



A PRACTICAL GUIDE FOR PARTNERING WITH POLICE TO IMPROVE ABORTION ACCESS

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

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ACKNOWLEDGMENTS

Ipas Ghana began its partnership with the Ghana Police Service in 2009 in order to sensitize, train and cultivate the support of police on abortion issues after an Ipas-trained provider was arrested for providing a legal abortion. Since then, Ipas Ghana has conducted several training workshops for police. The Ipas Ghana experience is the inspiration for this guide and has served as a model for other Ipas country programs working with police in their respective settings.

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ABOUT IPAS

Founded in 1973, Ipas is a global nongovernmental organization dedicated to promoting women's reproductive health and rights. Through local, national and global partnerships, Ipas works to ensure that women can exercise their reproductive rights and access high-quality abortion care.

At Ipas, we believe that:

- Every woman has a right to safe reproductive health choices, including safe abortion care.
- No woman should have to risk her life, her health, her fertility, her well-being or the well-being of her family because she lacks reproductive health care.
- Women everywhere must have the opportunity to determine their futures, care for their families and manage their fertility.

Along with partners such as health professionals, community leaders, women's groups, lawyers, law enforcement professionals and government officials, Ipas works to promote access to high-quality abortion care and alleviate death and injury from unsafe abortion in some of the world's poorest countries, where women often cannot access quality abortion care and may risk their lives to end an unwanted pregnancy.

ABOUT THIS GUIDE

OVERVIEW

This guide is a resource for advocates, trainers, project managers and technical advisors who design programs and workshops to engage police on abortion issues. In this guide we include strategies for partnering with police to address stigmatized issues and promote public health, with a specific focus on abortion. We draw on the work of Ipas and other organizations and share guidance and tools for designing programs and trainings for police engagement in support of safe abortion access. The guide can be used in settings where abortion is legal and accessible, as well as in settings where it is highly restricted.

Police are important stakeholders in the promotion of human rights within communities, health systems and governments. With this guide we aim to help police uphold the human rights accorded by international law to women who are experiencing unwanted pregnancy and to those who help women secure abortion services.

STRUCTURE

This guide is organized into four sections, each of which can be used separately to meet specific programmatic or training needs:

Section 1: Why partner with police on abortion? This section includes information on why police are important allies in work on stigmatized health issues and to improve access to abortion care. We include country-specific examples on what happens when abortion is criminalized and the critical role of police in improving access to abortion. We also include background information on abortion.

Section 2: Who are police? This section provides an overview of police and how they have improved relationships with vulnerable and underserved people in communities. We also share insights into police structures and trends to help orient those who are new to or have limited experience in partnering with police.

Section 3: How can you work with police to ensure access to abortion care? Here we give programmatic recommendations for securing and sustaining police support on abortion issues. This section includes examples of success on creating and maintaining partnerships to improve public health and reduce abortion-related stigma, including Ipas country program experiences. We also share perspectives from police, along with suggested activities to engage police on abortion issues and plan for sustainability.

Section 4: Training Resources. This section serves as a guide for planning capacity-building workshops for police on abortion. It includes recommendations for developing the training agenda, as well as training module content with a sample agenda and activities. Law enforcement officials can use Section 4 to help in the design of curricula or other types of capacity-building activities.

DEVELOPMENT PROCESS

This guide is based on ongoing work by Ipas staff in Africa and Latin America who recognize the important role of police in abortion care. An initial draft was reviewed by Ipas staff, partners and police officers from Ghana, Kenya, Malawi, Nigeria, Sierra Leone, the United States and Zambia during an international meeting in January 2014. Global technical reviewers and select police officers reviewed later iterations of the guide. Consultant Diane Riley provided content on law enforcement work outside of the abortion context.

SECTION 1: WHY PARTNER WITH POLICE ON ABORTION?

BACKGROUND

Abortion is a common experience for women all over the world – globally, nearly 42 million women per year experience abortion (World Health Organization, 2011). Access to reproductive health services, including quality abortion care, is integral to women’s reproductive rights. However, due to lack of services, stigma and barriers in the law, many women cannot access safe abortion. Without access to safe abortion, women risk their health and lives and may even risk arrest seeking to end an unwanted pregnancy. In addition, families, children and entire communities suffer when a woman is injured or dies due to unsafe abortion.

Abortion is in the criminal law in almost every country in the world. When governments criminalize abortion, they may assume that the threat of arrest or imprisonment will prevent women from having abortions. The reality is that women will always need access to safe abortion care. An estimated 33 million contraceptive users worldwide are expected to experience unintended pregnancy annually while using contraception (World Health Organization, 2012). But criminal abortion laws do little to reduce the number of abortions – in actuality, they make abortion more likely to be unsafe. Ultimately, criminal abortion laws do grave harm to women’s health and human rights and further stigmatize abortion, a safe and common medical procedure. In any given context, because of the interplay between the criminal law, human rights, policies, and guidelines, police may be confused about the legal framework that applies.

Because abortion is criminalized, police can use the law to scare, shame or imprison women seeking abortion or those who help her end her pregnancy. In some contexts police have harassed, bribed and arrested women who seek abortion, as well as the health workers, family members or other individuals who help those women (Ipas, 2015; Kane, Galli, Skuster, 2015). Police may be the only law officials involved in a particular case, as incidences involving abortion and the police often do not reach lawyers or courts. Vulnerable and underserved women are most often the targets. As authority figures, police can also perpetuate misconceptions about the law and may not understand the legal differences between postabortion and safe abortion services.

Police can also reinforce abortion stigma, a major contributor to the social, legal and medical marginalization of abortion worldwide. Although it manifests itself differently across contexts, stigma limits access to safe abortion. Because of stigma exacerbated by police action or inaction, health professionals may be reluctant to provide services and women may be reluctant to seek the health care they need.



Without training and sensitization on abortion issues, police may violate women's human rights and hinder access to safe abortion and postabortion care

*In **Malawi**, the in-laws of a woman who had experienced miscarriage reported to the police that she had had an abortion. She was arrested and sentenced to six months in prison.*

*After being impregnated by a 42-year old family friend, a young woman in **Rwanda** sought abortion from a traditional healer. She became sick and sought medical treatment. Her health provider reported her to the police and she was arrested and later sentenced to five years' imprisonment.*

*A 17-year-old **Rwandan** girl sought to end her pregnancies with pills. When she suffered complications, school officials reported her to the police. She was sentenced to one year in prison.*

*In **Brazil**, police raided a clinic and confiscated the private medical records of more than 9,600 female patients who had visited the clinic over a 20-year period—a massive violation of the providers' duty to ensure confidential care.*

POLICE AS PARTNERS

While police have a responsibility for public safety and security and for enforcing the law, they also play a key role in promoting public health and human rights. Under the United Nations Code of Conduct for Law Enforcement Officials, "in the performance of their duty, law enforcement officials shall respect and protect human dignity and maintain and uphold the human rights of all persons" (UN General Assembly, 1979). Many human rights enshrined in international law protect women's right to abortion, including the right to health, dignity, equality and non-discrimination. Under international law, governments must take steps to ensure that sexual and reproductive health services and information are available, accessible, acceptable and of high-quality *for everyone*.

Given this role, police can serve as key partners in promoting public health and human rights, particularly given recent trends of increased community involvement through the "community policing" model. Community policing has emerged as the major strategic complement to traditional policing practices, and partnerships between communities and police have grown as a result. In a community policing model, law enforcement, other government agencies, organizations and communities actively co-operate in problem-solving on community issues. Community policing presents a change in practice, but law enforcement has kept the same general objectives of policing, further explained in Section 2 of this guide (Organization for Security and Co-operation in Europe, 2008; Davis, 2012).

GENDER-BASED VIOLENCE AND HIV-TRANSMISSION

In varied settings, police have partnered with organizations and community groups to successfully address stigmatized and gendered issues and improve both police and health systems' response to improve public health. Police, public health professionals and civil society can effectively work together to share information,

identify trends, reduce crime and mobilize strategically important resources to achieve these goals (Law Enforcement and HIV Network, 2012). Through such collaboration, police perceive and treat specific groups of people differently as their role shifts from that of punisher to protector. With the shift, police work becomes more than maintaining law and order and moves toward an even greater contribution to society. Police can be agents of change, gaining a sense of personal and professional achievement.

Over the past few decades in many parts of the world, police responses to gender-based and intimate partner violence have markedly improved. Improved police training and strengthened partnerships with civil society and community groups contributed to this shift. Police have received specialized training and created specialized investigative units to respond to reports of domestic violence (New Zealand Ministry of Women's Affairs, 2009; United Nations Office on Drugs and Crime, 2010). They have also collaborated with social service agencies and community groups to reduce intimate partner violence and improve the responses of all agencies and groups involved (U.S. Department of Justice Office of Community Oriented Policing Services, 2004). Through coordinated responses by health professionals, community groups and police, individuals who experience gender-based and intimate partner violence receive more comprehensive care, suffer less trauma and have improved recovery. Additionally, police are better able to collect forensic evidence (Portland State University, 2011).

Police have also played a critical role in improving the risk environment for HIV for most key affected populations, especially people who sell sex, people who inject drugs, and other vulnerable and underserved communities. Police have been well recognized as integral to decreasing risk of HIV-transmission, primarily in the global north. With a harm-reduction approach, police, public health, and civil society have worked to increase public safety, prevent HIV transmission, and help individuals who want drug treatment get it (Law Enforcement and HIV Network, 2012). To further a harm-reduction approach, police receive training to increase their social tolerance and to understand the underlying socio-economic determinants of high-risk behavior. Together, police, health professionals and civil society can promote the goals of disease prevention and public safety (Beyrer, 2012).

“The law rightly provides for ways in which a woman can terminate a pregnancy, but the way we interpret the same laws leaves much to be desired. For instance, our Penal Code has indicated that the bottom line is upon the doctor to determine who should terminate a pregnancy and under what circumstances according to the law such as, if the life of a mother is in danger, the pregnancy is likely to affect the physical and mental well-being of the mother. However, as police officers, we have pursued doctors who have conducted such procedures without understanding their role. For this reason, this has discouraged most of the doctors in helping out for fear of being arrested. This in turn has forced women to seek services in secretive places where their lives end up being lost and this can be prevented.”

Lonbe Kamukoshi, Central Province Commissioner of Police, Zambia

ACCESS TO SAFE ABORTION CARE

Law enforcement authorities are key partners in Ipas's work to increase access to safe abortion care and promote women's human rights. Police can refer women to safe providers or trained health professionals who can provide care for complications of unsafe abortion. With a better understanding of women's perspectives, police can improve their response to reported cases of abortion, even where it is legally restricted. Police can educate communities about the law and the dangers of abortion from unsafe providers. As authorities on law, order and safety, police can speak to the danger of criminalizing abortion and the need for legal or policy reform.

Police themselves benefit from engaging with NGOs and civil society on abortion issues. In order to do their jobs well, police usually want to convey a positive image in the community, and working to promote women's health and rights can contribute to this end. Where NGOs have links to communities or the media, community perception of police can improve with positive media coverage. When NGOs offer police training, police can gain professional development skills, potentially with lower cost to the police organization. In addition, many law enforcement authorities have recently added mandates around community policing and sexual violence. Organizations can link abortion to issues faced by the community and to sexual violence, in order to help law enforcement meet existing internal objectives.

IPAS PARTNERSHIPS WITH POLICE

Following Ipas training, police in Africa have taken steps to improve abortion access. In Malawi and Zambia, Ipas strengthened linkages between police stations and health facilities, which resulted in additional referrals to health facilities. In both countries, Ipas facilitated multi-sectoral trainings that encouraged police to recognize the need to provide a health response, in addition to a criminal justice response, to a situation involving abortion.

Ipas Ghana staff reported a perceptible shift in the values of police around abortion following Ipas police training. The police feel they have a responsibility to protect life and property, and see the training on abortion as part of this responsibility. Police officers in Ghana have educated colleagues on the abortion law and safe abortion services, following Ipas training. One police officer spoke to colleagues about abortion during a meeting at a church as part of a presentation on crime. Another shared what he learned in the training with a young woman in his community who was facing an unwanted pregnancy.



A provider at a clinic in Zambia was summoned by police for providing safe abortion services to a 14-year-old girl without parental consent (which is not required in Zambia). The provider's actions had angered the girl's parent and led the parent to report the matter to police. Ipas Zambia was then contacted by the provider to assist in resolving the dispute. Working together, the District Medical Office and a police officer who had been trained by Ipas explained to the parent that the service the provider gave to the girl was legal and that they would not arrest the provider for this reason. The dispute was resolved and the provider was not arrested for providing the abortion service.



Police can help address abortion stigma in the communities they serve through a variety of ways. They can:

- Educate communities about the abortion law and the danger of abortion from unsafe providers;*
- As authorities on law, order and safety, speak to the danger of criminalizing abortion and the need for legal or policy reform;*
- Refer women to safe providers or trained health professionals who can provide care for complications of unsafe abortion.*

To learn more about abortion stigma and its impact, see <http://endabortionstigma.org>

SECTION 2: WHO ARE THE POLICE?

Police are official problem solvers with power to take coercive action to resolve potentially harmful situations. They are a part of law enforcement, one of three major components of the criminal justice system along with courts and corrections. The three parts collectively form a chain leading from investigation of suspected criminal activity to administration of criminal punishment.

Police have three primary jobs (Cole & Smith, 2004):

- Maintain order by keeping the peace and preventing behaviors which might disturb others.
- Enforce the law; where it has been violated, a suspect must be identified and apprehended.
- Provide services; examples include giving first aid, guiding the disoriented, providing information such as where to find health care or social services, and educating communities.

