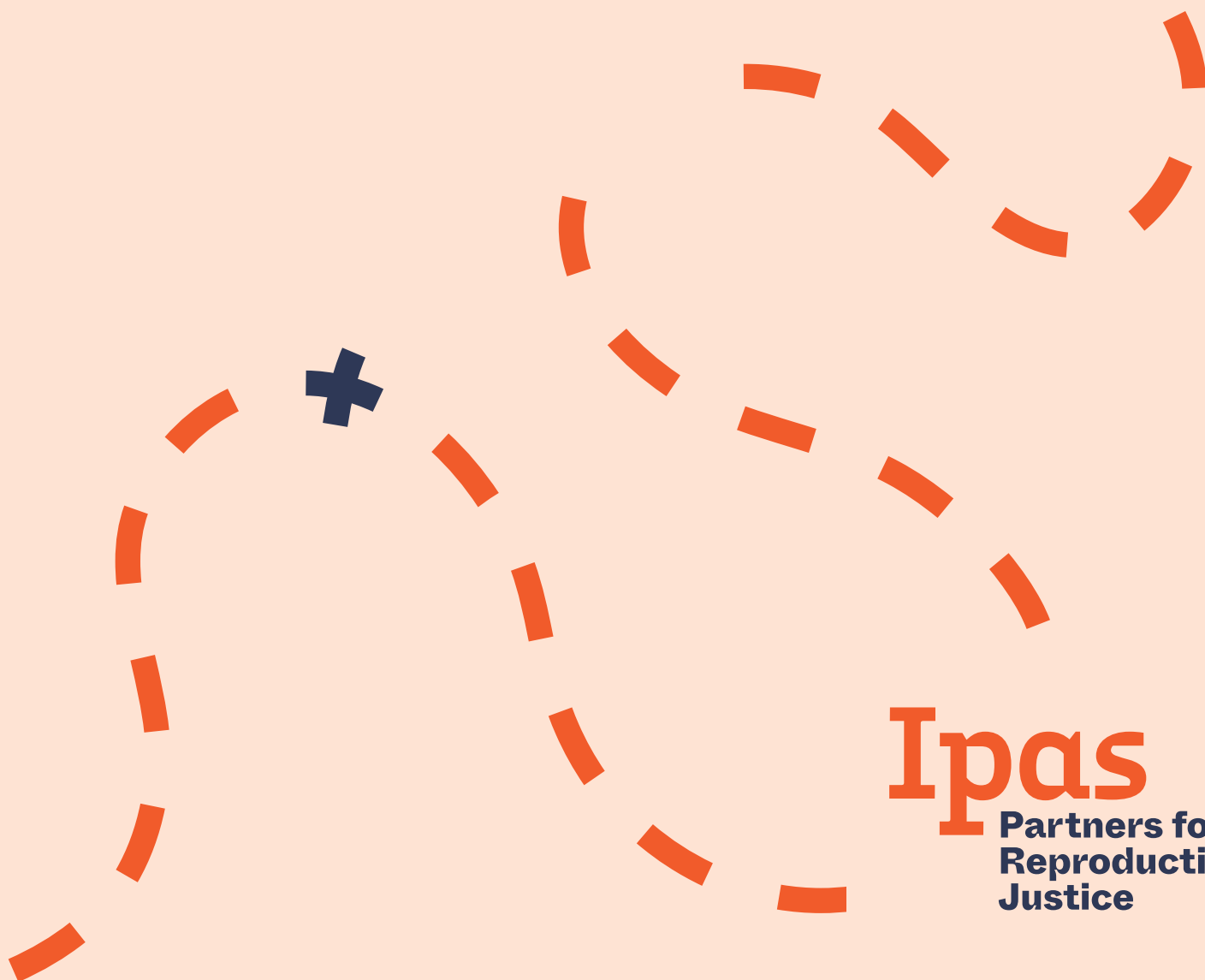


ABORTION

VCAT

Abortion Values Clarification for Action and Transformation (VCAT)

FACILITATOR'S GUIDE FOR GLOBAL AUDIENCES



Ipas
Partners for
Reproductive
Justice

© 2023 Ipas.

Suggested citation: Ipas. (2023). *Abortion Values Clarification for Action and Transformation (VCAT): Facilitator's Guide for Global Audiences*. Second edition.

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

Ipas ABORTION
VCAT

Contents

Acknowledgements	iii
Introduction	1
Our approach to abortion VCAT	1
Lessons learned	2
About this guide	3
Materials included	4
Overview of activities	5
Ipas VCAT resources	8
Tools for facilitators	9
Tips for facilitating a VCAT workshop	9
Tips for planning a VCAT workshop	17
Planning checklists	20
Sample agendas	26
One-day agenda	27
Two-day agenda	29
Abortion basics	31
Definitions	31
Methods of abortion	32
Safety	33
Comprehensive care	34
Laws and policies	36
Worldwide data	37
Activities	39
Group Agreements	41
Hopes and Hesitations	48
Facilitating Dialogue	53
Cross the Line	62
Gender Norms, Sexuality and Abortion	71
Reasons Why	87

Thinking About My Values.....	99
Comfort Continuum.....	106
Four Corners.....	118
The Last Abortion.....	133
Why Did She Die?.....	141
Personal Beliefs vs. Professional Responsibilities—Discussion Format.....	156
Personal Beliefs vs. Professional Responsibilities—Handout Format.....	167
Talking About Abortion.....	180
Closing Reflections.....	190
Supplemental Activities: Icebreakers and Energizers.....	199
Evaluation tools.....	218
Data collection and analysis.....	219
Pre-workshop survey.....	221
Post-workshop survey.....	229
Six-month follow-up survey.....	236
Certificate of completion.....	244
Appendix.....	245
What is values clarification?.....	245
The VCAT theoretical framework.....	247

Acknowledgements

This facilitator's guide is a revision of *Abortion Attitude Transformation: A Values Clarification Toolkit for Global Audiences*, first published in 2008. We gratefully acknowledge Katherine Turner and Kimberly Chapman Page who authored the first edition of the original, widely valued toolkit. The first edition remains at the core of this facilitator's guide; although we have built upon it, much of their original writing and structure remain intact.

We wish to acknowledge Ipas staff and consultants who led the revision process including:

Alexandra Teixeira, Ipas US
Chelsea Ricker, Consultant
Elizabeth Guthrie, Ipas US
Hope Tyson, Ipas US

We also wish to acknowledge the extensive guidance, feedback and review provided by the Core Revision Team* and additional Ipas staff:

Dr. Sangeeta Batra, Ipas Development Foundation, India*
Alli Buehler, Ipas US
Jennifer Colletti, Ipas US*
Dr. Deeb Shrestha Dangol, Ipas Nepal*
Tamara Fetters, Ipas US*
Mosotho Gabriel, Ipas South Africa*
Brittany Moore, Ipas US
Nadia Shamsuddin, Ipas US*
Caroline Tatura, Ipas Alliance, Kenya*
Melissa Werner, Ipas US
Mara Zaragoza, Ipas Mexico*
Nana Zulu, Ipas Zambia*

We wish to thank Katherine Turner and Alyson Hyman for taking the time to review and provide valuable feedback on the revised edition.



Introduction

Our approach to abortion VCAT

Abortion values clarification for action and transformation (VCAT) is a curriculum designed to support groups in examining the individual and collective values, attitudes and beliefs related to abortion. A VCAT workshop helps make values and actions related to abortion access more conscious. It transforms conversations about abortion fueled by stigma and polarized arguments toward those driven by curiosity, empathy and mutual growth.

The Ipas abortion VCAT approach recognizes that attitudes, beliefs and actions related to abortion can change over time in response to new experiences and a deeper understanding of the issues and context.

Ipas's abortion VCAT workshops are not designed to change people's values. Instead, they encourage 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 VCAT workshop participants often undergo a transformation of attitudes about abortion, which can lead them to take action to improve access to safe abortion care. We therefore changed the name of this curriculum from "attitude transformation" to "action and transformation." We also changed the title from "toolkit" to "facilitator's guide" to better reflect its contents.

Given the central role that values play in our lives, it is important to understand how values form and how they affect our decision-making and behavior. Values clarification is a process that helps ensure that choices and actions are the result of informed, reasoned thoughts and feelings. This act of examining one's values and beliefs can be personally transformative. It can also more broadly transform the ways we talk about abortion and the actions we take to support access to safe abortion care, from stigmatized and contentious debate toward empathy and mutual respect—both for the range

of feelings and personal experiences with abortion, and the laws, policies and norms that support access to care.

For more information on values clarification and the VCAT theoretical framework, see the information provided in the [Appendix](#).

Lessons learned

Over the last 15 years, Ipas has implemented thousands of VCAT workshops in more than 30 countries. A global evaluation of VCAT workshops spanning 2006 to 2011 showed consistent and statistically significant increases in participants' knowledge, attitudes and behavioral intentions related to abortion access.¹ Crucially, abortion VCAT workshops showed the most change among participants who entered with self-reported negative attitudes and biases toward safe abortion care and those with the most limited knowledge of abortion.²

Staff, participants and facilitators consistently rate the abortion VCAT workshop experience highly. Partners have come back to request follow-on or additional VCAT workshops for new audiences, and Ipas and partner staff overwhelmingly noted the VCAT's popularity with participants and its success in increasing comfort levels in discussing and providing abortion care. Participants consistently report that the only downside is not having enough time to immerse themselves in as many VCAT activities as they would like.

The Ipas abortion VCAT materials have become living tools: the demand for VCAT has led to new adaptations, including VCAT activities focused on young women, workers in humanitarian settings and others. All of our VCAT resources can be found online at www.ipas.org/VCAT.

- 1 Turner, K. L., Pearson, E., George, A., et al. (2018). Values clarification workshops to improve abortion knowledge, attitudes and intentions: A pre-post assessment in 12 countries. *Reproductive Health*, 15(1), 40. <https://doi.org/10.1186/s12978-018-0480-0>
- 2 Turner, K. L. (2013, January 15–17). Values clarification to improve abortion knowledge, attitudes and intentions: Global evaluation results [Poster presentation]. Global Maternal Health Conference, Arusha, Tanzania.



About this guide

A note on language: Throughout this facilitator’s guide, we use and interchange the terms “women, girls, transgender and non-binary people,” “people who are pregnant,” and at times, the gender-neutral “people” to refer to those who have had or may someday have an abortion. We acknowledge a fuller range of the gender identities held by the people who have abortions, beyond just naming women and girls. While abortion stigma affects everyone and has a particular impact on trans and gender non-binary people, at times we name women and girls rather than exclusively using gender-neutral language or fully inclusive language. We have made specific word choices to explicitly recognize that the dynamic of abortion stigma is rooted in gender inequity and oppression, which magnifies the severity and impact of abortion stigma on women and girls in specific ways. In addition, when presenting research data, we use the terms consistent with the source of the information.

We recognize that the language to express a richer diversity of gender identity and expression is evolving and this is our best effort to contribute to more inclusive and visible language in the abortion field. We welcome your feedback and suggestions on how we might do better in the future.

This facilitator’s guide includes activities and materials that take workshop participants—including health-care providers, policymakers, donor agencies, staff of international development organizations or community-based organizations, religious leaders or a mix of participants—through a process of examining their abortion-related values and setting behavioral intentions that are consciously aligned with those values. Often, this process results in participants setting intentions to support increased access for safe abortion care in accordance with their personal values, even for those who would not choose abortion for themselves.

The guide is designed to provide experienced facilitators with background information, instructions, supporting tools and tips necessary to effectively facilitate abortion VCAT activities and workshops.

The activities included in this guide are designed to be used together in a workshop setting. However, activities can also be used as stand-alone

exercises, incorporated into broader workshops or included as part of clinical or technical trainings. For example, many partners have used VCAT activities alongside other content in advocacy and coalition meetings, as energizers or as short activities to bring out unexamined assumptions and biases about gender norms, sexuality and abortion. Facilitators have also had success using follow-up workshops to deepen the lessons and dialogue on abortion among partners; the changes supported by the abortion VCAT are incremental and can take place over time.

While this facilitator's guide was designed for in-person workshops, we also recognize that any VCAT workshops can take place virtually (online), particularly in the wake of COVID-19. Although in-person workshops are ideal, virtual VCATs can also be effective and engaging as long as methodologies, facilitation and activity implementation are adapted to fit the virtual setting. Ipas facilitators have expertise in virtual VCAT workshops and are available for resources or questions at vcat@ipas.org.

Materials included

- Tips for facilitating and planning a VCAT workshop: These tips have been curated by experienced VCAT facilitators from around the world to help you plan and conduct rewarding VCAT workshops.
- Planning checklists: Two checklists are provided as a tool to support the planning and preparation of VCAT workshop activities.
- Sample agendas: Sample one- and two-day agendas are provided and can be adapted to fit needs and schedules.
- Abortion basics: This section provides facts on abortion to help facilitators become more familiar with key information before conducting a VCAT workshop.
- Activities: Overviews and step-by-step instructions for facilitating abortion VCAT activities in addition to related participant handouts and facilitator tools.
- Evaluation tools: These matched pre- and post-workshop surveys evaluate the workshop's impact by assessing participants' values and beliefs about abortion before and after the workshop.

- Certificate of completion: This certificate template can be adapted to include your organization's information, the workshop details and each participant's name. You can hand it out to participants upon workshop completion.

Overview of activities

Included here are brief descriptions of the activities included in this facilitator's guide. Each activity includes step-by-step facilitation instructions and related handouts and tools.

- Group Agreements. This short activity facilitates clear group agreements that help create a respectful and productive learning environment—the kind of environment that enables participants to open up and share the personal experiences, beliefs and reflections essential to VCAT activities.
- Hopes and Hesitations. This short introductory activity can be used as an icebreaker at the beginning of a workshop. It is designed to help participants articulate their expectations and concerns about the workshop. It also enables facilitators to understand the participants' expectations and provides an opportunity to clarify topics and contents.
- Facilitating Dialogue. In this activity, a thought-provoking story is used to highlight the problem of unsafe abortion in contexts where your organization works, and to spark discussion among participants about your organization's role in the provision of safe abortion care.
- Cross the Line. This activity brings participants' different views on abortion to the surface and helps them understand how cultural norms and stigma affect people's views about abortion.
- Gender Norms, Sexuality and Abortion. This activity is designed to engage participants in a discussion on the influence of traditional gender norms and stereotypes on our beliefs and values regarding sexuality and abortion.
- Reasons Why. This activity helps participants explore a range of reasons why people have unintended pregnancies, why they decide to have an abortion and why governments regulate pregnancy and abortion. It

encourages participants to identify how their comfort level and others' comfort level with specific reasons for abortion can affect reproductive health policies and services and contribute to abortion stigma. (It may be helpful to follow this activity with an activity that uses case studies, scenarios or stories to foster empathy for people's unique circumstances and choices.)

- Thinking About My Values. This is a guided pair interview activity, which is designed to help draw out participants' values and strengthen their confidence in sharing their experiences.
- Comfort Continuum. This activity helps participants reflect on their level of comfort discussing, advocating for and/or providing abortion. They will reflect on some of their own life experiences that influenced their comfort level and consider how these experiences relate to cultural norms about abortion.
- Four Corners. This activity uses movement around the room to help participants develop a deeper understanding of their own and others' beliefs about abortion, empathize with others' values and consider how personal beliefs can create stigma and affect access to high-quality abortion care.
- The Last Abortion. The different scenarios in this activity highlight the complex circumstances surrounding the decision to seek an abortion. Participants are encouraged to examine and challenge their biases against certain pregnant women or certain circumstances, helping to illustrate the difficulty and consequences of valuing one person's reasons for seeking safe abortion care over another.
- Why Did She Die? This activity features four case studies that highlight the cultural context of sexual violence against women, unintended pregnancy and lack of access to safe abortion care. Participants discuss one woman's tragic story and are asked to articulate their personal beliefs and professional responsibility to provide necessary medical care and avoid preventable deaths.
- Personal Beliefs vs. Professional Responsibilities. This activity helps participants assess where their personal beliefs are in alignment or in conflict with their professional responsibilities to provide or

support provision of abortion care—emphasizing the responsibility of organizations to ensure access to reproductive health care. This activity includes two options for facilitation: a discussion-based format or a handout-based format.

- Talking About Abortion. This activity helps participants anticipate and respond to negative comments and reactions about abortion. It is designed to help participants develop and express appropriate, respectful and confident responses to disapproving questions and concerns.
- Closing Reflections. Completing this activity at the end of a workshop can help participants reflect on their experiences; identify what knowledge, feelings or opinions have remained; express any outstanding issues or concerns related to the material that was covered; and declare one commitment they will make as a result of the workshop.
- Supplemental Activities: Icebreakers and Energizers. These are supplemental icebreaker and energizer activities for facilitators to incorporate throughout the VCAT workshop.

Ipas VCAT resources

This facilitator's guide focuses broadly on abortion. In addition, adaptations of abortion VCAT activities have been developed to support workshops on more targeted aspects of safe abortion access. At the time of this publication, Ipas offers VCAT toolkits focused on:

- Abortion care for young women and adolescent girls
- Abortion at or after 13 weeks
- Abortion access in humanitarian settings
- Disability inclusion in sexual and reproductive health and rights programming
- Abortion self-care

This updated facilitator's guide is accompanied by a collection of VCAT adaptations and resources available online at www.ipas.org/VCAT. The collection of resources is updated in real time as new materials are developed.

This collection of abortion VCAT resources means that more people will have access to the highly successful VCAT materials. The VCAT resource page will become a living library for new content, adaptations and activities as they are developed. In addition to the materials and tools included here, the Ipas team is ready to support you as you plan the VCAT workshop and activities. We encourage you to continue to take the VCAT and make it your own!

Have you adapted the VCAT activities? Are you using this tool to create content-specific workshops? The Ipas team would love to hear from you at vcat@ipas.org.



Tools for facilitators

Tips for facilitating a VCAT workshop

Facilitating effective abortion VCAT activities and workshops requires strong and practiced group facilitation skills. In addition to strong content knowledge about abortion, facilitation demands the ability to manage open-ended discussions and to ensure an activity arc that elicits key messages and supports participants in creating personal and shared meaning.

Unlike a training where facilitators present and teach new technical information or skills, facilitation of VCAT workshops requires skills in managing personal and emotion-driven dialogue, often among a group of participants who are accustomed to more technical, capacity-building and information-based workshops. VCAT activities, in general, have more in common with community dialogue or awareness-raising activities, where a group of participants is guided by a skilled facilitator through occasionally difficult and hopefully transformative conversations based on participants' own experiences. This requires skills and practice encouraging, guiding and managing open-ended conversations and emotional vulnerability and supporting personal reflection and critical thinking in real time.

Abortion VCAT is most successful when conducted in an environment where participants feel safe enough to engage in honest, open-minded and critical reflection and evaluation of new or reframed information and experiences.

For new facilitators, Ipas's Effective Training in Reproductive Health³ reference manual can be used as an initial support for emerging VCAT facilitators with limited experience facilitating groups.

3 Ipas. (2012). *Effective training in reproductive health: Course design and delivery. Reference manual.* <https://www.ipas.org/resource/effective-training-in-reproductive-health-course-design-and-delivery-reference-manual/>

Current and future facilitators are welcome to join Training Together: A learning community for abortion VCAT facilitators.⁴ Training Together is an online, global community of practice with a single goal: to support abortion VCAT facilitators and help strengthen their skills. Training Together is a safe, private and multilingual space where facilitators can improve their skills and benefit from the support and perspectives of others engaged in this crucial work. If facilitators are interested, they can apply to join Training Together at this link.

The facilitation team

The best practice for an abortion VCAT workshop is to have a team of two facilitators, working together to run activities and support the group. For larger VCAT groups, more facilitators might be helpful. With a team approach, facilitators can:

- Divide tasks to reduce the preparation workload
- Work more directly with small groups during activities
- Keep better track of discussions and the mood in the room
- Ensure that someone is available to support participants who need to step away from discussions

There are many things that go into making a workshop run smoothly, and the skills and personalities of the facilitation team can be crucial to the success of a workshop. An ideal facilitation team will have solid planning and adaptability skills (i.e., can quickly and easily adapt the workshop if things don't go according to plan). The facilitators need to be able to sense tension in the group and have the skills to diffuse and manage conflicts. At the same time, facilitators should be able to create a relaxing environment to help participants feel at ease. Having a team of facilitators with different skills or backgrounds could help provide a balanced perspective. For example, facilitators might have different technical areas of expertise, different levels of facilitation experience or live in different regions of the world. Additionally, seeing at least one facilitator who represents their background or region can help put participants at ease.

4 Ipas. (2022.) *Training Together: A learning community for abortion VCAT facilitators*. <https://www.ipas.org/training-together/>

Characteristics of an effective VCAT facilitator

Some of the skills needed for successful abortion VCAT facilitation include:

- **Knowledge, comfort and honesty with the content:** An abortion VCAT facilitator should be familiar with the topic of abortion, including the technical aspects of abortion methods and specific examples of laws, policies and people's experiences with abortion. They should feel comfortable referencing a range of opinions about and experiences with abortion in respectful ways and feel comfortable being honest when there is a question they don't know the answer to. They should feel comfortable and knowledgeable discussing topics of sex, sexuality and gender.
- **Empathy and compassion:** Facilitators must be able to put themselves in their participants' shoes and have a practiced ability to understand and connect with the feelings participants may share, to help set a productive tone for dialogue and use tensions that arise productively.
- **Diplomacy:** Facilitators need to be able to negotiate and resolve conflict between participants without appearing to take sides.
- **Non-judgmental tone:** For a successful VCAT, participants need to feel respected, not judged. An abortion VCAT facilitator should use respectful, skillful means of correcting misinformation and interrupting unproductive participant behaviors.
- **Ability to depersonalize:** The abortion VCAT facilitator should possess high levels of emotional intelligence; sometimes during a difficult conversation, a participant may say something that hurts or offends the facilitator or is at tension with the facilitator's own beliefs. VCAT facilitators must be able to separate their emotions from their response and exhibit a calm demeanor, even when participants cannot.
- **Interpersonal skills:** The VCAT facilitator should be able to read and adjust to the emotional tone of the room, which requires confidence, energy, empathy and strong communication skills.
- **Patience:** Sometimes participants don't reach the conclusions the facilitator hoped they would during a VCAT activity, or they take longer to get through an activity than expected. The VCAT activities are designed for participants to create their own answers, not for

facilitators to correct or teach “right” answers. This may mean that facilitators need multiple sessions or workshops to get to their final goal, but we assure you that every step will add value.

Creating a safe space for difficult conversations

Values clarification methodologies are by definition deeply personal: they ask participants to open their hearts and minds to hearing other people’s stories, and to share their own stories freely and honestly. Facilitators embarking on a VCAT journey with a participant group should devote some time to thinking about how they can create a “safe space” for these conversations by setting group agreements, using neutral and non-judgmental language, and being mindful of the participants’ experience and mood throughout the workshop.

Group agreements

Many of you will be familiar with the need to begin a workshop or multi-day meeting by setting group agreements, “ground rules” or a group code of conduct. This simple activity takes on more importance in a VCAT setting, or any workshop where participants will be called on to discuss their personal values and beliefs, experiences related to sexuality and reproduction and the intersections of identity and discrimination. The group agreements also provide an opportunity for you and your facilitation team to establish a tone for the workshop, and to reassure participants that you are committed to this journey with them and bound by the same norms.

For a VCAT workshop or session that incorporates VCAT activities, we recommend that you begin the discussion about setting group agreements by asking participants to take a few moments to quietly reflect on the words “respect,” “trust” and “acceptance.” You may want to ask participants to take a moment to write down what they need to feel comfortable and safe during the workshop, whether that’s what they need from themselves, from each other or from you as the facilitator. They can use these notes and ideas in the discussion to come.

For step-by-step instructions on our recommended method for setting group agreements, see [Group Agreements](#).

Other tips for creating a safe space

- Be aware of which participants are over-contributing or dominating conversations, and which participants are remaining silent. Encourage quiet participants to speak up, but don't force anyone to contribute. For example, you could say, "Let's hear from someone who hasn't shared yet." Consider taking a moment during a break to encourage a talkative participant to bring their colleagues into conversation more.
- Use icebreakers, energizers and breaks to encourage participants to move around and engage more with each other.
- Never allow judgmental or discriminatory statements to go unchallenged: always ask participants to question their intention and wording. Refer back to the group agreements when needed and invite others to give their perspectives.
- Correct misinformation in a respectful, supportive manner. For example, you could say, "Thank you for giving me a chance to clear that up" or "That's a topic many people have questions about" and then share correct information.
- Ensure that participants know they are free to exit the room if they need a mental or emotional break from the conversation, and then re-enter when they are ready. Another member of the facilitation team should step outside to check with anyone who feels the need to remove themselves, to ensure they have support without disrupting the session.
- State that emotions are a normal and necessary part of examining our values, and that everyone is welcome to share emotions they are experiencing. When people share their emotions, acknowledge their strength and openness.
- Know what resources and support are available to participants and be prepared to refer them if traumatic or uncomfortable memories come up during the workshop.

Facilitators interested in ensuring a safe and reflective environment for abortion VCATs should also be aware of the hierarchies and social power structures that exist in the community and how those structures can repeat themselves in the room—both between participants, and between facilitators

and participants. For example, if some members of the workshop are in a supervisory role over others, participants might not feel comfortable being as open and honest as you need them to be. The social hierarchies inherent in our cultures do not disappear in a workshop but can frequently be defused by naming the power dynamic openly and asking participants and the facilitation team to exercise self-awareness. VCAT workshops can also bring up emotional or traumatic memories, and many people are unused to or uncomfortable expressing emotions in a professional setting.

One key component of maintaining a safe and open environment is to ensure that you have enough time and space for reflection. When making space for reflection time, it is important to be clear about when participants are expected to engage in meaningful reflection and dialogue and when those conversations have ended. Each activity in this facilitator's guide includes an opening section to introduce and frame the activity, instructions for leading the discussion, suggestions on key takeaway messages and guidance on how to close the activity. Guiding participants through each activity using this structure can help set clear expectations around reflection time and participation. In addition, opening and closing the workshop each day with short reflections, sharing ideas on how to take care of yourself and others and revisiting areas of confusion or concern can all foster healthy boundaries for participants and change a difficult workshop experience into a positive one.

Navigating common points of tension

There are some common issues that tend to come up in VCAT workshops, including myths and misconceptions about abortion, religious and philosophical questions and misinformation from media or opposition sources. Many of these specific topics are covered in more detail in the activities or in the *Abortion Basics* section of this facilitator's guide. If you want more information about how to handle these or any other issues you think may come up, reach out to the Ipas team at vcat@ipas.org for strategies and talking points. Facilitators have found effective strategies for diffusing tensions and misunderstandings, including the following:

- **Refer to the data.** When a tension point is based on misinformation, a misunderstanding or a misconception about abortion, gently informing participants of the facts and research can help defuse the tension.

- **Focus on the person, not the procedure.** Returning to participants’ values about health and well-being and their responsibilities toward people who are pregnant can sometimes help get the conversation back in control.
- **What’s the root cause?** Sometimes common abortion myths ignore the lived realities of the people who experience pregnancy. Focusing on the experience of social stigma, facts about access to contraception and lack of information about sexuality and reproduction can help put the focus back where it belongs: on the rights of people who can get pregnant.
- **Who are we to judge or what assumptions are we making?** This is a common theme in many of the responses and talking points in this tool—that we don’t always have the full story, and that only the person who is pregnant knows what is best for them. Remind participants of their values when it comes to trust and acceptance.

Some ways that people deal with these talking points can accidentally lean into stigma against abortion or reinforce the idea that there are “right” and “wrong” reasons to seek abortion services. Be careful in your language and in the case studies and images you use to ensure you are not accidentally using language that simplifies abortion in this way.

Language to avoid	Use instead
choose to abort, intention to abort	decision to end a pregnancy
repeat abortions	more than one abortion
illegal abortion	legally restricted abortion
abortionist, abortion providers	health-care providers who do or assist with abortions
desperate, vulnerable	people who face stigma or discrimination
conscientious objector	provider refusal

Language to avoid	Use instead
unborn baby, unborn child	embryo (up to 10 weeks), fetus (from 10 weeks onward)
female feticide, gendercide	sex-selective abortion
keep the baby, keep the child	continue a pregnancy
mother, father, parent	woman, girl, or individual who is pregnant, partner of a pregnant woman
pro-life	anti-choice, anti-abortion
late-term abortion	abortion at or after XX weeks gestation

For more on language about abortion, we recommend the International Planned Parenthood Federation's *How to Talk About Abortion: A Rights-Based Messaging Guide*.⁵

5 International Planned Parenthood Federation. (2018). *How to talk about abortion: A rights-based messaging guide*. <https://www.ippf.org/resource/how-talk-about-abortion-guide-stigma-free-messaging>

Tips for planning a VCAT workshop

What information do you need?

Preparing for a VCAT workshop starts with research:

- **Who is requesting the VCAT?** Request program documents and statements of institutional mission and values from the workshop partner and spend time getting to know the organization and the types of participants likely to attend. Understanding their work, boundaries and reasons for requesting the VCAT can help tailor the agenda, objectives and activities to their needs.
- **Where is the VCAT being done?** Learn about the abortion-related laws and culture of the country or community where the VCAT will take place. The [World's Abortion Laws Map](#)⁶ is a great resource, as are the [National Sexual Rights Law and Policy Database](#)⁷ and the [Global Abortion Policies Database](#).⁸ For more local context, work with the partner organization to understand the relevant issues in their country or community, such as restrictions on young or unmarried women or particular religious or ethnic minorities, and to gather local data and information if available. Ask about any recent political or media coverage related to abortion, and if you can get copies of relevant articles to create local case studies.
- **Who will be participating and what do they know?** Facilitators are encouraged to consider in advance how participants' backgrounds and characteristics as well as their relationships with each other may affect the experience and effectiveness of the workshop. What will they need to feel safe and comfortable to engage in an honest examination and exploration of their beliefs, opinions and attitudes? How can you ensure that different points of view are voiced to create a rich group discussion?

6 Center for Reproductive Rights. (2022.) *The world's abortion laws*. <https://reproductiverights.org/maps/worlds-abortion-laws/>

7 Sexual Rights Initiative. *National sexual rights law and policy database*. <https://sexualrightsdatabase.org/page/welcome>

8 World Health Organization. (2017). *Global abortion policies database*. <https://abortion-policies.srhr.org/>

We recommend including a session early on in the workshop that provides an overview of abortion information relevant to the audience and setting. One option is to present this information after Why Did She Die? to link the case study to the broader population-level statistics on abortion.

Note to facilitator: If there is time, do some research on other sexual and reproductive health and rights issues in the country or context where the workshop will take place. An understanding of topics like access to contraception, availability of sexuality education and information on sexual and reproductive health and rights and attitudes toward sexuality generally can help contextualize your approach and connect with participants.

