IPPF

From choice, a world of possibilities

How to educate about abortion

A guide for peer educators, teachers and trainers

April 2016

Who we are

The International Planned Parenthood Federation (IPPF) is a global service provider and a leading advocate of sexual and reproductive health and rights for all. We are a worldwide movement of national organizations working with and for communities and individuals.

IPPF works towards a world where women, men and young people everywhere have control over their own bodies, and therefore their destinies. A world where they are free to choose parenthood or not; free to decide how many children they will have and when; free to pursue healthy sexual lives without fear of unwanted pregnancies and sexually transmitted infections, including HIV. A world where gender or sexuality are no longer a source of inequality or stigma. We will not retreat from doing everything we can to safeguard these important choices and rights for current and future generations.

Contents

Acknowledgments

This guide was published in March 2016. It was written by Laura Hurley, Hadassah Wachsmann and Rebecca Wilkins at IPPF Central Office in London and was reviewed by colleagues in the IPPF secretariat.

The authors gratefully acknowledge the following organizations that contributed and/or reviewed the guide:

- Elizabeth Greenblatt, Capacity Building Coordinator, Sea Change Program
- Grace Wilentz, independent consultant and member of Abortion Rights Campaign, Ireland
- Sangeet Gopal Kayastha, International Coordinator, Youth Peer Educational Network (Y-PEER)
- Albert Obbuyi, Executive Director, Centre for the Study of Adolescence
- Julia Scheinbeim, Manager of Education and Publications, Planned Parenthood Federation of America
- IPPF Western Hemisphere Region

Thank you to Brook, Ipas and Marie Stopes International for granting permission to reproduce and adapt their activities.

Special thanks to the following members of the IPPF Youth Advisory Group on Abortion Stigma for their comments and contributions:

Bassirou Gassama (Senegal), Caroline Osei-Fosu (Ghana), Genesis Luigi (Venezuela), Marianne Forsey (UK), Shambhavi Poudel (Nepal), Souvik Pyne (India), Starlyn de Jesús Hernández (Dominican Republic), Wise Alorvi (Ghana).

IPPF gratefully acknowledges the support of the David and Lucille Packard Foundation in developing and disseminating this guide.

Key terms

In several places, this guide refers to 'women' who have abortions. Although the vast majority of abortions globally are provided to individuals who identify as women, IPPF acknowledges that other people who do not identify as women (such as transgender men/trans masculine people and those who are non-binary) can also experience pregnancy and abortion.

Abortion: When someone chooses to end a pregnancy by taking medication or having a surgical procedure. Abortion is not the same as miscarriage, which is when a pregnancy ends naturally. Abortion is also sometimes referred to as 'termination' or 'termination of pregnancy'.

Comprehensive sexuality education (CSE): This is 'sex education' that actually covers a range of topics relating to sexuality, rights, relationships and gender. In IPPF, the essential topics to be covered in CSE are: sexual and reproductive health and HIV, gender, sexual rights and sexual citizenship, pleasure, violence, diversity and relationships.

Fetus: The medical term to refer to the growing embryo beyond the tenth week of gestation (or from the end of eighth week of conception) until birth.

Gestation: Gestation refers to the time during which the embryo/ fetus develops inside the body. It begins from the time of fertilization ending with birth. Gestational age is calculated from the first day of the last menstrual period and is indicated in completed days or completed weeks. The expected duration of a singleton pregnancy is 40 weeks.[1]

Harm reduction: A harm reduction approach is one that aims to reduce the harm associated with an activity or behaviour, without making any moral judgment about the behaviour itself. In the case of abortion, this could mean providing information and support for people taking abortion medication outside of the official health system.

Intersex: This is a general term used for a variety of conditions in which a person is born with reproductive or sexual anatomy that does not seem to fit commonly understood definitions of 'female' or 'male'.

Medical abortion: When someone takes medication (pills/drugs called Mifepristone and/or Misoprostol) to end a pregnancy. This is not the same as emergency contraception ('the morning after pill') which works to prevent pregnancy.

Member Associations (MAs): Term used to describe organizations that are part of the International Planned Parenthood Federation (IPPF). They provide information, education and/or services relating to sexual and reproductive health and rights. You can view a list of IPPF Member Associations here: http://www.ippf.org/about-us/member-associations

Peer education: A term widely used to describe a range of strategies where people from a similar age group, background, culture and/or social status educate and inform each other about a variety of issues. In this guide, 'peer education' focuses on young people delivering education to other young people.

1 International Statistical Classification of Diseases and Related Health Problems (2004). Available at: http://www.who.int/classifications/icd/ICD-10_2nd_ed_volume2.pdf Accessed on: 17 March 2016

Peer educator: In this guide, 'peer educator' refers to a young person who provides some form of sexuality education to their peers (i.e. others of a similar age/background). A peer educator in IPPF should have received training on a number of topics relating to sexual and reproductive health and rights.

Reproductive justice: A framework which recognizes that race, class, gender and sexual identity are all interlinked and each contributes to someone's ability to exercise their reproductive health and rights.[2]

Reproductive rights: Reproductive rights relate to our individual freedom to decide if, how and when we might choose to give birth/have children. This can include: the right to legal and safe abortion; the right to contraception; the right to good quality maternity and birthing care; and the rights to education and services in order to make free and informed reproductive choices.

Sex selective abortion: This is when someone chooses to have an abortion based on the sex of the fetus. Sex selective abortions commonly occur in societies where there is a preference for male rather than female children.

Rights-based: Sexual and reproductive rights are fundamental human rights. Abortion is firmly associated with a number of established human rights, including the right to autonomy and bodily integrity. At the 1994 International Conference on Population and Development, 179 governments agreed that free and informed decision making about pregnancy and childbirth is a basic right.[3]

Sexual and reproductive health and rights (SRHR): This term and its acronym, 'SRHR', refer to everything connected to someone's sexuality and fertility (e.g. the rights and responsibilities they have, their physical and emotional health and wellbeing).

Sexuality: Sexuality is the way we experience and express ourselves as sexual beings. It refers to our individual experience of sexual pleasure, intimacy, sexual orientation and gender identity.

Stigma: Stigma is a perceived negative attribute that causes someone to devalue or think less of the whole person. Negative attitudes create prejudice that can lead to negative actions and discrimination. Abortion stigma is the association of negative attributes with people involved in seeking, providing or supporting abortion.

Surgical abortion: When someone has a surgical procedure to end a pregnancy. The most common form of surgical abortion is called 'vacuum aspiration', where the products of conception are removed/evacuated from the uterus through gentle suction.

Transgender: 'Transgender' or 'trans' is an umbrella term used to describe people whose gender identity differs from the sex indicated on their birth certificate.

Trimester: Where the length of the pregnancy is divided into three periods of three months each, there is a 'first', 'second' and 'third' trimester. There are no clear biological markers for these stages but they may be used in a general way to divide up the gestation period.

Unsafe abortion: An abortion which is performed by someone lacking the necessary skills and/or which takes place in an environment which does not meet minimal medical standards. Unsafe abortion is a significant cause of ill-health in low-and middle-income countries.

Young people: Those aged 10 to 24 years (by IPPF).

2 Sister Song (2015) Reproductive Justice. Available at: http://sistersong.net/reproductive-justice Accessed 16 December 2015.

3 Ipas (date unknown) Abortion is a human rights issue. Available at: http://bit.ly/21JPf3N Accessed 16 December 2015.

Overview of this guide

Why do we need a guide for rights-based abortion workshops?

Many young people involved with IPPF Member Associations across the world have told us that they lack good quality information on abortion, or are not always confident talking about it with their peers. The subject of abortion is often left out of peer education manuals on sexual and reproductive health, or only mentioned briefly. Where sexuality education is provided to young people, it is not always comprehensive, and abortion, which is viewed as a 'sensitive' topic, may not be included. Therefore this guide aims to fulfil an unmet need for practical support for delivering workshops on abortion, including recommended activities, and support for advocating for the inclusion of abortion in sexuality education programmes.

In a review of school curricula in ten East and South African countries, UNFPA and UNESCO found that education on abortion was lacking, and at times 'unscientific'. In some curricula, value judgements such as 'abortion is murder' were framed as facts, and there was often a lack of clear information about the genuine legal status of abortion. The review recommended that abortion is better framed as an issue relating to sexual and reproductive health and choices, rather than as a moral/spiritual issue.[4]

Abortion is stigmatised all over the world. This stigma can allow myths about abortion to flourish, and can lead to people feeling ashamed or harassed for seeking or providing abortion services. In order to ensure people can access safe legal abortion, free from discrimination, we need to provide factual information about health and the law, but also create a safe space to discuss an important issue which affects many people around the world. This guide will present a rights-based approach to education on abortion – young people have a right to accurate information about their sexual and reproductive health, and should be empowered to act upon their own rights and advocate for the rights of others.

Who is this guide for?

This guide has been developed for trainers and educators who want to deliver workshops or training on abortion to young people, especially those training young peer educators.

What is peer education?

In this guide, 'peer education' refers to young people delivering education sessions on sexual and reproductive health issues to other young people. This could be in a formal setting, like a school, but also an informal setting, like a club.

The target audience is those who train young peer educators, and experienced young peer educators themselves.

The guide could also be useful for other trainers, educators, teachers and youth workers. The guide assumes that the reader has experience facilitating groups and running workshops, and has prior knowledge of sexual and reproductive health and rights (SRHR) issues. Some useful resources for leading education and training sessions are suggested on pages 86-89.

4 UNESCO and UNFPA (2012) Sexuality Education: A ten-country review of school curricula in East and Southern Africa. Available at: http://unesdoc.unesco.org/images/0022/002211/221121e.pdf Accessed 16 December 2015.

As young people usually face the most barriers to accessing reliable information on abortion, and accessing safe abortion services, this guide will focus on the education provided to young people. However, since abortion is a topic very few of us have received comprehensive education on, most of the content will also be useful/adaptable for other age groups and demographics.

The aim of this guide

This guide aims to support trainers and educators who want to make sure that they include rights-based information on abortion, which is grounded in robust evidence, into educational programmes for young people.

Content includes:

- *Evidence* that demonstrates why it is important to provide good quality education and information on unintended pregnancy and abortion
- *Suggestions and examples* of how to include discussion of these topics in CSE and youth programmes
- *Key messages, facts and language* to use when talking about abortion
- *Educational activities* on values, facts and issues relating to pregnancy choices
- *Tips and tools* for lesson planning and training on abortion
- *Links* to evidence-based resources and further sources of information and guidance

This guide will focus specifically on abortion, but the subject of abortion is best discussed in the context of general reproductive health, well being and rights, relationships and sexuality. Thus, this guide should be used to supplement existing education programmes and is not designed to be a complete curriculum.

This guide has been reviewed by IPPF staff and external organizations working in SRHR and peer education, as well as members of the IPPF Youth Advisory Group On Abortion Stigma. A draft version was piloted with young peer educators in Guyana and India and some photos from these training sessions have been used to illustrate this guide.

5 Sedgh, G et al Induced abortion: incidence and trends worldwide from 1995 to 2008. Available at: https://www.guttmacher.org/pubs/journals/Sedgh-Lancet-2012-01.pdf Accessed on 16 December 2015.

Why talk about abortion?

We need to talk about abortion because young people need and deserve accurate information about their reproductive health and rights.

> *"The first time I asked my mom about what abortion is, she only said "Husshhh, don't you ever think of that. It's amurder," and left me with no answer. As long as I can remember, I got most information about abortion only from a local newspaper. Abortion was always portrayed as a cruel act and any woman who had abortions was labelled a 'naughty girl', who has sex before marriage.*
>
> *Media outlets reported abortion as painful, frightening, followed by heavy bleeding eventually leading to death. All information that I found led me to one conclusion: abortion is wrong. We often receive information that has never been questioned or authenticated. We do not realize that the things we believe, as truths, may be myths. Myths exist in many aspects of human life, including abortion."*
>
> ***Young person, Indonesia*** [6]

Unintended pregnancy is common among young people, and complications related to pregnancy and childbirth are the second most common cause of death for 15 to 19 year old girls worldwide.[7]

Girls who become pregnant are less likely than adults to be able to access safe, legal abortion and have approximately three million unsafe abortions each year, which can lead to health problems, and in some cases, death.[8] We can't talk about girls' and women's health, well-being and rights without talking about their reproductive health, and that includes abortion.

> *"A significant number of the women I see think that having an abortion will affect their ability to become pregnant or carry a pregnancy to term, cause breast cancer, or lead to long-term mental health problems because this is what they were taught at school, making a lot of women terrified when approaching abortion services."*
>
> ***Pregnancy choices counsellor, UK*** [9]

Without accurate education many young people will likely receive unreliable information from friends, family, the media and the internet. Due to the stigma which surrounds abortion many myths and misconceptions are accepted in communities and passed on to others, which can be confusing, upsetting and potentially dangerous in terms of preventing or delaying access to reliable medical services.

6 Asia Safe Abortion Partnership (2015) Education as the way to reduce abortion stigma! Available at: http://asap-asia.org/blog/education-as-the-way-to-reduce-abortion-stigma Accessed 16 December 2015.

7 World Health Organization (2014) Adolescent pregnancy. Available at: http://www.who.int/mediacentre/factsheets/fs364/en Accessed 16 December 2015.

8 World Health Organization (2014) Adolescent pregnancy. Available at: http://www.who.int/mediacentre/factsheets/fs364/en Accessed 16 December 2015.

9 Brook (2013) Abortion Education in the UK: Failing our Young People? Available at: https://www.brook.org.uk/attachments/abortioneducationreport.pdf Accessed 16 December 2015.

We should talk to young people about abortion because:

- ### Information about health and wellbeing is a human right

  International human rights agreements like the Convention on the Rights of the Child[10] support young people's right to information and education, and to good health. IPPF recognises that young people have a right to make informed choices about sex and relationships, and this includes pregnancy choices and the right to have a safe, legal abortion. Almost half of pregnancies worldwide are unplanned and abortion happens in every country, even where it is legally restricted. Young people have a right to learn about issues that affect their own health and well-being, and the lives of others around them. Ipas has compiled a list of citations of international human rights conventions that relate to unwanted pregnancy and abortion (see reference).[11]

> *"Abortion education is an essential aspect of CSE. By giving young people the opportunity to consider the issues that unintended pregnancy and abortion raise, abortion education helps young people to think about the importance of safer sex. It helps them to develop the motivation to use contraception properly and consistently. As with all good quality CSE, effective abortion education equips young people with the attitudes, skills and knowledge they need to avoid unintended pregnancy and sexually transmitted infections."*
>
> ***Brook (nd) Best Practice Toolkit: Abortion Education*** [12]

10 UNICEF (nd) Convention on the Rights of the Child. Available at: http://www.unicef.org/crc Accessed 17 December 2015.

11 Ipas (2014) International Human Rights Bodies on Unwanted Pregnancy and Abortion Part One. Available at: http://bit.ly/1QO9Vzu Accessed 17 December 2015.

12 Available at: https://www.brook.org.uk/attachments/efcabortioneducationtoolkit.pdf Accessed 16 December 2015.

Abortion services are a necessary part of health care

Young women may be at risk of disability, and even death, from unsafe abortion practices when they lack information about and access to safe abortion care. Girls and young women are most at risk, with almost half of unsafe abortions being performed on those aged 15-24 years, and the majority of those hospitalised due to unsafe abortion are under 20 years old.[13] Accurate information on contraception, pregnancy and abortion helps young people to maintain good health and access services when they need them.

Information about abortion can help to reduce misunderstanding and stigma

There is a great deal of stigma surrounding young people and sexuality, especially when it comes to reproductive choices. Talking about abortion in a non-judgemental way can help us to explore different values relating to teenage pregnancy, gender norms and sexuality. Young people, in particular, may value the opportunity to discuss pregnancy choices in a safe space, where they can learn more about their own rights and responsibilities. Discussing abortion not only allows young people to learn medical and legal facts but also shows them that it is something they are permitted to talk about, and may help to reduce silence and stigma around the topic. This can help them to access safe services when they need them.

13 Ipas (date unknown) Youth. Available at: http://www.ipas.org/en/What-We-Do/Youth.aspx Accessed 16 December 2015.

How to advocate for abortion to be included in sexuality education

To advocate for abortion to be included in comprehensive sexuality education, make the case to the key decision makers by presenting appropriate evidence, considering what kind of language to use, and responding to stakeholder concerns.

IPPF's Framework on CSE recommends that information about abortion is included in education that Member Associations provide in and outside of schools, but often this is one of the more difficult elements of CSE to deliver. This section provides suggestions on how to ensure that abortion is part of information and education programmes on SRHR for young people.

Not all young people receive comprehensive education on issues relating to their sexuality. Even where they do have access to information on sexual and reproductive health and rights it is likely to be limited due to time constraints or concerns about certain topics being 'inappropriate'. Many educators report difficulty getting abortion included on the school curriculum or in a non-formal education programme.

Engage parents, school administrators, teachers and other stakeholders and address their concerns:

- Consider holding a meeting with parents, teachers and other relevant parties to discuss the content you want to cover to ensure that they feel included and involved.
- Reassure teachers and parents that you are not there to tell anyone what to think, but that you want to provide young people with accurate information so that they can make their own decisions and be safe.
- Provide evidence to demonstrate the need for abortion information and education.
- If you face insurmountable challenges to providing information about abortion in schools/colleges, think of ways to deliver workshops to young people outside of traditional educational settings. This ensures reaching those who are not engaged in formal education.

Use evidence to demonstrate that information about abortion is relevant and necessary:

- Use local and national statistics to show that unplanned pregnancy and abortion are issues that young people in your community do face. Depending on how much 'official' data is available in your country (for example, in Demographic Health Surveys[14]) you may need to carry out confidential surveys of young people or interview local health care providers to find evidence that abortion is a reality, and does affect young people.
- Good quality CSE should be informed by young people themselves. You may need to survey young people in and outside of school settings to determine the issues that they need more information on. You could put together a simple questionnaire on abortion to test knowledge and values which may show that there is a need for challenging common myths. 'Explore: Toolkit for Involving Young People as Researchers', by Rutgers and IPPF, is a resource that gives more information on how to engage young people as researchers in their community, which may be a helpful way to collect supporting evidence for your programme.[15]

14 Demographic Health Surveys (DHS) are highly respected studies that gather information on a variety of health-related topics at the country level. For more details, see: http://dhsprogram.com/What-We-Do/Survey-Types/DHS.cfm

15 Rutgers and IPPF (2013) Explore: Toolkit for Involving Young People as Researchers in Sexual and Reproductive Health Programmes. Available at: http://www.rutgers.international/our-products/tools/explore Accessed 17 December 2015.

Frame information and education about abortion, in a way that is acceptable:

- Think about the language you use to talk about abortion education. Since you will be talking about a range of issues it might be best to frame as 'pregnancy choices' or 'reproductive health and values'. Discuss with other educators the best language to use with your own community and with education authorities.
- Use information from well-trusted and reputable organisations that education professionals have heard of, like UNESCO[16]. Share sample exercises and your own locally adapted activities, which are culturally sensitive and display a non-judgemental approach.
- If it is difficult to educate about abortion as part of CSE consider the context – perhaps abortion rights could be part of a wider discussion on gender, or the law? Could you introduce the issue of unsafe abortion in a health class or discuss representations of teenage pregnancy within a media class? Be creative!
- It's better to give some information rather than nothing at all – for example a school might be happy for you to talk about the abortion law, but not medical procedures. Try to find out what would be acceptable in the setting you are in and you can hopefully create a space where at least young people will find out some basic information and hear about services, websites or helplines where they can learn more.

16 UNESCO (nd) Early and unintended pregnancy – what role for education? Available at: http://www.unesco.org/new/en/education/themes/leading-the-international-agenda/health-education/single-view/news/early_and_unintended_pregnancy_what_role_for_education Accessed 17 December 2015.

Planning educational sessions on abortion

When planning lessons or workshops it is important to remember that education is not just about 'giving information' to a passive audience. CSE should be a participatory, interactive learning process which empowers young people. Lessons or workshops on SRHR should not just be about sharing factual information, but about encouraging people to challenge their own and others' beliefs and to transform their communities.

This section includes guidance for educators and facilitators who are conducting educational sessions about abortion, and talking points that address frequently asked questions and sensitive issues that may arise during sessions about abortion.

Instructions for facilitators

Remember that education on sexual and reproductive health and rights should be interactive, relevant and inclusive.

