

ABORTION

VCAT

Abortion Values Clarification for Action and Transformation

FACILITATOR'S GUIDE SUPPLEMENT:
Collected Activity Statements and Questions



Ipas
Partners for
Reproductive
Justice



Introduction

This Abortion Values Clarification for Action and Transformation (VCAT) supplement is designed for use in conjunction with the 2023 VCAT Facilitator’s Guide for Global Audiences. In it, you will find the collected activity statements, questions, and case studies available in our five available VCAT adaptations. These adaptations focus on:

- Abortion Self-Care (Self-Managed Abortion)
- Disability Inclusion
- Humanitarian Audiences
- Second-Trimester Abortion
- Young Women

All adapted statements and questions are included here to allow VCAT facilitators to easily incorporate relevant content into their workshops. Facilitators are encouraged to “mix and match” content as appropriate for their audiences.

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Activity Adaptations At-a-Glance

The table below shows the activities that have been adapted for each topic. Click on activity names in the left column to view adapted questions, statements, and case studies.

	Abortion Self-Care	Disability Inclusion	Humanitarian	Second Trimester	Young Women
Comfort Continuum	✓		✓	✓	✓
Cross the Line	✓	✓	✓	✓	
Four Corners	✓		✓	✓	✓
The Last Abortion		✓	✓	✓	✓
Personal Beliefs and Professional Responsibilities	✓		✓	✓	
Reasons Why	✓	✓	✓	*	✓
Talking About Abortion	✓		*		✓
Thinking about My Values			✓		
Why Did She Die?		✓	✓	✓	✓

**In some cases, an activity is included in an adaptation; however, the statements, questions, and/or case studies have not been adapted.*

| Comfort Continuum

Comfort Continuum: Abortion Self-Care (Self-Managed Abortion)

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?

For Organizational 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?

For Providers and Healthcare 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?

Comfort Continuum: Humanitarian Audiences

How comfortable are you talking about the topic of abortion with colleagues in your agency?

How comfortable are you with your agency's policy on safe abortion care?

How comfortable are you with your agency or agency's partners providing safe abortion care in its projects?

How comfortable are you working in a health-care facility or on a project where safe abortion care is provided?

Comfort Continuum: Second-Trimester Abortion

Statements for health-care providers and health workers

How comfortable are you with safe and legal induced second-trimester abortion services being provided in your country?

How comfortable are you discussing second-trimester abortion with colleagues at work?

How comfortable are you discussing second-trimester abortion outside of your work setting?

How knowledgeable are you about your country's laws and policies on second-trimester abortion services?

How comfortable are you working in a facility where second-trimester abortions are performed?

How much disapproval would you expect to feel from your family and friends if you provided second-trimester abortion services?

How comfortable are you performing an abortion in the first trimester? (If you are not authorized to perform abortion in your country, how comfortable are you assisting with an abortion in the first trimester?)

How comfortable are you performing an abortion in the second trimester? (If you are not authorized to perform second-trimester abortion in your country, how comfortable are you assisting with a second-trimester abortion?)

How comfortable are you with the idea of every woman having the right to access safe second-trimester abortion services?

How comfortable are you providing (or assisting with) second-trimester abortion for every woman who desires it, regardless of her reasons?

For reproductive health professionals or general audiences

How comfortable are you with safe and legal induced second-trimester abortion services being provided in your country?

How comfortable are you discussing second-trimester abortion with family members? Friends? Colleagues at work?

How knowledgeable are you about your country's laws and policies on second-trimester abortion services?

How comfortable are you advocating for women's access to second-trimester abortion?

How comfortable are you publicly supporting women who have second-trimester abortions and the health-care providers who provide them?

How much disapproval would you expect to feel from your family and friends if you advocated for safe second-trimester abortion services?

How comfortable are you with the idea of every woman having the right to access safe second-trimester abortion services in your country?

How comfortable are you advocating for second-trimester abortion care for every woman who desires it, regardless of her reasons?

Comfort Continuum: Young Women

Sex and sexuality

How comfortable are you with young women having access to sex education?

How comfortable are you with young women having access to contraceptive counseling and methods?

How comfortable are you with young women having access to counseling about emergency contraception?

How comfortable are you with a young woman having consensual sex with her husband, with whom she is in love?

How comfortable are you with a young woman having consensual sex with her boyfriend, with whom she is in love?

How comfortable are you with an adolescent girl who wants to keep her pregnancy and have a child?

How comfortable are you with an adolescent girl who wants to terminate her pregnancy against her parents' wishes?

Sexual and reproductive health service provision, including abortion (to be used with abortion care providers)

How comfortable are you with providing contraceptive counseling and methods to young women?

How comfortable are you with providing emergency contraception to young women?

How comfortable are you with providing pre-abortion/abortion/postabortion counseling to young women?

How comfortable are you with performing abortion for young women in the first trimester?

How comfortable are you with performing abortion for young women in the second trimester?

How comfortable would you feel referring a young woman to someone who can give her medical abortion drugs and counseling?

Medical abortion

How comfortable are you with young women having access to medical abortion information in their community?

How comfortable are you with young women having access to medical abortion drugs from health-care providers in their communities?

How supportive are you of young women accessing medical abortion drugs over the counter or from non-clinical health workers, such as community health volunteers?

How comfortable are you with making medical abortion available to young women in communities that do not have clinical back-up services available?

| Cross the Line

Cross the Line: Abortion Self-Care (Self-Managed Abortion)

General

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.

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.

Cross the Line: Disability Inclusion

You have a friend or a family member that has difficulty walking, seeing, hearing, remembering or concentrating that affects how they go about their day-to-day life

You have heard friends or family talking in a negative way about people with a disability

You've not known what to do or say when meeting someone with a physical disability

You have experience with disability and sexual and reproductive health

You have heard someone talking in a negative way about people with a disability accessing sexual and reproductive health services, carrying a pregnancy or raising children

You or someone you know has provided sexual and reproductive health services to someone with disabilities

Cross the Line: Humanitarian Audiences

You have had to tell a woman she could not have an abortion.