POLICE HIERARCHY

Police organizations tend to be hierarchical, with a clear 'chain of command,' which is the formal line of authority, communication and responsibility. Police hierarchies differ among countries but tend to follow a similar structure, outlined here.

A sample continuum of police structures

SENIOR MANAGEMENT LEVEL

Commissioner/Chief of Police/Superintendent/General

Deputy Commissioner/ Assistant Chief/Lieutenant General

Assistant Commissioner or Deputy-Chief/Commissioner/Superintendent or Major General

Deputy Assistant Commissioner/Brigadier

Commander/Inspector/Brigadier

Chief Superintendent/Colonel

Superintendent/Major

Chief Inspector/Captain

Inspector/Detective/Lieutenant

Sergeant: first supervisory rank

Police Constable/Officer/Deputy

JUNIOR MANAGEMENT LEVEL



TRAINING AND PROFESSIONAL DEVELOPMENT

Police officers need the skills to perform their jobs in a professional, impartial and ethical manner. They generally receive initial training and continuing education during their career. Police traditionally are not trained on key issues such as reproductive health, HIV, gender issues and drug use, despite the fact that policing practices can impact the effectiveness of health programs and perpetuate stigma and discrimination (Monaghan & Bewley-Taylor, 2013).

Through newer approaches to their education, police can explore possible discrimination toward stigmatized communities, though where there is such training, it is often not integrated or sustained (Law Enforcement and HIV Network, 2012; Monaghan, 2013; Pearce, 2007). In addition, over the past few decades, there has been an increased focus on human rights by international organizations, national governments and NGOs, which has led to police incorporating human rights into their training.

CHALLENGES

Police face structural challenges to effectively serving the public. Salaries may be inadequate and police may seek out opportunities to make money through corruption (Law Enforcement and HIV Network, 2012). In some communities, police services have high turnover rates, which undermine sustainable relationships with communities. Police often have no incentive to take on extra work, such as referring drug users to treatment services or helping women find reproductive health services. Some police are driven by performance targets such as arrest quotas, on which their career and livelihood may depend (Law Enforcement and HIV Network, 2012; Monaghan, 2012). Lastly, because of the hierarchical structure of the police and strong loyalty among officers, individual officers may find it challenging to carry out their work effectively if the work is not well-supported by the overall police organization.

POLICE CULTURE

Police work can be difficult and emotionally taxing at times but strong feelings of loyalty and solidarity toward fellow officers can enable officers to withstand job-related stress. Officers who are faced with dangerous situations must be able to rely on their fellow officers to survive. Values such as bravery, camaraderie and sacrifice give members strength to place themselves in harm's way for their teammates. In many contexts, police values are translated into norms through codes of conduct (Geneva Centre for the Democratic Control of Armed Forces, 2012; McCartney & Parent, 2013).

The negative side of police culture results in part from the nature of police work. Policing is not simply a matter of enforcing the law but involves many other factors including discretion, pressure from others, and perception of people's roles in society. Police officers have to pass judgment on how the law is enforced, against whom and when. There are also pressures on police to respond to special interests of particular sections of the community (Law Enforcement and HIV Network, 2012; Monaghan, 2012; Pearce, 2007). Police are regularly confronted with negative

situations and conflict, which can create an anti-social atmosphere in which prejudices, bigotry, bullying and discrimination can thrive.

POLICE RELATIONSHIPS WITH STIGMATIZED AND MARGINALIZED POPULATIONS

In many contexts, police have a poor relationship with stigmatized and marginalized communities, since police attitudes tend to mirror those of the larger community. In some cases, police engage in harassment, brutality or excessive enforcement toward these groups. In much of the world, criminalized communities such as people who sell sex, drug users, men who have sex with men, transgender persons, migrants and street children are among the groups most at risk of mistreatment by police (Pearce, 2007; Law Enforcement and HIV Network, 2012; Riley, Thomson, Monaghan, & Jardine, 2014; UNAIDS, 2012). In some parts of the world, police still see women and girls as unworthy of fair treatment, a reflection of gendered power dynamics in societies that position women as inferior (Pearce, 2007).

Drug use and/or possession, most forms of commercial sex work, and abortion are usually punishable crimes and police practices have a large influence on the amount of risk people who experience these issues face (Law Enforcement and HIV Network, 2012). In some countries, police actively interfere with access to reproductive health care and HIV treatment or ignore policies which direct police not to patrol near harm reduction programs (Human Rights Watch (HRW), 2004a; HRW 2004b; HRW 2006). These responses have weakened public health responses to HIV, hepatitis and TB, for example (Law Enforcement and HIV Network, 2012; Monaghan, 2012).

What is important to note, however, is the increasing number of examples of effective public health policing around the world, using a community policing model. In the past few decades police have begun to take a rights-based approach to working with stigmatized and marginalized groups.

TRENDS: FROM TRADITIONAL TO COMMUNITY POLICING

Recently, police have adapted the traditional model of policing to a model based on the needs of the community.

- The traditional model of policing is centered on the strict application of the law. Police investigate crimes and gather evidence to use against the presumed perpetrator, and their work is mainly responding to potentially criminal incidents. Their success is measured by their response time and how professional they are when they intervene.
- However, police have needed to question the traditional model. Research shows that the criminal justice system is not adequate to decrease crime. Police also must work to resolve the underlying conditions that lead to crime. The traditional model of policing can erode public confidence in the police. Many police services have adapted to these challenges by moving toward the community model.

- Community policing has emerged as the major strategic alternative to traditional policing practices in recent years. It is focused on police-public partnerships, where the police organization, government agencies and communities actively cooperate in problem-solving. While the general objectives of policing remain the same, community policing presents a change in police practice. Through community policing, police are more able to address underlying conditions that lead to crime and effectively connect community members to services (Organisation for Security and Co-operation in Europe, 2008, Davis, 2012). In many contexts police have been renamed “police service” rather than “police force.”



The concepts that underlie community policing are detailed in a document by law enforcement researchers for the Australian Government

<http://www.aic.gov.au/publications/current%20series/rpp/100-120/rpp111.html>



Through community policing:

- Communities convey their concerns to the police and become partners in finding tailored solutions to their problems, which can lead to crime prevention, improved safety and better links to services such as health care.
- Police improve their relationships with the public, which is particularly important for stigmatized communities that have been burdened by conflict with police in the past.
- Agencies that serve the public can build synergies with police in problem-solving, which can save resources.
- Police receive more information and moral support from the community, and therefore have better awareness of real dangers to the community.
- Police officers may experience improved job satisfaction due to more positive encounters with the public.

Organisation for Security and Co-operation in Europe, 2008, Davis, 2012

WHO ARE THE POLICE? IN CONCLUSION

As one of three pillars of the criminal justice system, the police have a primary job of law enforcement. However, police the world over now are shifting their practice from a traditional model, which focuses on catching perpetrators, to community policing, in which the police collaborate with agencies to improve lives and connect people to services, including health care. While structural challenges remain, police increasingly are partnering with service providers to improve health, combat stigma and discrimination, and promote human rights.

In the next section of the guide, you will find examples and advice on how to partner effectively with police to improve access to abortion care.

SECTION 3: HOW CAN YOU WORK WITH POLICE TO ENSURE ACCESS TO ABORTION CARE?

Police play a key role in creating an environment where women can receive safe abortion care—and they most likely share some values and objectives with your organization. Work to nourish partnerships with the police in your community and to build off of your shared interests.

Below are four key ways to engage police on abortion issues, drawn from experiences of Ipas staff who work with police and from advice passed along by police themselves. Following the list of activities, you will find examples of police partnerships that address other stigmatized and public health issues.

1 GATHER BACKGROUND INFORMATION

Before starting to work with police—and even if you already are aware of how police treat abortion providers and women in your area—**try to get a better understanding of police behavior and attitudes on abortion. With this knowledge, you can better focus your work.**

- **Find out how women seeking abortion, community groups and providers perceive and interact with police. Do they have a good relationship or are they afraid of police?** Learn exactly where bribery or harassment is happening and know who is doing it. Surveys, interviews or focus group discussions can help you get this information. Ask staff who monitor health facilities to add questions to their monitoring tools to document harassment, bribery or arrests of abortion providers. Use the answers to these questions to identify providers whom you can learn from through in-depth interviews. Conduct focus group discussions with police to learn their attitudes about and experiences with abortion. You will then be able to better define what you want to accomplish with police and who the key players are. The data can also provide a baseline for future research on the impact of your partnership with police.

Before you start work with police, learn about the structure of the police force and how they operate.

- **Conduct a mapping of the police force in the specific country or region where you want to work.** Learn the chain of command and areas of jurisdiction – both physical and thematic. The mapping exercise will help you to learn about divisions and special units, such as a victims support unit or community policing division; relevant working groups on issues such as gender; specific training departments; and key decision-makers and individuals whose support you will need. It can also help to identify who can serve as entry points for beginning dialogue on developing a partnership. For example, in many countries, the inspector general of police is the highest-level official and must also approve any new training program.

Enlist a police officer or someone else who knows the police well to serve as a consultant for your mapping work. Note that before conducting the mapping, you may need to get the approval of the inspector general or other high-ranking official.

"Ipas training has been an eye-opener for the police, especially with regard to women's health rights. The trainings have contributed to the good performance of our work, especially at the Lagos State Police Command, and has also helped to reduce the excesses of police officers when discharging their duties, particularly when dealing with female complainants. God bless Ipas and all the staff. Please do more."

ASP. Philip Adeniyi, O/C Training,
Lagos State Police Command

2 GET THE SUPPORT OF POLICE OFFICIALS

Because police are hierarchal in their decision-making processes, you need the support of a top-ranking official, likely the inspector general of police, and other supportive top-level officials in order to develop the partnership and have a successful program.

- **Get help from a supportive individual or champion to get buy-in from the high-ranking official.** This could be someone from within law enforcement or someone who has connections with top law enforcement officials. Your champion may be a human rights advocate whom the police respect, the chief of the victims support unit, a community or religious leader, or high-ranking officials from the ministry of health or gender. In some countries, police hospitals provide abortion care and abortion providers who work there are also police officers who can be strong champions for your partnership.
- **Hone your message.** When you talk to the inspector general or other police officials, it is best not to start the conversation with problems about the police that need to be fixed. Instead, focus on the potential positive outcomes of the partnership for police and communities.
- **Identify police as part of the solution.** When police help improve access to abortion, they play an important role in improving maternal health, helping communities and saving women's lives. If you are in a setting where the law allows abortion in most cases, use a "law and order" message: that the abortion law should be applied correctly. If you work where most abortion is legally restricted, present the partnership as a way police can follow international human rights law or strengthen relationships with communities.
- **Demonstrate the potential positive outcomes of a partnership.** Point to evidence that shows that when police partner with nongovernmental and civil society organizations, they benefit. This can be particularly important where vulnerable communities have been burdened by conflict in the past. Following community and civil society partnerships, police officers have reported increased job satisfaction and self-confidence due to more positive encounters with community members. Police who have participated in programs to improve public health have had more opportunities for additional responsibilities and career advancement (Organization for Security and Co-operation in Europe, 2008; Davis, 2012).
- **Bring printed materials to the meeting** to educate police and build your credibility, which is especially important given the stigma associated with abortion. Where abortion is legal, give high-level officials a copy of the abortion law and standards and guidelines or other regulatory documents. Even high-ranking police may not know the abortion law. Show them that

influential leaders endorse abortion. Bring position statements, policies, or testimonies from legal or health professional bodies, the ministry of health, or regional or international authorities like the World Health Organization or human rights bodies. Bring newspaper and journal articles on death and injury from abortion or documentation of problems such as police harassment.

- **Link abortion to less-stigmatized issues.** Officials may respond more positively if you link abortion to less-stigmatized issues and describe the impact of abortion restrictions on communities more broadly (rather than on individual women). In the case of gender-based violence, for example, police were more responsive to violence against women as a community problem (and not a women’s problem) when advocates avoided marginalizing gender-based violence as “women’s issues” (United Nations Office on Drugs and Crime, 2010). Particularly where most abortions are legally restricted, you can offer training on a more broad-based topic such as gender-based violence, health or human rights rather than limiting the workshop to abortion.



Observations from Ipas Nigeria:

In our police trainings, we first let trainees know the difference between safe and unsafe abortion, doctors and quacks, and the harm caused by restrictive abortion laws. Secondly, we give them information on our government’s international, regional and national commitments toward providing adequate reproductive health care services and information to women, as well as comparative analysis of health indices of other countries within the African region and other jurisdictions that have liberal abortion laws. This helps trainees understand why we are calling for a review of the abortion laws.

At the end of the day, it becomes pretty clear that trained health providers would rather be commended for saving the lives of women rather than vilified for illegal abortions. In fact, by the end of the training, the participants begin to see things differently from the way they did at the beginning, with many of them becoming advocates of abortion law change and actively involved in referrals.

3 PLAN CAPACITY-BUILDING ACTIVITIES

After you have collected background information and secured the support of high-level police officials, work with your contacts in the police to develop a strategy toward sensitizing and training police on abortion issues. With the information you have so far, identify which group(s) of police to train. High-level police officials can help you identify trainees, who may include officers from human rights, gender, crime and juvenile welfare departments. You may want to identify regional commanders, special-victims unit personnel, officers from a particular sub-region or police recruits to be involved in the training. Typically, you will need the inspector general or other high-ranking official (such as the state commander) to provide their endorsement of your capacity-building event in writing or to send the invitation.

“Ipas has greatly reawakened the awareness of police officers on the reproductive and sexual rights of women and girls. The trainings and relationships have sharpened the skills of officers on handling such issues”.

