



Supporting young people's  
right to informed choice

Best Practice Toolkit:

# Abortion Education



## Who this guidance is for

This toolkit is for: Governors writing Sex and Relationships Education (SRE) policies for Schools or Pupil Referral Units; Personal, Social and Health Education Advisory Teachers, Coordinators and Classroom Teachers; School Nurses delivering SRE; Healthy Schools Programme Managers; Youth Workers and others delivering group work in formal and informal education settings; Standing Advisory Councils on Religious Education (RE) reviewing RE policies and provision; and RE Heads of Department and Teachers.

## The scope and aims of this guidance

This toolkit aims to help Governors and educators to understand the aims and principles of best practice in abortion education. It provides:

- **A rationale for providing good quality abortion education**
- **A framework against which educators can assess their own practice**
- **Education guidance from the Qualifications and Curriculum Authority and National Healthy Schools**
- **Information and tools to help with lesson planning**
- **A checklist against which to assess resources and services including those provided by outside agencies**
- **Basic factual information on abortion**
- **Links to evidence-based literature and further sources of information and guidance to support teaching and learning**

# Why this toolkit is needed

Many Governors and educators feel anxious about the inclusion of abortion within their programmes and curriculum. It is often seen as too sensitive a topic to deal with and there is widespread concern that discussion of abortion may be inappropriate for, or risk offending, people of some faiths or cultures. There is sometimes a sense that abortion is only of theoretical importance; that because it is controversial, it must be rare. Where abortion is addressed, there is concern about how to ensure that discussion of it is 'balanced'.

Young people say that

*"many parents and teachers are not very good at talking to them about sensitive issues".*

In response to this, Ofsted have stated that

*"teachers, governors and parents need detailed advice on how to deal with the more sensitive aspects of SRE".*

Ofsted, Time for Change?  
Personal, social and health education, April 2007

This toolkit provides Governors and educators with the reassurance and guidance they need to address abortion effectively within both SRE and RE.

## About Education For Choice (EFC)

EFC works to enable young people to make and act on informed choices about pregnancy and abortion. It has 16 years experience of facilitating workshops and presentations in schools and pupil referral units (PRUs), giving thousands of young people the opportunity to learn about the choices and decisions that lead to and result from unintended pregnancy. In 2004 the Government's Independent Advisory Group on Sexual Health and HIV highlighted EFC's work as a model of best practice in the field of abortion education:

*"The SRE (Sex and Relationships Education) elements of PSHE (Personal, Social, Health Education) should include education about choice, and awareness campaigns on sexual health should address issues of abortion as a choice. Only in this way will we begin to change the culture of taboo and silence which surrounds abortion. 'Talk About Choice' – the education programme led by the charity Education For Choice – provides an excellent model for this."*

Independent Advisory Group on Sexual Health and HIV, Response to the Health Select Committee Report on Sexual Health, January 2004

EFC is a member of the Sex Education Forum and the Teenage Pregnancy Non-Statutory Forum. In the past two years EFC has trained more than 900 professionals working in education, health, youth work and social care, equipping them with the confidence, skills and knowledge to discuss pregnancy and abortion with young people in one-to-one and group work settings.

Website: [www.efc.org.uk](http://www.efc.org.uk)  
Email: [efc@efc.org.uk](mailto:efc@efc.org.uk)



## Helping to achieve National Healthy Schools Status

SRE is a key element of PSHE; one of the four key themes addressed by the National Healthy Schools Programme. The delivery of PSHE is seen as essential to achieving all five Every Child Matters outcomes, because it enables children and young people to make informed decisions about their lives.

To achieve National Healthy Schools Status, schools must demonstrate that they are delivering PSHE within the context of the Every Child Matters Agenda, and that they fulfil certain criteria.

Teaching about abortion in accordance with this toolkit will help schools to demonstrate that they are working to fulfil criteria set by National Healthy Schools in both PSHE, and the fourth theme addressed by them, Emotional Health and Wellbeing.

To achieve National Healthy Schools Status, schools also need to demonstrate a whole school approach, which involves the whole school community – from parents to Governors to school staff. This demonstrates the importance of **PSHE and RE teachers and coordinators working together** to deliver abortion education that puts young people's physical and emotional health and wellbeing first.

National Healthy Schools criteria relevant to abortion education are detailed on page 8.

## Qualifications and Curriculum Authority Programme of Study and End of Key Stage Statements

Providing good quality abortion education can help students to attain the knowledge, skills and understanding in PSHE and RE that the Qualifications and Curriculum Authority describe in their end of key stage statements for key stages 3 and 4.

QCA's end of key stage statements for PSHE and RE are detailed on page 8.

Many of the key concepts, key processes, range and content, and curriculum opportunities detailed in the QCA programme of study for PSHE at key stages 3 and 4 relate closely to teaching and learning about pregnancy decision-making and abortion.

A table showing areas of the programme of study relevant to abortion education is available at: [www.efc/forprofessionals/forteachers](http://www.efc/forprofessionals/forteachers).

# Making the case for abortion education

## entitlement

Young people have the right to learn about issues that affect their own lives. This includes the right to learn about sexual and reproductive health issues, including pregnancy and abortion. By teaching about abortion, educators help young people to exercise their rights, enshrined in the United Nations Convention on the Rights of the Child, which guarantees them the right to:

- Access information aimed at the promotion of physical and mental health and wellbeing (Article 17)
- Family planning education and services (Article 24)
- The highest attainable health and access to health facilities (Article 24)
- Education which will help them to learn, develop and reach their full potential and prepare them to be understanding and tolerant of others (Article 29)

## pregnancy prevention

Since the beginning of the teenage pregnancy strategy, teenage pregnancy rates have fallen considerably. However, there remains room for improvement: the UK continues to have the highest rate of teenage pregnancy in Western Europe. It is vital therefore that educators deliver a comprehensive programme of SRE, which helps young people to reduce sexual risk-taking behaviour.

