

Training pack on Values Clarification and Attitudes Transformation (VCAT) For Mid and Senior Level Health Care Workers

Abuja, Nigeria
2020



AUDIENCE

Primary audience – Health personnel, NNigerian Medical Association, Ministry of Health

Secondary audience – Advocates, Media, Community members

LANGUAGE

Audience, participants and learners may be used interchangeably. Facilitators may also be referred to as trainers.

The use of abortion service provision in this document also refers to both medical abortion and Manual Vacuum Aspiration.

INTRODUCTION TO VCAT

Audience, participants and learners may be used interchangeably. Facilitators may also be referred to as trainers.

Define values

Values are defined as the behavioural standards, moral ideas, orientation, fundamental beliefs, principles or ideas which guide the attitudes, motives, interests, preferences or actions of a person, group or society.

Values Clarification

Values Clarification refers to a process through which an individual or group is able to examine their values or beliefs with the aim of identifying how these values are formed (Turner et al, 2018). Values clarification also helps individuals examine what social norms form their values.

GOAL OF AN ABORTION VCAT WORKSHOP

An abortion VCAT workshop aims to question, clarify and affirm existing values that people have pertaining to abortion.

OBJECTIVES OF AN ABORTION VCAT WORKSHOP

- By the end of an abortion VCAT workshop, participants should be able to:
- -Distinguish between personal and professional views in advocating or providing access to abortion,

- Question, re-evaluate and clarify their beliefs and attitudes towards abortion,
- Distinguish between facts, assumptions and myths surrounding abortion,
- Deconstruct stigma related to abortion,
- Address issues between a woman's right to choose and the need for approval or consent from other people
- Evaluate the relationship between a person's age, marital status and pregnancy.

TEACHING METHODS USED IN VCAT INTERVENTIONS

Group discussions

Game-based learning

Brainstorming

Role playing

Problem solving/Case studies

Story telling

Self-analysis

WORKSHOP INTRODUCTION

This session will focus on introducing the participants to the workshop, one another and to the facilitator. It is important at this point to get to know their expectations, and also get them to understand the workshop's objectives.

Objectives

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

- State their expectations for the workshop
- Identify the goals, objectives and purpose of the workshop
- Highlight the roles and responsibilities expected of facilitators and participants

Instructions

1. Welcome the participants and introduce the workshop.
2. Facilitator does a self introduction then proceeds to get participants to introduce themselves. It is possible to use an ice breaker.
3. Set ground rules which may include:
 - Respect everyone's values and opinions
 - Keep stories shared private
4. Label a flipchart with 'Parking Lot', put it up on the wall and explain that questions can be written there. Set time aside to review the parking lot.

5. Discuss the facilitator(s)' roles which may include:
 - Asking and answering questions
 - Ensuring that the discussions remain on track
 - Giving information
 - Creating a safe and enabling learning environment
6. Discuss participants' roles and responsibilities which may include:
 - Examining their beliefs
 - Asking questions
 - Respecting opinions
7. Introduce an icebreaker
8. Discuss workshop goals, objectives and desired outcomes

GOAL: Participants should be able to discuss, question and clarify their views on abortion.

Objectives: By the end of this workshop, participants should be able to:

- Differentiate between myths and facts on unplanned pregnancies, abortion care and abortion access.
- Distinguish personal beliefs and values from professional expectations in advocating the expansion of abortion services.

ABORTION VCAT FACILITATORS' WORKSHOP

GOAL: For participants to be able to facilitate VCAT sessions or increase their capacity to facilitate VCAT sessions.

Objectives: By the end of this workshop, participants should be able to:

- Demonstrate effective facilitation of VCAT
- Evaluate facilitation skills and identify areas for improvement
- Examine ways to handle challenging situations during a VCAT session

ACTIVITIES

ACTIVITY 1. COMFORT CONTINUUM

With this activity, participants will assess their comfort levels with advocating a women's rights to abortion, safe abortion access or legalisation, and/or the expansion of the cadre of service providers. Participants may also reflect on factors that inform their comfort levels as well as the societal norms on abortion.

Objectives

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

- Voice their comfort levels on abortion advocacy or in having discussions about abortion
- Evaluate how comfort levels transform into attitudes
- Evaluate how these comfort levels affect societal norms on abortion
- Discuss how these varying comfort levels relate to societal norms on abortion;

Materials

Three paper signs labelled "A Lot," "A Little" and "Not at All"

Tape

Comfort continuum statements

Timeline

20 minutes to complete the group activity

20 minutes to discuss the activity

40 minutes total

Advance Preparation

1. Review and adapt the comfort continuum statements. Make them relevant to the purpose of your workshop and suited to the audience.
2. Prepare the questions you will read and the order in which you will read them.
3. Have access to and be aware of accurate and relevant information on abortion laws, policies and provision in the country. Also be aware of abortion laws for minors.
4. Label three signs on paper: "A Little," "A Lot" and "Not at All."
5. If necessary, rearrange chairs and tables to create an open space in the room for participants to move around.

Note to facilitator: Several groups of statements are provided below for various topics. You can choose statements from the topic groups based on your needs. You may wish to change or reword some of the statements to fit the context of the country or culture you are working in.

If participants ask for more information when you read questions, instruct them to respond based on how they understand the question. Do not provide additional details.

Instructions

1. Tape the three signs on the floor or on the wall in a way that there is enough room for participants to move around. Place the signs in order in a row to indicate a continuum.
2. Carefully read each question aloud, asking participants to move to the point that best represents their feelings based on the questions. Encourage participants to be honest about their feelings and to resist being influenced by where other participants are placing themselves.
3. Ask for volunteers to explain their reason for standing at the point they have chosen along the continuum.
4. If, based on someone's explanation, participants want to move to another point on the continuum, encourage them to do so. Still, encourage them to not be influenced by other people.
5. Once you have finished reading the statements, ask participants to return to their seats. Ask two participants to share their feelings about the activity, soliciting a different response from the second person.
6. Refer to the reasons participants gave about their place on the continuum as you facilitate a brief discussion about the different responses and levels of comfort in the room. Some discussion questions could include:
 - *What observations do you have about your responses to the statements? Other people's responses?*
 - *Were there times when you felt tempted to move with the majority of the group? Did you move or not? How did that feel?*
 - *What about your responses to the statements surprised you? How about other people's responses?*
 - *What did you learn about your own and others' comfort levels on abortion?*
 - *What observations do you have about the group's overall level of comfort with young women and abortion (not individual people's responses)?*

Note to facilitator: Endeavour to use statement questions to encourage conversation as against yes/no questions.

7. Ask participants to reflect on life experiences that might have 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 young women and abortion. Ask a few people to share their thoughts on this.
8. Discuss how these different levels of comfort with young women and abortion impact social norms on abortion, young women's feelings about themselves when they have an abortion, providers' feelings about performing abortion services for young women, and young women's access to safe abortion care.
9. If participants are health-care providers, facilitate a discussion on how their comfort levels impact the provision and quality of abortion services. Emphasize the large impact providers' attitudes have on their provision of

services and on young women's experience and satisfaction with those services.

