Abortion Attitude Transformation:

A Values Clarification Toolkit for Global Audiences

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Ipas
Health. Access. Rights.

explore • question • respect • affirm • reflect • attitude transformation

Ipas is a nonprofit organization that works around the world to increase women's ability to exercise their sexual and reproductive rights, especially the right to safe abortion. We seek to eliminate unsafe abortion and the resulting deaths and injuries and to expand women's access to comprehensive abortion care, including contraception and related reproductive health information and care. We strive to foster a legal, policy and social environment supportive of women's rights to make their own sexual and reproductive health decisions freely and safely.

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The authors would like to acknowledge the following organizations and individuals whose work provided the foundation for some of the activities that appear in this toolkit:

Talking About Abortion
Adapted from: Baker, Anne. 1995. *Abortion and options counseling*. Granite City, IL, The Hope Clinic.

Cross the Line
Adapted from: Exhale. 2005. *Teaching support: A guide for training staff in after-abortion emotional support*. Oakland, CA, Exhale.

Comfort Continuum, Hopes and Hesitations, Reasons Why, The Last Abortion
Adapted from: Marais, Thea. 1996. *Abortion values clarification training manual*. Melrose, South Africa, Planned Parenthood Association of South Africa.

Personal Beliefs vs. Professional Responsibilities, Thinking about My Values
Adapted from: National Abortion Federation. 2005. *The abortion option: A values clarification guide for health care professionals*. Washington, DC, NAF.

Gender, Sexuality and Abortion, Why Did She Die?
Adapted from: Varkey, S., S. Fonn, and M. Ketlhapile. 2001. *Health workers for choice*. Johannesburg, South Africa, The Women's Health Project, School of Public Health, Faculty of Health Services, University of the Witwatersrand.

Elizabeth Randall-David developed the first draft of the VCAT Facilitators' Workshop sessions.

Jessica Meyer of Exhale developed the first draft of the pre- and post-workshop surveys.

Some of the abortion VCAT survey items were adapted from:

Marais, Thea. 1996. Provisional overall results from abortion values clarification workshop pilot study. Unpublished.

Mitchell, Ellen M. H., Karen A. Trueman, Mosotho C. Gabriel, Alyssa Fine, and Manentsa Nthabiseng. 2004. Accelerating the pace of progress in South Africa: An evaluation of the impact of values clarification workshops on termination of pregnancy access in Limpopo Province. Johannesburg, Ipas.

About Ipas

Ipas works globally to increase women's ability to exercise their sexual and reproductive rights and to reduce abortion-related deaths and injuries. We seek to expand the availability, quality and sustainability of abortion and related reproductive health services, as well as to improve the enabling environment. Ipas believes that no woman should have to risk her life or health because she lacks safe reproductive health choices.

About this Toolkit

This toolkit is a resource for trainers, program managers and technical advisors who organize or facilitate training events and advocacy workshops in the field of sexual and reproductive health and, specifically, for increased access to safe abortion care. It is designed to provide experienced facilitators with the background information, materials, instructions and tips necessary to effectively facilitate abortion values clarification and attitude transformation (VCAT) interventions. There are also activities and materials to conduct a workshop to help experienced trainers increase their skills in facilitating abortion VCAT training events.

Abortion, like other public health concerns that are related to sex, gender and sexuality, has engendered stigma and discrimination against those advocating for, seeking and providing services. Public health policymakers, administrators, organizations, providers, advocates and consumers who seek to increase access to safe and legal abortion need strategies and tools that can improve abortion-related knowledge, attitudes and behaviors in different social, cultural and political climates. VCAT can be used to screen and select health-care providers and others before investing in longer, more time-intensive training. VCAT activities can also be used with other content at clinical, policy, advocacy and general stakeholders' workshops. This toolkit includes activities and materials that advance a specific agenda: to promote increased support, advocacy and provision of high-quality, woman-centered abortion care and sexual and reproductive rights. These changes are not likely to occur immediately after one workshop; they may be incremental and take place over time.

This toolkit is based on a theoretical framework that was developed from a thorough review of the literature on values clarification, attitude transformation, abortion advocacy and effective training. For more background information about VCAT, a description of the theoretical framework and the methodology used in developing the toolkit, please see the following relevant documents:

- Introduction to VC for Abortion Attitude Transformation
- VC for Abortion Attitude Transformation Theoretical Framework
- Methodology: Developing the VCAT Toolkit

Audiences

While the primary audiences for this toolkit are health-care providers and public health professionals, it is designed to be adaptable for a variety of stakeholders in different settings, including policymakers, lawyers and other legal professionals, advocates, lay community members, media and donors. Abortion beliefs and behaviors tend to be context specific and affected by myriad social, cultural, professional and political factors; thus, activities are not tailored to a specific country or context. Advance preparation and facilitator notes in the activity instructions provide guidance on when the content or format may need to be adapted to be more appropriate and relevant to the participants.

Second-Trimester Abortion

Most health systems have traditionally addressed abortion in the first trimester because that is the period in which most women need abortion care and providers feel more comfortable doing the procedure. However, unsafe abortion in the second trimester is a major cause of maternal mortality and morbidity globally. Many program managers, policymakers, advocates and clinicians recognize that to address this problem, access to safe second-trimester services needs to be expanded within the limits of the law in a given country. Abortion VCAT activities are particularly useful for discussing the issue of second-trimester abortion. Many people already have mixed feelings about abortion in general but often feel even more conflicted about terminating a more advanced pregnancy. VCAT for second-trimester abortion training and service delivery has proven critical. Eight VCAT activities have been modified for second-trimester abortion and are on the accompanying CD-ROM for trainers who wish to conduct a workshop focused on this issue.

For more information about how Ipas and other agencies have implemented abortion VCAT interventions globally and results from pre- and post-surveys and other evaluation tools, please contact us at: training@ipas.org.

Toolkit Contents

Both a hard copy and electronic (CD-ROM) copy of this toolkit are available. The hard copy contains a CD-ROM in the back pocket. Please see the Table of Contents for a complete listing of the contents. The hard copy includes:

- Tips for effective VCAT facilitation
- Introduction to abortion values clarification and attitude transformation, including the goals and objectives of VCAT interventions
- The Values Clarification for Abortion Attitude Transformation theoretical framework that informs all of the activities and VCAT intervention design
- The methodology used to develop the toolkit
- A workshop introduction session
- Fourteen activities that can be used individually or together, as a stand-alone workshop or with other related content
  - Each activity includes complete, step-by-step facilitator and participant instructions, including a brief description of the activity, learning objectives, materials list, time requirements, any advance preparation needed and materials (i.e., handouts, case studies, scenarios).
- Four activities and materials for a VCAT facilitators' workshop
- Sample VCAT and facilitators' workshop agendas

- Sample evaluation tools: pre- and post-workshop surveys and end-of-workshop evaluation forms
- Sample certificates of completion
- VCAT bibliography
- Additional training resources on abortion and reproductive health VCAT

The CD-ROM includes:

- *Abortion Attitude Transformation: A Values Clarification Toolkit for Global Audiences* (PDF and Microsoft Word 97-2003)
- Introduction to Abortion Values Clarification and Attitude Transformation PowerPoint Presentation
- Abortion Values Clarification and Attitude Transformation Workshop Follow-Up Survey
- Abortion Values Clarification and Attitude Transformation Workshop Survey Answer Key
- Eight Activities Adapted for Second-Trimester Abortion VCAT
- *Effective Training in Reproductive Health: Course Design and Delivery. Reference and Trainer's Manuals* (PDF)
- *Improving Access to Safe Abortion: Guidance on Making High-Quality Services Available* PowerPoint Presentation (Global English version)

How to Obtain Additional Copies

A PDF of this toolkit is available and can be downloaded free of charge on our website: http://www.ipas.org/Publications/. You can also order hard copies through Ipas publications. For information on the cost and availability of Ipas publications and multimedia materials, e-mail ipas_publications@ipas.org or telephone **800.334.8446** (*toll-free in U.S.*) or **919.960.6453**. Please provide the catalog number of the publication you are requesting. Ipas accepts most major credit cards, checks and U.S. and international money orders as payment for publication orders.

Ipas will publish different language versions of this toolkit and continue to develop adaptations of these activities and their accompanying materials. For more information about the versions that are available and technical assistance with the design and delivery of abortion VCAT interventions, please e-mail: training@ipas.org.

How to Use this Toolkit

This toolkit was 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. Some facilitators may choose the toolkit contents for a stand-alone abortion VCAT workshop, while others may incorporate a selection of activities into another training, meeting or special event.

Participant Selection

Facilitators are encouraged to carefully consider how participants' backgrounds and characteristics will affect the experience and effectiveness of an abortion VCAT workshop. It is important for participants to feel safe and comfortable engaging in honest examination and exploration of their beliefs, opinions and attitudes and to remain open to change. It is incumbent on the trainer to create and maintain this environment. Divergent viewpoints about abortion are valid, inevitable and will contribute to the richness of group discussion.

There are benefits and risks to mixing participants with different personal and professional backgrounds, levels of abortion experience and viewpoints about women's right to choose abortion

in different circumstances. A more diverse group can increase the amount of facilitation needed. Evaluations of VC workshops in South Africa found that while heterogeneity among participants may limit the opportunity to tailor workshop content, it can also increase the potential for the development of alliances and relationships across stakeholder groups (Mitchell et al., 2004). Further research is needed to determine how the mix of participants may affect workshop outcomes. Whenever possible, we recommend assessing participants' knowledge, attitudes and practices in advance to aid in participant selection and workshop design.

Activity icons

Each of the following icons appears in the left margin of each activity:

Learning objectives (light bulb icon) indicates the knowledge gain, attitudinal changes and skills that learners will achieve by the end of the activity.

Materials (scissors icon) indicates handouts, worksheets or other materials that are needed to complete the activity.

Timeline (clock icon) indicates the time needed for each section of the activity and the total time required to complete the activity.
Please note: Actual time will vary depending on the number of participants, amount of discussion and manner of facilitation.

Advance preparation (checked-box icon) indicates the steps facilitators need to complete before beginning the activity.
Please note: Facilitators may need to complete some advance preparation days or even weeks before the activity. Whenever applicable, facilitators should review statements or scenarios ahead of time and adapt.

Instructions (arrow icon) indicates step-by-step directions for facilitators who conduct the activity.

Note: ***Italicized text*** indicates where the facilitator can say the text verbatim. The text is provided as a guide and can be adapted.

Additional Content for Abortion VCAT Workshops

We recommend including a session in the beginning of the workshop that provides an overview of abortion information relevant to the audience and setting. This session may include:

- Global figures on total, safe and unsafe abortion;
- International meetings, treaties and agreements that support safe abortion;
- Relevant local data on the magnitude of unplanned, unwanted or mistimed pregnancies; total, unsafe and safe abortion; contraceptive prevalence rate (CPR); availability of and barriers to contraceptive and abortion services; and local abortion practices;
- National or local laws and policies on abortion and related issues, such as conscientious objection, rape, incest, sexual violence, abduction, age of consent for intercourse and medical procedures;
- Data on abortion law changes and their effect on maternal mortality (examples from Romania, South Africa, United States);
- Data and discussion on local social and faith climate on abortion;
- Presentation or demonstration of abortion methods and instruments, if appropriate.

A health-care provider audience expected to perform abortions would require more in-depth training on comprehensive abortion care. It is also important to cover relevant policies pertaining to conscientious objection and provider responsibilities concerning abortion care.

It may be appropriate to include a session that addresses faith, religion and abortion — specifically, common assumptions about religious objections to abortion and support for people of faith who are involved in some aspect of abortion care and advocacy. Some resources that address faith and abortion are listed in Additional Training Resources: Abortion and Reproductive Health VCAT.

It may be helpful to include a desensitization activity on abortion and related reproductive health terminology if you determine that the participants are not comfortable using this language. We do not include such an activity in the toolkit, but there are desensitization activities in many other reproductive health curricula.

Reliable sources of abortion and reproductive health information

- *Improving access to safe abortion: Guidance on making high-quality services available. A presentation package for advocates* (global English version on the CD-ROM; additional language and regional versions available online at http://www.ipas.org/Publications/)
- *Woman-centered abortion care: Reference manual and trainer's manual* available online at: http://www.ipas.org/Publications/
- *Conscientious objection and the implementation of the Choice on Termination of Pregnancy Act 92 of 1996 in South Africa*, Nikki Naylor and Michelle O'Sullivan, Women's Legal Centre
- World Health Organization, sexual and reproductive health home page: http://www.who.int/reproductive-health/
- Ipas IDEAS database: http://ideas.ipas.org/cgi-bin/ideas.ipas.org/ideas.cgi?request=index
- POPLINE, the INFO Project: http://db.jhuccp.org/popinform/basic.html

A note on language

In this toolkit, the terms participants, learners and audience are used interchangeably; in addition, facilitators are sometimes referred to as trainers.

Characteristics of Effective Training

The activities that appear in this toolkit were designed to promote a learner-centered, participatory training approach based on adult learning principles. Facilitators are encouraged to model the concepts and skills that are essential to effective training, including group facilitation, coaching, non judgmental conduct and the use of a variety of interactive training methods.

Regardless of the purpose or intended audience, all effective training courses or workshops share certain characteristics. In an effective training:

- Trainers and participants understand the purpose of the training.
- Trainers and participants understand exactly what participants are expected to achieve by the end of the workshop.
- The training methods enable participants to meet the objectives of the training.
- Training builds on participants' existing skills and experience.
- New knowledge and skills are presented in a context that is meaningful and relevant to participants.
- Participants are actively engaged in the learning process.

- Training uses a variety of methods to meet the needs of different learning styles.
- Participants have the opportunity to practice applying new knowledge and skills.
- Participants receive constructive feedback on their performance.
- Participants have enough time to meet the objectives of the training.
- Trainers solicit and accept feedback from participants and use this feedback to make improvements in the training.

References

Mitchell, Ellen M.H., Karen A. Trueman, Mosotho C. Gabriel, Alyssa Fine, and Nthabiseng Manentsa. 2004. Accelerating the pace of progress in South Africa: An evaluation of the impact of values clarification workshops on termination of pregnancy access in Limpopo Province. Johannesburg, Ipas.

Wegs, Christina, Katherine Turner, and Betsy Randall-David. 2003. *Effective training in reproductive health: Course design and delivery. Reference manual*. Chapel Hill, NC, Ipas.

Introduction to VCAT and the Toolkit

Introduction to Values Clarification for Abortion Attitude Transformation

"Values are concepts or beliefs about desirable end states or behaviors that transcend specific situations, guide selection or evaluation of behavior and events and are ordered by relative importance" (Schwartz et al., 1987).

Values are what we hold dear and think is important. They influence how we conduct ourselves and live. They serve as our internal road map. Values are closely related to and are affected by our beliefs, ideals and knowledge, and they can affect our attitudes and behaviors. Values play a key role in the decisions we make, what we spend our time and energy on and how we act. Values tend to have persistence and assume a pattern in our lives. There are many definitions of values, including:

Values are enduring beliefs that a specific mode of conduct is personally or socially preferable to an opposite or converse mode of conduct (Rokeach, 1973).

Values are the dominating force in life because of the central role they play in directing a person's activity and influencing their perception of reality (Allport, 1961).

What is Values Clarification?

Given the central role that values play in our lives, it is important to understand how values form and how they affect our decision making and behavior. John Dewey discussed the experience of valuing as the interdependent processes of reasoning, emoting and behaving, "Valuing occurs when the head and heart … unite in the direction of action" (Dewey, 1939). In order for our choices and actions to be the result of informed, reasoned thoughts and feelings, values clarification (VC) was developed. VC is both a theory and an intervention. The theory was inspired by the field of humanistic psychology led by such thinkers as Abraham Maslow and Carl Rogers, who believed that people are responsible for discovering their values through honest, open-minded self-examination. According to Milton Rokeach, values clarification is the process of examining one's basic values and moral reasoning (Rokeach, 1973). VC is done to understand oneself – to discover what is important and meaningful (Steele, 1979). It is also a technique for encouraging learners to relate their thoughts and their feelings in order to enrich their awareness of their own values (UNESCO, 2002).

As an intervention, VC was originally developed as a component of public school education to help address the social consequences of unclear values as illustrated by the following quote:

> We would say that these people – and they are legion in our increasingly affluent society – may well suffer from unclear sets of values. Such people do not seem to have clear purposes, to know what they are for and against, to know where they are going and why. With unclear values, they lack direction for their lives, lack criteria for choosing what to do with their time, their energy, their very being. (Raths et al., 1966)

Since its original conception in the late 1960s, VC interventions have been applied to a variety of health and social issues, including career guidance, professional development, weight loss and smoking cessation. In the arena of sexual and reproductive health, VC interventions have been increasingly used to address such issues as stigma against people with HIV, clinicians' willingness to perform abortion procedures and pharmacists' willingness to fill emergency contraception prescriptions.

It is generally accepted that the process of values clarification involves three main steps: choosing, prizing and acting (Raths et al., 1966):

Choosing: A value must be chosen freely from alternatives with an understanding of both positive and negative consequences of that choice. Some questions to consider:

- What are the alternatives?
- What made you decide on this particular choice?
- What will the results of this choice be?
- What assumptions are you making?
- How did you arrive at this choice?
- Were you pressured or coerced into this choice?
- Did anyone suggest this to you, or did you make this choice on your own?

Prizing: A chosen value must be associated with some level of satisfaction and affirmation, as well as confidence in the value. Some questions to consider:

- How do you feel about your choice?
- Is this something that is really important to you?
- How satisfied are you with this decision?
- Would you be prepared to stand up and announce your choice in public?
- Are you willing to put it in writing?

Acting: A freely chosen, affirmed value must translate into action. Ideally, the action will lead to some positive outcome and be done repeatedly. Some questions to consider:

- What are the first steps you will take or have taken to make this choice a reality?
- Have you made definite plans to act on this value?
- Is your decision definite or tentative?
- Is this something you have done or will do regularly?
- Have you been consistent in your actions?

The process of values clarification relies on a skilled facilitator who can create a safe, comfortable space and assist participants to:

- Use rational thinking and emotional awareness to examine personal belief systems and behavior patterns;
- Relate their thoughts and feelings to enrich their awareness of their own values;
- Identify and analyze issues for which their values may conflict through thoughtful reflection and honest self-examination;
- Specify how they can act in a manner consistent with their clarified value(s);
- Experience new or reframed information or knowledge designed to be accessible and relevant (personally, socially and politically).

Values Clarification for Abortion Attitude Transformation

Unlike the traditional approach to values clarification, which does not posit any universal set of preferred values, the Ipas values clarification and attitude transformation (VCAT) process and toolkit were designed with an agenda: to move participants toward support, acceptance and advocacy for comprehensive abortion care and related sexual and reproductive health care and rights. The abortion VCAT approach recognizes that values affecting attitudes and beliefs about abortion and related issues can change over time in response to new experiences and a deeper understanding of the issues and context.

An abortion VCAT intervention is a process 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. The abortion VCAT activities that appear in this toolkit are designed to:

- Provoke participants to challenge deeply held assumptions and myths about abortion and related issues;
- Help participants discover or potentially transform their values on abortion;
- Assist participants to express their intentions to act in a manner consistent with their affirmed values.

Goal of an Abortion VCAT Workshop

The goal of an abortion VCAT workshop is for participants to explore, question, clarify and affirm their values and beliefs about abortion and related sexual and reproductive health, such that their awareness and comfort with the provision of comprehensive, woman-centered abortion care is increased.

Objectives of an Abortion VCAT Workshop

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

- Identify the values that inform their current beliefs and attitudes about abortion and be able to describe alternative values and their consequences;
- Distinguish between assumptions, myths and realities surrounding unwanted pregnancy and abortion and the women and families who experience them;
- Explain correct information about abortion and the circumstances surrounding it in a concise and easily understandable manner;
- Demonstrate empathy toward the women, families and health-care workers who experience abortion;
- Choose and affirm values that inform their attitudes and beliefs toward the provision of comprehensive abortion care;
- Distinguish and appropriately separate their personal beliefs from their professional roles and responsibilities in advocating for or providing abortion services;
- State their behavioral intentions concerning advocacy for or provision of abortion care that are consistent with their chosen, affirmed values.

Objectives of an Abortion VCAT Facilitators' Workshop

By the end of an abortion VCAT facilitators' workshop, participants will be able to (all of the above objectives, plus the following):

- Explain abortion VCAT, goals and objectives of interventions and the theoretical framework;
- Describe the characteristics of an effective abortion VCAT facilitator;
- Evaluate their current facilitation skills and identify areas for improvement;
- Explain effective ways to handle challenging participants or situations in an abortion VCAT training event,
- Demonstrate effective facilitation of VCAT activities.

Teaching Methods Used in VCAT Interventions

As with any effective training event, abortion VCAT workshops should employ adult learning principles. The following teaching methods are commonly used in VCAT activities and workshops and are represented in the activities section of the toolkit:

- Large- and small-group discussion
- Individual and group work
- Hypothetical and real dilemmas and case studies
- Rank ordering and forced choices
- Sensitivity and listening techniques
- Expressive activities (i.e., songs, skits and artwork)
- Games
- Simulations (i.e., role plays, visualizations)
- Personal journals and interviews
- Self-analysis worksheets

References

Allport, Gordon W. 1961. *Pattern and growth in personality*. New York, Holt, Rinehart & Winston.

Dewey, J. 1939. *Theory of valuation*. Chicago, IL, University of Chicago Press.

Maslow, A. 1959. *New knowledge in human values*. New York, Harper & Brothers.

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

Rokeach, M. 1973. *The nature of human values*. New York, Free Press.

Rogers, C. 1961. *On becoming a person*. Boston, Houghton Mifflin.

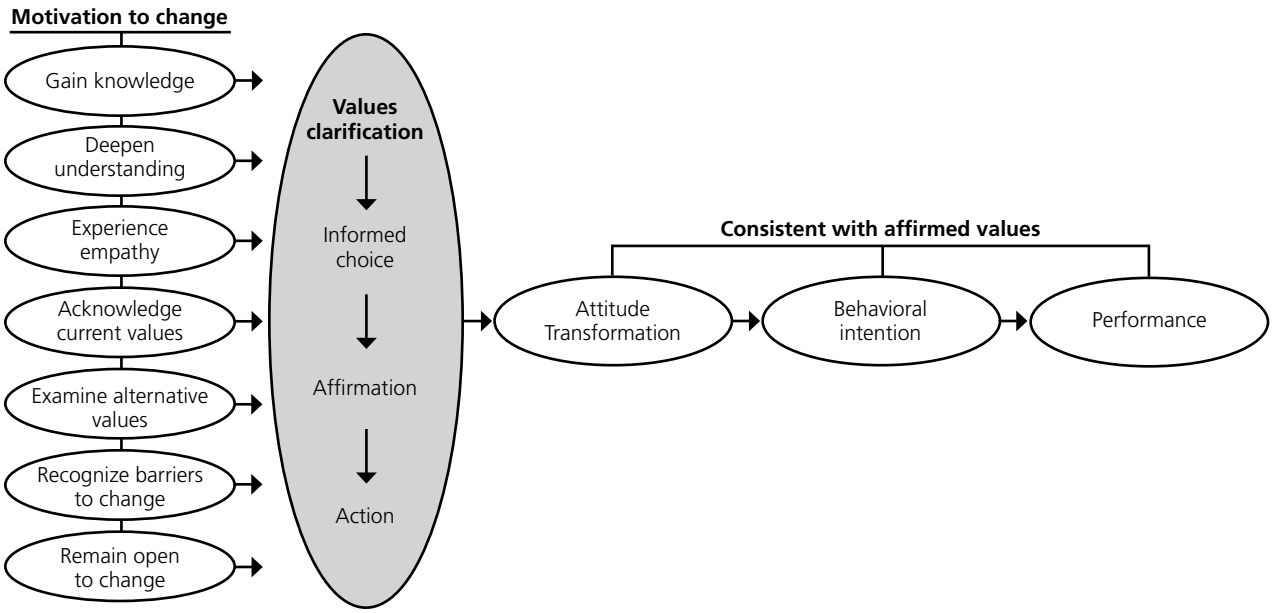
Schwartz, S. H., and W. Bilsky. 1987. Toward a universal psychological structure of human values. *Journal of Personality and Social Psychology*, 53:550-562.

United Nations Educational, Scientific and Cultural Organization. 2002. Teaching and learning for a sustainable future: A multimedia teacher education programme. http://www.unesco.org/education/tlsf/.

Values Clarification for Abortion Attitude Transformation Theoretical Framework

Values Clarification for Abortion Attitude Transformation

Takes place within existing cultural and social structures and ideologies



The Values Clarification for Abortion Attitude Transformation theoretical framework informed the development and organization of the toolkit. It can serve as a visual aid when explaining the abortion VCAT process and as a reference when designing abortion VCAT interventions to help ensure objectives are met. 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.

Although it has not yet been empirically tested, we hypothesize that **attitude transformation** is a logical outcome of values clarification. After undergoing the VCAT process, participants' attitudes would be expected to be consistent with their affirmed values.

In the formative work that led to the acceptance of TPB, empirical research consistently demonstrated that TPB constructs – beliefs, attitudes and norms – are consistently associated with **behavioral intention**, which in turn predicts behavior or **performance**. Empirical studies demonstrate that performance of a behavior can best be predicted by an individual's intention to perform that behavior (behavioral intention), which is directly influenced by personal attitude toward that behavior, as well as two other key constructs that are not directly addressed in the framework but are explained below (Ajzen, 1985; 1988). These constructs of personal attitude and behavioral intention have been successful in predicting health workers' behaviors in several studies (Millstein, 1996; Armitage, 2004).

In this framework and toolkit, we address the direct link between attitudes and behavioral intention but do not deal explicitly with the two other key constructs of TPB: perceived behavioral control (people's perceptions of their ability to perform a given behavior) and subjective norms (people's beliefs about how people they care about will view the behavior in question). However, some of the activities in this toolkit address the role of external factors (i.e., other people, external barriers to change, cultural and social environments, ideologies, policies and laws) in clarifying values and affecting attitudes and behavior. Although the TPB is useful for identifying and measuring constructs that predict and explain behavior, it does not prescribe techniques or strategies that may be used to change behavior. For this reason, values theory, theories informing the VC process and the specific strategies employed in the process of values clarification, complement TPB nicely.

References

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.

Ajzen, I. 1991. The theory of planned behavior. *Organizational Behavior and Human Decision Processes*, 50:179-211.

Armitage, C., and J. Christian, eds. 2004. *From attitudes to behavior: Basic and applied research on the theory of planned behavior*. New Brunswick, NJ, Transaction Publishers.

Millstein, S. G. 1996. Utility of the theories of reasoned action and planned behavior for predicting physician behavior: A prospective analysis. *Health Psychology*, 15(5):398-402.

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

Rokeach, M. 1973. *The nature of human values*. New York, Free Press.

Rokeach, M. 1979. *Understanding human values: Individual and societal*. New York, Free Press.

Methodology: Developing the VCAT Toolkit

The overall aim of this initiative was to provide international abortion and sexual and reproductive rights advocates a values clarification and attitude transformation (VCAT) toolkit that:

- Is informed by social and behavioral theories on values, attitude and behavior change;
- Incorporated best practices from the peer-reviewed literature on values clarification interventions;
- Is a global curriculum that could be easily and effectively adapted for use with a variety of audiences and settings;
- Supported the overall goal of moving participants further along a continuum of support for access to and provision of woman-centered abortion care and related sexual and reproductive health services.

The toolkit was developed with a commitment to participatory training methods based on adult learning principles, such as those advanced by the renowned Brazilian educator Paulo Freire, as well as activities and approaches that will help facilitators and participants attain abortion VCAT goals and objectives. In his action-oriented literacy campaigns, Freire encouraged critical reflection and consciousness in his learners as a means of transformation and aimed to develop both knowledge and skills that had direct, practical application.

VCAT workshops guide participants through reflection, analysis and confrontation of personal values and help them communicate awareness of how these values can impact abortion attitudes and behaviors. Some of Freire's most important principals are reflected in this toolkit:

- **Dialogue:** A horizontal exchange between people, in which empathy and communication are emphasized.
- **Problem posing:** Issues and challenges are presented in a holistic context that represents social, cultural and historical realities.
- **Critical thinking and analysis:** Participants engage in thoughtful reflection and questioning, whereby they gain skills to challenge assumptions and previous definitions of social issues in order to begin realistic problem-solving (Freire, 1970).

Development of this toolkit began with a thorough review of the values clarification and attitude transformation literature, including advanced searches of PubMed and PsycINFO, the Internet and the libraries at the University of North Carolina at Chapel Hill and Ipas. This search resulted in an extensive compilation of published research, activities, strategies and evaluation material on VCAT. This literature review confirmed that there is a dearth of empirical research that has been conducted on values clarification in general or evaluation of abortion VCAT interventions; the majority of publications date back to the 1960s and 1970s.

The other component of the literature review included an analysis of values theory and social and behavioral theories that include constructs related to values, attitudes, norms, beliefs, behavioral intention and behavior change. The social and behavioral literature was used to develop a theoretical model that is specific to the process and goals of values clarification for abortion attitude transformation and served as a schema for the development and organization of the VCAT activities included in the toolkit.

Concurrent to the literature review, we conducted a needs assessment among stakeholders around the world who are potential users of the toolkit, including staff, trainers, consultants and reproductive health service providers. In this assessment, the authors explained the plans for the toolkit development

and elicited feedback on needs, settings, audiences, content, format and possible uses for the toolkit. Major findings from the needs assessment were summarized, presented to stakeholders and used to inform further development of the toolkit.

The needs assessment yielded the following main recommendations:

- Activities should be participatory and encourage interaction.
- Activities must relate to participants' own experiences and be relevant to local context.
- The toolkit should include some faith-based resources that can be used to address common beliefs about religious objections, as well as support for people of faith involved in abortion care and advocacy.
- The toolkit should provide a variety of activities to select from (i.e., have free-standing activities or a set of activities as opposed to a set curriculum).
- Toolkit materials should stress effective facilitation because the facilitator's effectiveness is essential to the success of any VCAT activity; a neutral, nonjudgmental attitude is paramount.
- Activities should have clear objectives and instructions.
- The toolkit should provide guidance on different audiences for VCAT activities, including: trainers, providers, health workers, health managers, policymakers, legislators, legal professionals, advocates, donors, media/journalists, religious/spiritual leaders and community/lay people.
- Activities should be designed to be adaptable to settings with restrictive abortion laws, as well as more liberal abortion laws.
- The toolkit should be adaptable for circumstances in which VC is intended as the learning outcome, as well as training events that integrate VC with other learning objectives, such as abortion service delivery or advocacy for safe abortion access.
- The toolkit should address health-care provider responsibilities and conscientious objection.
- The toolkit should include a pre-workshop survey or pre-training assessment to determine where participants fall on the continuum of support for access to comprehensive abortion care and services.
- Some activities should address the critical role of health-care managers/directors in creating an enabling environment to offer services.
- The toolkit should be easy to use with a quick reference/search capability.

Upon completion of this needs assessment and review of the literature, we created a working definition of abortion VCAT goals and objectives (see Introduction to Values Clarification for Abortion Attitude Transformation for more information on this). We then developed a list of inclusion criteria for selecting activities for the toolkit.

