

INTERSECTING RIGHTS:

A MODULE ON ABORTION
AND LGBTQIA+ ADVOCACY



DURATION

3 Hours. (If 3 hours feels too long to facilitate in one go, facilitators can break up the module into two parts and facilitate two consecutive workshops of 1.5 hours each.)

PARTICIPANT PROFILE

- i. Young people (18-35 years of age).
- ii. Diverse country contexts and backgrounds.
- iii. Diverse engagement with issues, not exclusively “experts” of either SRHR, abortion rights, or LGBTQIA+ rights.

OBJECTIVES

- i. This module would support young activists and development sector workers in understanding the abortion-related needs of LGBTQIA+ persons.
- ii. This module aims to equip young activists and development sector workers with information on key barriers that prevent access to abortion services for LGBTQIA+ persons.
- iii. This module would support young activists and development sector workers in identifying opportunities to include abortion rights and LGBTQIA+ rights in their work.

OVERVIEW

ACTIVITY	DURATION	KEY MESSAGES
Introductions	10 Minutes	<ul style="list-style-type: none"> i. Introductions of the organization, project, facilitators, and participants. ii. Instructions on translation, participation, and privacy and confidentiality. iii. Trigger warnings.
Icebreaker (Would You Rather?)	20 Minutes	<ul style="list-style-type: none"> i. Introductions of the participants
Back to Basics	15 Minutes	<ul style="list-style-type: none"> i. What is abortion? How many different types of abortions can you opt for? ii. Who are LGBTQIA+/queer persons?
LGBTQIA+ Persons and Abortion	15 Minutes	<ul style="list-style-type: none"> i. Cis queer women or other AFAB queer persons who have sexual relationships with cis men or trans women are at risk of unintended pregnancies. ii. Cis queer women or other AFAB queer persons who have experienced sexual violence (including “corrective rape”, a form of violence specific to queer persons) are at risk of unwanted pregnancies. iii. Intersex persons with anatomical diversity that can enable pregnancies also require access to abortion services. iv. Transmasculine persons or transgender men who have consensual sexual relationships with cis men or trans women/transfeminine persons. v. Transmasculine persons or transgender men with experiences of sexual violence.
10-MINUTE BREAK		

OVERVIEW

ACTIVITY	DURATION	KEY MESSAGES
Who Gets the Abortion?	60 Minutes	<ul style="list-style-type: none"> i. Different people require access to abortion services for different reasons. This is why it is necessary for abortion services and providers to be sensitized and responsive to the needs of different people. ii. There are many biases that service providers may have against queer persons, which hinder the provision of equitable and accessible abortion services. iii. Often, service provider bias restricts abortion access despite the legal framework allowing it. The reasons we hear for this range from difficulty in future pregnancies, having too many abortions, and not having the consent of the husband or guardians even in the case of unmarried abortion seekers over the age of 18.
Other Barriers	35 Minutes	<ul style="list-style-type: none"> i. Provider bias is just one barrier that queer people have to experience in accessing abortion services. Providers also sometimes don't have adequate knowledge or information, or sensitisation training to respond to the needs of queer persons. ii. Infrastructural issues - gendered nature of abortion clinics, no separate gender inclusive wards or toilets for transgender persons, no gender diverse options on intake forms. iii. Laws and policies are often not tailored to be responsive to the specific needs of LGBTQIA+ persons.
Closing and Goodbyes!	15 Minutes	<ul style="list-style-type: none"> i. Space for reflections from participants - inviting participants to share one piece of information that they remember from the workshop. ii. Participants share how they might be able to use the gained information in their own work.

INTRODUCTIONS

Start off the session by introducing the organization and the session to the participants, along with sharing some housekeeping instructions.

ICEBREAKER

Step 1. Tell the participants that they have to introduce themselves with their names, what they do, and where they are from. They can use the chat or unmute and share. Additionally, they also have to answer a “Would You Rather?” question that the participant preceding them would ask. The facilitators can start off the round by introducing themselves and asking a “Would You Rather?” question from the list below.

- i. Would you rather play a heroic character in a bad movie, or a villainous character in a good movie?
- ii. Would you rather have Mondays or Friday struck off your workweek?
- iii. Would you rather have the ability to forget something you want to forget, or remember everything you have ever done?
- iv. Would you rather accomplish something amazing for humanity but be regarded as one of the worst people ever, or do nothing and be remembered as a hero to everyone?

Facilitation Note: Sometimes participants can take a while to think of “Would You Rather” questions to ask their fellow participants. If you anticipate a lot of participation and paucity of time, you can note a bunch of questions on a Miro board and share the screen with the participants, and ask them to pick the questions from that inventory.

Step 2. Do this exercise till all participants have introduced themselves. Tell the participants that just as in this game we saw that different participants have different preferences and make different choices in any given situation, people make various choices and have different preferences when it comes to asserting their sexual and reproductive rights as well.