Possible discussion questions include:

- *Would you have answered differently if we had only been talking about married young women? If we had only been talking about unmarried young women?*
- *Would you have responded differently if we were talking about young men's access to sexuality education and sexual health services?*
- *How would you have responded differently if we were talking about older women?*
- *What age did you assign to a young woman as you thought about the questions? Would your comfort level have been different if she were 19? 17? 15? 13? 11?*
- *Do you think an adolescent is able to independently follow the recommended medical abortion regimen? Why?*

Possible discussion questions on consent include:

- *To what degree is maturity linked to chronological age?*
- *How do you assess whether an adolescent is mature enough to choose an abortion without consent by another party?*

If participants answer with ideas that could restrict young women's access to safe abortion, ask them to reflect on the fact that a young woman who isn't considered mature enough to choose abortion is nonetheless considered mature enough to become a mother, the likely consequence of preventing her from choosing abortion.

10. If questions arise during the discussion, for example on abortion laws and policies in that country, be prepared to provide correct information once participants have finished the discussion.

11. Ask one or two participants to share what they learned from this activity.

12. Solicit and discuss any outstanding questions, comments or concerns with the participants. Thank the group for their participation

Activity adapted from:

Turner, Katherine L. and Kimberly Chapman Page. 2008. Abortion attitude transformation: A values clarification toolkit for global audiences. Chapel Hill, NC: Ipas.

Comfort continuum questions

Sex and sexuality

1. How comfortable are you with young women having access to sex education?
2. How comfortable are you with young women having access to contraceptive counselling and methods?
3. How comfortable are you with young women having access to counselling about emergency contraception?
4. How comfortable are you with a young woman having consensual sex with her husband, with whom she is in love?
5. How comfortable are you with a young woman having consensual sex with her boyfriend, with whom she is in love?
6. How comfortable are you with an adolescent girl who wants to keep her pregnancy and have a child?
7. How comfortable are you with an adolescent girl who wants to terminate her pregnancy against her parents' wishes?

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

8. How comfortable are you with providing contraceptive counselling and methods to young women?
9. How comfortable are you with providing emergency contraception to young women?
10. How comfortable are you with providing pre-abortion/abortion/post-abortion counselling to young women?
11. How comfortable are you with performing abortion for young women in the first trimester?
12. How comfortable are you with providing medical abortion drugs to young women in the first trimester?
13. How comfortable are you with performing abortion for young women in the second trimester?
14. How comfortable are you with providing medical abortion drugs to young women in the second trimester?
15. How comfortable would you feel referring a young woman to someone who can give her medical abortion drugs and counselling?

Medical abortion

16. How comfortable are you with young women having access to medical abortion information in their community?
17. How comfortable are you with young women having access to medical abortion drugs from health-care providers in their communities?
18. How supportive are you of young women accessing medical abortion drugs over the counter or from non-clinical health workers, such as community health volunteers or patent medicine vendors?

Cadre of service providers

19. How comfortable are you with expanding the cadre of service providers beyond obstetricians and gynaecologists?
20. How comfortable are you with equipping non-clinical health workers with relevant knowledge on medical abortion service provision?

ACTIVITY 2. REASONS WHY

In this activity, participants explore reasons for unintended pregnancies, abortion, abortion service refusal and restrictive abortion laws. Participants are encouraged to identify how their level and others' level of comfort with young women's reasons affects reproductive health policies and services, and social stigma.

Objectives

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

- Identify diverse reasons for young women's pregnancies, unintended pregnancies, and the continuation or termination of unintended pregnancies;
- Name the reasons why young women may make decisions about their unintended pregnancies that they really don't want to make;
- Discuss the reasons why governments regulate pregnancy and abortion more than many other medical conditions and procedures, particularly for young women;
- Differentiate their comfort levels with regard to the different reasons;
- Discuss how individuals' subjective level of comfort affects women's access to safe abortion care;
- Discuss how individuals' subjective level of comfort contributes to abortion-related stigma.

Materials

Reasons Why question strips

Scissors

Flipchart

Markers

Timeline

10 minutes to complete group activity

15 minutes for reporting back to large group

15 minutes for debriefing in large group

40 minutes total

Advance Preparation

- Prepare a list of the possible responses to the Reasons Why questions. (This refers to Step 4 in the instructions below.)
- Prepare local examples to illustrate the point about governments regulating pregnancy and abortion more than many other medical conditions and procedures.
- Prepare local examples to illustrate additional regulations affecting children, minors, adolescents and/or youth in need of sexual and reproductive health services.
- Cut the Reasons Why questions into strips.

Note to facilitator: Because this activity presents women's reasons as a whole, it may be helpful to follow this with an activity that uses case studies, scenarios or stories to foster empathy for individual women's circumstances surrounding pregnancy and abortion.

Instructions

1. Ask participants to agree on an age range for this activity. Ensure that the range captures adolescent girls. Once the group has made an age range decision, confirm this by saying "When we talk about young women in this exercise, we are talking about women between the ages of XX and XX."
2. Divide participants into groups. Give each group a piece of flipchart paper, markers and one or more Reasons Why questions. Ask each group to choose a scribe and a spokesperson.
3. Ask each group to brainstorm all of the possible responses to the question(s) they have been given. Encourage them to think as deeply and broadly as possible about the range of diverse young women and their life circumstances. Ask the scribe to write the group's question and responses on the flipchart paper.
4. When they are finished, ask the spokesperson from each group to to feedback to all participants.
5. Once all of the groups have presented, solicit additional responses to all of the questions. Ensure that all of the possible responses to every question have been identified. You may need to suggest additional responses that were not listed by the group.

Note to facilitator: You may wish to add an additional step here, and ask participants to review each reason and next to it place an "M" if they think this reason applies to married young women, a "U" if they think the reason applies to unmarried young women, or "M" and "U" if they think it applies to both married and unmarried young women.

Similarly, you can ask participants to consider the reasons why in terms of different age ranges for young women. For example, for each reason you can ask "Does this reason apply to young women between the ages of 10 and 14? 15 and 19? 20 and 24?" Use these options if you think that reasons will differ for participants depending on young women's marital status or age.

6. Ask participants to silently review the reasons given for each question and to assess their comfort level with each. Encourage them to examine why they feel more or less comfortable with different reasons.
7. Facilitate a discussion using some of the following questions:
 - *What reasons for young women having sex are you uncomfortable with?*
 - *What reasons for unintended pregnancies among young women are you uncomfortable with?*
 - *What reasons for abortion for young women make you uncomfortable, and what is the source of your discomfort?*
 - *How do your core values influence your discomfort with certain reasons for young women having sex, unintended pregnancy and abortion?*
 - *To what extent does your discomfort relate to the marital status of young women?*

- *To what extent does your discomfort relate to the chronological age of young women?*
- *How does this discomfort affect social stigma against young women who have an abortion and providers who perform abortions?*
- *How do you feel about young women making a decision about their unintended pregnancy that they really don't want to make?*
- *What are the reasons that governments often regulate women's pregnancies and abortions to a greater extent than other medical conditions and procedures? Are any reasons gender-based? For example, only women become pregnant, but the majority of legislators are usually men.*
- *What are the reasons that governments often regulate young women's access to sexual and reproductive health care, including abortion, more than they regulate adult women's access?*
- *(For participants working in reproductive health and abortion care) How does our discomfort with certain reasons for young women having sex, unintended pregnancy, or abortion affect our work in reproductive health and, specifically, abortion care? How might young clients sense this discomfort? What impact could this have on the quality of health care we provide to young women?*

Note to facilitator: You may need to prompt participants to think deeply to identify the core values that influence their comfort levels.