Inclusion Criteria for Activities in Toolkit

1. Does the activity meet the definition and help achieve the goal and objectives of an abortion VCAT intervention (or could the activity be effectively modified to satisfy this criterion)?
2. Does the activity engage participants in one or more VCAT intervention strategies?
   - Identifying and clarifying attitudes and values
   - Questioning and affirming attitudes and values
   - Creating an experience with the potential to transform attitudes and values
3. Does the activity move participants through the process described in the Values Clarification for Abortion Attitude Transformation theoretical framework?

continued

4. Does the activity follow adult learning principles?
5. Does the activity utilize one or more of the accepted VCAT training methods (see Introduction to Values Clarification for Abortion Attitude Transformation)?
6. Is the activity appropriate for a variety of potential audiences (trainers, providers, health workers, health managers, policymakers, legislators, legal professionals, advocates, donors, media/journalists, religious/spiritual leaders and community/lay people)?
7. If the activity was evaluated, were the results favorable? (Note: Evaluations were not available for most activities.)
8. Is the activity relatively simple and inexpensive to facilitate in low-resource settings?

According to the above criteria, we compiled and cataloged existing VCAT activities, exercises and strategies that were either specifically related to reproductive health or could be adapted to meet most of the criteria. A short list of these activities was made in consultation with stakeholders, and we began the process of adapting or writing and formatting 14 activities for inclusion in the toolkit. For each of the activities, this involved writing a purpose statement; listing SMART (specific, measurable, achievable, realistic, and time-bound) learning objectives; a list of required materials; a timeline; instructions for advance preparation; detailed facilitation instructions, including scripted sections; and detailed participant instructions and accompanying materials (i.e. handouts and worksheets).

A draft of the toolkit and a feedback review form was sent to a team of international reviewers for their specific feedback and recommendations. These reviewers, all professional trainers and/or practitioners in the abortion and reproductive health field, have substantive experience planning and facilitating workshops for providers and other audiences. Reviewers were from Brazil, India, Kenya, Romania, South Africa and the United States. The reviewers had three weeks to complete the review, and eight returned their feedback forms. Their thoughtful, substantive feedback was incorporated into the final draft of the toolkit.

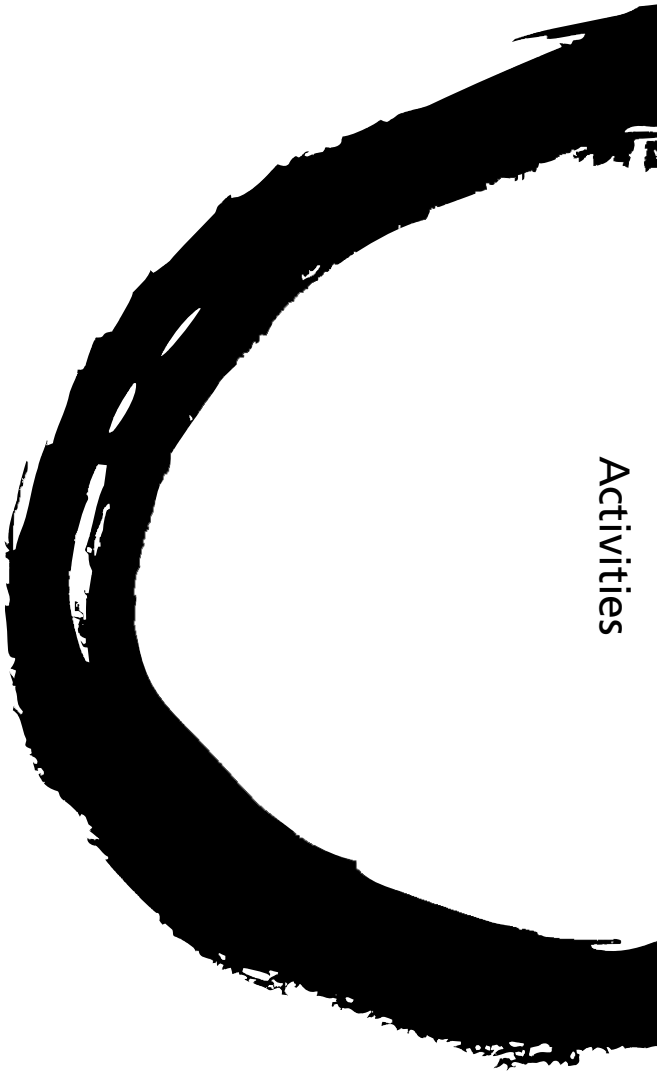
We piloted VCAT activities, facilitators' workshop sessions, surveys and other materials from the toolkit during a values clarification workshop facilitated for Ipas staff in North Carolina, a key stakeholders' VCAT workshop in Ghana, and one reviewer used some activities for training in Kenya. These and other additional workshops provided substantial information for further adaptations of the toolkit activities and materials.

The many people and agencies who contributed greatly to the development of this toolkit are listed in the Acknowledgments section.

References

Freire, Paolo. 1970. *Pedagogy of the oppressed*. New York, Continuum.

Activities



Workshop Introduction

The purpose of this activity is to welcome participants to the workshop and solicit their expectations; orient them to the workshop goal, objectives and agenda, facilitator, participant roles and group norms; and invite them to provide ongoing evaluation of the workshop. The aim is to create a safe and productive learning environment that enables facilitators and participants to achieve workshop objectives. This introduction session can be used for a values clarification and attitude transformation (VCAT) workshop or a VCAT facilitators' workshop.

Objectives

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

- Articulate their expectations for the workshop;
- Describe the workshop goal, objectives and agenda;
- Identify facilitators' and participants' roles and responsibilities;
- Agree to monitor themselves according to agreed-upon group norms;
- State an intention to provide feedback to facilitators.

Materials

- ❍ Flipchart and easel
- ❍ Markers
- ❍ Prepared flipcharts with workshop goal and objectives, workshop agenda, facilitator roles, participant roles and group norms
- ❍ Labeled flipchart with workshop expectations and parking lot
- ❍ List of group norms
- ❍ Evaluation materials, such as pre- and post-workshop surveys, workshop evaluation forms, daily evaluations and suggestion box
- ❍ Icebreaker activity instructions and materials

Timeline

10 minutes for introductions
15 minutes for expectations, goal, objectives, agenda, parking lot
5 minutes to discuss trainer and learner roles
5 minutes to establish group norms and discuss evaluation
15 minutes for icebreaker activity

50 minutes total

Advance Preparation

- ❍ Tailor the workshop title, goal, objectives and agenda to meet program and participant needs, time and other constraints. Sample agendas are included in the toolkit for a one-day workshop, three-day facilitators' workshop and goals and objectives for each.
- ❍ Prepare flipcharts with title and items for workshop goal and objectives, workshop agenda (list just the session titles), facilitator roles, participant roles and group norms. See Workshop Goals and Objectives Examples and Group Norms Examples for ideas.

- ❍ Label flipchart with workshop expectations and parking lot
- ❍ Prepare evaluation materials, including an anonymous suggestion box with blank cards, pre- and post-workshop surveys and a workshop evaluation form. Sample tools are included in the toolkit. Other sample evaluations can be found in *Effective training in reproductive health: Course design and delivery*. *Reference manual and Trainer's manual*.
- ❍ Prepare an icebreaker activity, such as Hopes and Hesitations. Other icebreaker activities can be found in *Effective training in reproductive health: Course design and delivery. Reference manual*, pp. 91-95 or *Trainer's manual*, pp. 187-192. Tailor the icebreaker to introduce the workshop's main themes.

Instructions

1. Welcome participants and introduce the workshop. Thank them for their attendance.

2. Introduce yourself and provide some information about your facilitation experience and background in abortion VCAT. Ask participants to introduce themselves by stating their names and briefly giving some background about themselves, such as their position title, where they work and any other pertinent information. Encourage participants to be concise.

3. Post the prepared flipchart labeled Workshop Goals and Objectives and review and discuss with participants.

4. Post the flipchart labeled Workshop Expectations and solicit participants' expectations for the workshop. Write them down exactly as they express them on the flipchart.

5. Post the flipchart labeled Workshop Agenda and review the main agenda items with participants. Discuss possible changes that can accommodate participants' expectations. Identify which of their expectations are likely to be met during the workshop and which are not likely to be met. For those that fall outside of the scope of the workshop, plan to provide additional resources or other means for participants to meet those needs.

6. Post the flipchart labeled Parking Lot and discuss it. Explain that when topics arise during a training session that the group doesn't have time to address at that moment, or that would be better addressed at a later time, facilitators write them on the Parking Lot flipchart, which means they are set aside to be discussed later in the course.
   - Facilitators will set aside time to periodically review the parking lot with participants. At that time, the group discusses whether they want to include the topic in the workshop and, if so, when they would like to address it. Facilitators will make changes to the agenda to include the topics participants have decided to address.
   - Due to time constraints, facilitators may have to ask participants to choose one topic over another.

7. Discuss facilitators' roles and responsibilities.
   - Post the flipchart labeled Facilitators' Roles and share expectations about your roles, including:
     - Providing information and feedback to participants
     - Asking and answering questions
     - Facilitating discussions and activities
     - Making sure the group stays on task and on time
     - Modeling effective training techniques
     - Maintaining a safe and productive learning environment

- Ask participants to share other roles that facilitators should play during the workshop and add them to the flipchart. Remind participants that you welcome feedback about your facilitation.
- Remind participants that you will not have answers to all the questions that arise. Emphasize that you will facilitate the group working together to find answers to most questions. Participants have valuable skills and experience to share, and they will learn much from each other during the workshop.

8. Discuss participants' roles and responsibilities.
   - Post the flipchart labeled Participants' Roles and share your expectations about their roles, including:
     – Participating fully according to one's comfort level
     – Taking responsibility to ensure personal learning goals are met
     – Sharing knowledge and experiences with facilitators and other participants
     – Giving constructive feedback to facilitators and other participants
   - Ask participants to share other roles that they should play during the workshop and add them to the flipchart.

9. Establish group norms.
   - Explain that group norms are mutually agreed upon and they serve to:
     – Set guidelines for how the group will work together
     – Create a safe, respectful and productive learning environment
     – Enable tasks to be accomplished efficiently
   - Post the flipchart labeled Group Norms and read norms listed. Clarify any norms that participants don't understand and ask what norms they want to add or remove from the list.
   - Once participants have agreed on the list, ask them to raise their hands if they agree to maintain these norms each time they come together.
   - Hang the list on the wall where everyone can see it and explain how it will be used throughout the workshop:
     – The list will be posted throughout the course.
     – Participants should refer to the list as needed.
     – Reinforce that participants should agree to monitor themselves and raise concerns when they believe participants are not abiding by the norms.

Note to facilitator: *If at some point during the workshop you notice that a participant is not abiding by the group norms, you can stop the discussion or activity, ask participants to review the group norms and remind them that everyone agreed in the beginning to abide by these norms.*

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10. Review workshop evaluation methods. Usual methods of evaluation include: pre- and post-workshop surveys, daily evaluations (written or verbal), anonymous suggestion box and end-of-workshop evaluation.

11. Review training logistics, such as bathroom locations, time and place of lunch and other breaks, any hotel and financial arrangements, etc.

12. Facilitate an icebreaker activity, such as Hopes and Hesitations for about 15 minutes.

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

Workshop Introduction

Abortion VCAT Workshop

Goal: For participants to explore, question, clarify and affirm their values and beliefs about abortion and related sexual and reproductive health, such that their awareness and comfort with the provision of comprehensive, woman-centered abortion care is increased.

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

- Identify the values that inform their current beliefs and attitudes about abortion and be able to describe alternative values and their consequences;
- Distinguish between assumptions, myths and realities surrounding unwanted pregnancy and abortion and the women and families who experience them;
- Demonstrate empathy toward the women, families and health-care workers who experience abortion;
- Distinguish and appropriately separate their personal beliefs from their professional roles and responsibilities in advocating for or providing abortion services;
- State their behavioral intentions concerning advocacy for or provision of abortion care that are consistent with their chosen, affirmed values.

Abortion VCAT Facilitators' Workshop

Goal: The goal of this workshop is for facilitators to explore, question, affirm and support their values and beliefs about abortion, such that their awareness, comfort and willingness to advocate for the provision of comprehensive abortion care is increased. By practicing and receiving constructive feedback, their ability to effectively facilitate abortion VCAT activities will also increase.

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

- Distinguish between assumptions, myths and realities about unwanted pregnancy and abortion and the women and families who experience them;
- Explain correct information about abortion and the circumstances surrounding it;
- Demonstrate empathy towards the women, families and health-care workers who experience abortion;
- Identify the values that inform their current beliefs and attitudes about abortion and describe alternative values and their consequences;
- Choose and affirm values that inform their attitudes and beliefs towards abortion services and the women who seek them;
- State their abortion-related behavioral intentions that are consistent with their affirmed values;
- Explain abortion VCAT, goals and objectives of interventions and the theoretical framework;
- Describe the characteristics of an effective abortion VCAT facilitator;
- Evaluate their current facilitation skills and identify areas for improvement;
- Explain effective ways to handle challenging participants or situations in an abortion VCAT training event;
- Demonstrate effective facilitation of VCAT activities.

Group Norms - Examples

Prepare a flipchart in advance with a few of what you consider to be the most important group norms. Leave space at the bottom for participants to contribute additional norms. Make sure that all participants can agree in the beginning of the workshop to abide by the norms they set. Ask participants to monitor themselves and commit to raising concerns if they believe that not everyone is abiding by the norms.

- Speak one at a time.
- Allow each person time to talk.
- Maintain confidentiality (if giving actual clinical examples, avoid using identifying details).
- Agree to disagree, but do so respectfully.
- Value each person's unique perspectives.
- Take risks (step outside your comfort zone).
- Start and end on time (includes coming back from breaks promptly).
- Turn cell phones and pagers on vibrate.
- Honor everyone's input (regardless of educational degrees, professional or community status, or personal experiences with the topic).
- Ask questions when you have them.
- Speak for yourself (for example, begin statements with "I" rather than "everybody" or "you").
- Maintain a supportive environment (for those who may experience anxiety talking about emotionally difficult topics).
- Take responsibility for your own learning (for example, take breaks, ask for clarification, give input to facilitators if something about the workshop is not working for you).
- Have fun (even though the topic is a serious one).
- Feel free to "pass" (if a certain topic or activity is uncomfortable for you).

Hopes and Hesitations

This is an introductory activity that can be completed as an icebreaker at the beginning of a workshop or day's sessions and then revisited at the end as one form of evaluation. This activity helps participants identify their hopes (or expectations) and hesitations (or concerns and discomforts) for the workshop and whether there is a change in these feelings as a result of the training they have undergone. The activity allows facilitators to identify additional expectations participants have and address any concerns about the workshop topic and contents.

Objectives

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

- Articulate their hopes and hesitations about the workshop, particularly concerning the topic of abortion;
- Describe how other participants are feeling about the workshop.

Materials

- ❍ Index cards
- ❍ Pens or pencils
- ❍ Flipchart easel and paper

Timeline

5 minutes for writing on cards
5 minutes to discuss in pairs
5 minutes to discuss responses

Total: 15 minutes

Advance Preparation

- ❍ On a flipchart, write the following statements:
  - My overall hope for this workshop is …
  - Right now, I feel hesitant about …
  - I am concerned about being asked …
  - I feel uncomfortable discussing …
  - During the workshop, I hope that I will be able to …
  - At the end of this workshop, I hope that I …
- ❍ On another flipchart, write the headings "Hopes" and "Hesitations" in separate columns.
- ❍ Prepare several hopes you have for the workshop.

Instructions

Introduce the activity as an opportunity to discuss what people hope to gain from the workshop or day's sessions and what concerns or discomforts they may have about the workshop and issues that will be discussed.

1. Give each participant an index card. Post the flipchart with the statements. Ask participants to take five minutes to silently read the statements and write their responses on their index card.

2. Instruct participants to pair with the person sitting next to them and discuss for five minutes the responses they feel comfortable sharing with their partner. Remind them that they do not have to discuss any responses they do not feel comfortable sharing.

3. Ask participants to share with the large group one hope or hesitation and record these on the flipchart labeled Hopes and Hesitations as each person speaks. Write the responses exactly as they are stated. Remind participants that they may decline to share a response if they do not feel comfortable. Remind participants to refrain from commenting on or evaluating anyone's response.

4. After everyone who wants to has contributed, add your hopes for the workshop that were not mentioned by participants. Ask for one or two overall comments about the entire list of hopes and hesitations (not any one person's response).

5. Acknowledge that you will do your best to meet the group's expectations. Generally explain which agenda items should meet certain expectations and which may be beyond the scope of the workshop. Record the latter items on the Parking Lot flipchart, if appropriate. Reassure participants that you will discuss how they might meet these expectations in other ways outside of the workshop.

Note to facilitator: If you haven't already done so, this can be an opportune moment to begin to use the Parking Lot, a flipchart paper posted during the workshop upon which you write items that participants raise that are important but not on topic at the moment. It is crucial to revisit the Parking Lot at the end of each day and decide whether and how you will address each issue during the remaining sessions or afterwards. The Parking Lot is explained in more detail in Workshop Introduction.

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6. Let participants know that they should keep their index cards because they will refer to them at the end of the workshop as a means of checking if the workshop has helped to address their hopes and hesitations.

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

Activity adapted from:
Marais, Thea. 1996. *Abortion values clarification training manual*. Melrose, South Africa, Planned Parenthood Association of South Africa.

Hopes and Hesitations, Revisited

Objectives

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

- Recall their initial hopes and hesitations about the workshop, particularly concerning the topic of abortion;
- Assess any changes in their expectations and concerns from the beginning to the end of the workshop.

Materials

- ❍ Participants' completed Hopes and Hesitations index cards from the beginning of the workshop
- ❍ Hopes and Hesitations flipchart paper from the beginning of the workshop

Timeline

15 minutes total (for brief discussion)

Advance Preparation

Remind participants to bring their original Hopes and Hesitations index cards to this session.

Instructions

1. Ask participants to take out the Hopes and Hesitations index cards that they completed at the beginning of the workshop or day's sessions.

2. Ask participants to review their responses and consider whether and how they feel differently now than they did at the beginning of the workshop or day.

3. Ask for several participants to share with the group how and why their individual responses changed.

4. Ask for a participant to reflect on any changes in the group overall and to what they attribute that change.

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

Activity adapted from:
Marais, Thea. 1996. *Abortion values clarification training manual*. Melrose, South Africa, Planned Parenthood Association of South Africa.

Facilitating Dialogue

In this activity, a "trigger" (story, skit or other short piece) is used to evoke a key problem concerning abortion and spark dialogue about relevant issues and actions needed. There are options for different dialogue methods that all include probing questions to lead participants through a discussion that ranges from analysis of the problem to action. Some sample "triggers" are included, but other local or more relevant ones can be substituted. This activity can help introduce discussion about local abortion issues at the beginning of a workshop or engender dialogue at any point.

Objectives

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

- Analyze and discuss action to be taken on a problem affecting them or their setting;
- Demonstrate empathy toward the individuals and situations evoked by the trigger;
- Articulate opinions and viewpoints related to abortion issues.

Materials

❍ Trigger handouts

Timeline

30-60 minutes, depending on trigger and dialogue method selected

Advance Preparation

❍ Select and prepare relevant trigger. Photocopy handouts, if needed. Four sample triggers about abortion are included here: two news articles, a poem and a journal article excerpt. A fifth trigger, a picture and composite story about a woman needing an abortion, one each from Bolivia, Brazil, Central America (Nicaragua), Eastern Europe (Albania), Ethiopia, Europe, Ghana, India, Mexico, Nigeria, South Africa, United States and Vietnam and are in the What Would You Do? PDF on the CD-ROM.

❍ Select and prepare a dialogue method. Review the trigger and dialogue method in advance to familiarize yourself with them and develop other questions you may want to ask.

Note to facilitator: A trigger can take many forms, such as a story, image, skit, poem, song, film clip or other short piece. Triggers are most effective when they are relevant to participants' specific situations and lives. You can select other material that can serve as a trigger, such as a local newspaper or magazine article, a film or television clip or a personal testimony. A trigger is a short, simple presentation of a problem facing the group. It should only present one main problem at a time and should not include solutions. A trigger is designed to spark the group's identification with and connection to the problem and engender meaningful dialogue.

Instructions

1. Introduce the activity:
   We are going to spend a little time engaging in a dialogue about a local abortion issue. 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's need for safe, legal abortion is met.

2. Distribute or present the "trigger." Whenever possible, have participants read out loud or role-play the "trigger" for the entire group.

3. Facilitate a discussion about the "trigger" using one of the dialogue methods: ORID, SHOWED or questions for the BBC news article and What Would You Do? scenarios.

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

Dialogue Methods

ORID Method

One facilitation technique is the ORID method, which stands for Objective, Reflective, Interpretive and Decisional. These are four levels of focused discussion that can be used as a guide to facilitate dialogue following a "trigger." Sample questions for each level of ORID include:

Objective (factual) questions

- What parts of the [story, poem, etc.] do you remember?
- What happened?
- Who was involved?
- What did you hear or observe?

Reflective questions

- What was your first response to this [story, poem, etc.]?
- What parts are most memorable for you, and why?
- When do you remember the whole group reacting?
- When were you excited, frustrated, sad or happy?
- How did this make you feel?
- How do you think the person in this [story, poem, etc.] feels?

Interpretative questions

- What is this [story, poem, etc] about?
- What were the most significant parts of the [story, poem, etc.] to you?
- What does this [story, poem, etc.] mean to you?
- What problems are presented?
- What did you learn?
- Why is it important?
- What does this remind you of?
- What does this make you think of?

Decisional questions

- What would you say about this [story, poem, etc.] to someone who has not seen it?
- What solutions are needed?
- What next steps will you take?
- What will you take away from this [story, poem, etc.]?
- Who is going to take responsibility?

SHOWED Method

Another suggested facilitation technique is SHOWED. SHOWED is an empowerment education technique used to facilitate meaningful group dialogue and development of an action plan after a "trigger." A SHOWED dialogue leads the group through a systematic process to develop a deeper understanding of the root causes of the problem, identify the particular issues that affect them and then develop an action plan to address the problem.

After the presentation of the "trigger," the facilitator leads the group in a dialogue using the following probing questions:

S = SEE	What did you see in this trigger? *(Keep to the issues on the surface: who is involved, what are they doing, saying, etc.)*
H = HAPPENING	What was really happening in this trigger? *(Now ask the group to dig deeper into underlying, unspoken dynamics.)*
O = OUR	How does this trigger relate to our work and lives? *(How similar is this to our lived experiences? Ask the group to give real examples.)*
W = WHY	Why does this happen? *(Why does this problem exist? What are the root causes?)*
E = EMPOWER/ EVALUATE	What do we need in order to be able to do something about this? *(What support, policies, authorization, etc. do we need to resolve this problem?)*
D = DO	What will we do about this? *(What needs to happen to resolve this problem?)*

Questions for BBC News Article and What Would You Do? Scenarios

One person will read the BBC news article, "My Illegal Abortion Regrets," in the character of Esinam, who is recounting her experience with unsafe abortion in Ghana. Then another person will read a scenario from What Would You Do? that describes another woman facing an unwanted pregnancy. After listening to the two stories, we will have a dialogue using some of the following probing questions.

Please imagine that you are either of these two women (even if you are a man). Please listen to the following questions and reflect on each one silently. (Pause after each question to allow time for reflection.)

- When you first find out you are pregnant, what thoughts and images go through your head?
- Who might you tell about your pregnancy? Who would you definitely not tell?
- What fears would you have?
- What kind of information would you need?
- Where would you go for this information?
- If you were in either of these women's circumstances, what might you decide to do about the pregnancy?
- What would be the physical, emotional and economic consequences (to you and your family) of continuing an unwanted pregnancy?
- If you decided to have an abortion, who might you approach to procure it?
- What would be the physical and emotional consequences of having an abortion? (Encourage discussion of how this would be different if the abortion was safe versus unsafe.)
- How would you prevent a future unwanted pregnancy?
- If you wanted a contraceptive method, where would you go?

Now let's discuss the following questions:

- What was happening in these stories?
- How do these stories relate to our work and lives? How similar is this to our lived experiences? (Ask the group to give real examples.)

- Why does this happen? Why does this problem exist? What are the root causes?
- What do we need in order to be able to do something about this? What support, policies, authorization, etc. do we need to resolve this problem?
- What will we do about this?

Thank you for your participation.

Facilitating Dialogue: "Triggers"

'My Illegal Abortion Regrets'

Date: Sunday, February 26, 2006
Source: BBC News

Ghanaian market trader, Esinam, 42, told the BBC's Africa Have Your Say program why she decided to have an illegal abortion at a back-street clinic in Accra.

I was devastated after finding out that I was pregnant for the fourth time, despite using contraception. My husband and I can barely look after our three children on the little income we have. How could we afford to feed another mouth? Thus, I decided to have an abortion. I didn't have any counseling – the decision was my own. My friends told me about a special clinic in Accra. Trusting them, I decided to go there.

Four months gone

On the day of the abortion, I woke up early, did some household chores and got the children ready for school. After dropping them off, I took a taxi to the clinic. I was four-months' pregnant at the time. The reception was very neat and tidy, and there were other women waiting on benches. I had thought the procedure would be done in an operating theatre but it wasn't. It was just an ordinary room. Even though I realized it wasn't a proper clinic, I was still determined to go through with the termination. I had no choice.

The "doctor" asked me to undress and lie down. After an examination, he inserted some metal instruments into my vagina. He didn't give me any anesthetic — he just began removing things from my body. I didn't see anything, but felt a pulling sensation. The pain was unbearable, but I muffled my screams. I did not allow myself to fully express my pain. I felt guilty about the whole thing, but the idea of bringing up another child in abject poverty convinced me I had made the right decision. After fifteen minutes of "surgery," he inserted a white tablet into my vagina. He told me that this would cause the remaining fetal parts to eventually discharge.

Regret

In agony, I went home to await the next stage of my abortion. That night, I bled profusely. My stomach was bloated, and I gave off a foul odor. I felt very weak and confused. My husband was on a night shift, so a neighbor rushed me to hospital. My heart was beating very fast and I began to drift in and out of consciousness. I felt cold and couldn't see. I was losing so much blood, I thought I would die. My mind went blank.

When I regained consciousness, I was told that my womb was rotten and had been removed. I cannot have any more children and if I had lost any more blood, I would have died. I am very grateful to the doctor and his team at Accra's Ridge Hospital who saved my life.

Woman died after bungled self-abortion

By Staff Reporter, New Zimbabwe
May 31, 2005
Source: http://www.newzimbabwe.com/pages/uk43.12708.html

A woman died as a result of a self-induced abortion, an inquest in Luton, England, heard this week.

Zimbabwean Veronica Muringani, 26, of Dunstable Road was about 10 weeks' pregnant when she "opted out" of a legal abortion.

She had arranged an abortion through The Lodge on George Street West in Luton but did not go through with it and instead decided to do it herself.

"Foreign objects" were found in her uterus, and twigs and sticks were found when police searched her home after her death.

Muringani, who also was HIV positive and had hepatitis B, became ill last June and was rushed to Luton and Dunstable Hospital on June 15.

She told medical staff she had a miscarriage a couple of days before.

Later that day she discharged herself from hospital because she was feeling better.

She was readmitted into hospital the following day and collapsed and died.

In his summing up of her death Coroner David Morris said, "Veronica Muringani played a significant part in her demise."

Tuesday's inquest heard how Muringani left Zimbabwe two years ago and left behind an eight-year-old son.

The official cause of death was septicemia as a result of the perforation of the uterus.

The inquest's verdict was that Muringani died as a consequence of a self-induced, unlawful abortion.

You Don't Know

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

By Judith Arcana

The Limits of Conscientious Objection to Abortion in the Developing World

Louis-Jaqcues van Bogaert
Developing World Bioethics 2 (2), 131-143.

Excerpt from journal article:

The South African Choice on Termination of Pregnancy Act 92 of 1996 gives women the right to voluntary abortion on request. The reality factor, however, is that five years later there are still more "technically illegal" abortions than legal ones. Amongst other factors, one of the main obstacles to access to this constitutionally enshrined human right is the right to conscientious objection/refusal. Although the right to conscientious objection is also a basic human right, the case of refusal to provide abortion services on conscientious objection grounds should not be seen as absolute and inalienable, at least in the developing world. In the developed world, where referral to another service provider is for the most part accessible, a conscientious objector to abortion does not really put the abortion seeker's life at risk. The same cannot be said in developing countries, even when abortion is decriminalised. This is because referral procedures are fraught with major obstacles. Therefore … the right to conscientious objection to abortion should be limited by the circumstances in which the request for abortion arises.

Cross the Line

This activity is often used as an icebreaker to bring participants' different views on abortion to the surface and address the connection between abortion and stigma. It helps participants understand how stigma affects people's diverse views and experience with abortion, as well as broader public dialogue on abortion.

Objectives

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

- Articulate their feelings and views on abortion;
- Identify diverse views among participants;
- Describe how stigma affects individual and societal views and reactions to abortion.

Materials

❍ Masking tape or string, approximately 2-3 meters long, to mark a line on the floor. If neither tape or string is available, ask participants to pretend that there is an imaginary line across the floor.

Timeline

30 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 statements, if needed. Select in advance the statements you will read that most apply to that group of participants. It is advisable to end with a statement upon which you think all participants can agree, such as the last one in the handout.

Instructions

1. Ask all participants to stand on one side of the line.

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.

3. Remind participants that there is no "in between," which means they must stand on one side of the line or the other, and there are no right or wrong answers.

4. Ask participants not to talk during the exercise unless they need clarification or do not understand the statement that is read.

5. Stand at one end of the line and give an easy practice statement, such as:
   Cross the line if you had fruit for breakfast this morning.

6. 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.

7. Ask someone who crossed the line and then someone who did not to briefly explain their response to the statement. If someone is the only person who did or did not cross the line, ask them what that feels like.

8. Invite participants to all move back to one side of the line.

9. Repeat this for several of the statements about abortion. Select the statements that most apply to that group of participants.

10. After the statements are read, ask participants to take their seats.

11. Discuss the experience. Some discussion questions may include:
    - *How did you feel about the activity?*
    - *What did you learn about your own and others' views on abortion?*
    - *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 did you learn from this activity?*
    - *What does this activity teach us about the stigma surrounding abortion?*
    - *How might stigma affect women's emotional experience with abortion? How would it affect women's family members?*
    - *How might stigma impact the experience of health workers and providers working in abortion care?*

12. Debrief in particular the last statement. If everyone in the group crossed the line, discuss this commonality. If everyone did not cross the line, discuss how these different views affect people's work on abortion care and the broader social climate for abortion in that setting.

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

Activity adapted from:
Exhale. 2005. *Teaching support: A guide for training staff in after-abortion emotional support*. Oakland, CA, Exhale.

Cross the Line Statements

Instructions

Read some of the following statements, beginning each time with, "Cross the line if … " After participants have moved, follow up each statement with, "observe who crossed the line and who did not … notice how it feels to be wherever you are … now please all move back to the same side of the line."