You have had to tell a woman with an unwanted pregnancy as a result of rape that she cannot have an abortion.

Cross the Line: Second-Trimester Abortion

You have been asked to keep someone's second-trimester abortion a secret.

You have ever felt uncomfortable talking about second-trimester abortion.

You have ever felt embarrassed talking about second-trimester abortion.

You have ever heard a family member talk in a derogatory manner about women who have had second-trimester abortions.

You have ever heard a politician talking in a derogatory manner about women who have had second-trimester abortions.

You have ever heard a religious leader talking in a derogatory manner about women who have had second-trimester abortions.

You or someone you are close to has had a second-trimester abortion.

You have ever stifled your feelings about a second-trimester abortion experience.

You have ever avoided the topic of second-trimester abortion to avoid conflict with others.

You have heard the term "baby killers" applied to women who have second-trimester abortions or health workers that perform them.

You have known women who risked their own health or lives to have a second-trimester abortion.

You believe relief is a common reaction after abortion at any stage.

You believe guilt is a common reaction after abortion, especially if it is a second-trimester abortion.

You believe there is a need for a supportive social environment for second-trimester abortion.

You have provided support to a woman or family member who experienced a second-trimester abortion.

You believe all women deserve access to safe, high-quality second-trimester abortion services if they need them.

| Four Corners

Four Corners: Abortion Self-Care (Self-Managed Abortion)

Women and girls have the right to decide where and how to have an abortion.

Access to abortion self-care should be available to all women and girls.

People who are not doctors or clinicians but who are knowledgeable about abortion self-care can safely accompany women through the abortion process.

Only health-care providers should determine if a woman can safely use abortion pills on her own.

Young women should be able to access abortion self-care without their guardians' knowledge or consent.

Women should be able to access abortion information and abortion pills over the internet.

When information about abortion pills is limited or withheld, some women may choose to use unsafe methods.

Abortion self-care with pills can be as safe as receiving an abortion in a health-care facility.

The benefits of supporting abortion self-care outweigh the risks of maternal mortality.

Women have the right to self-manage their abortion regardless of the laws in their country.

Four Corners: Humanitarian Audiences

Women who are raped during conflicts should be offered safe abortion care if they need it, regardless of the legal context.

Clinicians working in sexual and reproductive health in humanitarian settings have the responsibility to perform abortions.

All women living in another country due to displacement should have access to abortion during an acute emergency.

Four Corners: Second-Trimester Abortion

Second-trimester abortion services should be available to every woman who wants them.

Second-trimester abortions should be easily available in cases of fetal abnormality, but not in other cases.

Women who have a second-trimester abortion are ending a life.

A woman should be able to have a second-trimester abortion even if her husband or partner wants her to continue the pregnancy.

Young, unmarried girls should be allowed to have a second-trimester abortion if they want one.

Clinicians who specialize in ob-gyn have a responsibility to perform second-trimester abortions.

Minors should be required to get their parents' consent in order to have a second-trimester abortion.

Pregnant women who have HIV/AIDS should be counseled to terminate their pregnancy, even if they want to keep it and are in the second trimester.

A woman should be able to have a second-trimester abortion based on the sex of the fetus.

I can support women having an abortion in the first trimester, but never in the second trimester.

Four Corners: Young Women

Abortion services should be available to every young woman (10 – 24 years) who wants them.

Young women who have an abortion are ending a life.

A young, married woman should be able to have an abortion even if her husband wants her to continue the pregnancy.

Liberal abortion laws lead to more irresponsible sexual behavior, especially among young women.

Young, unmarried women should be required to get their parents' consent in order to have an abortion.

A pregnant young woman who has HIV/AIDS should be counseled to terminate her pregnancy, even if it is wanted.

Most young women do not seriously consider the consequences of an abortion.

Young women should be able to have a second-trimester abortion if they need one.

Young women who have second-trimester abortions are indecisive.

Young women who have multiple abortions should be encouraged to undergo sterilization.

Young women who are unmarried and become pregnant should be denied abortion as a lesson.

Young women have the right to independent, informed consent for abortion.

| The Last Abortion

The Last Abortion: Disability Inclusion

1. A 45-year-old woman is 18 weeks pregnant. She had stopped having regular menstrual cycles and did not believe she could become pregnant. Her 12-year-old son has cerebral palsy and she has joyfully devoted her life to his well-being. However, she does not feel financially nor emotionally able to parent another child.
2. A 25-year-old woman is 8 weeks pregnant. She has two children under the age of four, and she lives with a man who regularly physically abuses her. As the children get older, she worries that they will also be hurt. She does not want to bring another child into an abusive household, especially if it will only make her more dependent on him for financial support, so that she cannot leave.
3. A 32-year-old woman with two young children is 10 weeks pregnant. She and her youngest child are HIV positive. Her husband died of AIDS-related illnesses two years ago, and she now supports the family on her small income alone. Her health is not good, and she has been hospitalized several times in the past year.
4. A 20-year-old woman with a learning disability is brought to the clinic by her aunt, who says that her niece needs an abortion. The aunt says she thinks her niece is about 7 or 8 weeks pregnant. She says her niece already has one child and that the family can't afford to support another. The woman does not say anything.
5. A 30-year-old woman is married and is pregnant with her first child. A 20-week scan reveals signs of a fetal anomaly, which would have implications for the future health of the child. The woman has decided to have an abortion.
6. A 29-year-old woman was initially happy to learn that she was pregnant. However, she has a hereditary spinal condition that doctors told her increases the risk of complications during pregnancy and that she may become partially paralyzed. She and her partner have decided to end the pregnancy.