Abortion education is an essential aspect of SRE. By giving young people the opportunity to consider the issues that unintended pregnancy and abortion raise, abortion education helps young people to think about the importance of safer sex. It helps them to develop the motivation to use contraception properly and consistently. As with all good quality SRE, effective abortion education equips young people with the attitudes, skills and knowledge they need to avoid unintended pregnancy and sexually transmitted infections.

*What would you change as a result of this workshop? "I will be more careful with what I am going to do". "I'll never have unprotected sex!"*

Students in Education For Choice workshop

## informed choice

It is vital that SRE enables young people to assess all pregnancy options, including abortion. Research from the Joseph Rowntree Foundation shows that the majority of young women experiencing unintended pregnancy have not considered their pregnancy options in advance of their pregnancy. As a result they are most likely to be guided in their choices by socio-economic factors or family and cultural expectations, rather than consideration of how having a child or another child fits into their lives.

The Government's Independent Advisory Group on Teenage Pregnancy laments the fact that abortion education is often lacking in programmes of SRE, and are keen to ensure that adequate provision is made:

*"We are concerned that Personal, Social and Health Education (PSHE) Programmes very often avoid the subject and do not provide sufficient, evidence-based information about abortion, therefore leaving pregnant teenagers ill equipped to assess abortion as an option."*

The Independent Advisory Group on Teenage Pregnancy, Annual Report 2005/06

### Abortion and boys and young men

Abortion education is as relevant for young men as it is for young women: for a couple in a relationship, a decision about pregnancy will impact on both partners. It is important therefore that young men have an equal opportunity to consider how unplanned pregnancy and abortion might affect them. By giving young men the space to consider this, it helps them to think more about their rights and responsibilities in a sexual relationship, and to develop the motivation to use condoms properly and consistently to avoid unintended pregnancy.

If a young man has or goes on to have experience of unplanned pregnancy with a partner, it is important that he knows who he can talk to and where he can go for help and support, as well as being able to signpost his partner to appropriate agencies. This is especially important when a couple are not agreed about what the outcome of a pregnancy should be, which can be a very difficult situation for a young man to face. Signposting to young men's services is an important part of abortion education.

*What will you change as a result of this workshop? "My attitude to pregnancy." "I'll always use a condom!"*

Male students in Education For Choice workshop

## Abortion within Religious Education and in Faith Schools

When considering whether and how to address abortion, it is useful to recognise that it may already be being addressed in other areas of the curriculum, particularly within RE. When PSHE coordinators and RE subject leaders work together, it can help them to ensure that a consistent, young person-centred approach to the topic is taken.

Although the learning aims and outcomes of discussing abortion within SRE and RE will be different, it is important to recognise that the same students will be taking part in both lessons. Whatever the context, it is essential that all discussion of abortion takes place within a safe learning environment which does not risk alienating or stigmatising young people with experience of unintended pregnancy or abortion. It should stress the importance of strategies to reduce sexual risk-taking; recognise and value a range of views; utilise accurate, evidence-based information; and enable young people to distinguish between fact and opinion.

*What did you enjoy about the workshop?  
"Seeing the different views of people  
in my class"*

Student in Education For Choice workshop

Both faith and community schools have a duty to ensure that the education they provide is in keeping with their ethos, and that it supports national priorities including reducing teenage pregnancy and the incidence of sexually transmitted infections. An awareness of the prevalence of teenage pregnancy and sexually transmitted infections locally (available from a local teenage pregnancy coordinator) can be helpful in making the case for abortion education. As this toolkit and the resources it signposts to demonstrate, abortion can be addressed within the context of a school's values, enable young people to understand a range of religious and secular viewpoints, and to know about abortion in relation to the law, and their health and wellbeing.

*"Pupils should not be sheltered from such issues; through them they can develop an important range of skills including listening, accepting other points of view, arguing a case, dealing with conflict and distinguishing between fact and opinion."*

Sex and relationships education, healthy lifestyles and financial capability, Qualifications and Curriculum Authority, 2005

# Aims and principles of best practice in abortion education

## 1

### Creating a safe environment

Abortion is experienced by more than one in four women in the UK by the age of 45. Unintended pregnancy knows no cultural or religious bounds and women of every faith and from all walks of life the world over access abortion services. Abortion education is a necessary entitlement for all.

Given the prevalence of both unplanned pregnancy and abortion, it is important that discussion of these issues is sensitive to young people's current and future experiences. It is important that young people who have had – or who may go on to have – experience of unintended pregnancy or abortion do not feel isolated, alienated or judged by group discussion, visiting speakers, or the use of inappropriate teaching resources and materials. These include those that: are judgmental in their tone or language (for example that favour one pregnancy outcome over another, that promote marriage to the exclusion of other forms of committed relationships, or stigmatise alternative models of family life); that utilise distressing or graphic images (such as pictures of aborted fetuses); contain images that are used out of context (for example images of late gestation fetuses when early abortion is being discussed); or utilise images or models of babies when discussion is about abortion.

A teaching environment that contributes to a sense of isolation and vulnerability is detrimental to young people's self-esteem and may impact on an individual's confidence and ability to seek help and advice when they need it most. Educators should therefore ensure that discussion about pregnancy options follows this guidance:

*"It is important that any such discussion [about sensitive, controversial and challenging social and moral issues] takes place in a climate of trust, cooperation and support. Teachers need to create a safe environment in which pupils can share their feelings, explore their values and attitudes, express their opinions and consider those of others without attracting negative feedback. This will help to enhance self-esteem and encourage more open discussion".*

Sex and relationships education, healthy lifestyles and financial capability, Qualifications and Curriculum Authority, 2005

## 2

### Promoting safer sex

Abortion education aims to enable young people to make and act on informed choices about sex, pregnancy and abortion. It gives young people the opportunity to think about all of the choices that lead to and result from unplanned pregnancy, and to identify when in this process young people can make choices that reduce the risks of unintended pregnancy and sexually transmitted infections. It is an opportunity to reinforce the importance of consensual, mutual and safe relationships, within which safer sex practices can be negotiated and agreed. Covering the efficacy and availability of contraception and signposting to sources of confidential contraceptive advice and treatment are cornerstones of effective abortion education.

