stories and reports offer the readers an elevated vantage point to the particular incident, aiding readers to understand that abortion is not an isolated incident, but an overarching and systemic issue of healthcare.

⁶ Hurley, L., Wachsmann, H., & Wilkins, R. (2015). (publication). *How to talk about abortion: A guide to stigma-free messaging*. The International Planned Parenthood Federation.

Source: Behan Box, 9th May 2022

Abortion Rights

Abortion Is Legal In India But Rules, **Stigma Make It Hard To Access**

Shreya Raman

Mumbai, Maharashtra | M

EXAMPLE OF RIGHTS - BASED ABORTION REPORTING

At 25, and into the fourth year of an abusive marriage, (N^*) discovered that she was eight weeks into an unwanted pregnancy. She approached a doctor at a public hospital for an abortion, and also disclosed that she had endured sustained spousal abuse. ABORTION SEEKER'S EXPERIENCES PRIORITISED

The doctor insisted on getting her husband's permission for the abortion. She somehow managed to get her husband to sign an informal application for the procedure, but was then asked to get a no-objection certificate from the police as well. The law does not require spousal consent or police permission for an abortion but N's experience is not uncommon in many parts of India. -> STIGMA (SOCIAL BARRIERS) HIGHTIGHTED

N is among the 72 women and two children interviewed for a 2019 research paper by the Centre for Enquiry into Health and Allied Themes (CEHAT), a Mumbai-based research institute. All of them were rape survivors who had sought an abortion and, of them, 57 (77%) could not get procure one.

FOCUSED ON AWARENESS

INCLUDES RELEVANT DATA AND RESOURCES

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This Behan Box report is a good example of rights-based coverage of abortion. The report places paramount importance on the personal experiences of the individual seeking an abortion, prioritising their narrative and delving into the reasons behind their decision to terminate the pregnancy.

Moreover, the report sheds light on the legal dimensions of abortion and incorporates relevant data and statistics. This approach not only enhances public awareness of abortion but also contributes to a more nuanced and accurate comprehension of the issue. Additionally, presenting data and a brief overview of the legal framework surrounding abortion enables the public to contextualise the story or incident within a broader framework.

The intent is for readers to derive information and awareness from these narratives, fostering a constructive understanding rather than promoting provocation or disseminating misinformation on this already sensitive and taboo topic.

LENDING AN INTERSECTIONAL LENS TO ABORTION REPORTING

Media usually views abortion through a conservative and conventional lens. If you open a newspaper, you would think abortion concerns only cis women. However, such a traditional view largely caters to the existing patriarchal society. Such targeted patriarchal and hetronormative reporting alienates abortion seekers from the LGBTQIA+ community.

Abortion is frequently portrayed as a matter primarily concerning girls and women, inadvertently sidelining other communities seeking abortion. It is imperative for reporters to avoid language that narrowly frames abortion as exclusively relevant to cisgender women, perpetuating a homogenous perception of abortion seekers. It is crucial to acknowledge that transgender men and non-binary individuals also seek abortion services, and their experiences should not be overlooked in discussions surrounding the topic.

Adopting inclusive language when addressing abortion will create a more accommodating environment for the trans and queer communities to share their unique challenges in accessing abortion services. In the interest of sensitivity and inclusivity, it is recommended to steer clear of terms like 'pregnant women and girls' and, instead, employ gender-neutral expressions such as 'abortion seekers' or 'persons seeking an abortion.'

> THE MEDIA MUST VIEW AND PORTRAY ABORTION THROUGH AN INTERSECTIONAL AND INCLUSIVE LENS

THE LANGUAGE USED MUST ACKNOWLEDGE THAT ABORTION HEALTHCARE AND RIGHTS CONCERN CIS WOMEN AS WELL AS TRANSGENDER MEN, NON-BINARY PEOPLE, AND OTHER LGBTQIA+ IDENTITIES

