

Session 2: Values and Attitudes Related to Postabortion Care

Objectives

- To explain the importance of respect for all clients, regardless of their values, social status, or personal situation
- To explain the importance of being aware of one's own values and attitudes, to avoid imposing them on clients

Training Methods

- Warm-up
- Large-group exercise
- Discussion

Materials

- Flipchart paper, easel, markers, and tape
- Handout 2-A: Ambiguous Figure (page 31) (also available as a transparency, Appendix C, page 164)
- Handout 2-B: Values and Attitudes in PAC (page 32)

Advance Preparation

1. Prepare a flipchart listing the objectives of this session.
2. Review the list of values statements (page 25). Select seven statements to use in this exercise, adding other statements if necessary. As the statements are listed in random order, you will need to decide which one you want to read first, second, and so on. See Training Tip on page 26 for guidance.
3. Make three separate signs: AGREE, DISAGREE, and UNSURE. Post these signs on three different walls in spaces where people can gather near them.
4. Arrange the tables and chairs so the participants can move easily between the signs.
5. Review all handouts and make one copy for each participant.



Session Time (total): 1 hour

SESSION 2 TRAINING STEPS



Session Time: 1 hour

Activity 1: Warm-up (10 minutes)

1. Distribute Handout 2-A: Ambiguous Figure to each participant. Ask the participants to look at the picture and decide what it is, then to turn to the person next to them and discuss it.
2. Ask for volunteers to say what they saw. When someone describes an elderly woman, ask others to raise their hands if that is what they saw at first. When someone describes a young woman with a fancy hairstyle, ask others to raise their hands if that is what they saw first.
3. Discuss this exercise by asking the following questions:
 - Did you and your partner immediately agree on what you saw?
 - How can you explain the fact that people in the group saw two very different images in the same picture?
 - How can you apply this to your work in counseling postabortion clients?

Activity 2: Discussion (10 minutes)

1. Ask the participants what the word *values* means and how it might affect their work as PAC providers.
2. Summarize aloud the main points of Handout 2-B: Values and Attitudes in PAC, discuss them, and then distribute the handout to the participants.

Activity 3: Large-group exercise (25 minutes)

1. Explain that the participants will now do an exercise that will help them think about their own attitudes and values about PAC and postabortion clients.
2. Read aloud the following instructions:

“I will read several statements aloud. After I read each statement, go stand under the sign that best reflects your opinion—whether you agree, disagree, or are unsure. I will then ask one or two participants from each group to describe their thinking about this statement.”
3. Read and discuss as many of the values statements on the opposite page as time allows. (*Note:* Do not distribute the values statements as a handout. Participants or others who might see such a handout after the training could misunderstand the intent of the exercise and believe these statements reflect the beliefs of EngenderHealth or the trainers.) After each statement, ask one or two participants from each group to explain their positions. (See Training Tip, page 26.)

❖❖❖ Sample Values Statements ❖❖❖

Please note—these are not to be distributed as a handout, because the participants, or others who read their materials later, may misunderstand the intent of this exercise and may think that these statements reflect the beliefs of EngenderHealth and the trainers.

Statements for All Settings

- ◆ Doctors have a responsibility to terminate unwanted pregnancies that result from contraceptive failure.
- ◆ A woman's role is to bear children.
- ◆ If a man wants his wife to have an abortion, she should have one, even if she wants to carry the pregnancy to term.
- ◆ Commercial sex workers are immoral.
- ◆ It is okay for an unmarried man to engage in sexual activity. (And what about for an unmarried woman?)
- ◆ Providers should promote abstinence as the best family planning method for unmarried women.
- ◆ An unmarried schoolgirl who becomes pregnant does not deserve to be expelled from school.
- ◆ In a couple, the woman should be responsible for contraception.
- ◆ Contraceptive methods should be available to adolescents and unmarried adults.
- ◆ It is in man's nature to be a polygamist (to want to be with many women).
- ◆ Women who have multiple abortions should be sterilized.
- ◆ Parents have a right to know if their daughter has had an abortion (either induced or spontaneous).

Statements for Settings Where Abortion Is Legal

- ◆ A married, multiparous woman who terminates a pregnancy does not want to have any more children.
- ◆ It is a provider's responsibility to convince abortion clients to accept a family planning method immediately postabortion.