CP. Emmanuel Ojukwum, Kogi State Commissioner of Police and immediate past spokesperson for the Nigeria Police Force

- **Invite several experts from the health and legal sectors to present at and facilitate the training.** A respected legal professional should present on the legal aspects of abortion, while the Ministry of Health or high-level health providers should give presentations on the magnitude of abortion. Ideally, an abortion provider should be available throughout the training to answer questions. Another option is to conduct a joint training with abortion providers and members of the police force. Ask supportive members of the police service to be trainers or co-facilitators. Invite senior officials of the police service and the health service to provide a welcome and offer remarks at the beginning of the workshop. The presence of these well-respected presenters validates the importance of the workshop, and their support of the workshop helps to create a supportive environment for dialogue on abortion and how it relates to police work.

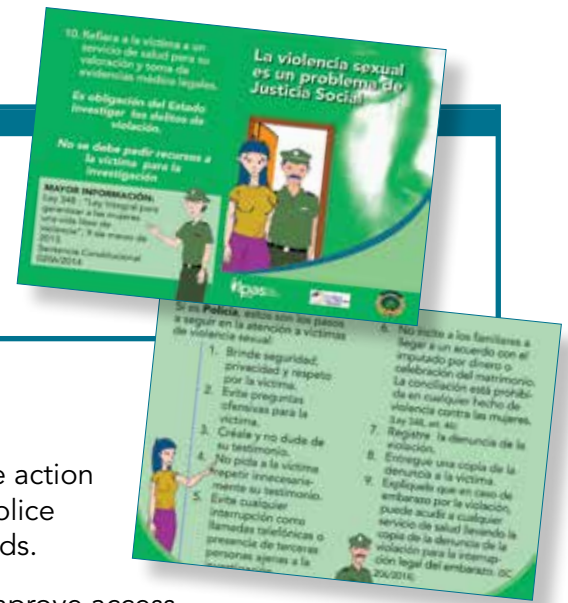
“The trainings received from Ipas have exposed members of the Network of the Bar, Bench and Police (NBBP) to new trends in handling cases affecting women’s reproductive rights. The engagements with Ipas are often thought-provoking. Members of the NBBP are indebted to Ipas for the enhanced knowledge.”

Barrister Watila Ibrahim, National Coordinator, Network of the Bar, Bench and Police (NBBP)

- **Work with presenters and facilitators to review what they will say well before the workshop takes place.** While this is not always possible, you otherwise take the risk that the presenters will further stigmatize abortion. Your allies who voiced support for access to abortion in an earlier meeting may say something different when they are faced with a room full of police officers. Lawyers who are supportive of abortion rights may nevertheless focus on the criminal aspects of the law and leave an impression that police should arrest providers or women for abortion. In Section 4 of this guide, you’ll find suggestions for opening remarks and PowerPoint presentations that can be sent in advance for presenters to adapt.
- **Include key content.** Values clarification and attitude transformation (VCAT) (Turner & Chapman, 2008) activities are essential to a successful police workshop and ideally an experienced VCAT facilitator would lead those sessions. Build trust by beginning the training with issues that police may be more comfortable with than abortion, such as gender-based violence or maternal mortality. Where police are receptive to human rights messages, focus on the human rights aspect of safe abortion to help them be comfortable. Sometime during the first half of the training, facilitate a discussion on trainees’ own experience with abortion as another way to build trust and to understand perspectives of trainees. Customize the activities in Section 4 to include local stories and examples.
- **During the training, provide written materials to police trainees including texts of laws, standards and guidelines, and other regulations.** Prepare handouts or brochures that tell police what they should do if they come across a woman who has experienced complications from abortion. You can provide police officers with a list of abortion providers so that police can refer women who need abortion or treatment for injury or complications from unsafe abortion. Give police excerpts of human rights documents or police codes of ethics that support access to safe abortion. Simplify any technical legal language so police can quickly and easily understand your materials. Give them multiple copies to distribute to colleagues after the training.



Ipas Bolivia published a brochure so police officers would know what to do if they encounter a woman who has experienced sexual violence, including telling her that she is entitled to legal abortion.



4 PLAN FOR SUSTAINABILITY

Capacity-building events are just one step toward sustained police action to support abortion access. You should take steps to ensure the police force works toward abortion access even after your partnership ends.

Develop content for police policies, procedures and manuals to improve access to abortion care. Organize lectures at police training schools or partner with police in the development of a standard curriculum to be used in the training of new recruits that includes abortion care content. In addition, here are some other activities that police have suggested as follow-up to trainings:

- Regional or cluster meetings of police officers to hear about the challenges and success of implementing the lessons learned from the workshops
- Creation of a database of trained police officers who can be called on if a health professional or community member encounters difficulties with other law enforcement professionals
- Seminars conducted by police for prosecutors in local communities
- Biannual or annual refresher trainings for past participants in police trainings
- Sharing of training information with colleagues on abortion or human rights in the law
- Media appearances by police to talk about the problem of unsafe abortion or the need to change the law
- Have trained police handle presentations or facilitation of future training sessions

“Developing and sustaining informal channels of communication between health workers and key police officers is imperative to successful engagement with the police.”

Ipas staff

EXAMPLES OF POLICE PARTNERSHIPS ON SEXUAL AND GENDER-BASED VIOLENCE

Police in many countries have improved their responses to sexual violence. Here are some examples:

SIERRA LEONE

In Northern Bombali, Health Poverty Action (HPA) has provided support to victims of sexual and gender-based violence. HPA provides transport for victims to report their violations to the Sierra Leone Police's Family Support Unit, as the cost and the distance is prohibitive for many. Within the Kamakwie Police Station, a private interview area was built so victims and witnesses can report in privacy and more safely. HPA has trained 30 police officers, 15 judges and lawyers, and 60 local court officials on the law as well as on how to work with sexual and gender-based violence (Health Poverty Action, 2013).

MOZAMBIQUE

Pathfinder developed a multi-sectoral model to combine gender-based violence prevention with legal, health and police services to meet the needs of survivors. An existing Ministry of Health gender-based violence training curriculum was adapted for use by providers across multiple sectors. Pathfinder also trained 97 paralegals, 183 police officers and 145 health providers on psychosocial support for GBV survivors, gender inequality issues within a human rights framework, the law on gender-based violence and GBV case management (Pathfinder, 2015).

ETHIOPIA

Civil society organizations including Pathfinder have supported the Ethiopian Women Lawyer's Association, the federal Ministry of Justice, and religious and other civic groups seeking to introduce new laws to protect the rights of women. In 2001, the Ethiopian Revised Family Law and the new Ethiopian Criminal Code set the legal age of marriage at 18, although this fact remains unknown by much of the population. In addition, female genital cutting, abduction and rape have been explicitly criminalized. Pathfinder has trained more than 1,200 judges, police officers and prosecutors to recognize the many forms of gender-based violence and how to implement the new laws. Women's reproductive health and rights are included in the training. With a new understanding of women's rights, officers have responded more positively to women's requests for protection under the law (Pathfinder International, 2007).

UGANDA

In 2009, the Ugandan Police Force developed a training module in collaboration with the Ministry of Gender, Labour, and Social Development to improve police officers' responses to cases of gender-based violence that were reported at police stations. It requires 26 hours, or approximately six hours a day over four days, with topics tailored to increase officers' knowledge, address negative attitudes and belief systems regarding gender-based violence so that officers can develop the necessary skills to effectively respond to violence cases (Alal, 2009).

SECTION 4: TRAINING RESOURCES

This section is designed to help advocates, program managers, trainers and law enforcement develop training workshops for police. The content is included in this guide and in accompanying PowerPoint presentations that are available online at www.ipas.org.

The materials also can be adapted for use in curricula at police training institutions. They are drawn from Ipas police trainings and include a sample two-day training program, with details on how to facilitate the sample activities and presentations.

Further resources on training on abortion issues are listed under the “Related Resources” heading at the end of this section. They are also available online at www.ipas.org.

Please note: If you are using the materials in this section to develop training workshops, you should already have some experience working with abortion issues. Your trainees, however, can be new to the issue of abortion.

POLICE AND ABORTION

Many police officers have had experience with abortion, personally or professionally. They may have had an abortion, know of a friend or family member who did, or know someone who suffered death or injury from abortion. In the course of their work, police officers also may have responded to reports of illegal abortion or encountered a woman who had recently experienced an abortion and was in need of medical care.

Even so, many police officers have never had an opportunity to consider abortion beyond thinking of it as a crime. And because of abortion stigma, the first reaction of police may be to harass, bribe or arrest women seeking abortion and those who help them.

Though stigmatized, abortion is a matter of health care and is a human right under international law. With an understanding of abortion as a health issue and knowledge of the frameworks that guarantee women’s human rights to abortion, police can help reduce abortion-related deaths and injuries in the communities they serve. We designed these training resources to move police who perceive abortion only as a criminal matter toward understanding abortion as a health and human rights issue.



Police can uphold women's rights and support access to safe abortion care

They can:

- Refer women seeking an abortion to qualified health care providers
- Educate individuals and communities on the abortion law and human rights
- Ensure women's dignity and right to confidentiality
- Inform colleagues in law enforcement about abortion, human rights and the role of health care professionals
- Speak out against the harm of restrictive abortion laws

SAMPLE TWO-DAY WORKSHOP

The sample two-day workshop and accompanying materials outlined in this guide were adapted from Ipas trainings on abortion for police officers and commanders in African countries. While the workshop agenda is designed for use in a country where abortion is legal and safe services available, we include suggestions throughout on how to adapt the materials in a more restrictive setting.

The materials include:

- A workshop title, goals and objectives
- A two-day training agenda
- PowerPoint presentations on abortion-related maternal mortality and morbidity, international human rights and national law on abortion
- Values clarification and attitude transformation (VCAT) activities, adapted for use with police officers. The VCAT activities and much of the workshop facilitation guidance in this section are excerpted and adapted from *Abortion attitude transformation: A values clarification toolkit for global audiences*, by Katherine L. Turner and Kimberly Chapman Page (2008), which is available online at www.ipas.org.

We designed the agenda for a two-day workshop with law enforcement officials, of any rank. However, we recognize that police have limited availability and organizations may have limited resources. To help prioritize sessions, we starred (*) those that would be essential in a shorter workshop.

The agenda includes information-sharing sessions and suggestions on who should give the presentations. Trainers should allocate time at the beginning for remarks from the director of the host organization and high-level officials from both the Police Service and Health Service representing the participants' country or sub-national territory. This will help you get buy-in from police attending the workshop. If possible, the high-level officials should stay for the length of the workshop to show their commitment to improving access to abortion.



The values, clarification and attitude transformation (VCAT) activities included in this guide are excerpted and adapted from Ipas's publication, Abortion attitude transformation: A values clarification toolkit for global audiences. Because discussing stigmatized issues of abortion and sexual and reproductive rights can be uncomfortable, make sure there is sufficient time early in the workshop for participants to explore their values on these topics.

VCAT activities give participants the opportunity to explore, question, clarify and affirm their values and beliefs about abortion and related sexual and reproductive health, so that their awareness and comfort with the provision of comprehensive, woman-centered abortion care is increased (Turner, 2010; Turner, 2011). These changes are not likely to occur immediately after one workshop; they may be incremental and take place over time. Thus, follow-up activities are recommended where possible. Further instructions on how to facilitate VCAT activities are in Abortion attitude transformation: A values clarification toolkit for global audiences, which can be found online at www.ipas.org.

OVERVIEW OF WORKSHOP

TITLE

Police Officers Training on Abortion Law

Alternate title (for workshops held in settings where abortion is highly criminalized): Training Workshop for Police Personnel on Women's Reproductive Health and Rights

GOAL

Enhance the knowledge, attitudes and perception of police officers of all ranks on the abortion law to create an enabling environment for the provision of abortion services

Alternate goal: Enhance the knowledge, attitudes and perception of police officers of all ranks on the women's reproductive rights to create an enabling environment for the provision of reproductive health care services

OBJECTIVES

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

- Articulate the problem of maternal mortality and unsafe abortion in the country
- Articulate international human rights that are linked to abortion
- Articulate the indications for when abortion is legal in the country
- Understand opportunities and challenges they encounter in their duties with regard to abortion and women's human rights

- Distinguish between assumptions, myths and realities of unwanted pregnancy and abortion
- Better understand women and families who experience abortion and providers who perform abortion

SAMPLE TWO-DAY AGENDA AND DETAILED RESOURCES FOR ITS FACILITATION

DAY 1			
TIME	SESSION TITLE	FACILITATOR	GUIDE PAGE
5 min	Welcome	Director of host organization and/ or Police Service representative	31
30 min	*Remarks	Designee of Police Service Designee of Health Service	31
50 min	Workshop introduction	Trainer	31
15 min	VCAT activity: Hopes and Hesitations	Trainer	36
15 min	BREAK		
45 min	*VCAT activity: Facilitating dialogue	Trainer	38
60 min	*Information sharing: Abortion facts	Health service or health-care provider	41
60 min	LUNCH		
60 min	*Notes from the field: police experiences with abortion situations	Trainer	49
60 min	VCAT activity: Four corners	Trainer	52
15 min	BREAK		
30 min	*Information sharing: International human rights framework	Local lawyer	58
30 min	Case study on international human rights	Local lawyer or other facilitator	63
10 min	Daily workshop evaluation	Trainer	66

DAY 2			
TIME	SESSION TITLE	FACILITATOR	GUIDE PAGE
15 min	Opening circle	Trainer	67
45 min	*Information sharing: The national law and policy on abortion (or other reproductive health issues)	Local lawyer	67
30 min	Case studies on national law and policy on abortion	Local lawyer or other facilitator	72
15 min	BREAK		
45 min	VCAT activity: Comfort Continuum	Trainer	73
60 min	Activity: Understanding abortion stigma	Trainer	77
60 min	LUNCH		
60 min	VCAT activity: Why did she die?	Trainer	82
60 min	*What can law enforcement do to change their workplace and community?	Trainer	90
15 min	BREAK		
30 min	Individual action plan	Trainer	93
15 min	VCAT Activity: Hopes and Hesitations revisited	Trainer	94
30 min	Closing remarks	Designee of Police Service, Designee of Health Service, Designee of host organization	95

DAY ONE

WELCOME

- Preferably by a police service representative or director of the host organization
- Tailor remarks to the particular setting and aim to help participants see safe abortion as an important topic.
- Since abortion is highly stigmatized, some trainees may come to the workshop expecting to disagree with the presenters. Engage them by linking abortion with issues that may be less controversial, such as violence against women or maternal mortality.