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 were raised to believe that abortion is a woman's right
- You have been asked to keep someone's abortion a secret
- You have ever felt uncomfortable talking about abortion
- You have ever felt embarrassed talking about abortion
- You have ever heard a politician talking in a derogatory manner about women who have had abortions
- You have ever heard a friend or family member talk in a derogatory manner about women who have had abortions
- You or someone you are close to has had an abortion
- You have ever stifled your feelings about an abortion experience
- You have ever avoided the topic of abortion to avoid conflict
- You have heard the term "baby killers" applied to women who have abortions or health workers who perform abortions
- At some point in your life, you believed that relief is a common reaction after abortion
- You believe there is a need for a supportive social environment for abortion
- You believe <u>all</u> women deserve access to safe, high-quality abortion services

Activity adapted from:
Exhale. 2005. *Teaching support: A guide for training staff in after-abortion emotional support*. Oakland, CA, Exhale.

Comfort Continuum

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 societal norms on abortion.

Objectives

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

- Articulate their own comfort levels discussing or advocating for safe abortion services;
- Discuss the different comfort levels on abortion held by participants and the life experiences that inform them;
- Discuss how these varying comfort levels relate to societal norms on abortion; and
- (For health-care providers) Express their personal levels of comfort providing abortion care.

Materials

- ❍ Three paper signs labeled "A Lot," "A Little" and "Not At All"
- ❍ Tape
- ❍ Comfort Continuum statements

Timeline

20 minutes to complete the group activity
20 minutes to discuss the activity

40 minutes total

Advance Preparation

- ❍ Label three signs on paper: "A Little," "A Lot" and "Not At All."
- ❍ Rearrange chairs and tables, if necessary, to create an open space in the room for participants to move around.
- ❍ Review and revise statements, if necessary, selecting statements that are most relevant for this group of participants and the specific topics covered in your workshop. (There are two sets of statements, one that is more appropriate for health-care providers and workers, and the other for reproductive health professionals or a general audience.) Prepare the statements you will read and the order in which you will read them. You may want to read only five to eight statements, as too many may make the exercise less interesting. Begin with easier statements, and then progress to harder or more complicated ones. It is advisable to use an overarching, final statement, such as the one listed here.
- ❍ Prepare correct information on abortion laws and policies in the country in case questions arise.

Note to facilitators: You may have to change or reword some of the statements in order to fit the context of the country or community you are working in.

Instructions

1. Tape the three signs on the floor or the wall in an open area of the room where there is enough room for participants to move around. Place the signs in order in a row to indicate a continuum:

2. One at a time, read aloud the statements and ask participants to physically move to the point along the continuum that best represents their feelings. Encourage participants to be honest about their feelings and to resist being influenced by where other participants are placing themselves.

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

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

5. Once you have finished reading the statements, ask participants to return to their seats. Ask two participants to share their feelings about the activity, soliciting a different response from the second person.

6. Refer to the reasons participants gave about their place on the continuum as you facilitate a brief discussion about the different responses and levels of comfort in the room. Some discussion questions could include:
   - What observations do you have about your own responses to the statements? Other people's responses?
   - Were there times when you felt tempted to move with the majority of the group? Did you move or not? How did that feel?
   - What about your responses to the statements surprised you? How about other people's responses?
   - What did you learn about your own and others' comfort levels on abortion?
   - What observations do you have about the group's overall level of comfort with abortion (not individual people's responses)?

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.

8. Discuss how these different levels of comfort with abortion impact societal norms on abortion, women's feelings about themselves when they have an abortion and providers' feelings about performing abortion services.

9. If participants are health-care providers, facilitate a discussion on how their comfort levels impact the provision and quality of abortion services. Emphasize what a large impact providers' attitudes have on their provision of services and women's experience and satisfaction with those services.

Note to facilitators: You may want to refer to the counseling section in Ipas's *Woman-centered abortion care: Reference manual* for more information on provider attitudes at: http://www.ipas.org/Publications/asset_upload_file756_3166.pdf

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

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

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

Activity adapted from:
Marais, Thea. 1996. *Abortion values clarification training manual*. Melrose, South Africa, Planned Parenthood Association of South Africa.

Comfort Continuum: Statements for Health-Care Providers and Health Workers

Facilitator Instructions

Below are statements appropriate for health-care providers and health workers. You can choose some of the following statements or develop other statements that are most relevant in your country or setting.

1. How comfortable are you with safe and legal induced abortion services being provided in your country?

2. How comfortable are you discussing abortion with colleagues at work?

3. How comfortable are you discussing abortion outside of your work setting?

4. How knowledgeable are you about your country's laws and policies on abortion services?

5. How comfortable are you working in a facility where abortions are performed?

6. How much disapproval would you expect to feel from your family and friends if you provided (or assisted with) abortion services?

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

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

9. How comfortable are you with the idea of <u>every</u> woman having the right to access safe abortion services in your country?

10. How comfortable are you providing (or assisting with) abortion for <u>every</u> woman who desires it, regardless of her reasons?

Activity adapted from:
Marais, Thea. 1996. *Abortion values clarification training manual*. Melrose, South Africa, Planned Parenthood Association of South Africa.

Comfort Continuum: Statements for Reproductive Health Professionals or General Audience

Facilitator Instructions

Below are statements appropriate for reproductive health professionals or a general audience. You can choose some of the following statements or develop other statements that are most relevant in your country or setting.

1. How comfortable are you with safe and legal induced abortion services being provided in your country?

2. How comfortable are you discussing abortion with family members?

3. How comfortable are you discussing abortion with work colleagues?

4. How knowledgeable are you about your country's laws and policies on abortion services?

5. How comfortable are you advocating for women's access to first-trimester abortion?

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

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

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

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

10. How comfortable are you advocating for abortion care for every woman who desires it, regardless of her reasons?

Activity adapted from:
Marais, Thea. 1996. *Abortion values clarification training manual*. Melrose, South Africa, Planned Parenthood Association of South Africa.

Reasons Why

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 affects reproductive health policies and services and societal stigma.

Objectives

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

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

Materials

- ❍ Reasons Why question strips
- ❍ Scissors
- ❍ Flipchart easel and paper
- ❍ Markers

Timeline

10 minutes to complete group activity
15 minutes for reporting back to large group
15 minutes for debriefing in large group

40 minutes total

Advance Preparation

- ❍ Cut the Reasons Why questions into strips.
- ❍ Prepare a list of all of the possible responses to the Reasons Why questions.
- ❍ Prepare local examples to illustrate the point about governments regulating pregnancy and abortion more than many other medical conditions and procedures.

Note to facilitator: You will need to adjust how you distribute questions to groups (give more than one question to some small groups or give more than one group the same question) if you have more or fewer than seven groups.

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

Instructions

1. Divide participants into groups of three to five people each. Give each group a piece of flipchart paper, markers and one or more Reasons Why questions. Ask each group to designate a recorder and a spokesperson.

2. Ask each group to brainstorm all of the possible responses to the question they have been given. Encourage them to think as deeply and broadly as possible about the range of diverse women and their life circumstances. Ask the recorder to write the group's question and responses on the flipchart paper.

3. When they are finished, ask the spokesperson from each group to put the flipchart paper up on the wall and present their responses to the large group. Ask other group members not to comment until all of the groups have presented.

4. Once all of the groups have presented, solicit additional responses to all of the questions. Ensure that all of the possible responses to every question have been identified. You may need to suggest additional responses that were not listed by the group.

5. Ask participants to silently review the reasons given for each question and to assess their comfort level with each. Encourage them to examine why they feel more or less comfortable with different reasons.

6. Facilitate a discussion using some of the following questions:
   - What reasons for having sex are you uncomfortable with?
   - What reasons for unintended pregnancy are you uncomfortable with?
   - What reasons for abortion make you uncomfortable, and what is the source of your discomfort?
   - How do your core values influence your discomfort with certain reasons for having sex, unintended pregnancy and abortion?
   - How does this discomfort affect societal stigma against women who have abortion and providers who perform abortions?
   - How do you feel about women making a decision about their unintended pregnancy that they really don't want to make?
   - What are the reasons that governments often regulate women's pregnancies and abortion to a greater extent than other medical conditions and procedures? How much of this has to do with the fact that only women become pregnant and the majority of legislators are usually men?
   - (For participants working in reproductive health and abortion care) How does our discomfort with certain reasons (for having sex, unintended pregnancy, abortion) affect our work in reproductive health and, specifically, abortion care? How might clients sense this discomfort? What impact could this have on the quality of health care we provide?

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

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

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7. Close the activity by discussing the following points:
   - How individuals' discomfort with some women's reasons (for having sex, unintended pregnancy, abortion) results in the implementation of reproductive health policies, laws and service-delivery systems that deny certain women access to safe, high-quality abortion services. This can lead to some women having to risk their health and lives to procure an (often unsafe) abortion. In other words, it creates health disparities and often tragic outcomes for some women but not others.
   - Ensure participants grasp that this disparity in access to safe abortion services is based on individual, subjective beliefs about what are "acceptable" versus "unacceptable" reasons for pregnancy and abortion.

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

Activity adapted from:
Marais, Thea. 1996. *Abortion values clarification training manual*. Melrose, South Africa, Planned Parenthood Association of South Africa.

Reasons Why Questions

Instructions

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

What are all of the reasons why women have sex?

What are all of the reasons why women become pregnant?

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

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

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

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

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

Activity adapted from:
Marais, Thea. 1996. *Abortion values clarification training manual*. Melrose, South Africa, Planned Parenthood Association of South Africa.

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 a whole. The worksheet helps participants consider the role of certain external influences, including family/social norms, 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 literate audiences.

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, 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;
- Articulate any conflicts between the social norms with which they were raised and their current values and how they resolve such values conflicts.

Materials

- ❍ Copies of Thinking About My Values worksheets
- ❍ Pens

Timeline

25 minutes per part (three parts total)
10 minute closing discussion

1 hour 25 minutes total

Advance Preparation

- ❍ Photocopy Thinking About My Values worksheets, one set per participant.
- ❍ Review activity purpose, instructions and worksheet with small group facilitators. The worksheet questions are very in-depth and contain terms and concepts that may be new to some participants. The facilitators need to make sure they understand the instructions and worksheets and that they can facilitate participants as they complete their worksheets and have small group discussions about them.

Note to facilitators: Facilitators need to be very conscious of time in this activity. You need to 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 large group and have participants discuss the worksheets in pairs rather than small groups.

Instructions

1. Introduce the activity:

   The family and 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?

2. Divide participants into small groups and assign each group a facilitator. Ask them 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.

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 only share them with the group 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.

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 family'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 relationship do you see between socioeconomic status and/or level of formal education and values about abortion?
   - What observations do you have about the social groups to which you belong and 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?

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, belief and decisions about abortion and how we reconcile any conflicts.

   What questions do you have about this?

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 similar are your current spiritual beliefs to those of your family?
    - 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?
    - When you identified conflicts between your current values and your spiritual or religious beliefs with regard to family, intimate partnerships, sexuality, abortion and other topics, what are some examples of how you have attempted to reconcile these conflicts?

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?

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?

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.

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

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

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

Thinking About My Values 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 only be asked to share 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. Did you experience any personal or family events that changed your beliefs or values about abortion?
   ❍ Yes ❍ No

   Please describe:

3. Describe similarities or differences between the values you presently hold about abortion and your family's values.

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. Do you think the socioeconomic situation you were brought up in influences your values about abortion?
   ❍ Yes ❍ No

   Please describe:

6. Is your present socioeconomic situation and/or level of formal education different from that of the family who raised you?
   ❍ Yes ❍ No

   Please describe how this has affected your views on abortion:

7. For questions 1-6, how would you have answered differently if we asked about second-trimester abortion?

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

9a. For this same social group (from question 8), which one of the following family configurations in each category would be most considered the accepted norm for that social group? (*Example: If you selected racial/ethnic group, what is the number of children that racial/ethnic group considers the accepted norm: 0, 1, 2, 3, 4, 5+ or other?*)

# of Children	**Parents**	**Age of New Parents**
❍ 0	❍ Single, heterosexual parent	❍ Parents under age 20
❍ 1 child	❍ Two heterosexual, married parents	❍ Parents age 20-30
❍ 2 children	❍ Multi-parent or multi-generational household*	❍ Parents age 30-40
❍ 3 children	❍ Two married/committed, same-sex parents	❍ Parents age 40-50
❍ 4 children	❍ Single, lesbian/gay/bisexual/transgender parent	❍ Parents age 50+
❍ 5+ children	❍ Two heterosexual, unmarried parents	❍ Other:
❍ Other: ____	❍ Other: _____	

❍ **Biological** ❍ **Adopted** ❍ **Foster children** ❍ **Combination**

**Household with more than two parents or children, parents and grandparent, or other extended family living together.*

9b. How does this compare with your present family configuration?

If there are differences, how has this caused conflicts with this social group?

10. Do your current values differ from the values you were raised with in any of the following areas? Check all that apply:

❍ Definition of family
❍ Mixed race/culture marriage/partnership
❍ Role of women in family
❍ Role of men in family
❍ Adoption or foster parenting
❍ Blended families**
❍ First-trimester abortion
❍ Second-trimester abortion
❍ Family size
❍ Sex before marriage
❍ Marriage/partnership relationship
❍ Use of birth control
❍ Divorce
❍ Importance of formal education
❍ Career
❍ Involvement in politics

*** Parents and children from previous relationships combined through new marriage or partnership*

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. Describe how your spiritual/religious beliefs are similar or different from those of the family that raised you:

3. If you belonged to a spiritual/religious group while you were growing up, please describe that group's views on abortion:

4. If you belong to a different spiritual/religious group now, please describe that group's views on abortion:

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

6. Do you consciously refer to your spiritual/religious beliefs when you are making an important life decision?
   ❍ Always ❍ Sometimes ❍ Not Usually ❍ Never

7. 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?

8. Do your current values about any of the following topics conflict with your spiritual/religious beliefs in any way? Check all that apply:

   ❍ Definition of family
   ❍ Mixed race/culture marriage/partnership
   ❍ Role of women in family
   ❍ Role of men in family
   ❍ Adoption or foster parenting
   ❍ Blended families**
   ❍ First-trimester abortion
   ❍ Second-trimester abortion
   ❍ Family size
   ❍ Sex before marriage
   ❍ Marriage/partnership relationship
   ❍ Use of birth control
   ❍ Divorce
   ❍ Importance of formal education
   ❍ Career
   ❍ Involvement in politics

   *** Parents and children from previous relationships combined through new marriage or partnership*

   If so, give some examples of how you attempt to reconcile these conflicts:

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?

3. What were your beliefs about abortion when you were an adolescent?

4. Describe how your views on abortion have changed since that time. What specifically contributed to that change?

5. How do you think your present age affects your perspective when discussing pregnancy options?

6. How would you answer questions 3-5 if we asked about second-trimester abortion specifically?

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

Gender, Sexuality and Abortion

This guided-imagery activity helps participants understand and critically examine the influence of gender socialization on our beliefs and values about sexuality, sexual and reproductive health and abortion. This should usually be covered toward the beginning of a workshop. It is an advanced activity that requires a more experienced facilitator and participants with the willingness to discuss the nuances of gender and sexuality. Some precautions should be taken with regard to cultural norms and taboos around open discussion of sexuality and potentially triggering memories of childhood trauma.

Objectives

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

- Describe how their upbringing and socialization affects how they think about gender roles and sexuality;
- Explain the ways in which we are socialized to have different and sometimes unequal expectations for male and female sexuality;
- Articulate how gender stereotypes affect their values and attitudes related to sexual and reproductive health, pregnancy and abortion care.

Materials

- ❍ Background music, if desired
- ❍ Discussion questions for small groups (on flipchart, overhead projector or handouts)
- ❍ Display resource materials on gender, sexual and reproductive health and abortion

Timeline

20 minutes for guided imagery
20 minutes for discussion in small groups
15 minutes for large group discussion and closing

55 minutes total

Advance Preparation

- ❍ Research and obtain local or international resources on gender and sexual and reproductive health and abortion (these can be found in resource documents on Ipas's website at www.ipas.org).
- ❍ Ensure that a positive rapport has been established among participants. Be prepared to create a suitable atmosphere for the guided imagery and quiet reflection by providing comfortable chairs or cushions on the floor, dimming the lights, playing soft, instrumental music and reducing external noises and distractions.
- ❍ Make any adaptations needed to the guided imagery scenarios and questions, including the two ages specified, according to local norms and customs regarding sexuality.
- ❍ Prepare flipchart, overhead slide or handout with small group discussion questions.

Instructions

1. Introduce the activity:
   Many factors influence how we see ourselves as sexual beings, how we feel and behave sexually, our sexual and reproductive choices and, specifically, our values and beliefs about abortion. One important influence is our gender socialization, or how we were raised by our family and society to view ourselves and our expected roles as girls and boys and women and men. Typically, we are taught early in life what physical and sexual characteristics and behaviors are considered acceptable for girls and for boys and for men and women. We learn this from our parents and extended family, community members, religious or spiritual leaders, educators, the media and other sources. How our family and society taught us to view ourselves, our sexuality and abortion in childhood continues to shape our values and beliefs into adulthood.

   In this activity, we will examine how our views on gender and sexuality influence our values and beliefs about abortion. I will lead you through a guided imagery, in which you will close your eyes and imagine you are experiencing each thing as I describe it to you. When I ask you questions, I'd like you to silently reflect on your answers but not express them out loud yet. When we finish the guided imagery, we will discuss our experience, first in pairs (or small groups) and then in the large group.

2. Explain to participants that you will be changing the atmosphere in the room and then leading them through a guided imagery, or journey, in their minds. Invite them to participate as fully in the guided imagery as they are comfortable. Let participants know that if at any point they are uncomfortable with the images or feelings they are experiencing, they can open their eyes and stop the experience or even leave the room. If they need support from a facilitator, they should raise their hand. They should feel free to do whatever they need to do to feel comfortable and safe. Explain that they will have an opportunity to share their reflections afterward, if they choose.

Note to facilitator: This activity has the potential to bring up uncomfortable or even traumatic thoughts or childhood memories for participants. There needs to be an extra facilitator available in case a participant needs individual support. Be prepared to support participants to take care of themselves by stopping their participation in the activity, leaving the room or asking for a facilitator to accompany them out of the room.

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3. Ask participants to get comfortable and close their eyes. Create a suitable environment for participants to fully experience the guided imagery by providing comfortable chairs or cushions on the floor, dimming the lights, playing soft music and reducing external noises and other distractions.

Note to facilitator: When reading each statement out loud, be sure to pause in between each one longer than you may think is necessary. It is important to give participants adequate time to mentally bring themselves back to a certain period in their lives, and put themselves in right frame of mind to respond to the question or statement.

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4. Lead participants through the following series of scenarios and questions, asking them to reflect silently without voicing their responses out loud. Use an even, soothing tone of voice

and remain silent for a period of time (longer than you think may be necessary) after each statement or question to allow participants time to reflect.

Take yourself back to when you were a girl or boy of about 14 years of age. Imagine what you look like and your body's stage of physical and sexual development. Put yourself in the frame of mind of your 14-year-old self. Think about what you have been told by your family and society about what it means to be a boy or girl.

- *How do you see your physical appearance in relation to how you have been told you should look?*
- *If you've started menstruating or had your first wet dream, what have you been taught by others about your body, sexuality and what it means to become a woman or man? What have you learned on your own?*
- *What have you been told are "normal" sexual feelings for your gender? How do your actual sexual feelings relate to what you have been told is normal?*
- *What messages have you received from adults about how you should interact with children of the other gender? Of the same gender?*
- *What messages have you received from your religion/faith about your body and sexuality?*
- *How much are you able to decide what you do with your body and your sexuality? How much are others deciding for you?*
- *What is your role in the family with regards to raising other children and household tasks? What is the role of children of the other gender?*

Let's take a few moments to silently reflect on the memories and feelings we just experienced.

Now imagine that you are 18 years old. Imagine what you look like and your body's stage of physical and sexual development. Put yourself in the frame of mind of your 18-year-old self. Think about what you have been told by your family and society about what it means to be a young man or young woman.

- *How do you see your physical appearance now, as compared to when you were 14?*
- *At 18, how have you been told you should behave sexually? How does this relate to your actual behaviors?*
- *What have you heard or been taught about young women engaging in sexual relationships?*
- *What have you heard or been taught about young men engaging in sexual relationships?*
- *What have you heard about unwanted pregnancy and abortion in relation to young women? Young men?*

Let's take a few moments again to silently reflect on the memories and feelings we just experienced.

5. Gently invite participants to gradually come back into the present and open their eyes. Give them a few moments of silence to stretch, get comfortable in their seats and readjust to their surroundings. Visually confirm that every participant is doing well emotionally.

6. Divide participants into small groups of no more than six people each with both women and men in each group. Ask them to appoint one spokesperson to present one to two highlights of their discussion to the large group.

7. Have groups discuss some of the following questions for 20 minutes (making sure you ask the last question):
   - *As you thought back to your adolescence, what observations do you have about how girls versus boys are taught to think about their appearances? Their bodies and sexuality?*
   - *What comments do you have about what girls and boys are taught to believe are "normal" sexual feelings?*
   - *What differences were there in how girls versus boys were taught to interact with other young people and behave sexually?*
   - *What messages did you get from your religion or faith about your sexuality?*
   - *How much were the girls able to decide what happened with their bodies and sexuality? How about the boys?*
   - *What were differences in girls' versus boys' family roles with regard to raising other children and household tasks? What were similarities?*
   - *What did you learn about girls, unwanted pregnancy and abortion? How about boys, unwanted pregnancy and abortion? Were there different standards for boys and girls?*
   - *How do these expectations and roles we learned growing up impact our views on women's and men's sexual and reproductive health and abortion as adults?*

8. Ask the groups' spokespeople to briefly share one to two highlights of their small groups' discussion with the rest of the participants.

9. Ask participants to identify the main themes that emerged from the small group discussions. These may include:
   - Different cultural beliefs and practices around coming of age for young women and men;
   - Common stereotypical gender roles and expectations;
   - A double standard for men and women with regard to sexuality, pregnancy and abortion;
   - Gender inequalities that exist in many areas, including sexuality and health;
   - Religious messages about sexuality that often are restrictive and punitive and do not allow for individuals' free sexual expression;
   - That, in many countries and communities, women do not control their own bodies and health and are still expected to ask permission from men (fathers or husbands) to seek health care.

10. Facilitate further discussion using the following questions as examples:
    - *How might these gender expectations and double standards affect how a woman deals with an unwanted pregnancy? How might they affect a man?*
    - *How does gender inequality affect women's access to health care in general and abortion care in particular?*
    - *If we are more aware of gender socialization and how it affects our views on pregnancy and abortion, how can we work to change attitudes and expectations that negatively affects girls and women and boys and men?*

11. Share local or international resources on gender and sexual and reproductive health with participants.

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

Activity adapted from:
Varkey, S., S. Fonn and M. Ketlhapile. 2001. *Health workers for choice*. Johannesburg, The Women's Health Project, School of Public Health, Faculty of Health Services, University of the Witwatersrand.

Four Corners

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

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 how personal beliefs affect societal stigma or acceptance of abortion;
- (For health-care providers and workers) Explain how personal beliefs can affect the provision of abortion-related services;
- (For health-care providers and workers) Discuss ways to ensure a professional standard of high-quality abortion care regardless of personal beliefs.

Materials

- ❍ Four signs labeled Agree, Strongly Agree, Disagree and Strongly Disagree
- ❍ Pens
- ❍ Tape (for attaching signs to wall)
- ❍ Four Corners worksheet Part A and Part B

Timeline

50 minutes (if three statements are discussed)

Advance Preparation

- ❍ Prepare and tape up four signs: Agree, Strongly Agree, Disagree and Strongly Disagree on the walls in four corners or areas of the room.
- ❍ Review and adapt the worksheet statements to make them more relevant to the participants or workshop content, if needed. You may want to select in advance the statements to be discussed by the group, or wait until you see how the participants respond. Select the statements that will elicit the most important discussion for that audience and setting.
- ❍ Research international agreements or treaties on health and human rights that include the right to safe abortion and whether these treaties were signed or ratified by the country(ies) represented in your workshop. (Refer to the reproductive rights section of Ipas's *Woman-centered abortion care: Reference manual* or *Improving access to safe abortion: Guidance on making high-quality services available*, *A presentation package for advocates* for more information)
- ❍ Copy Four Corners worksheets Part A and Part B, one of each per participant.

Instructions

1. Inform participants that this is an activity where we 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.

    - *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.*

2. Hand each participant a Four Corners worksheet Part A. Instruct them not to write their names on either of their worksheets. Ask them to complete the worksheet and then turn the sheet over.

3. Hand each participant a Four Corners worksheet Part B. Ask them to complete the worksheet and then turn the sheet over. If they are a man, instruct them to respond as if they were a woman in that situation.

4. Ask participants to turn worksheets A and 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 compare their answers on A versus B.

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?*

6. Take a few comments for a brief discussion. Point out that differences between responses on worksheets A and B can sometimes indicate a double standard. Some people believe that women in general should not be allowed to freely access abortion services, but they should be able to access abortion services if they or a family member need them. 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 the accessibility of abortion services, social stigma on abortion and laws and policies on abortion.

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. Randomly toss a "ball" back to each participant. Explain that for the remainder of the activity, they will represent the responses on the worksheet they have in their hands. If they got their own worksheet, they should act as though someone else completed it.

8. Point out the four signs placed around the room. Tell them they will be discussing a select number of statements from Part A, one at a time.

Note to facilitator: This activity will be too long if you try to discuss all, or even most, of the statements. Three statements are normally enough to gain the desired effect from the activity. If participants want to see how the group responded to all of the statements, you can have them move to the four corners for each statement and see how the responses are distributed, but then only discuss a select number of them. Select the statements that will elicit the most important discussion for that audience and setting. You can select the statements in advance or after you have seen how participants responded and where the greatest differences in opinion are.

9. 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 they conflict with their personal beliefs.

10. 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 all four corners may not be occupied. You can then ask some people to move to another group if the four are not evenly distributed.

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

    - Encourage them to come up with more meaningful reasons that are based on underlying, core values.
    - The Strongly Agree or Strongly Disagree groups should make sure they can differentiate between merely Agree or Disagree and Strongly Agree or Strongly Disagree.
    - Ask each group to appoint a spokesperson to present why people might hold that opinion. Ask the spokespeople to speak convincingly, as though they hold the belief themselves. For example. "I strongly disagree with this statement because … "

12. 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.
    - Do not allow other groups to comment at this time.

13. 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.

14. Continue in the same manner for the remaining statement(s).

15. 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?*

- *What are your general impressions about the beliefs held by the people in this room (but not by any particular individual)?*
- *What is your sense of the underlying, core values that inform these beliefs?*
- *How do our beliefs about abortion affect societal stigma or acceptance of abortion?*
- *What relevance do the beliefs discussed in this activity have for abortion care in our setting or country?*
- *Were any of the arguments/rationales presented by the small groups based on women's internationally recognized right to reproductive health care, including safe abortion? If not, what does this say about our understanding of women's right to abortion services?*
- *(For health-care providers and workers) How might our beliefs about abortion affect our provision of abortion-related services?*
- *(For health-care providers and workers) What can we do to ensure that we maintain a professional standard of high-quality abortion care regardless of our personal beliefs?*

Note to facilitator: When asking the questions about women's rights, you may want to include some information about international agreements or treaties on health and human rights that include the right to safe abortion and whether these treaties were signed or ratified by the country (or countries) represented in your workshop.

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

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

Four Corners, Part A

Instructions

Please read the following statements and circle the answers that best reflect your personal beliefs. Please be honest and do not write your name on this sheet.

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

1.	Abortion services should be available to every woman who wants them.	**SA**	**A**	**D**	**SD**
2.	Women who have an abortion are ending a life.	**SA**	**A**	**D**	**SD**
3.	A woman should be able to have an abortion even if her husband or partner wants her to continue the pregnancy.	**SA**	**A**	**D**	**SD**
4.	Liberal abortion laws lead to more irresponsible sexual behavior.	**SA**	**A**	**D**	**SD**
5.	Young, unmarried girls should be allowed to have an abortion if they want one.	**SA**	**A**	**D**	**SD**
6.	Clinicians who specialize in ob-gyn have a responsibility to perform abortions.	**SA**	**A**	**D**	**SD**
7.	Minors should be required to get their parents' consent in order to have an abortion.	**SA**	**A**	**D**	**SD**
8.	Pregnant women who have HIV/AIDS should be counseled to terminate their pregnancy, even if it is wanted.	**SA**	**A**	**D**	**SD**
9.	Most women do not seriously consider the consequences before having an abortion.	**SA**	**A**	**D**	**SD**
10.	Women should be able to have a second-trimester abortion if they need one.	**SA**	**A**	**D**	**SD**
11.	Women who have second-trimester abortions are indecisive.	**SA**	**A**	**D**	**SD**
12.	Women who have multiple abortions should be encouraged to undergo sterilization.	**SA**	**A**	**D**	**SD**

Four Corners, Part B

Instructions

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

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

1.	Abortion services should be available to me if I want them.	**SA**	**A**	**D**	**SD**
2.	If I had an abortion, I would be ending a life.	**SA**	**A**	**D**	**SD**
3.	I should be able to have an abortion even if my husband or partner wants me to continue the pregnancy.	**SA**	**A**	**D**	**SD**
4.	Liberal abortion laws will lead to me behaving in a more sexually irresponsible way.	**SA**	**A**	**D**	**SD**
5.	If I was young and unmarried, I should be allowed to have an abortion if I wanted one.	**SA**	**A**	**D**	**SD**
6.	If I was a clinician specializing in ob-gyn, I would have a responsibility to perform abortions.	**SA**	**A**	**D**	**SD**
7.	If I was a minor, I should be required to get my parents' consent in order to have an abortion.	**SA**	**A**	**D**	**SD**
8.	If I was pregnant and had HIV/AIDS, I should be counseled to terminate my pregnancy, even if it was wanted.	**SA**	**A**	**D**	**SD**
9.	I would not seriously consider the consequences before having an abortion.	**SA**	**A**	**D**	**SD**
10.	I should be able to have a second-trimester abortion if I need one.	**SA**	**A**	**D**	**SD**
11.	If I had an abortion in the second trimester, it would be because I was being indecisive.	**SA**	**A**	**D**	**SD**
12.	If I had multiple abortions, I should be encouraged to undergo sterilization.	**SA**	**A**	**D**	**SD**

Strongly Agree

Agree

Disagree

Strongly Disagree

Why Did She Die?

This activity features a case study that highlights the sociocultural context around a woman's unwanted pregnancy and abortion decision. Participants are confronted with the tragic consequences that can result when access to safe, legal abortion services is restricted and are asked to articulate their personal or professional responsibility to prevent deaths such as this one. The activity also deepens participants' understanding of the values clarification and behavior-change process.

Objectives

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

- Discuss the sociocultural context surrounding unwanted pregnancy and abortion;
- Explain the tragic outcomes that can result from restricting access to safe, legal abortion services;
- Articulate their personal or professional responsibility to prevent deaths, such as those described.

