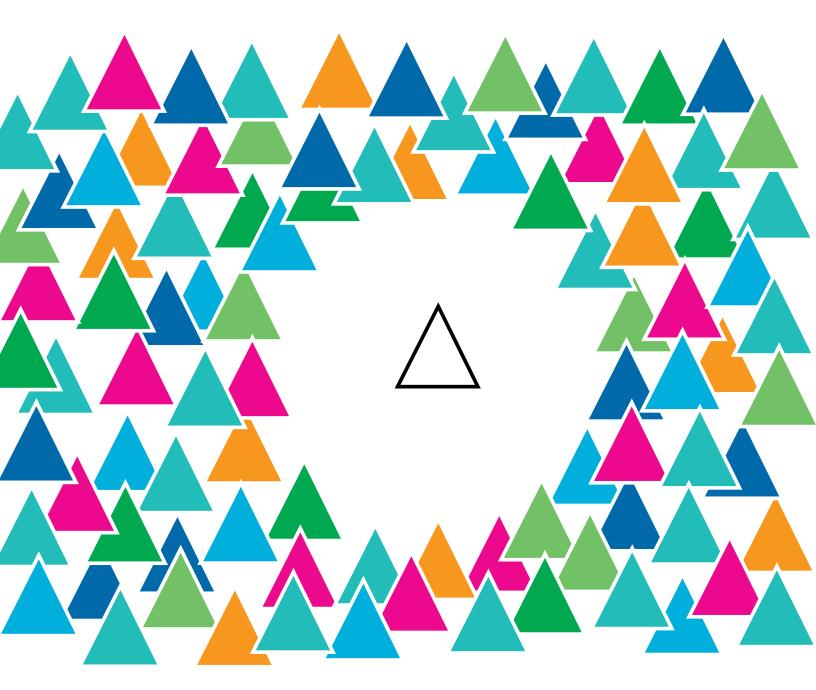
ABORTION STIGMA ENDS HERE

A toolkit for understanding and action





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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.

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INTRODUCTION

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ABOUT IPAS

Ipas works globally to improve access to safe abortion and contraception so that every woman and girl can determine her own future. Across Africa, Asia and Latin America, we work with partners to make safe abortion and contraception widely available, to connect women with vital information so they can access safe services and to advocate for safe, legal abortion.

ABOUT THIS TOOLKIT

WHY WAS THIS TOOLKIT DEVELOPED?

Abortion stigma plays a critical role in the social, medical and legal marginalization of abortion care around the world and leads to negative health outcomes for women, girls, trans people and their communities. Stigma shames and silences people seeking abortions, providers of abortion care and anyone who demonstrates support for a person's right to decide whether to continue or terminate a pregnancy. As a result, abortion stigma drives the high number of preventable deaths and injuries around the world due to unsafe abortion.

Sexual and reproductive health organizations, women's rights organizations and other social justice advocates have been raising awareness about abortion stigma in communities, in advocacy and information campaigns and in programs designed to meet women's reproductive health needs. Many have expressed the desire for a collection of tools and activities to address abortion stigma in various settings and contexts. This toolkit was created to help meet that need.

WHO IS THIS TOOLKIT DESIGNED FOR?

This toolkit is **designed for use** with the staff or members of community-based organizations (CBOs) and/or non-governmental organizations (NGOs), community health workers and community members themselves with a range of education and literacy levels.

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This toolkit was originally developed for Ipas staff and community partners working to reduce abortion stigma and increase access to safe abortion. However, thanks to tremendous support from inroads (The International Network for the Reduction of Abortion Discrimination and Stigma) members, who piloted and reviewed activities, we have edited the toolkit to be used by others who want to raise awareness about and plan action to address abortion stigma.

The activities are designed to be **led by trained facilitators** who may be CBO or NGO staff or members, community health workers and/or individual trainers or activists.

They are also designed to be **easily adapted to fit different settings and contexts.** For example, they can be carried out in multi-day workshops with typical workshop supplies or included in meetings over a longer stretch of time in settings requiring few or no extra resources. They can be used in community dialogues, in awareness-raising campaigns, in schools or in outdoor health talks. They can also be integrated into other training, educational or capacity-building programs such as comprehensive sexuality curricula in schools, training curricula in nursing or medical programs, community outreach programs or staff capacity-building initiatives of an organization implementing programming to advance abortion access.

While the intended audience for this toolkit is non-professional community members, community health workers, activists and the staff of CBOs, many activities **can be used or adapted for use with other specialized audiences.** These audiences include doctors, nurses and other health-care providers; journalists and media professionals; police, lawyers and policymakers; and faith-based leaders, local chiefs and other influence on abortion access.

How was the content of this toolkit developed?

Some of the activities are based on stigma-reduction exercises that have been tested in other fields (for example, HIV stigma). Some have been used by Ipas for several years to help people reflect on and clarify the values that they hold around abortion. And some are new exercises that have been tested in several countries by community organizations.

IS THIS TOOLKIT A STIGMA-REDUCTION INTERVENTION?

Naming abortion stigma is a way to start reducing it. However, this toolkit does not take participants through the process of developing a stigma-reduction intervention. This toolkit was designed to increase understanding of abortion stigma and to support individuals and organizations in naming what abortion stigma looks like in their settings. It was also designed to build the capacity of individuals and organizations to address and help eliminate abortion stigma.

Building a collective understanding of abortion stigma and helping a group of people determine how to think or talk about abortion differently helps to interrupt abortion stigma. In this sense, this toolkit can provide the structure and content for an intervention focused on building a group or organization's understanding of and capacity to reduce abortion stigma.

The activities in this toolkit can also be used to build the capacity of individuals and/ or organizations to create a broader abortion stigma-reduction strategy, campaign or programmatic intervention. While there is not specific guidance included on how to do this, the toolkit's activities serve as a foundation for a common language, understanding and shared analysis of abortion stigma that is needed to design such strategies.

How does this toolkit differ from the Abortion Values Clarification and Attitude Transformation toolkit?

This toolkit is dedicated to increasing understanding of abortion stigma and to supporting individuals and organizations (CBOs, small NGOs, etc.) in naming what abortion stigma looks like in their settings. *Abortion attitude transformation: A values clarification toolkit for global audiences,* created by Ipas in 2008, was designed to help groups clarify their values and reach more supportive actions and attitudes toward abortion care.

While separate and distinct, the two toolkits—along with the Abortion care for young women: A training toolkit—complement one another, and together, will help groups begin to address abortion stigma. If you are looking for additional ideas, we encourage you to consult all three resources when designing your workshop. This toolkit uses activities adapted from Abortion attitude transformation: A values clarification toolkit for global audiences, which are marked as "VCAT." Please note that the activities have been adapted to focus on abortion stigma, so review them before facilitating to note how they might be different than the VCAT activities to which you are accustomed.

LANGUAGE IN THIS TOOLKIT

Throughout this toolkit, we use the terms "women, girls and trans people," "people who are pregnant," and at times, the gender-neutral "people," to refer to those who have had—or may someday have—an abortion. We seek to acknowledge the full range of gender identities held by people who have abortions. While abortion stigma affects everyone, we name women, girls, trans people and people who are pregnant rather than exclusively using gender-neutral language—to recognize that abortion stigma is rooted in gender inequity and oppression. Because of this, women, girls, trans people and other people who are pregnant specifically experience the impact of abortion stigma. We recognize that the language to express a richer diversity of gender identity and expression is evolving, and we seek to contribute to more inclusive language in the abortion field. We welcome your feedback and suggestions on how we might do better in the future.

WHAT DOES LGBTIQ REFER TO AND WHY IS IT IN THIS TOOLKIT?

LGBTIQ stands for Lesbian, Gay, Bisexual, Transgender, Intersex and Queer/Questioning. It refers to identities based on sexual orientation that exist in addition to a heterosexual sexual orientation. There are many other identities and expressions of sexual orientation in addition to these. However, LGBTIQ—and other similar combinations are often used as a common starting point for recognizing the diverse ways that we as humans orient in our sexual relationships and interactions.

Because people who identify as LGBTIQ can become pregnant and have abortions, and yet are frequently underserved in sexual and reproductive health and rights (SRHR) programming, this toolkit strives to include examples, activities and references that demonstrate how abortion stigma impacts LGBTIQ people. It also aims to explore how abortion stigma—and stigma based on sexual orientation and gender identity compound one another and cause harm. Ipas believes that it is important to address the ways in which abortion stigma affects all members of our communities, including LGBTIQ people, who often experience extreme marginalization, discrimination and violence.

Some facilitators and groups of participants will have greater familiarity with this terminology and segment of people than others. We acknowledge that in some settings it is difficult and even risky to discuss LGBTIQ rights explicitly. Where possible, we encourage you to include these examples, activities and references in your workshops and to get support so that you do not have to avoid what can feel like a difficult subject. For more information on including these topics in your workshops, please contact Ipas (www.ipas.org) or a local LGBTIQ organization in your community. You can also refer to the "Key resources" section of Module 5 for more resources.

HOW TO USE THIS TOOLKIT

The activities contained in Abortion stigma ends here: A toolkit for understanding and action are designed to support an increased understanding of abortion stigma and the ability to address it. Activities are clustered into thematic modules to emphasize different aspects and experiences of abortion stigma. The idea is not to work through all the exercises in order, or in a single workshop—it is not a "one size fits all" approach. Instead, facilitators are encouraged to develop their own workshop agenda by picking a diverse set of activities that suits the goals of the gathering, the participants' needs, the facilitators' skill level and the time available.

We have created a CORE agenda made up of selected exercises from each module for those who may want a pre-set agenda that covers a diverse range of activities from each of the modules. These activities are marked as "CORE" and they are connected to the pre-set CORE agenda (page 13 of the Facilitation Guide). In addition, there is a Training-of-Trainers Agenda (page 15 of the Facilitation Guide) that combines activities from the CORE agenda and structured time for training facilitators to conduct workshops on abortion stigma, using the activities in this toolkit.

How is the toolkit structured?

The toolkit has seven thematic modules which each contain four to six activities. The first module provides activities focused on understanding abortion in general. It is geared toward those who are unfamiliar with the topic or the practice of abortion, or for mixed groups of people, some of whom have likely been exposed to a range of myths and misconceptions about abortion. The second and third modules introduce the concept of abortion stigma and support participants in starting to recognize specific aspects of what abortion stigma looks and feels like and how it spreads. Participants also begin to address how abortion stigma can be reduced. The next three modules (four to six) emphasize additional aspects of abortion stigma, such as how it impacts our communities, how it intersects with other forms of stigma and how it manifests in health facilities, laws and policies. The final module is focused on taking action to reduce and help eliminate abortion stigma.

Overview of the modules

Module 1: Abortion basics

Module 2: What is abortion stigma? Learning to recognize abortion stigma around us

Module 3: Where does abortion stigma come from? Exploring our beliefs and their roots

Module 4: Standing in each other's shoes: How we are all affected by abortion stigma

Module 5: Intersectionality: When abortion stigma and other stigmas join forces

Module 6: Abortion stigma in health care and the law

Module 7: Actions to end abortion stigma

Each module begins with a table that provides an overview of the activities. This table explains each activity's purpose, summarizes it and assigns it a level of complexity. The levels will help facilitators select activities that align with their own experience level and the background and needs of the participants.

- Introductory activities: These can be used with a broad range of participants, from those with little to no familiarity with abortion and/or stigma to those with a lot of familiarity, or with mixed groups of participants with a range of familiarity. These activities are simple in content and/or format and require minimal background knowledge. They are also designed to be relatively easy for a broad range of facilitators, from those who are somewhat new to facilitation to more advanced facilitators.
- Intermediate activities: These can be used with most groups, but require additional critical thinking and/or problem-solving skills and background knowledge. These activities require experienced facilitators, or newer facilitators who are willing to put in extra preparation time and have a mentor or coach to help prepare or co-facilitate.
- Advanced activities: These are intended for use with groups that have an existing familiarity with abortion and/or abortion stigma, or for use toward the end of a workshop focused on abortion stigma reduction. These activities require facilitators with a high level of comfort and familiarity with advanced facilitation techniques, as well as content knowledge about abortion. They can sometimes require considerable preparation and adaptation.

How is each activity structured?

Each activity is laid out in the same format so that it is easy to follow and facilitate.

Facilitator notes: Brief background information on the topic, notes about the overall aim of the activity and advice on how to facilitate it.

Time: Estimated amount of time needed for the activity. This is a rough guide. It will vary according to the size and energy of the group as well as each group's comfort level with participatory methodologies (a facilitation style designed to promote participants' interaction with the content).

Goals: The aim of the activity—what participants will know or be able to do by the end of the activity.

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Materials and preparation: Basic materials like flipcharts, markers and masking tape are not always listed, as these should be readily available. Preparation includes things to consider before you start the activity. This includes arrangement of the room or chairs and materials needed for the activity.

Facilitation steps: Step-by-step guide on how to run the activity.

- Step 1 instructs you on how to introduce the activity so that participants will know what they are being invited to do.
- Each step includes an estimated time (in parentheses).
- Questions or instructions for you to say out loud are written in italics. You can read them out or adapt them for your audience as needed.
- Information *not* written in italics is information or direction for you as the facilitator. Do not read this out loud.

Processing: Most activities have a processing step toward the end. This step helps participants reflect on what they have learned and how it may change the way they see or do things. This is an important step in a stigma-reduction activity, as it leads to the beginning of action and change.

Summarize: Try to provide closure at the end of each activity. Use points the participants have raised and add some of your own. Each activity has a few key messages to include in your summary.

INTRODUCTION TO ABORTION STIGMA

Before jumping into the activities, some facilitators may want to understand the more conceptual side of abortion stigma. You do not need to be an abortion stigma expert to work through this toolkit, but this section will introduce you to some of the current thinking that defines what abortion stigma is, how it occurs at various levels of society and what consequences arise because of its existence.

WHAT IS ABORTION STIGMA?

Definitions

There are a few working definitions of abortion stigma that can be used to summarize the focus of the activities in this toolkit. Below are three options from various sources that facilitators can draw from to inform their work, as needed.

Abortion stigma is:

- 1. The negative and shaming treatment of any person or group of people associated with abortion (Ipas);
- 2. A negative attribute ascribed to women who seek to terminate a pregnancy that marks them, internally or externally, as inferior to the ideal of 'womanhood' (Kumar, Hessini, & Mitchell, 2009);

 A shared understanding that abortion is wrong and/or morally unacceptable within a community or society (Cockrill, Herold, Blanchard, Grossman, Upadhyay, & Baum, 2013).

Types of stigma

(Kumar, Hessini, & Mitchell, 2009; Link & Phelan, 2001; Shellenberg, Moore, Bankole, Juarez, Omideyi, Palomino et al., 2011)



Anticipated (or perceived) stigma



Experienced stigma



"Internalized" or "self-stigma"

Anticipated (or perceived) stigma: The fear of how others will react to a certain condition or situation. The fear of being stigmatized. For example, a young woman may anticipate that her family members would condemn her if they found out she was contemplating an abortion, without knowing for sure if they would.

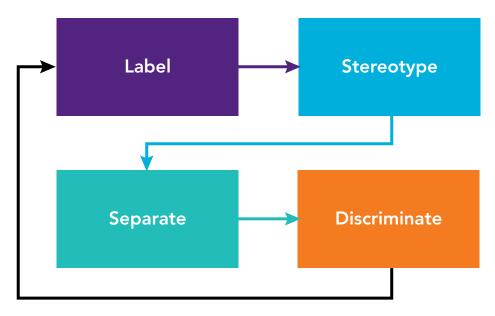
Experienced stigma: The actual experience of being discriminated against or treated negatively by others. This includes rejection by a spouse, family member, friends and peers; physical, verbal or emotional abuse; being devalued as a wife or mother; and being mistreated in the home, community or health-care setting. For example, after a woman receives an abortion, her husband is upset with her and demands a divorce.

"Internalized" or "self-stigma": When a person unconsciously or emotionally absorbs stigmatizing messages or negative stereotypes and comes to believe that they apply to her or himself. Self-stigma can result in low self-esteem, social isolation, depression and withdrawal. Self-stigma only occurs because of, or in a context of, wider social stigma. For example, a woman might feel shame about her abortion because she hears her family and friends say negative things about other people who have had abortions. She believes that these negative things are also true about herself, and she becomes depressed.

Discrimination: This is *enacted* stigma. Discrimination occurs when a distinction is made about a person that results in her or him being treated unfairly or unjustly on the basis of belonging to, or being perceived to belong to, a particular group. Stigma destroys a person's dignity. It marginalizes affected individuals, diminishes their chances of reaching their full potential and seriously hampers their pursuit of happiness.

Intersecting stigma: Stigma exists in a context of existing prejudices and inequalities. Groups who are already marginalized in society because of other factors like social class, race, gender, sexual orientation, gender identity and occupation (for example, sex work) are likely to face greater stigma and greater consequences of stigma. Stigma is intricately linked to social inequality because it can limit the ability of stigmatized individuals to access important services and institutions.

How does abortion stigma happen?



The cycle of stigmatizing abortion happens in the following ways (Link & Phelan, 2001; Shellenberg et al., 2011):

Labeling abortion: Abortion is portrayed in a community as an *abnormal* event and people who have abortions are viewed as *deviant*, *different* or *themselves abnormal*. Behind this concept is the oversimplification of pregnancy termination, which ignores the reality that abortion is common.

Stereotyping: People who have abortions are judged as promiscuous, careless, selfish and/or lacking compassion for human life. Abortion providers are often stereotyped as cold, unfeeling individuals who dislike children and only provide abortions for the money.

Separation: Separation occurs when "abnormal" people and providers are moved into a separate category of the population or community. This separation creates an "us" and "them" split. This separation is often created by sharing inaccurate information about abortion and people who have them. Examples of inaccurate information are that abortions are dangerous or that only "bad" people have abortions. This separation serves to shame people who have abortions, which leads to a fear of social exclusion and often forces people to remain silent about their abortion experience.

Discrimination and status loss: A person who has an abortion may experience rejection, exclusion or discrimination because of the abortion being revealed to the community (whether voluntarily or involuntarily).

Forms of discrimination vary, but common examples include verbal or physical abuse, public shaming, excessive fees charged by health-care providers, and the provision of inaccurate medical information at appointments. People can also experience low-quality treatment from health-care professionals, including those providing abortion services.

For providers, discrimination can mean that they have difficulty in getting trained to provide safe abortion services or, once trained, they may not have the supplies and support necessary to safely provide abortion services.

Abortion stigma also leads to criminalization and extreme regulation of abortion, including laws that unfairly target providers. The criminalization and regulation of abortion is another way of discriminating against people who have abortions and those who provide them.

Discrimination creates social norms and practices that further reinforce labeling, stereotyping, and separation. In this way, the cycle of abortion stigma is self-reinforcing.

LEVELS OF ABORTION STIGMA

(Hessini, 2014; inroads, 2015)



Abortion stigma plays out across and between different levels of society, as shown in the diagram above.

Mass media and culture: These represent the images, environment and norms related to abortion that are perpetuated by mainstream society. This representation of abortion can frame it in terms that can lead to stigma. For example, women, girls and trans people who receive abortion services can be labeled as *careless* or *promiscuous* in the media. On the other hand, if they are not represented seeking abortions in a television drama, for example, that might further preserve the idea that abortion is abnormal.

At the legal level (or the governmental level): Laws and policies can criminalize and restrict access to abortion. For example, laws can include restrictions on abortion to prevent people from receiving services for specific reasons or at certain stages of pregnancy. These restrictions label some abortions as being "bad" or criminal and make value judgements around which reasons for wanting an abortion are acceptable.

At the institutional level: Institutional-level abortion stigma can play out in different ways. Examples include the separation of abortion services from other health services at a facility, or the existence of policies that mandate health-care workers to report induced abortions to police. When managing an abortion complication, abortion providers may be denied support by staff who are unwilling to participate in providing abortion care, or there may be a hospital practice in place to withhold pain management support during abortion.

At the community level: Since abortion is also a social and community issue, stigma can be perpetuated at the community level. Examples include situations like a father disowning his daughter after learning of her abortion, or a community custom to inform local authorities about abortion providers and people who seek their services.

At the individual level: Stigma can also be maintained or perpetuated at the individual level. People who have abortions may be doing so in silence or alone, particularly in communities with limited access or where abortion is stigmatized. Health-care providers who do abortions may keep the kind of medicine that they practice a secret from colleagues or family members.

IMPACT AND CONSEQUENCES OF ABORTION STIGMA

The criminalization of abortion leads to an environment of *secrecy and denial*, where people do not ask for support around abortion because they fear rejection and judgment. This can lead to *internalized stigma*, where feelings of shame and guilt are internalized. This can have serious effects on a person's mental well-being and ability to cope in the social world (Moore, Jagwe-Wadda, & Bankole, 2011; Shellenberg et al., 2011).

The impact of abortion stigma is vast. Here are some examples of the consequences of abortion stigma:

- Unclear or poorly implemented laws, which mean most citizens do not know whether abortion is legal in their own country;
- Abortion services are less accessible due to secrecy or a lack of visibility;
- Lack of general knowledge about abortion options and procedures;
- People not disclosing their intention to have an abortion, which can lead them to resort to unsafe abortion practices;
- Barriers to reducing maternal mortality from unsafe abortion, as unsafe abortion is one of the biggest causes of maternal mortality;
- Harm to social and professional relationships between abortion service providers and other health workers;
- Lack of support and training on comprehensive abortion care for health professionals;
- Women's, girls' and trans people's rights are not recognized as human rights.

The exercises in this toolkit will allow you to identify and discuss examples that are specific to your community context and begin to create action plans for ending abortion stigma.

GLOSSARY OF KEY TERMS

Abortion stigma: The negative and shaming treatment of any person or group of people associated with abortion.

Bisexual: An individual who is physically, romantically and/or emotionally attracted to both men and women.

Cisgender: A term used to describe a person whose gender identity matches the sex they were assigned at birth.

Contraception and family planning: *Contraception* is the intentional prevention of pregnancy through the use of various drugs, techniques or devices.

Family planning refers to the practice of planning the number of children in a family and the timing between the birth of children, typically by using contraceptive methods.

Be careful when using the term *family planning*—only use it when you intend to refer to the spacing of children. When talking about preventing pregnancy more generally, use the term *contraception* instead to avoid being restrictive or dismissive—young people and others may not currently (or may never) be thinking about planning a family. Using the term *contraception* ensures you are referring to the practice of preventing pregnancy or using contraceptive methods for other benefits, like sexually transmitted infection prevention or less bleeding during menstruation, for example.

Gay: A man whose physical, romantic and/or emotional attractions are to other men. It can also be used as a general term to describe people whose physical, romantic and/ or emotional attractions are to people of the same sex.

Gender: Gender refers to the economic, social and cultural attributes and opportunities associated with being male or female at a particular time and place. This may include social norms, traditions, roles and expectations of one gender or another. Stereotypes assigned to different genders exist within all cultures.

Gender identity refers to an internalized sense of one's gender, regardless of whether it matches the sex assigned at birth or the way one dresses or acts.

Gender expression is the way a person demonstrates gender to others. This may include an individual's physical characteristics, behaviors and presentation, which are linked to either masculinity or femininity in a traditional sense, such as appearance, dress, mannerisms, speech patterns and social interactions.

Intersectionality/Intersecting stigma: *Intersectionality* refers to the idea that we all have multiple identities that intersect, or come together, to make us who we are. These multiple, intersecting identities can result in systems of discrimination or privilege in society (Crenshaw, 1989).

Groups who are already marginalized in society because of other factors like social class, race, gender, sexual orientation, gender identity and occupation (for example, sex work) are likely to face more stigma and greater consequences of stigma if their identity includes more than one marginalized factor. For example, a poor lesbian woman will likely face greater discrimination in the workplace than a wealthy woman of any sexual orientation. This concept describes intersecting stigma. **Lesbian:** A woman whose physical, romantic and/or emotional attraction is to other women.

LGBTIQ: *LGBTIQ* stands for Lesbian, Gay, Bisexual, Transgender, Intersex and Queer/ Questioning. It refers to identities based on sexual orientation that exist in addition to a heterosexual sexual orientation. There are many other identities and expressions of sexual orientation beyond even these. However, LGBTIQ—and other similar combinations—are often used as a common starting point for recognizing the diverse ways that we as humans position ourselves in our sexual relationships and interactions.

Maternal mortality and morbidity: *Maternal mortality* refers to the death of a woman while pregnant as a result of any cause related to the pregnancy or the management of a pregnancy, but not from accidental causes.

Maternal morbidity refers to any health condition that is caused by pregnancy and/or childbirth that has a negative impact on the woman.

Men who have sex with men (MSM): *MSM* refers to men, including those who do not identify as homosexual or bisexual, who engage in sexual activity with other men.

Multiple/Repeat abortions vs. More than one abortion: The terms *multiple abortions* or *repeat abortions* tend to have negative connotations and can imply that all abortion experiences are the same. A better way to talk about this is to say that a person has had *more than one abortion* (International Planned Parenthood Federation, 2015).

For more information, see the International Planned Parenthood Federation tool *How* to talk about abortion: A guide to rights-based messaging.

Power dynamics: *Power* is the ability to influence or outright control the behavior of others.

It is important to explore how certain groups of individuals experience different degrees of feeling empowered or disempowered, advantaged or disadvantaged, and having or lacking control. Power dynamics can play a large role in abortion-related experiences, behaviors and social norms.

Queer: Used as a term to refer to all people with non-heterosexual sexual orientations or all people who are marginalized on the basis of sexual orientation. Some people who identify as queer choose to use the word to refer to an attraction to people along a gender spectrum.

Historically, *queer* has been used as a derogatory term to refer to non-heterosexual people, but in some communities, it is being reclaimed by individuals who identify as queer. This is particularly common within academic and activist spaces.

Questioning: The process of considering or exploring one's sexual orientation and/or gender identity.

Sex: Refers to the biological and physiological characteristics of a person. It refers to the chromosomal, hormonal and anatomical characteristics that are used to classify an individual as female, male or intersex.

Sexual and reproductive health and rights (SRHR): *SRHR* are the rights of all individuals to make decisions concerning their sexual activity and reproductive health, free from discrimination, coercion and violence.

Sexual orientation: The scientifically accurate term for an individual's physical, romantic and/or emotional attraction to members of the same and/or opposite sex.

Sex worker: Sex workers are people who receive money or goods in exchange for sexual services.

Sex workers are often stigmatized in their communities due to the nature of their work. As a result, sex workers can face increased marginalization when they try to access abortion services. With these intersecting layers of stigma, it can be challenging for sex workers to access contraception and abortion services and to find a service provider who will treat them with respect and confidentiality.

Transgender: A broad umbrella term for people whose gender identity and/or gender expression differs from the sex they were assigned at birth.

Unintended vs. Unwanted pregnancy (International Planned Parenthood Federa-tion, 2015): *Unwanted pregnancy* is a pregnancy that a woman decides she does not desire.

Unplanned or unintended pregnancies refer to pregnancies that occur when a person is not trying to get pregnant.

An unplanned or unintended pregnancy may be either a wanted or unwanted pregnancy.

We should avoid using "unintended'" and "unwanted'" interchangeably to describe pregnancies. Instead, we should use the correct, specific term to describe each case.

For more information, see the International Planned Parenthood Federation tool *How* to talk about abortion: A guide to rights-based messaging.

Unsafe Abortion, Safe Abortion, Illegal Abortion (International Planned Parenthood Federation, 2015): WHO defines

unsafe abortion as a procedure for termination of an unintended pregnancy done either by people lacking the necessary skills, or in an environment that does not conform to minimum medical standards, or both. The two categories of "less safe" and "least safe" combine to make up the category of unsafe abortion.

Throughout this toolkit we use the term "safe abortion" to refer to pregnancies that are terminated using a method recognized as safe by the World Health Organization. This includes abortions that are performed with the assistance of a trained healthcare provider—in a well-equipped, clean health facility—using appropriate modern techniques either dilation and evacuation (D&E) or medical abortion (MA). This also includes self-managed abortions using the correct regimen of MA drugs according to the correct eligibility parameters. Therefore, safe abortion care can be obtained in a clinic with a trained and caring provider, and safe abortion care can also be obtained through accurate information and use of pills outside a clinic.

Illegal abortions do not comply with a country's legal framework, but they may be safe if they are performed by a trained provider or when a woman has access to abortion services with high-quality medical standards, information or support. It is also possible to have an unsafe, legal abortion.

We should avoid using *unsafe* and *illegal* interchangeably to describe abortions. Instead, we should use the correct, specific term to describe each case. For more information, see the International Planned Parenthood Federation tool *How* to talk about abortion: A guide to rights-based messaging.

KEY RESOURCES

Induced abortion worldwide: Fact sheet (Guttmacher, 2018)

The world's abortion laws, 2018 (Center for Reproductive Rights, 2018)

The history of abortion timeline (1 in 3 Campaign)

Abortion facts (National Abortion Federation)

How to educate about abortion: A guide for peer educators, teachers and trainers (International Planned Parenthood Federation, 2016)

How to talk about abortion: A guide to rights-based messaging (International Planned Parenthood Federation, 2015)

The International Network for the Reduction of Abortion Discrimination and Stigma (inroads)

What is abortion stigma? Summary video (Sea Change Program, 2015)

Abortion stigma: What is it and how does it affect women's health? (University of California, San Francisco)

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GUIDANCE FOR FACILITATING AN EFFECTIVE WORKSHOP

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INTRODUCTION

Many people utilizing this toolkit may be experienced facilitators, while others may be new to facilitating these types of activities. Here are a few tips to ensure a successful and effective workshop or session.

BEFORE THE WORKSHOP OR MEETING

- Meet with your co-facilitator and the organizers of the workshop to plan your agenda.
- Agree on the workshop objectives, time plan and venue, and find out if the participants have specific needs you can help accommodate.
- Select exercises that include some from each module, a mix of methodologies and a range of topics. Ensure that the selected exercises are tailored to meet the objectives and that they are appropriate for your audience. Guidance on adapting exercises for accessibility and comprehension can be found starting on page 9 of this module.
- Discuss the materials and other resources you may need and agree on how and when they will become available.

Determine if you will conduct an evaluation of the participants' learning or of your facilitation. One option is to give an assessment before and after the workshop to measure change; another option is to conduct an evaluation activity or ask participants to fill out a feedback form at the end of the workshop.

At the start of a workshop

- Arrive early at the venue to give yourself enough time to get organized.
- Prepare the room and materials and write your initial flipchart headings.
- Introduce yourselves as the facilitators and think of a short, simple way for participants to introduce themselves.
- Use ice-breakers, games or songs to help participants relax, have fun and feel free in the group.
- Set group agreements to ensure that everyone gets an equal chance to participate and ask participants to contribute their own ideas for possible group agreements.

DURING THE WORKSHOP

Manage space

- Change the space and the organization of the chairs to suit your activity and provide variety.
- Start off with a circle or semi-circle so that participants can see one another.
- Warn participants that this is not a workshop where they sit on the same chair, next to the same people, for the whole time.
- For some activities, like "report backs," have participants sit in rows close together—this adds energy and helps everyone hear better.
- Change the way the chairs face from time to time, to suit the activity.
- Where possible, organize some activities outside of the training room in the open air.

Work as a team

- If possible, plan and run the training with another facilitator and take turns in the lead role. Support each other; if one facilitator runs into trouble, the other can help out.
- Meet at the end of each session to debrief on how the day went and plan for the next session.
- Having a team of facilitators helps to keep energy and interest levels high and provides a variety of training styles for the participants.

Manage energy levels

- Use fun energizers, songs and even body movement to keep the participants engaged.
- Check on energy levels often and respond if energy is low.
- Observe participants' body language. Are they yawning? Do they look bored? Tired? Ask: How are you feeling? Is it time for an energizer or a break?

- Use your own energy as a facilitator—communicated through a strong voice and active body language—to energize the group.
- Stick to time. If participants think that you will run over time, they may find it difficult to stay engaged. Tea breaks provide a chance to reenergize.

Manage time

- In a short training program, there is not enough time to go into depth with all the issues. You will need to manage time carefully or your overall objective will be lost.
- Agree on how much time you need for each session—and stick to these time limits. Don't allow sessions to drag on too long. End on time.

Give clear instructions for exercises

- Start off by telling participants what the exercise is—for example: The first exercise is "What do we know about safe abortion?" This will involve a paired brainstorm and then some discussion.
- Explain exercises step by step and have participants follow along. For example, say, *Divide into pairs*—and then have them do it. Then explain the next step: *Each pair should discuss what they know and then write one point on each card*—and have them do it. If you take them through all the steps before asking them to do anything, they may become confused, and it wastes time.
- Keep your instructions simple and clear and use examples to help with understanding.
- If participants have blank looks, check that they have understood. Ask a participant to explain the instructions.
- Write the instructions or discussion questions on a flipchart, using the same words that you plan to use to explain them.

Record discussions on flipcharts

There may be times when you want to record notes, during plenary discussions, on the flipchart. This provides a permanent visual record, helping participants recall what has been discussed and what needs to be added. Writing down points helps bring out other ideas and provides the basis for a summary of the discussion. Notes also help you as facilitators if you are going to write a report.

Always remember to read aloud what is written on the flipchart, which enables participants with visual impairments or low literacy skills to know what has been recorded and to be involved in recapping ideas.

Here are a few tips on recording:

- One facilitator should guide the discussion; **the other** can write on the flipchart. Try to avoid facilitating and writing on a flipchart at the same time to allow you to focus on the participants' experiences. If you are facilitating alone, ask if anyone in the group can help you record.
- Write only **the main points or key words**, not everything that participants say.

- Use **participants' own words** so that they recognize their own contributions.
- Write **big and clearly** so people at the back of the room can see.
- Use **different colors**, such as black for the main text and red for underlining key words.
- **Summarize** the points at the end to ensure participants are aware of what has been recorded. Rote reading often eats up too much time.