REMARKS BY DESIGNEE OF POLICE SERVICE

- Ideally by a high-ranking official, to show that the highest levels of the police support abortion access. Workshop organizers should ensure that the speaker is supportive of abortion and women's human rights.
- Set the stage by showing the police have an important role in access to abortion care:
 - Reference a police code of conduct or other directive that shows police dedication to integrity, community involvement, human rights and/or public health.
 - Reference issues linked with abortion, such as violence against women, maternal health or other health issues.
 - Talk about current community policing initiatives within the police force.

REMARKS BY DESIGNEE OF HEALTH SERVICE

- Explain the Health Service's responsibility for induced or postabortion care in the country or sub-national territory.
- Help trainees see that police also have a role in safe abortion.
- Refer to issues such as human rights, death and injury from unsafe abortion, or to the existing role of police in addressing other stigmatized or gendered issues or promoting public health in other fields such as HIV.

WORKSHOP INTRODUCTION

The purpose of this activity is to welcome participants to the workshop and solicit their expectations; orient them to the workshop goal, objectives and agenda, facilitator, participant roles and group norms; and invite them to provide ongoing evaluation of the workshop. The aim is to create a safe and productive learning environment that enables facilitators and participants to achieve workshop objectives.

OBJECTIVES

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

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

MATERIALS

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

TIMELINE

10 minutes for introductions

15 minutes for expectations, goal, objectives, agenda, parking lot

5 minutes to discuss trainer and learner roles

5 minutes to establish group norms and discuss evaluation

15 minutes for icebreaker activity

50 minutes total

ADVANCE PREPARATION

- Tailor the workshop title, goal, objectives and agenda to meet program and participant needs, time and other constraints.
- Prepare flipcharts with title and items for workshop goal and objectives, workshop agenda (list just the session titles), facilitator roles, participant roles and group norms

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

INSTRUCTIONS

1. Introduce yourself as one of the workshop facilitators and provide some information about your experience with abortion VCAT. Ask participants to introduce themselves by stating their names and briefly giving some background about themselves, such as their position title, where they work and any other pertinent information. Encourage participants to be concise.
2. Post a prepared flipchart labeled Workshop Goals and Objectives and review and discuss with participants.
3. Post a flipchart labeled Workshop Expectations and solicit participants' expectations for the workshop. Write them down exactly as they express them on the flipchart.
4. Post a flipchart labeled Workshop Agenda and review the main agenda items with participants. Discuss possible changes that can accommodate participants' expectations. Identify which of their expectations are likely to be met during the workshop and which are not likely to be met. For those that fall outside of the scope of the workshop, plan to provide additional resources or other means for participants to meet those needs.
5. Post a flipchart labeled Parking Lot and discuss it. Explain that when topics arise during a training session that the group doesn't have time to address at that moment, or that would be better addressed at a later time, facilitators write them on the Parking Lot flipchart, which means they are set aside to be discussed later in the workshop.
 - Facilitators will set aside time to periodically review the Parking Lot with participants. At that time, the group discusses whether they want to include the topic in the workshop and, if so, when they would like to address it. Facilitators will make changes to the agenda to include the topics participants have decided to address.
 - Due to time constraints, facilitators may have to ask participants to choose one topic over another.
6. Discuss facilitators' roles and responsibilities.
 - Post a flipchart labelled Facilitators' Roles and share expectations about your roles, including:
 - Providing information and feedback to participants

- Asking and answering questions
 - Facilitating discussions and activities
 - Making sure the group stays on task and on time
 - Maintaining a safe and productive learning environment
 - Ask participants to share other roles that facilitators should play during the workshop and add them to the flipchart. Remind participants that you welcome feedback about your facilitation.
 - Remind participants that you will not have answers to all the questions that arise.
 - Emphasize that you will facilitate the group working together to find answers to most questions. Participants have valuable skills and experience to share, and they will learn much from each other during the workshop.
7. Discuss participants' roles and responsibilities.
- Post a flipchart labeled Participants' Roles and share your expectations about their roles, including:
 - Participating fully according to one's comfort level
 - Taking responsibility to ensure personal learning goals are met
 - Sharing knowledge and experiences with facilitators and other participants
 - Giving constructive feedback to facilitators and other participants
 - Ask participants to share other roles that they should play during the workshop and add them to the flipchart.
8. Establish group norms.
- Explain that group norms are mutually agreed upon and they serve to:
 - Set guidelines for how the group will work together
 - Create a safe, respectful and productive learning environment
 - Enable tasks to be accomplished efficiently
 - Post a flipchart labeled Group Norms and read norms listed. Clarify any norms that participants don't understand and ask what norms they want to add or remove from the list.
 - Once participants have agreed on the list, ask them to raise their hands if they agree to maintain these norms each time they come together.
 - Hang the list on the wall where everyone can see it and explain how it will be used throughout the workshop:

- The list will be posted throughout the course.
- Participants should refer to the list as needed.
- Reinforce that participants should agree to monitor themselves and raise concerns when they believe participants are not abiding by the norms.

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

9. Review workshop evaluation methods. Usual methods of evaluation include: pre- and post-workshop surveys, daily evaluations (written or verbal), anonymous suggestion box and end-of-workshop evaluation.
10. Review training logistics, such as bathroom locations, time and place of lunch and other breaks, any hotel and financial arrangements, etc.
11. Facilitate an icebreaker activity such as Hopes and Hesitations (below) for about 15 minutes.
12. Solicit and discuss any outstanding questions.

VCAT ACTIVITY: HOPES AND HESITATIONS

OBJECTIVES

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

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

MATERIALS

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

TIMELINE

5 minutes for writing on cards

5 minutes to discuss in pairs

20 minutes to discuss responses

Total: 30 minutes

ADVANCE PREPARATION

- On a flipchart, write the following statements:
 - At the end of this workshop, I hope that I ...
 - Right now, I feel hesitant about ...
- On another flipchart, write the headings “Hopes” and “Hesitations” in separate columns.
- Prepare several hopes you have for the workshop.

INSTRUCTIONS

1. Introduce the activity as an opportunity to discuss what people hope to gain from the workshop or day's sessions and what concerns or discomforts they may have about the workshop and issues that will be discussed.
2. Give each participant an index card. Post the flipchart with the statements. Ask participants to take five minutes to silently read the statements and write their responses on their index card.
3. Instruct participants to pair with the person sitting next to them and discuss for five minutes the responses they feel comfortable sharing with their partner. Remind them that they do not have to discuss any responses they do not feel comfortable sharing.
4. Ask participants to share with the large group one hope or hesitation and record these on the flipchart labeled Hopes and Hesitations as each person speaks. Write the responses exactly as they are stated. Remind participants that they may decline to share a response if they do not feel comfortable. Remind participants to refrain from commenting on or evaluating anyone's response.
5. After everyone has contributed, add your hopes for the workshop that were not mentioned by participants. Ask for one or two overall comments about the entire list of hopes and hesitations (not any one person's response).
6. Acknowledge that you will do your best to meet the group's expectations. Generally explain which agenda items should meet certain expectations and which may be beyond the scope of the workshop. Record the latter items on the Parking Lot flipchart, if appropriate. Reassure participants that you will discuss how they might meet these expectations in other ways outside of the workshop.

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

7. Let participants know that they should keep their index cards because they will refer to them at the end of the workshop as a means of checking if the workshop has helped to address their hopes and hesitations.
8. Solicit and discuss any outstanding questions, comments or concerns with the participants. Thank the group for their participation.

Activity adapted from:

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

VCAT ACTIVITY: FACILITATING DIALOGUE

In this activity, a “trigger” (story, skit or other short piece) is used to evoke a key problem concerning abortion and spark dialogue about relevant issues and actions needed.

There are options for different dialogue methods that all include probing questions to lead participants through a discussion that ranges from analysis of the problem to action. Some sample “triggers” are included here, but other local or more relevant ones can be substituted. This activity can help introduce discussion about local abortion issues at the beginning of a workshop or engender dialogue at any point.

OBJECTIVES

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

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

MATERIALS

Trigger handouts

TIMELINE

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

ADVANCE PREPARATION

- Select and prepare relevant trigger. Photocopy handouts, if needed. Three sample triggers about abortion are included here.
- Select and prepare a dialogue method. Review the trigger and dialogue method in advance to familiarize yourself with them and develop other questions you may want to ask.

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

TRIGGER #1: IN PRISON FOR ABORTION

In 2011, a 20-year-old woman was sentenced to 5 years imprisonment for having had an induced abortion. She is illiterate and from a poor family, and during her trial she had no lawyer. She claims it was a miscarriage because she never intended to have an abortion.

Here is an interview conducted with a young woman in prison in Rwanda for an illegal abortion:

My name is Clarisse. I am 21 years old now. I got imprisoned at the age of 18 for committing abortion. I have to serve 4 more years now. I am the first born in the family of 6 and I stopped my education in primary 5 due to sickness. I used to stay with both my parents when I got impregnated by a 42-year-old married local leader who was also a family friend. Out of fear of my dad who is a pastor, I arranged with the local leader to get me traditional medicine to do an abortion. I got very sick though and on the way to the hospital, I was over bleeding and my mum got to know from the doctor that I had aborted. After I recovered I was directly handed over to police and then to prison. My dad urged me to keep it a secret to protect the local leader who is a friend of my dad. Sometimes I feel like I did more than abortion to deserve the punishment I was given, I really plead that policy makers should revise the law on abortion and make it a bit tolerant and analyze the fundamental reasons why one decides to do an abortion.

TRIGGER #2: 'MY ILLEGAL ABORTION REGRETS'

Date: Sunday, February 26, 2006

Source: BBC News

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

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

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

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

In agony, I went home to await the next stage of my abortion. That night, I bled profusely. My stomach was bloated, and I gave off a foul odor. I felt very weak and confused. My husband was on a nightshift, so a neighbor rushed me to hospital. My heart was beating very fast and I began to drift in

and out of consciousness. I felt cold and couldn't see. I was losing so much blood, I thought I would die. My mind went blank.

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

TRIGGER #3: WOMAN DIED AFTER BUNGLED SELF-ABORTION

By Staff Reporter, New Zimbabwe

May 31, 2005

Source: <http://www.newzimbabwe.com/pages/uk43.12708.html>

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

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

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

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

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

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

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

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

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

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

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

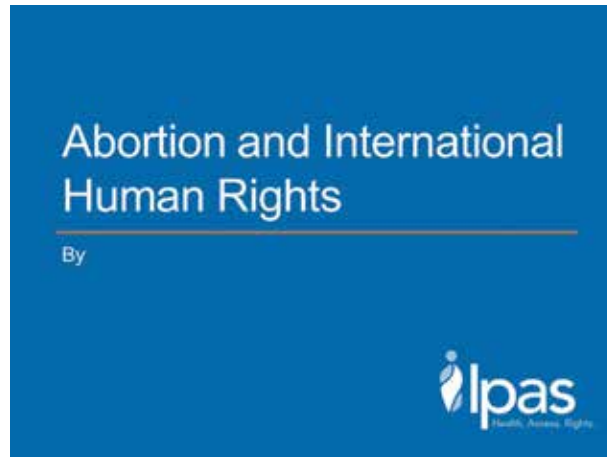
The inquest's verdict was that Muringani died as a consequence of a self-induced, unlawful abortion.

INFORMATION SHARING: ABORTION FACTS

Note: The facilitator for this activity should have medical knowledge of abortion or be able to speak from the perspective of the national health service.

This activity involves presenting some basic information about abortion, using a series of PowerPoint slides. The slides (replicated below) should be adapted to include data specific to your country.

Accompanying each slide are remarks/questions for the facilitator to pose to the group.



Show slide: *Abortion Facts*

Say: Now we are going to review some basic information about abortion.



Show slide: *42 million abortions globally, each year*

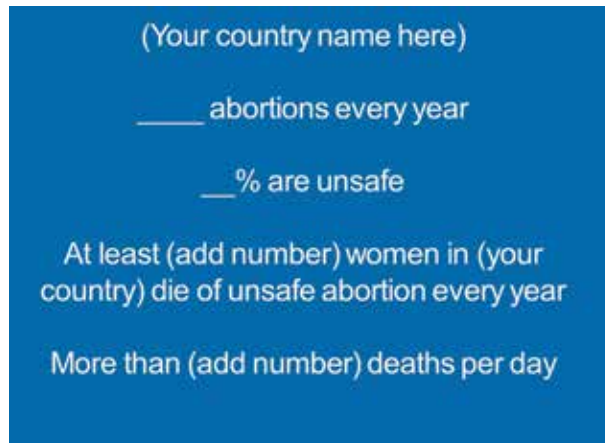
Say: Abortion is a common procedure. Who in this room knows of someone who has experienced abortion? A friend? A neighbor? A classmate? A family member?

Approximately one woman out of three will have an abortion in her lifetime.

Each year 42 million women around the world have abortions.

Abortions that are performed unsafely result in the deaths of 47,000 women each year, and millions more women suffer injuries.