Abortion VCAT workshop objectives

By the end of a two-day abortion VCAT workshop, participants will be able to:

- Identify the values that inform their current beliefs and attitudes about abortion, including any conflicting values
- Distinguish between assumptions, myths and facts about unplanned pregnancy and abortion
- Explain the harmful consequences of stigmatizing attitudes toward abortion
- Demonstrate empathy toward people who have had (or contemplate having) an abortion and health-care workers who provide abortion services
- Consciously choose and affirm values that inform their attitudes and beliefs about safe abortion access
- Distinguish their personal beliefs from their professional roles and responsibilities in supporting or providing abortion access
- State behavioral intentions related to supporting or providing safe abortion care that are consistent with their affirmed values

It may be appropriate to adapt these objectives based on the length of the workshop, the context where the workshop is taking place, or as a result of the research you've completed in preparation for the workshop.

Space and time requirements

This facilitator’s guide provides sample agendas for VCAT workshops that take place over one or two days. We recommend longer workshops whenever possible, with several hours each day for participants to rest and recharge. VCAT activities ask for a lot of emotional and relational commitment from participants, which needs to be balanced with meaningful energizers and downtime to allow for reflection and insight.

When creating the agenda for the VCAT workshop, consider the language proficiencies of the participants. Participants who engage in their non-preferred language (i.e., a language they are not familiar with or comfortable speaking) may need more time during discussions, small group conversations or other related activities.

Many of the activities in this guide include a movement component that requires unimpeded space—the larger your group, the more physical space you’ll need. Some activities include time for small group work, which requires multiple spaces or a room that is large enough for group discussions without too much noise. If the weather allows, using outdoor areas can relieve some space constraints. However, each group should be able to meet privately without disturbing others while also having privacy.

Whenever possible, remind participants that chairs are available, if needed, during activities with a standing or movement-based component. Similarly, participants should be encouraged to stand and stretch during longer periods of seated activity. Refer to the [Supplemental Activities: Icebreakers and Energizers](#) to keep participants engaged and moving. Keep in mind that you may need to adapt movement-based activities for participants with physical disabilities.

Planning checklists

The following checklists can help facilitators effectively organize and prepare for an upcoming VCAT workshop. The first checklist provides a guideline for the overall planning of the workshop, and the second checklist provides a high-level list to help organize activities.

Checklist 1: Preparing for a VCAT workshop

This checklist can be used to help plan and prepare for an upcoming VCAT workshop. It includes a high-level list of tasks; however, this list is not exhaustive and there may be additional items you will have to add or adjust to fit your setting.

At least two months before:

- Choose your facilitation team
- Choose and book your location and time
- Send participant invitations
- Research the context
- Review facilitator's guide and prioritize activities based on needs and purpose of the workshop
- Gather local examples of abortion experiences, debates and myths for the workshop

At least three weeks before:

- Finalize activities and the agenda
- Assign roles to facilitation team
- Adapt and prepare activities as needed

Two weeks before:

- Finalize participant list
- Send agenda and other logistical information to participants
- Send instructions for room setup
- Gather, print or create any materials needed (see Checklist 2)

One day before:

- Meet with entire facilitation team at space
- Ensure room is arranged as needed
- Set up materials in the room as needed
- Review agenda and facilitation plan, ensure sufficient space or strategize work-arounds
- Send reminder to participants

Day of:

- Meet at workshop space early to check room setup
- Ask participants to complete the pre-workshop survey before the workshop begins
- Check in with facilitation team at breaks over the course of the day
- Debrief with facilitation team at close of day, review and adjust facilitation plan
- Ask participants to complete the post-workshop survey at the end of the last day
- Present participants with certificates at the end of the last day

One week after:

- Send thank you email to participants and facilitation team
- Debrief with facilitation team and circulate notes and evaluations

Checklist 2: Preparing the VCAT workshop activities

This checklist can be referenced to help prepare for workshop needs at a high level. It provides essential preparatory steps for each workshop activity, including the main documents to review, adapt and print for participants.

However, this checklist is not as detailed as the instructions contained within each activity. We encourage you to use this high-level checklist as a tool to support preparation and organization alongside the detailed instructions provided with each activity.

Many of these activities work best if you use local examples, myths, references to legal context and other details to help participants relate to the discussions. You may want to work with local partners and members of your facilitation team, look for Ipas VCAT tools at www.ipas.org/VCAT or reach out to the Ipas team at vcat@ipas.org for ideas and resources.

Activities

- Group Agreements (10–20 minutes)
- Hopes and Hesitations (20 minutes)
- Facilitating Dialogue (30 minutes)
 - Review Facilitator Tool and select or develop your own conversation starter(s).
 - Print the prepared conversation starter(s) (1 per participant).
- Cross the Line (45–60 minutes)
 - Review Facilitator Tool and select or develop statements relevant to your workshop.
 - Print final statements from the Facilitator Tool (1 per facilitator).
 - Optional: Print or write signs for “Yes/Agree” and “No/Disagree” (1 of each).
- Gender Norms, Sexuality and Abortion (45 minutes)
 - Review Facilitator Tool.
 - Print Participant Handout (2 copies per pair or small group).

- Reasons Why (60 minutes)
 - Review Facilitator Tool 1 and select or develop questions relevant to your workshop.
 - Prepare Facilitator Tool 2 with relevant responses based on the questions you selected.
 - Print Facilitator Tool 1 (1 copy).
 - Print Facilitator Tool 2 (1 per facilitator).
- Thinking About My Values (90 minutes)
 - Review and adapt Participant Handout.
 - Print Participant Handout (1 per participant).
- Comfort Continuum (45–60 minutes)
 - Review Facilitator Tool 1 and select or adapt questions based on how much time is available.
 - Print final questions in Facilitator Tool 1 (1 per facilitator).
 - Print Facilitator Tool 2 (1 copy).
- Four Corners (45–60 minutes)
 - Review Participant Handout and select or develop statements relevant to your workshop.
 - Print Participant Handout (1 per participant).
 - Print Facilitator Tool (1 copy).
- The Last Abortion (45–60 minutes)
 - Review Participant Handout and select or develop prompts relevant to your workshop.
 - Print Participant Handout (1 per participant).

- Why Did She Die? (90 minutes)
 - Review Facilitator Tool and select or develop the story most relevant to your workshop.
 - Adapt activity discussion questions to relate to the story you selected.
 - Print the selected story (1 per participant).
 - Review the [Abortion 101: Overview of Abortion Worldwide presentation](#) and add local information and statistics.
- Personal Beliefs vs. Professional Responsibilities—Discussion Format (45–60 minutes)
 - Review host organization documents.
 - Print host organization documents (1 per participant).
- Personal Beliefs vs. Professional Responsibilities—Handout Format (75 minutes)
 - Review participant handouts and adapt for your workshop.
 - Print Participant Handout 1 (1 per participant).
 - Print Participant Handout 2 (1 per small group).
 - Print the FIGO statement on Conscientious Objection (1 per participant).
- Talking About Abortion (75 minutes)
 - Review Facilitator Tool and adapt possible focal questions or audiences as relevant to your workshop.
- Closing Reflections (45 minutes)
 - Review Facilitator Tool and select or develop prompts most relevant to your workshop.
 - Print the final prompts (1 per facilitator).
- Supplemental Activities: Icebreakers and Energizers
 - Review activity options for times and materials.

Evaluation tools

- Evaluation surveys
 - Print pre-workshop survey (1 per participant).
 - Print post-workshop survey (1 per participant).

Additional materials

- Flip chart paper and easels
- Index cards
- Markers (to use on flip chart paper and for participants to use)
- Masking tape
- Pens or pencils (enough for all participants)
- Crayons or colored pencils (enough for all participants)
- Sticky notes or self-stick notes (in a variety of colors and sizes)
- Scissors
- Small prizes or candy (enough for all participants)
- String or twine (red, if possible, and long enough to form a large web between participants for *Why Did She Die?*)
- Computer and projector screen
- Certificate of Completion (one per participant with names)



Sample agendas

Planning a successful VCAT workshop requires striking a balance between information sessions, reflection and dialogue-based activities and opportunities to focus on taking action. If time allows, plan for energizers or quick breaks throughout the day to ensure that participants (and facilitators) can maintain their energy and attention levels. Activities in this facilitator’s guide can and should be supplemented by information presentations about relevant issues for the audience and setting.

Due to time constraints, the sample agendas to follow do not include all possible VCAT activities. You are encouraged to plan your agenda—including substituting activities—to meet the needs of your group.

One-day agenda

Values Clarification for Action and Transformation (VCAT) Workshop Agenda

[city, country]

[date]

Workshop objectives:

TIME	ACTIVITY	FACILITATOR	MATERIALS
8:30 a.m.–9:00 a.m.	Registration and pre-workshop survey		Pre-workshop survey
9:00 a.m.–9:30 a.m.	Workshop Introduction: Welcome and Introductions, Objectives, Agenda Group Agreements		
9:30 a.m.–9:50 a.m.	Hopes and Hesitations		Index cards, pens, flip charts, markers, masking tape
9:50 a.m.–10:45 a.m.	Cross the Line		Facilitator tool, wall signs, tape
10:45 a.m.–11:00 a.m.	Break		
11:00 a.m.–12:00 p.m.	Reasons Why		Facilitator tools, flip chart paper and markers, scissors, tape, small prizes
12:00 p.m.–1:00 p.m.	Lunch		
1:00 p.m.–1:10 p.m.	Energizer		
1:10 p.m.–2:40 p.m.	Why Did She Die?		Facilitator tool, ball of string, Abortion 101: Overview of Abortion Worldwide presentation slides

2:40 p.m.–3:30 p.m.	Four Corners		Facilitator tool, participant handouts, wall signs, tape, pens, flip chart paper and markers (optional)
3:30 p.m.–3:45 p.m.	Break		
3:45 p.m.–5:00 p.m.	Talking About Abortion		Facilitator tool, flip chart paper and markers, timer
5:00 p.m.–5:30 p.m.	Closing Reflections Post-workshop survey		Post-workshop survey, workshop feedback form, pens, certificates of completion (optional)

Two-day agenda

With longer VCAT workshops, you can add activities to deepen participants' understanding and commitment to safe abortion access. Select the activities that feel the most relevant to the needs of your group and guide them to a powerful, experiential conclusion.

Values Clarification for Action and Transformation (VCAT) Workshop Agenda

[city, country]

[date]

Workshop objectives:

Day 1

TIME	ACTIVITY	FACILITATOR	MATERIALS
9:00 a.m.–9:30 a.m.	Registration and pre-workshop survey		Pre-workshop survey
9:30 a.m.–10:00 a.m.	Workshop Introduction: Welcome and Introductions, Objectives, Agenda Group Agreements		
10:00 a.m.–10:20 a.m.	Hopes and Hesitations		Index cards, pens, flip charts, markers, masking tape
10:20 a.m.–10:35 a.m.	Break		
10:35 a.m.–11:20 a.m.	Cross the Line		Facilitator tool, wall signs, tape
11:20 a.m.–12:20 p.m.	Reasons Why		Facilitator tools, flip chart paper and markers, scissors, tape, small prizes
12:20 p.m.–1:20 p.m.	Lunch		
1:20 p.m.–1:30 p.m.	Energizer		
1:30 p.m.–3:00 p.m.	Thinking About My Values		Participant handout, sticky notes, markers, pens, flip chart paper

2:45 p.m.–3:00 p.m.	Break		
3:00 p.m.–4:30 p.m.	Why Did She Die?		Facilitator tool, ball of string, Abortion 101: Overview of Abortion Worldwide presentation slides
4:30 p.m.–5:00 p.m.	Final Questions, Wrap-Up, Daily Evaluation		Daily evaluation

Day 2

TIME	ACTIVITY	FACILITATOR	MATERIALS
9:00 a.m.–9:15 a.m.	Welcome and Review of Day 1		
9:15 a.m.–10:00 a.m.	Comfort Continuum		Facilitator tool, wall signs, tape
10:00 a.m.–10:15 a.m.	Break		
10:15 a.m.–11:00 a.m.	The Last Abortion		Participant handout
11:00 a.m.–12:00 p.m.	Four Corners		Facilitator tool, participant handouts, wall signs, tape, pens, flip chart paper, markers (optional)
12:20 p.m.–1:20 p.m.	Lunch		
1:20 p.m.–1:30 p.m.	Energizer		
1:30 p.m.–2:15 p.m.	Personal Beliefs vs. Professional Responsibilities		Flip charts, pens, markers, sticky notes
2:15 p.m.–2:30 p.m.	Break		
2:30 p.m.–3:45 p.m.	Talking About Abortion		Facilitator tool, flip chart paper and markers, timer
3:45 p.m.–4:30 p.m.	Closing Reflections Post-Workshop Evaluation		Post-workshop survey, pens, certificates of completion (optional)



Abortion basics

Facilitators should be familiar with literature on abortion globally and the context of the country and community where the workshop takes place. As a starting point, this section helps facilitators become familiar with key information before conducting a workshop.⁹

Definitions

An abortion is the ending of a pregnancy before the embryo or fetus reaches viability or can survive outside the uterus (or womb). Abortion can be induced or spontaneous.

Spontaneous abortion

Spontaneous abortion is when an abortion, or end of pregnancy, occurs naturally, without any clear cause or interference. This is more commonly known as miscarriage or pregnancy loss.

Induced abortion

Induced abortion is the intentional ending of a confirmed pregnancy. Although the technical or medical definition of abortion includes spontaneous abortion, most of the time when you see or hear the word “abortion,” it refers to induced abortion.

Menstrual regulation

In some countries where abortion is legally restricted, menstrual regulation is available to people who report recent late or delayed periods. Menstrual regulation is the intentional emptying of the uterus without confirmation of pregnancy.

9 The definitions and information in this section were adapted from the following sources: Ipas. (2018). *Abortion stigma ends here: A toolkit for understanding and action*. <https://www.ipas.org/resource/abortion-stigma-ends-here-a-toolkit-for-understanding-and-action>; International Planned Parenthood Federation. (2019). *How to talk about abortion: A guide to rights-based messaging*. <https://www.ippf.org/resource/how-talk-about-abortion-guide-rights-based-messaging>; and Ipas. (2021). *Clinical Updates in Reproductive Health*. <https://www.ipas.org/resource/clinical-updates-in-reproductive-health/>.

Methods of abortion

There are two primary methods of safe induced abortion available: (1) medical abortion (abortion with pills), in which medication is used to end a pregnancy, and (2) surgical abortion, in which a trained professional ends a pregnancy with a medical procedure.

Before 13 weeks of pregnancy (first trimester)

Vacuum aspiration uses suction to empty the contents of the uterus. It can be done with a manual pump or vacuum aspirator or an electrical pump or vacuum aspirator. Vacuum aspiration is very safe and effective (99% to 100% success rate); with confirmation that the pregnancy was ended before leaving the medical facility.

Medical abortion (abortion with pills) causes the emptying of the contents of the uterus. There are two options for the pills that can be used: a combination of mifepristone and misoprostol together, or misoprostol only. The pills cause bleeding and cramping like a miscarriage. The pills are very effective and have a low risk of complications.

Complications from either medical abortion or vacuum aspiration are rare, but they can include heavy bleeding and infection. If these occur, people need to seek help immediately from a health facility.

At or after 13 weeks of pregnancy (second trimester)

People need abortions at different time points in pregnancy, and sometimes after the first trimester. While abortions at or after 13 weeks' gestation comprise a minority (around 5% to 10%) of total abortions worldwide, there are many reasons why people need abortions at or after 13 weeks. These can include:

- Restricted access to safe, legal abortion earlier in pregnancy
- Not recognizing the signs of a pregnancy until later
- Needing to save money to pay for services and/or travel to services
- Concerns about intimate partner violence or family violence if seen accessing services
- Medical conditions that affect the pregnant person, the fetus or both, which show up later in pregnancy

People do not deliberately wait until after 13 weeks to seek abortion services. Abortions after this time disproportionately affect underserved populations including the poor, the very young and those experiencing violence.

In some countries, complications from unsafe abortion at or after 13 weeks cause the majority of abortion-related deaths and injuries. The risk of abortion complications increases with the length of pregnancy—safe abortion in the first trimester (before 13 weeks) carries less risk than abortions performed later. It is important to remove as many barriers to safe first-trimester abortion as possible. However, using methods that are recommended to perform abortions at or after 13 weeks' gestation greatly minimizes risks.

The two methods to safely perform abortions at or after 13 weeks' gestation are medical abortion and dilatation and evacuation (D&E). D&E uses vacuum aspiration, similar to abortions before 13 weeks, but in addition, special forceps are used to empty the uterus. D&E must be performed by providers with specialized training, clinical skills and the correct equipment.

Dilatation and curettage (D&C) or sharp curettage is an outdated method that is still used in some countries but is no longer recommended for any type of abortion care. It carries higher risks and causes more pain during the procedure. These risks come from the use of the curette, which is typically a small, sharp medical tool used to remove the contents of the uterus. There is a higher risk of injuring the walls of the uterus because of this sharp tool, which is why D&C is not recommended.

Safety

Safe abortion

According to the World Health Organization (WHO), abortion is considered safe when a pregnancy is ended using a WHO-recommended method and when the person carrying out the abortion procedure has the required skills needed.¹⁰

10 World Health Organization. (2021). *Fact sheet: Abortion*. <https://www.who.int/news-room/fact-sheets/detail/abortion>

In addition, abortions are no longer limited to health facilities or doctor's offices, but are increasingly done in private homes with support, information and/or medicines given by trained individuals in person, by phone or online. Safe abortions can be obtained in clinics with trained and caring providers, and safe abortion care can be obtained through accurate information and use of pills outside a clinic.

Unsafe abortion

WHO defines unsafe abortion as a procedure for termination of a pregnancy done by people lacking the necessary skills, in an environment that does not conform to minimum medical standards, or both.¹¹ When people do not have access to safe abortion or when other barriers like stigma stand in the way, they might pursue unsafe options. Unsafe abortions can have consequences including death, injury or criminalization.

Around the world, women have managed their fertility for generations. They continue to do so in the 21st century, whether they have access to safe health-care options or not. In many countries, unsafe abortion is still one of the leading causes of pregnancy-related deaths and injuries.

Of all abortions, an estimated 55% are safe (i.e., done using a recommended method and by an appropriately trained provider); 31% are less safe (meet either method or provider criterion); and 14% are least safe (meet neither criterion).¹² The more restrictive the legal setting, the higher the proportion of abortions that are least safe—ranging from less than 1% in the least-restrictive countries to 31% in the most-restrictive countries.

Comprehensive care

Abortion services can vary widely according to availability of resources, legal restrictions and different providers. However, to ensure the highest quality abortion service, five key components should be included:

- Client-centered counseling
- Selection of a safe abortion method

11 World Health Organization, 2021.

12 Ganatra, B., Gerds, C., Rossier, C., et al. (2017). Global, regional, and subregional classification of abortions by safety, 2010–14: Estimates from a Bayesian hierarchical model. *Lancet*, 390(10110), 2372–2381. [https://doi.org/10.1016/S0140-6736\(17\)31794-4](https://doi.org/10.1016/S0140-6736(17)31794-4)

- Access to treatment of incomplete abortion or unsafe abortion
- Postabortion contraceptive options
- Delivery of or referrals to other reproductive health-care services

Counseling

Abortion counseling should be private and confidential. The counselor should provide a safe space for an individual to speak freely and make an informed decision about their pregnancy. Information should be provided in an unbiased way, and the individual's decision should be respected, regardless of whether the counselor agrees with it. Referrals to other reproductive services should be done within a reasonable amount of time.

In the case of adolescents, counselors can use the “principle of capability” to assess if the individual is able to agree to (consent) to an abortion: If an adolescent has (1) identified that she is pregnant, (2) decided that she wants to end the pregnancy and (3) sought safe abortion care, counselors can assume that she is freely choosing abortion services.¹³ However, legal restrictions around counseling adolescents may differ from one country to the next.

Postabortion care

Postabortion care includes the treatment of incomplete and unsafe abortion and related complications. It is a service that hospitals and clinics are often (and ideally) required to provide for those who need it.

Warning signs of abortion complications include extremely heavy bleeding, unusual or bad-smelling vaginal discharge, severe or persistent abdominal pain, persistent fever, continued nausea and vomiting and feeling very sick. Anyone who displays these warning signs should seek postabortion care immediately.

13 Cook, R., & Dickens, B. (2000). Recognizing adolescents' 'evolving capacities' to exercise choice in reproductive healthcare. *International Journal of Gynecology & Obstetrics*, 70(1), 13-21. [https://doi.org/10.1016/s0020-7292\(00\)00220-4](https://doi.org/10.1016/s0020-7292(00)00220-4)

Laws and policies

Abortion is legal in certain circumstances in nearly every country in the world and postabortion care is legal everywhere.¹⁴ When we talk about abortion laws and policies, we mean restrictions on abortion, which are also common. These restrictions limit who can have an abortion, who can provide an abortion, when an abortion can be provided and under what circumstances. Abortion restrictions limit the human rights of women, girls, transgender and non-binary people to determine if, when and how to reproduce or start a family.

Laws and policies that limit or prevent access to abortion do not reduce the rate of abortion; instead, they often compel people who are pregnant to resort to unsafe methods of ending a pregnancy.¹⁵ Women and girls have also been forced by restrictive laws and policies to continue pregnancies that may damage their physical or mental health. Global human rights bodies, such as the United Nations Human Rights Committee, the Committee on Economic, Social and Cultural Rights, the Committee on the Elimination of Discrimination Against Women, the Committee on the Rights of the Child and the Committee Against Torture have consistently found that abortion restrictions and criminalization of people who seek or provide abortion services violate numerous human rights, including the rights to life, health, privacy and freedom from discrimination and torture and other ill treatment.

It is important to note that in many countries there is a difference between how laws are understood and how they are applied in practice. Hostile or restrictive policies and social norms may mean there are too few trained providers, that abortion services are not readily available or accessible or that people who are pregnant may not know how to access or feel comfortable accessing safe and legal services.

14 This section is adapted from: Amnesty International. (2018). Body politics: A primer on criminalization of sexuality and reproduction. <https://www.amnesty.org/en/documents/pol40/7763/2018/en/>; and International Planned Parenthood Federation. (2018). *How to talk about abortion: A guide to rights-based messaging*. <https://www.ippf.org/resource/how-talk-about-abortion-guide-rights-based-messaging>

15 Bearak, J., Popinchalk, A., Ganatra, B., et al. (2020). Unintended pregnancy and abortion by income, region, and the legal status of abortion: Estimates from a comprehensive model for 1990–2019. *Lancet Global Health*, 8(9), e1152–e1161. [https://doi.org/10.1016/S2214-109X\(20\)30315-6](https://doi.org/10.1016/S2214-109X(20)30315-6)

Worldwide data

- An estimated 121 million unintended pregnancies occur each year.¹⁶
- An estimated 218 million women and girls in lower- and middle-income countries have an unmet need for contraception, meaning they want to avoid pregnancy but are not using modern contraceptive methods.¹⁷
- Of the 111 million unintended pregnancies in lower- and middle-income countries, the majority (77%) occur among the 24% of women who want to avoid a pregnancy but are not using modern contraceptives.¹⁸
- Most recent data indicate that more than 73.3 million induced abortions (safe and unsafe) take place each year.¹⁹
- 29% of all pregnancies end in induced abortion.²⁰
- 88% of induced abortions worldwide take place in lower- and middle-income countries.²¹
- 25 million induced abortions each year (45% of all induced abortions) are unsafe.²²
- Best estimates figure that 9 million women in lower- and middle-income countries who experience complications after an unsafe abortion do not receive the necessary care.²³
- Complications during pregnancy and childbirth are the leading cause of death for 15- to 19-year-old girls globally.²⁴

16 Sedgh, G., Bearak, J., Singh, S., et al. (2016). Abortion incidence between 1990 and 2014: Global, regional, and subregional levels and trends. *Lancet*, 388(10041), 258–267. [https://doi.org/10.1016/S0140-6736\(16\)30380-4](https://doi.org/10.1016/S0140-6736(16)30380-4)

17 Guttmacher Institute. (2020). *Investing in sexual and reproductive health in low- and middle-income countries*. <https://www.guttmacher.org/fact-sheet/investing-sexual-and-reproductive-health-low-and-middle-income-countries>

18 Sully, E. A., Biddlecom, A., Darroch, J. E., et al. (2020). *Adding it up: Investing in sexual and reproductive health 2019*. Guttmacher Institute. <https://www.guttmacher.org/report/adding-it-up-investing-in-sexual-reproductive-health-2019>

19 World Health Organization. (2021). *Fact sheet: Abortion*. <https://www.who.int/news-room/fact-sheets/detail/abortion>

20 Bearak et al., 2020.

21 Sedgh et al., 2016.

22 Ganatra et al., 2017.

23 Sully et al., 2020.

24 Mayor S. (2004). Pregnancy and childbirth are leading causes of death in teenage girls in developing countries. *BMJ (Clinical research ed.)*, 328(7449), 1152. <https://doi.org/10.1136/bmj.328.7449.1152-a>

- Each year, unsafe abortion accounts for between 4.7% and 13.2% of all pregnancy-related deaths.²⁵
- The annual cost of treating major complications from unsafe abortion is more than US\$553 million.²⁶
- Abortion is safer where there are fewer legal restrictions.
- Rates of abortion remain similar regardless of the number of legal restrictions.²⁷

25 World Health Organization, 2021.

26 World Health Organization, 2021.

27 Bearak et al., 2020.



Activities

Each VCAT activity contains the following components:

- **Overview:** A quick overview of the activity and how it contributes to the overall VCAT experience. Some activities will also include short background information on the topics covered for facilitators to reference as needed.
- **Time required:** Estimated amount of time needed to conduct the activity and discussion.
- **Objectives:** Short statements clarifying the purpose of the activity and learning objectives.
- **Materials:** Any materials or tools to be gathered before the VCAT workshop.
- **Preparation:** A description of work to be done by facilitators in the weeks or days before a VCAT workshop, including:
 - Adapting the content for your audience: For each activity, we recommend at a minimum reviewing and contextualizing the content, such as changing names in case studies and adding stories or content from your own work or the community where the workshop will happen. We also provide areas to research to prepare for potential participant questions. For interested facilitators, we also offer suggestions for additional research to add more depth and variety to the content included in this guide.
 - Preparing the materials: Checklists or suggestions for materials to be printed or written out ahead of time, to save facilitators time during the VCAT workshop.
- **Room setup:** Instructions for how to set up the workshop space before the activity.

- **Step-by-step instructions:** Each activity includes step-by-step instructions for facilitators, divided into the following sections:
 - Open: Instructions and advice for how to introduce the activity and set a clear tone for participants.
 - Engage: Numbered steps outlining the process of conducting the activity.
 - Discuss: Discussion questions for use with participants to understand and review what was done.
 - Close: Directions for closing the activity, including the incorporation of key messages.
 - Key messages: Suggested key takeaway messages that relate to the overall activity and tie into the activity objectives. These messages should be referenced and integrated into the activity close.
- **Possible activity adaptations:** Where possible, we include suggestions on potential adaptations to the activities for different audiences or to address common challenges.

Note to facilitator: Throughout this guide, we've added additional notes to facilitators to address issues not covered previously or to provide additional support.

- **Participant handouts and facilitator tools:** Where indicated, the necessary handouts and tools are included for each activity. If you are looking for additional discussion questions, case studies or facilitation instructions to adapt VCAT activities for different audiences, you can find more VCAT resources at www.ipas.org/VCAT.

| Group Agreements

Overview

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

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

This short 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 meaningful 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
- Use “I” statements effectively to share their opinions in ways that foster mutual learning and respect
- Maintain confidentiality about information shared in the workshop
- Draw on these and other group agreements to support the success of the VCAT workshop or activities



Recommended group agreements

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



Materials

- Flip chart paper
- Markers
- Masking tape
- Flip chart easel (optional)



Preparation

Prepare the materials

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



Room setup

Use the default or natural room setup that you will use for the majority of the workshop (e.g., tables and chairs arranged for small group work, so participants can see the front of the room for presentations). Identify space on the wall or on a flip chart easel at the front of the room to present the written agreements. Ensure that all participants can see the agreements from where they are seated in the room. Ahead of time, determine where to post the agreements for the duration of the workshop so that all participants can see them and refer to them as needed.

Group Agreements

Step-by-step instructions

OPEN

Introduce the concept of group agreements by explaining 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. The power of this experience comes from learning about each other's beliefs and personal experiences. 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 add to create an atmosphere of mutual respect for our time together.

ENGAGE

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



Agreement 1: All viewpoints are welcome.

The true value and power of a values clarification workshop like this is having the opportunity to learn from the diversity of 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 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.

Agreement 2: Speak in "I" statements.

One way for us to create an environment in which all viewpoints can truly be welcome is by using "I" statements. Let's explore this a bit

further. 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 want to disagree and 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 a statement like this, it is focused on them sharing their own experiences and opinions. Instead of wanting to argue about what was shared, I become curious about the statement. 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 enables us to hear each other, particularly when we disagree, without having our defenses immediately go up and without reacting by trying to prove the statement wrong.

When we own our opinions, it makes a difference. When we overgeneralize our opinion and state it as fact, 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, to 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.

Agreement 3: Keep confidentiality—learning goes, stories stay.

To create a workshop environment where we can share our viewpoints and experiences 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 truths into our daily lives.

Agreement 4: Balance sharing and listening.

Or: Step forward. Step back.

What do you think these mean?

Elicit and reiterate or explain the following:

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

Conversely, if you tend to be very comfortable speaking up in groups and speak a lot, we invite you to consider listening (or stepping

back) from time to time to see if another, less heard voice, fills the silence. We appreciate and welcome your viewpoints, 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 step outside of your comfort zone.

2. Ask participants:



Now, take a moment to think about what else you might need 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 add to create a safe, respectful and productive learning environment? What else might you need from other participants? From us as your facilitators?

Add their suggestions to the flip chart and ensure there is discussion as needed about the additional contributions.

Note to facilitator: Other possible agreements could include:

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.

3. When participants have slowed down on adding agreements, ask them to take a moment to review the list. Discuss using the following prompts:



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 feel free to voice it.

Now that we've revised these (or: since there is no disagreement), can you raise your hand to indicate that you will do your best to adhere to these group agreements?

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

CLOSE

Ask if participants have any other questions, comments or concerns. Tell them you will check 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.

| Hopes and Hesitations

Overview

This activity can be used as an icebreaker at the beginning of a VCAT workshop.²⁸ It can also be revisited at the end of the workshop and used as an evaluation. When used as an introduction activity, it is designed to help participants articulate their hopes (or expectations) and their hesitations (or concerns) about the workshop. This activity also enables facilitators to better understand participants' expectations of the workshop and provides an opportunity for facilitators to clarify workshop topics and contents. When revisited as an evaluation, this activity creates space for participants to evaluate whether their initial hopes were met or if they shifted, and whether initial concerns were addressed.

Time required

20 minutes

Objectives

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

- Identify and explain their hopes and hesitations about the workshop and about discussing topic of abortion
- Describe and understand the planned workshop topics and contents

Materials

- Index cards (one per participant)
- Pens or pencils

28 This activity was adapted from: Marais, T. (1996). *Abortion values clarification training manual*. Planned Parenthood Association of South Africa.