Facilitators of sessions on pregnancy and abortion should be confident and experienced in speaking about SRHR issues, and have enough factual information to answer questions on pregnancy, abortion and childbirth, as well as related issues of sex and the law, contraception and condom-use, HIV and STIs, and more. It is important that the educator(s)/facilitator(s) has examined their own values in relation to sexual and reproductive rights, not just in relation to abortion, but also adoption,

same-sex relationships and so on. The educator(s)/facilitator(s) must be committed to rights-based education on these issues. Most of us live in cultures where abortion is heavily stigmatised and it is important to challenge harmful norms and deliver sessions which are non-judgemental as well as informative.

Facilitator(s)/educator(s) should also think of ways to keep sessions interactive and engaging, and cater to different learning styles, by including activities that engage the senses or creativity. Sharing and discussing films and/or real-life stories can be an engaging way to remind groups that abortion is a real part of people's lives, and also that it affects a diverse range of people, including parents, those from religious communities and so on. Structure your workshop so that learning can be reviewed, with breaks and energizers/games to keep up concentration levels. The Youth Peer Education Network's (Y-PEER) 'Training of Trainers Manual'[17] gives a general overview of peer education techniques and exercises that you might find useful.

17 Youth Peer Education Network (Y-PEER) (2005) Training of Trainers Manual. NY, USA: UNFPA. Available at: http://www.unfpa.org/sites/default/files/jahia-publications/documents/publications/2006/ypeer_tot.pdf Accessed 17 December 2015.

When delivering sessions on pregnancy and abortion, facilitators/educators should take special care to:

- Create a safe space
- Know (and involve!) your audience
- Be inclusive
- Use accurate information
- Make it relevant
- Link to services
- Try not to debate the issues

The following paragraphs provide guidance on how to achieve these aims:

Create a safe space: Many people have had, or will go on to experience unplanned pregnancy and/or abortion, or will know somebody who has. It is therefore important that the workshop does not stigmatise people who become pregnant unintentionally and/or at a young age, who are young parents, who have abortions, or who choose adoption. One way to encourage a respectful atmosphere in the session is to discuss and agree upon 'group rules' at the beginning.

Possible 'Group Rules':

Prepare a flipchart or piece of paper with a working agreement for the sessions and leave space for participants to add their ideas. If you have time, ask the group to develop their own working agreement from scratch.

It's important to remind participants that unplanned pregnancy and abortion are common experiences, so that they are aware that there may be people in the room affected by some of the issues up for discussion, and that this session should be respectful and non-stigmatising.

1. Speak one at a time – allow everyone a chance to talk
2. Ensure confidentiality and a safe space
3. Agree to disagree, but make sure it is respectful!
4. Value other people's opinions and perspectives
5. Speak for yourself and not other people in the group
6. Ask questions
7. Feel free to pass on a specific topic or activity if you aren't comfortable
8. You don't need to give personal information or share your own pregnancy experiences…

In most contexts, it is helpful to let participants know that personal information (for example, about pregnancy experiences) is not required. In some settings, disclosure of sexual activity/pregnancy/abortion experience may be restricted (for example, in a school). Young people should be told what the limitations are on confidentiality in the setting you are working in and encouraged to take personal questions to an appropriate professional. For this reason, it is important to provide information about services (including face-to-face, online or phone services) that can offer this support.

Know (and involve!) your audience: The best CSE programmes involve the young people they serve in planning, evaluation and often delivery, to make sure that the programme is relevant and engaging. Talk to young people (informally, or using focus groups and surveys) to find out about gaps in their knowledge and what they would like to learn about pregnancy and abortion.

Use a range of evaluation methods to make sure you can keep improving your workshops. For example, participants could complete an evaluation form, maintain a daily diary or journal to record their reflections on a longer training, or even contribute to a 'graffiti wall' where they are encouraged to write/draw their comments. Remember that participants may be apprehensive about asking questions in the presence of others, so provide a box where they can ask anonymous questions and comments which you can respond to.

Be inclusive: Education about pregnancy and abortion should be accessible for diverse groups of young people. Try to make sure that the activities and materials you use are inclusive and do not assume an audience that is only heterosexual, female, sexually active and so on. Some research has shown that young people who are lesbian, gay or bisexual may actually be at a higher risk of unplanned pregnancy than their heterosexual peers[18], so it is important not to make assumptions about who does or does not need information about pregnancy and abortion. Being inclusive could be something as simple as

18 Seaman, A.M. (2015) Pregnancies more common among lesbian, gay and bisexual youths. Reuters, 05/14/2015. Available at: http://uk.reuters.com/article/us-pregnancy-teen-lgbt-idUKKBN0NZ2AT20150514 Accessed 17 December 2015.

using gender-neutral terms such as 'partner', and ensuring that examples discussed in activities are drawn from a range of backgrounds and experiences. Think also about the abilities of your group: do not rely on written information that some people might not be able to read, or exercises that will exclude people with physical disabilities.

Did you know?

It is not only women who can become pregnant. People who are transgender (including those who are intersex, or 'non-binary' i.e. do not identify as male or female) can also experience pregnancy. Thus, information about contraception and pregnancy choices should not focus exclusively on female audiences.*

*The Terrence Higgins Trust, a UK sexual health organization, has some useful information on transgender identities and health. Have a look: http://www.tht.org.uk/sexual-health/Young-people/Sexuality-_and_-gender/Trans

Use accurate information: Unfortunately, there are a lot of materials on abortion that contain false information, even in schools[19]. Review all the external resources you plan to use to ensure they are from reputable organizations, which provide evidence-based information. You can check the facts provided in the materials you have against the facts provided on pg 80 (which have been verified as reliable and accurate), or with local medical professionals. Ipas has a factsheet called 'The Evidence Speaks for Itself: Ten Facts about Abortion' (see footnote[20]) which might be helpful for checking resources. You can also use IPPF's abortion messaging guide[21] to review the language and images in any handouts, films or leaflets you plan to use.

Make it relevant: It is important that the workshops you deliver are appropriate for the cultural context, for the age group that you are working with, and the time that you have. Some of the recommended activities in this guide will work in your setting, while others might not. Think about adapting exercises for your community. For example, if you live in a religious community, ensure that the activity addresses how local religious beliefs and norms interact with or affect knowledge, behaviour, stigma and services related to abortion and pregnancy choices.

What is 'peer provision'?

Peer provision is a term used to describe a system of giving and receiving care involving people from a similar age group, background, culture and/or social status. There may be ways that young peer educators in your community can provide support relating to pregnancy decision-making and abortion care, such as counselling and providing information on taking abortion medication.[22]

Link to services: You can only cover so much in a CSE session or training workshop, so it is important that young people know where to go for more information, or to access sexual and

19 Brook (nd) Abortion Education in the UK: Failing our young people? London: Brook. Available at: https://www.brook.org.uk/attachments/abortioneducationreport.pdf Accessed 17 December 2015.

20 Ipas (2010) The Evidence Speaks for Itself: Ten Facts About Abortion. NC: Ipas. Available at: http://www.ipas.org/~/media/Files/Ipas%20Publications/TENFACE10.ashx Accessed 17 December 2015.

21 IPPF (2015) How To Talk About Abortion: A guide to rights-based messaging. London: IPPF. Available at: http://www.ippf.org/resource/How-talk-about-abortion-guide-rights-based-messaging Accessed 17 December 2015.

22 IPPF (2013) IPPF Medical Bulletin. Available at: http://www.ippf.org/sites/default/files/imap_statement_task_sharing.pdf Accessed 16 December 2015.

reproductive health services, or counselling (this includes peer educators!). Remember some of the young people you speak to may go on to have experience of an unplanned pregnancy and may have difficulty talking to their family/friends/teachers, so it is important to link your participants to services by sharing leaflets that contain clinic details or a hotline number. When training peer educators, be sure to include information about referral systems and what kind of support they can or cannot provide in response to disclosure of pregnancy.

Family Health Options Kenya (FHOK), an IPPF Member Association, has developed a **youth referral voucher system**, where peer educators carry coupons that they can give to young people they meet who are in need of services. This supports young people to access abortion-related services and allows FHOK to collect data on how many follow up with clinic visits.[23]

Try not to debate the issues: In educational settings, the topic of abortion is sometimes covered as a debate, involving invited groups with strong anti-abortion views to oppose those who support legal abortion. Although it is important to discuss different views on abortion, setting up a debate can be stigmatising for those who have experienced abortion, and is usually not an effective channel for clearly distinguishing between facts and values. No one should feel attacked for their personal views, or for their experiences. It is better to facilitate balanced discussions, which do not force people to take a position (e.g. 'for' or 'against' the right to abortion).

It is equally important that peer educators/trainers recognize the importance of not sharing their own personal views or opinions on abortion, but of presenting the facts clearly and facilitating a respectful discussion.

> *"Today we will be discussing the decision to have an abortion. We will not be discussing abortion as right or wrong. Instead, we will consider what goes into making that decision to try to understand why some choose to have an abortion."*
>
> ***'It's All One Curriculum'***[24]

Talking Points

This section covers how to discuss issues relating to abortion, and to answer challenging questions. Even though stigma can make it difficult for people to share personal experiences of abortion, there is lots of 'noise' about abortion in the media. Young people trying to make sense of what they have heard about abortion in newspapers, on television and from their friends may have lots of questions, and it may be difficult to answer their questions if you are not prepared! The following paragraphs give some examples of topics relating to abortion that you may need to respond to, and suggested resources for further reading.

"Have you had an abortion?"

Sometimes talking about sensitive issues related to sexuality (like abortion) can lead to curiosity, and people asking personal questions. When a facilitator tells a group that abortion is common, it might lead the group to wonder if someone in the room, perhaps the facilitator, has experienced abortion. In many trainings and workshops, it is likely that some participants (and/or their partners, friends and family) have, or will go on to experience abortion! However, nobody is obliged to share that information. As an educator

23 IPPF (2014) Youth and Abortion: Key strategies and promising practices for increasing young women's access to abortion services. Available at: http://www.ippf.org/sites/default/files/ippf_youth_and_abortion_guidelines_2014.pdf Accessed 16 December 2015

24 International Sexuality and HIV Curriculum Working Group (2011) It's All One Curriculum: Guidelines and Activities for a Unified Approach to Sexuality, Gender, HIV, and Human Rights Education. Available at: http://www.popcouncil.org/uploads/pdfs/2011PGY_ItsAllOneActivities_en.pdf Accessed 16 December 2015

or trainer, you do not need to share any personal details and your ability to educate others on a topic does not depend on whether or not you have personal experience of it, but on whether you have the knowledge and skills required to facilitate discussion on the issue. An educational workshop could easily be diverted by a discussion of personal experiences, so in order to avoid this, it is best to outline ground rules at the beginning and remind participants not to ask personal questions (and to be reassured that none will be asked of them).

In some settings, you may feel that sharing personal stories of unplanned pregnancy and abortion is helpful to combat stigma and show others that they are not alone. This should be handled sensitively, to ensure that the person/people speaking out feel safe and supported. For more information, check out Sea Change's 'Saying Abortion Out Loud: Research and Recommendations for Public Abortion Storytellers and Organizations' (see footnote).[25] The Amnesty International training manual, 'Respect My Rights, Respect My Dignity'[26] also offers some great guidance on creating a safe space and dealing with confidentiality when discussing sexual rights.

"When does life begin?"

There is no straight-forward answer to this question. There is no agreement in medicine, philosophy or religious teachings regarding what stage of human development should be associated with the 'start' of life.

Nevertheless, lots of people have different opinions about when life begins, and this may impact how they view abortion. Some religions and cultures (for example, the Catholic Church and Jehovah's Witnesses) teach that life begins at conception (when the egg is fertilized). People who believe this might therefore conclude that having an abortion is ending the life of a person who has as many rights as the person who is pregnant.

25 Sherman, R.B. and the Sea Change Program (nd) Saying Abortion Out Loud: Research and Recommendations for Public Abortion Storytellers and Organizations. Available at: http://seachangeprogram.org/wp-content/uploads/2015/06/Executive-Summary_Final.pdf Accessed 17 December 2015.

26 Amnesty International (2015) Respect my rights, respect my dignity: Module 3 – Sexual and reproductive rights are human rights. Available at: https://www.amnesty.org/en/documents/act30/0010/2015/en Accessed 17 December 2015.

Others determine a certain point in pregnancy when they think 'life begins' or when the developing fetus should have rights. For example, Islam teaches that abortion is permissible up to 'ensoulment' (between 40 and 120 days after conception)[27]. Many abortion laws – specifically regarding the latest point of gestation at which abortion is permissible – are based on the point at which the fetus is 'viable'. This usually means the point at which the fetus could live healthily if born, although this measure is context specific (for example, it depends on the medical technology and support available).

Other people believe that only when a baby is born it becomes entitled to human rights– before this time, it is a fetus that is dependent on the pregnant person to survive.

People can decide for themselves what beliefs or arguments they are willing to accept regarding the start of life. Those who believe that life begins at conception, or at some other point in the pregnancy may still choose to have abortions. As recommended in IPPF's 'How to Talk About Abortion'[28], a rights-based discussion is best focused on the person who is pregnant: their rights, health and well-being.

Further reading:
The BBC's 'When is the Fetus 'Alive'?'[29] Available at: http://www.bbc.co.uk/ethics/abortion/child/alive_1.shtml

"What does X religion say about abortion?"

Participants might have specific questions about what a particular religion teaches on abortion, but it is hard for educators and facilitators of SRHR education to provide an answer.

27 BBC (2009) Abortion: Sanctity of life - Islamic teachings on abortion. Available at: http://www.bbc.co.uk/religion/religions/islam/islamethics/abortion_1.shtml Accessed 17 December 2015.

28 IPPF (2015) How To Talk About Abortion: A guide to rights-based messaging. London: IPPF. Available at: http://www.ippf.org/resource/How-talk-about-abortion-guide-rights-based-messaging Accessed 17 December 2015.

29 BBC (nd) When is the foetus 'alive'? BBC Archive. Available at: http://www.bbc.co.uk/ethics/abortion/child/alive_1.shtml Accessed 17 December 2015.

Most religious texts do not directly mention abortion, and scholars interpret passages in these texts, which could relate to abortion, in different ways. In addition, people who follow a religion often have their own interpretations and ways of living within the faith. For example, although the official teaching on abortion in the Catholic Church is that abortion (and the use of contraception) is prohibited in all circumstances, there are many Catholics around the world who support legal access to abortion and contraception, and who have themselves chosen to have abortions.[30]

It is helpful to read some background on different faith-based teachings on abortion, but remember that these may be interpreted in different ways. People's values and decisions on abortion are often influenced not just by their faith, but by their family background, their economic status, where they live and so on.

Further reading:
Education For Choice at Brook: 'Abortion and Religion Factsheet'[31]. Available at: https://www.brook.org.uk/attachments/Abortion_and_religion_leaflet_2011.pdf

"Is abortion legal?"

The answer to this question will depend on the country you are in. Sometimes, people assume that if abortion is not easy to access that it is 'illegal', however, abortion is only illegal in all circumstances in five countries: Chile, the Dominican Republic, El Salvador, Malta and Nicaragua. All other countries have a law in place which allows for abortion when certain conditions are met: ranging from situations in which abortion is the only solution to save the life of the person who is pregnant, to allowing abortion 'on request' up to a certain stage of pregnancy. It can be interesting to look at different abortion laws and regulations and discuss the impact they have on access to safe abortion care. We know, for example, that where abortion is legally restricted, it still happens; in these contexts, many people need to resort to unsafe abortions. As the World Health Organization states, "the legal status of abortion has no effect on a woman's need for an abortion, but it dramatically affects her access to safe abortion".[32]

Did you know?

Unlike most other countries in the world, **Canada** does not place legal restrictions on abortion - it is a medical procedure regulated by the health care system and is available on request and funded by the state.

Before delivering sessions on abortion, look carefully at the law in your country and also how it is interpreted/implemented. Some laws may look very restrictive on paper, but in fact do not create huge barriers to safe access, while conversely some laws may provide a wide range of conditions under which an abortion could be provided, but in reality these services are hard to access.

Further reading:
The Center for Reproductive Rights' 'The World's Abortion Laws 2015'[33]. Available at: http://worldabortionlaws.com/map

"How is abortion performed?"

For general training and educational workshops you do not need to have an in-depth medical knowledge of abortion, but it is helpful to know something about the procedures that are

30 Catholics for Choice (2014) The Facts Tell the Story: Catholics and Choice 2014-15. Washington, DC: Catholics for Choice. Available at: http://www.catholicsforchoice.org/topics/abortion/documents/FactsTelltheStory2014.pdf Accessed 17 December 2015.

31 Education for Choice (2011) Abortion and Religion. Brook. Available at: https://www.brook.org.uk/attachments/Abortion_and_religion_leaflet_2011.pdf Accessed18 December 2015.

32 World Health Organization (2012) Safe abortion:technical and policy guidance for health systems. Available at: http://apps.who.int/iris/bitstream/10665/70914/1/9789241548434_eng.pdf Accessed 16 December 2015.

33 Center for Reproductive Rights (2015) The World's Abortion Laws 2015. Available at: http://worldabortionlaws.com/map Accessed 17 December 2015.

available. There are two methods of abortion, which are categorised as 'medical' and 'surgical'. Both types can be used at any stage of pregnancy, although availability of each method depends on the legal situation, availability of services and trained providers, access to medication and so on. It is important to remind participants that in most countries it is easiest to access abortion in the first trimester of pregnancy, and this is when most abortions are performed.

Medical abortion: This is when someone takes medication (in the form of a pill) to end a pregnancy. The World Health Organization recommends a dose of a drug called Mifepristone, followed one to two days later by a drug called Misoprostol, but Misoprostol can also be used on its own and is still effective.[34] Mifepristone works by blocking the hormone progesterone. Without progesterone, the lining of the uterus (womb) breaks down and pregnancy cannot continue. Misoprostol causes the muscles of the uterus to cramp and expel its contents. This drug is also used when someone has a miscarriage, and some people describe an early medical abortion as feeling like an early miscarriage.

Surgical abortion: The WHO's recommended technique for surgical abortion for pregnancies of up to 12 to 14 weeks of gestation is 'vacuum aspiration'. This is when the cervix (entrance to the uterus) is gently opened and a manual suction device or a suction machine is used to empty the uterus. For pregnancies that are over 12 to 14 weeks of gestation, the recommended surgical option is called 'dilatation and evacuation' (D & E). This should take no longer than 30 minutes to perform, and requires the use of forceps along with suction.

Further reading:
IPPF's 'First trimester abortion guidelines and protocols: Surgical and medical procedures'[35]. Available at: www.ippf.org/system/files/abortion_guidelines_and_protocol_english.pdf

Did you know?

Misoprostol, a drug used all over the world to induce abortion, is included on the World Health Organisation's list of Essential Medicines - the most important medications needed in a basic health system. The drug is also used to treat stomach ulcers and is registered in more than 85 countries around the world.

"Is abortion dangerous?"

When abortion is performed under medical conditions by trained health care providers, it is an extremely safe procedure. Even when self-administered, the use of good quality medication (at the correct dosage) to induce an abortion has been shown to be very safe[36]. In fact, a study from the United States has shown that legal abortion is safer than childbirth: the risk of death associated with childbirth is approximately 14 times higher

34 World Health Organization (2012) Safe Abortion: Technical and Policy Guidance for Health Systems. 2nd edition. Page 3. Available at: http://apps.who.int/iris/bitstream/10665/70914/1/9789241548434_eng.pdf Accessed 17 December 2015.

35 IPPF (2008) First trimester abortion guidelines and protocols: Surgical and medical procedures. Available at: www.ippf.org/system/files/abortion_guidelines_and_protocol_english.pdf Accessed 17 December 2015.

36 Women on Web (nd) Is a medical abortion dangerous? Available at: https://www.womenonweb.org/en/page/561/is-a-medical-abortion-dangerous Accessed 17 December 2015.

than that associated with abortion.[37] Contrary to myths, safe abortion does not increase someone's likelihood of experiencing mental health problems, or breast cancer.[38]

Due to restrictive laws or reduced access to safe abortion services, some abortions are performed under unsafe conditions. That is, they are performed by an unskilled person, or in an unsafe or unhygienic environment. Almost half of all abortions worldwide are unsafe abortions and 98 per cent of unsafe abortions occur in low-and middle-income countries.

