

# ICFP 2025



3-6 NOV • BOGOTÁ • COLOMBIA

## Research Abstract Writing

**Prepared by:**

Scientific Subcommittee

International Conference on Family Planning (ICFP)

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# Content

- 📍 Why present at ICFP?
- 📍 Purpose
- 📍 Title
- 📍 Significance/Background
- 📍 Main Question/Hypothesis
- 📍 Methodology
- 📍 Results/key Findings
- 📍 Knowledge Contribution



**Why?**



# Why present your research at ICFP?

- 👤 **Contribute** to the field of family planning (FP) with new knowledge.
- 👤 **Learn** about the most recent advancements in the field of FP.
- 👤 **Raise** awareness about your research and explore opportunities for research collaboration.
- 👤 **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 a research abstract?

- ① **To demonstrate** to reviewers the relevance of your research
- ① **To provide a brief summary** that attendees can review and use to decide whether to attend your session
- ① **To accurately and succinctly summarize** the research question(s), the methodology, key findings and knowledge contribution for other researchers to review

# Purpose



## To meet these objectives, your abstract should be:

- 🔴 **Clear and succinct** – avoid complicated language and jargon, stick to word limits.
- 🔴 **Accurate** – make sure your results are correct and that your conclusions follow logically from your results.
- 🔴 **Complete** – do not leave sections blank or incomplete. The abstract is a package.



**Title**

# The title is as important as the abstract content



- 🌀 **Spend time on the title** – it is what all readers will see first.
- 🌀 **Avoid long titles** – limit your title to 10-12 words.
- 🌀 **Use descriptive terms and phrases that accurately capture the content.**
- 🌀 **Considerations for a good title:**
  - 🌀 Uses a few words to condense the content of the abstract.
  - 🌀 Includes the type of intervention (if applicable) – e.g. program implementation or evaluation.
  - 🌀 Captures the attention of the reader(s).
  - 🌀 Differentiates the abstract from other abstracts on the same subject.

# Examples



- 👤 Do Maternal Care Contacts Improve Postpartum family planning? Evidence from a longitudinal cohort study in SNNPR, Ethiopia
- 👤 Not without us: A tool for responding to youth needs in Costed Implementation Plans
- 👤 Hand-held device for removing a one-rod, subdermal contraceptive implant: results of a pilot study and future work
- 👤 A Characterization of Male Partners of Women Using Tier 1, 2, and 3 Effective Contraceptive Methods in Western Kenya

# Significance / Background

200 words maximum



# Why was the study necessary?

- 👤 Describe what is known about the research but more importantly, what gaps remain in our knowledge.
  - How does your study fill those gaps?
- 👤 Iterate the importance of your research to the field of FP.
- 👤 Latest information on the topic – quantify the magnitude of the problem and its effect whenever possible.



# Why was the study necessary?

## **Do:**

- 👤 Identify why your program is important.
- 👤 Provide relevant, specific context.

## **Do NOT:**

- 👤 Do not summarize the context of the issue without identifying what specifically your program/project will address.
- 👤 Do not waste space on generic background information. Instead, be specific to the context and program.

# Example



“The recommended pregnancy interval is a minimum of 24 months, however approximately 60% of women in low- and middle-income countries are not using effective contraception during the postpartum period. To improve uptake of postpartum services, WHO recommends that women receive counseling on postpartum family planning (PPFP) during the antenatal, postpartum and the postnatal period, preferably integrated into a comprehensive MNH package. However, the impacts of such services on PPFP is now known. Ethiopia has an ambitious community health program, relying on Health Extension Workers (HEWS) to provide a range of community-based services, including family planning counseling and provision. Coverage of specific components of health services, including receipt of PPFP counseling, is not generally measured. Additionally, receipt of counseling and uptake of PPFP is generally assessed using retrospective report which, along with other perinatal interventions, may be subject to respondent and recall bias. Data on duration of amenorrhea and dates of sexual initiation, important determinants of pregnancy risk, are not routinely collected and may be difficult to recall over a two- to five-year period. PMA Maternal and Newborn Health study, which employed a longitudinal design is ideal to assess correlates of PPFP uptake and receipt of maternal health services.”

