

FREEDOM *of* CHOICE

A Youth Activist's Guide to Safe Abortion Advocacy

Training Manual



youth coalition

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The Youth Coalition for Sexual and Reproductive Rights aims to ensure that the sexual and reproductive rights of all young people are respected, guaranteed and promoted, and strives to secure the meaningful participation of young people in decision-making that affects their lives, by advocating, generating knowledge, sharing information, building partnerships and training young activists with a focus on the regional and international levels.

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TABLE OF CONTENTS

INTRODUCTION 6

A Note About Language	6
Using the Training Manual and the Guide Together	6

CHAPTER ONE | Planning for the Training 7

CHAPTER TWO | Introductory Activities 10

Session 1: Opening the Training	10
---------------------------------	----

CHAPTER THREE | Clarifying Abortion Values 12

Session 2: Clarifying Abortion Values	12
---------------------------------------	----

CHAPTER FOUR | Understanding Safe Abortion 15

Session 3: The Right to Safe Abortion	15
Session 4: Understanding the Provision of Safe Abortion Care	17
Session 5: The Health Aspects of Safe Abortion	18

CHAPTER FIVE | The Governance of Abortion 19

Session 6: Overview of current state of abortion policies at the international, regional and national level	19
Session 7: Analyzing policies	20

CHAPTER SIX | Advocating for the Right to Safe Abortion 20

Session 8: Understanding Abortion Advocacy	20
Session 9: Developing Abortion Messages	22
Session 10: Dealing with Opposition	23

CHAPTER SEVEN | Looking Ahead and Conclusion 24

Session 11: Advocacy Examples from Around the World	24
Session 12: Advocacy Action Planning	24
Session 13: Closing	25

CONCLUSION 25

REFERENCES 26

APPENDIX 1: Sample 3-Day Workshop	27
APPENDIX 2: Action Plan Templates	29
APPENDIX 3: Sample Facilitator Planning Sheet	30
APPENDIX 4: Pre-Workshop Checklist	31
APPENDIX 5: Pre- and Post-Workshop Survey	32
APPENDIX 6: Short Evaluations Techniques	34
APPENDIX 7: Safe Abortion Advocacy from Around the World	35
APPENDIX 8: Icebreakers and Games	37
APPENDIX 9: Understanding Safe Abortion	38
APPENDIX REFERENCES	42

INTRODUCTION

Every year upwards of 40 million women worldwide will decide to have abortions¹. In 2015, 22 million of those procedures were unsafe abortions². Many of the people who undergo unsafe abortions are young people and adolescents; in 2013 they accounted for 40% of unsafe abortions, and 70% of hospitalizations from unsafe abortion complications³.

Young people and adolescents often face stigma and discrimination based on their age when seeking reproductive healthcare, and these challenges are often compounded by intersecting discrimination based on race, gender identity or expression, disability, caste or class. Advocating for safe, legal and free abortion must consider all of these factors to ensure that abortion is accessible to everyone.

Freedom of Choice: A Youth Activist's Guide to Safe Abortion Advocacy (the Guide), updated in 2013, is a resource to support youth activists who advocate for safe abortion in their communities. In particular, it offers a youth perspective on some of the key issues discussed above related to advocating for young people's right to safe abortion. The Guide is available for free download from the Youth Coalition for Sexual and Reproductive Rights' website. (<http://www.youth-coalition.org/publication/freedom-of-choice-2ed/>) in English, French and Spanish.

This manual provides some tools for running training workshops to develop and enhance activists' capacity to advocate for safe abortion based on the information provided in the Guide. This training manual is designed for young trainers who are experienced abortion advocates and have some workshop facilitation experience. The targeted participants are experienced young activists interested in expanding their work on abortion.

This manual is made up of seven chapters which are each based on a particular theme. The chapters are divided into workshop sessions, which are made up of activities that aim to either impart information or develop skills. A sample three day training timetable is laid out in **Appendix 1**.

The activities contained in this manual are suggestions. Trainers and facilitators can pick and choose which to use, alter activities to suit the group of participants they are working with, and add additional relevant activities. Similarly, the information imparted during the workshops can be taken from the Guide or other sources and will depend on the goals and objectives of the training, the expectations of the participants, and their existing knowledge and skills in advocacy and abortion issues.

A Note About Language

Throughout this guide, we will say “pregnant people” when referring to people who may become pregnant and choose to have an abortion, rather than women. We use the term “pregnant people” to acknowledge that women, transgender people, gender nonconforming, or gender queer people may all seek abortions, and have unique needs and challenges in seeking reproductive health care and abortion. YCSRR believes that all pregnant people, irrespective of age, sexual orientation and gender identity and expression, have the right to access legal, safe, accessible and affordable abortions.

Using the Training Manual and the Guide Together

This training manual is designed to be used in conjunction with the *Freedom of Choice: A Youth Activist's Guide to Safe Abortion Advocacy* (the Guide). Participants should be provided with a copy of the Guide during the training. Facilitators will find more information and resources within the guide and we encourage you to use the two resources when designing your workshop. Throughout this training manual we have provided references to specific parts of the Guide.

1 Guttmacher Institute, Facts on Induced Abortion Worldwide. publication, January 2012, http://www.guttmacher.org/pubs/fb_IAW.html

2 WHO, Preventing unsafe abortion, Media Centre. July 2015, <http://www.who.int/mediacentre/factsheets/fs388/en/>

3 “Youth,” Ipas, accessed October 15, 2013, <http://www.ipas.org/en/What-We-Do/Youth.aspx>.

CHAPTER ONE | Planning for the Training

Behind every great training workshop is a great trainer or facilitator. Their planning is a crucial component for a successful workshop. The facilitator(s) should complete an action plan before the training, which clarifies the goal, objectives and activities for the workshop, as well as how the workshop will be monitored and evaluated. Appendix 2 sets out action planning templates, including the following crucial elements:

Setting Goals and Objectives

Goal: The main purpose of the training. It is broad, general and abstract.

For example: Increase the capacity of activists in Ghana to advocate for abortion rights.

Objectives: The short-term results needed to meet the goal(s). Objectives should be Specific, Measurable, Achievable, Realistic and Time-bound (SMART).

For example:

- Train 15 young people under 25 years old in advocating for abortion rights over four days.
- 15 participants commit to undertaking an advocacy activity within six months of the training

When conducting training, there are four main things you should aim to build upon:

- The participants' knowledge.
- The participants' attitudes and values.
- The participants' skills and experience.
- The dynamics and sense of collaboration among the participants.

Together, these components should ultimately lead to action by the participants. Consider approaching your workshop from the perspective that knowledge is not enough without the skills and confidence to create change using that knowledge.

Identifying your Participants

A target group is a specific group of people who are able to contribute to the goal of your training or wider project. For example, if your wider project goal is to enable medical professionals to become advocates for safe and legal abortion in the long-term, you may want to target young nurses in the maternal ward. Be as specific as possible in deciding your target group; ask yourselves questions such as: How old are they? What is their background? What is their gender? You also have to decide the number of participants you want to have and are able to accommodate.

Identifying your Role as a Trainer

Remember, as a trainer you play more than one role during the workshop. You have to wear many hats, including:

1. **Facilitator:** lead the sessions in order to maximize the participation and involvement of all of the trainees
2. **Specialist:** share knowledge and skills ensuring high quality teaching materials and delivery
3. **Peer:** understand the background and context of participants' work. Help and encourage participants to share experiences, values and ideals.

A facilitator's ability to smoothly transition between these roles increases with experience. Still, from the very beginning, you must aim to make everyone feel comfortable and valued, guiding the group and ensuring that everyone has an equal opportunity to participate. Being a good trainer means remaining sensitive, but also being non-judgemental and responsible, respecting your co-facilitator and acknowledging gaps in your own knowledge and skills. Listen actively, and remember to summarize and observe. Focus on group discussions (a major tool of the training programme), and be careful to prevent and manage conflicts and situations which may be harmful (for example, give trigger warnings if certain content could trigger traumatic experiences for participants).

Making it Happen

To make the training happen, you will need resources. These resources may include money, time, people and materials. Ask yourselves: What is your budget? What materials do you need? Do you need volunteers? Can you source materials from the organization or community without having to buy them?

Young people may have less disposable income than adults so even local participants may need help getting to and staying at the training. Consider offering a transportation allowance and providing all meals. Young parents may need help with childcare.

See **Appendix 4** for pre-workshop checklist of things you should consider.

Monitoring and Evaluation

Monitoring and evaluation are very important, but often neglected, parts of conducting any activity or program. Whether your abortion advocacy training workshop is five days or one, you'll want to know you're on the right track (monitoring) and afterwards you'll want to know whether you've achieved your goals and objectives (evaluation).

A great resource on monitoring and evaluation is IPPF's monitoring and evaluation handbook, *Putting the IPPF Monitoring and Evaluation Policy into Practice: A Handbook on Collecting, Analyzing and Utilizing Data for Improved Performance*. You can download it at <http://www.ippf.org/system/files/ippfmonitoringevaluationhandbook.pdf>

The handbook suggests you use the following questions to guide your monitoring and evaluation⁴:

- Who will check that the planned actions have been done?
- How will they check? (What indicators or evidence will show this?)
- How will I know if they've been done well or effectively? (What is the impact? Have I managed to change the thing I wanted to change? If not, why not?)
- Has there been a negative, rather than a positive impact?
- How can I improve the work? What would I do differently next time?
- Who else needs to know my 'lessons learned'? Colleagues? Other organizations?

Conduct a pre-training test or questionnaire to determine the base knowledge and attitudes of the participants. This can be used to adapt the information and activities given in the workshops and then to evaluate the training.

See **Appendix 5** for sample pre- and post-training questionnaires and **Appendix 6** for monitoring tools.