7. A 16-year-old girl is now 14 weeks pregnant. She was not aware of the signs of pregnancy, and after feeling sick for months, she only recently discovered that she was pregnant. She is experiencing acute anxiety at the thought of being forced to continue this pregnancy.

The Last Abortion: Humanitarian Audiences

1. A 25-year-old woman living in a camp is eight weeks pregnant. She has two children under the age of four, and her husband regularly physically abuses her. He opposes the abortion, but she does not want to bring another child into a family that is experiencing abuse, especially with the surrounding conflict and civil unrest. She also fears continuing with the pregnancy will only make her more dependent on her husband for financial support. Her mental health has worsened considerably since she found out she was pregnant.
2. A 28-year-old, unmarried woman has been dating a migrant worker and is now 12 weeks pregnant. She stopped using her contraceptive about six months ago due to her fear of traveling through a violent area to the nearest clinic. She does not want to keep the pregnancy while her partner is often away for work and her community is undergoing extreme violence and instability.
3. A 15-year-old girl is 14 weeks pregnant as a result of wartime rape. She went to a nearby hospital where she heard they could help her end the pregnancy. The hospital midwife told her that ending her pregnancy, even though it resulted from rape, would be one sin on top of another and refused to help her. Unmarried, pregnant adolescents are highly stigmatized in her community, and she is experiencing great distress over the rape and pregnancy.
4. A 23-year-old woman with two young children is 10 weeks pregnant. She and her younger child are HIV positive. Her husband died of AIDS-related illnesses two years ago. She is not able to access anti-retroviral treatment, and she has been hospitalized for opportunistic infections several times in the past year.
5. A 16-year-old, unmarried woman is nine weeks pregnant. She is living in a town with distant relatives after having to flee her home village with her three younger brothers and sisters due to nearby fighting.

Her parents stayed behind to watch the house and farm animals. Food is scarce where they live, and lines for flour and grain from NGOs are long. A man who works for the organization promised her food in exchange for sleeping with him. He was nice to her, and they desperately needed food, and she is now pregnant. She feels she cannot continue the pregnancy as she has no idea how she would handle a child in addition to taking care of her siblings, or whether she would be allowed to live with relatives after they found out.

6. A 23-year-old woman is 14 weeks pregnant. She was newlywed and had only just moved into her husband's home when they were forced to flee from nearby fighting due to civil unrest. They are now living in a camp in a different country, where there is not enough food or medical supplies for everyone, and only a temporary clinic staffed by a nurse two days a week. There has been gunfire nearby, and there has been talk of the camp closing. She knows that continuing the pregnancy under these circumstances would be dangerous for her life and sees a bleak future for her herself and her husband.

The Last Abortion: Second-Trimester Abortion

1. A 45-year-old woman is 19-weeks pregnant. She had stopped having regular menstrual cycles and did not believe she could become pregnant. A detailed ultrasound has revealed severe fetal abnormalities. Her 12-year-old son has numerous physical and developmental disabilities and requires constant attention. She does not feel able to manage another special-needs child.
2. A 21-year-old in her second year at university just found out she is 15-weeks pregnant. Because her menstrual cycle was irregular, she did not realize she was pregnant. This is her first pregnancy. Her contraceptive method failed, even though she is quite certain she used it properly. She is the first person from her poor, rural village ever to attend university. She is experiencing acute anxiety at the thought of continuing this pregnancy.
3. A 25-year-old woman is 16-weeks pregnant. She has two children under the age of four, and she lives with a man who regularly physically abuses her. He opposes the abortion, but she does not want to bring

another child into an abusive household, especially if it will only make her more dependent on him for financial support. Her depression has worsened considerably since she found out she was pregnant.

4. A 28-year-old woman is 14-weeks pregnant. She is unemployed, an alcoholic and does not use birth control regularly. She does not know who the father of this baby is. Two of her children were born with fetal alcohol syndrome, and all three of her children are being cared for by her mother in another part of the country.
5. A 23-year-old woman with two young children is 17-weeks pregnant. She and her younger child are HIV positive. Her husband died of AIDS-related illnesses two years ago and left her without any financial support. She is not able to afford anti-retroviral treatment, and she has been hospitalized for opportunistic infections several times in the past year.
6. A 15-year-old is 18-weeks pregnant as a result of rape by her stepfather. When she told her mother about the rape and pregnancy, her mother told her to get out of the house. She has been staying at a friend's house. She continues to attend public school, where she has been a top student. She is experiencing great distress about the rape and pregnancy, and her schoolwork is suffering.

The Last Abortion: Young Women

1. A 17-year-old woman in her first year at university just found out that she is 14-weeks pregnant. Denied contraception by her health-care provider because of her young age, she and her boyfriend tried to use natural birth control methods, however their attempts failed. She does not feel financially or emotionally ready to become a mother, and wants to finish her studies. She is the first person from her poor, rural village ever to attend university.
2. A 15-year-old girl is 14-weeks pregnant as a result of rape by her stepfather. When she told her mother about the rape and pregnancy, her mother, who is also abused by her husband, quietly looked for someone to support them in this situation, but was unable to find anyone who could help or provide a safer place for her daughter to

stay. Her daughter continues to attend public school, where she has been a top student. She is experiencing great distress over the rape and pregnancy, and her schoolwork is suffering.