Materials

- ❍ Copies of the story Why Did She Die? (Version 1 is more appropriate for settings with legally restricted access to abortion, and Version 2 is more appropriate for settings that are legally more liberal.)
- ❍ Values Clarification for Abortion Attitude Transformation theoretical framework (from this toolkit)
- ❍ Flipchart and markers (optional)
- ❍ Ball of string (optional)

Timeline

5 minutes to read story
40 minutes for discussion

45 minutes total

Advance Preparation

- ❍ Adapt the story (Version 1 or 2) for local relevance, if necessary.
- ❍ Prepare global, national and local statistics on abortion-related morbidity and mortality and how they relate to restrictions on access to abortion. General overviews can be found in the Where We Work sections on Ipas's website at http://www.ipas.org/Where_Ipas_Works.aspx.
- ❍ Make copies of the story and Values Clarification for Abortion Attitude Transformation theoretical framework, one per participant.

Note to facilitators: It may be necessary to change the names and certain elements of the story to be more culturally or geographically appropriate for the audience or setting. You may want to adapt a real-life story from the media or clinical experience, making sure to change any potentially identifying information to protect people's privacy.

It may be helpful to provide participants with national statistics on abortion-related morbidity and mortality to illustrate how common tragic events, such as this one, are.

Instructions

1. Distribute a copy of the story Why Did She Die? to all participants.

2. Ask participants to read the story silently, or ask one participant to read it out loud for everyone.

3. Present or ask participants to summarize (if you have already covered it previously) some basic information on global, national and local statistics on abortion-related morbidity and mortality and how it relates to restrictions on access to abortion.

4. Facilitate a discussion in response to the question, *"Why did she die?"* You can opt to record responses on the flipchart. Suggestions for discussion questions include:

    - *Who do you think is responsible for her death? Why?* (If participants respond that the young woman is responsible for her death, challenge them to think about the people and health system that failed her and could have prevented her death if they had educated her properly and responded to her needs. Probe further on whether young people can be blamed for their ignorance and whose responsibility it is to ensure that they are educated.)
    - *What could have been done to prevent her death? Who could have helped prevent her death?*
    - *What choices did she have?*
    - *What could have made this situation better for her?*
    - *What information or resources may have helped her avoid this situation?*
    - *Why do you think she committed suicide?*
    - *In addition to the young woman, who else was directly affected by her death?*
    - *How does this story make you feel?*
    - *What real stories or situations does this story make you think of (without revealing any identifying information)?*
    - *What does this story tell us about our responsibility to safeguard women's health and lives?*
    - *What could you do, personally or professionally, to prevent deaths such as this one from occurring?*

Note to facilitators: To make this activity more physically interactive, another facilitation option is to have a volunteer representing Mia, the protagonist of the story, stand in the middle of the room, holding a ball of string. As each person answers "Why did she die?" they put the string around their waist and then give the ball back to Mia. In the end, there is a visual connection between each person in the room and Mia, representing their responsibility to her and all women in her situation.

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5. Provide participants with a copy of the Values Clarification for Abortion Attitude Transformation theoretical framework. Ask participants to divide into pairs.

6. Facilitate an additional dialogue to extend the discussion of this story and deepen participants' understanding of the values clarification and behavior change process.

    - Using this story as the context for discussion, ask pairs to talk through each box in the framework to help them better understand the values clarification process. The aim is for them to clarify their values and understand how those values inform their attitudes

and behaviors in relation to situations like the one described in the story. Give the pairs time after each question to discuss. Some questions could include:

- *What new information did you learn about unwanted pregnancy, abortion and maternal mortality from this story?*
- *How did this story deepen your understanding of the context surrounding a woman's unwanted pregnancy, abortion and maternal mortality?*
- *How has this story increased your empathy for women in Mia's situation or other equally desperate situations?*
- *What are your current values on abortion in relation to this and similar stories?*
- *What are other possible values on abortion in relation to this story? What would be the consequences of acting on these other values?*
- *How open do you feel to experiencing different values on abortion in relation to this and similar stories? What would you need to become or remain open to change?*
- *Having weighed all of the possibilities, what values do you choose for yourself at this time in relation to this story?*
- *What would help you affirm these values?*
- *What actions have you taken in the past that are not consistent with your values? What actions could you take from now on that would be consistent with your values?*
- *How has this story contributed to a change in your attitude about abortion and the women who seek one?*
- *What can you commit to doing in relation to abortion situations like this one?*

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

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

Activity adapted from:
Varkey, S., S. Fonn and M. Ketlhapile. 2001. *Health workers for choice*. Johannesburg, The Women's Health Project, School of Public Health, Faculty of Health Services, University of the Witwatersrand.

Why Did She Die?
Story Version 1

Instructions

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

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

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

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

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

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

Mia went to another clinic to ask about terminating the pregnancy, but they turned her away, also. Mia felt afraid and was too ashamed to tell anyone in her family about the rape and pregnancy. She felt that no one would help her, and she became desperate. She tried drinking a toxic potion of household chemicals that she had heard from her friends would terminate a pregnancy. She tried inserting sticks into her cervix. She became terribly sick and developed a painful infection but was still pregnant.

Eventually, after trying all of these things, Mia took her own life.

Why did Mia die?

Activity adapted from:
Varkey, S., S. Fonn and M. Ketlhapile. 2001. *Health workers for choice*. Johannesburg, The Women's Health Project, School of Public Health, Faculty of Health Services, University of the Witwatersrand

Why Did She Die?
Story Version 2

Instructions

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

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

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

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

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

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

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

Why did Mia die?

Activity adapted from:
Varkey, S., S. Fonn and M. Ketlhapile. 2001. *Health workers for choice*. Johannesburg, The Women's Health Project, School of Public Health, Faculty of Health Services, University of the Witwatersrand.

The Last Abortion

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 abortion. This activity illustrates the difficulty and dangers of valuing one woman's reasons for abortion over another woman's reasons.

Objectives

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

- Articulate biases they hold against certain women and their life circumstances with regard to abortion access;
- Describe the difficulty and dangers of deciding who should and shouldn't receive an abortion;
- Discuss the challenges posed by restrictive abortion laws and policies.

Materials

❍ The Last Abortion — Scenarios handout for each participant

Timeline

5 minutes to read scenarios individually
15 minutes to discuss scenarios in small groups
10 minutes for groups to report back
10 minutes for large group discussion

40 minutes total

Advance Preparation

❍ Photocopy The Last Abortion — Scenarios handout, one per participant.

Instructions

1. Explain to participants that in some countries there are legal, policy, financial and other restrictions on abortion services that impede some women's access to safe, legal abortion services or abortion-method options and that affect the quality of care given to women who seek these services.

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

3. Tell participants that according to this (fictitious) country's policy, there can be only <u>one more</u> safe, legal abortion performed. (Acknowledge that this is a contrived scenario for the purposes of this activity.) Explain that you will give them a handout that describes six women who have expressed their desire to terminate their pregnancy and have applied to be granted this last abortion. The small groups represent the policymakers who will decide which woman should receive the last abortion.

4. Give each participant a copy of the The Last Abortion — Scenarios handout and ask them to spend five minutes silently reading the scenarios.

5. Tell participants they have 15 minutes to discuss the scenarios in their small groups, decide to which woman they will grant the last abortion and appoint a spokesperson to briefly present their decision and rationale to the large group.

6. Rotate from group to group to ensure that participants understand the instructions and are able to finish the task on time.

7. 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.

8. Once all 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.

9. 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.

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

    - *Restrictive abortion policies, and even individual providers, often determine which women are more entitled to an abortion than others based on their biases about women's reasons and circumstances. The decision to grant some women an abortion and not others carries lifelong 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 counselors or providers 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 may result in undesirable consequences for their lives. In some cases, it may cost women their health and even their lives.*

    - *It is important that we as providers or professionals examine our personal biases and see how they can affect women's decisions and actions.*

11. Close the activity by explaining that there is no one correct answer and that it is impossible to objectively decide which woman deserves access to abortion services over another. Question what person has the right to make such a judgment for another human being. Point out that the stakes are extremely high when providers or policymakers restrict access to abortion for certain women; this can result in women risking their health and lives with illegal, unsafe abortions, having to go through added expense and difficulty to obtain a safe abortion from another provider or continuing an unwanted pregnancy and potentially abandoning, abusing or neglecting the child.

12. Conclude with the statement that there can never be one last abortion.

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

Activity adapted from:
Marais, Thea. 1996. *Abortion values clarification training manual*. Melrose, South Africa, Planned Parenthood Association of South Africa.

The Last Abortion — Scenarios

Instructions

Each of the following women have asked for an abortion. You must choose which woman will be able to receive the **last** safe, legal abortion. You can only choose **one** candidate. As a group, discuss each of these scenarios and your rationale for choosing the one candidate.

1. A 45-year-old woman is 18-weeks pregnant. She had stopped having regular menstrual cycles and did not believe she could become pregnant. A detailed ultrasound has revealed severe fetal abnormalities. Her 12-year-old son has numerous physical and developmental disabilities and requires constant attention. She does not feel able to manage another special-needs child.

2. A 21-year-old woman in her third year at university just found out that she is 14-weeks pregnant. Because her menstrual cycle was irregular, she did not realize she was pregnant. This is her first pregnancy. Her contraceptive method failed, even though she is quite certain she used it properly. She is the first person from her poor, rural village ever to attend university. She is experiencing acute anxiety at the thought of continuing this pregnancy.

3. A 25-year old woman is 8-weeks pregnant. She has two children under the age of four, and she lives with a man who regularly physically abuses her. He opposes the abortion, but she does not want to bring another child into an abusive household, especially if it will only make her more dependent on him for financial support. Her depression has worsened considerably since she found out she was pregnant.

4. A 28-year-old woman is 12-weeks pregnant. She is unemployed, an alcoholic and does not use birth control regularly. She does not know who the father of this baby is. Two of her children were born with fetal alcohol syndrome, and all three of her children are being cared for by her mother in another part of the country.

5. A 23-year-old woman with two young children is 10-weeks pregnant. She and her younger child are HIV positive. Her husband died of AIDS-related illnesses two years ago and left her without any financial support. She is not able to afford anti-retroviral treatment, and she has been hospitalized for opportunistic infections several times in the past year.

6. A 15-year-old girl is 14-weeks pregnant as a result of rape by her stepfather. When she told her mother about the rape and pregnancy, her mother told her to get out of the house. She has been staying at a friend's house. She continues to attend public school, where she has been a top student. She is experiencing great distress over the rape and pregnancy, and her schoolwork is suffering.

Activity adapted from:
Marais, Thea. 1996. *Abortion values clarification training manual*. Melrose, South Africa, Planned Parenthood Association of South Africa.

What Would You Do?

This activity engages participants in reflection and dialogue about the complex circumstances that affect a woman's response to an unwanted pregnancy, namely the challenging social and legal climates that affect access to pregnancy- and abortion-related care in countries around the world. This activity encourages participants to consider their own values and beliefs, and gain empathy for individual women's perspectives and circumstances. It is appropriate for participants within one country or from multiple countries.

Objectives

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

- Describe the social and legal situation in a particular country with respect to access to abortion care;
- Articulate with empathy the challenges faced by women with an unwanted pregnancy in a particular country;
- Describe strategies to facilitate access to safe abortion and reproductive health services in a particular country; and
- Identify outstanding challenges related to safe abortion and reproductive health services in a particular country.

Materials

- ❍ Information on abortion-related laws, policies, health-care services and the social climate in the country or region to be discussed
- ❍ Information on strategies and activities to increase access to safe abortion care in each country
- ❍ What Would You Do? handouts with a picture of a woman and her unwanted pregnancy scenario from the country or region to be discussed: Albania, Bolivia, Brazil, Ethiopia, Ghana, India, Mexico, Nicaragua, Nigeria, South Africa, United States and Vietnam (or adapt your own)
- ❍ Pens

Timeline

40 minutes for small group introduction and discussions
15 minutes for large group discussion and brainstorm

55 minutes total

Advance Preparation

- ❍ Prepare information on abortion-related laws, policies, health-care services and social climate in the country or region to be discussed, making sure to cover the following points: women's status; legal status of abortion and for which indications; abortion policies; relevant clinical guidelines; magnitude of unsafe abortion; influence of faith/religion and culture on the social climate for abortion; and the availability, quality and barriers to access of pregnancy, abortion and contraceptive services. Please see the Where We Work section of Ipas's website at http://www.ipas.org/Where_Ipas_Works.aspx for relevant information and links.

- ❍ Prepare information on the current strategies and activities to increase access to contraceptive services and abortion care in the country or region to be discussed, making sure to name the organizations and what they are doing to increase access to contraceptive and safe abortion services.
- ❍ If needed, adapt the What Would You Do? handouts to make them relevant to the country or region to be discussed (from PDF file on CD-ROM). Make photocopies.
- ❍ Work with small group facilitators in advance to ensure they understand the purpose and how to facilitate the activity.

Note to facilitator: You will need to decide which country(ies) or region(s) you will be discussing in this activity and prepare the information and What Would You Do? handouts accordingly. If you would like to discuss countries not included among these handouts or make adaptations to make them more relevant, there is a Microsoft Word version of the handout on the CD-ROM. You can obtain your own non-copyrighted pictures, select a name and write a scenario that is appropriate for that country or setting. If you are working within one country, you could create handouts for different regions of the country. Take care that pictures are not copyrighted and that names and scenarios do not closely resemble actual abortion clients in that setting (to protect women's privacy).

Instructions

1. Divide participants into small groups of four to six people each.

2. Assign a facilitator and handout (same or different ones, depending on how many countries or regions you are discussing) to each group.

3. Each facilitator can introduce the activity in her small group:

   This activity will enable you to learn more about the complex circumstances and barriers to accessing abortion services in [country] and how they might affect women's responses to an unwanted pregnancy. We're going to discuss this from the perspective of one woman's story. We encourage you to put yourself in her situation, and then think about how you might feel and what you might do in her place. We will close with a brief explanation of what is being done to address these challenges in [country].

4. Each group's facilitator solicits information from participants about the social and legal climate and abortion-related services in their country or region and answers questions or clarifies information if necessary. Facilitators should make sure participants cover the following information: women's status; legal status of abortion and for which indications; abortion policies; relevant clinical guidelines; magnitude of unsafe abortion; influence of faith/religion and culture on the social climate for abortion; and the availability, quality and barriers to access of pregnancy, abortion and contraceptive services, filling in any missing information as needed.

5. Facilitator distributes handouts and asks each group member to study the picture of the woman and read the scenario quietly to themselves. Ask participants to imagine they are the woman described in the handout and to consider the scenario from her perspective. Even male participants should try to imagine themselves in the woman's situation.

6. Facilitator asks a series of open-ended questions, such as the ones below, to engage participants in discussion. During the course of the discussion, help to steer the conversation and provide information, as needed, to ensure that the discussion comments are realistic and appropriate for that setting.

7. Here are some questions that can facilitate discussion:

    - *Imagine that you are [woman in handout].*
    - *When you first find out you are pregnant, what thoughts and images go through your head?*
    - *Who might you tell about your pregnancy?*
    - *(For partnered women) Would you tell your partner? Other family members?*
    - *(For young women) Would you tell your parents or guardians? Other family members?*
    - *What fears would you have?*
    - *What kind of information would you need?*
    - *Where would you go for this information?*
    - *What do you think you would decide to do about the pregnancy?*
    - *If you decide to continue the pregnancy, what would be the physical and emotional consequences?*
    - *If you decide to have an abortion, who might you approach to procure it?*
    - *What might be the physical and emotional consequences of having an abortion in this setting? (Encourage discussion of how this would be different if the abortion was safe versus unsafe.)*
    - *How would you prevent a future unwanted pregnancy?*
    - *If you wanted a contraceptive method, where would you go?*
    - *What is the likelihood that you would be able to obtain your contraceptive method(s) of choice over the long term?*

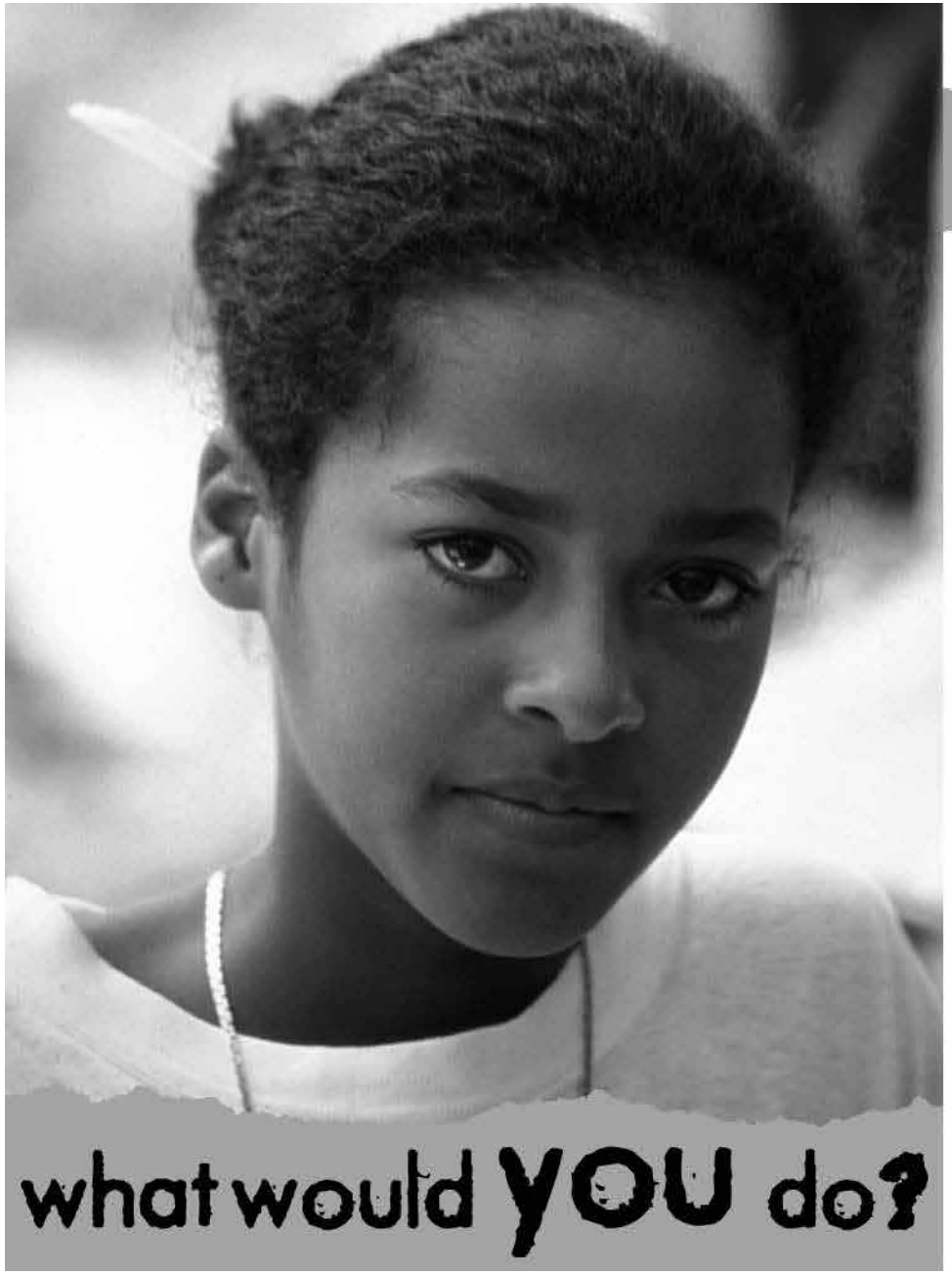
8. Relate back to the woman's name and her plight, as described in the scenario. Ask participants what strategies are being used in this country or region to address some of the concerns and challenges faced by women such as [name woman from handout]. Use the following questions as prompts. Fill in any missing information as needed.

    - *What kind of work is currently being done by different organizations to increase access to contraceptive and safe abortion services?*
    - *What successes have we experienced?*
    - *What are outstanding challenges?*

9. As a large group, invite people to briefly share highlights, reflections or recommendations from their small group discussion. Ask participants to brainstorm next steps for the country(ies) or region(s) to increase access to family planning and safe abortion services.

    - There are many more women with problems like [name woman from handout] in our setting. We have brainstormed a number of strategies. Our commitment to implement these strategies will determine whether women like her will continue to experience problems like these.

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

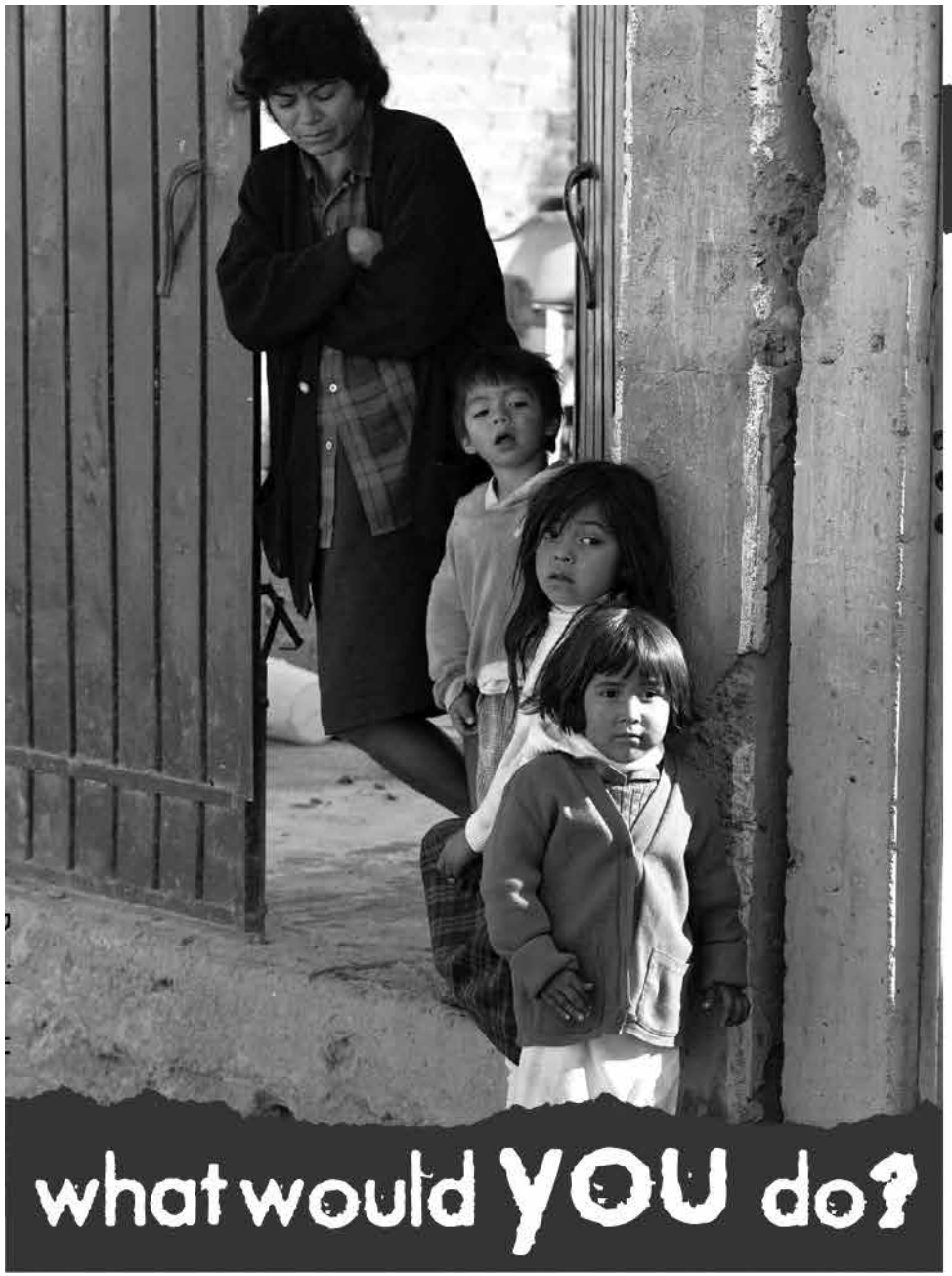


NICARAGUA
María, Age 11

María lives with her widowed mother and two younger brothers in a small city in Nicaragua. María's mother depends greatly on her help as she struggles to work and care for her three children. On her way to the corner store one afternoon, María was pulled into an alley and raped. Afraid of being punished for leaving her house without permission, she didn't tell anyone what had happened. After nearly two months passed, María became weak and complained of feeling unwell. When her mother took her to the doctor, the doctor informed them that María was pregnant and suffering from a sexually transmitted infection. While the infection could be cured with antibiotics, the doctor told María's mother that no doctor in the country would agree to terminate the pregnancy. "It's God's will," he said. And she is a healthy girl."

Photo credit: Richard Lord ©2006

This photograph is for illustrative purposes only; it does not imply any particular attitude, behavior or action on the part of the person who appears in the photograph.



BOLIVIA
Marisol, Age 33

Marisol lives in a small tin shack in the Bolivian highlands. She and her husband, Miguel, are subsistence farmers and have five children that they struggle to support because of limited financial means and a poor economy. Although they want the best for their children, Marisol and Miguel can barely afford to properly feed and clothe them. They have decided not to have any more children right now. Marisol has used contraception before, but it is not available at the village clinic, which means that she has to save up enough money to travel to the nearest town to purchase it. As a result, she is not able to use contraception consistently. Just before harvest season, Marisol discovers that she is pregnant again.

Photo credit: David and Lucile Packard Foundation

This photograph is for illustrative purposes only; it does not imply any particular attitude, behavior or action on the part of the person who appears in the photograph.

UNITED STATES
Hope, Age 17

Hope is a high school senior at a racially diverse Christian academy in the Southeast United States. She excels in academics and is captain of the varsity softball team. She has been dating a white boy in her class in secret because her parents disapprove of interracial relationships. She and her boyfriend have both received full scholarships to the state university. When her period is nearly three-weeks late, a pregnancy test confirms Hope's worst fears. She is ashamed to tell anyone, particularly her conservative parents, that she is pregnant. Through online research, she learns that Georgia's abortion law would require a clinician to notify her parents before performing the procedure, unless she is able to obtain the consent of a judge. Hope worries that her dreams for the future are over.

This photograph is for illustrative purposes only; it does not imply any particular attitude, behavior or action on the part of the person who appears in the photograph.

NIGERIA
Amina, Age 14

When Amina was only 8 years old, her mother passed away and her father sent her to live in a rural village with his older sister and her husband. According to Amina's father, this was so she could continue to "learn the duties of a proper Nigerian woman." After enduring years of sexual abuse from her uncle, who threatened her to remain silent about it, Amina has just learned that she is pregnant. She cannot stand the thought of carrying her abusive uncle's baby. She has also heard of women being publicly beaten and hanged for having a baby outside of marriage, but she is afraid of telling anyone about her uncle's abuse for fear of being thrown out of the family.

Photo credit: David and Lucile Packard Foundation

This photograph is for illustrative purposes only; it does not imply any particular attitude, behavior or action on the part of the person who appears in the photograph.

SOUTH AFRICA
Zanzele, Age 30

Zanzele is a single mother of two young children whose husband left her two months ago when she tested positive for HIV. Accusing her of infidelity, he refused to get tested himself. Zanzele has not told anyone else about her HIV status because of widespread stigma against people living with HIV/AIDS. Her husband has not provided any child support. The only way she has found to provide for her family is through commercial sex work. Her only living relative, an elderly aunt, watches her children while she works. Zanzele just found out that she is 10-weeks pregnant. She does not think she can support another child. Zanzele feels alone and scared.

Photo credit: Giacomo Pirozzi/Panos Pictures

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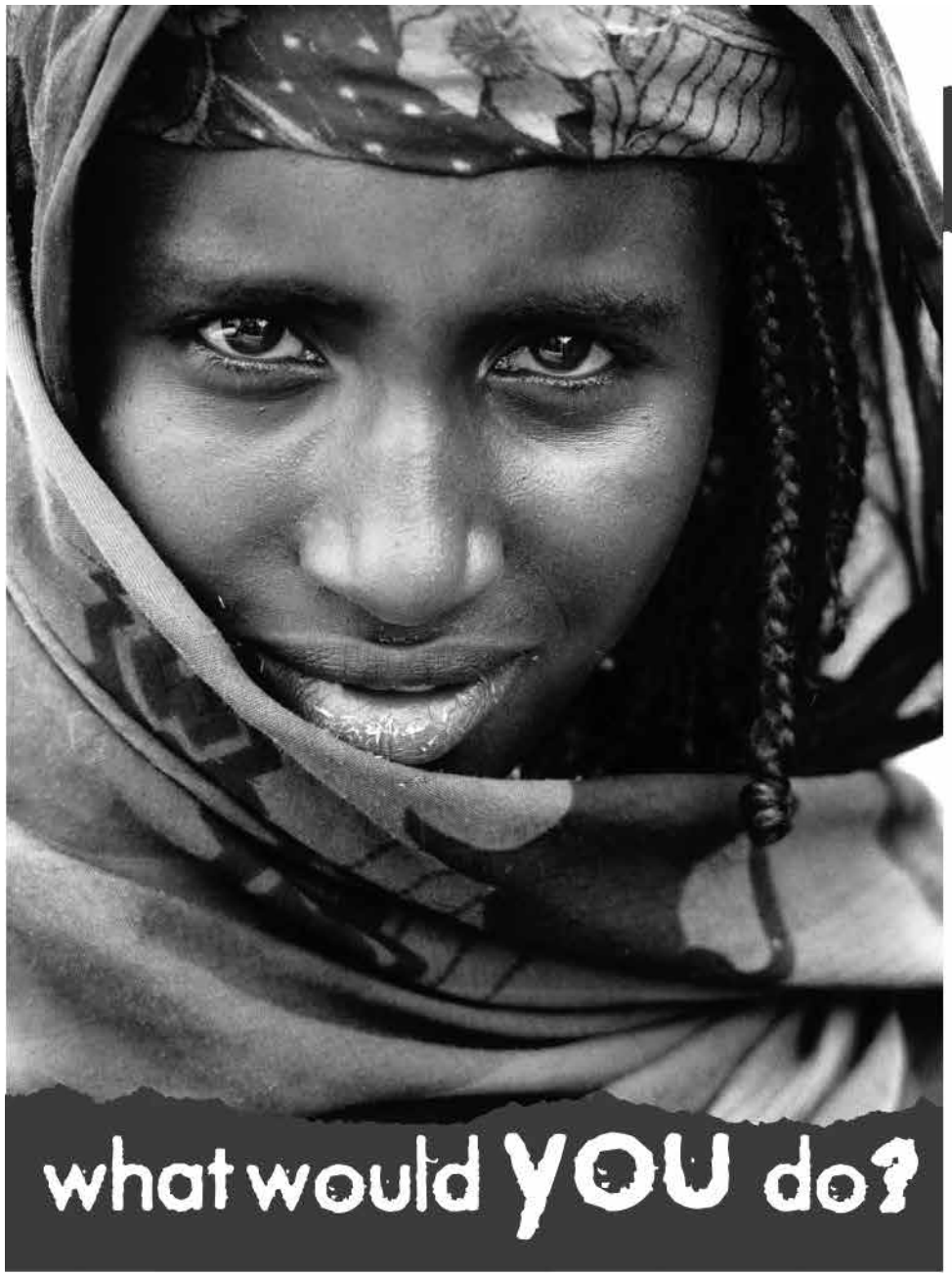
ALBANIA
Anica, Age 36

Anica and her three children are refugees from Kosovo who have finally been reunited with Anica's husband in Tirana, the capital city, where he came a year earlier in search of work. They were forced to leave their home and all of their belongings behind in Kosovo. Before she left, Anica was attacked and raped by members of the militia. Soon after arriving in Albania, she becomes increasingly ill and suffers from terrifying nightmares. At a public clinic, she discovers that she is pregnant and suffering from a severe pelvic infection caused by a sexually transmitted infection. She knows that if her husband suspects she cheated on him, he will throw her out of the house. She also worries about her fertility because of previous abortions and her current infection.

