

ABORTION

VCAT

Abortion Self-Care:

VALUES CLARIFICATION FOR
ACTION AND TRANSFORMATION

WORKSHOP FACILITATOR'S GUIDE



Ipas
Partners for
Reproductive
Justice

ISBN: 978-1-7378088-6-2

© 2022 Ipas.

Produced in the United States of America.

Suggested citation: Ipas. (2022). *Values clarification for action and transformation workshop facilitator's guide*. Ipas: Chapel Hill, NC.

Ipas works to advance reproductive justice by expanding access to abortion and contraception, using a comprehensive approach that addresses health, legal and social systems. We believe every person should have the right to bodily autonomy and be able to determine their own future. Across Africa, Asia and the Americas, we work with partners to ensure that reproductive health services, including abortion and contraception, are available and accessible to all.

Ipas is a registered 501(c)(3) nonprofit organization. All contributions to Ipas are tax deductible to the full extent allowed by law.

For more information or to donate to Ipas:

P.O. Box 9990, Chapel Hill, NC 27515 USA 1.919.967.7052
www.ipas.org ContactUs@ipas.org

Ipas

Table of Contents

Introduction	1
Sample: Values Clarification for Action and Transformation (VCAT) workshop agenda.....	6
Tips for planning and facilitating a VCAT workshop	8
Abortion self-care talking points	12
PowerPoint Slides	16
PowerPoint template for workshop flow.....	16
“Fundamentals of Abortion Self-Care” instructional PowerPoint:.....	16
Worksheets	17
VCAT Activities	18
Group Agreements.....	19
Cross the Line.....	25
Comfort Continuum.....	32
Reasons Why.....	43
Four Corners.....	55
Talking About Abortion Self-Care.....	69
Personal Beliefs vs. Professional Responsibilities.....	79
Closing Reflections.....	90
Workshop Evaluation Tools	96
Data collection and analysis.....	98
Pre-workshop survey.....	100
Post-workshop survey.....	103
Six-month follow-up survey.....	107
Supplemental survey items.....	111
Additional Resources	114
Workshop feedback form	116
Certificate of completion	119



Introduction

What is abortion self-care?

The World Health Organization defines self-care as “the ability of individuals, families and communities to promote, maintain health, prevent disease and to cope with illness *with or without* the support of a health-care provider” (emphasis added).¹

Research and evidence show that women can safely and effectively self-manage early medical abortion, also called abortion with pills, when they have accurate information about how to dose and when to seek treatment for complications. Abortion self-care (ASC) is abortion with pills without the necessity of a prescription. The woman manages as much of the process as she wants on her own, with or without the involvement of a health-care provider.

Use of abortion self-care is on the rise globally. This is due to the increasing availability of simple, safe, highly effective medications, but also because women’s need for safe abortion is not being met. This need is aligned with broader demands for self-care options for a range of sexual and reproductive health services.

While global data is not yet available, it is clear that each year, millions of women use ASC to end a pregnancy. In India, for example, an estimated 15.6 million abortions occurred in 2015, and of those, 73% were medical abortions experienced outside health-care facilities.² The most effective method uses a combination of mifepristone and misoprostol, which is up to 98.5% effective in the first 12 weeks of pregnancy. When mifepristone

1 World Health Organization, Regional Office for South-East Asia. (2014). *Self-care for health: A handbook for community health workers and volunteers*. <https://apps.who.int/iris/handle/10665/205887>

2 Singh, S., Shekhar, C., Acharya, R., Moore, A. M., Stillman, M., Pradhan, M. R., Frost, J. J., Sahoo, H., Alagarajan, M., Hussain, R., Sundaram, A., Vlassoff, M., Kalyanwala, S., & Browne, A. (2018). The incidence of abortion and unintended pregnancy in India, 2015. *The Lancet Global Health*, 6(1), e111–e120. [https://doi.org/10.1016/S2214-109X\(17\)30453-9](https://doi.org/10.1016/S2214-109X(17)30453-9)

is not available, misoprostol is safe to use alone and is 85%-90% effective in the first 12 weeks of pregnancy. Recent studies show that repeated doses of misoprostol (through the first 12 weeks of pregnancy) may reach similar effectiveness levels as that of a combined regimen.¹

Abortion self-care benefits both individuals and health-care systems. A woman might prefer ASC because it gives her more autonomy and control over the experience, because it allows for greater comfort and privacy, or because it enables her to avoid stigma, discrimination or other barriers that she might face in a health-care facility.² Abortion self-care is also an opportunity for health-care systems to further demedicalize abortion and meet women where they are with a safe option.

Abortion self-care can help lower costs³ and increase access to care for women from the most vulnerable and marginalized groups, who struggle to gain access regardless of the existence of abortion restrictions or situational contexts such as pandemics, under-resourced economies and health systems, or humanitarian crises.⁴ Abortion self-care can also reduce the burden on the health system that is due to unsafe abortion by decreasing the number of people who go to untrained providers or use dangerous methods. When fewer women need emergency postabortion care, health systems can focus human and financial resources on other aspects of health care, including the provision of safe abortion services.

- 1 Stillman, M., Owolabi, O., Fatusi, A. O., Akinyemi, A. I., Berry, A. L., Erinfolami, T. P., Olagunju, O. S., Väisänen, H., & Bankole, A. (2020). Women's self-reported experiences using misoprostol obtained from drug sellers: a prospective cohort study in Lagos State, Nigeria. *BMJ Open*, 10(5), e034670. <https://doi.org/10.1136/bmjopen-2019-034670>
- 2 Aiken, A. R. A., Broussard, K., Johnson, D. M., & Padron, E. (2018). Motivations and experiences of people seeking medication abortion online in the United States. *Perspectives on Sexual and Reproductive Health*, 50(4), 157–163. <https://doi.org/10.1363/psrh.12073>
- 3 World Health Organization. (2019). *WHO consolidated guideline on self-care interventions for health: sexual and reproductive health and rights*. <https://apps.who.int/iris/bitstream/handle/10665/325480/9789241550550-eng.pdf>
- 4 World Health Organization. (2019). *WHO consolidated guideline on self-care interventions for health: sexual and reproductive health and rights*. <https://apps.who.int/iris/bitstream/handle/10665/325480/9789241550550-eng.pdf>

The Ipas approach to abortion self-care

The Ipas approach is simple:

Abortion self-care is health care.

Ipas has long worked with providers and health systems to make clinic-based abortion accessible, and we bring the same focus and passion to integrating abortion self-care as an option for women. Our ability to influence health systems is critical in helping to shape providers' response to abortion self-care as an opportunity rather than a threat.

Ipas also works in communities to train nonclinical community members who can provide support and information to women and girls as they seek abortion self-care. We work to create models that meet women's needs and position self-care as part of a true continuum of abortion care, which includes access to judgment- and stigma-free care at any point a woman wants or needs it.

At Ipas, women's needs are at the center of our programs. We are committed to supporting a woman's right to have an abortion using pills—on her own, when and where she wants—and to pursuing new models of self-care in the vision of women's wants and needs. Ipas is dedicated to generating new evidence, sharing knowledge, and exploring clinical and regulatory questions within this rapidly evolving area so that, ultimately, women have the resources, support and care they need to manage their reproductive lives.

(Please note that wherever we say “women,” this includes all people, married or unmarried, who can become pregnant.)

What is VCAT?

VCAT stands for “Values Clarification for Action and Transformation.”

Misinformation, lack of knowledge, abortion stigma, and misperceptions about women's ability to safely use abortion pills are some of the barriers that limit women's access to the information and drugs needed to self-manage an abortion. Abortion self-care VCAT workshops use a

variety of activities to engage participants in open dialogue to explore their values and attitudes about abortion self-care and related sexual and reproductive health issues. The workshops are conducted in a safe environment in which individuals take responsibility for engaging in honest, open-minded and critical reflection and evaluation of new or reframed information and situations. This work often leads people to increased awareness and comfort with abortion self-care.

All VCAT content is designed to be accessible and personally relevant. VCAT workshops are designed to help participants:

- Challenge deeply held assumptions and myths
- Clarify and affirm their values and potentially resolve values conflicts
- Potentially transform their beliefs and attitudes that impact behaviors
- State their intentions to act in accordance with their affirmed values

Ipas's abortion VCAT workshops are not designed to change people's values. Instead, the process encourages participants to investigate and clarify the values that inform their attitudes and beliefs about abortion. They also help participants understand the root causes and consequences of restricting access to safe abortion. We have found that through their participation in VCAT workshops, participants often do undergo a transformation of attitudes about abortion, which—in turn—can lead them to take action to help ensure access to safe abortion care. Therefore, we have changed the name of this program from “attitude transformation” to “action and transformation.”

More tools for your workshop

Find these tools at www.ipas.org/AbortionSelfCareVCAT.

Acknowledgments

This facilitator's guide is an adaptation of Ipas's original and revised Values Clarification for Action and Transformation (VCAT) toolkits: *Abortion Attitude Transformation: A Values Clarification Toolkit for Global Audiences*, first published in 2008, and *Abortion Values Clarification for Action and Transformation: Facilitator's Guide for Global Audiences*, to be released in 2023. We are grateful to have been able to build on the original activities for the abortion self-care adaptation provided here.

We wish to acknowledge the Ipas staff and consultants who led the development and adaptation process: Kristen Shellenberg, Alyson Hyman, Nadia Shamsuddin and Shadie Tofigh.

We also wish to acknowledge the following contributors for providing extensive guidance, feedback and review: Rasha Dabash, Mike Myopi, Ernest Nyamato, Deeb Shrestha Dangol and Cansas Mulligan.

Sample: Values Clarification for Action and Transformation (VCAT) workshop agenda

This one-day agenda includes the six most popular and effective activities to use when you have limited time.

Workshop objectives:

By the end of the workshop, participants will be able to:

- Explain the fundamental principles of the abortion self-care rights-based approach
- Articulate their own values, beliefs and attitudes related to abortion self-care and those held by others, as well as encourage colleagues/co-workers to articulate their values
- Describe their professional responsibility to support women's and girls' needs for abortion self-care as part of their role within their organization and context

TIME	ACTIVITY	FACILITATOR	MATERIALS
8:30am–9:00am	Registration and pre-workshop survey		Pre-workshop survey
9:00am–9:30am	Objectives, agenda, introductions		Workshop PowerPoint slide deck Group agreements
9:30am–10:00am	Fundamentals of abortion self-care		“Fundamentals of Abortion Self-Care” PowerPoint
10:00am–10:45am	Reasons Why		Facilitator tools, flip chart paper and markers, scissors, tape, small prizes
10:45am–11:00am	Break		
11:00am–12:00pm	Cross the Line		Facilitator tool, wall signs, tape
12:00pm–1:00pm	Four Corners		Facilitator tool, participant handouts, wall signs, tape, pens, flip chart paper and markers (optional)
1:00pm–2:00pm	Lunch		
2:00pm–3:00pm	Comfort Continuum		Facilitator tool, wall signs, tape
3:00pm–4:00pm	Talking About Abortion Self-Care		Facilitator tool, flip chart paper and markers, timer
4:00pm–4:30pm	Post-workshop survey and participant feedback		Post-workshop survey, workshop feedback form, pens
4:30pm–5:00pm	Closing Reflections		Participant handouts, pens, certificates of completion (optional)



Tips for planning and facilitating a VCAT workshop

The tips compiled here were shared by experienced VCAT trainers from around the world. These suggestions may help you plan and facilitate rewarding VCAT workshops with meaningful results for participants.

Planning

- Work closely with co-facilitators to select the workshop activities and content, which may vary depending on the mix of participants. Focus on selecting activities that will be most relevant to participants' experience, knowledge and local context—and be sure to adapt activities to the local context as needed. If participants have limited English proficiency and you're using this facilitator's guide English materials without translating them, select activities that do not involve worksheets that ask for a lot of writing.
- Meet with co-facilitators at least one day prior to the workshop to review the workshop content and VCAT key messages, become familiar with literature on abortion self-care in the global or local context, and define roles. Also meet or talk with the local workshop organizers to discuss country- and region-specific sensitivities and issues that will come up for participants. For example, in some settings, the idea of young, unmarried women receiving abortion care is controversial. In some settings, depending on local laws and the public's knowledge of the law, some participants may fear being imprisoned for providing pathways for women to safely self-manage an abortion.
- Work closely with logistical coordinators to ensure you will have access to all necessary facilities, such as breakout rooms (if needed) or a printer or photocopier for participant handouts. Review the materials lists, including the participant handouts to print for certain

activities, before you begin your workshop. Organize participant materials in folders to be handed out at the start of the workshop.

- Prepare a flip chart page labeled “Parking lot” or “Garden” to capture ideas for later discussion throughout the workshop. This is a place to write down and remember ideas, questions and concerns that the group wants to make sure are addressed, but that are not directly relevant to the current discussion or activity. Pause a conversation that has veered off topic just long enough to identify items to write down in your workshop’s parking lot or garden. This allows you to get back on track while also validating participants’ ideas and ensuring that you’ll remember to address them later.
- Use engaging icebreaker and energizer activities to help create a receptive atmosphere for learning. If possible, play music or use a nonverbal signal such as chimes, a bell or a hand signal to gather participants back from activities; this also helps create an atmosphere of receptivity.
- It is ideal for at least one of the workshop co-facilitators to be well versed in the topic of abortion self-care, including the evidence, models, trends, guidance, recommendations and talking points. This will help you to steer the activities in the appropriate direction. For guidance on abortion self-care, refer to the resource lists at the end of the introduction to this facilitator’s guide.

Facilitating

- Remember that as a VCAT facilitator, your job is to create an open, safe space in which participants can share feelings and thoughts honestly and explore the complicated issues surrounding abortion self-care through deep and sometimes difficult discussion. Facilitators should refrain from sharing their own subjective opinions and beliefs. They should also refrain from identifying ideas as good/ bad or right/wrong, as this can have a negative impact on participants’ experience and willingness to share openly and experience true growth in their own understanding of the topics. VCAT facilitators should encourage all participants to feel

comfortable sharing their opinions openly, whether those opinions are supportive of abortion self-care or not.

- The goal of all the VCAT activities in this facilitator’s guide is to foster deep conversations about complicated issues. If a given activity is producing excellent engagement and conversation, you may choose to lengthen that activity because it’s going so well, and then omit or shorten other activities to compensate. A successful workshop is one that generates meaningful, thought-provoking discussion. It does not necessarily stick strictly to the agenda and complete all activities as planned. Feel free to adjust timing of activities based on the group’s engagement level.
- Ensure that enough time is allocated on the first day for participants to complete registration and the pre-workshop survey. Please be sure to have participants follow the instructions for part 1 of the survey, to allow you to match the anonymous pre- and post-workshop responses.
- For workshops that last more than one day, it’s highly recommended that subsequent days include a five-minute “review/preview” section at the top of the agenda to summarize what was covered the day before and what’s coming next. Using an icebreaker to start each subsequent day is also recommended to build group cohesiveness.
- It is important for staff of any organization participating in a workshop to hear from their own leadership, at the beginning of the workshop, about their organization’s policy on abortion self-care and how abortion self-care work will be integrated into their programs. Allow at least 15–30 minutes for organization leaders to present a verbal report of current policies, status of integration and top challenges. If an organization will not have leadership present at the workshop, request that they send you this information beforehand so you can provide it to participants.
- A 10-minute wrap-up session at the end of each day can help participants coalesce their learning. It is helpful to have access to a whiteboard or flip chart paper and markers for this discussion.

