



ORGANIZATION

Hidden Pockets Collective (HPC)

CONTACT

Athira Purushothaman | aadhira@hidden-pockets.com

Hidden Pockets Collective tapped into young rural people's preferences of music and social media to spread awareness about safe abortion, through original songs and music videos.



implementation story:

Using pop culture and social media to challenge abortion stigma and empower young women in rural India



In a state like Bihar, where the literacy level is low, we thought: why not use the love for music to educate women? Our unique approach helped us to reach women and educate them about reproductive health in a way that was most accessible for them.

– Aisha Lovely George, Executive Coordinator, Hidden Pockets Collective

BACKGROUND AND CONTEXT

LACK OF SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS AGENCY

Despite national policies to promote sexual and reproductive health and rights (SRHR) in India, it remains a taboo subject among the population. Premarital sex and the use of contraception and abortion services are highly stigmatized, which causes reluctance to seek sexual and reproductive health (SRH) care. Sexuality education is not part of the school curriculum in India, and young people resort to online sources, friends and married relatives to access information about SRHR – which poses a risk for information that is not evidence-based.

The fear, shame and limited awareness of rights mean that people, and in particular young people, lack agency over their own SRHR. Hidden Pockets Collective (HPC) is an Indian nongovernmental organization (NGO) that works towards the goal of achieving stigma-free, affordable and accessible SRH care for everyone in the country, regardless of their marital, social, political and economic status. Its research in four rural districts in Bihar revealed that a limited understanding of SRHR and how to access SRH services is a widespread issue among young, unmarried people in rural parts of India – something which is augmented by low education levels. In the Bihar region, women are generally seen as having the primary responsibility for contraception within a relationship, while family planning is heavily skewed towards female sterilization.



Photo: Hidden Pockets Collective

Students from Magadha Para Medical Nursing College, Gaya, Bihar. Hidden Pockets Collective conducted an SRH workshop for the students and distributed free sanitary pads.

The curriculum of the HPC workshops was based on references to WHO abortion guidelines and incorporated the importance of equitable, inclusive and people-centred abortion care.



Women in Rural Bihar face a lot of problems. They are still not comfortable buying sanitary pads or menstrual cups, or sharing their problems with others. The Government and NGOs offer facilities to support women's sexual and reproductive health, but due to illiteracy, many women do not take advantage of these. We have to spread awareness about the services that are available to them.

— Nancy Mehta, 3rd Year Bachelor of Business Management Student from Bihar

STIGMA AS A BARRIER TO SAFE AND PERSON-CENTRED ABORTION CARE

Induced abortion is allowed in India under certain circumstances: in the case of fetal impairment up until week 20, or when the pregnancy poses a risk to the woman's life or physical or mental health up until week 24. The law also recognizes that unplanned pregnancy – at least as a consequence of failed use of contraceptive methods – can be a threat to women's mental health.¹

Although abortion is permitted in India on certain grounds, phone calls to the HPC WhatsApp Careline reveal that many people in the country still believe that abortion is illegal in all circumstances. Meanwhile, studies show that unsafe abortion is the third most common cause of maternal deaths in India (1) – a cause that could be prevented by access to evidence-based and person-centred comprehensive abortion care, including information.

While the technology and knowledge of how to perform safe induced abortions exist, deep-rooted cultural norms about sex and gender continue to pose barriers to safe and respectful abortion care. Cultural attitudes often lead to biased and non-evidence-based behaviour among service providers. Some health workers believe it is their duty to involve the family of unmarried patients who request an abortion – even though it is illegal to request the consent of parents or the partner when the abortion seeker is over the age of 18. Such barriers contribute to delays in abortion care, sometimes beyond the legal gestational age limit, and push many young people to opt for unsafe abortion methods (2).

1. Previously, this threat to mental health was only recognized for married women. However, since September 2021, unmarried women above the age of 18 have also been able to access abortion for this reason.

Woman walking with her children on the empty streets of rural Bihar. The Covid-19 lockdown severely affected rural communities, including in terms of access to SRH services, income generation, and access to goods for those with limited knowledge of online shopping. Internet access is limited in rural parts of India.



THE PANDEMIC'S DEVASTATING EFFECTS ON SRHR

The risk of negative SRH outcomes in Bihar became even more apparent with the outbreak of Covid-19. The pandemic pushed many people into extreme poverty, which triggered an increase in child, early and forced marriage (3).