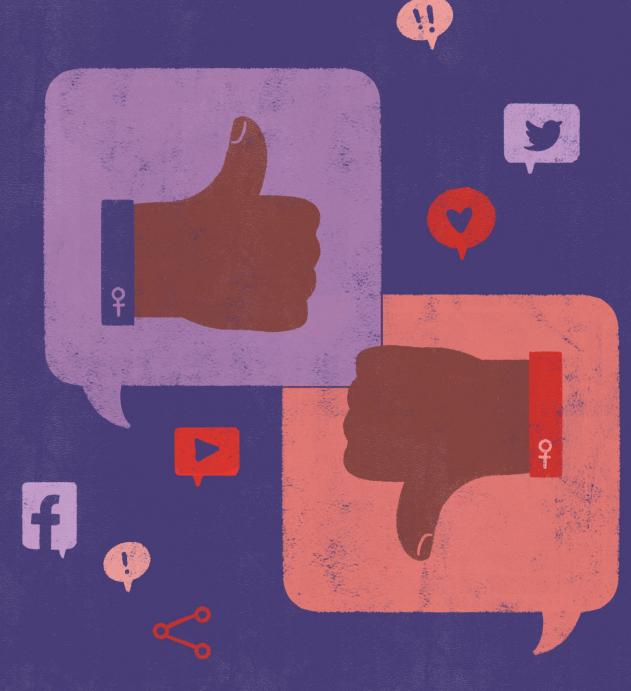


THE MEDIA MUST STEER CLEAR OF CIS HETERONORMATIVE REPORTING WHICH OFTEN SIDELINES VARIOUS ABORTION-SEEKING COMMUNITIES

INCLUSIVE LANGUAGE AND GENDER-NEUTRAL EXPRESSIONS HELP ACKNOWLEDGE UNIQUE EXPERIENCES OF DIFFERENT COMMUNITIES WHILE ACCESSING ABORTIONS:

> • "ABORTION SEEKERS" • "PERSONS SEEKING AN ABORTION"

04 THE DO'S AND DON'TS OF ABORTION REPORTING



HOW TO TALK ABOUT ABORTION?

Avoid using terms like 'mother,' 'mum,' or 'pregnant woman/mother' when referring to individuals seeking abortion. It's important to recognise that pregnant persons and abortion seekers are not automatically mothers or 'pregnant mothers.' The use of such terms may contribute to stereotyping and the reinforcement of gender roles, as they have not yet given birth.

Describing a pregnant person as a mother perpetuates patriarchal notions that women are solely nurturers, inherently possessing qualities of motherhood, and destined to be mothers, reinforcing gender divides and prescribed roles. This can be particularly distressing for abortion seekers within the transgender community and cisgender women who do not conform to conventional notions of motherhood.

Furthermore, it is crucial to exercise sensitivity when reporting cases of rape survivors opting for abortion. Labelling them as 'mothers,' especially in the context of young or teenage survivors, can be highly traumatic. In such cases, where rape or assault victims may be minors, using terms like 'young mothers' or 'teen mothers' is not only insensitive but may convey the message that abortion is a criminal act regardless of the circumstances or gravity of the situation.

Source: The Times Of India, 14th October 2023

Abortion plea: SC for 2nd opinion on condition of foetus, mother

SUCH LANGUAGE REINFORCES STEREOTYPICAL GENDER ROLES

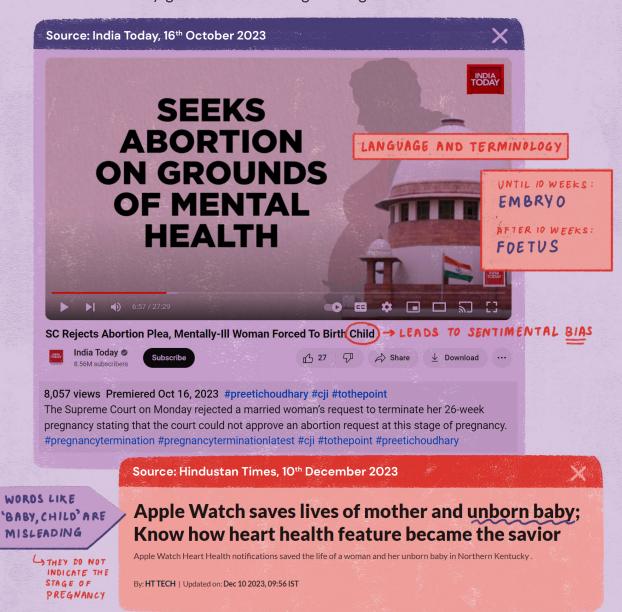
ABORTION SEEKERS AREN'T 'MOTHERS'

Dhananjay Mahapatra / TNN / Updated: Oct 14, 2023, 01:40 IST

Caught in the interplay of law, ethics and morality in the case of a 26-week-old healthy and viable foetus's right to natural gestational life and the carrying woman's choice to terminate her pregnancy, the SC on Friday decided to seek a fresh report from a medical board in AIIMS on the unborn child's condition and the woman's mental state.



