

INTERSECTIONALITY: WHEN ABORTION STIGMA AND OTHER STIGMAS JOIN FORCES

MODULE 5

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INTRODUCTION

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

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

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

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

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

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

Your Module 5 goals as a facilitator

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

ACTIVITIES AT A GLANCE

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

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

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

FACILITATOR NOTES

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

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

TIME:

1 hour 15 minutes

GOALS:

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

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

MATERIALS AND PREPARATION:

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

FACILITATION STEPS:

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

2. **Favorite recipe (5 minutes):** *This is the story of a beloved dish that has several different ingredients. Read the recipe out loud. I've described one way to make this dish. You may know another way to make it. Sometimes the ingredients differ slightly, and sometimes we use different amounts of an ingredient. The dish may taste slightly different, but it's still the basically same dish. Explain the recipe metaphor: We are all made up of many different ingredients, or qualities. Some we value more than others—some are positive, some negative, some neutral. Yet each contributes to who we are, how we think of ourselves, how we show ourselves to the world and, often, how the world treats us. Choose two or three words to describe yourself. You might think about your sex, your gender, your age, where you come from, your religion, your family status, your tribe, and so on. After a minute: Now talk to the person next to you about the words that came to mind.*

3. **Small groups (10 minutes):** *We all have our own sense of ourselves. But the stigma and barriers that we face when we try to access abortion services are greater or smaller depending on our power and status in society. How others see and judge us shapes how they treat us and influences our experience of the world. Divide participants into three groups. Each group gets a question. Use your own experiences or those of friends and family to help the discussion along. If you are using the experience of another person, please do not share their real name or any other personal details that they may wish to keep private.*

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

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

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

4. **Report back (5 minutes):** *Share the key points from your group discussion with the full circle.*

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

6. **Process the roleplays (15 minutes):**
 - *What did you see happening in the roleplays?*
 - *Does this happen in real life?*
 - *Any thoughts about how the group challenged the stigma?*
 - *What would you do in a similar situation?*

7. **Process the activity (10 minutes):** *Ask the whole group: What are some of the steps we can take to use what power we do have (in our families, religious communities, friend groups, workplaces or elsewhere) to reduce barriers to abortion services for people with less social, cultural and political power in those spaces?*

8. Summarize (3 minutes):

KEY SUMMARY MESSAGES

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

5B CORE: THE LAST ABORTION VCAT ACTIVITY

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

FACILITATOR NOTES

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

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

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

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

TIME:

1 hour

GOALS:

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

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

MATERIALS AND PREPARATION:

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

FACILITATION STEPS:

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

- *What did you learn about your own attitudes about abortion from this exercise?*
- *How do you imagine this activity relates to how often abortion services are made available, or restricted?*

9. Summarize (4 minutes):

KEY SUMMARY MESSAGES

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

THE LAST ABORTION — SCENARIOS

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

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

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

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

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

A 23-year-old woman with two young children is 10 weeks pregnant. She and her younger child are HIV positive. Her husband died of AIDS-related illnesses two years ago and left her without any financial support. She is not able to afford anti-retroviral treatment, and she has been hospitalized for opportunistic infections several times in the past year.

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

5C PART 1: EXPLORING GENDER ROLES

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

FACILITATOR NOTES

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

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

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

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

TIME:

45 minutes

GOALS:

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

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

MATERIALS AND PREPARATION:

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

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

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

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

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

FACILITATION STEPS

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

Examples of words that may come up:

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

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

3. Space in the middle (7 minutes): *Can any of the “Man” words also describe women? Can any of the “Woman” words also describe men? You can probe by asking questions like:*

- *Can women be strong and powerful?*
- *Can men be gentle and kind?*
- *Can a woman be childless?*
- *Can a woman be a breadwinner?*
- *Can men cook and take care of children?*

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

4. Finding examples (15 minutes): Split the participants into four smaller groups. Assign each group a category from the list below:

- Sex characteristics for men (for example, “penis”)
- Sex characteristics for women (for example, “breasts”)
- Gender stereotypes for men (for example, “strong”)
- Gender stereotypes for women (for example, “obedient”)

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

5. Reflect and discuss (10 minutes): *Reflect alone for a minute or so and then discuss these two questions with a partner:*

- *What happens to women when they don't follow gender roles, stereotypes and expectations?*
- *Can you think of any ways that rigid gender roles, stereotypes and expectations might fuel abortion stigma?*

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

6. Summarize (3 minutes):

KEY SUMMARY MESSAGES

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

5C PART 2: COMMENDED OR CRITICIZED?