You may need to present certain local examples to illustrate the point about governments regulating pregnancy and abortion more than most other medical conditions and procedures.

You also need to be well informed about any laws and policies that relate to consent for minors who seek abortions.

8. Close the activity by discussing the following points:

- How individuals' discomfort with some women's reasons (for having sex, unintended pregnancy, abortion) results in the implementation of reproductive health policies, laws and service-delivery systems that deny certain women access to safe, high-quality abortion services. This can lead to some women having to risk their health and lives to procure a (possibly unsafe) abortion. In other words, it creates health disparities and often tragic outcomes for some women but not others.
- How the desire to protect children and adolescents can result in laws that restrict access to services they need, which results in control, and delayed or denied services, rather than protection.
- How disparities in access to safe abortion services are based on individual, subjective beliefs about what are "acceptable" versus "unacceptable" reasons for pregnancy and abortion.
- If you haven't already addressed marital status and/or age differences, ask participants to think about the women they had in mind, and the age range agreed on. Now ask them to think about someone much younger, maybe as young as ten years. Would their answers have been different? Have them think about someone older than the age range agreed on. Would their answers have been different for these women? Would it have made a

difference if the young women were unmarried? Help them reflect on the age where they begin to feel personally uncomfortable with young women being sexually active, and with young women seeking abortion.

9. Solicit and discuss any outstanding questions, comments or concerns with the participants. Thank the group for their participation.

Activity adapted from:

Turner, Katherine L. and Kimberly Chapman Page. 2008. Abortion attitude transformation: A values clarification toolkit for global audiences. Chapel Hill, NC: Ipas.

Reasons Why Questions

Instructions

Cut the following questions into individual strips of paper and hand them out to groups.

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

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

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

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

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

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

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

8. What are all the reasons why health service professionals may refuse to provide abortion services?

ACTIVITY 3. FOUR CORNERS

The purpose of this activity is to help participants come to a deeper understanding about their own and others' beliefs about young women and abortion; empathize with the underlying values that inform a range of beliefs and consider how their beliefs affect social stigma on young women and abortion; and, if they are health-care providers, understand how personal beliefs can affect the provision of high-quality services for young women.

Objectives

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

- Articulate their beliefs about young women and abortion;
- Defend and respectfully explain other, sometimes conflicting, points of view;
- Explain different values underlying a range of beliefs on young women and abortion;
- Discuss how personal beliefs affect social stigma or acceptance of abortion, particularly for young women;
- (For health-care providers and workers) Explain how personal beliefs can affect the provision of abortion-related services for young women;
- (For health-care providers and workers) Discuss ways to ensure a professional standard of high-quality abortion care for young clients regardless of personal beliefs.

Materials

- Four signs labelled Agree, Strongly Agree, Disagree and Strongly Disagree
- Pens
- Tape (for attaching signs to wall)
- Copies of Four Corners worksheet Part A and Part B for all participants

Timeline

50 minutes

Advance Preparation

- Review and adapt the worksheet statements to make them more relevant to the participants or workshop content, if needed. You may want to select in advance the statements to be discussed by the group, or wait until you see how the participants respond.
- Be aware of international agreements or treaties on health and human rights that include the right to safe abortion and whether these treaties were signed or ratified by the country
- Prepare and tape up four signs: Agree, Strongly Agree, Disagree and Strongly Disagree on the walls or floor in four corners or areas of the room.

Instructions

1. Inform participants that this is an activity where they will be speaking from a personal point of view. Encourage them to be completely honest to get the most out of the activity. You may wish to start by saying the following statement:

- Often, our beliefs about abortion are so ingrained that we are not fully aware of them until we are confronted with situations and compelling rationales that challenge them. This activity helps us to identify our own beliefs about young women and abortion, as well as understand the issues from other points of view.

2. Tape the signs to the wall.

3. Carefully read each question aloud, asking participants to move to the point that best represents their feelings based on the questions.

4. Ask the group under each sign to discuss for two minutes the strongest rationale for why people might hold that opinion.

- Encourage them to come up with more meaningful reasons that are based on underlying, core values.

- The Strongly Agree or Strongly Disagree groups should make sure they can differentiate between merely Agree or Disagree and Strongly Agree or Strongly Disagree.

5. Ask each group to appoint a spokesperson to present why they might hold that opinion.

6. You may deal with a Four Corners worksheet Part A or B or both. For part B, ask participants to respond as if they were a young woman in each situation.

7. Ask the following discussion questions:

- What similarities or differences do you see in the beliefs you hold for young women in general versus yourself as a young woman?

- If there are differences, why do you think that is?

8. Take a few comments for a brief discussion. Point out that differences between responses on worksheets A and B can sometimes indicate a double standard. Some people do not believe that young women in general should be allowed to freely access abortion services. However, they will want to be able to access abortion services if they or someone they know personally need them.

Stress the negative impact such double standards can have on the accessibility of abortion services, social stigma on abortion and laws and policies on abortion, particularly for young women.

9. Start with the spokesperson under Strongly Agree and proceed in order to Strongly Disagree.

- Do not allow other groups to comment at this time.

10. Have participants return to their seats. Discuss the activity by asking some of the following questions:

- *What rationale exists for certain beliefs?*

- *What are your general impressions about the beliefs held by the people in this room (but not by any particular individual)?*

- *What is your sense of the underlying, core values that inform these beliefs?*

- *How do our beliefs about young women and abortion affect social stigma or acceptance of abortion?*

- *What relevance do the beliefs discussed in this activity have for abortion care for young women in our setting or country?*
- *Were any of the arguments/rationales presented by the small groups based on young women's internationally recognized right to reproductive health care, including safe abortion? If not, what does this imply about our understanding of young women's right to abortion services?*
- *(For health-care providers and workers) How might our beliefs about young women and abortion affect our provision of abortion-related services?*
- *(For health-care providers and workers) What can we do to ensure that we maintain a professional standard of high-quality abortion care for clients of all ages regardless of our personal beliefs?*

Note to facilitator: When asking the questions about young women's rights, you may want to include some information about international agreements or treaties on health and human rights that include the right to safe abortion and whether these treaties were signed or ratified by the country (or countries) represented in your workshop. Remember for adolescents and young women who are legal minors, the Convention on the Rights of the Child also outlines their right to information and health among other things.

Health-care providers or workers may need help with the last question. Suggestions may include: attend more trainings on how to provide compassionate, nonjudgmental abortion care, particularly for young women; ask co-workers for feedback and make improvements accordingly; institute an anonymous client-led satisfaction evaluation system and make improvements based on feedback; and consider referral if personal beliefs prevent provision of high-quality abortion care.

11. Solicit and discuss any outstanding questions, comments or concerns with the participants. Thank the group for its participation.

Activity adapted from:

Turner, Katherine L. and Kimberly Chapman Page. 2008. Abortion attitude transformation: A values clarification toolkit for global audiences. Chapel Hill, NC: Ipas.

FOUR CORNERS WORKSHEET, PART

Instructions

Please read the following statements and circle the answers that best reflect your personal beliefs.