For more facts about abortion around the world, see this website:
www.guttmacher.org



Note: The example below uses data from Nigeria. You should adapt this slide, using statistics from your country.

Show slide: *XX abortions every year, in (country)*

Say: Here are some abortion statistics for [Country] *Detailed below are data for Nigeria as an example. Insert data for your own country:*

- About 760,000 abortions occur every year in Nigeria
- About 60 percent are estimated to be unsafe
- About half of women report having had a surgical procedure in a medical setting, but 1 in 4 of those women had serious complications
- Hospital-based data suggest that at least 3,000 Nigerian women die from complications of unsafe abortion every year – a very conservative estimate



Show slide: *Consequences of unsafe abortion*

Say: Methods of unsafe abortion include ingestion of herbs, bleach, gasoline, gunpowder, vaginal insertion of sharp tools, twigs, pouches filled with arsenic, voluntary blows to the stomach and intentional falls.

[If you have examples of methods from your country, mention them here.]

Unsafe abortion is a health crisis. It reduces women's productivity, increasing the economic burden on poor families; causes maternal deaths that leave children motherless; causes long-term health problems, such as infertility; and results in considerable costs to already struggling public health systems.

[Include specific cost information if it is available for your country.]



Show slide: Why do women experience unwanted pregnancy?

Say: Now we know that abortion is a reality, but why does it happen? What are reasons that women experience unwanted pregnancy?

[Take suggestions from participants or encourage them to discuss in pairs.]

[Take responses from participants and write them on flipchart paper. Then read aloud their responses, and also mention the reasons listed below, if they have not been cited already.]

Lack of access to contraception or information about contraception

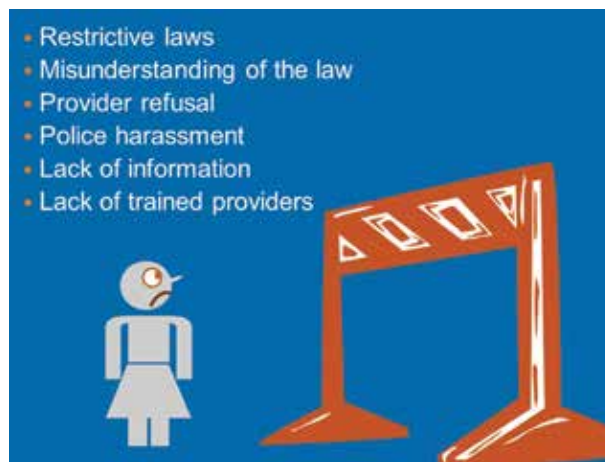
Desire to continue school or employment

Desire to discontinue childbearing

Sexual coercion, rape, sexual abuse

Can't afford another child

Health complications



Show slide: *Restrictive laws*

Say: Several barriers in [your country] prevent women from access safe abortion services. When they cannot overcome these barriers they turn to unsafe methods.

Vulnerable and underserved women are most at risk.

[List the specific barriers in your country]



Show slide: *Government can take steps to improve access to safe abortion*

Say: *[Discuss the steps that your government has taken to address unsafe abortion. This may include new laws, policies, steps toward reform, strategic assessments, standards and guidelines, formation of committees, research projects, etc.]*



Show slide: *How can a woman end a pregnancy safely?*

Say: Does anyone know of safe methods of abortion?



Show slide: *Manual Vacuum Aspiration (MVA) • Medical abortion*

Say: So how does a woman end a pregnancy safely?

Two methods of safe abortion include Manual Vacuum Aspiration (MVA) and medical abortion.

MVA is used with a cannula, which is a sort of tube that is inserted into the uterus by a trained health professional. Safe MVA must be done in a clinical facility.

Medical abortion is when women take drugs to end a pregnancy. Misoprostol and mifepristone can be used together or misoprostol can be used alone. Medical abortion drugs can be taken at home.

How effective is medical abortion? Medical abortion success is defined as a complete abortion that needs no further intervention. For first trimester, the success rate of medical abortion with misoprostol only is around 85 percent (von Hertzen et al., 2007). The success rate of misoprostol and mifepristone is around 96.5%. (Goldstone, et al., 2012). In this study, the majority of failures were due to incomplete abortions requiring aspiration. Ongoing pregnancy, a subset of medical abortion failures, is rare, occurring in less than one percent of women using the combined regimen under nine weeks (Cleland, et al., 2013; Goldstone, et al., 2012).



Show slide: *WHO: A range of providers can provide quality abortion services*

Say: Who can provide abortion safely?

We know that a range of health-care workers can be trained to safely perform abortion.

According to evidence and recommendations of the World Health Organization (WHO), abortion can be provided by a range of providers trained on basic clinical procedures related to reproductive health. These include midwives, nurse practitioners, clinical officers, physician assistants, family welfare visitors and others.

With proper information and access to quality drugs, women may be able to induce their own abortion, without the involvement of a medical professional, though we don't yet have enough studies to show this. In any event, medical abortion (MA) is safer than many clandestine methods.

Women are not dying because of diseases we cannot treat. They are dying because societies have yet to make the decision that their lives are worth saving.
- Dr. Mahmoud Fathalla

Show slide: *Women are not dying because of diseases we cannot treat.*

Say: I will end with this quote from an Egyptian Ob/Gyn. I'll give you a chance to read it. (Give participants a moment to read silently.)

How does it apply to abortion?

Are there any questions on this slide or other parts of this presentation?

NOTES FROM THE FIELD: POLICE EXPERIENCES WITH ABORTION SITUATIONS

In this activity, participants explore their own experiences on both a personal and professional level with abortion. Participants are encouraged to talk about the experiences they are comfortable sharing with a small group. The themes raised during these small group discussions will assist participants in understanding how experiences can influence actions.

OBJECTIVES

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

- Share their personal experiences with abortion;
- Discuss what they knew about the national abortion law before coming to the workshop;
- Share their experience with ways women in their community have been stigmatized and criminalized related to seeking an abortion;
- Share their experience with ways providers in their community have been stigmatized and criminalized related to providing abortion services.

MATERIALS

- Handouts with questions printed on them, enough for each participant
- Flipchart easel and paper
- Markers

TIMELINE

25 minutes to complete group activity

25 minutes for reporting back to large group

10 minutes for debriefing in large group

Total: 60 minutes

ADVANCE PREPARATION

Review any examples (in newspapers, etc.) of criminalization of abortion providers and/or women seeking abortion services.

INSTRUCTIONS

Note: Reiterate group norms, emphasize confidentiality. Remind participants not to use any identifying information when discussing stories about women and providers.

1. Divide participants into groups of three to five people each. Give each person a handout of the questions to discuss. Give each group a piece of flipchart paper and markers. Ask each group to designate a recorder and a spokesperson.
2. Ask each group to share their answers to the five statements. Encourage them to share only what they are comfortable sharing. Ask the recorder to write the group's question and responses on the flipchart paper.
3. When they are finished, ask the spokesperson from each group to put the flipchart paper up on the wall and present their responses to the large group. Ask other group members not to comment until all of the groups have presented.
4. Once all of the groups have presented, ask the large group to comment on themes they noticed across the small groups.
5. Facilitate a discussion using some of the following questions. You may need to clarify the law during the discussion.
 - How does one's experiences influence actions?
 - How does one's knowledge of the criminal code influence the ability to do one's jobs to the full extent of the law?
 - Now that we know the legal situation, how does this affect our ability to do our jobs? How might we act differently as a result of the information gained so far at this workshop?
6. Close the activity by discussing themes that come out during the discussion. For example:
 - Many of us have had personal experiences with abortion.
 - Our experiences, like our values, influence how we do our jobs.
 - There have been some abuses of the law in some communities.
 - Some of these abuses might be connected to police and others not knowing the legal situation of abortion in their community.
 - This workshop is an important step in gaining knowledge and exploring one's own experiences and values so that further abuses are decreased.
7. Solicit and discuss any outstanding questions, comments or concerns with the participants. Thank the group for sharing their personal stories and for their participation in this activity.

HANDOUT: TOPICS TO GUIDE SMALL GROUP DISCUSSION

1. Discuss what you know about the criminal law on abortion.
2. Share any experiences you have had with abortion either personally, or among family members, friends and neighbors.
3. Share any experiences you have had enforcing the law related to abortion.
4. Tell the group any situations in your community where a woman was penalized or arrested because of seeking or having an abortion. Do not use identifying information.
5. Without using identifying information, share any stories about providers in your community who were harassed, arrested or punished for providing abortion care.

VCAT ACTIVITY: FOUR CORNERS

The purpose of this activity is to help participants come to a deeper understanding about their own and others' beliefs about abortion; empathize with the underlying values that inform a range of beliefs and consider how their beliefs affect societal stigma on abortion.

OBJECTIVES

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

- Articulate their beliefs about abortion;
- Defend and respectfully explain other, sometimes conflicting, points of view;
- Explain different values underlying a range of beliefs on abortion;
- Discuss how personal beliefs affect societal stigma or acceptance of abortion;

MATERIALS

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

TIMELINE

50 minutes (if three statements are discussed)

ADVANCE PREPARATION

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

- Copy Four Corners worksheets Part A and Part B, one of each per participant.

INSTRUCTIONS

1. Inform participants that this is an activity where we will be speaking from a personal point of view, as well as defending others' views. Encourage them to be completely honest to get the most out of the activity.
 - *Say: Often, our beliefs about abortion are so engrained that we are not fully aware of them until we are confronted with situations and compelling rationale that challenge them. This activity helps us to identify our own beliefs about abortion, as well as understand the issues from other points of view.*
2. Hand each participant a Four Corners worksheet Part A. Instruct them not to write their names on either of their worksheets. Ask them to complete the worksheet and then turn the sheet over.
3. Hand each participant a Four Corners worksheet Part B. Ask them to complete the worksheet and then turn the sheet over. If they are a man, instruct them to respond as if they were a woman in that situation.
4. Ask participants to turn worksheets A and B face up and place them next to each other. Tell them that Part A asks about their beliefs for women in general, and Part B asks about their beliefs concerning themselves. Ask participants to compare their answers on A versus B.
5. Ask the following discussion questions:
 - *What similarities or differences do you see in the beliefs you hold for women in general versus yourself?*
 - *If there are differences, why do you think that is?*
6. Take a few comments for a brief discussion. Point out that differences between responses on worksheets A and B can sometimes indicate a double standard. Some people believe that women in general should not be allowed to freely access abortion services, but they should be able to access abortion services if they or a family member need them. Gently encourage participants to consider whether they maintain a double standard for themselves versus women in general and ask them to reflect on this more deeply. Stress the negative impact such double standards can have on the accessibility of abortion services, social stigma on abortion and laws and policies on abortion.
7. Ask participants to stand in a circle and crumple their Part A worksheets into a ball and throw them into the middle of the circle. Randomly toss a "ball" back to each participant. Explain that for the remainder of the activity, they will represent the responses on the worksheet they have in their hands. If they got their own worksheet, they should act as though someone else completed it.

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

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

9. Read the first statement out loud. Ask participants to move to the sign that corresponds to the response circled on the worksheet they are holding. Remind participants that they are representing the responses on their worksheets, even if they conflict with their personal beliefs.
10. Invite participants to look around the room and note the opinions held by the group. There may be different-sized groups in the four corners, and sometimes all four corners may not be occupied. You can then ask some people to move to another group if the four are not evenly distributed.
11. Ask the group under each sign to discuss for two minutes the strongest rationale for why people might hold that opinion.
 - Encourage them to come up with more meaningful reasons that are based on underlying, core values.
 - The Strongly Agree or Strongly Disagree groups should make sure they can differentiate between merely Agree or Disagree and Strongly Agree or Strongly Disagree.
 - Ask each group to appoint a spokesperson to present why people might hold that opinion. Ask the spokespeople to speak convincingly, as though they hold the belief themselves. For example. "I strongly disagree with this statement because ... "
12. Start with the spokesperson under Strongly Agree and proceed in order to Strongly Disagree.
 - Remind participants that the designated spokespeople may or may not personally agree with the opinions they are presenting.
 - Do not allow other groups to comment at this time.
13. Read the next statement, and ask participants to move to the sign that corresponds to the response circled on their worksheet. Invite participants to note the opinions held by the group. Redistribute some people if groups are not evenly distributed. Ask groups to select someone who has not yet spoken to be their spokesperson. Reverse the order of the groups' presentations.

14. Continue in the same manner for the remaining statement(s).
15. Have participants return to their seats. Discuss the activity by asking some of the following questions:
 - *What was it like to represent beliefs about abortion that were different from your own?*
 - *What was it like to hear your beliefs represented by others?*
 - *What rationale for certain beliefs caused you to think differently?*
 - *What are your general impressions about the beliefs held by the people in this room (but not by any particular individual)?*
 - *What is your sense of the underlying, core values that inform these beliefs?*
 - *How do our beliefs about abortion affect societal stigma or acceptance of abortion?*
 - *What relevance do the beliefs discussed in this activity have for abortion care in our setting or country?*
 - *Were any of the arguments/rationales presented by the small groups based on women's internationally recognized right to reproductive health care, including safe abortion? If not, what does this say about our understanding of women's right to abortion services?*
16. Solicit and discuss any outstanding questions, comments or concerns with the participants. Thank the group for their participation.