Transition smoothly between exercises

- As you plan the day, discuss the order of the exercises and how they link together, and plan how you will transition from one exercise to the next.
- Prepare all your materials for each exercise at the beginning of the day, so that you do not need time between exercises. This way you will not keep participants waiting while you get ready.
- As you summarize an exercise, you can start to make the link to the next one. For example, you might say something like, We have been exploring how stigma varies in different settings. In the next exercise, we will take this further and look at the impact of those different forms of stigma...
- As you introduce a new exercise, you can refer to the previous one. For example, We have been discussing different levels of stigma; now let's look at how we can plan action to address abortion stigma at each level...
- If you are starting a new topic, be clear—as you introduce the exercise—that it is a new subject.
- You might plan to have new topics after a coffee or lunch break.
- You can use energizers to create a break between exercises with different topics, or to transition between similar topics. For example, Before we explore this in more depth in the next exercise, let us reenergize...
- If you are working with a co-facilitator, it helps to change roles with each exercise. A new facilitator can refer back to the previous activity, or she or he can help participants move on to a new topic.

Work with feelings

- Trainings involving topics like abortion, stigma, sex, gender and pregnancy can trigger strong emotions and feelings.
- To support participants to explore their feelings and share experiences and thoughts openly, it is important to create a safe, non-threatening space. Allow enough time for participants to share their experiences and help create an atmosphere where participants know they will be listened to.
- Feelings are a powerful tool. Use them to develop dramas and roleplays with the group, build on stories and set examples for the future.
- After an emotional session, consider taking a break or singing a song to help pick up participants' spirits.

Handle difficult questions

Some participants may find learning about abortion to be difficult because it can challenge strongly held beliefs and ideas. As a facilitator, you may experience hostility and resistance and face difficult questions.

If you are working with a co-facilitator, brainstorm difficult questions that participants might ask and consider how you would handle them.

- **Remember that if participants are asking questions,** they are engaged with what they are learning. You have created a safe space where participants feel comfortable expressing their views and exploring issues openly.
- Take advantage of opportunities for meaningful exchange. If participants doubt or challenge the content, you can help them—and the group—have a deep discussion that allows people to open their minds and hearts to new ideas.
- **Don't silence the questioners**—allow them to express themselves, so that prejudices can come out, rather than be repressed. However, don't let discussions get out of hand and do challenge negative attitudes, gently.
- **Remember that you will not be able to change everyone's attitudes** immediately. Your focus is to provide information and opportunities for analysis and discussion.
- Keep participants' focus on everyone's right to equal treatment and access to health care.
- **Don't feel obliged to answer personal questions**—keep answers general even if someone seems to be genuinely curious.
- **Don't be afraid to say you do not know.** You can refer questions back to the group—asking, *What do others think?*—or promise to find the answer later.
- Make use of a "garden" if it makes sense for your group. A garden is a flipchart where you place post-it notes with conversation topics that you may not be able to address in the moment—perhaps the topic is not directly related to abortion stigma, or you're running out of time—but that are important to address at another time. To make a garden, you can draw a garden or write "garden" on a flip chart.

Use creative "group splitters"

Many exercises require participants to work in small groups. As a facilitator, you can use the process of splitting into groups to keep energy up and ensure that participants are talking to one other, rather than staying with the same people. You can also keep participants engaged by always using different ways of breaking into groups.

There are many ways to divide people into groups—try not to use counting (1,2,3—all the ones together...) too much!

Here are some ideas for group splitters:

• Actions: Write or draw different actions on slips of paper (for example, feeding a baby, dancing or cooking). Or whisper an action in someone's ear. Ask each

participant to take a paper without showing anyone. When you shout 1, 2, 3! ask them to start doing the action and find others who are doing it, too.

- **Songs:** Write a different song on slips of paper (use common songs that everyone will know, like "Happy Birthday," the national anthem or popular songs). Have each participant take a slip and start singing, until they find others singing the same song. Whisper song titles in participants' ears if anyone has a visual impairment or low literacy skills.
- Animal sounds: Write the names of or draw different animals on slips of paper. Each participant must make the noise of their animal and find others making the same noise.
- **Same colors:** Before you need to split the group, look at the clothes people are wearing and see if you can split them according to colors. For example, *Everyone who is wearing stripes, gather in that corner; everyone who is wearing sneakers, go to this corner.*
- **Things in common:** Adapt this tactic to your community by using community-specific details (for example, *Everyone who lives close to the river* or *Everyone who went to school*)
- **"Fire on the mountain, run run run":** Make this into a chant. Have everyone run in a circle; then say, *Be in threes,* or *Be in pairs.* Participants should move quickly to those next to them to form a group.
- **Birthday line:** Ask participants to stand in a line in the order of their birthdays for example, January at one end, December at the other. To make it more fun, ask participants to do so without talking. Once they are in a line, you can count them off into groups.

Remember you don't have to know everything

If there are questions you do not know the answer to, say so. You can ask the rest of the group or look for the correct information after the session, or even set some homework to research the answer.

At the end of each workshop

- Plan how you are going to bring the session to close. After you have wrapped up the topic, you might want to use a song or a game as one of the final activities.
- Carry out the evaluation as planned.
- Debrief with your co-facilitator. Review each exercise and give each other feedback.
- Collect any flipcharts or cards that you might use for a report or for documentation of the training.

ACTIVITY METHODOLOGIES AND TECHNIQUES

There are a range of different methods and techniques included in the toolkit, many of which are taken from Liberating Structures, an interactive facilitation resource. This table will give you some tips on how to make the best of each methodology.

Activities adapted from the Ipas resource Abortion attitude transformation: A values clarification toolkit for global audiences will be marked "VCAT."

TYPE OF ACTIVITY	DESCRIPTION & PURPOSE	TIPS
Energizers	Energizers can be used throughout a workshop to help keep energy and interest levels high; they include short games, songs and stories, and they are generally quick activities that involve all participants and encourage them to move around, talk, sing or laugh	Facilitators can develop their own styles and games Use group splitters as energizers to get participants to move around and mix up Songs are great for building group spirit, but may not work in all settings
Group splitters	Use group splitters to divide a large group of participants into several smaller groups	For more ideas, see page 5, or conduct an internet search for "ways to split a group creatively"
Discussion	Participants reflect on their own experiences, share with others, analyze issues and plan for action together Discussion is an important step in any exercise as it gives participants an opportunity to "process" what they are learning Can be in pairs, small groups or in plenary	Use open questions to start the discussion Observe carefully to ensure everyone can participate Use rephrasing skills to increase the group's understanding and affirm participants' contributions Ask your co-facilitator to record key points in a large group discussion
Small group work	Enables greater participation, especially if some participants find it difficult to participate in large group discussions Small groups can be used to carry out tasks, dividing up topics to cover more aspects of a subject	 Plan your "group splitters" to divide into groups quickly and efficiently Keep changing the members in a group for each exercise Give clear instructions and check that groups have understood the tasks Plan what methodology you'll use for the report-back process

TYPE OF ACTIVITY	DESCRIPTION & PURPOSE	TIPS
Buzz groups	Two people sitting next to each other quickly discuss their first thoughts on a topic A quick way to get a discussion or brainstorm started	Buzz groups are a trainer's secret strategy! They get instant participation and create safety so that participants are not working alone After a few minutes, get a point from each pair to start the brainstorm, then allow others to contribute extra points
Case studies	Stories or scenarios based on real situations which provide a focus for discussion in small or large groups Case studies can help to focus participants and make "abstract" ideas real	 Have a range of case studies to tackle different aspects of a topic Give characters local names to make them more relatable (change names as needed to ensure confidentiality) Following the case studies, give participants questions to focus the discussions Ask each group to report back from their case study discussions
Roleplays	Participants act out the situations or themes given to them; they may also act out the analysis of an issue or try out various solutions to a problem Roleplay can provide a tactile learning experience, useful for actively practicing various skills; for example, practicing one's response to someone gossiping about a person who has had an abortion	Give clear instructions or descriptions of what you want to be roleplayed Give a time limit to ensure roleplays are brief and to the point Always debrief the roleplays after you're finished. Ask key questions like, "What did you see happening? Does this really happen? What would help to solve this situation?"
Rotational brainstorms	Another form of brainstorming done in small groups; each group is given a topic or question and begins by recording ideas on a flipchart After a few minutes, each group rotates to the next flipchart and adds points to the existing list. During the exercise, each group contributes ideas to all topics.	Use this technique when there are a range of related topics or questions Remember to prepare your group splitter and to write your questions on flipcharts before you start Use a gallery report back so that you "rotate" around the answers as a large group

TYPE OF ACTIVITY	DESCRIPTION & PURPOSE	TIPS
tools which help participa	The toolkit includes a set of picture	Ensure that everyone can see the picture
	identify different forms of abortion	Ask probing questions to get as much information as possible
	These pictures can also be used in other ways, like to start discussions or as the basis for a story or roleplay	Remember there are no wrong answers— everyone will see slightly different things in the same picture
		For participants with visual impairment, you can describe the pictures in detail, or use them to tell a story
1-2-4-All	A more creative way to report back after an activity	Encourage participants to make notes during the reflection time
	Participants reflect alone about what they have learned or about a	Use bells or drumbeat to signal changeover time
	question Then pair up with a partner to share ideas (two people). Then pairs join with another pair (group of four) to discuss and agree on key points to share with the large group (all)	During plenary feedback ask groups not to repeat points that have been mentioned
Worst case scenario	Ask participants to imagine the worst possible scenario or most unwanted outcome Then ask, Is any of this happening already? Are we doing any of this now? Participants then identify what needs to change	Use this methodology with a serious sense of fun Encourage participants to think of the most exaggerated scenarios Suggestions for change must relate to stopping something that is already happening, not doing something new
Crowdsourcing A great ideas! Particip card, th and sco	A great technique for generating big	Encourage participants to write down bold, out-of-the-box ideas and not to think for
	Participants write one bold idea on a card, then mingle, passing, reading and scoring ideas on a scale of 1-5 as the bell rings	too long Scoring is a way of saying, "I want to discuss this more"
	Scores are added at the end and the top five or 10 cards are discussed in further detail	

CONSIDERATIONS FOR ADAPTING ACTIVITIES

This section provides guidance for facilitators who wish to adapt activities to meet the needs of participants with low literacy levels, participants whose primary language is different from the language used in the workshop or participants with accessibility needs.

Literacy and comprehension

To promote effective and sustained stigma reduction in the community, we must ensure that trainings, exercises, formats and content are accessible and appropriate for audiences with different literacy and comprehension levels. Participants with low/no literacy or low levels of comprehension benefit from interactive content and formats, which assist them in condensing, comprehending and recalling information within their own thinking, context and experiences (C-Change, 2012).

The exercises in this toolkit are engaging and action-oriented, designed to promote participants' interaction with the content and methodologies. Most of the exercises are easy to adapt to suit different literacy levels, but always be careful to ensure that you are not excluding any participants by assuming that they can read and write. As much as possible, use images and verbal communication, rather than written documentation.

- At the beginning of the workshop, reassure participants that if they need any help, they can inform you. If you are in communication with participants before the workshop, ask if they have any accessibility needs, including interpretation, large print and text to be read out loud.
- Create an environment where participants are willing to help each other. Ask those who are more confident with writing to volunteer to be the group reporter for small group work.
- As you plan, check each exercise to see if you need to adapt it in any way to make it easier for participants who are less confident about reading or writing.
- Images can be downloaded online. Hesperian guides have a collection of images that are appropriate for low-literacy groups.
- Verbal communication methods can include: storytelling and songs; roleplays and dramas; talk shows; games and game shows. Holding a question and answer session at the end of an adapted exercise promotes information recall and comprehension.

Accessibility and other accommodations

In addition to literacy and comprehension, it is important to be aware of accessibility needs for participants who are deaf or hard of hearing, visually impaired, use a wheelchair, have limited mobility or who will need specific accommodations to attend and fully participate in a workshop. Like literacy and comprehension, it is a good practice to ask participants about accessibility needs prior to the workshop, and to accommodate those needs where possible. Some examples may include:

- Choosing a venue that includes ramps or elevators for participants who use wheelchairs;
- Hiring a sign language interpreter for participants who are deaf or hard of hearing;
- Reading materials aloud, using large text or describing any images for participants who have a visual impairment;

- Providing access to single-stall or all-gender restrooms for participants who feel more comfortable in these spaces;
- Providing childcare for participants with children.

SAMPLE WORKSHOP AGENDAS

For those who may have limited preparation time or who simply prefer a pre-set agenda that covers a diverse range of activities from the modules, we have created a sample agenda—called a CORE agenda—made up of selected exercises from each module. In each module, these activities are clearly marked as "CORE." This collection of CORE activities will allow your group to learn about and work through several different aspects of abortion stigma in an in-depth manner, coming out with a deeper understanding of how it is present in our lives and how we might begin to push back against it. If you would like an agenda that addresses a specific need for your group, read the activities and choose a diverse collection based on what you wish to accomplish.

The sample agendas show how to combine the exercises into a single course. The agendas are courses of different lengths (for example, one day, two days, six short sessions) and for different target groups (for example, community members, journalists, service providers). They are included to give you an idea of how to mix and match the exercises from each module. The Training of Trainers sample agenda starts with the CORE agenda and adds extra days to focus on facilitation strategies and practice.

CORE ACTIVITIES

MODULE	CORE ACTIVITIES	LENGTH
1	1B: Why did she die? VCAT activity	1 hour
2	2C: Using pictures to recognize abortion stigma	1 hour 10 minutes
3	3C: Cultural beliefs and practices: Keep the best, change the rest!	1 hour 10 minutes
4	4C: Secrecy, silence and stigma	45 minutes
5	5B: The Last Abortion VCAT activity	1 hour
6	6B: The most stigmatizing health facility in the world	50 minutes
6	6E: Abortion stigma and the law	1 hour
7	7A: Speaking out and taking action	1 hour

SAMPLE CORE AGENDAS

CORE AGENDA: DAY 1 9:00 A.M. – 4:30 P.M.		
Welcome and introductions (9:00 a.m. – 10:00 a.m.)	Welcome the group and define our purpose together Pre-test (if possible, give prior to arrival) Introduction game/activity	
	Group agreements Workshop agenda	
Session 1 (10:00 a.m. – 11:00 a.m.)	Why did she die? VCAT activity (1B)	
Tea break and set up Session 2: 11:00 a.m. – 11:15 a.m.		
Session 2 (11:15 a.m. – 12:25 p.m.)	Using pictures to recognize abortion stigma (2C)	
Lunch: 12:30 p.m. – 1:30 p.m.		
Session 3 (1:30 p.m. – 2:40 p.m.)	Cultural beliefs and practices: Keep the best, change the rest! (3C)	
Session 4 (2:40 p.m. – 3:25 p.m.)	Secrecy, silence and stigma (4C)	
Tea break: 3:25 p.m. – 3:40 p.m.		
Review (3:40 p.m. – 4:00 p.m.)	Review game/activity (Peel the Ball or Q&A)	
Wrap up (4:00 p.m. – 4:30 p.m.)	Processing: What questions remain? What feelings are present? Brief overview of Day 2	

CORE AGENDA: DAY 2		
9:00 A.M. – 4:30 P.M.		
Welcome back (9:00 a.m. – 9:30 a.m.)	 Welcome back and check in: How are we feeling? What thoughts came up overnight? Overview of Day 2 	
Session 5 (9:30 a.m. – 10:30 a.m.)	The Last Abortion VCAT activity (5B)	
Tea Break: 10:30 a.m. – 10:45 a.m.		
Session 6 (10:45 a.m. – 11:35 a.m.)	The most stigmatizing health facility in the world (6B)	
Session 7 (11:35 a.m. – 12:35 p.m.)	Abortion stigma and the law (6E)	
Lunch: 12:35 p.m. – 1:45 p.m.		
Session 8 (1:45 p.m. – 2:45 p.m.)	Speaking out and taking action (7A)	
Review and processing (2:45 p.m. – 3:30 p.m.)	Wrap-up activity/review (cover both days of the workshop) Processing: What questions remain? What feelings are present?	
Closing (3:30 p.m. – 4:00 p.m.)	Review game/activity (Peel the Ball or Q&A)	
Wrap up (4:00 p.m. – 4:30 p.m.)	Post-test Closing remarks and thank you to participants	

SAMPLE TOT AGENDAS

If you are planning a Training of Trainers (TOT) workshop, we recommend you start by using the CORE Agenda (above) for Days 1 and 2 and then continuing with the TOT portion of the workshop for Days 3 and 4, following the structure of the TOT Agenda (below).

TOT AGENDA: DAY 3 9:00 A.M. – 4:45 P.M.		
	Welcome back and check in:	
(9:00 a.m. – 9:30 a.m.)	How are we feeling?What thoughts came up overnight?	
	Overview of Day 3: Transitioning into the TOT portion of the training	
(9:30 a.m. – 10:30 a.m.)	Golden rules of training	
Tea Break: 10:30 a.m. – 10:45 a.m.		
(10:45 a.m. – 12:00 p.m.)	Adult learning principles, cycle and styles	
Lunch: 12:00 p.m. – 1:00 p.m.		
(1:00 p.m. – 1:20 p.m.)	Essential skills for effective training: Creating productive learning environments	
(1:20 p.m. – 2:20 p.m.)	Essential skills for effective training: Communication skills	
Break and energizer: 2:20 p.m. – 2:35 p.m.		
(2:35 p.m. – 3:45 p.m.)	Essential skills for effective training: Handling difficult participants and situations	
(3:45 p.m. – 4:30 p.m.)	Giving and receiving feedback / Teach-back instructions	
(4:30 p.m. – 4:45 p.m.)	Closing: Give homework to begin preparing for teach back	

TOT AGENDA: DAY 4 9:00 A.M. – 4:30 P.M.		
(9:00 a.m. – 9:30 a.m.)	 Welcome back and check in: How are we feeling? What thoughts came up overnight? Overview of Day 4: Explain the teach-back process 	
(9:30 a.m. – 10:30 a.m.)	Teach-back preparations	
Tea Br	eak: 10:30 a.m. – 10:45 a.m.	
(10:45 a.m. – 11:15 a.m.)	Teach-back Group 1	
(11:15 a.m. – 11:25 a.m.)	Transition between groups; have participants write down observations from Group 1's presentation. Group 2 sets up.	
(11:25 a.m. – 11:55 a.m.)	Teach-back Group 2	
(11:55 a.m. – 12:00 p.m.)	Participants write down observations from Group 2's presentation and then head to lunch.	
Lun	ch: 12:00 p.m. – 1:00 p.m.	
(1:00 p.m. – 1:30 p.m.)	Teach-back Group 3	
(1:30 p.m. – 1:40 p.m.)	Transition between groups; have participants write down observations from Group 3's presentation. Group 4 sets up.	
(1:40 p.m. – 2:10 p.m.)	Teach-back Group 4	
(2:10 p.m. – 2:20 p.m.)	Participants write down observations from Group 4's presentation and then head to break. Group 5 sets up.	
Break and energizer: 2:20 p.m. – 2:35 p.m.		
(2:35 p.m. – 3:05 p.m.)	Teach-back Group 5	
(3:05 p.m. – 3:15 p.m.)	Transition between groups; have participants write down observations from Group 5's presentation.	
(3:15 p.m. – 4:15 p.m.)	Accountability buddy check-ins	
(4:15 p.m. – 4:30 p.m.)	Evaluations and closing	

KEY RESOURCES

How to educate about abortion: A guide for peer educators, teachers and trainers SBCC material and activity formats for audiences with lower literacy skills Liberating structures

Facilitating participatory workshops

Effective training in reproductive health

REFERENCES

C-Change (Communication for Change). 2012. C-Bulletins: Developing and Adapting Materials for Audiences with Lower Literacy Skills: C-Bulletin 2. Washington, DC: FHI 360/C-Change. Retrieved from https://www.fhi360.org/sites/default/files/media/ docu-ments/C-Bulletin-intro.pdf

Hesperian Health Guides (http://hesperian.org/books-and-resources/)

Abortion stigma ends here: A toolkit for understanding and action

ABORTION BASICS



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INTRODUCTION

Abortion stigma leads to silence, fear and barriers to accurate information about abortion-related care and experiences. Because of abortion stigma, many people not only have limited information about abortion, but what they do know is often inaccurate, incomplete or tainted by negative judgements, myths and misconceptions.

Before we begin working to reduce abortion stigma with community groups, we must build a common understanding about abortion that is grounded in fact. It is also helpful to build a shared awareness of the variety of experiences participants have had with abortion in their communities. This can serve as the basis for a richer understanding of the social and cultural forces that shape our attitudes about abortion and unwanted pregnancies.

As a foundation for subsequent modules, this module offers facts about abortion and introductory activities to help build a common understanding. Learning about abortion and related technical definitions and processes—including comprehensive abortion care, postabortion care and unsafe abortion—will strengthen our ability to develop successful strategies for reducing abortion stigma in later modules.

Your Module 1 goals as a facilitator

- To ensure participants understand basic facts about abortion;
- To ensure participants know the differences between safe and unsafe abortion;
- To help participants start to understand the social and cultural forces that shape our attitudes about abortion and unwanted pregnancy.

BASIC FACTS ABOUT ABORTION

The following definitions and information are from multiple sources, including SHIFT, Marie Stopes and Ipas Ghana.

DEFINING ABORTION

An abortion is the ending of a pregnancy. Abortion can be induced or spontaneous.

Spontaneous abortion

Spontaneous abortion is when an abortion occurs naturally, without any clear cause or interference. This is more commonly known as *miscarriage* or *pregnancy loss*.

Induced abortion

Induced abortion is the *intentional* ending of a confirmed pregnancy.

Though the technical or medical definition of abortion includes spontaneous abortion, the word "abortion" typically refers to induced abortion.

There is no "typical abortion seeker." Abortions occur in all age groups, and a wide range of women, girls and trans people—married and unmarried, with and without children—seek abortion. They seek abortion for a variety of reasons, including but not limited to:

- An unwanted or mistimed pregnancy
- The woman wanted to prevent pregnancy, but could not access family planning services
- The woman accessed family planning services, but did not like or want the method she was using
- A couple was using contraception, but it failed
- Sexual coercion, rape or sexual abuse
- Social and economic reasons
- Medical problems
- Problems with the pregnancy

Menstrual Regulation

In some countries where abortion is legally restricted, menstrual regulation is available to people who report recent late or delayed menses/periods. Menstrual regulation is the *intentional emptying of the uterus* **without** confirmation of pregnancy.

METHODS OF ABORTION

There are two primary methods for abortion: medical abortion (abortion with pills) and surgical abortion (abortion by aspiration or dilation and evacuation).

Abortion provision up to 13 weeks gestation

Vacuum aspiration uses suction to empty the contents of the uterus. It can be done with a manual pump (through manual vacuum aspiration, or MVA) or an electrical pump. Vacuum aspiration is very safe and effective (99% - 100% success rate) and a woman will have confirmation that the pregnancy was ended before she leaves the medical facility.

Medical abortion (or MA) uses medicine to cause the emptying of the contents of the uterus. There are two options for the medication that can be used: a combination of mifepristone and misoprostol, or misoprostol alone. The pills cause cramping and bleeding, like a miscarriage. They are very effective and have a low risk of complication.

Complications from either MA or vacuum aspiration are rare, but can include heavy bleeding and infection. If these occur, the person must seek help from a health facility immediately.

Abortion provision at or after 13 weeks gestation ("second trimester")

Women, girls and trans people need abortions at different time points in pregnancy sometimes after the first trimester. They do not deliberately wait to have an abortion until later in pregnancy, but they can be forced into this situation because of restricted access to safe, legal abortion earlier in the pregnancy. Other reasons they may need an abortion at or after 13 weeks include:

- Not recognizing a pregnancy until later;
- Having to save money to pay for services and/or travel to services;
- Medical conditions that affect the pregnant person, the fetus or both, that may show up later in pregnancy.

Abortions after the first trimester disproportionately affect underserved populations including the poor, the very young and those experiencing violence.

In some countries, complications from unsafe abortion at or after 13 weeks cause most of abortion-related morbidity and mortality. The risk of abortion complications increases with gestational age—safe first-trimester abortion carries less risk than abortions performed later, which is why it is important to remove barriers to safe first-trimester abortion. However, using methods that are recommended to perform abortions at or after 13 weeks greatly minimizes risks.

To safely perform abortions at or after 13 weeks, two methods are used: *medical abortion (MA)* and *dilatation and evacuation (D&E)*. D&E uses vacuum aspiration—like first-trimester abortion—plus special forceps, which are used to empty the uterus. D&E should be performed by providers with specialized training, clinical skills and the correct equipment.

Dilation and curettage (D&C), or sharp curettage, is an outdated method that is still used in some countries, but it is no longer recommended for any type of abortion care. It carries higher risks because of the use of the curette, which is typically a small, sharp medical tool used to remove the contents of the uterus, a process which risks injuring the uterine walls. This method also causes a woman more pain.

SAFE ABORTION

Throughout this toolkit we use the term "safe abortion" to refer to pregnancies that are terminated using a method recognized as safe by the World Health Organization (WHO). This includes abortions that are performed with the assistance of a trained health-care provider—in a well-equipped, clean health facility—using appropriate modern techniques described above, either D&E or MA. This also includes self-managed abortions using the correct regimen of MA drugs according to the correct eligibility parameters. Therefore, safe abortion care can be obtained in a clinic with a trained and caring provider, and safe abortion care can also be obtained through accurate information and use of pills outside a clinic.

It can be helpful to think of abortion safety on a continuum rather than in a binary of safe and unsafe. Recent WHO publications have begun classifying abortions as "safe," "less safe" and "least safe," to acknowledge the increasing use of abortion with pills outside the formal health system.

UNSAFE ABORTION

WHO defines unsafe abortion as a procedure for termination of an unintended pregnancy done either by people lacking the necessary skills, or in an environment that does not conform to minimum medical standards, or both (Ganatra, Tunçalp, Johnston, Johnson, Gülmezoglu, & Temmerman, 2014). The two categories of "less safe" and "least safe" combine to make up the category of unsafe abortion.

Around the world, women have managed their fertility for generations. They continue to do so in the 21st century, whether they have access to safe health-care options or not. In many countries, unsafe abortion is still one of the leading causes of maternal mortality (pregnancy-related deaths) and morbidity (pregnancy-related injuries).

Situations that can lead to unsafe abortion

- Unmet need for contraception
- Unintended pregnancy
- Restrictive abortion laws including third-party consent laws
- Fear of being stigmatized
- Lack of social support
- Lack of privacy in a safe abortion care facility
- Lack of, or inadequate, information or sexuality education in general
- Lack of safe providers or of safe MA drugs in a given community
- Delays in gathering the money required to pay for an earlier term safe abortion
- Cost of transportation to a safe site
- Poverty and social and financial barriers to information, resources or transportation
- Gender discrimination

- Reproductive coercion and/or sexual violence
- Early and forced marriage

Consequences of unsafe abortion

When people do not have access to safe abortion or when other barriers like stigma stand in the way, they might pursue unsafe options. Unsafe abortions can have consequences, including:

- Death
- Injury
- Criminalization

COMPREHENSIVE ABORTION CARE

Abortion services can vary widely according to availability of resources, legal restrictions and different providers. However, to ensure the highest quality abortion service, five key elements should be included in an abortion service:

- Client-centered counseling
- Selection of a safe abortion method
- Access to treatment for incomplete or unsafe abortion
- Postabortion contraceptive options
- Delivery of, or referrals to, other reproductive health-care services

Counseling

Abortion counseling should be private and confidential. The counselor should provide a safe space for a patient to speak freely and make an informed decision about her pregnancy. Information should be provided in an unbiased way, and the decision should be respected, whether the counselor agrees with it or not. Referrals to other reproductive services should be made within a reasonable amount of time.

In the case of adolescents, counselors can use the *principle of capability* to assess if she is able to agree to (consent) to an abortion:

If an adolescent has 1) identified that she is pregnant, 2) decided that she wants to end the pregnancy, and 3) sought safe abortion care, counselors can assume that she is freely choosing abortion services (Turner & Chapman Page, 2011).

However, legal restrictions around counseling adolescents may differ between countries.

POSTABORTION CARE

Postabortion care includes the treatment of incomplete or unsafe abortions and any related complications. It is a service that hospitals and clinics are often (and ideally) required to provide for those who come in needing it (Herrick, Turner, McInerney, & Castleman, 2013).

Complications from safe, legal abortion are extremely rare. Warning signs include extremely heavy bleeding, unusual or bad-smelling vaginal discharge, severe abdominal pain, continued nausea and vomiting and feeling very sick. Anyone who displays these warning signs should seek postabortion care immediately.

ACTIVITIES AT A GLANCE

ACTIVITY NUMBER	NAME	PURPOSE FOR PARTICIPANTS	TYPE OF ACTIVITY	ACTIVITY LEVEL
1A	Reasons Why VCAT activity	Identify diverse reasons for why women, girls and trans people get pregnant, why they have unintended pregnancies, why they have abortions and why they continue unintended pregnancies Discuss the reasons why governments regulate pregnancy and abortion Differentiate comfort levels about topics discussed Discuss how individuals' subjective comfort levels affect women's access to safe abortion care	Small group brainstorm for reasons for why women, girls and trans people get pregnant, why they have unintended pregnancies, why they have abortions and why they continue unintended pregnancies Report back to the full group Silent reflection on individual comfort levels about topics discussed Large group discussion to process how our individual comfort levels affect societal-level policies and can lead to health inequalities	Introductory
1B CORE	Why did she die? VCAT activity	Discuss the socio-cultural context surrounding unwanted pregnancy and abortion Explain the outcomes that can result from restricting access to safe, legal abortion services Articulate participants' personal or professional responsibility to prevent deaths	Case study; analyzing the role abortion stigma plays in causing death Statistics on abortion- related morbidity/ mortality presented 1-2-4-All activity, identifying where abortion stigma played a role in causing death	Introductory
1C	Myths and misconceptions	Discuss and dispel local and global myths around abortion Understand how these myths can fuel stigma Identify participants' roles in dispelling myths	Team-based game to identify myths and facts Small-group discussion about why myths exist, how they contribute to abortion stigma, and our role in dispelling them	Intermediate

1A: REASONS WHY VCAT ACTIVITY

[Adapted from Turner, Katherine L. and Kimberly Chapman Page. 2008. Abortion attitude transformation: A values clarification toolkit for global audiences. Chapel Hill, NC, Ipas]

FACILITATOR NOTES

In this activity, participants will explore the reasons why women, girls and trans people have unintended pregnancies, the reasons why they terminate their pregnancies and the reasons why governments continue to regulate pregnancy and abortion. Participants are encouraged to identify how their own—and others'—comfort levels with these reasons for making reproductive decisions affect reproductive health policies and services and societal stigma.

As the facilitator, be ready to prompt participants to identify the core values that influence their comfort levels. You may need to present local examples to illustrate how governments regulate pregnancy and abortion more than most other medical conditions and procedures.

If you have time, consider doing the follow-up activity, Activity 1B CORE: Why did she die? Activity 1B will allow you to take a more personal look at the topics in this VCAT; it includes a story about a woman who has an unintended pregnancy and must make several decisions about her life and health care.

TIME:

50 minutes

GOALS:

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

- Identify diverse reasons for pregnancies, unintended pregnancies, abortions and the continuation of unintended pregnancies;
- Name the reasons why women, girls and trans people may make decisions about their unintended pregnancies that they don't want to make;
- Discuss the reasons why governments regulate pregnancy and abortion more than many other medical conditions and procedures;
- Differentiate their comfort levels regarding these different reasons;
- Discuss how individuals' subjective comfort levels affect access to safe abortion care.

MATERIALS AND PREPARATION:

- Reasons Why questions strips
- Scissors
- Flipchart paper
- Markers
- 8 Abortion stigma ends here: A toolkit for understanding and action

FACILITATION STEPS:

- 1. Introduce the activity (2 minutes): This activity will help us explore the reasons why a person may experience an unintended pregnancy and why she may choose to terminate or continue the pregnancy. We will also consider the ways that governments regulate pregnancy and abortion. We will identify how our opinions on others' reproductive health decisions can affect health policies and services and lead to abortion stigma.
- 2. Explain the activity (3 minutes): Divide participants into small groups (three to five participants each) and give each group a flipchart paper, a marker and one or more Reasons Why question strip(s). Have each group choose a recorder and a spokesperson.

Read the question(s) that your group has received. Together, brainstorm responses to this question. Think broadly, and don't forget about people from different backgrounds, experiences and life circumstances. Record your answers on the flipchart paper.

- **3. Small group brainstorm (10 minutes):** Allow each group time to think through the answers to their questions. After they have finished, have them post their flipchart paper on the wall.
- **4. Report back (15 minutes):** Have a designated spokesperson for each group present responses for two to three minutes. After each presentation, spend one to two minutes having the rest of the group contribute additional reasons that were not shared.

Once all groups have presented, you may need to suggest additional responses that were not listed by the group. See the following photos for some examples.

