

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

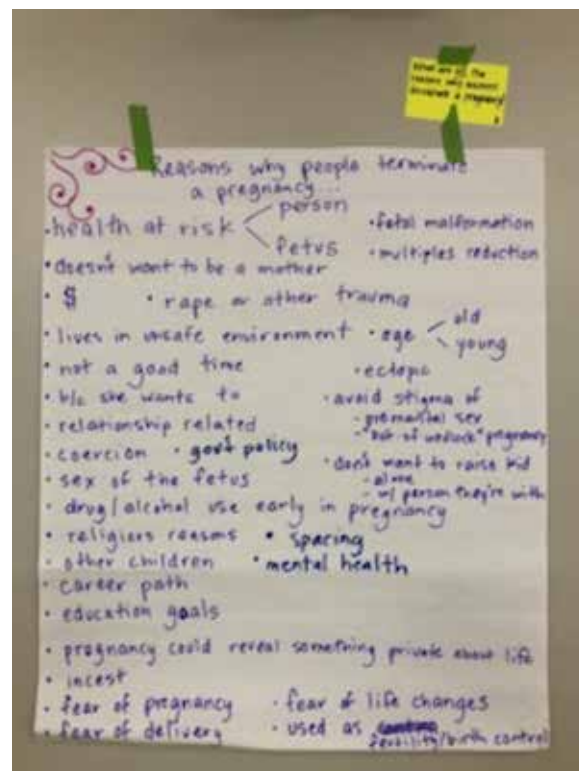
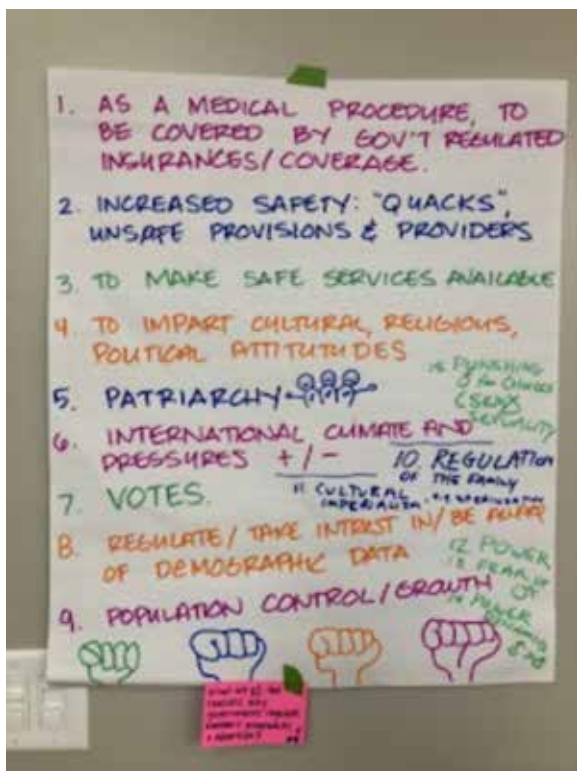
- Reasons Why questions strips
- Scissors
- Flipchart paper
- Markers

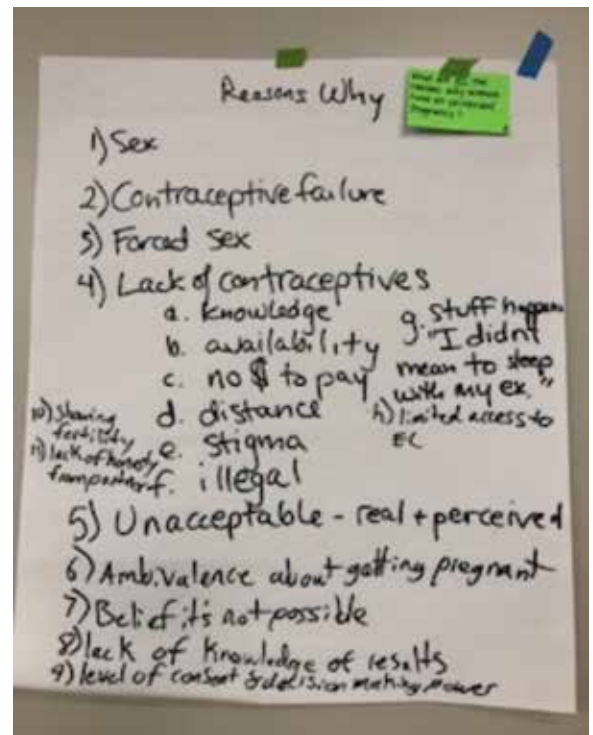
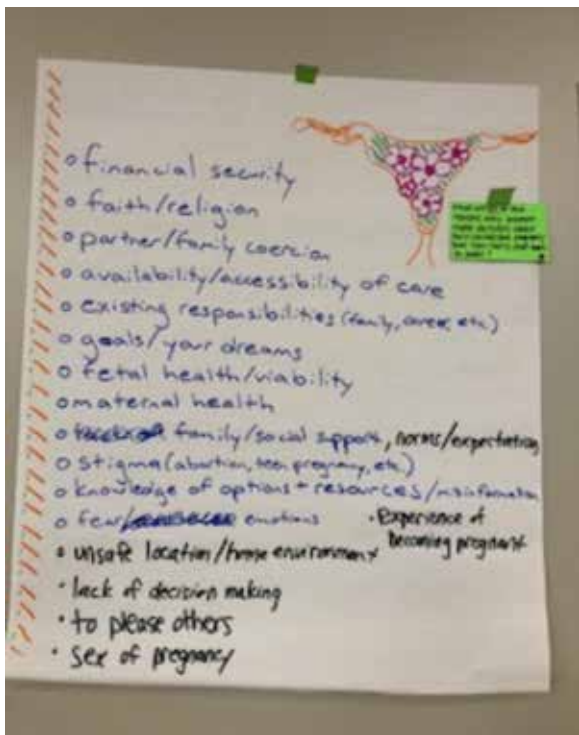


## FACILITATION STEPS:

- 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.





**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.

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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?

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What are the reasons why women might terminate a pregnancy?

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

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

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

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# 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, [pas]

## 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 other 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:**
  - [Abortion in Africa](#)
  - [Abortion in Asia](#)
  - [Abortion in Latin America & the Caribbean](#)
  - [Induced abortion worldwide](#)
  - [World's abortion laws](#)
  - [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](#)

## REFERENCES

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