FOUR CORNERS, PART A

INSTRUCTIONS

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

SA = Strongly Agree

A = Agree

D = Disagree

SD = Strongly Disagree

- | | | | | |
|---|----|---|---|----|
| 1. Abortion services should be available to every woman. | SA | A | D | SD |
| 2. Women who have an abortion should be arrested. | SA | A | D | SD |
| 3. A woman should be able to have an abortion even if her husband or partner wants her to continue the pregnancy. | SA | A | D | SD |
| 4. Liberal abortion laws lead to more irresponsible sexual behavior. | SA | A | D | SD |
| 5. Minors should be required to get their parents' consent in order to have an abortion. | SA | A | D | SD |
| 6. Anyone who helps a minor get an abortion should be arrested. | SA | A | D | SD |
| 7. Pregnant women who have HIV/AIDS should be counseled to terminate their pregnancy, even if it is wanted. | SA | A | D | SD |
| 8. Most women do not seriously consider the consequences before having an abortion. | SA | A | D | SD |

FOUR CORNERS, PART B

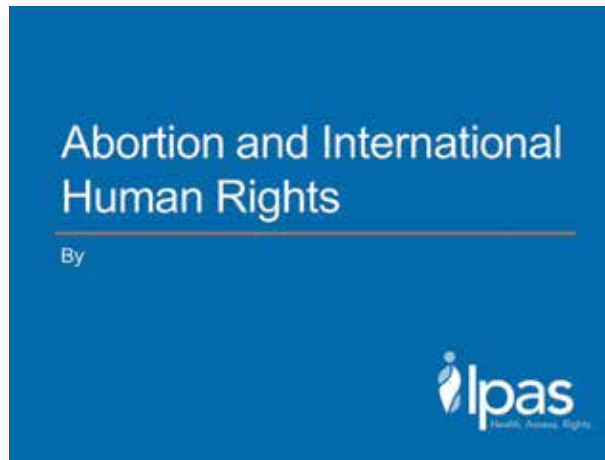
INSTRUCTIONS

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

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

- | | | | | |
|--|----|---|---|----|
| 1. Abortion services should be available to me if I want them. | SA | A | D | SD |
| 2. If I had an abortion, I should be arrested. | SA | A | D | SD |
| 3. I should be able to have an abortion even if my husband or partner wants me to continue the pregnancy. | SA | A | D | SD |
| 4. Liberal abortion laws will lead to me behaving in a more sexually irresponsible way. | SA | A | D | SD |
| 5. If I was a minor, I should be required to get my parents' consent in order to have an abortion. | SA | A | D | SD |
| 6. If I helped a minor get an abortion I should be arrested. | SA | A | D | SD |
| 7. If I was pregnant and had HIV/AIDS, I should be counseled to terminate my pregnancy, even if it was wanted. | SA | A | D | SD |
| 8. I would not seriously consider the consequences before having an abortion. | SA | A | D | SD |

INFORMATION SHARING: INTERNATIONAL HUMAN RIGHTS FRAMEWORK



Now we are going to look at human rights that protect access to abortion. These law apply in [country] because the government promised to protect these human rights when it signed and ratified international treaties and agreements.

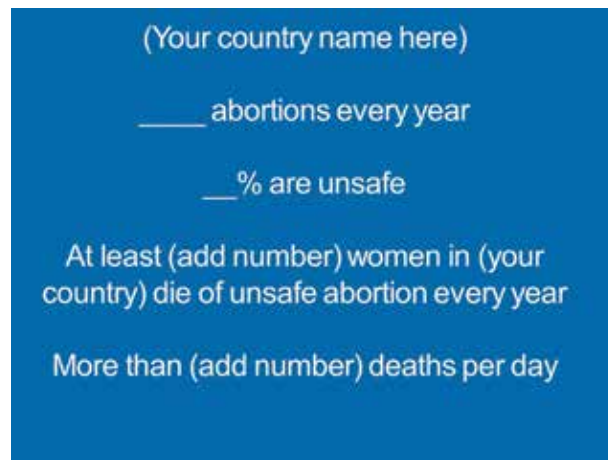
Note: These slides should be presented by a lawyer familiar with international human rights.



Show slide: *What happens when a woman is denied safe, legal abortion?*

Say: What happens when a woman is denied a safe, legal abortion? What human rights are violated?

Ask for responses and for respondents to justify their answers.



Show slide: *Her human rights to life, health, to be free of cruel, inhuman or degrading treatment.*

Say: When women cannot access safe abortion care, they turn to unsafe methods such as chemicals, sticks, ground glass. They can suffer serious injury, infertility or death.



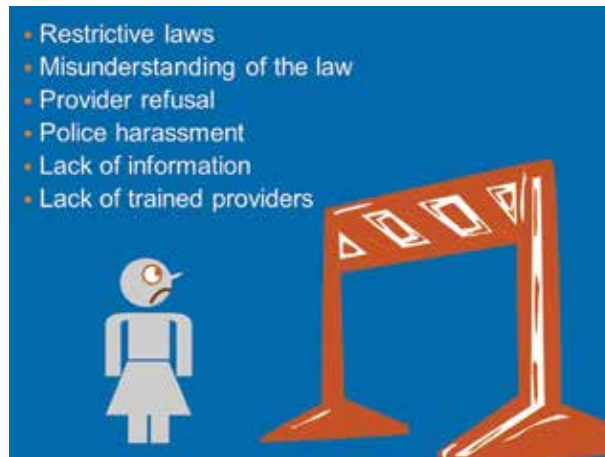
Show slide: *Her human right to equality and nondiscrimination*

Say: When governments criminalize health care only women need – such as abortion, contraception, care during pregnancy – women are not being treated equally. This is discrimination.



Show slide: Her human rights to privacy, self-determination and to determine the number and spacing of her children

Say: Contraception can fail. Without abortion as an option, women who experience unwanted pregnancy may be unable to plan their families. Deciding whether to be pregnant is a private decision and, under international human rights, governments cannot interfere.



Show slide: Where can we find these human rights?

Say: National constitutions may protect some of these human rights but I'll focus on international human rights. The links between human rights and abortion are found in international treaties and other agreements.



Show slide: *SDGs • ICPD • ICPD + 5 • Beijing Platform for Action • Maputo Plan of Action*

Say: Principles underlying human rights can be found in international agreements such as the Sustainable Development Goals, the International Conference on Population and Development, the UN Women’s Conference and regional conferences.

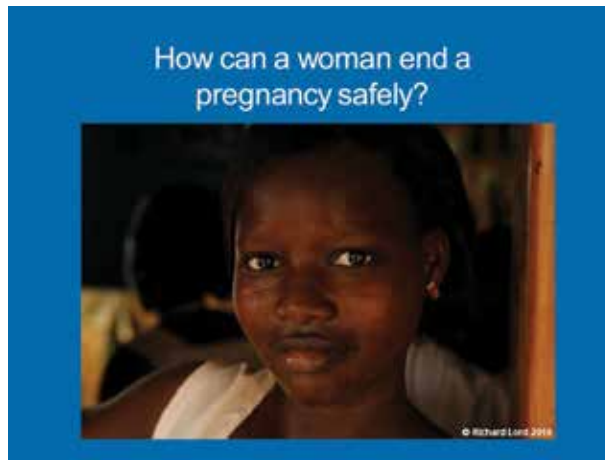
Through these processes, governments have agreed that:

- Unsafe abortion is a major public health concern

And in order to protect human rights, governments should:

- Make abortion safe and available to the full extent of the law
- Enable health systems to provide safe abortion

Note: It is **not** important that police officers memorize these instruments; but it **is** important that police officers understand that governments have agreed to these principles in international meetings.



Show slide: CEDAW (Women’s Convention), Convention on Civil and Political Rights, Convention on the Rights of the Child, Convention on Economic, Social and Culture Rights, African Protocol on Women’s Rights

Say: Human rights authorities state that criminalization of abortion and high rates of unsafe abortion violate women’s right to health. There are United Nations Committees whose jobs it is to interpret treaties. And in their interpretation of these treaties, they have linked abortion to the human rights to health and life, right to equality and nondiscrimination, and the right to self-determination and to determine the number and spacing of her children.

We can find these rights in the treaties themselves:

- Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW). Article 12 (right to health)
- International Covenant on Civil and Political Rights (ICCPR) Articles 3 (equal rights of men and women), 6 (right to life), and 17 (right to privacy)
- International Covenant on Economic, Social and Cultural Rights. Article 12 (right to health)
- Convention on the Rights of the Child. Article 24 (right to health)
- Protocol to the African Charter on the Rights of Women in Africa. Article 14 (reproductive rights, including the right to abortion in certain circumstances)

To ensure women’s human rights, legal and regulatory barriers that impede women’s access to safe, legal abortion care should be eliminated.



Show slide: *Case study: Which human rights were violated?*

Note: Participants should read the case study and decide which human rights were violated. Participants can discuss as a whole group, in small groups, or in pairs.

Say: This took place in Peru – a young woman who had an unwanted pregnancy. This is an actual case that was decided by a UN Human Rights Committee.

Discuss what human rights were violated and why.

Then say: The next three slides will show what the committee found, under the treaty, the ICCPR.



WHO: A range of providers can provide quality abortion services

Photos: © Richard Lord

Show slide: *KL v Peru, UN Human Rights Committee, 2005*

Say: Here is what the committee found.

Women are not dying because of diseases we cannot treat. They are dying because societies have yet to make the decision that their lives are worth saving.

- Dr. Mahmoud Fathalla

Show slide: *KL v Peru, UN Human Rights Committee, 2005*

Say: The committee made this finding.

KL v Peru
UN Human Rights Committee, 2005

Violations of:

- Right to live free of degrading and inhumane treatment (ICCPR Art. 7)
- Right to privacy (ICCPR Art. 17)
- As a minor KL had a right to special care, which she was denied (ICCPR Art. 24)

Show slide: *KL v Peru, UN Human Rights Committee, 2005*

Say: And finally, the committee made this finding.

In our own discussion, did we identify all of these? Are there any you think should be included that the committee did not find?

How can we promote women's human rights and access to safe abortion?

Show slide: *How can we promote women's human rights and access to safe abortion?*

Say: How can we make human rights real for women?

Elicit responses from the group, and discuss what examples they raise. In addition to the responses from the group, list these responses if they have not been covered:

- *Advocate to government ministries and parliament to changes laws and policies that do not protect women's human rights and access to abortion*
- *Educate health-care providers, judges, lawyers and police on human rights*
- *Refrain from arresting women who seek abortions or abortion providers*

- *Talk to law enforcement colleagues about human rights and abortion*

(**Note:** You might also want to facilitate a final discussion on how human rights are translated into access to abortion.)

DAILY WORKSHOP EVALUATION

Thank the group for their participation in the first day of the workshop. Then ask them to complete an evaluation of the day.

Prepare a flip chart paper with two columns—one with a plus sign, to signify what went well in the workshop during the day, the other column with a delta, to signify what should be changed the next day.

Ask participants to share their observations about what went well and what needs to change, one of two ways. They can share verbally with the whole group, as a facilitator writes down the responses. Alternatively, they can write their thoughts on small index cards or sticky paper that they then place in the appropriate column. The latter method can be anonymous and may take less time.

DAY TWO

OPENING CIRCLE

If there is enough space, participants begin the day by standing in a circle. The facilitator or a participant volunteer asks the group what reflections they have from the previous day. Participants share their reflections one-by-one. As latecomers arrive they join the circle, which grows to accommodate them.

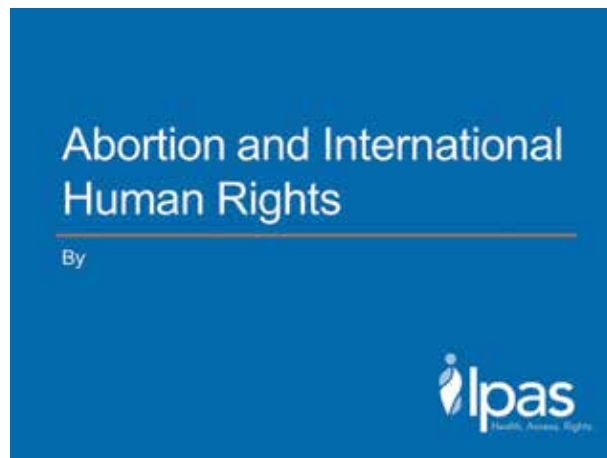
If the space is too small for a circle, the facilitator or volunteer can simply ask for opening reflections on the previous day, with everyone seated.

INFORMATION SHARING:

THE NATIONAL LAW AND POLICY ON ABORTION

A local lawyer, judge or prosecutor should give this presentation. The presenter should be well-known by the workshop organizers and someone who works to promote abortion access. Many lawyers are familiar with national abortion laws but describe the law in a way that focuses on the criminal aspects of abortion.

If the workshop is in a restrictive setting where most abortion is criminalized, the presenter can emphasize international and constitutional law. At the end, the presenter can also facilitate a discussion on how the law violates international human rights and/or the constitution.



Show slide: *The law on abortion in (country)*

Note: Please place the name of your country in this slide title, and in other slides throughout the presentation as appropriate.



Show slide: *When is abortion legal in (country)?*

Say: Here is a young women seeking abortion. Under what circumstances could she get a legal abortion?

Note: You can use prompts such as “in cases of rape?” or, “When the health of a woman is threatened?”



Show slide: *The abortion law in (country)*

Say: Where do we find the law on abortion in (country)? Here are five sources and we'll explore each.



Show slide: *International law*

Say: We already discussed international law in an earlier presentation. (Country) has committed to international treaties and documents that put two basic requirements on the government.