*What did you learn in the workshop? "I learnt that it is important to think forward before having sex"*

Student in Education For Choice workshop

## 3

### Facilitating individual choice

The national evidence-based clinical guidelines from the Royal College of Obstetricians and Gynaecologists (who set standards to improve women's health) show that the best outcomes of pregnancy arise when the woman herself has been able to make her own decision about her pregnancy, free of pressure or judgment. Abortion education therefore acknowledges that in the event that pregnancy does occur, the choice about the outcome of that pregnancy rests with the young woman herself. It values all pregnancy choices equally and does not promote or stigmatise any pregnancy option.

Abortion education helps young people to develop decision-making skills by asking them to think about all of the factors relevant to a decision about pregnancy. These include:

- **Values and beliefs**
- **Practical support**
  - including consideration of finances, accommodation, education, employment and training and help with child-care
- **Emotional support and relationships**
  - including the views of and support from parents or carers, the young woman's partner, other family members and friends
- **Aspirations in the short, medium and long term**
- **The desire for parenthood**

Young people will think and feel differently about each of these different aspects, so it is important that educators do not create a framework for discussion of abortion in which one size fits all by, for example, debating whether abortion can simply be said to be right or wrong. Rather, abortion education should enable individuals to decide for themselves how these factors may come together to influence their own feelings and wishes and, potentially, a decision about unintended pregnancy.

*What will you change as a result of this workshop? "My views and opinions of abortion and how it is different in every situation"*

Student in Education For Choice workshop

## 4

### Distinguishing between opinion and fact

Abortion education encourages young people to think critically about the difference between opinion and fact. Young people have the right to make their own choices and decisions on the basis of their values and beliefs, in consideration of their current circumstances and future plans, and supported by accurate, up-to-date information. The quality of information that is provided is paramount, and it is essential that evidence-based information from reputable, expert sources is used. This means referring to information and guidance from reliable sources such as the Royal College of Obstetricians and Gynaecologists (who set standards to improve women's health and issue evidence-based guidance on abortion), the **fpa** (formerly the Family Planning Association), the Department of Health and the Office of National Statistics when providing facts and statistics about abortion.

This issue is particularly relevant when outside speakers are used to deliver abortion education. Young people rightly assume that visitors are invited to provide an expert view of a particular subject. This gives the speaker credibility and lends weight to the information they give. When using an outside speaker, therefore, it is important that educators take the time to establish, in advance, the viewpoint of abortion that the speaker represents; to look at the resources that will be used and referred to; and to assess the accuracy of the information they will provide. This includes information on any websites that their organisation is associated with or to which young people will be referred, because these may well provide views about other areas of sexual health. For example, some websites promote abstinence as the only effective way of preventing pregnancy and sexually transmitted infections; understate the efficacy of condoms and hormonal contraceptives; cite emergency contraception as a form

of abortion; stigmatise homosexuality; and overstate the risks of abortion, in relation to physical and mental health and wellbeing.

Governors and educators need to be aware that some agencies (including some that provide educational programmes, pregnancy testing and pregnancy “counselling” services) present inaccurate information as fact with the aim of dissuading women from choosing abortion. This can help to perpetuate damaging myths: for example that abortion leads to infertility. This can lead young women to test their fertility following abortion, resulting in subsequent unintended conceptions, repeat maternities and repeat abortions. The Government’s Independent Advisory Group on Teenage Pregnancy has highlighted the serious impact the perpetuation of myths can have:

*“PSHE programmes ... do not provide sufficient evidence-based information about abortion ... Many myths prevail, including the fact that abortion may lead to infertility, which TPIAG is concerned may be a contributory factor to repeat abortions.”*

The Independent Advisory Group on Teenage Pregnancy,  
Annual Report 2005/06

## 5 Discussing abortion and morality

Everyone has a strong opinion about abortion: the rights, the wrongs, and the reasons for it. It is important therefore that abortion education gives young people the opportunity to consider the moral issues abortion presents.

Abortion education asks young people to think about their own attitudes, values and beliefs, and to listen to those of others. It asks open questions, rather than providing definitive answers or points of view. This helps young people to decide for themselves, for example, when they think that life begins; in which circumstances the woman or the fetus has more rights; and how abortion should be regulated.

Abortion education also gives space to explore a range of religious and secular beliefs about abortion, so that young people can understand and appreciate the diversity of viewpoints that exist – both within and between different faiths. It explores the questions that abortion raises in relation to faith and culture, and enables young people to consider the ways in which values and beliefs can change over time. It provides an opportunity for young people to think about how women must weigh up and consider their personal circumstances and situation with their values and beliefs, in order to make a decision about pregnancy.

Crucially abortion education values equally the right of one person to their set of beliefs and values, and the right of another person to a different set. In this way it encourages open discussion about abortion, without stigmatising it as an option.

## 6 Achieving balance

Schools often like to stimulate interesting debate about abortion by inviting speakers from pro-choice organisations to balance the views given by ‘pro-life’ (anti-abortion) organisations. Anti-abortion organisations think that abortion is unacceptable in any situation and would like to see the practice outlawed. The opposing view to this would be a pro-abortion stance – the view that abortion is always the right solution to unwanted pregnancy. This is not a view held by any organisation. Instead, agencies that value young people’s health and recognise their rights will support an individual to make their own decision about pregnancy for themselves. The view of these organisations is balanced, in and of itself.