- Prepared flip charts and markers
- Masking tape
- Flip chart easel (optional)



Preparation

Prepare the materials

On one blank flip chart page, write the following statements:

- My overall hope for this workshop is...
- Right now, I feel hesitant about...
- I am concerned about being asked...
- I feel uncomfortable discussing...
- During the workshop, I hope to learn...
- At the end of this workshop, I hope that I...

On a second blank flip chart page, draw a vertical line down the center to create two columns. Label one column “Hopes” and the other “Hesitations.”

Note to facilitator: This activity works best if you also participate. You could think through your own hopes and hesitations and plan to share them with the group.



Room setup

Arrange the tables and chairs so participants can work in pairs. Tape the prepared flip chart pages to the wall or place the flip chart easel somewhere in the room that is easily visible to all participants.

Hopes and Hesitations

Step-by-step instructions

OPEN

Introduce this activity as an opportunity to share and discuss what participants hope to gain from the workshop and what concerns or discomfort they may have about the workshop content or activities.

ENGAGE

1. While you distribute the index cards to participants, draw their attention to the flip chart with the statements. Ask them to take 5 minutes to silently read the statements and write their responses on the index card.
2. When 5 minutes have passed, ask participants to pair with the person sitting next to them. Ask the pairs to take 5 minutes to discuss the responses they feel comfortable sharing. Remind participants that they do not have to discuss any responses they do not feel comfortable sharing.
3. Bring the participants back together with the whole group and bring their attention to the flip chart with the two columns labeled “Hopes” and “Hesitations.” Ask participants to each share one hope or hesitation with the whole group and record it on the flip chart in the appropriate column as they speak. Ask other participants to refrain from commenting on or evaluating anyone’s response.
4. Continue for as many rounds as needed, until participants have contributed as much as they want. Contribute your own hopes and hesitations as part of the discussion.

DISCUSS

When participants have slowed down on adding hopes and hesitations to the flip chart, ask them to take a moment to review the list. Discuss using the following prompts:



What stands out to you about this list (without pointing out any individual response)?

Are there common trends in people's hopes?

Are there common trends in people's hesitations?

How can we, as a group, help address some of these hesitations?

CLOSE

Point out areas in the agenda where you think certain topics or hopes will be addressed and note which ones may be beyond the scope of the workshop. Record those items on a “garden” flip chart as needed. Ask participants to hold on to their index cards for the length of the workshop.

Note to facilitator: A “garden” (also known as a “parking lot” or “parking garage”) is a flip chart where you and participants can add topics and questions that come up during the workshop, but that have not yet been fully addressed or that you want to address later. We call it a garden because it’s a place where somewhat off-topic ideas can be “planted” to bear fruit later. You might have set up and introduced the idea of the garden during the workshop introduction session (Group Agreements). If not, this activity is another great time to introduce the garden. Feel free to change the name to something that makes more sense for your context if the term or idea of a garden doesn’t translate well.

Ask if participants have any other questions, comments or concerns. Conclude with the following key messages.

KEY MESSAGES

- It's likely that we all come to this workshop with hopes, concerns and some curiosity about what an abortion VCAT workshop or activities will involve. By making these hopes and hesitations clear, we can work together to make sure we're addressing them.
- We, the facilitators, commit to following up to make sure that you get what you need from this experience.

POSSIBLE ACTIVITY ADAPTATIONS

When revisiting Hopes and Hesitations as an evaluation activity, start by asking participants to take a minute to review their index cards on their own. If participants haven't held onto their cards, don't worry. They can review the "Hopes" and "Hesitations" flip chart from the introduction activity and use the information to inform their discussions. Then, ask participants to pair up to discuss whether the workshop has met their hopes and addressed their hesitations.

After a few minutes of paired discussions, bring the whole group together to review the "Hopes" and "Hesitations" flip chart and the garden flip chart to discuss what has been covered during the workshop. For the points that were not covered, make a plan to follow up on each item.

| Facilitating Dialogue

Overview

This activity is most effective when used early in an abortion VCAT workshop to help start dialogue among the participants about abortion. In this activity, a thought-provoking and contextually relevant story is used to highlight the problem of unsafe abortion. It is designed to lead participants through a discussion on relevant abortion issues and potential actions to reduce pregnancy-related death and injury caused by unsafe abortion.

Time required

30 minutes

Objectives

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

- Articulate opinions and viewpoints related to abortion in the story
- Analyze and discuss actions that could be taken to improve the situation presented in the story
- Demonstrate empathy toward the individuals and situation in the story

Materials

- Printed copies of the prepared story, local media article, report or brief (1 copy per participant). Or the prepared story can be written on a flip chart page or projected on a slide (optional).



Preparation

Adapt the content for your audience

- Select and prepare a thought-provoking story for this activity. Some potential story options for your review and adaptation are included in the [Facilitator Tool: Story Options](#). Ensure the story is relevant for workshop participants by working with local partners and researching the local context. You may also use local newspaper stories, reports, briefs, videos or other media to prepare the story, if available.
- Print one copy of the story for each participant. Or write the story on a flip chart page or project it on a slide (optional).
- Review the story you selected. Consider any additional discussion questions you might want to ask participants.

Note to facilitator: The story for this activity can be presented in many different forms, such as a story, image, song, newspaper article, video or testimonial from a colleague or partner organization. Stories are most effective when they are relevant to the participants. The story should present only one main problem related to abortion, and it should not include solutions.



Room setup


Arrange tables and chairs so participants can discuss together in a large group. If you are using a flip chart or projector screen to share the story, ensure the chairs are arranged so all participants can easily see the flip chart or projector screen (optional).

Facilitating Dialogue

Step-by-step instructions

OPEN

Introduce the activity by explaining that the purpose is to spend time engaging in dialogue about a local abortion issue. Use the following text as a guide to frame your introduction:

 *We are going to spend a little time talking about a local abortion issue. We would like to use this discussion as a way to analyze the problem in more detail and determine what is needed to ensure access to safe medical care.*


ENGAGE

1. Distribute or present the story. Whenever possible, have participants read aloud or role-play parts of the story for the rest of the group.
2. Facilitate a large group discussion using the discussion questions as a guide.

DISCUSS

Facilitate a discussion about the story using the questions to follow as a guide, in addition to any other discussion questions you developed in advance.

Sample discussion questions:

 *What do we see in this story?*

Keep the discussion focused on the surface (e.g., who is involved, what are they doing and saying?).

What problems are presented?

Now ask the group to dig deeper into underlying, unspoken dynamics.

Is this problem different for displaced or refugee women?

What new information did you learn from this story?

Why does this happen? (Why does this problem exist? What are the root causes?)

How does this relate to our work?

What can we do to improve this situation?

What will you take away from this story?

CLOSE

Ask if participants have any other questions, comments or concerns. Close by summarizing the key messages and linking them to the discussion as much as possible. Thank participants for their contributions and insights.

KEY MESSAGES

- To have an effective discussion about abortion, it is important to have good listening skills and engage meaningfully in the conversation.
- Talking about abortion can be more effective when we use good communication skills, are empathetic and have patience.
- It is important to be able to distinguish facts about abortion care from our own opinions and values.

Facilitating Dialogue

Facilitator Tool: Story Options

For this activity, select and prepare a thought-provoking story. Some potential story options for your review and adaptation are included here. Ensure the story is relevant for the workshop participants by working with local partners and thoroughly researching the local context. You may consider using local newspaper stories, reports, briefs, videos or other media to prepare the story, if available.

When you have selected and finalized the story, print one copy for each participant.

Example #1

UN Peacekeepers: Congo leads world in sex abuse allegations

Adapted from: AP News.²⁹

BUNIA, Congo (AP)—She had been orphaned by a brutal conflict, but the 14-year-old Congolese girl found refuge in a camp protected by United Nations peacekeepers. The camp should have been safe the day she was raped. A delegation from the U.N. was paying a visit, and her grandmother had left her in charge of her siblings. That was the day, the girl says, that a Pakistani peacekeeper slipped inside their home and assaulted her in front of the other children. But that was not the end of her story. Even though she reported the rape, the girl never got any help from the U.N. She did become pregnant, however, and had a baby. With no proof of paternity, she was kicked out of her parents' home. Now she struggles to raise her 2-year-old child on her own.

Of the 2,000 sexual abuse and exploitation complaints made against U.N. peacekeepers and personnel worldwide over the past 12 years, more than 700 occurred in Congo, The Associated Press found. The embattled African nation is home to the U.N.'s largest peacekeeping force, which costs a staggering \$1 billion a year.

29 Larson, K., & Dodds, P. (2017, September 21). UN Peacekeepers: Congo leads world in sex abuse allegations. *AP News*. <https://apnews.com/abbc13a929264889a110d2bb2ccc01f9.21.17>

During a yearlong investigation, the AP found that despite promising reform for more than a decade, the U.N. failed to meet many of its pledges to stop the abuse or help victims, some of whom have been lost to a sprawling bureaucracy. Cases have disappeared or been handed off to the peacekeepers' home countries—which often do nothing with them. The key to that is establishing paternity, which is elusive for most now that their attackers have long since gone home to their own countries.

With rare exceptions, victims interviewed by the AP received no help. Instead, many were banished from their families for having mixed-race children—who also are shunned, becoming a second generation of victims.

The AP found that victims of car accidents involving U.N. vehicles are more likely to receive compensation than victims of rape. Why? Because those injuries were inflicted during the course of the U.N. worker's "official duties."

The women told the AP stories of not being able to finish their studies, of being thrown out of their homes for getting pregnant and of not being able to find husbands because of their mixed-race children. One thing they all want is financial help to raise their kids.

Example #2

Conscientious objection and its impact on abortion service provision in South Africa: a qualitative study

Adapted from: Harries, et al.³⁰

The South African Choice on Termination of Pregnancy Act (CTOP) No. 92 of 1996 promotes the right to have an early, safe and legal abortion.

The CTOP Act does not specifically mention a right to conscientious objection but it does set out guidelines regarding how health professionals are expected to act in terms of the legislation.

In some situations, it appeared as if conscientious objection was being used as a means to oppose abortion on very broad grounds, and conscientious objection became an all-encompassing opportunity for non-participation in abortion services.

30 Harries, J., Cooper, D., Strebler, A., et al. (2014). Conscientious objection and its impact on abortion service provision in South Africa: a qualitative study. *Reproductive Health*, 11(1), 16. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3996040/>

In one instance, a provider at a designated abortion facility, who was familiar with the details of conscientious objection and the duties of health-care workers as they related to abortion provision, intimated that despite being aware of the limitations placed on conscientious objection, management still permitted providers to refuse to render services. From her perspective this was evidenced by employing nurses from outside of the public health sector through a private nursing agency to provide abortion services:

I cannot remember much about conscientious objection, it was introduced about 10 years ago. It says you can refuse to do the procedure, but you cannot refuse to render services, like to counsel, pre-counsel or refer... But we have a lot of colleagues who refuse and so we have nursing staff from an agency coming in, because the staff refuse to go in theatre [operating room] to work there. And I think somehow, although the law says you cannot refuse to go that far, somehow, our managers respect the staff's position otherwise they wouldn't have got in agency staff to assist. [provider at designated abortion facility].

Moral conflict around abortion is unique in relation to other medical practices in South Africa and is the only instance where health-care professionals can invoke their right to conscientious objection. To continue to provide access to safe abortion services, measures need to be put in place to address the problems of conscientious objection and ensure that the small cohort of providers who are providing services are supported.

Example #3

Richard Beddock: Female migrants in an 'impossibly vulnerable situation'

Adapted from: *EURACTIV*.³¹

In a crisis situation, the worst-affected victims are always the weakest: the women and children. Female migrants find themselves in an impossibly vulnerable situation.

31 Barbière, C. (2017, March 8). Richard Beddock: Female migrants in an 'impossibly vulnerable situation.' *EURACTIV*. <http://www.euractiv.com/section/development-policy/interview/richard-beddock-female-migrants-are-in-an-impossibly-vulnerable-situation/>

We are unable to help women with childbirth along the migration route. The situation is just too precarious. And we also have to deal with the language barrier. So we have concentrated our action in Calais and other villages in the North of France.

The situation in Calais is very difficult, because we have been reduced to caring for women right down in the mud. They are mostly young women that take to the migrant route. But they are no better off in Calais than they were in Jordan. We are very troubled by the absence of public funding. The politicians ignore the situation on the ground. When we arrive at the camps with our staff and our equipment, it is very clear that there is a dire need for greater care.

We have no institutional funding for Calais, we rely on the French National College of Gynaecologists and Obstetricians and on private finances to support our work.

Example #4

Refugee battles for abortion after rape on Nauru

Adapted from: *Sydney Morning Herald*.³²

The young African refugee was in the midst of a violent epileptic seizure when she was raped on Nauru. Now, she is nine weeks pregnant and desperate to have an abortion. Since her rape, the young woman has attempted suicide.

She lives an uncertain life on Nauru on a temporary settlement visa, where she has since been accepted as a refugee. The Australian government refuses to transfer her to Australia but instead want to transfer her to Papua New Guinea where, according to the country's criminal code, a woman who attempts to "procure her own miscarriage" faces a maximum seven years' imprisonment. The Department of Immigration and Border Control and the Commonwealth of Australia argue this means she is not Australia's responsibility.

She has filed an emergency injunction with the help of a lawyer, and her case is being discussed in federal court.

32 Hall, B. (2016, April 5). Refugee battles for abortion after rape on Nauru. *Sydney Morning Herald*. <http://www.smh.com.au/federal-politics/political-news/refugee-battles-for-abortion-after-rape-on-nauru-20160414-go67o6.html>

Example #5

You Don't Know

By Judith Arcana³³

You think I didn't care about that baby,
 didn't wonder if we'd like each other
 when she turned fourteen;
 didn't think he'd follow anywhere
 his older brother went.
 You think we take them out, like gangsters;
 disappear them, like generals.
 You don't know how
 it works then, do you?
 You don't know what
 sits on both sides of the scale,
 what it means to decide:
 what I got and what I gave,
 gave that baby I didn't have,
 baby who couldn't make me laugh —
 applesauce upside down on her head;
 couldn't make me cry —
 taking his first step right off the porch.
 You don't even know that this is not about regret.
 You don't know one blessed, I say blessed, thing about it.

33 Arcana, J. (2017). You don't know. *Exterminating Angel*. <https://exterminatingangel.com/you-dont-know/>

| Cross the Line

Overview

This activity is most effective when used early in an abortion VCAT workshop to help participants begin reflecting on their personal views and start getting a sense of the range of views on and experiences with abortion.³⁴ This activity also starts to draw out messages that contribute to abortion stigma. For facilitators, this activity can help identify the range of existing views and experiences on abortion among participants in the room. Facilitators can use this information to purposely fill gaps in viewpoints that may not be represented.

Time required

45–60 minutes

Note to facilitator: This activity can be expanded to fill more time by adding more statements. In a 45-minute session, you should expect to cover four to six statements. To cover more statements, factor at least an additional 5 minutes per statement.

Objectives

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

- Articulate some of their feelings and views on abortion and how they were formed
- Describe a range of experiences and messages that shape people's attitudes about abortion
- Name some of the ways that abortion is stigmatized

³⁴ This activity was adapted from: Exhale. (2005). *Teaching Support: A guide for training staff in after-abortion emotional support*.

Materials

- Facilitator Tool: Statements
- Masking tape or string, about 10 feet (3 meters) long
- Optional: Signs for “Yes/Agree” and “No/Disagree”

Preparation

Adapt the content for your audience

- Review Facilitator Tool: Statements.
- Select the statements you plan to use. We recommend choosing four to six statements for a 45-minute activity. You could expand this activity to fill more time by using more statements, adding at least an additional 5 minutes per statement.
- Adapt statements as needed to ensure they are appropriate for the cultural context, and they bring up any relevant or timely nuances about abortion in this context.
- A majority of the selected statements should be experience-based, with only one or two belief statements. Because this activity is typically used early on in the workshop, it can be more productive to build trust by focusing on indisputable content, like experience-based statements, rather than belief statements.
- It is recommended to always include this statement: “Cross the line if you know someone who has had an abortion.” The acknowledgement and realization of how many people know someone who has had an abortion is frequently among the most powerful experiences of an abortion VCAT workshop. This experience can also be referred back to throughout the workshop. It can be useful to end with a statement that you think all participants can agree with, such as the last statement in the facilitator tool.



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 row along the line. If no tape or string is available, ask participants to imagine a line on the floor. Optional: Post the signs saying “Yes/Agree” and “No/Disagree” on opposite sides of the line.

Cross the Line

Step-by-step instructions

OPEN

Introduce the activity as an icebreaker to start exploring the diversity of beliefs about abortion that are present in the room. Explain in your own words that 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 if the 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; they must stand on one side of the line or the other.
3. Ask participants not to talk during the activity unless they need clarification or do not understand the statement that is read.
4. Give participants an easy practice statement, such as: “Cross the line if you had fruit for breakfast this morning.” After the statement has been read and participants have crossed the line, invite them to silently observe how many people crossed the line and how many did not. Invite participants to notice how it feels to be where they are.
5. Ask participants to move back to their starting position on the initial side of the line.
6. Read each statement on abortion from your prepared facilitator tool and give people a chance to cross the line. After each statement:
 - Invite participants to notice how they feel about what side of the line they are on.
 - Ask for a volunteer who crossed the line to briefly share a little about why they crossed the line. Next, ask for a volunteer who did not cross the line to share a little about why they did not

cross the line. As you go through the different statements, vary whether you start with the volunteer who crossed the line or the one who did not.

- If at any point someone is alone on one side of the line, appreciate that they are brave to stand alone and ask if they would be willing to share how it feels to be the only person who did or did not cross the line. Provide a perspective on what it might mean to be the only person in a room to hold a certain belief, and link this to one (or more) of the key messages for this activity.
7. Repeat this for each of the statements that you prepared. If you start to notice that you will not have time to go through all of your prepared statements, choose which statements to prioritize and which to cut. If there is time, close this part of the activity with one final statement: “Cross the line if you believe we can discuss the topic of abortion respectfully, even if we have different experiences and beliefs.” Note if most people agree or disagree and acknowledge this to the participants. Then, begin the debrief discussion in place or invite participants to retake their seats.

DISCUSS

Either standing where they are or after inviting participants to return to their seats, 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?*
- *Were there times where you felt pressure to move with the majority of the group? How did you handle that pressure?*
- *What does this activity teach us about the stigma surrounding abortion?*

If helpful, refer to the data included in the [Abortion Basics](#) section of this guide—it can be referred to and used as necessary to contextualize abortion procedures.

CLOSE

Ask if participants have any other questions, comments or concerns. Close by summarizing the key messages and linking them to comments that came up during the activity.

KEY MESSAGES

- Within this group, there are many different experiences with and views about abortion. If we broadened this activity to incorporate more people, there would be even more experiences and viewpoints.
- Often, people's views about abortion are shaped by their family, culture and experiences. It is important to think about how our views about abortion have been shaped.
- [For providers] The views of a provider's community may affect not only their own views but their ability to openly provide services.
- Understanding how our attitudes and beliefs about abortion were shaped can help us break through stigmatizing messages and more consciously align our actions and attitudes with our values.
- [If true for the participants] Although many of us have witnessed implicit or explicit condemnation of abortion, a majority of us know someone who has had one. Therefore, while abortion is actually a very common experience, the silence and/or stigma surrounding it can lead us to believe otherwise or prevent us from talking about abortion openly.
- Our opinions about abortion and the people who choose to have one are influenced by messages and experiences from our family, school, community and religious or cultural leaders. Understanding how abortion has been stigmatized in our experiences and in our communities can help us clarify our values and view abortion in ways that align with our personal values while avoiding harm and without denying the dignity and harm of others.

POSSIBLE ACTIVITY ADAPTATIONS

Instead of having participants cross a line, ask them to stand or raise their hand where they are currently sitting.

Good for:

- Venues where there is not enough space to stand in a line
- Participants with limited mobility
- Contexts where the concept of “crossing the line” may be associated with harm, violence or lack of safety; for example, where it may be commonly associated with border crossings or lines of fire

Instead of discussing after each statement, ask participants to silently observe their own reactions. More time can be focused on the overall discussion at the end.

Good for:

- Shorter or more time-constrained workshops
- Workshop groups who are more cautious or wary about sharing with each other

Cross the Line

Facilitator Tool: Statements

Select or adapt up to six statements from the options provided. Choose statements that are most relevant for the workshop based on pre-planning discussions and the interests and experiences of the participants.

Note to facilitator: You will not have time to take the group through every statement on the list. Too many statements also start to get tiresome for participants. Select a diverse set of statements to ensure that a range of viewpoints are in a position to cross the line. For example, statements should be selected to ensure opportunities for participants with all potential experiences and beliefs to cross the line. If you have limited time for planning, the statements in bold are frequently used and can form a quick set.

We recommend always including the statement: “Cross the line if you know someone who has had an abortion.” Realizing how many people know someone who has had an abortion is frequently among the most powerful experiences of an abortion VCAT workshop, and you can refer back to this throughout the workshop as needed.

Additional statements can be found in other VCAT adaptations online at www.ipas.org/VCAT. If you create your own statements, think through statements that draw out particular issues but focus on participants’ experiences or beliefs, not on factual statements. These statements may look easy to replicate, but a good statement can require work and testing.

STATEMENTS

Begin each statement with “Cross the line if”...

- **You were raised to believe that abortion should not be openly discussed.**
- **You have ever heard a friend or family member talk in a derogatory manner about people who have had abortions.**
- **You were raised to believe that abortion is a human right.**
- **You know someone who has had an abortion.**

- **You would be willing to accompany an adolescent girl to a health-care provider who does safe abortions.**
- **You believe we can discuss the topic of abortion respectfully, even if we have different experiences and beliefs about it.**
- At some point in your life, you believed that abortion is wrong.
- You have been asked to keep someone's abortion a secret.
- You know someone who has had an abortion with pills.
- You believe that people should be able to access medical abortion pills over the counter, without a prescription.
- You have ever felt uncomfortable talking about abortion.
- You have ever avoided the topic of abortion to avoid conflict.
- You have heard the term “baby killers” applied to people who have had abortions or health-care providers who perform abortions.
- You have ever heard a politician talk in a derogatory manner about people who have had abortions.
- You know of adolescent girls in your community who have accessed safe abortion services without parental consent.
- [For providers] You or someone you know has provided abortion care for someone living with a disability.
- You know someone who has ended a pregnancy after learning of a fetal irregularity.
- You know someone who has ended a pregnancy for the purpose of “sex selection” or “gender balancing.”
- You believe all people deserve access to safe, high-quality abortion options.
- You believe that all people who want to end a pregnancy should have access to safe abortion options regardless of their reason for wanting an abortion.

Gender Norms, Sexuality and Abortion

Overview

This activity is designed to engage participants in a discussion about the influence of traditional gender norms and stereotypes on our beliefs and values about sexuality and abortion.³⁵ It is particularly useful as an activity at the beginning of a workshop to help frame the topic of abortion in the broader context of gender and sexuality. Facilitators should be prepared to elicit and describe key terms, definitions and talking points and to support participants through a critical reflection of deeply held beliefs about gender and sexuality and the barriers they create to safe abortion. Facilitators may refer to the [Facilitator Tool: Sex and Gender Terminology](#) and the [Abortion Stigma Ends Here: A Toolkit for Understanding and Action](#)³⁶ for additional information and guidance on related key terms, definitions and talking points.

Note to facilitators *with experience training on non-binary gender identity*: This activity is intentionally structured around the binary gender categories “man” and “woman” to emphasize how limiting gender norms can be and the harms that can result from the stereotypes and expectations they create. Within this context, the concept of binary gender identity is introduced—and people who identify as non-binary are included in the list of people these ideals don’t serve. This activity is not intended to be an in-depth exploration of binary/non-binary gender identity.

Note to facilitators *with limited experience training on non-binary gender identity*: Facilitators who have had limited exposure to the lived realities and terminologies that challenge binary gender should review the associated [Facilitator Tool: Sex and Gender Terminology](#) for this activity. If you do not have experience training on or discussing gender, including non-binary gender identity, these concepts do not need to be introduced. However, you should be

35 This activity was adapted from: Cooperative for Assistance and Relief Everywhere, Inc. (CARE) & International Center for Research on Women (ICRW). (2007). *ISOFI toolkit: Tools for learning and action on gender and sexuality*. <https://www.icrw.org/wp-content/uploads/2016/10/ISOFI-Toolkit-Tools-for-learning-and-action-on-gender-and-sexuality.pdf>

36 Ipas. (2018). *Abortion stigma ends here: A toolkit for understanding and action*. <https://www.ipas.org/resource/abortion-stigma-ends-here-a-toolkit-for-understanding-and-action>

at minimum familiar with terms related to non-binary gender identity and be prepared to speak to it as more and more participants around the world are raising this issue. It can be authentic and enough to say something like: “The gender norms we’ve discussed reinforce the idea of binary gender and those who live and identify outside of this binary are also stigmatized by this system.”

Time required

45 minutes

Objectives

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

- Summarize dominant messages they have received about what it means to be an ideal “woman” or “man”
- Discuss the different expectations that societies often hold around male and female sexuality
- Identify how social norms shape values and attitudes toward abortion
- Describe how strict gender norms and stereotypes fuel abortion stigma and create barriers to safe abortion options

Materials

- Flip chart paper and markers
- Printed copies of the [Participant Handout](#) (2 copies per small group or pair)
- A set of markers, crayons and/or colored pencils for each small group or set of pairs
- Masking tape
- Flip chart easel



Preparation

Adapt the content for your audience

Facilitators should be prepared to provide a few examples of gender norms, expectations and stereotypes from their own community. If you are facilitating in a community, country or region that is not your own, you should connect with local colleagues to learn about the gender norms and stereotypes that are common in the context where the workshop will happen, and how those are seen to affect abortion and other sexual and reproductive health outcomes.



Room setup

Arrange the tables and chairs for small group and individual work. Place the flip chart easel at the front of the room where it can be viewed by participants. Ensure there is blank wall space available to hang, display and view completed handouts.

Gender Norms, Sexuality and Abortion

Step-by-step instructions

OPEN

Introduce the activity by explaining, in your own words, that the purpose is to reflect on messages we've received about gender and sexuality and discuss how those messages have influenced our communities' views on abortion. Use the following text as a guide to frame your introduction:

Gender roles or norms are rules about the types of behavior that communities put forward as desirable or even mandatory for people based on their sex assigned at birth, which is based on physical appearance (sometimes called biological sex). For example, in many societies there are norms that instruct people who were assigned female at birth to dress in different ways from people who were assigned male at birth. This includes places where women are expected to wear dresses and men are expected to not wear dresses. This social norm around how men and women dress differently is not biologically necessary but has become a social rule that creates gender.

We develop ideas and expectations about gender and gender roles from many sources. For example, we get messages from family, friends, opinion leaders, religious and cultural institutions, schools, our jobs, advertising and the media. Those sources both reflect and influence the differences between the roles, social status and economic and political power of women and men in society.

Let's explore some of the messages we've received in our own lives and then take some time to examine how they are related to the topic of abortion.

ENGAGE

1. Before starting this activity, determine whether participants will work in pairs or in small groups. As a general guideline, if you have a large number of participants in the workshop, create small groups of three to five participants. Otherwise, you can use pairs for this activity.
2. Ask participants to spread out into pairs or small groups (as determined in Step 1).
3. Distribute a set of markers/crayons/color pencils and two copies of the Participant Handout per small group or pair (or pre-distribute them on each table beforehand).
4. Ask participants to label one silhouette “ideal man” and the other silhouette “ideal woman.”
5. Invite participants to take 5 minutes to focus on the “ideal man” handout. During this time, they can write or draw some of the behaviors and characteristics that society uses to define a “real” or “ideal” man. For example, what messages have they gotten in their communities about what the ideal man wears for clothing? What behaviors or characteristics should he exhibit? Who should he be romantically attracted to? Encourage participants to be creative—for example, to use words and images, or to draw in “proper” clothes.
6. When the time is up, invite participants to take 5 minutes to focus on the “ideal woman” handout. During this time, they can write or draw some of the behaviors and characteristics that society uses to define a “real” or “ideal” woman.
7. Now invite each small group (or pair) to take another 3–5 minutes to look at both handouts. For each handout, ask participants to put a checkmark next to two behaviors or characteristics that are most frequently or most severely punished by society when violated. Ask participants to discuss in their small group (or pair) the ways societies might exclude, punish or stigmatize these individuals when these norms are violated.
8. After the participants are done identifying the two behaviors or characteristics for each handout, ask participants to hang all of the “ideal woman” and “ideal man” handouts on the wall together.

9. Give participants 5 minutes to take a “gallery walk” around to look at each group’s handouts. Ask participants to notice some of the common themes that come up around how societies define an “ideal woman” and an “ideal man.” Standing around the handouts, invite participants to share some of the themes they notice for each gender category, using the following discussion prompts if needed:



- *What are some of the dominant behaviors and traits that society uses to define women?*
- *Which of the behaviors and traits used to define women are most severely punished when violated?*
- *What are some of the dominant behaviors and traits that society uses to define men?*
- *Which of the behaviors and traits used to define men are most severely punished when violated?*

10. Ask participants to return to their seats to continue the discussion.

DISCUSS

Facilitate a deeper discussion using the following prompts, with the intention to bring out the key messages for this activity. Refer to the [Facilitator Tool: Sex and Gender Terminology](#) for sample talking points and additional information to support this discussion.



- *What are the key differences you see between the messages we’ve received about how to be an “ideal man” and how to be an “ideal woman”?*
- *What are some of the expectations for women about sexuality? For men?*
 - *For example: In many cultures, women are expected to be less interested in sex and less expressive of their sexual desires than men.*
- *What are some of the expectations for men about their role in the family? For women?*
 - *In many cultures, women are expected to take on a greater interest in and share of child-rearing, and to*

maintain the household, while men are expected to provide income and monetary support.

- *What are some of the ways societies punish people who violate these roles and norms?*
- *How might these norms, roles and punishments create barriers to safe abortion options?*
- *How do you think the messages we just discussed influence people's views and attitudes about abortion?*
 - *In many cultures, having and caring for children is a defining characteristic and expectation of what it means to be a woman. Someone who chooses to end a pregnancy is in a sense violating this social expectation.*

CLOSE

Ask if participants have any other questions, comments or concerns. Close by summarizing the key messages and linking them to the discussion as much as possible. Thank participants for their contributions and insights.

KEY MESSAGES

- From an early age, we get messages about what it means to be a “real” man or a “real” woman both implicitly and explicitly from those around us. These messages are based on a gender binary that divides the world into two fixed categories of people based on sex assigned at birth (male and female) and on corresponding genders (man and woman).
- Rigid gender roles, stereotypes and expectations create idealized roles for men and women in society. When people go against gender roles, especially roles around sex and reproduction, society judges them and often issues subtle or sometimes severe social punishment for diverging from these expectations.
- Abortion stigma is fueled by norms and messages that stigmatize women's sexuality (e.g., defining the “ideal” woman as chaste or submissive) or that suggest women must become mothers to be valued.