Facilitation Skills Required for Trainers

Since the trainers will be facilitating youth activists who will hopefully become advocates for safe and legal abortion or trainers themselves, it is important that the trainers have a certain level of knowledge on abortion and sexual and reproductive rights. Some recommendations for the facilitator's skills and knowledge include:

- Familiarity with abortion and other sexual and reproductive health services and information providers in the community (or be able to give examples)
- Familiarity with local legislation and restrictions on abortion
- Familiarity with local or regional reproductive health and rights services
- Familiarity and comfort with leading discussions about abortion and reproductive rights
- Knowledge and experience is just one piece of being a good facilitator. Seek facilitators who have, or are interested in developing, the following skills:

⁴ IPPF. *Putting the IPPF Monitoring and Evaluation Policy into Practice: A Handbook on Collecting, Analyzing and Utilizing Data for Improved Performance*. 2009: page 30.

Public speaking

- There are a few elements that affect the quality of transmission and reception of any message: words, tone of voice and body language. Non-verbal communication impacts how we communicate information to others, and reflects what we feel and what we know. Remember that the difference between what people say and our understanding of what they are saying comes in part from their non-verbal communication.
- Body language (including posture, eye-contact, gestures) is a spontaneous process and often goes beyond our consciousness. Still, it's important to be aware of signals we may be sending. One of the ways to check this is to practice public speaking in front of a mirror. Check that your body language is open and displays confidence.
- You can also use your audience's body language to gauge their mood and level of interest. When reading your audience's body language remember it may vary between individuals, and different cultures and nationalities.
- Expect the unexpected: technical equipment like projectors are notoriously fickle. Be prepared to speak without a visual presentation, microphones, lights, etc.
- Connect and interact with the audience. There is nothing less inspiring than a flat voice coming from behind the computer screen or a page of notes.

Co-facilitation

- Before the training starts, arrange calls with other trainers to divide tasks and responsibilities for each topic and to ensure that the whole training flows well. Facilitation of each session should be assigned to respective trainers with a clearly stated timeline.
- Be in the training room early enough to go over the day's agenda and arrange the room together with your co-facilitator.
- Watch the clock! It's your responsibility to start and end on time, to ensure each facilitator has the time needed for their session. Remember, participants can always stay after the workshop and ask you additional questions.
- Be attentive and focused when other trainers facilitate activities. Try to refer back to your partner's previous session when you start a new one.
- Sit in a place where you can always make eye contact with your co-facilitator. If you need help just ask them if they have anything to add.
- Interject only when you see or hear that help is really needed. Never interrupt and never interfere or quarrel with your co-facilitator in front of the trainees. If you believe something wasn't done in a proper way, wait until the end of the session to share your feedback. Try and do this in a constructive way.

Motivation

- Remember, people lose motivation for work when they don't believe it is important, or don't think it will actually create change. A trainer's aim should be to translate theory into real application of the knowledge in practice.
- Always provide feedback, both positive and corrective, and find a balance between pushing trainees forward and supporting them.

Tips for Trainers

Now you have planned the training and are ready to go, here are some tips for carrying it out. Other tips and information for the facilitators throughout the document are found in italics.

1. **Set the tone** - It is very important to create a positive atmosphere for a workshop. Participants need to feel comfortable to learn and share what they feel, especially when discussing abortion, which can be a sensitive topic. Confidentiality and respect are very important. Fun is also a crucial factor for a successful workshop. Icebreaking games and ground rule setting exercises are very helpful to create a safe atmosphere and environment for participants to enjoy the workshop, especially for participants who may have personal experiences relating to the workshop's content. Please see Chapter 2 Introductory Activities for more information.
2. **Understand your target participants** - Participants will likely be diverse, with different nationalities, genders, educational levels and religious affiliations (just as a start!). That means some of the activities may not be applicable to every participant. Try to get some background information on your participants before the training. You can then

adjust the length and content of the workshop and/or its sessions to make it more suitable for participants.

- 3. Prepare well** - Preparation includes planning for the workshop, communicating with participants about their expectations, volunteer training, rehearsal and lots of other tasks that must be done before the workshop. Give yourself enough time to be sure the training is relevant to the local context and that you have tools to increase participants' motivation if needed. The more you prepare, the more successful the workshop will be.
- 4. Observe, review, and adjust** - You should do short evaluations daily and observe the behaviours and dynamics of participants throughout the training. In many cases, you will need to make slight adjustments to your agenda depending on how the participants are reacting to it. The most successful facilitators are the ones who understand what's going on in the room and are able to be flexible and make changes as needed.
- 5. Have fun!** - Training for abortion advocacy is a serious topic. When suitable, making the workshop light and energetic can relax participants and make them feel more comfortable to ask questions, learn from peers and talk about their difficulties. So, enjoy your workshop!

CHAPTER TWO | Introductory Activities

Session 1: Opening the Training

The first session of the training is very important. It's when you set the scene, come to understand the expectations of the participants, explain your expectations, and allow the participants to get to know one another.

Adding ice-breaking games and introductions at the beginning of a workshop helps to relax and energize participants, build trust between trainers and participants and among participants themselves, and helps to create the atmosphere you want. When choosing activities, be mindful of participants' physical abilities to ensure everyone can fully participate.

Goals and Objectives of this Session

Goal: A comfortable, familiar atmosphere is established among training participants, including the facilitators.

Objectives: By the end of the session the participants will:

- Know and understand the goals and objectives of the workshop.
- Have been given the opportunity to articulate their expectations for the training.
- Have been given the opportunity to introduce themselves and get to know each other.
- Have set ground rules for everyone's behaviour and attitudes throughout the training.

First things first, open the training by welcoming everyone and introducing the facilitators. You should then go through any housekeeping you have such as pointing out where the toilets are. Explain the emergency procedures in the case of fire or natural disaster (e.g. earthquake, depending on what the area is susceptible to).

ACTIVITY 1A: Set the Ground Rules (15 minutes)

Objective: Set the tone for a respectful, open workshop.

Resources: 1 facilitator, flipchart, pens

Preparation: Arrange participants so that they are sitting in a circle, and place the flipchart where everyone can see it.

Activity:

- Explain the meaning and importance of ground rules to participants. (They are agreements among the participants to find ways to make the workshop more productive and help everyone feel more comfortable.)
- Explain to participants that everyone can suggest ground rules, and it is very important that everyone is involved as these ground rules will be used throughout the whole workshop.
- If a prompt is needed, give a first suggestion, for example: respect other's opinions, avoid judgement, be on

- time, etc.
- Encourage participants to discuss and explain their suggestions. You may need to rephrase their suggestions to make them more clear, and check with all participants that everyone agrees before putting it down on the paper.
- To maintain a positive vibe, try and word the ground rules in a positive way, such as by avoiding “no” statements
- Post the ground rules on the wall or a place that everyone can see throughout the training.

The facilitator(s) should keep the ground rules up on a wall or somewhere visible during the workshop, and remind everyone of the ground rules every now and then, such as after a break or if you notice that participants have forgotten some rules. Make it clear that more ground rules can be added as the training progresses.

ACTIVITY 1B: Guess Who? (15-20 minutes)

Objectives: Getting to know each other, relax participants, ice-breaking

Resources: 1 facilitator, 1 box, small pieces of paper (1 each), pens (1 each)

Preparation: Arrange participants to sit or stand in a circle

Activity:

- Give every participant a small piece of paper, and ask them to write down some information about themselves, such as a habit, favourite food, movie, special talent, etc. No one else should see it.
- Ask everyone to put their paper in the box and shake it. The box is passed around and each participant pulls one piece of paper from the box.
- Invite one participant to read out the information on the paper, and ask everyone to guess who that person is. (No more than 30 seconds per person).
- The person who wrote the paper stands up, and says “Hi everyone, I am XXX” loudly.
- Repeat until everyone has read out their paper and identified each other.

ACTIVITY 1C: Wind Blows (10 minutes)

Objectives: Getting to know each other, relax participants, ice breaking, energize

Resources: 1 facilitator, chairs (1 fewer than the number of participants)

Preparation: Arrange all the chairs to form a circle facing inward. One participant stands in the middle of the circle.

Activity:

- The participant in the middle starts by saying a sentence, “Wind blows for everyone who...” (Any characteristic about a person)
- Participants who fit the characteristic (see below for examples) must stand up and quickly find a new seat that is more than two chairs away from them.
- Participant who is not able to find a vacant seat is the new person who is in the middle.
- Some examples for wind blows:
 - Wind blows for everyone who loves dancing.
 - Wind blows for everyone who loves chocolate.
 - Wind blows for everyone who is in a relationship.
 - Wind blows for everyone who has been to more than three countries before.
 - Wind blows for everyone who has organized a workshop before.

ACTIVITY 1D: Catch the ball (10minutes)

Objectives: Getting to know each other, relax participants, ice breaking, energize

Resources: 1 facilitator, a soft foam ball (or you can use a paper ball)

Preparation: Arrange participants to stand in a circle.

Activity:

- Explain that the ball is a “getting to know you” ball and that when you catch the ball you must share something interesting about yourself.
- Share something interesting about yourself and then throw the ball to another person in the circle.
- The second person also shares something about themselves and then throws it to the next person.
- Try and ensure each participant has a turn.

See Appendix 8 for more ice-breaking and energizing games.

CHAPTER THREE | Clarifying Abortion Values

Session 2: Clarifying Abortion Values

Goals and Objectives of this Session

Goal: By the end of the session participants will have had the opportunity to reflect upon, discuss and clarify their values, attitudes and beliefs related to abortion.

Objectives: By the end of the session the participants will be able to:

- More confidently articulate their position on abortion.
- Describe how having clarified their values, attitude and beliefs related to abortion will help them in their personal life and advocacy.

Before the Session

The trainer should try to undertake an assessment on the participants’ knowledge, their experience, and how supportive they are of abortion as it could likely influence their value statements. The assessment would allow the trainer to anticipate and prepare for any challenging or controversial discussions.