Debating the issues from a pro-abortion v anti-abortion perspective does not help young people to acquire the attitudes, skills and knowledge they need to be able to make their own, informed choices about sex, pregnancy and abortion. Instead it simplifies the issues, stigmatises abortion as an option, and polarises the discussion, which the Department for Education advises against:

*“It is all too easy to create a classroom debate in which pupils’ views become polarised and miss the purpose of sex and relationship education in preparing pupils for the responsibilities and challenges of adult life. When abortion is covered within a programme, the challenge is to offer young people the opportunity to explore the dilemmas, enable them to know and understand about abortion, and develop the communication skills to discuss it with parents and health professionals.”*

Sex and Relationship Education Guidance, DfEE, 2000

## 7 Using outside speakers

It can be useful to invite outside speakers into the classroom to complement a schedule of work looking at the issue of teenage pregnancy. They may be able to facilitate non-judgmental discussion of the practical and moral issues abortion raises, as well as provide accurate, up to date information. If visiting speakers work in local sexual health services they may also be able to increase young people’s confidence to access those services. When inviting speakers into school, it is important to

consider the purpose and scope of their visit, and the view of abortion that their organisation takes.

### You should ensure that the visitor:

Creates a safe learning environment in which young people – from different backgrounds and with a range of experiences – will feel comfortable and respected in expressing their opinions

Utilises appropriate teaching materials and resources

Avoids stigmatising any pregnancy option

Enables young people to distinguish between facts and opinions and does not blur the line between the two

States the position of their organisation on sex, contraception (including emergency contraception), pregnancy and abortion

Makes clear their affiliation with other organisations, and the position of those organisations on abortion

Accurately presents information about abortion and the risks of abortion, including in relation to pregnancy and childbirth, and uses evidence-based information from reputable sources to do so

Signposts young people to confidential, impartial sources of help and advice which will support young people in the choices and decisions they make

Refers to websites and literature that contain accurate, impartial information about contraception, emergency contraception and abortion

## 8 Signposting to non-directive sources of help and advice

Abortion education helps young people to develop the vocabulary, confidence and skills they need to be able to talk to parents, carers and health professionals about sex, relationships, contraception, pregnancy and abortion. It also ensures that young people understand the importance of seeking help quickly when pregnancy is diagnosed.

This is essential because young women in particular are vulnerable to delaying access to services until late in pregnancy. This may be because of: denial about the

possibility of pregnancy, in the hope that the matter will resolve itself; fear of parental disapproval (and in some cases retribution); indecision about what the outcome of the pregnancy should be; and anxiety about what accessing services will be like.

By not seeking help and support quickly, young women are unable to access either early ante-natal care vital to maternal and fetal health and well being, or early abortion methods, which are less invasive, safer, and easier to access than later abortion procedures.

Within this context it is important that young people know where they can go for reliable, non-judgmental and confidential information and guidance, should they need to. Signposting to dedicated local young people's services is part of this process and Governors and educators need to be sure of the quality of the services that are signposted to. Brook, for example, is a dedicated young people's sexual health service. It can provide a range of services including confidential contraceptive advice and treatment, testing and treatment of sexually transmitted infections, pregnancy testing and non-directive pregnancy decision-making support, as well as referral for ante-natal and abortion services. Around the country, good quality young people's sexual health services are provided by the NHS and voluntary sector organisations. The focus at organisations like these, including Brook, is the health and wellbeing of the young person. As a result their services are client-oriented.

Some organisations may appear to offer similar services, but in fact have a particular stance on sex, contraception, pregnancy and abortion, such that the guidance and information they provide is not impartial. For a vulnerable young woman that is pregnant and seeking help, it is vital that she is supported to make her own decision about her pregnancy, and not the one that fits in best with the ethos of the organisation providing the help. Governors and educators should be aware that some 'crisis' pregnancy centres and those affiliated with faith groups may not provide the non-judgmental, non-directive and impartial help and guidance a woman in that situation needs.

A local or regional Teenage Pregnancy Coordinator should be able to provide help and guidance if there is any doubt about the quality of services provided in a particular area.

*What did you learn in the workshop? "I learnt that if you are pregnant and don't know what to do, there are people who can help you." "I learnt that the time limit for abortion is 24 weeks, but that it's much easier to access before 12 weeks."*

Students in Education For Choice workshops

# Education Guidance from the QCA and National Healthy Schools

## End of Key Stage 3 Statements

### PSHE

- Explain how to stay physically and mentally healthy
- Make informed choices to maintain health and well-being, and explain the reasons for these choices
- Assess the element of risk attached to making choices about healthy lifestyles
- Demonstrate effective ways of resisting negative pressure, including from their peers, and know where to get help

### RE

- Explore questions and influences that inform ethical and moral choices
- Understand what religions and beliefs say about human rights and responsibilities, social justice and citizenship
- Discuss, question and evaluate important issues in religion and philosophy, including ultimate questions and ethical issues
- Reflect on and evaluate their own beliefs and values and those of others in response to learning in RE, using reasoned, balanced arguments

## End of Key Stage 4 Statements

### PSHE

- Describe the short and long term consequences of personal health choices, and make decisions based on this knowledge
- Assess the risks and benefits associated with lifestyle choices such as sexual activity and make safer choices based on this assessment
- State where to find professional health advice and are confident in seeking it
- Discuss relationships, feelings and emotions, and analyse ways of managing these in connection with family events
- Explain the importance of different relationships and associated responsibilities, including those of marriage, parenthood and family life

### RE

- Think rigorously and present coherent, widely informed and detailed arguments about beliefs, ethics, values and issues, drawing well-substantiated conclusions
- Reflect on, express and justify their own opinions in light of learning about religion and study of religious, philosophical, moral and spiritual questions
- Develop their own values and attitudes in order to recognise their rights and responsibilities in light of their own learning about religion
- Relate learning in RE to the wider world, gaining a sense of personal autonomy in preparation for adult life
- Develop skills that are useful in adult life, especially critical enquiry, creative problem-solving and communication

## National Healthy Schools criteria

### No. Personal, Social and Health Education

- 1.1 Uses the PSHE framework to deliver a planned program in line with relevant DfES/QCA guidance
- 1.2 Monitors and evaluates PSHE provision to ensure the quality of teaching and learning
- 1.3 Assesses children/young people's progress and achievement in line with QCA guidance
- 1.5 Has up-to-date policies in place including: Child Protection and SRE
- 1.7 Involves external professionals to support PSHE delivery
- 1.8 Has arrangements in place to refer children/young people to specialists for professional advice
- 1.9 Uses local data to inform activities and support local and national activities
- 1.10 Ensures provision of PSHE professional development opportunities for staff
- 1.11 Ensures children/young people's views are reflected in curriculum planning, teaching and learning

