

# YOUTH ACT FOR SAFE ABORTION

A training guide for future  
health professionals



## GUIDE HANDOUTS



Health. Access. Rights.

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YTGfHP-E14

### III PRE- AND POST-WORKSHOP ASSESSMENT

Please respond to the questions in this assessment as best you can, according to your knowledge and beliefs at this time. You will complete this assessment twice: once at the beginning of the workshop and again at the workshop's end. There are no implications for you based on the results of this assessment. The purpose is to let the facilitators know how well they are doing in increasing your knowledge and skills in the workshop. They may use the assessment results to improve the workshop or to conduct research activities.

Please **do not** include your name on this assessment. You will create a unique identifier to allow the facilitators to match your pre- and post-workshop assessment responses while maintaining your confidentiality. Before you start the assessment, please complete the table below to create your unique identifier. Remember to provide the same information on the pre- and post-workshop assessments so that the facilitators can compare your responses.

MY UNIQUE IDENTIFIER:			
	Number of sisters	Birthday Month	Last three digits of your phone number
Example	0	June	749
Your information			





**Part I:** Please read each question and write a response to it based on your knowledge and beliefs at this time.

1. Describe what key characteristics make an abortion safe?
2. How do different human rights support women's access to safe abortion?

3. How does gender discrimination and inequality contribute to unsafe abortion?

4. Describe two examples of how future health professionals can address barriers to safe abortion.





**Part II:** Please read the following statements. For each statement, indicate the level that you agree or disagree with it using the following options: 1) strongly agree; 2) agree; 3) neutral; 4) disagree; or 5) strongly disagree. Please answer in the most honest way possible.

Statement	1. Strongly agree	2. Agree	3. Neutral	4. Disagree	5. Strongly disagree
1. I have the knowledge to explain how unsafe abortion negatively affects women and societies.					
2. I believe that all women—regardless of ethnicity, religion, marital status or age—should be able to access safe abortion services.					
3. I have the knowledge to explain several strategies to address barriers that women face seeking safe abortion services.					
4. I think that a woman who wants to terminate a pregnancy should consult a man first (for example: her husband, sexual partner, father or brother).					
5. I believe that special legal requirements are necessary for adolescents who seek abortion since they cannot make decisions on their own.					
6. I believe that a woman should be able to decide what abortion method to use if she is clinically eligible for more than one method.					
7. I feel empathy with women who need and seek abortion.					
8. I feel empowered to advocate for safe abortion, whether in my students' association, school or community.					
9. I believe that abortion is a difficult topic that cannot be included in peer education programs on sexual and reproductive health and rights.					
10. I think that I am likely to provide safe abortion services in the future, or refer women to safe services.					

## V WORKSHOP EVALUATION FORM

**Before you start the workshop evaluation, please take a moment to review the goal and objectives of the workshop. You will be asked to assess how well the workshop met them.**

**Goal:** The goal of the workshop is to build participants' capacity and commitment to take action for safe abortion.

**Objectives:** By the end of the workshop, participants will be able to:

- Demonstrate increased respect for women seeking abortion and support for abortion rights;
- Articulate how their own personal perceptions and attitudes may affect their work on abortion;
- Describe how unsafe abortion affects women and societies;
- Articulate how human rights support access to safe abortion;
- Describe the relationship between gender discrimination and abortion;
- Explain how men can affect women's experiences with abortion;
- Describe different barriers that affect women's and adolescents' access to safe abortion care;
- Identify different strategies to improve access to safe abortion care, and explain which of these strategies future health professionals are well-suited to implement;
- Describe essential elements of woman-centered comprehensive abortion care, including counseling and safe methods for abortion;
- Describe examples of how future health professionals can advocate for safe abortion, and design advocacy messages for safe abortion;
- Explain what considerations may be appropriate when doing peer education on abortion;
- List common components of abortion accompaniment and how they help women overcome barriers to safe abortion care.





1. The most significant change that I anticipate in my life or in my work because of this workshop is:

**Please read statements 1–24. For each statement, indicate the level that you agree or disagree using the following options: 4) strongly agree; 3) agree; 2) disagree; or 1) strongly disagree. Please be as honest as you can.**

Statement	4. Strongly agree	3. Agree	2. Disagree	1. Strongly disagree
<b>Overall workshop</b>				
1. The workshop fulfilled its objectives.				
2. The workshop was well organized.				
3. The facilitators communicated effectively and responded to participants' needs.				
4. The break, lunch and other logistical arrangements were satisfactory.				
<b>Module 1: Introduction to abortion</b> Activity 1.A: The reasons why Activity 1.B: A new perspective on abortion Activity 1.C: Abortion and me VCAT 1: Four Corners				
5. The activities were relevant to the module topics.				
6. The activities were effective in building knowledge and skills.				
7. The materials (handouts, worksheets, etc.) were appropriate.				
8. There were enough opportunities for discussion.				
<b>Module 2: Human rights, gender and abortion</b> Activity 2.A: Access denied, human rights and abortion Activity 2.B: Gender and abortion Activity 2.C: Abortion as a men's issue VCAT 2: Why did she die?				
9. The activities were relevant to the module topics.				
10. The activities were effective in building knowledge and skills.				



Statement	4. Strongly agree	3. Agree	2. Disagree	1. Strongly disagree
11. The materials (handouts, worksheets, etc.) were appropriate.				
12. There were enough opportunities for discussion.				
<b>Module 3: Barriers and strategies</b> Activity 3.A: Understanding national abortion laws and policies Activity 3.B: The quest for safe abortion, Barriers to care and strategies to address them (Parts I-II) VCAT 3: The last abortion				
13. The activities were relevant to the module topics.				
14. The activities were effective in building knowledge and skills.				
15. The materials (handouts, worksheets, etc.) were appropriate.				
16. There were enough opportunities for discussion.				
<b>Module 4: Comprehensive abortion care</b> Activity 4.A: Comprehensive abortion care crossword puzzle Activity 4.B: Why I am an abortion provider				
17. The activities were relevant to the module topics.				
18. The activities were effective in building knowledge and skills.				
19. The materials (handouts, worksheets, etc.) were appropriate.				
20. There were enough opportunities for discussion.				
<b>Module 5: Youth act for safe abortion</b> Activity 5.A: A call to action! Activity 5.B: Advocacy perspectives and messages Activity 5.C: Peer education on abortion Activity 5.D: Supporting women during their abortion experiences (Parts I-II)				
21. The activities were relevant to the module topics.				
22. The activities were effective in building knowledge and skills.				
23. The materials (handouts, worksheets, etc.) were appropriate.				
23. There were enough opportunities for discussion.				