Before you Begin

- Explain the session; share the goals and objectives of the session and why it’s important to clarify our values on abortion (below).
- Remind participants of the safe space you have created.
- Clarify that this is not a time for correction - suggest instead listening, sharing, perhaps re-evaluating your own values within yourself.
- Note that we are all constantly growing, learning and evolving, and as we do our outlook on life and our values can change.
- Revisit ground rules and add any you think may be particularly relevant for this session, e.g.:
 - Be honest and open
 - Everyone’s opinions are valid and worth listening to and respecting
 - Respect the speaker. If you disagree with what has been said, challenge the position not the person.
 - There is no expectation for any personal information to be shared. Share only what you want to share with the group.

Why do we Need to Clarify Values?

You may like to include these in a PowerPoint presentation if you have the ability:

- Our values influence the way we talk about abortion, our advocacy and how we interact with people who are seeking information about abortion or abortion services.
- Abortion carries a lot of stigma. By understanding our own values and exploring the values of others we can start to address this stigma and the harm it can do.
- When advocating for safe abortion we will cross paths with people with a wide range of values on abortion. We face strong opposition from people who have opposing views about abortion and we even face opposition from people who may agree with us on some points but disagree on others.
- At this point, you may like to facilitate informal discussion (10-15 minutes): What are some of the different values people hold about abortion?
- Particular aspects of abortion care are contentious, even among those who are pro-choice, e.g. second and third trimester abortions, sex selective abortion (ending a pregnancy due to gender bias towards male children), setting a maximum number of abortions per person.
- It is important that we understand our own values, are able to articulate these and can empathize with other viewpoints or values. This makes us better able to advocate for our views.

ACTIVITY 2A: Fear in a Box (30-45 minutes)

Resources: 1 facilitator, 1 box, pens (1 each), pieces of paper (1 each)

Preparation: Make sure everyone has a pen and piece of paper and is sitting in a circle or U-shape around the outside of the room (keep the middle clear for the next activity).

Set the tone: Settled, open, respectful listening environment

Activity:

- On their piece of paper, each participant completes the sentence “In advocating for safe abortion I am fearful of ...”
- Each participant puts their piece of paper in the box (or hat etc.) - submissions are anonymous unless someone wants to talk about their own.
- The box is passed around and each participant pulls a statement from the box.
- Each participant reads out the fear, elaborates on it and empathizes with the statement
- Discuss various strategies for addressing fears (facilitated discussion). The facilitator can feel free to suggest strategies.
- Consider conducting an energizer afterwards to lighten the mood/bring people back together - keep everyone standing for the next activity.

ACTIVITY 2B: Walk the Line (up to 60 minutes)

Resources: 1 facilitator, Blu-Tack/Sellotape, statements list (Box 3A), 3 signs: “Strongly Agree”, “Neither Agree or Disagree” and “Strongly Disagree”

Preparation: Create a space long enough for everyone to stand in a line and wide enough to create a distinction between “Strongly Agree” and “Strongly Disagree” with space in between. Stick the 3 signs on the wall or place them on the floor.

Set the tone: Energized, open, engaged listening and sharing environment.

Activity:

- Have the participants stand in line with the “Neither Agree or Disagree” sign.
- Explain that you will make a value statement and ask the participants to place themselves along the continuum from “Strongly Agree” to “Strongly Disagree”. Reiterate that there are no right or wrong answers and they can change their position at any time in the activity.
- Make a practice statement, e.g. “Breakfast is the most important meal of the day”.
- When the participants understand, begin the activity with value statements from Box 3A.
- When people have chosen their spot after each statement, ask for volunteers to talk about why they placed themselves where they are. Try and get volunteers from a range of the spectrum (e.g. someone close to “Strongly Agree”, someone in the middle and someone close to “Strongly Disagree”).

Facilitator tip: If someone is standing alone, move next to them. You don't have to say anything but the act of standing there will make them feel less isolated.

- Invite comments and questions.
- Ask if anyone would like to move.
- Ask for volunteers to talk about why they moved.

Box 2A – Value Statements

Choose the most relevant for the group, adjust these or create new statements.

- Abortion is morally wrong in every case.
- Abortion is a right.
- People who have an abortion are ending a life.
- Abortion should be restricted to before 20 weeks' gestation.
- People should not be allowed to have more than one (or two or three) abortions.
- Only women can have abortions. (Prompting questions: What about trans men or those who are non-binary or intersex?)
- Men should be the ones to make decisions about abortion. The law should state that an abortion can only go ahead with the consent of the man.
- Young people do not have the mental capacity to make a decision about having an abortion.
- Religion should have no place in the creation of laws regarding abortion.
- People who have an abortion should be made to go on contraception.
- People who have a certain number of abortions should be sterilised.
- The foetus should have the same rights as a pregnant person.
- People under 16 should have to get their parents' permission to have an abortion.
- When people under 16 seek an abortion, the provider should have to notify their parents or care-givers.
- Legal abortion saves lives.
- When abortion is illegal people find other ways to terminate unwanted pregnancies.
- Abortion should be available, without restriction, to anyone who wants one.
- Liberal abortion laws lead to an increase in the number of abortions.
- The criminalisation of abortion does not stop the procedure from happening, but instead drives it underground where women seek unsafe abortions that can ultimately lead to hospitalisation or death
- Most people don't really think about the consequences before they have an abortion.

ACTIVITY 2C: Whole Group Debrief (15-20 mins)

Resources: 1 facilitator

Preparation: Immediately after the previous activity, have everyone sit back down in a circle or U-shape.

Set the tone: Settled, open, respectful listening environment

Activity:

- Facilitate discussion based on questions such as:
 - How did this session make you feel?
 - What, if anything, did it make you realize about your own values?
 - What did you realize about other people's values? What are the effects of this on you?
 - Where do we get our values from?
- Ask everyone to say one thing they'll take away with them from this session.

If the mood is tense upon completion of the activity/session, consider an energizer after this activity.

CHAPTER FOUR | Understanding Safe Abortion

This chapter corresponds to Section 2 in *Freedom of Choice: A Youth Activist's Guide to Safe Abortion Advocacy* (the Guide). There is also additional information not included in the Guide in **Appendix 9**. Note that the next chapter covers abortion law and policy.

Session 3: The Right to Safe Abortion

Goals and objectives of this session

Goal: By the end of the session participants will have had the opportunity to expand their knowledge and understanding of abortion and the right to safe abortion.

Objectives: By the end of the session the participants will be able to:

- Identify the human rights systems which underpin the right to safe abortion
- Define abortion and the different types of abortion (Appendix 9)
- Identify and describe crucial aspects of the provision of safe abortion care to young people: accessibility, affordability, acceptability, quality and state accountability (Section 2 of the Guide).

ACTIVITY 3A: Information Presentation (45-60 minutes)

Resources: 1-2 facilitators and laptop, projector and PowerPoint presentation OR flipcharts and pens

Preparation: Set up the PowerPoint and/or flipchart in advance

Set the tone: Settled listening environment - ensure everyone is feeling awake!

Activity:

- Using your PowerPoint and/or flipcharts and pens, present the relevant information from Appendix 9 of this manual.
- Look for opportunities to include discussion rather than lecturing for the full hour; e.g. quizzes, brainstorming sessions, film clips, asking if anyone has any questions or comments.
- Conduct energizers if necessary.

ACTIVITY 3B: Myth or Fact

Resources: 1 facilitator

Preparation: Powerpoint slides that project the questions and two signs for each participant saying either “myth” or “fact” that people can hold up.

Set the tone: Settled, open, respectful listening environment

Activity:

- Use your PowerPoint, project the questions one by one, read it out and ask the participants to identify if it is a “myth” or a “fact” and hold up the sign that represents their answer (or ask for a show of hands for “myth” and then for “fact”).
- Ask one person holding each of the two signs to explain why. Following this indicate the correct response for each question and discuss any further doubts or questions the participants have.
- Look for opportunities to include discussion and conduct energizers if necessary

Box 3A- Myth/Fact Cards

Q: Abortions performed in countries with restrictive laws, are always unsafe.

A: MYTH. Just because a country has a restrictive abortion law, does not mean that a person may not be able to seek a safe abortion. Unfortunately, access to safe abortions in countries with restrictive laws are usually only available to people who can afford to pay large sums of money to doctors who can perform the procedure in a safe and sterile location, or are able to travel abroad. Please keep in mind that legal circumstances and safety are two different dimensions of an abortion.

Q: An abortion can be spontaneous or induced.

A: FACT. A spontaneous abortion, also known as a miscarriage, is when a pregnancy ends naturally without any external intervening factor. It is relatively common in the initial seven weeks of the pregnancy. An induced abortion is the intentional termination of a pregnancy. This is generally what people refer to when they speak about 'abortion'.

Q: Unsafe abortions can cause incomplete abortions, haemorrhaging and/or infections that could result in injury, ill health and even death.

A: FACT. Some women attempt to induce an abortion by unsafe means such as placing sharp or dirty objects into their internal reproductive organs or by punching the belly. This is very dangerous and there is a high risk of injury, infection, heavy bleeding and even death. If someone does not want to continue with a pregnancy, they should first try to procure a safe abortion by consulting a healthcare provider.

Q: The status of "legal abortion" means that anyone, no matter their race, religion or class can get an abortion without any problems.

A: MYTH. Although abortion may be legal in some countries it does not mean that everyone can access it. In Canada for example women living in large cities and in certain provinces can access free abortions, with the medical costs covered by the provincial government. But in other provinces certain barriers, like a lack of nearby medical facilities or funding, means that women are not able to obtain an abortion, even if it is technically legal. There may also be other socio-economic factors that might prevent women from accessing abortion such as inaccessible services for people with disabilities and other class, gender, caste and race biases of the service-provider. Transgender people also face challenges in accessing reproductive health care, even in countries where abortion is legal.

Q: There is no direct correlation between the legal status of abortion and how often it occurs.