### No. Emotional Health and Wellbeing

- 4.1 Identifies vulnerable individuals and groups and establishes appropriate support strategies
- 4.3 Has clear, planned curriculum opportunities to understand and explore feelings, and learn how to recognise and manage stress
- 4.4 Has a confidential pastoral support system in place
- 4.5 Has explicit values regarding positive emotional health
- 4.7 Provides appropriate training for those in pastoral roles
- 4.9 Has a clear confidentiality policy

# Teaching resources

EFC provides a range of teaching resources for educators to deliver lessons within both SRE and RE (more information on these is available in the Further information section on page 17). However, educators may wish to create their own resources including for example: quizzes, scenario cards for discussion, role plays, brainstorm, Q&A activities, and make use of quotes from different religions or provide real or fictionalised accounts of unintended pregnancy and abortion.

Educators may also want to make use of the following media (see box) when planning lessons about abortion. They provide ample material for discussion of why women have abortions and the role of abortion in women's lives.

- *Cries and Whispers*: a 40 page booklet from Marie Stopes International which is free to download and which tells the stories of women who live in countries where access to abortion is severely curtailed by the law
- *Vera Drake* (certificate 12, runtime 125 mins, 2004, UK): Award winning film from Director Mike Leigh starring Imelda Staunton
- *The Cider House Rules* (certificate 12, runtime 126 mins, 1999, UK): Oscar winning film starring Michael Caine, Tobey Macguire and Charlize Theron

## Lesson planning

The context in which abortion education is delivered is important. Young people need to understand that abortion is not something that just happens: that a number of decisions may have been taken which led to pregnancy in the first place; and that when pregnancy is confirmed, abortion is one of the options it presents.

By ensuring that teaching about abortion comes after young people have already learned about contraception, pregnancy, STIs and the relationship between drug and alcohol use and teenage pregnancy, for example, young people are better able to understand the context in which unplanned pregnancy happens and the context in which decisions about it are made.

Abortion education revisits these issues so that young people understand why abortion happens, and enables them to identify how they could act differently to reduce the risk of unintended pregnancy. It also addresses the options of parenting and adoption to ensure young people can evaluate abortion in relation to them, but does not replace more fulsome exploration of these options.

The lesson plan on the following page provides an example of a 45 minute lesson that an experienced educator, equipped with the basic facts about abortion provided in this toolkit, will be able to deliver in a safe and stimulating way in SRE or RE. It is suitable for use with young people aged 13 plus. It utilises active learning methods, emphasises young people's physical and emotional health and wellbeing and puts young people at the centre of their own learning.

The **introduction** should cover: why abortion is relevant to everyone – both young men and young women of all faiths, cultures and backgrounds – because more than one in four women in this country will have an abortion. So, it's likely that everyone already knows someone who's had an abortion and it's important that everyone has the opportunity to think about how unplanned pregnancy and abortion might affect them, or someone they care about.

The **stated aims and learning outcomes** should include: to think about what it might be like to be faced with an unplanned pregnancy; to consider the factors relevant to making a decision about pregnancy; to explore our own and each others views (including religious and moral beliefs) about abortion; to learn some key facts about abortion; to know where to go for help and advice about sex, contraception, pregnancy and abortion; and to know that seeking help quickly is essential.

**A working agreement** should be used to ensure that: participants feel confident in expressing and exploring a range of opinions and views; that participants understand that derogatory remarks and insults will not be tolerated; that consensus is not the goal of abortion education; and to discourage disclosure of personal information in group settings.

It would be useful to **conclude** the lesson by providing participants with information about local sexual health services for young people. They will then be able to discuss any matters raised in the lesson on a one-to-one, confidential basis, should they need to.

Time	Activity	Group	Aims	Type of LO	Learning Outcomes (LO) A: Attitudes S: Skills K: Knowledge
5-10	Introduce lesson Establish working agreement	Whole group	To outline the aims and intended outcomes of the lesson To create a safe learning environment	<b>K</b> <b>A</b>	YP understand what they are expected to achieve YP know boundaries and feel safe and respected in sharing their views. Discussion is well managed
10	Brainstorm	Whole group	To elicit what YP think and know about abortion including religious perspectives on abortion	<b>A</b> <b>S</b> <b>K</b>	YP understand there are a wide range of opinions about abortion YP develop communication skills to discuss abortion YP learn to distinguish between facts and opinions YP know that abortion is safe and does not lead to infertility YP know that seeking help quickly is vital
25	Scenario exercise/ role play	Pairs/ small groups	To explore what it would feel like to face an unintended pregnancy To explore the choices pregnancy presents and the influences in decision making (including religious and moral beliefs) To emphasise YP's rights to make their own, informed decisions about sex, pregnancy and abortion To encourage communication with parents, carers and health professionals To signpost to sources of client-centred, non-directive support	<b>A</b> <b>S</b> <b>K</b>	YP feel confident in discussing sex and relationships with members of the same and/or the opposite sex and with educators/health professionals YP understand the importance of and are motivated to protect themselves from unplanned pregnancy and STIs YP empathise with the dilemma of unintended pregnancy YP able to discuss thoughts/feelings YP develop decision making skills by considering how different pregnancy choices might affect their lives in the short and long term YP identify who they could talk to and where they could go for help and advice YP understand that sexual health services are confidential YP know that both taking responsibility for contraception is the safest way to have sex YP know that abortion is one of three options that pregnancy presents
5	Anonymous questions	Self/ pairs	To enable YP to ask questions/outline concerns about abortion	<b>K</b>	YP clarify the facts about abortion and dispel the myths.

# Checklist for delivery of abortion education

## Inform yourself of the key facts about abortion, then check the resources you use and refer to. Do they:

- Utilise accurate, evidence-based information from reputable sources?
- Use language and images that are respectful and inclusive of a range of experiences and backgrounds?
- Or do they contain inappropriate images, particularly those used out of context; that may be distressing or upsetting; or which are designed to provoke feelings of guilt and shame?

