

# ICFP 2025

3-6 NOV • BOGOTÁ • COLOMBIA



## Advocacy Abstract Writing

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# Content

- ① Why present at ICFP?
- ① Purpose
- ① Title
- ① Advocacy Intervention/Activity Tested
- ① Methodology
- ① Results/Key Findings
- ① Policy/Program Implications



**Why?**

# Why present your advocacy abstract at ICFP?



- 🌐 **Contribute** to the field of family planning (FP) with new knowledge.
- 🌐 **Disseminate** the findings from your advocacy intervention and learn from other potential similar interventions or those addressing similar issues.
- 🌐 **Raise** awareness about the lessons learned from your advocacy interventions.
- 🌐 **Develop** new skills and practices through interactions with other researchers, advocates, service providers, program implementers and policymakers.
- 🌐 **Add** to your professional development and overall profile.



**Purpose**



# Purpose of an advocacy abstract?

- 👤 **To demonstrate** to reviewers the relevance of your advocacy and findings
- 👤 **To accurately summarize** the intervention, methodology, key findings, impact achieved, outcomes attained, and lessons learned
- 👤 **To briefly but clearly communicate** the preliminary or final findings of your efforts so that attendees can decide whether to attend your session



**Title**

# The title is as important as the abstract content



- 🌀 The title is your headline and “mini-advertisement” in the conference program.
- 🌀 The title should be **short, specific, informative, and snappy**.
- 🌀 Summarize your activity in 15 words or less.
- 🌀 Give a sense of the scope of your efforts (and location).
- 🌀 Make it sound like something you’d be interested in attending!

# Examples



- ① The “Act Now to End Teenage Pregnancy” Campaign: Multi-sectoral partnerships, media and mass mobilization drive results in Uganda
- ① **Fostering subnational accountability through innovative, decision-maker-led internal assessment for FP commitments in Kenya**
- ① Business case for investing in family planning in Nigeria 2018 to 2020 – Cost benefit analysis

# Significance / Background

200 words maximum

# The background is the introduction to your efforts



## **It should answer:**

- What is the status of family planning in your context?
- What problem are you addressing?
- Why was advocacy or accountability needed?

 **Don't assume abstract reviewers know what you do.**

# Significance/Background – Inside Tips



- This is a **before** snapshot. Make sure the background describes the setting prior to your advocacy or accountability activities – and why they were needed (include data when possible).

# Example



Family planning programs are high-impact interventions that can improve the health and wellbeing of women worldwide. To align with global commitments and strategies, these programs often intrinsically emphasize initiating new contraceptive users. Yet over the course of their lives, women will choose to start, stop, or switch family planning methods to meet their reproductive needs and preferences. **The dynamics of contraceptive use-including method switching and discontinuation - among current users are equally important facets of supporting women and couples to achieve their family planning goals.** Quality family planning services should be responsive to the dynamics of contraceptive use over a woman's life course. It is critical for policy makers to understand these dynamics to better tailor services to women and families. **Expanding the focus of family planning programs to fully address existing users and their contraceptive decisions will strengthen the quality and reach of family planning service delivery investments.**

**Why was advocacy necessary?** - Establishes the importance of family planning services to support their fertility goals and the scope of health care services



# Advocacy Intervention / Activity Tested

100 words maximum

# Describe the advocacy intervention



- 👤 What were the specific aims and objectives of your advocacy?
- 👤 What role did your organization or institution play in addressing the issue?
- 👤 Did you have any collaborators?

# Intervention – Insider Tips



- ① “WHY” should be covered under the background.
- ① Your advocacy intervention section should answer:  
**Who? What? Where? When?**

# Example



**We sought to translate existing, complex data on contraceptive use dynamics into simplified formats, making the data easily interpretable and actionable for policy and program decisionmakers.** To do so, we employed creative data visualization approaches, such as the Sankey diagram, to examine 1) switching and discontinuation trends, 2) reasons for discontinuation, and 3) wantedness of pregnancies. We used the data visualization tool, called Choices and Challenges, with key target audiences (e.g., ministry of health officials) as well as program implementers to explore whether Sankey diagrams might be an effective mechanism for facilitating policy discussion on contraceptive discontinuation and switching.

When? Where?  
Who? What?

# Methodology

200 words maximum

# Describe your timeline, approach and methodology



- ① What specific advocacy or accountability approach did you use?
- ① Who did it target and why did you choose them?
- ① Include details on location, data sources/evidence used, time frame, intended beneficiaries, etc.