A: FACT. Abortion is a sensitive and stigmatized issue so it often goes under-reported or is wrongly classified as some other health condition to protect the abortion provider and/or patient, especially in places with restrictive abortion laws. Hence it is difficult to accurately count the number of abortions in most countries. Some of the highest abortion rates in the world are in Latin America and Africa where the procedure is highly restricted. The criminalization of abortion does not stop the procedure from happening, but instead drives it underground resulting in women seeking unsafe abortion that can lead to hospitalization or death.

Q: Abortion leads to infertility.

A: MYTH. In very rare cases where there are complications infertility may occur as a result of an abortion. However, there is no causal link between a person having an abortion and becoming infertile.

Q: Abortion causes mental illness such as depression.

A: MYTH. Research shows abortion does not cause mental illness. A person's mental health before they face an unwanted pregnancy is the best indicator of their likely mental health after an abortion.

Q: It is always in a minor's best interest for their parents or guardians to be involved in the decision whether or not to have an abortion.

A: MYTH. There are many cases when this may not be in a young person's interest. For example, in abusive households or where a young person fears they will be kicked out of home for getting pregnant. In fact, most young people do involve a parent or other trusted adult in the process. However it is those who do not feel safe or comfortable doing this who are most vulnerable and who would be hurt by parental notification or consent laws.

Q: A dilation and curettage (D&C) surgical abortion is associated with less pain, risk of complications and bleeding for abortions up to 14 weeks gestation.

A: MYTH. The World Health Organization (WHO) recommends the use of electronic or manual vacuum aspiration as being the safest and most effective method of surgical abortion up to 14 weeks gestation. D&C is less safe than vacuum aspiration, more painful for women, is associated with an increased risk of complication, and is not recommended as the preferred method of surgical abortion.

Q: A medical abortion is only a viable option up to a certain point in pregnancy, and after that time the pregnant person must seek a surgical abortion.

A: MYTH. As in any case with abortion, there is a lower risk of complications from medical abortion the earlier it occurs. However, medical abortion can be safely used during all stages of the pregnancy. The dosing and choice of drugs needs to be carefully considered and use in pregnancies beyond 12 weeks would require medical support in determining gestational age, dosing, administration and follow up.

Q: A pregnant person can safely induce an abortion using medical abortion drugs at home.

A: FACT. As long as the person has access to high quality medical abortion drugs (misoprostol and mifepristone) and accurate information about the dosage, how to take it, the potential side effects and signs of complications, it can be safely used to induce an abortion at home.

Q: The only way to get misoprostol is on the black market

A: MYTH. There are many ways to obtain misoprostol, depending on where someone lives. If someone is unable to obtain a medical abortion through the health system, the better option would be to contact local organizations that provide evidence and rights-based sexual and reproductive health services and information in an attempt to find someone who might have more information on where to obtain good quality misoprostol. Those with internet can visit Women on Web or Women Help Women.

Q: When people obtain misoprostol from unconventional sources, they are often not told how they should administer the pills and are not aware of the side effects and risks.

A. FACT. Misoprostol and Mifepristone are drugs and they can result in health complications if not administered correctly. Before using any drug without the supervision of a medical professional, as much information as possible should be sought about how to administer it including accurate information about the dosage, potential side effects and how to identify signs of complications.

Session 4: Understanding the Provision of Safe Abortion Care

Goals and objectives of this session

Goal: By the end of the session participants will have had the opportunity to expand their knowledge and understanding of factors which are crucial to the provision of and access to safe abortion care.

Objectives: By the end of the session the participants will be able to:

- Identify and describe crucial aspects of the provision of safe abortion care to young people: accessibility, affordability, acceptability, quality and state accountability (Section 2 of the Guide).
- Identify barriers to the provision of and access to safe abortion care.

ACTIVITY 4A: Our Ideal World (30-40 minutes)

Resources: Flipcharts and pens

Preparation: Split the participants into small groups of 4-5 people and give each group 1-2 sheets of flipchart and some pens

Set the tone: Energized, creative atmosphere.

Activity:

- Ask the groups to draw what it would look like if their ideal abortion laws and provision of services were put

- in place. Ask them to think particularly about what this world would look like for young people.
- Each group then describes their drawing to everyone else.
- Variation: the groups build their ideal world using only what is in the training area, e.g. water glasses, chairs, pens etc.

ACTIVITY 4B: Information Presentation (45-60 minutes)

Resources: 1-2 facilitators and laptop, projector and PowerPoint presentation OR flipcharts and pens

Preparation: Set up the PowerPoint and/or flipchart in advance

Set the tone: Settled listening environment - ensure everyone is feeling awake!

Activity:

- Using your PowerPoint and/or flipcharts and pens, present the relevant information from Section 2 of the Guide.
- Look for opportunities to include discussion rather than lecturing for the full hour; e.g. pop quizzes, brainstorming sessions, asking if anyone has any questions or comments.
- Conduct energizers if necessary.

Session 5: The Health Aspects of Safe Abortion

This session must be presented by a health professional such as a doctor, nurse or midwife. If you can't get a facilitator who is a health professional, consider leaving this session out of your programme.

We do not recommend that individual advocates provide medical information without medical training. However, because advocates may become well-known for their work on abortion they may be approached by people in certain circumstances or emergencies. Therefore, it is helpful for advocates to have certain information about the medical aspects of abortion. Remind participants that they should always encourage people to seek medical information from doctors or nurses when possible.

Goals and objectives of this session

Goal: By the end of the session participants will have had the opportunity to expand their knowledge and understanding of the health aspects of safe abortion.

Objectives: By the end of the session the participants will be able to:

- Identify and describe the steps involved in procuring an early medical abortion.
- Identify the health risk factors of early medical abortion which is not supervised by a medical professional.
- Identify when medical intervention should be sought.

ACTIVITY 5A: Information Presentation (45-60 minutes)

Resources: 1-2 facilitators and laptop, projector and PowerPoint presentation OR flipcharts and pens

Preparation: Set up the PowerPoint and/or flipchart in advance

Set the tone: Settled listening environment - ensure everyone is feeling awake!

Activity:

- Using your PowerPoint and/or flipcharts and pens, present the relevant information from Appendix IV. Some suggestions include brief overview of surgical abortion, medical abortion treatment, treatment for incomplete abortion, and harm reduction.
- Look for opportunities to include discussion rather than lecturing for the full hour; e.g. pop quizzes, brainstorming sessions, asking if anyone has any questions or comments.
- Conduct energizers if necessary.

CHAPTER FIVE | The Governance of Abortion

This chapter corresponds to Section 1 in Freedom of Choice: A Youth Activist's Guide to Safe Abortion Advocacy (the Guide).

Session 6: Overview of current state of abortion policies at the international, regional and national level

Goals and objectives of this session

Goal: By the end of the session participants will have an overview of the current state of abortion policies at the international and national level.

Objectives: By the end of the session the participants will be able to

- Demonstrate an understanding of current abortion policies.

ACTIVITY 6A: Mapping the Law (90 minutes)

Before the session: Prepare for the activity by conducting brief research on abortion laws around the world (see Section 1 of the Guide) and abortion services available locally (visit <http://www.womenonwaves.org/en/page/4741/sexual-health-and-abortion-services-worldwide>)

Resources: 1 facilitator, sticky notes, colored pens, world map (or flipchart with world/region drawn on it) and laptop, projector and PowerPoint presentation

Preparation: ensure that all participants have some sticky notes and colored pens; prepare a flipchart with a world map where participants will stick their responses.

Activity:

- Ask the participants to write what circumstances that they think abortion is permitted under the law in each country they work in
- Ask the participants to stick their responses on the world map
- Compare their answer with the world abortion map available here: <http://worldabortionlaws.com/map/>. (Note this map does not specifically show what circumstances abortion is allowed under in each country.)
- Using colored pens, divide their answers as follows: restrictive with red, moderate with orange and liberal with green
- The facilitator then presents different circumstances within current world abortion law such as:
- Completely illegal or only allowed to save the life of the pregnant person
- Preservation of a woman's physical health
- Preservation of a woman's mental health
- Rape or incest
- Fetal impairment
- Economic or social reasons
- Age of consent
- Spousal consent
- Parental consent required
- Availability upon request : permitted on all grounds
- You may like to use a PowerPoint presentation here. See Section 1 of the Guide.
- The facilitator then describes other restrictions on abortion policies such as parental consent and a mandatory waiting period. Try and link back to Sessions 3 and 4 and discuss how various restrictions may violate international human rights or best medical practice.

Session 7: Analyzing policies

Goals and objectives of this session

Goal: By the end of the session participants will have been given the opportunity to find the gap within current policies that they can advocate on.

Objectives: By the end of the session the participants will be able to

- Map the gap within current abortion policies where advocacy will be useful.

ACTIVITY 7A: Policy Analysis (60 minutes)

Before the session: Ask participants to look up abortion laws and relevant policies and regulations before the training as part of their preparation. Participants should come with information on this in order to participate in this session. The reason for this is that often national laws and policies on abortion are complex, can be located under different parts of legislation, and can even contradict each other. They can also be very hard to interpret, and therefore discussion should also take place around what happens in practice in the country, in addition to what the legislation stipulates. Factors outside of national legislation also need to be considered such as national guidelines on abortion which lay out how legislation should be implemented and quality of care, as well as health systems issues such as provider training and commodity registration/availability in country. It would be useful for the trainer to prepare this session with someone experienced in abortion care in the country where the training is taking place.

Resources: Markers, flipchart, and reference for abortion law at the national level

Preparation: Ensure all participants have some markers, flip chart, and the reference for abortion law they prepared. Group the participants by their community, province, or country.

Activity:

- Participants read the current abortion law from their country and identify the circumstances in which abortion is allowed.
- Each group analyzes the current abortion laws and finds some progress within the law, a specific challenge for young people accessing abortion, and the gap in which improvement can be advocated for.
- Ask each group to present their analysis and ideas for how they can work to advocate for that.
- Keep each group's flipchart as this can be used for action planning (in the next chapter).