- After each day of the workshop, facilitators should take notes and assess what went well, what were the challenges and what may need to be revisited or adapted to meet the needs of the participants



Abortion self-care talking points

Below are talking points you can use to gently correct myths and misinformation about abortion self-care that may arise in conversation during any VCAT activity. You can also use these talking points to offer a perspective that has not yet been raised.

In preparation, it is vital for all facilitators of abortion self-care VCAT workshops to familiarize themselves with the available literature on abortion self-care globally, in their country or context, and in relevant organizational policies. As a starting point, use the list of resources on abortion self-care provided in the introduction—specifically, the Center for Reproductive Rights’ Talking Points guidance and the WHO guidance documents—along with the talking points provided here. You can also review the “Fundamentals of Abortion Self-Care” PowerPoint presentation included in this facilitator’s guide. (Find this tool at www.ipas.org/AbortionSelfCareVCAT.)

Draw on your experience and the experience of the VCAT organizers to anticipate local myths or common perspectives and identify corresponding talking points that can help deepen participants’ understanding of the specific statements you choose to focus on in any VCAT activity.

When raising any of these talking points, it is important to avoid lecturing or conveying judgment for any viewpoint. Instead, model respect for participants by emphasizing how common some of these misunderstandings are or by referencing the wide variety of perspectives that have come up in the many thousands of VCAT workshops conducted around the world. You can use some of the following sentence starters to soften the delivery:

- I want to address one very common myth we often hear in VCAT workshops like this...

- In past VCAT workshops we have also heard participants say...
- Another rationale/value we have seen come up in other VCAT workshops that I have not heard here is...

Main messages

Abortion self-care is health care.

Abortion self-care is abortion with pills—without the necessity of a prescription. Abortion self-care enables a woman to manage as much of the process as she wants on her own, with or without the involvement of a health-care provider. The most effective method uses a combination of mifepristone and misoprostol. This combination is up to 98.5% effective in the first trimester of pregnancy. When mifepristone is not available, misoprostol is safe to use alone and is 85% to 90% effective in the first nine weeks of pregnancy.

“Medical abortion” or “abortion with pills” are terms used to describe ending an early pregnancy using a combination of mifepristone and misoprostol—or misoprostol alone. According to the World Health Organization, the availability of abortion pills has made abortions safer, particularly in low-resource settings.

General talking points

- Research shows that women can safely and effectively self-manage an abortion with pills when they have accurate information about the dosing regimen and when to seek treatment for complications.
- Abortion self-care is an abortion with pills—without a prescription. The woman manages as much of the process as she wants on her own, with or without the involvement of a health-care provider.
- Abortion self-care is on the rise due to the increasing availability of safe and effective medications and because the need for abortion, on women’s own terms, is not being met.

- A woman might prefer abortion self-care because it allows her more control over the experience and greater comfort and privacy, or because it enables her to avoid stigma, discrimination, or other barriers she might face in a health-care facility.
- When given accurate information on how to have an abortion with pills, women can safely end an unwanted pregnancy. With the correct information, they will know what to expect when ending an early pregnancy and when it may be necessary to seek medical attention.
- When women and girls have the information and understanding to inform their reproductive health decisions, they can act independently to make their own choices regarding abortion.
- Minors are capable of making reproductive health decisions without parent or guardian consent.

(Remember: In this facilitator’s guide, “women” includes all people, married or unmarried, who can become pregnant.)

Talking points that use the term “medical abortion” (not just “abortion with pills”)

- “Medical abortion” and “abortion with pills” are popular terms for using a combination of mifepristone and misoprostol—or misoprostol alone—to end an early pregnancy.
- Medical abortion gives women the option to take pills to have an abortion instead of having a surgical procedure. The process, which allows women to have their abortion at home, involves the use of medications to end a pregnancy of up to 10 weeks’ gestation.
- Governments can and should care for women’s health by expanding access to medical abortion/abortion with pills. It is a woman’s right to control her own reproductive health—this includes being able to safely terminate a pregnancy with pills.
- Medical abortion has given women living in countries with restrictive abortion laws and with little access to services a safe and discreet

way to end a pregnancy. Unlike a surgical abortion, medical abortion does not require a health-care facility, special equipment or providers trained in specific technologies.

- The safety and efficacy of medical abortion—and women’s ability to use it independently after receiving the drugs and instructions for use—have been proven by research and is endorsed by the World Health Organization.¹
- Medical abortion/abortion with pills is revolutionizing women’s ability to determine whether and when to have children and to end unintended, unwanted or mistimed pregnancies safely.

1 The Lancet Global Health (2021) *Effectiveness of self-managed medication abortion with accompaniment support in Argentina and Nigeria (SAFE): a prospective, observational cohort study and non-inferiority analysis with historical controls* [https://www.thelancet.com/journals/langlo/article/PIIS2214-109X\(21\)00461-7/fulltext](https://www.thelancet.com/journals/langlo/article/PIIS2214-109X(21)00461-7/fulltext)

PowerPoint Slides

PowerPoint template for workshop flow

This PowerPoint slide deck follows our one-day sample workshop agenda, with a title slide for each activity and for logistical workshop pieces like welcome and introductions, the day's agenda, breaks and a workshop conclusion. You can use and adapt this slide deck to provide visual guidance for participants throughout your workshop.

(Find this tool at www.ipas.org/AbortionSelfCareVCAT.)



“Fundamentals of Abortion Self-Care” instructional PowerPoint:

This PowerPoint presentation provides a definition of abortion self-care and contextualizes it within the broader self-care movement for sexual and reproductive health and rights. The slide deck includes talking points for facilitators. Experience has taught us that having a facilitator present this information is a critical component of abortion self-care VCAT workshops. Participants will likely have a better understanding of abortion self-care and programming considerations once they have engaged with the content.

(Find this tool at www.ipas.org/AbortionSelfCareVCAT.)



Worksheets

Many of the activities include handouts or worksheets for participants. Once you've determined your agenda and know the number of workshop facilitators and participants, you can use our simple worksheet calculator to calculate how many handouts you will need to print for each of your chosen activities. (Find this tool at www.ipas.org/AbortionSelfCareVCAT.)

Ipas

Worksheet: Calculate how many printed materials you need
Abortion Self-Care Attitude Transformation: A values clarification toolkit

Enter the data for your workshop in the yellow fields below. The spreadsheet will calculate the number of copies typically needed for each VCAT activity.
***Please note:** If you are leading a very large group and using breakout rooms, you may need more copies of some of the materials.

Workshop location:
 Workshop dates:
 Number of facilitators: 2
 Number of participants: 30
 Number of breakout rooms: 1
 Number of tables/small groups: 6

Activity	Worksheets	Copies needed*
Welcome	Participant check-in sheet	1
	Pre-workshop survey	30
	Image/video consent form (if using)	30
Group Agreements	Facilitator guide	2
	Trainer tool: More sample group agreements	2
Cross the Line	Facilitator guide	0
	Trainer tool: Cross the Line statements	2
	Set of wall signs (2 pages: "Yes/Agree" and "No/Disagree")	1
Comfort Continuum	Facilitator guide	2
	Trainer tool: Comfort Continuum questions	2
	Trainer tool: Comfort Continuum wall signs (3 pages)	1
Reasons Why	Facilitator guide	2
	Trainer tool: Reasons Why answer sheet	2
	Trainer tool: Reasons Why questions (cut into strips)	2
Four Corners	Facilitator guide	2
	Handout: Four Corners worksheet	30
	Trainer tool: Four Corners wall signs (4 pages)	1
Talking About Abortion Self-Care	Facilitator guide	2
	Trainer tool: Talking About Abortion Self-Care sample responses	30
Personal Beliefs vs. Professional Responsibilities	Facilitator guide	2
	Handout: Small-group facilitation instructions	6
	Handout: Personal Beliefs vs. Professional Responsibilities, part A	30
	Handout: Personal Beliefs vs. Professional Responsibilities, part B	30
Closing Reflections	Facilitator guide	2
	Handout: Closing Reflections worksheet	30
	Post-workshop survey	30
	Workshop feedback form	30
	Certificates of completion (each with a participant's name written in)	30

*Please note: If you are leading a very large group and using breakout rooms, you may need more copies of some facilitator guides or trainer tools.



VCAT Activities

This facilitator's guide contains the following facilitation guides for six VCAT activities, as well as workshop opening (Group Agreements) and closing (Closing Reflections) exercises.

Group Agreements →

Cross the Line →

Comfort Continuum →

Reasons Why →

Four Corners →

Talking About Abortion Self-Care →

Personal Beliefs vs. Professional Responsibilities →

Closing Reflections →

Group Agreements

This short activity facilitates explicit group agreements that help create a respectful and productive learning environment—the kind of environment that allows participants to open up and share the personal experiences, beliefs and reflections essential to VCAT activities.

Overview

Most workshops use an opening session to introduce the workshop, review the agenda and set group agreements (sometimes also referred to as codes of conduct or group norms).

In an abortion self-care VCAT workshop, explicit group agreements are essential to creating an environment that allows participants to open up and share the personal experiences, beliefs and reflections that VCAT activities call for. This activity presents a recommended set of group agreements to help set the tone and create a respectful and productive learning environment.

This short Group Agreements activity should be incorporated into the opening session of a VCAT workshop or any other workshop that includes VCAT activities. The recommended group agreements come from lessons learned and best practices that Ipas facilitators have drawn on to facilitate effective and impactful abortion VCAT activities and workshops.

Time required

10–20 minutes, depending on group size

Objectives

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

- Contribute to creating a workshop environment in which all viewpoints are welcome and shared respectfully
- Explain the difference between using “I” statements and presenting opinions as facts

- Use “I” statements effectively to share their opinions in ways that foster mutual learning and respect
- Draw on the recommended group agreements and others to support the success of the VCAT workshop and activities



Recommended group agreements

- All viewpoints are welcome.
- Speak in “I” statements.
- Keep confidentiality: Learning goes, stories stay.
- Balance sharing and listening.



Materials

- Facilitator tool: More possible group agreements
- Flip chart paper and markers
- Masking tape
- Flip chart easel (optional)



Preparation

Write the four recommended group agreements on a blank flip chart page, leaving room below for additional agreements that may be proposed by the group.




Room setup

Use the same setup that you will use for the rest of the workshop. Make sure you have room at the front to present the written agreements in a way that everyone can see them. Identify ahead of time where you will post the agreements for the duration of the workshop so that all participants can see them and refer to them as needed.

Step by step: Group Agreements

OPEN


Introduce the concept of group agreements. Explain in your own words:

 Values clarification activities require personal reflection and sharing. You will never be asked to share anything you don't want to share. At the same time, the power of this experience comes from learning about each other's beliefs and personal experiences. In order to create a safe and respectful learning environment, I'm going to propose a set of group agreements for you to consider. I'll then ask if there are other agreements you want to ask for to help create an atmosphere of mutual respect for our time together.

ENGAGE


Present each of the recommended group agreements one by one, using the following script or a version in your own words:

1. All viewpoints are welcome.

 The true value and power of a values clarification workshop like this one is having the opportunity to learn from the different viewpoints in the room and to better understand the experiences that shaped those viewpoints. We can only do this when everyone is able to contribute. We know we have a wide range of backgrounds and experiences represented in the room today. All are welcome!

Our time together will be focused on understanding how we've come to believe what we believe and what core values inform those beliefs today. There are no right or wrong answers. Our task together is to understand why we believe and feel what we do. Therefore, all viewpoints, when shared respectfully, are welcome.

2. Speak in "I" statements.

 One way for us to create an environment in which all viewpoints can truly be welcome is to use "I" statements. Let's explore this. I'm going to share two statements with you. Listen closely, and then tell me what you hear as the difference between them:

- Abortion is difficult to discuss.
- I find it difficult to discuss abortion.

What is the difference between these two statements?

Elicit or share some version of the following:



- The first statement is presented as a fact: Abortion is difficult to discuss. Because I personally spend so much time talking about abortion, I don't completely agree that abortion is difficult to discuss. When someone presents this as a fact, my immediate reaction is to disagree and want to debate the statement they just made. I might become defensive and feel my viewpoint is being ignored because that statement is not a fact for me.
- The second statement is presented as an opinion: I find it difficult to discuss abortion. When I hear an "I" statement like this, there is nothing to debate. When someone says this, it's their experience and opinion that they're sharing, and instead of wanting to argue about it, I instantly become curious. I want to ask, "What do you find difficult about discussing abortion?"



Conversations and discussions about abortion among people with a wide range of viewpoints and beliefs about abortion can quickly become contentious. Speaking with "I" statements is a tool for creating a space where everyone's viewpoints can truly be welcome. It allows us to hear each other, particularly when we disagree, without having our defenses immediately go up and reacting by trying to prove the statement wrong.

When we own our opinions, it makes a difference. When we overgeneralize and state our opinion as fact rather than as our subjective opinion, we can alienate people from us because their experience may not be the same as ours.

Using an "I" statement acknowledges that the viewpoint is our own and not necessarily a fact about the situation. This communication approach can help shift discussions on abortion from contentious debate to mutual respect and learning.

Many of us have been trained to speak in general terms, so it's challenging to remember to use "I" statements. We will make mistakes, including me! In agreeing to this norm, you are also agreeing to let me, in my role as a facilitator, gently remind you to use "I" statements when I hear you presenting what may be a viewpoint as a fact. You are also agreeing to remind me, if you hear me presenting a viewpoint as a fact. We'll all support each other in practicing this, because it takes practice to get comfortable with it.

3. Keep confidentiality: Learning goes, stories stay.




To create a workshop environment in which we can share our viewpoints and experiences and even wonder and ask vulnerable questions out loud, we need

to trust that what we share will be held with confidentiality. Outside of this room, we can share what we've learned as the result of hearing these collective stories. However, other people's individual stories and experiences are not ours to share. By agreeing to maintain confidentiality, we are agreeing to respect one another's privacy, while still carrying the impact of each other's shared truth into our daily lives.

4. Balance sharing and listening.

 What do you imagine this one means?


a. Elicit and reiterate or explain the following:

 This agreement is a tool for helping us hear as many perspectives as possible. If you're someone who tends to be shy about speaking up in groups, we are inviting you to share, in a way that feels comfortable to you, and to offer your voice and viewpoints to this group. The most valuable learning will come from hearing as many perspectives as we can, so we are inviting you to stretch beyond your comfort zone in this way and offer us the gift of your perspective to the extent you are willing.

Conversely, if you're someone who tends to be very comfortable speaking in groups and speaks a lot, we invite you to consider just listening from time to time to see if another, less heard voice fills the silence. We appreciate and welcome your viewpoint, and it is also a gift to experience the ease some people feel sharing their thoughts and viewpoints out loud. At the same time, we ask that you be mindful of how much you are volunteering to talk relative to others and step back on occasion so that we can make intentional space to hear from others who haven't spoken as much. We hope you won't take offense if sometimes we ask you to hold off as we check to see if someone else would be willing to contribute. Rather, we hope you'll recognize it as our sincere effort to ensure we hear from as many people as possible.

Whether you're practicing sharing or listening (or balancing the two!), this agreement is asking you to stretch outside of your comfort zone.

b. Ask participants:

 Now, take a moment to think about what else you might need in order to feel fully present, safe and respected in this workshop. In addition to these four core agreements, are there any other agreements you would like to ask for in order to create a safe, respectful and productive learning environment? What else might you need from other participants? From us as your facilitators?