# Methodology – Inside Tips



- 👤 The methodology section is important for reviewers to judge the quality, rigor, and validity of your work.
- 👤 Make sure you **carefully consider** which information should fall under the intervention section and which falls under methodology.

# Example



## How?

The Choices and Challenges tool uses Demographic and Health Survey (DHS) Contraceptive Calendar data from 15 countries to capture the complexity of women's reproductive decisions. We innovated the tool in two ways: by analyzing data at the person-level rather than using standard discontinuation rates (which are often poorly understood/challenging to interpret) and by limiting the calendar data from six years to the two most recent years because of recall issues. We then use Sankey diagrams, a flow diagram showing the relative movement of units between thresholds, to visualize women's family planning decision-making across **To pilot its utility across different audiences and settings, we presented the tool at three national policy convenings of 10-80 people in Senegal, Kenya, and Nigeria.** Following the presentation, we guided each group through a discussion of the national policy and program implications of the tool's findings. **We also presented the tool in a technical workshop for 17 PRB Policy Communication Fellowship alumni (i.e., potential implementers).** Following the presentation, participants engaged in two practical exercises that allowed them to explore how they might use the tool in their current work. **Participants provided user experience feedback through real time discussion and an online survey.**

# Results / Key Findings

250 words maximum

# Present the outcomes and impact of your advocacy



- Covers the outcomes of your advocacy or accountability activity:
  - What changes occurred as a result of your advocacy?
  - Include details on funds allocated or policies changed.
- If possible, describe the impact from those changes (e.g., contraceptive uptake).

# Results – Inside Tips



- Make sure your results relate back to the **aims** of your advocacy.
- Preliminary results and findings are acceptable.

# Example



## *Data? Impact?*

**The tool was received positively by all policy and program audiences.** Convening attendees lauded the tool, utility in helping participants understand major national discontinuation and switching trends and the extent to which discontinuation affects method choice, uptake, and annual mCPR changes. Reported benefits of the tool included that it was easy to learn and understand, findings validated existing national research, and that its findings could immediately inform current policy decisions. Drawbacks included that there was not as much nuance in the findings as decisionmakers might want to fully understand use trends; specifically, the tool was restricted in its age disaggregations and/or could not speak to sociodemographic characteristics of the samples. Among the training participants, reported potential benefits of the tool's utility in government official meetings, research, academia, etc. included the ability to replicate or customize the tool to national needs (using publicly available STATA files within the tool). Participants also remarked that the tool allows them to present existing data, already analyzed, to policy makers in a simplified format. Similar to convening attendees, training participants wanted further disaggregations of national data and the option of layering multiple countries into one diagram to compare trends more easily across countries. Popularity of the tool across this cohort was such that PRB invited attendees to submit proposals suggesting how they might apply the tool in their current work. Five participants are approved for small grants to pilot the tool with decisionmakers in their communities across Kenya, Malawi, and Nigeria.

# Policy / Program Implications

250 words maximum

# Discuss the wider implications of your advocacy



## **Return to the big picture:**

- What do your results mean for your context (what are the next steps)?
- What do the results mean for the wider advocacy field?
- Can they be replicated?
- What lessons can you pass along to others?

## **Include key take-home messages**

# Implications – Inside Tips



- 👤 Don't repeat your results, **interpret them** – how well did your outcomes address the initial problem? Are there any gaps? What is needed next?
- 👤 Conclusions should be supported by your results/key findings.

# Example



*Findings? Implications?  
Next steps?*

**The Choices and Challenges tool provides an accessible resource for decision makers, researchers, program implementers and family planning advocates to review the factors behind national trends in contraceptive use.** Simplifying data by analyzing it at the person-level rather than using standard discontinuation rates and shortening the timeframe of data used to two years made this topic more available to non-scientific audiences. Potential users were enthusiastic about this innovative presentation of information previously considered by most to be obscure or outside the realm of expertise for the layperson. **Once users were provided a brief overview and tutorial of how to read the tool, they were able to autonomously operate it on their own time and utilize the analysis for decision-making or for communicating critical data trends for decision-making.** By understanding the reasons women who wish to avoid or delay pregnancy discontinue contraceptive use, health policy and program decisionmakers can better deliver high-quality, client-centered services that enable women and couples to make the best family planning choices for themselves. Applying analytical approaches that simplify result interpretability and coupling them with visual tools highlighting key trends may increase decision makers' use of available data on contraceptive use dynamics, including DHS calendar data. **Sankey diagrams can demonstrate women's contraceptive trajectories over time, providing insights into contraceptive discontinuation and switching trends that can and should influence family planning policy and program choices.**



# Research Misconduct



# Good research conduct is essential

## **Fabrication:**

The ICFP Scientific Subcommittee conducts thorough investigations whenever data fabrication is suspected, and abstracts are likely to be rejected in such cases.