As the World Health Organization points out:

> *"Unsafe abortion and associated morbidity and mortality in women are avoidable. Nearly every death and harm from unsafe abortion can be prevented through sexuality education, use of effective contraception, provision of safe, legal abortion and emergency treatment of abortion complications."*[39]

Further reading:
The Guttmacher Institute's 'Facts on Induced Abortion Worldwide'[40]. Available at: https://www.guttmacher.org/fact-sheet/facts-induced-abortion-worldwide

37 Raymond, E.G. and Grimes, D.A. (2012) The comparative safety of legal induced abortion and childbirth in the United States, Obstetrics and Gynecology, 119, pp. 215-19.

38 Ipas (2010) Ibid.

39 World Health Organization (2015) Safe abortion: Technical and policy guidance for health systems, Legla and policy considerations. Available at: http://apps.who.int/iris/bitstream/10665/173586/1/WHO_RHR_15.04_eng.pdf Accessed 17 December 2015.

40 The Guttmacher Institute's 'Facts on Induced Abortion Worldwide'. Available at: https://www.guttmacher.org/fact-sheet/facts-induced-abortion-worldwide Accessed 17 December 2015.

"Is abortion a right?"

IPPF supports international human rights treaties and agreements which stipulate that "all women have the right to information, education and services necessary for the protection of reproductive health, safe motherhood and safe abortion, which are accessible, affordable, acceptable and convenient to all users".[41]

There are a number of human rights conventions which support access to safe abortion (as shown in the 'Abortion and rights' activity on pages 70-71). Most laws relating to abortion do not support abortion 'on request' – as a legal right that should be granted to all. In many countries, those who need to access abortion face legal and practical barriers, especially if they are young, unmarried, poor or vulnerable in some other way. Around the world, women who have had abortions, and abortion providers, face criminal penalties.[42]

Further reading:
IPPF's 'Exclaim: Young people's guide to Sexual Rights: an IPPF Declaration ' Available at: http://www.ippf.org/sites/default/files/ippf_exclaim_lores.pdf

"How do people feel after having an abortion?"

People usually experience a whole range of emotions following an abortion. How they feel will be related to their own personal circumstances (e.g. why they made the decision to have an abortion, whether they have support). A longitudinal study in the U.S found that 95 per cent of women who had had an abortion felt it was the right decision for them. The study found that people who had experienced stigma in their community and who had less social support were more likely to experience negative emotions.[43]

Having an abortion does not in itself cause mental health problems. A study evaluating all research on abortion and mental health found that "the best scientific evidence published indicates that among adult women who have an unplanned pregnancy, the relative risk of mental health problems is no greater if they have a single elective first-trimester abortion than if they deliver that pregnancy".[44]

Further reading:
The Guttmacher Institute's 'Abortion and mental health'[45]. Available at: https://www.guttmacher.org/media/evidencecheck/2011/01/31/Advisory-Abortion-Mental-Health.pdf

41 IPPF (2008) Sexual Rights: An IPPF declaration. Available at: http://www.ippf.org/sites/default/files/sexualrightsippfdeclaration_1.pdf Accessed 17 December 2015.

42 Ipas (2014) The impact on young women when abortion is a crime. Available at: http://www.ipas.org/en/Resources/Ipas%20Publications/The-impact-on-young-women-when-abortion-is-a-crime.aspx Accessed 17 December 2015.

43 National Center for Biotechnology Information, Decision Rightness and Emotional Responses to Abortion in the United States: A Longitudinal Study (2015) Rocca et al. Available at: http://www.ncbi.nlm.nih.gov/pubmed/26154386 Accessed 3 March 2016

44 American Psychological Association, Task Force on Mental Health and Abortion (2008) Report of the APA Task Force on Mental Health and Abortion: Executive Summary. Washington, DC: APA Task Force. Available at: http://www.apa.org/pi/women/programs/abortion/executive-summary.pdf Accessed 17 December 2015.

45 Guttmacher Institute (2011) Abortion and mental health. Available at: https://www.guttmacher.org/media/evidencecheck/2011/01/31/Advisory-Abortion-Mental-Health.pdf Accessed 17 December 2015.

Activities

Photo: Training participants consider possible concerns about discussing abortion in India.

This section includes examples of activities and exercises you might want to use to discuss pregnancy choices, and specifically abortion. As is the case with any educational session, you will want to include general icebreakers and exercises on other SRHR topics like gender, sexual rights and contraception. The resources section on pages 86-89 makes some suggestions for where you can find these.

These activities can be done with groups who have not received prior training on abortion issues, and most should be suitable for young people of school age. For more advanced groups of peer educators and service providers, you may wish to adapt activities, or use others listed in the helpful resources section below. It is important to tailor activities for the group you are working with and for the local context.

When training peer educators or other facilitators make sure that after you have delivered each activity you ask them to reflect back on what they think the value of doing this exercise with other young people would be. For example, you could ask them: 'Would it help a group learn more about contraception choices? Would it encourage a discussion about values surrounding abortion?', and so on. If you are training peer educators/trainers give them a link to or hard copy of this guide so that they are able to facilitate the exercises themselves following your training.

1. Brainstorm on abortion

Adapted from 'Abortion: Decisions and Dilemmas' (Brook). Available at: https://www.brook.org.uk/shop/product/abortion-decisions-and-dilemmas

Overview:

An introductory exercise that supports participants to discuss words they associate with the term 'abortion' and start to distinguish between facts and values relating to abortion.

Objectives:

- To introduce the topic and clarify the meaning of the term 'abortion'
- To learn basic factual information about abortion and have the opportunity to correct any myths
- To consider different opinions and beliefs relating to abortion, and understand the difference between these and facts

Materials: Flipchart paper, marker pen

Time: 15-20 minutes

Instructions:

On a large piece of paper, write down the word 'abortion' in the centre. Explain that by 'abortion' you are talking about the choice to end a pregnancy (you may wish to clarify the difference between this and miscarriage).

Ask participants to call out any words or phrases which come into their head when they hear this word. Explain that these could be things they hear from their peers, from the media, or from family. Write all the words down without any discussion until the paper is filled, and place a question mark after each word or phrase (as shown in the example overleaf).

When the paper is filled, ask participants for their first impressions of the brainstorm. They may feel that a lot of the words are negative, or that abortion is a very complex subject with lots of different issues involved.

Ask participants why they think you might have used question marks after all the words. Depending on the responses you receive, explain that you used question marks because:

- Not everything on the board is factually correct
- Some words, particularly those connected to values or emotions, will not be the same for everyone
- Making a decision about pregnancy can be difficult, there are lots of questions someone might ask themselves, or people around them
- There is a lot of confusion and misinformation about abortion

The important point to draw out of this is that there are facts we can know about abortion (such as what the law says, medical information) and there are values, which will be different for different people, and which do not have one answer (e.g. when life begins). Make it clear to your participants that when discussing abortion, it is important not to confuse facts and values. You can make this point by using examples from your brainstorm: clarifying factual information and giving more detail on any words or phrases that are not clear to the group.

This exercise is an opportunity for people to freely share any words they associate with abortion (which may not reflect their own experiences/perspectives). It is important to try to keep the space safe, especially for those who have experienced abortion (which you may or may not know about). This includes setting out clear ground rules, correcting any misinformation, and opening up a discussion about abortion-related stigma and how it might affect people.

Photo: Example of a brainstorm on 'abortion'.

2. Why talk about abortion?

Overview:

Activity for peer educators/teachers/other professionals to identify reasons why it is important to talk about abortion with young people.

Objectives:

- To think about where young people receive information on abortion, and the quality of this information
- To discuss why it is important for young people to receive evidence-based and rights-based CSE that includes discussion about abortion
- To identify concerns about talking about abortion and begin to come up with solutions

Materials: Flipchart paper and pens

Time: 30 minutes

Instructions:

Divide participants into two groups, each with a piece of flipchart paper and one of the following questions. Use the prompts to encourage discussion and give the groups 10-15 minutes to discuss their questions and write down key discussion points.

- Why should we talk to young people about abortion?

  Prompts: Are young people getting reliable information about abortion from their friends/ the media/parents/school? Is abortion likely to affect their lives? How does it link to discussions about contraception and safer sex?

- What are your fears and doubts about talking about abortion?

  Prompts: Is there a taboo about talking about abortion? Is this difficult in a religious context? Do you worry about getting it wrong or not having the right information? Do young men engage with the topic?

Bring the whole group back together to discuss their key points and add in any important points that were missed (see list of key points below). Explain that the training will provide more information and address some concerns about not having the right information about abortion, or not knowing what language to use, how to tackle it sensitively and so on.

Key points to cover:

- Young people rarely receive evidence-based, unbiased information on abortion from their school, parents or peers. They may not get any sexuality education at all. Internet sources and other media can be confusing/upsetting/ inaccurate if used for information. You may be the one person that can provide factual, non-judgemental information. (To elaborate on this point, you could show a UK video about abortion education: https://youtu.be/XqczocnqsKc)
- Abortion is common: it happens and it is part of people's lives, so we should talk about it. (Provide country statistics on unplanned pregnancy and abortion). We have a right to information about health issues which may affect us or someone we know.
- There is a lot of 'noise' about abortion in the media, but it can be difficult to know what information is correct. We also have few opportunities to reflect on our own values in relation to abortion and to think about the values that are reflected in media reports. Good abortion education can help us to do this, and to empathise with others.
- Thinking about abortion, and pregnancy options more generally, can help motivate us to think about safer sex and contraception. This discussion should be part of a wider CSE programme and more general discussions of pregnancy.
- There is a lot of stigma related to abortion, which can make access to services/support difficult, especially for young people. Talking about abortion and sharing factual information can help to tackle this.

- We should talk about abortion for harm reduction reasons, so that people know about safe services and the importance of early care.
- Abortion affects people from a range of backgrounds, so it is important that everyone receives the same factual information to support everyone to make their own choices. We should not make assumptions about who needs factual information.
- Teachers, doctors, nurses and other health care professionals need opportunities and support to increase their knowledge of abortion, and to improve their ability to talk about abortion with young people in a non-judgemental way. If health care providers feel confident talking to young people about abortion, then young people are more likely to get the care they need.

Photo: Training participants discuss why it is important to provide young people with education on abortion.

3. Unwanted pregnancy tree: Root causes

Adapted from 'Gender or Sex: Who cares? Skills-Building Resource Pack on Gender and Reproductive Health for Adolescents and Youth Workers' (Ipas). Available at: http://www.ipas.org/~/media/Files/Ipas%20Publications/GenderBook.ashx

Overview:

Participants think about how unwanted pregnancy occurs, how it affects young people, and some solutions to issues it may cause.

Objectives:

- To explore the causes and effects of unwanted pregnancy
- To think about gender in relation to unwanted pregnancy
- To discuss possible solutions to issues related to unwanted pregnancy

Materials needed:

Large sheets of paper with a drawing of a tree with roots and branches, marker pens

Time: 30-40 minutes

Instructions:

- You may wish to introduce this activity by involving participants in a physical exercise (see page 51 of the Ipas resource linked to above).
- Prepare with two large sheets of paper and draw a tree, with several large roots and numerous branches, on each one. The trunk of the tree should be labelled 'unwanted pregnancy'. (See example below.)
- Divide the participants into two groups and give each group one of the tree drawings.
- Say that one group will consider the issue from the perspective of a girl who is pregnant, the other group from the viewpoint of a boy whose girlfriend is pregnant (you can suggest an age depending on your context). Ask the groups to write the causes of unwanted pregnancy on the roots of the tree and the consequences of unwanted pregnancy on the branches.
- When they are finished, tell each group to write down some ways in which the causes and consequences could be addressed, that is, solutions to the issues relating to unwanted pregnancy (this could be written next to the trunk of the tree).
- Bring the two groups together and ask them to present their trees.
- Talk about the 'roots'. For example, "the root cause of unwanted pregnancy for young people is often poverty and lack of access to quality health care and education". Also talk about gender differences at the 'roots'. For example:

  Boys might have inadequate sex education because the school curriculum only discusses biological facts without addressing responsibility to protect oneself and one's partners. Girls often lack even biological information because they do not have the same educational opportunities as boys.

- Then discuss the consequences (branches), including gender-based differences. For example, "young women who have unprotected sex face many more potential repercussions, both socially and for their health, than young men".
- Point out how the suggested solutions can be made gender-specific. For example, if one solution is increased access to contraceptives, say that clinics should ensure that young men feel welcome, while young women should not only learn about regular contraceptives, but also emergency contraception. Ask the groups to consider how overlapping identities (such as sexual orientation, ethnicity, religion, disability) could affect somebody's access to the proposed solutions.

Possible variation:

Just have one group and ask them to choose either a girl or boy's perspective.

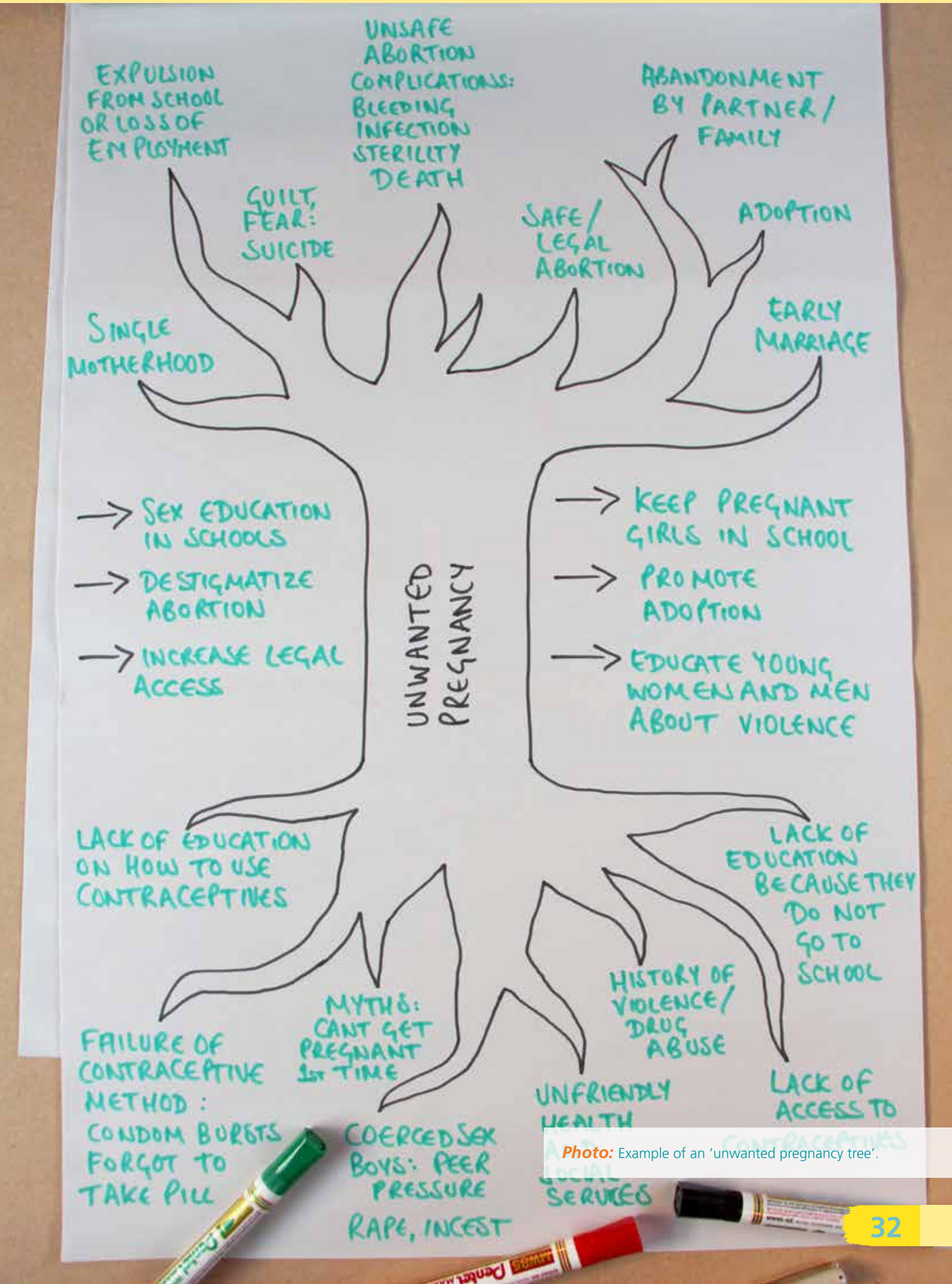


Photo: Example of an 'unwanted pregnancy tree'.

4. Why did this happen? Unplanned pregnancy, gender and choices

Adapted from 'Abortion: Decisions and Dilemmas' (Brook). Available at: https://www.brook.org.uk/shop/product/abortion-decisions-and-dilemmas

Overview:

This exercise allows participants to consider how unintended pregnancy can occur, and what goes into making a choice about pregnancy.

Objectives:

- To explore the choices and decisions that could lead to and result from an unplanned pregnancy
- To consider our own and others' attitudes to sex and gender
- To think about how other people's views may influence our decisions, and the importance of autonomy for the pregnant person in making their own decision
- To learn to consider perspectives other than our own and to understand some of the different factors which can contribute to unintended pregnancy
- To review symptoms of pregnancy, pregnancy tests and contraception

Materials:

Handouts with numbered figures on them (see pages 35-40)

Time: 30 minutes

Instructions:

Divide participants into six small groups and give out one of the numbered outline figure handouts to each group, asking them to consider the questions posed. One participant from each group should write the group's answers on the sheet. Give them 10-15 minutes.

Ask each group to feedback their questions to the rest of the class. Use the prompt questions below to encourage discussion.

> *Please note that the example given involves a young man and a young woman in a relationship. It is important to point out to participants that this is just one example of a relationship, and they are free in their answers to consider what the girl/boy's sexual orientation and wider situation might be.*

Prompt questions for handouts:

Handouts 1 & 2: His 15 year old girlfriend is pregnant

- What do you think of him/her?
  - Do most people have the same attitudes to the boy and girl?
  - If not, why do they seem different?
- How does he/she feel?
  - What might she be worried about?
  - What is he worried about?
  - Do you think they will feel the same about the pregnancy?
  - What happens if they feel differently about it?
  - Who could they talk to about their feelings?

Handout 3: She is 15 and pregnant

- How did this happen?
  - What contraceptives give the best protection against pregnancy? Against STIs?

- What can go wrong with condoms? What can affect how well the pill works?
- Where could she go to get advice?

- How does she know she is pregnant? What are the symptoms?
  - Can these symptoms be caused by anything else?
  - Is it possible for someone not to have any symptoms and still be pregnant?
  - Where could she get a pregnancy test? If she is under 18 years of age, will the doctor/pharmacist require her parents' permission?

Handout 4: His 15 year old girlfriend is pregnant

- What are their options?
  - Continuing the pregnancy and becoming a parent, or adoption, or abortion.
- How can he support her?
  - How might her parents/family react to the news?
  - If she did not feel supported by her partner or her parents, where else could she go for help and advice?

Handout 5: She is 15 and pregnant

- Why may they decide to become parents?
  - Does their age affect their ability to be parents?
  - What sort of things would make it easier to be parents?
  - If she wanted to continue the pregnancy and he didn't, how would this affect their relationship?
- Why may they decide to place the baby for adoption?
  - Is adoption a popular option?
  - What are the pros and cons of adoption?

Handout 6: She is 15 and pregnant

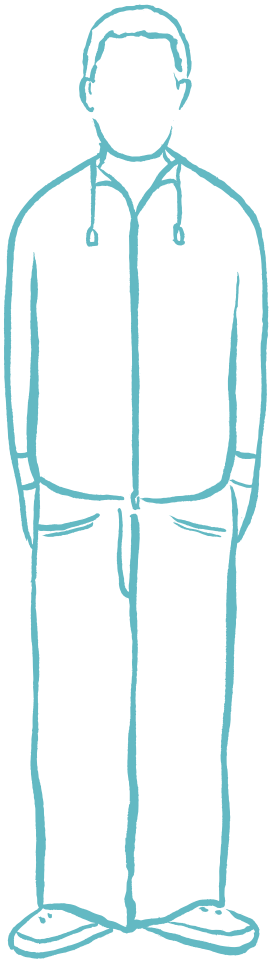
- Why may she decide to have an abortion?
  - Do you think that she should do what other people want? Why is it important to make her own decision?
  - How do you think she will feel after the abortion?
  - Will the abortion affect her health in any way? (Refer to page X for more information. This is an opportunity to discuss safe and unsafe abortion.)
- Why may he want her to have an abortion?
  - What does the law say about his role in the decision?
  - Do you think it is important to take his view into account?

4. Materials

Handout 1.