- One of the most powerful gender stereotypes says women must become mothers to fulfill their role as women. This is sometimes referred to as “compulsory motherhood.” Societies often negatively judge women who do not become mothers, whether by choice or by circumstance. They judge those who choose to end a pregnancy particularly harshly.
- Not all gender norms or stereotypes are inherently negative or undesirable. When gender norms or stereotypes are imposed or made compulsory in order to be treated with respect and dignity, they become problematic or harmful, and can even be found at the root of severe human rights abuses.

POSSIBLE ACTIVITY ADAPTATIONS

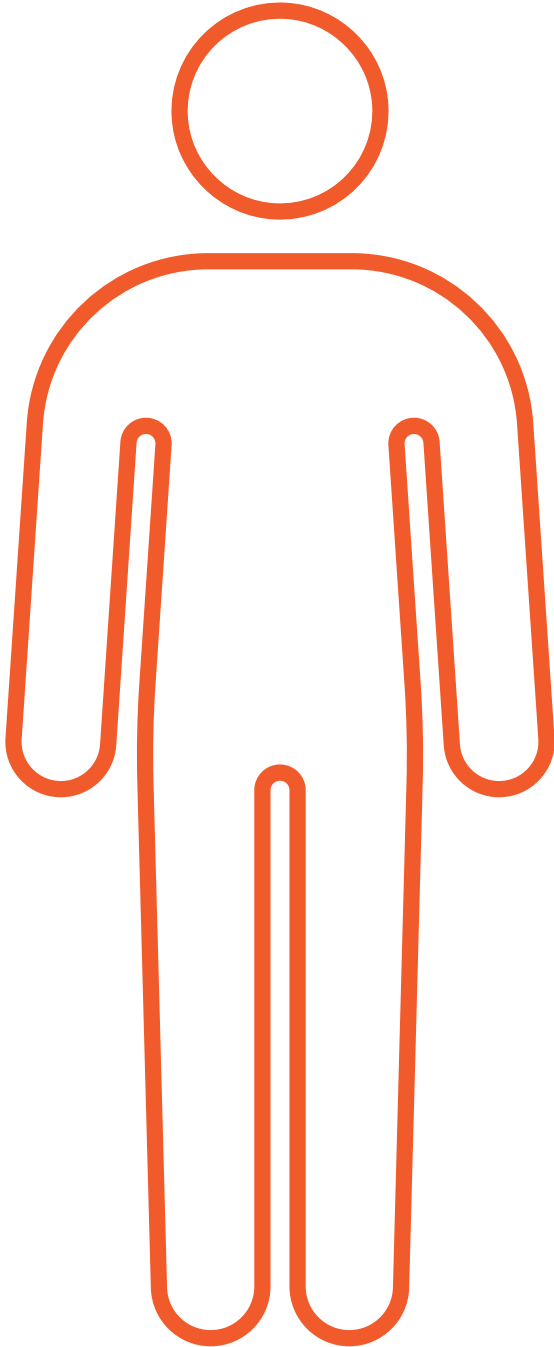
Instead of having participants work in pairs or small groups, create two large human outlines or silhouettes on flip chart paper. Label one “ideal man” and one “ideal woman.” Work together as a full group to come up with behaviors and characteristics as outlined in Steps 4 through 6 of the activity instructions. After completing these steps as a large group, ask participants to identify themes, as described in Step 9.

Good for:

- Shorter or more time-constrained workshops

Gender Norms, Sexuality and Abortion

Participant Handout



Gender Norms, Sexuality and Abortion

Facilitator Tool: Sex and Gender Terminology

This tool includes key definitions and sample talking points³⁷ that can be reviewed before conducting the associated Gender Norms, Sexuality and Abortion activity. This information can also be referred to, as needed, throughout the activity to support the discussion and help answer participant questions. Facilitators may refer to Abortion Stigma Ends Here: A Toolkit for Understanding and Action³⁸ or for additional information and guidance on related key terms, definitions and talking points.

Note to facilitators with experience training on non-binary gender identity:

This activity is intentionally structured around the binary gender categories “man” and “woman” to emphasize how limiting gender norms can be and the harms that can result from the stereotypes and expectations they create. Within this context, the concept of binary gender identity is introduced—and people who identify as non-binary are included in the list of people these ideals don’t serve. This activity is not intended to be an in-depth exploration of binary/non-binary gender identity.

Note to facilitators with limited experience training on non-binary gender identity:

Facilitators who have had limited exposure to the lived realities and terminologies that challenge binary gender should review the associated Facilitator Tool: Sex and Gender Terminology for this activity. If you do not have experience training on or discussing gender, including non-binary gender identity, these concepts do not need to be introduced. However, you should be at minimum familiar with terms related to non-binary gender identity and be prepared to speak to it as more and more participants around the world are raising this issue. It can be authentic and enough to say something like: “The gender norms we’ve discussed reinforce the idea of binary gender and those who live and identify outside of this binary are also stigmatized by this system.”

37 Adapted from: Meer, T. (2014). *All the (tricky) words: A glossary of terms on sex, gender and violence*. Gender Health and Justice Research Unit, University of Cape Town. https://www.academia.edu/70120203/All_the_tricky_words_a_glossary_of_terms_on_sex_gender_and_violence; and Psychological Society of South Africa. (2018). *Practice guidelines for psychology professionals working with sexually and gender-diverse people*. <https://www.psyssa.com/practice-guidelines-for-psychology-professionals-working-with-sexually-and-gender-diverse-people/>

38 Ipas. (2018). *Abortion stigma ends here: A toolkit for understanding and action*. <https://www.ipas.org/resource/abortion-stigma-ends-here-a-toolkit-for-understanding-and-action>

Key definitions

This list of definitions may be helpful to review and refer to during the Gender Norms, Sexuality and Abortion activity. However, it is important to note that this is not an exhaustive list of all related words and terminology. For more information, see the references for this section.

Sex: This word refers to the biological or physiological characteristics that are socially agreed upon to classify a person as male, female or intersex. Physical sex characteristics can be present at birth, or can develop over the life course, and include genitalia, body shape, voice pitch, body hair, hormones, chromosomes and more.

Intersex: Someone who is born with sex organs that are not considered standard for either males or females. The existence of people who are intersex challenges the idea that there are only two sexes. Intersex people can have any gender identity, and also any sexual orientation.

Gender: This refers to the socially constructed roles, behavior, activities and attributes associated with being women and men based on their sex or gender identity. This includes gender norms, gender expression and gender identity.

Gender expression: The way an individual's characteristics or behaviors signal masculinity, femininity, a mix of both or neither. This can include appearance, dress, mannerisms, speech patterns and social interactions or roles.

Gender identity: An internalized sense of one's gender regardless of whether it matches the sex assigned at birth, the socially determined options for gender or the way one dresses or acts.

Gender norms or gender stereotypes: The social expectations and assumptions made about how people will and should behave based on their sex or gender identity.

Non-binary: Refers to people who don't identify as "man" or "woman," "male" or "female." For example, some people have a gender that blends elements of being a man or a woman, or a gender that is different from either male or female. Some people don't identify with any gender. Some people's gender changes over time.

Transgender: Refers to people whose gender identity is different from their sex assigned at birth.

Social norms: These are the rules that a particular group or community of people has about what is considered correct, acceptable and desirable behaviors, values, attitudes and beliefs. These norms change over time.

Sexual orientation: A person’s physical, romantic and/or emotional attraction to another person, which they may label as lesbian, gay, heterosexual, bisexual, pansexual or asexual. A person’s sexual orientation can change, and the labels people use do not define their sexual lives.

Sexuality: This word encompasses sex, gender identities and roles, eroticism, pleasure, intimacy and reproduction. Sexuality is experienced and expressed in many diverse ways by people of all genders.

Sex positive: The belief and associated attitude that consensual sexual expression is both healthy and important to human development, and that all people have a right to consensual sexual expression and to know and understand their own sexuality and sexual pleasure.

Sexism: Prejudice, stereotyping or discrimination against women, on the basis of their sex and/or gender. Sexism is linked to patriarchy and the prejudicial opinion that women and girls are less intelligent, less capable, or of less value than men and boys.

Patriarchy: A social system that is male-dominated, where men hold the most powerful and influential roles. Within patriarchal societies men have more authority and control over what happens in society, in comparison to women. Women hold less powerful roles, they are devalued and generally occupy less political, social and economic power. Patriarchy results in sexism, misogyny and gender-based violence.

Sample discussion questions and talking points

The following questions and talking points can be referred to alongside the discussion portion of the [Gender Norms, Sexuality and Abortion](#) activity. These talking points have been provided to use as a guide for discussion; you do not need to recite these talking points or include all of the information during the activity.

What are the key differences you see between the messages we’ve received about how to be an “ideal man” and how to be an “ideal woman”?

- Gender—as opposed to sex—refers to the ways that we are socialized

to behave and dress as men and women. These roles are taught, reinforced and internalized. We sometimes assume that the different ways in which men and women (or girls and boys) behave are “natural,” but this behavior is rooted in how we are raised. We develop ideas and expectations about gender from many sources, including family, friends, opinion leaders, religious and cultural institutions, schools, the workplace and the media.

- Gender norms shape the rules, behaviors and social status that are considered acceptable, appropriate or desirable for people based on their sex assigned at birth. These rules and expectations are linked to very powerful social norms about what it is to “be a man” or “be a woman” in the world. Social norms about gender communicate clear differences between the roles and status of men and women in society. These differences have resulted in men having more social, economic and political power than women. Yet, many of these differences—and the meanings we put on them—are constructed by society and are not because of our biological make-up.
- Gender norms bind people to fulfilling certain roles within society, and they uphold inequalities between men and women. For example, women are frequently paid less than men for doing the same work. Think about all the roles that are assigned to men and women, and how they should and shouldn’t act based on their gender (refer to examples from the activity that demonstrate this).
- Some of the messages to boys and men include: be tough, don’t cry, be in charge, take risks, get married to a woman, have children, be the head of the house, use violence to resolve conflict, ignore emotional and physical pain and have many sexual partners.
- Some messages to women and girls include: be passive, be the caregiver and homemaker, follow the lead of men, don’t complain, don’t talk about sex, get married to a man, bear and look after children and be attractive to men.

What are some of the rules and expectations for men and for women related to sex and sexuality?

- Draw on examples from the activity with a focus on how men are meant to play the dominant role in heterosexual relations including initiating sex, while women are expected to be available to men sexually and to let them take the lead when it comes to sex.
- Both men and women are expected to be heterosexual, to marry the opposite sex and to have children. Women who are sexually confident are often negatively labeled, whereas men are pressured to be sexually aggressive and to pursue women for sex.

Which of the behaviors and traits used to define women are most severely punished when violated or not upheld? Which of the behaviors and traits used to define men are most severely punished when violated or not present?

- Rigid and hierarchy-based gender roles, stereotypes and expectations create ideals that men and women are obligated to fulfill. There is a lot of pressure to adhere to gender roles, and if we don't do so, we might suffer social stigma and punishment.
- One powerful gender norm is that women must become mothers to fulfill their role as women. This is sometimes referred to as “compulsory motherhood.” Societies often negatively judge women who do not become mothers, whether by choice or by circumstance. They judge those who choose to end a pregnancy particularly harshly.
- Another powerful gender norm is that to be a “real man” or “real woman” you must be heterosexual. In other words, you must be sexually attracted to the opposite sex. If you are not heterosexual you often face stigma, shame and discrimination because you don't conform to this social expectation of “compulsory heterosexuality.”
- Other examples of how a person might be disciplined for not complying with gender rules include: when a young boy is punished for crying or showing weakness because he is seen to be “acting like a girl,” when a lesbian is raped because of her sexual orientation, and when a woman is socially shunned for not having children.

How might these norms, roles and punishments create barriers to safe abortion options?

- Gender norms and expectations play a huge role in many people's reproductive decision-making.
- Gender prescriptions communicate whether a person's sexual or gender identity and expression are considered "good" or "bad," "normal" or "abnormal," and this leads to stigma and judgment against those who don't conform to the norms.
- For service providers, internal assumptions about an individual's sex, gender or sexuality may influence the services they provide to that individual.

How do these rules and expectations influence attitudes toward, and treatment of, people who have abortions?

- Messages that define being a woman by being chaste or being a mother can lead to stigma for those who become pregnant and who choose to have abortions.
- Social messages that connect "manliness" to having many sexual partners, or that prevent men and women from learning more about or expressing a desire to use contraception, may contribute to unintended pregnancy.
- In many cultures, women are expected to take responsibility for their pregnancies regardless of whether they have the support of their families or partners.
- When women are meant to be more interested in children and men less interested, we can sometimes ignore the impact of pregnancy on a couple or entire family.
- In a patriarchal society, men are viewed as the primary decision-makers in the family and in heterosexual relationships. These gender power relations make it hard for many people to make their own decisions on many sexual and reproductive issues.

How have the expectations of gender we have discussed influenced your own values on abortion?

- Because of the power of gender norms, people tend to overlook or deny the diversity of humans in relation to their sexual orientation, gender identity and expression and sex characteristics.
- We might judge those who make different choices in respect of who they love because of gender expectations.
- Because of the hierarchy between men and women, women (along with transgender and gender non-binary persons) are often not seen as fully autonomous people who have the right to make independent decisions about their own sexuality, sexual health or reproductive choices.

| Reasons Why

Overview

In this activity, participants explore a range of reasons why people experience unintended pregnancies or choose to end a pregnancy, and why governments regulate pregnancy and abortion more than many other health conditions or medical procedures.³⁹ Throughout this activity, participants are supported to identify how their and others' level of comfort with certain reasons can affect reproductive health policies and services and contribute to abortion stigma.

Note to facilitator: This activity offers an opportunity for you to clarify common abortion myths and misconceptions for participants. Ensure that you're familiar with the information provided in the [Abortion Basics](#) section of this guide, in addition to the common myths about why people have abortions in your context. Because this activity presents “reasons” as a whole, it may be helpful to follow with an activity that uses case studies, scenarios, or stories (e.g., [Why Did She Die?](#) or [The Last Abortion](#)) to foster empathy for specific circumstances surrounding pregnancy and abortion.

Time required

60 minutes

Objectives

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

- Identify a range of reasons why people have unintended pregnancies and choose to end a pregnancy
- Discuss reasons why governments regulate pregnancy and abortion more than many other medical conditions and procedures

³⁹ This activity was adapted from: Marais, T. (1996). *Abortion values clarification training manual*. Planned Parenthood Association of South Africa.

- Describe the underlying values that drive their personal comfort levels with various reasons
- Discuss how individual, subjective comfort levels can lead to biases in access to safe abortion care and barriers to safe abortion access

Materials

- Printed copy of the [Facilitator Tool 1: Questions](#) (1 copy)
- Printed copy of the [Facilitator Tool 2: Answer Sheet](#) (1 copy per facilitator)
- Flip chart paper and markers
- Masking tape
- Scissors
- Small prizes for winning team members (candy or another small token prize)
- Flip chart easels (optional)

Preparation

Adapt the content for your audience

- Make sure you are familiar with the abortion content (see the [Abortion Basics](#) section of this guide) as well as common myths on abortion and reasons why people have abortions in the specific context where the workshop is taking place. This activity offers an opportunity for you to clarify some common abortion myths and misconceptions.
- Review the [Facilitator Tool 2: Answer Sheet](#) to familiarize yourself with content that is likely to be raised by participants during this activity. Research context-specific examples of how governments regulate pregnancy and abortion more than most other medical conditions and procedures, and be prepared to share these examples with participants during this activity.

- Review the Facilitator Tool 1: Questions and select the questions you will use for this activity. In addition to the three recommended questions (in bold), you will need to select a few additional questions depending on the number of small groups. Each small group will use one question. (Small groups typically have three to five participants, depending on the size of the workshop.) If you have more than five small groups, you could select more questions or give some of the groups the same question to answer.
- Prepare the answer sheet, focusing on the responses to the questions you chose to use. The answer sheet can be used as a guide and reference resource to support the discussion portion of this activity. To prepare for the workshop, add any other reasons you can think of, or work with the facilitation team to ensure 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 Facilitator Tool 1: Questions. Cut the questions into strips. Print more than one copy if you have more than one small group using the same question.
- Print a copy of the Facilitator Tool 2: Answer Sheet.
- Write the discussion questions for pairs and small groups (in activity Steps 8 and 9) on flip chart pages.
- Gather a small prize for participants of the winning small group (candy or something of a similar size).



Room setup

Arrange tables and chairs to enable participants to work in small groups. Provide one piece of blank flip chart paper and a set of three or four markers per group. Ensure there is space available on a blank wall (or use flip chart easel) to post completed flip chart pages around the room. Leave prepared flip chart pages on the easel, preferably hidden until the discussion portion of the activity.

Reasons Why

Step-by-step instructions

OPEN

Introduce this activity as an opportunity to work in small groups to imagine all the reasons why people get pregnant and choose to have abortions. Then, explain that we will also explore how our own values inform our varying levels of comfort or discomfort with different reasons.

ENGAGE

1. Explain the directions: You will divide participants into small groups. When everyone is in their small groups, you will give each group a question. Each group will have about 10 minutes to brainstorm as many answers to the question as possible and write all of their answers on a piece of flip chart paper. There will be a prize for the most creative flip chart, so each group should feel free to draw and use colors creatively to present their answers. After they have been divided into small groups, you will have a few more instructions to share about this activity.
2. Divide participants into groups of three to five people each. Give each group one piece of flip chart paper, a set of three or four color markers and one question strip from the [Facilitator Tool 1: Questions](#).
3. When participants are seated with their small groups and have read their question, provide the following instructions:
 - They are encouraged to think as deeply and broadly as possible about all of the possible “reasons why.”
 - As a reminder, they will have about 10 minutes to brainstorm and prepare their flip charts.

Note to facilitator: Check in at the 10-minute mark to see if more time is needed. Allow for up to 5 more minutes. It is recommended to move on after this additional 5 minutes to ensure you have time for the other steps.

- Each group will select one person to report back to the larger group. That person will have 2–3 minutes to present to the larger group. There will be an opportunity for the rest of the group to add reasons during the report-backs.
 - Remind the groups that the most creative flip chart will receive a prize.
4. After 10 minutes have passed, check to see if groups have generated all of the ideas they can. If they need more time, give them 5 more minutes. After 15 minutes (maximum), invite the groups to post their flip chart pages on the wall.
 5. One representative from each group will have 2–3 minutes to present all the reasons they brainstormed to the rest of the participants. After each 3-minute presentation, ask the larger group if they have additional reasons to add to the presenting group's list. Join the brainstorm to suggest additional responses that were not identified after all the other groups have made their contributions.
 6. After all small group presentations, have participants quickly vote on the most creative flip chart by clapping for each flip chart. Let the participants know they cannot vote for their own flip chart. The group with the loudest applause wins the prize. Present the winning team with a prize (if you have one) or let them know their prize is the esteem of their peers!
 7. Next, invite participants to take 3–5 minutes to reflect on all of the reasons mentioned for why people end a pregnancy. Ask participants to identify two reasons they are most comfortable with, and two reasons they are least comfortable with. Then, ask participants to take 2 minutes to reflect on how their core values influence their comfort and discomfort with the reasons they selected.

Note to facilitator: You could save time by having the discussion questions for the next two steps pre-written on flip charts for the participants to reference.

8. After the individual reflection, ask participants to discuss the following questions in pairs for 5 minutes:
 - What reasons make you the least comfortable? Why?
 - What reasons make you the most comfortable? Why?
 - How do your core values influence your comfort and discomfort with certain reasons? Are there any competing values that influence your comfort or discomfort? If so, what are they?
 - Does your comfort level change if the pregnant person is older or younger? Married or unmarried? Living with a disability or not?

9. After the 5-minute discussion, ask each pair to join with another pair to create groups of four. In their small groups, ask participants 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 you prioritize for guiding policies related to pregnancy and abortion?

DISCUSS

After 10 minutes of small group discussion, invite participants to shift back together into one group. With the remaining time, facilitate a large group discussion using some of the following questions:



- *What stood out from your discussion?*
- *What are some of the reasons that caused the greatest discomfort in your groups 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 sex, unintended pregnancy and abortion?*
- *How might our individual discomfort contribute to harmful impacts on women, girls and other pregnant people and/or abortion care providers in our community?*

- *How does this discomfort affect societal stigma against people who have an abortion and providers of safe abortion options?*
- *What values would you prioritize for guiding policies related to pregnancy and abortion?*
- *What new insights have you gained from this discussion?*

CLOSE

Ask if participants have any other questions, comments or concerns. Close this activity by summarizing the key messages and linking them to comments that came up during the activity.

KEY MESSAGES

- Our personal levels of comfort or discomfort with the reasons why people choose to end a pregnancy can lead to biased policies. These biased policies enable some people to access safe abortion care, whereas others are in the position of risking their health and lives to have an (often unsafe) abortion.
- Disparities in access to safe abortion options are often based on the individual, subjective beliefs of people in decision-making roles about what are “acceptable” versus “unacceptable” reasons for pregnancy and abortion.
- Sometimes the choices we make (how we act, think or treat others) have unintended impacts that may or may not be in line with our values. Examining our values, behaviors, intentions and impact can help us understand how we contribute to or restrict the choices of others.
- The desire to “protect” women, children, adolescents or other groups from making reproductive health decisions that we fear they might later regret is demeaning. In addition, it often results in laws or procedures that restrict access to the care they need rather than protecting their human rights. For example, we may think it reflects our values to require waiting periods before abortion procedures, but such a requirement could cause harmful impacts that we don’t intend, such as forcing people to seek less safe options to end a pregnancy.

Reasons Why

Facilitator Tool 1: Questions

In addition to the three questions in **bold** (these are essential for the activity), select one or two other questions based on the objectives of the workshop. Cut the selected questions into individual strips of paper and give one to each small group. Regardless of the questions you select, keep them in the following sequence for group work.

.....

What are all of the reasons why people have sex?

.....

What are all of the reasons why people become pregnant?

.....

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

.....

What are all of the reasons why people end a pregnancy?

.....

What are all of the reasons why people end a pregnancy at or after 13 weeks?

.....

What are all of the reasons why people end a pregnancy using abortion pills without consulting a health-care provider?

.....

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

.....

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

.....

What are all of the reasons why governments regulate sexual activity, pregnancies and abortion?

.....

Reasons Why

Facilitator Tool 2: Answer Sheet

Review this document and focus on the responses to the questions you chose in Facilitator Tool 1. Review the existing responses and add your own examples. Make sure to include any local or context-specific examples, especially those related to government regulation of pregnancy and abortion.

Reasons why people have sex: pleasure, to feel closer to someone, to maintain a relationship, curiosity, obligation, to get something in exchange, because they don't have a choice, to avoid violence, to get pregnant, rape, incest...

Reasons why people get pregnant: desire for children, lack of access to contraception, lack of knowledge about contraception, lack of knowledge about pregnancy risk, denial of contraceptive services, fear of discrimination in seeking contraception, unplanned sexual activity, contraceptive failure, rape, violence, pressure from family members, ambivalence about whether they want to get pregnant...

Reasons why people have an unintended pregnancy: lack of knowledge about or access to contraception, lack of knowledge about pregnancy risk, contraceptive failure, rape, change in relationship status, ambivalence about having a child, desire to finish schooling, desire to focus on career, already have all the children they want ...

Reasons why people end a pregnancy: don't want to be pregnant, already have all of the children they want, change in a relationship status, cost/ economic burden of raising a child, lack of social support to raise a child, rape, incest, family pressure, limit family size, poverty, mental health issues, fetal anomalies they don't feel prepared to support, their own health, pregnancy is the result of sex work, because it violates their gender identity, sex selection, coercion, afraid of the stigma of having a child outside of marriage, pregnancy is the result of an affair...

Reasons why people end a pregnancy at or after 13 weeks: denial of services in earlier attempts, cost of services or have to gather the funds, didn't recognize signs of pregnancy in the first trimester, denial about pregnancy status, have to travel long distances for a service, have to manage complicated logistics around missing work/childcare/ transportation, ambivalent about the decision until that point, a change in relationship status, mandatory waiting periods, navigating an abusive relationship, took time to maneuver parental consent laws, sex selection, learned of a fetal impairment, pregnancy threatens their health, shift in economic status, lack of social support...

Reasons why people who are pregnant choose to self-manage their abortion with pills without consulting a health-care provider: It's their preferred method, fear of discrimination, stigma in a health facility, desire to have autonomy and privacy, cost of services, distance to available surgical services, their termination doesn't meet one of the legal indications for abortion, trained provider unavailable or away from facility...

Reasons why people continue an unintended pregnancy: they decide to parent, they are denied an abortion, fear of stigma and judgment from their community if they have an abortion, strong value against abortion, decided to make an adoption plan, parental or family pressure, partner pressure, no access, lack of knowledge of services, delay in seeking care until too late, afraid, ashamed, coerced to continue, ambivalent about pregnancy and just never did anything about it, believe myths and misconceptions about abortion causing infertility, abortion is legally restricted in their context and they are afraid of criminalization...

Reasons why people make decisions about pregnancy they don't want to make: it could mean they carry a pregnancy to term they didn't want or they end a pregnancy they wanted to keep, coercion or pressure from family/partner/social groups, concerns about cost of pregnancy or concerns about cost of additional children, health concerns, violence, denied access to abortion or health information or services, timing, restrictive laws...

Reasons why governments regulate sexual activity, pregnancies and abortions: desire to set social norms about family size, pro-natalism orientation to increase the number of citizens, racist or classist reasons to encourage increase in certain populations and decrease in other populations, pressure from religious or interest groups, desire to protect women and girls from harm or health risks, health concerns, misinformation, traditions, because many governments are majority male making decisions about an experience that female-bodied people have...

| Thinking About My Values

Overview

This activity is a guided pair interview.⁴⁰ It is designed to draw out participants' values and build their comfort with sharing their experiences, first in pairs and then with the group. It works best toward the beginning of a VCAT, and can be used to build on or replace other self-reflection activities like Cross the Line or Comfort Continuum. It may also be helpful for this activity to follow Gender Norms, Sexuality and Abortion, to build a common foundation of knowledge among the participants, which could serve to draw out deeper connections between values, abortion, gender and sexuality.

Time required

90 minutes

Objectives

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

- Identify and examine the role of external influences and messages on the formation of their beliefs and attitudes about abortion
- Articulate the ways in which their values shape their actions, which can be different depending on the context, our knowledge and our experiences
- Share how values can be used to justify positive or negative reactions to abortion, gender and sexuality

⁴⁰ This activity was adapted from: National Abortion Federation. (2005). *The abortion option: A values clarification guide for health professionals*. <https://prochoice.org/store/the-abortion-option-a-values-clarification-guide-for-health-professionals/>

Materials

- Printed copies of the [Participant Handout: Interview Guide](#) (1 copy per participant)
- Sticky notes or self-stick notes
- Markers
- Pens/pencils
- Prepared flip chart paper

Preparation

Adapt the content for your audience

Review the [Participant Handout: Interview Guide](#). Check the questions to ensure they make sense for the cultural context of the workshop, and make any adaptations as needed. Ensure that all facilitators have a mutual understanding of the content and terms used and can explain to participants if needed.

Prepare the materials

On a piece of blank flip chart paper, write the word “Values.” Draw a line down the middle of the page. Mark one side of the page “Against” and one side “Support.”

Room setup

Arrange tables and chairs for participants to work in pairs. Distribute sticky notes to every table for participants to use. Distribute markers and pens at every table for participants to use for taking notes and writing on sticky notes. Tape the prepared flip chart page to a blank wall where participants can see it.

Thinking About My Values

Step-by-step instructions

OPEN

Distribute the Participant Handout: Interview Guide to each participant. Introduce the activity by saying (in your own words):



The family and social groups in which we were raised often play an important role in shaping the core values that inform our beliefs and actions, especially about gender norms, sexuality, reproduction and abortion. Social groups may include your immediate and extended family; your racial, ethnic or cultural group; your heritage; your religious group; or your class. How you define and relate to your community can have a big influence on how you use your values to shape your actions. The purpose of this activity is to reflect on some of our core values and how they influence the actions we take about abortion.

ENGAGE

1. Divide participants into random pairs or ask participants to find a partner they haven't worked with yet.
2. Explain to participants that they will have 45 minutes in their pairs to review the interview guide and use it to guide their paired discussion.

Note to facilitator: The Participant Handout: Interview Guide instructs participants to take notes of their partner's responses to each question (Part A). Part B asks participants to work together in pairs to complete the table and identify three to five messages that are most important to them. Participants should write these selected statements on sticky notes. You may choose to review the handout with participants before starting the activity.

3. Draw the participants' attention to the sticky notes and markers on their tables. Recommend that participants use the markers when writing on the sticky notes so their selected three to five messages can be seen across the room (Part B of the handout). Ask participants to hold on to their completed sticky notes until we are ready to move on to the next step together.

4. When participants have finished their interviews and the handout, ask them to take 5 minutes to add their sticky notes to the “support” or “against” columns on the flip chart at the front of the room. Give participants a few more minutes to silently review the flip chart as sticky notes are added.
5. Gather participants where they can see the flip chart. For the next 10 minutes, review the messages in each column with participants, moving them as necessary and grouping similar messages together on the flip chart. For each message (or group of messages), identify the core value(s) and add them to the sheet with a marker.

Discuss their responses using the following prompts:



Where do our values come from? How do we determine which values are most important to us?

Are there times when our values reinforce negative stereotypes or actions toward people who seek abortion services?

Are there messages about values that add to stigma about gender norms, sexuality and abortion?

Are there messages about the same values that can be used to support diverse expressions of gender and sexuality? To support women, girls and trans and non-binary people who seek abortion services?

How do you resolve a conflict when a value can be used to stigmatize or support abortions?

Are there times when your understanding of how to act on your values has changed? What caused that change?



Note to facilitator: Leave plenty of time for discussion, at least 30 minutes.

DISCUSS

Use the following prompts to discuss the activity with participants, either standing where they are or after returning to their seats:



How did you feel about this activity?

What did you learn about your own experiences and the experiences of other participants?

What did you learn about values and how they shape our experiences?

What did you learn about how values and beliefs change?

CLOSE

Ask if participants have any other questions, comments or concerns. Summarize the key messages and link them to comments that came up during the activity as much as possible. Close the activity by thanking participants for sharing something so personal, and for trusting each other with their discussion.

KEY MESSAGES

- A value is something we use to determine what we believe is important and it can inform how we behave.
- Our own values and actions can be shaped by (but remain different from) those of the people and communities around us.
- The same value may be the foundation for supporting, opposing or feeling ambivalent about the issue of abortion. For example, two people may deeply value the right to life and interpret that value in a way that leads them to different viewpoints on abortion.
- There are actions we can each take—that are aligned with our values—to support, or at minimum, refrain from endangering people who need abortion services.

Thinking About My Values

Participant Handout: Interview Guide

Part A: Values related to gender norms, sexuality, reproduction and abortion

Instructions

Review the following question prompts. Working in pairs, take 15 minutes each to interview a partner and record their responses.