This photograph is for illustrative purposes only; it does not imply any particular attitude, behavior or action on the part of the person who appears in the photograph.



ETHIOPIA
Aziza, Age 24

Aziza and her husband have four children under the age of six; two are severely malnourished, and the youngest is failing to thrive because of diarrheal disease. They live in a community in Ethiopia that has been devastated by drought. Although there is a health center in a nearby village and a district hospital an hour away, very few people can afford to pay for services. After discovering that she is pregnant, Aziza is desperate for help. She knows that there is no way she can provide for another child, and she can't bear to watch another child suffer.

Photo credit: Petterik Wiggers/Hollandse Hoogte/Panos Pictures

This photograph is for illustrative purposes only; it does not imply any particular attitude, behavior or action on the part of the person who appears in the photograph.

INDIA
Lakshmi, Age 24

Lakshmi works as a secretary in a large town in India. Her husband of four years, Arun, was extremely charming during their courtship but started abusing her shortly after their marriage. They have been trying to have children ever since they married. Lakshmi's husband has become increasingly abusive, berating and beating her for not conceiving a child and forcing her to have sex against her will. Arun took her to various traditional healers for fertility treatments and forced her to take herbs and drugs, many of which made her extremely ill. Lakshmi has been slowly gathering the courage to leave her husband. Just after her older sister invites Lakshmi to come and live with her, Lakshmi discovers that she is pregnant. She is scared and injured from the herbs and beatings, but she wants to leave her abusive husband. She cannot support a child on her own.

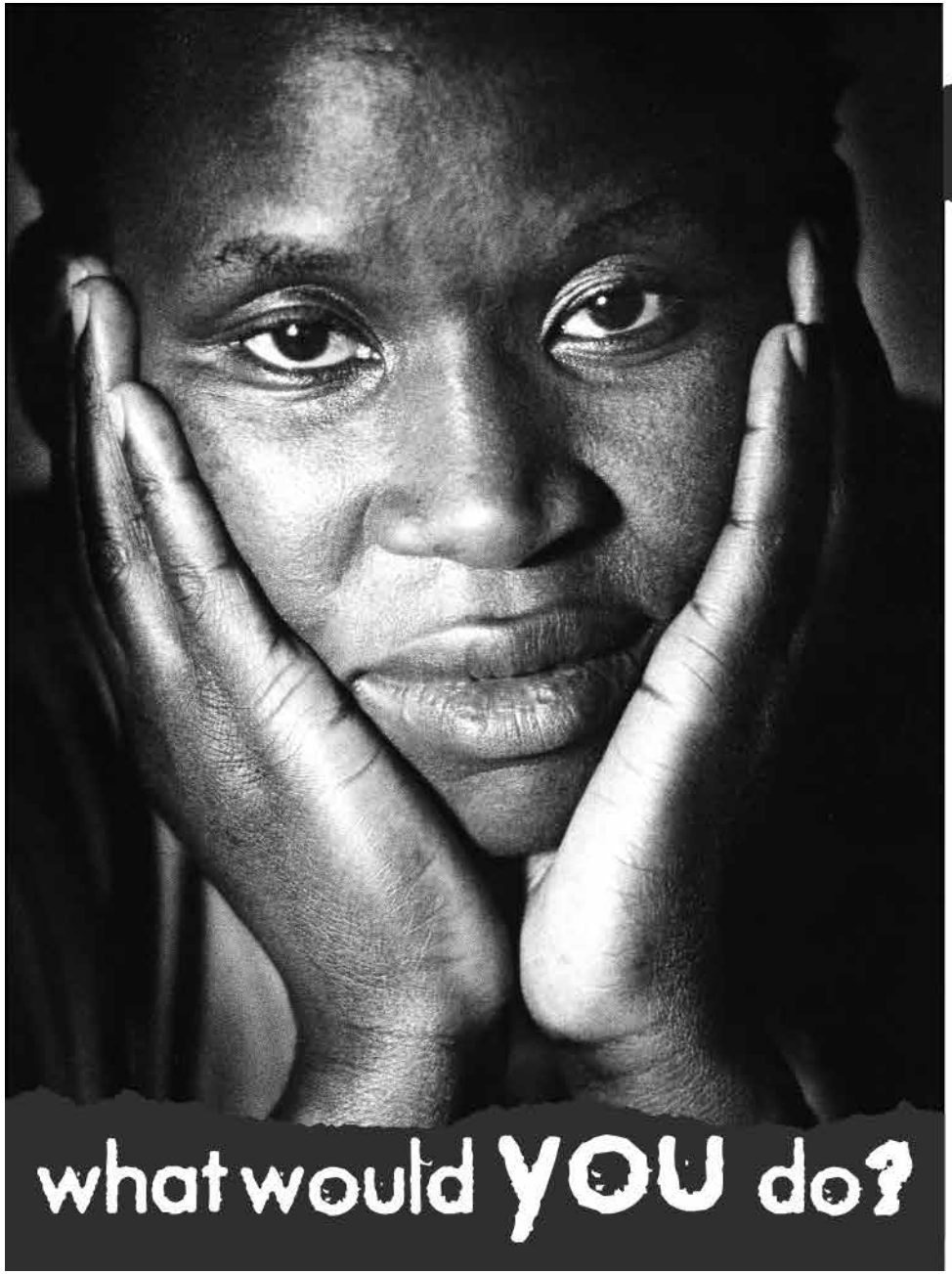
Photo credit: Peter Barker/Panos Pictures

This photograph is for illustrative purposes only; it does not imply any particular attitude, behavior or action on the part of the person who appears in the photograph.

VIETNAM
Hien, Age 22

Hien is a vibrant, young woman who just graduated from a teacher's training college in a large city in Vietnam. The only daughter of a poor peasant couple, she is the first person in her family to get a formal education. Hien is anxious to finally earn enough income to help support her family and, perhaps, bring them to the city to live with her. She has a steady boyfriend from college, and they are using contraception. Hien's periods are irregular, and when she discovers she is pregnant, she is already 14-weeks along. She feels disappointed in herself and wonders how this could have happened. Hien is worried that her boyfriend won't marry her. She feels that she won't be able to face her parents pregnant and unmarried.

This photograph is for illustrative purposes only; it does not imply any particular attitude, behavior or action on the part of the person who appears in the photograph.



GHANA
Abena, Age 15

Abena excels in school and dreams of becoming a doctor. In fact, she has earned the top grades in her class for the last two years. Recently, however, Abena's father lost his job and Abena had to leave school because he couldn't pay her school fees anymore. Heartbroken and desperate to return to school, Abena reluctantly accepts an offer from a friend of her father's who says he will give her enough money for school fees if she will sleep with him. Abena is able to return to school, but within a few months discovers that she is pregnant. She learns from her friends about a concoction sold by a local healer that would end the pregnancy, but knows it may not be safe. Abena is terrified and doesn't know what to do.

Photo credit: Dieter Telemans/Panos Pictures

This photograph is for illustrative purposes only; it does not imply any particular attitude, behavior or action on the part of the person who appears in the photograph.

BRAZIL
Sônia, Age 21

Sônia is a poor, single mother who lives with her parents and young son in a two-room cardboard and tin dwelling in a city slum in Brazil. She and her parents work long hours while a neighbor watches her son. When her period is late, Sônia fears the worst and is filled with panic and desperation. She has no intention of marrying the father, and if her parents find out, they will surely throw her out.

For the sake of her son, she can't risk losing the financial and emotional support that her parents provide. However, she is terrified to seek an abortion; she recently heard a story from a co-worker about a woman who was handcuffed to her hospital bed and then taken to jail after seeking treatment for complications of an illegal abortion.

Photo credit: Jeremy Horner/Panos Pictures

This photograph is for illustrative purposes only; it does not imply any particular attitude, behavior or action on the part of the person who appears in the photograph.

MEXICO
María Guadalupe, Age 23

Last year, while she was finishing her studies at a university in Mexico, María Guadalupe found her best friend bleeding and nearly unconscious after seeking an unsafe abortion. María Guadalupe felt like she had no choice but to take her friend to the hospital for immediate treatment. She had no idea that her friend would be harassed by the police and arrested for inducing an abortion. The memory of that event has haunted her ever since. Now María Guadalupe is living at home with her conservative parents and siblings because of the lack of job opportunities. While dating a new boyfriend, she becomes pregnant. She does not want to continue the pregnancy, but after what happened to her friend, she is terrified of seeking an abortion. She doesn't know where to go for help.

Photo credit: Betty Press/Panos Pictures

This photograph is for illustrative purposes only; it does not imply any particular attitude, behavior or action on the part of the person who appears in the photograph.

Personal Beliefs vs. Professional Responsibilities

This activity is appropriate for highly literate health-care providers involved in direct clinical care, or for non-health-care providers whose work pertains to abortion care, referrals or advocacy. It is intended to help people realize and resolve conflict between their personal beliefs and professional responsibilities and to recognize the link between these beliefs and their behaviors. This activity raises the issue of conscientious objection and emphasizes providers' responsibilities to ensure women's right to reproductive health care, including abortion.

Objectives

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

- Identify motivating factors and perceived barriers to supporting access to comprehensive abortion care;
- (For health-care providers) Identify motivating factors and perceived barriers to directly providing abortion services;
- Articulate how these motivating factors and perceived barriers affect their attitude toward women who have abortions and the quality of abortion care in their setting;
- (For health-care providers) Articulate how these motivating factors and perceived barriers might affect the quality of abortion care they deliver;
- Clarify and potentially resolve their ambivalence about support for comprehensive abortion care;
- Articulate the limits to conscientious objection and providers' ethical obligations regarding termination of pregnancy.

Materials

- ❍ Worksheet (one per participant) and facilitator instructions (one per small group facilitator)
- ❍ International Federation of Gynecology and Obstetrics (FIGO) Resolution on Conscientious Objection

Timeline

10 minutes to introduce activity and facilitate short discussion
35 minutes to complete and discuss worksheets in small groups
15 minutes for debriefing in large group

60 minutes

Advance Preparation

- ❍ Photocopy health-care provider or non-health-care provider worksheet, one per participant, and facilitator instructions for small group facilitators.
- ❍ Prepare a brief review of abortion laws and policies in relevant country.
- ❍ Prepare global and local materials on conscientious objection resolutions and policies (FIGO Resolution on Conscientious Objection and other sources listed in Additional Training Resources: Abortion and Reproductive Health VCAT)

Instructions

1. Introduce the activity and facilitate a short discussion:

   In countries with restrictive abortion laws, health-care providers have been known to falsify a patient's medical condition to help her obtain safe, legal abortion services. One physician in the United States before abortion was legalized said that she felt it was " … part of the practice of medicine … you do what you feel is necessary to insure the safety of your patients" (Joffe, 1995).

   Conversely, some health-care providers working in the public health system deliberately misinform women or try to convince them not to have an abortion, even when women insist they do not want to continue the pregnancy, and the laws and policies in their country permit a legal abortion in the public health system in that circumstance.

   Possible Discussion Questions:
   - *What do you think about these health-care providers' practices?*
   - *How common is it for health-care providers to experience conflicts between their personal beliefs and their professional responsibilities concerning abortion care?*
   - *How many of you have experienced conflicts between your personal beliefs and your professional responsibilities concerning abortion?*

   This activity will help us explore ambivalence and conflicts concerning abortion by identifying barriers and motivations we may have to supporting abortion care and weighing those against our professional responsibilities. This activity can help us ascertain if our behaviors are consistent with our professional responsibility to ensure women have access to the safe, legal abortion services to which they are entitled in our country.

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 your country.

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

3. In groups, facilitators instruct participants to complete Part A of the worksheet. Ask participants to think carefully about their responses and assure them their responses will be kept private.

4. After participants have completed Part A, facilitators lead a short discussion about barriers and motivations to provide (for health-care providers) or support (for non-health-care providers) comprehensive abortion care using some of the following questions:

   - *What were your main barriers to provide (for health-care providers) or support the provision of (for non-health-care providers) comprehensive abortion care? What additional barriers that were not listed did you write in?*
   - *What were your strongest motivations to advocate for comprehensive abortion care?*
   - *What additional motivators that were not listed did you write in?*
   - *What people and life experiences have influenced these barriers and motivations?*

- *When you compare the number and types of barriers versus motivations, do the motivations outweigh the barriers or vice versa?*
- *How do these barriers and motivations explain your understanding of your role in supporting the provision of comprehensive abortion care?*

5. Ask participants to complete Part B, and then have facilitators lead a short discussion about professional responsibilities with some of these questions:

   - *How would you summarize your responsibilities to women concerning abortion?*
   - *What people and life experiences have influenced your understanding of your professional responsibilities concerning abortion care?*
   - *How would you articulate the core values that inform your sense of professional responsibility concerning abortion?*
   - *Have there been any situations in which you did not act in accordance with your perceived responsibilities? What were the reasons for this?*
   - *What responsibilities do people working in the health field and other professions have to ensure women have access to safe abortion services?*

6. Have participants return to the large group. Facilitate a discussion about the intersection of barriers and motivations to advocate for safe abortion, which are based on personal beliefs, values and professional responsibilities.

   - *What are your observations about personal beliefs and how they intersect with professional responsibilities to ensure safe abortion care?*
   - *In one phrase, please summarize your professional responsibilities with regard to comprehensive abortion care.*
   - *What are some ways we can maintain our personal beliefs and values about abortion, while adhering to our professional responsibilities?*

7. Read the FIGO Resolution on Conscientious Objection, and discuss any relevant local policies on conscientious objection and providers' responsibilities regarding abortion care in the public health system. Review the limits to conscientious objection spelled out in the FIGO resolution and discuss how they pertain to abortion care.

   Providers shall:
   - Provide public notice of professional services they decline to undertake on grounds of conscience;
   - Refer patients who request such services, or for whose cares such services are medical options to other practitioners who do not object to the provision of such services;
   - Provide timely care to their patients when referral to other practitioners is not possible and delay would jeopardize patients' health and well-being;
   - In emergency situations, provide care regardless of practitioners' personal objections.

Note to facilitator: For participants with personal beliefs that oppose abortion, you might need to offer suggestions here, such as: refer women to safe services and ensure they receive services, but do not provide services yourself; or consider working in a professional capacity or specialty that does not include providing or referring people to services that raise conflicts with personal beliefs and values.

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8. Offer these closing words about ambivalence and professional commitment:

   Before we make a serious commitment to something or make a major decision, we often have to analyze the benefits and barriers, or pros and cons. In doing so, we may try to resolve or lessen ambivalence that we may have. Ambivalence means that you have simultaneous and contradictory attitudes or feelings about something.

   For example, imagine you have a loved one with end-stage terminal illness who is in constant pain and on the verge of death. Your loved one has asked you not to take life-saving measures. Even though you can't stand the thought of losing them, and it may not be what you would choose for them or for yourself, it is important to you to ensure that your loved one live their final days with dignity. Resolving ambivalence does not require that you determine with 100 percent certainty that you are at peace with allowing your loved one to die without attempting life-saving measures. Rather, you weigh your feelings and your loved one's request and decide that your commitment to honor their last request is more important than your wishes for yourself.

   Similarly, resolving or reducing ambivalence about abortion can also involve a weighing of pros and cons, or the motivations and barriers, you just considered. This activity often brings ambivalence about abortion to the surface. Making a commitment to support comprehensive abortion care does not mean that all the barriers have disappeared. People can realize that certain barriers remain and, yet, still have intentions to act in a certain way that is consistent with their professional integrity and responsibilities.

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

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

Personal Beliefs vs. Professional Responsibilities: Non-Health-Care Providers

Part A: Barriers and Motivations to Advocate for Safe Abortion Care

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

- ❍ I find the idea of abortion personally objectionable or uncomfortable.
- ❍ Abortion is contrary to my most deeply held values.
- ❍ Abortion is contrary to my religious beliefs.
- ❍ I might have to face the memory of my own experience(s) with abortion.
- ❍ I worry about my professional reputation.
- ❍ My colleagues are not supportive of abortion.
- ❍ My family is not supportive of abortion.
- ❍ I worry about my personal safety or the safety of my loved ones due to violence from people who oppose abortion.
- ❍ People who are important to me and whom I respect oppose abortion.
- ❍ I am not informed enough to advocate for comprehensive abortion care.
- ❍ Abortion-care policies and protocols have not been clearly developed.
- ❍ I do not always trust or support women's reasons for seeking an abortion.
- ❍ Other barriers: _____

  _____
- ❍ There are no barriers for me to advocate for safe abortion services for women.

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

- ❍ All women deserve comprehensive, safe abortion care.
- ❍ Many women seeking abortion services are not able to advocate for themselves.
- ❍ I am committed to preventing women's deaths and disability due to unsafe abortion.

- ❍ I believe women have the right to make their own sexual and reproductive health choices.
- ❍ I only want to see children who are cared for and loved brought into the world.
- ❍ I believe abortion is an integral part of comprehensive health care.
- ❍ I believe comprehensive abortion care is a human right.
- ❍ I believe other women should have the same opportunity to obtain safe abortion services as I/my partner/my loved one had when I/she sought an abortion.
- ❍ I am committed to ensuring that abortion remains safe, legal, accessible and high quality.
- ❍ It is important to me that I make a public commitment to comprehensive abortion care.
- ❍ If I do not support comprehensive abortion care, services may not be available to the women who need them.
- ❍ I want to foster a supportive environment for abortion services and rights within the reproductive health field.
- ❍ Other motivations: _____

  _____
- ❍ Nothing would motivate me to advocate for comprehensive abortion care for women.

Part B: Responsibilities to Women

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

- ❍ I have a responsibility to provide nonjudgmental, factually correct information about <u>all</u> pregnancy options to women, including abortion
- ❍ I have a responsibility to convince women not to have an abortion.
- ❍ Whenever I hear someone making false statements about abortion, I have a responsibility to offer correct information.
- ❍ I do not have a responsibility to refer women who are seeking an abortion to safe services as long as other people do so.
- ❍ I have a responsibility to refer women seeking an abortion to safe services.
- ❍ I have a responsibility to only provide information about abortion that is consistent with my personal values.
- ❍ I have a responsibility to follow up on abortion referrals to ensure that women have been able to access safe, high-quality care.

- ❍ I have a responsibility to abide by the abortion laws of the country I am currently in.
- ❍ If I hear information about an illegal abortion provider, I have a responsibility to report him/her to the authorities, even if the services are safe.
- ❍ If I choose not to support comprehensive abortion care, I have a responsibility to inform my employer and colleagues about my stance.
- ❍ I have a responsibility to provide women with the information and referrals they need, even if they are not in line with the laws of that country.
- ❍ I have a responsibility to remain informed about abortion laws and policies in the countries in which I am working.
- ❍ I have a responsibility to counsel women to act according to their own values concerning abortion, regardless of my beliefs about their choices.
- ❍ I have a responsibility to do everything I can to ensure comprehensive abortion care is available to all women.
- ❍ Other responsibilities: _____

  _____
- ❍ I have no responsibility to women with regard to abortion care.

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

Personal Beliefs vs. Professional Responsibilities: Health-Care Providers

Part A: Barriers and Motivations to Provide Safe Abortion Care

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

- ❍ I find the idea of abortion personally objectionable or uncomfortable.
- ❍ Abortion is contrary to my most deeply held values.
- ❍ Abortion is contrary to my religious beliefs.
- ❍ I believe that abortion is contrary to my oath to "do no harm."
- ❍ I might have to face the memory of my own experience(s) with abortion.
- ❍ I worry about my professional reputation.
- ❍ I would worry about patients leaving the practice or facility if they find out we are providing abortion services.
- ❍ The facility where I work or have admitting privileges is not supportive of providing abortion services.
- ❍ Abortion-care policies and protocols have not been clearly developed.
- ❍ There are administrative barriers (such as lack of administrative or logistical support, malpractice coverage, problems with compensation).
- ❍ My colleagues are not supportive of abortion.
- ❍ My family is not supportive of abortion.
- ❍ I would worry about my personal safety or the safety of my loved ones due to violence from people who oppose abortion.
- ❍ People who are important to me and whom I respect oppose abortion.
- ❍ I do not have adequate skills to provide comprehensive abortion care.
- ❍ I would worry about maintaining clinical competence if I do not provide abortion services regularly.
- ❍ I have performed too many abortions over the years, and I need a break from abortion care.
- ❍ I have concerns about legal repercussions.

- ❍ I do not always trust or support women's reasons for seeking an abortion.
- ❍ Other barriers: _____

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

Which of the following reasons may <u>motivate</u> you to provide or assist with comprehensive abortion care for women? Check all that apply:

- ❍ It is important to me to provide comprehensive care for my patients.
- ❍ All women deserve comprehensive, safe abortion care.
- ❍ There is a need for an abortion provider in the community where I practice.
- ❍ I am committed to providing my patients with the care they need, rather than referring them to a provider they do not know.
- ❍ I am committed to preventing women's deaths and disability due to unsafe abortion.
- ❍ I believe women have the right to make their own sexual and reproductive health choices.
- ❍ I only want to see children brought into the world who are cared for and loved.
- ❍ I believe abortion is an integral part of comprehensive health care.
- ❍ I believe comprehensive abortion care is a human right.
- ❍ I believe other women should have the same opportunity to obtain safe abortion services as I/my partner/my loved one had when I/she sought an abortion.
- ❍ I would like to be competent in as many aspects of health care as possible.
- ❍ I am committed to ensuring that abortion remains safe, accessible and high quality.
- ❍ It is important to me that I make a public commitment to providing comprehensive abortion care.
- ❍ If I do not provide comprehensive abortion care, the services may not be available or safe for the women who need them.
- ❍ I want to foster a supportive environment for abortion rights and abortion providers within the medical community.
- ❍ Other motivations: _____

  _____
- ❍ Nothing would motivate me to provide or assist with comprehensive abortion care.

Part B: Responsibilities to Women

In your opinion, what responsibility, if any, do you have personally to ensure that women have access to comprehensive abortion care? Check all that apply:

- ❍ I have a responsibility to provide nonjudgmental, factually correct information about all pregnancy options, including abortion.
- ❍ I have a responsibility to convince women not to have an abortion.
- ❍ I have a responsibility to only provide information about abortion that is consistent with my personal values.
- ❍ I have a responsibility to provide or assist with comprehensive abortion care.
- ❍ I have an obligation to provide whatever medical care my patients need and I am competent to provide, as long as it does not conflict with my personal beliefs.
- ❍ I do not have a responsibility to provide or assist with abortion care as long as other health-care providers do.
- ❍ I have a responsibility to refer women who are seeking an abortion to safe services that I am not willing or able to provide.
- ❍ I have a responsibility to follow up on abortion referrals to ensure that women have been able to access safe, high-quality care.
- ❍ I have a responsibility to abide by the abortion laws of the setting in which I am practicing.
- ❍ I have a responsibility to provide women with the abortion information and referrals they need, even if they are not in line with the law.
- ❍ I have a responsibility to provide the abortion services women need, even if they are not in line with the law.
- ❍ If I hear information about an illegal abortion provider, I have a responsibility to report him/her to the authorities, even if the services are safe.
- ❍ If I choose not to provide or assist with comprehensive abortion care, I have a responsibility to inform my employer and colleagues about my stance.
- ❍ I have a responsibility to remain informed about abortion laws and policies in my setting.
- ❍ I have a responsibility to counsel women to act according to their own values concerning abortion, regardless of my beliefs about their choices.
- ❍ I have a responsibility to do everything I can to ensure comprehensive abortion care is available to all women.
- ❍ Other responsibilities: _____

  _____

❍ I have no responsibility to women with regard to abortion care.

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

FIGO Resolution on Conscientious Objection

Reviewed and approved by FIGO Executive Board, September 2005, and adopted by the FIGO General Assembly on November 7, 2006.

- Recognizing that physicians have an ethical obligation, at all times, to provide benefit and prevent harm for every patient for whom they care;

- Recognizing further that providers are obligated to inform patients of all medically indicated options for their health care and respect their choice (autonomy);

- Recognizing patients' rights to timely access to medical services;

- Acknowledging that practitioners have a right to respect for their conscientious convictions both not to undertake and to undertake the delivery of lawful services;

- Noting the duty of practitioners as professionals to abide by scientifically and professionally determined definitions of reproductive health services and not to mischaracterize them on the basis of personal beliefs.

FIGO affirms that to behave ethically, practitioners shall:

1. **Provide public notice of professional services they decline to undertake on grounds of conscience;**

2. **Refer patients who request such services or for whose cares such services are medical options to other practitioners who do not object to the provision of such services;**

3. **Provide timely care to their patients when referral to other practitioners is not possible and delay would jeopardize patients' health and well-being;**

4. **In emergency situations, provide care regardless of practitioners' personal objections.**

Available online at http://www.figo.org/initiatives_conscientious.asp.

Talking About Abortion

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

Objectives

After completing this activity, participants will be able to:

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

Materials

❍ Flipchart paper and markers

Timeline

20 minutes for instructions, small group brainstorm and reports
20 minutes for small group brainstorm and reports
15 minutes for role play in pairs
5 minutes for large group debrief

60 minutes total

Advance Preparation

❍ Prepare some locally relevant negative comments and responses.

Instructions

1. Introduce the activity:

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

   In the first part of this activity, in small groups, you will brainstorm a list of what some of these comments and questions could be, and then we will develop and share some effective responses that you could say to people to help correct misinformation or misunderstanding, and respectfully explain your position and views on abortion. Then we will role play in pairs to practice articulating these responses.

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

3. Distribute flipchart paper and markers.

4. Instruct small groups to take 10 minutes to brainstorm as many questions and comments they can think of that someone who is disapproving or unsupportive of abortion services might say. Instruct them to keep the comments as realistic as possible, reflecting comments or questions they have heard in the past, or what they anticipate hearing from people who are anti-choice or uncomfortable with abortion. The people making these comments might be family members, colleagues, community members, facility protestors or others. Ask them to write these comments and questions on the flipchart, leaving some space under each one.

    - For example, someone might say, "I think abortion is a terrible sin," or to an abortion provider, "How does it feel to kill babies for a living?"

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

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

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

    - For example, in response to the comment, "I think abortion is a terrible sin," they may explain, "From my experience, the women who have chosen to end their pregnancies for a variety of valid reasons feel that it would be more of a sin to continue an unwanted pregnancy and bring an unwanted child into the world."

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

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

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

11. After one minute, the partners discuss how it felt to be in that role play – to deliver those statements or to hear them without being able to respond.

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

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

14. Ask the pair to switch roles and repeat the same process.

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

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

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

Activity adapted from:
Baker, Anne. 1995. *Abortion and options counseling*. Granite City, IL, The Hope Clinic.

Talking About Abortion — Example Responses

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

"How can anyone kill her own baby?"

Possible Response: "Not everyone believes that removing a fetus from a uterus is killing a baby. You could ask a roomful of biologists, ministers, mothers, fathers, health-care providers and politicians if abortion is the same thing as killing a baby, and you may get as many different answers as there are people in the room. Everyone has the right to his or her own beliefs about when a fetus can be rightfully considered a baby."

"You chose to be an abortion provider. Why would you want to do that?"

Possible Response: "Safe abortion services are an important part of a continuum of reproductive health care. Women need and deserve these services. Unsafe abortion is a leading cause of women's injuries and deaths in many parts of the world. It's important to me, as a health-care provider, to take care of all of my patients' health-care needs. To me, it is a matter of providing essential health-care services that promote women's health and well-being."

"Abortion is a sin."

Possible Response: "Everyone has their own beliefs about sin and religion in general. Religions often have very different ideas about what a sin is. God and nature have always allowed abortions to occur in the form of miscarriages, which are spontaneous abortions. Women who are determined to terminate their pregnancy and are not able to access safe abortion care may risk their health or life with an unsafe abortion. Many people feel that not providing safe services and thus allowing women to die from unsafe abortion is the sin."

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

Possible Response: "I do not believe anyone can or should force a woman to continue an unwanted pregnancy if she doesn't want to. Many women feel that they could not possibly put a baby up for adoption once they've carried it throughout the pregnancy because it would be too emotionally difficult to part with the baby. Other women who choose to have abortion have gone through the adoption process before and do not want to do it again. Some women feel that they could cope better emotionally after an abortion than after another adoption experience. Adoption is only a viable option for women who feel like they can manage the process emotionally and, of course, if there are adoption services in the areas where they live.

"Why don't those people use birth control? There is no excuse for abortion nowadays!"

Possible Response: "Actually, many women who seek an abortion have used some form of birth control. However, no form of birth control is 100 percent effective. Also, there are many reasons that birth-control methods might fail. Women do not become pregnant on their own. Many men refuse to use birth control or take responsibility for impregnating a woman. Some people live in an area where birth-control services are not available or affordable. They may have never been educated on how to use birth control effectively. Many men and women have had unprotected intercourse at some point in their lives, including possibly you and me. If the sex was forced, often a woman doesn't have the ability to use birth control. It is unacceptable to judge women who have an unwanted pregnancy resulting from unprotected intercourse or failed contraception."

Activity adapted from:
Baker, Anne. 1995. *Abortion and options counseling*. Granite City, IL, The Hope Clinic.

Closing Reflections

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 and express any outstanding issues or concerns related to the material that was covered.

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; and
- Express any outstanding questions or concerns about the workshop or topics discussed.

Materials

- ❍ Closing Reflections worksheet
- ❍ Pens

Timeline

5 minutes to reflect on and complete the worksheet statements
20 minutes to share completed statements and discuss

25 minutes total

Advance Preparation

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

Instructions

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

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

3. 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.

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

5. 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 values?*
    - *What is your sense about the impact of this workshop on our group?*

Note to facilitator: Some suggestions for resolving ongoing abortion values and/or behavior conflicts include: talking to a trained counselor who is knowledgeable on the subject and can offer nonjudgmental counseling; undergoing additional training on abortion and/or abortion values clarification; meditating or praying on the topic; keeping a journal; and starting a peer discussion or support group to create dialogue and work through these conflicts.

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

Activity adapted from:
Marais, Thea. 1996. *Abortion values clarification training manual*. Melrose, South Africa, Planned Parenthood Association of South Africa.

Closing Reflections Worksheet

Instructions

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 _____.
- ❍ I still do not fully understand _____.
- ❍ I want to explore _____ further.
- ❍ What I have learned here makes sense, but _____.
- ❍ When I think about abortion, I still feel conflicted about _____

  _____.
- ❍ One conflict between my values and behaviors on abortion is _____

  _____.
- ❍ One way I plan to resolve conflict I feel about abortion is _____.

  _____.
- ❍ This workshop has helped me to _____.
- ❍ As a result of this workshop, I will _____.

Activity adapted from:
Marais, Thea. 1996. *Abortion values clarification training manual*. Melrose, South Africa, Planned Parenthood Association of South Africa.