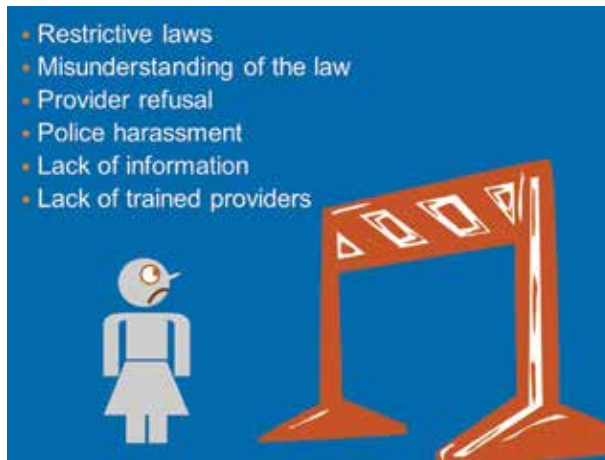
Note: Name the treaties that your government has ratified.



Show slide: *Constitution*

Say: Women’s access to abortion is rooted in the right to life, health, reproductive health.

Note: For the text on this slide, please list the relevant articles from your constitution.



Show slide: *National law*

Note: Hand out text of the abortion law for your country. Slide should include a summary only.

Say: Here are the instances when abortion is legal.

Abortion outside these parameters is illegal. The person who does the abortion is subject to penalties.

Note: Name the penalties for illegal abortion in your country. Also mention any barriers in the law that limit women’s access.



Show slide: *Policies*

Note: On this slide, include relevant language from reproductive health policies, children’s health policies, policies on maternal mortality. The text on this slides are examples.

If appropriate, distribute a handout with relevant language from the policies.



Show slide: *Standards and guidelines*

Note: Distribute handout with relevant parts of standards and guidelines for your country. Read through relevant details together or ask a participant to read from the handout.

Slide should contain summary only.



Show slide: *Case study*

Note: Hand out the case studies (1-5 depending on how much time you have). In groups discuss, is this a legal abortion? Under international human rights? Under the constitution? Under national law? Use the handouts for reference.

Ask groups to report back.

CASE STUDIES FOR DISCUSSION ON NATIONAL LAW ON ABORTION

CASE #1: I CAN'T AFFORD A CHILD

Every day is a struggle. I have four children and am barely able to feed them one meal a day. We live in a small place in a slum area and already sleep on the one mattress I keep by the wall. I peddle small wares on the street and take two of the young ones with me each day. The other two are watched by neighbors or run around on their own. When I learned that I had fallen pregnant again all I could think about was how would I possibly be able to feed and care for another child.

CASE #2: I FEEL SO DIRTY AND ASHAMED

I haven't told anyone about this. My husband has been beating me since the day we were married. He says it's his right, and my mother has told me that he owns me and can do anything he wants. I try so hard to please him, but I just hurt all the time. The worst part is when he forces me to have sex. He does it every day, and beats me when I cry or am too tired. Maybe he doesn't know it hurts me. I can't live like this. My small children see this happening and I worry about them growing up around him. I want to leave him but I've just found out I'm pregnant again. I can't have another child with this man.

CASE #3: I'M JUST NOT READY FOR MOTHERHOOD

I've always wanted to go to university. I've studied hard, and I've done well in school. My parents don't understand it – they didn't finish high school themselves. But when they saw how much I loved it, they encouraged me and told me I could do anything if I tried. They are so proud of me. But I've just learned that I'm pregnant. I've been worried about it for a while, ever since I had sex with my boyfriend. I think I love him, but I'm not ready to be a mother or a wife. If anyone finds out I'm pregnant, I'll have to get married and will never get to university. All I can think of is how I've ruined my life. I don't know what to do. I'm just not ready for motherhood right now.

CASE #4: I NEVER MEANT FOR THE AFFAIR TO GO THIS FAR...

I met a man eight months ago and we started having an affair. I never thought I would do something like this—I have a good husband who takes care of me, but he doesn't make me feel loved. This other man treats me well and bought me gifts. The guilt I have been feeling is overwhelming, especially now that I have fallen pregnant. I can't sleep at night and I have headaches all the time, worrying that my husband will find out. I am desperate to end this pregnancy.

CASE #5: I'M PREGNANT BY MY PASTOR...WHAT DO I DO?

I'm married, 36 years old and have four children between the ages of 2 years and 12 years. Over the past year my pastor has made sexual advances to me on many occasions. I knew it was wrong, but he told me not to worry, that God would forgive me if I believed in Him. This is now the second month that I have missed my period, and I am so worried. If I am pregnant with his child, I can never live with myself. It is against my religion to have sex outside of marriage and I am a faithful believer. When I shared my plight with a woman friend in the church she told me that every pregnancy was destined to be no matter what the circumstances and that I should pray and all would be well. I feel so desperate—I can't live knowing that I have committed such a sin.

VCAT ACTIVITY: COMFORT CONTINUUM

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

OBJECTIVES

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

- Articulate their own comfort levels discussing or advocating for safe abortion services;
- Discuss the different comfort levels on abortion held by participants and the life experiences that inform them;
- Discuss how these varying comfort levels relate to societal norms on abortion.

MATERIALS

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

TIMELINE

20 minutes to complete the group activity

20 minutes to discuss the activity

40 minutes total

ADVANCE PREPARATION

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

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

INSTRUCTIONS

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

NOT AT ALL A LITTLE A LOT

1. One at a time, read aloud the statements below and ask participants to physically move to the point along the continuum that best represents their feelings. Encourage participants to be honest about their feelings and to resist being influenced by where other participants are placing themselves.
2. After participants have arranged themselves, ask volunteers at different points along the continuum to explain why they are standing there.
3. If, based on someone's explanation, participants want to move to another point on the continuum, encourage them to do so.
4. Once you have finished reading the statements, ask participants to return to their seats. Ask two participants to share their feelings about the activity, soliciting a different response from the second person.
5. Refer to the reasons participants gave about their place on the continuum as you facilitate a brief discussion about the different responses and levels of comfort in the room. Some discussion questions could include:
 - What observations do you have about your own responses to the statements? Other people's responses?
 - Were there times when you felt tempted to move with the majority of the group? Did you move or not? How did that feel?
 - What about your responses to the statements surprised you? How about other people's responses?
 - What did you learn about your own and others' comfort levels on abortion?
 - What observations do you have about the group's overall level of comfort with abortion (not individual people's responses)?
6. Ask participants to reflect on the life experiences that influenced their levels of comfort or discomfort. Invite them to imagine how a different set of life circumstances might have led to a different level of comfort with abortion. Ask a few people to share their thoughts on this.
7. Discuss how these different levels of comfort with abortion impact societal norms on abortion, women's feelings about themselves when they have an abortion and providers' feelings about performing abortion services.

Note to facilitators: You may want to refer to the counseling section in *Ipas's Woman-centered abortion care: Reference manual* for more information on provider attitudes. It can be found online at www.ipas.org.

9. If questions arise during the discussion, for example on abortion laws and policies in the country, be prepared to provide correct information once participants have finished the discussion.
10. Ask one or two participants to share what they learned from this activity.
11. Solicit and discuss any outstanding questions, comments or concerns with the participants. Thank the group for their participation.

Activity adapted from:

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

COMFORT CONTINUUM STATEMENTS

You can choose some of the following statements or develop other statements that are most relevant in your country or setting.

1. How comfortable are you with safe and legal induced abortion services being provided in your country?
2. How comfortable are you discussing abortion with family members?
3. How comfortable are you discussing abortion with work colleagues?
4. How knowledgeable are you about your country's laws and policies on abortion services?
5. How comfortable are you helping women get access to first-trimester abortion?
6. How comfortable are you publicly supporting women who have abortions and the health-care providers who provide them?
7. How much disapproval would you expect to feel from your family and friends if they knew you were helping women get safe abortion services?
8. How comfortable are you with the idea of every woman having the right to access safe abortion services in your country?
9. How comfortable are you advocating for abortion care for every woman who desires it, regardless of her reasons?

ACTIVITY: UNDERSTANDING ABORTION STIGMA

The purpose of this activity is to help participants come to a deeper understanding of abortion stigma, including its origins, societal and personal manifestations—including how it affects them as individuals—and its relationship with discrimination. Participants will reflect on ways they may perpetuate or mitigate stigma, either intentionally or unintentionally, and explore ways they could further work to reduce stigma in their work and their lives.

OBJECTIVES

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

- Identify stigmatizing attitudes, beliefs and behaviors that underlie barriers to abortion access
- Identify our role in perpetuating or reducing abortion stigma as it relates to law enforcement

MATERIALS

- Flipchart, poster board or other large paper (1 per small group plus 1 for facilitators)
- Markers (1 set per group plus 1 for facilitator)
- Definition of abortion stigma on flipchart paper or slides
- Directions for small group work on flipchart paper, slides, or handouts

Modification: If your group is reluctant to draw, you can provide paper cut-outs of various symbols and pictures, or provide newspapers, magazines or other print materials, scissors and glue sticks/paste so participants can cut and paste images onto their posters.

TIMELINE

15 minutes for large group reflection and defining stigma

25 minutes for small group work

20 minutes for debriefing in large group

Total: 60 minutes

ADVANCE PREPARATION

- Set the room up so that participants are sitting in small groups of no more than 4 or 5 people, if possible.
- Be prepared to give each group a piece of flipchart, poster board or other very large piece of paper, and a set of markers, to be given out prior to the

group activity. Tables will need to be relatively clear so that groups have space to work together on their posters.

- Prepare any additional materials you'd like to use to illustrate your points.

INSTRUCTIONS

Part 1: Reflecting on judgment (10 mins)

1. Inform participants that this is an activity where we will be reflecting on some deeply-held social values around abortion.

Say: We are going to talk about an issue that affects all of us and that is abortion stigma. At the root of abortion stigma is judgment.

2. Ask participants to reflect on judgment

Say: Think of a time when you felt that a negative assumption was made about you because of a trait, whether it was something about you that you chose, something you were born with, or something that happened to you. Choose something that made you feel that you were really being judged unfairly. It could be related to one of these categories or a similar category.

Mention to participants that this is silent reflection and they will not be required to share their thoughts.

Name traits (you can draw from the following or others) that may elicit unfair judgment or discrimination in your community:

- Gender/Gender identity
- Sex
- Race
- Ethnicity
- Social class/income
- Language
- Sexual orientation/preference
- Profession
- Age
- Relationship/marital status
- Appearance
- Religion
- Education level

- Physical or mental health status
- Nationality

Note to facilitator: It may be helpful to distinguish between *judgment*, as a belief or option, and *discrimination*, as the unfair treatment of a person or group of people, based on judgment or prejudice.

Tell participants that they can think about the following sentence:

Because I _____

People think I _____.

Give as many examples as seem helpful and relevant in your setting, for instance:

Because I [am a woman](#), people think I [want to be a mother](#).

Because I [don't speak \[the dominant language\]](#), people think I [am unintelligent](#).

Because I [am a man](#), people think I [shouldn't show emotion](#).

Give participants a minute to reflect silently about how this judgment made or makes them feel; why this type of judgment exists; who benefits from this judgment and who suffers because of it. You can encourage them to close their eyes if they wish.

Ask participants to open their eyes if they were closed. Now, ask them to reflect to themselves on a time when they have judged someone else.

Say: Think of a time you made an assumption about someone because of a trait, whether it was something about them that they chose, something they were born with, or something that happened to them.

3. Ask them to reflect on the previously mentioned categories, and use the same sentence structure to fill in the blanks:

Because they _____

I thought they _____.

Give participants a minute to reflect silently about how they think this judgment made or makes that person feel; why this type of judgment exists; who benefits from this judgment and who suffers because of it. You can encourage them to close their eyes if they wish.

4. Tell participants that we will now focus specifically on judgments around abortion, and how they affect us.

Part 2: Introducing abortion stigma (5 minutes)

1. Define abortion stigma (note this is an Ipas definition)

stig·ma noun

a mark of disgrace associated with a particular circumstance, quality, or person

a·bor·tion stig·ma noun

a negative attribute, ascribed to women who seek to terminate a pregnancy, that 'marks' them as inferior to ideals of womanhood

2. Ask participants to explain why they think "ideals of womanhood" was included in the definition of abortion stigma. Briefly facilitate any discussion on this, and offer that the definition is up for debate, but that this definition was arrived at because of social expectations of women as mothers and nurturers and the belief that abortion does not align with those ideals, even if that is not the reality.
3. Explain that stigma is a social process of marking people with certain conditions, traits, identities or behaviors as "different" and culturally or socially unacceptable.
4. Ask participants to think about other highly-stigmatized issues in their communities and how they mark certain individuals as inferior, and lead to discrimination.

Part 3: Small group work (25 minutes)

1. Give each group of 4 to 5 participants a large sheet of flipchart, poster board or other very large piece of paper and markers.
2. Give groups the following instructions. Tell them they have 15 minutes to complete this first part of the exercise.
 - a) As a group, draw a woman or girl who is trying to get an abortion. She should have at least 3 traits that contribute the stigma she faces (for example, her age, gender or gender identity, race, class, sexual orientation, profession, etc.).
 - b) Draw the barriers she faces because of stigma. Barriers could be real, perceived, or internalized (for example, lack of knowledge about pregnancy and abortion services, unsympathetic friends and family, lack of money to pay for abortion, fear of arrest)
 - c) You have 10 minutes to complete the first part of the exercise.
3. Once the groups have drawn barriers, give them the following instructions.
 - a) Find a way to depict that stigma on your map. Draw how stigma relates to one or more of the barriers. It might be helpful to think about the statement, because she is _____, she _____.

Example: Because she is young, she can't make decisions for herself. Or

because she is a sex worker, she is immoral and doesn't deserve good healthcare. Because she is a wife, she should give her husband a child.

- b) You have five minutes to draw stigma.
4. Tell the groups to discuss the following in their small groups for 10 minutes:
 - a) How do you create or add to these stigmas, either because of something you did or didn't do?
 - b) How or where can you, collectively or individually, reduce abortion stigma?

