

Abortion Attitude Transformation

A VALUES CLARIFICATION TOOLKIT
FOR HUMANITARIAN AUDIENCES

VCATHS-E18

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Ipas works globally to improve access to safe abortion and contraception so that every woman and girl can determine her own future. Across Africa, Asia and Latin America, we work with partners to make safe abortion and contraception widely available, to connect women with vital information so they can access safe services, and to advocate for safe, legal abortion.

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INTRODUCTION

Values clarification for humanitarian audiences

This toolkit is a resource for humanitarian staff who implement or support reproductive health and related projects at the global level and in the field. It includes background information, materials and instructions for effectively facilitating values clarification and attitude transformation (VCAT) workshops to support the integration of safe abortion care into humanitarian settings. It can be used to facilitate workshops in a variety of settings, including settings where abortion is legal and accessible, as well as settings where abortion is highly restricted.

ABOUT IPAS

Ipas works globally so that women and girls have improved sexual and reproductive health and rights through enhanced access to and use of safe abortion and contraceptive care. We believe in a world where every woman and girl has the right and ability to determine her own sexuality and reproductive health—including women and girls living in crisis settings.

As a member of the Inter-Agency Working Group (IAWG) on Reproductive Health in Crises, Ipas has been involved for many years in efforts to advance the sexual and reproductive health of people affected by crises. With the number of people living in crisis settings higher than ever before, Ipas and our global partners are stepping up efforts to ensure that safe abortion care is integrated into humanitarian responses. This toolkit is a critical part of that work.

WHY THIS TOOLKIT?

Unsafe abortion is one of the five leading causes of maternal mortality in developing countries, even though it is entirely preventable. Globally, there are an estimated 25 million unsafe abortions each year, resulting in approximately 44,000 deaths and millions more serious, often permanent, injuries.

Despite the magnitude of this problem, access to safe abortion care is still a neglected issue in most of the developing world, particularly in humanitarian settings. According to the United Nations Office for the Coordination of Humanitarian Affairs, there are more than 135 million people in need of humanitarian assistance. Of these, the United Nations Population Fund estimates that 34 million are women of reproductive age. These women and girls are displaced from family and social structures, often for extended periods of time, and safe abortion care is almost entirely unavailable to them. Global data show that the need for safe abortion and contraceptive care increases in crisis settings, where, for example, women and girls often lack consistent access to contraception and are at heightened risk of sexual exploitation and violence, including rape as a weapon of war.

The provision of reproductive health care in humanitarian settings has increased during the last two decades during acute and protracted emergencies, thanks to the work of IAWG and its affiliated humanitarian agencies. However, comprehensive reproductive health services, including safe abortion care, still are not available in many settings. This puts women and girls at increased risk of unwanted pregnancy and potentially unsafe abortions.

There are barriers to safe abortion care in almost any setting, but in crisis settings there may be additional barriers, including health systems weakened by conflict or natural disaster and humanitarian staff's lack of knowledge about the legal and policy issues surrounding abortion in the host country or region.

Abortion in humanitarian settings is:

- **Largely legal.** Abortion is permitted in 190 countries to save the woman's life, 78 countries allow abortion when a pregnancy results from rape, and many countries are continuing to liberalize their abortion laws. Abortion is now also included as an additional priority activity in the minimum initial service package (MISP).
- **Necessary.** Women and girls in crisis settings are particularly vulnerable to unwanted pregnancy and unsafe abortion, as they often experience increased levels of exploitation, sexual violence and transactional sex, in addition to their regular access to reproductive health services being interrupted.
- **A safe and simple procedure** when performed by trained providers. Nurses, midwives and other primary care providers can safely provide abortion care at the primary level anywhere basic Emergency Obstetric Care (EmOC) is provided—even during acute emergencies and in settings without electricity or running water. Safe abortion prevents unnecessary death and injury.
- **Supported and funded** by many governments, private foundations and donors.

WHAT IS VCAT?

A major barrier to the provision of abortion care in humanitarian settings is abortion-related stigma and lack of knowledge/misinformation about safe abortion care among humanitarian and health staff. This toolkit is designed to explore these issues in order to help close the service-delivery gap in abortion care in humanitarian settings – a critical and necessary step for reducing maternal deaths and suffering in settings where humanitarian staff work.

VCAT stands for “values clarification and attitude transformation.” Abortion-related VCAT workshops use a variety of activities to engage participants in open dialogue to explore their values and attitudes about abortion and related sexual and reproductive health issues, often leading to increased awareness and comfort with the provision of safe abortion care. The workshops are conducted in a safe environment in which individuals take responsibility to engage in honest, open-minded and critical reflection and evaluation of new or reframed information and situations. The content is designed to be accessible and personally relevant.

VCAT workshops are designed to help participants:

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

VCAT is not designed to change people's values. Once participants have examined the values that inform their beliefs about abortion and understood the root causes and consequences of unsafe abortion, they may undergo a transformation of attitude on the provision of safe abortion care and their role in assuring women's access to safe care to prevent women from dying from unsafe abortion.

THE VCAT THEORETICAL FRAMEWORK

The theoretical framework informing the development and organization of this toolkit (see figure below) can serve as a visual aid when explaining the abortion VCAT process and as a reference when designing VCAT workshops. It conceptualizes the VCAT process, which is informed by and includes critical elements of Ajzen's Theory of Planned Behavior (TPB) (Ajzen, 1985; 1988; 1991); values theory (Rokeach, 1973;1979); and the three main stages of the values clarification process — choosing, prizing and acting (Raths, 1966; Rokeach, 1973).

The theoretical framework and process take place within existing cultural and social structures and ideologies. Cultural and societal norms are extremely influential in shaping people's attitudes and values. Also, this framework places the process of values clarification within a larger context of abortion attitude transformation, behavioral intention and, ultimately, behavior or performance.

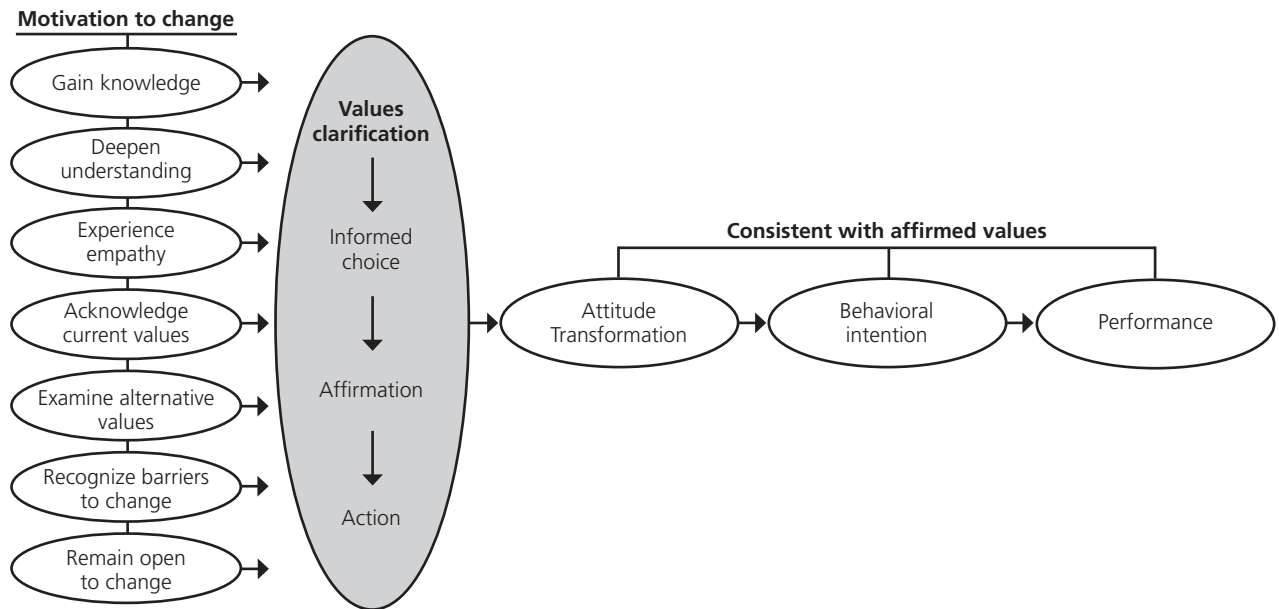
Whereas the goal of a traditional values clarification intervention is for participants to clarify their values, whatever those may be, this framework and toolkit are designed to advance an agenda: to move participants along a progressive continuum of support for abortion and reproductive rights; from obstruction to tolerance to acceptance to support and then, ultimately, to advocacy for and/or provision of woman-centered, comprehensive abortion services to the full extent of the law.

Starting to the left of the framework, we begin with the **motivation to change** — people must be open to examining and potentially changing their attitudes, values and behaviors, or VCAT cannot be expected to have any impact. This carries implications for participant selection: only those participants who are open to change have the potential to clarify their values and transform their attitudes. To effectively engage in the abortion values clarification process one must: **gain new knowledge; deepen understanding of existing or new knowledge; experience empathy for people affected by or who provide abortion; acknowledge current values on abortion; examine alternative values; recognize barriers to change and remain open to change.**

Ipas modified the three main stages of **values clarification** to **making an informed value choice, affirming that choice and acting on the chosen value**, which reflects the process and cognitions an individual would go through when

thoughtfully choosing among competing alternatives, affirming those choices and deciding on a particular course of action.

A recent study by Ipas found that VCAT workshops are effective at improving participants' knowledge, attitudes and behavioral intentions related to abortion care, especially among those who come to the workshops with the least knowledge and most negative attitudes about abortion. Published in the journal *Reproductive Health*, the study analyzed pre- and post-workshop surveys of participants in 43 VCAT workshops conducted in 12 countries in Asia, Africa and Latin America.



VCAT FOUNDATIONAL THEORIES AND RESEARCH

Ajzen, I. 1985. From intentions to actions: A theory of planned behavior. In Kuhl, J., and J. Beckman, eds. *Action-control: From cognition to behavior*. Heidelberg, Springer.

Ajzen, I. 1988. *Attitudes, personality, and behavior*. Chicago, IL, Dorsey Press.

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ACKNOWLEDGEMENTS

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PLAN YOUR TRAINING

An overview of toolkit materials, plus tips and resources for trainers

This toolkit is designed to be a flexible resource that can serve training needs for a variety of audiences and settings. It is not a structured curriculum, but rather a collection of activities and materials that can be used individually or in combination, based on the timing and agenda of individual workshops.

Here is an overview of the toolkit materials to help you think about how best to structure your specific workshop.

TOOLKIT MATERIALS

PLAN YOUR TRAINING

Sample agendas

- **One-day agenda:** This includes the most popular and effective activities if you have limited time.
- **Two-day agenda:** This layers in additional activities for further exploration of topics and ideas.

PowerPoints for workshop flow: Use and adapt these PowerPoint slides, which follow our one-day and two-day sample agendas, to provide visual guidance for participants throughout your training. Slides include titles of activities and instructions for each, plus logistical training pieces like welcome and introductions, the day's agenda, breaks and workshop conclusion.