The pandemic led to a rise in unplanned pregnancies and unsafe abortions; (4) however, at the beginning of the lockdown in 2020, abortion was not on the list of essential services in India. Travel restrictions, income losses and the focus of the health-care sector's attention on Covid-19 meant that abortion and family planning clinics were either closed or converted into Covid-19 centres,(5) forcing some women to continue unwanted pregnancies.

During the lockdown, many young people returned from urban cities where they had migrated for employment back to their hometowns within the state. Some of them approached HPC as well as local NGOs in Bihar such as Alharh, seeking help to manage their menstruation and to access pregnancy test kits due to missed menstruation. Others revealed that they felt the need to travel to other cities to obtain abortion services, to avoid their privacy being compromised in their hometown.



Although gender discrimination, harmful taboos, inequalities and menstruation and SRH stigma are socio-cultural realities we have received numerous calls from adolescents across Bihar, looking to address issues regarding menstruation and SRHR.

These calls, which I consider acts of claiming bodily autonomy, give us an overview of the lack of access to SRHR information and products.

Adequate menstrual literacy linked with information on other SRHR topics can help reduce unhealthy practices and promote health-seeking behaviour among menstruating people. More awareness would mean sexual and reproductive justice for so many girls and women.

— Shalini Jha, Founder of the local NGO Alharh in Bihar

A CAMPAIGN TO EMPOWER YOUNG RURAL PEOPLE

Prior to the Covid-19 outbreak, HPC had started developing the campaign “Ab Aap Safe Hein”, which is Hindi for “You are safe now”. The campaign, targeting both young people and health workers, aimed to improve the understanding of clinical and legal aspects of abortion and to empower young people in rural India by raising awareness of their right to SRH, including respectful, affordable and safe abortion.

Four districts of Bihar were selected for this campaign. In these areas, there was strong adherence to deep-rooted cultural norms, coupled with a lack of information in local languages, which contributed to particularly high numbers of unsafe abortions.

As many people in rural settings in India lack access to the internet, it was important to include offline activities to complement online content. However, “Ab Aap Safe Hein” was launched in the midst of the pandemic, which first made it impossible to arrange the planned face-to-face activities. Nevertheless, flexible adaptations enabled a successful combination of virtual and face-to-face events. HPC developed a range of material, including podcasts, songs, videos, and training material, which was shared through various channels, including social media, traditional media, and physical training sessions and workshops.

WHO ABORTION GUIDELINES AND TOOLS

WHO is a widely trusted source of health-care recommendations in India. By referring to data and evidence-based recommendations from WHO, HPC could build credibility and ensure that reliable information reached its target audience. In the design and implementation of the “Ab Aap Safe Hein” campaign, several WHO guidelines on abortion care were consulted: [Medical Management of Abortion: Health worker roles in providing safe abortion care and post-abortion contraception](#); and [Preventing unsafe abortions: Evidence brief](#).²

Throughout the process of developing the campaign, it became apparent that there was a great need to adapt the implementation of the guidelines to the local context, including by considering the laws and local context. For example, all information was developed in the local language, Hindi, and the information was framed in ways to confront and encourage questioning of local common misconceptions, myths and norms. While cultural norms were identified as barriers to safe and respectful abortion care, a deep understanding of local lifestyles, habits and preferences also proved key to a successful campaign.

Covid-19 vaccination centre in Bihar. The pandemic led to the closure of many facilities offering abortion and family planning services, and a rise in unplanned pregnancies and unsafe abortions. Some vaccinations took place in schools that had been closed due to the lockdown.



Photo: Hidden Pockets Collective

2. These and other WHO abortion-related guidelines have been replaced by the WHO [Abortion care guideline](#) (2022), a consolidated guideline on comprehensive abortion care across the continuum of care, spanning clinical care, service delivery, and law and policy. Additional resources on abortion care can be found [here](#).

IMPLEMENTATION STORY

SHARING EXPERIENCES VIA PODCASTS AND WORKSHOPS

HPC produced a podcast series, in which young people, including a gynaecologist and a lawyer, shared their own stories about their experiences related to SRHR, such as menstrual health and access to safe abortion. By referring to clinical recommendations as well as information on law and policy in WHO abortion guidelines, HPC identified relevant topics for guest speakers to discuss in the podcast. The podcast generated 2,300 listeners and was also used in workshops in schools, and in underprivileged communities to teach young people, including blind young girls, about their SRHR.

The organization assigned a specific community outreach coordinator, who ensured that local communities and NGOs were involved in the campaign process. The coordinator visited local service providers and NGOs that were already present in the area, and encouraged them to collaborate with HPC and to recruit participants for training events and workshops.