# Example



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Why is this question important? –  
Establishes that PPFP is an important intervention and that the majority of postpartum women do not use contraception. Integration into services is recommended but effectiveness is not established

# Example



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Relevant, specific, context– Highlights the relevant health program within Ethiopia that will be assessed in the research

# Example



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What is not known?–  
Limitations and gaps in knowledge to justify why this study is necessary.  
Gaps in other data collection efforts, bias resulting from retrospective report

# Example



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What does our study add?  
Longitudinal data

# Main Question(s) / Hypothesis

100 words maximum



# What question(s) does your study address?

## 🔴 **What is your specific research question?**

- 🔴 What aims or hypotheses does/did your study test?

## 🔴 **Hypothesis**

- 🔴 Criteria: specific, clear, testable

## 🔴 **The framing is different for qualitative and quantitative research questions.**



# Important considerations

- ① When developing your research question, please consider the **PICOT** format:
  - ① **Population** : Population sample to participate in the study.
  - ① **Intervention**: Although not all papers may have an intervention, when applicable, include the the intervention of treatment administered to the subjects.
  - ① **Comparison group**: What you plan to use as a reference to compare to the intervention or assess the difference?
  - ① **Outcome of interest**: Results you plan on measuring the effectiveness of the intervention or change.
  - ① **Time**: Duration of the data collection

# Example



“We used data from the PMA-MNH study to estimate uptake of modern contraceptive use within six months of birth in the Southern Nations Nationalities and Peoples region of Ethiopia (SNNP-R) and the association of receipt of maternal health services with uptake of family planning. We hypothesize **that women with greater contacts to skilled maternal care services will have higher uptake of family planning within six months of birth relative to women who have no contacts to skilled maternity care**, after adjusting for relevant socio-economic characteristics.”

Population and comparison group

Outcome of interest

Time frame

# Methodology

200 words maximum



# Tools and techniques used for the research

- 📍 **Location:** Where was the study conducted?
- 📍 **Study design:** What design was used in gathering information?
- 📍 **Data source:** Data collection procedures, primary or secondary ?
- 📍 **Time frame:** Period when study was carried out
- 📍 **Sample size:** Population, sampling procedures, number of treatments if any
- 📍 **Analytical approach:** Research outcome measurements and analysis procedures



# Tools and techniques used for the research

- This section helps reviewers assess whether the methods you applied were appropriate for your research question.
- **Do** be specific but **do not** be overly detailed.
- Ask yourself, “Is this information that is necessary to understand the research or is it detail that does not change how someone would understand and interpret the results?”

# Example



“PMA-MNH was conducted in SNNP-R between July 2016 and July 2017. Forty-four enumeration areas (EAs) used in PMA2020/Ethiopia Rounds 1-4 were included. At screening, 329 women were identified as six or more months pregnant and thus eligible for the study; all consented and enrolled. Over six months, eight women were lost to follow-up. Receipt and provider of antenatal care, postnatal care, and facility delivery care was assessed at the first follow-up visit. Uptake of postpartum family planning, including method choice, was assessed at six weeks and six months postpartum in conjunction with amenorrhea, sexual activity, exclusive breastfeeding, and date of family planning initiation. Exploratory analyses, including the modern contraceptive prevalence rate, distribution of respondent characteristics and the method mix at six months, used survey weights to account for complex survey design. We used unweighted parametric survival regression analysis with Weibull distribution to assess the hazards of contraceptive uptake and associated covariates of interest, including type of ANC provider, facility delivery, sexual activity status, residence, parity, and amenorrhea status.”

# Example



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Location and time

Sample size

Study design/ data source

Analytic approach

# Results / Key Findings

250 words maximum



# Preliminary or final results

- ④ Answer the main question(s).
  - ④ Describe the relevant results or lessons learned.
  - ④ Each of your research questions/ hypotheses should be addressed.
- ④ Consider your audience.
  - ④ What would the ICFP scientific community want to know?
  - ④ What do they already know?
  - ④ What appears new from the findings in your research?
  - ④ Are there any new relationships or trends to emphasize?
- ④ Be specific and as clear as possible.
- ④ Report both positive and negative findings when relevant.