- c. **Add participants' suggestions to the flip chart and elicit discussion as needed about the additional contributions.**
- d. **When participants have slowed down on adding new agreements, ask them to take a moment to review the list. Ask:**



- Can we agree to these as a group?
- If you don't agree to any one of these norms, would you raise your hand and share your concern or disagreement? We value any hesitation or point of clarification you might need, so please do feel free to voice it.
- Now that we've revised these agreements (or: Since there is no disagreement), will you raise your hand to indicate that you will do your best to live into these group agreements?

Note to facilitators: Use these group agreements as needed throughout the rest of the workshop to manage challenging group dynamics and foster an enabling learning environment.

CLOSE

Ask if participants have any other questions, comments, or concerns.

Tell participants you will be checking in on how the group is doing with the agreements throughout the workshop, and invite them to partner with facilitators to remind the group of the shared agreements if it feels like people are forgetting them.

FACILITATOR TOOL:

More possible group agreements

- Answer honestly, including when you don't know.
- Allow emotions and feelings to happen, and support each other when they do.
- Take the time and space you need, including if you need to "pass" or take a break if a topic is too uncomfortable.
- Come to every session with the intention to listen, learn and participate fully.

Cross the Line

Overview

This activity is used to bring different views on abortion self-care to the surface and address the connection between abortion self-care and cultural norms and stigma. It is often used early in an abortion self-care VCAT workshop to help participants begin to reflect on their personal views, get a sense of the range of views on and experiences with abortion self-care, and understand how cultural norms and stigma affect people's diverse views and experiences. Because this activity starts to draw out some of the messages that fuel abortion stigma among participants in the room, it can also help you better tailor the workshop activities to follow.

Time required

45 minutes (minimum)

Objectives

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

- Articulate their feelings and views on abortion self-care
- Identify diverse views among participants in the group
- Describe how life circumstances and stigma affect individual and cultural norms, views and reactions to abortion self-care

Materials

- Facilitator tool: Cross the Line statements
- Signs for “Yes/Agree” and “No/Disagree”
- Masking tape or string, approximately 3 meters long (optional)



Preparation

ADAPT THE CONTENT FOR YOUR AUDIENCE

- Review the “Facilitator tool: Cross the Line statements.”
- Select the statements you will use in advance. We recommend choosing 4–6 statements total for a 45-minute activity. You can expand this activity to fill more time by using more statements, adding at least an additional 5 minutes per statement. It can be useful to end with a statement you think all participants can agree on, such as the last one in the facilitator tool.
- Adapt the statements as needed to ensure that they are appropriate for the cultural context and that they bring up any particularly relevant or timely nuances about abortion self-care in this context.

PREPARE THE MATERIALS

Print or write signs for “Yes/Agree” and “No/Disagree” (1 of each)



Room setup

Clear a large area of the room and place a line down the middle using tape or string. If possible, make the line long enough that all participants can stand in a single row along the line. Post signs saying “Yes/Agree” and “No/Disagree” on opposite sides of the line. (If no tape or string is available, ask participants to imagine a line on the floor.)

Step by step: Cross the Line

OPEN

Introduce this activity as an icebreaker to start to explore the diversity of beliefs about and experiences with abortion self-care that are present in the room. Explain in your own words:



The purpose of this activity is to reflect on how our attitudes and beliefs about abortion were shaped. This is not a quiz and there are no “right” or “wrong” answers.

ENGAGE

1. Ask all participants to gather on one side of the line.
2. Explain that you will read a series of statements, and that when a statement applies to their beliefs or experiences, they should move all the way across the line. Clarify that there is no “in between” in this activity: Each person must stand on one side of the line or the other.
3. Remind participants to move about in silence and not talk during this exercise unless they need clarification or do not understand a statement.
4. Start with an easy practice statement, such as: “Cross the line if you had fruit for breakfast this morning.” After you read the statement and participants cross the line, invite them to silently observe how many people crossed the line and how many did not. Invite them to notice how it feels to be where they are. Invite one or two participants to share why they did or did not have fruit for breakfast. This encourages people to share their feelings, experiences and opinions with the group.
5. Ask participants to move back to their starting position on the initial side of the line.
6. Read the first of the abortion self-care statements you selected from the “Facilitator tool: Cross the Line statements” and give people a chance to cross the line. Then:
 - a. Invite participants to notice how they feel about what side of the line they are on.
 - b. Ask for a volunteer who crossed the line to share a little bit about why they crossed the line. Next, ask for a volunteer who did not cross the line to share a little bit about why they did not cross the line. (For each remaining statement, alternate starting with a volunteer who did cross the line or with one who did not.)
 - c. If at any point someone is alone on one side of the line, express appreciation for their courage to stand alone and ask if they would be willing to share how it feels to be the only person on that side of the line.

- d. If anyone changes their position on a statement during the discussion—for example, they crossed the line but then decided to cross back based on the discussion—ask them share what made them shift their position.
7. Repeat step 6 for each of the statements you prepared. If you notice that you will not have time for all your prepared statements, choose which you want to prioritize and which you will cut. If there is time, close this part of the activity with one final statement (and note whether most people agree or disagree):



Cross the line if you believe we can discuss the topic of abortion self-care respectfully, even if we have different experiences and beliefs about it.

DISCUSS

For this discussion, participants can remain where they are, or you can invite them to return to their seats. Then discuss the activity using the following prompts:

- How did it feel to participate in this activity?
- What did you learn about your own and others' experiences with abortion self-care?
- Were there times when you felt pressure to move along with most of the group? Did you move or not? How did you handle that pressure?
- What does this activity teach us about the stigma surrounding abortion self-care?
- How might stigma influence a woman's decision to self-manage her abortion with pills?
- How might stigma and bias influence your organization or your colleagues in supporting abortion self-care work?

CLOSE

Ask if participants have any other questions, comments or concerns. Include the following key messages in your closing. Whenever possible, link them to comments that came up during the activity.

KEY MESSAGES

- Individual comfort with abortion self-care varies. We know women are using pills and self-managing abortion all over the world. We have a responsibility to support women's choices and facilitate access to good information, quality drugs and successful outcomes.
- Our personal biases or concerns about abortion self-care should not be the reason for withholding accurate information and support from women. Doing so could put women's health and well-being at risk.
- There are many things a woman considers when deciding on her abortion options. When a woman chooses abortion self-care, dissuading her, criminalizing this option or creating other barriers may result in her turning to harmful alternatives.
- We can be uncomfortable with abortion self-care and still support an individual's right to accurate information and quality drugs.

FACILITATOR TOOL: Cross the Line statements



Note to facilitators: You will not have time (or participant attention span) to take the group through all the statements below. Choose up to six statements that are most relevant for your workshop, based on planning discussions, and have a sense of which statements you will cut or prioritize if time runs out. You want a diverse set of statements that ensure that participants a range of view-points can cross the line. If you have limited time for planning, you can use the statements in bold to form a quick set.

If you choose to write your own statements, think through statements that draw out issues of concern or interest and that focus on participants' experiences or beliefs, not on facts. The statements below may look easy to replicate, but a good Cross the Line statement often requires some work and testing.

Please note that where a statement says "women," this includes all people, married or unmarried, who can become pregnant.

We recommend always including the statement "Cross the line if you know someone who has self-managed an abortion." It is frequently among the most powerful experiences of an abortion VCAT workshop when participants realize how many people know someone who has had one. You can then refer to this reality throughout the workshop as needed.

Statements for general audiences

Cross the line if...

- **You know someone who has self-managed an abortion.**
- You would support a friend or relative who wanted to use abortion pills on their own.
- You believe that women should be able to decide how and where they have an abortion.
- You think women in your country are already using abortion pills for self-care.
- **You think women using abortion with pills must interact with a health-care provider at some point in the process of their abortion.**

- You believe women have the right to accurate information on how to manage abortion with pills on their own.
- **You think young women should be able to access abortion pills on their own without a prescription.**
- You believe women should have access to abortion pills for self-use without an ultrasound or pregnancy test to date gestational age and confirm pregnancy.
- You believe women have the right to self-manage their abortion, including if their pregnancy is at or after 13 weeks.
- You think supporting abortion self-care will reduce the likelihood that women will use postabortion contraception.
- You believe that a woman who has a self-induced abortion should declare this to a health-care provider if she is presenting for follow-up care.
- **You believe that making abortion pills widely available will discourage women from going to a health-care facility for abortion care.**
- You believe women should be able to access abortion pills for self-use during humanitarian crises such as an epidemic, pandemic or natural disaster.
- **You believe women can safely have an abortion on their own when they have access to accurate information and appropriate pills.**
- **You believe we can discuss the topic of abortion self-care respectfully, even if we have different experiences and beliefs about it.**

Statements for organization staff

- You believe your organization should be actively engaged in abortion self-care work to expand abortion access.
- You believe your organization should endorse abortion self-care and support women in self-managing their abortion.

Comfort Continuum

Overview

This activity is designed to help participants reflect on their level of comfort discussing, advocating for and supporting abortion self-care. Participants are encouraged to reflect on and share some of the experiences that have influenced their comfort levels and beliefs surrounding abortion self-care.

Time required

45 minutes (minimum)

Objectives

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

- Articulate their own comfort levels discussing or supporting women with abortion self-care
- Discuss the different comfort levels on abortion self-care held by other participants and the experiences that inform them
- Discuss how these varying comfort levels relate to societal norms on abortion self-care

Materials

- Facilitator tool: Comfort Continuum questions
- Facilitator tool: Comfort Continuum signs
- Masking tape



Preparation

ADAPT THE CONTENT FOR YOUR AUDIENCE

- Familiarize yourself with available literature on abortion self-care globally and in your workshop’s country or context. As a starting point, use the resource list provided at the end of the introduction to this facilitator’s guide.
- If relevant, familiarize yourself with participants’ organizational policies on abortion self-care.
- Review the “Facilitator tool: Comfort Continuum questions.” Carefully select 5–8 questions that address relevant nuances or timely debates about abortion self-care in the cultural context of your workshop. Adapt the questions to be appropriate for this context and for your workshop audience—for example, for providers, policymakers, or staff at a donor agency or community-based organization. Decide in advance the order you will read the questions and which questions you will prioritize or cut if time runs out or participants start to lose focus.

PREPARE THE MATERIALS

Use the “Facilitator tool: Comfort Continuum signs” to print or create 1 set of wall signs.



Room setup


Clear a large area and tape the three Comfort Continuum signs on the floor or the wall in a row to indicate a continuum. Leave enough distance between each sign to allow participants to share space and clearly see where they and others stand.

Step by Step: Comfort Continuum

OPEN

Introduce the activity. Explain that participants will be asked to reflect on and, if comfortable, share their experience and their comfort levels with various aspects of abortion self-care.

Encourage participants to be honest about their feelings and to resist being influenced by where other participants are placing themselves. Emphasize this idea:

 Expressing our feelings honestly can make us feel vulnerable. Remember, there are no right or wrong answers to any of this. We will all learn and benefit from understanding the diversity of views, experiences and comfort levels among us.

ENGAGE

1. Explain that you will read a series of questions. After each one, you will ask participants to physically move, in silence, to the point on the continuum that best represents their feelings. Point out the three signs: “A little,” “A lot” and “Not at all.”
2. Read the first question you selected from the “Facilitator tool: Comfort Continuum question.” Invite participants to move in silence to a spot anywhere along the continuum (at or in between signs).
3. Next, ask for 2–3 volunteers from different places along the continuum to explain why they’ve placed themselves there and what values they reflected on when responding to the question. Tell participants that if something they hear makes them want to shift to a different place on the continuum, they are welcome to move.
4. Repeat steps 2 and 3 for each question you prepared until you finish your list or 20 minutes has passed.

DISCUSS

Invite participants to return to their seats or gather in the center of the workshop space. Discuss the different responses and levels of comfort in the room using the following prompts—or feel free to add your own!

- How did this activity feel?
- What stood out to you from the activity?
- What surprised you about your own responses? What surprised you about other people's responses?
- Were there times you felt tempted to move along with the majority of the group? Were there times when someone else's explanation about where they were standing made you feel like moving?
- What did you learn about your own comfort level with abortion self-care? What did you learn about others' comfort levels? Did your comfort level change due to the discussion?
- What observations do you have about the group's overall comfort level with abortion self-care? (Please don't comment on individual people's responses.)

Ask participants to reflect on the life experiences and values that influenced their levels of comfort or discomfort. Invite them to imagine how a different set of life circumstances might have led to a different level of comfort with abortion self-care. Ask for volunteers to share.

CLOSE

Ask if participants have any other questions, comments or concerns. Include the following key messages in your closing. Whenever possible, link them to comments or moments that came up during the activity.

After you review the key messages, if time permits, invite participants to close their eyes (or look down if that's more comfortable) and reflect on how they felt during this activity. Ask them to focus on a time in their lives when they remember someone helping them feel more comfortable with a tough decision or a choice they made. Close the activity by thanking them for participating and for deepening your own learning by sharing their experiences.

KEY MESSAGES

- Our level of comfort with abortion self-care often comes from our own experiences. Putting our discomfort ahead of women's needs creates barriers to care, such as lack of access to accurate information and reliable abortion pills.
- When we are uncomfortable with something, we may avoid it, refuse to learn about it, or dismiss it. Sometimes discomfort is a warning, and sometimes it is a sign that there is something else to be learned.
- Recognizing our own and others' different comfort levels can help us have honest and productive discussions and allow us to see other people's views through their experiences.
- Women and girls are the experts of their own lives. We must trust their decisions and the pathways they choose for abortion. Discomfort with abortion self-care can result in making judgments around women's capabilities to make the decision that is best for them or around what women can or cannot do on their own.
- Women and girls exercise their right to abortion self-care regardless of restrictive laws or sociocultural pressures. They can exercise their rights better with support, including access to accurate information, quality commodities, accompaniment (if they want) and follow-up services.

FACILITATOR TOOL: Comfort Continuum questions



Note to facilitators: Review the questions below and choose 5–8 that you think are most relevant to your workshop. You may decide to adapt some statements or add some of your own! Make sure you include questions that address particular issues relevant to your workshop context, and that you are prepared to answer any factual or policy questions that may come up.

For this activity, we have found it is best to start with simpler or easier questions, progress to harder ones, and then end with an easier one again.

If your workshop also includes Cross the Line, think carefully about whether you want to use Comfort Continuum questions that repeat similar themes as your Cross the Line statements, or whether you want to emphasize different themes. For example, if you use Cross the Line at the beginning of a workshop and Comfort Continuum at the end of the workshop, you might plan similar questions to help participants notice if any shifts in viewpoints have taken place. If you use the two activities closer together, you might focus on different themes in each.

Please note that where a statement says “women,” this includes all people, married or unmarried, who can become pregnant.



Questions for general audiences

- How comfortable are you helping someone you know access abortion self-care?
- How comfortable are you discussing abortion self-care with your family members?
- How comfortable are you discussing abortion self-care with people in your community?
- How comfortable are you discussing abortion self-care with your religious leader?
- How comfortable are you with women having access to information about how to use abortion pills?
- How comfortable are you with pharmacists providing abortion information and pills to women who request it, without a prescription?

