

THE LAST ABORTION

Facilitator guide

SESSION OVERVIEW

The different scenarios in this activity highlight the complex circumstances surrounding a woman's decision to seek an abortion. Participants are encouraged to examine and challenge their biases against certain pregnant women or certain circumstances, as well as their beliefs about abortion policies that restrict access to safe abortion care. This activity illustrates the difficulty and consequences of valuing one woman's reasons for seeking safe abortion care over another woman's reasons.

OBJECTIVES

By the end of this activity, participants will be able to:

- Articulate biases they and others may hold against certain women seeking safe abortion care and how that may impact women's access to care
- Describe the difficulty and consequences of deciding who should and should not receive an abortion

MATERIALS

- "The last abortion: Participant handout" (one copy per participant)

TIMELINE

Total time: 45 minutes

ADVANCE PREPARATION

- Print copies of "The last abortion: Participant handout," one copy for each participant.

INSTRUCTIONS

STEP 1: Explain to participants that in some countries there are legal, policy, health system, financial and other restrictions that impede some women's access to, or quality of, safe medical care to terminate a pregnancy. Ask participants to imagine that, in this (fictitious) project, the provider who offers safe termination of pregnancy can only offer one last safe abortion. The handout describes six women who have expressed their desire to terminate their pregnancy and have asked their agency for an abortion. The small groups represent the individuals who will decide which woman should receive the last abortion.

Each group can only select one woman. If they do not select a woman, then no one will receive an abortion.

STEP 2: Divide participants into small groups of four to six people each.

STEP 3: Give each participant a copy of “The last abortion: Participant handout” and ask them to spend five minutes silently reading the scenarios.

STEP 4: Tell participants they have 20 minutes to discuss the scenarios in their small groups, decide which woman they will grant the last abortion and appoint a spokesperson to briefly present their decision and rationale to the large group.

STEP 5: As small groups are meeting, rotate from group to group to ensure that participants understand the instructions and can finish the task on time.

STEP 6: After 20 minutes, have small groups present their decision and rationale to the large group. Explain that each small group will have up to two minutes to present their decision and rationale. Ask others not to comment yet on individual presentations.

STEP 7: Once small groups have presented, ask each participant to silently reflect on biases they may hold against certain women seeking an abortion and their life circumstances and how these biases may have affected their decision about whom they did or did not grant an abortion to.

STEP 8: Ask participants to return to the large group. Facilitate a discussion about the women selected and those not selected and rationales given. Try to maintain neutrality while discussing participants’ rationales.

STEP 9: Ask participants how this activity relates to how safe abortion care services are often rendered in a given setting or country. You may want to ensure that some of the following points are covered:

- The decision to grant some women an abortion and not others carries life-long consequences for those women, their families and communities.
- Each of the women in these scenarios expressed a desire to terminate her pregnancy, and it is likely that each woman thought through her reasons carefully to arrive at this decision.
- Sometimes health professionals or others (families, friends) may try to convince certain women to continue their pregnancy because of their personal beliefs that these women should not terminate their pregnancy. This can cause these women to feel pressured to make a decision that could result in undesirable consequences for their lives. In some cases, it might cost women their health and even their lives.
- It is important that we as health-care providers or professionals examine our personal beliefs and biases and see how they can affect women’s decisions and actions.

STEP 10: Close the activity by explaining that there is no one correct answer and that it is impossible to objectively decide which woman should receive access to safe abortion care over another. Point out that restricting access to safe abortion care can result in women risking their health and lives with unsafe abortions, having to go through added expense and difficulty to obtain safe medical care from another provider, or continuing an unintended pregnancy.

STEP 11: Conclude with the statement that there can never be one last abortion. Consider tailoring this statement to the participant group. For example: *Our agency responds to life-preserving needs of people. As a humanitarian organization working in contexts where the population is threatened, deprived of health care and where mortality is high, we can make access to safe abortion care available—a measure that can dramatically reduce maternal mortality. Safe abortion care can be provided by our agency’s staff or we can ensure that the woman receives the necessary care from a quality provider that we have validated for this purpose.*

STEP 12: Solicit and discuss any outstanding questions, comments or concerns with the participants. Thank the group for their participation.