Please be honest, and do not write your name on this sheet.

SA = Strongly Agree A = Agree D = Disagree SD = Strongly Disagree

| | | | | | |
|----|---|----|---|---|----|
| 1, | Abortion services should be available to every young woman (10-24 years) who wants them. | SA | A | D | SD |
| 2 | Young women who have an abortion are ending a life. | SA | A | D | SD |
| 3 | A young, married women should be able to have an abortion even if her husband wants her to continue the pregnancy. | SA | A | D | SD |
| 4 | Removing legal restrictions on abortion will lead to more irresponsible sexual behaviours especially among young women. | SA | A | D | SD |
| 5 | Young unmarried women should be required to provide parental consent in order to have an abortion. | SA | A | D | SD |
| 6 | A pregnant young woman who has HIV/AIDS should be counselled to terminate her pregnancy, even if it is wanted. | SA | A | D | SD |
| 7 | Most young women do not seriously consider the consequences of an abortion. | SA | A | D | SD |
| 8 | Young women should be able to have a second-trimester abortion if they need one. | SA | A | D | SD |
| 9 | Young women who have second-trimester abortions are indecisive. | SA | A | D | SD |
| 10 | Young women who have multiple abortions should be encouraged to undergo sterilization. | SA | A | D | SD |
| 11 | Young women who are unmarried and become pregnant should be denied abortion as a lesson | SA | A | D | SD |
| 12 | Young women have the right to independent, informed consent for abortion. | SA | A | D | SD |

FOUR CORNERS WORKSHEET, PART

Instructions

Please read the following statements and respond as if you were a young woman. Circle the answers that best reflect your personal beliefs. Please be honest and do not write your name on this sheet. If you are a man, also respond as though you were a young woman in this situation.

SA = Strongly Agree A = Agree D = Disagree SD = Strongly Disagree

| | | | | | |
|----|--|----|---|---|----|
| 1, | Abortion services should be available to me if I want them | SA | A | D | SD |
| 2 | If I have an abortion, I am ending a life. | SA | A | D | SD |
| 3 | I should be able to have an abortion even if my husband wants me to continue the pregnancy. | SA | A | D | SD |
| 4 | Removing legal restrictions on abortion will cause me to have more irresponsible sexual behaviours. | SA | A | D | SD |
| 5 | I should be required to provide parental consent in order to have an abortion. | SA | A | D | SD |
| 6 | If I were pregnant and living with HIV/AIDS, I should be counselled to terminate my pregnancy, even if it is wanted. | SA | A | D | SD |
| 7 | I would not seriously consider the consequences before having an abortion. | SA | A | D | SD |
| 8 | I should be able to have a second-trimester abortion if I need one. | SA | A | D | SD |
| 9 | If I have a second-trimester abortion, it is because I am indecisive. | SA | A | D | SD |
| 10 | If I had multiple abortions, I should be encouraged to undergo sterilization. | SA | A | D | SD |
| 11 | If I got pregnant while unmarried, I should be denied an abortion to teach me a lesson. | SA | A | D | SD |
| 12 | I have the right to independent, informed consent for abortion. | SA | A | D | SD |

ACTIVITY 4. WHY DID SHE DIE?

This activity features a case study that highlights the sociocultural context around a young woman's unwanted pregnancy and abortion decision. Participants are confronted with the tragic consequences that can result when access to safe, legal abortion services 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.

Version 1 of the case study highlights a college-aged young woman. Version 2 highlights an adolescent woman with less education.

Objectives

- By the end of this activity, participants will be able to:
- Discuss the sociocultural context surrounding unwanted pregnancy and abortion among young women;
- Explain the tragic outcomes that can result from restricting access to safe, legal abortion services for young women;
- Articulate their personal or professional responsibility to prevent deaths, such as those described.

Materials

- Copies of the story Why Did She Die?
- Values Clarification for Abortion Attitude Transformation theoretical framework (from this toolkit)
- Flipchart and markers (optional)
- Ball of string (optional)

Timeline

5 minutes to read story

40 minutes for discussion

45 minutes total

Advance Preparation

- Choose one story, and adapt it for local relevance, if necessary. If you are working with a large group you can use both stories: one for half of the group and the other for the other half of the group. Remember to adapt both stories for local relevance if you do this.
- Prepare global, national and local statistics on abortion-related morbidity and mortality among young women and how they relate to restrictions on access to abortion.
- Make copies of the story(ies) and the Values clarification for abortion attitude transformation (VCAT) theoretical framework, one per participant.

Note to facilitator: It may be necessary to change the names and certain elements of the story to be more culturally or geographically appropriate for the audience or setting. You may want to adapt a real-life story from the media or clinical experience, making sure to change any potentially identifying information to protect people's privacy. Since the point of this activity is to consider the socio-cultural contexts around a young woman's unwanted pregnancy and abortion decision, the story should be about a young woman (10 – 24 years). It may be helpful to provide participants with national statistics on abortion-related morbidity and mortality to illustrate how common tragic events, such as this one, are.

Instructions

1. Distribute a copy of either version of the story *Why Did She Die?* to all participants.
2. Ask participants to read the story silently, or ask one participant to read it out loud for everyone.
3. Facilitate a discussion about why Mia or Agnes dies. You can opt to record responses on the flipchart.

Suggestions for questions include:

- What happens in this story?
- Why did she die?
- What choices did Mia/Agnes have in the story?
- How does this story make you feel?
- Who do you think is responsible for her death? Why?

(If participants respond that the young woman is responsible for her death, challenge them to think more deeply about who is responsible and has the capacity to fulfill the young woman's human rights, including her rights to information, education, health care and life. How could her community and the health system have prevented her death? Probe further on whether young people can be blamed for their lack of information and whose responsibility it is that they have access to information and health care.)

- In addition to the young woman, who else was directly affected by her death?
 - What real stories or situations does this story make you think of (without revealing any identifying information)?
 - What does this story tell us about our responsibility to safeguard young women's health and lives?
 - What could have been done to prevent her death? Who could have helped prevent her death?
 - What could have made this situation better for her?
 - What information or resources may have helped her avoid this situation?
 - What will you do, personally or professionally, to prevent deaths such as this one from occurring?
4. After the discussion, present, or ask participants to summarize (if you have already covered it previously), some basic information on global, national and local statistics on abortion-related morbidity and mortality and how it relates to restrictions on access to abortion for young women.

5. Ask participants to return to their seats. If time permits, and you have already discussed the VCAT theoretical framework and would like to review it using a VCAT activity as an example, facilitate the following discussion on it. Otherwise, solicit and discuss any outstanding questions, comments or concerns and thank the group for its participation.

Note to facilitator: Optional additional instructions

- To make this activity more physically interactive, another facilitation option is for a participant to play the role of Mia or Agnes, and for the other participants to interact with Mia or Agnes.
 - Ask a participant to play the role of Mia or Agnes. Do this in advance of the activity so that you can review the story with the participant. She needs to be prepared to recite most of the story from memory, and speak in the first person (“I”) with emotion, to make the story as powerful as possible.
 - Prepare the ball of string so that it will unwind easily.
 - Ask participants to stand or sit in a circle surrounding the participant playing Mia or Agnes. The participant playing Mia or Agnes can sit in a chair or on the floor, but try to make sure participants can maintain eye contact without having to look up or down.
 - Give the participant playing Mia or Agnes the ball of string. As each person answers “Why did she die?” they put the string around their waist and then give the ball back to Mia or Agnes. In the end, there is a visual connection between each person in the room and Mia or Agnes, representing their responsibility to her and all young women in similar situations. This addition to the exercise creates a strong impact and is recommended.
-

6. Provide participants with a copy of the Values clarification for abortion attitude transformation theoretical framework. Ask participants to divide into pairs.