1. What are some of the traits or characteristics that you value in other people or in yourself? Can you summarize them in one word or a few words each? Examples: honesty, compassion, acceptance, faith, connection to family...
2. Who are the people or what are the places where you learned to value these traits? Can you think of some of the messages you were taught about what is important and where you learned them?
3. How do your values influence your opinion on gender and how a person should behave, dress or what roles they should play in society?
4. How do your values influence your opinions on sexuality and the appropriate expression of sexuality?
5. How do your values shape the decisions you have made about reproduction and abortion for your own life? How do they influence your opinions about other people's decisions about their own reproduction? About abortion?

Part B: The influence of values

Instructions

Take 15 minutes with your partner to fill out the following table. When you’re finished, select three to five messages you think are most important to you from the “Support” or “Against” columns and put them on sticky notes. Include only one message per sticky note.

How can values influence your opinions, behaviors and actions, either in support of or against abortion? Think through some of the messages you’ve heard from those around you.

Value	Against	Support
Example: responsibility	<i>Women should take responsibility for their actions by carrying a pregnancy to term.</i>	<i>Women can take responsibility for their health and their families by making the choice that is best for them.</i>

| Comfort Continuum

Overview

This activity is designed to help participants reflect on their levels of comfort discussing, advocating for and/or providing various aspects of abortion care.⁴¹ Participants are encouraged to reflect on and share some of the experiences that have influenced their comfort levels and how they relate to social norms on abortion.

Time required

45–60 minutes

Objectives

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

- Articulate their own comfort levels discussing or advocating for safe abortion care
- Describe a range of life experiences that inform people’s varying comfort levels on abortion
- Discuss the relationship between varying comfort levels and societal norms on abortion

Materials

- Printed copy of [Facilitator Tool 1: Questions](#) (1 copy per facilitator)
- Printed copy of [Facilitator Tool 2: Signs](#) (1 copy)
- Masking tape

⁴¹ This activity was adapted from: Marais, T. (1996). *Abortion values clarification training manual*. Planned Parenthood Association of South Africa.



Preparation

Adapt the content for your audience

- Ensure that you're comfortable with your knowledge of the abortion laws and policies in the country where the workshop is taking place and that you can answer basic questions about the legal indications of abortion as they arise. Up-to-date and relevant information can be found through the following resources:
 - [World's Abortion Laws Map](#)⁴²
 - [National Sexual Rights Law and Policy Database](#)⁴³
 - [Global Abortion Policies database](#)⁴⁴
- Review [Facilitator Tool 1: Questions](#). Choose five to eight questions, based on the time you have available. Take care to select questions that address relevant nuances or timely debates about abortion in this context. Adapt the questions so they are appropriate for the cultural context of the workshop. Ensure you use questions tailored to the workshop audience. For example, if participants are providers, policymakers, donor agency staff or members of a community-based organization, select or adapt questions so they are relevant to and resonate with each audience.
- Decide in advance the order in which you will read the questions and which questions you will prioritize or cut if time runs out or participants start to lose focus.

Note to facilitator: For this activity, it's best to start with simpler or easier questions before progressing to harder ones, and then close the activity with an easier question again.

42 Center for Reproductive Rights. (2022). *The world's abortion laws*. <https://reproductiverights.org/maps/worlds-abortion-laws/>

43 Sexual Rights Initiative. *National sexual rights law and policy database*. <https://sexualrightsdatabase.org/page/welcome>

44 World Health Organization. (2017). *Global abortion policies database*. <https://abortion-policies.srhr.org/>

Prepare the materials

Print [Facilitator Tool 2: Signs](#) or write out each sign on separate pieces of paper.



Room setup

Clear a large area and tape the three signs on the floor or the wall in a row to indicate a linear continuum. Leave enough distance between each sign, so participants can clearly indicate where they choose to stand and can observe where others stand.

NOT AT ALL

A LITTLE

A LOT

Comfort Continuum

Step-by-step instructions

OPEN

Introduce the activity by explaining that participants will be asked to reflect on and share their experiences and comfort levels with various aspects of abortion and abortion care.

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



Your willingness to be honest about your comfort level in this group is a gift to our collective learning. We recognize this can feel vulnerable. Remember, there are no right or wrong answers; 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 question, 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 you have posted.
2. Read the first question you selected. Invite participants to move in silence to a spot anywhere along the continuum (at or between signs) that best represents their feelings.
3. Ask for two to three volunteers at different points along the continuum to explain why they placed themselves there. Tell them that if they hear something that makes them want to shift where they're standing, they are welcome to move.
4. Repeat Steps 2 and 3 for each question you prepared until you finish your list or until 20 minutes have passed.

DISCUSS

Invite participants to return to their seats or gather in the center of the space. Discuss the different responses and levels of comfort in the room using the following prompts:



How did this activity feel?

What stood out for you?

What surprised you about your own responses? About other people's responses?

Were there times you felt tempted to move with the majority of the group? Were there times when someone else's explanation for where they were standing made you feel like moving?

What did you learn about your own comfort level with abortion? What about others' comfort levels?

What observations do you have about the group's overall comfort level with abortion? (Be sure to discuss group themes, and not individual people's responses.)

Ask participants to reflect on the life experiences 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. Ask for volunteers to share.

CLOSE

Ask if participants have any other questions, comments or concerns. Summarize the key messages, and whenever possible, link them to comments or moments in the activity where these messages came through.

If time permits, close the activity by inviting participants to close their eyes or look down 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. After a moment of reflection, thank everyone for participating and for deepening your own learning by sharing their experiences.

KEY MESSAGES

- Our comfort and discomfort with the topic of abortion often comes from our personal experiences.
- Any discomfort we may have with the topic of abortion can cause us to avoid it, dismiss it or impose our viewpoints on others. Being aware of our discomfort and respecting the rights of others to feel differently can help us create an environment, both in this workshop and in the real world, where all viewpoints are respected.
- [For providers] Provider and staff comfort levels with abortion care can affect the quality of the service they provide and the way people are treated when they seek abortion care. Regardless of personal comfort levels, all people coming in for abortion care should be treated with the same level of professionalism and respect.
- [For providers] Provider and staff attitudes, which are often the result of their comfort levels, can either facilitate or be a barrier to accessing safe abortion services. For example, a provider who is not comfortable with abortion care provision might counsel a woman toward different options or might inadvertently deny her information about safe abortion services. This could have a significant negative impact on the woman's health and on the overall rate of pregnancy-related deaths and injuries. For example, some women could seek out unsafe abortion methods to avoid being treated poorly. A provider who treats a woman wanting an abortion with respect and without judgment could prevent that woman from seeking unsafe care.

Comfort Continuum

Facilitator Tool 1: Questions

Review and select or adapt five to eight of the following questions.

Note to facilitator: Review the list of questions and choose those that you think are most relevant to the workshop and participants—which may mean adapting these or adding some of your own. Make sure you’ve done your research and are prepared to answer any factual or policy questions that may come up.

Choose a maximum of five to eight questions for this activity to ensure there is enough time for the discussion. We have found that it is best to start with simpler or easier questions, then progress to harder ones, and then close the activity with an easier statement again.

If you’ve done Cross the Line earlier in the workshop, think carefully about whether you want to use statements that are similar to the ones you selected earlier, or if you want to emphasize different statements. For example, if you used Cross the Line at the beginning of a workshop, you might use Comfort Continuum at the end—with 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 including questions that are different.

Questions for general audiences

- How comfortable are you with safe abortion being provided in your country?
- How comfortable are you discussing abortion with colleagues at work?
- How comfortable are you discussing abortion with your family members?
- How comfortable are you discussing abortion with your religious leader or community?
- How comfortable are you explaining your country’s laws and policies on abortion services?
- How much disapproval would you expect from your family and friends if you advocated for safe and legal abortion care?
- How much disapproval would you expect from your family or friends if you decided to have an abortion?

- How comfortable are you helping someone you know access safe abortion care?
- How comfortable are you helping someone you know access an abortion at or after 13 weeks of pregnancy (second trimester)?
- How comfortable are you with a young person accessing safe abortion care without their guardian's knowledge or consent?
- How comfortable are you with women using pills to self-manage their abortion without the oversight of a health-care provider?
- How comfortable are you with young people having access to information about how to have a self-managed abortion with pills?
- How comfortable are you with medicine sellers or pharmacy workers providing abortion information and pills without a prescription?
- How comfortable are you publicly supporting people who have had abortions and the health-care providers who provide abortions?
- How comfortable are you defending access to abortion care for every person who needs it, regardless of their reasons?

Questions for health-care providers


- How comfortable are you helping someone find safe abortion care?
- How comfortable are you performing or assisting with an induced abortion before 13 weeks of pregnancy?
- How comfortable are you performing or assisting with an abortion at or after 13 weeks of pregnancy?
- How comfortable are you providing access to or information about self-managed abortion with pills?
- How comfortable are you providing or assisting with abortions for young women without their guardians' knowledge or consent?
- How comfortable are you with your friends or family knowing you provide or assist with abortions?

Comfort Continuum


Facilitator Tool 2: Signs

Print the three signs on the following pages.


Not at all



A little



A lot



| 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, empathize with the underlying values that inform a range of beliefs and consider how personal beliefs affect social stigma on abortion. If participants are health-care providers, this activity will also support an understanding of how personal beliefs can affect the provision of high-quality abortion care.

Time required

45–60 minutes

Objectives

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

- Articulate their beliefs about abortion
- Acknowledge and respectfully explain other, sometimes conflicting, points of view
- Explain different values underlying a range of beliefs on abortion
- [For providers] Explain how personal beliefs can affect the provision of abortion-related services
- [For providers] Discuss ways to ensure a professional standard of high-quality abortion care for all individuals, regardless of personal beliefs

Materials

- Printed copies of the [Participant Handout: Worksheet](#) (1 per participant)
- Printed copy of the [Facilitator Tool: Wall Signs](#) (1 copy)
- Masking tape

- Pens
- Flip chart paper and markers (optional)
- Flip chart easels (optional)
- Slide or flip chart with discussion questions (optional)



Preparation

Adapt the content for your audience

- Familiarize yourself with available literature on abortion globally and in the context of the country and community where the workshop is taking place. As a starting point, use the information in the [Abortion Basics](#) section of this guide.
- Review the [Participant Handout: Worksheet](#). If needed, adapt the statements to make them more relevant for participants.
- In advance, select the statements from the worksheet that you will use for the activity. Choose statements that will bring out the most important discussions for your participants. After the first few rounds with your selected statements, you could choose to invite participants to select a statement they would like to explore as a group.

Prepare materials

- Print copies of [Participant Handout: Worksheet](#) (1 per participant).
- Use the [Facilitator Tool: Wall Signs](#) to print one set of wall signs. Or create your own set of signs labeled “Agree,” “Strongly Agree,” “Disagree,” and “Strongly Disagree.”
- Optional: Set up four different flip chart easels, chairs or other pieces of 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 and chairs to allow for individual work, while reserving a large area where participants can form a circle and move freely. Place a sign in each corner of the room by taping them on the wall or flip chart easels or placing them on the floor. Ensure the signs are spread out far enough from each other to enable participants to gather in groups at each sign.

If you are in a particularly large room, create four corners around a smaller area by posting the wall signs on easels or other furniture, instead of using the actual corners of the room.

Four Corners

Step-by-step instructions

OPEN

Introduce the activity by explaining that it will encourage us to reflect more deeply on some of our own beliefs and consider why others may hold different beliefs. At different points during the activity, participants may be asked to speak on behalf of their own personal views or represent other participants' viewpoints, which may be different from their own. Encourage participants to be completely honest. Explain in your own words:



Often, our beliefs about abortion are so ingrained that we are not fully aware of them until we are confronted with situations and compelling stories that challenge them. This activity helps us identify our own beliefs about abortion and better understand the range of viewpoints in this room and beyond.

ENGAGE

Part 1: Personal Reflection (15–20 minutes)

1. Hand each participant a copy of the Participant Handout: Worksheet. Tell participants not to write their names on their worksheet: their answers should remain anonymous throughout the activity. Ask participants to be as honest as possible. When they are finished, they should turn the sheet face down in front of them. Tell participants:
 - *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. Ask participants to look at their own response to the first statement and reflect in silence on the questions you provide (below). If they wish, participants can jot down some notes on a separate piece of paper. Tell participants 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 led 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?*

Note to facilitator: 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 participants they are now going to use the experience of understanding their own viewpoints more deeply to better understand the viewpoints of others.

Part 2: Group Activity (30 minutes)

5. Ask participants to bring their worksheet and gather in a large circle facing each other, in the large space marked with the Four Corners signs.
6. Instruct participants to 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 from the center.
7. When everyone has a crumpled ball, explain that for the next part of the activity, they will represent the responses on the worksheet they are now holding in their hands. If they got their own worksheet, they

should pretend that someone else completed it. Invite participants to uncrumple the worksheet in their hands and to take a minute to review it. Ask participants to reflect to themselves in silence about how the answers are similar to or different from their own responses.

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 different from their own response, and they are not representing their own opinion but the viewpoint of someone else in the room. When 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, which you will explain at that time.

Remind participants again of the group agreements. Tell them (in your own words):

- *It's important to remember that beliefs come from deeply held values. This activity is about understanding 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—and those 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 facilitator: 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 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 they can describe the difference between “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 and understanding 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 if they hold the belief themselves, using “I” statements like the one below. [Optional] Point to the flip chart you prepared 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 and offer additional perspectives or rationales that have come up in previous workshops. Thank each group for their presentation and move on to the next statement.

Note to facilitator: Avoid a discussion with the larger group after each presentation because it could unintentionally lead to shaming those who wrote the original belief. There will be opportunities for discussion at the end of this activity.

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 one or two statements they would most like to explore.

Note to facilitator: 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 three or four statements, so we recommend selecting three or four statements ahead of time, prioritizing the 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.

14. After all intended rounds have been 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. [Optional] If it's a quiet group, consider putting these questions on a slide or flip chart and asking participants to discuss them in pairs and again in a large group.



- *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 for certain beliefs caused you to think differently?*
- *What did you notice about the underlying core values that inform the beliefs we heard?*
- *How do you imagine the beliefs discussed in this activity affecting abortion access and care in our setting or country?*
- *What did you find valuable about participating in this activity?*

- *[For providers] How might our beliefs about abortion affect our provision of abortion-related services or referrals?*
- *[For providers] What can we do to ensure that we maintain a professional standard of high-quality abortion care for all individuals, regardless of our personal beliefs?*

CLOSE

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

KEY MESSAGES

This activity helps us examine what it's like to hold a perspective that is different from our own. When we describe a different point of view, it can help strengthen our own point of view or help us better understand someone else's perspective. This can help us all talk more openly, respectfully and empathetically about abortion.

- Sometimes people believe that people in general should not be allowed to freely access abortion services, but they would want to be able to access abortion services themselves if they needed to. These double standards can have a negative impact on access to abortion services, can reinforce stigma about abortion, and can contribute to an environment that supports legal and policy restrictions on abortions that drive people to risk their lives by seeking unsafe abortions.
- *[For providers]* Our personal beliefs can support biases that influence the type of care we provide. For example, we might be more sensitive in how we treat a woman coming in for an abortion because she has health complications than how we treat a woman coming in for an abortion because she didn't use contraception. Both women need safe abortion care and we should treat each woman with the same level of respect and professionalism, regardless of our personal beliefs about her circumstances.

Four Corners

Participant Handout: Worksheet

Do not write your name on this worksheet.

Instructions

Please read the following statements and circle the answers that best reflect your personal beliefs. Feel free to be as honest as possible—there are no right or wrong answers.

	Statement	Strongly agree	Agree	Disagree	Strongly disagree
1.	Safe abortion options should be available to anyone who wants them.	Strongly Agree	Agree	Disagree	Strongly Disagree
2.	People who have an abortion are ending a life.	Strongly Agree	Agree	Disagree	Strongly Disagree
3.	A woman should be able to have an abortion even if her spouse or partner wants her to continue the pregnancy.	Strongly Agree	Agree	Disagree	Strongly Disagree
4.	Liberal abortion laws lead to more irresponsible sexual behavior.	Strongly Agree	Agree	Disagree	Strongly Disagree
5.	Minors should be required to get their parents' consent to have an abortion.	Strongly Agree	Agree	Disagree	Strongly Disagree
6.	Clinicians who specialize in obstetrics and gynecology have a responsibility to perform abortions.	Strongly Agree	Agree	Disagree	Strongly Disagree
7.	Women and girls should be able to access abortion pills over the counter, without a prescription.	Strongly Agree	Agree	Disagree	Strongly Disagree
7.	Most people, especially young people, do not seriously consider the consequences of an abortion.	Strongly Agree	Agree	Disagree	Strongly Disagree
8.	Someone who is pregnant and HIV positive should be counseled to end their pregnancy, even if the pregnancy is wanted.	Strongly Agree	Agree	Disagree	Strongly Disagree
9.	Abortion should continue to be available at or after 13 weeks of pregnancy (second trimester).	Strongly Agree	Agree	Disagree	Strongly Disagree
10.	People who have abortions at or after 13 weeks are indecisive.	Strongly Agree	Agree	Disagree	Strongly Disagree
11.	People who have more than one abortion should be encouraged to undergo sterilization.	Strongly Agree	Agree	Disagree	Strongly Disagree
12.	Safe abortion options should be available to every person who needs one, regardless of their reason or circumstances.	Strongly Agree	Agree	Disagree	Strongly Disagree

Four Corners

Facilitator Tool: Wall Signs

Print the four signs on the following pages.

Strongly

Agree

Agree

Disagree

Strongly

Disagree

| The Last Abortion

Overview

This activity illustrates the difficulties and dangers of valuing one person's reasons for abortion more than another person's reasons.⁴⁵ The different scenarios highlight complex circumstances surrounding the decision to seek an abortion. Participants are encouraged to examine and challenge their biases for or against certain people or circumstances, as well as their beliefs about laws and policies that restrict access to abortion.

Time required

45–60 minutes

Objectives

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

- Articulate the assumptions they hold about certain people and their life circumstances, with regard to abortion access
- Describe the difficulties and dangers of deciding who should and shouldn't receive an abortion
- Discuss the challenges posed by restrictive laws and policies, particularly on certain groups of people

Materials

Printed copies of the [Participant Handout: Scenarios](#) (1 copy per participant)

⁴⁵ This activity was adapted from: Marais, T. (1996). *Abortion values clarification training manual*. Planned Parenthood Association of South Africa.



Preparation

Adapt the content for your audience

- Review the Participant Handout: Scenarios.
- Check the scenarios to ensure they make sense for the cultural context of the workshop and that they are aligned with the workshop goals. As necessary, make any adaptations to the scenarios.
- If you choose to adapt the scenarios, do not exceed a total of seven scenarios on the handout. In adapting or creating new scenarios, you should aim for a balance of scenarios that include:
 - Younger women and older women
 - Married and unmarried women
 - Poor women and wealthy women
 - Women from marginalized communities in your workshop context and women from dominant or majority communities
 - Intended and unintended pregnancies
 - Pregnancy as a result of consensual sexual activity
 - Pregnancy as a result of sexual violence or rape

Note to facilitator: Some individual scenarios may include multiple factors from the list above.

- You may also want to consider including scenarios with:
 - Very young adolescents (ages 10–14)
 - Lesbian, gay, bisexual, transgender, intersex and queer (LGBTIQ+) people
 - Refugee or migrant women
 - Women living with HIV

- Sex workers
- Other communities or contexts that may be controversial or challenging at the time of the workshop

Prepare the materials

Print a copy of the completed [Participant Handout: Scenarios](#) for each participant.



Room setup

Arrange the tables and chairs with space to allow for small group work.

The Last Abortion

Step-by-step instructions

OPEN

Introduce the activity by explaining there are legal, financial and other restrictions on abortion services in some countries that serve as a barrier for people to access safe and legally permitted abortion services. These restrictions can also influence the quality of care given to people who are seeking abortion services in these contexts.

ENGAGE

1. Divide participants into groups of four to six people each.
2. Tell participants that for this activity, they will imagine they are in a fictional country where only one more safe and legally permitted abortion can be performed. Explain that you will give them a handout that describes seven people who have expressed their desire to end their pregnancy and have applied for this last abortion. The small groups represent the policymakers who are reviewing the applications and have to decide who should receive the last abortion.

Note to facilitator: You may want to acknowledge that this is a contrived scenario for the purposes of this activity.

3. Give each participant a completed copy of the Participant Handout: Scenarios. Ask them to spend 2 minutes in their groups reading the scenarios.
4. Instruct the groups to spend 20 minutes discussing the scenarios, and that each group should choose which applicant will receive the last abortion. Explain to participants that they must make a decision to choose one applicant. Tell each group to identify a spokesperson to announce their decision and rationale.

Note to facilitator: While groups are discussing, members of the facilitation team should be rotating between the groups to ensure that participants understand the assignment and are able to finish the task on time. As necessary, remind participants that they need to make a decision to choose only one applicant to receive the last abortion; groups cannot refuse to choose or choose more than one applicant.

5. When 20 minutes have passed, ask for the group spokespeople to join you at the front of the room. Explain that each group will have up to 2 minutes to present their decision and rationale. Ask other participants to hold off from commenting on individual presentations.
6. After all small groups have presented, ask each participant to take a minute to silently reflect on any biases or assumptions they may hold. Ask participants to consider the following questions during their silent reflection:
 - *What assumptions did I make about certain people seeking abortion services and their life circumstances?*
 - *How have these assumptions affected my decision about the applicant I chose to receive the last abortion?*

DISCUSS

Invite participants to return to their seats. Facilitate a discussion about the people selected and those not selected, as well as the rationales provided by the spokespeople, using the following discussion questions:

Note to facilitator: It is especially important to maintain neutrality during this discussion and about participants' rationales. Make sure participants are being respectful of each other's views: remind them of the group agreements as needed and ask participants to correct any judgmental language.



- *How did you make your decision?*
- *Was this a difficult decision? Why or why not?*
- *What factors made the difference in your decision?*
- *What biases informed your group's final decision?*
- *Was your group in agreement from the beginning? How did you reach an agreement?*

- *How do you think decisions like this should be made? Who should make them?*
- *How does this activity relate to how access to abortion services is determined in this country?*
- *What stories felt familiar? Which ones felt unfamiliar?*
- *In general, what kinds of abortion stories draw the most empathy? Which draw the least? What does this reveal?*

CLOSE

Close the activity by explaining there isn't one correct answer. It is impossible to objectively decide whether one person deserves access to abortion services more than another. Ask if participants have any questions, comments or concerns. Include the following key messages. Conclude with the statement that there can never be one last abortion. Thank the group for their participation.

KEY MESSAGES

- The decision to grant some people an abortion while denying others carries lifelong consequences for the people who are denied an abortion as well as their families and their communities.
- This was just a hypothetical activity; however, restrictive abortion policies, individual providers' biases and social stigma often determine which people are more entitled to an abortion than others.
- Deciding who is most deserving of a safe abortion may feel uncomfortable, but the fact is that this happens all the time. People draft laws and policies that decide who is worthy and who is not, and those decisions have consequences.
- Each of the people in these scenarios expressed a desire to end their pregnancy, and it is likely that each of them thought carefully about their reasons for making this decision.
- It is important that we as professionals examine our personal opinions, biases and assumptions and investigate how they can affect women's experiences, decisions and actions.

The Last Abortion

Participant Handout: Scenarios

Instructions

The following people have asked for safe abortion care from your agency. You must choose which person will be able to receive the last safe and legally permitted abortion. You are allowed to choose only one person. If you do not select a person to receive an abortion, no one will receive the last abortion. As a small group, discuss each scenario and your rationale for who you selected.

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 or emotionally prepared for 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 they will also be hurt. She does not want to bring another child into an abusive household, especially if it means she will become 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 HIV-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 the family can't afford to support another. The pregnant woman does not say anything.
5. A 30-year-old woman is married and pregnant with her first child. A 20-week scan reveals signs of a fetal irregularity, 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 is 8 weeks pregnant, and 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 she was pregnant. She is experiencing acute anxiety at the thought of being forced to continue this pregnancy.

| Why Did She Die?

Overview

This activity features a story about a woman's journey to end her pregnancy.⁴⁶ It helps participants examine the challenging context around an unwanted pregnancy and abortion decision more closely, particularly the specific barriers she faces in seeking help and care. Participants are confronted with the consequences that can result when access to abortion is restricted and are asked to articulate their personal or professional responsibility to prevent deaths such as this one. The activity also deepens participants' understanding of the values clarification process. Facilitators should be prepared for and warn participants that this activity can raise strong emotions or potentially painful memories. Depending on the selected story, additional warnings may be needed regarding descriptions of violence.

Time required

90 minutes (Part A: 60 minutes; Part B: 30 minutes)

Objectives

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

- Discuss the sociocultural context surrounding unwanted pregnancy and abortion, and the layers of barriers to accessing safe options for abortion
- Explain the outcomes that can result from restricting access to abortion
- Articulate their personal and professional responsibility to prevent the deaths and harms caused by restricting access to abortion

⁴⁶ This activity was adapted from: Varkey, S. J., Fonn, S., & Ketlhapile, M. (2001.) *Health workers for choice: A manual to improve the quality of abortion services*. University of the Witwatersrand School of Public Health Women's Health Project.

Materials

- Printed copies of the [Facilitator Tool: Story Options](#) (1 copy per participant) or a slide with the selected story (optional)
- Ball of string (red if possible) and scissors to cut the string at the relevant moment in the activity
- Computer and projector screen
- [Abortion 101: Overview of Abortion Worldwide](#) presentation slides

Preparation

Adapt the content for your audience

- Review the [Facilitator Tool: Story Options](#). This tool includes four different stories to choose from. Select the one that works best for your workshop context and setting. It may be necessary to change the names and certain elements of the story to be more culturally or contextually appropriate for the workshop audience.
- Review the discussion questions in the step-by-step instructions. Adapt as needed so they are most relevant for your selected story and the workshop context.
- Research global, national and local statistics on abortion-related deaths and injuries and how they relate to restrictions on abortion (see the [Abortion Basics](#) section of this guide as a starting point). In addition, research the legal and policy status of abortion in the country (or countries) represented by the workshop participants.
 - For more information, see the [Global Abortion Policies Database](#).⁴⁷
- Adapt the accompanying Abortion 101 presentation slides to include available local and regional abortion data and laws. You may need to create new slides to ensure that local and regional data is fully represented. Take time to review and update the global data as necessary.

47 World Health Organization. (2017). *Global abortion policies database*. <https://abortion-policies.srhr.org/>

Prepare the materials

- Print 1 copy of your selected or prepared story for each participant. Or create a slide with the selected or prepared story instead (optional).
- Prepare to show the adapted Abortion 101 presentation slides.
- Prepare a slide with the selected story from Part A (optional).
- Prepare a slide with discussion questions from Part B (optional).



Room setup

Ensure you have a large open area where participants can form a circle and move freely. Arrange chairs to allow participants to see projected slides.

Why Did She Die?

Step-by-step instructions

OPEN

Introduce the activity by explaining that the story we will discuss is about a woman's journey to end her pregnancy. Explain that the story is based on real-life examples.

ENGAGE: PART A (60 MINUTES)

1. Explain that we will read a story depicting the reality of many women around the world who face an unwanted pregnancy. Acknowledge that the story may be hard to read or hear for some participants because they may be familiar with stories like these in their own lives or communities. Depending on the story you've selected, additional warnings may need to be included regarding descriptions of violence. Remind participants of the group agreements—and refer to taking time to care for oneself as needed.
2. Distribute copies of the story you selected or show the story on a slide (optional). Ask for a volunteer (or volunteers) to read the story aloud while others follow along or listen.

Note to facilitator: You will probably want to change the name of the person in your story to be more culturally or contextually appropriate for the workshop audience. We're using the name "Mia" in these instructions for clarity: remember to change it to the name you used in your adapted story.

3. Invite participants to form a large circle. Ask for a volunteer to play the role of Mia and have them stand in the center of the circle. Hand Mia the end of the ball of string.
4. Ask participants:
 - *Why did Mia die?*

As each participant answers, take the ball of string and have them wind it around their waist or wrist and hand it back to you. Continue until participants have run out of answers and are connected in a large web.

Note to facilitator: If participants respond that Mia is responsible for her own death, challenge them to think about the rest of the story details. Probe further on what could have potentially happened if she had more access to information and services, and why she didn't have that access.

5. Ask participants to reflect on the connections between themselves and Mia in the center of the web. Ask participants:

- *What do you think the string represents?*

After participants share some responses, explain that the connections represent the responsibilities we all share toward people in Mia's situation.

6. Ask participants:

- *What could have been done to help Mia?*
- *Who could have helped Mia?*

As each participant offers a response, cut them loose from the web. Continue until participants have run out of ideas or all have been cut free.

DISCUSS

Invite participants to return to their seats. Discuss the activity using some of the following questions:

Note to facilitator: Some of the questions may have been answered in previous discussions. Feel free to skip questions that you think are repetitive or irrelevant to your context. Make sure to finish the discussion with the final question in bold on this list.



- *How does this story make you feel?*
- *What new information did you learn about unwanted pregnancy, abortion and pregnancy-related deaths from this story?*
- *What choices did Mia have?*
- *What could have made this situation better for Mia?*
- *What information or resources may have helped her avoid this situation?*

- *In addition to Mia, who else was affected by her death?*
- *What does this story tell us about our responsibility to ensure access to comprehensive medical care, including safe abortion care?*
- *Has this story increased your empathy for women in Mia's situation or other similar situations? How?*
- *Does this story help you better understand your own values about abortion and abortion care? How?*
- *Who has experienced or heard about a story like this woman's through their work that they would be willing to share? What happened, and was the woman able to access safe abortion care? If yes, how? If not, why not?*
 - [This could be an emotional question for some participants, and should be asked with careful consideration.]
- *What if Mia wasn't quite as outstanding or exceptional? For example, what if she was an average or below average student with poor future prospects? Or a privileged young woman from a wealthy family? Do you think the story would have had the same impact? Why or why not?*
- *When the only stories we hear or tell about abortion are like Mia's, how does this contribute to abortion stigma?*
- ***What could you do, personally or professionally, to prevent deaths such as this one from occurring?***

ENGAGE: PART B (30 MINUTES)

1. Transition to the Abortion 101 presentation on the global, regional and local context of abortion. Explain to participants, in your own words, that the first part of this activity narrowed in on one woman's story. Now, we are going to take a look at the broader regional and global picture, which is created when we put many individual stories like Mia's all together.
2. Present the Abortion 101 slides you prepared and adapted for this workshop audience.

3. After you complete the presentation, ask participants to reflect for 1–2 minutes on how these global, regional and local statistics relate to their personal and professional lives.
4. Ask participants to discuss the following questions in pairs. These questions can also be displayed on a slide for reference (optional).
 - What stands out to you about the context of unsafe abortion where you live, after this activity?
 - How does this information relate to lack of access to safe abortion care?
 - In your professional role, what could you do to help someone seeking safe abortion services?

If there is time, ask two or three volunteers to share their ideas.

CLOSE

Ask if participants have any other questions, comments or concerns. Summarize the key messages and link them to the discussion as much as possible. Close by expressing appreciation for their engagement in this activity.