Apr 1, 2017: "I wish my baby dies at birth": This is what the woman with a 27-weekold foetus with Down syndrome has said after being refused permission to abort by the Supreme Court. In India, abortion is legal till 20 weeks and not after that except in certain special circumstances. Is it time to amend the abortion law? 2 Avoid employing phrases such as 'baby' or 'unborn baby'; instead, use terms such as 'embryo' for the period up to 10 weeks of gestation and 'foetus' from 10 weeks of gestation until delivery. Referring to the fetus as a baby not only attributes personhood to it but also imparts a sentimental bias to the decision of the individual seeking an abortion. This portrayal can cast them in an unkind and cruel light, falsely insinuating that the abortion seeker is engaging in a criminal act by "killing a human." Such a narrative also places greater value on the unborn life, potentially overshadowing the well-being and health of the fully grown human being making the decision.



Refrain from using negative phrases such as 'anti-life,' 'opponents of life,' and 'no to motherhood.' Instead, opt for more neutral and accurate terms like 'abortion-rights advocates' and 'reproductive choices.' The use of negative language can unfairly stigmatise abortion seekers, portraying them as 'murderers,' unjust, insensitive, or 'killers.' Opting for more neutral and respectful terminology ensures a more balanced and informed representation and promotes reproductive rights and choices. Refrain from using the words, 'illegal abortion' and' unsafe abortions' in the same context. Illegal abortions can violate the country's laws. They could be performed through safe abortion procedures. In contrast, unsafe abortions could be illegal (if abortions are illegal in the country) and could be performed through unsafe methods risking the lives of pregnant persons.

Avoid stating 'abortion is illegal.' Instead, specify that abortion is legal under specific conditions. In India, the medical termination of pregnancy is lawful within specific parameters. Failing to contextualise the laws may wrongly convey that abortion is prohibited in India, potentially leading to the spread of misinformation or misconceptions regarding the legal status of abortion in the country.

According to a new study,

95.5% of women were unaware of the amendment to the Medical Termination of Pregnancy Act which increases the gestational age from 20 to 24 weeks in cases of substantial foetal abnormalities.

were aware that Medical Termination of Pregnancy was legal in India

of women thought

certain conditions"

MTP is "legal with

The study was carried out by the Foundation for Reproductive Health Services, India (FRHS) in four States – Delhi, Maharashtra, Rajasthan and Uttar Pradesh. Excerpt taken from <u>The Hindu</u>:

24%

Source: The Hindu, 1st March 2023

HOME / NEWS / INDIA ABORTION LAWS

Over 95% women unaware of new abortion rules: study

The MTP Act, 1971 was amended a year and a half back legalising abortion up to 24 weeks in case of substantial foetal abnormalities

March 01, 2023 04:26 am | Updated 09:05 am IST - New Delhi

THE HINDU BUREAU

6 Refrain from using 'unintended pregnancy' and 'unwanted pregnancy' interchangeably. Unwanted pregnancy is when the pregnant person doesn't want to continue a pregnancy. However, unintended or unplanned pregnancy indicates that the person is not actively trying to conceive, encompassing both pregnancies that are unwanted and those that may be desired.

Avoid This	Instead, Use This	The Reason Why
Mother/ Mum	Pregnant person/ abortion seeker	Attaches gender roles and responsibilities. And could be insensitive to rape survivors
Illegal Abortion	Under the guidelines/ rules	Abortion is legal in India with certain conditions
Abort a child/ baby	Terminate/end a pregnancy/ Have an abortion	This portrays pregnant persons as criminals. Abortion is a choice.
Pregnant woman	Pregnant person	To be inclusive towards queer and trans communities, neutral words like pregnant persons can be used
Unborn baby/ child	Embryo up to week 10 and foetus after 10 weeks	An embryo or foetus is not yet born and cannot be termed a baby.

HOW TO DEPICT ABORTION?

Some of the media platforms and outlets over the years have taken strides in using progressive language and words while describing abortion. However, the visuals and images used to accompany these reports, stories, news pieces, articles, etc remain provocative, stigmatising, and propagate negative portrayal of abortion seekers. Oftentimes, these images are just to evoke a sense of sensationalism, provocation, and negativity surrounding the topic of abortion. The battle to have positive and affirmative action towards abortion and abortion seekers is often undermined and stigmatised by such visuals.