7. Facilitate an additional dialogue to extend the discussion of this story and deepen participants’ understanding of the values clarification and behaviour change process.

8. Using this story as the context for discussion, ask pairs to talk through each box in the framework to help them better understand the values clarification process. The aim is for them to clarify their values and understand how those values inform their attitudes and behaviours in relation to situations like the one described in the story. Give the pairs time after each question to discuss. Some questions could include:

- What new information did you learn about unwanted pregnancy, abortion and maternal mortality from this story?
- How did this story deepen your understanding of the context surrounding a young woman’s unwanted pregnancy, abortion and maternal mortality?
- How has this story increased your empathy for young women in Mia’s or Agnes’s situation, or other equally desperate situations?
- What are your current values on abortion in relation to this and similar stories? m What are other possible

values on abortion in relation to this story? What would be the consequences of acting on these other values?

- How open do you feel to experiencing different values on abortion in relation to this and similar stories? What would you need to become or remain open to change?
- Having weighed all of the possibilities, what values do you choose for yourself at this time in relation to this story?
- What would help you affirm these values?
- What actions have you taken in the past that are not consistent with your values? What actions could you take from now on that would be consistent with your values?
- How has this story contributed to a change in your attitude about abortion and young women who seek one?
- What can you commit to doing in relation to abortion situations like this one?

9. Recall the global, national and local statistics on abortion-related morbidity and mortality that you presented earlier in the activity. Discuss how restricting access to safe abortion services does not decrease the number of abortions, but actually increases the number of women, particularly adolescents and young women, who are injured or die from them. Ask participants to articulate their personal and/or professional responsibility to prevent deaths such as this one.

10. Solicit and discuss any outstanding questions, comments or concerns with the participants. Thank the group for its participation.

Activity adapted from:

Turner, Katherine L. and Kimberly Chapman Page. 2008. Abortion attitude transformation: A values clarification toolkit for global audiences. Chapel Hill, NC: Ipas.

WHY DID SHE DIE STORIES

Instructions

Please read the following story, and then be prepared to answer some discussion questions about it.

Version 1 (Young woman)

My name is Mia. I was the eldest daughter in my family. I was intelligent and hardworking. Even though I worked hard at home helping my mother, school was my top priority. I always came first in my class, and I was the pride and joy of my family and community.

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

After graduation, I joined a professional firm and sent money home to pay school fees for my younger brothers and sisters. I became the breadwinner for my extended family. I met and fell in love with a colleague at work, Richard. At first Richard was gentle and loving, but gradually that began to change. He became distant and unkind to me.

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

Three months later, after feeling sick for quite a while, I went to a clinic. When I got the results, I was shocked to discover that I was, in fact, pregnant. I had always had an irregular menstrual cycle and had never been taught the symptoms of pregnancy. I determined that there was no way I would go back to Richard. When I inquired at the clinic about ending the pregnancy, the staff looked at me with disgust and refused to answer my questions. I went to another clinic to ask about terminating the pregnancy, but they also turned me away. I felt afraid and was too ashamed to tell anyone in my family about the rape and pregnancy. I felt that no one would believe or help me, and I became desperate. I tried drinking a toxic potion of household chemicals that I had heard from my friends would terminate a pregnancy. I tried inserting sticks into my cervix. I became terribly sick and developed a painful infection but was still pregnant.

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

Why did Mia die?

Version 2 (Adolescent woman):

My name is Agnes. I was an adolescent girl who looked older than my age. In my health class at school, my friends and I were introduced to an abstinence program that taught us about the reproductive organs and how sexual intercourse happens, but not about contraception, pregnancy, or how to prevent pregnancy.

With my friends, I often went to my small town's Internet café on our way home after school. There I met a boy a few years older, Luis, who told me I was pretty, and asked if he could visit me at my home. I was very flattered, and agreed. Luis began to stop by my home after school. He was very polite to my parents, and gradually they began to trust him with me. After a few weeks, they felt comfortable to allow me to go for unaccompanied walks with Luis. Luis and I grew close, and I felt confident that he really cared for me.

After a few months of courtship, which included kissing and hugging, Luis asked me to become more intimate. He told me that he planned to marry me as soon as he finished school, which was only a year away. He told me that he loved me very much and didn't want to wait any longer to be as close as possible to me. I also didn't want to wait, and so we had sex in the privacy of a field where we often walked. Since neither Luis nor I had learned about contraception, and since we didn't know who we could comfortably ask for information, we had unprotected sex.

A few weeks later, I began to feel sick each morning. My school uniform felt tight. My breasts felt tender. I remembered that the last time my mother was pregnant, she had complained of nausea. Suddenly I realized that I might also be pregnant. I was very frightened. My school had a policy to expel female students who got pregnant. And I knew my parents would be angry and ashamed of me, and disappointed in Luis.

I told Luis that I might be pregnant. He was very concerned for me. Both of us felt afraid to ask our parents for help or guidance, so Luis asked his older married brother for advice. His brother told him about a small, private clinic that performed abortions, and also about an older woman just outside of town who was known to quietly put an end to unwanted pregnancies.

We went first to the clinic. The doctor there told us that I was too young to have an abortion without parental consent, and sent us away. A few days later, Luis took me after school to the old woman. She inserted several sticks into my uterus. It was very painful. I hobbled home with Luis's help and went to bed. Overnight I developed a high fever and began to haemorrhage. I was too afraid to awaken my mother for help. By morning, I was dead from blood loss.

Why did Agnes die?

ACTIVITY 5. TALKING ABOUT ABOR-

When talking about abortion with other people, we may encounter awkwardness, discomfort and even hostility on occasion. This activity helps participants anticipate negative comments and reactions from people we care about and who are anti-choice or have different levels of comfort with abortion. Participants learn to develop and articulate appropriate, respectful responses to disapproving questions or comments.

Objectives

After completing this activity, participants will be able to:

- Anticipate possible negative or disapproving comments and questions from people who do not support the provision of abortion care, particularly for young women;
- Construct effective responses to these comments and questions;
- Articulate effective responses to difficult questions, derogatory comments and hostility from others regarding abortion and/or their role in advocating for or providing abortion services.

Materials

Flipchart paper and markers

Timeline

20 minutes for instructions, small group brainstorm and reports

20 minutes for small group brainstorm and reports

15 minutes for role play in pairs

5 minutes for large group debrief

60 minutes total

Advance Preparation

Prepare some locally relevant negative comments and responses..

Instructions

1. Introduce the activity:

“Occasionally, you may be confronted by people who do not support a woman’s choice to have an abortion or are very resistant to the provision of abortion services in their community. They may be particularly opposed to adolescent and young women’s rights to abortion care. You may be faced with questions, comments and attitudes that make you uncomfortable, or are disapproving, challenging and even hostile. These comments and reactions may come from strangers or people you know and whom you care about.

