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

MODULE 2

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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
2B	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

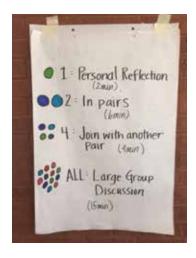
## GOALS:

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

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 confident 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.

## 

## 

# AT ALL

## 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:**

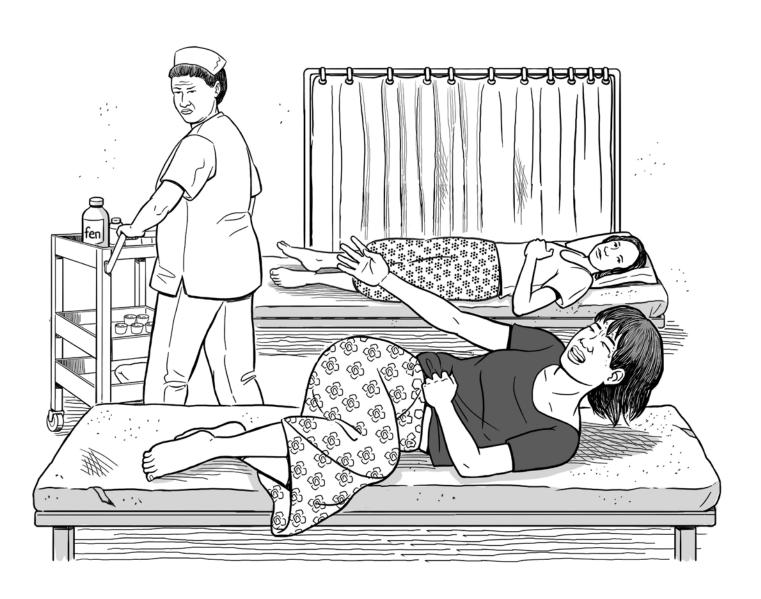
- 1. Introduce the activity (3 minutes): In this activity, we will learn more about the forms abortion stigma takes in different communities around the world. This activity will help us see more clearly what abortion stigma looks like. First, we'll examine a set of pictures to understand how abortion 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, gualities 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.

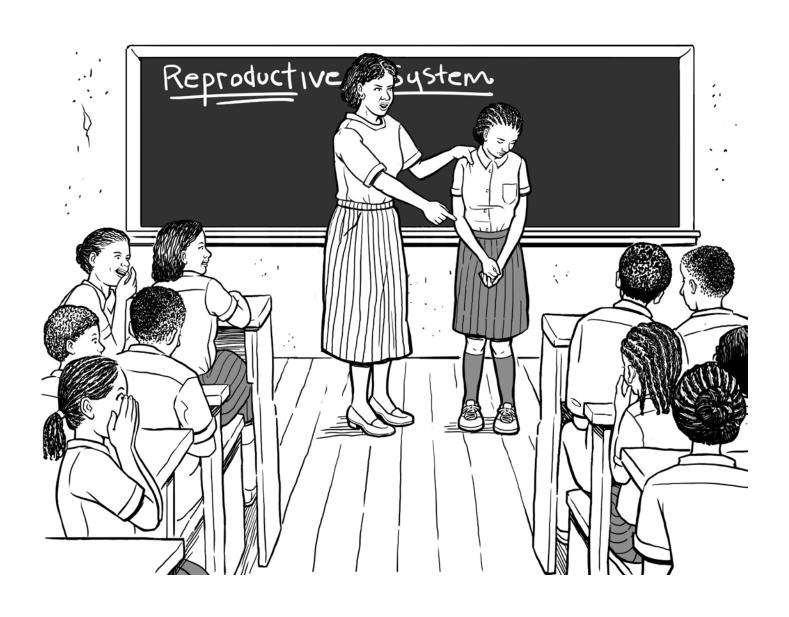
## KEY SUMMARY MESSAGES

- 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.

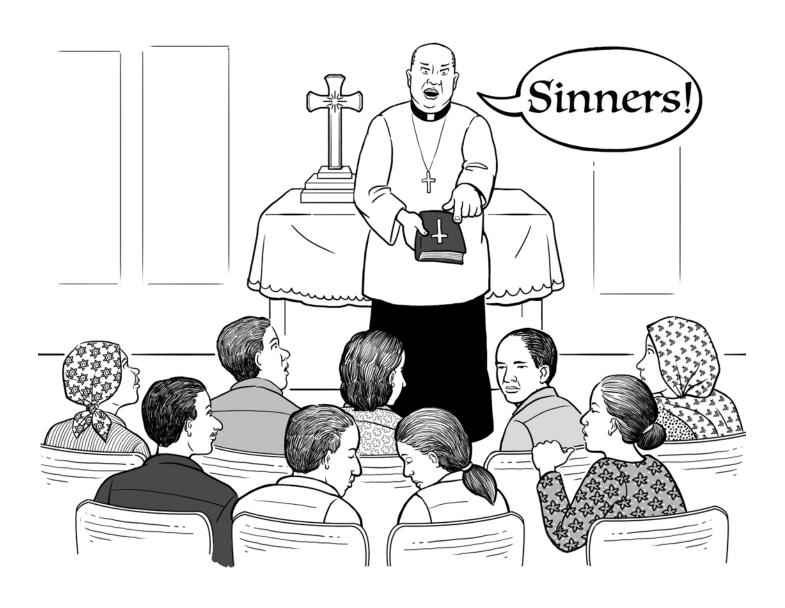
















## 2D: USING PROVERBS TO UNDERSTAND **ABORTION STIGMA**

## 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)

## REFERENCES

de Bruyn, M., & France, N. (2001). Gender or sex: who cares? Skills-building resource pack on gender and reproductive health for adolescents and youth workers. Ipas. Retrieved from https://hivhealthclearinghouse.unesco.org/sites/default/files/resources/3032\_Gender\_or\_sex\_English.pdf

Guttmacher Institute. (2012). Study purporting to show link between abortion and mental health outcomes decisively debunked [Press release]. Retrieved from http://www.guttmacher.org/media/nr/2012/03/05/

Hanschmidt, F., Linde, K., Hilbert, A., Riedel-Heller, S. G., & Kersting, A. (2016). Abortion Stigma: A Systematic Review. *Perspectives on Sexual and Reproductive Health*, 48(4), 169-177. doi:10.1363/48e8516

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

Kumar, A., Hessini, L., & Mitchell, E. M. (2009). Conceptualising abortion stigma. *Culture, Health & Sexuality, 11*(6), 625-639. doi:10.1080/13691050902842741

Martin, L. A., Debbink, M., Hassinger, J., Youatt, E., Eagen-Torkko, M., & Harris, L. H. (2014). Measuring stigma among abortion providers: assessing the Abortion Provider Stigma Survey instrument. *Women & Health*, *54*(7), 641-661. doi:10.1080/03630242.201 4.919981

Shellenberg, K. M., Moore, A. M., Bankole, A., Juarez, F., Omideyi, A. K., Palomino, N., . . . Tsui, A. O. (2011). Social stigma and disclosure about induced abortion: results from an exploratory study. Global Public Health, 6 Suppl 1, S111-125. doi:10.1080/17441692. 2011.594072

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