I. AS A MEDICAL PROCEDURE, TO BE COVERED BY GOV'T RESULATED INGURANCES/ COVERAGE 2. INCREASED SAPETY: "QUACKS" UNSAFE PROVISIONS & PROVIDERS 3 TO MAKE SAFE SERVICES AVAILABLE 4. TO IMPART CHLTURAL RELIGIOUS, POUTIONL ATTITUTEDES KT HAR 5. PATRIARCHY-989 CSENT INTERNATIONAL CUMPTE PND PRESSURES + / - 10. REGULATION IL CULTURAL VOTES. 7 REGULATE / TAKE INTRUST IN / BE 12 POWER OF DEMOGRAPHIC DATA POPULATION CONTROLIGROUTH 9. M

leasions why people sen a pregnan persen .fetal malformation 835 8 Petvs + multiples reduction deesn't wa a mother " rape or other training pld lives in uncafe environment . ege ? > young not a good time · ectopic ble she wants to ravaid stigma of - promatian ser relationship related - coercion - good policy - don't want to rarse tid sex of the fetus - al real - of parson trayin with · drug (alcohol use early in preanancy · religious reasons · sparing career path "mental health education goals · prognancy could reveal something private about life · Incest · fear of life changes fear of pregnancy - used as servicity/with control Sear of delivery

of inanulal securi th/religi oility/accessibility of care responsibilities (faily, over etc.) als / your dreams Fetal health/viability aterial health tacces of family / so call spoots, norths/experienting O Stiema (abortion, toon programy, etc.) o knowledge of options + reso rces/ma · Experience of a FewfornBeccar emotions · Unisate location / house enveronment becoming programs " lack of decision making · to please others · Sex of pregnancy

Reasons Why 1) Sex 2) Contraceptive failure 5) Forced Sex 4) Lack of contraceptives a. knowledge availability mean no & to pay with my ex, distance h) tailed access to e. Stigma \$1 of illegal Unacceptable - real + perceived Amb. valence about getting piegrant Belief it's not possible Dlack of Knowledge of results 9) level of consert side is methy an

- **5. Reflection (3 minutes):** Now, take a few minutes to silently review the reasons given for each question and identify one reason you feel comfortable with and one reason that makes you uncomfortable. Reflect on why you feel more or less comfortable with different reasons.
- 6. Discussion (15 minutes): After a few minutes, ask some or all the following questions to the full group:
 - Which reasons for having sex are you uncomfortable with?
 - Which reasons for unintended pregnancy are you uncomfortable with?
 - Which reasons for abortion make you uncomfortable, and what is the source of your discomfort?
 - How do your core values influence your discomfort with certain reasons for having sex, unintended pregnancy and abortion?
 - How does this discomfort affect societal stigma against people who have abortions and providers who perform abortions?
 - How do you feel about women, girls and trans people making decisions about their unintended pregnancies that they don't want to make?
 - Why do governments often regulate pregnancy and abortion more than other medical conditions and procedures? How much of this has to do with the fact that only women, girls and trans people become pregnant and most legislators are usually men?

- For participants working in reproductive health and abortion care: How does our discomfort with certain reasons (for having sex, unintended pregnancy and abortion) affect our work in reproductive health and, specifically, abortion care? How might clients sense this discomfort? What impact could this have on the quality of health care we provide?
- 7. Summarize (3 minutes):

Key summary messages

- Subjective beliefs about "acceptable" versus "unacceptable" reasons for pregnancy and abortion can lead to biased policies and practices that result in unjust health disparities.
- Our discomfort with some reasons (for having sex, unintended pregnancy and abortion) can be used to deny certain people who are pregnant access to safe, high-quality abortion services. This can lead to health inequities, which can cause some people who are pregnant to have to risk their health and lives to get an abortion.

REASONS WHY QUESTIONS

Instructions: Select from the following questions. Cut the selected questions into individual strips of paper to hand out to each small group, as instructed in the directions.

What are the reasons why women have sex?

What are the reasons why women become pregnant?

What are the reasons why women might have an unintended pregnancy?

What are the reasons why women might terminate a pregnancy?

What are the reasons why women might continue an unintended pregnancy?

What are the reasons why women may make decisions about their unintended pregnancy that they don't want to make?

What are the reasons why governments regulate women sexual activity, pregnancies and abortion?

1B CORE: WHY DID SHE DIE? VCAT ACTIVITY

[Adapted from Turner, Katherine L. and Kimberly Chapman Page. 2008. Abortion attitude transformation: A values clarification toolkit for global audiences. Chapel Hill, NC, Ipas]

FACILITATOR NOTES

This activity focuses on a case study that highlights the social and cultural context around a woman's unintended pregnancy and abortion decision. Participants are confronted with the consequences that can result when access to safe, legal abortion services is restricted, and they are asked to articulate their ideas for preventing suffering and death.

Before the activity, take time to learn the national statistics on abortion-related morbidity and mortality for your country, as this information is required at the beginning of the activity.

This activity may trigger strong emotions and it may make people sad. Some participants may have experienced similar challenges to those represented in the story or may know someone who has. Discuss with your co-facilitator how you can create a safe, supportive space and how you can take care of participants if needed.

You may need to change the names and certain elements of the story to suit your country or setting. You can also adapt a real story from the media or a clinical experience, making sure to change any potentially identifying information to protect people's privacy.

If you have time, it is helpful to complete Activity 1A: Reasons Why before conducting this activity. Reasons Why allows groups to explore, in a general sense, causes of unintended pregnancy, decisions around termination of pregnancy and government involvement in regulating these decisions. This activity addresses these topics in a more personal way.

TIME:

1 hour

GOALS:

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

- Identify and discuss the social and cultural forces that shape a person's experience of unwanted pregnancy and abortion;
- Explain the tragic outcomes that can result from restricting access to safe, legal abortion services;
- Articulate their ideas on how to prevent suffering and death.

MATERIALS AND PREPARATION:

- Adapt the story about Mia for local relevance, if necessary (change name or oth-er details);
- Make enough copies of the story, including the questions at the bottom; get flipcharts and markers;
- Prepare global, national and local statistics on abortion-related morbidity and mortality and how they relate to restrictions on access to abortion. **Resources**

to pull from:

- o Abortion in Africa
- o Abortion in Asia
- o Abortion in Latin America & the Caribbean
- o Induced abortion worldwide
- o World's abortion laws
- o World Health Organization global abortion policies database

FACILITATION STEPS:

1. Introduce the activity (3 minutes): This activity will help us explore what might happen because of abortion stigma, and how, when access to abortion is restricted, stigma impacts a partner's and family's support for a young pregnant person.

We know that around the world, when people who are pregnant decide that they do not want to continue a pregnancy, they will take drastic measures if they feel they must. Fear of being discovered breaking the law or being accused of promiscuity causes many pregnant people to choose secrecy over their own safety.

- **2. Present the statistics (5 minutes):** Present the statistics of morbidity and mortality rates linked to unsafe abortion.
- **3. Case study (20 minutes)**: Ask one person to read Mia's story aloud to the full group. Then divide participants into two groups and give each group a copy of Mia's story and a question sheet.

Ask the groups to choose one participant to read the story aloud again and to lead the small group discussion about the story and questions.

Each facilitator should sit with a group. Facilitators can support participants if needed, but they should refrain from participation unless they are called on to answer a question

4. 1-2-4-All report back: (20 minutes)

- '1' (2 minutes): Ask participants to spend a couple minutes reflecting on what stood out to them from the story discussion.
- '2' (4 minutes): Ask that each participant pair up with someone from the other group. Ask pairs to share their thoughts and reflections on the story.
- '4' (4 minutes): Ask pairs to join another pair and share their discussions. Ask each group of four to choose two points that they want to share with the full group.
- 'All' (10 minutes): One participant from each group of four should be ready to share two points to the full group. Gather everyone into a semi-circle and share.
- **5. Processing (10 minutes):** Ask the full group some or all of the following questions:
 - Why did Mia die?
 - What new insights do you have about abortion because of this activity?
 - What can happen when we restrict access to safe, legal abortion services?
 - Who else was directly affected by Mia's death?
 - What could have happened differently to prevent Mia's death?
 - What actions can be taken to prevent suffering, illness or death in situations like Mia's?
 - How might this story be helpful when discussing abortion stigma? And how might it also perpetuate abortion stigma?
- 6. Summarize (2 minutes): Use points from the discussion and add the following takeaway points:

Key summary messages

- Abortion stigma can have severe consequences. Incidents of women, girls and trans people dying—because they do not want to be pregnant and have nowhere to go for help—happen every day, all over the world.
- Restrictive laws around abortion do not stop people who are pregnant from ending unintended pregnancies. In countries with restrictive laws, many resort to unsafe abortion options, risking their health and lives.

MIA'S STORY

Mia was the eldest daughter in her family. She was intelligent and hardworking. Even though Mia worked hard at home helping her mother, school was her top priority. She always came first in her class, and she was the pride and joy of her family and community. Mia won a scholarship to go to university. It was her first time in a big city, and she found it difficult to make new friends. But slowly that changed, and she settled into her new environment. Mia continued to study diligently and made sure she was always at the top of her class. Her professors were very proud of her and took special interest in her. They encouraged her to pursue her professional dreams. After graduation, Mia joined a professional firm and sent money home to pay school fees for her younger brothers and sisters. She became the breadwinner for her extended family.

She met and fell in love with a colleague at work, Richard. At first Richard was gentle and loving, but gradually that began to change. He became distant and unkind to Mia.

Mia soon discovered that Richard had another girlfriend and told him that their relationship was over. Richard became very angry and forced her to have sex. He knew that she wasn't using contraception. As he pushed her out the door, he declared, "I know that when you become pregnant, you will return to me."

Three months later, after feeling sick for quite a while, Mia went to a free clinic. When she returned for the results, she was shocked to discover that she was, in fact, pregnant. Mia had always had an irregular menstrual cycle and had never been taught the symptoms of pregnancy. She determined that there was no way she would go back to Richard. When she inquired at the clinic about terminating the pregnancy, the staff looked at her with disgust and refused to answer her questions. Mia went to another clinic to ask about terminating the pregnancy, but they also turned her away. Mia felt afraid and was too ashamed to tell anyone in her family about the rape and pregnancy. She felt that no one would believe her or help her, and she became desperate. She tried drinking a toxic potion of household chemicals that she had heard from her friends would terminate a pregnancy. She tried inserting sticks into her cervix. She became terribly sick and developed a painful infection, but she was still pregnant.

Eventually, after trying all these things, Mia took her own life.

Questions:

- Why do you think Mia didn't ask her family for help?
- What choices did Mia have?
- What could have made this situation better for her?
- What information or resources might have helped Mia avoid this situation?
- Without revealing identifying information, what real stories or situations does this story make you think of?

1C: MYTHS AND MISCONCEPTIONS

FACILITATOR NOTES

There are many myths and misconceptions about abortion and people who have them. Many of these myths lead to abortion stigma. For example, some people believe that having an abortion will lead to infertility, which is not true when performed safely, abortion is safer than giving birth. Unsafe abortions, however, can lead to fertility and other complications, and this may be where the myth and misconception comes from. Helping people clarify, recognize and dispel myths when people repeat them is a key part of fighting abortion stigma.

The aim of this activity is for participants to gain an accurate understanding of safe abortion, so that they can dispel some of the common myths, fears and misinformation about abortion.

To prepare for this activity, familiarize yourself with facts about abortion (provided at the beginning of this module and in the resources listed below). When in doubt, offer to look something up after the activity to avoid spreading further misinformation.

The activity is a light-hearted, team-based game that will help participants bond with one another and rely upon their collective knowledge to decide whether a statement is a myth or a fact. Encourage participants to share ideas and ask questions to help build their understanding.

After the game, help participants explore why these myths exist, how they contribute to abortion stigma and how we can work to replace myths with facts.

TIME:

45 minutes

GOALS:

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

- Discuss and dispel local and global myths around abortion;
- Understand how these myths can fuel stigma;
- Identify their role in dispelling myths, thus working to end abortion stigma.

MATERIALS AND PREPARATION:

- Consult resources to review or learn basic facts about abortion, especially the beginning of this module and the Abortion Basics (pages 3-5) and Common Myths about Abortion (page 22) of the International Planned Parenthood Federation resource *How to talk about abortion: A guide to rights-based messaging.*
- Review and adapt the Myths and Facts chart on page 22 of How to talk about abortion: A guide to rights-based messaging to emphasize myths and misinfor-

mation common in participants' communities. If you're not aware of them, consider including a question in a pre-workshop survey: "What are common things that people in your community say about abortion?" You may write or draw representations of the myths and facts statements on index cards, PowerPoint slides or flipchart paper.

- If possible, have a small prize for the winning team.
- Write the questions from Step #3 on a flipchart or PowerPoint slide.

FACILITATION STEPS:

1. Introduce the activity (2 minutes): The aim of this activity is to uncover and dispel the myths that exist around abortion. We'll do this by playing a game that will allow us to examine some commonly held beliefs to determine whether they are myths or facts. I'll ask you to help me get to the bottom of the myths and turn them into facts. Having this shared set of facts will help us challenge abortion stigma more effectively in the future.

2. Myths and facts game (30 minutes):

Divide participants into two groups and explain the instructions of the game. I will read out a series of questions. Some of them are myths and some of them are facts. When you hear a statement, discuss with your group whether you believe it is a myth or a fact. The first group to send a representative to the front of the room will have the chance to answer. A correct answer earns your team 100 points. If you can correctly explain why the statement is a myth or a fact, your team will receive an additional 400 points. There are 10 statements. Are we ready?

If the group is ready, begin to read from the list of myths and facts. You can find a list on page 22 of *How to talk about abortion: A guide to rights-based messaging*, or you can create your own list.

Keep score on a flipchart or on your own piece of paper.

Throughout the game, encourage the teams to get competitive and engaged with the material.

After all the statements have been read, congratulate the winner and ask participants to stay in their groups.

3. Small group discussion (10 minutes):

Now, in your teams, please discuss the following questions:

- Why do these myths exist?
- How might these myths contribute to abortion stigma?
- How can we begin to challenge these myths?

4. Summarize (3 minutes):

Key summary messages

- Abortion is common, and women have relied on it to manage unwanted pregnancies for as long as recorded history. Safe abortion is safer than carrying a pregnancy to term.
- Sometimes myths and misinformation are spread by opponents who want to scare people away from abortion and deny women access to abortion care. It is important to verify facts about abortion with trusted sources of information.
- The more accurate information we have and share about safe abortion, the more we can help to dispel the myths and misconceptions that fuel abortion stigma.

KEY RESOURCES

Induced worldwide abortion: Fact sheet (Guttmacher, 2018)

The world's abortion laws, 2018 (Center for Reproductive Rights, 2018)

The history of abortion timeline (1 in 3 Campaign)

Abortion facts (National Abortion Federation)

How to educate about abortion: A guide for peer educators, teachers and trainers (International Planned Parenthood Federation, 2016)

How to talk about abortion: A guide to rights-based messaging (International Planned Parenthood Federation, 2015)

Social norms, gender norms and adolescent girls: A brief guide (Overseas Development Institute, 2015)

Cross-country perspectives on gender norms [webinar recording] (ALIGN, 2018)

Transforming the world for girls [podcast series] (Overseas Development Institute, 2017)

World Health Organization global abortion policies database

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WHAT IS ABORTION STIGMA? LEARNING TO RECOGNIZE ABORTION STIGMA AROUND US



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INTRODUCTION

Abortion stigma is all around us. This module will guide workshop participants to recognize and reflect on experiences in which they may have witnessed, felt or spread abortion stigma in their own lives.

The activities in Module 2 are primarily introductory. They will work best during a group's first discussion of abortion stigma or in the first few sessions of a workshop.

Some of these activities may bring out strong feelings from participants. To prepare you to work with and support participants, review suggestions in the Facilitator Notes section at the start of each activity.

Your Module 2 goals as a facilitator

- To increase participants' awareness and understanding of what abortion stigma is;
- To help participants recognize examples of what abortion stigma can look like in their lives and communities.

As you facilitate the activities in this module, look for ways to elicit and reinforce these key messages:

- Abortion stigma exists.
- Abortion stigma is made up of the negative beliefs and shaming treatment of a person, or group of people, associated with abortion.

- When we reject, isolate, blame and/or shame a person about abortion—whether it's someone considering getting an abortion, someone providing abortion services, or someone who shows support for others' right to have an abortion that's abortion stigma.
- Examples of abortion stigma include gossiping, scolding, disapproving, shaming, devaluing, rejecting, scorning, bullying, reinforcing taboos, shunning, separating, isolating, punishing, discriminating, behaving violently and prosecuting people who have had, or performed, abortions.
- We all stigmatize abortion, even when we don't realize we're doing it.
- Abortion stigma is caused by a lack of information, misconceptions of abortion prevalence, harmful gender roles, and social norms about abortion, among other factors (Kumar, Hessini, & Mitchell, 2009).
- Abortion stigma affects everyone in our families and communities. Almost everyone knows someone who has had an abortion and who has had to confront abortion stigma.
- One way that abortion stigma manifests is in how people—including those who are young, adult, married and unmarried—treat themselves (Shellenberg, Moore, Bankole, Juarez, Omideyi, Palomino et al., 2011). Many feel that they can't talk about abortion because they're afraid people will judge and reject them. So they stay silent, which can make them feel ashamed and alone.
- Abortion stigma leads some people to think that abortion is a rare occurrence or that only "certain types of people" have abortions. However, statistics from countries around the world show that abortion is a common experience for people across many spectrums, including socioeconomic, caste, tribal affiliation, age, marital status and profession (Guttmacher Institute, 2012).
- People who support access to safe abortion services are often stigmatized, including doctors, nurses, pharmacists and other health-care workers who provide safe abortion services, as well as advocates who work to change laws that restrict access to safe abortion services (Hanschmidt, Linde, Hilbert, Riedel-Heller, & Kersting, 2016; Kumar, Hessini, & Mitchell, 2009; Martin, Debbink, Hassinger, Youatt, Eagen-Torkko, & Harris, 2014).
- Abortion stigma makes it harder for people to get safe abortion services (Shellenberg et al., 2011). Abortions, when offered by a trained provider, are one of the safest medical procedures available. However, because of abortion stigma, people are often driven to seek unsafe options that can injure or kill them (Shellenberg et al., 2011). These injuries and deaths caused by unsafe services are completely preventable.
- We can help prevent the harmful effects of abortion stigma by increasing our awareness of what abortion stigma looks like and shifting our thoughts and actions around abortion, no matter what our beliefs are. We can also have a positive effect by helping our communities understand the dangers of abortion stigma.

ACTIVITIES AT A GLANCE

ACTIVITY NUMBER	NAME	PURPOSE FOR PARTICIPANTS	TYPE OF ACTIVITY	ACTIVITY LEVEL
2A	What is my own experience of stigma?	To relate to the feelings and impact of social stigma, in general and in a personalized way To describe some of the ways that social stigma impacts communities	 1-2-4-All: Individual reflection on a time when participants have been rejected or isolated for being different from others Paired sharing, followed by sharing in a group of four Full group sharing and discussion in a circle 	Introductory
28	What is my abortion comfort level? VCAT activity	To state personal comfort levels with discussing or advocating for safe abortion services, especially for young people To discuss participants' range of comfort levels related to abortion for young people and the factors that contribute to these differences To explore how different comfort levels relate to social attitudes about abortion and abortion stigma	Responding to questions about comfort levels with different scenarios, moving in a line	Introductory

ACTIVITY NUMBER	NAME	PURPOSE FOR PARTICIPANTS	TYPE OF ACTIVITY	ACTIVITY LEVEL
2C CORE	Using pictures to recognize abortion stigma	To identify different forms that abortion stigma takes in different settings To reflect on the causes of abortion stigma To identify the targets of abortion stigma To identify the consequences of abortion stigma on people who have had an abortion, health- care providers, families and communities To discuss examples of abortion stigma from their own communities	Small group discussions using illustrations that show different abortion stigma scenarios Full group discussion to process examples of stigma and participants' ideas	Introductory
2D	Using proverbs to help understand abortion stigma	To identify proverbs that reflect participants' cultural and communal beliefs related to stigma and abortion To explore how proverbs shaped their own attitudes and beliefs around stigma and abortion	 Full group discussion of proverbs from around the world Work in pairs to explore relevant local proverbs Full group discussion of how negative proverbs drive abortion stigma 	Intermediate

2A: WHAT IS MY OWN EXPERIENCE OF STIGMA?

FACILITATOR NOTES

People are stigmatized for many different reasons. While the focus of this toolkit is abortion stigma, this activity will help participants relate to a more general experience of stigma as a building block to understand what those who experience abortion stigma may feel.

Nearly everyone experiences stigma in their lives, or at least has felt (or feared feeling) lonely, ashamed, isolated or rejected because of a personal choice or action that went against dominant social norms.

This is a simple reflection activity that helps participants explore their own experiences of feeling isolated, ashamed, lonely or rejected at some time in their lives. It can be a powerful way to help participants feel the impact of being stigmatized.

This activity helps build trust and openness within the group. It is best to do it early on as a first or second activity, to help the group establish a connection to the topic of stigma and to establish a connection with one another.

Set a quiet, serious tone for this activity. Try to minimize outside interference. If you are inside, close the door so that no one disturbs the group.

Each person can decide whether to share his or her story; do not force anyone to speak. Encourage group members to listen carefully to each others' stories.

This activity can elicit strong emotions for some participants. If a facilitator has counseling skills, that person can help anyone who becomes distressed. If not, use active listening skills and offer to connect the participant with a counselor, if desired.

Agree together as facilitators on how to bring the group together at the end. Use a gentle song or physical activity to bring a sense of togetherness.

TIME:

50 minutes

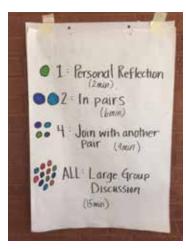
GOALS:

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

- Relate to the feelings and impact of social stigma;
- Describe some of the ways that social stigma impacts communities.

MATERIALS AND PREPARATION:

• Leave space between the chairs so that participants can sit alone for the reflection section.



- Prepare several flipcharts in advance:
 - o A visual of the 1-2-4-All approach
 - o Reflection questions
 - o Paired sharing and group discussion questions
- Consider playing soft music with no lyrics while participants are reflecting to themselves. This will require having speakers and selecting music ahead of time.
- To close the activity, choose a short song to sing, a physical activity to do, or another context-appropriate brief exercise to honor and transition the feelings that may have arisen.

FACILITATION STEPS:

1. Introduce the activity (3 minutes): This activity helps us connect with the feelings that stigma causes. It is a chance for us to reflect. That may sound simple, but it can sometimes be difficult to do.

The structure of this activity is called 1-2-4-All. First you will have some time to reflect on your own. Then you will share back and forth with one other person. Next, you and your partner will join with another pair for a discussion in a group of four. Finally, we will come together as a full group to discuss themes that came up in your reflections and discussions.

This activity will call on us to reflect on potentially sensitive times in our lives. It is normal for feelings of discomfort or vulnerability to arise, and it's okay. When we shift from personal reflection to more interactive discussions, you are invited to share personal examples as you feel comfortable. Please know, however, that you will not be forced to share anything about yourself that you do not want to share. It is up to you to decide how much or how little you want to disclose. Whatever you choose to share, we invite you to share from the heart and listen with care.

2. Individual reflection (5 minutes): We're now going to spend some time in individual reflection. During this reflection period, we ask that you refrain from talking to others. Get comfortable. Now take a few minutes to think about a time in your life when you felt isolated or rejected for being seen as different from others. What happened? How did it feel to be rejected or isolated? What impact did it have on you?

Have questions on a flipchart for participants to refer to. Allow two to three minutes for the reflection.

3. Sharing in pairs (8 minutes): At the end of the reflection period, give participants instructions about what they are going to do next. Only after you have given instructions should participants find partners. Provide the following instructions:

Next, I will invite you to find one other person to pair with for a short discussion. You will each have two minutes to share while the other person just listens. During your turn to talk, please share the following:

- How did it feel be rejected or isolated from people that you care about (or to fear being rejected or isolated from people that you care about)?
- What impact did it have on you?

You may choose to share some brief details about the experience for context, but you don't have to.

Let participants know when it is time to switch who is sharing. Then signal when it is time to stop talking and provide the next instructions.

4. Sharing in a group of four (10 minutes): Invite each pair to find another pair. In this group, participants should discuss the same questions they discussed in pairs.

Next, I'm going to ask you and your partner to join with another pair to form a group of four. Answer the same questions:

- How did it feel to be rejected or isolated from people that you care about (or to fear being rejected or isolated from the people that you care about)?
- What impact did it have on you?
- **5. Full group discussion (20 minutes):** Come back to the large group. Sit in a closed circle with the participants.

First ask: What stood out to you from your reflection and discussions?

Allow silence if people are slow to speak up. After 30 seconds or so, if no one has spoken, repeat the question and wait for someone to speak.

Next, if it didn't already come through, ask:

- What are some of the feelings that are tied to stigma?
- What are some of the long-term impacts of stigma that you heard in your discussions?
- How might this be related to the more specific topic of abortion stigma?
- **6. Summarize (5 minutes):** Begin closing the activity by emphasizing the key summary messages below. Then transition to the next activity by leading the group through a simple song or gentle physical activity to honor and release any tender or difficult emotions raised in this session.

Key summary messages

- The feelings of being stigmatized can be painful. The pain and shame can last a long time. Stigma can damage one's self-esteem and confidence.
- Stigma, including abortion stigma, can make people feel very alone at a time when they need the support of other people.
- Remembering how it feels to be stigmatized, shamed and rejected can help us empathize with people facing abortion stigma.

2B: WHAT IS MY ABORTION COMFORT LEVEL? VCAT ACTIVITY

[Adapted from Turner, Katherine L. and Kimberly Chapman Page. 2008. Abortion attitude transformation: A values clarification toolkit for global audiences. Chapel Hill, NC, Ipas]

FACILITATOR NOTES

Use this activity to help participants reflect on their levels of comfort with various aspects of abortion, including young people's sexuality. Use it to also provide a safe way for the group to see the range of comfort levels and beliefs in the room and the different reasons and experiences that inform participants' attitudes toward abortion. Participants will begin to see how personal beliefs play a role in the way we treat others and how those beliefs can lead to abortion stigma.

Make sure to remind the group that there are no wrong or right answers: This activity is about their personal beliefs. Discourage any discussion among participants while they're lining up in response to the questions asked in the activity. Let them know that there will be an opportunity to share their opinions during the discussion at the end of the activity.

Be sure to allow enough time for the discussion at the end because this is the point where participants may begin to reflect on their beliefs. If time is limited, prioritize and select fewer questions to ensure time for the closing discussion.

TIME:

50 minutes

GOALS:

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

- Describe their personal comfort levels with a variety of issues related to abortion, including abortion access for young people;
- Describe the range of comfort levels in the room and a few reasons why people hold different comfort levels related to abortion;
- Discuss how our different comfort levels around abortion can contribute to abortion stigma.

MATERIALS AND PREPARATION:

- Print or make three signs, with one statement on each, that say:
 - o A Little
 - o A Lot
 - o Not At All
- Tape the signs in a line on the floor, or on the wall in an open area where there is enough room for participants to move up and down the line. Place the signs
- 8 Abortion stigma ends here: A toolkit for understanding and action

along the line in this order:

Not At All

A Little A Lot

- Go over the questions and adapt them as needed. Choose the questions that are most relevant for your group and for the topics you plan to cover. In general, use a minimum of three and a maximum of five questions, depending on the length of the session.
- Write this question on a flipchart or have it in a PowerPoint slide: What is the relationship between our personal comfort levels with abortion and our ability to support women who choose to have an abortion? How might our comfort levels be linked to abortion stigma?

FACILITATION STEPS:

1. Introduce the activity (3 minutes): We are going to explore our individual and collective comfort levels with issues related to abortion. There are no wrong or right answers. This activity is about our own personal feelings and views, so please be as honest as you can. Try not to be influenced by others, although you can change your views at any time. I will not be judging your answers, and please refrain from judging people with answers that differ from your own. We are all here to learn from each other, and to do that we need to respect and get curious about the differences among us.

Most of this activity will take place in silence. However, there will be brief opportunities to hear a few comments from one or two volunteers, as well as an opportunity at the end to discuss our different comfort levels in greater depth.

2. Explain the "line" (4 minutes): I will read out a question that begins, "How comfortable are you...?" Answer the question nonverbally by standing next to the answer that best reflects your comfort level. If you feel very comfortable, stand where it says, "A Lot." If you are not comfortable, stand at the other end, where it says, "Not At All." If you feel somewhere in between, stand near "A Little." You may stand anywhere along the line that best reflects how you feel. After each question, we will "interview" a few people at different points on the spectrum to hear the reasons why they chose to stand where they did.

Check if everyone has understood by asking a volunteer to explain in their own words what you will be doing. (If the workshop is taking place in a language that is not the participants' dominant language, encourage them to provide the explanation in their local language and have a bilingual person identified in advance who can verify accuracy.)

3. Read the questions (Steps 3, 4 & 5: 15 minutes): Read a question aloud and ask participants to move to the point along the line that best represents their feelings. If they are unsure or want more context, tell them to accept the question as is and to stand in the area that is closest to their feeling, based on their interpretation of the question. Encourage participants to be honest about their feelings and to resist being influenced by where others are placing themselves. Acknowledge that it is brave to be honest in this way and thank them for their willingness to participate.

Comfort level questions:

- 1. How comfortable are you discussing abortion with your friends?
- 2. How comfortable are you discussing abortion with your family members?
- 3. How comfortable are you with a married woman who already has children deciding to end an unintended pregnancy?
- 4. How comfortable are you with a young unmarried woman having access to contraception?
- 5. How comfortable are you with a young unmarried woman who is still in school wanting to keep a pregnancy and have a child?
- 6. How comfortable are you with a young unmarried woman deciding to end a pregnancy against her parents' wishes?
- 7. How comfortable are you being a confidant to someone who is contemplating having an abortion?
- 8. How comfortable are you accompanying someone you know to a safe abortion provider?
- 9. How comfortable are you when you hear religious leaders denouncing abortion?
- 10. How comfortable are you supporting laws and policies that state that safe abortion services should be available to every person who needs them?
- 11. How comfortable are you with any woman, girl or trans person making the final decision (for themselves) about whether to have an abortion?
- **4. Reasons:** After participants have arranged themselves on the line, ask for volunteers at different points on the spectrum to explain why they decided to be where they are. For example:
 - Can I get a volunteer who has a lot of comfort with this to share why you are so comfortable?
 - Can I get a volunteer who is only a little comfortable with this to share why?
 - Finally, can I get a volunteer who is not at all comfortable with this to share why you are not comfortable with this?

Encourage them to keep their answers brief. After you have heard several participants speak, ask if anyone wants to change their position on the line, and allow them to do so.

5. Continue the activity: Continue reading the questions one by one and repeating Step 4 after each one. Vary the order of volunteer sharing so that sometimes you start with a volunteer from "A Lot" and other times from "A Little" or "Not At All." After a few, use your judgment to determine how many to continue with. If the game feels like it's getting too long, or you think you've covered enough questions, you don't have to read every one you had planned to use.

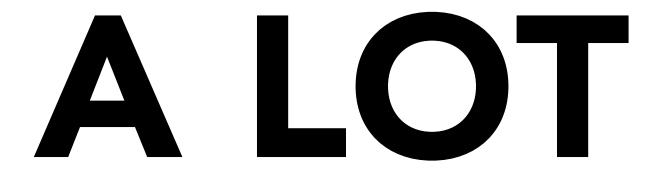
- **6. Process (15 minutes):** Once you have finished reading the questions, start a group discussion. Ask them:
 - How did it feel to participate in this activity?
 - What did you notice about this activity?
 - Were there times when you felt tempted to move with the majority of the group? Did you move or not? How did that feel?
 - What did you learn about your own comfort levels on abortion? What did you learn about other people's comfort levels?
- 7. Paired buzz (10 minutes): Ask participants to talk with one person next to them:
 - What do you see as the relationship between our personal comfort levels with abortion and how people who choose to have an abortion are treated?
 - How might our different comfort levels around abortion contribute to abortion stigma?

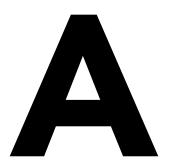
Bring the group back together. Allow one answer from each pair to be shared out loud. Ask the pairs to give an answer that hasn't been said so far.

8. Summarize (3 minutes): Use points from the discussion and the takeaway points below to summarize key messages from this activity for the group.

Key summary messages

- Our different levels of comfort or discomfort with abortion are influenced by the messages we each received from our caregivers and communities. Our individual attitudes and comfort levels about abortion may also influence our community's attitudes about abortion. The influence goes both ways.
- We can learn to simultaneously hold true to our opinions and beliefs about abortion while respecting other people's need to hold true to theirs. Having clarity around our own beliefs about abortion can help with this.







2C CORE: USING PICTURES TO RECOGNIZE ABORTION STIGMA

FACILITATOR NOTES

This session introduces participants to the idea of abortion stigma by using pictures. The pictures show that abortion stigma takes many forms—rejection, isolation, blame and shame, among others. The pictures included are all based on true stories of abortion stigma from communities around the world. They act as prompts to help participants start seeing and naming the forms, causes, targets and consequences of abortion stigma in the pictures and relating those examples to similarities or differences in their own community.

In this activity, participants will explore stigma in the examples provided and use that to reflect on the specific ways stigma manifests in their own community. At this point, participants are not necessarily examining their own personal behavior explicitly, so this is a safe activity to include early in the training.

Set up the pictures for this activity before you start. Use wall space, a large table or even a washing line, if you are working outside.

Encourage participants to brainstorm reasons why they think the stigma depicted in the picture is happening.

TIME:

1 hour 10 minutes (Could be shorter by decreasing the time spent on Steps 4 and 5)

GOALS:

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

- Identify different forms that abortion stigma takes in different settings;
- Reflect on some of the causes of abortion stigma;
- Identify some of the targets of abortion stigma;
- Identify some of the consequences of abortion stigma on people who have had an abortion, health-care providers, families and communities;
- Discuss examples of abortion stigma from their own communities.

MATERIALS AND PREPARATION:

- You will need tape and printed copies of the illustrations provided.
- Display the stigma pictures with space between them so that participants can see them easily.
- Write the discussion questions from Step 4 on a flipchart (or print copies of the questions and provide one copy for each group).

• It may be helpful to create a list of FORMS, CAUSES, TARGETS and CONSE-QUENCES of abortion stigma for you to reference during the activity.

