

COST OF UNSAFE ABORTION

WOMEN'S QUESTIONNAIRE

1. IDENTIFICATION

101. Patient identification

- a. Identification number _____
- b. File number _____
- c. Date of admission _____
- d. Date of discharge _____

102. Name of health facility _____

103. Type of health facility (country specific)

- Tertiary hospital _____
- Secondary hospital _____
- Primary hospital _____

104. Ownership

- Government/Public _____
- Private _____
- NGO/Other _____

105. Geographic area located _____

106. Date of Interview _____

107. Time of Interview _____

108. Interviewer's Name _____

109. Language of Interview _____

110. Field Reviewed/Edited by _____ **Date:** _____

111. Office Reviewed/Edited by _____ **Date:** _____

112. Data Entry by _____ **Date:** _____

113. Result code of interview:

- ___ 1 Completed
- ___ 2 Partly Completed (explain)
- ___ 3 Refused
- ___ 4 Unable to respond
- ___ 5 Other (specify) _____

2. INTRODUCTION AND CONSENT

My name is _____ and I am working with _____. We are conducting a study about the health problems that affect many women in our country. We would like to learn about the pregnancy losses that women experience, the effects on their health and the costs of medical treatment. The purpose of this study is to get information that can help us improve health services for women who experience pregnancy loss.

I would like to ask you to be a part of this study by answering some questions about your current pregnancy loss and its effects on your health and finances. Later, we will ask your permission to get the medical information that is collected about you at this hospital. The health person who is treating you will help us in accessing your health record.

Your participation is voluntary and you will not receive a direct benefit for participating. If you decide to take part, you may stop at any time if you do not want to continue, and you may refuse to answer any question if it makes you uncomfortable. Your decision to participate in this study will not affect services you receive from this facility in any way. The interview will take about 20-30 minutes. All information collected from this study will be kept strictly confidential and no information which could identify you will ever be released.

Do you have any questions about this study today that you want to ask me? If you have any questions later about the study, you can contact [PRINCIPAL INVESTIGATOR of INSTITUTION at TELEPHONE NUMBER].

If you agree to participate in this interview, please sign or write your initials here to show that you understand the information above and that your consent is given voluntarily.

(Respondent)

(Date)

IF PERSON IS UNABLE TO READ OR SIGN:

I [the interviewer] will sign here indicating that the information above was read to you, that you agree to participate in this interview and that your consent is given voluntarily.

(Interviewer)

(Date)

SCREENING QUESTIONS FOR ELIGIBILITY

201. How old were you at your last birthday? _____ (AGE IN COMPLETED YEARS)

202. FILTER CHECK: In Q201 if age 17 or younger, then END INTERVIEW by saying “Thank you again for talking with me. The study is focused on the experiences of women age 18 years or older. We can end the interview here. I appreciate the time you gave to talk with me.”

3. BACKGROUND INFORMATION

301. RECORD THE TIME INTERVIEW BEGINS

Hour _____

Minutes _____

302. Do you live in a city, town or the countryside?

- 1 — City
- 2 — Town
- 3 — Countryside

I would like to ask you some questions about your household.

303. What is the main source of drinking water for your household?

- 1 — Piped water
- 2 — Well
- 3 — Spring
- 4 — Surface water (lake/pond/stream)
- 96 — Other: _____

304. What is the main material of the roof of your house?

- 1 — Natural roof (thatch/leaf)
- 2 — Rudimentary roof (mat/plastic sheets/reed/wood planks)
- 3 — Finished roof (corrugated iron/cement/concrete/tiled/roofing shingles)
- 96 — Other: _____

305. What kind of toilet facility does your household have?

- 1 — Flush or pour flush toilet (to septic tank or other)
- 2 — Pit latrine with slab
- 3 — Pit latrine without slab/Open pit
- 4 — No facility/bush/field **[SKIP TO 307]**
- 96 — Other: _____