KEY MESSAGES

- Abortion stigma and legal restrictions on abortion cause preventable deaths and injuries.
- Restricting access to abortion does not decrease the number of abortions, but instead drives many people to opt for unsafe practices, and even increases the number of people who die from or are injured by unsafe options.

POSSIBLE ACTIVITY ADAPTATIONS

Part A

Instead of using a ball of string, select a few discussion questions and put them on a handout, slide or flip chart. Have participants discuss the questions in small groups or pairs. After several minutes, participants come together as a large group to discuss the questions.

Good for:

- Smaller venues where there is not enough space to gather for the string activity
- Workshops with a large number of participants
- Groups with limited mobility

Part B

Instead of incorporating it as part of this activity, the Abortion 101 presentation on the global, regional and local context of abortion can be completed as a stand-alone activity during the workshop.

Good for:

- Participants who would appreciate more information on abortion, particularly for any intersectional topics of interest
- Shorter or more time-constrained workshops

Why Did She Die?

Facilitator Tool: Story Options

Review the following stories. Select the story that works best for your workshop context and setting. It may be necessary to change the names and elements of the story to be more culturally or contextually appropriate for the workshop audience.

After you've selected and adapted the story, print one copy of the final version per participant. Or you can project the story on a slide (optional).

Version 1: Mia's Story

My name is Mia. I am the oldest daughter in my family. I am intelligent and hardworking, and even though I worked hard at home to help 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 my 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 free clinic. When I returned for 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 decided there was no way I would go back to Richard. When I asked at the clinic about terminating 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 turned me away, also. I felt afraid and was too ashamed to tell anyone in my family about the rape and pregnancy. I felt that no one would help me, and I became desperate. I tried drinking a toxic potion of household chemicals that I had heard from my friends would end a pregnancy. I tried inserting sticks into my cervix. I became terribly sick and developed a painful infection, but I was still pregnant.

Eventually, after trying all of these things, I took my own life.

Why did Mia die?

Version 2: Ana's Story

My name is Ana. I am the oldest daughter in my family. I am intelligent and hardworking, and even though I worked hard at home to help 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 my 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.

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

When I inquired at the clinic about terminating the pregnancy, the staff told me that “I may be too far along.” I was 14 weeks pregnant. The staff didn't feel comfortable referring me for a second-trimester abortion, even though it was permitted by law.

I went to another clinic to ask about terminating the pregnancy, but they gave me the same misinformation. I felt afraid and was too ashamed to tell anyone in my family about the pregnancy. I also worried that no one would offer me a job when it became obvious that I was pregnant. I told one of my close friends, but I became desperate as I realized that no one could help me.

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

Why did Ana die?

Version 3: 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 a lot and were 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 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 by 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 the 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 everything 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 was pregnant? Getting a job as a woman with a disability was 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 drank it with a packet of painkillers. I felt terribly sick but was sure it 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?

Version 4: Beatrice's Story

My name is Beatrice. I am intelligent and hardworking. 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 eventually I arrived at a camp that was set up for people forced to leave their homes like me. Although I am thankful for the people who helped me and the food and shelter they provided, the shelters did not offer much privacy, and I did 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 distraught with each passing day. I finally noticed 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 I was carrying a child. I felt so ashamed to tell someone, 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 of 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?

Personal Beliefs vs. Professional Responsibilities— Discussion Format

Overview

This activity helps participants explore the alignment or points of tension between their personal beliefs and their professional responsibilities related to abortion.⁴⁸ It can be used with staff of various kinds of organizations who are refining their position on abortion, with staff or teams who are new to abortion-related programming or stakeholders across institutions who are involved in broader sexual and reproductive health programming and are collectively reflecting on their position on abortion.

Note to facilitator: This version of the activity (Discussion Format) is aimed toward broader VCAT workshop participants with diverse professional backgrounds. For example, this version is ideal for an audience made up of both health-care and non-health-care professionals. If all participants have a health-care background, you might decide to use the alternative version (Handout Format).

Time required

45–60 minutes

Objectives

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

- Articulate points of alignment and points of tension between their personal beliefs and their professional responsibilities related to abortion

⁴⁸ This activity was adapted from: National Abortion Federation. (2005). *The abortion option: A values clarification guide for health professionals*. <https://prochoice.org/store/the-abortion-option-a-values-clarification-guide-for-health-professionals/>

- Identify and prioritize the values they wish to act upon when it comes to their professional responsibilities related to abortion
- Clarify and potentially resolve their ambivalence about supporting or providing access to safe abortion care

Materials

- Flip charts
- Pens and markers
- Sticky notes
- [For Option 2 and Option 3] Printed copies of host organization documents: organizational position statements, policies or programmatic summaries on abortion (1 per participant)
- Slides with discussion questions (optional)

Preparation

Adapt the content for your audience

- Make sure you are familiar with the abortion laws and policies in the county (or countries) represented by the participants in the workshop.
- Review content on conscientious objection and be familiar with any local or organizational policies related to this topic.
 - Center for Reproductive Rights: Conscientious Objection⁴⁹
 - FIGO: Conscientious Objection: A Barrier to Care⁵⁰
- Review the host organization's abortion-related position statements, policies and programmatic summaries on abortion. Clarify any questions with your organization contact before the start of the workshop.

49 Center for Reproductive Rights. *Law and Policy Guide: Conscientious Objection*. <https://reproductiverights.org/maps/worlds-abortion-laws/law-and-policy-guide-conscientious-objection/>

50 International Federation of Gynecology and Obstetrics. *FIGO statement. Conscientious objection: A barrier to care*. <https://www.figo.org/resources/figo-statements/conscientious-objection-barrier-care>

Prepare materials

- Review and select one of the three options from the step-by-step instructions.
- For Option 2 and Option 3, identify and invite an organizational representative to briefly present an overview of the organizational position, policies and programs on abortion for 5 minutes.

Note to facilitator: If the workshop participants do not work in the same organization, consider inviting multiple speakers from all the various organizations represented by workshop participants. If this is not possible, you can instead share copies of the relevant organizational position, policy or program with the participants and provide time for individual review.

- Write the discussion questions for the option you selected on flip chart pages. Or you can display these questions on a slide (optional).
- Send the organizational materials on abortion to participants before the workshop and ask participants to review the documents before the activity starts.
- Print 1 copy of the related organizational materials for each participant.



Room setup

Ensure that tables and chairs are arranged to enable individual reflection and group work (in pairs or small groups). Participants should also be able to see any provided flip charts or projected slides (optional) with discussion questions.

Personal Beliefs vs. Professional Responsibilities— Discussion Format

Step-by-step instructions

Note to facilitator: There are three options outlined here. Each option describes a focal topic of discussion:

Option 1: Consequences and impact of denied care

Option 2: Alignment and tensions between personal beliefs and institutional position or policies

Option 3: Competing values

Select the option that you believe is most relevant to the workshop participants. Follow the instructions for the option you selected.

Option 1: Consequences and impact of denied care (45 minutes)

OPEN

Explain that this activity focuses on exploring the relationship between our personal beliefs and professional responsibilities related to abortion. The activity provides an opportunity for participants to explore tensions between their personal beliefs and their professional responsibilities, and to reach their own conclusions.

ENGAGE

1. Ask a compelling or provocative question to generate discussion. For example:



- *What happens to someone who has been raped and is turned away from a safe abortion service?*

2. After a few minutes of discussion, invite participants to take 3 minutes to reflect on the following questions. Let the participants know that after this reflection period, they will discuss the questions in a small group. These questions can also be presented on a slide or flip chart (optional).
 - *How would you describe your responsibilities to people who are seeking safe abortion care, relative to your job?*
 - *Have you ever felt a conflict between your personal beliefs and your professional responsibilities around safe abortion care?*
 - *Has there ever been a situation where you did not feel comfortable acting in accordance with your professional responsibilities? What were the reasons for this?*
3. Break participants into small groups of three to four people to discuss the reflection questions for 15 minutes.

DISCUSS

Bring participants back to a full group discussion using the following prompts for 15 minutes:



- *What stands out from your discussions?*
- *What competing values influence your decisions about how to fulfill professional responsibilities?*
- *What are some ways we can maintain our personal beliefs and values about abortion, while adhering to our professional responsibilities?*

Close the discussion with the following question:

- *What consequences do pregnant people face when staff do not follow safe abortion care policies?*

CLOSE

Ask if participants have any other questions, comments or concerns. Close by summarizing the key messages (found at the end of this activity) and linking them to the themes that emerged in the discussion.

Option 2: Alignment and tensions between personal beliefs and institutional position or policies (60 minutes)

OPEN

Explain that this activity focuses on exploring the relationship between our personal beliefs and professional responsibilities related to abortion. The activity provides an opportunity for participants to explore tensions between their personal beliefs and their professional responsibilities, and to reach their own conclusions.

ENGAGE

1. Ask the invited speaker to present an overview of the organization's position, policies or programs on abortion for 5 minutes. After the speaker is finished, allow participants to briefly ask clarifying questions to each other or to the speaker.

Note to facilitator: If the workshop participants do not work in the same organization, consider inviting multiple speakers from all the various organizations represented by workshop participants. If this is not possible, you can instead share copies of the relevant organizational position, policy or program with the participants and provide time for individual review. This time should serve as a refresher for the participants as they have ideally read these documents previously. After they review the documents, allow around 5 minutes for participants to briefly ask clarifying questions.

2. Present the following questions on a flip chart. Invite participants to take 5 minutes to reflect on the questions. Let the participants know that after this reflection period, they will discuss the questions in a small group. These questions can also be projected on a slide (optional).
 - What aspect of [ORGANIZATION's] policy on abortion most aligns with your personal beliefs and why?
 - What aspect of [ORGANIZATION's] policy on abortion least aligns with your personal beliefs and why?
 - How do you navigate the tensions that exist between your personal beliefs and your professional responsibilities? What impact does this have on you or your work?

3. Break participants into small groups of three to four people to discuss these questions for 15 minutes.
4. Present the following two questions on separate flip chart pages. Tell participants they will be reflecting on these questions and providing their thoughts anonymously. Provide each participant with sticky notes and ask them to take 5 minutes to reflect on the questions and write down their thoughts and responses. Remind participants that this activity is anonymous—they should not put their name on the sticky note. After everyone is done, ask participants to place their sticky notes on each flip chart page.
 - Standing in your full personal and professional integrity, what shifts, if any, do you most want to make to have more alignment between your personal beliefs and your professional responsibilities related to abortion?
 - Drawing on your personal and professional experience, which of [ORGANIZATION's] core organizational values would you elevate above all others to drive the organization's approach to abortion? What, if anything, would this change?
5. Give participants 5 minutes for a gallery walk to silently review the responses provided on each flip chart page.

DISCUSS

Bring participants back to a full group to discuss the following question for 6–8 minutes:



- *What stands out from your reflections and discussions?*

CLOSE

Ask if participants have any other questions, comments or concerns. Close by summarizing the key messages (found at the end of this activity) and linking them to the themes that emerged during the discussion.

Option 3: Competing values (60 minutes)

OPEN

Explain that this activity focuses on exploring the relationship between our personal beliefs and professional responsibilities related to abortion. Emphasize to participants that this activity is not designed to create any action steps if these values are found to be in alignment or in conflict. Instead, this activity provides an opportunity for participants to explore key questions and reach their own conclusions.

ENGAGE

1. Invite participants to take 2 minutes to reflect on a time when they did something they didn't want to do by providing the following reflection question:
 - *What is one example of a time when you did something you didn't want to do?*

Explain to participants that this could be a personal or a professional experience. Participants should be encouraged to think of an example they would be willing to share with one other person in the room.

2. Organize participants into pairs and present the following questions on a flip chart. Ask them to take 10 minutes to discuss their responses to the reflection prompt in Step 1, using the provided discussion questions. These questions can also be projected on a slide (optional).
 - What is one example of something you've done that you didn't want to do?
 - Why did you do it?
 - What did it feel like to do it?
 - Emotionally?
 - Physically—where did you feel it in your body?
 - How did you feel afterward?
 - How do you feel about it now?

- Now looking back on this experience, what were the competing personal values underlying this experience?
3. Ask for a few volunteers to summarize their experience and the competing values that informed that experience.

Note to facilitator: If there is limited time for this activity, ask participants to go around and share only the competing values they identified.

4. Reinforce the concept of **competing values** to the participants. You can refer to the examples shared by participants to help support this concept. Using examples from the participants, you can clarify that everyone has done things they don't want to do (to varying degrees). Sometimes, this can happen as a result of competing values.

For example, in a previous workshop a participant described having a big wedding despite wanting a small, intimate wedding. When she talked about why she did it, it became clear that she navigated a tension between her values related to spending money and the very strong desire to honor her parent's wishes rooted in the culture of her family of origin. Ultimately, her actions showed her that honoring her culture of origin was more important to her.

Note to facilitator: You can use the example provided above to give additional context and to reinforce the concept of competing values. Or you can provide another example or adapt this one to better fit the context of the workshop.

5. Explain to participants that we will apply a similar exploration by looking at our own values and our organization's values on the topic of abortion. Introduce the invited speaker to briefly present an overview of the organization's position, policies or programs on abortion for up to 5 minutes. After the speaker is finished, allow participants to briefly ask clarifying questions to each other or to the speaker.

Note to facilitator: If all workshop participants do not work in the same organization, consider inviting multiple speakers from all the various organizations represented by the workshop participants. If this is not possible,

- proceed to Step 6 after providing a brief transition to the topic of personal and professional values on abortion. After the participants have reviewed the documents, allow around 5 minutes for participants to briefly ask clarifying questions.
6. Share copies of the position, policy or program documents that participants were asked to review ahead of time. Invite participants to quickly review the documents again now, and silently reflect on the following questions for 10 minutes. Present these questions on a flip chart. You can also project these questions on a slide (optional).
 - What aspect of your organization’s work on abortion most aligns with your personal beliefs and why?
 - Are there any aspects of your organization’s approach to abortion that you are less comfortable with, or ambivalent about, and why?
 - What are some of the impacts your discomfort could have on the organization’s work on abortion?
 - How do you manage your discomfort? What personal values do you lean on to assist with this?
 7. Next, invite participants to join with their same partner from Step 2 to discuss the following questions for 10–12 minutes:
 - What competing values influence your decisions about how to fulfill professional responsibilities?
 - What are some barriers that prevent you from advancing access to safe abortion care?
 - What could motivate you to advance access to safe abortion care?
 - What people and life experiences have influenced these barriers and motivations?

DISCUSS

Bring participants back to a full group to discuss and debrief for 5–8 minutes. Ask for volunteers to share some of the barriers and motivations they identified. Broaden the debrief by then asking what stands out to participants from this reflection and discussion.

CLOSE

Ask if participants have any other questions, comments or concerns. Close by summarizing the key messages (found at the end of this activity) and linking them to the themes that emerged during the discussion.

KEY MESSAGES

- Taking time to consciously examine the points of tension and alignment between our personal beliefs and professional responsibilities related to abortion can help us act with greater personal and professional integrity.
- For some people, upholding a professional responsibility to facilitate access to safe abortion options might bring some personal discomfort. However, people may draw on their values of respect, care for others and the desire to do no harm to act in a way that is consistent with their professional responsibilities, regardless of the abortion-related decisions they would make for themselves or prefer someone else makes.
- Some people may be able to make a professional commitment to support access to safe abortion care while also facing personal barriers to acting on this commitment. People can have barriers and hesitations and still act in a way that is consistent with their professional integrity and responsibilities.
- Sometimes we experience conflicting values as we strive to honor both our personal beliefs and professional responsibilities. In these moments, we can prioritize our values to help inform our actions and find creative solutions to act with both personal and professional integrity.

Personal Beliefs vs. Professional Responsibilities— Handout Format

Overview

This activity helps participants explore where their personal beliefs are in alignment or in conflict with their professional responsibilities to provide or support the provision of safe abortion care.⁵¹ This activity is best for participants who are health-care providers or professionals whose work pertains directly to abortion care, referrals or advocacy. This activity also raises the issue of conscientious objection and emphasizes providers' responsibilities to ensure the right to reproductive health care, including abortion.

Note to facilitator: This version of the activity (Handout Format) is most effective when used with participants who are health-care providers or professionals. If participants have a more diverse professional background (i.e., a mix of health-care and non-health-care professionals), you may be interested in using the other version (Discussion Format).

Time required

75 minutes

Objectives

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

- Identify motivating factors and perceived barriers to providing or supporting access to comprehensive abortion care
- Articulate how these motivating factors and perceived barriers affect their attitudes toward women who have an abortion and the quality of abortion care in their setting

⁵¹ This activity was adapted from: National Abortion Federation. (2005). *The abortion option: A values clarification guide for health professionals*. <https://prochoice.org/store/the-abortion-option-a-values-clarification-guide-for-health-professionals/>

- Clarify and potentially resolve their ambivalence about providing or supporting access to comprehensive abortion care
- Articulate the limits to conscientious objection and providers' ethical obligations regarding the termination of pregnancy

Materials

- Flip chart and markers
- Printed copies of Participant Handout 1: Worksheet (1 per participant)
- Printed copies of Participant Handout 2: Small Group Facilitator Instructions (1 per small group)
- Printed copy of FIGO statement on Conscientious Objection: A Barrier to Care⁵²

Preparation

Adapt the content for your audience

- Make sure you are familiar with the abortion laws and policies in the county (or countries) represented by the participants in the workshop.
- Review the host organization's abortion-related position statements, policies and program summaries on abortion. Clarify any questions with your organization contact before the start of the workshop.
- Review the following resources on conscientious objection and be familiar with any local or organizational policies related to this topic.
 - Center for Reproductive Rights: Conscientious Objection⁵³
 - FIGO: Conscientious Objection: A Barrier to Care⁵⁴

52 International Federation of Gynecology and Obstetrics. *FIGO statement. Conscientious objection: A barrier to care.* <https://www.figo.org/resources/figo-statements/conscientious-objection-barrier-care>

53 Center for Reproductive Rights. Law and Policy Guide: Conscientious Objection. <https://reproductiverights.org/maps/worlds-abortion-laws/law-and-policy-guide-conscientious-objection/>

54 International Federation of Gynecology and Obstetrics. *FIGO statement. Conscientious objection: A barrier to care.* <https://www.figo.org/resources/figo-statements/conscientious-objection-barrier-care>

- Adapt the content in Participant Handout 1: Worksheet to ensure it is relevant for the workshop participants. Irrelevant statements can be removed from the worksheet as well.

Prepare materials

- Print a copy of the adapted Participant Handout 1: Worksheet for each participant.
- Print a copy of Participant Handout 2: Small Group Facilitator Instructions for each small group (1 for each small group).
- Print a copy of Conscientious Objection: A Barrier to Care for each participant.



Room setup

Arrange tables and chairs to enable participants to work in small groups.

Personal Beliefs vs. Professional Responsibilities— Handout Format

Step-by-step instructions

OPEN

Introduce this activity with a short group discussion. Explain to participants that people often resort to having an unsafe abortion because they fear stigma and judgment from health-care providers or other professionals who are meant to help them. This can take place in countries where safe abortion is legally permitted, and it is especially common where safe abortion services are legally restricted. Explain that when someone is determined to end their pregnancy, they will usually seek out an abortion, regardless of legality, often risking their own safety.

Note to facilitator: Nearly all countries have one or more circumstance under which abortion is legally permitted, and postabortion care is legal everywhere.

Ask participants the following questions:



- *How common do you think it is for people to experience conflicts between their personal beliefs and their professional responsibilities regarding abortion care?*
- *Have you ever treated someone who had been refused service by another provider or another facility?*
- *Have you ever had to provide medical care even though it conflicted with your own values and beliefs?*

Explain to participants that this activity will help explore the relationship between our personal beliefs and our professional responsibilities related to abortion. Emphasize that this is an opportunity for participants to explore any tensions between their personal beliefs and their professional responsibilities, and to reach their own conclusions.

Note to facilitator: If all or most of the workshop participants work in the same organization, you may choose to invite a leader or representative from the organization to provide an overview on the organizational position on abortion. Then, you can facilitate a short discussion about the various ways that participants might support, advance or undermine this position, given their roles in the organization.

ENGAGE

1. Divide participants into small groups of four to six people each. Ask each group to select a facilitator and a timekeeper. Distribute a copy of Participant Handout 1: Worksheet to each participant and a copy of Participant Handout 2: Small Group Facilitator Instructions to the designated facilitator for each group.
2. Small group facilitators will instruct participants to take up to 5 minutes to complete Part A of the worksheet. Ask participants to think carefully about their responses and assure them their responses will be kept private.
3. After participants have completed Part A, small group facilitators should use the discussion prompts on the instruction sheet to lead a 10-minute discussion about reasons to provide, refer or support access to safe abortion care.

Note to facilitator: You should be moving through the room and observing how the groups are working during this time. If a small group facilitator seems to be struggling, offer some help.

4. Still working in small groups, the small group facilitators will ask participants to take up to 5 minutes to complete Part B of their worksheet.
5. After participants have completed Part B, small group facilitators will lead a 10-minute discussion about professional responsibilities using the discussion prompts on their instructions sheet.

DISCUSS

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



- *What are your observations about personal beliefs and how they relate to professional responsibilities to provide or support access to safe abortion care?*
- *In one sentence or phrase, please summarize what you interpret as your professional responsibilities related to safe abortion care.*
- *What are some ways we can maintain our personal beliefs about abortion, while maintaining our professional responsibilities?*

Distribute copies of the FIGO statement, Conscientious Objection: A Barrier to Care,⁵⁵ and discuss any relevant local (or organizational, as appropriate) policies on conscientious objection and provider responsibilities. Review the limits to conscientious objection as indicated in the FIGO statement and discuss how they pertain to abortion care. Ensure the following points are covered in the discussion:

- The primary duty of health-care providers is to treat, provide benefit and prevent harm to their patients. Any conscientious objection to treating a patient is secondary to this primary duty.
- Providers who invoke conscientious objection are responsible for making referrals to ensure their patients can receive timely, high-quality abortion services. They must make arrangements in advance to ensure these services will be available.
- Abortion care must be provided in emergency situations, where referral is not possible or timely or where this results in undue barriers, and for postabortion care. It is preferable not to invoke conscientious objection at all in these scenarios.

55 International Federation of Gynecology and Obstetrics. *FIGO statement. Conscientious objection: A barrier to care.* <https://www.figo.org/resources/figo-statements/conscientious-objection-barrier-care>

CLOSE

Ask if participants have any other questions, comments or concerns. Close by summarizing the key messages and linking them to the themes that emerged in the discussion.

KEY MESSAGES

- It is important to consider what motivates us to act, and what prevents us from acting, when it comes to supporting access to safe abortion care.
- Making a professional commitment to support access to safe abortion care doesn't mean our personal barriers to action have disappeared.
- People can have barriers and hesitations and still act in a way that is consistent with their professional integrity and responsibilities.
- Health-care providers have a professional responsibility to ensure people receive safe abortion care. If they are uncomfortable providing services, they should provide referrals to safe services in a timely way. If that is not possible and they are a trained provider, they have a professional duty to ensure people get the services they need.
- People may avoid safe abortion services because they are afraid of being mistreated by health-care providers or staff. Health-care providers can help prevent pregnancy-related deaths and injuries by treating everyone professionally and with respect, regardless of their reasons for terminating their pregnancy, even if their personal beliefs are challenged.

Personal Beliefs vs. Professional Responsibilities— Handout Format

Participant Handout 1: Worksheet

Part A: Personal beliefs

Please read each of the statements about barriers to providing abortion care or supporting the 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 facility or organization due to safe abortion care provision.
- My facility or organization'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 facility or organization.
- I am not clear on my facility or organization's policies on how to respond if there is 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 facility or organization 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 facility or organization's provision of safe abortion care.

Please read each of the statements and select all the reasons that might facilitate your provision of or support for safe abortion care.

- Everyone should have access to safe abortion care.
- Many people seeking safe abortion care are not able to receive it.
- I am committed to preventing 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 people 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 facility or organization's provision of safe abortion care, services may not be available to everyone who needs them.
- I want to foster a supportive environment for access to safe abortion care within the medical community.
- 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 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 people who seek safe abortion care.

- I have a responsibility to provide compassionate, factually correct information about all pregnancy options, 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.
- If I do not support safe abortion care, I have a responsibility to inform my facility or organization about my position.
- I have a responsibility to provide 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 where I work.
- 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 facility or organization's risks with regard to safe abortion care provision.
- I have no responsibilities with regard to safe abortion care.

Please select all statements that best represent the responsibilities of the staff working at your facility or organization, with regard to people who seek safe abortion care:

- Staff at my facility or organization have a responsibility to provide information about pregnancy options, including abortion.
- Staff at my facility or organization have a responsibility to provide safe abortion care or support the provision of safe abortion care in a discreet manner.
- Staff at my facility or organization have a responsibility to provide referrals to appropriate safe abortion care.
- Staff at my facility or organization have a responsibility to provide safe abortion care or support provision of safe abortion care to women who meet legal indications in that country.
- Staff at my facility or organization have a responsibility to provide safe abortion care or support the provision of safe abortion care to anyone who requests it.
- Staff at my facility or organization have no responsibilities 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— Handout Format

Participant Handout 2: Small Group Facilitator Instructions

Part A

After participants have completed Part A of the participant handout, small group facilitators will lead a short discussion about reasons to provide, refer or support access to safe abortion care.

Possible discussion questions for small groups:

- What were the main barriers to providing or supporting access to comprehensive abortion care? What additional barriers that were not listed did you write in?
- What were your reasons for providing or supporting access to safe abortion care?
- What people and life experiences have influenced these reasons?

Part B

After participants have completed Part B of the participant handout, small group facilitators will lead a short discussion about professional responsibilities.

Possible discussion questions for small groups:

- How would you describe your responsibilities to people who are seeking safe abortion care, relative to your job?
- How would you describe your facility or organization’s responsibilities to people who are seeking safe abortion care?
- What factors (e.g., people and life experiences) influence your sense of professional responsibility to provide safe abortion care to someone who requests it?
- Have there been any situations in which you did not act in accordance with your perceived responsibilities? What were the reasons for this?
- What consequences do people who are seeking safe abortion care face when people who work in your facility or organization do not follow safe abortion care policies?

| Talking About Abortion

Overview

When talking about abortion with other people, we may encounter awkwardness, discomfort or even hostility on occasion. This activity is designed to help participants anticipate negative comments and reactions about abortion.⁵⁶ It helps participants brainstorm and express appropriate, respectful and confident responses to other people's disapproving questions and concerns.

Note to facilitator: This activity is designed to help participants gain confidence in talking about abortion. This activity is not designed to train advocates in speaking publicly; rather, it gives people practice talking about abortion with people they may 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 about safe abortion 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

⁵⁶ This activity was adapted from: Baker, A. (1995). *Abortion and options counseling: A comprehensive reference*. Granite City, IL: Hope Clinic for Women.

 **Materials**

- Flip chart
- Marker

 **Preparation****Adapt the content for your audience**

- Review the data in the [Abortion Basics](#) section of this guide for general responses to questions about abortion care.
- Work with local partners to identify and prepare contextually relevant myths, misconceptions and negative comments about abortion.
- Review the [Facilitator Tool: Example Responses](#) to familiarize yourself with potential responses. Be prepared to share these examples with participants during the activity or discussion, as needed. Adapt the talking points to include your own ideas or any additional, contextually relevant responses as well.

 **Room setup**

Arrange tables and chairs to enable participants to work in small groups. Provide one blank flip chart paper and three or four markers per small group. Identify one area of blank wall space where you can post each small group's completed flip chart paper.

Talking About Abortion

Step-by-step instructions

OPEN

Introduce the activity with the following information, using your own words:



Many of us hold some anxiety about confrontations that could arise when we talk about abortion. You might worry about how to respond to questions, comments and attitudes that are disapproving, challenging or even hostile. These comments and reactions may come from strangers or from people you know and care about. In the first part of this activity, you will work in small groups to brainstorm a list of potential challenging comments and questions. We will then work together to develop and refine responses that you can use to effectively correct misinformation or misunderstanding, and respectfully explain your viewpoint on abortion. Then, we will role-play in pairs to practice articulating these responses.

ENGAGE

1. Divide participants into groups of four to six people each. Give each group one piece of flip chart paper and three or four markers for writing comments and responses.
2. Instruct groups to spend 10 minutes brainstorming possible negative questions and comments that people who disapprove of abortion might say. Ask participants to keep the comments as realistic as possible—reflecting comments or questions they may have heard in the past, or what they might anticipate hearing from people who are opposed to or uncomfortable with abortion. The people making these comments might be family members, colleagues, community members or others.

3. Ask each group to have a spokesperson display their flip chart paper and report back to the entire group. After each group presents, keep the flip chart papers on the wall where everyone can see them.
4. When all the flip chart papers have been displayed and presented, ask participants if they can identify what personal values and lived experiences might be underlying some of the negative comments. Would a person with a negative attitude toward abortion say they are driven by a value around tradition? Family? Concern? Knowing the underlying reasons for a person's attitudes about abortion can help you both connect and construct a compelling response.
5. Have each group exchange their list with another group. Instruct groups to choose two challenging or common comments from their new flip chart paper and spend 15 minutes responding to those comments. The group can write their responses directly on the paper. Ask participants to try incorporating responses that might address the underlying reason for the negative comment.
6. Ask for a different spokesperson to report back on their responses. Ask participants to take notes on responses they find particularly helpful.
7. Divide participants into pairs. Each person should be paired with someone from outside their small group. Assign one person to be Person A and the other to be Person B.
8. Explain to participants that you will set a timer for 3 minutes. During the 3 minutes, Person A should choose a negative comment on abortion and act as the person who believes that comment, while Person B responds. Ask participants to stay in character throughout.
9. When the timer goes off, ask participants to switch roles: Person B will now choose a different negative comment about abortion to defend, while Person A responds.

Optional

10. Ask if any pair would be willing to act out their role-play for the larger group. Give the pair 3 minutes to re-enact their role-play discussion.
11. After the presentation from the volunteers, discuss with the larger group using the following prompts:



- *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?*
- *What would you add or do differently to make it an even more effective response?*

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?*
- *How did it feel to listen to someone talk negatively about abortion?*
- *How did it feel to respond?*
- *How did identifying values affect your responses to negative comments about abortion?*
- *What lessons would you take away from this role-play to a real-world situation?*
- *What other tips or ideas do you have for handling difficult or negative conversations?*

CLOSE

Ask if participants have any other questions, comments or concerns. Close by summarizing the key messages and linking them to the themes that emerged in the discussion. Thank participants for their contributions and insights.

KEY MESSAGES

- Remember that everyone has experiences that inform their attitudes, beliefs and values related to abortion. Understanding where people are coming from can help us respond appropriately to concerns about abortion.

- When entering a difficult conversation about abortion, 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.
- We can prepare ourselves for challenging conversations about abortion by practicing our responses with a friend or co-worker. Abortion is not something most people are used to talking about openly, so practicing helps us clarify and articulate our own values about abortion.