# Preliminary or final results

- 🌀 Organize your results first to start with descriptive findings before analytical findings.
- 🌀 Report your findings in parallel with your methodology.
- 🌀 For **quantitative** research abstracts:
  - 🌀 Report associations with confidence intervals or p-values.
- 🌀 For **qualitative** research abstracts:
  - 🌀 The results must be rich with depth, details, and nuance.
  - 🌀 Results must be clearly tied to the methodology used to reach them and addressing the described research questions or hypothesis.



# Preliminary or final results

Your findings do not need to be final to be submitted. *HOWEVER*, abstracts that present at least some results are stronger than those that only have anticipated results.

## **Do:**

- 🚫 Focus on the key findings related to implementation or evaluation.
- 🚫 Present results even if they are not what you expected, including no relationships if of central interest to the project.

## **Do NOT:**

- 🚫 Do not focus on results from descriptive analyses at the expense of your key results.

# Example



“Fewer than half of all women reported receiving any postpartum family planning counseling prior to delivery (47.2%), despite 82.9% of women receiving at least one ANC visit. At six months, 43.1% of women reported using any method of contraception. Of these, implants accounted for 22.4% of the method mix and injectables 66.0%. Over half of all users of a modern method (55.6%) reported receiving their method from an HEW; these percentages were highest among implant (65.9%) and injectable users (59.8%). Log-rank tests for the equality of survivor functions demonstrated statistically significant differences in contraceptive uptake between type of ANC provider and facility delivery. After adjustment for other covariates, there were statistically significant differences in women who received ANC care from a skilled provider other than an HEW and women who did not receive ANC care from a skilled provider. Women who reported at least one visit with health professionals other than an HEW initiated contraceptive use at 1.6 times the rate of women who did not ( $p=.03$ ). There were no statistically significant differences between women who delivered in a facility relative to a home birth (HR: 1.16,  $p=.57$ ). Women who had not resumed sex with their partner since the birth of the child and women who were still amenorrheic had significantly lower rates of contraceptive uptake than their counterparts ((HR: 0.17,  $p<.001$ ) and (HR: 0.14,  $p<.001$ ), respectively). There were no differences by residence or parity in the rate of contraceptive uptake.”

# Knowledge Contribution

250 words maximum



# Important takeaways

- 🕒 Most important takeaway message or lesson from your research
- 🕒 Formulation: A few precisely worded sentences
- 🕒 Three essential questions:
  - 🕒 **Message:** How do the findings address the problem/gap?
  - 🕒 **Importance:** What are the implications for the field?
  - 🕒 **Perspective:** What are the recommendations and future studies/programs/interventions?



# Important takeaways

- 🌀 Your conclusions **must** be accurately supported by the data.
- 🌀 The key takeaways should focus on the research question(s) of study.
- 🌀 Allow space to mention important or unexpected findings.
- 🌀 Iterate on the implications of your findings for future FP research, program, services and policy.
- 🌀 Ensure your conclusions are scrupulously honest and no claims are not supported by your data.

# Example



“Postpartum family planning uptake by six months is relatively high in SNNP-R and not significantly different between urban and rural women, reflecting the commitment of the government to provide comprehensive services to rural populations. HEWs provide the majority of modern contraceptive services to postpartum women, again demonstrating the success of the HEW program in provision of contraceptive services, and long-acting methods in particular. The difference in uptake, however, between women who see a skilled ANC provider other than an HEW at least once in their pregnancy relative to women who do not reflects that demand generation and counseling regarding PFP are not being effectively delivered by HEWs alone. More information is needed to explain why counseling on PFP is not being effectively delivered outside of the advanced health care system, but this demonstrates that increased training on PFP counseling may be needed for HEWs if PFP is identified as a priority of the Ethiopian government. Additional focus should also be placed on counseling women that they may be at risk of pregnancy even while amenorrheic to avoid unintended pregnancies.”

# 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.**