Worksheet: Calculate how many printed handouts you need. Once you've determined your agenda and know the number of facilitators and participants, use this simple Excel spreadsheet to calculate how many facilitator guides and handouts to print for each of your chosen activities.

Certificate of completion: This can be adapted to include your agency's information, workshop details and each participant's name, then handed out upon workshop completion.

EVALUATE YOUR IMPACT

- **Workshop feedback form:** This allows participants to provide feedback on your training and the sessions they found most useful and interesting.
- **Pre- and post-workshop evaluation:** These matched pre- and post-workshop surveys evaluate your training's impact by assessing participants' values and beliefs regarding abortion before and after training.

INSTRUCTIONAL POWERPOINTS

- **Overview of unsafe abortion** is a 15-minute presentation that introduces audiences to the global public health crisis of unsafe abortion, the factors that cause this crisis, and the proven ways to reduce unsafe abortion to improve women's and girls' reproductive health.
- **Abortion care 101** is a 30-minute introduction to abortion methods and the components of comprehensive abortion care. This presentation includes clinical information and can be tailored to suit the knowledge level of your workshop's participants.
- **The case for safe abortion in humanitarian settings** is a 30-minute presentation that highlights the reasons why refugees and those living in crisis settings are at risk for unintended pregnancy and unsafe abortion, and the reasons why safe abortion can and should be provided in these settings—including the legal grounds for provision.

ACTIVITIES

- **Reasons why:** This activity helps participants explore the reasons why women have unintended pregnancies, why they decide to have abortions, and why governments regulate pregnancy and abortion. Participants will discuss and identify how individuals' subjective level of comfort with different reasons affects women's access to safe abortion care.
- **Cross the line:** This activity brings participants' different views on safe abortion care to the surface and addresses the connection between safe abortion care and cultural norms and stigma. It helps participants understand how cultural norms and stigma affects people's diverse views and experiences with abortion.
- **Thinking about my values:** This self-reflection and analysis activity consists of a three-part worksheet that is completed individually, followed by group or paired discussion about each part, and then debriefed as one whole group. The worksheet helps participants consider the role of certain external influences—including family/social norms, displacement, religious beliefs and age/life stage—that contribute to their current values and beliefs about abortion.
- **Why did she die?** This activity features a case study that highlights the cultural context of sexual violence against women, unintended pregnancy and lack of access to safe abortion care in humanitarian settings. 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 and 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 safe abortion care—emphasizing the responsibility of medical-humanitarian organizations to ensure women have access to reproductive health care.
- **Four corners:** This activity involves movement around the room and allows participants to develop a deeper understanding about their own and

others' beliefs about abortion, to empathize with others' values, and to consider how personal beliefs can create stigma and affect the provision of high-quality safe abortion care.

- **Talking about abortion:** This activity helps participants anticipate challenging comments and reactions related to their provision of safe abortion care. Participants brainstorm constructive responses and gain practical experience articulating those responses, drawing on their agency's organizational documents on safe abortion care and their own experiences.
- **The last abortion:** Different scenarios in this activity highlight the complex circumstances surrounding a woman's 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 woman's reasons for seeking safe abortion care over another woman's reasons.
- **Comfort continuum:** This activity helps participants reflect on their level of comfort discussing, advocating for and/or providing abortion services by reflecting on their own life experiences that influenced their comfort level—and how these relate to norms on abortion.
- **Facilitating dialogue:** In this activity, a thought-provoking story is used to highlight the problem of unintended pregnancy and unsafe abortion in contexts where your agency works, and to spark discussion among participants about your agency's role in the provision of safe abortion care.
- **Closing reflections:** This activity can be completed at or near the end of a training to help participants reflect on their experiences during the workshop; identify what knowledge, feelings or opinions have remained the same or changed as a result of the workshop; express any outstanding issues or concerns related to the material that was covered; and declare "one thing I will do" as the result of the workshop.

TIPS FOR PLANNING AND FACILITATING

Experienced VCAT trainers from around the world have shared the tips compiled here. These suggestions may be helpful in planning and facilitating rewarding VCAT workshops that have meaningful results for participants.

PLANNING

- Work closely with co-facilitators to select activities and content for the training, which may vary depending on the mix of participants. Focus on selecting activities that will be most relevant to participants' experience, knowledge and local context—and adapt activities as needed to the local context. If participants will have limited English proficiency and you're using this toolkit's English materials without translating, select activities that do not involve participant worksheets with a lot of required writing.
- Meet with co-facilitators at least one day prior to the workshop to review workshop content and define roles. Also meet or talk with local workshop organizers to discuss country- and region-specific sensitivities and issues

that will come up for participants. For example, young, unmarried women receiving abortion care is very controversial in some settings. And depending on local laws and the public's knowledge of the law, health providers in some settings may fear being imprisoned for providing an abortion service. Make sure you understand local laws so you can address such concerns.

- Work closely with logistical coordinators to ensure access to all needed facilities (for example: breakout rooms if needed, printing of participant handouts, etc.). Review materials lists, including printed participant handouts for activities, prior to beginning your workshop. Place participant materials in folders to be handed out on the first day.
- Prepare a flipchart labeled “parking lot” or “garden” to capture ideas for later discussion throughout the workshop. A “parking lot” or “garden” is a place to write down and remember ideas, questions and concerns that the group wants to make sure are addressed, but that are not directly relevant to the current discussion or activity. Pausing a conversation that has veered off topic and identifying items to write down in your workshop’s “parking lot” or “garden” allows you to get back on track while also validating participants’ ideas and ensuring you remember to come back and address them later.
- If possible, play music and/or use a nonverbal signal (chimes, a bell, etc.) to gather participants back from activities; this helps to create an atmosphere of receptivity. Using engaging icebreaker and energizer activities also helps create a receptive atmosphere for learning.

FACILITATING

- Remember that as a VCAT facilitator, your job is to create an open, safe space in which participants can share feelings and thoughts honestly and explore the complicated issues surrounding abortion through deep and sometimes difficult discussion. Facilitators should refrain from sharing their own subjective opinions and beliefs and from identifying some ideas as good/bad or right/wrong, as this can have a negative impact on participants’ experience and willingness to share openly and experience true growth in their own understanding of the topics. A VCAT facilitator should encourage all participants to feel comfortable openly sharing their opinions, whether they are supportive of abortion care or not.
- The goal of all the VCAT activities in this toolkit is to foster deep conversations about complicated issues. If a given activity is producing excellent engagement and conversation, you may choose to lengthen that activity because it’s going so well, and then omit or shorten other activities to compensate. A successful training does not necessarily stick strictly to the agenda and complete all activities as planned, but rather generates meaningful, thought-provoking discussion. Feel free to adjust timing of activities based on the group’s engagement level.
- Ensure that enough time is allocated on the first day for participant registration and pre-workshop evaluation. Please be sure to follow the instructions for matching pre- and post-workshop evaluations.
- In a workshop of more than one day, it’s highly recommended on subse-

quent days to include a “review/preview” five-minute section at the top of the agenda to summarize what was covered the day before and what’s coming next. An icebreaker to start subsequent days is also recommended to build group cohesiveness.

- For staff of humanitarian agencies participating in a training, it is important for them to hear from their own leadership at the beginning of the workshop about organizational policy on abortion and how abortion work will be integrated into their programs. Allow at least 15-30 minutes to present a verbal report of current policies, status of integration, and the top challenges. If an agency does not have leadership present at the training, request this material beforehand so you can provide it to participants.
- A 10-minute wrap-up session at the end of each day can help participants to coalesce the learning. It is helpful to have access to a whiteboard or flip-chart and markers for the discussion.

RELATED RESOURCES

You may find additional helpful information for your trainings in this collection of resources that focus on abortion in humanitarian settings, comprehensive abortion care, abortion rights and policies, and values clarification training.

Center for Reproductive Rights. (2018). *The world’s abortion laws map 2018*. Interactive website: <http://worldabortionlaws.com/map/>

Fetters, T. (2006). Abortion care needs in Darfur and Chad. *Forced Migration Review, 25*, 48-49. Accessible here: <http://www.fmreview.org/sites/fmr/files/FM-Rdownloads/en/peopletrafficking/fetters.pdf>

Inter-agency Working Group (IAWG) on Reproductive Health in Crises. (2018). *Inter-agency field manual on reproductive health in humanitarian settings*. IAWG. Accessible here: <http://iawg.net/resource/field-manual/>

Ipas. (2013 & 2014). *Woman-centered, comprehensive abortion care: Reference & Trainer’s manuals (second ed.)*. K. L. Turner & A. Huber (Eds.), Chapel Hill, NC: Ipas. Accessible here: www.ipas.org/HealthProviderResources

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McGinn T. & Casey S.E. (2016). Why don’t humanitarian organizations provide safe abortion services? *Conflict and Health, 10*(8). Accessible here: <https://conflictandhealth.biomedcentral.com/articles/10.1186/s13031-016-0075-8>

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Turner, K.L. & Page, K.C. (2008). *Abortion attitude transformation: A values clarification toolkit for global audiences*. Chapel Hill, NC, Ipas. Accessible here:

www.ipas.org/HealthProviderResources

* Also available: *Abortion attitude transformation: Values clarification activities adapted for young women*

Turner, K., Pearson, E., George, A., & Andersen, K. (2018). Values clarification workshops to improve abortion knowledge, attitudes and intentions: A pre-post assessment in 12 countries. *Reproductive Health*, 15(40).

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World Health Organization. (2014). *Clinical practice handbook for safe abortion*. Geneva: World Health Organization. Accessible here: <http://www.who.int/reproductivehealth/publications/unsafe-abortion/clinical-practice-safe-abortion/en/>

World Health Organization. (2015). *Health worker roles in providing safe abortion care and post-abortion contraception*. Geneva: World Health Organization. Accessible here: <http://srhr.org/safeabortion/>

World Health Organization. (2017). *Global abortion policies database*. Geneva: World Health Organization. Accessible here: <http://www.who.int/reproductive-health/topics/unsafe-abortion/global-abortion-policies/en/>

WORKSHOP FEEDBACK FORM

ABORTION ATTITUDE TRANSFORMATION: VALUES CLARIFICATION FOR HUMANITARIAN AUDIENCES

INSTRUCTIONS

Please rate the workshop on each item using the scale below. Use the comments section to provide more information about the rating and suggestions for improvement.

5 = strongly agree 4 = agree 3 = neutral 2 = disagree 1 = strongly disagree

Rating

The workshop was well-organized.

Comments:

The facilitators were well-prepared.

Comments:

I would choose the same facilitators again.

Comments:

The workshop was interesting and useful.

Comments:

The workshop materials (handouts, worksheets, etc.) were effective.

Comments:

There were enough opportunities for discussion.