- How comfortable are you with medicine sellers, community health volunteers or other laypeople providing medical information and access to pills to people who request it?
- How comfortable are you providing information on abortion self-care to someone who requests it?
- How comfortable are you providing abortion pills for abortion self-care to someone who requests it?
- How comfortable are you with a young woman accessing abortion self-care without her guardian's knowledge or consent?
- How comfortable are you with women self-managing their abortion when they live far from a health-care facility?
- How comfortable are you with women of low literacy self-managing their abortion?
- How comfortable are you with women having access to abortion self-care during humanitarian crises such as epidemics, pandemics, natural disasters or wars?
- How comfortable are you defending access to abortion self-care for every woman who needs it, regardless of her reasons?

Questions for organization staff

- How comfortable are you discussing abortion self-care with colleagues at work?
- How comfortable are you with your organization's position on abortion self-care—meaning the use of abortion pills without a prescription?
- How comfortable are you with your organization providing abortion self-care information in the community?
- How comfortable are you working on a project where abortion self-care information and pills are provided?

Questions for health-care providers and health workers

- How comfortable are you providing information about abortion pills?
- How comfortable are you providing access to abortion pills for self-managed abortions?
- How comfortable are you with your friends and family knowing that you provide or assist women with self-managing abortion?
- How comfortable are you with a woman self-managing an abortion before 13 weeks of gestational age?
- How comfortable are you with a woman self-managing an abortion at or after 13 weeks of gestational age?
- How comfortable are you taking care of a woman who attempted abortion self-care and needs care for a complication?

A LITTLE

A LOT

**NOT AT
ALL**

Reasons Why

Overview

In this activity, participants explore a range of reasons why women and girls choose abortion self-care, why health-care providers and health workers might be hesitant about abortion self-care, and why governments regulate abortion self-care. Participants are supported to identify how their and others' level of comfort with specific reasons can affect reproductive health policies and services and fuel abortion stigma.

It may be helpful to follow Reasons Why with an activity that uses case studies, scenarios or stories to foster empathy for individual women's circumstances and choices.

Time required

60 minutes

Objectives

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

- Identify a range of reasons why women and girls select abortion self-care
- Identify and discuss reasons why health-care providers and health workers might be hesitant about abortion self-care
- Discuss reasons why governments regulate abortion self-care
- Discuss how individuals' comfort levels with abortion can lead to barriers to accessing abortion self-care for women and girls

OBJECTIVES FOR ORGANIZATION STAFF

By the end of this activity, all participating staff will be able to:

- Discuss all the reasons why it is important for their organization to be working in the field of abortion self-care

- Discuss all the reasons why their organization’s staff might be hesitant to work on abortion self-care

Materials

- Facilitator tool: Reasons Why questions
- Facilitator tool: Reasons Why answer sheet
- Flip chart paper and markers
- Masking tape
- Scissors
- Small prizes for winning team members (candy or similarly small tokens)
- Flip chart easels (optional)



Preparation

ADAPT THE CONTENT FOR YOUR AUDIENCE

- Make sure that you are familiar with the literature on abortion self-care (see the resource list at the end of the introduction to this facilitator’s guide) as well as with common myths about abortion self-care and why people have abortions in the context of your workshop. This activity offers an opportunity for you to clarify some common abortion self-care myths and misconceptions.
- Review the “Facilitator tool: Reasons Why answer sheet” to familiarize yourself with content that is likely to be raised in this activity. Be prepared to share context-specific examples of how governments regulate pregnancy and abortion more than most other medical conditions and procedures.
- Review the “Facilitator tool: Reasons Why questions” and select the questions you will use. There are three recommended questions (in **bold**), and you will need a few additional questions depending on the number of small groups (of 3–5 participants)

in your workshop. Each small group will use one question. If you will have more than five small groups, you can select more questions or give more than one group one of the three required questions. (Also choose in advance one of your selected questions to use in step 6 of the activity.)

- Study the “Facilitator tool: Reasons Why answer sheet” again, focusing on responses to the questions you’ve chosen. This answer sheet provides reasons that come up in many VCAT workshops. To prepare for your workshop, add any other reasons you can think of, or work with your facilitation team to ensure that the list of reasons is up to date and complete. Include local examples, particularly examples related to government regulation of pregnancy and abortion.

PREPARE THE MATERIALS

- Print a copy of the “Facilitator tool: Reasons Why questions.” Cut the paper into strips with one question per strip. (If you have a large group and more than one small group will be using the same question, print and cut an extra copy.)
- Print a copy of the “Facilitator tool: Reasons Why answer sheet.”
- Write the discussion questions for pairs and small groups (in activity steps 8 and 9) on flip chart pages.
- Gather the small items you will use as prizes for participants of the winning small group.



Room setup

- Distribute tables or spaces for small-group work throughout the room, with one blank flip chart page and a set of 3–4 markers per group.
- Identify blank wall space where you can post flip chart pages side by side for participants to do a gallery walk.

Step by step: Reasons Why

OPEN

Introduce the activity. Explain that participants will be working in small groups to think of all the reasons why women and girls have abortions and select abortion self-care. They will then explore how people's values may fuel barriers to women accessing accurate information and abortion pills.

ENGAGE

1. Explain that you are going to divide the group into small groups and give each small group one question. The groups will have approximately 10 minutes to brainstorm as many possible answers to their question as possible and write them on a flip chart. There will be a prize for the most creative flip chart, so each group should feel free to draw and use color creatively to present their answers within the time given. Tell them you're going to divide them into small groups now, and then give a few more instructions.
2. Divide participants into groups of 3–5. Give each group one blank flip chart page, a set of 3–4 colored markers and one of the Reasons Why questions.
3. When all small groups have had a chance to read their question, provide the following instructions:
 - a. Encourage participants to think as deeply and broadly as possible about all of the possible reasons why.
 - b. Remind them that they will have approximately 10 minutes to brainstorm and prepare their flip charts. (Check in at 10 minutes and allow for up to 5 more minutes if needed but no more, ensuring you have time for the rest of the activity. There will be an opportunity for the full group to add more reasons during the small-group reports.)
 - c. Ask each group to select one person to report back to the larger group. That person will have 2–3 minutes to present their group's reasons why.

- d. Remind them that the most creative flip chart will receive a prize.
4. After 10 minutes, check to see if groups have generated all the ideas they can. If they need more time, give them 5 more minutes, maximum. Then invite groups to post their flip chart pages on the wall.
5. Give each group 2–3 minutes to have a spokesperson present their reasons. After each presentation, ask the larger group if they have any additional reasons to add to the list, then add them to the flip chart. Join in the brainstorming yourself to suggest responses that were still not identified after the groups have made their contributions.
6. After all groups have presented, have participants quickly vote on the most creative flip chart by clapping for each flip chart one by one. The group with the loudest applause wins the prize—but they cannot vote for their own flip chart! Present the winning team with a prize or tell them that their prize is the esteem of their peers.
7. Next, invite participants to take 3–5 minutes to reflect silently on all the reasons that were identified for your previously chosen question (e.g., “What are all the reasons why health workers might be hesitant about women choosing abortion self-care?”). Have them identify the two reasons they are the most comfortable with and the two reasons they are the least comfortable with. Then ask them to then take an additional 2 minutes to reflect on how their core values influence their comfort and discomfort with the reasons they selected.

Note to facilitators: You can save time by writing the discussion questions for the next two steps on a flip chart page and posting it for participants to see.

8. After the individual reflection, ask participants to discuss the following questions in pairs for 5 minutes:



- What reasons make you most uncomfortable? Why?
- What reasons are you most comfortable with? Why?
- How do your core values influence your comfort and discomfort with certain reasons? Are there any competing values that fuel your comfort or discomfort? If so, what are they?

- Does your comfort level change if a woman is older or younger? Married or unmarried? Living with a disability or not?
 - How might our individual discomfort contribute to harmful impacts on women?
9. After the paired discussion, ask each pair to join with another pair to create groups of four. Ask these small groups to discuss the following questions for 10 minutes:



- How might our individual discomfort with certain reasons contribute to barriers to safe abortion?
- What values would we prioritize for guiding policies related to pregnancy and abortion?

DISCUSS

Facilitate a full-group discussion for 5–10 minutes, using some of the following questions:

- What stood out from your discussions?
- What are some of the reasons that caused the greatest discomfort in your group, and what were some of the values at the root of any discomfort?
- How do your core values influence your discomfort with certain reasons for having an abortion?
- How might our individual discomfort contribute to harmful impacts on women in our community?
- How does this discomfort affect societal stigma against women who self-manage their abortion?
- What values would you prioritize for guiding policies related to pregnancy and abortion self-care?
- What new insights have you gained from this discussion?
- For organization staff: Were there any specific discussions that made you feel more comfortable working in the area of abortion self-care?

CLOSE

Ask if participants have any other questions, comments or concerns. Include the following key messages in your closing. Whenever possible, link them to comments that came up during the activity.

KEY MESSAGES

- It is important to acknowledge all the reasons why women and girls may prefer abortion self-care over facility-based services, and to trust their decisions. It is not up to any of us to determine whether someone's reasons are valid or justified. Our role is to decrease the barriers they face and provide access to the resources they need along that path.
- The desire to “protect” women and girls can sometimes result in laws that restrict access to the services they need. These restrictions can result in delayed or denied services. We need to trust people to make the decisions that are best for them, even if we do not understand or agree with those decisions.
- Discomfort with women's reasons for accessing abortion self-care can result in restrictive laws, practices, behaviors, and policies that limit access to self-care options. It is important to understand how our own attitudes and behaviors create barriers to abortion self-care.
- Failing to acknowledge women's ability to safely use abortion pills on their own shows a lack of trust for women and their abilities. It is important to understand how our own attitudes and behaviors create barriers to abortion self-care.

FACILITATOR TOOL: Reasons Why questions

Note to facilitators: Remember that where a statement says “women,” this includes all people, married or unmarried, who can become pregnant.

- **What are all the reasons why people choose to self-manage their abortion?**
- **What are all the reasons why health workers might be hesitant about women choosing abortion self-care?**
- **What are all the reasons why someone might prefer to get abortion pills over the counter without a prescription rather than go to a health-care facility?**
- What are all the reasons why a pharmacist or medicine seller might provide abortion pills to some people but not others?
- What are all the reasons why a pharmacist or medicine seller should sell someone abortion pills without a prescription?
- What are all the reasons why governments criminalize abortion self-care?
- What are all the reasons why a woman might not go for a follow-up visit after using abortion pills on her own?
- What are all the reasons why someone might provide information to someone else on where to get abortion pills and how to use them properly?
- What are all the reasons why some hotlines, social media sites and websites provide information to women on where to get abortion pills and how to use them properly?
- For organization staff: What are all the reasons why my colleagues might be hesitant to work on abortion self-care?
- For organization staff: What are all the reasons why it is important for my organization to be working in the field of abortion self-care?

FACILITATOR TOOL:

Reasons Why answer sheet**Reasons why people choose to self-manage their abortion**

Responses: Fear of discrimination, lack of access to services, desire to have autonomy and privacy, cost of services, distance to available services, legal barriers or restrictions on services, lack of accurate information, psychosocial risks...

Reasons why health workers might be hesitant about women self-managing their abortions

Responses: Lack of confidence in women's ability to manage the abortion process, lack of confidence in women determining the gestational age of the pregnancy, fear of possible complications like excessive bleeding, safety issues, concerns about the law and people getting in trouble, fears about their own job security, age discrimination against young women, discrimination against unmarried women...

Reasons why someone might prefer to get abortion pills over the counter without a prescription rather than go to a health-care facility

Responses: Closer to home, cost may be less, anonymity could be better, no lines or wait times, not subjected to a clinical exam which could be invasive or costly, privacy, fear of mistreatment and discrimination in facilities, limited availability of clinical services, legal restrictions in facilities, social stigma...

Reasons why a pharmacist or medicine seller might provide abortion pills to some people but not others

Responses: Ability to pay, judgment of who should and should not be allowed to have an abortion, age discrimination against young women, discrimination against unmarried women, providing pills only to friends or acquaintances, fear of police or regulatory authorities, judgment about gestational age...

Reasons why a pharmacist or medicine seller should sell someone abortion pills without a prescription

Responses: Economic incentives of their business, to assist customers, sympathy for customers' situations, to prevent dangerous abortion methods such as sticks or chemicals from harming women, empathy for the plight of desperate customers...

Reasons why governments criminalize abortion self-care

Responses: Control over women's autonomy, law and decision makers are often male, desire to protect women and girls from harm or health risks, lack of concern for women's health and well-being, lack of care for sexual and reproductive rights, misinformation...

Reasons why a woman might not go for a follow-up visit after using abortion pills on her own

Responses: Distance to a facility, costs, confident they are no longer pregnant so doesn't want follow-up, no problems or complications so doesn't see the need, busy with daily life tasks/lack of time, fear of discrimination in health-care facilities...

Reasons why someone might provide information to someone else on where to get abortion pills and how to use them properly

Responses: Desire to help and ensure accurate information, desire to prevent the use of dangerous methods like sticks or chemicals, belief that people have the right to accurate information and access to abortion pills, friendship or acquaintance with the person requesting help...

Reasons why some hotlines, social media sites and websites provide information to women on where to get abortion pills and how to use them properly

Responses: Desire to help and ensure accurate information, desire to prevent the use of dangerous methods like sticks or chemicals, belief that people have the right to accurate information and access to abortion pills...

Reasons why my colleagues might be hesitant to work on abortion self-care

Responses: Fears about safety, concerns about provider backlash, concerns about donor funding, desire to follow the law, not wanting to take on organizational or personal risk, hesitation regarding their expertise in this area...

Reasons why it is important for my organization to be working in the field of abortion self-care

Responses: Abortion self-care is already happening and my organization should be involved, my organization can provide resources and information that can be valuable to advancing the field, increased donor funding...

Four Corners

Overview

The purpose of this activity is to help participants come to a deeper understanding about their own and others' beliefs about abortion self-care; empathize with others' values and how they inform a range of beliefs; and consider how personal beliefs can create stigma around abortion self-care.

Time required

45–60 minutes

Objectives

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

- Articulate their beliefs about abortion self-care
- Respectfully explain other, sometimes conflicting, points of view on abortion self-care
- Explain different values underlying a range of beliefs on abortion self-care

Materials

- Handout: Four Corners worksheet
- Facilitator tool: Four Corners wall signs
- Masking tape
- Extra paper and pens
- Flip chart paper and markers (optional)
- Flip chart easels (optional)
- Slide or flip chart with discussion questions (optional)



Preparation

Notes to facilitators: Be sure to familiarize yourself with the literature on abortion self-care (see the resource list near the end of this facilitator’s guide) and review the abortion self-care talking points (also in this facilitator’s guide). Make sure you know what myths and misconceptions about abortion are common in the context of your workshop. When addressing myths and misconceptions, it can be helpful to emphasize how common misunderstandings are or to reference the wide variety of perspectives that come up in VCATs all around the world. If needed, you can use some of the following sentence starters:

- I want to address one very common myth we often hear in VCAT workshops like this...
- In past VCAT workshops we’ve also heard participants share...
- Another rationale/value we’ve seen come up in other VCAT workshops that I haven’t heard here is...


ADAPT THE CONTENT FOR YOUR AUDIENCE

- Familiarize yourself with available literature on abortion self-care globally and in your workshop’s country or context.
- If relevant, familiarize yourself with participants’ organizational policies on abortion self-care. Make sure you know what myths and misconceptions about abortion are common in your workshop’s context or setting. You may want to review the abortion self-care talking points included in this facilitator’s guide (following the sample workshop agenda) to prepare to correct any myths about abortion that arise during discussion.
- Review the “Handout: Four Corners worksheet.” If needed, adapt or add a few statements to reflect local debates, myths and misconceptions in the context of your workshop.
- In advance, select the statements from the “Handout: Four Corners worksheet” that you will use for group discussion in steps 7 and 8. Choose statements that will bring out the most important discussion for your workshop’s audience and setting.