POSSIBLE ACTIVITY ADAPTATIONS

Fishbowl Debate

Move through the first two small group discussions as outlined above. At Step 7, instead of dividing participants into pairs for a role-play, set up a circle of chairs in an open part of the room and place two chairs in the center. Label one chair “support” and one chair “against.”

Ask participants to sit in the circle of chairs, leaving the two chairs in the middle open for now. Then, ask for two volunteers to take the chairs in the center. Explain to participants that the person seated in the “against” chair will act out the role of someone who opposes access to abortion care by using some of the negative comments on abortion as discussed earlier in the activity. The person in the “support” chair will act as an abortion advocate and will respond to the negative comments on abortion.

Explain the rules of the fishbowl debate to the participants:

- Only the two people (debaters) in the center of the circle (or “fishbowl”) can speak.
- Any other participant can tap the shoulder of a debater and take their seat.
- When you are tapped, finish your sentence and then you must yield the chair.
- You must wait until two people have tapped in after you before you can tap back in.

Provide an initial negative comment to the person seated in the “against” chair to start the debate. Allow up to 10 minutes for participants to engage in the debate, while you move around the outside of the circle and encourage any participants who seem reluctant to get involved. It may help to provide talking points or other encouragement quietly.

When the time is up, ask participants to remain where they are seated and proceed to discuss the debate using the prompts outlined in the Discuss section.

Good for:

- Smaller, more mobile groups
- VCAT workshops with an advocacy focus

Talking About Abortion

Facilitator Tool: Example Responses

Here are a few examples of comments and questions with possible responses that you may find helpful.

“How can anyone kill their own baby?”

Possible responses:

- Not everyone believes that abortion is killing a baby.
- You could ask a room full of biologists, ministers, mothers, fathers, health-care providers and politicians if abortion is the same thing as killing a baby, and you might get as many different answers as there are people in the room.
- Everyone has the right to their own beliefs about when life begins.

“Why would you choose to be an abortion provider?”

Possible responses:

- Safe abortion is an important part of a continuum of reproductive health care.
- Women need and deserve a full range of services.
- Unsafe abortions are a leading cause of pregnancy-related injuries and deaths in many parts of the world; when performed safely, abortion can be in many cases safer than pregnancy and childbirth.
- It’s important to me, as a health-care provider, to take care of all of my patients’ health-care needs. I want my clients to have the best care, including all essential services, and that means including abortion.

“Abortion is a sin.”

Possible responses:

- Everyone has their own beliefs about sin and religion in general.
- Religions often have very different ideas about what a sin is, and their own systems for understanding and forgiving sins.

- God and nature have always allowed abortions to occur in the form of miscarriages, which are spontaneous abortions.
- People who are determined to end their pregnancy and are not able to access safe abortion care may risk their health or life with an unsafe abortion. Many people feel that allowing people to die from unsafe abortion is a sin.
- Everyone’s relationship with their god and their faith is their own.

“Women should put their babies up for adoption instead of having an abortion.”

Possible responses:

- I do not believe anyone can or should force someone to continue an unwanted pregnancy if they don’t want to.
- Many women feel they could not make an adoption plan after they’ve carried a pregnancy through to term, because they fear it could be too emotionally difficult.
- Some women have had children they already placed for adoption and don’t want to do it again.
- Not all children placed for adoption are able to find a forever family, and some people don’t want to risk putting a child in an orphanage or foster care that may be unstable for the child.
- Pregnancy itself is incredibly difficult and hard on the body, and some people never recover to the standard of health they had before.
- For some people and in some contexts, pregnancy itself is dangerous.

“Why don’t people use birth control? There is no excuse for abortion nowadays!”

Possible responses:

- Many women who seek abortions used some form of birth control, but no form of birth control is 100% effective. There are many reasons why birth control can fail.
- Some women don’t have access to birth control, or don’t know how or where to find it.

- Some women don't have the information they need to know about birth control or when they need it.
- Women don't get pregnant on their own!
- Many men refuse to use birth control or take responsibility for impregnating women.
- Sometimes women need to end a wanted pregnancy because of a risk to her health or a change in her life circumstances that make it impossible for her to have a child.
- Most people have unprotected sex at some point in their lives, including most likely you and me.
- Not all sex is consensual: some people get pregnant because of rape and violence.
- It is unacceptable to judge someone for having an unintended pregnancy; you never know what their circumstances are or were.

| Closing Reflections

Overview

This activity can be completed at or near the end of the workshop to help participants reflect on their experiences during the workshop, identify what knowledge, feelings or opinions have remained the same or changed, express any outstanding issues or concerns related to the material that was covered, and make declarations of personal next steps.⁵⁷ Effective closing activities can be used to transition participants from the workshop setting back to their usual responsibilities, while naming and celebrating their new skills, knowledge and commitments.

Time required

45 minutes

Objectives

By the end of this session, participants will:

- Articulate their current knowledge, feelings, values and intentions about abortion and how they were influenced by the workshop
- Identify areas where they feel their values, beliefs and/or behaviors still conflict
- Express any outstanding questions or concerns about the workshop or topics discussed

⁵⁷ This activity was adapted from: Marais, T. (1996). *Abortion values clarification training manual*. Planned Parenthood Association of South Africa.

 **Materials**

- Printed copy of the [Facilitator Tool: Prompts](#) (1 copy)
- Flip chart or slide (optional) with selected prompts

 **Preparation**

- Review the [Facilitator Tool: Prompts](#). Select three or four prompts and adapt them (as necessary) to ensure they are appropriate for the workshop context.
- Write the selected prompts on a flip chart page or on a projected slide (optional) for the participants.

 **Room setup**

Arrange tables and chairs so participants can comfortably work individually. Ensure the flip chart (or slide, if using a projector) can be seen easily by all participants.

Closing Reflections

Step-by-step instructions

OPEN

Explain that this activity will give all participants a chance to individually reflect on their experiences during the workshop and the impact those experiences might have on the future. Encourage participants to withhold judgment about contributions from others and to pay attention to their own reactions during this activity:



If you are feeling uncomfortable or judgmental about other responses, take a moment to silently reflect on why you might be having this reaction. Then, consider how you can reframe your thoughts to be more neutral.

ENGAGE

1. Show the prompts and read them to the participants, either on a flip chart or a projected slide (optional).
2. Ask participants to spend a few minutes responding to the prompts. Remind participants that their responses reflect their own personal views, experiences and values, and that there are no wrong answers to these prompts.
3. After a few minutes of silent reflection and individual written response, ask participants to take turns reading one of their completed statements out loud to the large group. Participants may decline to share if they are not comfortable reading any of their statements with the larger group.
4. Ask one or two participants to share their observations about the completed statements that were shared with the large group. Ask participants to focus on any themes that came out of this activity, and to avoid referencing any specific individual's response.

5. Ask participants to take a moment to reflect on what they have heard during this activity. Guide participants through a debrief to reflect on the completed statements and observations. You may use or adapt any of the following questions:



- *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 and/or behaviors on abortion, what suggestions do we have for resolving those?*
- *What is your sense about the impact of this workshop on our group?*

Note to facilitator: If you conducted the Hopes and Hesitation activity at the start of this workshop, you should now revisit the notes from that activity to ensure that any remaining points were addressed. If you used a “parking lot” or “garden” to collect questions throughout the workshop sessions, you should take this time to revisit any questions that have not yet been addressed. If necessary, create a follow-up plan for any questions that cannot be answered during the workshop.

6. Ask participants to take 3 minutes to reflect and write one commitment they will make regarding abortion. Explain to participants that this is a personal commitment; something they will individually plan to do. After several minutes, invite each person to share their commitment out loud with the large group. As each person shares, the facilitator should write down each person's name and commitment.

CLOSE

Thank the participants for their time, energy and engagement in this activity and in the overall VCAT workshop. Review any plans made for follow-up, provide information on the post-workshop evaluation and distribute participant certificates (optional).

POSSIBLE ACTIVITY ADAPTATIONS

Positive Gossip

If there is time available, the Closing Reflections can be supplemented with the Positive Gossip activity.⁵⁸ Ending on this positive note can help participants find closure through gratitude and appreciation for one another and the experience they have had together.

Note to facilitator: If possible, the facilitators should also participate in this activity.

Time required

10 minutes

Materials

- Flip chart and markers
- Projector and slides (optional)

Preparation

- Prepare three flip chart pages (or three separate slides) in advance with the following written prompts, ensuring that participants cannot see the instructions for the next round:
 - Round 1: Gossip positively about someone in your life who has helped shape your core values.
 - Round 2: Gossip positively about someone in the room who said or did something you appreciated during this workshop.
 - Round 3: Gossip positively about the person in front of you and anything you appreciate about them!

Note to facilitator: You can adapt the prompts to fit the workshop context. However, whenever possible, we recommend keeping the third prompt as is.

⁵⁸ This activity was adapted from: Liberating Structures. *Positive gossip: Start turning around a destructive pattern of negative gossip.* <https://www.liberatingstructures.com/positive-gossip/>

ENGAGE

1. Ask participants to pair up with another person. Each pair should stand (or sit, if preferred) directly across from each other, face to face. Invite each person to take 2 minutes to respond positively to the first prompt: Gossip positively about someone in your life who has helped shape your core values.

Note to facilitator: For each question, remind participants after 2 minutes have passed to switch within the pair so that each person has an opportunity to speak.

2. After each person has had 2 minutes to respond to the first prompt (for a total of 4 minutes), ask participants to find another person to partner with for Round 2. When everyone has a partner, reveal the second prompt: Gossip positively about someone in the room who said or did something you appreciated during this workshop.
3. Again, give each participant 2 minutes to share (for a total of 4 minutes). After this time has passed, ask participants to find a new partner for the final round.
4. After all participants have found a new partner, reveal the third prompt: Gossip positively about the person in front of you and anything you appreciate about them!

Note to facilitator: Usually after revealing this final prompt, participants express surprise and initial discomfort before they begin to respond to the question in their pairs. Eventually, everyone can find something positive to say about the person in front of them, even if they don't know that person very well.

5. After 4 minutes have passed, ask participants to either remain standing as a group or to return to their seats. Ask participants what it was like to gossip positively. After a few responses, close by sharing your own appreciation for everyone's active participation in the workshop and one or two things you appreciate about the participant group.

Good for:

- Longer VCAT workshops, where participants have had more time to interact and get to know each other

- Participant groups who had relationships with each other before the VCAT workshop (e.g., co-workers and members of the same community organization)

Closing Circle

If there is time available, the Closing Reflections can be supplemented with the Closing Circle activity. This is a great way to summarize and close a workshop by providing an opportunity for participants to share something they learned or will take away from the experience.

Time required

15 minutes

Materials

Any item that can be easily passed around the room, hand-to-hand (i.e., a ball, a ball of yarn or other small object)

ENGAGE

1. Ask participants to stand in a large circle facing each other.
2. Explain to participants that the person holding the item is the speaker. The speaker will share one thing they learned or will take away from this workshop. Then, the speaker will pass the object to another person in the circle. The new person holding the object becomes the speaker and will share what they learned or will take away from the workshop. Explain to participants that this activity will continue until everyone has had a chance to share their thoughts.
3. Start the activity by passing the object to one of the participants to begin sharing.
4. After all participants have shared, thank the group for their willingness to share their thoughts and for their active participation throughout the workshop.

Good for:

- Smaller groups of participants

Closing Reflections

Facilitator Tool: Prompts

Select three or four of the following prompts and adapt (as necessary) so the prompts are appropriate for the workshop context, setting and participants. Then, write the selected prompts on a flip chart page or project them on a slide (optional) for the participants.

Prompts

My personal feelings about abortion are:

My professional responsibilities regarding abortion are:

My ideas about _____ have changed because
_____.

I still do not fully understand:

I want to explore:

When I think about abortion, 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 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_____.

Supplemental Activities: Icebreakers and Energizers

During an abortion VCAT workshop, it is important to give both the participants and the facilitation team clear breaks throughout the day. Many of the conversations you'll have throughout the course of the VCAT workshop can be emotional, so we recommend including meaningful icebreakers and energizers to ensure that you're incorporating energy and fun into the workshop experience while simultaneously helping participants internalize what they are learning.

In this section, we include some short activities that you can incorporate throughout the VCAT workshop. These activities are organized into:

- **Icebreakers:** activities that you can use to introduce yourselves and to support participants in getting to know and build rapport with each other and the facilitators. In addition, icebreakers can help participants get a sense of the content coming up in subsequent activities.
- **Energizers:** activities that you can use throughout the day to release tension, increase energy or reshuffle participants into new small groups. You may decide to use energizers as needed throughout the workshop, even if they are not listed in the agenda.

As an experienced facilitator, you may know many of the activities included here, or you may have your own energizers that you like to use in this kind of workshop setting. We encourage you to be creative by incorporating energizers throughout the workshop.

You can find several additional icebreakers and energizers in Ipas's Effective Training in Reproductive Health⁵⁹ manual and on many workshop websites.

We also encourage you to share your favorite energizers with us at vcat@ipas.org and in our community of practice: Training Together: A learning community for abortion VCAT facilitators.⁶⁰

59 Ipas. (2012). *Effective training in reproductive health: Course design and delivery. Reference manual*. <https://www.ipas.org/resource/effective-training-in-reproductive-health-course-design-and-delivery-reference-manual/>

60 Ipas. (2022). *Training Together: A learning community for abortion VCAT facilitators*. <https://www.ipas.org/training-together/>

Supplemental Activities: Icebreakers

Participant BINGO

This activity works well if you have a smaller group of workshop participants but not enough time for individual introductions.

Time required

20 minutes

Materials

- [Participant Handout: BINGO Card](#) (1 for each participant)
- Pens or pencils

Preparation

- Review and adapt the [Participant Handout: BINGO Card](#).
- Print 1 copy of the adapted BINGO card for each participant.

Room setup

Ensure there is enough space available in the room for participants to walk around the room and speak with each other.

ENGAGE

1. Explain to the participants that this is a way of getting to know interesting facts about each other.
2. To complete their BINGO card, participants need to move around the room, speak to other participants and get them to sign their name in a square on the BINGO card that applies to them.
3. Explain that each square must be signed by a different individual.
4. The first person to get signatures in all the boxes on their BINGO card should shout “BINGO!”

Participant Handout: BINGO Card

I am from the town where this workshop is happening.	I was born in the month of December.	I have a pet at home.	I have been through a values clarification workshop before.	I am the youngest in my immediate family.
I enjoy trying new foods.	I consider myself a religious person.	I enjoy cooking or baking.	I know someone who has had an abortion.	I speak more than one language.
I am in a committed relationship.	I have relatives that live in another country.	I am an only child.	I don't live in the town or country where I grew up.	I know someone who is lesbian, gay, bisexual, transgender or intersex.
I am afraid of spiders.	I have helped someone find abortion services.	I know someone who was adopted.	I enjoy creating art.	I feel comfortable talking about sex or sexuality.
My favorite color is blue.	I live with my parents or extended family.	I have more than one degree.	I dislike the sight of blood.	I am excited about this workshop.

Impromptu Networking

This is a great way to have participants get to know each other at the beginning of a workshop.⁶¹ This activity works well for larger groups of participants, when there isn't enough time to have everyone introduce themselves individually. It ignites participation right away and signals that this will be a high-engagement workshop. This activity can also be an effective way to provide space for more reserved participants to warm up.

Time required

25 minutes

Materials

- A flip chart page or a projector and slide (optional)
- Pens or pencils

Preparation

Write three questions in advance on a flip chart (or project them on a slide) that everyone in the room can see. Use or adapt the following questions as appropriate for the workshop context.

- Round 1: When you were growing up, what did the adults in your life teach you about gender roles?
- Round 2: When you were growing up, what did the adults in your life teach you about sex?
- Round 3: As an adult, what do you think is important to teach young people about gender roles and sex? How is it similar or different from what you were taught?

Room setup

Ensure there is enough space available in the room for participants to walk around the room and speak with each other.

⁶¹ This activity was adapted from: Liberating Structures. *Impromptu networking: Rapidly share challenges and expectations, build new connections.* <http://www.liberatingstructures.com/2-impromptu-networking/>

ENGAGE

1. Explain to participants that there will be three rounds of short, paired discussion as a way to start exploring some of the issues that will be coming up in this workshop and as a way to start getting to know each other. When participants are paired up, each person should take turns introducing themselves and responding to the question. Remind participants that there are no wrong answers to these questions, and they may choose to share whatever they feel comfortable sharing. Let participants know the rounds will be short (2 minutes per person in each paired group).
2. Invite participants to partner up with someone they don't know or know the least about in the room.
3. If possible, play soft music throughout the three rounds to help set a relaxed tone.
4. In each round, provide 2 minutes per person to answer the questions for a total of 4–5 minutes per round. Let participants know when 2 minutes have passed so each partner has time to share.
5. Be sure to conduct all three rounds. Use a bell or another sound to help participants shift to each round.
6. End the activity after the third round.

DISCUSS

Invite participants to return to their seats. Take 5–10 minutes to facilitate a short group discussion using the following prompts, eliciting two or three responses per question:



- *What are some of the messages that those of us in the room received about gender roles?*
- *Are there one or two other messages that anyone received that are different from what's been shared?*
- *What are some of the messages you have received about sex?*

- *A show of hands: How many of you think that young people should be taught something different about sex or gender roles than what you were taught?*
- *What do you think these questions have to do with the topic of abortion?*

CLOSE

Close by thanking the participants for their willingness to start talking about today's content right away. Elicit or share the following key messages. Encourage participants to continue connecting with other participants they know the least about throughout the workshop.

KEY MESSAGES

- Often, our viewpoints and values with regard to abortion are connected to the messages we've received about gender roles and sex. For example, if we were taught that sex is only for procreation, that may shape our viewpoints about people who want to end an unintended pregnancy. Similarly, if we were taught that all women should aspire to be mothers, that may lead us to be confused or judge women who choose to end a pregnancy. Conversely, if we were taught that sex can be for pleasure or that every woman has the right to decide for herself whether to become a parent, we may view abortion neutrally as one of many reproductive health-care services available to women.
- These questions were also meant to serve as a reminder that viewpoints and values can stay the same over time or can change. They can be reinforced by new experiences, or they can shift as a result of new experiences.
- We'll be reflecting on these issues more deeply over the course of our time together. The purpose of starting to raise some of these messages now is to get a sense of the similarities and differences between the messages we've received, the messages we convey, and how those messages may inform how we feel about abortion.

The Name Game

This activity can be particularly helpful when many of the workshop participants don't know each other. By getting to know each other's names, participants can start to feel more comfortable addressing each other and sharing perspectives more freely in small and large group discussions. It can help to build rapport and enables the group to experience an early success in the face of a modest challenge through collaboration.

Time required

20–45 minutes (depending on the size of the group)

Room setup

Ensure there is enough space in the room for participants to stand in a large circle facing each other.

ENGAGE

1. Ask participants to stand in a large circle facing each other.
2. Explain that we will go around the circle and introduce ourselves in a specific way that is meant to help us get to know each other's names.
3. Ask participants to take a minute to think of an adjective that begins with the same sound as their name and explain that we'll be introducing ourselves using this adjective.

For example, if your name is Sophie, you might be Silly Sophie, or if your name is Luboya, you might be Lucky Luboya.

4. Next, explain to participants that after each person gives their introduction, the group will all together say (for example): "Welcome, Silly Sophie!"
5. Then, the next person will give their introduction by first saying "Hello" to each person that has gone before them and then saying their adjective and name.

For example, if Sophie and Luboya have already introduced themselves, the next person would say: Hello, Silly Sophie and Lucky Luboya. I am Amazing Anuja. The full participant group would then say, “Welcome, Amazing Anuja!”

6. Then, the next person would say (to continue with this example): “Hello, Silly Sophie, Lucky Luboya and Amazing Anuja. I am Marvelous Mario.” And so on until everyone has been introduced. Share that remembering names can be hard and there’s no need to feel embarrassed if you forget or stumble. We can help each other!
7. Give the participants a minute to think of their adjective.
8. The facilitator should go first and last so that everyone is formally welcomed. This is an opportunity for the facilitator to model authenticity—if you remember all the names, that’s great! If not, ask the group for help and express your enthusiasm to learn everyone’s name as the workshop goes on.

Note to facilitator: If the group pronounces any name incorrectly, take the time to correct it in the moment so that everyone feels seen and a full part of the group. Often, if people have trouble pronouncing someone’s name they might inadvertently avoid addressing or talking to that person out of embarrassment or hesitation. Taking the time here is a small but meaningful gesture that can contribute to creating a welcoming environment.

Dance Your Name!

This activity works well for individual introductions but be warned! The larger your group, the longer this will take. It helps set a silly mood and get people out of their “professional” mindset.

Time required

20–45 minutes (depending on the size of the group)



Room setup

Ensure there is enough space for all participants to stand in a large circle facing each other. Each participant should have enough space to move around without disrupting the person standing next to them.

ENGAGE

1. Ask participants to gather together in a large circle facing each other.
2. Explain to participants that they will be introducing themselves by spelling their name out with their body. Participants can either form letters using their body, or they can imagine they have a pencil in their navel, and they can write their name in the air using this imaginary pencil.
3. After each participant spells out their own name, the group will spell the participant’s name back to them using their own bodies.
4. Go around the circle once.

POSSIBLE ACTIVITY ADAPTATIONS

Instead of having participants spell their own names, you can pick one word for all participants to spell out together (like “VCAT”). With this adaptation, this activity serves more as an energizer than an icebreaker.

Good for:

- Shorter or more time-constrained workshops

Supplemental Activities: Energizers

Hot Potato!

It may be helpful to include this energizer after Reasons Why because it can be a great way to review any topics you did not have time to get to during the activity. When creating the prompts for this energizer, make sure to reduce the amount of overlap between this energizer and the Reasons Why activity.

Time required

10 minutes

Materials

A small ball (or similar object) to pass around

Preparation

Make a list of prompts you will use during this activity. The following sample prompts are included for you to use or adapt. If you are connecting this energizer to the Reasons Why activity, please refer to that activity for additional prompts. Sample prompts:

- Types of contraceptive methods
- Values I learned as a child
- Types of workshops I've attended
- Things you find in a health clinic

Room setup

Ensure there is enough space in the room for participants to stand in a large circle facing each other. Participants should have enough space on either side of their bodies to move their arms.

ENGAGE

1. Gather participants in a large circle facing each other, with room for them to move their arms around.
2. Show the participants the small ball (or similar object). Explain to participants that this ball represents a “hot potato,” which means you don’t want to hold it for too long or it can burn your hands. As a result, you will want to pass the hot potato as quickly as possible to someone else in the circle. To pass the hot potato, the participant holding it will respond to a prompt from the facilitator. For example, if the facilitator’s prompt is “Names of vegetables,” the participant holding the hot potato should say the name of a vegetable and then quickly toss the ball to someone else.
3. Explain to participants that the game will end when someone is unable to think of a new answer to the prompt.
4. Play as many rounds as you like. You can vary between fun prompts and prompts that ask people to contribute knowledge about VCAT topics. You can also let participants come up with their own prompts!

Peel the Onion

This energizer can be a great closing activity for one of the workshop days.

Time required

20–30 minutes (depending on the size of the group)

Materials

- 10 sheets of paper
- Pen or pencil
- Device to play music (phone, computer, radio, boom box)

Preparation

- Considering the content covered during the workshop, prepare five to ten questions.
- Write one question per sheet of paper.
- Choose the question that will be asked last and crumple the page with that question into a ball.
- Then, crumple the next question page around the first one. Continue crumpling and wrapping the individual question pages until you have a large ball of questions wrapped around each other. While crumpling the pages, keep in mind that the group will be answering the questions on the outside of the ball first.

Room setup

Ensure there is enough space in the room for participants to stand in a large circle facing each other.

ENGAGE

1. Ask participants to stand in a large circle facing each other. Explain that you're going to play some music (using your phone or another device). While the music is playing, participants should pass the ball around the circle until the music stops.
2. Play 10–15 seconds of music. When the music stops, ask the person holding the ball to peel off the first sheet of paper from the outside and read the question written on the page out loud. Let participants know they can ask the group for help answering the question if they want to. Encourage participants to try to help them answer the question. When the question has been answered, start the music again.
3. Continue tossing the ball with the music playing and stopping when the music is paused, then peeling one sheet of paper off the ball and answering one question at a time. If you do not have enough time to get to all the questions, you can keep the ball and resume the activity at other points during the workshop.

POSSIBLE ACTIVITY ADAPTATION

Instead of creating all the questions for this energizer, you can ask participants to write questions about the material covered in the VCAT workshop so far.

Last Person Standing

This is a high-energy and movement-based activity. It may be especially useful for participants if they have spent a majority of the day sitting in chairs, or when they seem tired (typically after lunch breaks or toward the end of a long day) as it can help bring more energy back into the room.

Note to facilitator: This energizer requires a lot of movement from participants. It should not be used in a workshop with participants who have limited mobility.

Time required

10–20 minutes

Materials

Chairs

Room setup

Ensure there is enough empty space available in the room to set up a circle of chairs.

ENGAGE

1. Ask participants to take their chairs and set them up in a large circle. There should be one chair for every participant, but there should not be a chair for the facilitator.
2. Ask participants to sit in the chairs while you stand in the center of the circle. Explain to participants that you will call out a category or a characteristic, and everyone who shares that characteristic will get up and change seats.

For example, if you say, “Everyone wearing glasses,” everyone wearing glasses will get up and move to a new seat. People who are not wearing glasses should remain seated.

3. You (the facilitator) will participate in this energizer as well. This means there will be one person left standing at the end of each round. This person will be responsible for coming up with the next category or characteristic.
4. You (the facilitator) will start the energizer by providing a simple characteristic about yourself (like wearing glasses) or by naming a color you are wearing. Take a seat that one of the participants moves from.
5. When everyone is seated again, ask the person left standing to stand in the middle of the circle and come up with the next category.
6. Continue with this process for as many rounds as you would like.

POSSIBLE ACTIVITY ADAPTATION

This is a great energizer for participants who tend to partner or sit with the same people. Introducing this energizer can be supportive in helping participants meet, interact and sit with new people.

Instead of arranging the chairs in a circle, you can use the existing chair and table setup. You can end the energizer when a majority of the participants are sitting with new people.

Passing Faces

This is an energizer designed to help build or foster skills around empathy.⁶² It can pair well with VCAT activities like Talking About Abortion as it can provide supportive skills for navigating difficult conversations.

Note to facilitator: This energizer does not require much movement and could be considered for limited mobility groups.

Time required

20–30 minutes (depending on the size of the group)

Materials

Chairs

Room setup

Ensure there is enough empty space available in the room to set up a circle of chairs.

ENGAGE

1. Ask participants to take their chairs and set them up in a large circle.
2. Explain to participants that they will pass an “emotion” from one person to another around the circle. All participants will start by lowering their heads and keeping their eyes closed.
3. Explain to participants that one person will begin by choosing an emotion they feel like they can express with their face. They will pass the emotion to the person sitting next to them by tapping their shoulder. When they feel a tap on their shoulder, they can open their eyes and look at the person sitting next to them to see their facial expression. They should then tap the shoulder of the person sitting on the other side and pass the same facial expression to them.

62 This activity was adapted from: Ashoka. *Start Empathy: A toolkit for promoting empathy in schools*. <https://www.ashoka.org/en-us/files/startempathytoolkitpdf>

4. When the “face” has been passed around the whole circle, the last person will guess what emotion they’ve received.
5. As the facilitator, you can start the energizer by choosing and passing an emotion to the first participant. Or you can ask for a volunteer to start.
6. When the last person has received the emotion, ask them to guess what emotion was being received. Ask other participants to guess as well.
7. Continue with as many rounds as possible with the time available, as long as participants have interest in playing.

DISCUSS

After you’ve completed all rounds of this energizer, discuss the following questions with participants:



- *How easy or hard was it to communicate an emotion using only your face?*
- *Why is it important to be able to understand the facial and physical cues that people share about their emotional state?*
- *How can understanding someone’s emotional state help you gain some insight on what they might be experiencing?*
- *Ask participants to share a time when they communicated an emotion with their face or saw someone else’s emotion on their face and how it changed their understanding of the situation.*

What Am I?

This energizer is a great way to learn or review terms used in the workshop that may be unfamiliar to some participants. This energizer works well at the beginning of a workshop to introduce topics and terminology, or at the end of a workshop to review what participants have learned.

Time required

10 minutes

Materials

- Index cards or small pieces of paper
- A hat, bowl or other similar object

Preparation

- Consider the different terminology, short phrases and vocabulary words that you will use throughout the workshop. For example: “sexual and reproductive health” or “IUD.”
- Select some words or short phrases that you think would be helpful to include in this energizer.
- Write one term or phrase on each index card, then fold the card in half so the term or phrase cannot be seen.
- Place all of the completed index cards in a hat, bowl or other similar object.

Room setup

Place the hat or bowl at the front of the room or where all participants can see it.

ENGAGE

1. Explain to participants that one person will come up to the hat or bowl and pull out a card at random. That person will read the card silently to themselves. Then they will try to get the rest of the participants to guess what the word is by describing it. However, they cannot say the word(s) written on the card. For example, if you pull out the word “IUD,” you might say, “I am a contraceptive device that is inserted into the uterus.”
2. Ask for a volunteer to pull a card out of the hat or bowl, and to introduce themselves to the group using a description of the word on their card.
3. Continue through as many rounds as possible, based on the time available and interest from participants. If you do not have enough time to get through all the cards, you can set the hat or bowl aside and return to this energizer later in the workshop.

POSSIBLE ACTIVITY ADAPTATION

Instead of creating all the cards, you can ask participants to contribute words. This might work best if the energizer takes place closer to the end of the workshop. To do this, distribute index cards to all the participants. Ask participants to take a few moments to brainstorm a noun related to sexual and reproductive health or any terminology they’ve heard throughout the VCAT workshop. They should then write their single word (or short phrase) on their card and fold it in half so the word cannot be seen. After a few minutes have passed, collect all the completed cards and place them in a hat or bowl.



Evaluation tools

This facilitator's guide includes three core surveys for participants, supplemental survey items and a data analysis tool to support the evaluation of abortion VCAT workshops.

1. Pre-workshop survey: This participant survey takes place before VCAT activities begin. It includes items on values clarification, knowledge, attitudes, practices and intentions.
2. Post-workshop survey: This participant survey takes place immediately after VCAT activities end. It includes items on values clarification, knowledge, attitudes and intentions. In addition, it includes three open-ended questions that allow participants to share their thoughts on the workshop. This survey does not include items related to practices because we do not expect practices to change during the course of a workshop.
3. Six-month follow-up survey: This participant survey takes place six months after participants complete VCAT activities. It includes items on values clarification, knowledge, attitudes, practices and intentions.
4. Supplemental survey items (optional): In addition to the three core surveys, the following items may be relevant, depending on the VCAT workshop participants:
 - **Health-care providers**: 16 additional items on supporting abortion, for use among health workers who may or may not already provide abortion services.
 - **Organizations**: 7 additional items for participants from community-based organizations, nongovernmental organizations or other organizational bodies.
 - **General population**: 15 additional items if the workshop goal is to improve participants' social support for people seeking abortion, for use with any group of participants.