3. A 16-year-old urban young woman is a reproductive health peer educator in her secondary school. She has a serious boyfriend. They regularly use condoms when they have sex, but she has gotten pregnant anyway. She wants to continue her education and does not feel ready to be married. Her health-care provider will not refer her to an abortion provider unless she gets parental consent for the abortion.
4. An 18-year-old young woman, married at age 14, already has two children but is pregnant again. Her husband spends much of his earnings on alcohol and sex workers. She is worried about her risk and the baby's risk for HIV. She is already struggling to feed two children, and doesn't know how she will be able to feed a third.
5. A 17-year-old woman is engaged to her 19-year-old boyfriend of the past three years. They plan to be married, so the unplanned pregnancy initially didn't upset them too much. However, they have learned that her diabetes will likely make her permanently blind if the pregnancy is carried to term.
6. A 12-year-old girl is persuaded by a boy in the grade above her, whom she admires, to have sex with him. He does not like condoms and refuses to use one. Her lack of sexuality education leaves her unable to negotiate safe sex. Since she does not have regular periods yet, and limited knowledge about pregnancy, it takes a long time before she realizes that she is pregnant. Now she is in her second trimester, and she is growing increasingly depressed and scared about her situation.

Personal Beliefs and Professional Responsibilities

The worksheets for the following adaptations are included on the pages that follow:

Abortion Self-Care (Self-Managed Abortion)

Humanitarian Audiences

Second-Trimester Abortion

Personal Beliefs and Professional Responsibilities: Abortion Self-Care (Self-Managed Abortion)

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.

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.

Personal Beliefs vs. Professional Responsibilities: Humanitarian Audiences

PART A: Personal beliefs

Please read each of the statements below about barriers to providing abortion care or supporting your agency's provision of abortion care.

Check all that apply.

- I find abortion personally objectionable.
- I am concerned about my professional reputation.
- My colleagues are not supportive of abortion.
- My family is not supportive of abortion.
- People who are important to me and whom I respect oppose abortion.
- I am concerned about my personal safety or the safety of my loved ones due to the threat of violence from people who oppose abortion.
- I am concerned about risks to my agency due to safe abortion care provision.
- My agency's safe abortion care policies and procedures are not clear.
- I have not been adequately trained on safe abortion care relative to my role within my agency.
- I am not clear about how my agency's staff should respond if they have a problem related to providing safe abortion care.
- If there were a problem related to safe abortion care provision, I am not confident that my agency would handle it appropriately.
- I do not always support women's reasons for seeking an abortion.
- Abortion laws and policies don't authorize abortion in the contexts where I work.
- There are no reasons that would prevent me from providing or supporting my agency's provision of safe abortion care.

Please select all reasons that may facilitate your provision or support for your agency's provision of safe abortion care.

- All women should have access to safe abortion care.
- Many women seeking safe abortion care are not able to receive it.
- Refugees and displaced women have a disproportionate need for safe abortion care.
- I am committed to preventing women's deaths and disabilities due to unsafe abortion.
- My agency has a medical responsibility to provide safe abortion care.
- Unsafe abortion is a public health problem.
- I believe women have the right to make their own sexual and reproductive health decisions.
- I believe safe abortion care is an integral part of reproductive health care.
- I am committed to ensuring that abortion remains safe, legal, accessible and high-quality.
- If I do not provide or support my agency's provision of safe abortion care, services may not be available to the women who need them.
- I want to foster a supportive environment for women's access to safe abortion care within the medical-humanitarian sector.
- Providing abortion services could increase overall revenue for SRH programs and increase sustainability.
- There are no reasons that facilitate my provision or support for my agency's provision of safe abortion care.

Reflection: Count and compare the number of barriers and motivations. Reflect and summarize below whether you have more barriers or motivations and what this says about your willingness to provide or support the provision of abortion care.

PART B: Professional responsibilities

Please select all statements that represent your responsibilities to women who seek safe abortion care.

- I have a responsibility to provide compassionate, factually-correct information about all pregnancy options to pregnant women, including safe abortion.
- I have a responsibility to encourage pregnant women not to have an abortion if they live in a country where abortion is legally restricted.
- Whenever I hear someone making false statements about abortion, I have a responsibility to offer correct information.
- I have a responsibility to refer women seeking an abortion to appropriate care.
- I have a responsibility to abide by the abortion laws of the country I am currently in.
- If I do not support safe abortion care, I have a responsibility to inform my agency about my position.
- I have a responsibility to provide women with the abortion information and referrals they need, even if abortion is legally restricted in that country.
- I have a responsibility to be informed about abortion laws and policies in the countries in which I am working.
- I have a responsibility to provide safe abortion care regardless of the laws and policies in the country where I work.
- I have a responsibility to support women in making abortion decisions according to their own values and beliefs, regardless of my personal beliefs.
- I have a responsibility to minimize my agency's organizational risks with regard to safe abortion care provision.
- I have no responsibilities to women with regard to safe abortion care.

Please select all statements that best represent your agency's staffs' responsibilities with regard to women who seek safe abortion care:

- My agency's staff have a responsibility to provide information to pregnant women about their pregnancy options, including abortion.
- My agency's staff have a responsibility to provide safe abortion care or support the provision of safe abortion care in a discreet manner.
- My agency's staff have a responsibility to refer women who request abortion to appropriate safe abortion care.
- My agency's staff have a responsibility to provide safe abortion care or support provision of safe abortion care to women who meet legal indications in that country.
- My agency's staff have a responsibility to provide safe abortion care or support the provision of safe abortion care to any woman who requests it.
- My agency's staff have a responsibility to be leaders in providing safe abortion care to refugees and displaced people.
- My agency's staff have no responsibilities to women with regard to safe abortion care.

Reflection: Please reflect on the items you selected and briefly summarize below your and your agency's responsibilities regarding provision of safe abortion care.