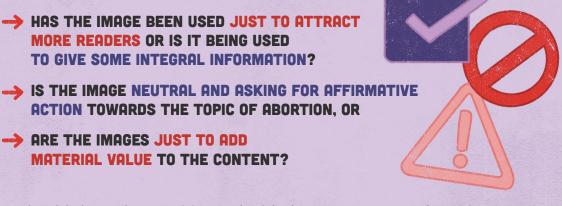
When reporting on abortion and individuals seeking abortion, it is crucial to prioritise the use of right images. Images have the power to convey profound messages without the need for words, making them a vital tool in capturing the nuanced narratives surrounding abortion experiences.

First and foremost, the consent to use images of abortion seekers or anyone involved in a story on abortion should be taken into consideration:



- DO YOU HAVE THE CONSENT TO USE AN
 IMAGE OF AN ABORTION SEEKER?
- AND IS THAT IMAGE PERTINENT AND INTEGRAL TO THE STORY?
- IS THERE A NEED TO INCLUDE THE PICTURE OR CAN YOU IMPART THE INFORMATION WITHOUT THE IMAGE?

Various such questions should be asked before choosing images for the report and story.



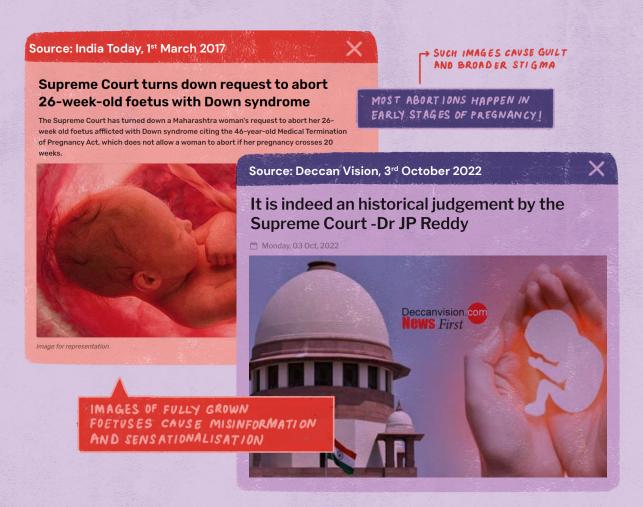
Images should always be sensitive and added to propagate a safe environment for abortion topics and follow the dignity and autonomy of abortion seekers. The images or visuals should pave the way for safer abortion and a safe space for discourse on reproductive health and autonomy. Avoid the use of highly sensational and provocative images, particularly those featuring protruding or visibly large bellies of pregnant individuals. It is essential to consider that abortions often occur in the early stages of pregnancy when the embryo is not fully developed. Utilising images of prominently pregnant bellies for all stages of pregnancy can misrepresent the situation, creating a perception that the abortion seeker terminated a fully developed foetus or 'baby.' This misrepresentation can lead to negative feelings and judgments towards the abortion seeker and the act of abortion.

Source: The Asian Age, 29th July 2017 Х EXTREMELY PROVOCATIVE AND Metros Mumbai **Doctors: Abortion best if there is threat** MISREPRESENTATIVE IMAGERY to mom, kids' life THE ASIAN AGE. Published : Jul 29, 2017, 2:32 am IST Source: Deccan Herald, 28th September 2023 The medicos said that the babies with abnormalities, in many cases, have not been able to survive Bharatiya Nyaya Sanhita, still stuck in colonial era, fails women on abortion The word-for-word reproduction of the provisions of the IPC relating to abortion in the BNS Bill is baffling and at odds with societal needs in the context of criminal justice. Alok Prasanna Kumar Follow Us 🔂 🖌 🗛 🗛 Last Updated 28 September 2023, 01:41 IST SUCH IMAGES ELICIT NEGATIVE FEELINGS TOWARDS ABORTIONS SINCE THEY PORTRAY A FULLY DEVELOPED FOETUS.

Instead, opt for images that accurately depict the specific stage of pregnancy relevant to the context. If information about the pregnancy stage is not available, it is advisable to refrain from using any images of pregnant individuals. This approach ensures a more responsible and respectful representation of the abortion-seeker's context.

Moreover, the use of misleading images can contribute to perpetuating feelings of shame and guilt, especially when implying that the pregnancy had reached an advanced stage before termination. To depict pregnancy, sensitive and neutral images like a positive pregnancy test can be used as this provides an informed representation of the situation. Overall, consider using visuals that focus on illustrating abortion policies and the reproductive health situation in the country, fostering a more informative and nuanced understanding of the subject matter.