STEP 13: Summarize the key points this activity is intended to convey (the first four of which you may have already covered in Step 9):

- The decision to grant some women an abortion and not others carries life-long consequences for those women, their families and communities.
- Each of the women in these scenarios expressed a desire to terminate her pregnancy, and it is likely that each woman thought through her reasons carefully to arrive at this decision.
- Sometimes health professionals or others (families, friends) may try to convince certain women to continue their pregnancy because of their personal beliefs that these women should not terminate their pregnancy. This can cause these women to feel pressured to make a decision that could result in undesirable consequences for their lives. In some cases, it might cost women their health and even their lives.
- It is important that we as health-care providers or professionals examine our personal beliefs and biases and see how they can affect women’s decisions and actions.
- Thank goodness there is no one “last abortion,” but restrictive policies and laws can make it often seem like there is. Laws that restrict some women from receiving services mean that someone is deciding who they think is most deserving of an abortion. As a result, women are judged for their reasons for seeking services and often denied services, often resulting in them seeking an unsafe abortion which can lead to death or lifelong injury. Thank you for all the work you do to ensure that there is never one last abortion.

THE LAST ABORTION

Participant handout

INSTRUCTIONS

Each of the following women have asked for safe abortion care from your agency. You must choose which woman will be able to receive the **last** safe, legal abortion. You can only choose **one** woman. If you do not select a woman, then no one will receive the last abortion. As a small group, discuss each of these scenarios and your rationale for who you selected.

1. A 25-year-old woman living in a camp is eight weeks pregnant. She has two children under the age of four, and her husband regularly physically abuses her. He opposes the abortion, but she does not want to bring another child into a family that is experiencing abuse, especially with the surrounding conflict and civil unrest. She also fears continuing with the pregnancy will only make her more dependent on her husband for financial support. Her mental health has worsened considerably since she found out she was pregnant.
2. A 28-year-old, unmarried woman has been dating a migrant worker and is now 12 weeks pregnant. She stopped using her contraceptive about six months ago due to her fear of traveling through a violent area to the nearest clinic. She does not want to keep the pregnancy while her partner is often away for work and her community is undergoing extreme violence and instability.
3. A 15-year-old girl is 14 weeks pregnant as a result of wartime rape. She went to a nearby hospital where she heard they could help her end the pregnancy. The hospital midwife told her that ending her pregnancy, even though it resulted from rape, would be one sin on top of another and refused to help her. Unmarried, pregnant adolescents are highly stigmatized in her community, and she is experiencing great distress over the rape and pregnancy.
4. A 23-year-old woman with two young children is 10 weeks pregnant. She and her younger child are HIV positive. Her husband died of AIDS-related illnesses two years ago. She is not able to access anti-retroviral treatment, and she has been hospitalized for opportunistic infections several times in the past year.
5. A 16-year-old, unmarried woman is nine weeks pregnant. She is living in a town with distant relatives after having to flee her home village with her three younger brothers and sisters due to nearby fighting. Her parents stayed behind to watch the house and farm animals. Food is scarce where they live, and lines for flour and grain from NGOs are long. A man who works for the organization promised her food in exchange for sleeping with him. He was nice to her, and they desperately needed food, and she is now pregnant. She feels she cannot continue the pregnancy as she has no idea how she would handle a child in addition to taking care of her siblings, or whether she would be allowed to live with relatives after they found out.
6. A 23-year-old woman is 14 weeks pregnant. She was newlywed and had only just moved into her husband's home when they were forced to flee from nearby fighting due to civil unrest. They are now living in a camp in a different country, where there is not enough food or medical supplies for everyone, and only a temporary clinic staffed by a nurse two days a week. There has been gunfire nearby, and there has been talk of the camp closing. She knows that continuing the pregnancy under these circumstances would be dangerous for her life and sees a bleak future for her herself and her husband.