Face-to-face training on SRHR, including comprehensive abortion care (CAC), was offered to nursing and paramedical students, as well as to different types of health workers commonly present in rural India, including Accredited Social Health Activist (ASHA) workers, and Mamta Didis (health workers with a role similar to that of counsellors, and who are present in all health-care centres in Bihar to provide maternal and child health care). The curriculum, which was designed based on WHO's evidence-based clinical guidance, including the [Clinical practice handbook for safe abortion](#),³ included training on how to prevent unintended pregnancy through contraceptive use, how to prevent unsafe abortion, and how to identify and treat signs and symptoms of complications of unsafe abortions. The training received positive feedback from many attendants, many of whom were unaware of the legal aspects of abortion in India.

In addition, in-person and offline workshops were conducted with women from rural communities, as well as nursing and paramedical students, to teach them about abortion care in India and the importance of affordable, stigma-free and safe abortion services. Based on references to WHO abortion guidelines, the curriculum incorporated the importance of access to abortion care being equitable, inclusive and people-centred. Between March 2021 and November 2021, 17 workshops were conducted, four of which were online. In total, they reached 850 people, 70 of whom were paramedical/nursing students. A further 13 workshops are planned as part of the campaign.

3. This and other WHO abortion-related guidelines have been replaced by the WHO [Abortion care guideline](#) (2022), a consolidated guideline on comprehensive abortion care across the continuum of care, spanning clinical care, service delivery, and law and policy. Additional resources on abortion care can be found [here](#).



Young women in Bihar were invited to workshops on SRH including safe abortion.



Knowing about sexual and reproductive health is important for everyone to stay healthy. This awareness campaign is very commendable. What I learned from this workshop is that we should always turn to a health worker with the competencies to provide safe abortion care.

— Soni Kumari, 21 years, Hidden Pockets Collective workshop attendee from Bihar

LEVERAGING LOCAL SOCIAL MEDIA BEHAVIOUR

By referring to recommendations in WHO abortion guidelines, HPC identified relevant topics and developed evidence-based messages to be shared on social media. To understand how young people in the region actually consume social media, the organization distributed surveys via Instagram and conducted data analysis of the use of different social media platforms. It also observed social media influencers who are popular in Bihar, including what platforms they used, what content they posted, and how the audience responded to different content. It appeared that young people in rural areas prefer short videos rather than information via longer videos or in text format. It was also revealed that – unlike in urban areas of India – globally renowned social media platforms such as Facebook, Instagram and Twitter are less popular in rural India. By testing different channels, HPC confirmed that content engaged more people in Bihar when it was posted on Indian platforms such as MX Taka Tak, Josh and Share Chat. These channels focus on short videos and are popular in rural India because they consume less data. Based on this analysis, HPC decided to redesign its campaign: to develop content in similar styles and formats as local influencers, including short videos, reels and memes, and to share it via local platforms.

The campaign was supported by a variety of stakeholders, including NGOs such as Alharh; activists; traditional media such as AIR Bihar-All India Radio; and social media influencers – who shared and amplified the messages and initiated conversations around safe abortion. Over a period of nine months, HPC's short video content was shared by nearly 14,000 people and downloaded by 2,600 people.

TAPPING INTO LOCAL POP CULTURE

Another insight resulting from HPC's research was that Bollywood has a huge influence on young people in rural India. In an attempt to tap into local habits of consuming information, the organization developed a song in Hindi, *Pinky Kare Sawaal*, with the help of Bihari lyricists and composers who are familiar with the target group's musical taste.⁴ The lyrics of the song were composed based on WHO abortion guidelines: the songwriters used the guidelines to identify which aspects of safe abortion to be highlighted and which terminology to use in the song. The lyrics cover a range of abortion-related topics, including the importance of safe abortion, the use of pills for medical abortion, and the importance of consent from and the autonomy of the pregnant person. The song was released on 28 September 2021 – International Safe Abortion Day – as part of an event that took place both online and offline.

A popular tactic to attract public attention in rural areas is to spread messages via auto rickshaws, a common vehicle in India. To launch the song and spread awareness about the abortion campaign, HPC hired rickshaws, from which the song was played as the rickshaws travelled from street to street. Drivers also parked in front of colleges, where many young people stopped to listen to the song. In addition, the song was played in movie theatres on International Safe Abortion Day.



HPC leveraged the love for Bollywood culture among young people in rural India, and collaborated with Bihari composers to develop a locally relevant song and a music video on safe abortion.