After the first several rounds with your selected statements, you could also invite participants to select a statement they want to explore as a group.

PREPARE THE MATERIALS

- Print copies of the “Handout: Four Corners worksheet,” 1 for each participant.
- Use the “Facilitator tool: Four Corners wall signs” to print or create 1 set of wall signs.
- Optional: Set up 4 flip chart easels, chairs or other light furniture to hold the wall signs.
- Optional: Prepare a slide or flip chart with the activity prompt for step 11:

 I strongly agree with the statement that _____, *because*
I value _____ and I believe that _____.

- Optional: Prepare a slide or flip chart with the final discussion questions.




Room setup

Arrange tables for individual work, while reserving a large area where participants can form a circle and move freely. In that area, tape the wall signs up or spread them on the floor, one in each corner, with enough room for participants to gather nearby. If you are in a particularly large room, you can create four corners around a smaller area by posting the wall signs on easels or otherwise available furniture, instead of using the actual corners of the room.

Step by step: Four Corners

OPEN

Introduce the activity. Explain in your own words:

 This activity is designed to help us “walk in someone else’s shoes” by reflecting more deeply on some of our own beliefs about abortion self-care, and then


considering why others may hold different beliefs. We will first use a worksheet to do some personal reflection, and then come together as a full group and use the same worksheets—in an anonymous way—to better understand the range of viewpoints in this room and beyond.

Notes to facilitators: Make sure to tell participants up front that some of the viewpoints expressed in this activity may cause discomfort. Remind participants of the group agreements for the workshop and of their commitment to uphold the dignity and respect of everyone in the room.

ENGAGE

Part 1: Personal reflection (15 minutes)


1. Give each participant a copy of the “Handout: Four Corners worksheet.” Tell them not to write their names on their worksheet: Their answers should remain anonymous throughout the activity. Ask them to be as honest as they can. Tell them:

 Remember, there are no right or wrong answers. As a group, we will learn the most from hearing what’s true for each person.


Give participants 8–10 minutes to complete the worksheet.

2. After everyone has finished, ask them to look at their own response to the first statement and reflect in silence on the questions you provide. If they wish, they can jot down some notes on a separate piece of paper. Tell them they will not be sharing their answers with others.

Give participants 3 minutes to reflect on these questions:

-  • Why did you choose that answer?
- What experiences have you had in your life that inform your answer?
 - What values do you hold that lead you to that answer?

3. Next, take a quick 2-minute survey of participants’ experience with part 1 of this activity. Ask:

-  • Without sharing any of your answers, raise your hand if this reflection helped you clarify your viewpoint on statement 1.
- Was it easy or hard to connect your answer to your personal values?

Notes to facilitators: These two questions are intended to provide a brief wrap-up of part 1, so avoid getting into any discussion about participants' reflections at this time.

4. In your own words, thank participants for taking the time to reflect more deeply on their own viewpoints and to connect their viewpoints with their values. Tell them they're now going to use the experience of understanding their own viewpoints more deeply to better understand others' viewpoints.

Part 2: Group activity (30 minutes)


5. Ask everyone to bring their worksheet and join in a circle, facing each other, in the space marked with the Four Corners wall signs. Have each participant crumple their worksheet into a tight ball and toss it gently into the center of the circle. From the center of the circle, randomly toss the "balls" back until each participant has one. Or ask participants to pick one up at random.
6. Once everyone has one, invite them to uncrumple their new worksheet and take a minute to review it. Ask them to reflect to themselves in silence about how the answers are similar to or different from their own responses.
7. Explain that the next part of the activity will engage with just a few of the statements, not all. In your own words, tell participants:

For the rest of this activity, you will represent the responses on the worksheet you are holding. These answers may be similar to or different from your own. If you happened to get your own worksheet back, don't tell anyone! Just remain anonymous and pretend it is someone else's worksheet.


Notes to facilitators: This activity will take too long if you try to discuss all, or even most, of the statements on the worksheet. Groups usually experience the intended effect after 3–4 statements, so we recommend selecting the 3–4 statements you want to use ahead of time, prioritizing statements that will bring out the most important discussion for your audience and setting. If you have time and participants want to see how people responded to the other statements, you can read more statements and have participants move to the corresponding sign, but not discuss the results.

8. Point out the four signs in the corners of the room. Explain that you will read a statement from the worksheet and ask all participants to move in silence to the sign that matches the response on the worksheet they are holding. Remind participants that this response may be similar to or very different from their own response, and that they are not representing their own opinion but the viewpoint of someone else in the room. Once everyone has moved to the appropriate corner, they will have a chance to look around and notice the range of opinions represented. Then the groups in each corner will discuss and prepare to report back in a specific way that you will explain in time.


Remind participants again of the group agreements. Tell them:

 “It’s important to remember that beliefs come from deeply held values. This activity is about understanding of how different viewpoints are shaped and expressed. This understanding will strengthen our ability to challenge and influence views that enable, promote or cause hurt or harm, or that reinforce prejudice. I ask you to present the beliefs and values you are representing as respectfully as you would present your own.”

9. Read the first of the selected statements out loud. Ask participants to move to the appropriate corner based on the response on the worksheet they are holding, even if those responses conflict with their personal beliefs. Invite participants to look around the room and note the range of opinions present in the group. Is there a wide range of opinions in the room, or a lot of agreement? Neither is right or wrong—the point is to increase awareness.

 **Note to facilitators:** For any corner that has no people or only one person, ask for a few volunteers from a larger group to move to that corner so that each corner has at least two participants for a discussion.

10. Ask each group to first appoint a spokesperson for their corner, then take 5 minutes to imagine and discuss a compelling rationale for why people might hold that opinion, using these questions:

- 
- Why might someone hold this belief?
 - What values might drive this viewpoint?

Ask the “Strongly agree” and “Strongly disagree” groups to make sure that they can describe the difference between merely “Agree” or “Disagree” and “Strongly agree” or “Strongly disagree.”

Remind participants that they are representing the opinions of colleagues who are in the room and that the goal is to bring a spirit of empathy to this activity.

11. Give each spokesperson 2 minutes to present their group’s most compelling rationale for why people might hold that belief. Start the presentations with the group representing either “Strongly agree” or “Strongly disagree,” and proceed in order from there. You can vary which one you start with from statement to statement.

Ask the spokespeople to speak convincingly, as though they hold the belief themselves, using “I” statements like the one below, and pointing to the flip chart you prepared (optional) with this statement structure as a reminder or aid:



I strongly agree with the statement that _____, because
I value _____ and I believe that _____.

12. After each round, take the opportunity to gently correct any myths (offer facts in a neutral tone of voice) that arise or offer additional perspectives that may not have been raised, but do not engage in debate or debunking (which can shame those that wrote the original belief) during this activity. Discussion about what values might inspire different beliefs can be productive but must be respectful. If short of time, or if it seems better to avoid any discussion at this time, it is fine to simply thank each group and move on to the next statement.
13. Read the next statement and ask participants to move to the sign that corresponds to the response circled on their worksheets, and repeat the process. After the first three statements, you can offer to let the group quickly select the 1–2 statements they would most like to explore.
14. After all the intended rounds are completed, invite participants to return to their seats for a debrief of the activity.

DISCUSS

Use the following questions to lead a full-group discussion. Or, if it's a quiet group, put some of the discussion questions up on a slide or flip chart paper and ask participants to discuss the questions in pairs or at their table first, before joining a full-group discussion.

Questions for debriefing the activity

- How did it feel to participate in this activity?
- What was it like to represent beliefs about abortion that were different from your own?
- What was it like to hear your beliefs represented by others?
- What rationales caused you to think differently?
- How do you imagine the beliefs discussed in this activity affect access to reliable information and medications for abortion self-care in your setting or country?
- How do our values about abortion self-care reflect a woman's ability to make health-related decisions that are right for her?
- What have you learned about reflecting on other people's values, and how might you use that learning when you think about supporting or not supporting women in abortion self-care?
- What did you find valuable about participating in this activity?

Questions for exploring values around self-care (optional)

- What other types of self-care do people engage in?
- How are these types of self-care similar to or different from abortion self-care?
- Why might some people accept certain types of self-care but not support abortion self-care?

CLOSE

Ask if participants have any other questions, comments or concerns. Include the following key messages in your closing. Whenever possible, link them to comments that came up during the activity.

KEY MESSAGES

- When we describe or discuss a different point of view, it can help strengthen our own point of view or help us better understand someone else's perspective.
- Women and girls, regardless of the legal context where they live, often face significant barriers to accessing abortion care. We cannot fully understand the situation a woman is in and the risks she must consider in choosing her pathway to abortion care. We can support women in accessing accurate information and safe care that is comfortable for them—some women may choose abortion self-care.
- Women and girls are capable of understanding abortion self-care information and going through the process in a safe manner on their own. People in their community, such as community health workers, peer educators, teachers, and drug sellers, can be valuable resources for accurate information on abortion self-care.
- There are many safe pathways that women or girls can take to obtain the type of abortion care they want. They can go through the formal health system or elect to manage some or most of the process themselves. Our role is to support their decisions and make sure they have the resources and information they need.
- For some women and girls, abortion self-care may be their only option for a safe and timely abortion. During times of public health crisis, abortion self-care can ensure that people get the care they need without having to visit a clinic or facility.

HANDOUT: Four Corners worksheet

Do not write your name on this worksheet.

Please read the following statements and circle whether you strongly agree, agree, disagree or strongly disagree with each statement. Please be as honest as you can.

Please note that where a statement says “women,” this includes all people, married or unmarried, who can become pregnant.

	Statement	Strongly agree	Agree	Disagree	Strongly disagree
1.	Women and girls have the right to decide where and how to have an abortion.	STRONGLY AGREE	AGREE	DISAGREE	STRONGLY DISAGREE
2.	Access to abortion self-care should be available to all women and girls.	STRONGLY AGREE	AGREE	DISAGREE	STRONGLY DISAGREE
3.	People who are not doctors or clinicians but who are knowledgeable about abortion self-care can safely accompany women through the abortion process.	STRONGLY AGREE	AGREE	DISAGREE	STRONGLY DISAGREE
4.	Only health-care providers should determine if a woman can safely use abortion pills on her own.	STRONGLY AGREE	AGREE	DISAGREE	STRONGLY DISAGREE
5.	Young women should be able to access abortion self-care without their guardians' knowledge or consent.	STRONGLY AGREE	AGREE	DISAGREE	STRONGLY DISAGREE
6.	Women should be able to access abortion information and abortion pills over the internet.	STRONGLY AGREE	AGREE	DISAGREE	STRONGLY DISAGREE
7.	When information about abortion pills is limited or withheld, some women may choose to use unsafe methods	STRONGLY AGREE	AGREE	DISAGREE	STRONGLY DISAGREE
8.	Abortion self-care with pills can be as safe as receiving an abortion in a health-care facility.	STRONGLY AGREE	AGREE	DISAGREE	STRONGLY DISAGREE
9.	The benefits of supporting abortion self-care outweigh the risks of maternal mortality.	STRONGLY AGREE	AGREE	DISAGREE	STRONGLY DISAGREE
10.	Women have the right to self-manage their abortion regardless of the laws in their country.	STRONGLY AGREE	AGREE	DISAGREE	STRONGLY DISAGREE

Agree

**Strongly
agree**

Disagree

**Strongly
disagree**

Talking About Abortion Self-Care

Overview

When talking about abortion self-care with other people, we may encounter awkwardness, discomfort and even hostility on occasion. Many people may support abortion in the formal health-care system but not support abortion self-care because it is outside that system. This activity helps participants anticipate negative comments and reactions from people they care about who have different levels of comfort with abortion self-care. It is designed to help participants develop and express appropriate, respectful and confident responses to disapproving questions and concerns.

This activity is not designed to train advocates in speaking publicly; rather, it is designed to give people practice talking about abortion self-care with the people they encounter in their everyday lives.

Time required

75 minutes

Objectives

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

- Anticipate possible negative or disapproving comments and questions from those who do not support the provision of information and pills for abortion self-care
- Construct effective responses to these comments and questions
- Articulate effective responses to difficult questions and respond calmly to derogatory comments and hostility from others regarding abortion self-care and their own role in advocating for providing information or pills for abortion self-care

Materials

- Facilitator tool: Talking About Abortion Self-Care sample responses
- Flip chart paper and markers
- Timer or stopwatch



Preparation

Review the abortion self-care talking points provided in this facilitator's guide (following the sample workshop agenda) for general responses to questions about abortion self-care.

ADAPT THE CONTENT FOR YOUR AUDIENCE

- Work with local partners to collect contextually relevant myths, misconceptions and negative comments about abortion self-care.
- Review the “Facilitator tool: Talking About Abortion Self-Care sample responses” for ideas on how to respond, and add your own as needed.



Room setup

Set up tables for small-group work and discussion. Provide one blank flip chart page and 3–4 markers per table. Identify blank wall space where you can post all groups' flip chart pages side by side.

Step by step: Talking About Abortion Self-Care

OPEN

Introduce the activity, using your own words:



You may at times be confronted by people who do not support a woman's decision to use abortion pills on her own, or are very resistant to making abortion pills available in their community. You may be faced with questions, comments and attitudes that make you uncomfortable or are disapproving,

challenging or even hostile. These reactions may come from strangers or from people you know and care about.

In the first part of this activity, you will brainstorm in small groups a list of what some of these comments and questions could be. Then we will develop and share some effective responses that you can use to help correct misinformation or misunderstanding and respectfully explain your position and views on abortion self-care.

ENGAGE

1. Divide participants into groups of 4–6 and give each group a blank flip chart page and markers for writing comments and responses.
2. Have groups spend 10 minutes brainstorming negative questions and comments that someone who disapproves of abortion self-care might say. Ask them to keep the comments as realistic as possible: they might reflect comments or questions group members have heard in the past or things they anticipate hearing from people who are opposed to or uncomfortable with abortion self-care. The people making these comments might be family members, colleagues, community members, protesters or others.
3. Ask each group to have a spokesperson post their flip chart on the wall. Keep the flip charts up where everyone can see them all. Once all the flip charts have been displayed, ask participants if they can identify what values might be underlying some of the negative comments. Would a person with a negative attitude toward abortion self-care say they are driven by a value around tradition? Family? Concern? Knowing what is underneath a person's attitudes about abortion self-care can help you both connect with that person and construct a compelling response.
4. Have each group exchange their list with another group. Ask each group to choose two challenging or common comments from their new list and spend 15 minutes responding to those comments, writing responses directly on the page. Ask participants to try to respond to the value that is underlying the negative question or comment.
5. Ask for a different spokesperson from each group to report back on

their responses. Ask all participants to take notes on responses they find particularly helpful.

6. Divide participants into pairs, each person paired with someone from outside their small group. Assign one person to be Person A and the other to be Person B.
7. Explain that you will set a timer for 3 minutes. During that time, Person A will choose a negative comment and act like someone who believes that comment, while Person B responds. Ask the participants to stay in character throughout.
8. When the timer goes off, have participants switch roles: Person B will choose a different negative comment about abortion to defend, while Person A responds.