Part 4: Closing (20 mins)

1. Invite each group to present their map and describe: (a) the woman or girl, (b) the barriers and stigmatizing attitudes she faces, and (c) what they can do to reduce abortion stigma.
2. As they share their answers to (c) above (what they can do to reduce abortion stigma), write the answers on a flipchart, chalkboard, or PowerPoint, etc.
3. After all of the groups have presented, facilitate a discussion using the following questions:
 - How did they feel about the activity?
 - Did they realize anything new?
 - What concrete actions can they take to reduce abortion stigma?

VCAT ACTIVITY: WHY DID SHE DIE?

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

OBJECTIVES

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

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

MATERIALS

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

TIMELINE

5 minutes to read story

40 minutes for discussion

45 minutes total

ADVANCE PREPARATION

- Adapt the story (Version 1 or 2) for local relevance, if necessary.
- Prepare global, national and local statistics on abortion-related morbidity and mortality and how they relate to restrictions on access to abortion. General

overviews can be found in the *Where We Work* sections on Ipas's website at http://www.ipas.org/Where_Ipas_Works.aspx.

- Make copies of the story and Values Clarification for Abortion Attitude Transformation theoretical framework, one per participant.

Note to facilitators: It may be necessary to change the names and certain elements of the story to be more culturally or geographically appropriate for the audience or setting. You may want to adapt a real-life story from the media or clinical experience, making sure to change any potentially identifying information to protect people's privacy. It may be helpful to provide participants with national statistics on abortion-related morbidity and mortality to illustrate how common tragic events, such as this one, are.

INSTRUCTIONS

1. Distribute a copy of the story *Why Did She Die?* to all participants.
2. Ask participants to read the story silently, or ask one participant to read it out loud for everyone.
3. Present or ask participants to summarize (if you have already covered it previously) some basic information on global, national and local statistics on abortion-related morbidity and mortality and how it relates to restrictions on access to abortion.
4. Facilitate a discussion in response to the question, "*Why did she die?*" You can opt to record responses on the flipchart. Suggestions for discussion questions include:
 - *Who do you think is responsible for her death? Why?* (If participants respond that the young woman is responsible for her death, challenge them to think about the people and health system that failed her and could have prevented her death if they had educated her properly and responded to her needs. Probe further on whether young people can be blamed for their ignorance and whose responsibility it is to ensure that they are educated.)
 - *What could have been done to prevent her death? Who could have helped prevent her death?*
 - *What choices did she have?*
 - *What could have made this situation better for her?*
 - *What information or resources may have helped her avoid this situation?*
 - *Why do you think she committed suicide?*
 - *In addition to the young woman, who else was directly affected by her death?*
 - *How does this story make you feel?*

- *What real stories or situations does this story make you think of (without revealing any identifying information)?*
- *What does this story tell us about our responsibility to safeguard women's health and lives?*
- *What could you do, personally or professionally, to prevent deaths such as this one from occurring?*

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

5. Provide participants with a copy of the Values Clarification for Abortion Attitude Transformation theoretical framework. Ask participants to divide into pairs.
6. Facilitate an additional dialogue to extend the discussion of this story and deepen participants' understanding of the values clarification and behavior change process.

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

- *What new information did you learn about unwanted pregnancy, abortion and maternal mortality from this story?*
- *How did this story deepen your understanding of the context surrounding a woman's unwanted pregnancy, abortion and maternal mortality?*
- *How has this story increased your empathy for women in Mia's situation or other equally desperate situations?*
- *What are your current values on abortion in relation to this and similar stories?*
- *What are other possible values on abortion in relation to this story? What would be the consequences of acting on these other values?*
- *How open do you feel to experiencing different values on abortion in relation to this and similar stories? What would you need to become or remain open to change?*
- *Having weighed all of the possibilities, what values do you choose for yourself at this time in relation to this story?*

- *What would help you affirm these values?*
 - *What actions have you taken in the past that are not consistent with your values? What actions could you take from now on that would be consistent with your values?*
 - *How has this story contributed to a change in your attitude about abortion and the women who seek one?*
 - *What can you commit to doing in relation to abortion situations like this one?*
- 7 Recall the global, national and local statistics on abortion-related morbidity and mortality that you presented earlier in the activity. Discuss how restricting access to safe abortion services does not decrease the number of abortions, only the number of women who are injured or die from them. Ask participants to articulate their personal and/or professional responsibility to prevent deaths such as this one.
 8. Solicit and discuss any outstanding questions, comments or concerns with the participants.

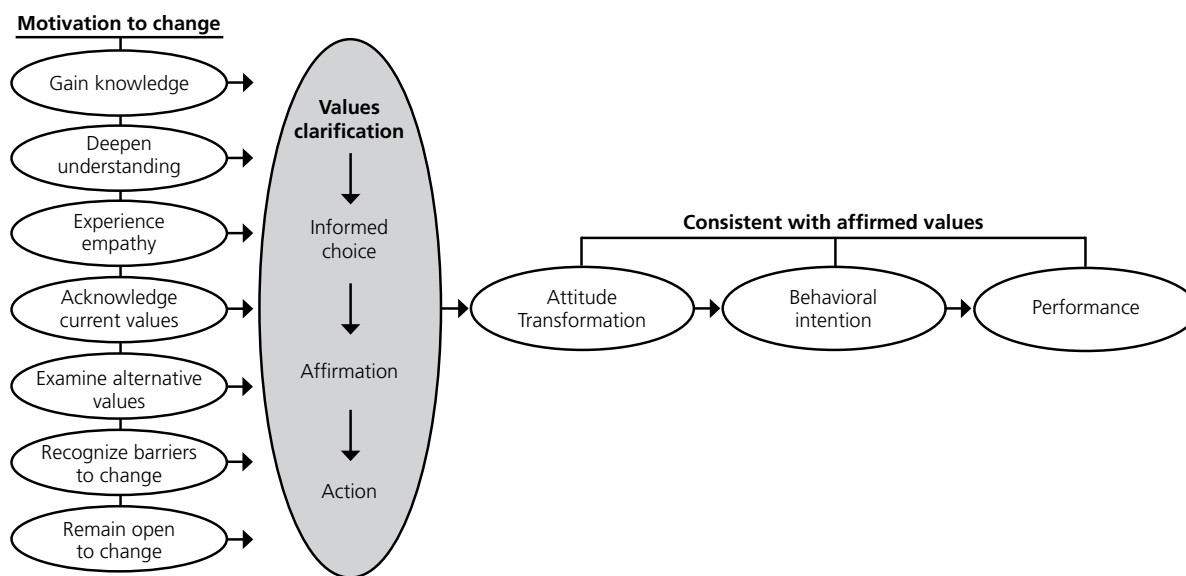
Thank the group for their participation.

Activity adapted from:

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

Values Clarification for Abortion Attitude Transformation Theoretical Framework

Values Clarification for Abortion Attitude Transformation
Takes place within existing cultural and social structures and ideologies



The Values Clarification for Abortion Attitude Transformation theoretical framework informed the development and organization of the toolkit. It can serve as a visual aid when explaining the abortion VCAT process and as a reference when designing abortion VCAT interventions to help ensure objectives are met. It conceptualizes the VCAT process, which is informed by and includes critical elements of Ajzen’s Theory of Planned Behavior (TPB) (Ajzen, 1985; 1988; 1991); values theory (Rokeach, 1973; 1979); and the three main stages of the values clarification process — choosing, prizing and acting (Raths, 1966; Rokeach, 1973).

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

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

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

alternative values; recognize barriers to change and **remain open to change**. Ipas modified the three main stages of **values clarification** to **making an informed value choice, affirming that choice** and **acting on the chosen value**, which reflects the process and cognitions an individual would go through when thoughtfully choosing among competing alternatives, affirming those choices and deciding on a particular course of action.

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

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

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

References

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WHY DID SHE DIE? STORY VERSION 1

INSTRUCTIONS

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

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

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

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

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

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

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

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

Why did Mia die?

Activity adapted from:

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

WHY DID SHE DIE? STORY VERSION 2

INSTRUCTIONS

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

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

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

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

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

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

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

Why did Mia die?

Activity adapted from:

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

WHAT CAN LAW ENFORCEMENT DO TO CHANGE THEIR WORKPLACE AND COMMUNITY?

OBJECTIVES

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

- Identify ways they can apply what they have learned in this workshop in educating colleagues about the legal, medical and personal aspects of abortion;
- Discuss ways they can use the information from this workshop in educating members of their respective communities about abortion care;
- Discuss what they need from Ipas or others to support them in this work;
- Discuss ways they can follow up with each other after the workshop.

MATERIALS

- Handout with discussion questions
- Handout with personal action plan template
- Flipchart easel and paper
- Markers

TIMELINE

30 minutes to discuss in small groups

15 minutes for reporting back to large group

15 minutes for debriefing in large group

30 minutes for individual action plan and closing discussion

Total: 90 minutes

ADVANCE PREPARATION

None

INSTRUCTIONS

1. Divide participants into groups of four to five people each. Give each person the handout with the discussion questions on it. Ask each group to designate a recorder and a spokesperson. Suggest that each person take notes on their personal action plan to remind them of things they can do after the workshop.
2. Ask each group to discuss all the questions, ensuring that every group member gets an opportunity to respond to each question. Ask the recorder to write the group's responses on the flipchart paper.
3. When they are finished, ask the spokesperson from each group to put the flipchart paper up on the wall and present their responses to the large group. Ask other group members not to comment until all of the groups have presented.
4. Once all of the groups have presented, facilitate a large group discussion. Ask participants what good ideas they notice. Suggest that participants add good ideas to their own action plans.
5. Give participants 20 minutes to complete their own action plan.
6. Close the activity by discussing the following points:
 - What are the best ways to follow up after the workshop? Encourage specific suggestions regarding frequency of follow up activities, best locations for such activities etc.
 - Solicit and discuss any outstanding questions, comments or concerns with the participants. Thank the group for their participation.

WHAT CAN WE AS LAW ENFORCEMENT DO TO EFFECT CHANGE IN OUR WORKPLACE AND COMMUNITY?

1. What have you learned in this workshop about the medical, legal and personal aspects of abortion care that you can share with your law enforcement colleagues?
2. What is the best format or way to share this information? E.g. meet with others in your command unit, offer workshops, share workshop handouts or brochures, engage in informal conversation etc.
3. What have you learned in this workshop about the medical, legal and personal aspects of abortion care that you can share with people in your community?
4. What is the best format or way to share this information? E.g. workshops, share brochures, share list of resources for services, engage in informal conversation etc.
5. What do you need from Ipas or others to support your efforts?
6. Discuss ways you can follow up with each other after the workshop.

INDIVIDUAL ACTION PLAN

1. What 1-2 specific things will I do when I return to my workplace to protect women's rights and improve abortion care?

2. What resources do I need to follow up from the workshop?

3. How can I stay connected to others in this workshop?

VCAT ACTIVITY: HOPES AND HESITATIONS, REVISITED

OBJECTIVES

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

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

MATERIALS

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

TIMELINE

15 minutes total (for brief discussion)

ADVANCE PREPARATION

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

INSTRUCTIONS

1. Ask participants to take out the Hopes and Hesitations index cards that they completed at the beginning of the workshop or day's sessions.
2. Ask participants to review their responses and consider whether and how they feel differently now than they did at the beginning of the workshop or day.
3. Ask for several participants to share with the group how and why their individual responses changed.
4. Ask for a participant to reflect on any changes in the group overall and to what they attribute that change.
5. Solicit and discuss any outstanding questions, comments or concerns with the participants. Thank the group for their participation.

CLOSING REMARKS

Representatives of the police service, health services and host organization should wrap up the workshop with closing remarks:

- The remarks should follow logically from discussions during the workshop.
- Remarks could include issues such as:
 - commitments of resources
 - change in police curricula
 - future trainings
 - other next steps in partnership to improve access to abortion care

RELATED RESOURCES

These resources are available online at www.ipas.org/resources.

Abortion attitude transformation: A values clarification toolkit for global audiences

This resource provides experienced trainers with the background information, materials, instructions, and tips necessary to effectively facilitate abortion values clarification and attitude transformation interventions.

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

Abortion Law and Policy in Nigeria: Barriers to Women's Access to Safe and Legal Care

This fact sheet looks at abortion law in Nigeria and outlines several policy recommendations that would help to reduce the level of unsafe abortion in the country.

Ipas Nigeria. (2015). *Abortion Law and Policy in Nigeria: Barriers to Women's Access to Safe and Legal Care*. Ipas: Abuja.

Effective training in reproductive health: Course design and delivery. Trainer's manual.

This manual outlines the core concepts and skills that trainers utilize when designing and delivering effective training sessions, such as the use of effective communications skills and how to manage training group dynamics.

Turner, K., Wegs, C. & Randall-David, B. (2003). *Effective training in reproductive health: Course design and delivery. Trainer's Manual*. Chapel Hill, NC: Ipas.

When Abortion is a Crime: The threat to vulnerable women in Latin America

A report that looks at the enforcement of laws criminalizing abortion in three Latin American Countries—Bolivia, Brazil and Argentina. It documents accounts of hundreds of women and health-care providers who have been arrested, charged, detained and sometimes imprisoned for violating abortion-related laws.

Kane, G., Galli, B., & Skuster, P. (2013). *When abortion is a crime: The threat to vulnerable women in Latin America (third ed.)*. Chapel Hill, NC: Ipas.

When Abortion is a Crime: Rwanda

This report shares findings from interviews with women, judges, legal defense lawyers, and police officers in Rwanda, where hundreds of women are unjustly harassed, arrested, prosecuted and imprisoned each year on abortion or infanticide-related charges.

Kane, G. (2015). *When abortion is a crime: Rwanda*. Chapel Hill, NC: Ipas.

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