FACILITATION STEPS:

- 1. Introduce the activity (3 minutes): In this activity, we will learn more about the forms abortion stigma takes in different communities around the world. This activity will help us see more clearly what abortion stigma looks like. First, we'll examine a set of pictures to understand how abortion stigma shows up in different contexts. Then we'll discuss how similar forms, or even other forms of abortion stigma, show up in our own communities.
- 2. Prepare to discuss the pictures (8 minutes): Divide participants into groups of three or four. Ask the groups to walk around in silence and familiarize themselves with as many pictures as possible in the time provided. It's okay if they don't get to see them all.
- **3.** Select a picture (5 minutes): Once the groups have had a chance to review the pictures, ask each group to select one picture to explore further.
- **4. Explore one picture (25 minutes):** Ask each group to examine its picture by discussing the following questions:
 - What is happening in the picture that has to do with abortion stigma? (FORMS)
 - Why might this be happening? (CAUSES)
 - Who in the picture is it impacting? (TARGETS)
 - How is it impacting the people in this picture? (CONSEQUENCES)
 - How is this similar to (or different from) the ways that abortion stigma shows up in your community?
- 5. Report back (15 minutes): Ask each group to report back by showing their picture and sharing highlights of what they discussed. Record the key forms, causes, targets and consequences of abortion stigma on a flipchart. After each presentation, ask participants to raise their hands if they heard an aspect of abortion stigma that exists in their community: Would you raise your hand if anything this group shared is like a form of abortion stigma that exists in your community? Can one volunteer share how it's similar? Allow brief sharing by one non-group member to help reveal aspects of abortion stigma in participants' own words.
- 6. Process (8 minutes): Refer to the flipchart. Highlight some of the forms, qualities and causes of abortion stigma that the group named. Specifically, name examples that demonstrate **rejection**, **isolation**, **blame** and **shame** so that participants get accustomed to using these words and concepts. Ask the group: What have we learned from this activity about abortion stigma?
- 7. Summarize (6 minutes): Repeat some of the main points that participants made during the activity, weaving them into the key summary messages: Through this activity we've learned how to "see" abortion stigma more clearly.

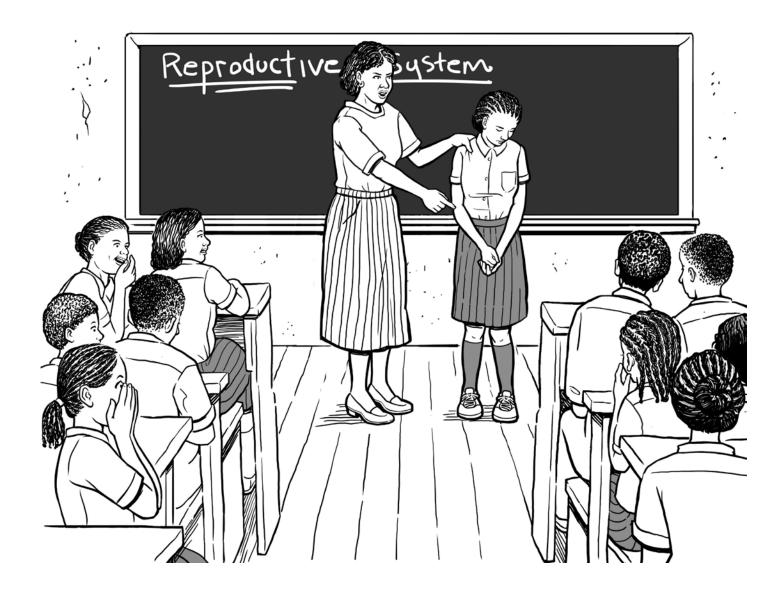
Key summary messages

- Abortion stigma can take many forms that target various members of our community, including people who have had an abortion, health providers and advocates for safe abortion. Some forms of abortion stigma include gossiping, shaming, rejecting, bullying, separating, punishing, discriminating, violent behavior and prosecuting people who have had, or performed, abortions.
- We explored causes of abortion stigma. Abortion stigma happens when a community emphasizes a belief that abortion is wrong or morally unacceptable, even if some members of that community disagree.
- We discussed some of the consequences of abortion stigma. Some of the most serious include preventing women, girls and trans people from seeking information and advice, preventing them from getting safe abortions and leading them to seek unsafe abortions, which puts their health and lives at risk.

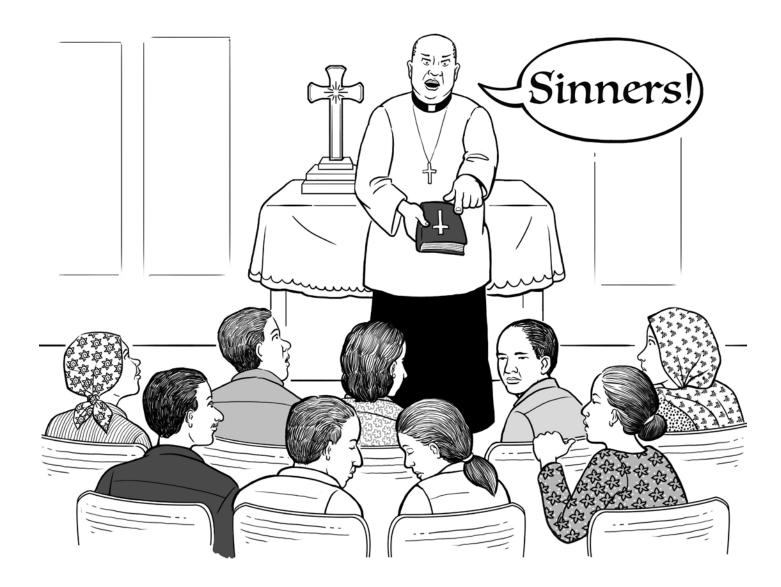
















2D: USING PROVERBS TO UNDERSTAND ABORTION STIGMA

FACILITATOR NOTES

"Women are nothing but machines for producing children." — Napoleon Bonaparte

Proverbs like this exist in all communities and cultures. They reflect what a culture encourages or discourages. Often, they echo and reinforce dominant or widespread beliefs and attitudes, whether consciously or unconsciously.

Proverbs can give us insight into traditional values and beliefs about gender, women's roles, virginity, sex outside of marriage, unplanned pregnancy and abortion.

This session uses proverbs to introduce participants to the idea of abortion stigma. Exploring stigma as it appears in proverbs can prompt participants to understand abortion stigma in their own community.

In this activity, you will not ask participants to examine their own personal behavior, so this is a safe activity to include early in the training.

TIME:

1 hour 5 minutes

GOALS:

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

- Identify proverbs that reflect our cultural and communal beliefs related to women, stigma and abortion;
- Explore how proverbs shaped their own attitudes and beliefs around stigma and abortion.

MATERIALS AND PREPARATION:

Choose six core proverbs from the list below which you think participants could relate to. You can also include one or two relevant proverbs from your own context.

PROVERB	ORIGIN	POSSIBLE INTERPRETATION	
"Men are gold, women are cloth."	Cambodia (Khmer)	Women, like white cloth, are easily soiled by sex or abortion while men can have repeated sexual encounters and be polished clean each time.	
"When you sow maize, you cannot expect to harvest peanuts."	Tanzania	This proverb implies that people who have sex are deserving of any negative consequences.	
"Even if ugly, marry the chaste woman; avoid the wanton one."	Iran	Chastity, over all else, is an essential quality for a suitable wife. (A chaste woman is simple, unadorned, innocent and typically a virgin.)	
"Neither the chastity of a woman nor the behavior of a bull can be depended on."	India	Men cannot trust that women are actually chaste (or virgins).	
"Bad pearls lose their luster."	Bangladesh	Women who are labeled as "bad" lose their good reputation and cannot get it back.	
"An unchaste woman can never become chaste again."	United States	Once you lose your virginity or your good reputation, you lose your value to men and cannot get it back.	
"The herbalist has no herbs for lost innocence."	Serbia	Losing your virginity is irreversible; there is no way to "fix" yourself.	
"A disgraced maiden dishonors her whole family."	Brazil	A woman who is labeled as "bad" not only ruins her own reputation, but also that of her family.	
"If your daughter is out in the streets, check your honor to see if it is still there."	Tunisia	Families should monitor where their daughters are because a daughter who is not kept close to home is probably out ruining her and her family's reputation by being promiscuous.	
"The flower is picked; the stalk is trampled."	Malaysia	Once a daughter gets a bad reputation, she can no longer blossom, and her family's name is ruined.	
"One who has secretly sinned will give birth in public."	Russia (Dargin/Tatar)	All your sins will come to light; everyone will eventually find out about the bad behaviors you committed in private.	
"The impatient virgin becomes a mother without being a bride."	United States	An unmarried woman who acts upon her sexual desires will become pregnant before she has had the chance to become someone's wife thus marriage will become impossible.	

PROVERB	ORIGIN	POSSIBLE INTERPRETATION	
"The girl who is praised for dancing will be gossiped about when pregnant out of marriage."	Ethiopia (Oromo)	Girls and women should not act freely or draw sexual attention to themselves; while they may receive praise for their dancing in public, they will be seen as having "asked for it" if they later become pregnant out of wedlock. Women who flaunt their sexuality in unacceptable ways are loose and unchaste.	
"Women are like a duiker's [small antelope's] dung."	Zambia (Bemba)	Women are plentiful and interchangeable; if a woman misbehaves, she can be discarded for another one.	
"A woman's place is in the kitchen."	United States	Women should stay home and only do domestic work.	

Write the six proverbs you choose on flipchart sheets and display them around the room.

Write the discussion questions from Step 5 (below) on a flipchart.

FACILITATION STEPS:

1. Introduce the activity (5 minutes):

Who can tell me what a proverb is or give me an example of a proverb?

Take a few examples and correct examples that are not quite proverbs so that the group becomes clear on what a proverb is.

For one or two examples that come up, ask the group: What does that proverb mean? What are some examples of situations when that proverb gets used?

In this activity, we will learn more about abortion stigma through proverbs from different cultures around the world. First, we'll hear a few examples and listen for ways that these proverbs can be used to create or reinforce abortion stigma. Then we'll identify proverbs from our own communities that may reinforce abortion stigma and discuss how we can challenge them.

- 2. Discuss the six proverbs in pairs (10 minutes): Show the group the proverbs you have written on flipchart paper and posted around the room. Read each aloud, and then ask the pairs to read the proverbs together, one at a time, and discuss the questions below.
 - What do you think this proverb means?
 - How might it be relevant to abortion stigma?

Ask them to discuss as many as they can during the 10 minutes. When there is one minute left, encourage them to finish up.

- **3.** Local proverbs in groups of four (7 minutes): With your partner, join another group of two. Identify how the proverbs you have heard can be used to reinforce negative judgements about women, sex, pregnancy or abortion. Note that they may not be specifically about these issues, but they can be applied to express or reinforce a judgment about these issues. Then choose a proverb from the list that can be used to reinforce abortion stigma and return to the full circle.
- **4.** Select one proverb (10 minutes): Each group should select one spokesperson who will share its proverb, along with a brief explanation of its meaning and how it relates to abortion stigma. As a group, we will choose three proverbs from the ones offered, focusing on the ones that give the most negative and stigmatizing message about abortion. Write the three proverbs on flipcharts and display them around the room.
- **5. Explore one negative proverb (20 minutes):** After the groups have made their presentations, ask the groups of four to reunite and to select one of the three proverbs to discuss. Make sure no group ends up with the proverb they originally selected. The groups of four should discuss the following questions:
 - What is behind this proverb?
 - Who uses it? In what contexts might you hear this proverb?
 - How can this proverb be used to fuel abortion stigma?
 - What is one positive proverb that you have heard or that you can invent to challenge the way this proverb reinforces abortion stigma?
- 6. Process (10 minutes): Bring everyone back to the full circle and ask each group to share the negative proverb and the real or made up positive proverb that they selected to challenge abortion stigma. After each group has shared, ask the full group: What new insight do you have about abortion stigma after doing this activity?
- 7. Summarize (3 minutes): Repeat some of the main points that participants made during the activity, weaving them into the key summary messages.

KEY SUMMARY MESSAGES

- Proverbs and sayings serve as a useful tool for making abortion stigma and its underlying causes visible.
- Examining proverbs and sayings provides insight into beliefs and social expectations about gender and sexuality that fuel abortion stigma. Proverbs and sayings can fuel abortion stigma by reinforcing limiting beliefs and attitudes about gender, women's roles, virginity, sex outside of marriage, motherhood, unplanned pregnancy and abortion.
- Challenging harmful underlying assumptions conveyed by proverbs and common sayings and developing alternative proverbs and sayings is a great way to combat abortion stigma.

KEY RESOURCES

The International Network for the Reduction of Abortion Discrimination and Stigma (inroads)

What is abortion stigma? Summary video (Sea Change Program, 2015)

Bringing abortion stigma into focus (Cockrill and Hessini, 2014)

Abortion stigma around the world: A qualitative synthesis (inroads, 2016)

Addressing abortion stigma through service delivery: A white paper (Sea Change Program, 2013)

Abortion stigma: What is it and how does it affect women's health? (University of California, San Francisco)

Reducing stigma in reproductive health (Cook and Dickens, 2014)

Conceptualising abortion stigma (Hessini and Kumar, 2009)

Abortion attitude transformation: A values clarification toolkit for global audiences (Turner et al, 2014)

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32 Abortion stigma ends here: A toolkit for understanding and action

WHERE DOES ABORTION STIGMA COME FROM? EXPLORING OUR BELIEFS AND THEIR ROOTS



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INTRODUCTION

In Module 2 we began to see how our values and beliefs about abortion come from our social upbringing. In this module, we will more closely examine how these values and beliefs are shaped by our cultural and social context—we learn them from our families, communities, leaders, religion, history and other traditions. Sometimes the messages we get from different sources are explicit and sometimes they are subtle and coded, as we began to see in the proverbs exercise in Module 2. Sometimes the messages we get from the people who influence us are consistent and sometimes they are contradictory.

Our values and beliefs affect the way we relate to other people. How we relate to people can be a major source of stigma. Our personal beliefs about what is "normal" behavior can lead us to judge those who live or behave differently, or who have done something that we believe is not "normal." Ideas and beliefs about what is "normal" are often very personal and subjective.

Much of abortion stigma originates in our learned values and attitudes about sex, gender and morality. Many people hold judgmental attitudes toward women, girls and trans people who seek abortion information and care. These attitudes can result in hostility, denial of services and discriminatory practices, which in turn have severe impacts on people and their families. Because culture is continually changing, our beliefs and values can also change.

Your Module 3 goals as a facilitator

• To support participants in reflecting more deeply on how their attitudes and beliefs about abortion were formed;

- To help participants recognize myths and stigmatizing language about abortion and how to counteract them;
- To help participants understand the role of culture and religion in spreading or eliminating abortion stigma.

ACTIVITIES AT A GLANCE

ACTIVITY NUMBER	NAME	PURPOSE FOR PARTICIPANTS	TYPE OF ACTIVITY	ACTIVITY LEVEL
3A	Cross the line VCAT activity	Articulate their feelings and views on abortion Identify diverse views among group Describe how stigma affects individual and social views and reactions to abortion	Facilitator reads statements and participants cross the line when a statement applies to their belief or experience Group discussion	Introductory
3B	Language and stigma: Things people say	Explore the role that language and name- calling play in creating and perpetuating abortion stigma Identify ways in which they can begin to challenge and change both their own and others' language to reduce abortion stigma	Small group discussion Groups report back and reflect Ideas for action	Intermediate
3C CORE	Cultural beliefs and practices: Keep the best, change the rest!	Identify cultural beliefs and practices that blame and shame people and cause stigma around abortion Identify cultural beliefs that can support action to stop abortion stigma	Discussion in two groups Reflection Develop inauguration speech in three groups Deliver speeches to large group Group discussion	Introductory
3D	When religion is weaponized to fuel abortion stigma	Identify the links between religion and abortion stigma Understand how people sometimes use religion to judge others Identify ways people can tackle abortion stigma in a religious context	Prepare roleplays in small groups Perform roleplays for large group and then discuss Buzz and brainstorm in pairs Create positive messages in small groups Group discussion	Intermediate

3A: RELIGION AND ABORTION: CROSS THE LINE VCAT ACTIVITY

[Adapted from Abortion attitude transformation: A values clarification toolkit for global audiences, by K.L. Turner and K. Chapman Page, 2011.]

FACILITATOR NOTES

An important step in challenging abortion stigma is to raise awareness about the link between personal values and experiences and the influence they have on the way we judge other people.

Use this activity as an icebreaker to raise participants' awareness about the link between religious values, experiences and stigma. You can also use it to bring different views and experiences of abortion to the surface. As the facilitator, try to create a level of safety so that participants feel free to explain their views.

The movement involved in this activity can help energize the group and deal with what can often be a heated discussion—be sure that the activity does not become too long. Prepare your statements in advance and choose up to eight that feel appropriate for the group.

This activity is unique because we have offered an adaptation that focuses on statements relating to religion and faith. This adaptation can be used with religious leaders or with groups for whom religion plays a major influence in shaping their attitudes and beliefs about abortion. These people can play a huge role in either reinforcing or reducing stigma. It is important that we work with them to explore ways that they can join the fight against abortion stigma. In carrying out this activity, it is crucial to create an environment that respects and honors the fact that each person may come to the group with a different set of religious beliefs and experiences, even within shared religious traditions. Emphasize the importance of diversity of thought and each person's right to decide which religion, values or beliefs feel true and authentic to them. All viewpoints are welcome so long as they are communicated respectfully.

For a more in-depth activity on the links between religion and abortion stigma, see Activity 3D: When religion is weaponized to fuel abortion stigma.

TIME:

45 minutes

GOALS:

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

- Articulate their feelings and views on abortion;
- Identify diverse views among participants;
- Identify the ways that religion and religious leaders can amplify and/or reduce the impact of abortion stigma in our communities;

- Describe how stigma affects individual and social views and reactions to abortion;
- Understand how people from varying religious backgrounds can have different opinions about abortion.

MATERIALS AND PREPARATION:

- Use masking tape to make a long line on the floor.
- Prepare to address the question, 'Is abortion a sin?' by reviewing the information below.
- Review the statements. Choose no more than **eight** that best apply to the group.

IS ABORTION A SIN?

Before facilitating this activity, be prepared to address the question, "Is abortion a sin?" Here are some ideas to help you organize your thoughts:

Due to the wide range of interpretations of various religious texts, religious leaders, religious scholars and people of faith have different opinions about the answer to this question. We believe that people should determine for themselves how to think of abortion within their own set of religious beliefs. In doing so, it is important to respect that people of the same or different religious beliefs may disagree, but that all people deserve compassion and respect.

People of faith have abortions. But because of how vocally some religious leaders and communities oppose abortion, people of faith who have abortions often keep this a secret.

When considering for yourself how to think about abortion within your own set of religious beliefs, we encourage you to think about how you and/or your community are called to extend compassion and respect to people who might make a different decision than you would.

What we know for sure is that stigma and discrimination do not lead to fewer abortions—they simply drive abortion underground, which makes it less safe. This can lead to negative consequences for our communities, including our religious communities.

Some religious leaders and people of faith have been known to help women, girls and trans people access safe abortion care. They believe it is wrong to judge others, and they want to help people live full, healthy lives.

STATEMENTS

Pre-select up to eight statements. We strongly recommend always including statements #6 and either #11 or #12, or some version of positive support that you believe most participants will agree with. It is often powerful to see that no matter how diverse our opinions about abortion may be, many people in the room will know someone who has had an abortion. It is also helpful to end on a critical mass of supportive common ground.

Cross the line if:

- 1. In your faith community, you were raised to believe abortion should not be openly discussed.
- 2. You believe abortion is a sin.
- 3. You believe that someone who has had an abortion should not be allowed to enter the church/temple/mosque/place of worship.
- 4. Your religious/faith tradition promotes compassion for people who choose to have an abortion.
- 5. You feel comfortable discussing the topic of abortion in your faith community.
- 6. You know someone of your faith who has had an abortion.
- 7. You have heard a religious leader condemn people who have had abortions.
- 8. You have heard people who have abortions, or health workers who perform abortions, called "baby killers" by someone in your faith community.
- 9. According to your religion, it is acceptable to get an abortion if the pregnant person was raped.
- 10. According to your religion, it is acceptable to get an abortion early in a pregnancy.
- 11. Your faith compels you to believe that people who have had abortions should not be discriminated against.
- 12. Your faith compels you to believe everyone deserves access to safe, high-quality medical care, inclusive of abortion.

FACILITATION STEPS:

- 1. Introduce the activity (3 minutes): This activity is about exploring how our values influence the way we view and treat others. It is not meant to be about right or wrong. It is about reflecting on how we experience life from our own viewpoint and lived experiences.
- 2. Explain the activity (3 minutes): Stand in a line facing the front of the room. I will read a series of statements. Take one big step forward to cross the line when a statement applies to your beliefs or experiences. There is no in-between, which means you must either stay still or take one step forward. There are no right or wrong answers. Please don't talk during the activity unless you need clarification. Remember to respect each other's opinions.

Stand at one end of the line and give an **easy practice** statement, such as *Step forward if you have siblings.* Then ask everyone to step back to start the game.

- **3. Read the first statement (3 minutes):** Once some people have stepped forward, invite participants to observe who moved and who did not, or describe how many moved and how many stayed still. Invite participants to notice how it feels to be where they are. Ask if someone who stepped forward, and then someone who did not, wants to explain their response to the statement. If someone is the only person who did or did not move, ask what it feels like to be the only one on that side.
- 4. Continue (25 minutes): After each statement, ask all participants to step back before you read the next statement. Repeat this until you have read all the statements.
- **5. Processing (8 minutes):** After the statements are read, ask participants to take their seats. Discuss the experience. Some discussion questions may include:
 - How did you feel about the activity?
 - How do our experiences and beliefs affect the way we think about abortion?
 - Were there times when you felt tempted to move with the majority of the group? Did you move or not? How did that feel?
 - What does this activity teach us about the stigma surrounding abortion?

6. Summarize (3 minutes):

Key summary messages

- There are a range of experiences and beliefs around abortion in this room, just as there are in our communities. One of the first steps in addressing stigma is to have an awareness of how these experiences and beliefs develop, how they can be stigmatizing and how they can be used to judge others who may be different from us.
- We can learn to simultaneously hold true to our opinions and beliefs about abortion while respecting others' ability to hold true to theirs.
- Religion and religious leaders sometimes play a role in amplifying abortion stigma, but they can also play powerful roles in decreasing the effects of abortion stigma.

3B: LANGUAGE AND STIGMA: THINGS PEOPLE SAY

[Adapted from Understanding and challenging HIV stigma: Toolkit for action, by R. Kidd and S. Clay, 2003.]

FACILITATOR NOTES

The language we use is not neutral. It has power and communicates a world view, whether we are conscious of it or not. Some of our most commonly used words and phrases may be harmful to others and fuel stigma, despite our intentions. Because abortion and reproductive health are frequently stigmatized, it can be helpful to examine the hidden meanings of common terms we use when talking about women, girls and trans people, reproductive health and abortion.

In this activity, we will examine commonly used words and phrases related to reproductive health and consider how they may be rooted in stigmatizing attitudes or contribute to abortion stigma. We will explore how we can act by holding ourselves and others accountable for using accurate language—terms that are either positive or neutral—and how we can replace stigmatizing words with less stigmatizing words. The goal of this exercise is not necessarily to find the right words, but to build a consistent practice of thinking about the words we use. Effective stigma-reduction strategies are mindful of the power dynamics that our own language conveys.

TIME:

55 minutes

GOALS:

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

- Begin—or strengthen—a practice of reflecting on the impact of commonly used abortion-related words and phrases;
- Explore the role that language plays in creating and perpetuating abortion stigma;
- Identify ways in which they can begin to challenge and change both their own and others' language as a way of reducing abortion stigma.

MATERIALS AND PREPARATION:

- Familiarize yourself with *How to talk about abortion: A guide to rights-based messaging* from International Planned Parenthood Federation, focusing on the table on pages 15-16. If you have access to a printer, print those pages so you can reference them during the activity.
- Choose three to five words/phrases below (more if you have a large group) that relate to your group, selecting those that you often hear in your context. If needed, add your own options to the list. Consider which ones will help your group

reach the goals of this activity and include some that may make participants feel uncomfortable. We have highlighted in **bold** three options that we recommend including.

- o Abort a child
- o Abortion is illegal
- o Abortionist

• Baby/Dead fetus/Unborn baby/Unborn child

- o Conscientious objector
- o Female feticide/Gendercide/Aborting girls
- o Get rid of
- o Keep the baby/Keep the child
- o Mother/Father/Parent
- o Partial birth abortion
- o Prevent abortion/Reduce the number of abortions
- o Pro-life
- o Promote abortion
- Repeat abortion/Multiple abortion
- o Late-term abortion
- o Illegal abortion, when we mean unsafe abortion (and vice versa)
- o Unwanted pregnancy, when we mean unintended or unplanned pregnancy
- Write each selected phrase at the top of separate flipchart sheets and hang them around the room. On one flipchart in the front of the room, write the following questions:
 - o Reflect: Where have you heard this word/phrase? How has it been used? How did you feel when you heard it?
 - o How might this word/phrase contribute to abortion stigma?
 - o Are there words/phrases we can use to replace this one?

FACILITATION STEPS:

- 1. Introduce the activity (3 minutes): The language we use can be very powerful. Sometimes language can lift us up and encourage us, but it can also be used to stigmatize and stereotype individuals and groups. In this activity, we are going to take a closer look at the language we use to discuss abortion. Our goal is to understand how the words and phrases we hear—and may use—can contribute to abortion stigma. Once we have reflected, we'll think about how we can act.
- 2. Small group discussions (15 minutes): Have participants separate into as many groups as words/phrases you have chosen using a group splitter (for example, if you have chosen four phrases, have them separate into four groups). Then explain the instructions for the activity.

To begin, please separate into small groups. Before you get started, select a person who will be the recorder for your group. Then, as a group, reflect on the word or phrase at the top of your flipchart. Use the questions written on the flipchart at the front of the room to help guide your discussion. I will let you know when to move on to the next question.

After five minutes have passed, encourage them to move on to the next question. After 10 minutes have passed, they should move on to the final question. After 15 minutes have passed, move on to Step #3.

3. Report back (10 minutes): Please come back to the circle. Will one person from each group report back on what you discussed in your small group?

Be sure each presenter discusses the feelings the word/phrase evokes. If they leave this part out, ask them: *Did your group discuss how this word/phrase made you feel?*

Give each group two to three minutes to report back. Use *How to talk about abortion: A guide to rights-based messaging* to help guide the conversation and fill in the gaps if anything has been left out.

- **4. Reflect (12 minutes):** Reflect on the words and phrases that you heard. Let's discuss as a group:
 - What did you notice from this activity?
 - What language made you most uncomfortable and why?
 - What happens when language like this is used regularly?
 - What are we learning about stigma and language?
- 5. Ideas for action (12 minutes): While reflecting on our language is essential and we all should have a regular practice of doing so—it is important to think about what we can **do** about the existence of these words and phrases in our wider culture. Let's begin to think about action. Pair up and discuss: How can we empathetically hold ourselves and others accountable for the language we are using? The key word here is empathy. How can we challenge ourselves and others, but do so with an understanding and compassionate heart?

After five minutes, bring the group back to the full circle and take one idea from each pair. If there is time, take questions from the group.

6. Summarize (3 minutes):

Key summary messages

- The language we use can be very powerful. It can have a positive effect, but it can also lead to negative consequences and contribute to abortion stigma.
- We can practice thinking about the words we use and the words we hear. We can also practice challenging the words and phrases that perpetuate abortion stigma and begin to think about other words and phrases to use instead.

3C CORE: CULTURAL BELIEFS AND PRACTICES: KEEP THE BEST, CHANGE THE REST!

FACILITATOR NOTES

Culture and tradition have a strong influence on our environment. Culture determines if abortion stigma thrives. The more we understand our own context, the more we can sway the attitudes and values that fuel abortion stigma.

This activity explores the broad cultural context in which abortion stigma exists. Some cultural practices and traditions worsen negative attitudes toward abortion, while others focus on the positive aspects of supporting access to safe abortion information and care. Sometimes, people believe some things should be stigmatized. For example, many cultures value women more highly if they are mothers; women are viewed as failures if they cannot—or choose not to—have children. In this context, abortion is seen as preventing motherhood, and abortion stigma reinforces gender norms about motherhood.

Cultures change over time. They are always in flux. Now that many of us get information online and through other new media sources, we're exposed to many different points of view. People in many settings are becoming aware of the need for change around issues like gender-based violence, the right to decide whether to have children, LGBTIQ rights, child marriage and education for girls. An essential part of the struggle for gender equality is realizing and protecting the sexual and reproductive health and rights of women, girls, and trans people, young and old.

As we challenge abortion stigma, we can learn lessons from other movements. The HIV epidemic has highlighted the need for access to comprehensive sexual and reproductive health services. Successful prevention strategies have included working with traditional leaders and cultural gatekeepers. Those strategies have helped identify appropriate ways of discussing previously taboo subjects and ensuring widespread access to accurate information.

One of this activity's final steps is for participants to give an inauguration speech as the country's leader. As the facilitator, keep this lighthearted, but also use it to focus the group on the most urgent changes that need to happen.

TIME:

1 hour 10 minutes

GOALS:

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

- Identify cultural beliefs and practices that blame and shame people and cause stigma around abortion;
- Identify cultural beliefs that can support action to stop abortion stigma.

MATERIALS AND PREPARATION:

- Write "what is culture?" and "what is tradition?" on a flipchart.
- Read through these definitions of "culture" and "tradition" (below) to ensure you can explain them clearly. Then write them on flipcharts.
- Think of some examples of positive cultural changes you've witnessed or heard about that may help the group in the reflection. For example: an increase in the number of girls going to school; the Black Lives Matter movement in the United States; the fall of apartheid in South Africa.

WHAT IS CULTURE?

Culture is a way of life. It is the sum of attitudes, customs and beliefs that distinguishes a group of people. We spread culture through our language, objects, institutions, art and more. We express it in different ways, including how we dress, what we eat and how we relate to others. Culture changes all the time.

WHAT IS TRADITION?

Traditions are the practices and beliefs that we pass down from one generation to another. Those practices and beliefs have a symbolic meaning and special significance to our culture. Traditions persist for thousands of years. They also evolve over time.

FACILITATION STEPS:

- 1. Introduce the activity (3 minutes): In this activity, we will explore which aspects of our culture and traditions make abortion stigma worse. We'll also look for aspects of our culture and traditions that can support changes in attitudes about abortion and help to reduce stigma. We will start by considering the words "culture" and "tradition."
- 2. Culture and tradition (8 minutes): Divide participants into two groups. Put the questions on the wall and read them out loud:
 - **Group 1:** What is culture? Who defines our culture? What is the difference between culture and tradition?
 - **Group 2:** What is tradition? Where do we learn about our traditions? What is the difference between culture and tradition?
- **3. Report back (5 minutes):** Put the definitions of "culture" and "tradition" on the wall and read them out loud. Ask each group to report back on their questions.
- **4.** Reflection (9 minutes): Now spend a few moments reflecting silently about a positive cultural change you've witnessed during your lifetime. Then find a partner and share your example. Give your own example of a positive cultural change, if they need help thinking of one. Finally, take a few examples from the group.

5. Inauguration Speech (30 minutes): Divide participants into three groups. Give the groups this task: Imagine you have been made leader of the country for a day. You have the power to change the harmful cultural traditions and practices that fuel abortion stigma. As a group, develop a three-minute inauguration speech. Outline the cultural changes you want to see happen during your presidency. Also highlight the positive cultural practices that are helping to make abortion more acceptable. Ask the people of your country to spread these practices across the land. Finally, choose one person from your group to deliver the speech to the entire group. Make sure the rest of the group cheers in the right places!

To help ensure high-quality, productive speeches, write the following tips on a flipchart or PowerPoint slide:

Tip #1: Think of one positive cultural change you've seen that can be used to help prompt change on the topic of abortion.

Tip #2: Identify your main "call to action" in your speech.

Tip #3: List three good reasons why people should change and/or three positive outcomes that would result from this change.

Tip #4: Address at least one counterargument and show why it is inaccurate, flawed or wrong.

Tip #5: At the end of your speech, summarize your call to action in an inspiring way. When presenting your speech, speak passionately to help make your call to action effective.

Allow 10-15 minutes for this task. Then ask each speaker to deliver their speech. After listening to all the speeches, ask the group which person they would vote for and why.

6. Processing (12 minutes): (1-2-4-All)

- Ask participants to think about what they have learned about how culture and tradition relate to abortion stigma (1 minute);
- Then ask them to pair up and share their thoughts (2 minutes);
- Ask each pair to join another pair and pick three key points to share with the full group (4 minutes);
- Ask each group to share their key points with the full circle (5 minutes).

7. Summarize (3 minutes): Highlight the points from the processing section, plus these key summary messages:

Key summary messages

- Culture and tradition affect whether stigma toward abortion thrives or dies out. The more we understand our own communities and society, the more influence we can have on people's attitudes and values.
- Some people promote acceptance of abortion and women's, girls' and trans people's right to control their bodies. We can help support these attitudes and make sure acceptance of abortion—rather than stigmatization—becomes the new norm.

3D: WHEN RELIGION IS WEAPONIZED TO FUEL ABORTION STIGMA

FACILITATOR NOTES

Religion can have a powerful influence on people's beliefs and actions. When people face difficult situations, they many turn to their faith communities for support and look to religious leaders for guidance on the teachings of their faith.

Cultural beliefs around sexual and reproductive health, and particularly abortion, are often highly influenced by religion. While many faiths and religions hold a diverse range of perspectives on these issues, religion is frequently weaponized to fuel abortion stigma, patriarchy and chauvinistic nationalism. Conservative interpretations of religious texts are used to promote and perpetuate ideas of male dominance, traditional gender roles and ultimately, inequality between women and men.

Conservative and patriarchal religious interpretations promote an ideal for women as nurturers and mothers, and condemn behaviors that do not fit this ideal, including having sex for pleasure, having sex outside of marriage, and abortion. While these conservative interpretations may be the dominant voice in many contexts, we must recognize that people of faith and religious leaders have beliefs that may be more accepting. Sometimes it is hard for people to share their beliefs openly when they contradict with the dominant or more visible discourse.