**Personal Beliefs vs. Professional Responsibilities:
Second-Trimester Abortion**

Handout: Non-Health-Care Providers

**PART A: Barriers and Motivations to
Advocate for Safe Abortion Care**

What are some barriers that may prevent you from advocating for second-trimester abortion care for women? Check all that apply:

- I find the idea of second-trimester abortion personally objectionable or uncomfortable.
- Second-trimester abortion is contrary to my most deeply held values.
- Second-trimester abortion is contrary to my religious beliefs.
- I might have to face the memory of my own experience(s) with second-trimester abortion.
- I worry about my professional reputation.
- My colleagues are not supportive of second-trimester abortion.
- My family is not supportive of second-trimester abortion.
- I worry about my personal safety or the safety of my loved ones due to violence from people who oppose second-trimester abortion.
- People who are important to me and whom I respect oppose second-trimester abortion.
- I am not informed enough to advocate for second-trimester abortion care.
- Other barriers: _____
- _____
- There are no barriers for me to advocate for safe second-trimester abortion services for women.

Which of the following reasons may motivate you to advocate for second-trimester abortion care for women? Check all that apply:

- All women deserve comprehensive, safe abortion care, including in the second-trimester, if needed.
- Many women seeking second-trimester abortion services are not able to advocate for themselves.
- I am committed to preventing women’s deaths and disability due to unsafe abortion.
- I believe in women’s rights and responsibilities to make their own sexual and reproductive health choices.
- I only want to see children brought into the world who are cared for and loved.
- I believe abortion is an integral part of comprehensive health care.
- I believe comprehensive abortion care, which includes second-trimester abortion, is a human right.
- I believe other women should have the same opportunity to obtain safe second-trimester abortion services as I/my partner/my loved one had when I/she sought a second-trimester abortion.
- I am committed to ensuring that second-trimester abortion remains safe, legal, accessible and high quality.
- It is important to me that I make a public commitment to second-trimester abortion care for the women who need it.
- If I do not support second-trimester abortion care, the services may not be available to the women who need them.
- I want to foster a supportive environment for abortion services and rights within the reproductive health field.
- Other motivations: _____

- Nothing would motivate me to advocate for second-trimester abortion care for women.

PART B: Responsibilities to Women

In your opinion, what responsibility do you personally have to ensure that women have access to second-trimester abortion care? Check all that apply:

- I have a responsibility to provide nonjudgmental, factually correct information about all pregnancy options to women, including second-trimester abortion.
- I have a responsibility to convince women not to have a second-trimester abortion.
- Whenever I hear someone making false statements about second-trimester abortion, I have a responsibility to offer correct information.
- I do not have a responsibility to refer women who are seeking a second-trimester abortion to safe services as long as other people do so.
- I have a responsibility to refer women seeking an abortion to safe services, even if it is second-trimester abortion.
- I have a responsibility to provide only information about second-trimester abortion that is consistent with my personal values.
- I have a responsibility to follow up on second-trimester abortion 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 am currently in.
- If I hear information about an illegal second-trimester abortion provider, I have a responsibility to report him/her to the authorities, even if the services are safe and reaching women who otherwise could not access care.
- If I choose not to support second-trimester abortion care, I have a responsibility to inform my employer and colleagues about my stance.

- I have a responsibility to provide women with the information and referrals they need, even if they are not in line with the law.
- I have a responsibility to be informed about abortion laws and policies in my country.
- I have a responsibility to counsel women to act according to their own values concerning second-trimester abortion, regardless of my beliefs about their decisions.
- I have a responsibility to do everything I can to ensure second-trimester abortion care is available to all women who need it.
- Other responsibilities: _____

- I have no responsibility to women with regard to second-trimester abortion care.

Activity adapted from:

National Abortion Federation. 2005. *The abortion option: A values clarification guide for health care professionals*. Washington, DC, NAF.

Personal Beliefs vs. Professional Responsibilities: Second-Trimester Abortion

Handout: Health-Care Providers

PART A: Barriers and Motivations to Provide Safe Abortion Care

What are some barriers that may prevent you from providing or assisting with second- trimester abortion care women? Check all that apply:

- I find the idea of second-trimester abortion personally objectionable or uncomfortable.
- Second-trimester abortion is against my most deeply held values.
- Second-trimester abortion is against my religious beliefs.
- I believe that second-trimester abortion is contrary to my oath to “do no harm.”
- I might have to face the memory of my own experience(s) with second-trimester abortion.
- I worry about my professional reputation.
- I would worry about patients leaving the facility if they find out we are providing second- trimester abortion services.
- The facility where I work or have admitting privileges is not supportive of providing second- trimester abortion services.
- There are administrative barriers (e.g. malpractice coverage, insurance reimbursement, compliance with policies and regulations).
- My colleagues are not supportive of second-trimester abortion.
- My family is not supportive of second-trimester abortion.
- I would worry about my personal safety or the safety of my loved ones due to violence from people who oppose second-trimester abortion.
- People who are important to me and whom I respect oppose second-trimester abortion.
- I do not have adequate skills to provide second-trimester abortion care.

- I would worry about maintaining clinical competence if I do not provide second-trimester abortion services regularly.
- Other barriers: _____

- There are no barriers for me to provide or assist with safe second-trimester abortion services for women.

Which of the following reasons may motivate you to provide or assist with second-trimester abortion care for women? Check all that apply:

- It is important to me to provide comprehensive care for my patients.
- All women deserve comprehensive, safe abortion care, including second-trimester care if needed.
- There is a need for an abortion provider who can do second-trimester procedures in the community where I work.
- I am committed to providing my patients with the care they need, rather than referring them to a provider they do not know.
- I am committed to preventing women's deaths and disability due to unsafe abortion.
- I believe in women's rights and responsibilities to make their own sexual and reproductive health decisions.
- I only want to see children brought into the world who are cared for and loved.
- I believe abortion, including in the second-trimester, is an integral part of comprehensive health care.
- I believe comprehensive abortion care (which includes second-trimester abortion) is a human right.
- I believe other women should have the same opportunity to obtain safe second-trimester abortion services as I/my partner/my loved one had when I/she sought an abortion.
- I would like to be competent in as many aspects of health care as possible.