Comments:

The break, lunch and other logistical arrangements were satisfactory. _____

Comments:

After this workshop, I would be willing to learn how to facilitate other abortion VCAT workshops. _____

Comments:

What suggestions can you make to improve the content of this workshop in the future?

Your general comments and suggestions:

Thank you for your participation!

PRE- AND POST-WORKSHOP EVALUATION

ABORTION ATTITUDE TRANSFORMATION: VALUES CLARIFICATION FOR HUMANITARIAN AUDIENCES

Workshop location: _____

Workshop date(s): _____

INSTRUCTIONS

Please answer the following questions as honestly as possible based on your current knowledge and beliefs. You may need to review the questions carefully as questions are both negatively and positively phrased. There is no need to include your name but PLEASE develop your confidential unique identifier in the section below **to help us match your pre- and post-survey responses.**

Develop your confidential unique identifier:

Complete the unique identifier to allow us to match your pre- and post-survey responses while maintaining your confidentiality. We will use these responses to evaluate the workshop and activities, but they will not be useful if we cannot match your pre-and post-survey responses.

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

Turn it in!

We could really use your help. We would love to be able to better evaluate these workshops and be able to tell others that VCAT works and would be useful to their organizations. To do this, we are collecting pre- and post-evaluation forms from around the globe. If you are able, please scan your pre- and post-evaluation forms from your workshop (they are anonymous) and email the document as an attachment to this address: humanitarianVCAT@ipas.org.

Thank you in advance for helping us make this a useful and valuable workshop for others.

INSTRUCTIONS

Please respond below based on your current beliefs and comfort levels. Please circle only **one response** for each question.

STATEMENT	STRONGLY DISAGREE	DISAGREE	NEUTRAL	AGREE	STRONGLY AGREE
I feel conflicted about abortion.	1	2	3	4	5
I believe my agency should provide safe abortion care to any woman or girl who requests it.	1	2	3	4	5
I feel that safe abortion care is an important medical service for reducing maternal mortality and morbidity.	1	2	3	4	5
I feel comfortable supporting the direct provision of safe abortion care in my work.	1	2	3	4	5
I do not feel comfortable talking about safe abortion care with my colleagues.	1	2	3	4	5
I believe a woman should be allowed to have an abortion if she is married and wants no more children.	1	2	3	4	5
I believe a woman should be allowed to have an abortion if she cannot afford to have the child.	1	2	3	4	5
I believe a woman should not be allowed to have an abortion if she had a previous abortion.	1	2	3	4	5
I believe abortion is morally wrong.	1	2	3	4	5
Access to safe abortion services is every girl's right.	1	2	3	4	5
I believe that a woman should always have a right to have an abortion in case of an unwanted pregnancy.	1	2	3	4	5
Survivors of sexual assault should have access to abortion.	1	2	3	4	5
A woman should have the right to decide for herself whether or not to have an abortion.	1	2	3	4	5

STATEMENT	STRONGLY DISAGREE	DISAGREE	NEUTRAL	AGREE	STRONGLY AGREE
I would not refer a patient for abortion under any circumstances.	1	2	3	4	5
Governments and humanitarian organizations should provide abortions as part of primary health care.	1	2	3	4	5
Abortion should only be available to married women.	1	2	3	4	5
Abortion should be available to girls who get pregnant so they can stay in school.	1	2	3	4	5
I do believe that abortion should be a part of essential maternal health care for women in acute emergencies.	1	2	3	4	5
I believe a married woman should have her husband's consent to have an abortion.	1	2	3	4	5
I feel challenged providing abortion to adolescents.	1	2	3	4	5
Health-care providers in conflict settings have a professional obligation to provide abortion to survivors of sexual assault.	1	2	3	4	5

REASONS WHY

Facilitator guide

SESSION OVERVIEW

In this activity, participants explore the full range of underlying reasons for women's unintended pregnancies, pregnancy termination or continuation, and governments' regulation of pregnancy and abortion. Participants are encouraged to identify how their and others' level of comfort with women's reasons affect reproductive health policies and services and societal stigma.

OBJECTIVES

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

- Identify diverse reasons why women and girls might have an unintended pregnancy
- Name the reasons why women may make certain decisions about their unintended pregnancies
- Discuss the reasons why governments regulate pregnancy and abortion more than many other medical conditions and procedures
- Differentiate their comfort levels with the different reasons
- Discuss how individuals' subjective level of comfort affects women's and girls' access to safe abortion care

MATERIALS

- "Reasons why: Participant handout" questions cut into strips
- Sheets of flipchart paper
- Scissors
- Newspapers
- Markers
- Materials that can be used to decorate (glue, colored paper, newspapers, etc.)
- Prize (optional)

TIMELINE

Total time: 40 minutes

ADVANCE PREPARATION

- Cut the “Reasons why: Participant handout” questions into strips



NOTE TO FACILITATOR

Use the question or questions that you deem most relevant to your participants and their context—you do not need to use all questions. This activity allows participants to get comfortable working with each other by discussing the big-picture issues surrounding abortion care. A good VCAT workshop builds from first exploring these larger societal issues to then more exploration of personal feelings and beliefs. That sequence is important so participants can develop a sense of comfort with each other before being asked to share personal feelings.

INSTRUCTIONS

STEP 1: Divide participants into four groups. Give each group a piece of flip-chart paper, markers, any other materials (newspaper, glue, colored paper, etc.) and one of the “Reasons why” question strips.

STEP 2: Ask each group to brainstorm all possible responses to the question they have been given. Encourage them to think as deeply and broadly as possible about the range of women and girls and their life circumstances. Let groups know that they can be as creative as possible and draw pictures and use the materials provided to write/illustrate their responses on their sheet of flipchart paper. Let groups know they will have 25 minutes to work on their responses and their “creative flipchart.” Groups should select one person to report back to the larger group. That person will have 2-3 minutes to present to the larger group. **Optional: Inform groups that the most creative flipchart will receive a prize.*

STEP 3: After 25 minutes, ask each group spokesperson to come up, post their flipchart and present their response to the larger group. After each presentation, ask the larger group if they have any other responses. Suggest any additional responses from the answer lists here:

Question 1: What are all of the reasons why women would decide to have an abortion? *Answers may include: rape, incest, family pressure, limit family size, poverty, mental health issues, fetal indications, women’s health indications, sex work*

Question 2: What are all of the reasons why women do not leave with a contraceptive method after an abortion? *Answers may include: lack of commodities, lack of training, myths around methods, family planning service in different part of hospital*

Question 3: What are all of the reasons why women might continue an unintended pregnancy? *Answers may include: denied an abortion, no access, lack of knowledge of services, delay in care seeking until too late, afraid, ashamed, coerced to continue*

Question 4: What are all of the reasons why my agency has a policy on safe abortion care? *Answers may include: to protect staff, clarify stance publicly, consistency in programs, to discourage individualistic responses*

Question 5: What are all of the reasons why my agency's staff might not support or be comfortable with the provision of safe abortion care in our projects? *Answers may include: personal beliefs, fear, lack of knowledge of abortion laws, misconceptions about abortion*

Question 6: What are all of the reasons why it might be difficult for a provider to provide an abortion? *Answers may include: religious reasons (ex-communication from church), family and friend disapproval, jail time, unsupportive administration, lack of training, lack of resources*

STEP 4: After all the groups have presented, facilitate a discussion using some of the following questions:

- What reasons for women having an unintended pregnancy are you uncomfortable with?
- What reasons for abortion make you uncomfortable, and what might be the source of your discomfort?
- What reasons for women continuing an unintended pregnancy are you uncomfortable with?
- How do your values and beliefs influence your discomfort with certain reasons?
- How does social stigma and/or culture affect people's comfort levels with women who have abortions and providers who perform abortions?
- How does our discomfort with certain reasons (for women having sex, unintended pregnancy, abortion) affect our work as an agency and, specifically, in the provision of safe abortion care? How might our agency's clients experience this discomfort? What impact might this have on the quality of health care we provide?
- What reflections or comments do you have about the reasons why our agency's staff might not support the provision of safe abortion care in our projects?



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 local examples to illustrate the point about governments regulating pregnancy and abortion more than most other conditions.

STEP 5: Close the activity by discussing the following points:

- 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 care. This can lead to women risking

their health and lives to procure a (possibly unsafe) abortion. In other words, it creates health disparities and often tragic health outcomes for some women but not others.

- Ensure participants grasp that this disparity in access to safe abortion care is often based on individual, subjective beliefs about what are “acceptable” versus “unacceptable” reasons for pregnancy and abortion.

STEP 6: Solicit and discuss any outstanding questions, comments or concerns with the participants. Thank the group for their participation.

STEP 7: Optional: Ask the group to vote for the most creative flipchart. Participants cannot vote for their own flipchart. The group whose flipchart receives the most votes gets a prize.

STEP 8: Summarize the key points this activity is intended to convey if they haven’t been adequately discussed already:

- Discomfort with women’s reasons for having unintended pregnancies and abortions can result in restrictive laws and policies that deny certain women access to safe abortion care. For example, if there is discomfort around young, unmarried women having sex, there may be restrictive policies that deny them access to contraceptives or safe abortion care.
- Subjective or personal beliefs can have an impact on who can receive abortion services and the way women are treated when they seek a service. Health-care providers or staff may be more sensitive to a woman coming in with a reason for abortion that they feel is acceptable and may treat a woman poorly or deny her services if they feel her reason is unacceptable. As providers/health-care staff, we should ensure that we treat women professionally and with respect regardless of their reasons for terminating a pregnancy—even if the reasons may challenge our personal beliefs.

REASONS WHY

Participant handout: Questions

INSTRUCTIONS

Cut the following statements into individual strips of paper to hand out to groups.

Question 1: What are all of the reasons why women would decide to have an abortion?

Question 2: What are all of the reasons why women do not leave with a contraceptive method after an abortion?

Question 3: What are all of the reasons why women might continue an unintended pregnancy?

Question 4: What are all of the reasons why my agency has a policy on safe abortion care?

Question 5: What are all of the reasons why my agency's staff might not support or be comfortable with the provision of safe abortion care in our projects?

Question 6: What are all of the reasons why it might be difficult for a provider to provide an abortion?

CROSS THE LINE

Facilitator guide

SESSION OVERVIEW

This activity is used to bring participants' different views on safe abortion care to the surface and address the connection between safe abortion care and cultural norms and stigma. It helps participants understand how cultural norms and stigma affect people's diverse views and experiences with abortion.



NOTE TO FACILITATOR

In some settings people may feel uncomfortable crossing the line (for example, during times of war, "crossing the line" could represent something negative). In such cases, it may be preferable to organize this activity as a discussion or to have participants hold up colored cards instead of physically crossing the line.

OBJECTIVES

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

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

MATERIALS

- Masking tape or string, approximately two to three meters long, to make a line on the floor

TIMELINE

Total time: 45 minutes

ADVANCE PREPARATION

- Clear a large area of the room to allow participants to move around, and place the line in the middle of this area.
- Review and adapt "Cross the line" statements (included here), if needed. Print or show them on screen if necessary. Select in advance the statements that most apply to this group of participants. It is advisable to end with a statement that you think all (or at least most) participants can agree with.