While it is common to hear religious leaders condemn abortion, there are many religious leaders who have devoted their lives to helping people access safe abortion, fighting abortion stigma and providing alternative interpretations of religious texts.

This activity helps participants explore the link between religious teachings and abortion stigma. It looks at how religious leaders can play a role in creating acceptance and reducing abortion stigma. If you are looking for a more introductory-level activity related to the links between religion and abortion stigma, please see Activity 3A: Religion and Abortion: Cross the Line.

As a facilitator, make sure you understand the links between some religious beliefs and abortion stigma, and work toward establishing those links in this activity. Create an environment that respects the fact that each person may come to the group with a different set of religious beliefs and experiences. Reiterate that we are a group that values diversity of thought and respects each person's human right to decide what religion, values or beliefs feel true.

TIME:

1 hour

GOALS:

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

- Identify the links between conservative religious forces and abortion stigma;
- Understand how people sometimes use religion to judge others, particularly women and trans people;
- Identify different ways people can tackle abortion stigma in a religious context.

MATERIALS AND PREPARATION:

- Write these five roleplay scenarios onto flipchart sheets and post them around the room.
 - A respected religious leader brings up the topic of abortion in his sermon. Instead of condemning people who get abortions, he talks about how terrible it is that members of the community are dying from unsafe abortions, and that being pro-life means supporting access to the health services that people need.
 - o A women's group at a place of worship tells one of its members that she can no longer belong to the group. They say they heard that she helped another woman have an abortion and they need to protect their image.
 - o A young girl becomes pregnant after being raped by her uncle. Her mother is inconsolable and approaches a trusted religious leader to seek advice on what to do. The mother is surprised when the religious leader brings up abortion as a possible option.
 - o A very religious family disowns their teenage daughter when they discover she had an abortion. The father is worried about the family's honor and his relationship with the religious elders.
 - A university student realizes she is pregnant and travels to another town to get an abortion because she doesn't want to be seen in the local health clinic. When she arrives to the neighboring clinic, she is scared because she sees members of her church/temple/mosque protesting abortion outside the entrance.

FACILITATION STEPS:

1. Introduce the activity (2 minutes): Religion can have a powerful influence on people's beliefs and actions and it plays an important role in many communities. Religious leaders can unite people and they are often highly trusted members of a community. Sometimes, however, this power—along with conservative interpretations of religious texts—is used to divide us. While these conservative interpretations may be a dominant voice in many contexts, we must recognize that many people of faith and religious leaders themselves can hold beliefs that are more accepting.

This activity examines how some religious leaders have used religious teachings to spread abortion stigma, while others work to reduce stigma against women, girls and trans people, including abortion stigma. We will explore how we can use religion to bring forth unity, love and support for people who are going through difficult times. We will start by exploring the issues through roleplay.

- **2.** Roleplays (10 minutes): Divide participants into small groups and give each group a scenario. Read the scenario out loud for each group. Ask groups to prepare a three-minute roleplay to demonstrate their scenario.
- **3. Report back (20 minutes):** Bring the group together to watch the roleplays. After each one, check participants' reactions and understanding. Ask: What did we see in this roleplay? What effect does this reaction have on individuals and families? Take a few responses.
- **4. Buzz and brainstorm (8 minutes):** Ask participants to discuss with the person next to them:
 - Have you seen someone being **stigmatized** by members of your religion because of abortion?
 - Have you seen someone being **supported** by members of your religion during their abortion experience?

Back in the full group, take one point on each question from each pair.

5. Positive counter messages and teachings (8 minutes): Now we're going to split into small groups. I want you to think of messages or teachings from your religion or faith practice, or another that you know of, that can help demonstrate support for abortion access or counter abortion stigma. For example, many religious faiths have teachings on love, respect and/or acceptance.

Each person in the group is responsible for remembering one of the messages. Back in the full circle, ask each person to say one positive counter teaching or message and how it can be used to combat abortion stigma.

6. 1-2-4-All: Action (10 minutes): Ask participants to discuss: How can you imagine using these positive counter messages to counteract abortion stigma in the religious contexts you work or live in?

7. Summarize (2 minutes):

Key summary messages

- Many people turn to religion for support and comfort during difficult times. If we work with religious leaders to raise awareness about the importance of access to safe abortion and the dangers of unsafe abortion, they may be less likely to think or talk negatively about people who have abortions.
- Religious leaders can play an important role in teaching acceptance and love and counteracting the weaponization of religion to attack women, girls and trans people. Working with religious leaders to decrease abortion stigma is crucial. They can encourage faith communities to have open dialogue about abortion, without shame or blame. They can also help build greater understanding about the harms abortion stigma can cause.

KEY RESOURCES

Abortion attitude transformation: A values clarification toolkit for global audiences (Turner et al, 2014)

Abortion stigma around the world: A qualitative synthesis (inroads, 2016)

How to talk about abortion: A guide to rights-based messaging (International Planned Parenthood Federation, 2015)

Developing a scale to measure stigmatizing attitudes and beliefs about women who have abortions: Results from Ghana and Zambia (Shellenberg, Hessini, and Levand-owski, 2014)

Partnership note: On faith-based organizations, local faith communities and faith leaders (UNHCR, 2014)

Faith, gender & sexuality: A toolkit (Institute of Development Studies)

Muslims' perspectives on key reproductive and sexual health issues (Africa Regional Sexuality Resource Centre)

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Kidd, R., & Clay, S. (2003). Understanding and challenging HIV stigma: Toolkit for action. CHANGE Project. International Center for Research on Women. Retrieved from https://www.icrw.org/wp-content/uploads/2016/10/Understanding-and-Challenging-HIV-Stigma-Toolkit-for-Action.pdf

Turner, K. L., & Chapman Page, K. (2011). Abortion attitude transformation: A values clarification toolkit for global audiences (Second ed.). Chapel Hill, NC: Ipas.

Abortion stigma ends here: A toolkit for understanding and action

STANDING IN EACH OTHER'S SHOES: MODULE HOW WE ARE ALL AFFECTED BY ABORTION STIGMA

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INTRODUCTION

We stigmatize people by separating or dividing them. That division creates groups of "them" (those who we shame or blame, for whatever reason) and "us" (those who we see as free from shame or blame) (Link & Phelan, 2001).

In this module, we will explore the effects of stigma in more depth and focus on its personal impact. Abortion stigma affects a person's confidence, trust, self-esteem and emotional well-being, and the aim of this module is to give abortion stigma a human face.

These activities aim to break down the "us vs. them" dynamic. They help build empathy and greater understanding around abortion issues. Participants will realize that everyone is affected by abortion stigma, including them. They will also see how complex the decision-making process is for some people seeking abortion. The activities will help participants analyze the impact of stigma on people's relationships with their partners, family members, friends and coworkers.

Your Module 4 goals as a facilitator

- To support participants in realizing that everyone is affected by abortion stigma, including them;
- To help participants see the importance of developing and expressing empathy for people affected by abortion stigma.

ACTIVITIES AT A GLANCE

ACTIVITY NUMBER	NAME	PURPOSE FOR PARTICIPANTS	TYPE OF ACTIVITY	ACTIVITY LEVEL
4A	Humanizing our abortion stories	Humanize people who have had abortions Examine the ways in which abortion stigma occurs in each person's abortion story Use their own cultural and/or religious values to promote respect for people who have had abortions	Watch two to three videos of women sharing their own abortion stories Discussion using 1-2-4-All	Introductory
4B	What would you do? VCAT activity	Express empathy for the challenges people with unintended pregnancies face in countries with different laws Identify challenges related to safe abortion services in countries with different laws Describe strategies to facilitate access to safe abortion services	Group discussion of case studies about abortion stigma in countries with different legal environments Discussion using 2-4-All	Advanced
4C CORE	Secrecy, silence and stigma	Identify the reasons many people don't talk about their abortions Understand the impact of silence on emotional well- being Learn ways to break the silence around abortion	Buzz and brainstorm reasons people don't talk about abortion Small group discussion of the effects of silence 1-2-4-All processing of roles they can play personally to support women, girls and trans people	Introductory
4D	Men's experiences of abortion stigma	See the roles men play in making abortion stigma better or worse Understand how abortion stigma affects and involves men Know how to include men in strategies for change	Discuss different ways abortion stigma affects men and how men contribute to abortion stigma Small groups using characters to explore men's experiences 1-2-4-All	Introductory

4A: HUMANIZING OUR ABORTION STORIES

FACILITATOR NOTES

Worldwide, an estimated 56 million abortions occur every year (Guttmacher Institute, 2018). Often, people feel scared to tell others about their abortion is for fear of being judged or harmed. But it can be powerful to hear a person's abortion story. This kind of storytelling can help us gain empathy and compassion for people who have had abortions and counteract the misperception that abortion is rare—in fact, 35 out of every 1,000 women of reproductive age globally will have an abortion in her lifetime (Guttmacher Institute, 2018). Deepening our understanding of and compassion toward the diverse range of people who have had abortions helps to fight abortion stigma.

It is common for our beliefs about abortion to come from messages we have heard within our culture or our religion. These messages are usually deeply personal and can have a strong impact on our attitudes and behaviors. But sometimes we receive conflicting messages. For example, our culture may teach us to be against abortion but to love others.

This activity shifts the conversation about abortion from a theoretical one to a more experiential, humanizing dialogue. Participants will be learn to empathize with people who have had abortions and hopefully will be able to relate to some of their experiences and stories. By watching people tell their stories, we can begin to recognize how abortion stigma is present in each story. The subsequent discussion will prompt participants to reflect on the messages they've received from their own cultures or religions. They will be encouraged to use these messages to promote respect for people who have had abortions.

This activity can be used to facilitate discussions at all levels, from introductory to advanced. Many of the videos have English subtitles. For low literacy audiences or groups that include people with less experience reading in English, it may be helpful to read the subtitles out loud.

TIME:

45 minutes

GOALS:

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

- Humanize people who have had abortions;
- Examine the ways in which abortion stigma occurs in each person's abortion story;
- Use their own cultural and/or religious values to promote respect for people who have had abortions.

MATERIALS AND PREPARATION:

• Watch the videos from the collection below and choose two or three that work for your group.

Videos with English subtitles:

- o Cameroon (3:29)
- o India (3:18)
- o Uruguay (3:09)
- o France (3:23)
- o Argentina (6:38)

Videos in Spanish (with no subtitles):

o Argentina (varied length)

Videos in English (with no subtitles):

- o United States (1:54)
- o United States (1:45)
- Download the videos if you will not have access to high-quality internet during the workshop.
- Ask the workshop venue if they have a projector—and the appropriate connection cords—that you can use to project videos on the wall. If this isn't possible, ensure that participants can see your computer screen.
- Check the sound ahead of time. It may be helpful to bring external speakers to plug into your computer.
- Write the following discussion questions on a PowerPoint slide or flipchart paper:
 - o What stood out to you from the videos?
 - o When did each person experience abortion stigma? What was its impact?
 - Which values or teachings exist in your religion or culture that you could use to promote respect for people who have had abortions?

FACILITATION STEPS:

- 1. Introduce the activity (2 minutes): In this activity, we're going to watch videos featuring people sharing their abortion stories. After, we will discuss the videos in small groups and then as a large group. You will notice that each person who shares their story experienced abortion stigma throughout the process of seeking an abortion. As you're watching, think about how you might relate to or have compassion for the people in the videos.
- 2. Videos (12 minutes): Play the videos for the full group.

3. 1-2-4-All report back (25 minutes):

- '1' (2 minutes): Ask participants to spend a couple minutes reflecting on the discussion questions.
- '2' (4 minutes): Ask each person to pair up with someone else and share their thoughts on the videos.
- '4' (4 minutes): Ask each pair to join another pair, discuss the videos and then choose two points to share with the full group.
- 'All' (15 minutes): Bring everyone back to a semi-circle and ask one participant from each group to share two key points from their analysis.
- 4. Summarize (6 minutes):

Key summary messages

- All people are deserving of compassion. Even when we disagree with others, we can acknowledge their humanity by not stigmatizing them for their decisions.
- Our cultural and religious values often teach us to love, respect and support others. We can extend these teachings to other areas of our lives. In this case, we can choose to love, respect and support people's abortion decisions, whether we agree with them or not.

4B: WHAT WOULD YOU DO? VCAT ACTIVITY

[Adapted from Abortion attitude transformation: A values clarification toolkit for global audiences, by K.L. Turner and K. Chapman Page, 2011.]

FACILITATOR NOTES

Many countries have social and legal climates that limit access to pregnancyand abortion-related information and health care. In some countries with liberal abortion laws, social stigma and other barriers continue to prevent access to safe abortion care. In legally restrictive settings, safe abortion information and care are driven underground, reinforcing stigma and misinformation. Understanding the ways that stigma and the legal environment operate together allows us to better advocate for greater access to abortion services.

This activity encourages participants to deepen their empathy for women's, girls' and trans people's options and circumstances in a variety of legal climates. It is appropriate for participants from the same country or from multiple countries. Since laws change, the countries are not named, but they are in three groups based on the legal status of abortion in each country:

- Completely prohibited
- Some restrictions
- Few restrictions

TIME:

50 minutes

GOALS:

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

- Describe some of the ways in which abortion stigma and the legal climate interact;
- Express empathy for the challenges women, girls and trans people with unintended or unwanted pregnancies face in a variety of legal contexts;
- Identify challenges related to safe abortion services in countries with different laws;
- Describe strategies to facilitate access to safe abortion services across different legal contexts.

MATERIALS AND PREPARATION:

• Research your own country's legal framework on abortion. Make sure you have a clear understanding of your country's abortion law. Have the information available during the activity in case people have questions. Be sure to use credible sources, such as the ones below:

- o World Health Organization global abortion policies database
- o Center for Reproductive Rights: The world's abortion laws 2018
- Choose which case studies you will use—you will need about one for every five participants. If you are not using all the case studies, be sure to include at least one from each group.

CASE STUDIES:

MARIA

Country: Completely prohibited

Maria is 11 years old. She lives in a small city with her widowed mother and her two younger brothers. Maria's mother struggles to work and care for her three children, and she depends greatly on Maria's help.

One afternoon, on her way to the corner store, a man pulled Maria into a passage behind the buildings and raped her. Maria was afraid of being punished for leaving her house without permission, so she didn't tell anyone what had happened.

Nearly two months later, Maria became weak. She complained of feeling unwell. Her mother took her to the doctor. The doctor informed them that Maria was pregnant and suffering from a sexually transmitted infection.

While the infection could be cured with antibiotics, the doctor told Maria's mother that no doctor in the country would agree to terminate the pregnancy. "It is God's will," he said. "And she is a healthy girl."

SONIA

Country: Completely prohibited

Sonia is a poor single mother. She lives with her parents and young son in a tworoom house in a city slum. She works long hours while her parents watch her child.

When her period is late, Sonia panics. She fears the worst and is filled with despair. She has no intention of marrying the man who got her pregnant. She knows if her parents find out, they will chase her away. For the sake of her son, she can't afford to lose the financial and emotional support her mother provides.

But she is terrified to have an abortion. She heard from a coworker about a woman who sought treatment for a complication from an illegal abortion. A police officer handcuffed the woman to her bed and later took her to jail.

SYLVIA

Country: Completely prohibited

Last year, Sylvia was finishing her studies at a university. A good friend told her she was pregnant and planned to seek an abortion. The next night, she found her friend bleeding and unconscious. Sylvia felt she had no choice but to take her friend to the hospital for treatment. She had no idea her friend would be harassed by the police and arrested for having an illegal abortion. The memory of that event has haunted her ever since.

Now Sylvia is living with her mother and siblings at home, because job opportunities are few and far between. She starts dating a new boyfriend and gets pregnant. She does not want to keep the pregnancy, but after what happened to her friend, she is terrified to go for an abortion. She does not know where to go for help.

FATMATA

Country: Completely prohibited

Fatmata is 14 years old. When Fatmata was eight, her mother passed away. Her father sent her to live in a rural village with her aunt and uncle. According to Fatmata's father, he sent her away so she could continue to "learn the duties of a proper woman."

Fatmata endured years of sexual abuse from her uncle, who threatened her to keep her from telling anyone. Fatmata has just learned that she is pregnant. She cannot stand the idea of carrying her abusive uncle's child. She has also heard of women being publicly beaten for having a child outside marriage. She is scared that if she tells her auntie about the abuse, she will be thrown out of the family.

MARISOL

Country: Some restrictions

Marisol, aged 33, lives in a small village in the mountains. She and her husband, Miguel, are subsistence farmers. They struggle to support their five children, because they have little money and the economy is poor.

Marisol and Miguel want the best for their children, but they can barely afford to properly feed and clothe them. They have decided not to have any more children. Marisol has used contraception before, but it is not available at the village clinic. That means she must save enough money to travel to the nearest town to buy it. As a result, she is not always able to use contraceptives. Just before harvest season, Marisol discovers she is pregnant again.

ZANZELE

Country: Some restrictions

Zanzele is a 30-year-old woman. She is a newly single mother of two young children. Two months ago, Zanzele tested HIV positive. Her husband refused to take a test and left her, accusing her of cheating on him.

Zanzele has not told anyone about her HIV status. She is afraid of the widespread stigma against people living with HIV. Her husband has not provided any child support. The only way she has found to provide for her family is through commercial sex work.

Her only living relative, her elder auntie, looks after her children while she works. Zanzele just discovered that she is 10 weeks pregnant. She does not think she can support another child. Zanzele feels alone and scared.

AZIZA

Country: Some restrictions

Aziza and her husband have four children under the age of six. Two of them are seriously malnourished, and the youngest is suffering from diarrhea. They live in a community that has been devastated by drought. There is a health center in a nearby village and a district hospital an hour away, but few people can afford to pay for those services.

After discovering she is pregnant, Aziza is desperate for help. She knows there is no way she can provide for another child. And she cannot bear to see another child suffer.

LAKSHMI

Country: Some restrictions

Lakshmi works as a secretary at a large factory. Her husband of four years, Arun, was extremely charming during their courtship. But he started abusing her shortly after they married. They have been trying to have children ever since they married. Arun has become increasingly abusive. He berates and beats Lakshmi for not having children, and he has started raping her.

Arun has taken Lakshmi to several traditional healers for fertility treatment. He forced her to take some herbs, some of which made her very ill.

Lakshmi has slowly been gaining the courage to leave her husband. Her elder sister invited Lakshmi to live with her. Then Lakshmi discovers she is pregnant. She is scared. She is still injured from the beatings and sick from the herbs. She wants to leave her abusive husband, but she cannot support a child on her own.

ABENA

Country: Some restrictions

Abena dreams of becoming a doctor. She excels in school—in fact, she has earned the top grade in her class for the last two years. Recently, Abena's father lost his job. She had to leave school because he could not pay her school fees anymore.

She is heartbroken and desperate to return to school. She reluctantly agrees to sleep with a friend of her father's because he offers her money for school.

Abena returns to school, but within a few weeks she discovers she is pregnant. She learns from a friend about a concoction a local healer sells. It would end her pregnancy, but she knows it may not be safe. Abena is terrified. She does not know what to do.

HOPE

Country: Few restrictions

Hope is 17 years old. She is a senior at a Christian high school. She excels in her classes, and she is the captain of the softball team. She has been dating a boy in her class secretly because her parents disapprove of her dating.

When her period is nearly three weeks late, she takes a pregnancy test. The test confirms Hope's worst fears. She is ashamed to tell anyone that she is pregnant, especially her conservative parents.

When she looks online, she learns that the abortion law in her state requires a clinician to notify her parents before performing the abortion, unless she gets a judge's permission.

Hope worries that her dreams for the future are over.

ANICA

Country: Few restrictions

Anica and her three children are refugees. They were forced to leave their home and all their belongings in their home country. Anica's husband came to the capital city of their new country a year ago in search of work. The family has finally reunited with him there.

Before Anica and her children came to their new country, militia members attacked and raped her. Once she arrived, she became ill. She also suffers from terrifying nightmares. At a public clinic, she learns she is pregnant. She also learns she has a pelvic disease caused by a sexually transmitted infection.

Anica is terrified to tell her husband. She fears he won't believe she was raped and will throw her out of the house. She also worries that her previous abortions and her current infection will make it hard for her to get pregnant in the future.

HIEN

Country: Few restrictions

Hien is a vibrant young woman who just graduated from a teacher's training college in a large city. She is the only daughter of a poor rural couple and the only person in her family to get a formal education.

Hien is anxious to finally earn enough income to support her family and perhaps bring them to the city to live with her. She has a steady boyfriend from college. They are using contraceptives. Hien's periods have always been irregular. When she discovers she is pregnant, she is 14 weeks along.

Hien feels disappointed in herself. She wonders how this could have happened. She is worried her boyfriend won't marry her. Being pregnant and unmarried, she cannot face her parents.

• Write these questions on a flipchart:

Imagine that you are the person in your case study.

- o When you first find out you are pregnant, what thoughts and images go through your head?
- o What fears do you have?
- o Who do you tell about your pregnancy—your partner, your parents, other family members, nobody?
- o What kinds of information do you need? Where do you go for this information?
- o What do you think you will decide to do about the pregnancy?

- o If you decide to have an abortion, who might you approach to obtain it? Why would you approach them?
- What are the physical and emotional consequences of having an abortion in this setting?
- o How would you be afffected by abortion stigma in this context?
- o How would you reduce abortion stigma in this situation?
- Print one copy of each case study;
- Arrange chairs in small groups of four to six.

FACILITATION STEPS

- 1. Introduce the activity (4 minutes): Worldwide, unintended pregnancy is a major social and public health concern. A pregnancy is unintended when a person did not plan or want to be pregnant. Women, girls and trans people often face difficult circumstances when dealing with unintended pregnancies. This activity will give us a chance to explore these circumstances and discuss what we might do in such a situation.
- 2. Case studies (3 minutes): Divide participants into groups of four to six.

This activity will help us learn more about how hard it can be to access abortion services in countries with varying degrees of legal restrictions on abortion access. We'll explore how the legal context can affect how women, girls and trans people deal with an unintended pregnancy. Each group will get a case study that is about a different person. Your job is to put yourself in their situation, and then think about how you might feel and what you might do in their place. We have grouped the countries where they live according to the legal status of abortion in each country. Imagine some of the differences and similarities across these contexts:

- Countries where abortion is completely prohibited
- Countries where abortion is **available with some restrictions**
- Countries where abortion is **available with few restrictions**
- **3. Case study discussions (25 minutes):** Give each group a case study. Try to hand out a good balance of case studies from the three categories. Choose a facilitator for your group who feels comfortable reading out loud. Facilitators: Your job is to read aloud your case study and then the questions posted on the wall. Then facilitate a group discussion using the questions. You have about twenty minutes.
- 4. 2-4-All (15 minutes): Pair up with someone from a different group. Discuss what you learned from your case study discussion. Allow a few minutes. Next, join another pair and share your reflections with them. Allow a few minutes. Now everyone can come back to the full circle. For each group of four, share two points with the full group about how abortion stigma manifests in one of the legal contexts you discussed and ideas you had about how abortion stigma can be mitigated in that context.

5. Summarize (3 minutes):

Key summary messages

- Laws and social policies governing abortion affect women's, girls' and trans people's choices. They directly impact access to safe—versus unsafe—abortion care.
- In restrictive settings where abortion is completely prohibited, laws and policies drive and sustain abortion stigma and lead to an increase in unsafe abortion and harm. (If possible, include a specific, real example from your preparation.)
- In more moderately restrictive settings, abortion stigma can lead to overly restrictive interpretations of the law and barriers to care. (If possible, include a specific, real example from your preparation.)
- In more legally liberal settings, abortion stigma can also drive restrictions to care despite the enabling legal climate. (If possible, include a specific, real example from your preparation.)

4C CORE: SECRECY, SILENCE AND STIGMA

FACILITATOR NOTES

People who have abortions often choose not to talk about it: they see it as something private. Some go through the whole experience alone because they fear legal or social consequences, including being judged or treated negatively (Shellenberg, Moore, Bankole, Juarez, Omideyi, Palomino et al., 2011).

By keeping abortion experiences secret, women, girls and trans people protect themselves from stigma and harassment. They may also stay quiet for fear of being prosecuted. Sometimes silence is effectively protective at an individual level. However, abortion stigma drives social pressure to be silent about abortion to stay safe or in good standing with the community. At the individual level, staying silent means people who have abortions miss opportunities to receive support and reassurance, especially from others who have been through the same thing. At the societal level, silence about abortion fuels the myth that abortion is uncommon, only experienced by "other" people (Kumar, Hessini, & Mitchell, 2009).

This activity explores reasons why people can be secretive about their abortions and prompts participants to consider how to support them in sharing their experiences if they want to. The three roleplays show the negative effects of keeping silent about abortion.

This activity works best in a group that has at least some members who can read.

TIME:

45 minutes

GOALS:

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

- Identify the reasons many people don't talk about their abortions;
- Understand the impact silence can have on emotional well-being;
- Recognize the ways silence operates to reinforce and maintain abortion stigma;
- Know how to break the silence around abortion.

MATERIALS AND PREPARATION:

• Make one copy of each roleplay scenario.

ROLEPLAY #1 (5 PLAYERS)

Gift is 18 years old. She is studying law at the local college. She lives with her mother and three siblings. Gift recently had an abortion. She had only known her boyfriend a few months, and she knew she was not ready to have a baby. She did not tell her boyfriend. They split up a few weeks later.

Gift went to a clinic on the other side of town so that she would not meet anyone she knew. She has not told anyone about the abortion and is becoming more and more withdrawn. Sometimes Gift gets angry and shouts at her younger siblings. Mostly she is just quiet.

Her mother is worried about her. She tries to ask her what is wrong.

Her older sister feels impatient with Gift because she no longer spends time with her. They used to be close.

Her younger brother misses the way Gift used to play with him. Now she always says she is busy.

Her younger sister has seen Gift crying in her bedroom. She knows that Gift is upset about something.

ROLEPLAY #2 (2 PLAYERS)

Aisha is in her thirties. She has been married to Sam for seven years. For the last three years, they have been trying to have children. Aisha is feeling tired and sad all the time. She is wondering if she will ever get pregnant.

Aisha keeps thinking about the abortion she had when she was 15 years old. It is something she never talks about. She has never told Sam.

She decides to tell him, because she wants to go to the clinic to make sure the abortion is not the reason she is having a hard time getting pregnant.

Sam is married to Aisha. He is hoping they will start a family soon. When Aisha tells him about the abortion she had when she was young, he feels angry. He shouts at her. He is angry that she never told him. He is also angry because he does not believe in abortion. He even shouts that maybe they have been cursed because of what she did.

ROLEPLAY #3 (2 PLAYERS)

Joyce is 42 years old. She is married with one child. Currently, Joyce is taking care of her ailing mother. Joyce knows that her mother does not have long to live. Joyce wants to tell her about the abortion she had when she was 17. Her mother has strong religious values, and Joyce has always wondered what she would say.

When Joyce was 16, her close friend's family chased the friend away because she had an abortion. When Joyce had her abortion a year later, she was terrified the same thing could happen to her.

But now that her mother is dying, she does not want there to be any secrets between them.

Eva, Joyce's mother, is sick. The doctor told her she will not live much longer. Joyce is taking care of Eva at home. Eva has been thinking a lot about the past. She has been talking to Joyce about old memories.

Joyce tells Eva she wants to share something that happened a long time ago. She tells Eva about her abortion. Eva accepts what happened. She feels sad that Joyce never told her. She also regrets that her daughter had to go through the experience alone. She is very supportive.

FACILITATION STEPS:

- 1. Introduction (3 minutes): In this activity, we'll explore some of the reasons we don't talk about abortion. Abortion stigma affects women, girls and trans people in many ways. The fear of being stigmatized can lead to secrecy, silence and shame. That silence can lead to negative feelings, delayed care and unsafe abortions, which can all be dangerous and even life threatening.
- 2. Buzz and brainstorm (8 minutes): Find a partner and discuss this question: What are some of the reasons why people who have had an abortion might not tell anyone? Allow a few minutes to pass before bringing everyone together. Share the reasons you and your partner came up with. Probe further if there are not many responses or the responses seem unclear.
- **3. Preparation for roleplays (8 minutes):** Divide participants into three groups. Each group will have five minutes to develop a short roleplay based on the scenario we give you. Not everyone will be in the roleplay, but the group members can help the actors. Give each group a scenario to discuss. Can someone in each group read the scenario out loud? If no one in your group feels comfortable reading out loud, let me know and I'll come help you.
- **4.** Roleplays (10 minutes): We will present the roleplays one after the other. We'll have our discussion after the last one. Who would like to go first? At this point, allow each group to present their roleplays.
- 5. Processing (What, So What, Now What) (12 minutes):
 - Ask the group: What happened in the roleplays? Take answers from several participants.

- Ask participants to buzz with a partner: What did we learn about silence and disclosure from the roleplays? Take one answer from each pair.
- Ask the group: What role can we play in supporting people who want to talk about their experiences of abortion? Take answers from several participants.
- 6. Summarize (3 minutes):

Key summary messages

- It is not true that people never talk about their abortions. They do share, carefully deciding who they can trust. They share to get support and to feel close to people they care about. But sometimes they avoid sharing to protect themselves from judgment and mistreatment. The fear of stigma keeps them silent.
- The silence surrounding abortion helps push abortion care to the social, medical and legal margins and perpetuates the myth that abortion is uncommon or only experienced by "deviant" women, girls and trans people. In fact, abortion is very common, whether it is legally restricted or not, among people across socio-economic levels, ethnicities and education levels.
- There must be more safe spaces for women, girls and trans people who have experienced abortion to share, be counseled and receive support.

4D: MEN'S EXPERIENCES OF ABORTION STIGMA

FACILITATOR NOTES

In fighting abortion stigma, it's important to understand the role that men play. Sometimes men make abortion stigma worse. Other times they help mitigate or get rid of it.

In many countries, men have a disproportionate amount of political power. That power often gives men in government the ability to control women's, girls' and trans people's access to abortion by making or changing laws. Men can also limit or expand access to abortion through their roles as religious leaders, traditional authorities, judges, employers, police officers, health-care providers, husbands and fathers. If we want to raise awareness about the need for safe and accessible abortion services, then we must include men in the dialogue. We especially need to reach men in positions of power.

As you are facilitating, remember to address both sides of men's experiences of abortion stigma. Talk about how men cause abortion stigma, but also about how some positive deviants reject abortion stigma and how we can encourage more of them to fight it. Remind participants that men have a special role to play in positively influencing other men to stop stigmatizing abortion.

TIME:

1 hour

GOALS:

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

- See the roles men play in making abortion stigma better or worse;
- Understand how abortion stigma affects and involves men;
- Know how to include men in strategies for change.

MATERIALS AND PREPARATION:

- Write the following messages on two flipcharts and post them on the wall:
 - o Ways abortion stigma affects men
 - o Ways men contribute to abortion stigma
- Make a photocopy of the male characters below and put them up around the room. You can also find and cut out pictures of different kinds of men, representing a variety of jobs and places in society, from newspapers and magazines found in your area.
- Write a brief description on the back of each character. Ensure a mix of men. For example:

- o Politician
- o Doctor
- o Boyfriend
- Write on a flipchart: How can we get men to help everyone understand the need for women's, girls' and trans people's access to safe, legal abortion?

















FACILITATION STEPS

- 1. Introduce the activity (2 minutes): This activity gives us a chance to unpack some of the ways men contribute to abortion stigma and explore how abortion stigma affects men. We'll explore ideas for reaching out to men and including them in change.
- 2. Brainstorm (10 minutes): Talk with the person next to you. One of you is going to name different ways abortion stigma affects men. The other will name different ways men contribute to abortion stigma. Give the pairs five minutes to discuss. Now come back to the full circle. Let's hear first from those of you who named the different ways abortion affects men. Take some comments. Now let's hear from those of you who named different ways men contribute to abortion stigma. Check understanding and clarify any points as needed.
- **3. Create characters (20 minutes):** Now we are going to explore men's experiences of abortion by creating some different characters. Form teams of two or three. With your team, choose one of the characters on the wall.

We will be asking a series of questions. Put yourselves in your character's shoes. Imagine how he would answer each question. Base your answers on people you have known or seen before. Make them as realistic as possible.

Read each question, allowing enough time for pairs to discuss the answers:

- o First, give your character a name.
- Now give him an age and decide on his family situation: Who does he stay with? Does he have a partner? Does he have children? Did he go to school? What kind of work does he do?
- Now let's see what some of his attitudes and beliefs are. What does he think about teenaged women who have a sexual partner? What about teenaged men?
- o Does he think young people should have sex education lessons in school?
- o How does he feel about contraception? Does he think it should be available to single people? Is it the man's or the woman's responsibility?
- o What does he think about abortion?
- o Would he know how to find out information about abortion?
- o Has he ever been involved in any decision-making around abortion? (Think about different levels: personal, family, community, at work, in government.)
- o Has he ever been emotionally affected by abortion?
- o Is there anything that might change his ideas about abortion?
- 4. Character mingling (15 minutes): Now take your character off the wall and walk around with your partner. Together, pretend to be your character. Introduce yourself as your character and mingle. Tell others about your character and find out about theirs. Ask questions that help you find out the different ways abortion stigma affects men and how men contribute to abortion stigma. Explore how your male character could influence other men to stop stigmatizing abortion.

- **5. 1-2-4-All discussion (10 minutes):** First reflect alone for a few minutes, and then, with a partner, consider this question: What did we learn about the role men play in abortion stigma? Allow a few minutes for private reflection, then let participants know when to find a partner. After a few more minutes: With your partner, join another pair. In your new group of four, decide on two ideas for involving men in helping everyone understand the need for women, girls, and trans people to have access to safe, legal abortion. Consider including at least one about how men can influence other men. After a few more minutes: Share your ideas with the full circle.
- 6. Summarize (3 minutes):

KEY SUMMARY MESSAGES

- Abortion stigma affects men in many ways: as partners of women or trans people who have abortions, as supportive brothers and fathers, and as health providers.
- In many cases, men are the gatekeepers in society. Men often occupy positions of influence as politicians, religious leaders, employers, traditional authorities, judges and police officers. It makes sense to target men for sensitization programs; men can be allies and they can be a positive influence, especially to other men.