- I am committed to ensuring that second-trimester abortion remains safe, accessible and high quality.
- It is important to me that I make a public commitment to providing comprehensive abortion care, including second-trimester abortion.
- If I do not provide second-trimester abortion care, the services may not be available or safe for the women who need them.
- I want to foster a supportive environment for abortion rights and abortion providers within the medical community.
- Other motivations: _____

- Nothing would motivate me to provide or assist with second-trimester abortion care.

PART B: Responsibilities to Women

In your opinion, what responsibility, if any, do you personally have to ensure that women have access to second-trimester abortion care?

Check all that apply:

- I have a responsibility to provide nonjudgmental, factually correct information about all pregnancy options, including second-trimester abortion.
- I have a responsibility to convince women not to have a second-trimester abortion.
- I have a responsibility to only provide information about second-trimester abortion that is consistent with my personal values.
- I have a responsibility to provide or assist with second-trimester abortion care.
- I have an obligation to provide whatever medical care my patients need and I am competent to provide, as long as it does not conflict with my personal beliefs.
- I do not have a responsibility to provide or assist with second-trimester abortion care as long as other health-care providers do.

- I have a responsibility to refer women who are seeking a second-trimester abortion to safe services that I am not willing or able to provide.
- I have a responsibility to follow up on second-trimester abortion 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 setting in which I am practicing.
- I have a responsibility to provide women with the second-trimester abortion information and referrals they need, even if they are not in line with the law.
- I have a responsibility to provide the second-trimester abortion services women need, even if they are not in line with the law.
- If I hear information about an illegal second-trimester abortion provider, I have a responsibility to report him/her to the authorities, even if the services are safe and reaching women who could not access care otherwise.
- If I choose not to provide or assist with second-trimester abortion care, I have a responsibility to inform my employer and colleagues about my stance.
- I have a responsibility to be informed about abortion laws and policies in my country.
- I have a responsibility to counsel women to act according to their own values concerning second-trimester abortion, regardless of my beliefs about their decisions.
- I have a responsibility to do everything I can to ensure comprehensive abortion care, which includes second-trimester abortion, is available to all women.
- Other responsibilities: _____

- I have no responsibility to women with regard to second-trimester abortion care.

Activity adapted from:

National Abortion Federation. 2005. *The abortion option: A values clarification guide for health care professionals*. Washington, DC, NAF.

| Reasons Why

Reasons Why: Abortion Self-Care (Self-Managed Abortion)

General questions

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

What are all the reasons why it is important for my organization to be working in the field of abortion self-care?

Reasons Why: Disability Inclusion

What are all the reasons why people living with a disability make decisions about their pregnancy that they don't want to make?

What are all the reasons why people living with a disability have an abortion?

What are all the reasons why people living with disabilities get pregnant?

What are all the reasons why people living with disabilities have sex?

Reason Why: Humanitarian Audiences

What are all of the reasons why my agency has a policy on safe abortion care?

What are all of the reasons why my agency's staff might not support or be comfortable with the provision of safe abortion care in our projects?

What are all of the reasons why it might be difficult for a provider to provide an abortion?

Reasons Why: Young Women

What are all of the reasons why young women have sex?

What are all of the reasons why young women become pregnant?

What are all of the reasons why young women have an unintended pregnancy?

What are all of the reasons why young women terminate a pregnancy?

What are all of the reasons why young women continue an unintended pregnancy?

What are all of the reasons why young women may make decisions about their unintended pregnancy that they really don't want to make?

What are all the reasons why governments regulate young women's sexual activity, pregnancies and abortion?

| Talking about Abortion

Talking about Abortion: Abortion Self-Care (Self-Managed Abortion)

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

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

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

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

“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.”

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

Talking about Abortion: Young Women

“You provide abortions for young women who are still children themselves. Why would you want to do that?”

“How does it feel to help young women enjoy sex without any consequences? They should be punished for having sex in the first place, and not be allowed to have abortions.”

“Young women are not mature enough to make such an important and terrible decision to have an abortion. They will always regret it.”

“Why don’t young women use birth control? There is no excuse for abortion nowadays! There should be no unwanted pregnancies!”

“Adolescents are too young to have sex in the first place!”

“Making abortion available to young women will encourage promiscuous behavior and make it easy for them to use abortion as a birth control method.”

| Thinking About My Values

Thinking About My Values: Humanitarian Audiences

Do you think that being displaced by conflict or other crisis changes a person's beliefs or values about abortion?

| Why Did She Die?

Why Did She Die?: Disability Inclusion

Rita's Story

My name is Rita. I grew up in a village in Northwest province. When I was six, I was sick with polio but survived. My right leg is very weak, so I need to use a cane. My parents sheltered me quite a lot and were a bit overprotective, but I can do everything my sisters and brothers can do. At school I was always intelligent and hardworking and often came first in my class. I was delighted when I won a scholarship to go to university. Even though my parents were worried about how I would cope, I reassured them I would be fine, and I settled in really well.

I loved university and my new life. After some time, I fell in love with my classmate, Tebogo. At first, he was sweet with me, but after some time he became distant and unkind. One day a friend told me that Tebogo had another girlfriend. I was shocked and upset. I confronted him, but instead of looking ashamed or apologetic, he became very angry. He called me a “cripple” and said I was lucky to get any man to pay attention to me at all. He threw my cane to the other side of the room, so I could not get away, and then he forced himself on me. I told him to stop but he wouldn't. Afterward, I was devastated at what had happened. I found my cane and left as quickly as I could.