INSTRUCTIONS

STEP 1: Introduce the activity.

STEP 2: Explain that you will read a series of statements and that participants should step entirely across the line when a statement applies to their beliefs or experiences.

STEP 3: Remind participants that there is no “in between,” which means they must stand on one side of the line or the other, and that there are no right or wrong answers. Encourage participants to stand on the side of the line that best reflects their own beliefs and not feel pressured to move with the rest of the group.

STEP 4: Stand at one end of the line and start with a practice statement, such as: *Cross the line if you had fruit for breakfast this morning.*

STEP 5: Once some people have crossed the line, give participants an opportunity to observe who crossed the line and who did not. Invite participants to notice how it feels to be where they are.

STEP 6: Ask someone who crossed the line and then someone who did not to briefly explain their reasons for crossing or not crossing the line. If someone is the only person who did or did not cross the line, ask them what that feels like.

STEP 7: Invite all participants to move back to one side of the line.

STEP 8: Repeat this for several of the “Cross the line” statements about abortion. Select the statements that most apply to this group of participants. When you are finished, ask participants to take their seats.

STEP 9: Discuss the activity. Discussion questions may include:

- What did you learn from this activity? (or: What did you learn about your own and others’ views on safe abortion care?)
- 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 does this activity teach us, in general, about the stigma and cultural norms related to safe abortion care?
- How might stigma and cultural norms influence a woman’s decision about terminating a pregnancy?
- How might stigma and cultural norms influence the comfort of staff in your agency with providing or supporting the provision of safe abortion care in your projects?

STEP 10: Summarize the key points this activity is intended to convey:

- Not all of us may be comfortable with abortion care services, but regardless we have a responsibility to ensure women can access safe services.
- If you are uncomfortable or unable to provide a safe abortion service, be sure to refer women to a provider that can provide a safe service.
- We may feel afraid to talk about abortion work, but the bottom line is that safe abortion services save women’s lives.

“CROSS THE LINE” STATEMENTS

Cross the line if:

- You were raised to believe that abortion should not be openly discussed.
- At some point in your life, you believed abortion is wrong.
- You have been asked to keep someone’s abortion a secret.
- You have ever felt uncomfortable talking about abortion.
- You have ever heard a friend or family member talking in a negative manner about women who have had abortions.
- You or someone you are close to has had an abortion.
- You have ever avoided the topic of abortion in order to avoid conflict.
- You have heard the term “baby killers” applied to women who have abortions or medical staff or other health-care workers who provide safe abortion care.
- At some point in your life, you believed that relief is a common reaction after a safe abortion.
- You believe there is a medical need for safe abortion care to be available to women, in general.
- You are committed to addressing all the main causes of maternal death, including unsafe abortion.
- You have had to tell a woman she could not have an abortion.
- You have had to tell a woman with an unwanted pregnancy as a result of rape that she cannot have an abortion.

THINKING ABOUT MY VALUES

Facilitator guide

SESSION OVERVIEW

This self-reflection and analysis activity consists of a three-part worksheet that is completed individually, followed by group or paired discussion about each part, and then debriefed as one whole group. The worksheet helps participants consider the role of certain external influences, including family/social norms, displacement, religious beliefs and age/life stage that contribute to their current values and beliefs about abortion. This is a more in-depth, advanced exercise that is appropriate for highly literate audiences and may need to be translated into the local language.

OBJECTIVES

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

- Identify and examine the role of external influences, such as family and social norms, displacement, religious beliefs and age/life stage, on the formation of their values about abortion
- Explain the ways in which their values have changed over time, in response to new knowledge and experiences

MATERIALS

- Copies of “Thinking about my values” worksheet for all participants
- Pens

TIMELINE

Total time: 1 hour 25 minutes

ADVANCE PREPARATION

- Photocopy “Thinking about my values” worksheet, one per participant.
- Review activity purpose, instructions and worksheet with small group facilitators. The worksheet questions are in-depth and contain terms and concepts that may be new to some participants. Facilitators need to make sure they understand the instructions and worksheets and that they can facilitate participants as they complete the worksheets and have small group discussions.

**NOTE TO FACILITATOR**

Facilitators need to be very conscious of time in this activity. Keep small groups moving through the worksheet and discussion questions or you may not get to all three parts.

If you have a small number of participants, you can facilitate this activity in a single large group and have participants discuss the worksheets in pairs rather than in small groups.

INSTRUCTIONS

STEP 1: Introduce the activity:

The social groups in which we grew up often play an important role in shaping the core values that inform our beliefs. Social groups may include your immediate and extended family; racial, ethnic or cultural group; heritage; and socioeconomic group. The role of these external influences, however, is often subconscious and operates in the background of our beliefs and interactions. At different points in our lives and for different reasons, we may challenge these beliefs and underlying values. The purpose of this activity is to reflect on the source and influence of these core values on your present beliefs about abortion and how they may have changed over the years.

What questions do you have about this?

STEP 2: Divide participants into small groups and assign each group a facilitator. Ask each group to assign a reporter who will take general notes about the group's discussion and report out during the large group discussion. Advise the facilitators to assign a timekeeper who will ensure they cover all of the tasks during the allotted time.

STEP 3: Distribute worksheets to participants. Ask participants to take the next several minutes to individually complete **Part A** only. Their responses to the questions are for their personal reflection; they need share them with the group only to the extent that they feel comfortable. To save time, advise participants to write brief notes rather than full sentences. Groups will not discuss every worksheet question.

STEP 4: Once everyone in the group has completed Part A, have small group facilitators ask some of the following questions and facilitate a discussion on their responses.

- What were some of your social group's values or beliefs about abortion and how do they compare with your own?
- If your family did not discuss abortion, what conclusions have you drawn about this silence?
- What observations do you have about the social groups to which you belong and their beliefs about abortion? What about these social groups' beliefs about marriage/ partnerships, family structure and topics related to sexuality? How are these beliefs or values related?

STEP 5: After participants have finished discussing Part A, have small group facilitators introduce **Part B** and allow them time to complete it:

Now we're going to talk about the influence of our spiritual or religious beliefs—defined very broadly and individually by each person—on our values, beliefs and decisions. Religion or spirituality may be a private matter for some people, though others may prefer to share their spiritual or religious beliefs and life openly with others. In Part B of your worksheet, you will answer questions about your current spiritual or religious beliefs versus those you held in childhood. You will also compare your present beliefs to those held by your family members. We want to consider the influence of our religious or spiritual beliefs on our values, beliefs and decisions about abortion and how we reconcile any conflicts.

What questions do you have about this?

STEP 6: Once everyone has completed Part B, ask some of the following questions and facilitate a discussion on their responses.

- How do your current spiritual beliefs compare to the beliefs you had when you were growing up?
- How do your personal spiritual or religious beliefs about abortion compare to those of your spiritual or religious group (if you belong to a group)?
- To what extent do your religious beliefs influence your decisions?
- What are some examples of events or circumstances that called for an action not supported by your religious or spiritual beliefs and how did you attempt to reconcile these conflicts?

STEP 7: After participants have completed Part B, introduce **Part C**, and allow participants time to complete it.

With age comes increased knowledge, experience and ways of understanding the world. Additional years influence our emotions and reactions to the events that happen around us and how we interpret them. Age also offers the benefit of perspective that is provided by an accumulation of life experience, so long as we have reflected on these experiences and incorporated them into our worldview. The last part of this activity encourages you to reflect on the influence of your age and life experience on your current life perspectives.

What questions do you have about this?

STEP 8: Once everyone has completed Part C, ask some of the following questions and facilitate a discussion on their responses.

- In what ways have age and life experience affected your views about romantic relationships and reproductive decisionmaking? How about abortion, specifically?
- Can you think of other related views or priorities in your life that have changed over time?
- Apart from age, what factors have influenced your views about relationships, childbearing and/or abortion?

STEP 9: Call participants back to the large group. Ask reporters to share three highlights from their small group discussions. Solicit one or two additional comments.

STEP 10: Ask participants to reflect on each part of this activity and to share what they learned or gained from their small group discussions.

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

STEP 12: Summarize the key points this activity is intended to convey:

- Our personal values can impact the type of care we provide to women. We may feel more sensitive to women whose experiences resonate more closely with our own. Regardless of our personal values, we should commit to providing each woman with compassionate, safe care regardless of her circumstances.
- It is important to recognize where our personal values can sometimes be a barrier for us. Recognizing our own biases can help us to be aware of them and to maintain a level of professionalism when we are in a work environment.

THINKING ABOUT MY VALUES

Participant worksheet

INSTRUCTIONS

Please think carefully about the following questions and answer honestly, according to your personal experiences. Please keep your written responses brief. You will be asked to share only the responses you feel comfortable discussing with others.

Part A: Family and social groups

1. Did the family who raised you discuss specific beliefs or values regarding abortion?
 Yes No Please describe: _____

2. Have you experienced any personal events that changed your beliefs or values about abortion?
 Yes No Please describe: _____

3. Do you think that being displaced by conflict or other crisis changes a person's beliefs or values about abortion?
 Yes No Please describe: _____

4. Do your family's values about abortion reflect the values commonly held by your family's racial or ethnic group, cultural heritage or nation?
 Yes No Please describe: _____

5. Which one social group or factor has had the greatest influence on your current values related to abortion?
 Racial/Ethnic Family who raised you Friends
 Socioeconomic status Religious/spiritual Professional colleague
 Activist community Other (describe: _____)

Part B: Religion and spirituality

1. Have you held the same spiritual/religious beliefs since childhood?

___ Yes ___ No

If yes, describe what they are:

If no, describe how they have changed:

2. How do your personal spiritual/religious beliefs relate to your views on abortion?

3. Describe a time when you felt challenged by a life event or circumstance that called for an action not supported by your religious/spiritual beliefs?

How were you able to reconcile this action with your beliefs?

Part C: Age/life Stage and experience

1. Describe how your insights about romantic relationships have changed from when you were an adolescent; in your mid-20s; mid-30s; 40s and older:
2. What do you think is the ideal age for a woman to have her first child? How have your views about this changed over the years?

WHY DID SHE DIE?

Facilitator guide

SESSION OVERVIEW

This activity features a case study that highlights the cultural context around sexual violence against women, unintended pregnancy and lack of access to safe abortion care in humanitarian settings. Participants are confronted with the tragic consequences that can result when access to safe abortion care is restricted. Participants discuss one woman's story and are asked to articulate their personal beliefs and professional responsibility to provide necessary medical care and avoid preventable deaths.