KEY RESOURCES

Speak my language: Abortion storytelling in eastern Europe from a youth perspective (YouAct)

Abortion attitude transformation: A values clarification toolkit for global audiences (Turner et al, 2011)

Applying theory to practice: CARE's journey piloting social norms measures for gender programming (CARE, 2017)

Representations of abortion in film and television (Innovating Education in Reproductive Health, University of California, San Francisco Bixby Center for Global Reproductive Health)

Cross-country perspectives on gender norms [webinar recording] (ALIGN, 2018)

Women's demand for reproductive control: Understanding and addressing gender barriers (International Center for Research on Women (ICRW))

Global abortion policies database (World Health Organization, 2018)

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INTERSECTIONALITY: WHEN ABORTION STIGMA AND OTHER STIGMAS JOIN FORCES

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INTRODUCTION

An intersection is a place where things come together. Intersectionality refers to the idea that we all have multiple identities that intersect—or come together—to make us who we are (Crenshaw, 1989). The language of "intersectionality" allows us to talk about how oppression and points of discrimination and privilege overlap and reinforce one another. Consider, for example, that in the United States and elsewhere, black women endure both gender and racial discrimination, while white women may only have to navigate gender discrimination, while benefitting from racial bias. So while, on average, women of all races in the United States earn 82 cents for every dollar that white men earn for comparable work, black women only earn 65 cents for every dollar white men earn for comparable work (DeSilver, 2018).

This module explores how abortion stigma combines with other kinds of stigma to further marginalize a person who is already experiencing stigma and discrimination. Other forms of discrimination reinforce—and are reinforced by—abortion stigma. People may be affected when they seek an abortion, or abortion stigma may intensify stigma in other areas of their lives, making it even more difficult for them to live happy, healthy lives.

Consider the experience of a young woman with a physical disability who comes from a low-income family. Due to the combination of her financial status, her disability

status and her age, she is likely to have a much harder time obtaining an abortion than a wealthy, young professional who does not have a visible disability. Additionally, if people know she has had an abortion, abortion stigma can reinforce harmful and discriminatory attitudes about low-income women or women with disabilities.

In this way, abortion stigma can reinforce marginalization of poor women, rural women, women from ethnic minority communities, people who are Lesbian, Gay, Bisexual, Transgender, Intersex and Queer or Questioning (LGBTIQ), and people with disabilities, among others. This module includes exercises that help us explore and understand the additional barriers that marginalized communities face in accessing abortion care.

If you would like to better familiarize yourself with the idea of intersectionality prior to these activities, this video called Intersectionality 101 is an excellent place to start. If you have access to a computer and the internet, you may also consider sharing it with participants.

Your Module 5 goals as a facilitator

- To introduce participants to the idea of intersectionality in the context of abortion stigma;
- To deepen participants' understanding of how people who already face stigma and discrimination of other types face additional barriers while seeking abortion care;
- To deepen participants' understanding of how abortion stigma reinforces discrimination and marginalization that already exists in other areas of people's lives.

ACTIVITIES AT A GLANCE

ACTIVITY NUMBER	NAME	PURPOSE FOR PARTICIPANTS	TYPE OF ACTIVITY	ACTIVITY LEVEL
5A	Linking stigma based on multiple identities: Your favorite family recipe	Understand more about the role of social, cultural and political power dynamics in abortion stigma Recognize how social, cultural and political power dynamics affect access to abortion services	Group listens to story about a favorite family recipe Small group discussion Roleplays Full circle processing	Introductory
5B CORE	The Last Abortion VCAT activity	Recognize what can happen when abortion stigma is added to other forms of stigma, impacting some people more than others Describe the dangers of deciding who should and should not receive an abortion Discuss the challenges posed by restrictive abortion laws and policies	Small groups with scenarios Participants discuss the scenarios in their small groups, to decide which woman they will grant the last abortion	Intermediate
5C Part 1	Exploring gender roles	Understand the concepts of sex and gender and know the difference between them Begin to see how gender roles and stereotypes fuel abortion stigma	Group game exploring differences between sex and gender 1-2-4-All discussion of the impact of gender roles on abortion stigma	Advanced
5C Part 2	Commended or criticized?	See the extent to which society uses gender expectations to control women and girls Recognize that level of control extends to women's, girls' and trans people's bodies and lives by restricting access to abortion	Two groups draw images showing what young women get praised for and what they get punished for Full circle discussion of how images link to abortion stigma Group identifies small actions for change	Advanced

ACTIVITY NUMBER	NAME	PURPOSE FOR PARTICIPANTS	TYPE OF ACTIVITY	ACTIVITY LEVEL
5D	A no-win situation for young women	Understand the pressure and judgments that young women who are sexually active face Identify what abortion stigma for young women looks like in different settings Name how stigma affects young women's access to abortion services	Pairs visit context stations (religious institution, school, family and health facility) Small groups identify forms of stigma in each setting Small groups roleplay to demonstrate how stigma manifests in each setting 1-2-4-All report back	Intermediate
5E	Combatting stigma at the intersection of LGBTIQ and abortion rights	Recognize terms related to various sexual orientations and gender identities Begin to fully comprehend the meaning of each term Understand the linkages between abortion stigma and LGBTIQ stigma	Terminology matching activity Small group processing and full group report back Presentation from the facilitator Small group processing and full group report back	Intermediate

5A: LINKING STIGMA BASED ON MULTIPLE IDENTITIES: YOUR FAVORITE FAMILY RECIPE

FACILITATOR NOTES

Abortion is among the most stigmatized reproductive health services. Abortion stigma operates across multiple levels (social, cultural and political) at the same time. Many societies use people's age, class, race and other characteristics to marginalize and discriminate against them. Access to abortion services tends to decrease when people have less social, cultural and political power. The less power they have, the more stigma people tend to face.

This activity explores the different levels of abortion stigma that people experience based on their social, cultural and political power—or lack of power. As the facilitator, you'll start by telling a story about a beloved dish. Use the recipe as a metaphor for the characteristics we possess that affect how society treats us. The roleplays challenge the group to think of ways to change stigmatizing situations that people experience.

TIME:

1 hour 15 minutes

GOALS:

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

- Understand more about the role of social, cultural and political power dynamics in abortion stigma;
- Recognize how social, cultural and political power dynamics affect access to abortion services.

MATERIALS AND PREPARATION:

• Choose a dish with several different ingredients. It can be a family recipe, a familiar national recipe or any dish with multiple ingredients—but choose a dish that participants will recognize.

FACILITATION STEPS:

1. Introduce the activity (2 minutes): People face different levels of abortion stigma depending on how much power and status they have. Society doesn't treat everyone equally. It marginalizes the needs of some people and centers the needs of others. When marginalized people need abortions, they face worse stigma and discrimination than people who aren't marginalized. These power dynamics mean the barriers to accessing abortion services are even greater for them. In this activity, we'll explore how power dynamics affect people's experiences of abortion stigma and access to services.

- 2. Favorite recipe (5 minutes): This is the story of a beloved dish that has several different ingredients. Read the recipe out loud. I've described one way to make this dish. You may know another way to make it. Sometimes the ingredients differ slightly, and sometimes we use different amounts of an ingredient. The dish may taste slightly different, but it's still the basically same dish. Explain the recipe metaphor: We are all made up of many different ingredients, or qualities. Some we value more than others—some are positive, some negative, some neutral. Yet each contributes to who we are, how we think of ourselves, how we show ourselves to the world and, often, how the world treats us. Choose two or three words to describe yourself. You might think about your sex, your gender, your age, where you come from, your religion, your family status, your tribe, and so on. After a minute: Now talk to the person next to you about the words that came to mind.
- **3. Small groups (10 minutes):** We all have our own sense of ourselves. But the stigma and barriers that we face when we try to access abortion services are greater or smaller depending on our power and status in society. How others see and judge us shapes how they treat us and influences our experience of the world. Divide participants into three groups. Each group gets a question. Use your own experiences or those of friends and family to help the discussion along. If you are using the experience of another person, please do not share their real name or any other personal details that they may wish to keep private.

Group one: How might a person's age affect abortion stigma and access to services?

Group two: How might a person's race, ethnicity or caste affect abortion stigma and access to services?

Group three: How might a person's class or educational background affect abortion stigma and access to services?

- **4. Report back (5 minutes):** Share the key points from your group discussion with the full circle.
- **5.** Roleplays (25 minutes): Keep the same groups. Your group's task now is to create a roleplay based on the stigma you've discussed. Show an example of how stigma might show up in these scenarios, and then take the roleplay further by having a character challenge the stigma. Give the groups a few minutes to prepare their roleplays, and then watch them as a group.

6. Process the roleplays (15 minutes):

- What did you see happening in the roleplays?
- Does this happen in real life?
- Any thoughts about how the group challenged the stigma?
- What would you do in a similar situation?
- 7. Process the activity (10 minutes): Ask the whole group: What are some of the steps we can take to use what power we do have (in our families, religious communities, friend groups, workplaces or elsewhere) to reduce barriers to abortion services for people with less social, cultural and political power in those spaces?

8. Summarize (3 minutes):

Key summary messages

- Abortion stigma operates across multiple levels—including social, cultural and political—at the same time. Many societies use people's age, class, race and other characteristics to label, separate and discriminate against them.
- Access to abortion services tends to decrease and stigma tends to increase when people have less social, cultural and political power. Abortion stigma contributes to decreased access to abortion services.
- If we act to reduce abortion stigma to increase access to safe abortion, we must be aware of how it shows up for different people. We must work to address all levels and types of stigma and discrimination.

5B CORE: THE LAST ABORTION VCAT ACTIVITY

[Adapted from Abortion attitude transformation: A values clarification toolkit for global audiences, by K.L. Turner and K. Chapman Page, 2011.]

FACILITATOR NOTES

When we add abortion stigma to other forms of stigma, barriers are multiplied. Abortion stigma further disadvantages poor, rural, ethnic minority, LGBTIQ and otherwise marginalized people. People who hold these identities may experience abortion stigma more intensely than others with more privileged identities.

One result of abortion stigma is that people with disadvantaged identities experience magnified judgment and obstacles based on the idea that some abortions are more necessary or appropriate than others. For example, we may think that a person who works as a teacher is more deserving of an abortion than a sex worker, or a person who has been raped is more deserving than someone who did not use contraception. These beliefs—whether conscious or unconscious—can make the effects of abortion stigma even stronger.

The scenarios in this activity highlight the complex circumstances surrounding the decision to seek an abortion. They demonstrate how our various identities and life experiences can combine to intensify the obstacles to seeking an abortion. Participants are encouraged to examine and challenge their biases against certain women or circumstances, as well as their beliefs about abortion policies that restrict access to abortion.

You may adapt scenarios as needed, but we recommend not avoiding controversial topics. Instead, anticpate and prepare in advance.

TIME:

1 hour

GOALS:

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

- Recognize what can happen when abortion stigma is added to other forms of stigma, thus impacting some people more than others;
- Describe the dangers of deciding who should and should not receive an abortion;
- Discuss the challenges posed by restrictive abortion laws and policies.

MATERIALS AND PREPARATION:

- Photocopy The Last Abortion Scenarios (a few for each group);
- Decide on a method to create mixed groups of participants.

FACILITATION STEPS:

- 1. Introduce the activity (3 minutes): In some countries, there are legal, policy, financial and other restrictions on abortion services which can prevent access to safe, legal abortion. These restrictions may also prevent women, girls and trans people from having multiple options for abortion methods, or they may affect the quality of care given to them. Policymakers or providers sometimes make biased judgments on who deserves an abortion and who does not. The next exercise will help us explore this by working in small groups to discuss these issues.
- **2. Small groups (2 minutes):** Divide participants into groups of four or five, depending on the size of the group. Ensure that the small groups are not too big so that everyone can participate in the discussions.
- **3.** Brief the participants (4 minutes): Tell participants that, for the purposes of this activity, we are working in a made-up country with made-up scenarios, and according to this fictitious country's policy, there can be only one more safe, legal abortion performed. Explain that you will give them a handout that describes seven people who want to terminate their pregnancies and have applied to be granted this last abortion. The small groups represent the policymakers who will decide which person should receive the last abortion.
- **4. Discuss (15 minutes):** Give the groups a copy of the Last Abortion Scenarios and ask them to read the scenarios. If no one in the group can read, then a facilitator can read the scenarios to the group.
 - Tell participants they have 15 minutes to discuss the scenarios in their small groups and to decide which person they will grant the last abortion.
 - They should appoint a spokesperson who will briefly present their decision to the large group and explain why they have chosen that person.
 - As they are discussing, make sure that participants understand the instructions and can finish the task on time.
- 5. **Report back (15 minutes):** The amount of time for the report back will vary depending on group size.
 - Ask participants to return to the large group to present their decisions on who they picked and why. Spokespeople should limit their presentations to one to two minutes. When each group presents, ask others not to comment but to wait for the group discussion that will follow.
- 6. Reflection (2 minutes): Once all small groups have presented, ask each participant to silently reflect on biases they may hold against certain people seeking abortion. They should also consider how these biases may have affected their decision about who to grant an abortion.
- 7. Share in pairs (5 minutes): Ask participants to form pairs and share their thoughts and reflections.
- 8. Buzz and brainstorm (10 minutes): Ask some, or all, of these questions:
 - How did you find this exercise?

- What did you learn about your own attitudes about abortion from this exercise?
- How do you imagine this activity relates to how often abortion services are made available, or restricted?
- 9. Summarize (4 minutes):

Key summary messages

- Access to safe and affordable abortion services should be an option for all people, regardless of age, social status or other personal identities.
- Abortion stigma further disadvantages poor, rural, ethnic minority and LGBTIQ people, and people who have other disadvantaged identities. People who hold these identities may experience abortion stigma more intensely than others with more privileged identities.
- Restrictive abortion policies and individual providers can determine who is "entitled" to an abortion, based on biases about that person's reasons, identity and circumstances. The decision to grant some people an abortion and not others carries lifelong consequences for those people, their families and communities.
- Community members also play a role in stigmatizing people's choices and/or identities. We justify some abortions and not others, and by doing this, we spread abortion stigma in our communities.
- Each person in these scenarios expressed a desire to have an abortion, and it is likely that each person thought through their reasons carefully to arrive at this decision.
- Sometimes counselors or providers try to convince certain people to continue a pregnancy because of their personal beliefs that these people should not terminate a pregnancy. This can cause these people to feel pressured to make a decision that may result in negative consequences for their health or lives.

THE LAST ABORTION — SCENARIOS

Instructions: Each of these people has asked for an abortion. You must choose one person who will be able to receive the last safe, legal abortion. Discuss each scenario and your rationale for choosing that person.

A 39-year-old woman is 10 weeks pregnant. She works as a manager in a big company and owns her own apartment in the city. She is in a steady relationship and lives close to her extended family. She has two teenage children but did not plan to get pregnant again. She does not want to have another child.

A 21-year-old woman in her third year at university just found out that she is 14 weeks pregnant. Because her menstrual cycle was irregular, she did not realize she was pregnant. This is her first pregnancy. Her contraceptive method failed, even though she is quite certain she used it properly. She is the first person from her poor, rural village ever to attend university. She is experiencing anxiety at the thought of continuing this pregnancy.

A 25-year-old woman is eight weeks pregnant. She has two children below the age of four, and she lives with a man who regularly physically abuses her. He opposes the abortion, but she does not want to bring another child into an abusive household, especially if it will only make her more dependent on him for financial support. Her depression has worsened considerably since she found out she was pregnant.

A 28-year-old woman is 12 weeks pregnant. She sells sex to earn money to send her two children to school. The man who is her ex-partner, and whom she occasionally sleeps with, organizes her clients. She knows that if he finds out she is pregnant he will punish her harshly and she will no longer be able to work. She worries about how she and her children will survive.

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 and left her without any financial support. She is not able to afford anti-retroviral treatment, and she has been hospitalized for opportunistic infections several times in the past year.

A 15-year-old girl is 12 weeks pregnant as a result of rape by her stepfather. When she told her mother about the rape and pregnancy, her mother told her to get out of the house. She has been staying at a friend's house. She continues to attend public school, where she has been a top student. She is experiencing great distress over the rape and pregnancy, and her schoolwork is suffering.

5C PART 1: EXPLORING GENDER ROLES

[Adapted from an activity in ISOFI Toolkit: *Tools for learning and action on gender and sexuality.* Copyright © 2007 Cooperative for Assistance and Relief Everywhere, Inc. (CARE) and International Center for Research on Women (ICRW).]

FACILITATOR NOTES

Gender roles or norms are rules about the types of behavior that communities consider acceptable, appropriate or desirable for people based on their biological sex. We develop ideas and expectations about gender and gender roles from many sources. For example, we get messages from family, friends, opinion leaders, religious and cultural institutions, schools, our jobs, advertising and the media. Those sources both reflect and influence the differences between the roles, social status, and economic and political power of women and men in society.

One of the most powerful gender stereotypes says women must become mothers to fulfill their role as women. Society judges women who do not become mothers. It also judges those who choose to end a pregnancy.

This is an advanced activity. It helps participants understand the difference between the concepts of sex and gender, a difference that many of us confuse. It also explores the ways that rigid gender roles, stereotypes and expectations can fuel abortion stigma. Use it with groups who have completed the core activity (5B CORE: The Last Abortion VCAT Activity) in this module. Also, it is the first of a two-part activity. Follow it up with 5C Part 2: Commended or criticized?.

Although this activity focuses on the effects of gender roles on women and men, as the facilitator you can create room for the wider sex and gender spectrum to come out. If someone brings up other sexes and genders (intersex, transgender, two-spirit, meti, hijra, non-binary, muxe, etc.), affirm people who defy the social rules of sex and gender and confirm that they also suffer from stigma fueled by gender roles.

TIME:

45 minutes

GOALS:

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

- Understand the concepts of sex and gender and know the difference between them;
- Begin to see how gender roles and stereotypes can fuel abortion stigma.

MATERIALS AND PREPARATION:

- Familiarize yourself with the difference between sex and gender:
 - o **Sex** refers to the biological or physical characteristics that define humans as female or male. Gender refers to the socially constructed characteristics of

women and men—such as norms/traditions, roles and expectations; gender is "man-made" and not inherently "natural."

- o The way a person demonstrates (externally) their gender to others is referred to as their **gender expression.** This may include an individual's physical characteristics, behaviors and presentation that are linked, traditionally, to either masculinity or femininity, such as: appearance, dress, mannerisms, speech patterns and social interactions. **Gender identity** refers to an internalized sense of one's gender, regardless of if it matches one's sex assigned at birth or the way one dresses or acts.
- To dive a bit deeper, consider the examples below.

SEX AND GENDER CATEGORY	EXAMPLE		
A characteristic of biological sex	Breasts, ovaries		
A female gender stereotype	Women are quieter than men and are not meant to speak out		
A male gender stereotype	All men like playing sports		
A gender role	Men should be providers and breadwinners		
A gender role related to sexuality	Women shouldn't initiate sex		
A gender role related to reproduction	Women's highest calling in life is to have children		

- Practice clearly explaining the difference between gender and sex.
- Write or draw "Man" and "Woman" on two flipcharts and post them on the wall with a blank flipchart between them. Have markers ready.

FACILITATION STEPS

- 1. Introduce the activity (2 minutes): The aim of this activity is to help us understand the difference between sex and gender. It will also get us thinking about gender roles, stereotypes and expectations around the world and in our own communities. Strict gender roles and expectations can sometimes lead to abortion stigma. These roles set expectations about how women and men should behave, and they punish people who don't follow the rules. One of the most powerful gender stereotypes says women must become mothers to fulfill their role in life. Society judges women who do not become mothers; it also judges those who choose to end a pregnancy. We will talk more about this during the activity.
- 2. Sex and gender storm (8 minutes): Say the first few words that come to mind when you hear the word "Man." Write the words on the "Man" flipchart. Now say the first few words that come to mind when you hear the word "Woman." Write the words on the "Woman" flipchart.

Examples of words that may come up:

WOMAN	MAN
Caring	Strong
Mother	Provider
Breasts	Powerful
Vagina	Father
Sweet	Penis
Gentle	Husband
Cook	Violent
Talkative	Decision-
	maker
Kind-hearted	Beard
Menstruation	Dominant

Make sure that at least some words describing biological traits (such as "penis" for man, and "breasts" or "menstruation" for woman) appear on the list. Make sure "mother" also appears for woman. Add these yourself if necessary.

- **3.** Space in the middle (7 minutes): Can any of the "Man" words also describe women? Can any of the "Woman" words also describe men? You can probe by asking questions like:
 - Can women be strong and powerful?
 - Can men be gentle and kind?
 - Can a woman be childless?
 - Can a woman be a breadwinner?
 - Can men cook and take care of children?

As participants name words, write them in the middle flipchart and draw a line through them under "Man" and "Woman." The words that are left under "Man" and "Woman" should mostly be those that describe biological traits. If some are left that describe gender roles, ask the group whether they think those words belong there and why. Are you starting to see the difference between sex and gender? Take a few comments from the group to test their understanding. Our next step will help us understand some of these ideas in more depth.

- **4. Finding examples (15 minutes):** Split the participants into four smaller groups. Assign each group a category from the list below:
 - Sex characteristics for men (for example, "penis")
 - Sex characteristics for women (for example, "breasts")
 - Gender stereotypes for men (for example, "strong")
 - Gender stereotypes for women (for example, "obedient")

Give the group one example of their category to get them started. You have a few minutes to think of more examples of your category to bring to the full circle. If you aren't sure you understand what your category means, talk it over with your small group. After a few minutes, bring the groups back to the full circle. Have each group give examples from their category. Then discuss the categories and answer questions the participants may have.

- **5. Reflect and discuss (10 minutes):** Reflect alone for a minute or so and then discuss these two questions with a partner:
 - What happens to women when they don't follow gender roles, stereotypes and expectations?
 - Can you think of any ways that rigid gender roles, stereotypes and expectations might fuel abortion stigma?

After a few minutes, ask each pair to share their reflections with the group.

6. Summarize (3 minutes):

Key summary messages

- We get messages about gender roles from family, friends, opinion leaders, religious and cultural institutions, schools, jobs, advertising and the media. Those sources reflect and influence the differences between the roles, social status, and economic and political power of women and men in society.
- Rigid gender roles, stereotypes and expectations create idealized roles for men and women in society. Women often get the message that they must be mothers. When women go against gender roles around motherhood, society judges them. Abortion stigma can be a consequence of rigid gender roles.

5C PART 2: COMMENDED OR CRITICIZED?

FACILITATOR NOTES

Sometimes it feels as if family members, the community, the media, religious institutions—in other words, society at large—constantly judge and monitor women and girls. Praise and disapproval toward them show us how the world expects them to think, feel and behave.

This activity provides an opening to discuss how we can challenge gender roles, stereotypes and expectations to reduce all kinds of stigma against women and girls, including abortion stigma. It begins with participants exploring the different behaviors or traits that society commends (praises) or criticizes (judges) them for having. A discussion follows on how these roles can fuel abortion stigma.

Participants in this activity may have powerful realizations about how much society controls women and girls. Your aim is to help them see how this level of control extends to controlling people's bodies and lives by restricting access to abortion information and care.

The final step uses the "small bets" approach. Your task with the participants is to acknowledge that there are many things that need changing, but if we can find some way to start—make a small bet for change—then we have taken the first step. Ideas for action can be on an individual level or in a wider context. Either way, ask participants to think of realistic steps they can take right now.

This is an advanced activity. Use it with participants who have completed the core activity in this module (5B CORE: The Last Abortion VCAT Activity). Also, it is the second of a two-part activity. Use it as a follow-up to 5C Part 1: Exploring gender roles.

TIME:

1 hour

GOALS:

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

- See the extent to which society uses gender roles, stereotypes and expectations to control women and girls;
- Recognize that this level of control extends to people's bodies and lives by restricting access to abortion information and care;
- Understand how society uses gender expectations to control and stigmatize those who seek abortions.

MATERIALS AND PREPARATION:

- Review these sample responses from pilot workshops in Zambia and India.
- On opposite sides of the room, post two flipcharts on the wall, with markers next to them.

IN ZAMBIA, WOMEN AND GIRLS ARE

Commended for:

Criticized for:

- Having children
- Attending church
- Taking care of family
- Getting married
- Raising good kids
- Cleanliness
- Being polite
- Being humble
- Wearing appropriate clothes (covering legs)
- Cooking good food

BUT if a woman has an abortion, they will forget all the good things

- Wearing tight clothes
- Being outspoken
- Attaining higher education
- Failing to maintain virginity
- Having an affair outside of marriage
- Giving birth only to girls
- Bad school results
- Bad performance of chores
- Being unable to bear children
- Getting home late
- Being seen in the company of men or boys
- Being perceived as disrespectful
- Staying single
- Getting divorced
- Bad performance in bed
- Having an abortion
- Having an unplanned pregnancy

IN INDIA, WOMEN AND GIRLS ARE

Commended for:

- Having long hair
- Having beautiful eyes
- Being innocent and shy
- Having a pointed nose
- Having juicy lips
- Being simple and "homely"
- Having fair skin
- Being respectful and subservient
- Being a good cook
- Having a good dowry
- Being a good mother
- Being cultured and traditional

Criticized for:

- Playing with boys
- Walking in a confident manner
- Wearing make-up
- Going out alone
- Not respecting in-laws
- Accessing the Internet
- Wearing a certain type of clothes
- Keeping her hair open
- Talking to unknown men
- Using a mobile phone
- Engaging in pre-marital sex
- Having dark skin

Participants' observations

"We are expected to do so much—cooking, cleaning, caring for children, bringing in money. There is a lot of pressure."

"There is pressure to keep your virginity, but for the husband it doesn't matter."

"It shows women do a lot of work. There is so much burden compared to men."

"Society owns this person. Before you leave the house, you even have to check how you look."

"Women are strong. You have to be, not to listen to all those things."

"Women are the center of life."

"Even if the husband is not well dressed, they will blame the wife!"

"You should even mind the way you eat. Make sure you eat less than the man."

"A woman has to be one step ahead all the time."

FACILITATION STEPS:

- 1. Introduce the activity (2 minutes): A lot of abortion stigma comes from society's expectations around women's roles. For example, many societies see an ideal woman as a mother, a nurturer and a caregiver. As a result, those who step outside of their expected roles (in all kinds of ways) face stigma and discrimination. Many people think abortion is in direct conflict with gender roles and expectations. This activity allows us to explore gender expectations and discuss how we can challenge them to reduce abortion stigma.
- 2. "Commended or criticized" drawings (10 minutes): Split into two groups. (If you have a large group, split them into four groups: Two can look at "commended" and two can look at "criticized".) Each group: Draw a picture of a woman in the middle of your flipchart. One group will draw pictures and write about the things society commends them for. The other group will draw pictures and write the things society criticizes them for.
- **3. Review the flipcharts (10 minutes):** Ask each group to explain their flipchart drawings or writings.
- 4. Discuss (10 minutes): Now discuss with the person next to you: What do you feel when you hear what women and girls are commended and criticized for? What stands out to you and why? After a few minutes, take at least one point from each pair. Then ask the whole group: How do you think these expectations could fuel abortion stigma?
- 5. Reflect using 1-2-4-All (11 minutes): Think on your own for a couple of minutes about what you have learned from the activity. After two minutes: Pair up with someone and share your thoughts. After two minutes: Now join with another pair. Pick two key points to share with the whole group. After two minutes, take two points from each group.
- 6. Small bets (12 minutes): Spend a few minutes on your own thinking of a small bet you can make. A small bet is any simple personal action you can take to start to change harmful gender expectations that can fuel abortion stigma. After a few minutes, take one contribution from each participant. They can use each other's ideas and share them with other people in their lives.



7. Summarize (5 minutes) using ideas from the discussion and the key summary messages:

Key summary messages

- Society uses gender expectations to monitor and control women's and girls' behavior. When they don't match up to the ideal, society often judges them harshly. This includes harsh judgement and treatment of people who challenge gender ideals or gender in general.
- Gender expectations make clear which behaviors are acceptable and which are unacceptable for men and women, including whether and how people who challenge a gender-binary are treated. If we want to challenge abortion stigma, we must raise awareness about how people use gender expectations to stigmatize women and girls seeking abortions. We also need to begin to change those harmful expectations.
- Making a small challenge to harmful gender expectations that drive abortion stigma can make a difference. You can start with something simple, right where you are.

5D: A NO-WIN SITUATION FOR YOUNG WOMEN

FACILITATOR NOTES

Society often has very different expectations for young men and young women when it comes to sex. Sometimes society expects young men to be sexually active—or at the very least doesn't discourage it. At the same time, we have clear expectations for young women to protect their virginity and be chaste. Young women who are sexually active—or who people think are sexually active, whether it's true or not—face much greater stigma than young men who are sexually active. Society also expects young women to deny that they feel sexual desire and pleasure. Many institutions and people with power stigmatize young women' sexuality—like religious communities and leaders, families, health facilities and schools.

This activity uses a story and various stations to focus on the pressure that gender roles, stereotypes and expectations put on sexually active young women. As the facilitator, make sure people really understand the story; their comprehension is important to process the activity. Use the stations to help participants identify and discuss the points of stigma the young woman encounters in each setting.

TIME:

50 minutes

GOALS:

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

- Understand the pressure and judgment that sexually active young women face;
- Identify what abortion stigma looks like for young women in different settings;
- Name how stigma affects young women's access to abortion services.

MATERIALS AND PREPARATION:

- Print a copy of Fatima's story.
- On flipcharts, create four stations using large photos or drawings that show these settings in your local context: family, school, health clinic and church/ mosque/temple. Label each flipchart with the name of the station.
- Post the flipcharts or photos around the room or outside on walls, trees or benches. Organize them in a row—like they were on a street—rather than in a circle.

FATIMA'S STORY

I am 16 years old. I live with my mum, auntie and two brothers, one older, one younger. My parents divorced when I was eight.

I am confident and popular at school. I dream of becoming a journalist.

My family attends church every week. I find it difficult to listen to the preacher sometimes because he is always talking about how women tempt men to do evil deeds. I recently started walking home from church with my 19-year-old neighbor, Boyd. I really like Boyd. We share interests and have started chatting on WhatsApp and sharing pictures on Instagram.

Rafael, my elder brother, becomes concerned about what people are saying in the community. He does not like that Boyd and I are getting close. He thinks it could tarnish the name of our family. He tells me to be careful about my reputation. He warns me not to bring dishonor to our family.

After we have been seeing each other for six months, Boyd says that he wants to get serious with me. He also says he wants to start having sex. I worry that I am too young, but I feel I love Boyd. I share my concerns with him and make him promise to use condoms.

One day while my mother is doing the laundry, she comes across a packet of condoms. She calls a family meeting. The boys blame me. Our mother is angry. She scolds me for having sex and using condoms. She tells me I should be ashamed of myself. She tells me to concentrate on my studies so I can realize my dreams.

Boyd and I continue to see each other secretly. We enjoy having sex when we can.

A year later, when I am in my final year at school, I discover I am pregnant. I am devastated because we have tried to be careful. I worry that having a baby will disrupt my education and my life plans. I have heard stories of the headmistress making pregnant girls leave school. I do not feel ready to be a mother.

I tell Boyd. We agree I should end the pregnancy. At the clinic, we ask a nurse about an abortion. She scolds us and tells us to keep the baby.

I then approach my auntie for advice. But she, too, tells me I should keep the pregnancy and marry Boyd. I am desperate. To make matters worse, my brother says that people at school and church are beginning to gossip about me.

My friend suggests I should go to a traditional healer who is known for helping young women have an abortion. But I am scared for my life. Some girls have died from going to the healer.

Then Boyd and his family move away. We stop seeing each other. I drop out of school to have the baby. I fear my dreams of becoming a journalist are dying.

FACILITATION STEPS

- 1. Introduce the activity (2 minutes): This activity explores the impact that abortion stigma can have on sexually active young women and the decisions they must make. We'll also look at how those decisions may affect a woman's entire life. The type of stigma a young woman may face differs depending on if she's at school, at the clinic, at home or at her church, temple or mosque.
- 2. Read Fatima's story (6 minutes): First, I am going to read you a story about a young woman who faced some difficult situations. Please listen and note to yourself the times when she experiences any type of stigma. Read the story out loud, slowly and clearly.
- **3. Community walk (8 minutes):** Find a partner and walk around the community together. As you visit each station, name the kind of abortion stigma Fatima might experience in that setting. Say what people might actually say: for example, at church, people could say, "Young women who have an abortion have sinned." At the clinic, nurses may shame her by saying, "Why would a young woman like you need to know about abortion services?" Allow enough time for the pairs to move around to all four settings. Then shout: Stop! Now form small groups at your nearest setting. You may have to help form the groups.

4. Small group work (10 minutes):

In your small group:

- Identify examples of abortion stigma that Fatima might face in this setting.
- Create a short roleplay to show how Fatima could experience abortion stigma in that setting.

Remember to stay focused on Fatima. Make it specific to her experience.

5. **Report back (12 minutes):** Move around the settings and ask each group to present their roleplay to the full group.

6. Processing 1-2-4-All (9 minutes):

Now spend a few minutes thinking alone about the following questions:

- What are some of the common features of abortion stigma across the different settings?
- How can gender roles, stereotypes and expectations negatively affect young women throughout their lives? Can gender norms be a cause of abortion stigma?
- What can we do to start changing the way young women are judged so that they have greater access to health services?

After a few minutes: Pair up and share your thoughts and ideas. After a few more minutes: Find another pair and choose two main points to share with the full circle.

7. Summarize (3 minutes) using participants' ideas and the key summary messages:

Key summary messages

- Often family, schools, health clinics, religious leaders and other institutions make decisions for young women, rather than supporting young women to decide for themselves what is best.
- Abortion stigma against young women can look different depending on the context. There are often pressures coming from multiple settings in the community. These pressures can stigmatize young women and sometimes force them into making decisions that are harmful to them.
- To improve young women's access to health services and control over their own lives, strategies for change need to address stigma from multiple points within our communities.