Please provide any comments you wish to share with the facilitators.  
You can use the back of the page if you need more space.

**Thank you!**  
The Facilitators





## Handout 1: Introduction to abortion

All people have the right to health. For many women around the world this right is neither recognized nor upheld (Turner et al., 2011), and their sexual and reproductive health needs are acute. Prevention of unwanted pregnancy and unsafe abortion is essential to reduce maternal mortality and morbidity. Here are some key facts about abortion for future health professionals to know:

- Abortion is the termination of pregnancy before fetal viability.
- A spontaneous abortion (miscarriage) happens without any deliberate intervention.
- An induced abortion is safe when performed by persons with the necessary training and skills and in an environment meeting minimal medical standards (WHO, 2012b). In early pregnancy, it is one of the safest medical procedures (IPPF, 2004).
- Unsafe abortion carries significant risks to women's health and life. Today, it is a preventable pandemic throughout the Global South (Grimes et al., 2006).
- In 2008, an estimated 22 million unsafe abortions took place globally, resulting in 47,000 women dying and an additional five million suffering disabilities (WHO, 2012c).
- The burden of unsafe abortion on societies is also substantial: poor health outcomes for children whose mothers die or suffer long-term disabilities, loss of economic productivity in communities, and draining of scarce health-care resources.



**Public health problem with a solution:** With modern methods for preventing and terminating pregnancy, almost all unsafe abortion-related mortality and morbidity can be prevented safely and effectively. Yet the high number of women who still risk their health and lives by resorting to unsafe abortion makes it an important global public health issue.

*Women are not dying because of diseases we cannot treat. They are dying because societies have yet to make the decision that their lives are worth saving.*

“

— Mahmoud Fathalla, MD, PhD, past president of the International Federation of Obstetricians and Gynecologists, speaking on the issue of unsafe abortion

**Reasons to advocate:** Future health professionals educate themselves and take action on abortion issues for many different reasons. Unsafe abortion may be prevalent in their country and someone close to them may have been personally affected by it. Many believe that women have the right to make decisions about their bodies, and identify professional responsibilities to save women's lives.

*We are going to shape health-care in our countries, and for people to have a chance at respectful health-care we need to talk about hard issues like abortion.*

“

— Female medical student speaking on the issue of unsafe abortion (Börjesson & Villa Torres, 2013)

Abortion is...

# **THE TERMINATION OF PREGNANCY BEFORE FETAL VIABILITY**

Abortion is the termination of pregnancy, through the evacuation of the contents of the uterus. It can be induced or spontaneous. A spontaneous abortion happens without any deliberate intervention, and is sometimes called pregnancy loss or miscarriage. An induced abortion is the intentional termination of a confirmed pregnancy.

Abortion is...

# AN ANCIENT AND CROSS-CULTURAL PRACTICE

Women have managed their fertility for millennia. Evidence that women have practiced abortion has been found in hunting and gathering groups, agricultural peasant societies, and in pre-industrial, industrial and post-industrial communities around the world (Shain, 1986). Early writings on abortion date back to medical scripts from Ancient Egypt in 1,500 B.C.E., Ancient China in 500 B.C.E. and the Greek and Roman Empires (Potts & Campbell, 2002). In the 11<sup>th</sup> century, Islamic philosopher and physician Avicenna wrote *The Canon of Medicine*, an influential medical textbook, which included a whole chapter on regimens of abortion (Riddle, 1997).

*Abortion can be...*

# ONE OF THE SAFEST MEDICAL PROCEDURES

An induced abortion is safe when performed by persons with the necessary training and skills, and in an environment meeting minimal medical standards. In early pregnancy, safe abortion is one of the safest medical procedures (IPPF, 2004). Data from the United States indicate that the maternal mortality rate for childbirth is approximately 25 times higher than that for safe, legal abortion. Research worldwide shows that complications from safe abortion are extremely rare too.

*Abortion can be...*

# **AN UNSAFE PROCEDURE when:**

It is performed either by persons lacking the necessary skills or in an environment lacking the minimal medical standards or both. Unsafe abortion carries significant risks to the woman's health and life.

UNSAFE abortion is...

# **A LEADING CAUSE OF DEATH AND DISABILITY AMONG WOMEN**

In 2010, 287,000 women died from pregnancy and childbirth-related complications (WHO et al., 2012). Unsafe abortion-related deaths accounted for about 13 percent of overall maternal mortality in both 2003 and 2008 (WHO, 2011). In individual countries, the ratio may be much higher.

Adolescent girls aged 15–19 are disproportionately affected by unsafe abortion. In Sub-Saharan Africa, adolescent girls account for about 70 percent of all hospitalizations from unsafe abortion-related complications (United Nations, 2004).

UNSAFE abortion is...

# A PREVENTABLE PANDEMIC

In 2008, an estimated 22 million unsafe abortions took place globally, resulting in 47,000 women dying and an additional five million suffering disabilities (WHO, 2012c). Almost all unsafe abortion-related mortality and morbidity can be prevented by addressing unmet needs for contraception and by making safe abortion services readily accessible (Grimes et al., 2006).



UNSAFE abortion is...

# A DRAIN ON PUBLIC HEALTH RESOURCES

Treatment of unsafe abortion-related complications places a significant burden on public health systems in the developing world (Vlassoff et al., 2009). Ensuring women's access to safe abortion services in the first place lowers costs for health systems. Postabortion care offered by physicians in tertiary hospitals was estimated to cost health systems ten times more than elective abortion services offered by midlevel practitioners in a primary care setting (Grimes et al., 2006).

UNSAFE abortion is...

# A TRAGEDY FOR SOCIETIES

The indirect costs of unsafe abortion to women and societies are substantial. Children who lose their mothers from unsafe abortion-related deaths often receive less health and social care and are more likely to die than children who have two living parents (Vlassoff et al., 2004). Unsafe abortion can lower economic productivity in a community. It drains scarce health-care resources.

Abortion is...