## Are learning aims and outcomes clearly set out at the beginning of the lesson? Does the lesson:

### ■ Ensure a non-judgmental, inclusive approach, by:

- Encouraging empathy for those that experience unintended pregnancy, adoption, early parenthood and abortion?
- Ensuring young people are aware of all pregnancy options and that no option is promoted or stigmatised?
- Exploring a variety of religious and secular viewpoints of abortion?
- Valuing the right of individuals to their own opinions about abortion?

### ■ Address pregnancy prevention and safer sex by:

- Encouraging both young men and young women to take responsibility for their sexual health?
- Helping young people to identify how they can take steps to reduce sexual risk-taking?
- Helping young people to identify some of the barriers to reducing risk-taking behaviour – and help them to build skills to overcome them?
- Promoting safer sex and ensuring young people understand the efficacy of contraception, including emergency contraception?

### ■ Address abortion in relation to young people, confidentiality and the law by:

- Enabling young people to understand what the law says about abortion?
- Ensuring young people understand their rights to access confidential information and treatment, including under the age of 16?
- Encouraging young people to seek help and advice quickly?

## Are ground rules used to:

- Highlight that there will be a range of views on the topic?
- Clarify that consensus is not the goal of abortion education – it is ok to have a difference of opinion about personal choices?
- Help ensure that everyone feels comfortable in expressing an opinion, and confident that their opinion will be valued?
- Make clear that put-downs and offensive language or behaviour will not be tolerated?
- Discourage disclosure of personal information in the classroom?

### ■ Help young people to develop decision-making skills by:

- Exploring the factors that could influence a decision about pregnancy?
- Enabling young people to distinguish between fact and opinion?
- Helping young people to consider the ways in which values and circumstances can come together to influence a decision about pregnancy?
- Ensuring young people understand that they have the right to make their own, informed decisions about sex, pregnancy and abortion?

### ■ Help young people to build the confidence, knowledge and skills to seek help and advice from parents, carers and professionals by:

- Helping young people to develop the vocabulary and communication skills to talk about pregnancy and abortion with family and health professionals?
- Signposting young people to reputable, confidential and non-judgmental sexual health services, which will support young people to make and act on their own informed choices?
- Ensuring young people know that it is important to seek help quickly when pregnancy arises, so that early access to antenatal care or abortion services can be facilitated?
- Stressing that inaction is not an option?

# Key facts

## Who has abortions?

Abortions carried out for residents of England and Wales	193,737
Proportion paid for by the NHS	87%
Highest abortion rate	For women aged 19: 35 abortions per 1,000 residents
Proportion of pregnant women under 18 choosing to have an abortion	47%
Proportion of pregnant women under 16 choosing to have an abortion	57%
Abortions for residents of other countries	7,436
Proportion of these from Northern Ireland	17%
Proportion of these from the Irish Republic	68%

Figures from the Department of Health show that women of every ethnicity have abortions:

Ethnicity	% of population	% of abortions provided
White	92	75
Asian or Asian British	4	8
Black or Black British	2	12
Mixed ethnicity	1.2	3
Chinese or other ethnic group	0.8	2

Population broken down by ethnicity: Government Statistical Service, June 2007. % of abortions provided by ethnic group: Abortion Statistics, England and Wales, 2006

(figures from all rows above apart from proportion choosing abortion under 18 and 16 are from Abortion Statistics, England and Wales: 2006, Government Statistical Service, June 2007, figures re proportion choosing abortion from Teenage Conception Statistics for England, 1998–2005, Teenage Pregnancy Unit, February 2007)

## Abortion and faith

The table below provides a brief overview of the teaching of different religions on abortion. More information on this can be found in EFC’s leaflet, Abortion & Religion. Whilst the table illustrates the diversity of perspectives on abortion between religions, it does not show the diversity of views within particular faiths. For example, some Catholics believe that abortion is very much an individual choice that the woman herself is best placed to make a decision about. Catholics For A Free Choice subscribe to this view: [www.cath4choice.org](http://www.cath4choice.org)

When it comes to an individual decision about abortion, a woman will need to weigh up her personal circumstances with her faith and arrive at her decision. This means that many women of faith have abortions – for example in Latin America, a predominantly Roman Catholic region where abortion is largely illegal, it is estimated that some 4 million abortions take place each year.

The teaching of different religions on abortion			
<b>Prohibited</b>	Roman Catholic Church	Jehovah’s Witnesses	Evangelical Christians
<b>Very restricted</b>	Russian and Greek Orthodox Churches	Orthodox Judaism	Hinduism
<b>Limited</b>	The Church of England	Islam	Liberal/Reform Judaism
<b>No written law</b>	Buddhism	Sikhism	Quakers
<b>Individual decision</b>	Humanists	Methodist Church	

## Abortion and the law

Two doctors must sign a certificate stating that the woman satisfies the legal criteria for abortion. In 2006, 97% of abortions were carried out under Ground C: that continuance of the pregnancy involved risk, greater than if the pregnancy were terminated, of injury to the physical or mental health of the pregnant woman. 1% of abortions were carried out under Ground E: that there was a substantial risk that if the child were born it would suffer from such physical or mental abnormalities as to be seriously handicapped.

Abortion Statistics, England and Wales: 2006, Government Statistical Service, June 2007

## Time limits

The vast majority of abortions (89% in 2006) are carried out at under 13 weeks of pregnancy. Beyond 13 weeks, abortion can be difficult to access in many parts of the UK, so if a woman wants to have an abortion, it is very important that she seeks help quickly to obtain one.

Although later abortion (up to 24 weeks) is the focus of much media debate, in fact it occurs very rarely, and when it does it is usually in exceptionally difficult circumstances.

Abortion beyond 24 weeks of pregnancy can only take place to save the woman's life; to prevent grave and permanent damage to her health; or in the case of a serious fetal abnormality.

