

ABORTION STIGMA IN HEALTH CARE AND THE LAW

MODULE 6

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INTRODUCTION

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

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

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

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

have an abortion, or a hospital that does not provide abortion care because it is run by a religious institution.

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

Your Module 6 goals as a facilitator

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

ACTIVITIES AT A GLANCE

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

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

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

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

FACILITATOR NOTES

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

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

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

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

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

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

TIME:

55 minutes

GOALS:

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

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

MATERIALS AND PREPARATION:

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

RATING OUR PERSONAL SOURCES OF INFORMATION ABOUT SEX

SOURCE	SOURCE OF POSITIVE INFORMATION?	SOURCE OF NEGATIVE INFORMATION?	SOURCE OF ACCURATE INFORMATION?	SOURCE OF INACCURATE INFORMATION?	SOURCE OF USEFUL INFORMATION?	NO INFORMATION AT ALL?
Parents						
Other family members						
Friends						
Internet						
Religion						
TV and radio						
Books						
Schools and teachers						
Your own experience						
Music						

FACILITATION STEPS:

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

Before we start, there are two things that are important to address, since sex can be a sensitive subject. First, I'd like to get everyone's agreement that we will respect each other's confidentiality. That means that what we hear here today stays here, and we will protect each other's privacy by not repeating what we hear. Make sure everyone actively agrees. Second, if you don't feel comfortable participating in any part of the activity at any time for any reason, simply stop and take a break. And if you need some support, just let us know. Make sure everyone understands they can opt out.

2. Buzz and brainstorm (10 minutes): *Pair up with the person next to you. Think of the different people and places where you learned about sex when you were younger. After a few minutes, take one answer from each pair.*

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

3. Rating our sources (20 minutes): *Let's see how good we think our sources of information were. I'll name different sources, one by one, and then ask you about the quality of information you got from that source. Raise your hand when you agree (for example, "books" might be a "source of accurate information" for one person, but a "source of inaccurate information" for another). The ranking is a tool for group reflection. If you don't feel comfortable raising your hand on any category, for any reason, don't feel that you must. Read out the first source of information (for example, "parents"). Then, one by one, read out the categories. Count the number of hands for each category and write it in that box. Repeat with the next source of information until you've filled out the rating sheet. Now take a minute to look over the results. Or you can point out a few interesting results.*

4. Process together (10 minutes): *Ask the group:*

- *How did you feel when you were filling in the rating sheet?*
- *What did you notice from our ratings?*
- *Are there any reflections that you want to share with the group?*
- *What sources of information did you have that weren't on the list?*
- *What was your best source of information and why?*
- *How does this contribute to abortion stigma?*

5. Crowdsourcing (15 minutes): *Take a few minutes on your own to come up with one bold idea about how to make sure people today get clear and honest information about sex. After a few minutes, collect ideas and write them on a flipchart. Each person should vote for his or her favorite three ideas. Take a minute to choose. After a minute, read each idea out loud and tally the votes, writing them on the flipchart. Read out and celebrate the three winners! Encourage participants to use the ideas.*

6. Summarize (3 minutes):

KEY SUMMARY MESSAGES

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

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

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

FACILITATOR NOTES

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

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

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

TIME:

50 minutes

GOALS:

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

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

MATERIALS AND PREPARATION:

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

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

FACILITATION STEPS:

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

5. Summarize (5 minutes):

KEY SUMMARY MESSAGES

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

6C: FINDING ABORTION STIGMA IN HEALTH FACILITIES

FACILITATOR NOTES

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

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

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

TIME:

1 hour

GOALS:

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

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

MATERIALS AND PREPARATION:

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

FACILITATION STEPS:

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

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

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

7. Summarize (3 minutes):

KEY SUMMARY MESSAGES

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

6D: UNSAFE ABORTION AND ABORTION STIGMA

FACILITATOR NOTES

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

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

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

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

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

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

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

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

TIME:

50 minutes

GOALS:

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

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

MATERIALS AND PREPARATION:

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

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

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

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

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

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

FACILITATION STEPS:

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

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

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

5. Summarize (2 minutes):

KEY SUMMARY MESSAGES

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

6E CORE: ABORTION STIGMA AND THE LAW

FACILITATOR NOTES

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

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

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

TIME:

1 hour

GOALS:

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

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

MATERIALS AND PREPARATION:

- Research the abortion laws in your country. Pay attention to how minors, immigrants and other groups are treated under the law. If anything is unclear to you, meet with an expert on abortion law before the training, and if possible, invite them to participate in the workshop. This [World Health Organization resource](#) is an ideal place to start; the [Center for Reproductive Rights' map of abortion laws worldwide](#) is also helpful.
- Prepare a summary of your country's law on abortion. Include the impact of the law on minors, immigrants and other groups. Keep in mind you'll be asking participants to use your summary to answer these questions:

- What does the law say about abortion in this country?
- Where do you think the law comes from? Who do you think wrote the law?
- Which parts of the law might fuel abortion stigma?
- How do laws prevent access to abortion services?
- Is there anything missing from the law that you would like to see included?
- Make seven copies of the summary.
- If possible, prepare notes on other countries that might be of interest to your participants.
- Work with a co-facilitator so that each facilitator can read the summary to a group.
- Write this quote on a flipchart and post it on the wall:

“To deny people their human rights is to challenge their very humanity.”

— Nelson Mandela, South African civil rights activist

FACILITATION STEPS

1. **Introduce the activity (2 minutes):** *For people who are pregnant or may become pregnant to exercise their human rights, they need access to abortion. But for some, abortion remains a controversial issue. In many countries, restrictive laws and social stigma around abortion are common. Restrictive abortion laws do not stop people from having abortions, but they may result in unsafe abortions. This activity will help us understand what the law says about abortion in our country, so we can consider our role in helping reinterpret or change it.*
2. **Quote (5 minutes):** Read the Nelson Mandela quote that you posted on the wall.

Do you have any thoughts about the quote? How does this relate to abortion stigma within the law?
3. **Buzz and brainstorm (10 minutes):** Find a partner and discuss: *What do we know about the abortion law in this country? After a few minutes: Share what you know with the full circle.*
4. **Small groups (15 minutes):** Divide participants into five small groups and hand out copies of the law. *Choose someone in your group to read our country's abortion law out loud. If you would like a facilitator to read the law to your group, let us know.* Assign each group one of the following questions:
 - What does the law say about abortion in this country?
 - Where do you think the law comes from? Who do you think wrote the law?
 - Which parts of the law might fuel abortion stigma? Are there ways that we can reinterpret these parts to expand access to abortion care?

- How might this law prevent access to abortion services?
- Is there anything missing from the law that you would like to see included?

5. Report back (7 minutes): Ask each group to present key points from their discussion. Encourage discussion after each presentation.

6. Process using 2-4-All (10 minutes): *Find a partner and share ideas on this question: What can we do to advocate for more supportive laws around abortion? After a few minutes: Now join up to make groups of four and identify your top three ideas for action. After a few more minutes: Come back to the full circle and present your ideas. After each group's presentation, we'll discuss what we think about the ideas.*

7. Summarize (3 minutes):

KEY SUMMARY MESSAGES

- Control over one's own body is a basic human right. Sometimes abortion laws take away this right.
- Restrictive abortion laws do not stop people from having abortions. Abortions will continue to happen, and the restrictions may result in them being unsafe.
- Knowing and understanding the abortion laws in our country is important in our fight against abortion stigma.

KEY RESOURCES

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

[Abortion and its multiple contexts, video lecture](#) (Carolyn Sufrin, 2016)

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

[Global abortion policies database](#) (World Health Organization, 2018)

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

[Protocol to the African charter on human and peoples' rights on the rights of women in Africa \[The Maputo Protocol\]](#)

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