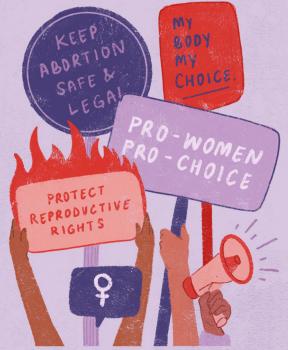
2 Avoid using images of fully grown foetuses. Most abortions happen in the early stages of pregnancy when the foetus is not fully grown. Images of a fully grown foetus portray the abortion seeker in a negative light and attach a sense of guilt to the choice of the abortion seeker.



A study by Guttmacher reiterates the above, where 91% of women in a study found their pregnancy within the first trimester out of which 84% decided before the end of the first trimester to

have an abortion⁷.

3. Avoid the use of explicit and shocking images, such as surgery rooms or images with lots of blood, as these can contribute to the unnecessary creation of stigma and panic surrounding abortion. Opt for images that convey a more informative and nuanced perspective on abortion, such as hospital waiting rooms, pregnancy kits, and pro-choice protests.Bychoosingvisualsthatfocus on broader aspects of reproductive health, you promote a more balanced and respectful portrayal of abortion, fostering understanding and reducing the potential for sensationalism.



⁷ Kalyanwala, S., Zavier, A. J. F., Jejeebhoy, S., & Kumar, R. (2022, August 25). Abortion experiences of unmarried young women in India: Evidence from a facility-based study in Bihar and Jharkhand. <u>Guttmacher Institute.</u>

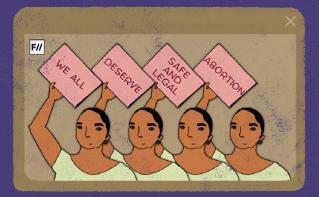


• Opt for depictions of abortion that move away from traditional hospital surgery room settings. Showcase diverse community settings or familiar environments like homes to emphasise that the experience is not isolating. This approach aims to counter the misconception that abortion is exclusively a surgical procedure and helps dispel fears associated with such imagery. By presenting a more inclusive and varied portrayal of abortion experiences, we can contribute to a more accurate understanding and reduce the potential for unnecessary anxiety.

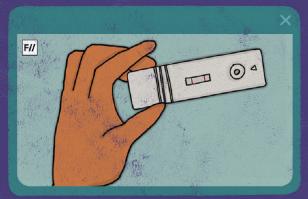




5. Ensure that images representing abortion seekers reflect diversity in body types. As previously mentioned, it is crucial to acknowledge that abortion is an intersectional issue that extends beyond the experiences of cis-gendered women alone. By presenting a range of body types, you emphasise the inclusivity of the narrative, recognizing that individuals from various backgrounds and identities may seek abortion.













Avoid This	Instead, Use This	Reason
Protruding bellies/ visibly pregnant women	Images of women/ pregnant persons without protruding bellies, depicting earlier stages of pregnancy	Abortion is more common during the initial stages of pregnancy, showing fully grown bellies could be misleading and create a sense of shame
Images of babies	Positive pregnancy test	Images of fully grown foetuses attach an emotional aspect to the choice of abortion and create a sense of guilt for the abortion seeker
Images of distressed women exhibiting expressions of shock, sadness or crying	Pregnant person exhibiting neutral expression	Depicts abortion as a distressing and unwanted choice
Hospital surgery rooms or shocking images of blood	Hospital waiting rooms or community centred familiar settings.	Attaches feelings of fear and anxiety around abortion. The surgical room setting also makes abortion look like a lonely experience.
	1	

05 THE NEED FOR INTERSECTIONAL AND SENSITIVE PORTRAYAL



ABORTION SEEK

UNMARRIED

The media must incorporate intersectionality while covering the topic of abortion and stories of abortion seekers. Abortion seekers come from all walks of life and representation of identities matters. Policies, laws, and discourse on abortion equally impact the lives of marginalised people.

Stories of abortion seekers from marginalised identities should be covered sensitively by prioritising the lived experiences of the person and the challenges they encounter while accessing abortion services. Persons with disabilities, queer people, and the trans community also seek abortion and cannot be excluded from the discourse on abortion.

Media while reporting on marginalised communities could propagate negative stereotypes and biases against the community if a sensitive and responsible approach isn't taken while covering their stories. **Reporters should verify and ask the pregnant person how they want to be represented and identified in the story.** Consent and approval are important factors in reporting on the matter.

The media should employ accurate and respectful language, using terms such as "persons with disabilities" or "Dalit person," as these labels empower individuals within the communities. Negative language and misinformation in reports concerning marginalised communities have the potential to fuel hostility against those who are already marginalised. Such reports may contribute to the further alienation or "othering" of these communities.