His 15 year old girlfriend is pregnant

A. ***What do you think of him?***



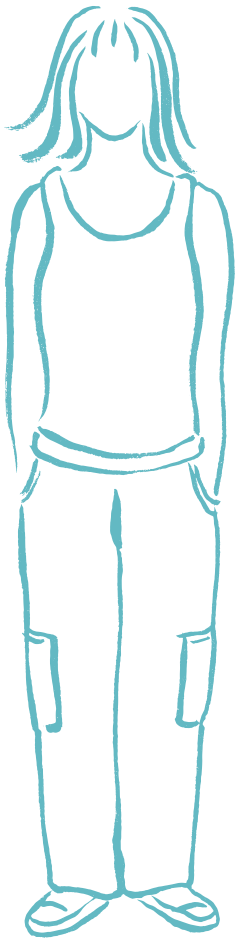
B. ***How does he feel?***

4. Materials

Handout 2.

She's 15 and pregnant

A. ***What do you think of her?***



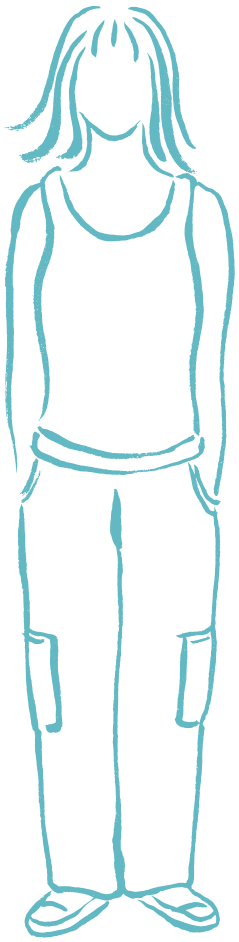
B. ***How does she feel?***

4. Materials

Handout 3.

She's 15 and pregnant

A. ***How did this happen?***



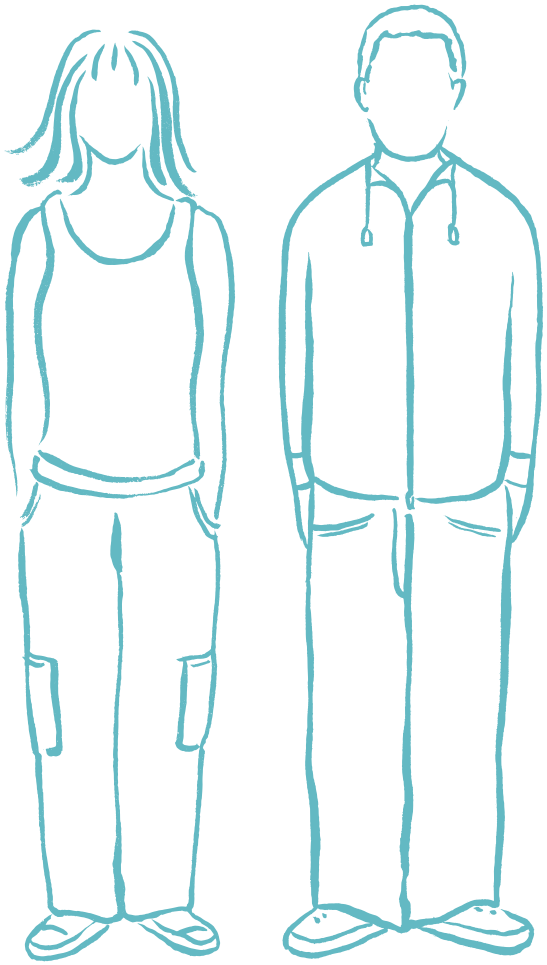
B. ***How does she know she's pregnant?***

4. Materials

Handout 4.

His 15 year old girlfriend is pregnant

A. ***What are their options?***



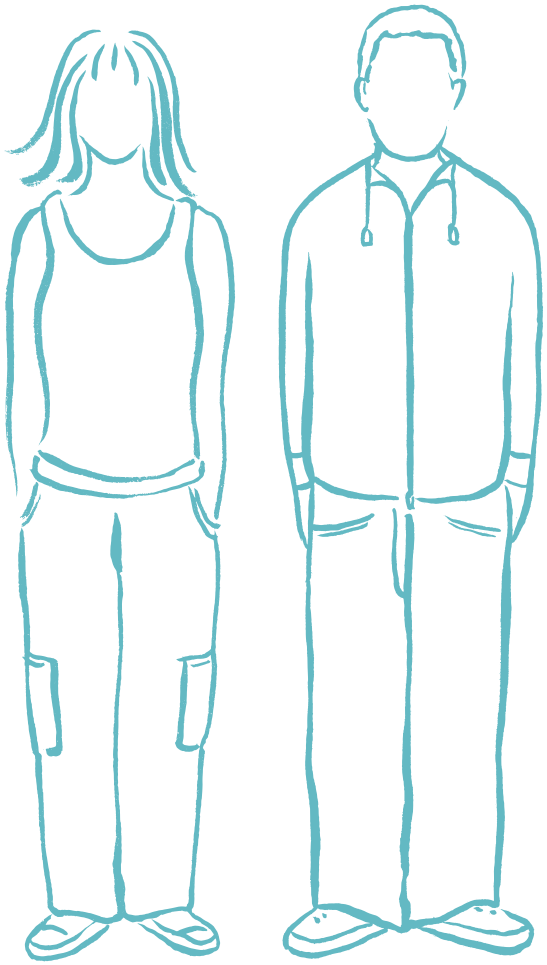
B. ***How can he support her?***

4. Materials

Handout 5.

She's 15 and pregnant

A. ***Why may they decide to become parents?***



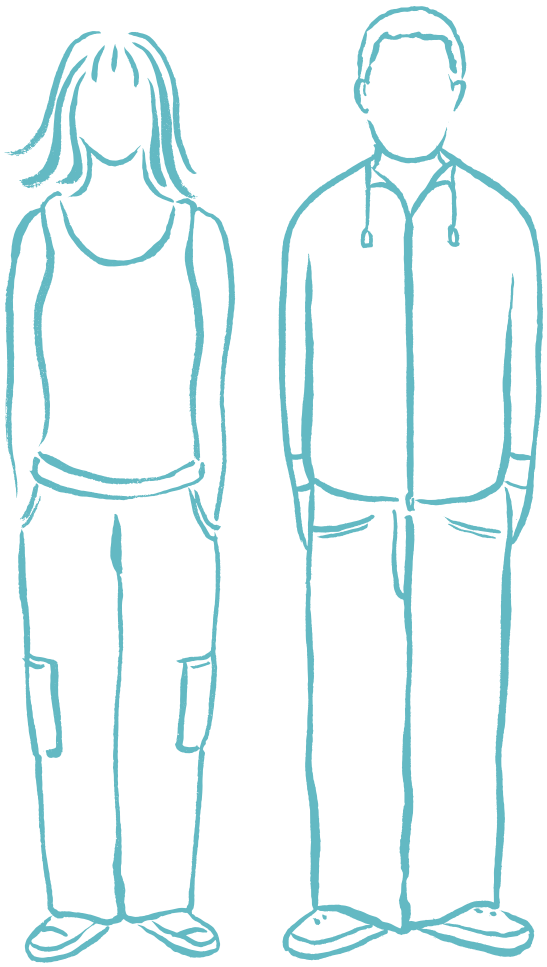
B. ***Why may they decide to place the baby for adoption?***

4. Materials

Handout 6.

She's 15 and pregnant

A. ***Why may she decide to have an abortion?***



B. ***Why may he want her to have an abortion?***

5. Abortion quiz

Overview:

A simple quiz to assess a group's existing knowledge of abortion, and to provide factual information. May be used at the start and end of a workshop to measure learning.

Objectives:

- To learn factual information about abortion
- To correct any misinformation about pregnancy and abortion and have an opportunity to ask questions

Time: 10 – 20 minutes

Materials:

Printed quiz sheets or questions for the facilitator to read aloud

Instructions:

Prepare for the quiz by reading the 'Abortion quiz with answers' below and refreshing your knowledge on abortion using the facts and resources on pages 80-81.

Options:

1. Give each participant a printed quiz sheet and ask them to complete it. Bring the whole group together to go through the answers, being sure to answer any additional questions raised.

2. Put participants into pairs or small groups to discuss the quiz questions. Bring everyone together for the answers.

3. Draw a 'noughts and crosses' (also called 'Xs and Os') board, and put the group into two teams (one noughts, one crosses). Host the quiz by asking a question to each team consecutively. If the team is correct they can put their sign on the board. The first team to create a row or line wins. The questions below are suggested for a global context, but of course you may wish to add your own questions relating to the country/region you are working in or specific issues that have been raised by the group.

Abortion quiz with answers

TRUE or **FALSE**

1. 15 per cent of pregnancies worldwide are unplanned.

FALSE. Actually, 40 per cent of pregnancies are 'unintended', which means they were not planned.[46] There are about 85 million unplanned pregnancies in the world each year.

2. Giving birth is safer than having an abortion.

FALSE. The chance of someone suffering injury or death is greater when carrying a pregnancy to term and giving birth than when having a safe abortion. Legal abortion in developed countries is one of the safest procedures in contemporary medical practice.[47]

3. Nearly half of all the abortions performed around the world are unsafe.

TRUE. When abortion is performed by a trained medical professional, using the correct medication and/or equipment, abortion is a very safe procedure.[48] However, legal and practical restrictions to abortion mean that millions of abortions are actually unsafe because women lack access to safe and hygienic health services. Nearly

46 Guttmacher Institute (2014) New study finds that 40% of pregnancies worldwide are unintended. Available at: https://www.guttmacher.org/media/nr/2014/09/17/sfp-sedgh-up.html Accessed 18 December 2015.

47 World Health Organization (2006) Unsafe abortion: The preventable pandemic. Available at: http://www.who.int/reproductivehealth/topics/unsafe_abortion/article_unsafe_abortion.pdf Accessed 18 December 2015.

48 World Health Organization (2012) Ibid. Page 21.

all of these unsafe abortions (97 per cent) take place in low-and middle-income countries.[49]

4. Most women now have access to contraception but choose not to use it.

FALSE. 82 per cent of unintended pregnancies in developing countries occur among women who have an unmet need for modern contraception. An estimated 215 million women in low-and middle-income countries have an unmet need for modern contraceptives, meaning they want to avoid a pregnancy but are using a low-efficacy traditional family planning method or no method.[50]

5. Abortion is completely illegal in 24 countries.

FALSE. In almost all countries, the law permits abortion to save the woman's life, and in the majority of countries abortion is permitted to preserve the physical and/or mental health of the woman.[51] There are only five countries that do not permit abortion in any circumstances (Chile, Dominican Republic, El Salvador, Malta and Nicaragua).[52]

6. South Africa has the lowest abortion rate of all African countries.

TRUE. And since the abortion law was liberalized in South Africa in 1997, the annual number of abortion-related deaths fell by 91 per cent.[53]

7. Having an abortion increases your risk of breast cancer.

FALSE. Reliable scientific studies show no increased risk of breast cancer for women following abortion.[54]

8. All religions forbid abortion.

FALSE. Most religions teach that there are circumstances in which abortion should be available.[55]

9. Banning abortion, or making it difficult to access, reduces the number of abortions.

FALSE. Highly restrictive abortion laws are not associated with lower abortion rates. For example, in Africa and Latin America – where abortion is illegal in most circumstances, in most countries – the abortion rate is 29 per 1,000 women of childbearing age and 32 per 1,000, respectively. In Western Europe – in which most countries permit abortion on broad grounds – the rate is 12 per 1,000 women.[56]

10. In the U.S., over half of women who obtain abortions already have children.

TRUE. Six in ten American women having an abortion already have a child.[57] This is likely similar in many other countries.

49 Guttmacher Institute (2012) Facts on Induced Abortion Worldwide. Available at: http://www.guttmacher.org/pubs/fb_IAW.html Accessed 18 December 2015.

50 Guttmacher Institute (2012) Ibid.

51 World Health Organization (2012) Ibid.

52 United Nations Department of Economic and Social Affairs (2011) World Abortion Policies 2011. Available at: http://www.un.org/esa/population/publications/2011abortion/2011wallchart.pdf Accessed 18 December 2015.

53 Guttmacher Institute (2012) Ibid.

54 World Health Organization (2012) Ibid.

55 Pew Research Centre (2013) Religious Groups' Official Positions on Abortion. Available at: http://www.pewforum.org/2013/01/16/religious-groups-official-positions-on-abortion Accessed 18 December 2015.

56 Guttmacher Institute (2012) Ibid.

57 The Guttmacher Institute (nd) Are you 'in the know'? Ibid.

5. Materials

Abortion Quiz Sheet: true or false?

		True	False
1.	15 per cent of pregnancies worldwide are unplanned.	☐	☐
2.	Giving birth is safer than having an abortion.	☐	☐
3.	Nearly half of all the abortions performed around the world are unsafe.	☐	☐
4.	Most women now have access to contraception but choose not to use it.	☐	☐
5.	Abortion is completely illegal in 24 countries.	☐	☐
6.	South Africa has the lowest abortion rate of all African countries.	☐	☐
7.	Having an abortion increases your risk of breast cancer.	☐	☐
8.	All religions forbid abortion.	☐	☐
9.	Banning abortion, or making it difficult to access, reduces the number of abortions.	☐	☐
10.	In the U.S., over half of women who obtain abortions already have children.	☐	☐

6. Value statements: Agree or disagree

Overview:

An activity to assess participants' views on abortion and encourage respectful discussion of values.

Objectives:

- To reflect on our own and others' views on a range of issues relating to pregnancy and abortion
- To learn factual information about abortion
- To empathise with different views and challenge our own assumptions

Materials:

Abortion values statements (see page 46).

Timing: 20 minutes

Instructions:

Prepare for the activity by reading the 'Abortion values statements with discussion points', as well as revisiting facts about abortion on page 80. It is important when talking about personal values to remind people of the group rules and that it is important to be respectful of others' beliefs, opinions and possible experiences.

Using the suggested 'Abortion values statements' on page 46, ask participants to rate how they feel about each statement on a scale from 'Strongly agree' to 'Strongly disagree'. This is best achieved by marking each end of the room with 'agree' and 'disagree' and asking participants to stand at one end or the other, or somewhere between the two points, in accordance with how strongly they agree or disagree with each statement.

With each statement, ask for volunteers or pick participants at different positions on the line and ask them why they stood where they stood.

Be sure to correct any misinformation and bring attention to judgemental statements, which may affect those in the room. Discuss the differences in values and ideas about abortion between individuals, and make clear that there are facts about abortion that we can know, but also personal values which are individual to us.

Again, these statements are just suggestions. You may wish to add statements that pertain to your own community/country/regional context.

Abortion values statements with discussion points

1. People should not have the sort of sex that can lead to pregnancy if they are not ready to be a parent.

- Why might people have 'penis in vagina' sex even if they do not want to be pregnant?
- What if someone did not choose to have sex?
- Should pregnancy be a punishment?
- Why don't all pregnancies end in parenthood?

2. It is best for the woman who is pregnant to make her own decision about what she wants to do.

- Studies show that health outcomes and level of comfort with the decision are better for those who make their own choice, and are not pressurized by others.
- Discuss a 'woman's right to choose' and bodily autonomy.
- Why might it be unhelpful for a young girl to be forced into deciding to have an abortion/a baby?
- What kind of support might a young woman need to make a decision?

3. Girls under 18 years old should have to get their parent/carer's permission before having an abortion.

- At what age do you think someone can make their own decisions about medical care?

- What does the law in your country say? Do you agree with it?
- What if a girl wants an abortion but her parents say no?

4. It is good for young people to know the facts about abortion in case they or their partner ever needs one.

- Discuss abortion rates in your country. As abortion is a fairly common experience should we learn about it as it is something that might affect us or someone we know?
- What do you think young people should learn at school about sex and pregnancy?

5. The law should let a male partner stop a woman from having an abortion if he is prepared to look after the baby.

- Does the law in your country give a male partner rights when it comes to pregnancy and abortion? What do you think about that?
- What if a male partner could choose whether a woman had an abortion or not? What about her right to choose what happens to her body? Is it right to force someone to undergo an abortion or birth if it is not what they want?

6. Abortion should only be allowed for medical reasons.

- How do we define 'medical reasons'?
- Who would decide what counts as a valid medical reason?
- What about other factors in a woman's life, like her existing family, her job, her income and her well-being?

7. Abortion should be treated like any other medical procedure.

- Discuss case of abortion law in Canada, where abortion is not part of criminal law, as in other countries.[58]
- What is the abortion law in your country?
- Whose role should it be to decide who is and who is not allowed an abortion: Politicians? Doctors? The person who is pregnant?

8. Abortion is ending a life.

- Discuss the different views on when life 'begins', including religious beliefs (for example, the Catholic Church teaches that a fertilized egg is a person with the same rights as the woman who is pregnant; in Islam, life is usually seen to begin after 'ensoulment', up to 120 days of gestation. There is more information on pg 20 on 'when does life begin?'.
- Is abortion ending a 'potential life'?
- Could someone believe that abortion is ending a life, and still choose to have one?

9. It does not matter what a woman's reason is for having an abortion, she should not be forced to continue a pregnancy she doesn't want.

- Does the law in your country require a woman to have a particular reason for having an abortion?
- What do you think are acceptable reasons to have an abortion?
- What are the consequences of refusing abortion to someone who doesn't fit those reasons?

10. There will always be a need for abortion.

- Discuss the fact that no form of contraception is 100 per cent effective, and that people become pregnant from rape, or where they are unable to access contraception. Where abortion is banned, it doesn't stop it from happening, it just means that women have to use illegal, often unsafe methods.

58 Gunter, J. (2012) What happens when there is no abortion law… Available at: https://drjengunter.wordpress.com/2012/03/24/what-happens-when-there-is-no-abortion-law Accessed 18 December 2015.

6. Materials

Abortion value statements

1. *People should not have the sort of sex that can lead to pregnancy if they are not ready to be a parent.*
2. *It is best for the woman who is pregnant to make her own decision about what she wants to do.*
3. *Girls under 18 years old should have to get their parent/carer's permission before having an abortion.*
4. *It is good for young people to know the facts about abortion in case they or their partner ever needs one.*
5. *The law should let a male partner stop a woman from having an abortion if he is prepared to look after the baby.*
6. *Abortion should only be allowed for medical reasons.*
7. *Abortion should be treated like any other medical procedure.*
8. *Abortion is ending a life.*
9. *It does not matter what a woman's reason is for having an abortion, she should not be forced to continue a pregnancy she doesn't want.*
10. *There will always be a need for abortion.*

7a. Walking in her shoes: The decision to end a pregnancy

Adapted from 'It's All One Curriculum: Activities for a Unified Approach to Sexuality, Gender, HIV, and Human Rights Education' (International Sexuality and HIV Curriculum Working Group). Available at: http://www.popcouncil.org/research/its-all-one-curriculum-guidelines-and-activities-for-a-unified-approach-to-

Overview:

Participants read case studies and discuss the reasons that people seek abortions.

Objectives:

- To discuss and empathize with the reasons that people choose to have abortions
- To strengthen analytical thinking and dialogue skills

Materials:

Board or paper, case studies on pages 49-52, 'It's All One Curriculum Guidelines'.

Time: 60 minutes

Instructions:

Begin with the following scenario and questions:

- Today we will discuss complicated decisions that we make in life. Think about a time when you - or someone close to you - had to make a difficult decision that others may not have agreed with.
- How did it feel? Did you (or the person you are thinking of) have support? If not, how did this affect the decision, and how you felt?
- For millions of women and girls, finding themselves with an unintended pregnancy becomes a moment of decision. For some this decision is simple and straightforward, whereas for others it is difficult and complex.
- In this exercise, we will consider what goes into making that decision, to try to understand why some people choose to have abortions.

Divide the participants into small groups of four or five. Give each group a case study and ask them to read it, to fill in the name of the person telling the story, and then to discuss the following questions (write them on the board/paper):

- Why did this girl have an abortion?
- What role did other people play in her decision?

While they work, write "Reasons girls and women choose abortion" on the board/paper.

Bring the whole group back together. Ask the first group to read their case study and allow five minutes to discuss the following questions:

- Why did this girl choose to have an abortion?
- Does everyone agree that these were her reasons?
- Were there any other reasons? (Using questions, probe for other reasons that are relevant to the case study.)
- What role did other people (a partner, family, friends or others) play in her decision, either directly or in her mind?