Statements for Settings Where Abortion Is Illegal or Highly Restricted

- ◆ If a woman consistently has miscarriages (spontaneous abortions), she must be doing something wrong.
- ◆ If a woman deliberately induces an abortion, she is committing murder.
- ◆ Women who have induced an abortion deserve to suffer and should expect to feel pain during any postabortion treatment procedures.
- ◆ If abortion is legal, people will be more promiscuous and less responsible about sex.
- ◆ If a postabortion client has many children, she should be encouraged to be sterilized.
- ◆ It is a provider's responsibility to report induced abortion cases to the police.
- ◆ Women who have had spontaneous abortions deserve more compassion than women who have induced their abortions.
- ◆ Young women who present with abortion complications have probably induced their abortions.
- ◆ Women who induce abortions should be made to pay for otherwise free medical services.

Adapted from: Ipas. 1996. Module 2: Patient-provider interaction and communication. In *MVA trainer's handbook*. Carrboro, NC. Additional values statements were provided by EngenderHealth staff.

**TRAINING TIP** ○○○

For this exercise to be effective, it is essential for the participants to decide whether they agree with, disagree with, or are unsure about these statements. They should not submit anonymous responses to post on the signs, because this will detract from the purpose of the exercise. Practice in discussing their own values will help raise the participants' awareness of how these values can affect their interactions with clients (or others).

Abortion and PAC are among the most controversial and sensitive topics in many countries. However, specific issues and concerns differ from place to place. Therefore, it is important for you to read these statements carefully. Choose only those that are relevant to the values and attitudes of service providers in your country. Add other statements, if necessary. Also, these statements are listed in random order; you need to decide which one you want to read first, second, and so on.

Many of the values and attitudes to discuss differ across settings, depending on whether women have access to safe, legal abortion services. To address this variation, three categories of "Sample Values Statements" are provided: one for all settings, one for settings where abortion is legal, and one for settings where abortion is illegal or highly restricted. Again, use these lists as a *guide*, and choose only the statements that are relevant for your region.

During this exercise, it is important to emphasize that there are no "right" or "wrong" answers. People respond based on their own values and beliefs, and the purpose of the exercise is to help explore differences when they exist. You must remain neutral throughout the exercise and maintain a balance between the different viewpoints presented. You will have to limit each group's responses to just two or three per statement if you are to cover a range of issues.

Activity 4: Discussion (15 minutes)

1. Ask the participants the following questions:
 - Does everyone in the group have the same attitudes, or are there differences?
 - Which statements caused the widest range of disagreement? What could explain these differences?
 - Were any of the results surprising? Which ones?
 - How might these attitudes be expressed to clients, and how might that make clients feel?

**TRAINING TIP** ○○○

The following are examples of how values and attitudes can negatively influence quality of care:

- Not offering a client family planning counseling if we think that she is not interested in spacing her births
- Making a woman with an incomplete abortion wait until all other women are treated, because we think that she is immoral and deserves the pain
- Withholding medication for pain if we think a woman does not need it or if we think she deserves to suffer pain

2. Summarize the exercise by reviewing ways in which providers' values and attitudes can influence health care service delivery and by noting our responsibility to provide health care in a respectful and nonjudgmental manner.

**TRAINING TIP** ○○○

Sample summary of this entire session:

“Many of you are from similar backgrounds, but you had very different responses to the statements. People’s different experiences lead them to different conclusions. Being aware of our own attitudes helps ensure that we do not impose our beliefs on our clients. We have a professional obligation to provide health care, including postabortion care, in a respectful and nonjudgmental manner.”

Source: Ipas. 1996. Module 2: Patient-provider interaction and communication. In *MVA trainer's handbook*. Carrboro, NC.

Session 2

Handouts

Handout 2-A
Ambiguous Figure



Source: Boring, E. G. 1930. A new ambiguous figure. *American Journal of Psychology* July:444.

Handout 2-B

Values and Attitudes in PAC

A *value* is a belief that is important to an individual. Values can be influenced by religion, education, culture, and personal experiences. Our values shape our *attitudes*, or the way that we think about and act toward particular people or ideas.

Every interaction between a woman and the health care staff, from the time she enters the health care system until she is discharged, affects the woman's satisfaction with her care, how quickly she recovers, and how well she takes care of herself after she leaves the facility.

How we communicate our own values and attitudes (both verbally and nonverbally) is an important part of our interactions with the women we treat. Our values are often so ingrained that we are unaware of them until we are confronted with a situation that challenges them.

Our attitudes, feelings, biases, and values will affect how we treat a client's illness. For example, our private reaction to the way she looks, her social class, or her reason for treatment may affect the way we administer pain control, the gentleness or harshness with which we perform procedures, the delay that we may impose, and whether we consider each client's full range of health care needs.