# A GLOBAL PUBLIC HEALTH ISSUE

The extremely high number of women and adolescents who continue to risk their health and lives by resorting to unsafe abortion makes it an important global public health issue.

*“Unsafe abortion has eaten into our society, gradually destroying the lives of young women, as people have closed their eyes at the issue hoping it will disappear: but [in doing so] they are also directly and indirectly worsening the situation.”*

— Young woman, Nigeria (Youth Coalition, 2007)

SAFE abortion is...

# **AN ESSENTIAL COMPONENT OF REPRODUCTIVE HEALTH CARE**

Access to safe abortion is essential to ensure women's reproductive health and well-being. It complements other important services such as contraception, antenatal care and adoption. A lack of safe health-care choices during pregnancy, including safe abortion, contributes to poor reproductive health outcomes for women.

SAFE abortion is...

# A HUMAN RIGHT

Human rights can be applied to safe abortion. A woman's access to safe, legal abortion protects several of her human rights. For example: Women have the right to decide whether and when to have children. Women also have the right to health and health care. Women's physical and mental health should not be compromised by forced motherhood or unsafe abortion.

Abortion is...

# A DEEPLY PERSONAL DECISION

*“Before I had the abortion, I prayed and cried to God... I thanked Him for the pregnancy, but I asked if He could just hold on to my baby for a little while longer until I’m ready to be a mother. I didn’t see it as killing a baby—I was giving the life within me back to God to protect and hold onto until the right time.”*

(Source: [www.imnotsorry.net](http://www.imnotsorry.net))

**TABLE 2.1 HUMAN RIGHTS AND ABORTION** (Adapted from Donnelly, 1993; Ipas, 2008)

Human right	Applications to safe abortion
Right to life <sup>A, C</sup>	No woman's life should be put at risk because of pregnancy or unsafe abortion.
Right to liberty and security of the person <sup>A, C</sup>	No woman should be forced to continue an unwanted pregnancy. No woman should be forced to have an abortion against her will. Her decision should be taken in conditions that guarantee her physical and mental integrity as a person.
Right to equality and to be free from all forms of discrimination <sup>A, B, C, D</sup>	Only biologically female persons can become pregnant. Women who are not legally supported to manage their fertility are discriminated against based on their sex. Women should not be discriminated against by abortion laws that restrict their reproductive decisionmaking.
Right to freedom of thought, conscience and religion <sup>A, C</sup>	Women are capable of making decisions in accordance with their own conscience and religious beliefs. No woman should be forced to continue a pregnancy based on the religious beliefs of third parties. A woman should not be put in a situation where people try to make decisions on her behalf.
Right to information and education <sup>A, B, D</sup>	Women should have access to education that empowers them to prevent unintended pregnancy, including information about their bodies, human reproduction and contraception. Women should know their options for managing an unintended pregnancy, including carrying the pregnancy to term and terminating it safely. Women should be able to continue their formal education, despite being pregnant, having an abortion or having a child.
Right to work and a job with favorable conditions <sup>A, B, D</sup>	Women should have access to jobs that provide fair and equal income. Women should work in conditions where their physical and mental integrity is not compromised. This includes a work place and employment conditions that do not place women at risk of experiencing sexual violence, unwanted pregnancy or unsafe abortion. In countries where health-care insurance is part of work compensation it should cover contraception and safe abortion.
Right to choose the number and spacing of their children <sup>D</sup>	Women should be able to choose how many children they will have and how to space them. When women experience forced pregnancy or unwanted pregnancy without safe options for terminating it, this right is violated.
Right to health care and health protection <sup>A, B, D</sup>	Women should have access to abortion in a health-care setting that meets minimal medical standards and with adequate guidance of a trained provider. Services should be accessible and affordable for all women. Women's physical and mental health should not be compromised by an unsafe abortion.
Right to the benefits of scientific progress <sup>B, D</sup>	Women should have access to safe, recommended abortion methods. Providers need to be trained in the use of vacuum aspiration and medical abortion. Health systems need to ensure the correct and timely availability of these technologies. Cost should not be a barrier to access safe, recommended technologies.
Right to freedom of assembly and political participation <sup>A, C, D</sup>	All people are free to organize themselves to advocate for better laws, guidelines, funding and services related to safe abortion. Their rights and integrity should not be jeopardized by participating in these activities.
Right to be free from torture and ill-treatment <sup>A, C, D</sup>	Women should not be forced to continue a pregnancy when they do not want to. This is particularly critical in situations where the woman's health and life are at risk, either because the pregnancy is causing or worsening dangerous medical conditions, or is contributing to situations that put the woman at greater risk, such as domestic violence or abuse, including honor killing.
Right to live free from violence <sup>D</sup>	Women should not get pregnant against their will due to sexual violence. Women who experience sexual violence should not be re-victimized by providers and legal systems (for example: mandating police reports as a condition for safe, legal abortion). Providers and law enforcement individuals re-victimize a woman when they question her decision to interrupt her pregnancy or when they doubt her testimony about experiencing violence.
Referenced treaties and conventions: A) Universal Declaration of Human Rights; B) International Covenant on Economic, Social and Cultural Rights; C) International Covenant on Civil and Political Rights; D) Convention on the Elimination of all Forms of Discrimination Against Women.	



## Handout 2: Human rights, gender and abortion

Human rights are universal and unconditional protections that all human beings—regardless of our many differences—are entitled to from birth, such as the rights to health and to freedom from discrimination. They guide us to live in ways that are fair and respectful. When states ratify human rights agreements, those agreements become legally binding.

Sexual and reproductive rights relate to the exercise and expression of sexuality and human reproduction, including women's right to decide whether, when and with whom to have children (IPPF, 2009). When a woman resorts to unsafe abortion, several of these rights may be violated.

Different international and regional human rights agreements address abortion:

- *“In circumstances where abortion is not against the law, [it] should be safe. In all cases, women should have access to quality services for the management of complications arising from abortion.”* (ICPD, 1994)
- States should *“consider reviewing laws containing punitive measures against women who have undergone illegal abortions”* (Fourth World Conference on Women, 1995)
- Health systems should *“train and equip health-service providers and take other measures to ensure that abortion is safe and accessible [for all indications for which it is legal]”* (United Nations, 1999)
- The member states of the African Union should *“protect the reproductive rights of women by authorizing medical abortion in cases of sexual assault, rape, incest, and where the continued pregnancy endangers the mental and physical health of the mother or the life of the mother or the foetus”* (African Commission on Human and People's Rights, 2003)

Gender is a socially-constructed system of categorizing people based on social beliefs about what behaviors, characteristics and attributes are inherently masculine and feminine (Turner et al., 2011). Gender discrimination affects women's experiences with abortion in many different ways:

- Women's subordinate status can impact their agency in sexual relationships, and put them at risk of sexual violence and unintended pregnancy.