Data collection and analysis

Whether you use paper surveys or electronic surveys, be sure to encourage participants to answer all survey items. Having complete data from each participant is crucial for analyzing and measuring workshop outcomes.

Paper surveys

Before the workshop, print enough copies of the pre-workshop survey and the post-workshop survey. Review the supplemental items included at the end of each survey and select and print those that are appropriate for your group. (Each set of supplemental survey items is on a separate page for easy printing.)

Electronic surveys

If you collect survey responses electronically, we recommend using the Open Data Kit (ODK) template available from Ipas at www.ipas.org/VCATguide. The template is intended for use with ODK Collect but is compatible with other open-source data collection platforms. Survey responses can also be entered into any web-based data collection platform you prefer.

Analysis

To simplify data entry, analysis and visualization, download the new VCAT Analysis Tool from www.ipas.org/VCATguide. If you are using paper surveys, this Microsoft Excel-based tool provides 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 VCAT Analysis Tool provides results for the five core sections of the surveys—values, knowledge, attitudes, intentions and practices—in addition to the supplemental survey items. The tool also provides space for adding up to five additional quantitative statements and up to five open-ended questions.

The tool is designed to calculate changes between the pre-workshop, post-workshop and follow-up surveys for all sections. It is embedded with easy-to-interpret graphs and charts that help visualize the results and can be shared with participants and other stakeholders.

- **Pre-workshop survey** – After collecting responses from the pre-workshop survey, enter the data into the VCAT Analysis Tool to see the results. This can help identify areas of focus for the workshop.
- **Post-workshop survey** – When you have received all responses from the post-workshop survey (whether it's within a few hours, days, weeks or months), enter the data in the VCAT Analysis Tool to see the results. You can enter both pre-workshop and post-workshop data at the same time.
- **Six-month follow-up survey** – If you are carrying out a six-month follow-up survey, use the tool to compare the follow-up data to the pre-workshop data.

The VCAT Analysis Tool is designed to accommodate data from only one VCAT workshop. You can save a blank version of the tool for future use or download a new version each time you need it.

If you decide not to use the VCAT Analysis Tool, we recommend calculating pre-, post- and follow-up scores by section (i.e., core, health-care provider, organizational staff and supplemental items on social support for general populations) 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.

Contact us

Do you have questions about how best to analyze your VCAT data? Send an email to VCAT@ipas.org.

Pre-workshop survey

WORKSHOP LOCATION: _____

WORKSHOP DATE(S): _____

TODAY'S DATE: _____

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

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 will help us match your pre- and post-workshop survey responses while keeping all information confidential and anonymous. To evaluate the workshop outcomes, we must be able to match the surveys to the same person.

Part 1: Confidential unique identifier

Complete the information below to create your unique identifier, which enables 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

The following series of statements is designed to give us a sense of your personal levels of comfort, awareness and experience with the topic of abortion. Please indicate if you strongly disagree, disagree, are unsure, agree or strongly agree with each statement. **Circle only one response for each statement.**

For this survey, “women” includes married and unmarried women of all ages. While we focus on women in this survey, Ipas recognizes that transgender men and non-binary people may also get pregnant and seek abortion care. The term “safe abortion” means the type of care that does not put a woman’s health at risk.

As a reminder, your responses are anonymous and there are no right or wrong answers.

STATEMENT	Strongly disagree	Disagree	Unsure	Agree	Strongly agree
I am clear about my personal values about abortion.	1	2	3	4	5
I accept that other people feel differently than me about abortion.	1	2	3	4	5
I can clearly explain my personal values about abortion.	1	2	3	4	5
I can respectfully explain values concerning abortion that conflict with mine.	1	2	3	4	5
I feel empathy for women who have had an abortion.	1	2	3	4	5
Abortion is allowed in certain situations in my country.	1	2	3	4	5
Abortion can be a safe procedure.	1	2	3	4	5
I know where someone in my community can get a safe abortion.	1	2	3	4	5
Women have the human right to have an abortion regardless of the laws in their country.	1	2	3	4	5
I think women should be able to get a safe abortion.	1	2	3	4	5
I think women seeking safe abortion care deserve to be treated with respect.	1	2	3	4	5
I respect a woman’s decision to have an abortion.	1	2	3	4	5

STATEMENT	Strongly disagree	Disagree	Unsure	Agree	Strongly agree
I have openly discussed safe abortion with someone I know.	1	2	3	4	5
I have helped someone get safe abortion information or services.	1	2	3	4	5
I treat women who have had an abortion with respect.	1	2	3	4	5
I have tried to stop the spread of false information about abortion in my community.	1	2	3	4	5
I have challenged someone about their negative views on abortion.	1	2	3	4	5
I would openly discuss safe abortion with someone I know.	1	2	3	4	5
I would help someone get safe abortion information or services.	1	2	3	4	5
I will treat women who have had an abortion with respect.	1	2	3	4	5
I will try to stop the spread of false information about abortion in my community.	1	2	3	4	5
I would challenge someone about their negative views on abortion.	1	2	3	4	5

Supplemental 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 skip this section if you are not a health-care provider.

STATEMENT	Strongly disagree	Disagree	Unsure	Agree	Strongly agree
I think women should be able to get a safe abortion before 13 weeks' gestation.	1	2	3	4	5
I think women should be able to get a safe abortion at or after 13 weeks' gestation.	1	2	3	4	5
I think women seeking postabortion care deserve to be treated with respect.	1	2	3	4	5
I think women seeking induced abortion care deserve to be treated with respect.	1	2	3	4	5
I feel comfortable assisting/providing postabortion care services.	1	2	3	4	5
I feel comfortable assisting/providing induced abortion services.	1	2	3	4	5
I feel comfortable assisting/providing women with a medical abortion.	1	2	3	4	5
I feel comfortable openly discussing the abortion services I provide/assist.	1	2	3	4	5
I feel comfortable working to make safe abortion available in my country.	1	2	3	4	5
I will assist/provide induced abortion before 13 weeks.	1	2	3	4	5
I will assist/provide induced abortion at or after 13 weeks.	1	2	3	4	5
I will assist/provide postabortion care for all gestational ages.	1	2	3	4	5
I will work to make safe abortion available in my country.	1	2	3	4	5

Circle your response to the question below.

QUESTION	Yes	No	Unsure
Do you currently assist/provide induced abortion before 13 weeks?	1	2	3
Do you currently assist/provide induced abortion at or after 13 weeks?	1	2	3
Do you currently assist/provide postabortion care for all gestational ages?	1	2	3
Are you currently working to make safe abortion available in your country?	1	2	3

Supplemental questions for organizational staff

Below is a series of statements about abortion in the context of your organization's work. Please skip this section if you are not on the staff of a nongovernmental organization, community-based organization or other organization.

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 programming with my colleagues.	1	2	3	4	5
I am comfortable with an organizational mandate to include abortion as part of my work.	1	2	3	4	5
I can explain my organization's position on abortion.	1	2	3	4	5
I support my organization's position on abortion.	1	2	3	4	5
I am comfortable representing my organization's position on abortion.	1	2	3	4	5

Supplemental questions about social support

Below is a series of statements about how you would support someone in getting a safe abortion. Please imagine a situation where someone you know is considering or planning to have an abortion.

STATEMENT	Strongly disagree	Disagree	Unsure	Agree	Strongly agree
I would be available to listen to her thoughts and feelings about her pregnancy.	1	2	3	4	5
I would express empathy or that I understand her situation.	1	2	3	4	5
I would help her pay for costs associated with her abortion.	1	2	3	4	5
I would help her with transportation to seek care.	1	2	3	4	5
I would help her with things she is unable to do while she is seeking care.	1	2	3	4	5
I would give her advice to help her decide what to do about her pregnancy.	1	2	3	4	5
I would encourage her to not give up on her desire to have an abortion.	1	2	3	4	5

Circle your response to the question below.

QUESTION	Yes	No	Unsure
In the past six months, has anyone you know had an abortion or considered having an abortion? (This could be a friend, family member, spouse or anyone else in your life.)	1	2	3

If you answered “Yes” to the question above, continue to the instructions below. If you responded “No” or “Unsure,” skip this section of the survey.

Below is a series of statements about how you supported that person during their abortion care-seeking experience. When reading these statements, think about the same person you thought about when you answered the last question. Please indicate whether you strongly disagree, disagree, are unsure, agree or strongly agree with each statement.

STATEMENT	Strongly disagree	Disagree	Unsure	Agree	Strongly agree
I was available to listen to her thoughts and feelings about her pregnancy.	1	2	3	4	5
I expressed empathy or that I understood her situation.	1	2	3	4	5
I helped her pay for costs associated with her abortion.	1	2	3	4	5
I helped her with transportation to seek care.	1	2	3	4	5
I helped her with things she was unable to do while seeking care.	1	2	3	4	5
I gave her advice to help her decide what to do about her pregnancy.	1	2	3	4	5
I encouraged her to not give up on her desire to have an abortion.	1	2	3	4	5

Post-workshop survey

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 will help us match your pre- and post-workshop survey responses while keeping all information confidential and anonymous. To evaluate the workshop outcomes, we must be able to match the surveys to the same person.

Part 1: Confidential unique identifier

Complete the information below to create your unique identifier, which enables 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

The following series of statements is designed to give us a sense of your personal levels of comfort, awareness and experience with the topic of abortion. Indicate if you strongly disagree, disagree, are unsure, agree or strongly agree with each statement. **Please circle only one response for each statement.**

For this survey, “women” includes married and unmarried women of all ages. While we focus on women in this survey, Ipas recognizes that transgender men and non-binary people may also get pregnant and seek abortion care. The term “safe abortion” means the type of care that does not put a woman’s health at risk.

As a reminder, your responses are anonymous and there are no right or wrong answers.

STATEMENT	Strongly disagree	Disagree	Unsure	Agree	Strongly agree
I am clear about my personal values about abortion.	1	2	3	4	5
I accept that other people feel differently than me about abortion.	1	2	3	4	5
I can clearly explain my personal values about abortion.	1	2	3	4	5
I can respectfully explain values concerning abortion that conflict with mine.	1	2	3	4	5
I feel empathy for women who have had an abortion.	1	2	3	4	5
Abortion is allowed in certain situations in my country.	1	2	3	4	5
Abortion can be a safe procedure.	1	2	3	4	5
I know where someone in my community can get a safe abortion.	1	2	3	4	5
Women have the human right to have an abortion regardless of the laws in their country.	1	2	3	4	5
I think women should be able to get a safe abortion.	1	2	3	4	5
I think women seeking safe abortion care deserve to be treated with respect.	1	2	3	4	5
I respect a woman’s decision to have an abortion.	1	2	3	4	5

STATEMENT	Strongly disagree	Disagree	Unsure	Agree	Strongly agree
I have openly discussed safe abortion with someone I know.	1	2	3	4	5
I have helped someone get safe abortion information or services.	1	2	3	4	5
I treat women who have had an abortion with respect.	1	2	3	4	5
I have tried to stop the spread of false information about abortion in my community.	1	2	3	4	5
I have challenged someone about their negative views on abortion.	1	2	3	4	5
I would openly discuss safe abortion with someone I know.	1	2	3	4	5
I would help someone get safe abortion information or services.	1	2	3	4	5
I will treat women who have had an abortion with respect.	1	2	3	4	5
I will try to stop the spread of false information about abortion in my community.	1	2	3	4	5
I would challenge someone about their negative views on abortion.	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?

Supplemental 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 skip this section if you are not a health-care provider.

STATEMENT	Strongly disagree	Disagree	Unsure	Agree	Strongly agree
I think women should be able to get a safe abortion before 13 weeks' gestation.	1	2	3	4	5
I think women should be able to get a safe abortion at or after 13 weeks' gestation.	1	2	3	4	5
I think women seeking postabortion care deserve to be treated with respect.	1	2	3	4	5
I think women seeking induced abortion care deserve to be treated with respect.	1	2	3	4	5
I feel comfortable assisting/providing postabortion care services.	1	2	3	4	5
I feel comfortable assisting/providing induced abortion services.	1	2	3	4	5
I feel comfortable assisting/providing women with a medical abortion.	1	2	3	4	5
I feel comfortable openly discussing the abortion services I provide/assist.	1	2	3	4	5
I feel comfortable working to make safe abortion available in my country.	1	2	3	4	5
I will assist/provide induced abortion before 13 weeks.	1	2	3	4	5
I will assist/provide induced abortion at or after 13 weeks.	1	2	3	4	5
I will assist/provide postabortion care for all gestational ages.	1	2	3	4	5
I will work to make safe abortion available in my country.	1	2	3	4	5

Supplemental questions for organizational staff

Below is a series of statements about abortion in the context of your organization's work. Please skip this section if you are not on the staff of a nongovernmental organization, community-based organization or other organization.

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 programming with my colleagues.	1	2	3	4	5
I am comfortable with an organizational mandate to include abortion as part of my work.	1	2	3	4	5
I can explain my organization's position on abortion.	1	2	3	4	5
I support my organization's position on abortion.	1	2	3	4	5
I am comfortable representing my organization's position on abortion.	1	2	3	4	5

Supplemental questions for all participants

Below is a series of statements about how you would support someone in getting a safe abortion. Imagine a situation where someone you know is considering or planning to have an abortion. Please indicate whether you strongly disagree, disagree, are unsure, agree or strongly agree with each statement.

STATEMENT	Strongly disagree	Disagree	Unsure	Agree	Strongly agree
I would be available to listen to her thoughts and feelings about her pregnancy.	1	2	3	4	5
I would express empathy or that I understand her situation.	1	2	3	4	5
I would help her pay for costs associated with her abortion.	1	2	3	4	5
I would help her with transportation to seek care.	1	2	3	4	5
I would help her with things she is unable to do while she is seeking care.	1	2	3	4	5
I would give her advice to help her decide what to do about her pregnancy.	1	2	3	4	5
I would encourage her to not give up on her desire to have an abortion.	1	2	3	4	5

Six-month follow-up survey

WORKSHOP LOCATION: _____

WORKSHOP DATE(S): _____

TODAY’S DATE: _____

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

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 will help us match your pre- and post-workshop survey responses while keeping all information confidential and anonymous. To evaluate the workshop outcomes, we must be able to match the surveys to the same person.

Part 1: Confidential unique identifier

Complete the information below to create your unique identifier, which enables 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
Example:	April	0	057
Your information:			

Part 2: Additional abortion-related activities

Since participating in the VCAT workshop, what kinds of other abortion-related activities have you participated in or attended? (Check all that apply.)

- Clinical training
- Additional abortion values clarification workshops or activities
- Advocacy with government officials
- Grassroots organizing or community meeting(s)
- Partnerships or coalitions with other organizations
- Other (specify) _____

Part 3: Survey

Instructions

To follow is a series of statements designed to give us a sense of your personal levels of comfort, awareness and experience with the topic of abortion. Please indicate if you strongly disagree, disagree, are unsure, agree or strongly agree with each statement. **Circle only one response for each statement.**

For this survey, “women,” includes married and unmarried women of all ages. While we focus on women in this survey, Ipas recognizes that transgender men and non-binary people may also get pregnant and seek abortion care. The term “safe abortion” means the type of care that does not put a woman’s health at risk.

As a reminder, your responses are anonymous and there are no right or wrong answers.

STATEMENT	Strongly disagree	Disagree	Unsure	Agree	Strongly agree
I am clear about my personal values about abortion.	1	2	3	4	5
I accept that other people feel differently than me about abortion.	1	2	3	4	5
I can clearly explain my personal values about abortion.	1	2	3	4	5
I can respectfully explain values concerning abortion that conflict with mine.	1	2	3	4	5
I feel empathy for women who have had an abortion.	1	2	3	4	5
Abortion is allowed in certain situations in my country.	1	2	3	4	5
Abortion can be a safe procedure.	1	2	3	4	5
I know where someone in my community can get a safe abortion.	1	2	3	4	5
Women have the human right to have an abortion regardless of the laws in their country.	1	2	3	4	5
I think women should be able to get a safe abortion.	1	2	3	4	5
I think women seeking safe abortion care deserve to be treated with respect.	1	2	3	4	5
I respect a woman's decision to have an abortion.	1	2	3	4	5

STATEMENT	Strongly disagree	Disagree	Unsure	Agree	Strongly agree
I have openly discussed safe abortion with someone I know.	1	2	3	4	5
I have helped someone get safe abortion information or services.	1	2	3	4	5
I treat women who have had an abortion with respect.	1	2	3	4	5
I have tried to stop the spread of false information about abortion in my community.	1	2	3	4	5
I have challenged someone about their negative views on abortion.	1	2	3	4	5
I would openly discuss safe abortion with someone I know.	1	2	3	4	5
I would help someone get safe abortion information or services.	1	2	3	4	5
I will treat women who have had an abortion with respect.	1	2	3	4	5
I will try to stop the spread of false information about abortion in my community.	1	2	3	4	5
I would challenge someone about their negative views on abortion.	1	2	3	4	5

Supplemental 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 skip this section if you are not a health-care provider.

STATEMENT	Strongly disagree	Disagree	Unsure	Agree	Strongly agree
I think women should be able to get a safe abortion before 13 weeks' gestation.	1	2	3	4	5
I think women should be able to get a safe abortion at or after 13 weeks' gestation.	1	2	3	4	5
I think women seeking postabortion care deserve to be treated with respect.	1	2	3	4	5
I think women seeking induced abortion care deserve to be treated with respect.	1	2	3	4	5
I feel comfortable assisting/providing postabortion care services.	1	2	3	4	5
I feel comfortable assisting/providing induced abortion services.	1	2	3	4	5
I feel comfortable assisting/providing women with a medical abortion.	1	2	3	4	5
I feel comfortable openly discussing the abortion services I provide/assist.	1	2	3	4	5
I feel comfortable working to make safe abortion available in my country.	1	2	3	4	5
I will assist/provide induced abortion before 13 weeks.	1	2	3	4	5
I will assist/provide induced abortion at or after 13 weeks.	1	2	3	4	5
I will assist/provide postabortion care for all gestational ages.	1	2	3	4	5
I will work to make safe abortion available in my country.	1	2	3	4	5

Circle your response to the question below.

QUESTION	Yes	No	Unsure
Do you currently assist/provide induced abortion before 13 weeks?	1	2	3
Do you currently assist/provide induced abortion at or after 13 weeks?	1	2	3
Do you currently assist/provide postabortion care for all gestational ages?	1	2	3
Are you currently working to make safe abortion available in your country?	1	2	3

Supplemental questions for organizational staff

Below is a series of statements about abortion in the context of your organization's work. Please skip this section if you are not on the staff of a nongovernmental organization, community-based organization or other organization.

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 programming with my colleagues.	1	2	3	4	5
I am comfortable with an organizational mandate to include abortion as part of my work.	1	2	3	4	5
I can explain my organization's position on abortion.	1	2	3	4	5
I support my organization's position on abortion.	1	2	3	4	5
I am comfortable representing my organization's position on abortion.	1	2	3	4	5

Supplemental questions about social support

Below is a series of statements about how you would support someone in getting a safe abortion. Imagine a situation where someone you know is considering or planning to have an abortion.

STATEMENT	Strongly disagree	Disagree	Unsure	Agree	Strongly agree
I would be available to listen to her thoughts and feelings about her pregnancy.	1	2	3	4	5
I would express empathy or that I understand her situation.	1	2	3	4	5
I would help her pay for costs associated with her abortion.	1	2	3	4	5
I would help her with transportation to seek care.	1	2	3	4	5
I would help her with things she is unable to do while she is seeking care.	1	2	3	4	5
I would give her advice to help her decide what to do about her pregnancy.	1	2	3	4	5
I would encourage her to not give up on her desire to have an abortion.	1	2	3	4	5

Circle your response to the question below.

QUESTION	Yes	No	Unsure
In the past six months, has anyone you know had an abortion or considered having an abortion? (This could be a friend, family member, spouse or anyone else in your life.)	1	2	3

If you answered “Yes” to the question above, continue to the instructions below. If you responded “No” or “Unsure,” skip this section of the survey.

Below is a series of statements about how you supported that person during their abortion care-seeking experience. When reading these statements, think about the same person you thought about when you answered the last question.

STATEMENT	Strongly disagree	Disagree	Unsure	Agree	Strongly agree
I was available to listen to her thoughts and feelings about her pregnancy.	1	2	3	4	5
I expressed empathy or that I understood her situation.	1	2	3	4	5
I helped her pay for costs associated with her abortion.	1	2	3	4	5
I helped her with transportation to seek care.	1	2	3	4	5
I helped her with things she was unable to do while seeking care.	1	2	3	4	5
I gave her advice to help her decide what to do about her pregnancy.	1	2	3	4	5
I encouraged her to not give up on her desire to have an abortion.	1	2	3	4	5

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. The template is available at www.ipas.org/VCATguide.

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

*Abortion Values Clarification for
Action and Transformation Workshop*
CERTIFICATE OF PARTICIPATION
awarded to

NAME

[city, country] _____ LOCATION
[insert date] _____ DATE COMPLETED

_____ VCAT Facilitator
_____ VCAT Facilitator



Appendix

What is values clarification?

The process of values clarification was inspired by the field of humanistic psychology led by such thinkers as Abraham Maslow and Carl Rogers, who believed that people are responsible for discovering their values through honest, open-minded self-examination. According to Milton Rokeach, values clarification is the process of examining one's basic values and moral reasoning.⁶³ Values clarification is a technique to understand oneself—to discover what is important and meaningful, and to encourage learners to relate their thoughts and their feelings to enrich their awareness of their own values.^{64,65}

Since its original conception in the late 1960s, values clarification-focused activities and interventions have been applied to a variety of health and social issues. In the arena of sexual and reproductive health, values clarification has been increasingly used to address such issues as stigma against adolescents, lesbian, gay, bisexual, transgender, intersex and queer (LGBTBIQ+) people and people living with HIV; clinicians' willingness to perform abortion procedures; and pharmacists' willingness to fill emergency contraception prescriptions.

The process of values clarification involves three main steps: choosing, prizing and acting.⁶⁶

63 Rokeach, M. (1973). *The nature of human values*. New York: Free Press.

64 Steele, S. (1979). *Values clarification in nursing*. New York: Appleton-Century-Crofts.

65 United Nations Educational, Scientific and Cultural Organization (UNESCO). (2002). *Teaching and learning for a sustainable future: A multimedia teacher education programme*. <https://unesdoc.unesco.org/ark:/48223/pf0000125238>

66 Raths, S. L., Harmin, M., & Simon, S. B. (1966). *Values and teaching: Working with values in the classroom*. Columbus, OH: Merrill.

Choosing: A value must be chosen freely from alternatives with an understanding of both positive and negative consequences of that choice.

- What are the alternatives?
- What made you decide on this particular choice?
- What will the results of this choice be?
- What assumptions are you making?
- How did you arrive at this choice?
- Were you pressured or coerced into this choice?
- Did anyone suggest this to you, or did you make this choice on your own?

Prizing: A chosen value must be associated with some level of satisfaction and affirmation, as well as confidence in the value.

- How do you feel about your choice?
- Is this something that is really important to you?
- How satisfied are you with this decision?
- Would you be prepared to stand up and announce your choice in public?
- Are you willing to put it in writing?

Acting: A freely chosen, affirmed value must translate into action. Ideally, the action will lead to some positive outcome and be repeated.

- What are the first steps you will take or have taken to make this choice a reality?
- Have you made definite plans to act on this value?
- Is your decision definite or tentative?
- Is this something you have done or will do regularly?
- Have you been consistent in your actions?

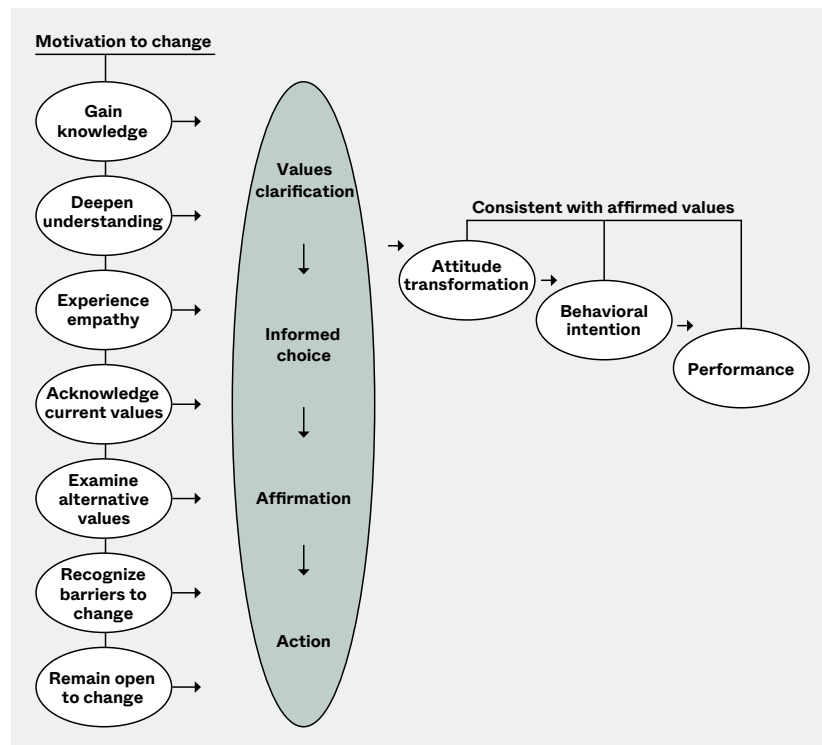
The process of values clarification relies on a skilled facilitator who can create a safe, comfortable space and assist participants to:

- Use rational thinking and emotional awareness to examine personal belief systems and behavior patterns
- Relate their thoughts and feelings to enrich their awareness of their own values
- Identify and analyze issues for which their values may conflict through thoughtful reflection and honest self-examination
- Specify how they can act in a manner consistent with their clarified value(s)
- Experience new or reframed information or knowledge designed to be accessible and relevant (personally, socially and politically)

For more on the skills needed and tips for creating a safe space for values clarification, see the [Tools for Facilitators](#) section of this guide.

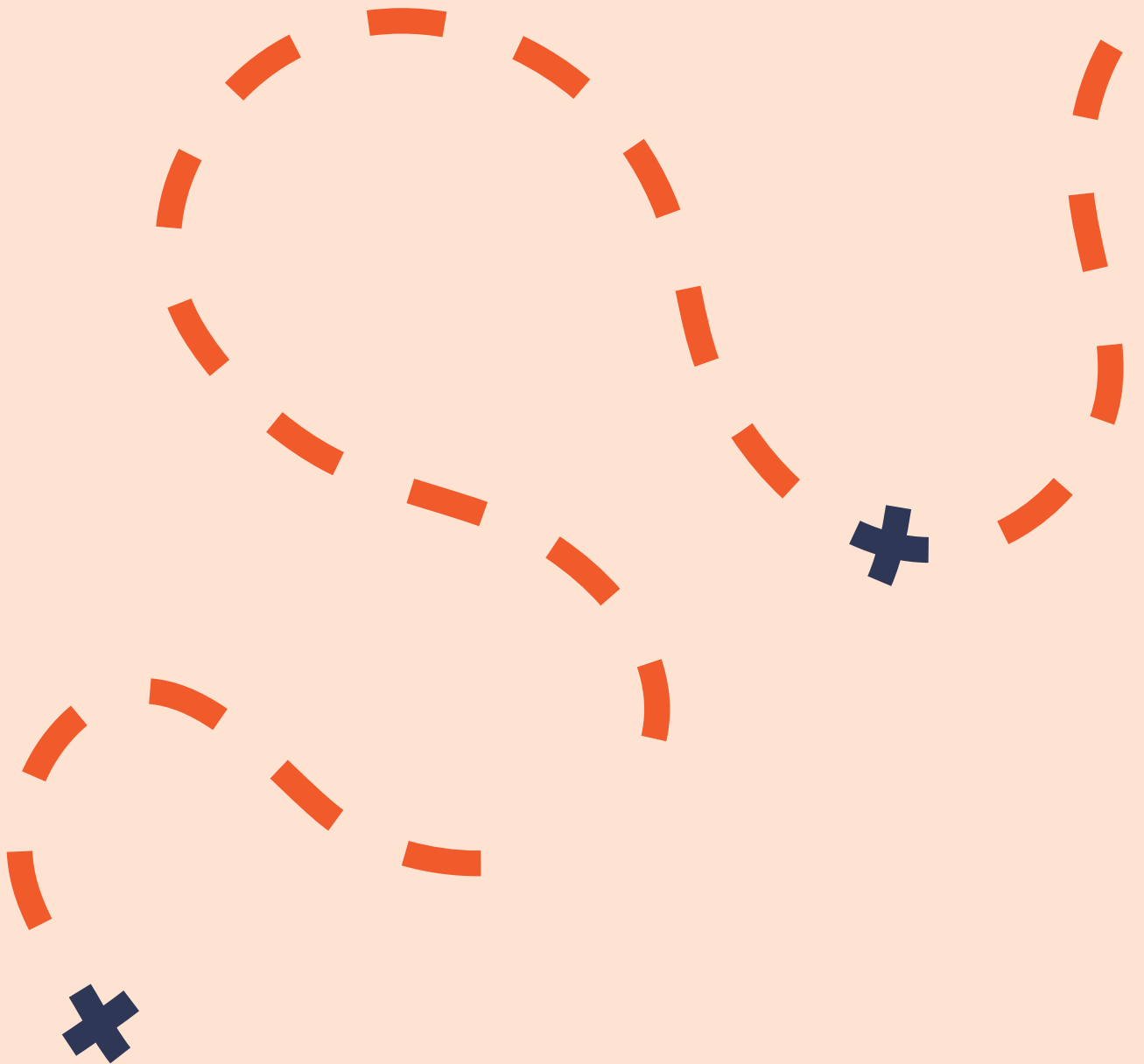
The VCAT theoretical framework

The original Ipas abortion VCAT toolkit and this facilitator's guide (second edition) were built on the VCAT theoretical framework. This framework constitutes the theoretical foundation for the VCAT activities, as shown here:



We begin with the motivation to change—people must be open to examining and potentially changing their attitudes, values and behaviors. When effectively engaging in abortion VCAT, one gains new knowledge, deepens their understanding, experiences empathy, acknowledges their current values, examines alternative values, recognizes barriers to change and remains open to change. Ipas considers the three main stages of values clarification to be: making an informed choice about your values, affirming that choice and acting on the chosen value.

VCAT activities and workshops are grounded within existing cultural and social structures and ideologies. Cultural and social norms are extremely influential in shaping people’s attitudes and values. This framework places the process of values clarification within a larger context of abortion attitudes, behavioral intention and action. Whereas the goal of traditional values clarification is for participants to investigate and understand their values in a neutral setting, this framework, previous versions of the toolkit and this facilitator’s guide were designed with an expectation that identifying common personal values such as “care” or “personal autonomy,” along with understanding the harms caused by abortion restrictions and stigma, leads participants to move along a progressive continuum of support for abortion access and sexual and reproductive rights—from opposition at a personal and generalized level, to tolerance, acceptance, support and then, ultimately to advocacy for and/or provision of person-centered, comprehensive abortion services.



Ipas Partners for
Reproductive Justice

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