Facilitators' Workshop Sessions

Abortion Values Clarification and Attitude Transformation Overview

The purpose of this activity is to introduce participants to the concepts of values; values clarification (VC); abortion values clarification and attitude transformation (VCAT); and the importance of this process in ensuring comprehensive, woman-centered abortion and related care. This activity introduces the Ipas Values Clarification for Abortion Attitude Transformation theoretical framework and its relationship to behavior change and performance in the area of abortion care and advocacy.

Objectives

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

- Define the terms "values," "values clarification" and "abortion values clarification and attitude transformation";
- Explain the Values Clarification for Abortion Attitude Transformation theoretical framework;
- Describe how abortion VCAT is different from traditional VC and is used to advance safe abortion care access and advocacy efforts.

Materials

- ❍ Flipchart easel and paper
- ❍ Markers
- ❍ Handouts: Guidance on Values Clarification; Introduction to Values Clarification for Abortion Attitude Transformation and VC for Abortion Attitude Transformation theoretical framework
- ❍ Introduction to VC for Abortion Attitude Transformation PowerPoint presentation, speakers' notes and participant handouts

Timeline

10 minutes to review definitions
35 minutes for PowerPoint presentation
15 minutes for criteria that guide VCAT, discussion and summary

60 minutes total

Advance Preparation

- ❍ Review the materials and refer to reference documents, if needed, to ensure a thorough understanding of VC theory and literature.

Instructions

1. Ask the group, "What are values? How would you describe values to a 10-year-old child?" Record participant responses on a flipchart. Encourage responses such as:

- What we hold most dear, what is important to us
- Ways we think that influence how we live our lives
- Beliefs about the appropriate way to conduct ourselves

2. Acknowledge that there are many definitions of values:

   - "A value is a conception, explicit or implicit, distinctive of an individual or characteristic of a group, of the desirable, which influences the selection from available modes, means and ends of action" (Kluckhohn, 1951).
   - "[Values are] enduring beliefs that a specific mode of conduct is personally or socially preferable to an opposite or converse mode of conduct or end-state of existence" (Rokeach, 1973).

3. State that we are going to be talking a lot during the workshop about values clarification. Ask participants, "What is meant by values clarification?" Record participants' responses on a flipchart. Encourage responses such as:

   - Examining one's thoughts and feelings
   - Discovering what is important and meaningful
   - Examining personal belief systems and behavior patterns

4. Explain that according to John Dewey, "The experience of valuing is the interdependent processes of reasoning, emoting and behaving. Valuing occurs when the head and heart ... unite in the direction of action" (Dewey, 1939). More definitions of values clarification will be covered in the presentation.

5. Present the PowerPoint presentation, referring to the speakers notes' as needed.

6. After you explain the VC for Abortion Attitude Transformation theoretical framework, ask participants to give relevant examples of each component until the group seems to understand the framework. The framework is the theoretical underpinning of all abortion VCAT interventions, and thus, it is crucial that participants have a solid understanding of it.

7. Distribute the Guidance on Values Clarification handout. Ask participants to read the statements out loud one at a time and give an example from their own lives. If participants are having a difficult time coming up with their own example, refer to the examples below:

   - A value must be chosen freely. If it is something used to guide one's life, it cannot be dependent on some authority figure enforcing the value. It must be free from coercion. (Example: A couple chooses to have fewer children because they value a smaller family, not because the government imposes harsh punishments for having more children.)
   - A value is always chosen from among alternatives. Obviously, there can be no choice if there are no alternatives from which to choose.
     (Example: It makes no sense to say that we value eating. We have to eat to live, and unless we want to die, we don't have alternatives to it. However, we may value eating locally grown foods to support local farmers and the economy.)
   - A value results from a choice made after thoughtful consideration. Impulsive or thoughtless choices do not lead to values. For something to guide one's life meaningfully, it must come about by carefully weighing the consequences. Only then can we make informed choices.

(Example: Because we are making time to carefully consider different beliefs about abortion, by the end of this workshop, we hope that every participant's values concerning abortion will be based on thoughtful consideration and choices, rather than an unexamined belief.)

- When we value something, it has a positive quality for us. We prize it, cherish it, esteem it, respect it and hold it dear. Values flow from choices we are glad we made.
  (Example: We can usually tell people whose work is rooted in their values because of the passion, excitement and positive energy they have when they are engaged in that work.)
- When we have chosen something freely after consideration of alternatives, when we are proud of our choice and glad to be associated with it, we are willing to affirm our values publicly. We may even want to champion them.
  (Example: Some of us may have spoken out at a town meeting or written a letter to the newspaper about a political or social cause that represents a core value.)
- When we have a value, it shows up in every aspect of our living. We spend money on things we value. We budget time and energy for our values.
  (Example: The person who values their role as a parent will choose to spend quality time with their children, cut back on other activities to make time for them, save money for their care and future, etc.)
- Values tend to have persistence and assume a pattern in our lives. They are not a one-time occurrence.
  (Example: If you were to interview someone as a young person and then again when they are older, you would likely uncover certain core beliefs they have held onto firmly throughout most of their lives and have remained essentially the same, despite their different age and life circumstances.)

8. Summarize by stating the following:

   The aim of more traditional values clarification activities and interventions is for participants to clarify their values, whatever those may be. VC interventions do not posit any universal or preferred set of values. However, in the case of VC for abortion attitude transformation, we have a clear agenda: to move participants along a continuum from obstruction to tolerance to acceptance and support and then ultimately to advocacy for and/or provision of high-quality, accessible abortion services within the context of woman-centered reproductive health care. This distinction between traditional VC and abortion VCAT is important and will be felt throughout an abortion VCAT workshop or intervention.

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

References

Dewey, J. 1939. *Theory of valuation*. Chicago, IL, University of Chicago Press.

Kluckhohn, C. 1951. Values and value-orientations in the theory of action. In Parsons, T. and E. Shils, eds. *Toward a general theory of action*. New York, Harper.

Rokeach, M. 1973. *The nature of human values*. New York, Free Press.

Guidance on Values Clarification

- A value must be chosen freely. If it is something used to guide one's life, it cannot be dependent on some authority figure enforcing the value. It must be free from coercion.

- A value is always chosen from among alternatives. Obviously, there can be no choice if there are no alternatives from which to choose.

- A value results from a choice made after thoughtful consideration of choices. Impulsive or thoughtless choices do not lead to values. For something to guide one's life meaningfully, it must come about by carefully weighing the consequences. Only then can we make intelligent choices.

- When we value something, it has a positive quality for us. We prize it, cherish it, esteem it, respect it and hold it dear. Values flow from choices we are glad we made.

- When we have chosen something freely after consideration of alternatives, when we are proud of our choice and glad to be associated with it, we are willing to affirm our values publicly. We may even want to champion them.

- When we have a value, it shows up in every aspect of our living. We spend money on things we value. We budget time and energy for our values.

- Values tend to have persistence and assume a pattern in our lives. They are not a one-time occurrence.

Characteristics of a VCAT Facilitator

This activity helps participants think about their role as a facilitator of an abortion values clarification and attitude transformation (VCAT) intervention or workshop. It helps them focus on what characteristics are needed for effective abortion VCAT facilitation and how closely their own characteristics mirror the desired attributes.

Objectives

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

- Describe the characteristics of an effective abortion VCAT facilitator;
- Compare their own characteristics to those of an effective abortion VCAT facilitator, and discuss their strengths and areas for growth;
- Discuss with the group any concerns they have regarding their role as an abortion VCAT facilitator.

Materials

- ❍ Flipchart easel and paper
- ❍ Markers
- ❍ Abortion VCAT Facilitator's Self-Assessment Tool
- ❍ Handout: Tips for Facilitating Abortion VCAT

Timeline

5 minutes to brainstorm
10 minutes for self-assessment
5 minutes for discussion in pairs
15 minutes for large group discussion

35 minutes total

Advance Preparation

- ❍ Review Abortion VCAT Facilitator's Self-Assessment Tool and Tips for Facilitating Abortion VCAT Activities handout.

Instructions

1. Ask participants to brainstorm characteristics of an effective abortion values clarification and attitude transformation (VCAT) facilitator. Record responses on a flipchart.

2. Distribute the Abortion VCAT Facilitator's Self-Assessment Tool. Ask participants to review the tool and add any effective VCAT facilitator characteristics just brainstormed by the group. Ask them to place a check next to statements that apply to them in the spaces provided.

3. Tell participants that after they review the tool, they should choose three areas where they feel they are particularly strong and three areas for growth or improvement, and note these in the spaces provided.

4. After everyone has completed the task, ask participants to form pairs. Instruct them to take turns sharing their strengths and challenges. Give a signal halfway through, so partners may switch roles.

5. Call the large group back together. Process with the following questions:

    - What are some of the areas where you feel particularly effective?
    - What are the areas where you have challenges?
    - How can you strengthen the areas where you feel challenged?
    - What concerns do you have about facilitating VCAT interventions?

6. Encourage participants to help each other find ways of strengthening the areas where they feel challenged and resolve the concerns they have about facilitating VCAT. These could include:

    - Taking the lead in areas where they feel challenged during teach-back sessions;
    - Asking other participants for more detailed feedback and suggestions for improvement;
    - Observing a more experienced facilitator and taking note of what is particularly effective about what they are doing;
    - Undergoing further training on VCAT facilitation after this training event;
    - Asking a lead trainer or another participant to actively listen to their concerns and help them develop solutions;

7. Distribute the Tips for Facilitating VCAT handout and ask the group to review it. Ask what additional tips they would recommend for VCAT to be effective. Ensure that the use of effective training methodologies, including different training methods, is discussed;

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

Abortion VCAT Facilitator's Self-Assessment Tool

- ❍ You are knowledgeable about the VCAT process and abortion content. You are well-respected because of your competency in this area.
- ❍ You are an active listener and are receptive and responsive to participants' verbal and nonverbal signals.
- ❍ You are trustworthy and respect participants' privacy and confidentiality.
- ❍ You are aware of your body language and facial expressions. You recognize that even if your tone of voice is positive, a negative facial expression (frown) or body language (arms crossed) can signal disapproval to participants.
- ❍ You use your body well. Your posture, gestures, facial expressions and tone of voice are natural, meaningful (reinforce your subject matter) and varied to keep participants' attention.
- ❍ You are lively, engaging and original. You use humor, comparisons and contrasts, metaphors and suspense. You keep your participants interested and challenge their thinking.
- ❍ You get to know your audience. You respect and show interest in participants. You call them by name, if possible.
- ❍ You convey a warm, open, approachable demeanor at all times.
- ❍ You are neutral and nonjudgmental. You validate everyone's experience and their right to their own perspective. You respect differences in beliefs and values.
- ❍ You are culturally sensitive. You are aware that your own beliefs and norms are shaped by your cultural background just as your participants' cultures shape their perspectives.
- ❍ You are self-aware. You recognize your biases and issues that provoke a strong response in you and act in a professional manner even when these issues arise.
- ❍ You are inclusive. You encourage all learners to share their experiences and contribute to the group learning process to the extent they feel comfortable.
- ❍ You are aware and monitor participants' changing needs throughout the training event.
- ❍ You are flexible in adapting your plans to meet participants' changing needs.
- ❍ You solicit and welcome participants' feedback.
- ❍ You are in charge without being overly controlling.

- ❍ You ensure that everyone has the opportunity to participate according to their comfort level. You make sure that outspoken participants do not dominate the activities, disrespect or belittle other participants or their beliefs. You make space for less talkative people to participate.

- ❍ You are enthusiastic and passionate about the subject matter, but not overbearing, forceful or manipulative.

- ❍ You are mindful and compassionate about the emotional and intellectual impact the VCAT process and activities may have on participants.

- ❍ You are empathetic and understanding about participants' emotional reactions to the material, especially participants who may be acting in ways that are challenging to you or the other participants due to the internal struggle they are experiencing.

- ❍ You recognize participants' problems and concerns, even when they are unspoken. You gently address concerns and ask participants to clarify the problems and come up with solutions, either individually if it is an individual problem or as a group if it is a group problem.

Additional characteristics brainstormed by the group:

_____

_____

_____

_____

_____

My three biggest strengths from the list above are:

1. _____

2. _____

3. _____

Three areas from the list above in which I would like to improve are:

1. _____

2. _____

3. _____

Tips for Facilitating Abortion VCAT Activities

An effective facilitator is the key to the success of any values clarification and attitude transformation (VCAT) activity or training. Being a good facilitator requires heightened awareness, patience, self-restraint, humility, intuition and mastery of the subject matter. Some characteristics of an effective facilitator can be attributed to personality, while others can be learned and refined through practice and experience. The following list includes tips and suggestions for effective facilitation of abortion VCAT activities and training events.

- ❍ Read background documents on abortion VCAT, familiarize yourself with VCAT training materials and observe and work with a more experienced facilitator before leading a workshop on your own.

- ❍ Remain aware that, like your participants, your values and beliefs are shaped by your culture, background and unique life experiences.

- ❍ Cultivate acute self-awareness. Recognize your biases and issues that provoke a strong response in you, and prepare yourself to act in a professional manner even when these issues arise.

- ❍ Create an environment and maintain a group dynamic that supports the goal of abortion VCAT, which is for individuals to learn, question, affirm and support their positions with respect to the need for and provision of abortion and related care, such that awareness of and access to comprehensive, woman-centered, high-quality abortion care is increased.

- ❍ Foster open dialogue and reflection about issues that are often difficult and divisive, and guide participants through careful consideration and reflection of their attitudes and beliefs about these issues.

- ❍ Understand that the valuing process is internal and relative, and refrain from imposing a universal or externally determined set of appropriate values.

- ❍ The VCAT process differs from pure VC. Skillfully balance the goal of advancing women's reproductive rights, while respecting that values clarification is an individual process that requires freedom of choice.

- ❍ Exercise patience and compassion throughout the VCAT process. Participants may be situated along a continuum with regards to their values underlying beliefs about abortion, and the process of re-considering or changing values can be slow and gradual.

- ❍ Establish group norms at the beginning of every training event. Ensure that participants develop the norms and agree to monitor themselves according to the group norms. Do not hesitate to intervene and remind participants about group norms if they are disrespecting them and no one has called the group's attention to this.

- ❍ Treat each viewpoint with equal respect.

- ❍ Ensure that all participants have the opportunity to participate according to their comfort level. Make sure that outspoken participants do not dominate, belittle or disrespect other participants.

- ❍ Maintain control over group dynamics. Bring people together, and maintain a good flow of activity and dialogue without trying to force agreement or damage the natural energy of the group.

- ❍ Remain aware of your body language and facial expressions. Convey a warm, open demeanor at all times through your body language, facial expression, tone of voice and acknowledgment of participants' contributions; this shows approval and acceptance and encourages participation.

- ❍ Use different training methods that appeal to the variety of learning styles that exist in every group. The more comfortable participants feel with the training methods, the more they will be likely to engage in the activities and benefit from the VCAT process.

- ❍ Solicit and monitor participants' needs as they change throughout the training course and be flexible in responding to them.

- ❍ Remain mindful about the emotional and intellectual difficulty of the VCAT process. Cultivate compassion for participants who may be acting in ways that are challenging to you or other participants due to the internal struggle they are experiencing.

- ❍ Recognize participants' problems and concerns. They may not always verbalize them, but you may sense discomfort through body language and facial expressions. Gently address concerns you sense. Ask participants to clarify the problems and come up with solutions, either individually if it is an individual problem or as a group if it is a group problem.

- ❍ Be sensitive to how participants are feeling. If you sense that a participant is experiencing extreme emotional distress, you may need to invite them to leave the room and return when they feel able. You may want to offer individual support where other participants cannot see or hear you.

- ❍ Be enthusiastic and passionate about the subject matter, but not overbearing, forceful or manipulative. Be aware of the difference between facilitation and manipulation: Manipulation occurs when the facilitator has an agenda and forcefully takes control over the group, while facilitation is centered on the participants and their learning experience.

- ❍ Trust in the VCAT process. Refer to the Values Clarification for Abortion Attitude Transformation theoretical framework as a reminder of the stages along the way. Remember that you will not see all of the effects by the end of the training event. Recognizable change is usually gradual and may take months or even years.

For general tips on effective facilitation and training, please see: Effective training in reproductive health: Course design and delivery, Reference manual and Trainer's manual.

Managing VCAT Challenges

This activity is designed to help participants anticipate challenging situations and participants they might encounter as they facilitate abortion values clarification and attitude transformation (VCAT) activities and training events so they can find effective ways to handle these situations and participants.

Objectives

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

- Describe difficult situations and challenging participants they anticipate in facilitating VCAT; and
- Develop solutions for managing these difficult situations and participants.

Materials

❍ Strategies to Manage Challenging Participants handout

Timeline

10 minutes to brainstorm difficult situations and challenging participants
15 minutes to work in small groups to develop strategies for dealing with difficult situations and participants
20 minutes for small groups to report back and for large group discussion

45 minutes total

Advance Preparation

❍ Prepare locally relevant, challenging abortion VCAT scenarios and potential solutions.
❍ Review the Strategies to Manage Challenging Participants handout.

Instructions

1. Affirm for the group that in any training there are difficult situations and challenging participants. This might be especially true in a training event that addresses emotionally charged topics, such as values and attitudes about abortion.

2. Ask the group to brainstorm all the challenging scenarios that they might anticipate arising in an abortion VCAT workshop. Record a succinct description of each scenario on the flipchart. Some possible examples may include:

    - A participant tells you that she has been required by a supervisor to attend the workshop and because of her staunch anti-abortion views, she will not participate in the workshop activities.
    - A participant persists in trying to focus large group discussions on theological debates about when life begins, the sanctity of life, etc.

- A participant is struggling with his or her values about abortion and is asking questions and making comments that are taking the whole group in a different direction than what was planned.
- A group of participants are pressuring one participant who has expressed her unequivocal support for abortion upon request by questioning her religious faith and morality.
- Anti-abortion activists hear about the workshop and stage a protest outside the facility.

3. Suggest that the participants review the Strategies to Manage Challenging Participants handout and pick out a few that might be particularly problematic in an abortion VCAT workshop. Write these on a second flipchart sheet.

4. Divide the participants into small groups and divide the items on the two flipcharts so that each small group has a different set of challenging scenarios and participants.

5. Ask small groups to problem-solve ways to deal with the challenges that are listed on their flipcharts for 15 minutes. Instruct each group to appoint a recorder to take notes on the group's good ideas, and ask for one volunteer who is willing to report on their group's work when everyone reconvenes as a large group.

6. Reconvene as a large group, and ask each small group to briefly report on their challenges and possible solutions. Take questions, comments and additional solutions from other participants at the end of each small group's report.

7. Summarize that it is always good for trainers to anticipate potential challenges and think about ways to address them before the training so you will feel more prepared and confident during the training. Remind participants that they will feel increasingly comfortable as they have more practice facilitating abortion VCAT activities. Suggest that they can also consult with other colleagues who facilitate VCAT to solicit their recommendations.

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

Strategies to Manage Challenging Participants

Types of challenging participants	Why are they challenging?	Strategies to effectively manage this type of participant
"Know-it-alls"	May actually have a lot of information about the topic, but still could benefit from the experiences and perspectives of others.	Acknowledge that they know a wealth of information. Approach them during a break and ask for their assistance in answering a specific question. At the same time, express that you want to encourage everyone to participate and enlist their help in doing so.
"I'm only here because I have to be"	May have been required to attend the workshop, yet have no particular interest in the topic.	Acknowledge that you know that some of the participants are present because they have to be. Ask for their assistance in making this a meaningful experience. Ask specifically, "How can I make this workshop helpful to you?"
"Naysayers"	May be prejudiced. Won't accept your or other participants' points of view. Unwilling to negotiate or compromise their position. Often disruptive and create discomfort for the group.	Do not put them down or make them feel isolated. Keep them involved, if possible. Throw their views to the group by questions or examples. Try to get the group to bring them around. Say that time is short and you would be glad to discuss their issues with them individually. Ask them to accept the views of the group or the trainer for the moment.
"Talkers"	May be "eager beavers" or show-offs. May be exceptionally well-informed and anxious to show it or just naturally wordy.	Do not be belittling or sarcastic as you may need their help later. Slow them down with some difficult question or task, such as group leader.

(continued on next page)

Types of challenging participants	Why are they challenging?	Strategies to effectively manage this type of participant
"Talkers" *(continued)*	May need to be heard because they are still working through difficult emotional issues. May take time away from other participants.	Interrupt tactfully with a comment like, "That's an interesting point. … Now let's see what the rest of the group thinks of it." In general, let the group take care of them as much as possible. Avoid eye contact. Give them a role. State that one of your roles is to keep people on time. Quick interruption (i.e., move nearby and put your hand on his or her shoulder). Paraphrase what they say and move on. Acknowledge that their stories are important, and you and others would love to hear them later or after the workshop.
"Inaccurate commentators"	Come up with comments that are obviously incorrect.	Say, "Thank you for giving me a chance to clear up that point." Say, "I see your point, but can we look at it this way…" Don't ever put them down or make them feel stupid; they must be handled positively and delicately. Ask if others have the same belief. Acknowledge what they have offered as a common myth or commonly misunderstood concept. (continued on next page)

Types of challenging participants	Why are they challenging?	Strategies to effectively manage this type of participant
"Clashers"	Two or more participants strongly disagree or bring personal conflicts into the discussion. This can divide your group into factions.	Emphasize points of agreement; minimize points of disagreement. Point out how the argument has been productive in illustrating certain points. Draw attention to session objectives and group norms; cut across the argument with a direct question about the topic. Bring a less argumentative participant into the discussion. Remain calm. Ask participants to refrain from personal attacks and to keep arguments productive and directed toward topic definition or resolution. Stay neutral. Stick to the topic. Acknowledge emotionality of topic.
"Side conversationalists"	Have conversations with their neighbors that may or may not be related to the topic, but are distracting to other participants or to you.	Do not embarrass them. Call them by name; ask an easy question. Call them by name, then restate the last opinion expressed or last remark made by group, and ask their opinion of it. If you are in the habit of moving around the room, saunter over and stand casually behind them. This should make their conversation obvious to them and the group. Ask the group to add "no side conversations" to the list of ground rules. (continued on next page)

Types of challenging participants	Why are they challenging?	Strategies to effectively manage this type of participant
"Questioners"	May be genuinely curious. May be testing you by putting you on the spot. May have an opinion, but lack the confidence to express it.	Acknowledge that they seem to have a lot of questions about a particular topic. If the questions seem like legitimate attempts to gain content information that other members of the group already know, tell them that you will be happy to work with them later to fill in the gaps, or put the question on the parking lot flip chart to be discussed at a later time. Reframe or refocus by sending the questions back to the questioner. Establish a buddy system (for example, ask for volunteers who would be willing to meet with them).
"Ramblers"	Talk about everything but the topic. Use inappropriate or farfetched examples from their own experiences.	When they stop for a breath, thank them, then refocus attention by restating relevant points and move on. Smile; tell them that their points are interesting, apply them to the discussion, if you can, and indicate in a friendly manner that the group is getting a bit off the subject.
"Shy and timids"	May feel timid or insecure. May be bored or indifferent.	Try to arouse their interest by asking them an easy, direct question. Talk to them on a personal basis with the group looking on. Ask questions of the person next to them, and then ask them to respond to that person's answer.
"Off-base commentators"	Are not rambling, but make comments that are not relevant to discussion May confuse other participants	Say, "How would you relate this to the discussion at hand?" Say, "It sounds like what you are saying is…" and then rephrase. Then clarify, "Is that a fair statement of your point?" (continued on next page)

Types of challenging participants	Why are they challenging?	Strategies to effectively manage this type of participant
"Off-base commentators" *(continued)*		Set aside the comment or question for later discussion. Reframe or refocus onto the topic. Explain where the participants' comments fit into curriculum.
"Arguers"	Have combative personalities. May not want to be at the workshop. May be upset by personal or family health issues. May upset other participants.	Keep your own temper firmly in check. Do not let the group get excited either. Honestly try to find merit in one of their points, or get the group to do it, and then move on to something else. Say, "That was a good point" or "We've heard a lot from [person's name]. Who else has some ideas?" If facts are misstated, ask the group for their thoughts; let them make the corrections. As a last resort, talk with them in private, find out what's going on and ask for their cooperation. Say, "Let's talk during the break. How can we be on the same team?" Give them a role.
"Gripers"	Have a pet peeve with you, the group, the subject, the health-care system, etc.	Indicate that you'll discuss the problem with them in private later. Throw the issue back to the group. Have a member of the group answer them. Indicate time pressures and emphasize the need to move on.
"Emotionals"	Become very emotional during training. May be needing lots of support.	Offer support by saying, "It seems like you're feeling very upset right now." (continued on next page)

Types of challenging participants	Why are they challenging?	Strategies to effectively manage this type of participant
"Emotionals" *(continued)*	May upset other participants.	Make sure they feel free to leave the room if they find it is necessary to take care of themselves. Allow other participants to comfort them. Encourage them to talk with you or others during breaks or at the end of the workshop.

Activity adapted from:
Turner, Katherine L., Christina Wegs, and Betsy Randall-David. 2003. *Effective training in reproductive health: Course design and delivery. Trainer's manual*. Chapel Hill, NC, Ipas.

Teach-Back Instructions

The purpose of this session is to introduce the practice of teach backs. Participants will also receive instructions on how they will prepare and facilitate VCAT activities and receive structured feedback from trainers and peers about their performance.

Objectives

By the end of this activity, participants will be able to:
- Describe the purpose of a teach-back session;
- Discuss guidelines for giving and receiving feedback;
- Prepare and deliver their teach-back activities;
- Discuss feedback and plans for improvement.

Materials

- ❍ Giving and Receiving Feedback handout
- ❍ Teach-Back Assessment forms (enough for each participant to complete one per activity being facilitated)

Timeline

5 minutes to introduce teach-backs
10 minutes to give activity assignments and instructions
10 minutes to discuss giving and receiving feedback
Time to prepare activity demonstrations (exact amount depends on prior preparation and level of participants' experience)
40-45 minutes (approximately) to facilitate each activity (exact amount depends on the activity)
5 minutes to give and receive verbal feedback about each activity
20 minutes to discuss written feedback and plans for improvement

Advance Preparation

- ❍ It is preferable to send participants their assigned activities before the training event, so they do not need to spend time reading them and familiarizing themselves during the training.
- ❍ If they will be preparing and facilitating activities as a group, divide them into groups and assign activities to each group.
- ❍ Prepare and copy Giving and Receiving Feedback handout.
- ❍ Prepare and copy Teach-Back Assessment forms.
- ❍ Prepare any materials or supplies needed for participants to lead activities.

Instructions

1. Introduce teach backs.

    - Inform participants that they will be participating in a teach-back session in which they will practice facilitating abortion VCAT activities and receive feedback from trainers and colleagues to help them improve their skills and comfort levels.

- Define a teach-back session:
  - A teach-back session is a type of demonstration where participants take a particular technique, skill or activity and demonstrate or teach it back to the other participants and trainers. Afterward, participants and trainers provide verbal and written feedback on how well participants demonstrated that skill or activity. Participants then review the feedback and discuss how they will improve their skills.
  - Teach-backs are an excellent way to have participants practice applying new information or skills, receive constructive feedback to improve their performance and potentially develop competence in a supportive setting, such as a training of trainers course.
  - A teach-back session can take a significant amount of time.
  - Participants will practice facilitating one or more abortion VCAT activity, either individually or in small groups, depending on the total number of participants and amount of time allocated to the session. The more opportunities participants have to practice facilitating different types of VCAT activities, the more likely they are to gain necessary skills and confidence.
  - Sometimes there is not enough time for participants to have adequate practice and feedback to reach competency. You can encourage participants to apprentice themselves with a more experienced facilitator until they are competent to facilitate on their own.

2. Give instructions for the teach-back session.

- Assign abortion VCAT activities to individuals or small groups to prepare and present to the large group.
- Give instructions on preparing, demonstrating and discussing teach-backs:
  - Individuals or small groups will prepare how they will facilitate the activities. If working in small groups, encourage participants to ensure every group member has a significant enough role that they get the practice they need to improve their skills. Trainers will circulate among participants to answer questions and provide recommendations.
  - All necessary materials will be available for participants to conduct their activity.
  - Participants will facilitate their activities within the allotted time (clarify schedule of presentations). Insist that trainers will not allow more time because time management is one of the important skills they are improving.
  - During the activity, large group participants complete a Teach-Back Assessment form.
  - After the activity, five minutes has been allotted for the large group to give verbal feedback to the participants facilitating the activity.
    - The facilitators will solicit feedback from the large group about the activity demonstration, asking what went well and what could use improvement.
    - Participants should follow the guidelines for giving and receiving feedback and use their assessment-form responses as a guide for providing feedback.
    - Facilitators will then thank the group and collect the assessment forms.
  - Once all of the teach-backs have been conducted, facilitators will review completed Teach-Back Assessments forms and discuss what improvements they need to make in their skills and how they plan to make them.

3. Discuss guidance on giving and receiving feedback.

- Distribute and review the Giving and Receiving Feedback handout. Encourage participants to focus their feedback on those items over which facilitators have control. Answer questions about any of the items or process.

- Remind participants that they may not always agree with all the feedback they receive, but it is important to consider all feedback seriously as there are always aspects of their behavior or skills that could be improved.
- To add a little fun, acknowledge each activity demonstration with tailored applause. Before facilitators begin, they will tell the audience what kind of applause they would like to receive (for example, a special clap, stamping feet, waving, a particular sound or a whistle).

4. Provide ample time for participants to prepare their activity demonstrations and a reasonable amount of time to facilitate them.

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

Giving and Receiving Feedback

The process of giving and receiving feedback involves providing facilitators with constructive information about their performance and skills: what they did well, specific aspects of their performance that needed improvement and realistic suggestions for improving their performance. Facilitators listen receptively to suggestions for improvement without responding, defending or justifying their behaviors.

It is crucial to focus only on those behaviors and skills facilitators control.

Guidance on giving feedback:

- Offer praise and encouragement before sharing constructive criticism.
- Use the first person to take ownership of your feedback, for example: "I thought," "I saw," "I felt," "I noticed."
- Keep comments brief.
- Comment about behaviors the person can control and change.
- Make your feedback constructive by offering ideas for improvement.
- Criticize the performance, not the performer.
- Describe what you saw and heard, but avoid making judgments.

Example of constructive feedback:

You were very thorough and gave us a lot of time for discussion at the beginning of the activity. You also encouraged our full participation. However, you did not always manage your time well, so you ran out of time to finish and provide closure for the activity. Perhaps if you had someone in the group act as a timekeeper and set some limits on the number of comments by participants, you would have been able to complete the activity fully in the allotted time.

Example of unconstructive feedback:

You completely lost control of the activity and did a horrible job managing your time. Also, your voice is too deep and intimidating.

Guidance on receiving feedback:

- Ask for specific and descriptive feedback.
- Ask clarifying questions to understand the feedback.
- Accept feedback. Do not respond, defend or justify behavior.
- Listen to the feedback, and thank colleagues for sharing their insights.
- Reflect on the feedback; use it as critical information to improve performance and skills.