- In many societies, female sexuality is only accepted for procreation. Women who seek abortion challenge social ideals of womanhood (Kumar, 2013).
- Other family members often control the decision whether to continue or end a pregnancy.
- With limited freedom of mobility and control of economic resources, accessing safe abortion services can be challenging. In some countries, spousal authorization is legally required.
- When abortion care is accessible, the provider's beliefs and attitudes about gender, womanhood and female sexuality can influence the quality of care.

In their roles as partners, fathers, brothers and sons, men relate to abortion personally. If they are health-care professionals and policymakers they may also come into contact with abortion professionally. Men can advocate for women's reproductive choices and against barriers to safe abortion services. They can provide emotional and logistical support to women they know.



**Case A: Lidia**

In 1999, Lidia was 13 years old when an unknown man came into her house and raped her in front of her sister and her sister's children aged two and five years old. A few weeks later, she and her mom found out she was pregnant. The doctor at the hospital informed them that Lidia had the right to abortion because the pregnancy was less than 12 weeks gestation and the outcome of a crime, but she needed legal authorization. Lidia decided she wanted to terminate her pregnancy and her mom supported her decision. They went to get legal authorization from the public prosecutor and it was granted. The public prosecutor sent the legal authorization to terminate Lidia's pregnancy to the local health authorities. A series of bureaucratic barriers, harassment and abuse by the local health authorities, providers' misunderstandings of the law and psychological pressures and violence from conservative and religious individuals working at public institutions prevented Lidia from ever having an abortion. Lidia gave birth to her son. It took over six years for the government of her country to recognize, through a resolution by the Inter-American Human Rights Court, that her human rights had been violated.



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**Case B: Margaret**

Margaret got pregnant for the third time in 2000 when she was 29 years old. At that point, she had severe myopia (nearsightedness) and was evaluated as having a visual disability of medium severity. She was taking care of her two children by herself. Yet she did not qualify for disability payments by the state. Three ophthalmologists recommended termination of the pregnancy given the risk of retinal detachment, but all three refused to issue an abortion certificate to Margaret even though she decided to terminate the pregnancy on their recommendations. A general practitioner also recommended abortion because Margaret had had two Cesarean sections and her risk of uterine rupture was elevated. When Margaret visited her obstetrician and gynecologist, he refused to perform the abortion, saying that a Cesarean section would prevent retinal detachment. He ordered bed rest for Margaret to avoid more damage to her eyes. Bed rest was almost impossible for Margaret since she was the primary caregiver of her two children. Margaret never had her abortion. She gave birth by Cesarean section. Six weeks after the delivery, she was taken to the emergency unit of an ophthalmologic clinic, but surgery was not possible since the damage done to her eyes could not have been corrected by it. Almost a year after her third child was born, the state declared her significantly disabled due to her myopia. Her government recognized violations of her human rights through a ruling by the European Court of Human Rights.

**Case study:**

Person X is 18 years old. This person has had three sexual relationships over the past two years. This person has stated that they would have liked to remain abstinent until they married, and that they do plan to marry, just not very soon. In their most recent relationship, this person had sex, which resulted in a pregnancy and abortion.

Person X is a woman.

**Questions:**

1. What were your first reactions to this case study?
2. What assumptions did you make about this young woman? About her life, gender identity and sexual orientation?
3. What conditions in this young woman's community may have influenced her experiences?
4. If her family and friends knew about her sexual history, how is this young woman likely to be perceived and treated by them?
5. Would her family and friends perceive this young woman differently if she was a young man? How?
6. If this young woman's health-care provider knew about her sexual history, how may that affect her access to reproductive health care, including safe abortion?



**Case study:**

Person Y is 18 years old. This person has had three sexual relationships over the past two years. This person has stated that they would have liked to remain abstinent until they married, and that they do plan to marry, just not very soon. In their most recent relationship, this person had sex, which resulted in a pregnancy and abortion.

Person Y is a man.

**Questions:**

1. What were your first reactions to this case study?
2. What assumptions did you make about this young man? About his life, gender identity and sexual orientation?
3. What conditions in this young man's community may have influenced his experiences?
4. If his family and friends knew about his sexual history, how is this young man likely to be perceived and treated by them?
5. Would his family and friends perceive this young man differently if he was a young woman? How?
6. If this young man's health-care provider knew about his sexual history, how may that affect his access to reproductive health care?





### Handout 3: Barriers to safe abortion and strategies to address them

Women and adolescents face many barriers to safe abortion. These barriers help explain why women who seek to terminate pregnancies may have no choice but to resort to unsafe abortion, even when their circumstances fit legal indications (Turner et al., 2011). They also shed light on why adolescents often delay seeking help for abortion-related complications (WHO et al., 2006).

Legal and policy barriers	Social and cultural barriers	Health systems barriers
<p>Restrictive abortion laws and/or national guidelines that:</p> <ul style="list-style-type: none"><li>• Limit indications for safe, legal abortion</li><li>• Limit what type of providers can perform abortion</li><li>• Require signatures of multiple providers</li><li>• Mandate waiting periods</li><li>• Mandate third-party involvement (such as parents or spouse)</li></ul>	<ul style="list-style-type: none"><li>• Gender discrimination</li><li>• Poverty and unequal access to financial resources for women</li><li>• Religious institutions and beliefs</li><li>• Abortion stigma</li><li>• Inadequate access to information and education</li><li>• Lack of social support systems</li></ul>	<ul style="list-style-type: none"><li>• Lack of health-care facilities providing safe abortion services</li><li>• Shortages of providers capable of and committed to providing safe abortion care</li><li>• Low quality of care, including lack of privacy and judgmental provider and staff attitudes</li><li>• Cost of services</li></ul>