OBJECTIVES

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

- Discuss the cultural context surrounding sexual violence, unintended pregnancy and abortion
- Explain the tragic outcomes that can result from restricting access to safe abortion care
- Articulate their personal beliefs and professional responsibility to promote health and prevent deaths from unsafe abortion

MATERIALS

- Copies of "Why did she die? Participant handout"
- Ball of string
- Presentation and discussion questions on global/regional/national/local data on abortion and morbidity and mortality related to unsafe abortion

TIMELINE

Total time: 45 minutes

ADVANCE PREPARATION

- Adapt the story in the "Why did she die? Participant handout" for relevance, if necessary.
- Review and adapt the questions and discussion prompts in Steps 5 and 6 below to make them more relevant to the participants or workshop content, if necessary.

- Familiarize yourself with your agency's policies and practices (standard operating procedures, clinical protocols) related to safe abortion care.



NOTE TO FACILITATOR

It may be necessary to change the names and certain elements of the story to be more culturally, geographically or organizationally appropriate for the audience and setting. You may want to adapt an actual story from your experience at your agency or from the media, making sure to change any potentially identifying information to protect people's privacy. It may be helpful to provide participants with more local data on abortion rates and morbidity and mortality related to unsafe abortion to illustrate that women's deaths from unsafe abortion are common and preventable.

INSTRUCTIONS

STEP 1: Introduce the activity's facilitators and the activity. Use the text in the "Session overview" and "Session objectives" provided above, if helpful. Invite and answer any questions from participants.

STEP 2: Ask for a volunteer (a participant) who will play the role of the woman and recount her story to other participants as realistically as possible. Ask participants to stand and form a half circle around the volunteer participant who is playing the role of the woman.

STEP 3: Have the volunteer who is playing the role of the woman recount her story as realistically as possible.

STEP 4: Ask participants the question, "Why did she die?" Have the volunteer hold the end of the ball of string. As each participant answers the question "Why did she die?" take the ball of string to the person answering the question. Ask the person to wind the string around their waist and give the ball of string back to you. Bring the ball of string back to the volunteer. Once each participant has responded (if you are facilitating for a small group; if it is a larger group, solicit 8-10 responses), the string will have formed a "web" that is a tangible connection among participants, representing their responsibility to the woman and all women in her situation. Ask participants to reflect on these connections and responsibilities.

STEP 5: Ask participants to return to their seats and facilitate a large group discussion. Suggested discussion questions to choose from are listed below. Be prepared to offer a couple of example answers to each question you pose, to get the discussion started if no one talks initially.

- How does this story make you feel?
- What choices did Beatrice have?
- What could have been done to prevent her death? Who could have helped prevent her death?
- What could have made this situation better for Beatrice?
- What information, resources and health-care services could have helped her avoid this situation?

- In addition to the woman, who else was directly affected by her death?
- What does this story tell us about our responsibility to ensure women have access to comprehensive medical care, including safe abortion care?
- What could you do, personally and professionally, to prevent deaths such as this one from occurring?
- 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.)

STEP 6: Discuss this woman's story in the context of a brief presentation on global, regional, national and local data on abortion and morbidity and mortality related to unsafe abortion. Use data on maternal deaths and disability caused by unsafe abortion, or other data directly relevant to your work, if available.

Suggested discussion topics:

- Discuss how these data relate to women's lack of access to safe abortion care.
- Discuss how restricting access to safe abortion care does not decrease the number of abortions, but instead increases the number of women who are injured or die from unsafe abortion.
- Ask participants who they think could help a woman if she came to a clinic supported by your agency seeking safe abortion care.
 - Example answers include: medical staff trained in safe abortion care provision, other medical staff not trained in safe abortion care but knowledgeable on the topic (to refer the woman to safe care), other non-medical staff who are knowledgeable on safe abortion care and could provide factual information to the woman, or help her seek the service.
- Ask participants what they could do to help a woman seeking safe abortion care if they met her, relative to their role at your agency.

STEP 7: Solicit and discuss any outstanding questions, comments or concerns with the participants. Thank the group for their participation.

STEP 8: Summarize the key points this activity is intended to convey:

- Restricted access to abortion care means that women will seek unsafe abortions.
- It is important to remember that if a woman wants an abortion, she will get one—whether it is safe or unsafe.
- Women can die or have permanent injuries from unsafe abortions.

WHY DID SHE DIE?

Participant handout

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

My dreams were dashed the day one of the rebel groups stormed into our village. Men with guns came into our home. My parents told my siblings and me to run while they distracted the men, and we all lost sight of each other. Our village was in chaos, and I do not know what happened to my family.

I was able to escape, and I eventually arrived at a camp that was set up for people forced to leave their homes like me. Although I am thankful for the people here who are helping me and the food and shelter they provide, our shelters do not offer much privacy, and I do not feel safe at night.

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

Although I tried to push that horrendous night out of my mind, I felt more distraught with each passing day. I finally noticed that I was feeling sick. My parents and teachers had never talked to us about pregnancy, but because I had missed two periods, I was afraid that I was carrying a child. I felt so ashamed to tell 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 that there are pills that could help bring my period back, but I didn't know where to find them. When I told my secret to another girl, she said a friend had had the same problem, and she took care of it by drinking a mixture of medicine and cleaning supplies.

Over the next few days, the girl and her friend helped me collect the medicine and supplies. I waited until I was alone, and I drank the mixture. I began to feel sick with a terrible burning in my belly. The last thing I remember, I was lying face down on the floor in my vomit, in agony and moaning for help. I was too young to die.

Why did Beatrice die?

PERSONAL BELIEFS AND PROFESSIONAL RESPONSIBILITIES

Facilitator guide

SESSION OVERVIEW

This activity is intended to help participants assess where their personal beliefs are in alignment or in conflict with their professional responsibilities to provide or support provision of safe abortion care. It emphasizes the responsibility of medical-humanitarian organizations to ensure women have access to reproductive health care, including safe abortion care, to reduce maternal morbidity and mortality linked to unsafe abortion.

OBJECTIVES

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

- Identify reasons that prevent or facilitate their provision or support of their agency's safe abortion care work
- Articulate how attitudes can affect the provision of or support for safe abortion care
- Identify and articulate their personal and their agency's responsibility to provide/support safe abortion care services for women
- Examine and potentially resolve any ambivalence about their support for safe abortion care

MATERIALS

- "Personal beliefs and professional responsibilities: Participant handout" (one per participant)
- "Personal beliefs and professional responsibilities: Small-group facilitator handout" (one per small-group facilitator)
- Copies of the agency's policies, practice and resources related to safe abortion care

TIMELINE

Total time: 60 minutes

ADVANCE PREPARATION

- Print copies of the participant handout and small-group facilitator handout.

- Print copies of the agency's policies, practice and resources related to safe abortion care.
- Familiarize yourself with your agency's policies, practice or guidance on responding to situations where staff are unwilling to provide safe abortion care even though it is a requirement of their position (it is important to be prepared to respond in case this topic comes up in a discussion).
- Familiarize yourself with the abortion laws and policies in the relevant countries (so that you are prepared if questions come up).

INSTRUCTIONS

STEP 1: Introduce the facilitators and the activity and facilitate a short discussion.

Suggested introduction for short discussion:

When a woman or girl is determined to end her pregnancy, she will usually seek out an abortion regardless of the safety of the procedure. Even in places where safe abortion care is available, she may be reluctant to seek professional medical help and will risk her life to terminate the pregnancy through unsafe means. This reluctance is often due to perceived or actual stigma she fears she may face from health-care providers or non-medical support staff for wanting to end her pregnancy. A refugee or displaced woman may face even greater barriers to accessing safe abortion care due to lack of freedom of mobility, income, language barriers and limited knowledge of services. As a result, she may seek an unsafe abortion and face one of the many complications, such as severe bleeding, infection, trauma to the vagina and uterus, and death.

This example highlights how conflicts between personal beliefs and professional responsibilities among medical or support staff concerning safe abortion care provision can affect a woman's ability to obtain appropriate medical care and avoid death or injury.

Possible discussion questions include:

- Reflecting on the example just shared, what kind of conflicts do you think may influence a health-care provider's willingness to provide safe abortion care to a woman or girl? What about non-medical support staff's willingness?
- Please share your experiences, or those you have heard about from colleagues, regarding conflicts between their personal beliefs and professional responsibilities concerning safe abortion care while working at your agency.
- What other factors do you think might affect your agency's staff's willingness to provide safe abortion care?

This activity will help us explore conflicts and other factors concerning safe abortion care provision by identifying reasons we may have to support safe abortion care and weighing those against our professional responsibilities.

**NOTE TO FACILITATOR**

Nearly all countries have one or more legal indications for abortion. It may be helpful to quickly review the legal indications for abortion in the country.

STEP 2: Divide participants into groups of four to six people each. Ask each group to select a facilitator to assure they stay on task and on time. Distribute a worksheet to each participant and facilitator instructions to each small-group facilitator.

STEP 3: Small-group facilitators instruct participants to take up to five minutes to complete Part A of their worksheet. Ask participants to think carefully about their responses and assure them their responses will be kept private.

STEP 4: After participants have completed Part A, small-group facilitators lead a short discussion about reasons to provide, refer or support access to safe abortion care.

Possible discussion questions for small groups:

- What were your reasons for providing or supporting access to the provision of safe abortion care?
- What people and life experiences have influenced these reasons?

STEP 5: Still in small groups, facilitators ask participants to complete Part B of their worksheet.

STEP 6: After participants have completed Part B, small-group facilitators lead a short discussion about professional responsibilities.

Possible discussion questions for small groups:

- How would you describe your responsibilities to women seeking safe abortion care, relative to your job?
- How would you describe your responsibilities to refugee or displaced women seeking safe abortion care in humanitarian settings?
- How would you describe your agency's responsibilities to provide or support refugee or displaced women seeking safe abortion care in humanitarian settings?
- What factors influence your sense of professional responsibility to provide safe abortion care to a woman or girl 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 women face when your agency's staff do not follow safe abortion care policies?

STEP 7: Have participants return to the large group. Facilitate a discussion about the various reasons to provide or support access to safe abortion care which are based on personal beliefs, and factors that influence professional responsibilities.

Possible discussion questions for large group:

- What are your observations about personal beliefs and how they relate to professional responsibilities to provide or support access to safe abortion care?
- Please summarize what you interpret as your professional responsibilities with regard to safe abortion care.
- Please summarize your organization's responsibilities with regard to safe abortion care.
- What are some ways we can maintain our personal beliefs about abortion, while adhering to our professional responsibilities?

STEP 8: Close the activity by directing participants' attention to the agency's internal policy on abortion care. Read one or two sections of the policy that underscore the agency's responsibility to ensure that safe abortion care is an available medical service option for women in humanitarian settings. If possible, tailor the sections you read to align with key points made or reflections shared during the large group discussion.

STEP 9: Summarize the key points this activity is intended to convey:

- We have a professional responsibility to ensure women receive safe abortion care. If we are uncomfortable providing services, we should refer women to safe services.
- Women may avoid safe abortion services because they are afraid of being mistreated by health-care providers or staff. As providers/health-care staff, we should ensure that we treat women professionally and with respect, regardless of their reasons for terminating a pregnancy—even if their reasons may challenge our personal beliefs.