The table below shows the proportion of abortions carried out at different gestations in 2006:

Under 9 weeks	67.6%
10 to 12 weeks	21.6%
13 to 19 weeks	9.2%
20 weeks or more	1.5%

Abortion Statistics, England and Wales: 2006, Government Statistical Service, June 2007

## Young people and confidentiality

Although the age of consent in England is 16, the law is not intended to prosecute mutually agreed sexual activity between two young people of a similar age. As long as the young person is not deemed to be at risk, health professionals do not need to share information about a young person's request for contraceptive advice or abortion. The law therefore says that under-16s are able to access confidential contraceptive advice and treatment, including abortion. Health professionals will always discuss with the young woman the benefits of involving her parents or carers in her decision about abortion, but will respect

her wishes if she does not want to involve them. So long as the young woman understands fully the choice she is making, and it is her own choice to have an abortion, a doctor can arrange an abortion without parental involvement. In this case the doctor must help the young woman to identify another suitable adult to support her.

## Abortion methods

Consultant gynaecologists who oversee abortion can decide which methods of abortion they prefer to be used at different stages of pregnancy. Depending on the gestation of the pregnancy (which is calculated by counting from the first day of the woman's last menstrual period) and the preference of the doctor, women are sometimes given a choice about the abortion method and the form of anaesthetic used. Most abortions take place within the first 12 weeks of pregnancy, when one of two methods will be used:

### ■ Early medical abortion (typically used up to 9 weeks gestation)

This method is also known as the abortion pill, though this is not a very accurate description, as it does not involve simply taking a pill. During an early medical abortion, drugs are used to cause an early miscarriage. One works by blocking the action of the hormone that makes the lining of the uterus hold onto the fertilised egg. The other, given 48 hours later, causes the uterus to cramp. The lining of the uterus breaks down and the embryo is lost in the bleeding that follows, as happens with a miscarriage.

### ■ Vacuum aspiration abortion (typically used between 5 and 15 weeks gestation)

Vacuum aspiration is another term for suction. During a vacuum aspiration abortion a thin, round-ended plastic tube is eased into the uterus through the cervix and attached to a pump. The contents of the uterus are then suctioned away through the tube. It is possible to have a vacuum aspiration abortion under a local or a general anaesthetic and the procedure takes about 10 minutes to perform.

In later pregnancy other abortion methods are available – for more information visit [www.efc.org.uk/Foryoungpeople/Factsaboutabortion/Methods](http://www.efc.org.uk/Foryoungpeople/Factsaboutabortion/Methods)

## How safe is abortion?

In their patient information, The Royal College of Obstetricians and Gynaecologists say that "for most women an abortion is safer than carrying a pregnancy and having a baby". All clinical procedures have risks, but the earlier in pregnancy that abortion is performed, the safer it is.

About Abortion Care: What You Need to Know, Royal College of Obstetricians and Gynaecologists, September 2004

### ■ Are there risks at the time of abortion or afterwards?

The Royal College of Obstetricians and Gynaecologists state that problems at the time of abortion are not very common. In 2006 complications were reported in 368 out of 193,737 abortions. This is a rate of 2 in every 1000 abortions.

Abortion Statistics, England and Wales: 2006, Government Statistical Service, June 2007

Women are more likely to experience problems in the two weeks after abortion than at the time of the procedure itself. The most commonly reported problem is infection, which is why antibiotics are routinely prescribed to prevent such an infection from taking place. It is important that when antibiotics are prescribed they are taken as directed: if infection is not treated promptly, it can cause more serious problems.

### ■ Will abortion affect a woman's chances of having a baby in the future?

The Royal College of Obstetricians and Gynaecologists say that there are no proven associations between induced abortion and subsequent ectopic pregnancy (where the pregnancy develops outside of the womb) or infertility. They cite conflicting evidence about whether abortion increases the risk of miscarriage or preterm delivery and conclude that abortion "may" be associated with a "small" increase in these risks.

The Care of Women Requesting Induced Abortion, Evidence-based Clinical Guideline No 7, Royal College of Obstetricians and Gynaecologists, 2004

Chlamydia, however, poses significant risks to fertility. It is the most common sexually transmitted infection and there is evidence that up to one in ten young people aged under 25 may be infected with it. Chlamydia often has no symptoms and if left untreated it can lead to pelvic inflammatory disease, ectopic pregnancy, and infertility.

Access to reproductive health services, Healthcare Commission

### ■ Does abortion cause breast cancer?

The Royal College of Obstetricians and Gynaecologists and Breakthrough Breast Cancer state that having an abortion does not increase a woman's life-time risk of developing breast cancer.

About Abortion Care: What You Need to Know, Royal College of Obstetricians and Gynaecologists, September 2004  
Abortion and Breast Cancer Risk: The Facts, Breakthrough Breast Cancer, July 2005

### ■ How will a woman feel after an abortion?

How a woman feels after abortion is dependent on the individual circumstances of her abortion, her reasons for having it and how comfortable and confident she felt about her decision to end her pregnancy. The Royal

College of Obstetricians and Gynaecologists say that women "may feel relieved or sad, or a mixture of both." It is unusual for a woman to have lasting problems after an abortion – the vast majority of women are able to incorporate a decision to end a pregnancy into their lives well, and to move on.

About Abortion Care: What You Need to Know, Royal College of Obstetricians and Gynaecologists, September 2004

The Royal College of Obstetricians and Gynaecologists say there is no evidence that abortion causes psychiatric illness. When women experience emotional or psychological problems following abortion the RCOG say they are usually a continuation of problems a woman experienced before her abortion. It is important to note that when women are denied abortion, negative outcomes are reported. This illustrates the importance of a woman being supported to make and act on her own, informed decision about her pregnancy.