Repeat this procedure for each case study. Reserve 10–15 minutes to review these questions:

- In your opinion, are these the reasons (on the board) that young women have abortions? What other reasons can you think of that women have abortions? (Add these to the list on the board.)

Further questions:

- Worldwide, the majority of women who have abortions are married. Can you think of some situations in which a married woman might choose to have an abortion?
- In some countries, abortion is performed in a wide range of circumstances, whereas in other countries abortion is legally restricted (or is allowed in only few circumstances). Why do women and girls have abortions even when the procedure is illegal and may be unsafe?

Photo: Understanding a young woman's reasons for choosing to end her pregnancy.

7a. Materials

GROUP 1

Case study from 'It's All One Curriculum'

My name is _____. My boyfriend Lu and I are both 22 and have been dating for two years. I use birth-control pills, although I forgot to take the pill a couple of times last month. Then I found out that I was pregnant. I just started a new job that I love but it doesn't yet pay very well. I really like my life the way it is and do not want a baby. I went to a family planning clinic and was counselled by a nurse who strongly urged me to get married and have a baby. Lu agrees with the nurse because he assumes I will eventually want to be a mother, so why not now? I'm upset because I feel as if I am being pressured to have a child which I do not want. I have decided to go to a place where I have heard there is a doctor who performs abortions without asking many questions.

Notes:

7a. Materials

GROUP 2

Case study from 'It's All One Curriculum'

My name is _____. I am 20 and was the first person from my village ever to be accepted at the university in the capital city. My family, friends, and neighbours have high hopes that my success will be the beginning of real change in the community. Shortly after starting classes, I began dating another student and after a few months we started having sex. We used condoms most of the time, but once in a while we got caught up in the moment and did not. When I discovered I was pregnant, I turned to my boyfriend to talk over what we should do, but he suddenly became distant and unavailable. I heard from a common friend that he thought I was trying to trap him into marriage. I don't even want to get married, but I also don't want to be a single mother at my age. I want to be able to finish my studies and have a chance to achieve my dreams. I would have liked to turn to my family for support, but I was afraid they would be disappointed in me and I did not want to let them down. So I decided not to tell anyone and used my living allowance to pay for an abortion.

Notes:

7a. Materials

GROUP 3

Case study from 'It's All One Curriculum'

My name is _____. I am 17 years old. When I found out that my girlfriend was pregnant I thought "What? Wow! Oh no!" My feelings were a mix of shock, fear, worry and amazement. A small part of me even felt a little bit proud to know I was fertile. But eventually, I had to deal with the question, "Now what — parenting, adoption, abortion?" My girlfriend and I are both in school, and we know we are too young to be good parents. We decided that the best decision for us was an abortion. A friend recommended a clinic and we went together. The nurse explained exactly what was going to happen. Before we left, she also told us about contraception and gave us a box of condoms. I had to face a lot of my own emotions, but I'm proud that I helped my girlfriend through this difficult decision.

Notes:

7a. Materials

GROUP 4

Case study from 'It's All One Curriculum'

My name is _____. I am 15 and live with my large extended family. Every year, we have a visit from my aunt and uncle and their son, my cousin, who is now 18. One day this year, when everyone else was out of the house, he asked me if he could touch me and wanted me to do the same to him. This felt weird and I didn't really like it, but he is my older cousin and I didn't want to upset him. When he started undressing me and got on top of me I was scared and tried to push him away, but he was too strong and he raped me. When I found out I was pregnant, I was so scared. I wanted to ask my mother for help but was too ashamed to explain what had happened. Finally I found the courage and told my mother. She immediately took me to get an abortion and refused to discuss the issue at all. I was relieved to not be pregnant anymore, but wished that I could have talked with somebody when I was going through this difficult experience.

Notes:

7b. Walking in her shoes: 'I Decide' stories

Using 'I Decide: Young Women's Journeys to Seek Abortion Care' (IPPF). Available at: http://www.ippf.org/resource/seeking-abortion-care

Overview:

Similar to activity 7a, using diary entries from 'I Decide' as case studies. These stories provide opportunities to think about pregnancy and abortion from the perspectives of a girl who is pregnant, a young man and a mother.

Objectives:

- To explore the choices and decisions that could lead to and result from an unplanned pregnancy
- To enable participants to discuss and empathize with the reasons that people choose to have abortions
- To assess the responsibilities of male partners of girls who get pregnant, and examine potential support networks

Materials:

Printed case studies from 'I Decide' on pages 54-56 and 'I Decide' resource for background reading and further case studies.

Time: 45 minutes

Instructions:

Divide participants into three groups. One group is given a case study from a girl, Esther, one from the boy, Carlos, and the other, Ramona's mother. (There are more case studies in the 'I Decide' resource).[59]

Distribute the diary entries to the groups and ask one participant to read aloud to their group.

Ask each group to discuss:

- How did this person feel about the pregnancy?
- How would you feel in their situation?
- Were there any barriers to having an abortion?
- Was the girl supported?

Bring the groups back together to discuss the different perspectives and responsibilities of the girl, her boyfriend and her mother.

For a role play version of the activity, put participants into groups of three: two 'actors' and one observer. Ask a willing pair to come and demonstrate their discussion for the whole group.

IPPF's 'Girls Decide' short films

are about young women making choices about their sexual and reproductive health. These short films (case studies) could also be used as the basis of discussions. The following three deal with young women and unplanned pregnancy and may provide a useful starting point to discuss the options someone has when they are pregnant, and the right they have to make their own decision:

Odeta, 18 years, in Albania: http://www.ippf.org/resource/Girls-Decide-Odetas-Journey

Valeria, 15 years, in Argentina: http://www.ippf.org/resource/Girls-Decide-Valerias-Journey

Halimah, 17 years, in Indonesia: http://www.ippf.org/resource/Girls-Decide-Halimahs-Journey-Indonesia

59 IPPF (2010) I Decide: Young women's journeys to seek abortion care. London: IPPF. Available at: http://www.ippf.org/resource/seeking-abortion-care Accessed 18 December 2015.

7b. Materials: Diary entries - Esther

28th April

I have been avoiding S, I don't want to tell him that my period is late. I'm sure that I am worrying over nothing but I am really afraid... what if I am pregnant? I can't believe this is happening to me - we only had sex once! I need to find a clinic.

29th April

I spent the day in the internet cafe looking for information on family planning clinics (the idea of 'family planning' makes me feel old!) and finally found a place that is a bus ride away. I thought it might be better to go somewhere that is not too close to home. They are only open once a week and said to come tomorrow. I will have to miss school and wait in a line, but that should be ok as long as I am back by the afternoon.

30th April

I went to the clinic. I was afraid they would tell my parents but they said they wouldn't. The nurse was friendly and asked me lots of questions. I was embarrassed to tell her about sex with S, but she needed to know. When I told her that he wasn't good at putting the condom on she explained that condoms only work when put on and taken off properly. Then she told me the pregnancy test was positive. I felt hot and thought I would faint. She was nice to me and waited till I was ready to speak. I told her no one knew that I was there and she helped me think about what I wanted to do. She told me there would be help whatever my decision. I talked for a long time, we discussed the different options – should I have a baby – maybe have it adopted? I just don't know what to do. I don't want to have to decide anything. I hate making decisions. How can I tell anyone this has happened?

2nd May

We have talked and talked and cried and I still don't know how S feels or what he wants me to do! He just says it is my decision and that he still loves me but that doesn't help me to make this decision. I need him and he is not there for me… I am so confused, I can't go on like this. I feel so ill and tired. I don't want a baby. The thing is I don't know how we will get the money for an abortion. S will have to do something. He says he can.

6th May

Called the clinic today. They were so calm even though I was in a bit of a panic. I am going to have an abortion tomorrow. They've reduced the cost for me because I don't have much money so that's helpful. It should just take a day and I will need someone to take me home. I am going to tell Aunty K. I am sure she will help me and won't tell my parents until I am ready to tell them. They explained that the treatment takes about 15 minutes and that I need to wait after that to make sure I'm ok to travel home without being sick from the anaesthetic, or having too much bleeding. When she said that I got even more nervous! I am trying not to think too much about it…

7th May

It was a long day! Aunty K was completely surprised when I told her but she was still cool and just held my hand when I needed her to be near me. She pretended to be my mother when the nurse asked her to fill in a form which was needed to show that my parents agreed to the abortion. S was waiting outside the clinic and later said he was relieved I had an abortion, but that he didn't want to tell me what to do, but wasn't ready to be a father. I am so tired and just need to rest. I am so glad I don't have to spend any more days and nights thinking about this.

Later

Things are very different for me now. There have been a few times when I have wondered how things would have been. S and I enjoy having sex without worrying about getting pregnant because I had an IUD inserted at the time of the abortion. I definitely don't want to be pregnant until I am ready.

7b. Materials: Diary entries - Carlos

14th February

I have finally done the deed!!!! Didn't take long, but I have that out of the way and she promised to meet again on Saturday!! I can't have been too bad.

25th March

It's been more than a month and we've had lots of fun – but she just told me she's missed her period! What do we do now? I don't know who to talk to. My friends are ok but not sure they'd be much help. She wants to tell her mother. I think we could be in big trouble if she does.

26th March

Hector was amazing. He said this had happened to him last year with a girl he hardly knew and he suggested that we go to the clinic in town where they can help. I hope he won't say anything to the boys – they have been asking how things are going with Luisa; I have told them we're cooling it off a bit. I can't believe Hector didn't tell anyone about what happened to him last year – we didn't even know he had a girlfriend!

27th March

Luisa and I talked for ages. Well, she talked. I said she should have an abortion – I don't want to be a dad. She said she didn't know what she wanted. She told her mother, who really doesn't know much – she doesn't even know where to go for help or who to talk to. She just said to go to the midwife just like she did when she had babies... We really are in trouble.

6th April

We finally got to the clinic that Hector mentioned. They were kind, although I stayed outside in the waiting room most of the time. They didn't really talk to me much. At least we don't have to worry about paying; it's free because we're under 18.

10th April

She has decided to have an abortion. We are going on Saturday – she is going to bring her mother. She said I can come too. I got a bit angry at that and I said surely I was more important than her mother! That just made her cry and say she was afraid. I felt so bad and didn't know how to make her feel better.

12th April

As I thought, they gave her all the attention and they hardly even noticed I was there. Her mother took over and treated me like I was in the way. I wished they had talked to me a little – I was feeling very anxious. She was a bit tired afterwards but she was ok to go home. We held hands all the way – I think that helped us both. I was feeling a bit sad … Things have cooled between Luisa and I. We will always be friends but I don't think we will go out together any more – this was too much for us. We're both ok and that's what's important.

7b. Materials: Diary entries - Ramona's Mother

10th January

Ramona just doesn't seem herself… she is distant and we seem apart from each other… I hope she isn't having a hard time at school – I know she worries so much.

15th january

It has been such a shock! I never expected this; she has always been such a good girl – shy and quiet. When I asked her if she was ok, it all came tumbling out – poor girl. I knew something wasn't right when she looked so miserable. I couldn't help being a little angry, it took me by surprise. I hope she will understand I just want to help her. I don't think she should continue the pregnancy, I can't imagine her with a baby. She is still a baby herself.

16th january

Today was a bit better, we were both a bit calmer and we really talked. She is finding this so hard, afraid of having an abortion and afraid of having a baby. I've said what I think: she is too young to have a baby. I felt bad saying that but it is how I feel. We have worked hard all our lives and have such high hopes for her. I did tell her that I had chatted with her father and that we agreed that we will look after her whatever she decides and I think that it made her feel better. What would I have done in her place? I feel torn by what I think and feel and what is best for her. The longer I think about it though, the more I feel that it is her decision. She is going to sleep on it and we will talk again tomorrow… I don't expect either of us will get much sleep tonight.

17th january

I think she has made the right decision and that having an abortion is the right option for her. We found the number and I phoned the clinic, they sound ok. I suppose if I'm honest I was a bit embarrassed when they asked how old she is – will they judge me? Have I been a bad mother? I didn't even know she had a boyfriend. I just want more for her. I have always told her she was capable of anything.

30th January

All over now thank goodness. We had good support from the clinic, it was all straightforward and over quickly. We had a long chat today and Ramona seems almost her old self. I told her again that I was shocked and that I was sorry it came out like I was angry but that I had never imagined that this would happen to her, of all girls – my girl! We talked about how glad we were that it was all over and promised to make some time to chat together more often.

7c. Walking in her shoes: 'Women's Voices' films

Using 'Women's Voices' (IPPF). Available at: http://www.ippf.org/resources/publications/Womens-Voices

Overview:

Another variation of 'Walking in Her Shoes', this exercise uses films that document the stories of real women who have chosen to have abortions.

Objectives:

- To explore the choices and decisions that could lead to and result from an unplanned pregnancy
- To enable participants to discuss and empathize with the reasons that people choose to have abortions
- To learn about access to safe abortion worldwide and assess the impact of legal/practical restrictions to abortion

Materials:

Computer and projector with speakers, 'Women's Voices' short films: http://www.ippf.org/womens-voices

Time: 30-60 minutes

Instructions:

Using the prompt questions below as guidance, choose the film(s) that will resonate most with your participants (perhaps due to being set in your region) to facilitate a discussion. If there is time, you may wish to show all the films and ask participants to pick up on the themes (e.g. abortion is hard to talk about, abortion is a woman's decision) and discuss differences in abortion laws and access across the world.

Materials: Uruguay

Summary:

Maria, 19, is pregnant, despite having used condoms and the 'morning after' pill. Abortion is legal in her country, but it is taboo and difficult to talk about publicly. After having reached out to her boyfriend, friend and family members for support, Maria is confident in her decision to have an abortion. However, she does describe experiencing some physical and emotional pain.

Quotes from the film:

Maria said, "I had an abortion because I thought it was the right thing to do," and "It's about defending women's freedom to decide when to have a baby".

Discussion points:

1. Maria explains that abortion is still a 'taboo' subject in her country. How might silence around abortion affect those who have had an abortion, or who are seeking abortion?

Sample responses:

- It could mean that they do not get the information they need about contraception/pregnancy/abortion
- They do not know where services are
- They do not feel comfortable asking for practical or emotional support
- They suffer guilt or isolation and feel like they are the only person to have this experience
- They are judged by their community
- They resort to unsafe methods to try to end a pregnancy

2. What do you think Maria means when she says abortion is the 'right thing to do'? What are her reasons for making this choice?

- Ask participants to list other reasons people have for choosing abortion (e.g. financial concerns, health issues, do not want to have children, want to complete studies).

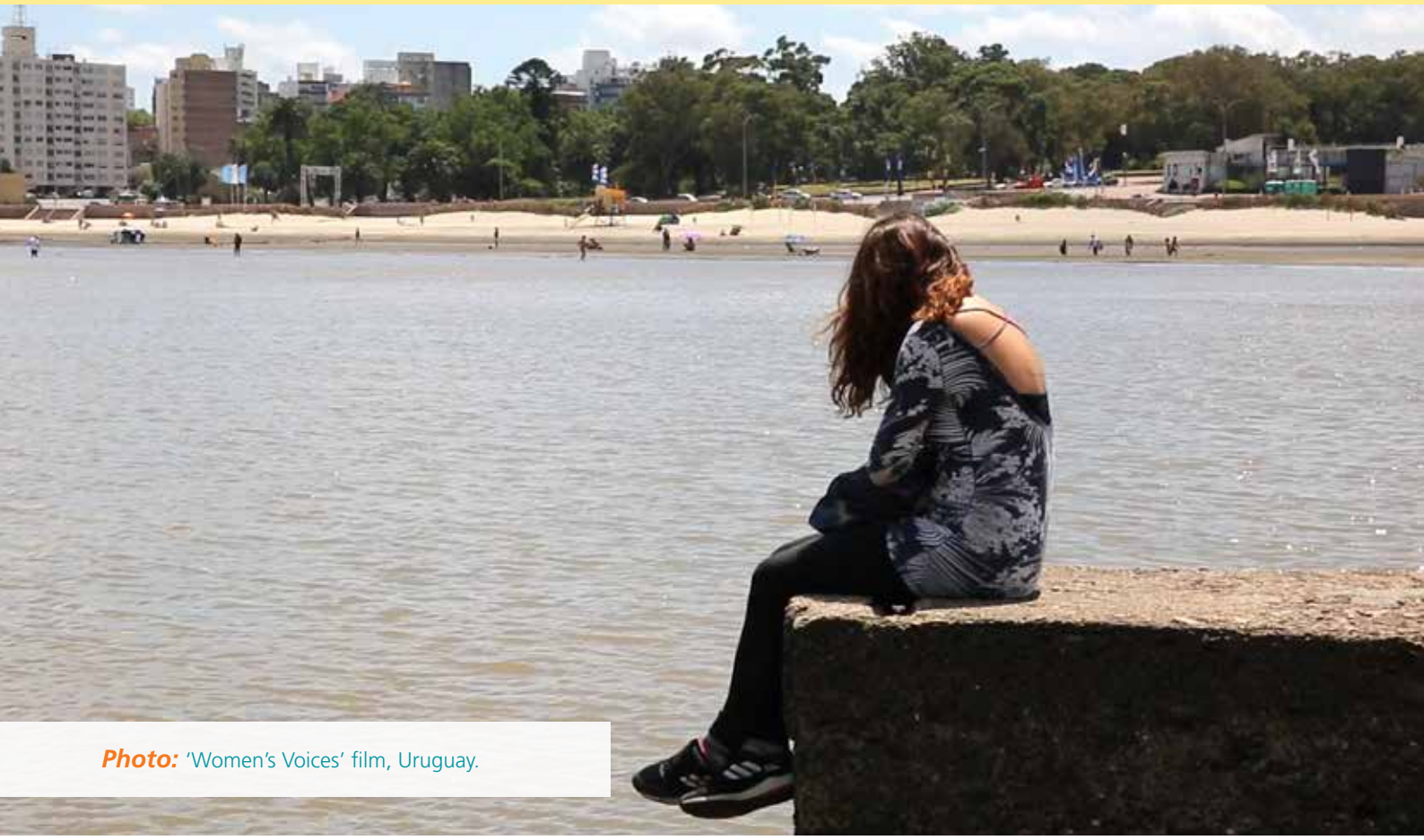


Photo: 'Women's Voices' film, Uruguay.

3. How do you think Maria's boyfriend felt when she told him she was pregnant? What might he have been thinking about?

- Ask participants to list reasons a woman's partner might have for wanting her to have an abortion. Are any of these reasons different to the list for the person who is pregnant?
- Talk about the legal role of partners in abortion care in your country (e.g. in some countries access might require consent of a spouse/ husband).
- Clarify that although partners may have opinions and may provide support with making a decision about a pregnancy, the choice should ultimately be with the person who is pregnant.

Materials: France

Summary:

Juliette became pregnant after having unprotected sex with her ex-boyfriend, after she had stopped taking the contraceptive pill. She considers an abortion and searches online for more information about the procedure. She finds a website (run by an anti-abortion organization) which gives misleading and confusing information about abortion. Her ex-boyfriend pays for the abortion, but is not involved in any other way.

Quotes from the film:

Juliette said, "Is it the right moment? Is he the right person? Will I be able to provide for this child?", "They really tried to manipulate me to stop me having the abortion" and "Even if we seem free… we're always judged for what we did".

Discussion points:

1. Are you are aware of websites/services like the one Juliette mentions, which give misinformation

to women to try to persuade them not to have an abortion? Do you think they are effective?

- Ensure that participants are aware of websites and 'counselling centres' that give medical misinformation on abortion. You may wish to share information from reports on 'crisis pregnancy centres' in Ireland[60], Canada[61], the U.S.[62] and the UK[63], and to discuss the potential health implications of providing misinformation and delaying access to health care services.
- It is important to provide guidance on how to recognize reputable sources of information (and provide examples).

2. Juliette believes that even though abortion is legally accessible in her country, there is still stigma, meaning that women are judged negatively. How do you think abortion stigma affects people in your country?

- Research shows that women who experience abortion-related stigma are more likely to have a negative emotional response, or feel shame for having an abortion[64].
- Medical professionals who provide abortion services can experience harassment, and stigma can mean that there is little medical training on abortion, and that there are not enough clinics or trained doctors.
- Abortion-related stigma can also influence law and policy, meaning that it is harder to access safe, legal services, which can mean that women resort to unsafe ways of ending pregnancies.