BACK TO BASICS

Step 1. Read the following statements displayed on a Miro board to the participants and ask them to share whether they think the statement is true or false in the chatbox.

STATEMENT	KEY MESSAGES
Abortion means termination of pregnancy.	This statement is TRUE. It is important to use rights-affirming language when talking about abortion. Using words like abortion means “killing unborn babies” or abortion is “murder” stigmatizes women and gender diverse persons seeking abortions, and are also factually and scientifically incorrect.
Abortion is a complicated medical procedure that must only be performed by medical practitioners.	This statement is FALSE. Abortion is not a complicated procedure, and medical abortion can also be performed at home using abortion pills called mifepristone and misoprostol. The WHO says "When using the combination mifepristone and misoprostol regimen, the medical abortion process can be self-managed for pregnancies up to 12 weeks of gestation, including the ability to take the medications at home, without direct supervision of a health-care provider." BUT this can differ based on country contexts. Fact-based and unbiased abortion related information must be made available so that everyone is able to access abortion services. Otherwise, myths like these can be used by anti-rights groups to misrepresent information and discourage abortion seekers from accessing much-needed services.
Queer and transgender people are more likely to self-manage their abortion in comparison to cisgender heterosexual individuals.	This statement is TRUE. Queer and transgender people often face discrimination and stigma in accessing abortion services, which makes them more likely to self-manage their abortions.

Step 2. After reading out each statement, ask a couple of participants if they would like to share why they marked that statement as true or false.

Step 3. Facilitate a brief discussion on the statements and conclude by sharing that in the further activities in the session, each of these statements and information related to it will be understood in further detail.

LGBTQIA+ PERSONS AND ABORTIONS

Step 1. Begin this activity by sharing that now that all participants in the room have arrived at a common understanding of abortion and LGBTQIA+ persons, it is time to move into understanding the need for abortion amongst LGBTQIA+ communities.

Step 2. Launch the following poll, allowing participants to vote as to which identities within the LGBTQIA+ spectrum require access to abortion services.

Which identities within the LGBTQIA+ spectrum may need abortion services?

- Cis lesbian women (cisgender women attracted to other women and gender diverse identities)
- Cis bisexual women (cisgender women attracted to more than one gender identity)
- Cis queer women (cisgender women attracted to no one, multiple genders, or any other sexual diversity)
- Cis gay men (cisgender men attracted to other men and gender diverse identities)
- Cis bisexual men (cisgender men attracted to more than one gender identity)
- Cis queer men (cisgender men attracted to no one, multiple genders, or any other sexual diversity)
- Trans men (men not assigned male at birth)
- Trans masculine persons (masculine persons identifying as non-binary, agender, genderqueer, or any other gender)
- Trans women (women not assigned female at birth)
- Trans feminine persons (feminine persons identifying as non-binary, agender, genderqueer, or any other gender)
- Non-binary persons (do not identify with binary genders)
- Intersex persons (persons with diverse anatomy that does not fit into the normative binary of male and female sex)

Step 3. Share with the participants that many identities within the LGBTQIA+ spectrum may require access to abortion services if they have consensual sexual relationships with people capable of producing and ejaculating sperm. It is also possible that LGBTQIA+ persons survive sexual trauma and violence, and require abortion services as a result.

Step 4. End this activity by concluding that different people within the LGBTQIA+ spectrum require access to abortion rights and services for different reasons, and their **access to services and rights is also impacted by other identities they have apart from gender and sexual diversity.**

Step 5. Conclude by sharing that in the next activity, participants will be able to understand more deeply the diverse reasons that LGBTQIA+ persons have for requiring abortion services and rights, and the barriers to these rights and services.

WHO GETS THE ABORTION?

Step 1. Announce to the participants that all of them are now living in a fictional land called Pangea. Abortion is legal in Pangea up to 20 weeks, but the law on abortion in Pangea is not rights-affirming or seeker-centric, but rather provider-centric. In addition to that, Pangea is also limited in resources, which means providers get to decide the select few who get to access abortion services.

Step 2. Tell the participants that they will be divided into two breakout rooms - in one breakout room, participants will be abortion seekers, in the other breakout room, participants will be abortion providers. Each room should also have one facilitator. The facilitators share their screen to display Miro boards. The Miro boards should have the following case studies written on them -

Mira is an 18-year-old bisexual woman living in Pangea, and she is eight weeks pregnant. She belongs to a middle class background and lives with her family. Mira's family is conservative, and her parents do not approve of Mira dating before marriage. Being pregnant makes Mira anxious, so she seeks support from her partner, who gets angry and breaks up with her. She confides in her best friend, and they decide to visit a clinic for an abortion.

