

## Adapting Medabon<sup>®</sup> Materials for Local Use

Because health services and information needs vary from place to place, the materials in this packet are designed to be adapted. As a starting point, program managers and others can review these materials and mark sections that require adaptation, based on local needs or national regulations.

These materials may be adapted and distributed for nonprofit or educational purposes without obtaining permission. Please credit the Concept Foundation, Ipas, and PATH as the source of these materials. We would appreciate receiving copies of any materials produced. Please send an email to [medabon@conceptfoundation.org](mailto:medabon@conceptfoundation.org) letting us know about your work, and include electronic copies of the documents if possible.

While adapting these materials, the following issues should be considered:

- **Target audience:** Consider who the primary decision-makers and actors are in different situations and shape the materials for that audience. For example, how can the policymaker, the health worker, and the woman be involved and mobilized to address a specific concern?
- **National/local abortion laws and regulations:** Confusion regarding abortion law and policy is often widespread, particularly among health workers and women. The circumstances under which medical abortion may legally be provided should be stated clearly in the “Medical and Service Delivery Guidelines” (e. g., for what indications and gestational ages). Health workers should be prepared to support women in meeting legal requirements when possible. If written informed consent is required, consider providing a sample document or guidance for verbal consent among low-literacy populations.
- **Proposed distribution mechanisms:** The “Medical and Service Delivery Guidelines” should be adapted to reflect how Medabon<sup>®</sup> will be provided (including a description of who is authorized to prescribe and/or administer the medication). For example, these materials are written to address both clinic- and home-based administration of misoprostol. They should be adapted to reflect current practice in your context, including a clear outline of the circumstances under which home administration is permitted. Additional materials for women may need to be developed with a greater level of detail.
- **Local misperceptions or misinformation about medical abortion:** An initial assessment of local knowledge and attitudes about abortion and medical abortion can help to identify common misperceptions or local beliefs that may hinder introduction (see “A Framework for Introduction”). Programs should adapt the materials to address these issues.
- **Local language and literacy levels:**
  - Whenever possible, materials should be made available in the local language and at the average reading level of the intended audience. For example, the level of technical detail and language of the “Medical and Service Delivery Guidelines” will need to be adapted for use by health workers at the village level.

- In general, avoid using terms that may be difficult to understand. For instance, local terms can be substituted for words such as “uterus” or “menstrual period” if these terms are not readily understood during pretesting (see below).
  - New, locally appropriate definitions may also need to be developed in some cases; for example, how can fever be assessed in situations where women are unlikely to have a thermometer at home?
  - For audiences with low literacy levels, it may be helpful to develop materials that convey key messages through illustrations and captions (see below).
- **Culturally appropriate illustrations:** The sample drawings included in this package provide an idea of what illustrations can be used. Programs wishing to adapt the materials should work with a local artist to develop or adapt illustrations.

Whenever materials are created or adapted, it is highly advisable to pretest them to ensure they are clear and culturally appropriate. This can be done by holding small group discussions with representatives of the intended audience or by soliciting comments from individuals. During the pretests, participants are asked a series of questions about the materials to “test” their understanding of the content and gather their suggestions for making the messages clearer. The pretest results should be used to revise the materials before they are published and distributed more widely.

For detailed instructions on pretesting print materials, see pages 57–82 of PATH’s *Immunization and Child Health Materials Development Guide*. The publication can be downloaded in English, French, and Spanish at: [www.path.org/publications/details.php?i=346](http://www.path.org/publications/details.php?i=346).

Family Health International also has a guidebook on pretesting available in English and French at: [www.fhi.org/en/hiv aids/pub/guide/bcc+handbooks/effectivepretests.htm](http://www.fhi.org/en/hiv aids/pub/guide/bcc+handbooks/effectivepretests.htm).

---

This document can be found online at [www.medabon.info](http://www.medabon.info). To request additional copies, please contact Concept Foundation at [medabon@conceptfoundation.org](mailto:medabon@conceptfoundation.org). This material may be adapted and distributed for nonprofit or educational purposes without obtaining permission. Please credit the Concept Foundation, Ipas, and PATH as the source of these materials.