The complex, often sensitive context surrounding abortion and the myriad interdependent barriers can make it difficult to increase access to safe abortion. Programs that include policy, community and health system-level strategies have the most positive outcomes (Dick et al., 2006). A culturally relevant community assessment of women's and adolescents' needs, experiences and recommendations is a valuable first step in any program design process (Börjesson et al., 2011). Future health professionals can work on many different strategies to increase access to safe abortion. Examples of strategies that may be effective and realistic for future health professionals to implement include:

Legal and policy-related strategies	Community-related strategies	Health systems-related strategies
<ul style="list-style-type: none"><li>• Seek to influence the legal and policy frameworks by making consensus documents and lobbying policymakers, testifying in legislative hearings and conducting media outreach</li></ul>	<ul style="list-style-type: none"><li>• Raise community awareness of unsafe abortion and/or existing abortion law</li><li>• Sensitize community and religious leaders, and support champions for safe abortion</li><li>• Train peer educators and do peer education on abortion</li><li>• Run social networks that provide safe abortion accompaniment</li></ul>	<ul style="list-style-type: none"><li>• Advocate for the inclusion of safe abortion in health sciences curricula and ensure clinical training opportunities to build capacity and commitment of future providers</li></ul>



## National abortion laws and policies worksheet

Please review the background documents again and write short, bulleted responses to questions 1–5 below. You can divide the worksheet questions among participants in your group.

If neither you nor the facilitator can find answers to these questions in the background documents for your country, you can pick another country for which the necessary documents are available. We encourage you to continue exploring the answers for your country's context when you return home after the training workshop.

1. **How is abortion regarded in the legal framework of your country?**  
What indications for abortion does your country's current law specify?  
What other elements regulating provision of abortion care are present in the law, if any?
  
2. **What elements of abortion care provision are not explicitly mentioned or are unclear in the law?** Examples can include details on which types of providers are authorized to perform abortion or gestational age limits for abortion care.
  
3. **Does your country have national policies, standards and guidelines or clinical protocols related to abortion?** If yes, how do they compare to the abortion law? What barriers exist in these implementation documents that are not mandated by the abortion law?

4. In your country, what impact do legal and policy barriers have on:

a. Women's and adolescents' access to safe abortion care?

b. Providers' willingness and ability to provide safe abortion services?

c. The magnitude of unsafe abortion and related maternal mortality and morbidity?

5. In your country, how could laws and policies be more broadly interpreted to expand access to safe abortion care? What language in the law is open to broader interpretation to expand access to safe abortion? Examples: A medical practitioner could be interpreted to mean a physician, midwife or other midlevel provider. Clinical depression and suicidal thoughts can constitute threats to the pregnant woman's life. Socioeconomic struggles can be interpreted as threats to a woman's mental health.





## Handout 4: Comprehensive abortion care

Woman-centered comprehensive abortion care is a holistic model of care tailored to each woman's personal circumstances and health needs. It includes counseling, induced abortion, treatment of incomplete or unsafe abortion, contraceptive services, and provision of or referrals to other reproductive health-care services (Ipas, 2013c). Counseling may address pregnancy options, abortion methods and postabortion contraception. Women have the right to give free and informed consent to abortion services. Women who are clinically eligible also have the right to decide which abortion method they prefer.

### COMPARISON OF FIRST-TRIMESTER ABORTION METHODS

	Vacuum aspiration	Medical abortion
Mechanism of action	The uterus is evacuated using suction.	Medicines detach and expel the pregnancy. There are two regimens: mifepristone and misoprostol, and misoprostol only.
Process	The procedure involves dilating the cervix, inserting a cannula and suctioning the uterine contents with a manual aspirator or an electric pump. It usually takes three to ten minutes to complete.	If mifepristone is available, the woman first takes it by mouth. Up to two days later, she takes misoprostol (doses and route of administration vary depending on gestational age). She may expel the pregnancy in a few hours, and bleed or have spotting for around two weeks.
Efficacy	The rate of successful abortion is 99–100 percent.	The rate of successful abortion with mifepristone and misoprostol is 95–98 percent. For misoprostol only the rate is about 85 percent.
Advantages	It can be completed in one visit. The woman is reassured that the pregnancy is terminated before leaving the facility.	It feels more natural and appears to others as a miscarriage. It can be used in private settings (such as at home) and in low-resource settings.

After a complete, uncomplicated abortion, all contraceptive methods are recommended and most can be used immediately (WHO, 2010).

Complications from safe, legal abortion are extremely rare (WHO, 2012b). A woman who displays warning signs of abortion-related complications should seek postabortion care without delay. Warning signs include excessive vaginal bleeding, unusual or bad-smelling vaginal discharge, severe abdominal pain, persistent nausea and vomiting, and feeling very sick.





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**Across**

5. This regimen for medical abortion is slightly more effective
8. One of the routes for misoprostol administration
9. A very rare complication from safe, legal abortion
10. Many women prefer medical abortion because it feels more like this to them
12. Drug that blocks progesterone and stops the continuation of the pregnancy
13. This is an alternative name for vacuum aspiration abortion
15. Until nine to ten weeks of gestation, medical abortion can be used in this type of setting
16. Side effect of medical abortion
17. Essential element of comprehensive abortion care that takes places before an abortion procedure

**Down**

1. An advantage of the vacuum aspiration procedure
2. Both vacuum aspiration and medical abortion are appropriate for this group of women
3. Warning sign of complication if it presents any day after the day misoprostol is taken
4. This is not routinely required for gestational dating before abortion services
5. Part of instrument used in vacuum aspiration
6. Drug that causes cervical ripening and uterine contractions
7. Warning sign of complication when excessive
11. Comprehensive abortion care includes this postabortion service
14. This should be informed and provided freely by a woman before abortion services

## FACILITATOR'S KEY

### Across

- 5. Combined
- 8. Vaginal
- 9. Hemorrhage
- 10. Natural
- 12. Mifepristone
- 13. Surgical
- 15. Outpatient
- 16. Diarrhea
- 17. Counseling

### Down

- 1. Quick
- 2. Adolescents
- 3. Fever
- 4. Ultrasound
- 5. Cannula
- 6. Misoprostol
- 7. Bleeding
- 11. Contraception
- 14. Consent





## Handout 5: Youth act for safe abortion

School is a formative time of learning and civic engagement. Many students join associations that work on different global health issues, including sexual and reproductive health and rights. As a group of young people, future health professionals can be powerful agents of social change. They can take action for safe abortion in many different ways, which can include advocacy, peer education and accompaniment activities. Students who become health-care providers can also positively influence women's access to safe abortion through service provision and referrals.

