

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

MODULE 4

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

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

Videos in Spanish (with no subtitles):

- [Argentina](#) (varied length)

Videos in English (with no subtitles):

- [United States](#) (1:54)
 - [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:
 - *What stood out to you from the videos?*
 - *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 pregnancy- and 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 two-room 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 wide-spread 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.

- *When you first find out you are pregnant, what thoughts and images go through your head?*
- *What fears do you have?*
- *Who do you tell about your pregnancy—your partner, your parents, other family members, nobody?*
- *What kinds of information do you need? Where do you go for this information?*
- *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?*
- o *What are the physical and emotional consequences of having an abortion in this setting?*
- o *How would you be affected 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:
 - *Ways abortion stigma affects men*
 - *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.*
 - o 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?*
 - o 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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