60 IFPA (nd) Rogue Crisis Pregnancy Agencies in Ireland – Anti Choice and Anti Women. Available at: https://www.ifpa.ie/sites/default/files/documents/media/publications/rogue_agency_factsheet.pdf Accessed 16 December 2015

61 Pro-Choice Action Network (2009) Exposing Crisis Pregnancy Centres in British Columbia. Available at: http://www.prochoiceactionnetwork-canada.org/Exposing-CPCs-in-BC.pdf Accessed on 16 December 2015

62 NARAL (nd) Crisis pregnancy centers lie: The insidious threat to reproductive freedom. Available at: http://www.prochoiceamerica.org/assets/download-files/cpc-report-2015.pdf Accessed 16 December 2015

63 Brook (2014) Crisis Pregnancy Centres: Highlighting misinformation, bias, and poor quality practice in independent pregnancy counselling centres in the UK. Available at: https://www.brook.org.uk/attachments/crisis_preg_centres_rept_10.2.14-2hiFINAL.pdf Accessed 16 December 2015

64 Norris A et al Abortion Stigma: A Reconceptualization of Constituents, Causes, and Consequences. Available at: http://www.guttmacher.org/pubs/journals/Abortion-Stigma.pdf Accessed 16 December 2015

Materials: India

Summary:

Bhakti became pregnant when she was in a relationship with a man she was not allowed to marry, and who married someone else, according to the wishes of his family. For this reason she felt unable to continue with the pregnancy or to speak to her family about her situation. Although she felt sad to have to end the pregnancy, she was treated well at the clinic and speaks about the importance of legal abortion services to keep abortion safe.

Quotes from the film:

Bhakti said, "If I spoke to my family they would have thrown me out of the house" and "If abortion was illegal then women would've continued to take risks and many of them would have lost their lives".

Discussion points:

1. How do you think Bhakti felt about having to have an abortion in secret?

- Ask participants to write a short diary entry for a young woman in their own country who is thinking about having an abortion. Would she be able to talk to friends/family? Would it be easy for her to find out about safe services?
- In India, abortion is legal but many women (especially those who are poor and/or young) can find it difficult to access. About two-thirds of abortions in India are 'unsafe', usually meaning they are carried out by someone without proper medical training, or done outside of a clinic or hospital.
- Ask participants why someone would have an unsafe abortion, even if they knew they were taking a risk. Participants could do this in the form of a drawing, which shows a woman's route to the clinic and possible obstacles on her way. Possible obstacles: they live in a rural area so can't get to a clinic, they have to work/care for children so can't make the journey to a medical centre, they can't afford legal abortion, they don't know that they have a right to legally access abortion, etc.

Materials: Cameroon

Summary:

Michelle had an abortion in Cameroon, where abortion is highly restricted. When she became pregnant she was in a relationship with a married man and could not afford to have a child. She finds out about a clinic from her friend, who has also had an abortion, but feels sad to have to keep this a secret from her family.

Quotes from the film:

Michelle said, "Many women here have abortions, but no one talks openly about it" and "I saw one girl who had an unsafe abortion die".

Discussion points:

1. At the end of the film we see that Michelle now has a child. People are sometimes surprised that many women who have abortions already have children, or go on to.

- Ask the group to make two lists: reasons someone would continue a pregnancy, and reasons to end a pregnancy. You could ask if any of these are more or less important to people in their age group.

2. Restrictive abortion laws do not stop abortions from happening. According to the World Health Organization, where abortion is legal it is generally safe, and where it is highly restricted, it is typically unsafe.[65] Nearly all unsafe abortions happen in low-and middle-income) countries.

- Find information on the abortion law in your country. Create a short quiz for participants to check their understanding of the law (e.g. would a young person need a parent's consent to have an abortion? In what circumstances is abortion legal?).
- Ask participants if there are any changes they would make to this law that would improve women's health. In groups, participants should have time to discuss and present their argument(s) in favour of the new law. Provide relevant facts and statistics from the World Health Organization and other reliable sources for this exercise.

65 Guttmacher Institute (2012) Facts on Induced Abortion Worldwide. Available at: http://www.who.int/reproductivehealth/publications/unsafe_abortion/induced_abortion_2012.pdf Accessed on 16 December 2015

Photo: 'Women's Voices' film, Cameroon.

8. Pregnancy testing role play

Adapted from 'Abortion: Decisions and Dilemmas' (Brook). Available at: https://www.brook.org.uk/shop/product/abortion-decisions-and-dilemmas

Overview:

This exercise allows participants to put themselves in the place of a young person taking a pregnancy test.

Objectives:

- To explore the emotional impact an unintended pregnancy may have on an individual, to consider the choices pregnancy presents, and to emphasize a young person's rights in the decision making process
- To think about the long- and short-term implications of continuing with and ending a pregnancy
- To understand about abortion in relation to health and the law
- To consider how a person might feel if they thought they/their partner were pregnant.
- To understand how pregnancy testing works and where to access free testing
- To know about a young person's rights to confidentiality, and where young people can go to access confidential, impartial support and information to help them make decisions

Materials:

Double-sided pregnancy test worksheets (one per two participants) on pages 63-64, mock pregnancy tests (half positive, half negative).

Time: 30 minutes

Instructions:

To prepare for this activity, create some mock pregnancy tests. This can be done by cutting the right shape out of card, drawing an indicator box and marking one red line for 'not pregnant' on half of the mock pregnancy tests, and two red lines for 'pregnant' on the other half of the mock pregnancy tests. Alternatively, just create cards that say 'pregnant' or 'not pregnant'.

Before the activity, discuss pregnancy testing with the participants. Address how it works, and where it is possible to obtain a pregnancy test and confidential support.

Put the group into pairs and explain that one person will take on the role of someone taking a pregnancy test, and the other person is their partner. Explain that they can take on the role of someone who is a different gender, or from a different background to themselves. Ask the pair to develop their own background story about why this couple is taking a pregnancy test and how they both feel about it. Be clear that they are playing fictional characters and this does not have to be their own position. Any extra participants can be a family member or friend of the person taking the test.

It can be helpful to specify an age for the couple, this is usually in line with the age of the participants so that they can identify with the situation (e.g. on the worksheet provided the fictional characters are 15 years old).

Ask the pairs to discuss the questions on the first side of the worksheet (about how they will feel about a positive/negative result), and fill in their answers.

Explain that you will now share the pregnancy test results. Using mock pregnancy tests (or the 'pregnant' or 'not pregnant' cards) give each pair their result at random. If you are working with a large group, it might be easier to allocate

Photo: Two participants in India reveal the results of their pregnancy testing role play.

pregnancy results by dividing the group according to birthdays, or something simiar (e.g. if the person taking the test has their birthday between January and June the test is positive, if it's between July and December, the test is negative).

When the pairs have received their results, ask them to complete the second side of the worksheet, reflecting on how they both feel.

When the worksheets are complete ask the whole group to report back, asking a volunteer from each pair to explain their situation, the result they received, how they felt and the decision they planned to make.

Draw out discussions of gender (e.g. the girl who is pregnant should make her own decision), age (e.g. do they feel old enough to raise a child?) and rights (could she have an abortion without having to tell her parents?).

Importantly, provide factual information on contraception, STI testing, abortion, adoption, and access to health care services.

Alternative version:

When training peer educators and professionals who work with young people it is a good idea to amend this activity to allow for a third role of 'counsellor'. Assign a 'counsellor' to each pair to talk to them before and after the test (using the worksheet as a prompt for questions to ask). This is a helpful way to practice using non-judgmental language, providing factual information and answering questions.

8. Materials: Pregnancy testing worksheet page 1

You are 15 and you/your partner has just done a pregnancy test. While you wait for the result think about these questions and note down your answers.

1. What do you want the result to be and why?

Person taking the test: _____

Partner: _____

2. How will you feel if it the opposite result to what you want?

Person taking the test: _____

Partner: _____

3. What options are available if the test confirms you/your partner is pregnant?

4. Which option will you choose?

8. Materials: Pregnancy testing worksheet page 2

Now turn over the test and see what the result is.

5. What is the result?

6. How do you feel?

Person taking the test: _____

Partner: _____

7. What will you do next and who will you talk to?

Person taking the test: _____

Partner: _____

9. Brenda's battle against unsafe abortion in South Africa

Adapted from 'Brenda's Battle: South Africa' (Marie Stopes). Available at: http://bit.ly/1ntsYbu

Overview:

Activity centered around a short film featuring a community health worker in South Africa who is determined to educate women about contraception, pregnancy and abortion.

Objectives:

- To appreciate that there are a wide range of opinions about abortion
- To empathize with the dilemmas many women face when they have an unplanned pregnancy
- To understand that making abortion illegal or highly restricted does not stop people from having abortions, it only makes abortions more dangerous

Time: 40 – 60 minutes

Materials:

Computer and projector with sound to watch 'Brenda's Battle' (film available at http://www.mariestopes.org.za/video-brendas-battle), printed case study on page 66, board (and, if using, internet and printed literature on local services).

Instructions:

Prepare for this activity by watching the film and reading this film synopsis:

A mother of four, Brenda is a woman with a mission: to speak out and put a stop to unsafe abortions. 13 per cent of all maternal deaths are the result of unsafe abortion, with millions more left injured, disabled or infertile. Despite the fact that abortion has actually been legal since 1996 in South Africa, many women are still risking their lives by having unsafe abortions offered by bogus doctors. Brenda is a Community-Based Educator from a provincial town who has made it her mission to visit women, everywhere from colleges to taxi ranks, to educate them about sexual health, contraception and safe abortions. This is no easy task in a country where such talk is taboo. Watch one woman, who, with a basic education, is empowering young women to take control of their sexual health and make choices that ultimately save and improve lives.

At the beginning of the activity, give participants a brief explanation of the film and then show it.

After showing the film, read out the case study on pg 66, and give as a handout.

Divide participants into groups of four and ask them to choose someone to write notes, a reporter (someone who speaks for the group), a time keeper and someone to keep them focused on the task. Ask each group to discuss two questions:

- For a young woman in South Africa, what do you think it would feel like to have an unintended pregnancy?
- In your own country, what do you think a young woman would feel like if she had an unintended pregnancy?

Participants should:

- Explore the choices available regarding pregnancy
- Consider what factors might influence the decisions to be made (e.g. religion, culture, education, finances, partner, future prospects)
- Compare how easy it is to access health care and information related to pregnancy in South Africa compared to in their own country

Allow each small group 15 minutes to feed back to the whole group. Ask participants to reflect on what they have learnt and how it might impact them in the future.

If time allows, ask the groups to use printed literature and/or the internet (if available) to share information with the entire group about reliable sexual health services in their area. This information can be used to form a class display/notice board with websites, hotline numbers and practical information on clinics, especially those which cater to young people.

9. Materials: Case Study

In this film clip, we learn about Brenda and her work. Her mission is to help women educate themselves, to be independent and to have a say about their sexual health. In South Africa, abortion is legal up to 20 weeks, yet large numbers of women are risking their lives at the hands of backstreet health care providers. Women are so stressed that they want a quick fix to their pregnancy problem, with no questions asked and no one in their families knowing what they have done.

Talking about sexuality is a sensitive topic and culturally unacceptable among people in Brenda's community. As a consequence of this silence, most of the women do not know much about contraception or abortion.. and they don't know who to turn to. If women have an unplanned or unwanted pregnancy, they are unlikely to go to their family doctor, particularly if they are young and/or unmarried. Instead many turn to the unsafe abortion providers who advertise on the street. We hear in the film that even at six months' gestation these backstreet abortions are advertised as safe and pain free. Women are told they will be given 'medically' prescribed pills to take and tablets (pessaries) to insert in the vagina. The women are told 'pieces of blood' will come out of their vaginas.

In fact, if the medication given to the woman does act to terminate the pregnancy, the woman will expel the fetus, not just blood. These abortions are not legal and they are full of risks: carried out in unsanitary conditions using unsterilized equipment. The tablets they are given are often mixed with other ingredients and infection is not uncommon. If problems occur afterwards, further treatment will cost the women more money, which they often do not have.

Notes:

10. Barriers to abortion care

Adapted from 'Abortion care for young women: A training toolkit' (Ipas). Available at: http://www.ipas.org/en/Resources/Ipas%20Publications/Abortion-care-for-young-women-A-training-toolkit.aspx

Overview:

Most suitable for a group that has some knowledge of abortion, or for training other trainers/educators, this activity looks at the different barriers to accessing abortion, especially for young women.

Objectives:

- To identify the different barriers young women encounter when seeking safe abortion
- To recognize the ways these barriers affect young women differently than older women

Materials:

Paper, marker pens, tape, post-it notes (or other note cards), coloured paper.

Time: 50 minutes

Instructions:

To prepare for the activity:

- Review the barriers to care information on page 69
- Place several post-it notes (or note cards and tape) on each table.
- Write the four categories of barriers on different colour papers:

  1) Social
  2) Economic and logistical
  3) Legal and policy
  4) Health system

Photo: Looking at the different barriers for young people seeking abortion.

Photo: Young people in Guyana present their story on barriers to safe abortion care (Part 2 below).

Part One

Inform participants that in this activity they will identify the barriers to abortion care that young women encounter and explore how those barriers may impact young women differently than older women.

Ask participants to write down barriers young women may encounter to abortion care on post-it notes. Instruct participants to only write one barrier per note, in large handwriting, and then place the note on the wall. Each participant can write several notes.

Tell participants that they will collectively group the barriers into categories. Put the four colour papers with the categories of barriers on the wall with the notes and read them aloud. Ask a participant to come to the wall and, with input from other participants, group the barriers under the most appropriate category.

Discuss as a group and draw out any barriers which have not been identified.

Part Two

Instruct participants to form small groups of no more than five people each. Give each group a flipchart sheet and markers.

Give the following instructions on how to draw a story about barriers to safe abortion care:

- Divide your group's flipchart sheet into six boxes
- Number the boxes from one to six. Draw a picture of a young woman with an unwanted pregnancy in the first box and a picture of a facility that provides safe abortion care in the last box (and show an example)
- Ask the groups to draw a picture in each box, portraying different barriers that this young woman encounters as she tries to seek a safe abortion

Inform the groups that they have 15 minutes to draw their story. Check in with all the groups as they work. End with a whole group discussion about barriers for young women and potential solutions.

Materials:

1. Social barriers to care

- **Gender discrimination:** Women are often treated unfairly on the basis of being female, and may not have the freedom or means to access safe abortion care because of discrimination
- **Gender-based violence:** Young women are particularly vulnerable to gender-based violence and fear of, or shame after such violence may prevent them from accessing abortion services
- **Lack of social support:** Because of stigma in her community, a young woman may be unable to ask for information or help regarding safe abortion for fear of negative repercussions
- **Stigma:** Stigma is defined as a characteristic or attribute for which a person is considered tainted or lesser:
  - Abortion-related stigma: Young women who depend on others may be especially hesitant to risk being stigmatized for seeking an abortion, and stigma may make health facilities and health care providers less likely to offer abortion services
  - Sexuality-related stigma: Young women may not enjoy their sexuality, prepare for sexual activity, or seek sexual and reproductive health care to avoid being labelled promiscuous.
  - Age-related stigma: Young people are often not considered mature enough to make decisions about having sex, to use contraceptives, and/or to make decisions about an unwanted pregnancy

2. Economic and logistical barriers

- **Financial resources:** Young women often do not have access to money
- **Transportation:** Distances may be far and transportation unavailable or expensive

3. Legal and policy barriers

- **Abortion laws:** Laws may be restrictive, but there are few countries where abortion is not permitted under any circumstances
- **Third-party involvement laws:** Mandated notification and/or consent of a parent, guardian, psychiatrist or other adult is a significant barrier for young women
- **Sexual violence:** Sexual violence is often a legal indication, but the process may not protect confidentiality, and may be difficult, slow and emotionally painful
- **Interaction with other laws:** Providers or facilities may not know which law takes precedence and refuse care; confused clients may not seek care
- **Implementation documents:** Steps or procedures required by policies, standards or guidelines, but which are not required by the law, act as barriers, even when they are intended to be helpful

3. Health system barriers

- Lack of/unavailability of facilities providing abortions
- Lack of privacy and confidentiality
- Unnecessarily complex or adult-focused processes and forms
- Cost
- Negative provider and staff attitudes about young people's sexuality and abortion

11. Abortion and rights

Adapted from 'Abortion care for young women: A training toolkit' (Ipas). Available at http://www.ipas.org/en/Resources/Ipas%20Publications/Abortion-care-for-young-women-A-training-toolkit.aspx

Overview:

This exercise (best suited to those who have existing SRHR knowledge) supports participants to understand how certain international conferences, conventions and declarations help ensure that young women's human rights, and particularly their sexual and reproductive rights, are respected.

Objectives:

- To identify human, sexual and reproductive rights that support a young woman's right to a safe abortion
- To describe possible consequences when a young woman's human, sexual and reproductive rights are violated

Materials:

Timeline of rights handout (pages 73-74), post-it notes, Meena's case study (page 75), flipchart paper.

Time: 60 minutes

Instructions:

To prepare:

- Photocopy the Timeline of Rights handout on pages 73-74, one per participant
- Research which of the conventions, conferences and declarations on the Timeline of Rights have been signed or ratified by participants' countries
- Adapt Meena's case study handout on page 75 to your local context, if necessary, and create a version to photocopy for participants which doesn't have the rights shown.

Introduce the activity by telling participants that during this activity they will discuss rights, in particular sexual and reproductive rights, as they apply to young women 10 to 24 years of age. Ask participants what they think of when they hear the term 'human rights'. Allow for a few responses.

Read the following definition:

> *"Human rights are basic rights held by all persons by virtue of being born a human being. They are inalienable and interlinked, and protect our freedom, safety, health and quality of life. All human beings are entitled to these rights independent of any biological, social, economic or political distinctions, such as gender or age."*[66]

Ask participants if they know any international conventions and conferences that they think are relevant to a young woman's sexual and reproductive rights, and specify how. List responses on a flipchart.

Timeline of Rights

Before handing out the Timeline of Rights, you could provide participants with the list of conventions (without dates) and ask them to order on a pre-prepared timeline. This can help to understand how different human rights agreements built on each other and evolved over time.

Give each participant a copy of the Timeline of Rights handout. Briefly highlight similarities or differences to the list that the group identified. Divide participants into five small groups. Inform the groups that they have 25 minutes to read the Timeline of Rights handout and answer all five discussion questions.

66 'Abortion care for young women: A training toolkit' (Ipas). Available at: http://www.ipas.org/en/Resources/Ipas%20Publications/Abortion-care-for-young-women-A-training-toolkit.aspx

Meena's case study

Provide all participants with a copy of Meena's case study handout with the rights removed (page 75). Ask participants to read the handout, and then, in their small groups, identify the various human, sexual and reproductive rights that have been violated in the case study. Inform the groups that they have 15 minutes for this task. They may wish to refer participants back to the Timeline of Rights handout and their discussion about the different rights.

Bring participants back together as one group. Read the first paragraph of Meena's case study and ask one of the small groups to identify the rights that have been violated. Ask other groups for additional input if not all of the rights violations were identified. Use the Meena's case study 'Key' (page 75) as a guide and point out any rights violations that the groups did not identify.

Ask participants to reflect on the human rights, particularly the sexual and reproductive rights that they have identified as being violated. Allow approximately 15 minutes for the discussion. Use the following questions to facilitate the discussion:

- What are the different circumstances that lead to violations of young women's rights?
- What challenges do young women encounter in exercising their rights? How does this affect their options?
- What challenges exist for young women to exercise their full rights in your country/region?
- Who is responsible for fulfilling young women's rights? What needs to happen to uphold young women's rights at the government level? At the clinic level? At the community level? At the individual level?
- What is your responsibility in ensuring Meena's rights are respected? What actions can you take?

Highlight unique points and summarize using the following key points:

- Across the world, young women face human rights violations each day. They are disproportionately affected by violations compared to their male peers or adults
- We have also seen how interconnected human rights are: without information it can be much harder to seek or receive health care. Similarly, without freedom from discrimination – equal pay for all individuals doing the same job, for example – safe abortion care may not be financially accessible to a young woman
- This means that we have to work for young women's rights at many levels, from the government to communities to individuals, and in many different areas. We are all responsible for fulfilling the human rights of young women

Discuss any outstanding questions, comments or concerns with participants.