306. Do you share this toilet facility with other households?

- 1 — Yes
- 2 — No

| 307. Does your household have or own the following: | | YES | NO |
|---|-------------------|-----|----|
| a. Electricity? | ELECTRICITY | 1 | 2 |
| b. A radio? | RADIO | 1 | 2 |
| c. A bicycle? | BICYCLE | 1 | 2 |
| d. A car/truck? | CAR/TRUCK | 1 | 2 |
| e. Any land that can be used for agriculture? | LAND. | 1 | 2 |
| f. Cattle? | CATTLE. | 1 | 2 |
| g. Donkeys? | DONKEYS. | 1 | 2 |
| h. Sheep or goats? | SHEEP/GOATS. | 1 | 2 |
| i. Your own house? | OWN HOUSE | 1 | 2 |

Now I'd like to ask a few questions about yourself.

308. What is the highest level of school you have completed, if any?

- 1 — No schooling
- 2 — Part primary
- 3 — Primary completed
- 4 — Part secondary
- 5 — Secondary completed
- 6 — More than secondary
- 96 — Other (specify): _____

309. Are you currently working for income in money or in kind? (IF YES, ASK WHETHER IT IS FULL-TIME OR PART-TIME)

- 1 — Yes, money, full time
- 2 — Yes, money, part-time
- 3 — Yes, payment is in kind → **[SKIP TO 312]**
- 4 — I am not working → **[SKIP TO 312]**

311. How much do you yourself earn in a week? (a day, week, month or year)

Amount _____

(CIRCLE ONE): 1—Day 2—Week 3—Month 4—Year

[SKIP TO 313]

312. [IF NOT WORKING FOR MONEY] What type of activity do you mainly do?

- 1— Full-time housewife
- 2— Student
- 3— Unemployed
- 4— Unpaid family worker
- 96— Other (specify) _____

313. Are you currently married, never married, separated or divorced, or widowed?

- 1 — Currently married
- 2 — Never married → **[SKIP TO 316]**
- 3 — Separated/Divorced → **[SKIP TO 316]**
- 4 — Widowed → **[SKIP TO 316]**

314. Thinking now about your husband/partner, how old is he?

_____ years old (completed years)

98 — Don't know

315. What is the highest level of schooling he has completed, if any?

- 1 — No schooling
- 2 — Part primary
- 3 — Primary completed
- 4 — Part secondary
- 5 — Secondary completed
- 6 — More than secondary
- 96 — Other (specify): _____
- 98 — Don't know

316. In total, how many times have you been pregnant? _____

317. FILTER CHECK: IF FIRST PREGNANCY, SKIP TO SECTION 4.

318. In total, how many children have you given birth to (including any that may have been born alive but later died)? _____

319. FILTER CHECK: IF NO CHILDREN EVER BORN, SKIP TO SECTION 4.

320. How many living children do you have? _____

321. FILTER CHECK: IF NO LIVING CHILDREN, SKIP TO SECTION 4.

322. How many daughters? _____

323. How many sons? _____

4. RECENT PREGNANCY

Many women find themselves pregnant when they do not want to be or when their situation makes it difficult for them to continue the pregnancy because of their life circumstances or the opposition of their husband/partner, relatives or others.

Now I have some questions about your recent pregnancy, that is, the one you are being treated for now.

401. When you became pregnant this time, were you doing something or using any method to delay or avoid getting pregnant?

- 1 — Yes
- 2 — No

402. When you became pregnant this time, did the pregnancy occur because you wanted it or was it unexpected?

- 1 — Wanted the pregnancy
- 2 — Unexpected → **[SKIP TO 404]**

403. Were there any reasons the pregnancy would have caused difficulties for you because of your circumstances or someone else's attitudes toward the pregnancy?

- 1 — Yes
- 2 — No → **[SKIP TO 405]**

404. What is the most important reason why you say this pregnancy was unexpected (or it would have caused difficulties for you)? [DO NOT READ OUT--CIRCLE ONE CATEGORY; IF MULTIPLE ANSWERS GIVEN, ASK "WHICH IS THE MOST IMPORTANT REASON?"]