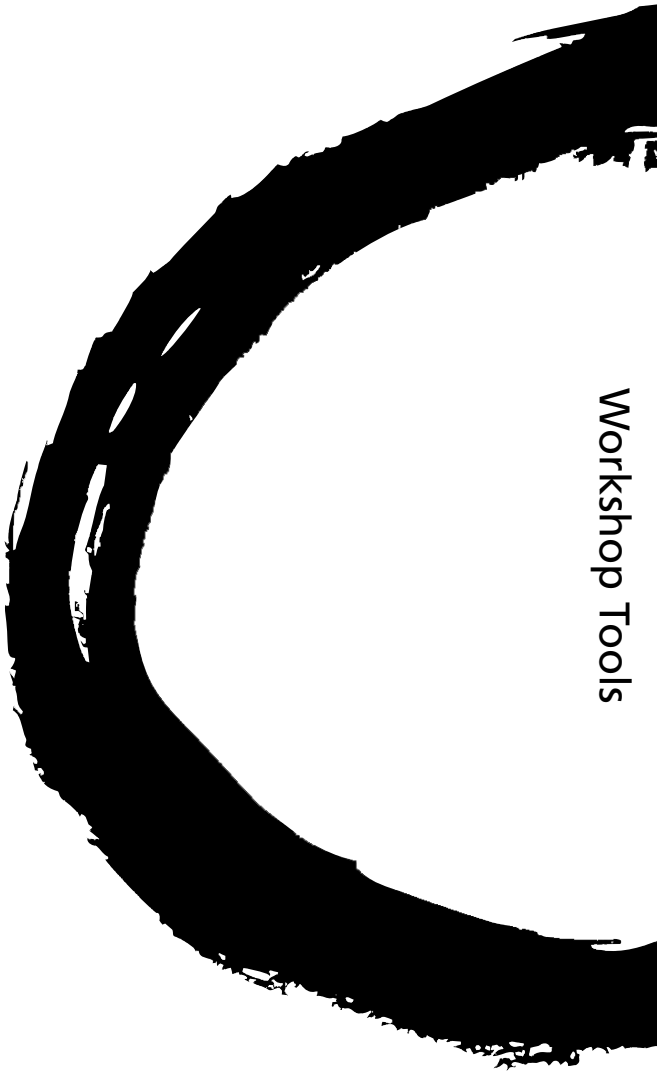
Teach-Back Assessment

For each item below, please rate the participants' performance as Satisfactory (S) or Needs Improvement (NI) by placing a check (✓) in the appropriate column. In the comments column, record ***specific comments and suggestions*** *about the participants' performance that you think were particularly effective or that they could improve.*

Activity: _____ Facilitator(s): _____

Items	S	NI	Specific comments and suggestions
Introduced themselves and activity: Facilitators introduced themselves and the activity (explained purpose, objectives, time frame, roles) and presented or distributed activity materials effectively.			
Communicated clearly: Facilitators communicated content well; gave clear instructions and checked clarity of instructions with participants; asked clear questions and summarized responses effectively; listened actively; provided positive reinforcement (praise, valuing contributions, constructive feedback); and used both verbal and nonverbal communication effectively.			
Organized participants to complete tasks: Facilitators gave clear instructions about the tasks, desired outcomes, appropriate materials and time frames. If needed, facilitators effectively and creatively divided participants into pairs or small groups to work on tasks and reconvened large group for discussions.			
Were available to participants: Facilitators circulated among participants, clarified instructions, answered questions and mediated any difficulties.			
Facilitated effectively: Facilitators effectively led large group discussions and small group report backs; encouraged participation; helped participants abide by group norms; and managed challenging participants and group dynamics to maintain a supportive and productive learning environment.			
Synthesized and provided closure: Facilitators summarized the activity; identified key points and common themes; related key points and themes to participants' experiences and other training topics; and elicited how participants would apply lessons learned.			
Managed time and were organized: Facilitators started and ended on time; ensured that each part of the activity had appropriate time allocated; and organized their activity and materials in advance.			
Worked as a team: Facilitators cooperated and ensured each group member had an appropriate and equitable role.			
Facilitator as learner: Facilitators were open to feedback, sought to fully understand participants' assessment of teach-back and developed ideas for improvement.			

Workshop Tools



Abortion Values Clarification and Attitude Transformation *Pre-Workshop Survey*

Please answer the following questions according to your knowledge and beliefs at this time. Please do not include your name. You will create a unique identifier to allow us to match your pre- and post-survey responses while maintaining your confidentiality. Responses without identifying information may be used for evaluation purposes and professional presentations and publications. **Thank you!**

Your unique identifier:

	Number of sisters:	Birthday month:	Last 3 digits of your mobile phone number:	Name of the region where you were born:
Example:	*0*	*April*	*024*	*Eastern Region*
Your information:				

Please circle TRUE, FALSE or I DON'T KNOW for each question below.

1) According to the World Health Organization (WHO), legally restricting abortion reduces the number of abortions that occur.
   a) True
   b) False
   c) I don't know.

2) The vast majority of women are likely to have at least one abortion by the time they are 45 years old.
   a) True
   b) False
   c) I don't know.

3) Abortion is one of the safest medical procedures when performed by trained health-care providers with proper equipment, correct technique and sanitary standards.
   a) True
   b) False
   c) I don't know.

4) Where effective contraceptive methods are available and widely used, the total abortion rate decreases.
   a) True
   b) False
   c) I don't know.

5) If all contraceptive users were to use methods perfectly all the time, there would not be any unintended or unwanted pregnancies.
   a) True
   b) False
   c) I don't know.

6) In my country, only obstetrician-gynecologists are authorized to perform abortions.
   a) True
   b) False
   c) I don't know.

7) In my country, the law requires a married woman to obtain her husband's written consent before she can undergo a termination of pregnancy.
   a) True
   b) False
   c) I don't know.

8) In my country, the law requires an adolescent to obtain written consent from both parents before she can undergo a termination of pregnancy.
   a) True
   b) False
   c) I don't know.

9) In my country, the law requires any woman seeking an abortion resulting from rape or incest to provide legal evidence of the sexual assault.
   a) True
   b) False
   c) I don't know.

10) Where the law permits abortion to prevent injury to the woman's physical or mental health, the definition of health in the WHO constitution can be used, "a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity."
   a) True
   b False
   c) I don't know.

Please circle only <u>ONE</u> correct response for each question below.

11) In my country, unsafe abortion accounts for an estimated _____ of maternal deaths.
   a) Less than 20%
   b) 20-30%
   c) More than 30%

12) In the most current year for which we have records in my country, _____ of abortions were second-trimester procedures.
   a) Less than 10%
   b) 10-20%
   c) More than 20%

13) The contraceptive prevalence rate (CPR) for modern methods in my country is:
   a) Less than 10%
   b) 10-25%
   c) More than 25%

14) When a woman comes to me with an unwanted pregnancy, what is an appropriate response?
   a) To convince her of the correct decision about her pregnancy
   b) To help her clarify and resolve her questions, feelings and decisions about her pregnancy
   c) To give advice about what most women would do in her situation
   d) To ensure that she will not have an abortion

15) Which statement is true regarding conscientious objection?
   a) Public service providers validly claiming conscientious objection must still provide factually correct information and referrals for safe abortion services as permitted by law.
   b) Public health facility managers can claim conscientious objection on behalf of the entire facility.
   c) Providers can refuse to perform a therapeutic abortion in an emergency situation.
   d) Providers can validly claim conscientious objection in their public practice while still performing abortions in their private practice.
   e) Health-care workers not directly responsible for performing the abortion procedure can claim conscientious objection and refuse to provide care to abortion clients.

Please circle <u>ALL</u> of the correct responses for each question below. (There may be more than one correct response.)

16) The <u>two</u> WHO-preferred methods for first-trimester abortion are:
   a) Dilatation and curettage
   b) Vacuum aspiration
   c) Dilatation and evacuation
   d) Mifepristone and misoprostol
   e) Mifepristone and methotrexate

17) The <u>three</u> WHO-preferred methods for second-trimester abortion are:
   a) Dilatation and curettage
   b) Vacuum aspiration
   c) Dilatation and evacuation
   d) Mifepristone and repeated doses of misoprostol
   e) Vaginal prostaglandins (repeated doses)

18) Under what circumstances does the law permit first-trimester abortion in my country?
   a) Under no circumstances
   b) When the pregnancy is the result of rape or incest
   c) When continuation of the pregnancy would involve risk to the woman's life
   d) When continuation of the pregnancy would involve risk or injury to the woman's physical health
   e) When continuation of the pregnancy would involve injury to the woman's mental health
   f) When continuation of the pregnancy would involve injury to the father's mental health
   g) Where there is a substantial risk that the fetus may have a serious physical abnormality or disease
   h) Upon request of the woman
   i) I don't know.

19) Which of the following rights are included in the International Planned Parenthood Federation's Charter on Sexual and Reproductive Rights?
   a) The right to information and education
   b) The right to refuse treatment
   c) The right to decide whether or when to have children
   d) The right to life
   e) The right to privacy

20) Which of the following are true regarding post-abortion contraceptive services?
   a) All women receiving abortion services should be made to use contraception immediately afterward.
   b) Women are more likely to use contraceptives if their partners choose the methods for them.
   c) All women need to be informed that they could become pregnant again within 10 days and how they can obtain methods to prevent or delay pregnancy, if desired.
   d) All modern methods can be used immediately after an uncomplicated abortion.

Please respond below based on your current beliefs and comfort levels. Please circle only <u>one</u> response for each question.

	Please circle one:				
	Strongly disagree				**Strongly agree**
The issue of abortion is of little importance to me.	1	2	3	4	5
I support the provision of family planning and contraceptive services in my country.	1	2	3	4	5
I feel comfortable working to increase access to family planning and contraceptive services in my country.	1	2	3	4	5
I support the provision of abortion services as permitted by law in my country.	1	2	3	4	5
I feel comfortable working to increase access to abortion services as permitted by law in my country.	1	2	3	4	5
I feel comfortable talking with my closest friends about my involvement with abortion care.	1	2	3	4	5
I feel comfortable talking with my closest family members about my involvement with abortion care.	1	2	3	4	5
I would feel comfortable observing an abortion procedure.	1	2	3	4	5
I would feel comfortable performing or assisting an abortion procedure.	1	2	3	4	5
I am clear about my personal values concerning abortion.	1	2	3	4	5

	Please circle one:				
	Strongly disagree				**Strongly agree**
I feel very conflicted about abortion.	1	2	3	4	5
I can clearly explain my personal values concerning abortion.	1	2	3	4	5
I can respectfully explain values concerning abortion that conflict with mine.	1	2	3	4	5
I feel empathy for women who have experienced abortion.	1	2	3	4	5
All women should have access to safe, comprehensive abortion care in the first trimester.	1	2	3	4	5
Access to first-trimester abortion should be restricted to certain circumstances.	1	2	3	4	5
All women should have access to safe, comprehensive abortion care in the second trimester.	1	2	3	4	5
Access to second-trimester abortion should be restricted to certain circumstances.	1	2	3	4	5

Please briefly describe your greatest values conflict about abortion. (This is a conflict between two or more different values concerning abortion.) ***Please copy the exact wording of your values conflict on a separate paper where you can refer to it again for the post-workshop survey.***

_____

_____

_____

_____

I intend to do the following within the next six months:	***Please circle one:***		
Learn more about the need for safe, comprehensive abortion care in my country.	Yes	No	
Raise awareness about the need for safe, comprehensive abortion care in my country.	Yes	No	
Advocate making safe, comprehensive abortion care widely available in my country.	Yes	No	
Educate women about safe abortion services.	Yes	No	

Refer women seeking abortion to safe services.	Yes	No	
(For health-care workers) Provide or assist with safe, comprehensive abortion procedures.	Yes	No	Not applicable
(For clinical trainers) Train other providers to perform or assist with safe, comprehensive abortion procedures.	Yes	No	Not applicable

Please respond below so we can plan a productive, satisfying workshop:

Two topics I hope we will address in this workshop are:

1) _____ 2) _____

What else would you like the facilitators to know as they are leading this workshop?

_____

_____

Please provide us with some information about you.

Your gender: _____ Your religious or faith affiliation: _____

Your primary professional affiliation: **(Please select <u>one</u>)**

- ❍ Ob-gyn
- ❍ Nurse midwife
- ❍ Other health-care provider (please specify): _____
- ❍ Health facility administrator
- ❍ Lawyer
- ❍ Ministry of health
- ❍ NGO staff
- ❍ Women's group
- ❍ Media professional
- ❍ Elected official
- ❍ Other (please specify): _____

Abortion Values Clarification and Attitude Transformation *Post-Workshop Survey*

Please answer the following questions according to your knowledge and beliefs at this time. Please do not include your name. Please use the same unique identifier to allow us to match your pre- and post-survey responses while maintaining your confidentiality. Responses without identifying information may be used for evaluation purposes and professional presentations and publications. **Thank you!**

Your unique identifier:

	Number of sisters:	Birthday month:	Last 3 digits of your mobile phone number:	Name of the region where you were born:
Example:	*0*	*April*	*024*	*Eastern Region*
Your information:				

Please circle TRUE, FALSE or I DON'T KNOW for each question below.

1) According to the World Health Organization (WHO), legally restricting abortion reduces the number of abortions that occur.
   a) True
   b) False
   c) I don't know.

2) The vast majority of women are likely to have at least one abortion by the time they are 45 years old.
   a) True
   b) False
   c) I don't know.

3) Abortion is one of the safest medical procedures when performed by trained health-care providers with proper equipment, correct technique and sanitary standards.
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   b) False
   c) I don't know.

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   b) False
   c) I don't know.

8) In my country, the law requires an adolescent to obtain written consent from both parents before they can undergo a termination of pregnancy.
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   e) Health-care workers not directly responsible for performing the abortion procedure can claim conscientious objection and refuse to provide care to abortion clients.

Please circle <u>ALL</u> of the correct responses for each question below. (There may be more than one correct response).

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   d) When continuation of the pregnancy would involve risk or injury to the woman's physical health
   e) When continuation of the pregnancy would involve injury to the woman's mental health
   f) When continuation of the pregnancy would involve injury to the father's mental health
   g) Where there is a substantial risk that the fetus may have a serious physical abnormality or disease
   h) Upon request of the woman
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   b) Women are more likely to use contraceptives if their partners choose the methods for them.
   c) All women need to be informed that they could become pregnant again within 10 days and how they can obtain methods to prevent or delay pregnancy, if desired.
   d) All modern methods can be used immediately after an uncomplicated abortion.

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

	Please circle one:				
	Strongly disagree				**Strongly agree**
The issue of abortion is of little importance to me.	1	2	3	4	5
I support the provision of family planning and contraceptive services in my country.	1	2	3	4	5
I feel comfortable working to increase access to family planning and contraceptive services in my country.	1	2	3	4	5
I support the provision of abortion services as permitted by law in my country.	1	2	3	4	5
I feel comfortable working to increase access to abortion services as permitted by law in my country.	1	2	3	4	5
I feel comfortable talking with my closest friends about my involvement with abortion care.	1	2	3	4	5
I feel comfortable talking with my closest family members about my involvement with abortion care.	1	2	3	4	5
I would feel comfortable observing an abortion procedure.	1	2	3	4	5
I would feel comfortable performing or assisting an abortion procedure.	1	2	3	4	5
I am clear about my personal values concerning abortion.	1	2	3	4	5

	Please circle one:				
	Strongly disagree				**Strongly agree**
I feel very conflicted about abortion.	1	2	3	4	5
I can clearly explain my personal values concerning abortion.	1	2	3	4	5
I can respectfully explain values concerning abortion that conflict with mine.	1	2	3	4	5
I feel empathy for women who have experienced abortion.	1	2	3	4	5
All women should have access to safe, comprehensive abortion care in the first trimester.	1	2	3	4	5
Access to first-trimester abortion should be restricted to certain circumstances.	1	2	3	4	5
All women should have access to safe, comprehensive abortion care in the second trimester.	1	2	3	4	5
Access to second-trimester abortion should be restricted to certain circumstances.	1	2	3	4	5

Please rewrite here the <u>same</u> values conflict about abortion you wrote on your pre-workshop survey.

_____

_____

_____

_____

	Please circle one:				
	Not at all				**Very much**
Please describe the extent to which you feel these values conflict now:	1	2	3	4	5

I intend to do the following within the next six months:	***Please circle one:***		
Learn more about the need for safe, comprehensive abortion care in my country.	Yes	No	
Raise awareness about the need for safe, comprehensive abortion care in my country.	Yes	No	
Advocate making safe, comprehensive abortion care widely available in my country.	Yes	No	
Educate women about safe abortion services.	Yes	No	
Refer women seeking abortion to safe services.	Yes	No	
(For health-care workers) Provide or assist with safe, comprehensive abortion procedures.	Yes	No	Not applicable
(For clinical trainers) Train other providers to perform or assist with safe, comprehensive abortion procedures.	Yes	No	Not applicable

Your primary professional affiliation: **(Please select <u>one</u>)**

- ❍ Ob-gyn
- ❍ Nurse midwife
- ❍ Other health-care provider (please specify): _____
- ❍ Health facility administrator
- ❍ Lawyer
- ❍ Ministry of health
- ❍ NGO staff
- ❍ Women's group
- ❍ Media professional
- ❍ Elected official
- ❍ Other (please specify): _____

Abortion Values Clarification and Attitude Transformation Workshop *Evaluation Form*

Goal: The goal of this workshop is for individuals to learn, question, affirm and support their positions with respect to the need for and provision of abortion and related care, such that awareness of and access to comprehensive, woman-centered, high-quality abortion care is increased.

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

- Distinguish between assumptions, myths and realities about unwanted pregnancy, abortion and the women and families who experience them;
- Demonstrate empathy toward the women, families and health-care workers who experience abortion;
- Explain correct information about abortion and the circumstances surrounding it;
- Identify values that inform their current beliefs and attitudes about abortion and describe alternative values and their consequences;
- Choose and affirm values that inform their attitudes and beliefs towards abortion services and the women who seek them;
- State abortion-related behavioral intentions that are consistent with their affirmed values;
- (For health-care workers) Separate personal beliefs from professional roles and responsibilities in the provision of abortion care.

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

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

Rating

The workshop fulfilled its goal and objectives (see above). _____
Comments:

The workshop was well organized. _____
Comments:

The facilitators responded to participants' needs. _____
Comments:

The workshop topics were appropriate. _____
Comments:

The facilitators used effective training methods. _____
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:

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

Your general comments and suggestions:

Abortion Values Clarification and Attitude Transformation Facilitators' Workshop *Evaluation Form*

Goal: The goal of this workshop is to increase the competency of trainers to effectively facilitate abortion values clarification and attitude transformation (VCAT) workshops.

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

- Distinguish between assumptions, myths and realities about unwanted pregnancy, abortion and the women and families who experience them;
- Demonstrate empathy toward the women, families and health-care workers who experience abortion;
- Provide correct information about abortion and the circumstances surrounding it;
- Identify values that inform their current beliefs and attitudes about abortion, and describe alternative values and their consequences;
- Choose and affirm values that inform their attitudes and beliefs toward abortion services and the women who seek them;
- State abortion-related behavioral intentions that are consistent with their affirmed values;
- (For health-care workers) Separate personal beliefs from professional roles and responsibilities in the provision of abortion care;
- Describe and demonstrate effective abortion VCAT facilitation;
- Explain effective ways to handle challenging participants or situations in an abortion VCAT training event.

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

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

Rating

The workshop fulfilled its goal and objectives (see above). _____
Comments:

The workshop was well organized. _____
Comments:

The facilitators responded to participants' needs. _____
Comments:

The workshop topics were appropriate. _____
Comments:

The facilitators used effective training methods. _____
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:

The feedback I received about my facilitation helped me improve my skills. _____
Comments:

I feel more able to effectively facilitate abortion VCAT workshops because of this workshop. _____
Comments:

After this workshop, I will help facilitate abortion VCAT workshops. _____
Comments:

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

Your general comments and suggestions:

Abortion Values Clarification and Attitude Transformation *One-Day Workshop Goal, Objectives and Agenda*

Goal: For participants to learn, question, affirm and support their positions with respect to the need for and provision of abortion and related care, such that awareness of and access to comprehensive, woman-centered, high-quality abortion care is increased.

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

- Distinguish between assumptions, myths and realities about unwanted pregnancy, abortion and the women and families who experience them;
- Explain correct information about abortion and the circumstances surrounding it;
- Demonstrate empathy toward the women, families and health-care workers who experience abortion;
- Identify the values that inform their current beliefs and attitudes about abortion and be able to describe alternative values and their consequences;
- Choose and affirm values that inform their attitudes and beliefs towards abortion services and the women who seek them;
- State abortion-related behavioral intentions that are consistent with their chosen, affirmed values;
- Separate personal beliefs from professional roles and responsibilities in advocating for or providing abortion services.

Note to facilitator: Some of these activities have been shortened to accommodate a one-day schedule. The facilitator would need to review the activities in advance and determine how to shorten them appropriately.

WORKSHOP AGENDA

Time	Session Title	Facilitator	Materials Needed
8:00-8:30	Participant registration Pre-Workshop Survey (Survey assesses participants' current knowledge, attitudes, comfort levels and behavioral intentions; facilitators should review responses to guide facilitation and tailoring of activities.)		
8:30-9:00	Workshop introduction: • welcome, facilitator and participant introductions • workshop title, goal and objectives • workshop expectations • workshop agenda • parking lot • group norms • evaluation methods • workshop logistics		
9:00-9:30	Facilitating dialogue: • Use a local abortion story as a "trigger" (See Facilitating Dialogue for guidance on triggers).		
9:30-10:15	Reviewing abortion facts: • abortion and contraception terms, facts and figures • elevant abortion laws and policies (See About this Toolkit for more information and guidance.)		
10:15-10:30	Break		
10:30-11:00	Reasons Why		
11:00-12:00	Thinking about My Values		
12:00-12:45	Four Corners		

Time	Session Title	Facilitator	Materials Needed
12:45-1:45	Lunch		
1:45-2:30	Why Did She Die?		
2:30-3:15	The Last Abortion		
3:15-3:30	Break		
When needed	Energizer (See *Effective training in reproductive health: Course design and delivery* for sample energizer activities.)		
3:30-4:30	Personal Beliefs vs. Professional Responsibilities		
4:30-5:00	Talking About Abortion		
5:00-5:15	Closing Reflections		
5:15-5:30	Post-Workshop Survey and Evaluation		
5:30	Participants depart Workshop co-facilitators debrief		

Abortion Values Clarification and Attitude Transformation *Three-Day Facilitators' Workshop Goal, Objectives and Agenda*

Goal: The goal of this workshop is for facilitators to explore, question, affirm and support their values and beliefs about abortion, such that their awareness, comfort and willingness to advocate for the provision of comprehensive abortion care is increased. By practicing and receiving constructive feedback, their competency to effectively facilitate abortion VCAT activities will also increase.

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

- Distinguish between assumptions, myths and realities about unwanted pregnancy, abortion and the women and families who experience them;
- Explain correct information about abortion and the circumstances surrounding it;
- Demonstrate empathy towards the women, families and health-care workers who experience abortion;
- Identify current values, describe alternative values and their consequences, and choose and affirm values that inform their attitudes and beliefs towards abortion services and the women who seek them;
- State abortion-related behavioral intentions that are consistent with their affirmed values;
- (For health-care workers) Separate personal beliefs from professional roles and responsibilities in the provision of abortion care;
- Explain abortion VCAT, intervention goals and objectives and the theoretical framework;
- Describe the characteristics of an effective abortion VCAT facilitator;
- Evaluate their current facilitation skills and identify areas for improvement;
- Explain effective ways to handle challenging participants or situations in an abortion VCAT training event;
- Describe and demonstrate effective abortion VCAT facilitation.

Note to facilitator: Careful selection of participants is crucial. Participants must already be skilled facilitators; advocates for safe abortion care; familiar with abortion content; possess appropriate background and characteristics for VCAT training needs; and have experience with gender, sexuality and broader sexual and reproductive health issues. Even participants who meet these prerequisites will usually need more practice with an experienced facilitator after this workshop before being competent to facilitate VCAT on their own.

This workshop is ideally residential because participants are given evening assignments.

WORKSHOP AGENDA — DAY ONE

Time	Session Title	Facilitator	Materials Needed
8:30-9:00	Participant registration Pre-Workshop Survey (Survey assesses participants' current knowledge, attitudes, comfort levels and behavioral intentions; facilitators should review responses to guide facilitation and tailoring of activities.)		
9:00 -9:50	Workshop introduction: • Welcome, facilitator and participant introductions • Workshop title, goal and objectives • Workshop expectations • Workshop agenda • Parking lot • Facilitator and participant roles and responsibilities • Group norms • Evaluation methods • Workshop logistics		
9:50-10:05	Icebreaker: Hopes and Hesitations		
10:05-10:45	Facilitating Dialogue: Use a local abortion story as a "trigger" (See Facilitating Dialogue for guidance on triggers).		
10:45-11:00	Break		
11:00-12:15	Reviewing abortion facts: • Abortion and contraception terms and facts, abortion-related maternal mortality and morbidity, other abortion figures, local research results • Relevant abortion laws and policies (See About this Toolkit for more information and guidance.)		
12:15-12:45	Comfort Continuum		

DAY ONE continued

Time	Session Title	Facilitator	Materials Needed
12:45-1:45	Lunch		
1:45-2:25	Reasons Why		
2:25-3:45	Thinking About My Values		
3:45-4:00	Break		
When needed	Energizer (See *Effective training in reproductive health: Course design and delivery* for sample energizer activities.)		
4:00-4:55	Gender, sexuality and abortion		
4:55-5:20	Teach-Back Instructions		
5:20-5:30	Daily evaluation (See *Effective training in reproductive health: Course design and delivery* for sample daily evaluations.)		
5:30-6:15	Workshop co-facilitators debrief		
Evening	Groups read and begin to prepare their first activities.		

WORKSHOP AGENDA DAY TWO

Time	Session Title	Facilitator	Materials Needed
8:30-8:45	Review yesterday's activities/preview today's agenda: • Incorporate items from Parking Lot flipchart, as needed		
8:45-9:00	Icebreaker (See *Effective training in reproductive health: Course design and delivery* for sample icebreaker activities)		
9:00-10:00	Abortion VCAT Overview		
10:00-10:35	Characteristics of a VCAT Facilitator		
10:35-10:50	Break		
10:50-11:35	Managing VCAT Challenges		
11:35-12:30	Final preparations for teach-backs		
12:30-1:30	Lunch		
1:30-2:05	Teach-Back Group 1: Cross the Line 5 minutes for verbal feedback		
2:05-2:55	Teach-Back Group 2: Why Did She Die? 5 minutes for verbal feedback		
2:55-3:50	Teach-Back Group 3: Four Corners 5 minutes for verbal feedback		
3:50-4:05	Break		
When needed	Energizer		

WORKSHOP AGENDA

DAY TWO continued

Time	Session Title	Facilitator	Materials Needed
4:05-4:50	Teach-Back Group 4: The Last Abortion 5 minutes for verbal feedback		
4:50-5:10	Small groups discuss written feedback and plans for improvement.		
5:10-5:20	Daily evaluation		
5:20-6:00	Workshop co-facilitators debrief		
Evening	Groups read and begin to prepare their second activities.		