5E: COMBATTING STIGMA AT THE INTERSECTION OF LGBTIQ AND ABORTION RIGHTS

FACILITATOR NOTES

How are the rights of Lesbian, Gay, Bisexual, Transgender, Intersex and Queer or Questioning (LGBTIQ) people—and many others whose sexual orientation and/ or gender identity or expression (SOGIE) do not conform to dominant norms linked to abortion rights?

The experience of abortion and the experience of being LGBTIQ challenge common gender stereotypes and mandates—for example, the idea that all women should want to be mothers, or that a "real man" is by default heterosex-ual.

Both the experience of abortion and the experience of being LGBTIQ are expressions of sexual and reproductive health and rights. The umbrella term "sexual and reproductive rights" refers to the rights and activities associated with human sexuality, reproduction and the ways we create and define our families. This includes the right to bodily autonomy and self-determination when it comes to sexuality and fertility control. It also includes the right to non-discrimination when it comes to accessing sexual and reproductive health services.

Abortion and LGBTIQ rights can be among the most polarizing issues when sexual and reproductive health and rights are being discussed, often because of the ways they challenge social norms about gender and sexuality (see Activity 5C, Parts 1 and 2, for an exploration of these norms).

LGBTIQ people—and others whose sexual orientation and/or gender identity or expression do not conform to dominant norms—face additional barriers and layers of stigma when they need abortion care. For example, many trans men who have needed abortions have struggled to access safe, respectful service providers who use gender-neutral or gender-affirming terms for physical anatomy, use the person's chosen name and have systems—for documenting and communicating health information—that recognize and normalize the reality of trans people's health-care needs. In some contexts, lesbians and other non-conforming identities are specifically targeted for "corrective rape" and sexual violence. They may need trauma-informed abortion care that recognizes the dynamics of sexual and gender non-conformity and is affirming rather than further stigmatizing and traumatizing.

When we work to end abortion stigma and focus on guaranteeing that every person has the full range of sexual and reproductive rights, we help ensure that all people have control over their own fertility without coercion, discrimination or violence.

FACILITATOR NOTES CONTINUED

In each context where you are leading this activity, learn the legal context of both abortion and LGBTIQ rights. Often, there are similarities in the origins or nature of legal restrictions. For example, in many African countries with a history of British colonial rule, many of the laws criminalizing abortion and/or LGBTIQ activity were introduced and imposed by colonial laws.

Be sure to model comfort with and respect for LGBTIQ rights when facilitating this activity.

TIME:

1 hour and 30 minutes

GOALS:

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

- Define key terms related to sexual orientation, gender identity and LGBTIQ rights;
- Identify harmful consequences of stigma against LGBTIQ people seeking abortion care;
- Describe conceptual links between abortion stigma and LGBTIQ stigma.

MATERIALS AND PREPARATION:

- Print enough copies of the terms and definitions tables so that each small group of three to five people has both. Use different colored paper for the terms and the definitions so that it is easy for groups to distinguish them.
- Cut the handouts along the lines so that each box is an individual piece of paper. Participants will be asked to match each term with its corresponding definition.
- Keep copies for yourself so that you can quickly refer to them.
- You may want to create a PowerPoint or a flipchart with a summary of definitions to support the discussion.
- Write the discussion questions (Step 6) on a PowerPoint slide or on flipchart paper.
- Have prizes available for multiple people in the winning team(s).
- Select a segment from a short video (from the list below or from searching YouTube for an appropriate video from your context) that you will show for the section on LGBTIQ stigma. If you don't have time to view multiple videos, use the first one (below), but note that it features a

Ugandan activist and that you will need to ask participants to relate it to their context.

- o "Advocating for Uganda's LGBT -- risk and resilience | Kasha Jacqueline Nabagesera | TEDxLiberdade"
- o "Bend it like Portia" (South Africa)
- o "Breaking Out of The Box:trailer" (Stories of Black South African Lesbians)
- o "Coming Out As Gay in Kenya"
- o "Corrective Rape & Murder Of Lesbians In South Africa End of the Rainbow Film"
- o "Ghana: Campaigners demand decriminalisation of homosexuality after spike in anti-LGBT violence"
- o "I'm an African and I'm gay | Cameron Sithole-Modisane | TEDxSoweto"
- o "LGBT Asylum: Three Stories"
- o "LGBT Rights South Africa with Ndumie Funda"
- o "A Ugandan Transgender Girl Fights for her Right to Love Episode 1"

FACILITATION STEPS:

1. Introduce the activity (4 minutes): This is a two-part activity that will allow us to explore the linkages between LGBTIQ stigma and abortion stigma. LGBTIQ stands for Lesbian, Gay, Bisexual, Transgender, Intersex and Queer or Questioning. LGBTIQ refers to a range of sexual orientation and gender identities. To begin, we will participate in an activity to learn the meaning of terms related to sexual orientation and gender identity. These terms may be very familiar for some of you and totally new for others.

After we review the terminology, we will then explore the links between LGBTIQ stigma and abortion.

- 2. Matching activity (45 minutes): After the introduction, break the group into small groups using a group splitter. Small groups can be anywhere from three to five people, depending on the size of the full group. Make sure you have enough sets of terms and definitions for each group to have a set.
 - Each small group has a set of terms and definitions. As a group, you will have 10 minutes to match terms with definitions. The team with the most correct matches will win a prize.
 - Give the participants 10-15 minutes to work together to match the definitions. Then ask everyone to stop and tell them you will review each term and definition together.
 - Using the slides, go through each term and get each group's definitions. For example, show the term 'sex,' and ask a small group to share what definition they selected for that term. Ask other groups if they had a different definition, then reveal the answer. After the following terms, support participants' understanding by asking probing questions:

- After sex and gender have been presented, ask:
 What is the difference between sex and gender?
- o After **sexual orientation** and **gender identity & expression** have been presented, ask:

What is the difference between sexual orientation and gender identity?

- After gay and MSM have been presented, ask:
 What is the difference between a gay man and the category MSM?
- o After **sexism** and **heteronormativity** are presented, ask:

What do you see as the relationship between sexism and heteronormativity?

- **3.** Buzz (5 minutes): After reviewing the terminologies, ask participants to find a partner. With your partner, share one or two things you learned or found interesting about the matching game. Each partner will have one minute to share. After one minute, tell them to switch partners.
- **4. Report back (5 minutes):** When they have finished sharing, come back to the large group and ask people to share what they learned or found interesting. Encourage participants to snap their fingers if they also learned one of the things that is shared. Once complete, all participants may go back to their seats.

5. Case study: Stigma against LGBTIQ people (25 minutes)

Show a clip from one of the videos.

Use 1-2-4-All after the video to have participants reflect on and discuss the following questions:

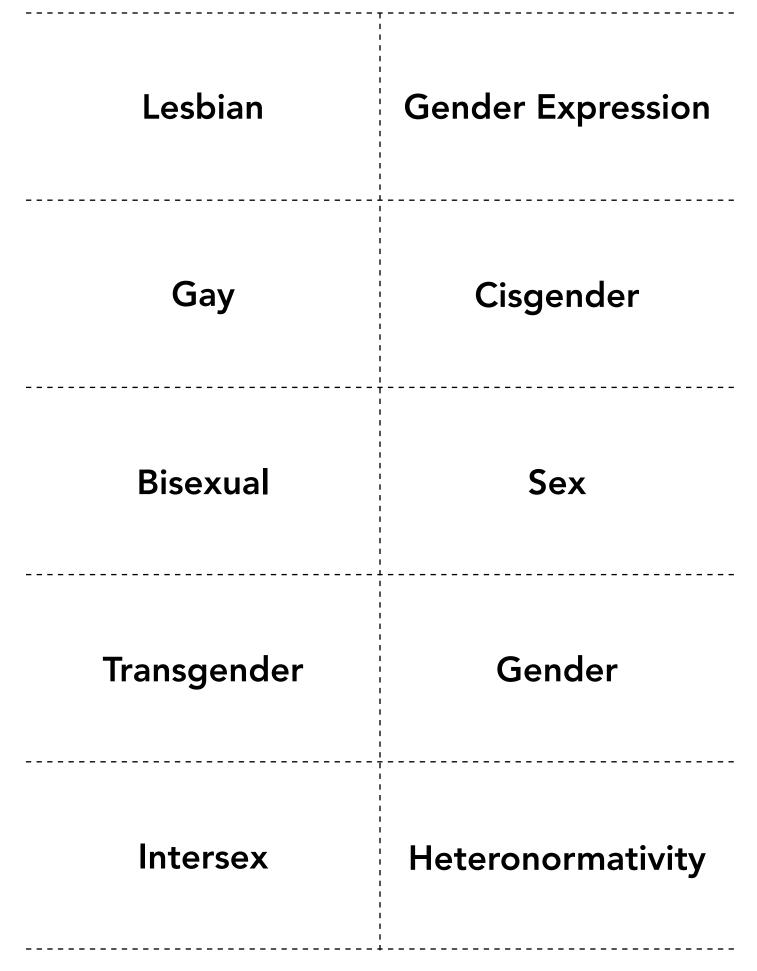
- o What stood out to you from the video?
- o How was it like what LGBTIQ people face in your community?
- o How do you see abortion stigma and stigma against LGBTIQ people being connected?

When you return to the large group discussion, focus only on the last question about how abortion stigma and stigma against LGBTIQ people are related.

6. Summarize (5 minutes):

Key summary messages

- Abortion stigma and LGBTIQ stigma are related under the umbrella term of sexual and reproductive rights. Key in both is the right of all people to make decisions about their bodies, sexuality and reproduction, such as who to be sexually intimate with, if and when to have sexual intimacy and if and when to have children.
- People who identify or are perceived as LGBTIQ may face additional barriers to safe and respectful abortion care. They may experience stigma both because of their desire to terminate a pregnancy *and* because their sexual orientation, gender identity or gender expression challenges social norms.
- Abortion and LGBTIQ rights challenge oppressive patriarchal norms about gender and sexuality, including the following:
 - o All women should want to be mothers;
 - Sex for reproduction is more legitimate than sex for pleasure, and any sex that can't lead to reproduction is somehow tainted;
 - o "Real men" and "real women" are heterosexual, cisgender and adhere to social rules about how they express their gender.



30 Abortion stigma ends here: A toolkit for understanding and action

Queer	Homophobia	
Ally	Transphobia	
MSM	Sexism	
Sexual Orientation	"In the closet"	
Gender Identity		

A woman whose physical, romantic and/or emotional attraction is to other women.	The way an individual's characteristics or behaviors signal masculinity, femininity or a mix—can include appearance, dress, mannerisms, speech patterns and social interactions or roles.
People whose physical, romantic and/or emotional attractions are to people of the same sex. Also refers specifically to men whose physical, romantic and/or emotional attractions are to other men.	A term used to describe people whose gender identity matches the sex they were assigned at birth.
An individual who is physically, romantically and/or emotionally attracted to both men and women.	This word refers to the biological or physical characteristics that define humans as female or male.
A broad umbrella term for people whose gender identity and/or gender expression differs from the sex they were assigned at birth.	This refers to the socially constructed characteristics of women and men—such as norms/traditions, roles, expectations, etc.
People who are born with biological sex characteristics that do not fit neatly into binary definitions of male or female.	The belief or presumption that all people are heterosexual, or that heterosexuality is a given instead of being one of many possibilities. For example, the assumption that a boy will grow up and marry a woman or that a girl will grow up and marry a man.

Historically used as a slur in many contexts. Now reclaimed as an identity and alternative to lesbian, gay or bisexual that represents a proud non-conformity with rigid norms around sexuality and gender. Is sometimes an intentional alternative to bisexual to emphasize attraction to people along a gender spectrum rather than a binary.	Dislike, prejudice or fear of homosexuality or people who are identified or perceived as being lesbian, gay, bisexual, queer or other homosexual identity or expression.
A heterosexual who is an active friend, advocate and/or activist for LGBTIQ people's rights. Also someone who confronts heterosexism in themselves and others.	Dislike, prejudice or fear of transgender people or other people whose gender identity and/or expression breaks with the expectation that there are only two sexes/genders and that sex and gender are fixed and consistent.
Men who have sex with men	Prejudice, stereotyping or discrimination, typically against women, on the basis of sex.
An individual's enduring pattern of romantic or sexual attraction (or a combination of these) to people of the same sex or gender or opposite sex or gender. This can include heterosexuality, homosexuality, pansexuality and asexuality, among others.	A term used to describe someone who is hiding part of their identity because of social stigma and pressure.
An internalized sense of one's gender regardless of whether or not it matches the sex assigned at birth or the way one dresses or acts.	

KEY RESOURCES

Intersectionality 101 (Teaching Tolerance, 2016)

ISOFI Toolkit: Tools for learning and action on gender and sexuality (CARE and ICRW, 2007)

Abortion attitude transformation: A values clarification toolkit for global audiences (Turner, 2011)

Abortion attitude transformation: Values clarification activities adapted for young women (Turner, 2011)

Gender or sex: who cares? Skills-building resource pack on gender and reproductive health for adolescents and youth workers (Ipas and Health & Development Networks, de Bruyn and Nadine, 2001)

Understanding and challenging HIV stigma: Toolkit for action (ICRW, 2016)

Trans-inclusive abortion services: A manual for providers on operationalizing trans-inclusive policies and practices in an abortion setting (AJ Lowik and FQPN, 2017)

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ABORTION STIGMA IN HEALTH CARE MODULE AND THE LAW

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INTRODUCTION

The focus of this module is to build participants' understanding of some of the structural and institutional barriers that result from and reinforce abortion stigma. These barriers prevent people from accessing the services they need, foster inequality and cause real harm.

Abortion stigma that is buried within a country's laws or a clinic's policies can be difficult to overcome. Individual community members experience the most harm from these types of laws and policies, and they typically have the least power to change them.

Our traditions, cultural practices and religious beliefs can contribute to abortion stigma, and it can be difficult to try and shift them. The first step is to build awareness of where and how abortion stigma shows up in places like schools, churches, government policies and families. The next step is to examine its impact on individuals and on entire communities over time. With this new understanding, we can begin to promote the idea that change is needed. We can work together to adjust the stigmatizing traditions, practices and policies that are harming our neighbors to create new—or slightly altered—ones that ensure a community that works for the betterment of *all* people.

This module addresses both structural and institutional barriers, both of which are difficult for individual community members to change. Structural and institutional barriers to abortion care prevent people from receiving the services they seek, and they are obstacles to care that are built into the larger system (Kumar, Hessini, & Mitchell, 2009). An example of a structural barrier is a health facility that does not have a trained abortion care provider, or a clinic that only provides abortions on certain days of the week. An example of an institutional barrier is a law that says a person must be 18 or older to have an abortion, or a hospital that does not provide abortion care because it is run by a religious institution.

These activities explore how abortion stigma shows up in information sources, health services, and policies and laws. Although the activities in this module don't directly address other institutions or systems, you could adapt some of them for schools and the education system, among others.

Your Module 6 goals as a facilitator

- To introduce participants to the idea of structural and institutional barriers to abortion care;
- To deepen participants' understanding of the ways in which abortion stigma shows up in health care and the law, specifically.

ACTIVITIES AT A GLANCE

ACTIVITY NUMBER	NAME	PURPOSE FOR PARTICIPANTS	TYPE OF ACTIVITY	ACTIVITY LEVEL
6A	Who teaches us about sex and sexual health?	Identify how and where they learned about sex and sexual health Understand the importance of reliable information and supportive services	Brainstorm where they learned about sex Rate their sources of information Crowdsource ideas for better information	Introductory
6B CORE	The most stigmatizing health facility in the world	Understand how poor health services can create an environment that fuels stigma Identify ideas for advocating for change	Small groups create the most stigmatizing health facility in the world Small groups identify current health facility practices that perpetuate stigma Full circle addresses what needs to change	Introductory
6C	Finding abortion stigma in health facilities	Identify where and how stigma takes place in different areas of health facilities Begin to identify how to reduce stigma in health facilities	Group walks through the areas in a virtual health facility, identifying where stigma happens Pairs question why the stigma happens	Intermediate
6D	Unsafe abortions and abortion stigma	Understand how abortion stigma pushes potentially safe procedures underground Understand what informal providers are, why they exist and why women choose to go to them Brainstorm ideas about how to include informal providers in strategies to combat abortion stigma	Roleplay to look at how abortion stigma can be a result of the existence of informal providers and how it can create an environment that makes their existence necessary Rotations to brainstorm how to involve informal providers in stigma- reduction strategies	Advanced

ACTIVITY NUMBER	NAME	PURPOSE FOR PARTICIPANTS	TYPE OF ACTIVITY	ACTIVITY LEVEL
6E CORE	Abortion stigma and the law	Know and understand our country's law on abortion	Group hears the country's abortion law	Advanced
		Understand the ways the law may perpetuate stigma seffects of the law		
		Identify how we can advocate for improved abortion laws in the country	Full circle discusses legal advocacy	

6A: WHO TEACHES US ABOUT SEX AND SEXUAL HEALTH?

[Adapted from Gender or sex: Who cares? Skills-building resource pack on gender and reproductive health for adolescents and youth workers, by M. de Bruyn and N. France, 2001.]

FACILITATOR NOTES

Often young women and trans people cannot get clear information about sex and sexual health, and they find it difficult to access contraception. Many unintended pregnancies occur in environments where information and services are hard to access. Even where contraception is available, health-care providers, families and communities often stigmatize young women and trans people if they know or suspect them of being sexually active.

How did we as young people learn about sex? Where did we go for information and advice about sexual health and contraception? Remembering our own experiences gives us insight and empathy for young people seeking information and services today.

In this activity, participants identify how they learned about sex, then rate their different sources of information. Finally, they brainstorm how to ensure that all people have access to information and services.

Talking about sex as a facilitator requires sensitivity. We recommend you conduct this activity with a co-facilitator. It is crucial for participants to agree to respect each other's confidentiality. For some participants, the activity may feel deeply personal. Always give participants an option to opt out. The questions particularly the question about negative information in the rating step—may remind participants of negative personal experiences or abuse. Be aware of this possibility as a facilitator. Have a plan with your co-facilitator to support people. If someone discloses a negative experience, follow up with them after the workshop to see if they need support or resources.

In some places, if a person shares an experience of abuse or discloses that they may harm themselves or someone else, you may be required by law to report this to the appropriate authorities. Prior to conducting this workshop, look up resources for more information about your setting.

If you are working with a group of young people, please see the adaptation listed in Step 2.

TIME:

55 minutes

GOALS:

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

- Identify how and where they learned about sex and sexual health;
- Understand the importance of reliable information and supportive services.

MATERIALS AND PREPARATION:

- Identify your co-facilitator and create a plan together for supporting people in distress; specifically, have a sense of the local gender-based violence resources and organizations so that you can refer participants to them if needed;
- Draw a large copy of the rating sheet on flipchart paper;
- Practice doing the rating step.

RATING OUR PERSONAL SOURCES OF INFORMATION ABOUT SEX

SOURCE	SOURCE OF POSITIVE INFORMA- TION?	SOURCE OF NEGATIVE INFORMA- TION?	SOURCE OF ACCURATE INFORMA- TION?	SOURCE OF INACCU- RATE INFORMA- TION?	SOURCE OF USEFUL INFORMA- TION?	NO INFORMA- TION AT ALL?
Parents						
Other family members						
Friends						
Internet						
Religion						
TV and radio						
Books						
Schools and teachers						
Your own experience						
Music						

FACILITATION STEPS:

1. Introduce the exercise (5 minutes): Two causes of unintended pregnancies around the world are a lack of information about sex and limited access to contraceptives. How did we, as young people, learn about sex? Where did we go for information and advice? Remembering our own experiences gives us empathy for young people seeking information and services today. In this activity, we'll explore how we can improve access to information and services.

Before we start, there are two things that are important to address, since sex can be a sensitive subject. First, I'd like to get everyone's agreement that we will respect each other's confidentiality. That means that what we hear here today stays here, and we will protect each other's privacy by not repeating what we hear. Make sure everyone actively agrees. Second, if you don't feel comfortable participating in any part of the activity at any time for any reason, simply stop and take a break. And if you need some support, just let us know. Make sure everyone understands they can opt out. 2. Buzz and brainstorm (10 minutes): Pair up with the person next to you. Think of the different people and places where you learned about sex when you were younger. After a few minutes, take one answer from each pair.

Adaptation: If you are working with a group of young people, tell them instead, *think of all the different people and places where young people learn about sex.* Then, continue with the activity as described below.

- **3.** Rating our sources (20 minutes): Let's see how good we think our sources of information were. I'll name different sources, one by one, and then ask you about the quality of information you got from that source. Raise your hand when you agree (for example, "books" might be a "source of accurate information" for one person, but a "source of inaccurate information" for another). The ranking is a tool for group reflection. If you don't feel comfortable raising your hand on any category, for any reason, don't feel that you must. Read out the first source of information (for example, "parents"). Then, one by one, read out the categories. Count the number of hands for each category and write it in that box. Repeat with the next source of information until you've filled out the rating sheet. Now take a minute to look over the results. Or you can point out a few interesting results.
- 4. Process together (10 minutes): Ask the group:
 - How did you feel when you were filling in the rating sheet?
 - What did you notice from our ratings?
 - Are there any reflections that you want to share with the group?
 - What sources of information did you have that weren't on the list?
 - What was your best source of information and why?
 - How does this contribute to abortion stigma?
- 5. Crowdsourcing (15 minutes): Take a few minutes on your own to come up with one bold idea about how to make sure people today get clear and honest information about sex. After a few minutes, collect ideas and write them on a flip-chart. Each person should vote for his or her favorite three ideas. Take a minute to choose. After a minute, read each idea out loud and tally the votes, writing them on the flipchart. Read out and celebrate the three winners! Encourage participants to use the ideas.

6. Summarize (3 minutes):

Key summary messages

- To reduce unintended pregnancies, we must improve people's access to information about sex and sexual health, as well as access to contraceptives.
- While more and more people have access to the internet, online information about sex and contraception is often inaccurate and unclear.
- Inaccurate information about sex and contraception can contribute to abortion stigma as information about sexuality, pregnancy and abortion become unreliable and shrouded in myths and misconceptions.
- Many barriers exist that prevent people from asking questions and getting the answers they need. As parents, family members, teachers, peers and activists, we all have a role to play in helping people to be better informed about sex, sexual health and resources.

6B CORE: THE MOST STIGMATIZING HEALTH FACILITY IN THE WORLD

[Adapted from *Liberating Structures,* developed by Henri Lipmanowicz and Keith McCandless. Inspired by the eponymous Russian engineering approach.]

FACILITATOR NOTES

Sometimes health facilities perpetuate abortion stigma. In some cases, the facilities and providers themselves stigmatize patients. In other cases, the facilities make decisions that set patients up to be stigmatized by the community. For example, some health centers offer abortion services only on certain days of the week, which makes it easy to see who is coming for an abortion. Other health centers house people who have just had an abortion in the same ward as those who have just delivered babies. It is important to consider how health services can provide a friendly environment that doesn't stigmatize people who are seeking abortions.

To create new ways of doing things, we first must identify the old ways and let go of them. In this activity, you will use a problem-solving analysis and forecasting method to help participants identify the worst examples of abortion stigma in health facilities. Once we have identified them, we can start to explore how to change them.

This activity pairs well with Activity 6C: Finding abortion stigma in health facilities. Although it is not required, 6C will help participants gain a greater understanding of this topic.

TIME:

50 minutes

GOALS:

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

- Understand how health services sometimes create an environment that fuels stigma;
- Identify ideas for advocating for change.

MATERIALS AND PREPARATION:

- Arrange seats in small groups;
- Give each group a flipcharts and markers;
- Review these sample responses—from a pilot workshop in Zambia—that answered the question: "What are some of the first steps we can make toward change?"
 - o Re-educate service providers

- o Integrate abortion services into sexual and reproductive health services
- o Create more materials, including an abortion stigma framework
- o Lower abortion fees
- o Make abortion services more friendly
- o Translate tools
- o Mainstream planning and work around abortion stigma
- o Hold refresher trainings for facility heads, providers, volunteers and general workers
- o Involve policymakers to simplify the law
- o Do more advocacy work on abortion stigma

FACILITATION STEPS:

- 1. Introduce the activity (3 minutes): This activity helps us think about what needs to change to tackle abortion stigma in health facilities. We will try out a method that can help us find innovative solutions to a problem.
- 2. Work in groups (20 minutes): Divide participants into several groups and give each group a flipchart and markers. In your groups, discuss this question: "What would the most stigmatizing health facility in the world look like?" Write words and draw pictures to show your ideas. Be creative, have fun, use your imagination and exaggerate your ideas.
- **3.** Are we doing any of that? (12 minutes): In your small group, explore which current practices in this community's health facilities fuel abortion stigma. Are there things that we—as health workers, abortion advocates and community groups—are doing that contribute to the stigma? After a few minutes: Return to the full circle and share what was most surprising or enlightening about this activity. Has the activity helped us see things that we are doing that we might not have realized otherwise? What impact does that have on our work? What do we need to let go of?
- **4. Planning change (10 minutes):** Now, discuss with a partner: What are some first steps we can plan to start changing these practices? After a few minutes, take a point from each pair. Make note of actions you can put into practice in your work and life.

5. Summarize (5 minutes):

Key summary messages

- Abortion stigma is common in many health facilities. Imagining the worst scenario helps us find the things that need to change in real life. There are many opportunities to make a difference.
- It's not unrealistic or idealistic to imagine abortion services taking place in an environment that's friendly and welcoming to both patients and staff. It is something we can strive for as community members, health workers and abortion advocates. Eliminating abortion stigma would result in improving health services for everyone. It would also improve the morale and working conditions of the staff, which benefits everyone.

6C: FINDING ABORTION STIGMA IN HEALTH FACILITIES

FACILITATOR NOTES

Both patients and providers routinely experience abortion stigma in health facilities. Health workers' negative attitudes and judgments impact patients by creating a negative experience of care. Sometimes people who have an abortion internalize the stigma they encounter in the health facility. Health-care workers can also feel demoralized and isolated when people stigmatize them for providing health care to people who seek abortions.

This activity works best with a mix of community members—including abortion advocates—and community health workers. It's a good idea to do Activity 6B CORE: The most stigmatizing health facility in the world with your participants before doing this activity.

A good resource to consult during the preparation of this activity is an inroads tool, *Abortion stigma and quality of care*. This two-page tool has examples of "stigma-related barriers to quality abortion care" and excellent suggestions for "what stigma-free services could look like" (International Network for the Reduction of Abortion Discrimination and Stigma, 2015).

TIME:

1 hour

GOALS:

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

- Identify where and how stigma takes place in different areas of health facilities;
- Begin to identify how to reduce stigma in health facilities.

MATERIALS AND PREPARATION:

- Set up a pretend health facility in the training space. If possible, ask a health worker to help you.
 - o Use chairs and tables to make different departments of a health facility; include the gate, reception area, waiting room, examination room and operating theater.
 - o Draw or print pictures and make signs to label each area.
 - o Include a few props, if you have them, to make each area more realistic.
- Prepare one or two ideas of how abortion stigma shows up in each space of the health facility.

FACILITATION STEPS:

- 1. Introduce the activity (3 minutes): In this activity, we'll explore abortion stigma in health settings. Many patients experience abortion stigma in health facilities. Health-care workers also experience abortion stigma. Together we are going to find the areas of a health facility where patients and staff might encounter abortion stigma. We will do this by walking through the facility and stopping at places where we think people might stigmatize or discriminate.
- 2. Walk and talk (12 minutes): First, find a partner. We'll start at the gate of the health facility, then make our way through the different areas. With your partner, discuss examples of abortion stigma that might occur in each area. Feel free to sit down to jog your memory and imagination. Identify moments when both patients and health-care providers may experience stigma. As the facilitator, follow the group and take notes for the later discussion.
- **3. Examples of stigma (10 minutes):** Return to the full circle and ask the group: What were some of the examples of abortion stigma that we identified on the walk? You may need to remind them to include examples of providers experiencing stigma.
- **4.** Nine whys (10 minutes): Now find a new partner. One person in your pair will choose one example of abortion stigma from the examples we discussed. The other person will ask: Why do you think this happens? After the partner answers, ask: Why is that? to dig deeper. Keep asking why up to nine times, until you can get no further. After five minutes: Switch roles, choose a different example and repeat.
- **5. Reflections (10 minutes):** Join another pair and share your experience and insights. After a few minutes: Let's come back together. Does anyone want to share what they have learned about why patients and providers experience abortion stigma in health facilities?
- 6. Action ideas: Buzz and brainstorm (15 minutes): Divide participants into five groups. Ask them to answer the following question through the levels in the list (below): What could help to reduce abortion stigma in health facilities? Go around and give each group guidance to get them started.
 - **Policy level:** Are there policies that could help to change practices? For example: Make a facility policy stating that health-care providers must offer pain medication to people getting an abortion.
 - **Structural level:** Is there anything we can do about the environment or the building? For example: Stop housing patients recovering from abortions in the same ward as those who just gave birth.
 - Staffing level: Can we help to change stigmatizing behavior among staff?
 For example: Reward and recognize staff who treat all patients with respect and dignity, including patients who come for abortions.
 - **Community level:** How can the community work with the clinic to break down stigma? For example: Train community members to accompany people coming for an abortion to serve as patient advocates.

o **Individual level:** What can I do? For example: Speak up when I hear health-care providers in my community judge those who need abortions.

Now come back to the full circle and share two of your group's ideas with everyone. At the end: I encourage you to carry your ideas forward!

7. Summarize (3 minutes):

Key summary messages

- Abortion stigma in health facilities degrades and harms both patients and providers. Providers' negative attitudes and judgments can impact patients by creating a negative experience of care. Providers can also feel demoralized and isolated when people stigmatize them for providing health care to people who seek abortions.
- Sometimes providers stigmatize without realizing it, or without being aware of the consequences of their words and actions. In many communities, patients hold providers in high esteem and see them as role models. If people see them stigmatizing people who are pregnant around abortion, others may copy their behavior outside of the health facility.

6D: UNSAFE ABORTION AND ABORTION STIGMA

FACILITATOR NOTES

Quacks. Clandestine providers. Back-alley abortion providers. Traditional healers. Life savers.

There are many different names, good and bad, for people who provide abortion outside the formal health system, what we'll refer to generally as "informal" providers. In places where abortion is legally restricted, costly or inaccessible, informal abortion providers may be the only option for people who are pregnant and their families.

While some informal abortion providers use unsafe methods, they may also be providing critical information and support for people who are pregnant who feel they have limited options.

In the realm of informal providers, it is important to recognize internationally renowned groups like Women on Web, Women Help Women and the many local and national abortion hotlines developed because of restrictions on abortion care worldwide. These groups are trustworthy, knowledgeable and life-saving, and often a community's only providers of safe abortion information and care.

This activity demonstrates how abortion stigma can both create an environment that necessitates the existence of informal providers—driving potentially safe services underground—and perpetuates the use of unsafe methods by informal providers.

The World Health Organization defines unsafe abortion as a procedure for terminating an unwanted pregnancy either by persons lacking the necessary skills or in an environment lacking minimal medical standards or both (Ganatra, Tunçalp, Johnston, Johnson, Gülmezoglu, & Temmerman, 2014). Each year between 4.7% – 13.2% of maternal deaths can be attributed to unsafe abortion (Guttmacher, 2017). Research has shown that making abortion illegal does not alter the number of women who have abortions, but that it can make it more difficult for women to access the care they need, which sometimes results in unsafe abortion. The harm and deaths associated with unsafe abortions are preventable (Say, Chou, Gemmill, Tunçalp, Moller, Daniels et al., 2014).

Abortion stigma and restrictions on abortion care can make it difficult for people who are pregnant to verify the quality of a provider's services or information, force them to search for information in secret or push them to rely on dangerous abortion methods, such as chemicals or sharp objects. Abortion information and care should be legal, safe, accessible, affordable and high quality.

Within this activity, we will explicitly discuss ways of working with informal providers to ensure they're providing safe, accurate information and care for those who need it. When we create systems of care that are collaborative, organized and well-informed, we can begin to dismantle the abortion stigma that hurts people who are pregnant or may become pregnant, families and entire communities.

TIME:

50 minutes

GOALS:

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

- Understand how abortion stigma pushes potentially safe procedures underground with a higher risk of being unsafe;
- Understand what informal providers are, why they exist and why women, girls and trans people choose to go to them;
- Brainstorm ideas about how to include informal providers in strategies to combat abortion stigma.

MATERIALS AND PREPARATION:

- Print a copy of the 5 Scenarios for Step 2, cut them up and give them to five participants, who will read them to the group.
- Write the discussion questions from Step 2 on a flipchart.

Scenario 1: I am a traditional healer. I provide abortion services in accordance with our community's ancient traditions. We have used these methods for hundreds of years. The local clinic will not allow us to bring our beliefs into the exam room, so we must provide these services at our homes.

Scenario 2: I am an informal provider. Some people call me a "quack," but I am only trying to help women. My friend died because she had nowhere to turn when she became pregnant after being raped. I promised myself I would do something to help other women who find themselves in similar situations, so I provide these services.

Scenario 3: Many people need abortions, and I saw this as an excellent business opportunity. Because abortions are illegal in my community, there are no other options for women who have an unwanted pregnancy. Even though I have no training on how to provide abortions, I want to make money to support my family, so I offer these services.

Scenario 4: I work for a non-profit organization that is made up of pharmacists who have been trained on how to give medical abortion, or abortion with pills. Because abortion is illegal in my community, however, we must do this in secret. We mail women pills and then talk with them on the phone to explain how to take them and when. We receive updated training as needed and work very hard to protect our patients' privacy.

Scenario 5: I used to be a formal abortion provider, but when the law changed to make abortion illegal, I was fired for continuing to provide the services in the clinic. It has been more than 20 years since I last received an updated training on abortion services and my tools are very old, but I don't want to leave the women in my community without any options.