- 1 — Husband/partner did not want a pregnancy this time
- 2 — Have enough children
- 3 — Cost of raising children is too high
- 4 — Too soon after last pregnancy
- 5 — Would have to drop out of school
- 6 — Would have to leave job
- 7 — Too young
- 8 — Too old
- 9 — Not married
- 10 — Health reasons
- 96 — Other (specify): _____

405. Did you ever consider stopping this pregnancy?

- 1 — Yes
- 2 — No

406. Did anyone suggest to you to stop the pregnancy?

- 1 — Yes
- 2 — No

407. FILTER CHECK: IF NO TO BOTH, Q405 AND Q406, SKIP TO 409.

408. Did you or someone else do something to try to stop the pregnancy?

1 — Yes → **[SKIP TO SECTION 5]**

2 — No

**409. What do you think might have caused the loss of this pregnancy?
[DO NOT READ OUT-- CIRCLE ALL THAT APPLY]**

1 — Lifted heavy things

2 — Felt upset or distressed

3 — Took medicine

4 — Drank herbal tea

5 — Your husband/partner beat

6 — Health reason

7 — Fell down/had an accident

96—Other (specify): _____

98—Don't know

[SKIP TO SECTION 6]

5. PRIOR TO ARRIVING AT THE HEALTH FACILITY

Now I am going to ask you some questions about this pregnancy and the time **BEFORE** you arrived at this facility.

501. How many weeks or months pregnant were you when you first tried to stop this pregnancy?

_____ weeks **OR** _____ months

502. How many times did you do or use anything to stop this pregnancy?

_____ times

503. Please tell me the first thing you did when you tried to stop this pregnancy.

1—Took herbs or some other product

2—Inserted something into vagina

3—Surgical abortion (MVA or D&C)

4—Medication abortion

5—Took other kind of tablets or pills

96—Other, specify: _____

Now, let us talk in more detail about each of the attempts you made trying to stop this pregnancy before arriving to this facility. Let us start with the first thing you did.

INTERVIEWER INSTRUCTIONS:

PROCEED TO TABLE BELOW AND FILL IT BY ROW, THAT IS, ASK QUESTIONS 504 - 508 FOR FIRST ATTEMPT, THEN RETURN TO 504 FOR THE SECOND ATTEMPT, AND SO ON.

IF THE NUMBER OF ATTEMPTS IN 502 IS 4 OR MORE, STOP RECORDING INFORMATION AFTER THE FOURTH ATTEMPT.

| ATTEMPT | 504. As a result of this (1 st , 2 nd , 3 rd , 4 th) attempt were you unable to do your normal activities (school, work, housework)? IF NO, TICK BOX BELOW "Able to do activities." IF YES, how many days or weeks were you unable to do these activities? | 505. How much was spent in total for this attempt? (include transportation, medication, fees for services, and any other expenses) [PROBE FOR ESTIMATE] | 506. Who paid for the costs related to this attempt? PROBE: Anyone else? (CIRCLE ALL THAT APPLY) | 507. Did you lose any income during this time? IF YES, How much income did you lose? [PROBE FOR ESTIMATE] | 508. Did anyone else in your household lose income during this time because of your illness? IF YES, How much income did he/she lose? [PROBE FOR ESTIMATE] |
|---------|---|---|---|---|--|
| First | ___ days OR ___ weeks <input type="checkbox"/> Able to do activities | _____ amount <input type="checkbox"/> Don't know amount | 1. Yourself 2. Husband 3. Other family 4. Friend 5. Other (specify) | _____ amount <input type="checkbox"/> Don't know <input type="checkbox"/> Did not lose income | _____ amount <input type="checkbox"/> Don't know <input type="checkbox"/> Did not lose income |
| Second | ___ days OR ___ weeks <input type="checkbox"/> Able to do activities | _____ amount <input type="checkbox"/> Don't know amount | 1. Yourself 2. Husband 3. Other family 4. Friend 5. Other (specify) | _____ amount <input type="checkbox"/> Don't know <input type="checkbox"/> Did not lose income | _____ amount <input type="checkbox"/> Don't know <input type="checkbox"/> Did not lose income |
| Third | ___ days OR ___ weeks <input type="checkbox"/> Able to do activities | _____ amount <input type="checkbox"/> Don't know amount | 1. Yourself 2. Husband 3. Other family 4. Friend 5. Other (specify) | _____ amount <input type="checkbox"/> Don't know <input type="checkbox"/> Did not lose income | _____ amount <input type="checkbox"/> Don't know <input type="checkbox"/> Did not lose income |
| Fourth | ___ days OR ___ weeks <input type="checkbox"/> Able to do activities | _____ amount <input type="checkbox"/> Don't know amount | 1. Yourself 2. Husband 3. Other family 4. Friend 5. Other (specify) | _____ amount <input type="checkbox"/> Don't know <input type="checkbox"/> Did not lose income | _____ amount <input type="checkbox"/> Don't know <input type="checkbox"/> Did not lose income |