06 ONGROUND VOICE

The Safe Abortion For Everyone (SAFE) Programme at The YP Foundation is dedicated to improving access to resources and information around safe and legal abortion services. SAFE achieves this through evidence generation, capacity building, and youth-led narrative building. TYPF in collaboration with grassroots organizations belonging to the community or entity they represent (LBTQI+, tea tribes community, and traditional marine fisherfolk) have created strategies to foreground the experiences of diverse social groups from two states of India (Assam and Kerala) to facilitate context-specific policy and on-ground interventions.

SAFE (Safe Abortion for Everyone) engages young people from diverse social locations, in the creation of knowledge products, auditing of abortion facilities, and social action projects aimed at abortion awareness and policy engagement. Based on the evidence generated from on-ground initiatives and our collaboration with grassroots organisations based in the two states, we are aware that despite the legal framework that supports abortion rights, there is still a widespread prevalence of stigma and access barriers for different communities.

In a qualitative study done in 2021 in Assam and Kerala by TYPF, it was found that the dominant voice among 36 respondents interviewed believed that induced abortion is illegal in the country. This view was voiced not only by the community key informants and young people but also by some of the institutional heads. Many of the respondents equated their ideas of the immorality of abortion, with its illegality, the fundamental idea being, "it is wrong", so it must be "illegal". However, many of the respondents agreed that abortion was being done in society despite its illegality.

A testimony from a community health worker from the tea plantation community in Assam is as follows:

> It's only while interacting with other women that we have come to know that doctors are often reluctant to provide abortion and ask for detailed reasons for the same, making the entire process difficult for the person who is seeking an abortion. The people who are seeking an abortion sometimes have to face verbal mistreatment. Their tone is very harsh and critical, indirectly suggesting that they shouldn't do an abortion. ASHA workers tell the same thing about doctors, making the process difficult for both the person seeking abortion and ASHA workers accompanying them."

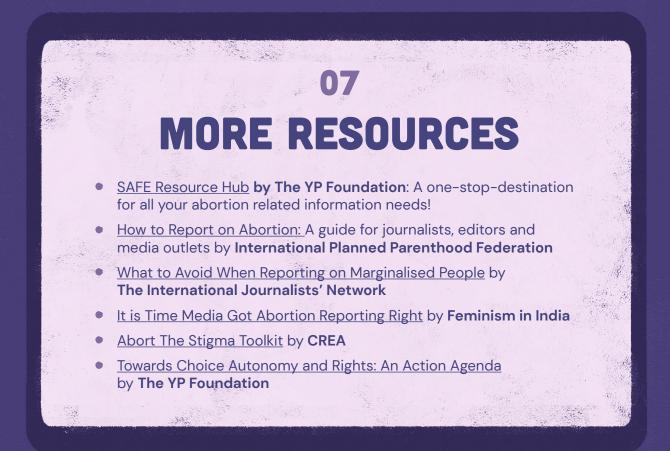
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Between May – October 2023, our SAFE youth leaders conducted audits in 48 facilities across Assam and Kerala. Some of our key findings from the social audits of clinics providing abortion services, point to the following trends: **unregulated overpricing of abortions services**, **imposition of value judgements by the provider**, **disparity based on the identity of the researcher**, **breach of confidentiality among others** (refer to our Audit Report from 2023⁸.

The on-the-ground evidence underscores the necessity for adopting a rights-based narrative surrounding abortion in the country. Despite recent progressive rulings from the country's Apex Court, there is still a lag in addressing the healthcare needs and rights of individuals seeking abortion. Numerous challenges, as outlined above, persist and continue to obstruct access to abortion while perpetuating societal stigma.

Recognizing the power of language and its impact on perception, it is crucial to address misinformed reporting that portrays abortion seekers in an infantilizing manner or assigns motherhood to them. Such portrayals contribute to the reinforcement of antichoice narratives, framing abortion as a moral or ethical dilemma. To illustrate, one of our youth leaders faced significant backlash for initiating a digital campaign aimed at compiling a list of youth-friendly and non-judgmental abortion service providers in Kerala. These reactions highlight the negative societal attitudes toward abortion, which are perpetuated through the language used in reporting on the topic. In this regard, this guide serves to foster informed, inclusive, and rights-based reporting on abortion which would enhance accessibility for anyone seeking abortion services in the country.

⁸ Assessing youth friendliness of abortion services- audit report. The YP Foundation. (2023).





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