## **Falsification:**

Any manipulation of research findings or inaccurate representation of data may lead to rejection of the abstracts.

## **Plagiarism:**

Using another author's words, ideas or phrasing without proper attribution is strictly punishable and concerned abstracts will be rejected.

More on our research ethics policy can be found here: [https://www.jhsph.edu/offices-and-services/student-affairs/resources/student-policies/\\_documents/academic-ethics-code.pdf](https://www.jhsph.edu/offices-and-services/student-affairs/resources/student-policies/_documents/academic-ethics-code.pdf)



# Frequently Asked Questions

# Which abstracts are likely to be accepted for ICFP?



- Abstracts strictly following the guidelines and word count.
- Abstracts presenting new knowledge or evidence supported by the data and clear analysis methodology.
- Abstracts written in **English, French, or Spanish**.
  - Abstracts in **English, French, or Spanish** languages have equal chance to be accepted.
  - Ensure clarity of the language used in the abstract.
  - Review your abstracts to make sure there are no typos or wrong words

# Why long abstracts for ICFP (1000 words vs 300 words)?



- ICFP allows up to 1000 words for individual abstracts and 400 words for abstracts submitted as part of a preformed panel.
- Long abstracts allow authors to:
  - Provide sufficient details that allow the ICFP Scientific Subcommittee to appropriately review the abstract.
  - Clearly clarify the research question(s) and context.
  - Explain the methodology in detail and results.



# What to do and what not to do

- 🐞 Make sure you stay on topic
  - 🐞 **Abstracts that do not address family planning will not be accepted.**
- 🐞 Rule of three: “Simple,” “Clear,” and “Comprehensible”
  - 🐞 Avoid very long sentences and dense paragraphs.
  - 🐞 Do not use unusual terms and acronyms without defining them.
  - 🐞 Consider having your abstract reviewed by a native speaker of the language of your abstract before submission.
- 🐞 Be consistent when you write the confidence intervals and the number of decimals.



# What to do and what not to do

- ⦿ Avoid using the passive voice.
- ⦿ Use the present tense to describe:
  - ⦿ The problem addressed by your abstract
  - ⦿ Implications of your research findings
- ⦿ Use past tense when describing:
  - ⦿ Methods used
  - ⦿ Results found
  - ⦿ Study limitations and strength
- ⦿ Never start a sentence with a number.



# What to do and what not to do

- 🌀 Your first lines should iterate on why anyone should care about the topic of your abstract.
- 🌀 Remember, the abstract is about:
  - 🌀 “What you did”
  - 🌀 “How you did it”
  - 🌀 “What you found”
  - 🌀 “What you learned”



# Recommended resources

- 📌 Mary M. Shirley. 0A Dozen Dos and Don'ts: Thoughts after Reading Hundreds of Abstracts.  
<https://www.coase.org/writings/shirley2010dosanddentsinabstracts.pdf>
- 📌 Andrade, C. (2011). How to write a good abstract for a scientific paper or conference presentation. *Indian journal of psychiatry*, 53(2), 172.
- 📌 Conn, V. S. (2020). *Crafting Effective Abstracts*.
- 📌 Ferreira, J. C., & Patino, C. M. (2018). Twelve tips to write an abstract for a conference: advice for young and experienced investigators. *Jornal Brasileiro de Pneumologia*, 44(4), 260-260.
- 📌 Simkhada, P., Van Teijlingen, E., Hundley, V., & Simkhada, B. (2015). Writing an Abstract for a Scientific Conference. *Kathmandu University Medical Journal*, 11(3), 262-265. <https://doi.org/10.3126/kumj.v11i3.12518>

# Questions?



Any questions regarding abstract submission may be directed to [abstracts@theicfp.org](mailto:abstracts@theicfp.org).

**Thank you.**