Sam, a transmasculine person living in Pangea, is eight weeks pregnant. Sam often meets other gay men on dating apps. As Sam recently started taking testosterone, he misjudged missing his periods the first month, but after the second month, Sam got a little worried and decided to do a pregnancy test. As Sam passes as male in most settings, carrying forth the pregnancy would mean he would have to suffer a lot of discrimination and violence in society. Sam seeks support from his friendly neighbor, and decides to get an abortion.

Noor, a non-binary person living in Pangea with their partner, is eight weeks pregnant. Noor is a garment factory worker, and is worried that carrying forth the pregnancy would mean them being fired from their job. Noor's wages support not only them and their partner, but also their mother and father back in their village. Noor's partner wants to continue with the pregnancy, but Noor decides to get an abortion.

WHO GETS THE ABORTION?

Step 3. The facilitator informs the group of abortion seekers that they have to identify the reasons why each of the characters in the case studies on the Miro board wants an abortion. This group has to discuss within themselves, and then nominate three participants from within their group to present the reasons of each character in front of the group of abortion providers to convince them to provide them abortion services.

Step 4. The other facilitator informs the group of abortion providers that they all work at a clinic in which they can choose to provide an abortion to only one of the abortion seekers, not all three. This group has to discuss within themselves which character they would prioritize to provide abortion services, and then nominate a participant from within their group to share their reasons in front of the other group.

Step 5. Give the groups sufficient time to discuss within themselves, and then bring them together for the arguments to begin. The group of abortion seekers will go first, followed by the group of abortion providers.

Step 6. Once the presentations have concluded, facilitate a discussion using the following prompts -

- How did the group of abortion seekers feel while making their presentations? How did the group of abortion providers feel while listening to the presentations?
- Was it easier for the group of abortion seekers to make a case for access to abortion for some identities, more than others?
- Was it easier for the group of abortion providers to prioritize abortion access for only some identities?
- What are some biases that came up in discussions that abortion providers in real life might have while they are providing abortion services?
- What are some challenges that abortion seekers might face in accessing abortions? Are those challenges similar across identities, or different?

Step 7. The facilitator must ensure that the discussion supports participants in understanding that there are many different reasons for accessing abortions, and every reason is equally valid.

Step 8. The facilitator must also ensure that participants are able to identify that abortion providers have inherent biases that support or hinder provision of abortion services.

OTHER BARRIERS

Step 1. Tell the participants that in the last activity, there was a focus on provider bias that impacts LGBTQIA+ persons access to abortion rights and services. But there are many other barriers that prevent LGBTQIA+ persons from accessing abortions.

Step 2. Divide participants into break out rooms. Assign one overarching and key barrier to each group to discuss in their breakout rooms -

- Infrastructure
- Unskilled Healthcare Providers
- Law and Policy Landscape

Step 3. The participants should have 15 minutes to discuss the barrier assigned to them using the following prompts -

- What are some concrete examples you can think of that can be classified under this barrier?
- How do you think these barriers impact access of LGBTQIA+ persons to abortion rights and services?
- What are some suggestions through which this barrier can be tackled?

Step 4. Once 15 minutes have passed, bring the participants back to the main room and ask one participant from each group to summarize their discussions. Ask the other participants if they would like to add anything to the discussion of the other groups. Ensure that the following discussion pointers are covered in the session -

<i>Infrastructure</i>	<i>Unskilled Healthcare Providers</i>	<i>Law and Policy Landscape</i>
<p>No separate wards or toilets in clinics.</p> <p>No gender diversity in intake forms.</p> <p>Existing clinics and wards being very gendered.</p>	<p>Misinformation and lack of information on LGBTQIA+ persons' abortion needs.</p> <p>Stigma and bias.</p> <p>Lack of skills on performing abortions on transgender and/or intersex bodies.</p>	<p>No legal protections specific to LGBTQIA+ persons to access abortion services.</p> <p>Penalizing abortion providers and services, etc.</p> <p>To know about the status of abortion laws in their own countries, participants can access this resource.</p>

Step 5. Conclude the discussion by sharing that there are many barriers that LGBTQIA+ persons experience in accessing abortion rights and services, but these barriers can be addressed through advocacy efforts that push for systemic change within the provision of healthcare services.

CLOSING AND GOODBYES!

Step 1. Ask the participants to share the information they remember the most from the session and how that will help them in their own advocacy work and efforts. Once responses are collated on the chat, ask if any participant would like to unmute and share more about what they wrote.

Step 2. Do a feel check with the participants, ask them to share emojis that best describe their mood at that moment in the chat box. Once responses are collated, ask if any participant would like to unmute and share why they have added their emoji to the chat box.

Step 3. Conclude the session by wishing the participants the best for their ongoing and future work, and share any contact details they can keep to reach out in case they have any follow-ups after the session.