WORKSHOP AGENDA DAY THREE

Time	Session Title	Facilitator	Materials Needed
8:30-8:45	Review yesterday's activities/preview today's agenda: • Incorporate items from Parking Lot flipchart, as needed		
8:45-9:00	Icebreaker: Ball Toss • Review of abortion VCAT goals, objectives and theoretical framework		
9:00-9:50	Teach-Back Group 1: Facilitating Dialogue (Small group identifies and uses different, locally relevant "trigger.")		
9:50-10:50	Teach-Back Group 2: What Would You Do? 5 minutes for verbal feedback		
10:50-11:05	Break		
11:05-12:10	Teach-Back Group 3: Personal Beliefs vs. Professional Responsibilities 5 minutes for verbal feedback		
12:10-1:10	Lunch		
1:10-2:15	Teach-Back Group 4: Talking About Abortion 5 minutes for verbal feedback		
2:15-2:45	Small groups discuss written feedback and plans for improvement. Large group discussion of teach backs and feedback.		
2:45-3:15	Plans and next steps for local abortion VCAT interventions		
3:15-3:30	Break		
When needed	Energizer		

WORKSHOP AGENDA **DAY THREE** continued

Time	Session Title	Facilitator	Materials Needed
3:55-4:15	Post-Workshop Survey and Evaluation		
4:15-4:30	Certificates of completion		
4:30	Participants depart Workshop co-facilitators debrief		

Abortion Values Clarification and Attitude Transformation

Workshop

CERTIFICATE OF COMPLETION

Awarded to

Name

Date Completed

Hours Completed

Place

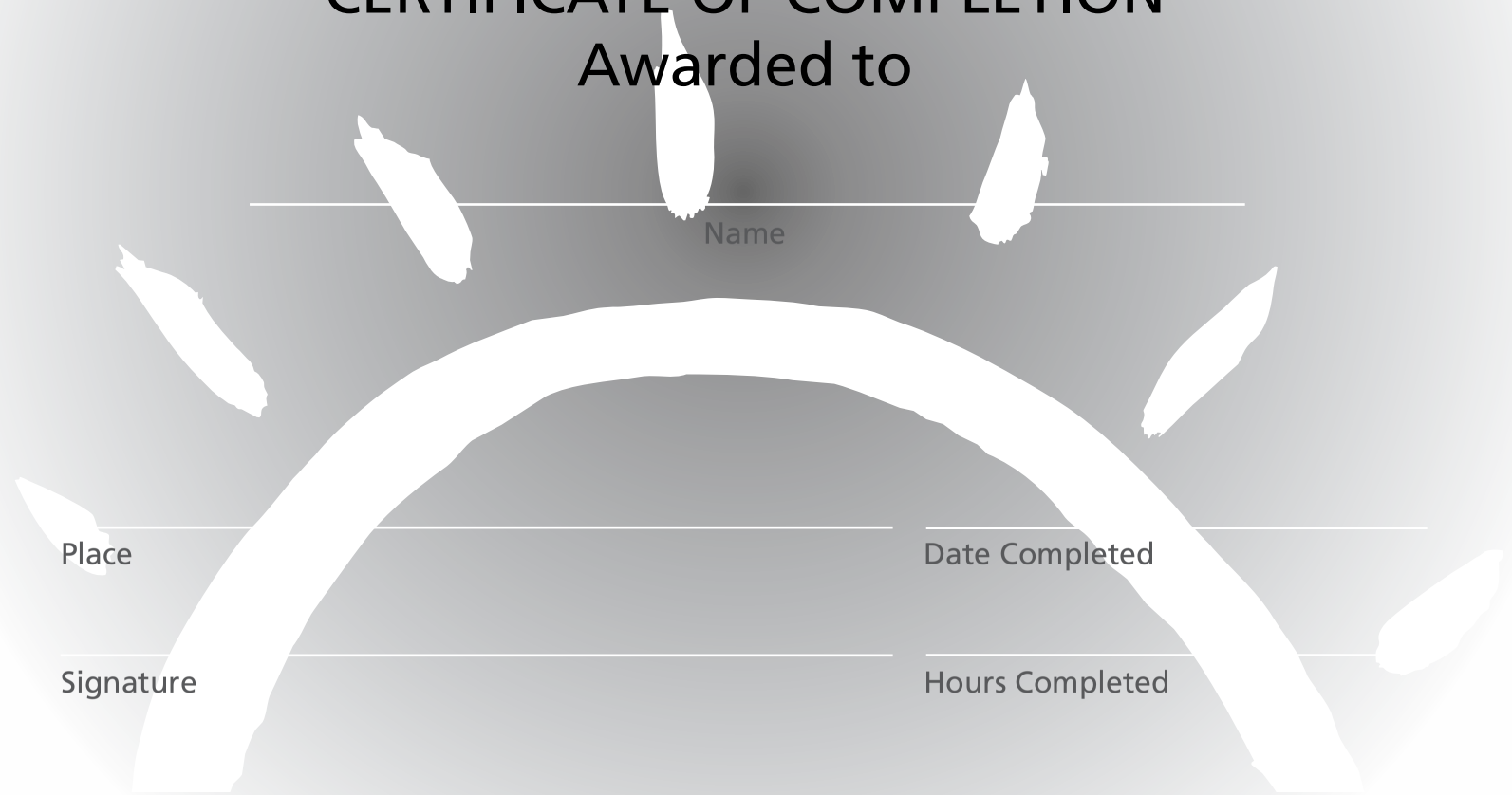
Signature

Abortion Values Clarification and Attitude Transformation

Facilitators' Workshop

CERTIFICATE OF COMPLETION

Awarded to



Name

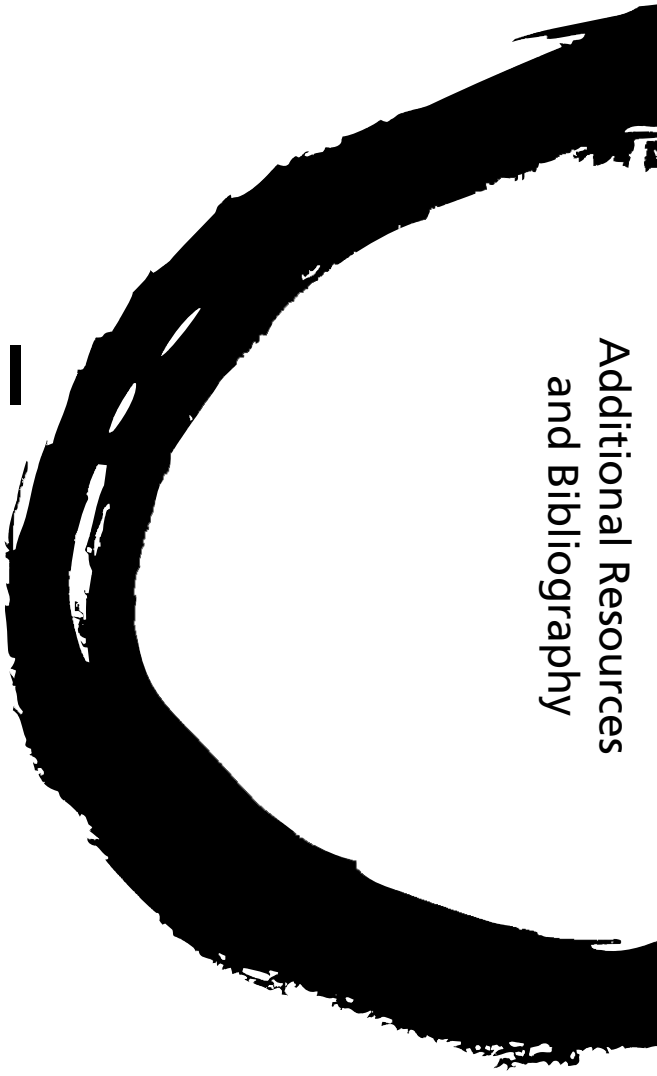
Place

Date Completed

Signature

Hours Completed

Additional Resources and Bibliography



Additional Training Resources: Abortion and Reproductive Health Values Clarification and Attitude Transformation

- **Reproductive Health Access Project:**

  Getting started: Implementation of early abortion for providers/practitioners
  http://www.reproductiveaccess.org/getting_started/menu.htm

  This guide is intended to help providers and practitioners integrate early abortion into primary care in a thoughtful, sensitive and effective way. Resources include factsheets, attitude surveys for staff and patients and a start-up kit for introducing manual vacuum aspiration into your practice.

  Values clarification workshop
  http://www.reproductiveaccess.org/getting_started/values_clar.htm

  Includes tools for beginning a dialogue about abortion care with staff and colleagues. Designed by Vicki Breitbart and Jini Tanenhaus of Planned Parenthood of New York City.

- **Abortion Conversations Project:**
  http://www.abortionconversation.com

  The Abortion Conversation Project is committed to eliminating the stigma often attached to abortion by creating new ways and opportunities to talk honestly and publicly about abortion. The real-life experiences of providers and women themselves will enable people to understand and appreciate the complex moral decisionmaking surrounding a pregnancy decision.

- **Hope Clinic for Women:**

  Abortion and options counseling

  This comprehensive reference manual is based on author Anne Baker's years of experience providing counseling for women undergoing termination of pregnancy. Her manual can guide the implementation and initiation of abortion counseling services in health-care settings or improve understanding of abortion issues for advocacy purposes. Her expertise and sensitivity in dealing with a host of patient issues is apparent, and she provides useful guidelines to help clinic staff deal with the special stresses of working in an abortion clinic.

- **CHANGE Project:**

  Understanding and challenging HIV stigma: Toolkit for action
  http://www.changeproject.org/technical/hivaids/stigma.htm

  The toolkit was designed to help nongovernmental organizations, community groups and HIV educators raise awareness and promote actions to challenge HIV stigma and discrimination. Based on research in Ethiopia, Tanzania and Zambia, the toolkit contains more than 125 exercises, and many can be applied to stigma and other reproductive health issues.

- **Exhale:**

  Pro-Voice: A framework for communicating personal experiences about abortion
  http://www.4exhale.org/publications_pdfs/Pro-Voice_A_Framework.pdf

  Exhale, an after-abortion support organization and counseling hotline, has developed a framework that can ensure that each person's unique experience with abortion is respected, supported and free from stigma. Its goal is to provide women, girls and their communities with a space in which their experiences, needs and feelings are heard and valued, regardless of where they might fall on a politicized spectrum. In order to reflect those feelings and meet those needs, Exhale learned to operate in a new framework for abortion.

  Teaching support: A guide for training staff in after-abortion emotional support
  http://www.4exhale.org/publications_pdfs/Exhale_TrainingGuide_order.pdf

  This training guide contains information on issues that arise after abortion and useful exercises to help managers of health-care agencies, particularly abortion providers, develop staff competency on after-abortion issues. The guide provides three one-hour mini-trainings, including exercises and handouts, on the social-cultural context of abortion and counseling strategies.

- **Planned Parenthood Association of South Africa (PPASA):**

  Abortion values clarification training manual

  This manual includes a one-day values clarification workshop that aims to identify and explore attitudes and concerns regarding termination of pregnancy (TOP); understand the need for tolerance of other viewpoints about TOP; develop an understanding of TOP in the South African context (including aspects of the Choice of TOP Bill, 1996); and to train facilitators to conduct abortion values clarification workshops. This manual includes an abortion attitudes scale.

- **National Abortion Federation (NAF):**

  The abortion option: A values clarification guide for health care professionals
  http://www.prochoice.org/pubs_research/publications/downloads/professional_education/abortion_option.pdf

  This guide contains an overview of abortion laws in Canada and the United States; it highlights examples of personal and public health consequences of limited access to abortion services.

This guide includes individual activities and exercises for values clarification that are divided into four main categories: external influences in the formation of our values; the role of our personal experiences in the formation of our values; self-evaluation of our objectivity when considering a woman's life circumstances related to pregnancy and her options; and professional roles and responsibilities.

- **TEACH Trainers Collaborative Working Group:**

Early abortion training workbook
http://www.teachtraining.org/trainingworkbook/earlyabortiontrainingworkbook.pdf

This workbook is designed for use in a clinical setting where an experienced trainer or provider is available to lead a discussion of its didactic context and exercises. Now in its second edition, the workbook is currently in use at top medical schools around the world. Includes values clarification exercises and talking points for facilitators that were adapted from the National Abortion Federation's *Obtaining abortion training: A guide for informed decision making* and a skills and experience inventory for providers that addresses questions of comfort and perceived barriers to providing services. (a trainer's workbook is also available.)

- **Program for Appropriate Technology in Health (PATH) and Ipas:**

Sparking dialogue: Initiating community conversation on safe abortion
http://www.ipas.org/Publications/Sparking_dialogue_Initiating_community_conversation_on_safe_abortion.aspx?ht=

Community values, attitudes and behaviors regarding abortion often drive women to seek clandestine, unsafe abortions. *Sparking dialogue: Initiating community conversation on safe abortion* is a step-by-step guide, co-authored by Ipas and PATH, for developing behavior change communication (BCC) strategies that can help increase women's access to safe services and save women's lives. BCC activities help bring about personal and interpersonal changes, empowering people to absorb new ideas that lead to new behaviors.

- **Women's Health Project, School of Public Health, Faculty of Health Services, University of the Witwatersrand:**

Health workers for choice: Working to improve quality of abortion services

This comprehensive workshop series was designed primarily as a tool for health-services managers who want to improve the quality of abortion services, but these resources can be used with a variety of health providers and personnel, researchers and activists. The results of the workshops can help managers decide how to help and enable health-care workers to improve quality of care.

Values clarification workshop: Participant's guide

This participant's guide and workbook was developed by Karen Trueman to accompany the Women's Health Project's *Health workers for choice: Working to improve quality of abortion services* curriculum. The guide is designed for use by a variety of stakeholders including

providers, peer educators, community leaders, religious leaders and advocates. It utilizes exercises that appear in the *Abortion values clarification manual* published by PPASA and other Ipas publications.

- **Ipas:**

Lidando com os valores e promovendo o accesso ao aborto legal e seguro: Manuel de treinamento para profissionais de saúde
http://www.ipas.org/Publications/asset_upload_file312_3550.pdf

From Ipas Brazil, a values clarification manual for professionals designed to promote discussion about values, ethical dilemmas and the legal framework surrounding abortion. In Portuguese.

Improving access to safe abortion: Guidance on making high-quality services available
http://www.ipas.org/publications/CD/ADVPACK-X05/english/index.htm

This CD-ROM, created by Family Care International and Ipas, is a comprehensive advocacy and information tool that includes everything needed to learn about unsafe abortion and make presentations on this topic. The package includes advocacy tools in English, Spanish and Portuguese that can be used with a range of audiences. It also includes PowerPoint presentations and a PDF of the World Health Organization's *Safe abortion: Technical and policy guidance for health systems.*

Woman-centered abortion care: Reference manual and Trainer's manual
http://www.ipas.org/Publications/Woman-centered_abortion_care_Reference_manual.aspx?ht=
http://www.ipas.org/Publications/Woman-centered_abortion_care_Trainers_manual.aspx?ht=

This manual is designed to be used by participants during individualized and group-based courses and also as a reference manual to help participants refresh and strengthen their skills. Composed of 13 modules, it brings a new perspective to abortion-care training and service delivery. Features include a woman's rights approach to abortion care; unique considerations for special populations, including adolescents and survivors of sexual violence; guidance for use of both manual vacuum aspiration and medical abortion technologies; and recommendations for monitoring services and making linkages to communities.

Resources on religion and faith-based perspectives on abortion

- **Catholics for Choice:**
http://www.cath4choice.org/

Catholics for Choice (CFC) shapes and advances sexual and reproductive ethics that are based on justice, reflect a commitment to women's well being and respect and affirm the moral capacity of women and men to make sound decisions about their lives. Through discourse, education and advocacy, CFC works in the U.S. and internationally to infuse these values into public policy, community life, feminist analysis and Catholic social thinking and teaching.

- **ReligiousTolerance.org:**

  Abortion: All Sides of the issue:
  http://www.religioustolerance.org/abortion.htm

- **Religious Coalition for Reproductive Choice:**
  http://www.rcrc.org

  The Religious Coalition for Reproductive Choice brings the moral power of religious communities to ensure reproductive choice through education and advocacy. The Coalition seeks to give clear voice to the reproductive issues of people of color, those living in poverty, and other underserved populations.

- ***Abortion and Islam: Policies and practice in the Middle East and North Africa***

  This paper by Leila Hessini featured in *Reproductive Health Matters* provides an overview of legal, religious, medical and social factors that serve to support or hinder women's access to safe abortion services in the 21 predominantly Muslim countries of the Middle East and North Africa (MENA) region, where one in ten pregnancies ends in abortion.

- **Center for Reproductive Rights:**

  Religious voices worldwide support choice: Pro-choice perspectives in five world religions
  http://www.reproductiverights.org/pdf/pub_bp_tk_religious.pdf

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Resources on Conscientious Objection

- **Women's Legal Centre (South Africa):**

  Conscientious objection and the implementation of the Choice on Termination of Pregnancy Act 92 of 1996 in South Africa

  This manual uses a question-and-answer format and practical examples to assist health facility managers and abortion advocates balance the state's duties to ensure access to safe abortion services while dealing with health- care workers' right to conscientiously object to performing abortion. It is written for the specific context of the Choice on Termination of Pregnancy Act 92 of 1996 in South Africa, but the information can be useful for other settings dealing with similar conflicts.

- **International Federation of Gynecology and Obstetrics:**

  Resolution on conscientious objection
  http://www.figo.org/initiatives_conscientious.asp

- ***The limits of conscientious objection to abortion in the developing world***

  This article by Louis-Jaqcues van Bogaert for *Developing World Bioethics* discusses the limits of conscientious objection to abortion in the developing world.

Video and Documentary Resources

- ***Choices of the heart: The Margaret Sanger story***
  Directed by Paul Shapiro, 1995; DVD, 92 minutes, English

  Set in 1914 in New York City, this powerful biopic examines the life of nurse, public reformist and Planned Parenthood founder Margaret Sanger. In an era when discussing sexuality was taboo, Sanger dedicated herself to raising awareness about birth control despite the public outcry about her teachings. Dana Delany, Rod Steiger and Henry Czerny star; narrated by Jason Priestley.

- ***Back alley Detroit***
  Produced by Daniel Friedman and Sharon Grimberg, 1992; DVD, 47 minutes, English
  http://www.filmakers.com/indivs/BackAlleyDetroit.htm

  The generation that came of age since Roe v. Wade knows little of the sordid realities once faced by women seeking to end an unwanted pregnancy in the United States. This historical documentary tells the story of illegal abortions as they were experienced by all kinds of women — rich and poor, white and minority, married and single. It chronicles the physicians, clergy and women's health activists whose quiet defiance of abortion laws stands as a dramatic unwritten chapter in the history of U.S. civil disobedience.

  Among those who risked prosecution were the members of the Jane Collective. This clandestine group was composed of self-taught activists who safely performed more than 10,000 abortions in Chicago. Back alley Detroit recalls a period when women lived in terror of unwanted pregnancies, while an underworld profited from their vulnerability.

- ***Life matters: The story of an illegal abortionist***
  By Kyle Boyd, 1992; DVD, 49 minutes, English
  www.filmakers.com/indivs/LifeMatters.htm

  When women could not get legal abortions, there were only a handful of courageous doctors who risked imprisonment, loss of license and their futures to provide safe abortions to women. The filmmaker's father, Dr. Curtis Boyd, was one such individual. A one-time Pentecostal preacher, Dr. Boyd was influenced by the social changes of the 1960s. As a small-town physician, he performed thousands of abortions to women.

  It was only after abortion became legal in 1973 that Dr. Boyd became subject to severe harassment. Despite this, he continues to provide abortion services because he believes abortion is not only a fundamental women's rights issue, but that it is a human rights issue as well. As he puts it, "by providing abortion services, we are in fact helping to make the world a better place."

- ***Rosita***
  Attie & Goldwater Productions, 2005; DVD, 58 minutes, English and Spanish
  http://attiegoldwater.com/rositathemovie/doc.htm

  Rosa, a 9-year-old Nicaraguan girl, was raped and became pregnant in Costa Rica and returned with her family to Nicaragua to seek a therapeutic abortion.

- ***The abortion diaries***
  By Penny Lane, 2004; DVD, 30 minutes, English
  http://theabortiondiaries.com/

  This documentary features 12 women who speak candidly about their experiences with abortion. The women are doctors, subway workers, artists, activists, military personnel, teachers and students. They are black, Latina, Jewish and white. They are mothers or child-free, and they range in age from 19 to 54. Their stories are interwoven with the filmmaker's diary entries to present a compelling, moving and at times surprisingly funny "dinner party" where the audience is invited to hear what women say behind closed doors about motherhood, medical technology, sex, spirituality, love, work and their own bodies.

- ***Vera Drake***
  Directed by Mike Leigh, 2004; DVD, 125 minutes, English

  Vera Drake is a selfless woman who is completely devoted to, and loved by, her working-class family. She spends her days doting on them and caring for her sick neighbor and elderly mother. However, she also secretly visits women and helps them induce miscarriages for unwanted pregnancies. While the practice was illegal in 1950s England, Vera sees herself as simply helping women in need, and always does so with a smile and kind words of encouragement. When the authorities finally find her out, Vera's world and family life rapidly unravel.

- ***Voices of choice: Physicians who provided abortions before Roe v. Wade***
  Physicians for Reproductive Choice and Health, 2003; DVD, 24 minutes, English
  http://www.voicesofchoice.org/

  This DVD and discussion guide are part of a multimedia project that includes unedited videotapes and transcripts of more than 20 interviews with physicians and others; a book of interviews and archival photographs; a touring exhibition and website. The project documents the experiences of physicians and others involved in abortion care and reform prior to the 1973 Roe v. Wade decision legalizing abortion in the United States. The aim is to document the horrible effects of illegal abortion on women's health and lives and the social and historical ramifications of a time when health-care providers worked to care for women who needlessly suffered from complications of unsafe abortion. *Voices of Choice* educates viewers about the past so they may better understand the present and advocate for continued safe abortion care in the United States and elsewhere.

- ***We can do it better: Inside an independent abortion clinic***
  Mindy Sobota and Luke Walden; VHS & CD-ROM, 33 minutes, English
  http://www.filmakers.com/indivs/WeCanDoIt.htm

  This video documents the inspiring example of Four Women, Inc., an independent abortion and gynecology clinic in a small, post-industrial Massachusetts town. It presents a rare and intimate look at the daily work of providing excellent abortion care.

- ***When abortion was illegal: Untold stories***
  By Dorothy Fadiman, Concentric Media, 1992; VHS, 28 minutes, English
  http://www.archive.org/details/when_abortion_was_illegal

  This Academy Award-nominated film features compelling first-person accounts that reveal the physical, legal and emotional consequences of criminalizing abortion. In this film, women speak frankly about their own experiences with illegal abortions, some for the first time. Doctors and health-care workers describe the challenges they faced trying to save women from the suffering caused by unsafe abortions, sometimes risking imprisonment and their professions. Friends and family members share their personal remembrances. This poignant oral history, which recounts the untold stories of women caught in difficult circumstances and those who tried to help them, reveals the brutal deaths and other tragedies, as well as the courage and heroism, of a shrouded time.

Bibliography

Ahman, E. and I. Shah. 2002. Unsafe abortion: Worldwide estimates for 2000. *Reproductive Health Matters*, 10(19):13-17.

Allport, Gordon, W. 1961. *Pattern and growth in personality*. New York, Holt, Rinehart & Winston.

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.

Ajzen, I. 1991. The theory of planned behavior. *Organizational Behavior and Human Decision Processes*, 50:179-211.

Ajzen, I. and M. Fishbein. 1980. *Understanding attitudes and predicting social behavior*. Englewood Cliffs, NJ, Prentice Hall.

Arcana, Judith. 2005. *You don't know.* Goshen, CT, Chicory Blue Press.

Armitage, C. and J. Christian, eds. 2004. *From attitudes to behavior: Basic and applied research on the theory of planned behavior*. New Brunswick, NJ, Transaction Publishers.

Baker, Anne. 1995. *Abortion and options counseling*. Granite City, IL, The Hope Clinic.

Benin, M. 1985. Determinants of opposition to abortion: An analysis of the hard and soft scales. *Sociological Perspectives*, 28(2):199-216.

Bernard, M., G. Maio, and J. Olson. 2003. The vulnerability of values to attack: Inoculation of values and value-relevant attitudes. *Personality and Social Psychology Bulletin*, 29(1):63-75.

Braithwaite, V., and W. Scott. 1991. Values. In Wrightsman, L., ed. *Measures of personality and social psychology attitudes*. San Diego, CA, Academic Press.

Charles, C., A. Gafni, T. Whelan, and O'Brien, M. (2005). Treatment decision aids: Conceptual issues and future directions. *Health Expectations*, 8: 114-125.

Coeytaux, F., K. Moore, and L. Gelberg. 2003. Convincing new providers to offer medical abortion: What will it take? *Perspectives on Sexual and Reproductive Health*, 35(1):44-47.

Dans, P. E. 1992. Medical students and abortion: reconciling personal beliefs and professional roles at one medical school. *Academic Medicine*, 67(3):207-11.

Dewey, J. 1939. *Theory of valuation.* Chicago, University of Chicago Press.

Espey, E., T. Ogburn, and F. Dorman. 2004. Student attitudes about a clinical experience in abortion care during the obstetrics and gynecology clerkship. *Academic Medicine*, 79(1):96-100.

Exhale. 2005. *Teaching support: A guide for training staff in after-abortion emotional support*. Oakland, CA, Exhale.

Feather, N. 1992. Values, valences, expectations, and actions. *Journal of Social Issues*, 48(2):109-125.

Feather, N. 1995. Values, valences, and choice: The influence of values on perceived attractiveness and choice of alternatives. *Journal of Personality and Social Psychology*, 68(6):1135-1151.

Fonn, S. and M. Xaba. 1996. *Health workers for change*. Geneva, World Health Organization.

Foy, R., A. Walker, C. Ramsay, G. Penney, J. Grimshaw, and J. Francis. 2005. Theory-based identification of barriers to quality improvement: Induced abortion care. *International Journal for Quality in Health Care*, 17(2):147-155.

Freire, P. 1970. *Pedagogy of the oppressed*. New York, Continuum.

Hart, G. 1978. *Values clarification for counselors*. Springfield, IL, Charles C. Thomas.

Hilton, S. and J. Allyn Piliavin. 2004. Values: Reviving a dormant concept. *Annual Review of Sociology*, 30:359-395.

Hope, A. and D. Timmel. 1984. *Training for transformation: A handbook for community workers*. Harare, Zimbabwe, Mambo Press.

Hutcheon, P. 1972. Value theory: Toward conceptual clarification. *The British Journal of Sociology*, 23:172-187.

International Federation of Gynecology and Obstetrics. 2005. *Resolution on "conscientious objection*." London, FIGO. Available online at http://www.figo.org/initiatives_conscientious.asp.

Joas, H. 1996. *The creativity of action*. Cambridge, UK, Polity.

Joas, H. 2000. *The genesis of values*. Cambridge, UK, Polity.

Joffe, C. 1995. *Doctors of conscience: The struggle to provide abortion before and after Roe v. Wade*. Boston, Beacon Press.

Karel, M., J. Powell, and M. Cantor. 2004. Using a values discussion guide to facilitate communication in advance care planning. *Patient Education and Counseling*, 55:22-31.

Kinnier, R. T. 1987. Development of a values conflict resolution assessment. *Journal of Counseling & Development*, 34(1), 31-37.

Kinnier, R. T. 1995. A reconceptualization of values clarification: Values conflict resolution. *Journal of Counseling & Development*, 74:18-24.

Kirschenbaum, H. 1977. *Advanced value clarification*. La Jolla, CA, University Associates.

Klein, S., W. Karchner, and D. O'Connell. 2002. Interventions to prevent HIV-related stigma and discrimination: Findings and recommendations for public health practice. *Journal of Public Health Management and Practice*, 8(6):44-53.

Kluckhohn, C. 1951. Values and value-orientations in the theory of action. In Parsons, T. and E. Shils, eds. *Toward a general theory of action*. New York, Harper.

Kunyk, D. and J. Olson. 2001. Clarification of conceptualizations of empathy. *Journal of Advanced Nursing*, 35(3):317-325.

Major, B. and R. Gramzow. 1999. Abortion as stigma: Cognitive and emotional implications of concealment. *Journal of Personality and Social Psychology*, 77(4):735-745.

Mandler, G. 1993. Approaches to a psychology of value. In Hechter, M., L. Nadel, and R. Michod, eds. *The origin of values*. New York, Aldine Transaction.

Marais, Thea. 1996. *Abortion values clarification training manual*. Melrose, South Africa, Planned Parenthood Association of South Africa.

Marais, Thea. 1996. *Provisional overall results from abortion values clarification workshop pilot study*. Unpublished.

Maslow, A. 1959. *New knowledge in human values*. New York, Harper & Brothers.

Millner, V. and R. Hanks. 2002. Induced abortion: An ethical conundrum for counselors. *Journal of Counseling & Development*, 80:57-63.

Millstein, S. G. 1996. Utility of the theories of reasoned action and planned behavior for predicting physician behavior: A prospective analysis. *Health Psychology*, 15(5):398-402.

Mitchell, Ellen M. H., Karen A. Trueman, Mosotho C. Gabriel, Alyssa Fine, and Manentsa Nthabiseng. 2004. *Accelerating the pace of progress in South Africa: An evaluation of the impact of values clarification workshops on termination of pregnancy access in Limpopo Province*. Johannesburg, Ipas.

Mitchell, Ellen M. H., Karen A. Trueman, Mosotho C. Gabriel, Lindsey B. Bickers Bock. 2005. *Building alliances from ambivalence: Evaluation of abortion values clarification workshops with stakeholders in South Africa*. African Journal of Reproductive Health, 9(3):89-99.

Mosconi, J. and J. Emmett. 2003. Effects of a values clarification curriculum on high school students' definitions of success. *Professional School Counseling Journal*, 7(2):68-78.

Moustakas, C. 1966. *The authentic teacher: Sensitivity and awareness in the classroom*. Cambridge, MA, Howard A. Doyle.

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

Naylor, N., and M. O'Sullivan. 2005. Conscientious objection and the implementation of the choice on termination of pregnancy act 92 of 1996 in South Africa. Cape Town: Women's Legal Centre and Ipas.

Neumann, J., and K. Olive. 2003. Absolute versus relative values: Effects on family practitioners and psychiatrists. *Southern Medical Journal*, 96(5):452-457.

Okonofua, F., S. Shittu, F. Oronsaye, D. Ogunsakin, S. Ogbomwan, and M. Zayyan. 2005. Attitudes and practices of private medical providers towards family planning and abortion services in Nigeria. *Acta Obstetricia et Gynecologica Scandinavica*, 84:270-280.

Parashar, S. 2004. Perception of values: A study of future professionals. *Journal of Human Values*, 10(2):143-152.

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

Raths, L., M. Harmin, and S. Simon. 1978. *Values and teaching: Working with values in the classroom*, 2nd edition. Columbus, OH, Charles E. Merrill Publishing Co.

Rogers, C. 1961. *On becoming a person*. Boston, Houghton Mifflin.

Rohan, M. J. 2000. A rose by any name? The values construct. *Personality and Social Psychology Review*, 4(3):255-277.

Rokeach, M. 1973. *The nature of human values*. New York, Free Press.

Rokeach, M. 1979. *Understanding human values: Individual and societal*. New York, Free Press.

Rowe, A., D. de Savigny, C. Lanata, and C. Victoria. 2005. How can we achieve and maintain high-quality performance of health workers in low-resource settings? *Lancet*, 366:1026-1035.

Rutledge, S. and N. Abell. 2005. Awareness, acceptance, and action: An emerging framework for understanding AIDS stigmatizing attitudes among community leaders in Barbados. *AIDS Patient Care and STDs*, 19(3):186-199.

Schwartz, S. and W. Bilsky. 1987. Toward a universal psychological structure of human values. *Journal of Personality and Social Psychology*, 53:550-562.

Schwartz, S. and W. Bilsky. 1990. Toward a theory of the universal content and structure of values: Extensions and cross-cultural replications. *Journal of Personality and Social Psychology*, 58(5):878-891.

Schwartz, S. and N. Inbar-Saban. 1988. Values self-confrontation as a method to aid in weight loss. *Journal of Personality and Social Psychology*, 54(3):396-404.

Simmonds, K. and F. Likis. 2005. Providing options counseling for women with unintended pregnancies. *Journal of Obstetric, Gynecologic, & Neonatal Nursing*, 34:373-379.

Simon, S. 1974. *Meeting yourself halfway: 31 values clarification strategies for daily living*. Niles, IL, Argus Communications.

Simon, S., L. Howe, and H. Kirschenbaum. 1972. *Values clarification: A handbook of practical strategies for teachers and students*. New York, Hart.

Smith, M. 1977. *A practical guide to value clarification*. La Jolla, CA, University Associates.

Steele, S. 1979. *Values clarification in nursing*. New York, Appleton-Century-Crofts.

Turner, Katherine L., Christina Wegs, and Betsy Randall-David. 2003. *Effective training in reproductive health: Course design and delivery. Trainer's manual*. Chapel Hill, NC, Ipas.

United Nations Educational, Scientific and Cultural Organization. 2002. Teaching and learning for a sustainable future: A multimedia teacher education programme. http://www.unesco.org/education/tlsf/.

United Nations. 1995. Report of the International Conference on Population and Development. New York, UN.

United Nations. 1999. Key actions for the further implementation of the programme of action of the International Conference on Population and Development. New York, UN.

Van Bogaert, L. 2002. The limits of conscientious objection to abortion in the developing world. *Developing World Bioethics*, 2(2):131-143.

Varkey, S., S. Fonn and M. Ketlhapile. 2001. *Health workers for choice*. Johannesburg, The Women's Health Project, School of Public Health, Faculty of Health Services, University of the Witwatersrand.

Webb, D. 2000. Attitudes to "kaponya mafumo": The terminators of pregnancy in urban Zambia. *Health Policy and Planning*, 15(2):186-193.

Wegs, Christina, Katherine L. Turner, and Betsy Randall-David. 2003. *Effective training in reproductive health: Course design and delivery*. Reference manual. Chapel Hill, NC, Ipas.

World Health Organization. 1998. *Abortion in the developing world*. London, WHO.

World Health Organization. 2000. *Strategies for assisting health workers to modify and improve skills: Developing quality health care - a process of change*. Geneva, Department of Organization of Health Services Delivery, WHO

World Health Organization. 2003. *Safe abortion: Technical and policy guidance for health systems*. Geneva, WHO.

World Health Organization. 2004. U*nsafe abortion: Global and regional estimates of incidence of and mortality due to unsafe abortion with a listing of available country data, 3rd edition*. Geneva, WHO.

World Health Organization. 2004. *Unsafe abortion: Global and regional estimates of the incidence of unsafe abortion and associated mortality in 2000, 4th edition*. Geneva, WHO.

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