CHAPTER SIX | Advocating for the Right to Safe Abortion

This chapter will help participants recognize and understand the role of youth leaders in advocating for the right to safe abortion.

Session 8: Understanding Abortion Advocacy

Goals and objectives of this session

Goal: By the end of this session, participants will have had the opportunity to use their experiences and young people's lived realities in developing advocacy messages and plans.

Objectives: At the end of this session, participants will be able to:

- Demonstrate an understanding of advocacy and how to be an advocate
- Describe how youth leaders can advocate for safe abortion

Activity 8A: Advocacy 101 (30 mins)

Resources: 1 facilitator, sticky notes, colored pens, flipchart, laptop, projector and PowerPoint presentation

Preparation: Ensure that all participants have some sticky notes and colored pens, prepare a flipchart where participants will stick their responses.

Activity:

- Ask the participants to write the first word that comes to mind when they hear the word ‘Advocacy’.
- Ask the participants to stick their responses on the prepared flip chart, ask them to stick similar words / responses together.
- Show the participants PowerPoint slides of various definitions and quotes on advocacy (see Box 6A).
- Compare the definition and quotes of advocacy on the slide with participants’ ideas. Highlight and emphasize that different people and organizations define advocacy differently, and highlight differences between formal and informal advocacy.

Box 8A: Advocacy Definitions and Quotes

“Advocacy is an action directed at changing the policies, positions or programs of any type of institution.”
(Health care provider)

“Advocacy is speaking up, drawing a community’s attention to an important issue, and directing decision makers toward a solution. Advocacy is working with other people and organizations to make a difference.” (The Center for Development and Population Activities)

ACTIVITY 8B: Advocacy Roles (45 mins)

Resources: 1 facilitator, colored pens, flipchart, laptop, projector and PowerPoint presentation

Activity:

- Explain to the participants that as an advocate they can play various roles.
- In a group brainstorm some of the roles that they can play in advocating for safe abortion and list them on a flip chart.
- Take the participants through a slide show on the roles that they can play (see Box 6B), and discuss each role in depth with them; soliciting examples from their communities.
- Discuss the opportunities and risks (threats) involved in each advocacy role.

Box 6B: Advocacy Roles

- Raise awareness among the community and key stakeholders (government officials, services providers, etc.) about the magnitude and consequences of unsafe abortion and the need for safe legal abortion services.
- Lobby and advocate to community leaders and policy makers so they can enact and/or implement laws and policies which provide and improve access to safe abortion services, including decriminalizing service providers.
- Hold government and policy makers accountable for commitments made through regional and international agreements.
- Create networks and coalitions with other young people and organizations to create advocacy campaigns for safe abortion.
- Provide correct information to demystify myths and misconceptions in the community about abortion.
- Call for the removal and addressing of barriers to abortion care, especially for young people.

Session 9: Developing Abortion Messages

Goals and objectives of this session

Goal: By the end of this session, participants will have had the opportunity to use their experiences and young people's lived realities in developing advocacy messages and plans.

Objectives: At the end of this session, participants will be able to:

- Develop advocacy messages and plans

Activity 9A: Head, Heart and Hands (2 hours)

Resources: 1 facilitator, colored pens, flipchart, laptop, projector and PowerPoint presentation, handout (as below)

Preparation: Prepare a PowerPoint presentation as per instruction (1) and (4) below; prepare handout on specific terminologies to use in abortion messaging and communication (Freedom of Choice 2nd Ed; Pg 16-18)

Activity:

To begin the session inform the participants that in order to develop effective abortion advocacy messages they need to understand and apply the principle of Head, Heart and Hands:

Head (knowledge) = INFORM.

Provide your target audience with accurate information and create an understanding for the change you are advocating for and why you are proposing it.

Heart (attitude) = PERSUADE.

Even if your target audience has all the technical information, they might still need to be persuaded and convinced about the benefits and value of your proposal and to know in their heart that what you are proposing is the right thing to do.

Hands (practice) = ACTION.

Once you have allies for your cause, you may still need to support them to translate the proposed change into action. This involves monitoring how the change is being implemented to make sure that your strategies are working effectively towards change.

- Ask if anyone has any questions or need for clarification.
- Inform the participants that as an advocate you may have an opportunity for advocacy which may be time sensitive. Ask the participants what they would say if they met their Minister of Health in an elevator and they only had one minute to share their advocacy message.
- Take the participants through the PowerPoint slides on the 'Elevator Pitch'. Emphasize that the Elevator Pitch uses the principle of Head, Heart and Hands:

Statement (Head). The statement is the central idea of the message. The advocate should be able to present the "essence" of the message.

Evidence (Head). The evidence supports the statement or central idea with facts and/or figures and should speak to the emotions or heart of the target audience. The message should include limited data that the audience can easily understand, such as "two out of five young women die due to complications from unsafe abortion. Only two out of five adults of reproductive age have access to contraceptive services".

Example (Heart). After providing the facts, the spokesperson should add a human face to the story. An anecdote based on a personal experience can personalize the facts and figures. This speaks to the heart and emotions of the target audience.

Action Desired (Hands). The desired action is what you want the target audience to do as a result of hearing the message. The advocacy message should be stated clearly to the target audience as an invitation for action.

- Divide the participants into groups of four, where they will develop an Elevator Pitch based on the Head, Heart and Hand principle and present to the entire group.
- Provide handout on specific terminologies to use in abortion messaging and communication (The Guide, page 16-18)

Session 10: Dealing with Opposition

Goals and objectives of this session

Goal: By the end of this session, participants will have had the opportunity to use their experiences and young people's lived realities in developing advocacy messages and plans.

Objectives: At the end of this session, participants will be able to

- Demonstrate understanding of how to manage opposition

ACTIVITY 10A: Role playing of Choice vs Anti-Choice (90 minutes)

Resources: Role-play scenarios (see Box 6C)

Preparation: Prepare role play scenarios (from Box 6C or make up your own); while the groups develop their scenarios, set up the room theatre-style so all the participants can clearly see the group performing.

Activity:

- Distribute a role-play scenario to each group and allow time for participants to read the scenarios and seek clarification.
- Explain that each group is going to develop a five minute role-play demonstrating how it chose to develop and deliver its message countering Anti-Choice statements as described in the scenario.
- The participants can make use of the Head, Heart and Hands Principle or the Elevator Pitch.
- After each group's role-play presentation ask the rest of the group to provide feedback, starting with the positive feedback.
- Ask the participants to put themselves in the place of the opposition, and ask the following questions:
 - What was the most effective part of the message?
 - What, if anything, would you add or do differently?

Box 10B: Role Playing Scenarios (Opposition)

Role-play scenario 1:

There is a community meeting to discuss legalizing abortion in your country. During the meeting, one of the policy makers says "Abortion is murder; human life starts at conception, so every abortion is a murder of a person". Role-play this scenario, providing a rights-based response to the policy maker.

Role-play scenario 2:

You are a youth leader who has been providing information about abortion care services. One of the community members recognizes you and asks, "Why do you provide information about abortion? You encourage young people to engage in sex and have abortions". Role-play this scenario, providing a pro-choice response to the community member.

Role-play scenario 3:

You are on a radio program advocating for access to safe abortion services. A listener calls and says "Why are you advocating for abortion, don't you know that abortion causes psychological damage. They suffer from guilt for the rest of their lives". Role-play this scenario, providing a pro-choice response to the community member.

Role-play scenario 4:

You are a student learning about access to abortion during a university lecture. A student puts up his hand and says, "I think that young people should require parental consent before they can have an abortion. There's no way that kids can make such serious decisions". Role-play this scenario, providing a response to this student's comment.

CHAPTER SEVEN | Looking Ahead and Conclusion

It is important that the participants leave the training having committed to and feeling motivated to undertake action for safe abortion rights.

Session 11: Advocacy Examples from Around the World

Goals and objectives of this session

Goal: By the end of this session, participants will have learned about a wide variety of real-life examples of abortion advocacy.

Objectives: At the end of this session, participants will be able to:

- Recall and integrate their newly gained knowledge from the workshop into their own safe abortion advocacy
- Feel motivated and inspired to begin their advocacy work

Activity 11A: Information Presentation (45-60 minutes)

Resources: 1-2 facilitators and laptop, projector and PowerPoint presentation OR flipcharts and pens

Preparation: Set up the PowerPoint and/or flipchart in advance

Set the tone: Settled listening environment - ensure everyone is feeling awake!

Activity:

- Using your PowerPoint and/or flipcharts and pens, present inspirational examples of safe abortion advocacy from around the world. Examples are provided in Appendix 7.
- Look for opportunities to include discussion rather than lecturing for the full hour; e.g. pop quizzes, brainstorming sessions, asking if anyone has any questions or comments.
- Conduct energizers if necessary.

Session 12: Advocacy Action Planning

Goals and objectives of this session

Goal: By the end of this session, participants will have collaboratively developed advocacy action plans.

Objectives: At the end of this session, participants will be able to:

- Use the advocacy planning tool to design advocacy action plans
- Think critically about the effectiveness of specific strategies

Activity 12A: Advocacy Planning (90 minutes)

Resources: Handout of advocacy planning checklist and advocacy planning tool (IPPF, 2011; Young people as advocates: your action for change toolkit pg 44 - 45)

Preparation: Prepare handout; divide the participants into groups and provide them with the planning checklist and tool.

Activity:

- Ask participants to discuss and develop advocacy action plans on abortion using the provided documents.
- They may like to get into the same groups from Activity 7A and work on the policy gap they identified in that activity.
- Have each group present their plans and ask the rest of the participants to provide feedback using the checklist, starting with positive feedback.

Session 13: Closing

Goals and objectives of this session

Goal: By the end of this session, participants will have reflected on their experience and knowledge gained through the workshop and will have made a commitment to carrying out advocacy activities.