NOTE TO FACILITATOR

For participants with personal beliefs that oppose abortion, you might need to offer suggestions. Research available information on their agency's latest policies, practice or guidance on responding to situations where staff are unwilling to provide safe abortion care even though it is a requirement of their position.

PERSONAL BELIEFS AND PROFESSIONAL RESPONSIBILITIES

Small-group facilitator handout

INSTRUCTIONS

PART A

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

Possible discussion questions for small groups:

- What were your reasons for providing or supporting access to the provision of safe abortion care?
- What people and life experiences have influenced these reasons?

PART B

After participants have completed Part B, small-group facilitators should lead a short discussion about professional responsibilities.

Possible discussion questions for small groups:

- How would you describe your responsibilities to women seeking safe abortion care, relative to your job?
- How would you describe your responsibilities to refugee or displaced women seeking safe abortion care in humanitarian settings?
- How would you describe your agency's responsibilities to provide or support refugee or displaced women seeking safe abortion care in humanitarian settings?
- What factors influence your sense of professional responsibility to provide safe abortion care to a woman or girl 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 women face when your agency's staff do not follow safe abortion care policies?

PERSONAL BELIEFS AND PROFESSIONAL RESPONSIBILITIES

Participant worksheet

INSTRUCTIONS

PART A: PERSONAL BELIEFS

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

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

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

- All women should have access to safe abortion care.
- Many women seeking safe abortion care are not able to receive it.
- Refugees and displaced women have a disproportionate need for safe abortion care.
- I am committed to preventing women's deaths and disabilities due to unsafe abortion.
- My agency has a medical responsibility to provide safe abortion care.

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

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

PART B: PROFESSIONAL RESPONSIBILITIES

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

- I have a responsibility to provide compassionate, factually-correct information about all pregnancy options to pregnant women, including safe abortion.
- I have a responsibility to encourage pregnant women not to have an abortion if they live in a country where abortion is legally restricted.
- Whenever I hear someone making false statements about abortion, I have a responsibility to offer correct information.
- I have a responsibility to refer women seeking an abortion to appropriate care.
- I have a responsibility to abide by the abortion laws of the country I am currently in.
- If I do not support safe abortion care, I have a responsibility to inform my agency about my position.
- I have a responsibility to provide women with the abortion information and referrals they need, even if abortion is legally restricted in that country.
- I have a responsibility to be informed about abortion laws and policies in the countries in which I am working.

- I have a responsibility to provide safe abortion care regardless of the laws and policies in the country where I work.
- I have a responsibility to support women in making abortion decisions according to their own values and beliefs, regardless of my personal beliefs.
- I have a responsibility to minimize my agency's organizational risks with regard to safe abortion care provision.
- I have no responsibilities to women with regard to safe abortion care.

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

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

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

FOUR CORNERS

Facilitator guide

SESSION 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 others' values that inform a range of beliefs; and consider how personal beliefs can create stigma and affect the provision of high-quality safe abortion care.

OBJECTIVES

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

- Articulate their beliefs about abortion
- Defend and respectfully explain other, sometimes conflicting, points of view
- Explain different values underlying a range of beliefs on abortion
- Discuss ways to ensure a professional standard of high-quality safe abortion care regardless of personal beliefs

MATERIALS

- "Four corners: Wall signs" or hand-written signs labeled 'Agree,' 'Strongly Agree,' 'Disagree' and 'Strongly Disagree'
- Tape (for attaching signs to the wall)
- Pens
- "Four corners: Participant handout Part A and Part B" (one per participant)

TIMELINE

Total time: 45 minutes

ADVANCE PREPARATION

- Prepare, print and tape four signs labeled 'Agree,' 'Strongly Agree,' 'Disagree' and 'Strongly Disagree' on the walls in four corners or areas of the room.
- Select the statements that will elicit the most important discussion for the audience and setting in case you are pressed for time during group discussion (see Step 13).

- If they exist, familiarize yourself with your agency's policies and practices (standard operating procedures, clinical protocols) related to safe abortion care.
- Print copies of the "Four corners: Participant handout Part A and Part B" (one per participant).

INSTRUCTIONS

STEP 1: Inform participants that this is an activity where they will be speaking from a personal point of view, as well as defending others' views. Encourage them to be completely honest to get the most out of the activity.

Suggested activity introduction: *"Often, our beliefs about abortion are so engrained that we are not fully aware of them until we are confronted with situations and compelling rationale that challenge them. This activity helps us to identify our own beliefs about abortion, as well as understand the issues from other points of view."*

STEP 2: Hand each participant a copy of "Four corners: Participant handout Part A." Instruct them **not** to write their names on their worksheet. Ask them to complete the worksheet and then turn the sheet over.

STEP 3: Hand each participant a copy of "Four corners: Participant handout Part B." Instruct them **not** to write their names on their worksheet. Ask them to complete the worksheet and then turn the sheet over. Ask the men in the group to respond as if they were a woman in that situation. Ask participants to do the same if they are a non-medical staff member and the question is related to medical service provision.

STEP 4: Ask participants to turn handouts Part A and Part B face up and place them next to each other. Tell them that Part A asks about their beliefs for women in general, and Part B asks about their beliefs concerning themselves. Ask participants to take a few moments to compare their answers on Part A versus Part B.

STEP 5: Ask the following discussion questions:

- What similarities or differences do you see in the beliefs you hold for women in general versus yourself?
- If there are differences, why do you think that is?

STEP 6: Take a few moments for a brief discussion. Point out to participants that differences between responses on Part A and Part B worksheets can sometimes indicate a double standard. Some people believe that women in general should not be allowed to access safe abortion care, but that safe abortion care should be accessible to themselves or someone they know (such as a family member or friend). Gently encourage participants to consider whether they maintain a double standard for themselves versus women in general and ask them to reflect on this more deeply. Stress the negative impact such double standards can have on women's health outcomes (for example, death or injury from unsafe abortion).

STEP 7: Ask participants to stand in a circle and crumple their Part A worksheets into a ball and throw them into the middle of the circle. Ask participants to select a “ball” from the middle of the circle and open it. Explain that for the remainder of this activity, they will represent the responses on the worksheet they have in their hands, even if these responses differ greatly from their own.

STEP 8: Read the first statement out loud. Ask participants to move to the sign that corresponds to the response circled on the worksheet they are holding. Remind participants that they are representing the responses on their worksheets, even if those responses conflict with their personal beliefs.

STEP 9: Invite participants to look around the room and note the opinions held by the group. There may be different-sized groups in the four corners, and sometimes some of the corners may not be occupied. You can then ask some people to move to another group if the four are not evenly distributed.

STEP 10: Ask the group under each sign to discuss amongst themselves the strongest rationale for why people might hold that opinion. Let them know they will have two minutes to discuss and come up with reasons why they either ‘Strongly Agree,’ ‘Agree,’ ‘Strongly Disagree’ or ‘Disagree.’ Ask them to assign a spokesperson for the group.

- Encourage them to come up with more meaningful reasons that are based on underlying core values.
- The ‘Strongly Agree’ and ‘Strongly Disagree’ groups should make sure they can differentiate between merely ‘Agree’ or ‘Disagree’ and ‘Strongly Agree’ or ‘Strongly Disagree.’

STEP 11: Start with the spokesperson under ‘Strongly Agree’ and proceed in order to ‘Strongly Disagree.’

- Remind participants that the designated spokespeople may or may not personally agree with the opinions they are presenting.
- Ask other groups not to comment at this time.

STEP 12: Read the next statement, and ask participants to move to the sign that corresponds to the response circled on their worksheet. Invite participants to note the opinions held by the group. Redistribute some people if groups are not evenly distributed. Ask groups to select someone who has not yet spoken to be their spokesperson. Reverse the order of the groups’ presentations.

STEP 13: Continue in the same manner for the remaining statements, noting the remaining time you have. If you are short on time, focus on discussing the statements you identified during preparation as likely to be the most important for this group.

STEP 14: Have participants return to their seats. Discuss the activity by asking some of the following questions:

- 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 rationale for certain beliefs caused you to think differently?

- How might our beliefs affect the way we treat women who seek abortions in comparison to women who seek other health services?

STEP 15: Solicit and discuss any outstanding questions, comments or concerns with the participants. Thank the group for their participation.

STEP 16: Summarize the key points this activity is intended to convey:

- This activity helps us to examine what it is like to hold a perspective that is different from our own. When you argue a different point of view it can help strengthen your own point of view or help you better understand someone else's perspective.
- Sometimes we have a different standard for ourselves or someone we love versus women in general. This different standard can result in some women being able to access safe abortion care and others not being able to access it. Women can die from unsafe abortion or have permanent injuries if they are unable to access safe abortion care.
- Our personal beliefs and biases can impact the type of care that we provide. For example, we might treat a woman seeking an abortion because she has health complications more sensitively than a woman seeking an abortion because she didn't use contraception. Both women need an abortion service 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: Part A

INSTRUCTIONS

Please read the following statements and put an "X" in the column that best reflects your personal beliefs. Please respond honestly and do not write your name on this sheet.

STATEMENT	STRONGLY DISAGREE	DISAGREE	AGREE	STRONGLY AGREE
Women who are raped during conflicts should be offered safe abortion care if they need it, regardless of the legal context.				
Safe abortion care should be available to every woman or girl who needs it, regardless of her circumstances.				
Women who have an abortion are killing.				
A woman should be able to have a safe abortion even if her spouse or partner wants her to continue the pregnancy.				
Women who have had multiple abortions should be encouraged to undergo sterilization.				
Girls under 16 should not be allowed to have an abortion unless their parents agree with the decision.				
Clinicians working in sexual and reproductive health in humanitarian settings have the responsibility to perform abortions.				
All women living in another country due to displacement should have access to abortion during an acute emergency.				

FOUR CORNERS

Participant handout: Part B

INSTRUCTIONS

Please read the following statements and put an "X" in the column that best reflects your personal beliefs. Please respond honestly and do not write your name on this sheet.

STATEMENT	STRONGLY DISAGREE	DISAGREE	AGREE	STRONGLY AGREE
If I became pregnant as a result of rape I should be offered safe abortion care, regardless of the legal context.				
Safe abortion care should be available to me if I need it, regardless of my circumstances.				
If I had an abortion I would be killing.				
I should be able to have a safe abortion even if my spouse or partner wants me to continue the pregnancy.				
If I had multiple abortions I should be encouraged to undergo sterilization.				
If I am under 16 I should not be allowed to have an abortion without my parents agreeing with the decision.				
If I was a clinician working in sexual and reproductive health in a humanitarian setting, I would have a responsibility to perform abortions.				
If I was living in another country due to displacement I should have access to abortion during an acute emergency.				

Agree

**Strongly
Agree**

Disagree

**Strongly
Disagree**

TALKING ABOUT ABORTION

Facilitator guide

SESSION OVERVIEW

This activity helps participants anticipate challenging comments and reactions related to their provision of safe abortion care. Participants brainstorm constructive responses and gain practical experience articulating those responses, drawing on their agency's organizational documents on safe abortion care and their own experiences.