In the first part of this activity, in small groups, you will brainstorm a list of what some of these comments and

questions could be, and then we will develop and share some effective responses that you could say to people to help correct misinformation or misunderstanding, and respectfully explain your position and views on abortion. Then we will role play in pairs to practice articulating these responses.”

2. Divide participants into groups of four to six people.

3. Distribute flipchart paper and markers.

4. Instruct small groups to take 10 minutes to brainstorm as many questions and comments as possible that someone who disapproves of or does not support abortion services for young women might say. Instruct them to keep the comments as realistic as possible, reflecting comments or questions they have heard in the past or what they anticipate hearing from people who are anti-choice or uncomfortable with abortion. The people making these comments might be family members, colleagues, community members, facility protestors or others. Ask them to write these comments and questions on the flipchart, leaving some space under each one.

- For example, someone might say, “I think providing abortions for adolescent women without parental consent is very wrong,” or to an abortion provider, “How does it feel to help adolescents enjoy sex without having to deal with the consequences?”

5. When the groups have brainstormed an adequate list of questions and comments, have a spokesperson from each group share their list with the entire group.

6. Have each group exchange their list with another group.

7. Ask each small group to take 15 minutes to choose two of the most common and two of the most challenging comments or questions that they could be confronted with, and brainstorm effective, respectful responses. Groups should write their responses directly under each comment on the flipchart.

- For example, in response to the comment, “I think providing abortions for adolescent women without parental consent is very wrong,” they may explain, “From my experience, adolescents who choose to end their pregnancies do so for many different reasons. She may not feel able to provide for a child, and it would therefore be more wrong to continue the unwanted pregnancy. She may want to finish school to provide a better life for a future family, or avoid raising the child of someone who abused her. If she does not have a very good relationship with her parents it might be dangerous for her to involve them. I do not think it is for me to judge, since I do not know her reasons. But I do not want her to risk her health or life in an unsafe procedure so I think it is best if young women can access safe abortion care without parental consent.”

8. After the small groups have created their responses, ask a different spokesperson from each small group to share their responses with the entire group. Encourage participants to take notes for themselves on responses they find particularly helpful.

9. Instruct participants to divide into pairs and assign one to be Person A and the other to be Person B.

10. Person A will choose their most challenging comment or question from the brainstormed lists and describe someone in their life who they care about from whom they would dread hearing such a comment. Person B will role play that person, using the negative comment as the basis to talk negatively to Person A for one minute about abortion. Person A cannot respond during that minute, only listen.

11. After one minute, the partners discuss how it felt to be in that role play – to deliver those statements or to

hear them without being able to respond.

12. Ask the pair to repeat the same role play for two minutes, but this time while Person B is talking negatively, Person A will have a chance to respond, using some of the effective responses the group had brainstormed previously. Remind the pairs to stay in character during the role play.

13. After two minutes, the partners discuss how it felt during the second role play to deliver those statements and to respond.

14. Ask the pair to switch roles and repeat the same process, but with a new comment or question.

15. Have everyone come back to the large group to debrief the exercise. Some discussion questions could include:

- How did it feel to talk so negatively about abortion?
- How did it feel to have someone you cared about talk negatively about abortion and not to be able to respond?
- What will help you respond more effectively to negative comments about abortion?
- What lessons would you take away from this role play to a real-world situation?

16. Solicit and discuss any outstanding questions, comments or concerns with the participants. Thank the group for their participation.

Activity adapted from:

Turner, Katherine L. and Kimberly Chapman Page. 2008. Abortion attitude transformation: A values clarification toolkit for global audiences. Chapel Hill, NC: Ipas.

TALKING ABOUT ABORTION – EXAMPLE RESPONSES

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

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

Possible Response: “Safe abortion services are an important part of reproductive health care. Women need and have the right to these services, regardless of age. Unsafe abortion is a leading cause of women’s injuries and deaths in many parts of the world. The harmful consequences of unsafe abortion affect young women disproportionately, especially because young women may not have access to information about their reproductive health, or to health care including contraceptives. In many cultures, adolescents are commonly married as young as 10 or 11 years-old. At this early age, carrying a pregnancy to term can be very dangerous. To me, it is a matter of providing essential health-care services that promote young women’s health and well-being and save their lives.”

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

Possible Response: “All human beings are sexual beings from birth. It is how our species survives. And there are many different reasons why young women have sex. Some do it because they are in love with a caring partner, and it is their right to consent to sex. Others are not given a choice and could have been coerced, abused or violated. If they end up pregnant, they should not be doubly victimized by being forced to have the perpetrator’s child. It is therefore wrong to punish them, or deny their right to safe abortion. Safe abortion saves women’s lives and protects their health, and is therefore an important part of reproductive health care. This is why I am comfortable with it.”

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

Possible Response: “Access to safe abortion is important for all women, independent of their age, because it helps to save their lives and prevent long-term injuries. Healthy women, including young women, are important for the wellbeing of our communities. Research shows that young women do have the capacity to understand, analyse and make decisions about many important life events, including an unwanted pregnancy. Young women who have access to accurate, unbiased information, and make their decision to have an abortion freely, are not likely to regret it. However, they might regret having a child that they are forced to have.”

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

Possible Response: “There are many different reasons why young people have sex, and why they may or may not use birth control. Actually, many young women who seek an abortion have used some form of birth control, but no form of birth control is 100 percent effective. Also, if a young woman has been abused or violated, she is not likely to have been given a choice about either having sex or using birth control. Many men refuse to use birth control or take responsibility for impregnating a woman.

Some people live in an area where birth control services are not available or affordable, and few young women receive education on how to use birth control effectively. Many men and women have had unprotected intercourse at some point in their lives, including possibly you and me. It is unacceptable to judge young women who have an unwanted pregnancy resulting from unprotected intercourse or failed contraception.”

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

Possible Response: “All human beings are sexual beings from birth. It is how our species survives. And there are many different reasons why adolescents have sex. Some do it because they are in love with a caring partner, and it is their right to consent to sex. Others are not given a choice and could have been coerced, abused or violated. In fact, the initiation of sexual activity for adolescents is often decided by others, and is based on cultural norms that include early marriage or looking the other way when adolescent girls are raped. Emotional and sexual maturity varies significantly among adolescents, and chronological age does not necessarily coincide with emotional or sexual maturity. It is therefore not accurate to say that adolescents are too young to have sex, since some of them are capable of choosing to have sex freely and responsibly, while others are forced. We have a responsibility to help rather than judge them.”

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

Possible Response: “Actually, there is strong global evidence that young women who are educated about sexuality, contraception, and prevention of unwanted pregnancy are more likely to delay the onset of sexual activity and are also more likely use birth control methods appropriately if and when they do decide to become sexually active. So, by making comprehensive reproductive health information and care, including safe abortion, accessible to young women, we are in fact promoting informed and healthy decision making.”

ACTIVITY 6. SERVICE PROVIDER BI-

The different scenarios in this activity are representative of the different situations that might influence a person's decision to not go through with a pregnancy. The participants will have to deliberate on what biases they might have to consider an abortion for certain circumstances or certain women as against others.