4. Listen to the song and watch the video at <https://www.youtube.com/watch?v=gxeB3UGvsqg>.



Photo: Hidden Pockets Collective

The lyrics of the HPC safe abortion song were composed based on WHO abortion guidelines, and cover a range of abortion-related topics, including the importance of safe abortion, the use of pills for medical abortion, and the importance of consent from and the autonomy of the pregnant person.



My family belongs to Bihar and keeping in mind the kind of content that I have seen my cousins share, the language, pronunciations, and even the characterization in the video seems like the kind that should definitely work.

— Viewer commenting on the “Pinky Kare Sawaal” abortion song on YouTube

As part of an online launch event, people who had contributed to the making of the song were invited to play a “songbola” game and to introduce the song live on Zoom. The song was also released on Soundcloud, radio and YouTube, receiving more than 1,400 streams. In November 2021, a crowdsourced version of the song, with English subtitles and featuring social media influencer Srishti Dixit,⁵ was released to further spread the message.

5. Listen to the song and watch the video at <https://www.youtube.com/watch?v=01N5oHuczdE>.



Photo: Hidden Pockets Collective

The HPC safe abortion song encourages young people to question abortion stigma and social norms about sexual and reproductive health, and to reflect on their SRHR.

BREAKING TABOOS AND QUESTIONING NORMS THROUGH MUSIC

In a context where sex and abortion are severely stigmatized and often spoken of in serious tones, Hidden Pockets Collective's use of social media and popular culture served as a means to address important health and rights issues in a more light-hearted, positive and fun way that appeals to young people. The launch of the song helped to associate adolescents' right to good sexual health, well-being and autonomy, with laughter and positive energy.



It's a great idea to sing and dance about abortion, it's a part of life!

— Viewer commenting on the “Pinky Kare Sawaal” abortion song on YouTube

The song also helped to confront some of the myths and stigmas that are commonly perpetuated in Bollywood culture. Media and Bollywood productions often portray abortion as something evil that only “heartless” people undergo. However, Hidden Pockets Collective's song encourages youth to question what they hear about SRHR – to dare to start asking questions about their own rights and their health, and to be critical to sources that appear to spread misinformation.⁶



Wow! This is such a fun and light way of spreading information. Love the song.

— Viewer commenting on the “Pinky Kare Sawaal” abortion song on YouTube



LESSONS LEARNED

This project showed that it is crucial to acknowledge and seek to challenge cultural norms that pose barriers to good sexual and reproductive health. It is also an example of how local cultural expressions can be successfully leveraged, by tapping into rural preferences for specific popular culture and media channels; and of how rigorous quantitative and qualitative analysis support deeper understanding of local habits and lifestyles.

The campaign was built on the notion that stigma reduction is critical in order to improve access to safe abortion. Laws permitting abortion are not sufficient on their own, if people affected by these laws are hesitant to requesting the health services that they have a right to. Thus, laws supporting access to safe abortion must be coupled with efforts to improve rights awareness.

However, communities will not benefit from improved awareness alone. In addition, efforts to increase people's trust in the public health system are needed. This can be done by training health workers in providing welcoming, compassionate and non-judgmental care, so that young people are equipped to make their own informed choices about their reproductive health.

6. To read more about the “Ab Aap Safe Hein” campaign, visit <https://hiddenpocketscollective.org/2021/08/18/ab-aap-safe-hein/>.

tips for SRHR implementation

- 01 Do your research.** It is critical to understand the target population's habits of consuming information, online and offline, to develop campaigns that are relevant.
- 02 Pay attention to local variations within the country.** Do not assume that all adolescents have the same lifestyle, health-care behaviour and media consumption patterns. Urban-centric content and language may not necessarily work for rural populations – as financial, cultural and religious backgrounds may vary, as may access to education, information and health care.
- 03 Design flexible campaign strategies.** Allow for adaptations to unexpected, external changes beyond your control, such as a pandemic.
- 04 Collaborate with local organizations.** This will prevent duplication of messages, and support a focus on the creation of new content that will add value.
- 05 Understand and design around infrastructural challenges.** For example, if lack of internet access is a common problem in the setting, it is vital to include offline activities.
- 06 Define expected outcomes of your campaign.** Clear objectives provide direction, enable evaluation of the success of efforts, and facilitate effective curation of campaign material.



Photo: Hidden Pockets Collective

Nancy Mehta, Student from Bihar participated in SRHR workshops organized by HPC.



For more information and recent WHO resources on abortion care, please visit the WHO Abortion webpage.

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