FACILITATION STEPS:

- 1. Introduce the activity (3 minutes): In this activity, we will learn about informal providers. You may have heard different names to describe informal providers, or people who provide abortions outside of the formal health system. Some of these names are positive and some are negative. In places where abortions are legally restricted, expensive or difficult to access, informal abortion providers may be the only option that people who are pregnant and their families have. While some informal abortion providers use unsafe methods, they may also provide critical information and support for those who have limited options.
- 2. Roleplay and discussion (25 minutes): Let's look at how abortion stigma fuels the existence of informal providers and creates an environment that makes their existence necessary. To do this, I need five volunteers to read these scenarios to the group.

Give one scenario to each person and have them read it out loud. After each scenario is read, ask the following questions:

- How does abortion stigma play a role in why this provider exists?
- What kind of situations would lead a person to choose to go to this provider? Encourage participants to think about age, cost, religion, laws and availability.
- Are there positive things about the existence of this provider?
- How does the existence of this provider perpetuate (or worsen) abortion stigma, whether in reality or perception?
- **3.** Buzz and brainstorm (10 minutes): Now that we have an idea of why these informal providers might exist and why people who are pregnant may choose to go to them, let's brainstorm some ideas about how we might involve them in our stigma-reduction strategies. Work in groups of three or four and think of five specific ways you might work with informal providers to reduce abortion stigma and make abortion care safer and more accessible. Write these ideas on a flip-chart. When you're finished, post it on the wall.
- **4. Gallery walk (10 minutes):** Ask participants to come together and walk as a group from one flipchart to another, allowing participants to present their points.

5. Summarize (2 minutes):

Key summary messages

- Informal providers can fuel abortion stigma and abortion stigma often creates a need for informal providers.
- Informal abortion providers are sometimes the only option for those who need an abortion. We can work with informal providers to make abortion care safer and more accessible.

6E CORE: ABORTION STIGMA AND THE LAW

FACILITATOR NOTES

Opponents of abortion access often quote restrictive laws or use them as a reason for not expanding access to safe abortion. But many people don't fully understand the actual law around abortion in their country, or how it law might be interpreted differently to expand access to abortion care. Laws that restrict access to abortion are themselves a significant source of abortion stigma.

This workshop requires some advance preparation on your part. Before you facilitate this exercise, familiarize yourself with what the laws in your country say about abortion by looking them up in the *WHO global abortion policies database*. Pay attention to how minors, immigrants and other groups are treated under the law. Sometimes even progressive abortion laws—or a country's other laws—make it difficult for certain groups to access abortion services. If possible, invite a legal advisor or an expert on abortion law to explain it to you in advance and to participate in the workshop.

This is an advanced-level activity that we recommend using after participants have completed other activities in this, or other, modules. Many participants will not have heard or seen the law before. Make sure the workshop environment is nonjudgmental, so participants can feel free to ask questions. Some participants may want to know what the law says in other countries. If possible, prepare some notes on other countries in advance.

TIME:

1 hour

GOALS:

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

- Know and understand their country's law on abortion;
- Understand the ways the law may perpetuate stigma;
- Identify how to advocate for improved abortion laws in the country or how to re-interpret current laws to expand access to abortion care.

MATERIALS AND PREPARATION:

- Research the abortion laws in your country. Pay attention to how minors, immigrants and other groups are treated under the law. If anything is unclear to you, meet with an expert on abortion law before the training, and if possible, invite them to participate in the workshop. This World Health Organization resource is an ideal place to start; the Center for Reproductive Rights' map of abortion laws worldwide is also helpful.
- Prepare a summary of your country's law on abortion. Include the impact of the law on minors, immigrants and other groups. Keep in mind you'll be asking participants to use your summary to answer these questions:

- o What does the law say about abortion in this country?
- o Where do you think the law comes from? Who do you think wrote the law?
- o Which parts of the law might fuel abortion stigma?
- o How do laws prevent access to abortion services?
- o Is there anything missing from the law that you would like to see included?
- Make seven copies of the summary.
- If possible, prepare notes on other countries that might be of interest to your participants.
- Work with a co-facilitator so that each facilitator can read the summary to a group.
- Write this quote on a flipchart and post it on the wall:

"To deny people their human rights is to challenge their very humanity."

- Nelson Mandela, South African civil rights activist

FACILITATION STEPS

- 1. Introduce the activity (2 minutes): For people who are pregnant or may become pregnant to exercise their human rights, they need access to abortion. But for some, abortion remains a controversial issue. In many countries, restrictive laws and social stigma around abortion are common. Restrictive abortion laws do not stop people from having abortions, but they may result in unsafe abortions. This activity will help us understand what the law says about abortion in our country, so we can consider our role in helping reinterpret or change it.
- 2. Quote (5 minutes): Read the Nelson Mandela quote that you posted on the wall.

Do you have any thoughts about the quote? How does this relate to abortion stigma within the law?

- **3.** Buzz and brainstorm (10 minutes): Find a partner and discuss: What do we know about the abortion law in this country? After a few minutes: Share what you know with the full circle.
- **4. Small groups (15 minutes):** Divide participants into five small groups and hand out copies of the law. Choose someone in your group to read our country's abortion law out loud. If you would like a facilitator to read the law to your group, let us know. Assign each group one of the following questions:
 - What does the law say about abortion in this country?
 - Where do you think the law comes from? Who do you think wrote the law?
 - Which parts of the law might fuel abortion stigma? Are there ways that we can reinterpret these parts to expand access to abortion care?

- How might this law prevent access to abortion services?
- Is there anything missing from the law that you would like to see included?
- **5. Report back (7 minutes):** Ask each group to present key points from their discussion. Encourage discussion after each presentation.
- 6. Process using 2-4-All (10 minutes): Find a partner and share ideas on this question: What can we do to advocate for more supportive laws around abortion? After a few minutes: Now join up to make groups of four and identify your top three ideas for action. After a few more minutes: Come back to the full circle and present your ideas. After each group's presentation, we'll discuss what we think about the ideas.
- 7. Summarize (3 minutes):

Key summary messages

- Control over one's own body is a basic human right. Sometimes abortion laws take away this right.
- Restrictive abortion laws do not stop people from having abortions. Abortions will continue to happen, and the restrictions may result in them being unsafe.
- Knowing and understanding the abortion laws in our country is important in our fight against abortion stigma.

KEY RESOURCES

Abortion attitude transformation: A values clarification toolkit for global audiences (Turner et al, 2011)

Abortion and its multiple contexts, video lecture (Carolyn Sufrin, 2016)

How to talk about abortion: A guide to rights-based messaging (International Planned Parenthood Federation, 2015)

Global abortion policies database (World Health Organization, 2018)

The world's abortion laws, 2018 (Center for Reproductive Rights, 2018)

Protocol to the African charter on human and peoples' rights on the rights of women in Africa [The Maputo Protocol]

Abortion stigma and quality of care: A proposed framework for analysis and integration (inroads)

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ACTIONS TO END ABORTION STIGMA

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INTRODUCTION

The goal of deepening our understanding of abortion stigma is to prepare ourselves to act together to end it. This module is designed to help participants explore different ways of advocating and acting to stop abortion stigma. We can take powerful actions to eliminate abortion stigma. These actions include deciding to challenge stigma in our relationships and in our communities, increasing community knowledge about abortion, helping our communities and countries imagine a stigma-free world, advocating for policy change, and changing messages and attitudes about abortion in the media.

Your Module 7 goals as a facilitator

- To introduce participants to various advocacy options and support them in choosing which ones to pursue;
- To inspire participants to take action to end abortion stigma in their communities and countries.

ACTIVITIES AT A GLANCE

ACTIVITY NUMBER	NAME	PURPOSE FOR PARTICIPANTS	TYPE OF ACTIVITY	ACTIVITY LEVEL
7A CORE	Speaking out and taking action	Identify how, when and where we can break the silence around abortion Practice speaking out and interrupting abortion stigma	Sharing in pairs Roleplays Pledges to speak out	Advanced
78	A world without abortion stigma	Imagine and define what the result of successful interventions would look like Identify specific actions they can take to challenge stigma	Draw visions of a world without abortion stigma Share visions Map visions onto each other	Advanced
7C	Lessons from other movements	Recognize the successes and pitfalls of other stigma- reduction campaigns and interventions Identify opportunities, risks and processes in pursuing strategies to reduce abortion stigma	Reflect on major social change during our lifetime Group work to explore the Four Stigma Reduction Strategies: reframing, contact, education and activism	Advanced
7D	Ideas for action: Reframing abortion, thinking big!	See the value of shifting common images and language around abortion Identify ways to reframe abortion	Small groups representing different community members develop messages Community walk to hear messages	Advanced
7E	How to respond to stigma in the media	Identify overt and subtle forms of stigma in the media Explore ways stigma in the media has personally affected them Develop messaging and strategies to counter stigma narratives in the media	See/hear media examples of stigmatizing messages Take turns being pro and anti-choice respondents to media	Advanced

7A CORE: SPEAKING OUT AND TAKING ACTION

[Adapted from Understanding and challenging HIV stigma: Toolkit for action, by R. Kidd and S. Clay, 2003.]

FACILITATOR NOTES

In most societies, people assume abortion is not something we can discuss openly; we often discuss abortion in whispers. It is rare that people who have abortions feel safe enough to openly share their experiences. Even feminists and advocates in countries where abortion is legally protected feel pressure to stay silent.

Organizations and advocates who speak publicly in favor of safe abortion access also learn that there are situations where it is better—or at least easier—to keep quiet. Sometimes we silence ourselves as advocates because we are not sure what others will say or do. While this can be necessary and strategic at times, sometimes we operate in secrecy because of stigma, not strategy.

The pressures to keep quiet about abortion are a result of stigma. Silence fuels abortion stigma because it gives people opposed to abortion the power to define abortion-related debates. We must break the silence around talking about abortion. We must have the conversation on our own terms.

This activity is about helping participants practice speaking out. Make sure each participant makes a pledge as a way of starting to take action.

TIME:

1 hour

GOALS:

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

- Identify how, when and where we can help break the silence around abortion;
- Practice speaking out against abortion stigma.

MATERIALS AND PREPARATION:

• Prepare your own pledge to present during Step 7 and share it as an example.

FACILITATION STEPS:

1. Introduce the activity (2 minutes): As advocates for safe abortion, sometimes we keep quiet. We work in an atmosphere of secrecy—often for our own protection, but also to avoid stigma and conflict. However, there are times when we can break this silence. We can help steer the dialogue around abortion. By taking control of the debate, we are challenging abortion stigma. This activity helps us practice speaking out.

- 2. Reflection (3 minutes): By yourself, spend a few minutes thinking about a time when you kept silent about your views on abortion. If you can't remember, imagine a scenario in which you might be afraid to talk about abortion. Give the participants time to think. Make sure the room is quiet during this time.
- **3.** Share in pairs (5 minutes): Now find a partner. Share how it felt to do the reflection. Give the pairs several minutes to discuss.
- **4. Brainstorm (10 minutes):** Have everyone come back to the large group, and ask:
 - What are some of the risks of speaking out about abortion?
 - What are some of the benefits?
 - Where and when might the benefits outweigh the risks?
- **5.** Roleplay with a partner (20 minutes): As we've seen, it can be difficult to speak out. Because of that, we are now going to practice speaking out so that when we're faced with these situations in our everyday lives, we feel prepared to handle them. Stand in two lines facing each other. Pair up with the person opposite you. Think about a situation where it is important to speak out about your support for safe abortion. It could be an opportunity you missed when you kept quiet in the past. Or it might be a time in the future when you can imagine speaking out to challenge abortion stigma. Take a minute to decide:
 - Who you are talking to
 - Why you want to speak out
 - What you are going to say

Take turns with your partner. Each person gets two times to practice speaking out. As the speaker, tell your partner what your scenario is, then try speaking out. As the listener, give feedback to your partner:

- How did it sound?
- Were their points clear?
- Is the message getting across?
- How could it be stronger?

After a few minutes: Now change roles.

- 6. Stand in a circle (8 minutes): How did you find the practice? Is there any pair that would like to demonstrate in front of the group? Watch one or two pairs if they are willing, and then ask:
 - What worked well?
 - Was this a good time to speak out?
 - Were there any risks involved in speaking out?
 - Would you do anything differently?

- 7. Pledges to speak out (10 minutes): Now think of a pledge, or a promise, you are willing to make today to speak out against abortion stigma. Think of a situation and a specific way you are willing to act. After a couple of minutes: Stand up, one by one, and make your pledge to the group.
- 8. Summarize (2 minutes):

KEY SUMMARY MESSAGES

- We all have a role to play in breaking the silence around abortion. As family members and friends, advocates and activists, we can decide to talk more openly, in spaces where we are safe and where we're not putting anyone at risk.
- When we share our stories, we open the door for others to share. With more sharing, we can break down the feelings of shame around abortion that exist in so many places.

7B: A WORLD WITHOUT ABORTION STIGMA

FACILITATOR NOTES

A vital part of advocating for change is being able to imagine—and help others to imagine—what a world without abortion stigma might look like, at all levels of society. Having a vision for the future is necessary to inspire us and our advocacy networks to work to achieve change.

This activity is useful at the beginning of an action-planning session. Helping participants picture a world without abortion stigma is a great way to motivate them to take concrete action.

The activity involves participants creating their vision of a world free of abortion stigma. They will be writing, drawing or making a collage to represent their dream of a stigma-free world. Some participants might feel nervous to do artwork—reassure them that this is not an art competition. It's just a different way to express their ideas. Exploring how participants can start combining their ideas and turning them into plans is the first step toward collective action for change.

TIME:

45 minutes to 1 hour

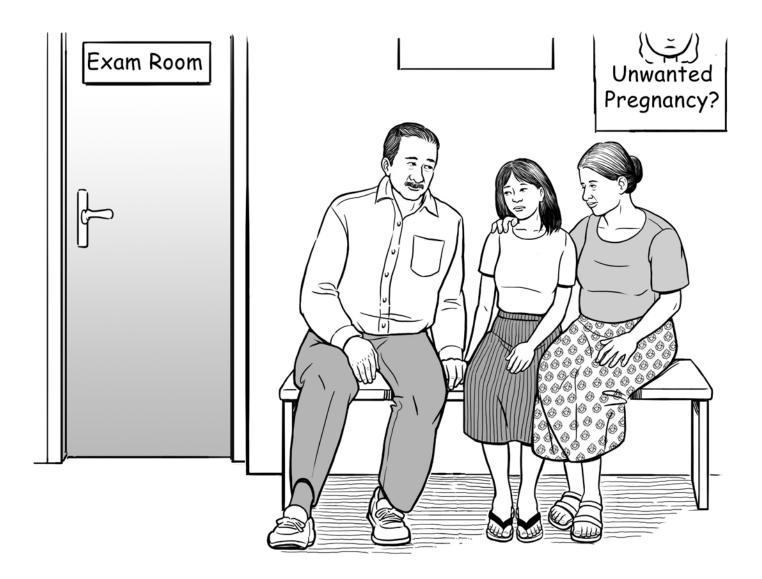
GOALS:

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

- Begin to define what the result of successful interventions would look like;
- Identify specific actions they can take to challenge stigma.

MATERIALS AND PREPARATION:

- Put one sheet of flipchart paper per participant on the table, wall or floor;
- Have markers, pencils, crayons, old newspapers, magazines, pictures, scissors, and glue or tape available;
- Print several copies of these four illustrations and leave them at each table.









FACILITATION STEPS:

- 1. Introduce the activity (2 minutes): To act for change, we must boldly imagine what a new world will be like. In this activity, we are imagining a world without abortion stigma.
- 2. Drawing our vision (15-30 minutes): Take some time now to create your vision of a world without abortion stigma. The pictures on your table can be used as inspiration. You can draw pictures, cut out images or write something to show the world you imagine—or you could do all three! Be creative and bold in your vision. Remember: This is not an art competition. It's just a different way to express your ideas. It will take some participants longer than others to get started, so give them enough time. Encourage them throughout the activity.
- **3.** Sharing our vision (15 minutes): Let's return to the full circle. Show your pictures one by one to the group and explain your vision: What kind of world do you want to see? Allow each participant to share their vision.
- 4. Mapping our visions (10 minutes): Now pair up with someone you don't know well. This activity is about putting your vision into action. Take turns sharing what your vision inspires you to do; think of your picture as a map that walks you through the path of change. After a few minutes, once everyone has shared: With your partner, come up with two or three bold actions you plan to take that combine elements of your two visions. How can your visions come together to create something new or strengthened? The goal is to think big and be creative, so don't limit yourselves. After a few minutes, ask each pair to share their combined ideas for action with the group. After each idea, ask for a show of hands from others who would consider helping turn the idea into a plan for action.
- 5. Summarize (3 minutes):

Key summary messages

- Imagining a positive vision of the future can inspire us to act and help us to define our goals.
- Working together to combine our bold visions can help us come up with new plans to advocate for change.
- Having concrete ideas as guidelines for action and change can help bring others on board so that we are working toward a common goal.

7C: LESSONS FROM OTHER MOVEMENTS

FACILITATOR NOTES

The most effective stigma-reduction strategies operate on many levels. Stigma reduction involves working with individuals, communities and health providers; influencing policy; and raising greater awareness in society overall. Creating social and cultural change can be a long process that requires ongoing commitment from advocates. But it does happen!

The most effective strategies employ different methods at different times. There is no magic formula and it can be hard to predict what will work. There might be a lot of debate about which strategies to pursue. It's common in social movements for different groups to pursue strategies that seem contradictory or repetitive. The important thing is to invite positive debate. Evaluate whether you think a strategy is working, recognizing that it might take a long time to see change.

Lessons from other campaigns and social movements can show us the way as we plan and act against abortion stigma. The next few activities explore other movements' strategies in greater depth. The main aim of this activity is to focus on strategies for addressing social stigma. It draws from movements that aim to reduce stigma around other issues, particularly HIV and mental health.

Before you facilitate this activity, think of local examples of how campaigns have used the four stigma-reduction strategies; this will help start the group discussions.

TIME:

1 hour 30 minutes

GOALS:

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

- Recognize the successes and pitfalls of other stigma-reduction campaigns and interventions;
- Identify opportunities, risks and processes in pursuing strategies to reduce abortion stigma.

MATERIALS AND PREPARATION:

- Gather flipchart and markers.
- Make a sign for each of the four stigma-reduction strategies (reframing, contact, education, activism) and post them in the corners of the room.
- Write a list of local examples of how people have used these strategies to advocate for stigma reduction. Areas where stigma may have been reduced in your community include: HIV, LGBTIQ issues, women working outside of the house,

women running for public office, divorce, menstruation, masturbation, mental health, contraception and disability.

• Write the group questions (from Step 6) on a flipchart and post them on the wall.

FACILITATION STEPS:

- 1. Introduce the activity (2 minutes): In this activity, we will focus on strategies for addressing social or public stigma. Over the years, many movements have succeeded in changing people's attitudes and beliefs. Those changes led to a reduction in stigma and discrimination. In this activity, we will draw on lessons from some of those movements. Their success will help guide us in our action plans to reduce abortion stigma.
- 2. Brainstorm (8 minutes): Name some issues in our community and in our country that have become less stigmatized over time. To get the brainstorm started, give the group a couple of local examples from the list you prepared. Write the issues that the group names on a flipchart.
- **3. Explore in small groups (10 minutes):** Break into groups of two to four people. Each group will choose one of the issues from the list of local examples. Give them a minute to form groups and choose an issue. Read the list out loud if necessary. Now take a few minutes to discuss the following questions: What do you think led to the decrease in stigma on this issue? Has the stigma really decreased, or just changed? If it has changed, how is it different now?
- **4. Report back (10 minutes):** Ask groups to briefly share some highlights from their small group discussion.
- **5.** Introduce the four strategies (10 minutes): Now I'm going to tell you about four stigma-reduction strategies that have been used in other social movements in the past. Listen to the definitions of each strategy—we will use them in the next part of this activity. Read the definition of each strategy.

Reframe is about changing the way people talk, think and feel about an issue. Reframing can help to challenge assumptions, inaccuracies and negative understandings, and ultimately to reshape our attitudes and beliefs. It involves taking control of the language, images and messages that appear in the public domain. For example, people used to say "AIDS victim," which sounds negative and makes the person appear helpless. But after a campaign to change that phrase, people now say "person living with HIV." This sort of change can be especially effective when coupled with efforts to address power dynamics in movement work. In this example, activists paired the language change push with a shift to include people living with HIV as leaders in the fight against HIV stigma and as advocates for anti-retroviral treatment. Changing our associations is a key part of reframing. For example, we can start associating abortion with women's, girls' and trans people's hopes and dreams, rather than with fetuses. Words and associations hold meaning, which can change depending on who is framing the issue. The most affected groups should determine which words are stigmatizing and which words are positive and empowering.

Contact is when we spark interpersonal connections between members of a stigmatized group and people who are not members of that group. Contact can take the form of personal sharing, community storytelling, one-on-one connec-

tions or group dialogue, among other forms. As a strategy, contact has successfully reduced stigma around mental illness, HIV and gender and sexuality. To use contact effectively, make sure groups meet on equal footing. For example, don't ask a patient advocacy group to contact providers about abortion stigma in a clinic, where providers typically have more power than patients. Have them meet on neutral ground instead. Integrate people's personal experiences of stigma into the approach. Personal stories can help people who are not members of the stigmatized group deepen their understanding and develop empathy by seeing the human face behind the stigmatized group. **Note:** it is important to remember that this can sometimes feel like a heavy burden for the stigmatized group. We should always respect their limits about how much they're willing to share or educate others. It can be exhausting for stigmatized people to have to step into this role, and we should be ready to offer strong support, should it be requested.

Education means providing accurate information to help reduce stigma. Many people who stigmatize do not realize they are doing so. Stigmatizing behavior often comes from the judgments and values people hold. Education programs to reduce stigma address the fears and myths behind the stigma. They also help people understand the impact of stigma. People living with HIV, men who have sex with men, people with mental health issues and transgender women have all led successful education programs. Such programs have educated the community that you can't get HIV from a toilet seat, for example, and that people with mental health issues. Education can provide a forum for people to talk about why and how stigma shows up. It can help motivate us to reduce stigmatizing behavior.

Activism, or protest, is about highlighting injustice and calling for reform. Sometimes activists achieve reform by shaming a person or institution that is spreading stigma. Activism can be individual or collective, loud or quiet, and it can make use of education and reframing. Rallies, boycotts, public statements and letter-writing campaigns are all forms of activism. We can often see when a protest is successful in achieving specific outcomes, like getting a company to stop running a stigmatizing ad. But we can't always tell whether that outcome has an impact on stigma overall. In the example of the ad, you may get rid of that *expression* of the stigma, but you might not be able to address the underlying *causes* of stigma. However, activism can build awareness and solidarity, and it can have outcomes we can see and measure.

Take questions to deepen understanding.

- 6. Choose your strategy (30 minutes): Choose one of the four stigma-reduction strategies you would like to talk more about. Move to the corner of the room where that strategy is posted on the wall. Point out which strategy is in which corner. Participants may identify another strategy not already mentioned and form an additional group, but challenge them first to consider if their proposed strategy fits within one of the four strategies. Read out the following questions from the flipchart:
 - What are some examples of how people have used this strategy to reduce stigma?
 - Were they successful? Why or why not?

- What are the potential benefits of pursuing this strategy when it comes to abortion stigma?
- What are the potential risks?
- Who should be involved in deciding whether we should pursue this strategy, and how we should implement it?
- What else do we need? What knowledge? What resources?

As the groups start discussing, circle around to each group and remind them of the definition of their strategy as needed. Also remind them to consider all levels and areas of society, including individual, community, health providers and policy.

- **7. Report back (15 minutes):** Come back to the full circle and report the highlights from your group's discussion. After all groups have reported back: What are the key lessons and approaches from these strategies that we can apply to our work to reduce abortion stigma?
- 8. Summarize (5 minutes):

KEY SUMMARY MESSAGES

- The most effective stigma-reduction strategies operate on many levels at once—working with individuals, communities, and health providers; trying to influence policy; and raising awareness in society overall.
- Know your audience. Recognize that the same messages and strategies might not work for everyone. Consider using different messages or strategies at different times and combining strategies.
- There is no magic formula. It can be hard to predict what will work. There might be debate about which strategies to pursue—the important thing is to invite positive debate. It's common in social movements for different groups to pursue strategies that seem contradictory or repetitive. Evaluate whether you think a strategy is working, recognizing that change takes time and we must use our passion and commitment to keep pushing for it.

7D: IDEAS FOR ACTION: REFRAMING ABORTION, THINKING BIG!

FACILITATOR NOTES

Many social movements for change have successfully used a strategy called "reframing." Reframing is about changing the way people talk, think and feel about an issue. Reframing can help challenge assumptions, inaccuracies and negative understandings, and ultimately reshape our attitudes and beliefs. It involves taking control of the language, images and messages that appear in the public domain. For example, people used to say "AIDS victim," which sounds negative and makes the person appear helpless. But after a campaign to change that phrase, people now say "person living with HIV." This sort of change can be especially effective when coupled with efforts to address power dynamics in movement work. In this example, activists paired the language change push with a shift to include people living with HIV as leaders in the fight against HIV stigma and as advocates for anti-retroviral treatment.

Changing our associations is a key part of reframing. For example, we can start associating abortion with women's, girls' and trans people's hopes and dreams, rather than with fetuses. Words and associations hold meaning, which can change depending on who is framing the issue. Keep in mind: The groups most affected by stigma should determine which words are stigmatizing and which are positive and empowering.

In this activity, we will consider how to reframe the way communities commonly view abortion.

TIME:

50 minutes

GOALS:

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

- See the value of shifting common images and language around abortion;
- Identify ways to reframe abortion.

MATERIALS AND PREPARATION:

• Have the reframing definition and examples of successful reframing ready and think of a few local or national examples of successful reframing, too.

FACILITATION STEPS:

1. Introduce the activity (1 minute): In this activity, we will explore the concept of reframing an issue. We'll look at how we can use this strategy to create new messages about abortion and help challenge abortion stigma.

2. Buzz and brainstorm (10 minutes): Find a partner and take a few minutes to discuss this question: What do we mean by reframing? After five minutes, take a response from each pair, then present the definition of reframing below. Also provide examples of successful reframing, including your local/national examples, to supplement what comes from the pairs.

Examples of words that activists have reframed to give a positive effect:

- Venereal disease → Sexually transmitted disease → Sexually transmitted infection
- AIDS victim → Person living with HIV
- Sexual assault victim → Sexual assault survivor
- Retarded \rightarrow Person with a developmental disability

Related to abortion...

- Committing abortion → Providing abortion services
- Abortionist → Abortion provider
- **3. Reflect (5 minutes):** Spend a few minutes imagining what it would be like if we treated abortion as a common life experience. How would things be different?
- 4. Community groups (15 minutes): Split into these five small groups:
 - Teachers
 - Religious leaders
 - Community leaders
 - Health workers
 - Parents

If you're a member of one of these groups in real life, please join that group. If you aren't a member of any of these groups, join a group that needs you. Move with your group to a corner or other area of the room. After participants have split into the groups: With your group, talk about the messages you would give the community about abortion if we treated it like any other medical procedure or life experience. Be creative. Think of who you are designing your messages for in your particular role.

- 5. Community walk (12 minutes): Now we'll take a walk through the community and visit each group. The groups will share the messages they would give to us about abortion if we treated it like any other medical procedure or life experience. Deliver your messages in character. For example, the "teachers" will relate to the rest of us as though they are our teachers and we are their students.
- **6. Process (5 minutes):** Who would like to share any thoughts or feelings about anything you've learned from this activity?

7. Summarize (2 minutes):

Key summary message

• Reframing abortion is one strategy we can use to help change people's negative images and associations with abortion. Shifting public opinion toward the idea that abortion is *just another medical procedure* or *life experience* can help to reduce abortion stigma.

7E: HOW TO RESPOND TO STIGMA IN THE MEDIA

FACILITATOR NOTES

The media is a major source of abortion stigma. Media includes newspapers, TV, radio and other sources of news and entertainment. Because it is everywhere in our lives, media is impossible to avoid. Much of the abortion stigma in the media is overt, appearing as name calling and shaming. Other times it is subtle, and we may not even be aware of it. Either way, it has a big impact, because it works its way into our thoughts and feelings. It affects the ways we talk about people who have abortions, and it can also affect how we talk about people who provide abortion services.

This activity is designed to help participants identify both overt and subtle stigma in the media. They will see how they themselves absorb, borrow and use stigmatizing messages from the media. They will reflect on ways to personally counter the media's effect on their perceptions of abortion. The goal is for participants to develop appropriate response strategies to stigmatizing messaging. This includes responses that participants can use in their communities, at home and even in the media itself.

TIME:

1 hour 20 minutes

GOALS:

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

- Identify overt and subtle stigma in the media;
- Describe ways that stigma in the media has personally affected them;
- Develop response strategies and messaging to counter stigma narratives in the media.

MATERIALS AND PREPARATION:

- Download these articles and videos as examples of media bias and stigma:
 - o "Three Republicans blocking final effort to defund Planned Parenthood, repeal Obamacare"
 - o "Eyes on Malawi"
 - o "Obianuju Ekeocha on BBC World News"
 - o "Obianuju Ekeocha: 'Abortion is a Direct Attack On Human Life'"

You can also find other videos or articles—including local or national examples—that highlight the ways that the media stigmatizes abortion.

Depending on your technology options at the workshop site and the literacy level of the participants, adjust the mix of videos and articles.

- Consider printing a copy of *How to talk about abortion: A guide to rights-based messaging* for participants, especially the language guide on pages 15-16 and the list of common myths about abortion on page 22.
- Write the following media statements on a flipchart, keeping them covered:
 - o Abortion is not African. It's not Christian. Anyone who supports abortion is against our culture. (Adapt as needed for your country context.)
 - o Abortion not only kills a baby, it makes the mother sick. It is said that there are people who cannot conceive after having an abortion. Some people are known to get breast cancer after having an abortion.
 - o Priests say abortion is murder.
 - o Abortion is never necessary to save a woman's, girl's or trans person's life.
 - o Restricting access to abortion is the best way to prevent abortion.
 - o Pregnancy is safer than abortion.
 - o Medical abortion is dangerous and can kill people.

FACILITATION STEPS

- 1. Introduce activity (2 minutes): This activity will help us get better at seeing both overt and subtle stigma in the media. We will learn ways to counter the media's effect on our views of abortion and we will develop response strategies to the stigmatizing messages we see.
- **2. Go-round (5 minutes):** Without giving any examples: Let's go around and each offer an example of messages we have heard in the media that stigmatize abortion. After everyone has shared: How do you feel these messages have affected your own views on abortion?
- **3. Media examples (30 minutes):** I'm going to show you some examples of how abortion is stigmatized in the media. Listen for the ways you hear stigma in the following videos and articles. Show one or two short videos and/or share one or two examples of articles that include stigmatizing messaging.
 - Example: Read this quote out loud: "Planned Parenthood commits more than 300,000 abortions annually, more than 30 percent of all abortions in the U.S." Identify the stigmatizing message or word in this quote. The subtle word is "commits." Ask the group: What does the word "commits" suggest to you?
 - o Link: "Three Republicans blocking final effort to defund Planned Parent-hood, repeal Obamacare"
 - Example: Hand out copies of the article and give the group time to read it. When they are done: *Identify the subtle and overt stigma in the article.*
 - o Link: "Eyes on Malawi"

- Example: Play the first four to five minutes of the video. Identify the stigmatizing language Obianuju Ekeocha uses. For example: At minute 1:37: "Abortion is a form of ideological colonialization." At minute 2:33: "Contraceptives are a western solution." Embedded throughout interview: "Normal" African women want food and water. They don't want abortion or contraceptives.
 - o Link: "Obianuju Ekeocha on BBC World News"
- Example: Play just a few minutes of Ekeocha's UN presentation. Ask the group: What do you think about her body language, tone of voice and arguments? What stigmatizing language or messaging do you notice? Do you consider it to be overt or subtle?
 - o Link: "Obianuju Ekeocha: 'Abortion is a Direct Attack On Human Life'"
- **4.** Interview your partner (20 minutes): Reveal the media statements on the flipcharts. Find a partner. One person should play the role of a journalist while the other person plays the role of an interviewee. Perhaps you are a health clinic worker, an activist or simply a person shopping in the market. The journalist should read one of the statements from the flipchart and ask the community member what he or she thinks about that statement. The person being interviewed should practice a stigma-reduction response. After you have completed one statement, switch roles so that you can take turns making and responding to the statements in an interview format. You should also trade off being a prochoice or an anti-choice respondent.
- **5. Report back (20 minutes):** Join the full circle and report back on your answers. How did you feel responding? Measure levels of comfort and discomfort. After everyone has reported back: What were the best responses that came out of the interviews?
- 6. Summarize (3 minutes):

KEY SUMMARY MESSAGES

- Abortion stigma in the media can be both subtle and overt, and it works its way into our thoughts and feelings. It affects the ways we talk about people who have abortions and people who provide abortions.
- We all absorb, borrow and use stigmatizing messages from the media. It is our job to develop strategies to respond to stigmatizing messages that we can use in our communities, at home and even in the media itself.

KEY RESOURCES

The International Network for the Reduction of Abortion Discrimination and Stigma

Representations of abortion in film and television

How to talk about abortion: A guide to rights-based messaging

"Speak my language": Abortion storytelling in eastern Europe from a youth perspective

Supporting independent use of abortion medicines: Fighting stigma one email at a time

Understanding and challenging HIV stigma

Moving to action module

REFERENCES

Kidd, R., & Clay, S. (2003). Understanding and challenging HIV stigma: Toolkit for action. CHANGE Project. International Center for Research on Women. Retrieved from https://www.icrw.org/wp-content/uploads/2016/10/Understanding-and-Challenging-HIV-Stigma-Toolkit-for-Action.pdf

