

INTRODUCTION

Values clarification for humanitarian audiences

This toolkit is a resource for humanitarian staff who implement or support reproductive health and related projects at the global level and in the field. It includes background information, materials and instructions for effectively facilitating values clarification and attitude transformation (VCAT) workshops to support the integration of safe abortion care into humanitarian settings. It can be used to facilitate workshops in a variety of settings, including settings where abortion is legal and accessible, as well as settings where abortion is highly restricted.

ABOUT IPAS

Ipas works globally so that women and girls have improved sexual and reproductive health and rights through enhanced access to and use of safe abortion and contraceptive care. We believe in a world where every woman and girl has the right and ability to determine her own sexuality and reproductive health—including women and girls living in crisis settings.

As a member of the Inter-Agency Working Group (IAWG) on Reproductive Health in Crises, Ipas has been involved for many years in efforts to advance the sexual and reproductive health of people affected by crises. With the number of people living in crisis settings higher than ever before, Ipas and our global partners are stepping up efforts to ensure that safe abortion care is integrated into humanitarian responses. This toolkit is a critical part of that work.

WHY THIS TOOLKIT?

Unsafe abortion is one of the five leading causes of maternal mortality in developing countries, even though it is entirely preventable. Globally, there are an estimated 25 million unsafe abortions each year, resulting in approximately 44,000 deaths and millions more serious, often permanent, injuries.

Despite the magnitude of this problem, access to safe abortion care is still a neglected issue in most of the developing world, particularly in humanitarian settings. According to the United Nations Office for the Coordination of Humanitarian Affairs, there are more than 135 million people in need of humanitarian assistance. Of these, the United Nations Population Fund estimates that 34 million are women of reproductive age. These women and girls are displaced from family and social structures, often for extended periods of time, and safe abortion care is almost entirely unavailable to them. Global data show that the need for safe abortion and contraceptive care increases in crisis settings, where, for example, women and girls often lack consistent access to contraception and are at heightened risk of sexual exploitation and violence, including rape as a weapon of war.

The provision of reproductive health care in humanitarian settings has increased during the last two decades during acute and protracted emergencies, thanks to the work of IAWG and its affiliated humanitarian agencies. However, comprehensive reproductive health services, including safe abortion care, still are not available in many settings. This puts women and girls at increased risk of unwanted pregnancy and potentially unsafe abortions.

There are barriers to safe abortion care in almost any setting, but in crisis settings there may be additional barriers, including health systems weakened by conflict or natural disaster and humanitarian staff's lack of knowledge about the legal and policy issues surrounding abortion in the host country or region.

Abortion in humanitarian settings is:

- **Largely legal.** Abortion is permitted in 190 countries to save the woman's life, 78 countries allow abortion when a pregnancy results from rape, and many countries are continuing to liberalize their abortion laws. Abortion is now also included as an additional priority activity in the minimum initial service package (MISP).
- **Necessary.** Women and girls in crisis settings are particularly vulnerable to unwanted pregnancy and unsafe abortion, as they often experience increased levels of exploitation, sexual violence and transactional sex, in addition to their regular access to reproductive health services being interrupted.
- **A safe and simple procedure** when performed by trained providers. Nurses, midwives and other primary care providers can safely provide abortion care at the primary level anywhere basic Emergency Obstetric Care (EmOC) is provided—even during acute emergencies and in settings without electricity or running water. Safe abortion prevents unnecessary death and injury.
- **Supported and funded** by many governments, private foundations and donors.

WHAT IS VCAT?

A major barrier to the provision of abortion care in humanitarian settings is abortion-related stigma and lack of knowledge/misinformation about safe abortion care among humanitarian and health staff. This toolkit is designed to explore these issues in order to help close the service-delivery gap in abortion care in humanitarian settings – a critical and necessary step for reducing maternal deaths and suffering in settings where humanitarian staff work.

VCAT stands for “values clarification and attitude transformation.” Abortion-related VCAT workshops use a variety of activities to engage participants in open dialogue to explore their values and attitudes about abortion and related sexual and reproductive health issues, often leading to increased awareness and comfort with the provision of safe abortion care. The workshops are conducted in a safe environment in which individuals take responsibility to engage in honest, open-minded and critical reflection and evaluation of new or reframed information and situations. The content is designed to be accessible and personally relevant.

VCAT workshops are designed to help participants:

- Challenge deeply-held assumptions and myths
- Clarify and affirm their values and potentially resolve values conflicts
- Potentially transform their beliefs and attitudes that impact behaviors
- State their intentions to act in accordance with their affirmed values

VCAT is not designed to change people's values. Once participants have examined the values that inform their beliefs about abortion and understood the root causes and consequences of unsafe abortion, they may undergo a transformation of attitude on the provision of safe abortion care and their role in assuring women's access to safe care to prevent women from dying from unsafe abortion.

THE VCAT THEORETICAL FRAMEWORK

The theoretical framework informing the development and organization of this toolkit (see figure below) can serve as a visual aid when explaining the abortion VCAT process and as a reference when designing VCAT workshops. It conceptualizes the VCAT process, which is informed by and includes critical elements of Ajzen's Theory of Planned Behavior (TPB) (Ajzen, 1985; 1988; 1991); values theory (Rokeach, 1973;1979); and the three main stages of the values clarification process — choosing, prizing and acting (Raths, 1966; Rokeach, 1973).

The theoretical framework and process take place within existing cultural and social structures and ideologies. Cultural and societal norms are extremely influential in shaping people's attitudes and values. Also, this framework places the process of values clarification within a larger context of abortion attitude transformation, behavioral intention and, ultimately, behavior or performance.