As the end of the academic year approached, I tried to focus on my future, studying as hard as I could and applying for jobs and internships. But since the day Tebogo attacked me, I had not been myself at all. I often felt tired and nauseous, but I tried to put it out of my mind. When it was exam time, I felt worse, so I went to see a nurse at the student clinic. They did some routine tests and I was shocked to learn that I was pregnant. I couldn't believe it. I didn't know anything about sex and pregnancy, and my period would surprise me every time it came. No one at home or school had ever talked to me about sex; it was all about school and future and getting a job. What else had I missed?

Quietly, I asked the nurse if it was possible to end the pregnancy. He didn't ask me anything about the circumstances, and I felt ashamed to say I had been raped. Instead, he patted me on the shoulder and said that having a limp shouldn't be a barrier to being a mother. He said I should be pleased, and he told me to come back for antenatal visits. Thoughts were racing through my head. The idea of abandoning every-thing to have a child on my own—or worse, having to go back to Tebogo—was terrible. And how could I expect to get a job if I am pregnant? Getting a job as a woman with a disability is already very hard. The district hospital was far away, and I couldn't get there without help or a lot of money for transport. I went to another clinic to ask about ending the pregnancy, but they also turned me away, saying I was “too far gone.”

I was terrified for my future. I was desperate. Back at home, I made a concoction of household chemicals and I drank it with a packet of painkillers. I felt terribly sick but was sure that this must work to end the pregnancy. I gradually fell asleep. Later that night, my roommate found me unconscious in my room. She called for an ambulance, but by the time I arrived at the hospital, it was too late.

Why did Rita die?

Why Did She Die?: Humanitarian Audiences

Beatrice's Story

My name is Beatrice. I am intelligent and hard working. I am the eldest daughter in my family, and I support my family financially by assisting my mother with selling items to travelers on the road next to our village. I love school, though, and have always been one of the top girls in my class. I dream of attending university one day.

My dreams were dashed the day one of the rebel groups stormed into our village. Men with guns came into our home. My parents told my siblings and me to run while they distracted the men, and we all lost sight of each other. Our village was in chaos, and I do not know what happened to my family. I was able to escape, and I eventually arrived at a camp that was set up for people forced to leave their homes like me. Although I am thankful for the people here who are helping me and the food and shelter they provide, our shelters do not offer much privacy, and I do not feel safe at night.

One night when I was sick and alone in the shelter, I heard footsteps, and soon after, a man entered. I recognized him as the man who had been staring at me for weeks. He said I had been tempting him for too long. He forced himself upon me and continued to rape me for what seemed like forever. When I tried to call for help, he slapped me hard many times and said he would hurt me more if I did not stop talking. After a long time, I felt weak and went unconscious. When I finally came to, I hurt all over but was too ashamed of what happened to tell anyone. I thought I must have done something to make him think that he could do that to me.

Although I tried to push that horrendous night out of my mind, I felt more dis-traught with each passing day. I finally noticed that I was feeling sick. My parents and teachers had never talked to us about pregnancy, but because I had missed two periods, I was afraid that I was carrying a child. I felt so ashamed to tell some-one, but I was sure I did not want to have that man's baby. I still hoped that one day I could go home and continue my studies. I went to the camp clinic and told the nurse that I might be pregnant. When she confirmed my pregnancy, I cried and said I did not want to carry the baby of this man. I begged for her help. Even though she was from my tribe, the nurse told me she could not help because she did not have the equipment, and

anyway, abortion was against the law. A few days later, I gathered my courage and asked a midwife in the camp for help. She told me the same thing.

I had heard that there are pills that could help bring my period back, but I didn't know where to find them. When I told my secret to another girl, she said a friend had had the same problem, and she took care of it by drinking a mixture of medicine and cleaning supplies. Over the next few days, the girl and her friend helped me collect the medicine and supplies. I waited until I was alone, and I drank the mixture. I began to feel sick with a terrible burning in my belly. The last thing I remember, I was lying face down on the floor in my vomit, in agony and moaning for help. I was too young to die.

Why did Beatrice die?

Why Did She Die?: Second-Trimester Abortion

Story Version 1

Mia was the eldest daughter in her family. She was intelligent and hard-working. Even though Mia worked hard at home helping her mother, school was her top priority. She always came first in her class, and she was the pride and joy of her family and village.

Mia won a scholarship to go to university. It was her first time in a big city, and she found it difficult to make new friends. But slowly that changed, and she settled into her new environment. Mia continued to study diligently and made sure she was always at the top of her class. Her professors were very proud of her and took special interest in her. They encouraged her to pursue her professional dreams.

After graduation, Mia joined a professional firm and sent money home to pay school fees for her younger brothers and sisters. She became the breadwinner for her extended family. She met and fell in love with a colleague at work, John, and they were planning to marry. At first John was gentle and loving, but gradually that began to change. He became distant and unkind to Mia.

Mia soon discovered that John had another girlfriend. When she discovered this, she told John that their relationship was over. John became very angry and forced her to have sex. He knew that she wasn't using contraception. As he pushed her out the door, he declared, "I know that when you become pregnant, you will return to me."

Four months later, after feeling sick for quite a while, Mia went to a free clinic. When she returned for the results, she was shocked to discover that she was, in fact, pregnant. Mia had always had an irregular menstrual cycle and had never been taught the symptoms of pregnancy. She determined that there was no way she would go back to John. When she inquired at the clinic about terminating the pregnancy, the staff looked at her with disgust and refused to answer her questions.

Mia went to another clinic to ask about terminating the pregnancy, but they turned her away also saying she was too far along. Mia felt afraid and was too ashamed to tell anyone in her family about the rape and pregnancy. She felt that no one would help her, and she became desperate. She tried

drinking a toxic potion of household chemicals that she had heard from her friends would terminate a pregnancy. She tried inserting sticks into her cervix. She became terribly sick and developed a painful infection but was still pregnant. Eventually, after trying all of these things, Mia took her own life.

Why did Mia die?