DISCUSS

Invite participants to return to the large group to discuss their experiences, using the following questions:

- How did it feel to talk so negatively about abortion self-care?
- How did it feel to listen to someone talk negatively about abortion self-care?
- How did it feel to respond?
- How did identifying underlying values affect your responses to the negative comments about abortion self-care?
- What lessons would you take away from this role-play for use in a real-world situation?
- What are other tips or ideas for handling difficult or negative conversations?

(Optional) Ask if any pair is willing to act out their role-play for the group. After 3 minutes, use the following prompts for a full-group discussion:

- What responses did you hear that were especially helpful?
- What techniques for dealing with a difficult conversation did you observe that helped create a good environment for conversation?

CLOSE

Ask if participants have any other questions, comments or concerns. Include the following key messages in your closing. Whenever possible, link them to comments that came up during the activity.

KEY MESSAGES

- Remember that everyone has experiences that inform their attitudes, beliefs and values related to abortion, including abortion self-care. Understanding where people are coming from can help us respond appropriately to concerns about abortion self-care.
- When entering a difficult conversation about abortion self-care, we need to be sure that our facts and our responses come from an accurate and trustworthy source. Even if the other person is not receptive to our perspective, it is important to speak factually about abortion self-care.
- We can prepare ourselves for challenging conversations about abortion self-care by practicing our responses with a friend or co-worker. Abortion is not something we are used to talking about openly, so practicing helps us clarify and articulate our own values about abortion self-care.

FACILITATOR TOOL:

Talking About Abortion Self-Care sample responses

Here are a few examples of comments and questions, with sample responses that you may find helpful. Remember that where a statement says “women,” this includes all people, married or unmarried, who can become pregnant.

“Why would anyone want to self-manage an abortion outside of a clinic?”

POSSIBLE RESPONSES:

- Every woman seeking to end a pregnancy has the capacity and the right to decide for herself where and when to complete a safe and dignified abortion.
- The barriers to accessing safe abortion in health-care facilities can be overwhelming. They might include lack of transportation and time limitations, provider availability, out-of-date methods, high costs, provider bias, and concerns about privacy and confidentiality. An abortion with pills outside of a clinic can avoid these barriers.
- Abortion self-care can be a way to bypass the indignities of many health-care settings and the shame and powerlessness many women may feel in those facilities.
- Abortion self-care can be an act of taking power away from the state-based authority or medical establishment, which have driven the discourse on how we think of abortion and who controls it.
- Barriers to safe abortion care exist even in countries with liberal laws, where access to the formal health system is determined by many factors including social inequities.

“Why would you give out information on using abortion pills to someone to self-manage?”

POSSIBLE RESPONSES:

- People have a fundamental right to make decisions about their own bodies and to act on those decisions.
- I believe there is a basic human right to seek, receive and disseminate information and ideas on sexual and reproductive health and to enjoy the benefits of scientific progress—in this case mifepristone and misoprostol as essential medicines.
- There is no reason that someone should suffer and die while seeking to end a pregnancy when the use of abortion pills is one of the safest medical processes.
- Women need and deserve access to abortion technology advances, and abortion pills are one such advance.
- Unsafe abortion is one of the leading causes of injuries and deaths among women in many parts of the world. Yet with accurate information, the right dosage, and high-quality pills, medical abortion can be in most cases safer for women than pregnancy and childbirth.
- Medical abortion can reduce morbidity and mortality from unsafe abortion, but only if accurate information and reliable medicines are available to all women, regardless of their economic situation, social standing or legal restrictions where they live.
- Women who want to end a pregnancy will often do so by any means necessary, even if this means having an unsafe abortion. Giving women information about abortion with pills is the right thing to do to protect women’s health and well-being.

“Talking about abortion pills outside a clinic is dangerous.”

POSSIBLE RESPONSES:

- Research in Latin America shows a correlation between increases in self-use of misoprostol for early abortion and reductions in maternal morbidity and mortality.
- Abortion pills can be used in the privacy of one’s home, with a low risk of complications, in at least the first 10 weeks of pregnancy.
- Most women who use abortion pills do not need an ultrasound or health-care provider supervision. In the rare situation of a complication, a woman needs access to a provider who can manage miscarriages, which is something available in all countries.
- Using abortion pills starts the same process that occurs in a miscarriage, which is a spontaneous abortion. Women have had miscarriages and managed those on their own for centuries.
- Women who are determined to terminate their pregnancy and are not able to access clinic-based abortion care may risk their health or their life with clandestine or dangerous attempts at abortion, such as using sticks or chemicals. Abortion pills are safer than that!
- For many people seeking an abortion, safety is based on more than where the abortion takes place and the qualifications of the provider. Safety is not just about physical safety but can be about social and economic safety, too. Privacy, autonomy, comfort and convenience are also very important to many women.
- There are many understandings of a safe abortion beyond the clinical aspects, particularly for people under social scrutiny or legal supervision, people exposed to violence, or people at risk of social hardships.
- For some women, the social stigma they may encounter when going to a health-care facility may be more damaging than the small risk of having their abortion outside of a health-care facility.

“What if she is living in a country where abortion is illegal—she could get caught for taking abortion pills.”

POSSIBLE RESPONSES:

- In almost every country in the world, abortion is legal for some indication, even if highly restricted.
- As long as a woman has been properly advised about what to say if she needs medical assistance (such as that she is having a miscarriage) and is in the first trimester and can easily dispose of the pregnancy, the use of abortion pills is undetectable.

“Women don’t know how far along they are in pregnancy and can’t understand the process to take abortion pills on their own! They must have a clinician to help them.”

POSSIBLE RESPONSES:

- Actually, research shows that women, with good information and support, can determine how far along they are in pregnancy and can understand directions for managing an abortion with pills on their own.
- Women have been managing menstruation, pregnancy, miscarriage and childbirth on their own for centuries.

“You provide abortion self-care information for young women who can’t possibly understand how to self-manage an abortion. Why would you do that?”

POSSIBLE RESPONSES:

- Women, even young women, have the capacity to understand, analyze and make decisions about many important life events, including unwanted pregnancy.
- Young women who have access to clear, accurate, unbiased information, and can make their decisions freely, are able to understand how to manage abortion with pills. (Reference the principle of capability.)
- The harmful consequences of unsafe abortion affect young women disproportionately, especially because young women may not have access to information about their reproductive health or to contraceptives.
- In many cultures, young women experience unacceptably high rates of sexual violence and coercion. Why would you want to increase their suffering by forcing them to carry a pregnancy to term?

Personal Beliefs vs. Professional Responsibilities

Overview

This activity is intended to help participants assess where their personal beliefs are in alignment or in conflict with their professional responsibilities to provide information and/or pills for abortion self-care.

Time required

75 minutes (minimum)

Objectives

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

- Identify motivating factors and perceived barriers to providing or supporting access to abortion self-care information and pills
- Articulate how these motivating factors and perceived barriers affect their own attitudes toward women who use abortion self-care
- Clarify and potentially resolve their ambivalence about providing or supporting access to abortion self-care information and pills

Materials

- Handout: Personal Beliefs vs. Professional Responsibilities (part A and part B)
- Handout: Small-group facilitation instructions
- Flip chart paper and markers
- Optional: FIGO statement on strengthening access to self-managed abortion (see [Resources: Abortion self-care literature](#))
- Optional: World Health Organization (WHO) statement on self-care interventions for health (see [Resources: Abortion self-care literature](#)).



Preparation

ADAPT THE CONTENT FOR YOUR AUDIENCE

- Familiarize yourself with available literature on abortion self-care globally and in your workshop's country or context. As a starting point, use the resource list provided at the end of the introduction to this facilitator's guide.
- If relevant, familiarize yourself with participants' organizational policies on abortion self-care.
- Review the “Handout: Personal Beliefs vs. Professional Responsibilities” (part A and part B) and add or adapt statements to be relevant to your workshop participants.
- Optional: Review the FIGO statement and WHO statement on self-managed abortion to ensure that you have the most up-to-date information from respected professional organizations.

PREPARE THE MATERIALS

- Print copies of the “Handout: Personal Beliefs vs. Professional Responsibilities” (part A and part B), 1 for each participant.
- Print copies of the “Handout: Small-group facilitation instructions,” 1 for each small group of 4–6 participants.
- Optional: print a few copies of the FIGO statement on supporting access to telemedicine and self-managed abortion to share with the group. Or plan to project the FIGO statement at some point during the activity (see [Resources: Abortion self-care literature](#)).
- Optional: print a few copies of the WHO statement on self-care interventions. Or plan to project the WHO information at some point during the activity (see [Resources: Abortion self-care literature](#)).




Room setup


Set up tables for small-group work.

Step by step: Personal Beliefs vs. Professional Responsibilities


OPEN

Introduce the activity with a short discussion. State in your own words:

 With the increasing accessibility of abortion pills, many women are choosing this self-care method to end an unwanted pregnancy. In many cases, abortion self-care is replacing dangerous methods and harmful traditional practices, and women are having successful abortions. Women choose abortion self-care for many reasons, including legal barriers, social barriers and financial barriers to other forms of abortion. Women have the capacity and the right to assess their own situation and decide what is best for them. As professionals, we can support women with correct information and quality drugs, with the hope of ensuring a successful and positive abortion experience.

 **Notes to facilitators:** If the workshop audience includes organization staff, we recommend having a leader or representative of the relevant organization or organizations present to state their organization's position on safe abortion, if they have one. (This can be done now or at the beginning of the workshop.) Then you can include the optional discussion prompt below to discuss the various ways participants might support, advance or undermine their organization's position, given their roles in the organization.

Ask for responses from the group:

-  • How common do you think it is for people to experience conflicts between their personal beliefs and their professional responsibilities regarding information or pills for abortion self-care?
- Have you ever turned someone away who wanted information or pills for abortion self-care because of your personal beliefs?
 - Would you feel more comfortable providing someone with accurate information on abortion self-care than providing the pills? Why or why not?
 - Have you have experienced a conflict between your personal beliefs and your professional responsibilities concerning abortion self-care?
 - For organization staff: Given your role in your organization, how might your beliefs lead you to support, advance or undermine your organization's position on safe abortion?

Tell participants that this activity will help them explore any mixed feelings or conflicts concerning abortion self-care by identifying barriers and motivations:



This activity is designed to help us reflect on our behaviors, decide if they are consistent with our professional responsibilities, and think about how to manage any tension or conflict with our personal beliefs.

ENGAGE

1. Divide participants into groups of 4–6. Ask each group to select a facilitator and a timekeeper. Give each participant a copy of the “Handout: Personal Beliefs vs. Professional Responsibilities worksheet” (part A and part B). Give each group facilitator a copy of the “Handout: Small-group facilitation instructions.”
2. Instruct participants to take up to 5 minutes to complete part A of their worksheet individually. Ask participants to think carefully about their responses and assure them that they will not be sharing their answers with others.
3. After participants have completed part A, small-group facilitators will use the discussion prompts on their handout to lead a short discussion about reasons to provide information or pills, refer for information or pills, or support access to abortion self-care.
4. In the same small groups, facilitators will then ask participants to complete part B of their worksheet individually.
5. After participants have completed part B, small-group facilitators will use the discussion prompts on their handout to lead a short discussion about professional responsibilities.

DISCUSS

Have participants return to the large group. Facilitate a discussion about the various reasons to provide or support access to abortion self-care that are based on personal beliefs, and the factors that influence professional responsibilities, using some of the following prompts:

- What are your observations about your personal beliefs? How do

these beliefs relate to your professional responsibilities to provide information or pills or support access to abortion self-care?

- What are some ways we can maintain our personal beliefs about abortion self-care while also maintaining our professional responsibilities?
- In one sentence or phrase, summarize what you interpret as your professional responsibilities with regard to abortion self-care.

Notes to facilitators: Consider presenting the FIGO and WHO statements in support of self-managed abortion during this discussion. This is optional, but professionals are often reassured to know that well-respected professional societies and organizations actively support new and innovative ways of delivering services.

CLOSE

Ask if participants have any other questions, comments or concerns. Include the following key messages in your closing. Whenever possible, link them to comments that came up during the activity.

KEY MESSAGES

- Making a professional commitment to support abortion self-care does not mean that our personal values and beliefs about abortion have changed.
- It is important to consider what motivates us to act, and what prevents us from acting, when it comes to abortion self-care.
- People can have hesitations or concerns about abortion self-care and *still act* in a way that is consistent with their professional integrity and responsibilities. We may have to separate our professional responsibilities from our personal beliefs when we are acting in a professional capacity. When we are wearing our “professional hat,” it is our duty to uphold the sexual and reproductive health and rights of women and girls.

HANDOUT:

Personal Beliefs vs. Professional Responsibilities, part A**Personal barriers to supporting access to abortion self-care**

What are some **barriers that may prevent you** from supporting women's access to abortion self-care? Check all the barriers that apply.

- I find the idea of abortion personally objectionable or uncomfortable.
- Abortion is contrary to my religious beliefs.
- I might have to face the memory of my own experience(s) with abortion.
- My colleagues are not supportive of abortion self-care.
- I worry about my personal safety or the safety of my loved ones due to violence from people who oppose abortion and abortion self-care.
- People who are important to me and whom I respect oppose abortion self-care.
- I am not totally clear about my agency's position on abortion self-care.
- I am not informed enough to advocate for access to abortion self-care.
- I do not always support women's reasons for seeking abortion self-care.
- I am concerned about the safety of abortion self-care.
- Abortion self-care policies and protocols have not been clearly developed in my country.
- I do not always trust or support women's reasons for seeking an abortion.
- Other barriers: (please describe) _____
- There are no barriers that prevent me from advocating for access to abortion self-care.

Personal motivations to support access to abortion self-care

Which of the following are **reasons that may motivate you** to advocate for comprehensive abortion care, including abortion self-care? Check all that apply:

- All women deserve to self-manage their abortion, if they want or need to.
- Many women are capable of self-managing their abortion.
- I am committed to preventing women from death and disability due to unsafe abortion.
- I believe women have the right to make their own sexual and reproductive health choices.
- I believe abortion self-care is an integral part of comprehensive health care.
- I believe abortion self-care is a human right.
- I am committed to ensuring that abortion self-care is safe, accessible and high-quality.
- It is important to me that I make a public commitment to abortion self-care.
- I want to foster a supportive environment for abortion self-care in my country.
- Other motivations: (please describe) _____
- Nothing would motivate me to advocate for access to abortion self-care.

HANDOUT:

Personal Beliefs vs. Professional Responsibilities, part B**Professional responsibilities to women**

In your opinion, **what responsibilities do you personally have** to ensure that women can self-manage their abortion? Check all that apply:

- I have a responsibility to support programs and projects that integrate and facilitate access to abortion self-care.
- I have a responsibility to provide women with nonjudgmental, factually correct information about all pregnancy options, including abortion self-care.
- I have a responsibility to convince women not to have an abortion.
- Whenever I hear someone making false statements about abortion self-care, I have a responsibility to offer correct information.
- I have a responsibility to only provide information about abortion self-care that is consistent with my personal values.
- I have a responsibility to follow up on abortion self-care referrals to ensure that women have been able to access safe, high-quality care.
- I have a responsibility to abide by the abortion laws of the country I work in.
- I have a responsibility to interpret the abortion laws of my country as broadly as possible to prevent deaths and injuries to the women and girls of the country I work in.
- If I hear information about an illegal abortion practice, I have a responsibility to report it to the authorities, even if the services are safe.
- If I choose not to support abortion self-care in the projects I oversee, I have a responsibility to inform my employer and my colleagues about my stance.
- I have a responsibility to provide women with the information, pills, and referrals they need for abortion self-care, even if this is not in line with the laws of my country.