Materials

Stories handout for each participant

Timeline

5 minutes to read scenarios individually

15 minutes to discuss scenarios in small groups

10 minutes for groups to report to the larger group

10 minutes for large group discussion

40 minutes total

Advance Preparation

Photocopy the scenarios prior to the workshop, one per participant.

Instructions

1. Divide participants into smaller groups. Explain that these smaller groups are lawmakers. Encourage participants to consider the personal, cultural, religious, political, social or legal situations that may influence the choices of policy makers.
2. Tell the participants that this is a fictitious scenario. In this scenario, there is just one abortion clinic in Nigeria and it has the capacity for three to five abortions in a year. This year, ten women have an urgent need for an abortion.
3. Explain that they will get the profiles of these ten women. Then, they have to pick which five women will be considered for an abortion. However, they must also do this in order of importance because if the abortion clinic announces that it can take less than 5 people, then 'the less important people' will have to be dropped off the list.
4. Distribute the handout and allow five minutes for individuals to read through before discussing in their groups.
5. In each group, allow 15 minutes for group discussions. Participants should use this time to agree on which women will be allowed to visit the abortion clinic and their rationale behind the choice. A spokesperson should be chosen to feedback to the larger group.
6. Give 10 minutes in total for each group to present their ideas.
7. Now, facilitate a discussion with the larger group. Ask why certain women were picked over others and what influenced those choices.

8. Encourage participants to consider what biases may be in play and how these biases are reflected in restrictive abortion policies in Nigeria.

For example, societal perceptions of women's sexuality may make them think certain cases – such as, a sex worker or a woman in a sexual relationship – are underserving of an abortion.

9. Ask participants how this activity often plays out in real life situations. Encourage them to consider how women's pregnancy situation often relates to the abortion services they get, the quality of care they receive and how healthcare workers may treat them.

10. The following points should be considered:

- Healthcare professionals or service providers may try to counsel pregnant people who want an abortion to go through with a pregnancy. This is often from a place of personal bias on who these healthcare professionals feel should be allowed to have an abortion.
- The scenario considered here is a replica of the consequences that restrictive policies on abortion have on women and girls.
- Safe abortion care is a human right that every woman and girl is deserving of. No one woman or girl deserves an abortion more than the other.

11. Solicit and discuss any outstanding questions, comments or concerns with the participants. Thank the group for its participation.

Scenarios

List of 10 women

1. 15-year old child bride in a forced marriage, pregnant and wants to continue her education
2. 35-year-old single woman gang raped in her apartment by armed robbers
3. 27-year-old married woman who has had two miscarriages in the first trimester. Currently pregnant but scan shows signs of foetal abnormality.
4. 22-year-old and an only daughter of a religious leader
5. 26-year-old in a committed and sexual relationship. Currently pregnant as a result of failure in the contraceptive used. Neither partner wants to have a baby at the moment.
6. 47-year-old recently widowed facing grave economic hardships and living with seven children aged under 14
7. 30-year-old career woman and mother of one, successfully combining her PhD studies with work. Finds out she is pregnant and doesn't want another child even though her husband does.
8. 21-year-old living with HIV and has limited knowledge about pregnancy. Did not realise she was pregnant until the second trimester.
9. 19-year-old sex worker with a history of three abortions. Does not want a pregnancy because that will stop her source of income.
10. 25-year-old woman with a mental health challenge which makes her heavily dependent on her family. A child will be an extra burden to the family.

ACTIVITY 7. DECONSTRUCTING STEREOTYPES

This activity will encourage participants to consider how stereotypes are created and the impact such stereotypes may have on the community. Participants will also consider how these stereotypes contribute to abortion-related stigma.

Encourage participants to consider their own stereotypes of others and how this results in prejudice.

Materials

Flipchart

Timeline

5 minutes to introduce the activity

10 minutes for preliminary large group brainstorming

10 minutes to discuss in small groups

15 minutes for groups to report to the larger group

15 minutes for large group discussion

45 minutes total

Advance Preparation

Identify what stereotypes are linked to abortion in your location or in the location of the trainees.

Instructions

1. You may choose to define 'stigma' to the learners or guide them through the process of defining 'stigma'.

Possible answers include:

- The dishonour attributed to an individual based on attributes they hold which are contrary to societal expectations, characteristics or norms
- Discrimination against a person's beliefs because these beliefs are not generally held
- The negative branding of an individual based on the attitudes they portray

The facilitator can encourage the participants to think of stigma in relation to abortion.

2. Remind participants that abortion-related stigma affects women who have had abortions; people who work in facilities where abortions are provided; abortion researchers; supporters of women who may have had an abortion including their family, friends, partners; and prochoice advocates.

3. Lead learners through a 'brainstorming session' where they call out stereotypes that are attached to each of the five groups identified in No. 2 above.

4. Write out these stereotypes on a flip chart. Help participants to consider all possible stereotypes depending on their location or local context.

Note to Facilitator:

When participants call out stereotypes, encourage them to use words like 'some' or 'many' or 'few'. This is to avoid generalisation.

5. Divide participants into five groups. Each small group should discuss each group category identified in No. 2 above and discuss how the identified stereotypes are formed. They should also discuss how these stereotypes contribute to the stigma that people face.

6. Allow 10 minutes for small group discussions. Each group will pick a spokesperson to feedback to the larger group.

7. In the larger group, ask participants to consider how stereotypes and stigma encourage the perpetuity of unsafe abortions or the quality of care available to women.

Possible answers may include:

- Women and girls, feeling that they will be stigmatised, may keep their pregnancy a secret and try to abort it 'quietly'. Self-induced abortion is one way that women can keep their abortions secret.
- Healthcare professionals may be unwilling to accept that they provide abortion services or that they know those who do.
- Abortion clinics are frequently the target of law enforcement raids and the safety of staff and patients may be threatened.
- Informal service providers may be unwilling to be trained, unable to receive training or if trained, may face barriers to providing abortion services.

8. Guide participants to discuss counter measures to address abortion stigma.

Possible answers may include:

- Normalising abortion by encouraging public discussion about it. Make use of the media to share stories of women who have had abortions, efforts to make abortion safe and promote the sharing of proper information about abortion.
- Use proper language to discuss abortion. Avoid and discourage conversations that aim to categorise 'good' or 'bad' reasons for an abortion.
- Abortion advocates should focus on aspects of abortion that will appeal more to their audience.

9. Solicit and discuss any outstanding questions, comments or concerns with the participants. Thank the group for its participation.

Activity adapted from:

Norris, A., Bessett, D., Steinberg, J. R., Kavanaugh, M. L., De Zordo, S., & Becker, D. (2011). Abortion stigma: A reconceptualization of constituents, causes and consequences. *Women's health issues*, 21(3), S49-S54.

Mompoin-Gaillard, P., & Lazar, I. (2017). *TASKs for democracy* (Vol. 4). Council of Europe.

Deconstructing Stereotypes – Examples

Here are a few examples of stereotypes that your group might wish to consider:

Women who have had abortions

- Most women who have had abortions are immoral.
- A number of these women are usually sexually promiscuous.
- Only unmarried women have the need for an abortion.
- Many of these women will be unable to have children in the future.

Healthcare professionals

- Most abortion service providers are murderers or accomplices to murder.
- A few of them are non-religious people.
- Abortion service providers do it because of the money
- Most abortion service providers are quacks.