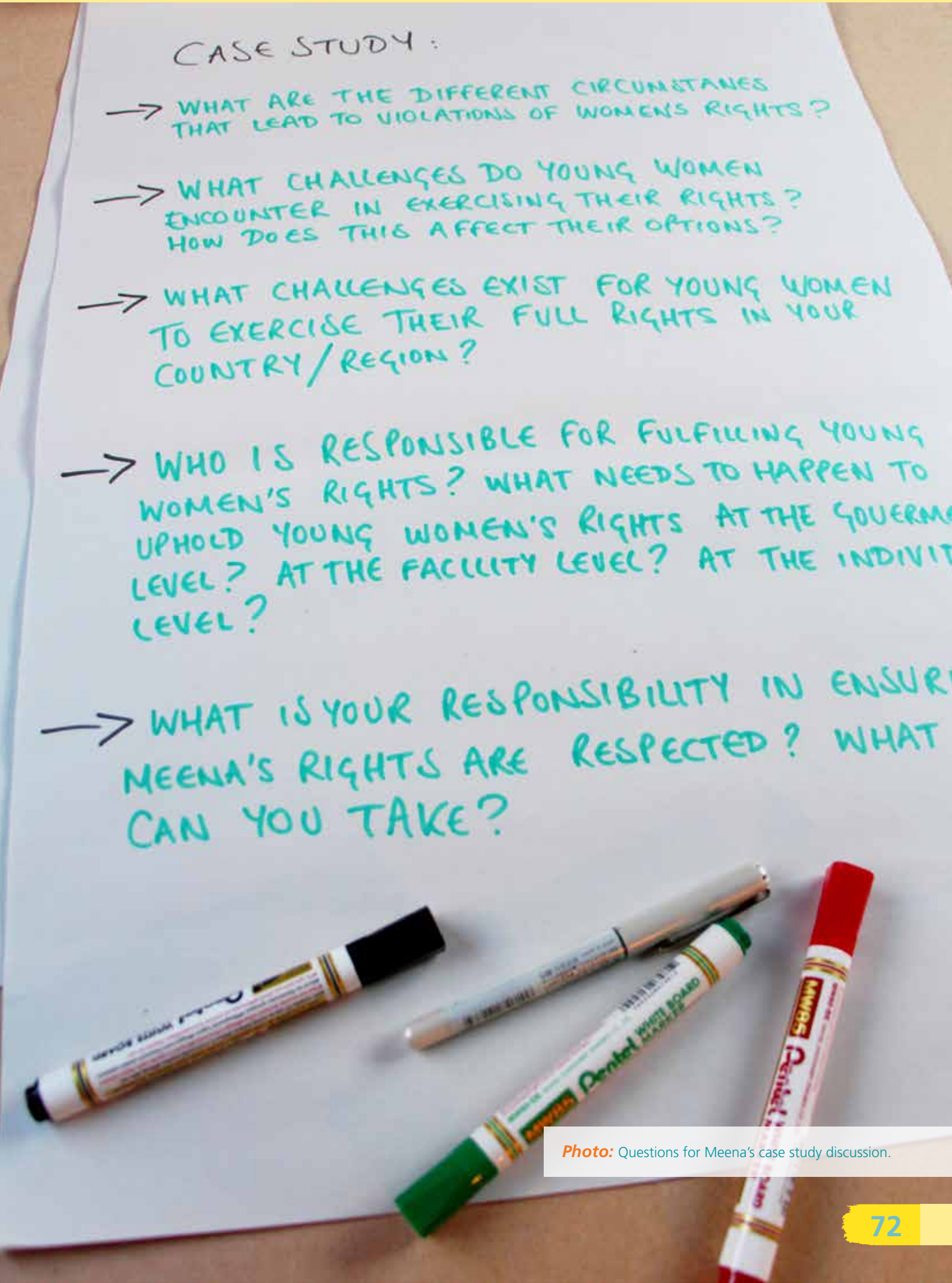


Photo: Questions for Meena's case study discussion.

11. Materials

Timeline of Rights

1948 Universal Declaration of Human Rights

Art. 1: "All human beings are born free and equal in dignity and rights." All humans have rights to life, liberty and security of person, health, to own property, and education, among others (Arts. 3, 17, 25).

1966 International Covenant on Economic, Social and Cultural Rights

Art. 1: "All people have the right of self-determination. By virtue of that right they freely determine their political status and freely pursue their economic, social and cultural development"; Art. 12: "The States Parties to the present Covenant recognize the right of everyone to the enjoyment of the highest attainable standard of physical and mental health."

1974 World Population Plan of Action

Art. 14(f): "All couples and individuals have the basic right to decide freely and responsibly the number and spacing of their children and to have the information and means to do so."

1979 Convention on the Elimination of All Forms of Discrimination Against Women

Art. 12.1: "States Parties shall take all appropriate measures to eliminate discrimination against women in the field of health care in order to ensure, on a basis of equality of men and women, access to health care services, including those related to family planning."

1989 Convention on the Rights of the Child

Art. 5: "States parties shall respect the responsibilities, rights and duties of parents or, where applicable, the members of the extended family… or other persons legally responsible for the child, to provide, in a manner consistent with the evolving capacities of the child, appropriate direction and guidance in the exercise by the child of the rights recognized in the present Convention"; Art. 24: "States Parties recognize the right of the child to the enjoyment of the highest attainable standard of health and to facilities for the treatment of illness and rehabilitation of health. States Parties shall strive to ensure that no child is deprived of his or her right of access to such health care services."

11. Materials

1994 International Conference on Population and Development (ICPD)

Art. 7.20: "Reproductive health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity, in all matters relating to the reproductive system and to its functions and processes. Reproductive health therefore implies that people are able to have a satisfying and safe sex life and that they have the capability to reproduce and the freedom to decide if, when and how often to do so"; Art. 8.19: "Greater attention to the reproductive health needs of female adolescents and young women could prevent the major share of maternal morbidity and mortality through prevention of unwanted pregnancies and any subsequent poorly managed abortion"; Art. 8.25: "In circumstances where abortion is not against the law, such abortion should be safe. In all cases, women should have access to quality services for management of complications arising from abortion."

1995 Beijing Declaration, Fourth World Conference on Women

The conference urged countries to "consider reviewing laws containing punitive measures against women who have undergone illegal abortions" (UNESCO 1995).

1996 Charter on Sexual and Reproductive Rights (IPPF)

The original 1996 charter established human rights such as the right to choose whether or not to marry and to found and plan a family, the right to decide whether or when to have children, the right to health care and health protection, and the right to the benefits of scientific progress, among others.

2009 The Berlin Call to Action, ICPD+15

Para. 3: "Ensure the sexual and reproductive rights of adolescents and young people: Empower young people to make informed decisions about their life and livelihood in an environment that removes all barriers to accessing the full range of sexual and reproductive health information and services. Guarantee confidentiality and eliminate parental and spousal consent and age restrictions. Expand and allocate the resources needed to deliver effective, continuous, gender sensitive and youth-friendly services and evidence-based, timely, and comprehensive sexuality education. Acknowledge and respect the diversity of young people and collect age and gender disaggregated data."

11. Materials

Meena's case study *(with rights shown)*

My name is Meena, and I am a 17 year old woman. I have worked in a factory for over a year. It is hard work, and I earn a very small salary, far below the national standard. (***Right to fair and equitable income, freedom from discrimination***). I send most of what I earn to my family, who live in a rural area.

I can read and write a little, but I did not go to school very long because my parents could not afford the fees for both my brother and me, and so he went. (***Rights to information and education, and freedom from discrimination***). I did not receive any information about sexual and reproductive health issues at home or school. (***Right to information and education***).

During my first month at the factory, one of the supervisors pressured me to have sex with him. (***Right to security of person***). He did not use a condom or any other protection. He told me to wash afterwards, so I would not get pregnant, and not to tell anyone. (***Right to information and education***). Because no one talks about such things, I never told anyone. Luckily I did not get pregnant.

My parents want to arrange my marriage to a boy from a neighbouring village soon, and they want me to stay pure for him. (***Right to decide if, when and with whom to marry***). Not too long ago I met a boy in the factory. He treated me nicely and asked me if I wanted to go out with him. We started going out, and after a while, we started having sex. When we could get them, we used condoms. But it was hard to get condoms, (***Rights to health care and benefits of scientific progress***) and sometimes when we had a condom, we put it on late, after already starting to have sex. (***Right to information and education***).

Last month I missed my bleeding. My breasts became tender and a little bigger. I wasn't sure if I was pregnant, but I knew that I could not have a child. My manager would make me leave my job at the factory if he found out. (***Right to freedom from discrimination***). I could never travel home because it would bring such shame on my parents and I could no longer be married. (***Right to decide if, when and with whom to marry***).

I heard of a lady who helps young women with these situations. She charges less money than the health clinic, and I wouldn't risk being seen by someone who knows me, so I went to her. She inserted something deep inside of me. It hurt a lot and there was a lot of blood. (***Right to health care and benefits of scientific progress***). All night I felt very weak and was in a lot of pain. My friend found me dead the next morning (***Rights to life, and right to decide if, when and with whom to have a child***).

12. Abortion and religion

Overview:

This exercise supports participants to think about the impact that faith and religion have on people's decision-making processes related to pregnancy.

Objectives:

- To learn more about religious views on abortion
- To examine the differences between different faith perspectives on abortion, both between and within religions
- To think about how faith and religion might affect someone's decision to continue or end a pregnancy

Materials:

Information sheets on pages 77 and 78.

Time: 30 - 40 minutes

Instructions:

To prepare for the activity, read Brook's 'Abortion and Religion Factsheet'[67] and have a look at some of the information on the website for the Religious Coalition for Reproductive Choice[68].

Sample information sheets on the Catholic and Islamic positions on abortion are given below: these can be used for this exercise. Alternatively, develop your own examples, drawing on the beliefs and practices of dominant religious groups in your country/community.

Ask participants to discuss how an individual who practises a religion (e.g. the dominant religion in your community) might feel about abortion, using the following prompts:

- We know that women of all faiths, as well as those who do not self-identify as religious, do have abortions. How do you think it feels for someone who practises a religion to decide to have an abortion?
- If you belong to a religion, can you think of any official teachings that members of your faith do not necessarily agree with/follow?
- What other factors might affect a decision about whether to continue or end a pregnancy, for someone who practices a religion?
- What sort of support might someone in a faith community receive?
- Do you think that a faith leader (or others in a religious community) would prioritise values like compassion/being non-judgemental/ importance of family – and consider them alongside official religious teachings – in forming their position and attitude to abortion?

As part of this activity, you may wish to show a short film relating to decision making about pregnancy. For example, see Alex's story in 'I had an abortion' (from minutes 41.23 to 45.26)[69]. Alex's family is from Mexico, where 90 per cent of the population is Catholic. She talks about her decision to end a pregnancy at a young age, and her to decision to continue a pregnancy years later. She says, "I used to feel like if I ever got pregnant, I always told myself I would never have an abortion". She goes on to talk about how her lack of readiness to become a parent, especially without family and partner support, led to her choice to have an abortion.

Ask the group to discuss how Alex's family's values affected her ability to talk about her pregnancy and her feelings about being pregnant. What factors influenced her decision to end her first pregnancy, and which factors influenced her to continue the second pregnancy?

67 Education for Choice (2011) Abortion and Religion. Brook. Available at: https://www.brook.org.uk/attachments/Abortion_and_religion_leaflet_2011.pdf Accessed 18 December 2015.

68 Religious Coalition for Reproductive Choice (nd) Faith Perspectives: A Matter of Faith, Conscience and Justice. Available at: http://rcrc.org/homepage/perspectives Accessed 18 December 2015.

69 Abortion Films (nd) I had an abortion. Available at: http://abortionfilms.org/en/show/3473/ich-habe-abgetrieben Accessed 18 December 2015.

12. Materials

Abortion and Islam information sheet[70]

Overview:

> *Islam teaches that abortion is a sin which increases as the pregnancy progresses, but does allow for its use to save the life or protect the health of the woman and in other limited circumstances.*[71]

Ensoulment

Some Muslim scholars believe that the zygote or embryo is a person from the moment of conception (when sperm and egg meet), and therefore, that abortion is always forbidden.

Other Muslim scholars support the idea that abortion is forbidden after 'ensoulment', when the fetus is said to gain a soul (up to 120 days into the pregnancy). The text below comes from a hadith, which provide Muslims with religious guidance:

> *The Messenger of God said, '(as regards your creation), every one of you is collected in the womb of his mother for the first 40 days, and then he becomes a clot for another 40 days, and then a piece of flesh for another 40 days. Then God sends an angel to write four words: he writes his deeds, time of his death, means of his livelihood, and whether he will be wretched or blessed (in religion). Then the soul is breathed into his body.*
>
> **Book 55, Hadith 549**[72]

Other Muslim scholars would say that the fetus is formed as a human being at 40 days, so abortion would be forbidden after this point.

A woman's life

There is general agreement in Islam that abortion is allowed if the life of the woman is endangered at any point during pregnancy[73].

Some would argue that the Islamic saying, "Necessity allows that which is normally forbidden," can apply to abortion. This interpretation means that in cases where there are difficult circumstances, abortion may be permitted. Grand Ayatollah Yusuf Sannei said: "Islam is also a religion of compassion, and if there are serious problems, God sometimes doesn't require his creatures to practice his law. So under some conditions such as parents' poverty or overpopulation - then abortion is allowed" (2000[74]).

The Qur'an also asserts the importance of a woman's health and wellbeing more generally, which the Religious Coalition for Reproductive Choice argues could mean that the choice about whether to bring a child into the world should rest with her.[75]

70 Adapted from the Religious Coalition for Reproductive Choice. Available at: http://rcrc.org/homepage/perspectives/muslim

71 Education for Choice (2011) Abortion and Religion. Brook. Available at: https://www.brook.org.uk/attachments/Abortion_and_religion_leaflet_2011.pdf Accessed 18 December 2015.

72 Religious Coalition for Reproductive Choice (nd) Islam and Reproductive Choice. Available at: http://rcrc.org/homepage/perspectives/muslim Accessed on 16 December 2015

73 BBC (2009) Abortion: Sanctity of Life. Available at: http://www.bbc.co.uk/religion/religions/islam/islamethics/abortion_1.shtml Accessed 16 December 2015

74 BBC (2009) ibid.

75 Religious Coalition for Reproductive Choice (nd) ibid.

12. Materials

Abortion and Catholicism information sheet

(Information below from Catholics for Choice: http://www.catholicsforchoice.org/topics/prevention/documents/2004worldview.pdf)

Overview:

> *The Roman Catholic Church teaches that abortion is always wrong. A Catholic who had an abortion could, in theory, be 'excommunicated' from the church.*[76]

Official position of the Church

The Catholic Church expressly prohibits abortion. It teaches that this act is immoral at even the earliest stages of pregnancy and even if a woman's life is at risk. This applies even in cases of sexual assault or ill health.

> *Human life must be respected and protected absolutely from the moment of conception. From the first moment of existence, a human being must be recognized as having the rights of a person—among which is the inviolable right of every innocent being to life.… Direct abortion, that is to say, abortion willed either as an end or a means, is gravely contrary to the moral law.*[77]

The Catechism

View of Catholics

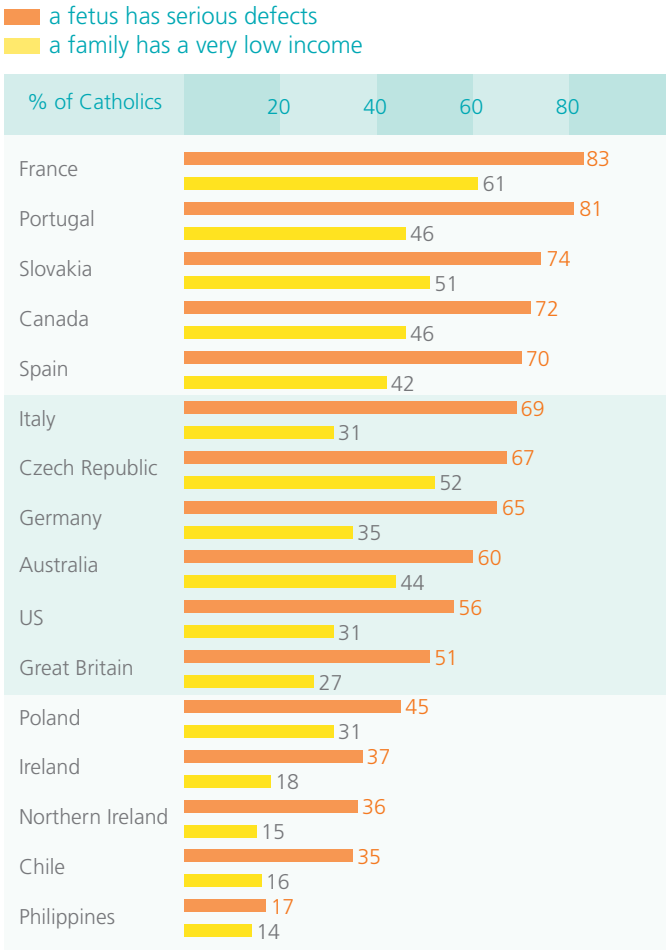
Surveys of Catholics in different countries across the world show that the majority do not necessarily agree with the Church's teachings on abortion.

The table below shows the numbers of Catholics who believed that abortion should be allowed in at least some situations.

For example, in Mexico (where 90 per cent of the population is Catholic):

- 89 per cent say abortion is acceptable in cases of rape
- 91 per cent say abortion is acceptable if pregnancy poses a serious threat to the woman's health

Table: Catholics saying abortion is "Not wrong at all" or "Only wrong sometimes" if...



This table is adapted from 'Catholics for a Free Choice. A World View: Catholic Attitudes on Sexual Behavior & Reproductive Health' Catholics for a Free Choice, 2004 http://www.catholicsforchoice.org/topics/prevention/documents/2004worldview.pdf (page 18)

76 Education for Choice (2011) ibid.

77 From the Holy See website: http://www.vatican.va/archive/ccc_css/archive/catechism/p3s2c2a5.htm

Appendix 1.
Key facts about abortion

Photo: Participant in India shares reasons to educate young people on abortion.

Most of us have not received comprehensive education on pregnancy and abortion so it's important to make sure you know the facts from the myths.

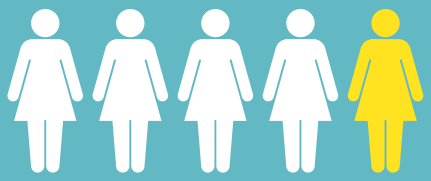
There is a lot of misinformation shared about abortion. Searching online can give a confusing mix of facts, myths and opinions and it is rare for schools to teach factual information about safe abortion and the law. If abortion is talked about in schools, it is often in the context of religious education, and may be just about moral perspectives on abortion without also providing practical factual information. Therefore, anyone leading a workshop on abortion for young people must be equipped with evidence-based information from reliable sources.

This section includes some basic facts about abortion, but it is important to supplement this with information from your own country/region, and with further reading. We have given some suggestions in the resources section for reliable sources of statistics and information about abortion.

Abortion Factsheet

All this information comes from the World Health Organization (references on the next page).

Abortion is the voluntary ending of a pregnancy. It is different to miscarriage, which is when a pregnancy ends naturally.



Worldwide, approximately **1 in 5** pregnancies end in abortion.

When performed by ***skilled providers***, using correct medical techniques and drugs, and under hygienic conditions, abortion is a ***very safe*** medical procedure.

'Unsafe abortion' is when an abortion is performed by someone who does not have the correct skills, or in an environment which does not match up to basic medical standards, or both.

21.2
million women worldwide have an unsafe abortion each year.

Almost 50% of these are young women ***aged 15-24.***

Where abortion is allowed on broad ***legal grounds***, it is generally ***safe***.

Where it is highly ***restricted***, it is typically ***unsafe***.

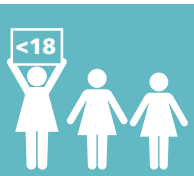
Whether abortion is legally restricted or not, the likelihood that a woman will have an abortion for an unintended pregnancy is about the same.

98% of unsafe abortions happen in **low-and middle-income countries.**

5 million
Estimated number of women who are hospitalized each year due to unsafe abortion.

47,000 women die each year due to complications related to unsafe abortion.

Almost all **abortion-related deaths** occur in low-and middle-income countries, with the highest number occurring in **Africa.**



★ 2.5 million adolescents have unsafe abortions every year, and adolescents are more seriously affected by complications than older women.

★ In almost all countries, the law allows abortion to save the woman's life, and in the majority of countries abortion is allowed to protect the physical and/or mental health of the woman.

★ Providing safe abortion (and access to contraception) is cost saving, as the health consequences of unsafe abortion can be very expensive.

Photo: Exploring some of the factors that may influence a pregnancy decision.