I have a responsibility to remain informed about abortion laws and policies in the countries I work in.

I have a responsibility to counsel women to act according to their own values concerning abortion self-care, regardless of my beliefs about their choices.

I have a responsibility to do everything I can to ensure abortion self-care is available to all women.

Other responsibilities: (please describe) _____

I have no responsibility to women in regard to abortion self-care.

Organizational responsibilities to women

Please select **all statements** that best represent your organization's or facility's responsibilities to women who want abortion self-care:

My facility or organization has a responsibility to provide information to pregnant women about their pregnancy options, including abortion self-care.

My facility or organization has a responsibility to refer women who request abortion self-care to places where they can obtain abortion pills.

My facility or organization has a responsibility to advocate for legal access to abortion pills without a prescription.

My facility or organization has a responsibility to provide abortion self-care or support the provision of abortion self-care to any woman who requests it.

My facility or organization has a responsibility to be a leader in providing abortion self-care information and pills to women who need it.

My facility or organization has *no* responsibilities to women with regard to abortion self-care.

HANDOUT:

Small-group facilitation instructions**Part A. Personal barriers and motivators to supporting access to abortion self-care**

Give your group 5 minutes to complete part A of the “Handout: Personal Beliefs vs. Professional Responsibilities” individually. Ask the timekeeper to keep time.

After everyone has completed part A of the handout, take 10 minutes to lead a short discussion using the following questions:

- What did you identify as your main barriers to providing or supporting access to abortion self-care information and pills? What additional barriers did you write in that were not on the list?
- What were your reasons for providing or supporting access to abortion self-care information and pills?
- What people and life experiences have influenced these reasons?

Part B. Professional responsibilities to women

Give your group 5 minutes to complete part B of the “Handout: Personal Beliefs vs. Professional Responsibilities” individually. Ask the timekeeper to keep time.

After everyone has completed part B of the handout, take 15 minutes to lead a short discussion using the following questions:

- How would you describe your responsibilities to women regarding abortion self-care information and pills?
- What people and life experiences have influenced your understanding of your professional responsibilities regarding abortion self-care information and pills?
- How would you describe your core values that inform your sense of professional responsibility regarding abortion self-care information and pills?

- What responsibilities do people working in your organization or facility have to ensure that women have access to abortion self-care information and pills?

Closing Reflections

Overview

This activity can be completed at or near the end of a workshop to help participants reflect on their experiences during the workshop; identify what knowledge, feelings or opinions have remained the same or changed as a result of the workshop; express any outstanding issues or concerns related to the material that was covered; and affirm “one thing I will do” as a result of the workshop.

Time required

25 minutes

Objectives

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

- Articulate their current knowledge, feelings, values and intentions regarding abortion self-care and how they were affected by the workshop
- Identify areas where they feel their values, beliefs or behaviors still conflict with abortion self-care
- Express any outstanding questions or concerns about the workshop or the topics discussed
- Declare one thing they will do as a result of the workshop

Materials

- Handout: Closing Reflections worksheet
- Pens
- Workshop certificate of completion (optional)



Preparation

- Review the statements on the “Handout: Closing Reflections worksheet” and adapt them or add your own as needed.
- Print copies of the “Handout: Closing Reflections worksheet,” 1 per participant.
- Optional: Print copies of the workshop certificate of completion (available at www.ipas.org/AbortionSelfCareVCAT), 1 per participant.



Room setup

Use the same setup that you have been using for the rest of the workshop.

Step by step: Closing Reflections

OPEN

Explain that this activity is going to give everyone a chance to reflect individually on their experiences during the workshop and what impact those experiences might have on them in the future.

ENGAGE

1. Give each participant a worksheet. Ask them to read the statements in part A silently and imagine how they would complete each statement. Invite them to reflect individually on their experiences during the workshop and what impact those experiences might have on them in the future.
2. Ask participants to spend a few minutes to choose and write responses to three statements of their choosing from part A. Remind participants that their responses reflect their personal views and experiences and there are no wrong answers.
3. Next, ask participants to reflect on and complete part B of the worksheet.
4. When participants have finished writing, ask each participant to read one of their completed statements out loud. Tell them that they can decline if they do not feel comfortable sharing any of their responses with the group.
5. Ask one or two participants to share their observations about the group's completed statements.

DISCUSS

6. Facilitate a brief discussion of the completed statements and participants' observations using questions like these:
 - What are some similarities among our group's feelings and intentions?
 - Where are the greatest differences in the group?

- How would you describe the feelings in the room right now?
 - For anyone who identified a continued conflict between their values or behaviors on abortion self-care, what suggestions do we have for resolving this conflict?
 - What is your sense of the impact of this workshop on our group? What changes have you noticed during the course of this workshop, in yourself or others?
7. Ask if participants have any outstanding questions, comments or concerns to discuss.

CLOSE

8. Ask each participant to briefly share with the group what they wrote in part B of the worksheet: the one thing they plan to do after the workshop.
9. Thank the group for their participation.
10. Optional: Provide each participant with a workshop certificate of completion (available at www.ipas.org/AbortionSelfCareVCAT).

HANDOUT:
Closing Reflections worksheet

Part A

Please choose three statements that have meaning for you and complete them according to **how you feel now**.

My personal feelings about abortion self-care _____

_____.

My professional responsibilities regarding abortion self-care _____

_____.

I may not agree with _____, but I can respect

_____.

My ideas about _____ have changed because

_____.

When I think about abortion self-care, I still feel conflicted about

_____.

One conflict between my values and behaviors on abortion is

_____.

One way I plan to resolve the conflict I feel about abortion self-care is

_____.

This workshop has helped me to _____

_____.

One insight I had during this workshop was _____

_____.

At the start of this workshop, I felt _____
_____.

At the end of this workshop, I feel _____
_____.

Part B

Write down **one thing you plan to do** after the workshop that is related to providing or supporting provision of abortion self-care.

I plan to _____

_____.



Workshop Evaluation Tools

This facilitator’s guide includes three surveys, several supplemental survey items, and a data analysis template as tools to support the evaluation of abortion self-care (ASC) VCAT workshops.

A pre-workshop survey: This is a survey of participants that takes place **BEFORE** they are exposed to ASC VCAT activities. The survey includes items on values clarification, knowledge and attitudes, practices, and intentions.

A post-workshop survey: This is a survey of participants that takes place **IMMEDIATELY AFTER** their exposure to ASC VCAT activities. The survey includes items on values clarification, knowledge and attitudes, and intentions. It also includes three open-ended questions where participants can qualitatively share their thoughts on the workshop. Note that this post-workshop survey does not include any “practices” items: we would not expect practices to change over the course of a workshop.

A 6-month follow-up survey: This is a survey of participants that takes place **6 MONTHS AFTER** their exposure to ASC VCAT activities. The survey includes items on values clarification, knowledge and attitudes, practices, and intentions. If you conduct this survey, please also consider asking questions about the types of ASC-related activities and information they have been exposed to since participating in your workshop. This will help you identify the outcomes of your workshop vs. the influence of other ASC exposure.

Supplemental survey items: In addition to the core evaluation surveys listed above, the following supplemental items may be relevant to your ASC VCAT workshop, depending on who participated:

- **For health-care providers**—five additional items for evaluating ASC VCAT activities and views on abortion self-care among health-care providers

- **For organizations**—seven additional items for evaluating ASC VCAT activities and views on abortion self-care among staff from community-based or nongovernmental organizations

Data collection and analysis

Paper-based data collection

Prior to your workshop, print out sufficient copies of the pre-workshop survey and the post-workshop survey. The surveys included in this facilitator's guide can be printed or photocopied and used as is. However, if you choose to include the supplemental items for health-care providers or organizational staff, you will need to add those items to the end of your surveys prior to printing or print them out separately.

Be sure to encourage workshop participants to answer ALL survey items. Having complete data from each participant is critical to measuring workshop outcomes.

Electronic (mobile or internet-based) data collection

If you plan to collect data electronically, we recommend using the Open Data Kit (ODK) template available from Ipas at www.ipas.org/AbortionSelfCareVCAT. The programming is intended for use with ODK Collect but is compatible with other open-source mobile data collection platforms. The content of the surveys, as provided in this facilitator's guide, can also be programmed into any web-based data collection platform you prefer.

If you program your own mobile data collection tool, be sure to program ALL survey items as required. Having complete data from each participant is critical to measuring workshop outcomes.

Analysis

To make data entry, analysis, and visualization easy, be sure to download the new ASC VCAT Analysis Tool from www.ipas.org/AbortionSelfCareVCAT. If you are doing paper-based data collection, this Excel-based template provides you with a place to enter survey responses. If you are collecting data electronically, you can easily paste

your output into the template. Either way, you will be able to easily view the results and outcomes of your workshops.

The ASC VCAT Analysis Tool provides results for the five core sections of the surveys: values, knowledge, attitudes, intentions, and practices, as well as for the supplemental sections for health care providers and organizational staff. The Tool also provides space for adding up to five additional quantitative statements and up to five open-ended questions to your workshop surveys.

Once you have your pre-workshop data, enter it into the ASC VCAT Analysis Tool and immediately see your results. This can be very helpful in identifying areas of focus for your workshop.

In a few hours, days, or weeks, when you have your post-workshop data, come back to the tool, enter your data, and get your results. You can also enter your pre-workshop and post-workshop data at the same time.

Carrying out a 6-month follow-up survey? Come back to the tool again, enter the data, and see your follow-up data compared to your pre-workshop data.

The Tool is programmed to calculate changes between the pre-workshop, post-workshop, and follow-up surveys for all sections and is embedded with easy-to-interpret graphs and charts that will help you visualize your results and easily share back with participants and other stakeholders.

The ASC VCAT Analysis Tool is designed to accommodate data from one VCAT workshop, so be sure to save a blank version of the tool for future use or go to www.ipas.org/AbortionSelfCareVCAT to download a new version each time you need it.

If you decide not to use the Ipas ASC VCAT Analysis Tool, we recommend calculating pre, post and follow-up scores by section (i.e., core, health-care provider, and organizational) and comparing scores among workshop participants who complete multiple surveys. We also recommend looking at the level of agreement by statement to explore how agreement shifts for certain items. Questions about how best to analyze your VCAT data? Send an email to VCAT@ipas.org.

Pre-workshop survey

Abortion self-care VCAT workshop

WORKSHOP LOCATION: _____

WORKSHOP DATE(S): _____

TODAY'S DATE: _____

Please answer the following questions honestly based on your **current** knowledge and beliefs about abortion self-care.

Your responses are anonymous, so there is no need to include your name, but PLEASE complete part 1 below to create your confidential unique identifier. This identifier will help us match your pre- and post-workshop survey responses while keeping all surveys confidential and anonymous. We use survey responses to evaluate the outcomes of the workshop, but they will not be useful if we cannot match the pre- and post-workshop surveys to the same person.

Part 1: Your confidential unique identifier

Complete the unique identifier below to allow us to match your pre- and post-workshop responses.

	YOUR BIRTHDAY MONTH	YOUR NUMBER OF SISTERS	LAST 3 DIGITS OF YOUR MOBILE NUMBER
<i>Example:</i>	<i>April</i>	<i>0</i>	<i>057</i>
Your information:			

Part 2: Survey

INSTRUCTIONS:

Abortion self-care is an abortion with pills (sometimes referred to as medical abortion or medication abortion) where a woman self-administers abortion pills and manages her abortion process on her own, with or without support from a health-care provider.

The statements below are designed to give us a sense of your personal levels of comfort, awareness and experience with the topic of abortion self-care. Please indicate if you strongly disagree, disagree, are unsure, agree or strongly agree with each statement. Please select only one response for each statement, and please do not skip any of the statements.

Please note that where a statement says “women,” this includes all people, married or unmarried, who can become pregnant.

As a reminder, your responses are anonymous and there is no one “right answer.”

STATEMENT	Strongly disagree	Disagree	Unsure	Agree	Strongly agree
I am clear about my personal values about abortion self-care.	1	2	3	4	5
I accept that other people feel differently than me about abortion self-care.	1	2	3	4	5
I can clearly explain my personal values about abortion self-care.	1	2	3	4	5
I can respectfully explain values concerning abortion self-care that conflict with mine.	1	2	3	4	5
I feel empathy for women who have self-managed their abortion.	1	2	3	4	5
Abortion self-care can be done safely.	1	2	3	4	5
I know where someone in my community can get safe abortion pills.	1	2	3	4	5
A woman has the human right to self-manage her own abortion regardless of the laws in her country.	1	2	3	4	5
I think women should be able to choose to self-manage their own abortion if they want to.	1	2	3	4	5
I think women self-managing their abortion deserve to be treated with respect.	1	2	3	4	5
I respect a woman’s decision to have an abortion on her own terms.	1	2	3	4	5

STATEMENT	Strongly disagree	Disagree	Unsure	Agree	Strongly agree
I have openly discussed abortion self-care with someone I know.	1	2	3	4	5
I have helped someone get abortion self-care information.	1	2	3	4	5
I treat women who have self-managed their abortion with respect.	1	2	3	4	5
I have tried to stop the spread of false information about abortion self-care.	1	2	3	4	5
I have challenged someone about their negative views on abortion self-care.	1	2	3	4	5
I feel comfortable providing women with information about abortion self-care.	1	2	3	4	5
I would openly discuss abortion self-care with someone I know.	1	2	3	4	5
I would help someone get information about abortion self-care.	1	2	3	4	5
I will treat women who have self-managed their abortion with respect.	1	2	3	4	5
I will try to stop the spread of false information about abortion self-care.	1	2	3	4	5
I would challenge someone about their negative views on abortion self-care.	1	2	3	4	5

Post-workshop survey

Abortion self-care VCAT workshop

WORKSHOP LOCATION: _____

WORKSHOP DATE(S): _____

TODAY'S DATE: _____

Please answer the following questions honestly based on your **current** knowledge and beliefs about abortion self-care.

Your responses are anonymous, so there is no need to include your name, but PLEASE complete part 1 below to create your confidential unique identifier. This identifier will help us match your pre- and post-workshop survey responses while keeping all surveys confidential and anonymous. We use survey responses to evaluate the outcomes of the workshop, but they will not be useful if we cannot match the pre-and post-workshop surveys to the same person.

Part 1: Your confidential unique identifier

Complete the unique identifier below to allow us to match your pre- and post-workshop responses.

	YOUR BIRTHDAY MONTH	YOUR NUMBER OF SISTERS	LAST 3 DIGITS OF YOUR MOBILE NUMBER
<i>Example:</i>	<i>April</i>	<i>0</i>	<i>057</i>
Your information:			

Part 2: Survey

INSTRUCTIONS:

Abortion self-care is an abortion with pills (sometimes referred to as medical abortion or medication abortion) where a woman self-administers abortion pills and manages her abortion process on her own, with or without support from a health-care provider.

The statements below are designed to give us a sense of your personal levels of comfort, awareness and experience with the topic of abortion self-care. Please indicate if you strongly disagree, disagree, are unsure, agree or strongly agree with each statement. Please select only one response for each statement, and please do not skip any of the statements.

Please note that where a statement says “women,” this includes all people, married or unmarried, who can become pregnant.