**Advocacy:** Advocates for safe abortion work to advance women's health and rights by improving women's access to information and services. Anyone can be an advocate for safe abortion, and medical students and students of other health sciences are well-positioned because they enjoy social status among peers, access to information, and membership in activism communities and associations. Future health professionals can:

- Raise awareness of existing abortion laws and policies, and garner support for reform of abortion laws and policies among professional organizations, policymakers and communities;
- Correct myths and misinformation that they hear about abortion in their daily lives;
- Improve access to evidence-based safe abortion information at their schools. This may involve surveying existing materials, leading training opportunities for other students, identifying provider mentors, arranging clinical observations of abortion care, and working toward reform of school curriculum and residency training.

**Peer education:** Peer education can have positive outcomes on young people's knowledge, attitudes and practices related to abortion. Peer education programs should work to strengthen social support for abortion and facilitate referrals to services. Special considerations, such as a risk assessment and risk reduction strategy, may be appropriate before starting peer education programs on abortion. Peer educators also need adequate training and mentoring, and should partner with other advocates.

**Accompaniment:** A person who provides abortion accompaniment offers emotional, physical and logistical support to women during their abortion experiences. Accompaniment can be

informal, when provided by a friend or family member, or formal, when offered by someone with the appropriate knowledge and skills. Accompaniment helps women overcome barriers to safe abortion in many different ways:

- Peer counseling to support free and informed decisionmaking;
- Identification of safe abortion services, including medical abortion;
- Identification of funds to pay for the service—for example, from an abortion access fund;
- Transportation to and from the services;
- Support during the procedure and in the recovery period. With medical abortion, the woman may want company when she begins to bleed and as she expels the pregnancy;
- Follow-up and emotional support for as long as the woman desires after the abortion.



## ADVOCACY OPPORTUNITY CARDS

### Advocacy opportunity card 1:

**Instructions:** Please read the scenario below. Assign a note-taker for the group. Discuss questions 1–6. Design your group’s one-minute message. The note-taker will be asked to briefly summarize key points from your discussion and present the group’s one-minute message in plenary. (The one-minute message should only take one minute to present!)



**Scenario:** New clinical standards and guidelines for safe abortion are being drafted by the National Committee to Reduce Maternal Mortality of the Ministry of Health. As a recognized youth group in the country, the national medical students’ association has been invited to submit verbal testimony on the first draft to the committee. When you (a medical student) read the draft, you identify new language that mandates third-party involvement, specifically parental consent, for anyone under the age of 18 who requests abortion. The only exception is for a young person to stand up in front of a local judge and seek a judicial bypass. The national abortion law has no language on age of consent. You are a member of the Standing Committee of Reproductive Health and Rights of the medical students’ association and discuss this situation with them.

**Questions:** Please discuss and answer the following questions.

1. What are the issues of concern in this situation?
2. In what ways could you advocate? How could you deliver your message?
3. Who is the audience for your advocacy?
4. What are some benefits of advocacy in this situation?
5. What are some possible risks in this situation? Are there any risks that would prevent you from responding?
6. How does this situation relate to your real life?

**One-minute message:** Please design a one-minute message based on the following format and example:

- » One statement (*Unsafe abortion is a preventable pandemic in the Global South.*)
- » One piece of evidence (*According to the World Health Organization, almost all of the 47,000 unsafe abortion-related deaths annually take place in the Global South.*)
- » One case or story (*Hauwa was a loving, caring mother of three when she became pregnant again at age 41. She learned the fetus had severe malformations. Because abortion is only legal to save the pregnant woman’s life in her country, Hauwa resorted to an unsafe abortion...*)
- » One call to action (*We call on the state to revisit the country’s restrictive abortion law and make safe abortion legal and accessible to all women who need it.*)



## Advocacy opportunity card 2:

**Instructions:** Please read the scenario below. Assign a note-taker for the group. Discuss questions 1–6. Design your group's one-minute message. The note-taker will be asked to briefly summarize key points from your discussion and present the group's one-minute message in plenary. (The one-minute message should only take one minute to present!)

**Scenario:** You and several other students are meeting at your professor's house for an informal class discussion on global reproductive health issues. The TV is playing in the background and in the show one of the characters has just found out that she is pregnant and is contemplating abortion. The professor catches this and remarks that abortion should never be an option for women. He uses incorrect information to support his remarks in opposition of abortion. He asserts that if abortion was completely outlawed, women would not have sex outside of marriage.

**Questions:** Please discuss and answer the following questions.

1. What are the issues of concern in this situation?
2. In what ways could you advocate? How could you deliver your message?
3. Who is the audience of your advocacy?
4. What are some benefits of advocacy in this situation?
5. What are some possible risks in this situation? Are there any risks that would prevent you from responding?
6. How does this situation relate to your real life?

**One-minute message:** Please design a one-minute message based on the following format and example:

- » One statement (*Unsafe abortion is a preventable pandemic in the Global South.*)
- » One piece of evidence (*According to the World Health Organization, almost all of the 47,000 unsafe abortion-related deaths annually take place in the Global South.*)
- » One case or story (*Hauwa was a loving, caring mother of three when she became pregnant again at age 41. She learned the fetus had severe malformations. Because abortion is only legal to save the pregnant woman's life in her country, Hauwa resorted to an unsafe abortion...*)
- » One call to action (*We call on the state to revisit the country's restrictive abortion law and make safe abortion legal and accessible to all women who need it.*)



### Advocacy opportunity card 3:

**Instructions:** Please read the scenario below. Assign a note-taker for the group. Discuss questions 1–6. Design your group's one-minute message. The note-taker will be asked to briefly summarize key points from your discussion and present the group's one-minute message in plenary. (The one-minute message should only take one minute to present!)



**Scenario:** A popular radio show with national reach airs a story about the rise in use of misoprostol for abortion. You (a health sciences student) identify that the story contains misinformation about the safety and efficacy of misoprostol. It warns that adolescents will “*have more sex and take misoprostol like candy.*” The radio host recommends that the drug should be completely banned in the country. Most listeners who call in support the radio host. Some callers want misoprostol to be available for other health indications, including ulcers and post-partum hemorrhage. Only a handful of callers express support for access to safe medical abortion.