FACILITATOR NOTES

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

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

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

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

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

TIME:

1 hour

GOALS:

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

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

MATERIALS AND PREPARATION:

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

IN ZAMBIA, WOMEN AND GIRLS ARE

Commended for:

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

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

Criticized for:

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

IN INDIA, WOMEN AND GIRLS ARE

Commended for:

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

Criticized for:

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

Participants' observations

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

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

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

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

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

“Women are the center of life.”

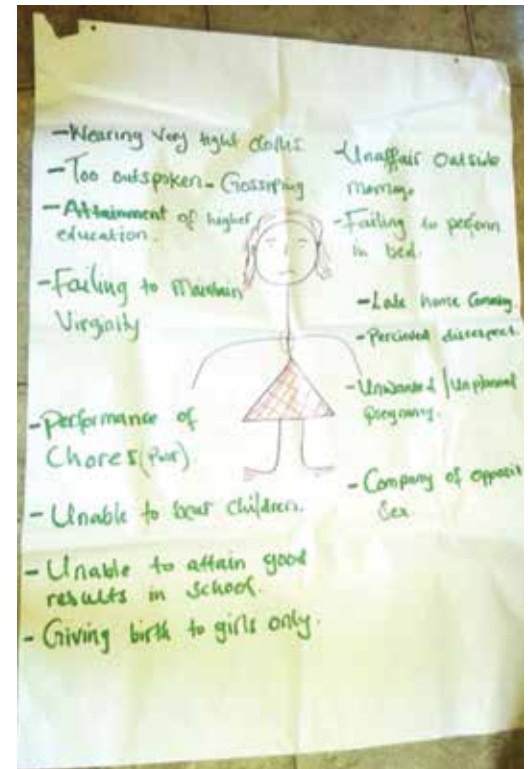
“Even if the husband is not well dressed, they will blame the wife!”

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

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

FACILITATION STEPS:

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



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

KEY SUMMARY MESSAGES

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

5D: A NO-WIN SITUATION FOR YOUNG WOMEN

FACILITATOR NOTES

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

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

TIME:

50 minutes

GOALS:

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

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

MATERIALS AND PREPARATION:

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

FATIMA'S STORY

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

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

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

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

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

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

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

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

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

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

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

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

FACILITATION STEPS

- 1. Introduce the activity (2 minutes):** *This activity explores the impact that abortion stigma can have on sexually active young women and the decisions they must make. We'll also look at how those decisions may affect a woman's entire life. The type of stigma a young woman may face differs depending on if she's at school, at the clinic, at home or at her church, temple or mosque.*
- 2. Read Fatima's story (6 minutes):** *First, I am going to read you a story about a young woman who faced some difficult situations. Please listen and note to yourself the times when she experiences any type of stigma. Read the story out loud, slowly and clearly.*
- 3. Community walk (8 minutes):** *Find a partner and walk around the community together. As you visit each station, name the kind of abortion stigma Fatima might experience in that setting. Say what people might actually say: for example, at church, people could say, "Young women who have an abortion have sinned." At the clinic, nurses may shame her by saying, "Why would a young woman like you need to know about abortion services?" Allow enough time for the pairs to move around to all four settings. Then shout: Stop! Now form small groups at your nearest setting. You may have to help form the groups.*
- 4. Small group work (10 minutes):**

In your small group:

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

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

- 5. Report back (12 minutes):** *Move around the settings and ask each group to present their roleplay to the full group.*
- 6. Processing 1-2-4-All (9 minutes):**

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

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

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

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

KEY SUMMARY MESSAGES

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

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

FACILITATOR NOTES

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

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

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

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

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

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

FACILITATOR NOTES CONTINUED

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

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

TIME:

1 hour and 30 minutes

GOALS:

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

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

MATERIALS AND PREPARATION:

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

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

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

FACILITATION STEPS:

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

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

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

- o After **sex** and **gender** have been presented, ask:
What is the difference between sex and gender?
- o After **sexual orientation** and **gender identity & expression** have been presented, ask:
What is the difference between sexual orientation and gender identity?
- o After **gay** and **MSM** have been presented, ask:
What is the difference between a gay man and the category MSM?
- o After **sexism** and **heteronormativity** are presented, ask:
What do you see as the relationship between sexism and heteronormativity?

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

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

Show a clip from one of the videos.

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

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

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

6. Summarize (5 minutes):

KEY SUMMARY MESSAGES

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

Lesbian

Gender Expression

Gay

Cisgender

Bisexual

Sex

Transgender

Gender

Intersex

Heteronormativity

Queer

Homophobia

Ally

Transphobia

MSM

Sexism

Sexual Orientation

"In the closet"

Gender Identity

A woman whose physical, romantic and/or emotional attraction is to other women.

The way an individual's characteristics or behaviors signal masculinity, femininity or a mix—can include appearance, dress, mannerisms, speech patterns and social interactions or roles.

People whose physical, romantic and/or emotional attractions are to people of the same sex.

Also refers specifically to men whose physical, romantic and/or emotional attractions are to other men.

A term used to describe people whose gender identity matches the sex they were assigned at birth.

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

This word refers to the biological or physical characteristics that define humans as female or male.

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

This refers to the socially constructed characteristics of women and men—such as norms/traditions, roles, expectations, etc.

People who are born with biological sex characteristics that do not fit neatly into binary definitions of male or female.

The belief or presumption that all people are heterosexual, or that heterosexuality is a given instead of being one of many possibilities.

For example, the assumption that a boy will grow up and marry a woman or that a girl will grow up and marry a man.

Historically used as a slur in many contexts. Now reclaimed as an identity and alternative to lesbian, gay or bisexual that represents a proud non-conformity with rigid norms around sexuality and gender.

Is sometimes an intentional alternative to bisexual to emphasize attraction to people along a gender spectrum rather than a binary.

Dislike, prejudice or fear of homosexuality or people who are identified or perceived as being lesbian, gay, bisexual, queer or other homosexual identity or expression.

A heterosexual who is an active friend, advocate and/or activist for LGBTIQ people's rights.

Also someone who confronts heterosexism in themselves and others.

Dislike, prejudice or fear of transgender people or other people whose gender identity and/or expression breaks with the expectation that there are only two sexes/genders and that sex and gender are fixed and consistent.

Men who have sex with men

Prejudice, stereotyping or discrimination, typically against women, on the basis of sex.

An individual's enduring pattern of romantic or sexual attraction (or a combination of these) to people of the same sex or gender or opposite sex or gender.

This can include heterosexuality, homosexuality, pansexuality and asexuality, among others.

A term used to describe someone who is hiding part of their identity because of social stigma and pressure.

An internalized sense of one's gender regardless of whether or not it matches the sex assigned at birth or the way one dresses or acts.

KEY RESOURCES

[Intersectionality 101](#) (Teaching Tolerance, 2016)

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

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

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

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

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

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

REFERENCES

Cooperative for Assistance and Relief Everywhere Inc, & International Center for Research on Women. (2007). *ISOFI Toolkit: Tools for learning and action on gender and sexuality*. Retrieved from <http://www.endvawnow.org/uploads/browser/files/ISOFI%20Toolkit.pdf>

Crenshaw, K. (1989). Demarginalizing the Intersection of Race and Sex: A Black Feminist Critique of Antidiscrimination Doctrine, Feminist Theory and Antiracist Politics. *University of Chicago Legal Forum*, 1989(8).

DeSilver, D. (2018). Few women lead large U.S. companies, despite modest gains over past decade. Retrieved from <http://www.pewresearch.org/fact-tank/2018/09/26/few-women-lead-large-u-s-companies-despite-modest-gains-over-past-decade/#more-306366>

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