As a reminder, your responses are anonymous and there is no one “right answer.”

STATEMENT	Strongly disagree	Disagree	Unsure	Agree	Strongly agree
I am clear about my personal values about abortion self-care.	1	2	3	4	5
I accept that other people feel differently than me about abortion self-care.	1	2	3	4	5
I can clearly explain my personal values about abortion self-care.	1	2	3	4	5
I can respectfully explain values concerning abortion self-care that conflict with mine.	1	2	3	4	5
I feel empathy for women who have self-managed their abortion.	1	2	3	4	5
Abortion self-care can be done safely.	1	2	3	4	5
I know where someone in my community can get safe abortion pills.	1	2	3	4	5
A woman has the human right to self-manage her own abortion regardless of the laws in her country.	1	2	3	4	5
I think women should be able to choose to self-manage their own abortion if they want to.	1	2	3	4	5

STATEMENT	Strongly disagree	Disagree	Unsure	Agree	Strongly agree
I think women self-managing their abortion deserve to be treated with respect.	1	2	3	4	5
I respect a woman's decision to have an abortion on her own terms.	1	2	3	4	5
I feel comfortable providing women with information about abortion self-care.	1	2	3	4	5
I would openly discuss abortion self-care with someone I know.	1	2	3	4	5
I would help someone get information about abortion self-care.	1	2	3	4	5
I will treat women who have self-managed their abortion with respect.	1	2	3	4	5
I will try to stop the spread of false information about abortion self-care.	1	2	3	4	5
I would challenge someone about their negative views on abortion self-care.	1	2	3	4	5

What are the two most valuable things you are taking away from this workshop?

(This can include anything you learned from the content of the workshop or anything you learned or realized about yourself or other people while attending the workshop.)

1. _____

2. _____

What do you feel are the most important next steps following this workshop, for your organization (if relevant) and for yourself?

For your organization (if relevant):

1. _____

2. _____

For yourself:

1. _____

2. _____

What else would you like to share about your experience with this workshop?

Six-month follow-up survey

Ipas suggests that people add an intervention/activity exposure item to their follow-up survey in order to understand the contribution of the workshop versus other types of abortion self-care information over time. An example of a question to add to your survey could be: ‘Since participating in the ASC VCAT Workshop, what kind of other ASC-related activities have you participated in or attended?’ Be sure to have your response categories include all the possible ways someone could be exposed to ASC information in your context!

Abortion self-care VCAT workshop

WORKSHOP LOCATION: _____

WORKSHOP DATE(S): _____

TODAY'S DATE: _____

Please answer the following questions honestly based on your current knowledge and beliefs about abortion self-care.

Your responses are anonymous, so there is no need to include your name, but PLEASE complete part 1 below to create your confidential unique identifier. This identifier will help us match your survey responses across time while keeping all surveys confidential and anonymous. We use survey responses to evaluate the outcomes of the workshop, but they will not be useful if we cannot match the pre-, post- and follow-up survey responses to the same person.

Part 1: Your confidential unique identifier

Complete the unique identifier below to allow us to match your pre-workshop, post-workshop and follow-up survey responses.

	YOUR BIRTHDAY MONTH	YOUR NUMBER OF SISTERS	LAST 3 DIGITS OF YOUR MOBILE NUMBER
<i>Example:</i>	<i>April</i>	<i>0</i>	<i>057</i>
Your information:			

Part 2: Survey

INSTRUCTIONS:

Abortion self-care is an abortion with pills (sometimes referred to as medical abortion or medication abortion) where a woman self-administers abortion pills and manages her abortion process on her own, with or without support from a health-care provider.

The statements below are designed to give us a sense of your personal levels of comfort, awareness and experience with the topic of abortion

self-care. Please indicate if you strongly disagree, disagree, are unsure, agree or strongly agree with each statement. Please select only one response for each statement, and please do not skip any of the statements.

Please note that where a statement says “women,” this includes all people, married or unmarried, who can become pregnant.

As a reminder, your responses are anonymous and there is no one “right answer.”

STATEMENT	Strongly disagree	Disagree	Unsure	Agree	Strongly agree
I am clear about my personal values about abortion self-care.	1	2	3	4	5
I accept that other people feel differently than me about abortion self-care.	1	2	3	4	5
I can clearly explain my personal values about abortion self-care.	1	2	3	4	5
I can respectfully explain values concerning abortion self-care that conflict with mine.	1	2	3	4	5
I feel empathy for women who have self-managed their abortion.	1	2	3	4	5
Abortion self-care can be done safely.	1	2	3	4	5
I know where someone in my community can get safe abortion pills.	1	2	3	4	5
A woman has the human right to self-manage her own abortion regardless of the laws in her country.	1	2	3	4	5
I think women should be able to choose to self-manage their own abortion if they want to.	1	2	3	4	5
I think women self-managing their abortion deserve to be treated with respect.	1	2	3	4	5
I respect a woman’s decision to have an abortion on her own terms.	1	2	3	4	5

STATEMENT	Strongly disagree	Disagree	Unsure	Agree	Strongly agree
I have openly discussed abortion self-care with someone I know.	1	2	3	4	5
I have helped someone get abortion self-care information.	1	2	3	4	5
I treat women who have self-managed their abortion with respect.	1	2	3	4	5
I have tried to stop the spread of false information about abortion self-care.	1	2	3	4	5
I have challenged someone about their negative views on abortion self-care.	1	2	3	4	5
I feel comfortable providing women with information about abortion self-care.	1	2	3	4	5
<hr/>					
I would openly discuss abortion self-care with someone I know.	1	2	3	4	5
I would help someone get information about abortion self-care.	1	2	3	4	5
I will treat women who have self-managed their abortion with respect.	1	2	3	4	5
I will try to stop the spread of false information about abortion self-care.	1	2	3	4	5
I would challenge someone about their negative views on abortion self-care.	1	2	3	4	5

Supplemental survey items

On the next two pages, you'll find supplemental survey items for health-care providers and for organization staff participating in a VCAT workshop. These supplemental items can be added to the core pre-workshop, post-workshop and follow-up surveys whenever relevant to the participants in your specific workshop.

We suggest that you review these items before your workshop and select those that are appropriate. Then print the additional sheets needed for each participant and provide them alongside the rest of the survey. Each set of survey items—one for providers and one for organization staff—is formatted on a separate page for easy printing.

Abortion self-care VCAT: For health-care providers

WORKSHOP LOCATION: _____

WORKSHOP DATE(S): _____

TODAY'S DATE: _____

Your confidential unique identifier

Complete the unique identifier below to allow us to match your pre-workshop, post-workshop and follow-up survey responses.

	YOUR BIRTHDAY MONTH	YOUR NUMBER OF SISTERS	LAST 3 DIGITS OF YOUR MOBILE NUMBER
<i>Example:</i>	<i>April</i>	<i>0</i>	<i>057</i>
Your information:			

Additional survey questions for health-care providers

Below is a series of statements about abortion in the context of your work as a health-care provider. Please indicate if you strongly disagree, disagree, are unsure, agree or strongly agree with each statement. Please select only one response for each statement, and please do not skip any of the statements.

STATEMENT	Strongly disagree	Disagree	Unsure	Agree	Strongly agree
I think women can self-manage their abortion for gestational ages up to 12 weeks.	1	2	3	4	5
I think women can self-manage their abortion for gestational ages at or after 13 weeks.	1	2	3	4	5
I feel comfortable providing the pills women need for abortion self-care.	1	2	3	4	5
I feel comfortable providing postabortion care to women who self-managed their abortion.	1	2	3	4	5
I feel comfortable working to make abortion self-care available in my country.	1	2	3	4	5

Abortion self-care VCAT: For organization staff

WORKSHOP LOCATION: _____

WORKSHOP DATE(S): _____

TODAY'S DATE: _____

Your confidential unique identifier

Complete the unique identifier below to allow us to match your pre-workshop, post-workshop and follow-up survey responses.

	YOUR BIRTHDAY MONTH	YOUR NUMBER OF SISTERS	LAST 3 DIGITS OF YOUR MOBILE NUMBER
<i>Example:</i>	<i>April</i>	<i>0</i>	<i>057</i>
Your information:			

Additional survey questions for organization staff

Below is a series of statements about abortion in the context of your organization's work. Please indicate if you strongly disagree, disagree, are unsure, agree or strongly agree with each statement. Please select only one response for each statement, and please do not skip any of the statements.

STATEMENT	Strongly disagree	Disagree	Unsure	Agree	Strongly agree
Abortion is allowed in the country/ countries where my organization works.	1	2	3	4	5
I know the abortion laws in the country/ countries where my organization works.	1	2	3	4	5
I am comfortable making the case for abortion self-care programming with my colleagues.	1	2	3	4	5
I am comfortable with an organizational mandate to include abortion self-care as part of my work.	1	2	3	4	5
I can explain my organization's position on abortion self-care.	1	2	3	4	5
I support my organization's position on abortion self-care.	1	2	3	4	5
I am comfortable representing my organization's position on abortion self-care.	1	2	3	4	5

Additional Resources

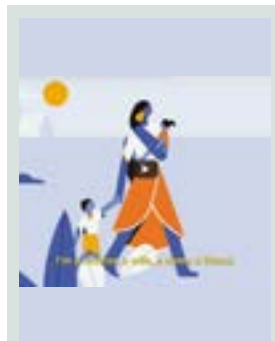
Abortion self-care literature

You may find additional useful information in this collection of resources that focus on abortion self-care and abortion rights and policies.

IPAS RESOURCES ON ABORTION SELF-CARE

Find the Ipas resources on abortion with pills at www.ipas.org/AbortionWithPills

These resources, available in English, Spanish, French and Portuguese, include:



Video:
How to have an abortion with pills: Mina's story



Guide:
How to have an abortion with pills



Guide:
How to buy abortion pills that are safe and effective



Guide:
Medication abortion self-care: A guide for community accompaniment to support women

RESOURCES ON ABORTION SELF-CARE

Center for Reproductive Rights. (2020). *Medical abortion and self-managed abortion: Frequently asked questions on health and human rights*. <https://reproductiverights.org/medical-abortion-and-self-managed-abortion-frequently-asked-questions-on-health-and-human-rights/>

Gynuity Health Projects: <https://gynuity.org/programs/medical-abortion>

Ipas. (2020). The Abortion Self-Efficacy Scale. www.ipas.org/resource/the-abortion-self-efficacy-scale/

safe2choose website:
<https://safe2choose.org/>

Women Help Women:
<https://abortionpillinfo.org/>

Women on Waves:
www.womenonwaves.org/

Women on Web: www.womenonweb.org/

World Health Organization. (2022). *Abortion care guideline*. <https://www.who.int/publications/i/item/9789240039483>

World Health Organization. (2021). Self-management of medical abortion. <https://apps.who.int/iris/bitstream/handle/10665/325480/9789241550550-eng.pdf?ua=1>

World Health Organization. (2019). *WHO consolidated guideline on self-care interventions for health: Sexual and reproductive health and rights*: <https://apps.who.int/iris/rest/bitstreams/1280116/retrieve>

FIGO. (2020) Statement on strengthening access to self-managed abortion <https://www.figo.org/news/figo-supports-strengthening-access-telemedicineself-managed-abortion>

VCAT FOUNDATIONAL THEORIES AND RESEARCH

Ajzen, I. (1985). From intentions to actions: A theory of planned behavior. In J. Kuhl & J. Beckman (Eds.), *Action control: From cognition to behavior* (pp. 11–39). Springer. https://doi.org/10.1007/978-3-642-69746-3_2

Ajzen, I. (1988). *Attitudes, personality, and behavior*. Dorsey Press.

Ajzen, I. (1991). *The theory of planned behavior*. *Organizational Behavior and Human Decision Processes*, 50(2), 179–211. [https://doi.org/10.1016/0749-5978\(91\)90020-T](https://doi.org/10.1016/0749-5978(91)90020-T)

Armitage, C. J., & Christian, J. (2003). From attitudes to behaviour: Basic and applied research on the theory of planned behaviour. *Current Psychology*, 22, 187–195.

Millstein, S. G. (1996). Utility of the theories of reasoned action and planned behavior for predicting physician behavior: A prospective analysis. *Health Psychology*, 15(5), 398–402. <https://doi.org/10.1037//0278-6133.15.5.398>

Raths, L., Harmin, M., & Simon S. (1966). *Values and teaching: Working with values in the classroom*. Charles E. Merrill Publishing Co.

Rokeach, M. (1973). *The nature of human values*. Free Press.

Rokeach, M. (1979). *Understanding human values: Individual and societal*. Free Press.

Turner, K. L., Pearson, E., George, A., & Andersen, K. L. (2018). Values clarification workshops to improve abortion knowledge, attitudes, and intentions: A pre-post assessment in 12 countries. *Reproductive Health*, 15, 40. <https://doi.org/10.1186/s12978-018-0480-0>

Workshop feedback form

Abortion self-care VCAT

WORKSHOP LOCATION: _____

WORKSHOP DATE(S): _____

This evaluation helps us understand how workshops may need to be adjusted to best respond to participants' needs. Your feedback will help shape and strengthen future workshops!

On a scale of 1 to 4, where 1 is “strongly disagree” and 4 is “strongly agree,” please rate the workshop on each item below. We encourage you to use the comments section to provide information about the ratings and suggestions for improvement.

STATEMENT		Strongly disagree			Strongly agree
The workshop met my expectations.		1	2	3	4
Comments:					
The workshop content was:	New to me	1	2	3	4
	Useful	1	2	3	4
	Relevant to my work	1	2	3	4
	Relevant to my life	1	2	3	4
	Comprehensive	1	2	3	4
	Easy to understand	1	2	3	4
Comments:					

STATEMENT		Strongly disagree			Strongly agree
Workshop materials (handouts, worksheets, etc.):	Were easy to understand	1	2	3	4
	Included clear instructions	1	2	3	4
	Provided useful information	1	2	3	4
Comments:					
The workshop activities:	Were useful learning experiences	1	2	3	4
	Will be helpful in my work	1	2	3	4
	Will be helpful in my life	1	2	3	4
	Provided enough opportunity for discussion and questions	1	2	3	4
Comments:					
Overall, the workshop was:	Well organized	1	2	3	4
	Well paced	1	2	3	4
	A good mix between listening and doing activities	1	2	3	4
Comments:					
The facilitators were:	Well prepared	1	2	3	4
	Knowledgeable	1	2	3	4
	Skilled at facilitation	1	2	3	4
	Responsive to participants' questions/needs	1	2	3	4

What did you like the best about the workshop?

What did you like the least about the workshop?

Anything else you would like to share with us?

Thank you for your participation. We appreciate your feedback!

Certificate of completion

You can adapt this certificate template to include your organization's information, the workshop details and each participant's name, then hand it out upon workshop completion.

(Download this template at www.ipas.org/AbortionSelfCareVCAT.)

[INSERT TRAINING AGENCY
LOGO/NAME OR LOGOS/NAMES IF
JOINT TRAINING]

*Values Clarification and Attitude
Transformation Workshop
for Abortion Self-Care*

CERTIFICATE OF PARTICIPATION
awarded to

NAME

[city, country] _____

LOCATION

[insert date] _____

DATE COMPLETED

VCAT Facilitator

VCAT Facilitator



Ipas Partners for
Reproductive Justice

P.O. Box 9990 Chapel Hill, NC 27515 USA 1.919.967.7052 www.ipas.org ContactUs@ipas.org