**Questions:** Please discuss and answer the following questions.

1. What are the issues of concern in this situation?
2. In what ways could you advocate? How could you deliver your message?
3. Who is the audience of your advocacy?
4. What are some benefits of advocacy in this situation?
5. What are some possible risks in this situation? Are there any risks that would prevent you from responding?
6. How does this situation relate to your real life?

**One-minute message:** Please design a one-minute message based on the following format and example:

- » One statement (*Unsafe abortion is a preventable pandemic in the Global South.*)
- » One piece of evidence (*According to the World Health Organization, almost all of the 47,000 unsafe abortion-related deaths annually take place in the Global South.*)
- » One case or story (*Hauwa was a loving, caring mother of three when she became pregnant again at age 41. She learned the fetus had severe malformations. Because abortion is only legal to save the pregnant woman's life in her country, Hauwa resorted to an unsafe abortion...*)
- » One call to action (*We call on the state to revisit the country's restrictive abortion law and make safe abortion legal and accessible to all women who need it.*)



#### Advocacy opportunity card 4:

**Instructions:** Please read the scenario below. Assign a note-taker for the group. Discuss questions 1–6. Design your group's one-minute message. The note-taker will be asked to briefly summarize key points from your discussion and present the group's one-minute message in plenary. (The one-minute message should only take one minute to present!)

**Scenario:** You have recently completed your residency training in obstetrics and gynecology and are attending your first meeting of the National Obstetrics and Gynecology Association. A group of providers are concerned about new draft bill proposed by a member of Parliament (MP). He is backed by one of the leading churches in the country. The bill, if passed, would remove all indications for legal abortion except to save the life of the pregnant woman. The MP has stated publicly that abortion should not be available in cases of rape because "it is immoral to punish the innocent child," and that "very few rapes result in pregnancy because the female body can shut down during rape so pregnancy cannot occur." In the past when legislation has been drafted, the National Obstetrics and Gynecology Association has been invited to provide guidance on matters of reproductive health to Parliament.

**Questions:** Please discuss and answer the following questions.

1. What are the issues of concern in this situation?
2. In what ways could you advocate? How could you deliver your message?
3. Who is the audience of your advocacy?
4. What are some benefits of advocacy in this situation?
5. What are some possible risks in this situation? Are there any risks that would prevent you from responding?
6. How does this situation relate to your real life?

**One-minute message:** Please design a one-minute message based on the following format and example:

- » One statement (*Unsafe abortion is a preventable pandemic in the Global South.*)
- » One piece of evidence (*According to the World Health Organization, almost all of the 47,000 unsafe abortion-related deaths annually take place in the Global South.*)
- » One case or story (*Hauwa was a loving, caring mother of three when she became pregnant again at age 41. She learned the fetus had severe malformations. Because abortion is only legal to save the pregnant woman's life in her country, Hauwa resorted to an unsafe abortion...*)
- » One call to action (*We call on the state to revisit the country's restrictive abortion law and make safe abortion legal and accessible to all women who need it.*)

## Advocacy opportunity card 5:

**Instructions:** Please read the scenario below. Assign a note-taker for the group. Discuss questions 1–6. Design your group’s one-minute message. The note-taker will be asked to briefly summarize key points from your discussion and present the group’s one-minute message in plenary. (The one-minute message should only take one minute to present!)



**Scenario:** After attending a regional workshop on abortion you (a health sciences student) review the content related to sexual and reproductive health in your school’s curriculum. You realize that abortion is not mentioned at all. Unsafe abortion is common in your country. A majority of emergency cases in the teaching hospital’s maternity ward are severe infection from unsafe abortion. You know that several students in your class are interested in gaining knowledge and clinical skills in safe, comprehensive abortion care. However, there is also an active Pro-Life Students Chapter at your university.

**Questions:** Please discuss and answer the following questions.

1. What are the issues of concern in this situation?
2. In what ways could you advocate? How could you deliver your message?
3. Who is the audience of your advocacy?
4. What are some benefits of advocacy in this situation?
5. What are some possible risks in this situation? Are there any risks that would prevent you from responding?
6. How does this situation relate to your real life?

**One-minute message:** Please design a one-minute message based on the following format and example:

- » One statement (*Unsafe abortion is a preventable pandemic in the Global South.*)
- » One piece of evidence (*According to the World Health Organization, almost all of the 47,000 unsafe abortion-related deaths annually take place in the Global South.*)
- » One case or story (*Hauwa was a loving, caring mother of three when she became pregnant again at age 41. She learned the fetus had severe malformations. Because abortion is only legal to save the pregnant woman’s life in her country, Hauwa resorted to an unsafe abortion...*)
- » One call to action (*We call on the state to revisit the country’s restrictive abortion law and make safe abortion legal and accessible to all women who need it.*)

*Adapted from ABARIS Consulting Inc., 2001*

## What is SWOT?

SWOT stands for Strengths, Weaknesses, Opportunities and Threats. It is a process designed to help an organization understand itself and how it relates to its external environment. SWOT can help to evaluate if an organization is aligned with the world going on around it. Many people see SWOT as synonymous with strategic planning. In fact, SWOT is only one of many tools that can be used in an organization's strategic planning process. On its own, it is not sufficient to develop a strategic plan.

## What is the purpose of a SWOT analysis?

The analysis should provide you with information that helps in making decisions. As such, lists of Strengths, Weaknesses, Opportunities and Threats are not unto themselves helpful. It is only when their potential implications for the organization are analyzed that you start to get any really meaningful inputs.

## What are the steps of a SWOT analysis?

Key steps in a SWOT analysis include:

1. Brainstorm your Strengths, Weaknesses, Opportunities and Threats.  
The strengths and weaknesses should be internally focused (inside the organization). Opportunities and threats should be externally focused (outside of the organization).
2. Next, review one category at a time. Take all of the ideas within the category and reduce them to the top five ideas.
3. Discuss the top five ideas and analyze their potential implications on the organization and any desired program.
4. Repeat #2 and #3 for the remaining three categories.
5. Remember that the idea with SWOT analysis is to gain a better understanding of how your organization can relate to its external environment. Next, consider how the strengths and weaknesses internal to the organization relate to the opportunities and threats external to the organization.
  - a. Those factors that represent both strengths of the organization and opportunities in the external environment represent potential areas for growth.
  - b. Those factors that represent weaknesses of the organization and threats in the external environment represent areas that need to be addressed.