Useful resources for more information:

World Health Organization
(http://www.who.int/en):

- Adolescent Pregnancy: http://www.who.int/mediacentre/factsheets/fs364/en
- Preventing Unsafe Abortion: http://www.who.int/mediacentre/factsheets/fs388/en

The Guttmacher Institute
(https://www.guttmacher.org):

- Abortion Worldwide (film): https://youtu.be/YtWuBc-bLi8
- Facts on Induced Abortion Worldwide: https://www.guttmacher.org/pubs/fb_IAW.html

It's All One Curriculum
(http://www.popcouncil.org/research/its-all-one-curriculum-guidelines-and-activities-for-a-unified-approach-to-)

- Factsheet on Unintended Pregnancy and Abortion (page 214): http://www.popcouncil.org/uploads/pdfs/2011PGY_ItsAllOneGuidelines_en.pdf

Center for Reproductive Rights
(http://www.reproductiverights.org)

- The World's Abortion Laws (map): http://worldabortionlaws.com

Appendix 2.
Communicating about abortion

When creating educational materials on abortion, or delivering a workshop, it is important to think about the language and images you use, and make sure that you are being non-judgemental.

Delivering workshops on abortion doesn't just require you to know 'the facts', it is also about communicating in a way which is non-stigmatising and respectful of different opinions and experiences. IPPF's 'How to talk about abortion: A guide to rights-based messaging'[78] gives ideas for creating and reviewing resources, and will help you think about the language you use in workshops, presentations and so on. Below is a section of the messaging guide, which addresses helpful and less helpful language to use when talking about abortion.

Not recommended	More accurate/ appropriate	Explanation
Abort a child	End a pregnancy Have an abortion	'Abort a child' is medically inaccurate, as the fetus is not yet a child. 'Terminate' a pregnancy is commonly used, however some people prefer to avoid this as terminate may have negative connotations (e.g. 'terminator' or 'assassinate') to some people.
Abortion is illegal	Abortion is legal under the following conditions... Abortion is legally restricted	At the time of writing only five countries prohibit abortion in all circumstances, (Chile, Dominican Republic, El Salvador, Malta and Nicaragua). In most countries, abortion is allowed under some circumstances, under varying legal restrictions. See the Center for Reproductive Rights World Abortion Map (http://worldabortionlaws.com), which provides updates on the legal status of abortion across the globe.

78 IPPF (2015) How To Talk About Abortion: A guide to rights-based messaging. London: IPPF. Available at: http://www.ippf.org/resource/How-talk-about-abortion-guide-rights-based-messaging Accessed 17 December 2015.

Not recommended	More accurate/ appropriate	Explanation
Baby Dead fetus Unborn baby Unborn child	Embryo (up to 10 weeks gestation) Fetus (from 10 weeks gestation onwards) The pregnancy	The alternatives are medically accurate terms, as the embryo or fetus is not a baby. 'The pregnancy' is a neutral term which is accurate at any stage of gestation.
Consequences Dealing with the consequences	N/A	Tends to suggest an act of wrongdoing placing unwarranted blame on the person who is pregnant and frames parenthood as punishment. The right to abortion should never be linked to how or why someone becomes pregnant.
Keep the baby Keep the child	Choose to continue the pregnancy Continue the pregnancy	The term 'keep' implies a positive outcome, which may not accurately reflect the situation. In addition it is medically inaccurate to describe the pregnancy as a baby or child (see earlier for explanation).
Late-term abortion	Abortion in second/ third trimester Abortion at XX weeks gestation	Late term could refer to any time in the second or third trimester. Instead use terms that indicate the specific trimester or gestation. Use of 'late' may also imply that a women is 'late' (and thus irresponsible) in seeking an abortion.
Mother Father Parent	Pregnant woman Pregnant person Partner of a pregnant woman	Use of mother/father/parent during a pregnancy is value laden and assigns roles that the man or woman may not accept. It also implies that there is a child which is not accurate.
Prevent Abortion Reduce the numbers of abortions 'Safe, legal and rare'	Prevent unwanted pregnancies Reduce the number of unwanted pregnancies	The need for abortion derives from the occurrence of unwanted pregnancies. It is unwanted pregnancies that need to be avoided or reduced, rather than abortion which, when performed in appropriate conditions is a safe medical procedure.
Pro-life	Anti-choice Anti-abortion Someone who is opposed to abortion	Pro-life implies that those who support legal abortion access are 'anti-life'. Instead use alternative terms to make it clear that you are referring to individuals opposed to anyone having an abortion.
Repeat abortion Multiple Abortion	More than one abortion	Multiple and repeat can have negative connotations, such as 'repeat offenders'. Multiple and repeat also imply that each abortion experience for a woman is the same, whereas each abortion is surrounded by a unique set of circumstances.

Appendix 3.
Suggested workshop structure

This section provides some suggestions for lesson plans and training agendas.

Obviously, the activities you include in your session and the structure it takes will depend on your country context, the existing knowledge and background of your participants, and how much time you have. Below we have made some suggestions for workshops and trainings of different lengths, which you are free to adapt as necessary.

School and youth-group based workshops

For a workshop in a school or youth group, you may only have an hour or so. It is crucial that you use this time to increase basic knowledge on abortion, include a discussion of different values and, crucially, that you provide participants with links to further sources of information and support. Allow time at the end of all sessions for any extra questions, preferably in an anonymous format.

Lesson plan 1: Introducing abortion (One hour)

When participants have received education on a range of SRHR issues, but are lacking information about abortion, this short session will give you a chance to introduce basic facts and directly discuss the topic of abortion.

- 10 minutes: Introduction and working agreement (more information on page 16)
- 15 minutes: Brainstorm on abortion (page 27)
- 15 minutes: Abortion quiz and discussion of facts (page 41)
- 15 minutes: Value statements and discussion of values (page 44)
- 5 minutes: Wrap up, evaluation and information about services and further resources

Lesson plan 2: Unplanned pregnancy: How does it happen? (One hour)

This lesson allows you to situate abortion within the wider context of unplanned pregnancy and pregnancy choices. This may be helpful in an environment where speaking directly about abortion is difficult.

- 10 minutes: Introduction and working agreement (more information on page 16)
- 30 minutes: Unwanted pregnancy tree: root causes (page 31)
- 15 minutes: Show film relating to unplanned pregnancy and discussion (page 57)
- 5 minutes: Wrap up, evaluation and information about services and further resources

Lesson plan 3: Making a decision about pregnancy (Two hours)

Although it is important to cover factual information about abortion in every session, this session focuses on better understanding why people make certain decisions about pregnancy, and helps participants to empathize with them.

- 10 minutes: Introduction and working agreement (more information on page 16)
- 30 minutes: Why did this happen? (page 33)
- 30 minutes: Value statements (page 44)
- 45 minutes: Walking in her shoes (using written or filmed case study) (page 47)
- 5 minutes: Wrap up, evaluation and information about services and further resources

Lesson plan 4: Abortion, rights and stigma (Two hours)

A workshop for those who have already received sessions on unplanned pregnancy and abortion, looking specifically at abortion and human rights. This session could be particularly useful for peer educators or other trainers/youth workers.

- 10 minutes: Introduction and working agreement (more information on page 16)
- 15 minutes: Abortion brainstorm (page 27)
- 45 minutes: Barriers to abortion care (page 67) or Brenda's Battle (page 65)
- 45 minutes: Abortion and rights (page 70)
- 5 minutes: Wrap up, evaluation and information about services and further resources

Longer training for peer educators or professionals working with young people

For a more involved training, with peer educators or other faciliators/professionals, it's important to give participants a deeper understanding of the issues unplanned pregnancy and abortion present. Other educators and trainers need not only to be up to date on factual information, but also to have a chance to examine their own values, and a chance to see activities on abortion in practice for their own work. For a longer training, ask participants to identify any issues they would like clarified as you go along, or to be written on a 'parking board' and addressed after breaks or at the end of the session.

Lesson plan 5: One day (Introduction to abortion issues)

A sample day long workshop useful for introducing participants to the basics of abortion, and how they can provide education to young people on the topic.(This plan is for five hours and doesn't include breaks!)

- 20 minutes: Introduction and working agreement (more information on page 16), icebreaker and discussion of expectations for the training. Pre training questionnaire if appropriate.
- 15 minutes: Abortion brainstorm (page 27)
- 30 minutes: Why talk about abortion? (page 29)
- 15 minutes: Abortion quiz (page 41)
- 60 minutes: Abortion presentation (give an overview of factual information on abortion, using the information in this guide – you may wish to include films, and relevant statistics and legal information from the country you are working in)
- 30 minutes: Value statements (page 44)
- 60 minutes: Walking in her shoes (choose which written or filmed case studies you would like to use, pages 47-60)
- 60 minutes: Barriers to abortion care (page 67)
- 15 minutes: Wrap up, evaluation and information about services and further resources, post-training questionnaire if appropriate.

For longer training sessions, think about how to combine activities to ensure a mix of factual information and discussion of different perspectives on abortion. Consider including role-play exercises to examine how groups might advocate for inclusion of information about abortion into CSE sessions, or develop activities that encourage peer educators and providers to improve the one-to-one support they can provide to someone with an unplanned pregnancy.[79]

79 Education for Choice (nd) Best Practice Toolkit: Pregnancy decision-making support for teenagers. Brook. Available at: https://www.brook.org.uk/attachments/Pregnancy-decision-making-toolkit.pdf Accessed 18 December 2015.

Appendix 4. Helpful resources

Training manuals, toolkits and films which will help you deliver educational workshops and trainings on a range of SRHR topics, including abortion.

General resources relating to peer education and CSE

- **Included Involved Inspired: A Framework for Youth Peer Education Programmes, IPPF (2007)**

  http://www.ippf.org/sites/default/files/peer_education_framework.pdf

  A framework that outlines good practice in peer education and can be used as a guide for anyone developing a peer education programme.

- **IPPF Framework for Comprehensive Sexuality Education (CSE), IPPF (2010)**

  http://www.ippf.org/sites/default/files/ippf_framework_for_comprehensive_sexuality_education.pdf

  An outline of best practice in CSE and more information on IPPF's essential components of good quality sexuality education.

- **It's All One Curriculum: Guidelines and Activities for a Unified Approach to Sexuality, Gender, HIV, and Human Rights Education, International Sexuality and HIV Curriculum Working Group (2011)**

  Guidelines: http://www.popcouncil.org/uploads/pdfs/2011PGY_ItsAllOneGuidelines_en.pdf

  Activities: http://www.popcouncil.org/uploads/pdfs/2011PGY_ItsAllOneActivities_en.pdf

  'It's All One Curriculum' is a useful resource for educating on various aspects of sexuality and rights. Specific information and exercises on sexual and reproductive health can be found in Unit 7.

- **Creating Safe Space for GLBTQ Youth: A Toolkit, Girl's Best Friend Foundation & Advocates for Youth (2005)**

  http://www.advocatesforyouth.org/storage/advfy/documents/safespace.pdf

  A helpful resource for ensuring that the materials you develop on sexual and reproductive health are inclusive of young people who are gay, lesbian, bisexual, transgender and questioning/queer.

- **Resources for sex educators, Advocates for Youth**

  http://www.advocatesforyouth.org/resources-for-sex-educators-home

  Advocates for Youth (U.S. based) has a number of resources and lesson plans for delivering sexuality education sessions.

Training manuals for SRHR

- **Respect my rights, respect my dignity: Module three – sexual and reproductive rights are human rights, Amnesty International (2015)**

  https://www.amnesty.org/en/documents/act30/0010/2015/en

  A training module dedicated to sexual and reproductive rights, designed to be used with and for young people. Includes some really helpful tips on the power dynamics of facilitation and how to create a safer space.

- **Effective Training in Reproductive Health: Course Design and Delivery: Reference Manual, Ipas (2011)**

  http://www.ipas.org/~/media/Files/Ipas%20Publications/EFFREFE11.ashx

  A detailed manual that gives lots of information about how to deliver an effective training course, including sample icebreaker activities and closing exercises.

- **Gender or Sex – Who Cares? Skills-Building Resource Pack on Gender and Reproductive Health for Adolescents and Youth Workers with a Special Emphasis on Violence, HIV/STIs, Unwanted Pregnancy and Unsafe Abortion, Ipas (2001)**

  http://www.ipas.org/~/media/Files/Ipas%20Publications/GenderBook.ashx

  Training manual for young people who want to deliver workshops on sex and gender and related issues.

- **Jiwsi: A pick 'n' mix of sex and relationships education activities, FPA (2007)**

  http://www.fpa.org.uk/sites/default/files/jiwsi-sre-activities-english.pdf

  A UK sex education resource developed for vulnerable groups of young people, such as those with disabilities. Contains straight-forward exercises which discuss meanings of words, such as abortion.

Resources on abortion and reproductive rights

- **Abortion care for young women: A training toolkit, Ipas (2011)**

  http://www.ipas.org/en/Resources/Ipas%20Publications/Abortion-care-for-young-women-A-training-toolkit.aspx

  This toolkit is designed for health care providers and those who manage programmes and services for young people, but it contains helpful background on young women and abortion, and the barriers they face.

- **Abortion: Decisions and Dilemmas, Brook**

  https://www.brook.org.uk/shop/product/abortion-decisions-and-dilemmas

  An educational resource for those working with young people aged 13 to 18. A resource for teachers and trainers to deliver lessons and workshops on unplanned pregnancy and abortion. This is a UK resource, so some factual information may not be relevant in all contexts, but most activities can be used as given, or adapted to fit country context.

- **Best Practice Toolkit: Abortion Education, Education For Choice at Brook**

  https://www.brook.org.uk/attachments/efcabortioneducationtoolkit.pdf

  Toolkit from the UK which outlines the rationale for teaching young people about abortion, best practice in this area, checklists and lesson planning.

- **I Decide: Young women's journeys to seek abortion care, IPPF (2010)**

  http://www.ippf.org/sites/default/files/i_decide_en.pdf

  A collection of 'diaries' sharing real young women's experiences of abortion. Also provides practical information on contraception and abortion designed for a young audience.

- **Freedom of Choice: A Youth Activist's Guide to Safe Abortion Advocacy (Second edition), Youth Coalition for Sexual and Reproductive Rights (2013)**

  http://www.youthcoalition.org/wp-content/uploads/YCSRR_Freedom_of_Choice.pdf

  This advocacy guide gives useful background information on abortion, as well as suggestions for language use.

- **Youth and Abortion: Key Strategies and Promising Practices for Increasing Young Women's Access to Abortion Services, IPPF (2014)**

  http://www.ippf.org/sites/default/files/ippf_youth_and_abortion_guidelines_2014.pdf

  Guidelines on improving access to abortion services for young people.

- **Abortion and Religion, Brook (2011)**

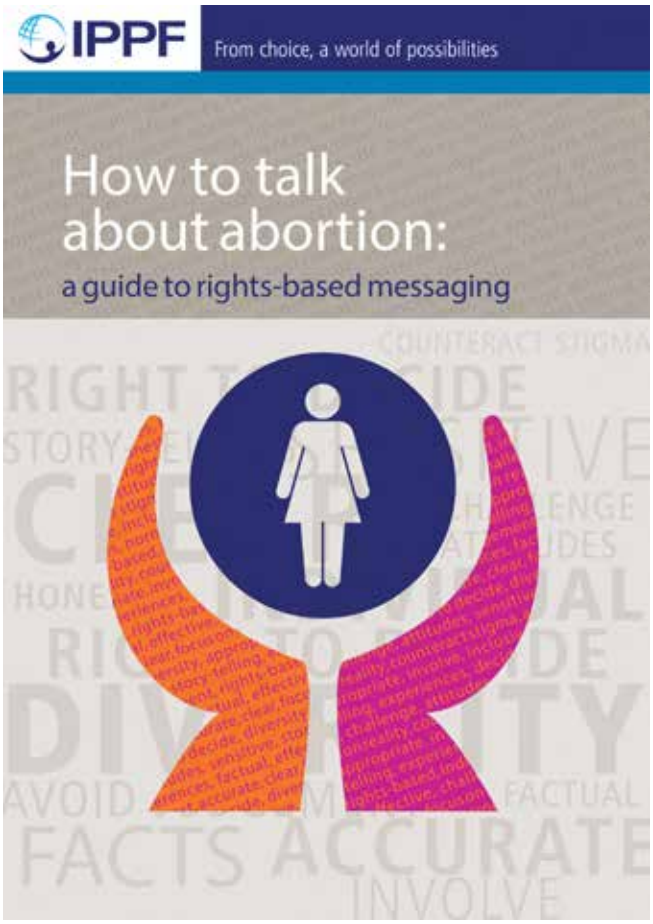
  https://www.brook.org.uk/attachments/Abortion_and_religion_leaflet_2011.pdf

  A factsheet for considering the different positions between and within major religions, including some of the key questions surrounding abortion from a faith perspective.

- **The Facts Tell the Story: Catholics and Choice, Catholics for Choice (2014)**

  http://www.catholicsforchoice.org/topics/catholicsandchoice/documents/FactsTelltheStory2014.pdf

  Includes details of surveys in the U.S. which found that a majority of Catholics support legal access to abortion in some circumstances.



- **How to talk about abortion: A guide to rights-based messaging, IPPF (2015)**

  http://www.ippf.org/sites/default/files/ippf_abortion_messaging_guide_web.pdf

  Provides useful tips and advice on what to consider when developing materials relating to abortion. The content includes examples of positive, rights-based messages, and how to avoid using stigmatizing language and images.

Films on abortion

IPPF films on abortion:

- **Women Have Abortions Every Day: It's Just One Choice (2.09)**

  http://www.ippf.org/resource/Women-Have-Abortions-Every-Day-Its-Just-One-Choice

  This short film presents abortion as part of real women's lives. Produced with the Irish Family Planning Association.

- **Discrimination and denial: Abortion law in Northern Ireland (12.34)**

  http://www.ippf.org/resource/Discrimination-and-denial-Abortion-law-Northern-Ireland

  Film about abortion in the UK, and specifically the restrictions to abortion access in Northern Ireland. Provides case study for discussing legal restrictions to abortion.

- **Ending unsafe abortion in Asia (5.57)**

  http://www.ippf.org/resource/Ending-unsafe-abortion-Asia

  Examines the causes and consequences of unsafe abortion in Asia.

- **Unsafe abortion in Palestine (10.12)**

  http://www.ippf.org/resource/Unsafe-abortion-Palestine

  Examines the causes and consequences of unsafe abortion in Palestine.

- **Women's Voices (all approximately three minutes long)**

  http://www.ippf.org/womens-voices

  Four short films featuring the abortion experiences of women in Cameroon, France, India and Uruguay.

- **Girls Decide (all approximately six minutes long)**

  http://www.ippf.org/resource/Girls-Decide-award-winning-film-series

  Stories of girls making decisions about their sexual and reproductive health in Albania, Argentina, Bangladesh, Indonesia, Swaziland and Syria.

Other films on abortion:

This website lists a number of full length and short films which feature abortion. Some of them may be useful to show clips from, to share case studies or start discussions:

http://abortionfilms.org/en

For example:

- **I Had an Abortion**

  http://abortionfilms.org/en/show/3473/ich-habe-abgetrieben (51.36)

  U.S documentary where women share their personal experiences of having had abortions.

- **Abortion Democracy**

  http://abortionfilms.org/en/show/3493/demokratie-der-abtreibung (50.31)

  Film comparing different abortion laws in Poland and South Africa, and the way various factors affect access to safe abortion.

- **From Unwanted Pregnancies to Unsafe Abortion**

  http://asap-asia.org/blog/asap-address-abortion-issues-in-asia-through-animation/#sthash.cZQmMGnZ.dpbs

  This short animation from the Asia Safe Abortion Partnership highlights obstacles for women seeking abortion in Asia. It is available with subtitles in Arabic, Hindi and Vietnamese.

How to educate about abortion

A guide for peer educators, teachers and trainers

April 2016

Photography:

Cover, pages 5, 14, 20, 21 and 24: Graeme Robertson
Page 11: Chloe Hall
Page 12: IPPFSAR
Page 15: PFPPA
Page 17: Mustafa Quraishi
Pages 26, 30, 48, 62, 67, 68, 79, 81: IPPF
Pages 28, 32, 72: Peter Beatty
Pages 58 and 60: Panos

Design: www.peterbeatty.co.uk

International Planned Parenthood Federation
4 Newhams Row, London SE1 3UZ, UK

tel +44 (0)20 7939 8200
fax +44 (0)20 7939 8300
web www.ippf.org
email info@ippf.org

UK Registered Charity No. 229476