Objectives: At the end of this session, participants will be able to

- Move forward with their commitments to safe abortion advocacy
- Feel empowered by what they have learned from the workshop and from other participants

Activity 13A: Advocacy commitments and debrief (30 minutes)

Resources: 1 - 2 facilitators, pieces of paper, pens and a camera

Preparation: Hand out papers and allow people to talk and interact while writing their statements; place the chairs in a circle or U-shape.

Set the tone: Energized and creative.

Activity:

- Each participant commits to conducting a certain number of advocacy activities within six months (or a similar timeframe), writing it down on their piece of paper.
- Then have everyone sit in a circle. Ask for everyone to go around the circle and each share one thing they will take away from the workshop.
- Depending on the atmosphere of the workshop and the comfort levels of the participants, the participants can choose to either share their commitments or keep them for their own reference.
- You can also take pictures of individuals holding up their commitments and either print the photos or send them via email.

CONCLUSION

This manual has provided tools for running training workshops to develop and enhance activists' capacity to advocate for safe abortion. With this information, and the information in *Freedom of Choice: A Youth Activist's Guide to Safe Abortion Advocacy* (the Guide), you should be equipped to design and run your own training.

Use the appendices attached to help design, plan for and execute your training.
Thank you for your work in the fight for freedom of choice!

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APPENDIX 1: Sample 3-Day Workshop

This sample programme can be used as a guide for your workshop, and can be adapted to fit the length of your workshop, whether that be one day or four.

Day One

Session	Goals	Activities
Opening the Training	A comfortable, familiar atmosphere is established among training participants, including the facilitators.	Welcome and introductions Activity 1A: Set the ground rules (15 minutes) Activity 1B: Guess Who? (15-20mins) Activity 1C: Wind Blows (10mins)
Morning Tea		
Clarifying Abortion Values	By the end of the session participants will have had the opportunity to reflect upon, discuss and clarify their values, attitudes and beliefs related to abortion.	Activity 2A: Fear in a Box (30-45 minutes) Activity 2B: Walk the Line (up to 60 minutes) Activity 2C: Whole Group Debrief (15-20 mins)
Lunch		
Abortion and the Right to Safe Abortion	By the end of the session participants will have had the opportunity to expand their knowledge and understanding of abortion and the right to safe abortion.	Activity 3A: Information Presentation (45-60 mins) Activity 3B: Myth or Fact
Afternoon Tea		
Understanding the Provision of Safe Abortion Care	By the end of the session participants will have had the opportunity to expand their knowledge and understanding of factors which are crucial to the provision of and access to safe abortion care.	Activity 4A: Our Ideal World (30-40 minutes) Activity 4B: Information Presentation (45-60 mins)

Day Two

Session	Goals	Activities
The Health Aspects of Safe Abortion	By the end of the session participants will have had the opportunity to expand their knowledge and understanding of the health aspects of safe abortion.	Activity 5A: Information Presentation (45-60 mins)
Morning Tea		

Overview of current state of abortion policies at the international, regional and national level	By the end of the session participants will have an overview of the current state of abortion policies in international and national level.	Activity 6A: Mapping the Law (90 mins)
Lunch		
Analyzing policies	By the end of the session participants will have been given the opportunity find the gap within current policies that they can advocate on.	Activity 7A: Policy Analysis (60 mins)
Afternoon Tea		
Understanding abortion advocacy	By the end of this session, participants will have had the opportunity to use their experiences and young women's lived realities in developing advocacy messages and plans.	Activity 8A: Advocacy 101 (30 mins) Activity 8B: Advocacy Roles (45 mins)

Day Three

Session	Goals	Activities
Developing Abortion Messages	By the end of this session, participants will have had the opportunity to use their experiences and young people's lived realities in developing advocacy messages and plans.	Activity 9A: Head, Heart and Hands (2 hours)
Morning Tea		
Dealing with Opposition	By the end of this session, participants will have had the opportunity to use their experiences and young people's lived realities in developing advocacy messages and plans.	Activity 10A: Role playing of Choice vs Anti-Choice (90 mins)
Lunch		
Examples from Around the World	By the end of this session, participants will have learned about a wide variety of real-life examples of abortion advocacy.	Activity 11A: Information presentation and discussion (45-60 mins)
Afternoon Tea		
Advocacy Action Planning	By the end of this session, participants will have collaboratively developed advocacy action plans.	Activity 12A: Advocacy Planning (90 mins)
Conclusion	By the end of this session, participants will have reflected on their experience and knowledge gained through the workshop and will have made a commitment to carrying out advocacy activities.	Activity 13A: Advocacy Commitments and Debrief (30 mins)

APPENDIX 2: Action Plan Templates

Fill out this template early on in the concept planning stage to give you direction and drive.

<p>Goal Goal is the main purpose of the training and what the change you seek to make through it. It is broad, general, and abstract. Example, staff members at my local youth centre are able to advocate safe abortion by the end of the training.</p>	
<p>Objectives Objectives are more specific, measurable, achievable, relevant and time-bound (SMART) . For example: 15 young people under 25 years old join the workshop, Increase the knowledge of abortion rights to participants.</p>	
<p>Target group What many participants you want to reach? How old are they? What is their background? What are their characteristics? Do you want a diverse group (gender, profession etc.) or do you want a group of similar people?</p>	
<p>Resources What much budget and materials do you need? Do you need volunteers?</p>	
<p>Monitoring How will you check throughout the workshop that you're on the right track?</p>	
<p>Evaluation How will you know if you've achieved your goals and objectives?</p>	

APPENDIX 3: Facilitator Planning Sheet

Using your workshop programme, add columns for “Materials” and “Person in charge”. Make sure everyone knows what they’re responsible for!

Date and time	Content	Materials	Person in charge
9am - 9:10am (10mins)	Welcoming and workshop introduction	None needed	Michelle
9:10 - 9:30am (20mins)	Ice- breaking 1. Ground rule setting 2. Wild blows	1 pieces of paper, pen, chairs	Anna
9:30am - 10:30am (60mins)	Clarifying abortion values	A4 paper, pens(1 each)	Rachel
10:30 - 11am (30mins)	Break	Confirm tea and coffee with venue	

APPENDIX 4: Pre-Workshop Checklist

Use this as an example checklist - consider adding timeframes with due dates for each task. Check carefully to make sure the list fits your situation.

DOCUMENTATION

- Invitation Letters to all participants & volunteers sent
- RSVPs gathered
- Welcome pack sent This could include: welcome letter from the coordinator, training schedule, trainers/ staff/ participants' short bios, local information, health & safety, contact details, required and recommended reading.
- Participants are asked for their dietary requirements and special needs (e.g. cannot access stairs)
- Individual/ organisational questionnaire (paper or on-line) sent to gain information on participants' level of knowledge, experience in the field, expectations from the workshop etc.
- Travel & health insurance, vaccinations (if needed)
- Collate information from pre-workshop questionnaire and incorporate the feedback into the session

LOCATION

- Training venue booked
- Catering ordered
- When you arrive, check the accommodation: training/ break rooms (air condition/ ventilation, space, light, chairs/ desks, acoustics), cloak room
- Food: drinks & snacks availability checked
- Equipment: seating arrangements, technical support (if needed) prepared;
- Video, screen, projector, computer, flipchart, pens, markers, Post-Its bought and placed at the venue
- Materials for participants: handbooks, name cards, evaluation forms for each day printed;

RE-CHECK

- Participants' presence: have all of them confirmed participation? Have all their questions been answered?
- Timetable: is timing realistic in comparison to list of topics covered by the training and number of participants?
- Training materials: are any changes required according to pre-workshop questionnaire?

THE DAY BEFORE

- Check-in with all facilitators, division of responsibilities confirmed
- Trainers' & participants' materials prepared/ printed
- Equipment checked and working
- All rooms arranged
- Food and refreshments available
- Double-check venue safety rules (location of fire exits, stairs, toilets)

READY, STEADY, GO!

- Opening remarks & introduction to the workshops prepared
- Equipment ready
- Co-facilitators present

APPENDIX 5: Pre- and Post-Workshop Survey

You can copy these surveys and use them directly, although you may want to adapt some of the questions to be relevant to your participants and the goals of your training.

Pre-Workshop Survey

DATE/ LOCATION:

NAME:

ORGANISATION:

GENDER:

AGE:

What level of schooling have you completed?

- Primary School
- Secondary School
- Undergraduate
- Postgraduate

What is your primary area of work?

- Student
- Healthcare worker
- NGO volunteer
- Other (please specify): _____

How likely is that you will use knowledge and skills learned at the workshops?

- Highly likely
- Somewhat likely
- Not likely
- Unsure at this time

On a scale of 1 to 5 how do you rank...	1 (lowest)	2	3	4	5 (highest)
Your general knowledge about abortion					
Your ability to identify the human rights instruments which underpin the right to safe abortion					
Your ability to describe aspects of the provision of safe abortion					
Your ability to identify barriers to the provision of safe abortion care					
Your ability to identify barriers to the provision of safe abortion care					
Your ability to identify barriers to the provision of safe abortion care					
Your ability to develop advocacy message					
Your confidence in managing opposition					

Please answer these questions on the back of this sheet:

Name 3 important skills for a safe abortion advocate

Name 3 important areas of knowledge for a safe abortion advocate

Name 3 important skills for a safe abortion advocate you would like to improve

Name 3 important areas of knowledge for a safe abortion advocate you would like to learn more about

Post-Workshop Survey

DATE/ LOCATION:

NAME:

ORGANISATION:

GENDER:

AGE:

What level of schooling have you completed?

- Primary School
- Secondary School
- Undergraduate
- Postgraduate

What is your primary area of work?

- Student
- Healthcare worker
- NGO volunteer
- Other (please specify): _____

How likely is that you will use knowledge and skills learned at the workshops?