Story Version 2

Mia was the eldest daughter in her family. She was intelligent and hard-working. Even though Mia worked hard at home helping her parents around the house, school was always her top priority. She always came first in her class, and she was the pride and joy of her family and community.

Mia won a scholarship to go to university. It was her first time in a big city, and she found it difficult to make new friends. But slowly that changed, and she settled into her new environment. Mia continued to study diligently and made sure she was always at the top of her class. Her professors were very proud of her and took special interest in her. They encouraged her to pursue her professional dreams.

As graduation approached, Mia applied for many jobs and was excited about finally being able to make a real salary that would enable her to support herself. She tried to study for her final exams, but she had been feeling sick for quite a while, so she went to see a nurse at the university student health clinic. They performed a couple of routine tests, and when she returned for the results, she was shocked to discover that she was pregnant. Mia and her steady boyfriend had been using birth control. Mia had always had an irregular menstrual cycle and had never been taught the symptoms of pregnancy.

When she inquired at the clinic about terminating the pregnancy, the staff told her that “she may be too far along.” Mia was 16-weeks pregnant. The staff didn’t feel comfortable referring her for a second-trimester abortion, even though it was permitted by law. Mia went to another clinic to ask about terminating the pregnancy, but they gave her the same misinformation. Mia felt afraid and was too ashamed to tell anyone in her family about the pregnancy. She also worried that no one would offer her a job when it became more obvious that she was pregnant. She told one of her close friends, but Mia became desperate as she realized that no one could help her.

She went to her room after class one evening and became so overwhelmed with anxiety that she took an entire bottle of over-the-counter medicine and drank a bottle of alcohol. Later that evening, a friend discovered her lying unconscious on the floor in her room and called an ambulance. By the time Mia arrived at the hospital, it was too late.

Why did Mia die?

Why Did She Die?: Young Women

Version 1 (Young Woman): Mia's Story

My name is Mia. I was the eldest daughter in my family. I was intelligent and hardworking. Even though I worked hard at home helping my mother, school was my top priority. I always came first in my class, and I was the pride and joy of my family and community. I won a scholarship to go to university. It was my first time in a big city, and I found it difficult to make new friends. But slowly that changed, and I settled into my new environment. I continued to study diligently and made sure I was always at the top of my class. My professors were very proud of me and took special interest in me. They encouraged me to pursue my professional dreams.

After graduation, I joined a professional firm and sent money home to pay school fees for my younger brothers and sisters. I became the breadwinner for my extended family. I met and fell in love with a colleague at work, Richard. At first Richard was gentle and loving, but gradually that began to change. He became distant and unkind to me. I soon discovered that Richard had another girlfriend. When I discovered this, I told Richard that our relationship was over. Richard became very angry and forced me to have sex. He knew that I wasn't using contraception. As he pushed me out the door, he declared, "I know that when you become pregnant, you will return to me."

Three months later, after feeling sick for quite a while, I went to a clinic. When I got the results, I was shocked to discover that I was, in fact, pregnant. I had always had an irregular menstrual cycle and had never been taught the symptoms of pregnancy. I determined that there was no way I would go back to Richard. When I inquired at the clinic about ending the pregnancy, the staff looked at me with disgust and refused to answer my questions. I went to another clinic to ask about terminating the pregnancy, but they also turned me away.

I felt afraid and was too ashamed to tell anyone in my family about the rape and pregnancy. I felt that no one would believe or help me, and I became desperate. I tried drinking a toxic potion of household chemicals that I had heard from my friends would terminate a pregnancy. I tried inserting sticks into my cervix. I became terribly sick and developed a painful infection but was still pregnant. Eventually, after trying all of these things, I took my own life.

Why did Mia die?

Version 2 (Adolescent Woman): Agnes' Story

My name is Agnes. I was an adolescent girl who looked older than my age. In my health class at school, my friends and I were introduced to an abstinence program that taught us about the reproductive organs and how sexual intercourse happens, but not about contraception, pregnancy, or how to prevent pregnancy. With my friends, I often went to my small town's Internet café on our way home after school. There I met a boy a few years older, Luis, who told me I was pretty, and asked if he could visit me at my home. I was very flattered, and agreed.

Luis began to stop by my home after school. He was very polite to my parents, and gradually they began to trust him with me. After a few weeks, they felt comfortable to allow me to go for unaccompanied walks with Luis. Luis and I grew close, and I felt confident that he really cared for me. After a few months of courtship, which included kissing and hugging, Luis asked me to become more intimate. He told me that he planned to marry me as soon as he finished school, which was only a year away. He told me that he loved me very much and didn't want to wait any longer to be as close as possible to me. I also didn't want to wait, and so we had sex in the privacy of a field where we often walked. Since neither Luis nor I had learned about contraception, and since we didn't know who we could comfortably ask for information, we had unprotected sex.

A few weeks later, I began to feel sick each morning. My school uniform felt tight. My breasts felt tender. I remembered that the last time my mother was pregnant, she had complained of nausea. Suddenly I realized that I might also be pregnant. I was very frightened. My school had a policy to expel female students who got pregnant. And I knew my parents would be angry and ashamed of me, and disappointed in Luis. I told Luis that I might be pregnant. He was very concerned for me. Both of us felt afraid to ask our parents for help or guidance, so Luis asked his older married brother for advice. His brother told him about a small, private clinic that performed abortions, and also about an older woman just outside of town who was known to quietly put an end to unwanted pregnancies.

We went first to the clinic. The doctor there told us that I was too young to have an abortion without parental consent, and sent us away. A few days

later, Luis took me after school to the old woman. She inserted several sticks into my uterus. It was very painful. I hobbled home with Luis's help and went to bed. Overnight I developed a high fever and began to hemorrhage. I was too afraid to awaken my mother for help. By morning, I was dead from blood loss.

Why did Agnes die?



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