Abortion researchers

- They are funded by big corporations who want to reduce the population in Africa.
- It is a scheme to undermine the decent religious life of Africans
- Families who show support for a family member who has had an abortion encourage sexual immorality.
- Supporters of abortion are evil and have no respect for human life

Prochoice advocates

They are misguided advocates

They are influenced by financial benefits.

They are people who cannot get decent work.

ACTIVITY 8. MYTHS VS. FACTS

In this activity, participants will assess their knowledge of abortion myths and facts. This activity will improve participants' knowledge of abortion.

Participants will also analyse their perception of abortion, who is likely to get an abortion and the importance of sexual and reproductive choice.

Materials

Two cards labelled 'myth' and 'fact'

Game Cards with abortion-related statements

Markers

Timeline

5 minutes to introduce the activity

15 minutes to complete individual feedback activity

20 minutes for debriefing in large group

40 minutes total

Advance Preparation

- Prepare contextual statements that relate to abortion and which your audience will be familiar with
- Prepare your answer key

Instructions

1. Introduce the activity to the participants. You may start by saying:

"There are many myths in society about the reasons why people may need an abortion or about the effects of an abortion. These myths contribute to stigma and restrictions on abortion accessibility".

2. Explain to participants that the group will be differentiating between 'myths' and 'facts'.

3. Place the cards labelled 'myths' and 'facts' on the table where participants are able to reach them.

4. Pass the Game Cards to all the participants such that every participant has a card (it may be more, depending on the number of statements prepared).

5. Participants may take turns with reading their cards aloud. The whole group then decides whether that statement is a 'myth' or a 'fact'.

6. When a decision is reached, the game card should be placed on either the 'myth' or the 'fact' card, depending on which it is.

Alternatively:

Participants can be divided into smaller groups. These groups can decide which statements are 'myth' or 'fact'. The large group can then receive feedback and debate on the statements.

7. When all participants have shared their statements, compare the group's answers with the answer key.
8. Guide a group discussion especially on answers that were different from the answer key. Encourage participants to share their opinions.
9. Solicit and discuss any outstanding questions, comments or concerns with the participants. Thank the group for its participation.

Activity adapted from

Bowman, S.L. (2008). Training from the back of the room!: 65 ways to Step aside and let them learn. John Wiley & Sons.

Possible Game Card Statements

1. Having an abortion affects future fertility
2. Abortion causes emotional harm and other psychological problems.
3. Criminalising abortion makes abortions unsafe.
4. Abortion is not illegal in Nigeria.
5. Only irresponsible women choose abortion.
6. Mortality and morbidity rates from unsafe abortion are totally preventable.
7. Abortion causes breast cancer.
8. Those who are pro-choice will always choose to get an abortion if they have an unplanned pregnancy.
9. Denying women and girls access to safe abortions is denying them access to basic human rights.
10. If abortion is liberalised, people will replace abortions with contraceptives.

Answer Key

1. **Myth.** Fact is that a safe abortion is rarely associated with any future risk to fertility.
2. **Myth.** An unplanned pregnancy may cause emotional stress and the decision to have an abortion is often difficult. However, many women will feel a range of emotions after an abortion including relief and happiness.
3. **Fact.**
4. **Fact.**
5. **Myth.** Women of all ages, educational levels, marital status, religions seek abortion services. This also includes women with or without children, or those who may be using or not using contraceptives.
6. **Fact.**
7. **Myth.** Having an abortion does not increase the chances of getting diagnosed with breast cancer.
8. **Myth.** Being prochoice simply means believing that it is the pregnant person who should make the decision of carrying a pregnancy to term or not.

ACTIVITY 9. THE PATIENT GAME

This activity may be best suited for service providers or other healthcare professionals.

Materials

Flipchart

Papers

Markers

Timeline

5 minutes for introduction

5 minutes for initial large group discussion

10 minutes for group discussions

15 minutes for large group debriefing

35 minutes total

Instructions

1. Explain how the attitudes of healthcare professionals may make the difference in a person's decision to have an unsafe or safe abortion.
2. Tell the participants that as abortion service providers, a fictitious patient has approached them for an abortion.
3. For this activity, tell the participants to imagine that there are no legal restrictions to abortion in Nigeria. So, providing this abortion service will not be considered illegal or seen as a punishable crime. However, other social, economic, cultural or religious bias that exist towards abortion in Nigeria can remain constants.
4. Participants can call out these biases and they can be written on the flipchart.
5. You may wish to put some description to the patient but avoid factors that may influence participants' thoughts. For example, do not attach an age, religious affiliation or marital status to the patient.
6. Divide the participants into smaller groups. In these groups, participants should discuss the questions they would like to ask the new patient. They can draw up a list and pick a spokesperson to feedback to the larger group. Allow 10 minutes for this activity.
7. In the larger group, discuss the points that participants have raised. Ensure that the following points are discussed:
 - A person's marital status should have no effect on whether they should be allowed an abortion or not.
 - Spousal or parental consent should not always be a determining factor for whether a person can have an abortion.
 - The religious or cultural sentiments of a healthcare person should not affect their decision to provide an abortion service or referral.
10. Solicit and discuss any outstanding questions, comments or concerns with the participants. Thank the group for its participation.

SESSION EVALUATION ACTIVITIES

These activities can help participants reflect on their learning from the workshop, as well as identify what ideas or opinions of abortion have changed or remained constant as a result of the VCAT training.

Activity 1

Materials

Sticky Notes

Pens

Tape

Cardboard (Optional)

Timeline

5 minutes to reflect on the activity

25 minutes to share and discuss

30 minutes total

Advance Preparation

Get a space on the wall and make a division for three columns. You may put up a cardboard and divide it into three columns.

Instructions

1. Share three sticky notes to each participant. You may decide to use three different colours such that each colour answers one question across board.
2. On each sticky note, participants should answer the questions:
 - What have you learnt?
 - What would you like to know more about?
 - What action will you take moving forward?
3. Once they have responded, they can put up their answers in the allocated column.
4. Participants can then take turns reading out the information on the sticky notes. Encourage them to share an opinion that was not written by them.
5. Encourage a discussion around participants' feelings and observations. Ask questions like:
 - What similarities are captured in the responses?
 - What differences are captured in the responses?
 - What conflicts between the participants' values and behaviours still exist?
6. Solicit and discuss any outstanding questions, comments or concerns with the participants.

Thank the group for its participation.

ACTIVITY 2: QUESTIONNAIRE

Materials

Questionnaire

Pens

Timeline

10 minutes to answer the questions on the questionnaire

10 minutes to discuss

20 minutes total

Advance Preparation

Review the questions and adapt to suit your workshop's objectives

Photocopy worksheet, one per participant

Instructions

1. Distribute the questionnaire to each participant and ask them to answer based on their individual experiences of the workshop.
2. Explain that there are no wrong answers and so they do not need to spend too much time thinking of an answer.
3. You may give participants the option of filling this anonymously.
4. Once participants are done filling, collect all questionnaires.
5. Solicit and discuss any outstanding questions, comments or concerns with the participants. Thank the group for its participation.

**YOUTH NETWORK FOR
COMMUNITY AND SUSTAINABLE
DEVELOPMENT**

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