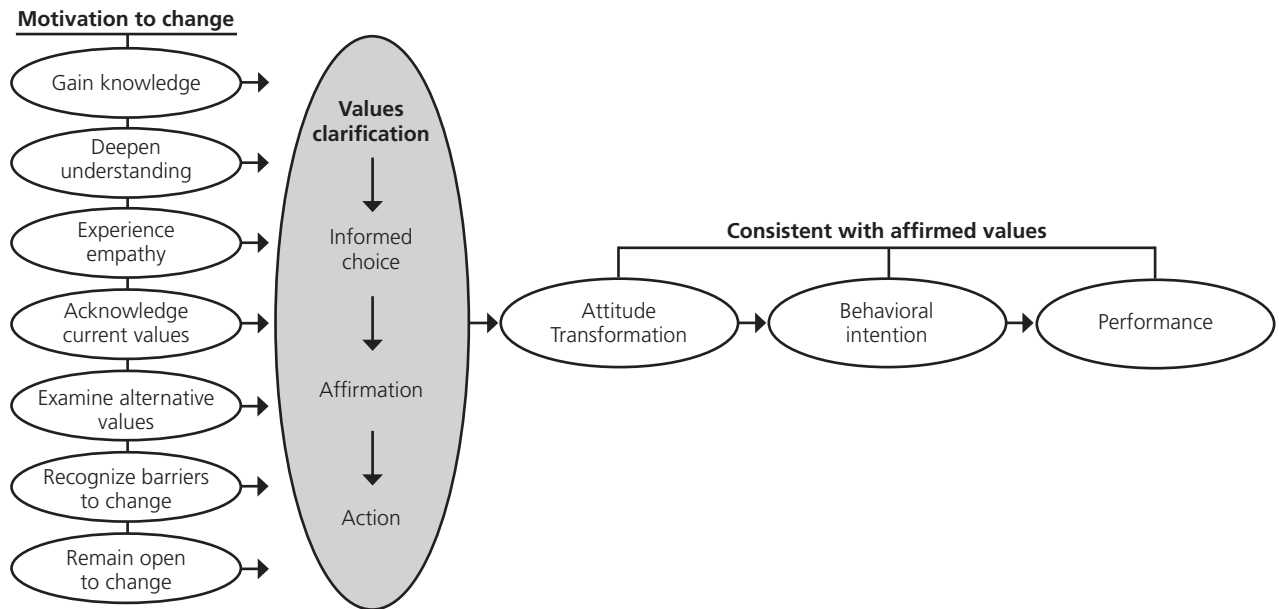
Whereas the goal of a traditional values clarification intervention is for participants to clarify their values, whatever those may be, this framework and toolkit are designed to advance an agenda: to move participants along a progressive continuum of support for abortion and reproductive rights; from obstruction to tolerance to acceptance to support and then, ultimately, to advocacy for and/or provision of woman-centered, comprehensive abortion services to the full extent of the law.

Starting to the left of the framework, we begin with the **motivation to change** — people must be open to examining and potentially changing their attitudes, values and behaviors, or VCAT cannot be expected to have any impact. This carries implications for participant selection: only those participants who are open to change have the potential to clarify their values and transform their attitudes. To effectively engage in the abortion values clarification process one must: **gain new knowledge; deepen understanding of existing or new knowledge; experience empathy for people affected by or who provide abortion; acknowledge current values on abortion; examine alternative values; recognize barriers to change and remain open to change.**

Ipas modified the three main stages of **values clarification** to **making an informed value choice, affirming that choice and acting on the chosen value**, which reflects the process and cognitions an individual would go through when

thoughtfully choosing among competing alternatives, affirming those choices and deciding on a particular course of action.

A recent study by Ipas found that VCAT workshops are effective at improving participants' knowledge, attitudes and behavioral intentions related to abortion care, especially among those who come to the workshops with the least knowledge and most negative attitudes about abortion. Published in the journal *Reproductive Health*, the study analyzed pre- and post-workshop surveys of participants in 43 VCAT workshops conducted in 12 countries in Asia, Africa and Latin America.



VCAT FOUNDATIONAL THEORIES AND RESEARCH

Ajzen, I. 1985. From intentions to actions: A theory of planned behavior. In Kuhl, J., and J. Beckman, eds. *Action-control: From cognition to behavior*. Heidelberg, Springer.

Ajzen, I. 1988. *Attitudes, personality, and behavior*. Chicago, IL, Dorsey Press.

Ajzen, I. 1991. The theory of planned behavior. *Organizational Behavior and Human Decision Processes*, 50:179-211.

Armitage, C., and J. Christian, eds. 2004. *From attitudes to behavior: Basic and applied research on the theory of planned behavior*. New Brunswick, NJ, Transaction Publishers.

Millstein, S. G. 1996. Utility of the theories of reasoned action and planned behavior for predicting physician behavior: A prospective analysis. *Health Psychology*, 15(5):398-402.

Raths, L., M. Harmin, and S. Simon. 1966. *Values and teaching: Working with values in the classroom*.

Columbus, OH, Charles E. Merrill Publishing Co.

Rokeach, M. 1973. *The nature of human values*. New York, Free Press.

Rokeach, M. 1979. *Understanding human values: Individual and societal*. New York, Free Press.

Turner, K., Pearson, E., George, A. & Andersen, K. 2018. Values clarification workshops to improve abortion knowledge, attitudes and intentions: A pre-post assessment in 12 countries. *Reproductive Health*, 15:40.

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