- Highly likely
- Somewhat likely
- Not likely
- Unsure at this time

On a scale of 1 to 5 how do you rank...	1 (lowest)	2	3	4	5 (highest)
Your general knowledge about abortion					
Your ability to identify the human rights instruments which underpin the right to safe abortion					
Your ability to describe aspects of the provision of safe abortion					
Your ability to identify barriers to the provision of safe abortion care					
Your ability to identify barriers to the provision of safe abortion care					
Your ability to identify barriers to the provision of safe abortion care					
Your ability to develop advocacy message					
Your confidence in managing opposition					

Please answer these questions on the back of this sheet:

Name 3 important skills for a safe abortion advocate

Name 3 important areas of knowledge for a safe abortion advocate

Name 3 important areas of knowledge for a safe abortion advocate you have widened during the workshop

What were the three best sessions of the workshop? Why were they good or helpful?

What were the three weakest sessions of the workshop? Why weren't they good or helpful?

APPENDIX 6: Short Evaluations Techniques

A. Hand

Give everyone a piece of paper and a pen.

Ask participants to draw around their hand, and record the following on the fingers of their hand:

- Thumb: Something good. What have you enjoyed? What have you liked?
- Index finger: Something they would like to point out (either good or bad)
- Middle finger: Something bad. What haven't you enjoyed? What haven't you liked?
- Ring finger: Something they will treasure from the session.
- Little finger: Something little they want to add.

B. Aeroplanes

Give participants a piece of paper and a pen. Ask participants to answer questions:

- What was interesting? What have you enjoyed?
- What was boring? What haven't you enjoyed? What should be improved?

Then ask participants to fold their papers into paper aeroplanes and throw them to the middle of the room/ bucket.

C. Pirates

Standing in a circle ask participants to share something that made them go:

- OOOOH! (smile)
- AAAAAARGH (frown)
- UUUUUUAAAAAAAAA (that was really new and interesting)

D. Bananas

Give participants a banana (real or paper) and ask them to show them curve up or down to represent happy or sad faces. Ask questions (be specific!) about the session. Participants can then write on the skin in biro any additional comments they might have.

APPENDIX 7: Safe Abortion Advocacy from Around the World

Chile

The Abortion Hotline: Lesbians and Feminist for the Right of Information, Santiago

Alongside many Latin American countries, Chile has its own abortion hotline, established in 2009, that operates every evening, Monday to Friday, from 7 p.m to 11 p.m. and provides women with information about how to obtain an abortion. The Abortion Hotline is run by Lesbians and Feminists for the Right to Information. This group of individuals tries to reach marginalized women not only through their hotline, but also through workshops, publicity campaigns and their print manual that explains the proper administration of misoprostol. The organization has a largely online presence, but decided to expand in hopes of reaching women who might not necessarily have access to the internet and/or a computer. The organization aims to reach these women in two ways: workshops and the manual.

The manual, specifically, is given to a lot of different organizations which work with women or community libraries and so the organization is able to reach different groups of women.

The workshops have been directed at women who work with other women, which was determined to be the easiest way for them to have a bigger impact. For example, a woman who worked with migrant workers attended one of their workshops and they hoped this would allow them to indirectly benefit the migrant workers with whom she works.

CUDS - Colectivo Universitario de Disidencia Sexual, Santiago

The Abortion Hotline profiled above works closely with CUDS, which started as an LGBT organization for lesbian/gay rights and now focuses on sexual dissidence from a queer perspective. In 2012, the organization launched an abortion campaign called “Dona por un aborto ilegal” (Donation for an Illegal Abortion) in response to the government’s refusal to even discuss the possibility of legalizing therapeutic abortion. This was an ironic campaign to spark debate in the public arena.

The campaign is called ‘For a Better Life, Donate for an Illegal Abortion,’ and the icon is also a foetus. The organization wanted to reappropriate the foetus which is typically the icon for anti-choice people. CUDS asked: why could they not use the foetus as a pro-choice icon? So they made a webpage called “Donate for an Illegal Abortion” where people could actually donate money. To move this debate into public spaces, they made campaign t-shirts and during street appeals they gave donors stickers to put on their clothes, thus making a public intervention in the streets and encouraging discussion.

Huelga de Vientres , Santiago

Huelga de Vientres believes that a person cannot speak about abortion decriminalization without addressing patriarchy and the capitalist government systems. Along with launching their own information booklet called “MiCuerpo, MiPrimeraLucha” (My Body, My First Fight), which addresses patriarchy, abortion and contraception, they organize workshops focused on pleasure, care and sexual freedom.

Fiji

Fiji Women’s Rights Movement, Suva

The Fiji Women’s Rights Movement (FWRM) was established in 1986 to advocate for gender equality and women’s

rights in Fiji. FWRM is driven by the vision that the women of Fiji have a right to be free from all forms of discrimination, have equal access to opportunities and to live in a healthy environment where principles of feminism, human rights, rule of law, multi-culturalism and good governance prevail. It is not solely dedicated to abortion activism but in a country where abortion is not spoken about in the public arena, the organisation consistently takes a pro-choice, pro-decriminalisation stance. Women's rights groups such as FWRM play an important role in championing the right to safe abortion where possible.

FWRM works in partnership with organizations, groups, networks, and/or individuals keen on advancing gender equality, the rule of law, human rights, and democracy in Fiji. Such partnership includes the Fiji Women's Forum, Fiji Young Women's Forum, Fiji NGO Coalition on Human Rights, Pacific Sexual Reproductive and Health Rights (SRHR) Feminist Coalition, Pacific Partnership on Gender, Climate Change and Sustainable Development (PPGCCSD), Asia Pacific Forum on Women, Law and Development (APWLD), Development Alternatives for Women for Women in a New Era (DAWN) and the Pacific Young Women Leadership Alliance (PYWLA).

New Zealand

Abortion Law Reform Association of New Zealand, Wellington

While abortion law in New Zealand is not considered restrictive, it remains criminalized, curtailing the provision of and access to services and perpetuating abortion stigma. The Abortion Law Reform Association of New Zealand (ALRANZ) is a volunteer-led organization which lobbies politicians and provides information about abortion law to educate the public.

In 2012 ALRANZ was instrumental in drawing the attention of the CEDAW Committee to New Zealand's "antiquated abortion laws", resulting in the Committee expressing concern over the situation. This was achieved through participating in the process of shadow reporting to the CEDAW Committee.

Kenya

In Kenya the new constitution which was adopted in 2010 explicitly permits abortion when "in the opinion of a trained health professional, there is need for emergency treatment, or the life or health of the [pregnant woman] is in danger, or if permitted by any other written law. The constitution also states that "a person shall not be denied emergency treatment." However, it is unclear how widely the new abortion law is understood or practiced within the medical community.

KMET (Closing the Gap), Kisumu

KMET is an indigenous Kisumu-based non governmental organization established to promote quality health and education services across Kenya. KMET is committed to serving underserved communities in the spheres of Maternal, Child and Family Health. Supported by Planned Parenthood Federation of America, KMET is currently implementing a Comprehensive Abortion Care project in Kenya, including providing contraceptives to women, providing safe abortion services and offering post abortion care.

Family Health Options Kenya (FHOK). Nairobi

FHOK is a non governmental organization supported by IPPF. They offer safe abortion services to young people in Kenya but at a cost. FHOK is the only organization that has come up with a youth friendly service center that almost meets the IPPF standards for Youth Friendly Services.

Fortress of Hope Africa (FOHA), Nairobi

FOHA is a Non Profit Adolescent Girls Organization. FOHA has a hotline that young people can call to receive information concerning contraception, gender based violence and safe abortion. The hotline also gives referral links where young people can access services.

APPENDIX 8: Icebreakers and Games

Icebreakers

Dance your Name: Have all participants stand in a circle. The first person makes a specific movement that fits their name or mood. Everyone in the circle repeats the movement and says the participant's name. As you move around the circle, each participant must repeat all of the names and movements before adding their own name and movement.

Name + Adjective: Stand in a circle. Each participant introduces themselves along with an adjective beginning with the same letter as their first name. Repeat all names that were stated before you.

Silent Birthday Lineup: Let the group align by birthdate in a row - without speaking.

Silent Identification: Each participant writes words or draws a picture describing themselves. Then pin the piece of paper to your chest and walk around silently. Afterwards the papers are shuffled and you have to identify the person on his/her sheet.

Two True One False: Each participant has to say two true and one false fact about themselves. The group then has to guess which one is the false "fact".

Energizers

Chair Game: Have a circle of chairs. Play music and when you stop it everyone has to sit/stand, etc. on a chair. Everyone stays in the round and the only rule is that only one leg per chair is allowed to be on the ground and they all have to be connected with the chair. After each round take two chairs out of the game, forcing participants to become creative with how they abide by the one rule.

Big Fat Pony: The participants stand in a circle with a facilitator in the middle. The facilitator then runs around the inside of the circle singing the song: "Here we go on the pony, riding the big fat pony, here we go on pony early in the morning." They then stop in front of a participant who must dance with them, singing "front to front to front my baby (face each other), back to back to back my baby (turn away from each other), side to side to side my baby (turn to the side), early in the morning!". That participant then joins the facilitator in the circle and they continue the song, dancing with new participants until everyone is dancing.

Match Maker: (for even numbers of participants) Prepare by writing the same word on two pieces of paper until you have enough papers for each participant (i.e. orange, orange, banana, banana). Fold the paper tightly, and give one piece to each person. Turn on music, have participants pass the papers to one another until the music stops. When the music stops participants unfold their paper and find their match (the person with the paper with the same word).

APPENDIX 9: Understanding Safe Abortion

Reproductive Rights: Fundamental Human Rights

Reproductive rights are often seen as an integral part of the development process. In a speech presented at the International Conference on Population and Development on March 5th 2013, Michelle Bachelet, the former Executive Director of UN Women, emphasized the correlation between women’s empowerment, sexual and reproductive rights and sustainable development. Access to education, more specifically comprehensive sexuality education, also permits people who can become pregnant to control their sexuality, overcome poverty and greatly increase their chances in successfully entering the labor force. As people gain more control over their sexual and reproductive health, they start to demand other rights including political and economic rights.