OBJECTIVES

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

- Anticipate possible comments and questions about safe abortion care
- Demonstrate the ability to respond to challenging comments calmly and constructively

MATERIALS

- Flipchart
- Markers

TIMELINE

Total time: 45 minutes

ADVANCE PREPARATION

- Prepare discussion questions for debrief as a large group

INSTRUCTIONS

STEP 1: Introduce the facilitators and the activity.

For this activity, we will practice anticipating and constructing effective responses to questions people may ask about safe abortion care and your agency's policies and practices related to it.

Occasionally, you may interact with people who have questions or comments about safe abortion care and your role either providing or supporting access to it. These questions and comments can be negative or disapproving or curious about the issue and your experiences with it. They can come from strangers, or people you know and care about.

In small groups, you will brainstorm a list of comments and questions related to safe abortion care (Part 1). We will then develop and share some effective responses to help correct misinformation or misunderstanding, or to offer more information on your personal experiences or understanding, and to respectfully explain your position and views on safe abortion care in humanitarian crises or conflict settings (Part 2).

STEP 2: Divide participants into groups of up to four people (perhaps by numbering people off, or have them work at their current tables). Distribute flipchart paper and markers.

STEP 3: Instruct small groups to take 10 minutes to brainstorm as many questions and comments they can think of that someone might ask them as it relates to abortion care, and to write the questions they come up with on the flipchart.

Reminders to give to participants:

- On the flipchart, leave enough space between the questions you develop to add responses later on.
- Keep these questions/comments as realistic as possible. Suggest they pull examples from their own experiences or from experiences shared by others.
- Remind them that these questions/comments might not always be negative/disapproving, so be sure to list one or two examples that fit within a more supportive or “open-minded” view toward safe abortion care.
- These questions/comments might be from family members, colleagues, community members, other agency staff, or clients themselves.

Examples: Questions/comments can take different forms, including:

- *“I think abortion is a terrible sin.”*
- *“How do you justify killing babies for a living?”*
- *“Shouldn’t a woman’s husband have to consent to her receiving an abortion?”*

STEP 4: When the groups have brainstormed an adequate list of questions and comments, ask for a few volunteers to share an example from their list with the group.

STEP 5: Have each group exchange their **top 2-3 most challenging comments** with another group.

STEP 6: Ask each small group to take 10 minutes to brainstorm effective, respectful responses. Groups should write their responses **directly under** each comment on the flipchart. Groups are welcome to make additions, improvements or even add data.

STEP 7: After the small groups have created their responses, ask for two volunteers to share their responses with the entire group. Encourage participants to take notes for themselves on responses they find particularly helpful.

STEP 8: Instruct participants to divide into pairs.

STEP 9: Introduce the next part of the activity:

*For this last part of the session, we will work on putting these questions and responses into use by practicing in pairs. One person in the pair will ask the most challenging question the group has developed about safe abortion care. The other person will practice articulating an effective response. Encourage people to select the comment they find **the most challenging** and to craft a response in line with their own way of talking about abortion. Once the pair is done, switch roles and practice the exercise again. Keep switching and practicing for the next 10 minutes. As you practice, feel free to discuss how it felt sharing your answer with the other, and offer suggestions on where each person did well and where there is room for improvement.*

STEP 10: After 10 minutes (watch for energy in the room), have everyone come back to the large group to debrief the exercise for 10 minutes. Discussion questions could include:

- How did it feel getting to practice answering some questions about abortion?
- Were there questions you felt ready/ comfortable responding to (via the sessions, information, etc. you gained from today's workshop)?
- What question(s) did you not feel as ready to respond to?
- What additional information or resources would be helpful to build your skill in this area?
- What lessons would you take away from this role play to a real-world situation?

STEP 11: Solicit and discuss any outstanding questions, comments or concerns with the participants. Thank the group for their participation and share that you hope they found the session helpful.

STEP 12: Summarize the key points this activity is intended to convey:

- It is not always easy to answer questions about abortion, especially when they are negative or disapproving. Take your time and try not to get upset when responding.
- Even though others may not always be supportive, the bottom line is that safe abortion saves women's lives. It is important to remember that what you do helps some of the most vulnerable women when they feel they don't have any other option and that your work contributes to saving women's lives. Thank you for being an advocate for women and girls and decreasing maternal mortality through your work.

THE LAST ABORTION

Facilitator guide

SESSION OVERVIEW

The different scenarios in this activity highlight the complex circumstances surrounding a woman's decision to seek an abortion. Participants are encouraged to examine and challenge their biases against certain pregnant women or certain circumstances, as well as their beliefs about abortion policies that restrict access to safe abortion care. This activity illustrates the difficulty and consequences of valuing one woman's reasons for seeking safe abortion care over another woman's reasons.

OBJECTIVES

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

- Articulate biases they and others may hold against certain women seeking safe abortion care and how that may impact women's access to care
- Describe the difficulty and consequences of deciding who should and should not receive an abortion

MATERIALS

- "The last abortion: Participant handout" (one copy per participant)

TIMELINE

Total time: 45 minutes

ADVANCE PREPARATION

- Print copies of "The last abortion: Participant handout," one copy for each participant.

INSTRUCTIONS

STEP 1: Explain to participants that in some countries there are legal, policy, health system, financial and other restrictions that impede some women's access to, or quality of, safe medical care to terminate a pregnancy. Ask participants to imagine that, in this (fictitious) project, the provider who offers safe termination of pregnancy can only offer one last safe abortion. The handout describes six women who have expressed their desire to terminate their pregnancy and have asked their agency for an abortion. The small groups represent the individuals who will decide which woman should receive the last abortion.

Each group can only select one woman. If they do not select a woman, then no one will receive an abortion.

STEP 2: Divide participants into small groups of four to six people each.

STEP 3: Give each participant a copy of “The last abortion: Participant handout” and ask them to spend five minutes silently reading the scenarios.

STEP 4: Tell participants they have 20 minutes to discuss the scenarios in their small groups, decide which woman they will grant the last abortion and appoint a spokesperson to briefly present their decision and rationale to the large group.

STEP 5: As small groups are meeting, rotate from group to group to ensure that participants understand the instructions and can finish the task on time.

STEP 6: After 20 minutes, have small groups present their decision and rationale to the large group. Explain that each small group will have up to two minutes to present their decision and rationale. Ask others not to comment yet on individual presentations.

STEP 7: Once small groups have presented, ask each participant to silently reflect on biases they may hold against certain women seeking an abortion and their life circumstances and how these biases may have affected their decision about whom they did or did not grant an abortion to.

STEP 8: Ask participants to return to the large group. Facilitate a discussion about the women selected and those not selected and rationales given. Try to maintain neutrality while discussing participants’ rationales.

STEP 9: Ask participants how this activity relates to how safe abortion care services are often rendered in a given setting or country. You may want to ensure that some of the following points are covered:

- The decision to grant some women an abortion and not others carries life-long consequences for those women, their families and communities.
- Each of the women in these scenarios expressed a desire to terminate her pregnancy, and it is likely that each woman thought through her reasons carefully to arrive at this decision.
- Sometimes health professionals or others (families, friends) may try to convince certain women to continue their pregnancy because of their personal beliefs that these women should not terminate their pregnancy. This can cause these women to feel pressured to make a decision that could result in undesirable consequences for their lives. In some cases, it might cost women their health and even their lives.
- It is important that we as health-care providers or professionals examine our personal beliefs and biases and see how they can affect women’s decisions and actions.

STEP 10: Close the activity by explaining that there is no one correct answer and that it is impossible to objectively decide which woman should receive access to safe abortion care over another. Point out that restricting access to safe abortion care can result in women risking their health and lives with unsafe abortions, having to go through added expense and difficulty to obtain safe medical care from another provider, or continuing an unintended pregnancy.

STEP 11: Conclude with the statement that there can never be one last abortion. Consider tailoring this statement to the participant group. For example: *Our agency responds to life-preserving needs of people. As a humanitarian organization working in contexts where the population is threatened, deprived of health care and where mortality is high, we can make access to safe abortion care available—a measure that can dramatically reduce maternal mortality. Safe abortion care can be provided by our agency’s staff or we can ensure that the woman receives the necessary care from a quality provider that we have validated for this purpose.*

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

STEP 13: Summarize the key points this activity is intended to convey (the first four of which you may have already covered in Step 9):

- The decision to grant some women an abortion and not others carries life-long consequences for those women, their families and communities.
- Each of the women in these scenarios expressed a desire to terminate her pregnancy, and it is likely that each woman thought through her reasons carefully to arrive at this decision.
- Sometimes health professionals or others (families, friends) may try to convince certain women to continue their pregnancy because of their personal beliefs that these women should not terminate their pregnancy. This can cause these women to feel pressured to make a decision that could result in undesirable consequences for their lives. In some cases, it might cost women their health and even their lives.
- It is important that we as health-care providers or professionals examine our personal beliefs and biases and see how they can affect women’s decisions and actions.
- Thank goodness there is no one “last abortion,” but restrictive policies and laws can make it often seem like there is. Laws that restrict some women from receiving services mean that someone is deciding who they think is most deserving of an abortion. As a result, women are judged for their reasons for seeking services and often denied services, often resulting in them seeking an unsafe abortion which can lead to death or lifelong injury. Thank you for all the work you do to ensure that there is never one last abortion.

THE LAST ABORTION

Participant handout

INSTRUCTIONS

Each of the following women have asked for safe abortion care from your agency. You must choose which woman will be able to receive the **last** safe, legal abortion. You can only choose **one** woman. If you do not select a woman, then no one will receive the last abortion. As a small group, discuss each of these scenarios and your rationale for who you selected.

1. A 25-year-old woman living in a camp is eight weeks pregnant. She has two children under the age of four, and her husband regularly physically abuses her. He opposes the abortion, but she does not want to bring another child into a family that is experiencing abuse, especially with the surrounding conflict and civil unrest. She also fears continuing with the pregnancy will only make her more dependent on her husband for financial support. Her mental health has worsened considerably since she found out she was pregnant.
2. A 28-year-old, unmarried woman has been dating a migrant worker and is now 12 weeks pregnant. She stopped using her contraceptive about six months ago due to her fear of traveling through a violent area to the nearest clinic. She does not want to keep the pregnancy while her partner is often away for work and her community is undergoing extreme violence and instability.
3. A 15-year-old girl is 14 weeks pregnant as a result of wartime rape. She went to a nearby hospital where she heard they could help her end the pregnancy. The hospital midwife told her that ending her pregnancy, even though it resulted from rape, would be one sin on top of another and refused to help her. Unmarried, pregnant adolescents are highly stigmatized in her community, and she is experiencing great distress over the rape and pregnancy.
4. A 23-year-old woman with two young children is 10 weeks pregnant. She and her younger child are HIV positive. Her husband died of AIDS-related illnesses two years ago. She is not able to access anti-retroviral treatment, and she has been hospitalized for opportunistic infections several times in the past year.
5. A 16-year-old, unmarried woman is nine weeks pregnant. She is living in a town with distant relatives after having to flee her home village with her three younger brothers and sisters due to nearby fighting. Her parents stayed behind to watch the house and farm animals. Food is scarce where they live, and lines for flour and grain from NGOs are long. A man who works for the organization promised her food in exchange for sleeping with him. He was nice to her, and they desperately needed food, and she is now pregnant. She feels she cannot continue the pregnancy as she has no idea how she would handle a child in addition to taking care of her siblings, or whether she would be allowed to live with relatives after they found out.
6. A 23-year-old woman is 14 weeks pregnant. She was newlywed and had only just moved into her husband's home when they were forced to flee from nearby fighting due to civil unrest. They are now living in a camp in a different country, where there is not enough food or medical supplies for everyone, and only a temporary clinic staffed by a nurse two days a week. There has been gunfire nearby, and there has been talk of the camp closing. She knows that continuing the pregnancy under these circumstances would be dangerous for her life and sees a bleak future for her herself and her husband.