About Abortion Care: What You Need to Know, Royal College of Obstetricians and Gynaecologists, September 2004

## Emergency contraception

There are two types of emergency contraception: emergency hormonal contraception – EHC (also known as the 'morning after pill') and the Intra Uterine Device – IUD (also known as the 'coil'). Both offer a safe and effective means of preventing pregnancy in the event that contraception has failed or has not been used: EHC can be taken up to 72 hours after unprotected sexual intercourse, but is most effective at preventing pregnancy (95%) when taken within the first 24 hours; the IUD is 99% effective at any time up to 5 days after unprotected sexual intercourse. Neither offers protection from sexually transmitted infections.

Your Guide to Emergency Contraception, fpa

### ■ Emergency contraception, NOT a method of abortion

In 2002 the Society for the Protection of Unborn Children launched a legal challenge claiming that Emergency Hormonal Contraception was a form of early abortion. The Judicial Review stated that pregnancy begins at implantation, and not at fertilization. It noted that emergency contraception works before implantation and if taken post implantation, cannot end a pregnancy. The Review therefore ruled that emergency contraception is not a method of early abortion, and is in fact a method of contraception – i.e. it works to prevent pregnancy and not to end it.

Judicial review of Emergency Contraception, Department of Health, February 2007

# Further information, guidance and resources

## Guidance on education

- **Ofsted**  
Time for change? Personal, social and health education, April 2007  
[www.ofsted.gov.uk](http://www.ofsted.gov.uk)
- **Qualifications and Curriculum Authority**  
For the teacher's handbook for units of work within Sex and Relationships Education and non-statutory guidance on Religious Education  
[www.qca.org.uk](http://www.qca.org.uk)
- **National Healthy Schools Programme**  
[www.healthyschools.gov.uk](http://www.healthyschools.gov.uk)
- **Department for Children, Schools and Families**  
For Sex and Relationships Education Guidance  
[www.dfes.gov.uk/sreguidance](http://www.dfes.gov.uk/sreguidance)
- **Sex Education Forum**  
[www.ncb.org.uk/sef](http://www.ncb.org.uk/sef)

## Teaching resources about abortion

- **Available to order from**  
[www.efc.org.uk](http://www.efc.org.uk)  
*Abortion & Religion* – a leaflet exploring abortion in relation to faith  
*Abortion: Rights, Responsibilities and Reason* (a two-part teaching resource – part one explores abortion in relation to citizenship, religion, ethics and the law; part two is for use within sex and relationship's education)  
*Abortion – Who Needs to Know?* – an information postcard providing key facts on abortion and signposting to sources of help and advice on a range of sexual health issues  
**Coming soon:** *Abortion – Interactive whiteboard resource*  
**Coming soon:** *Abortion: Dilemmas and Decisions – interactive presentation for use with large groups*
- **Training and consultancy on abortion and abortion education**  
For educators, health, youth-work and social care professionals  
[www.efc.org.uk](http://www.efc.org.uk)

- **Pregnancy decision-making support for young people**  
Confidential young people's sexual health clinics providing pregnancy decision-making support and referral for ante-natal and abortion services  
[www.brook.org.uk](http://www.brook.org.uk)  
Information on local family-planning clinics including for young people only  
[www.fpa.org.uk](http://www.fpa.org.uk)  
Best practice toolkit on pregnancy decision making support (a guide for practitioners, managers and commissioners)  
[www.efc.org.uk](http://www.efc.org.uk)
- **Information on benefits and support for young parents**  
[www.oneparentfamilies.org](http://www.oneparentfamilies.org)  
[www.surestart.gov.uk](http://www.surestart.gov.uk)
- **Information on adoption and fostering**  
[www.baaf.org.uk](http://www.baaf.org.uk)  
[www.everychildmatters.gov.uk/adoption](http://www.everychildmatters.gov.uk/adoption)

## Information about abortion

- For facts and information on abortion for young people, parents and professionals  
[www.efc.org.uk](http://www.efc.org.uk)
- For information on abortion for young people  
[www.brook.org.uk](http://www.brook.org.uk)
- For an information leaflet on abortion written for young people  
[www.fpa.org.uk/information](http://www.fpa.org.uk/information)
- For a poster aimed specifically at boys and young men  
[www.efc.org.uk](http://www.efc.org.uk)
- For evidence-based and patient information on abortion  
[www.rcog.org.uk](http://www.rcog.org.uk)
- For information about specific abortion methods  
[www.bpas.org.uk](http://www.bpas.org.uk) or [www.mariestopes.org.uk](http://www.mariestopes.org.uk)
- For statistics on abortion  
[www.dh.gov.uk](http://www.dh.gov.uk)

## Helplines

- **Brook Advisory Service**  
a free, confidential helpline for under 25s on all aspects of sexual health including pregnancy and abortion – **0800 0185 023**
- **BPAS Action Line**  
for confidential information and advice on pregnancy and abortion – **08457 304030**
- **Sexwise**  
a free, confidential sexual health helpline for under 18s run by RU Thinking on sexual health – **0800 28 29 30**
- **fpa**  
a confidential sexual health helpline for people of any age – **0845 122 8690**
- **NHS Direct**  
for help and advice on any medical issue – **08 45 46 47**
- **Childline**  
free helpline for children and young people – **0800 1111**
- **National Domestic Violence Helpline**  
**0808 2000247**
- **The Lone Parent Helpline**  
**0800 018 5026**
- **British Association of Fostering and Adoption**  
**020 7421 2600**
- **Frank**  
confidential help and information on alcohol and drugs – **0800 776600**
- **London Lesbian and Gay Switchboard**  
information, support and referral to services – **020 7837 7324**
- **Shelter**  
information, advice and support on housing – **0800 282930**

## Websites for young people

- **Confidential sexual health services and information for young people under 25**  
[www.brook.org.uk](http://www.brook.org.uk)
- **Sexual health info from the Teenage Pregnancy Unit**  
[www.ruthinking.co.uk](http://www.ruthinking.co.uk)
- **Sexual health info from Marie Stopes**  
[www.likeitis.org](http://www.likeitis.org)
- **Abortion information including for young women who think they may be pregnant**  
[www.efc.org.uk](http://www.efc.org.uk)
- **Confidential help and information on alcohol and drugs**  
[www.talktofrank.com](http://www.talktofrank.com)

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