6. Identify next steps for sharing and applying the findings from the SWOT analysis. This may include designing strategies to overcome internal weaknesses and external threats.

#### SWOT TEMPLATE

Copy this template on flipchart.

### SWOT analysis: Integrating abortion in peer education programs led by health sciences students' associations

STRENGTHS (internal)

OPPORTUNITIES (external)

WEAKNESSES (internal)

THREATS (external)

## INSTRUCTIONS FOR PARTICIPANTS

This is a peer counseling role play activity. There are three different scenarios. Your group will enact all three scenarios. So you will get the chance to play: 1) a woman seeking safe abortion (or her partner); 2) a peer counselor; and 3) an observer. Review the instructions below and raise any questions with the facilitator before you start the first role play.



### Instructions:

1. Briefly discuss and agree on the legal context for your role plays. You can specify legal indications for abortion. Remember: There are different ways to provide accompaniment depending on the legal context—and access to information is a human right.
2. Read your assigned scenario so you are familiar with it and can act as naturally as possible when you play **the woman** or her partner. Your group members should not know the details of your scenario until you enact them in the role play.
3. When you are the **peer counselor**, respond to the woman or her partner with effective counseling techniques and relevant, evidence-based information as the scenario unfolds. The basic steps listed below can guide you through the counseling process. Take a moment to review them before you start.
4. When you are the **observer**, remain silent during the role play and practice active listening. Write down examples of good counseling and examples of counseling that can be improved.
5. Now you are ready to start the first role play. You have 40 minutes to complete the three role plays (or about 10–15 minutes per role play).

### Basic steps for peer counseling:

1. **Build rapport and trust.** Greet the woman, help her relax and make her feel comfortable.
2. **Provide emotional support.** Show respect and empathy; validate her feelings and concerns.
3. **Encourage her to speak freely.** Listen actively, ask open-ended questions to understand her situation, needs and preferences—this helps you determine what information she needs.
4. **Share evidence-based information** that is relevant to the woman and can help her consider her choices and make a decision (pregnancy options, safe abortion methods, side effects and warning signs of abortion-related complications, etc.).



5. **Ensure the woman's decision is free and informed.** Clarify what motivated her decision in a supportive, non-judgmental way; affirm her decision whether you agree with it or not.
6. **Make arrangements to refer or accompany the woman to services.** In real-life, this may involve different physical and logistical support, including setting up appointments, arranging travel, etc.
7. **Close the session.** Agree on next steps, make a follow-up plan, reassure the woman and affirm her positive actions.

Remember, peer counselors do **not** give personal medical advice or recommendations, and they do **not** conduct clinical assessments.

## Scenarios

### Scenario A

You are a second-year medical student living in a large city. Your boyfriend is also a medical student and you have been seeing each other for a year. Although you are both medical students and understand human reproduction, neither of you are comfortable discussing contraception with each other. Studying for your final second-year exams, you realize you cannot remember the last time you had your period. When you have a pregnancy test the next day, it is positive.

At first you are scared and in disbelief about the pregnancy. You would like to finish medical school before starting a family. Your parents are very religious. They do not approve of children outside of marriage, but they are also opposed to abortion. You become increasingly anxious and begin to show signs of depression. For example, you have difficulties sleeping, you have lost your appetite and you do not take care of your physical appearance anymore. In search of support, you finally contact a peer counselor at the university. You seem distant when you meet the peer counselor.

You are not sure how far along the pregnancy is, but you think it must be about seven or eight weeks since your last period. If you can, you would like to terminate the pregnancy before your exams begin.

It is important to you that you can be sure the pregnancy is terminated in one procedure.



#### **Textbox: Alternative scenario A: The partner**

[Use this scenario if you prefer to play a male role. Read the scenario above to understand the woman's circumstances and preferences.]

You are the boyfriend of the young woman in the scenario above. She confides her pregnancy and feelings about it to you. In search of support and information, you contact one of the university's peer counselors.





## Scenario B

You are a mother of four young children living in a rural district. Your husband has a bicycle repair shop and is seldom home, so you raise the children and look after the home mostly on your own. When you find yourself pregnant again, you feel overwhelmed and sad. Both you and your husband wished to prevent another pregnancy.

One day at the marketplace there is a street drama about women's health and you approach the peer counselors afterwards to ask about your situation. You are aware there are treatments a woman can have to terminate a pregnancy, but you are very nervous to talk about this because abortion is stigmatized in your community.

You recognize the symptoms of pregnancy early this time because they are similar to what you experienced in past pregnancies. You think it has only been four to five weeks since your last period. If you can, you would like to terminate the pregnancy.

It is important to you that it seems natural, like a miscarriage, in case anyone finds out that you are pregnant.

### **Textbox: Alternative scenario B: The partner**

[Use this scenario if you prefer to play a male role. Read the scenario above to understand the woman's circumstances and preferences.]

You are the husband of the woman in the scenario above. She confides her pregnancy and feelings about it to you. One day outside your bicycle repair shop there is a street drama about women's health and you approach the peer educators afterwards to ask about your wife's situation.

## Scenario C

You are an adolescent woman living in a large urban slum. You help support your family by working in a local factory.

After a one-time sexual encounter you become pregnant. When you realize you are pregnant, you have mixed feelings. You feel proud and amazed over your body's ability to become pregnant, but you do not feel ready to become a mother. Given your family's unstable financial situation, you also do not think it would be possible to support another person.

You go to the youth center in your community and meet one of the peer counselors there. You get a good impression of her/him, but you struggle to understand some of the information she/he shares with you.

You remember that your last period was around your dad's birthday 13 weeks ago. If you can, you would like to terminate the pregnancy.

You are afraid of surgeries and needles and would like to have as few medical interventions as possible.



### **Textbox: Alternative scenario C: The brother**

[Use this scenario if you prefer to play a male role. Read the scenario above to understand the woman's circumstances and preferences.]

You are the brother of the young woman in the scenario above. She confides her pregnancy and feelings about it to you. In search of support and information, you go to the youth center in your community and meet the peer counselor there.