FACILITATING DIALOGUE

Facilitator guide

SESSION OVERVIEW

In this activity, a thought-provoking story is used to highlight the problem of unintended pregnancy and unsafe abortion in contexts where your agency works. It is designed to spark dialogue about relevant issues and actions pertinent to your agency's role in the provision of safe abortion care to reduce maternal death and injury caused by unsafe abortion.

OBJECTIVES

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

- Articulate opinions and viewpoints related to the issue in the story
- Analyze and discuss actions to be taken related to the issue in the story
- Demonstrate empathy toward the individuals and situations evoked by the story

MATERIALS

- Copies of "Facilitating dialogue: Participant handout" (one copy per participant).

TIMELINE

Total time: 30 minutes

ADVANCE PREPARATION

- Select and prepare a relevant thought-provoking story (some possible options are included in the "Participant handout"). Print copies to hand out to participants, if needed. You may also use local newspaper stories or reports or briefs from your agency's projects when available.
- Prepare discussion questions.
- Review the story and discussion questions in advance to familiarize yourself with them.

INSTRUCTIONS

STEP 1: Introduce the facilitators and the activity.

Sample introduction:

“We are going to spend a little time talking about the issue of unsafe abortion and your agency’s role relative to the provision of safe abortion care to reduce maternal deaths and injury caused by unsafe abortion. We would like to use this discussion as a means of analyzing the problem in more detail and determining what is needed to ensure women can access safe medical care.”

STEP 2: Distribute or present the story. Wherever possible, have participants read out loud or “role play” the story for the entire group.

STEP 3: Facilitate a discussion about the story using the discussion questions you developed in advance.

STEP 4: Solicit and discuss any outstanding questions, comments or concerns with the participants. Thank them for their participation.

SAMPLE DISCUSSION QUESTIONS

- What do we see in this story? (*Keep the discussion focused on the surface: who is involved, what are they doing and saying, etc.*)
- 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?

FACILITATING DIALOGUE

Participant handout: Stories

EXAMPLE #1

UN Peacekeepers: Congo leads world in sex abuse allegations

Adapted from: AP News, Krista Larson and Paisley Dodds, 9.21.17

<https://apnews.com/abbc13a929264889a110d2bb2cccf01f>

BBUNIA, 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.

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

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

Harries, et al. *Reproductive Health*. 2014

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3996040/>

The South African Choice on Termination of Pregnancy Act (CTOP) No.92 of 1996 promotes a woman's reproductive 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.

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. In order 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

Adapted from: **Richard Beddock: Female migrants in an 'impossibly vulnerable situation'**

By Cecile Barbieri, 8 March 2017

<http://www.euractiv.com/section/development-policy/interview/richard-beddock-female-migrants-are-in-an-impossibly-vulnerable-situation/>

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.

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

Adapted from: **Refugee battles for abortion after rape on Nauru**

Sydney Morning Herald

Bianca Hall, April 15, 2016

<http://www.smh.com.au/federal-politics/political-news/refugee-battles-for-abortion-after-rape-on-nauru-20160414-go67o6.html>

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.

COMFORT CONTINUUM

Facilitator guide

SESSION OVERVIEW

This activity is designed to help participants reflect on their level of comfort discussing, advocating for and/or providing abortion services. Participants are encouraged to reflect on their life experiences that influenced these comfort levels and how they relate to norms on abortion.

OBJECTIVES

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

- Articulate their own comfort levels regarding safe abortion care
- Discuss their comfort levels on abortion and the life experiences that inform them
- Discuss how these varying comfort levels relate to norms on abortion
- Express their personal levels of comfort providing or referring to safe abortion care

MATERIALS

- “Comfort continuum: Wall signs” or handwritten signs (three paper signs labeled “A Lot,” “A Little” and “Not at All”)
- Tape (to tape signs to the wall)
- Comfort continuum statements (see below)

TIMELINE

Total time: 45 minutes

ADVANCE PREPARATION

- Rearrange chairs and tables in the room, if necessary, to create an open space for participants to move around.
- Prepare, print and tape three signs labeled “A Lot,” “A Little” and “Not at All” on one wall. Place the signs in order in a row to indicate a continuum. Leave enough space between each sign so that participants can spread out.
- Review the comfort continuum statements and select statements that are most relevant for the group of participants and the specific topic(s) covered. Begin with easier statements and progress to harder or more complicated

ones (use between 5-8 statements). It is advisable to use an overarching, final statement.

- Familiarize yourself with the country's abortion laws and policies, and your agency's policies and how they are applied in the country.

INSTRUCTIONS

STEP 1: Introduce the activity.

STEP 2: Read each comfort continuum statement aloud (see following page) and ask participants to physically move to the point along the continuum that best represents their comfort level. Encourage participants to be honest about their feelings and to resist being influenced by where other participants are placing themselves. Explain that this is a continuum—not distinct points—so they can position themselves at any point along it. Emphasize that it is perfectly acceptable for participants to have differing levels of comfort and assure them that this is a space where they will not be judged for honestly sharing their feelings.

STEP 3: After participants have arranged themselves, ask for volunteers at different points along the continuum to explain why they are standing there.

STEP 4: If, based on someone's explanation, participants want to move to another point on the continuum, encourage them to do so.

STEP 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.

STEP 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. Discussion questions could include:

- What observations do you have about your own responses to the statements? Other participants' 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 participants' 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 abortion?

STEP 7: 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 a few people to share their thoughts on this.

STEP 8: Discuss how these different levels of comfort with abortion impact cultural norms on abortion, women's feelings when they have an abortion, and medical staffs' feelings when they provide safe abortion care.

STEP 9: Facilitate a discussion on how their comfort levels impact the provision and quality of safe abortion care. Emphasize what a large impact that providers' attitudes have on women's access to safe abortion care and the link between safe abortion care access and reduced maternal deaths and injury from unsafe abortion. For example, a provider who is not comfortable with abortion care provision might counsel a woman toward different options or might not refer her to safe abortion services. This could have a significant negative impact on the woman's health and on the overall rate of maternal deaths.

STEP 10: If questions arise during the discussion, for example, on abortion laws in that country or agency policies and practices related to safe abortion care, be prepared to provide correct information once participants have finished the discussion.

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

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

STEP 13: Summarize the key points this activity is intended to convey:

- Provider and staff comfort levels with abortion care can impact the quality of the service they provide and the way that women are treated when they seek a service. Regardless of our personal comfort level, we should try to treat all women seeking an abortion service with the same level of professionalism and respect.
- Provider and staff attitudes can have an impact on women's ability to access safe abortion care services. For example, a provider who is not comfortable with abortion care provision might counsel a woman toward different options or might not refer her to safe abortion services. This could have a significant negative impact on the woman's health and on the overall rate of maternal deaths and injuries.

Comfort continuum statements

INSTRUCTIONS

Read the statements below as you facilitate the “Comfort continuum” activity.

1. How comfortable are you with the topic of abortion?
2. How comfortable are you talking about the topic of abortion with family members?
3. How comfortable are you talking about the topic of abortion with friends?
4. How comfortable are you talking about the topic of abortion with colleagues in your agency?
5. How knowledgeable are you about the abortion laws of the country where you work?
6. How comfortable are you providing information on safe abortion care to a woman or girl who requests it?
7. How comfortable are you with your agency’s policy on safe abortion care?
8. How comfortable are you with your agency or agency’s partners providing safe abortion care in its projects?
9. How comfortable are you working in a health-care facility or on a project where safe abortion care is provided?
10. How comfortable are you providing (or supporting the provision of) safe abortion care up to 13 weeks gestation?
11. How comfortable are you providing (or supporting the provision of) safe abortion care at or after 13 weeks gestation?

A Lot

A Little

Not at All

CLOSING REFLECTIONS

Facilitator guide

SESSION OVERVIEW

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

OBJECTIVES

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

- Articulate their current knowledge, feelings, values and intentions on abortion and how they were impacted 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
- Declare one thing they will do as a result of the workshop

MATERIALS

- “Closing reflections: Participant worksheet”
- Pens

TIMELINE

Total time: 25 minutes

ADVANCE PREPARATION

- Review and adapt the worksheet statements, if needed.
- Photocopy worksheet, one per participant.

INSTRUCTIONS

STEP 1: Give each participant a worksheet and ask them to read the statements in Part 1 silently and imagine how they would complete each statement. Invite them to individually reflect on their experiences during the workshop and what impact those experiences might have on them in the future.

STEP 2: Ask participants to spend a few minutes to complete in writing three statements of their choosing in Part 1. Remind participants that their responses reflect their personal views and experiences; there are no wrong answers.

STEP 3: Also ask participants to reflect on and complete Part 2.

STEP 4: When participants have finished writing, ask each participant to read one of their completed statements out loud. Participants may decline if they do not feel comfortable sharing any of their completed statements with the group.

STEP 5: Ask one or two participants to share their observations about people's completed statements.

STEP 6: Debrief the completed statements and participants' observations. Some possible debriefing questions are:

- 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?

STEP 7: Solicit and discuss any outstanding questions, comments or concerns with the participants.

STEP 8: Ask each participant to briefly share with the large group the one thing they plan to do after the workshop that they wrote in Part 2. Thank the group for their participation.

CLOSING REFLECTIONS

Participant worksheet

INSTRUCTIONS

Part 1

Choose three of the following statements that have meaning for you and that you would like to complete. Please complete the statement according to how you feel now.

My personal feelings about abortion are _____.

My professional responsibilities regarding abortion are _____.

I may not agree with _____, but I can respect _____.

My ideas about _____ have changed because _____.

When I think about abortion, I still feel conflicted about _____

_____.

One way I plan to resolve the conflict I feel about abortion is _____

_____.

This workshop has helped me to _____.

Part 2

Think about and write down one thing you plan to do after the workshop related to the provision of safe abortion care.