The understanding of a person’s right to decide when and if to have children has evolved and grown over the past 40 years. At the international level, governments recognized the right to make childbearing decisions at the first global meeting on human rights, as articulated in the 1968 Proclamation of Tehran. The 1979 Convention on the Elimination of all Forms of Discrimination Against Women (CEDAW), was the first international human-rights treaty to explicitly mention family planning (Articles 10(h), 12 and 14 (2b)).

The Cairo Programme of Action, adopted at the International Conference on Population and Development in 1994, stated that reproductive rights:

“are the rights of men and women to be informed [about] and to have access to safe, effective, affordable and acceptable methods of family planning of their choice, as well as other methods for regulation of fertility which are not against the law, and the right of access to appropriate health-care services that will enable women to go safely through pregnancy and childbirth and provide couples with the best chance of having a healthy infant” (7.2)

At this conference 179 governments agreed that free and informed decision-making about pregnancy and childbirth is a basic right. In 1999 the United Nations General Assembly agreed that, “where abortion is not against the law, health systems should...ensure that such abortion is safe and accessible” (Article 63(i))

As a result of these meetings, discussions and progressions, there is an international understanding that sexual and reproductive rights include the guarantee of many basic human rights, including but not limited to:

- The right to health and healthcare
- The right to information
- The right to life
- The right to live free from discrimination
- The right to privacy
- The right to be free from cruel, inhuman, or degrading treatment

When we advocate for women’s and transgender people’s human rights we advocate for the recognition of the equality of people of all genders: that all the rights set forth in all human rights treaties must be respected, protected and promoted without discrimination of any kind, including discrimination based on sex or gender or age-based discrimination, which is particularly important for young people’s sexual and reproductive rights.

Abortion: An Aspect of Health Care

Abortion

Definition: the ending of a pregnancy.

This is the most basic definition of an abortion, yet it is insufficient. An abortion can be either spontaneous or induced. A spontaneous abortion, also known as a miscarriage. Miscarriage is common in the initial seven weeks of pregnancy. An induced abortion is the intentional ending of a pregnancy. The decision to end a pregnancy can stem from a wide range of personal and/or social factors. Many different factors may influence the type of abortion a pregnant person

might seek in different countries across the globe.

Four common terms associated with abortion will be briefly discussed here: legal, illegal, unsafe and safe abortion.

Legal Abortion

A legal abortion is an abortion that is performed lawfully based on the current law in a given country. Laws around abortion can be restrictive or liberal. In some countries, the law states specific broad indications under which an abortion can be performed, for example, for socioeconomic reasons or on a woman's (or person's) request. In these instances the reason for the abortion is irrelevant as long as it can meet one broad legal indication. However, in many countries the abortion law can be very restrictive. For example, in some countries abortion is only permitted to save a woman's life, in cases of rape or incest, or for reasons of foetal malformations or defects. In addition, most countries also stipulate the timeframe in which an abortion can be performed. In general, when the law allows for it, legal abortions up until 12 weeks gestation is more common, after which there may be different indicators or laws.

It is important to note that although a country's law states that abortion is legal, restrictions and access can vary within certain states, provinces and regions. Remember that legal abortions can be performed safely or unsafely.

Illegal abortion

An illegal abortion is an induced abortion that is not legally permitted based on country's law around abortions. In many countries illegal abortions are also criminalized, and may be associated with punishments for the person undergoing the abortion, the service providers providing the service and other people who are considered to have helped in arranging or performing the procedure. Criminal penalties range from jail sentences, payment of fines, or loss of licence for service providers. In countries, regions and/or states where abortion is restricted under certain circumstances, obtaining a safe abortion can become complicated when trying to access the procedure legally. In some countries individuals seeking an abortion may be required to present their case to a panel of doctors, undergo counselling or participate in other interventions or bureaucratic processes before a person can have legal access to abortion. As with legal abortions, illegal abortions can be performed either safely or unsafely.

Safe abortion

A safe abortion is the process of ending a pregnancy safely using a prescribed method, by a person skilled in the provision of such services in a setting that meets the minimum standards for medical care. It is essential for all the three criteria (appropriate method, appropriate person and appropriate place) to be met for a procedure to be safe. These conditions exist to ensure that there is no physical harm to the pregnant person while undergoing the abortion. Both surgical and medical abortions can be considered safe, provided these conditions are met.

A safe abortion includes confirmation of the pregnancy, having information about options available (including the available methods for performing the abortion), appropriate pain management, and post abortion care (including management of medical complications if they arise and information and access to contraception if desired). Counselling, either in person or remotely, is one of the ways (but not the only way) of receiving information about options related to a safe abortion. While some individuals seeking an abortion find counselling before and/or after abortion useful, it is not always a necessary component as long as accurate information can be obtained through other means.

Safe abortion services often require the pregnant person to pay for some or all of the procedure and care. Young pregnant people are even less likely to be able to afford safe abortion services due to their restricted economic and social dependence. Governments must be held accountable for essential medical procedures such as safe abortion services, and in efforts to improve women and transgender people's health. As a move to make safe abortion services affordable, state actors must integrate abortion services and care as integral to public and private health insurance schemes.

Safe abortion services may not adequately address the underlying issues associated with the need to seek such care, including sexual violence, coercion or the need for sexual and reproductive health counselling.

Other factors, such as mistrust of healthcare providers, may mean that young people are less likely to seek services, even if they are legal and safe. Some health care providers discriminate against unmarried sexually active young women, while others may not respect privacy and confidentiality. An acceptable abortion service should be provided in well-

equipped facilities with the highest possible quality of care that is available, accessible and affordable for all pregnant people, including young people and adolescents. Safe abortion care services must address stigma related to abortion with differentiated interventions both for people seeking abortions and providers. All of these factors may keep pregnant people who want abortions away from safe healthcare facilities, and cause them to risk their well being.

Unsafe abortion

By definition an unsafe abortion is “a procedure for terminating an unwanted pregnancy either by persons lacking the necessary skills or in an environment lacking the minimal medical standards or both.”⁷ Unsafe abortions are usually associated with harm or adverse health outcomes for women and girls, some of which can be fatal. Unsafe abortion methods include voluntary trauma, such as punches to the abdomen, prescription of abortifacients without proper instruction on their use and the dangers associated with these drugs, and/or the insertion of physical objects such as needles or sticks in the uterus. The insertion of physical objects within the uterus ruptures the membrane containing the embryo or fetus, causing an infection that forces the body to dispel the embryo or fetus out of the uterus. Many of these procedures cause incomplete abortions, bleeding and/or infections that will not necessarily kill the pregnant person but may cause irreparable damage. In cases of infections or ill-health from an unsafe abortion, women may wait until the last minute before seeking medical attention because of fear of reprehension and punishment, especially in cases where performing or attempting to perform an abortion is illegal. Every year it is estimated that 47,000 people die from an unsafe abortion globally.⁸

It is important to understand that the two dimensions of safe/unsafe and legal/illegal can be used to classify all abortions into one of the four categories as given in the box below.

SAFE	Safe and illegal abortion	Safe and legal abortion
UNSAFE	Unsafe and illegal abortion	Unsafe and legal abortion
	ILLEGAL	LEGAL

However, when thinking about safe and unsafe abortions it is important to acknowledge that there are many aspects of care that contribute to safety, and that the issue of safe and unsafe abortions cannot always be clearly defined as two binary categories. Some methods of abortion, while not being completely safe per the definition, could be the safest option available for an individual in a particular setting (e.g. for someone to use Misoprostol on their own in the correct dose in a restricted country where there are no safe abortion services available). Therefore, when thinking of the methods and processes of abortion, one should always consider the various aspects of the service that can make it safe or unsafe for the individual given their circumstances and the local context.

As mentioned above there are two clinical methods of performing an abortion. Abortions can be performed using medication (drugs) or through minor surgical procedures.

Medical Abortions

A medical abortion is the process of using a single drug (misoprostol) or a combination of two drugs (Mifepristone and Misoprostol) to successfully terminate a pregnancy. The use of two drugs (mifepristone and misoprostol) has a success

7 Ahman, E., and Iqbal S. (2006). Contraceptive Use, Fertility, and Unsafe Abortion in Developing Countries. *The European Journal of Contraception and Reproductive Health Care*, 11(2), 126-31.

8 Unsafe abortion: global and regional estimates of the incidence of unsafe abortion and associated mortality in 2008 6th ed. Geneva, World Health Organization, 2011.

rate that is similar to that of surgical methods and is a safe option for women to terminate their pregnancies. Misoprostol alone is a safe and effective option to terminate a pregnancy but has a lower success rate and requires a compulsory medical follow up to ensure that the pregnancy is terminated successfully. The dosage of these drugs required to successfully end a pregnancy is dependent on how advanced the pregnancy is. Up to 12 weeks gestation a standard dosing schedule is used for the two types of medical abortion. After 12 weeks, close medical supervision is necessary to identify the gestational age and then decide on the dose of misoprostol to induce an abortion.

Surgical abortions

Surgical abortions are procedures for both induced and spontaneous abortions that are usually performed from as early as five weeks after conception. The principle of these procedures is to use surgical equipment to evacuate the uterine cavity. Around the world the three most common techniques for surgical abortion include: Vacuum aspiration (electric or manual), D&E (dilation and evacuation) or D&C (dilation and curettage). Of these three, vacuum aspiration is a safest and the recommended method of surgical abortion up to 14 weeks after the last menstrual period, while for abortions beyond 14 weeks, D&E is the recommended method of surgical abortion. The use of D&C is associated with an increased risk of complications and increased pain for the woman, and therefore is not recommended as the preferred method of surgical abortion. Surgical abortion should always be provided with appropriate pain medication (oral or injection) to manage pain and discomfort both during and after the procedure.

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youth coalition

working internationally for sexual
and reproductive rights