6. EXPERIENCES SINCE ARRIVING AT THE HEALTH FACILITY

Now I want to ask you some questions about your experiences since you came to this facility.

601. How many days or weeks has it been since you first started having health problems and when you arrived here?

_____ days **OR** _____ weeks

602. How long have you spent in this facility receiving treatment?

1—Day patient, Specify number of hours: _____

OR

2—Inpatient, Specify number of nights: _____

603. Has the health facility offered any assistance with their fees?

1—Yes

2—No → **[SKIP TO Q605]**

604. What kind of assistance?

1—Allowed to pay some or all of fees later

2—Allowed to pay in non-cash form. Specify: _____

3—No fee charged

4—Nominal fee charged

5—Concession in fee

96—Other, specify _____

**605. How did you or how will you pay for all of the expenses related to your treatment?
[READ OUT ALL RESPONSE CATEGORIES]**

| | | |
|-------------------------------|-------|------|
| a. Own money | 1—yes | 2—no |
| b. Money from husband/partner | 1—yes | 2—no |
| c. Money from other family | 1—yes | 2—no |
| d. Money from friend | 1—yes | 2—no |
| e. Savings | 1—yes | 2—no |
| f. Health insurance scheme | 1—yes | 2—no |
| g. Other (specify) _____ | 1—yes | 2—no |
| h. Don't know | 1—yes | 2—no |

I'm going to read a list of expenses you or someone else may have paid for your treatment at this facility (like fees), expenses for things brought to the facility (like medicine) or other expenses (like meals for people who may have come with you). Please tell me the amount.

[INTERVIEWER: SPECIFY AMOUNT FOR EACH APPLICABLE CATEGORY BELOW]

606. What type of transportation did you use to reach this facility?

1--Public transport

2--Rented vehicle (taxi)

3--Personal transport (car, motorcycle, other)

4--Someone else transport

607. Transportation to this facility (fare or gas estimate). _____ 98 – Don't know¹
608. Fees for consultation or services (including procedures). _____ 98 – Don't know
609. Fees for tests. _____ 98 – Don't know
610. Costs for medicines or supplies either at this facility or that were brought to this facility. _____ 98 – Don't know
611. Costs for meals or lodging for you. _____ 98 – Don't know
612. Costs for meals or lodging for people who came with you. _____ 98 – Don't know
613. Were there any other costs you had? _____

Specify any other costs: _____

614. While you were at this facility, did you lose income because you could not work? If so, how much income did you lose? [PROBE FOR REASONABLE ESTIMATE]

1—Yes → Amount _____
2—No

615. While you were at this facility, did anyone else in your household lose income because of your illness? If so, how much income was lost? [PROBE FOR REASONABLE ESTIMATE]

1—Yes → Amount _____
2—No

616. FILTER CHECK: GO TO Q318 ABOUT NUMBER OF LIVING CHILDREN. IF NO LIVING CHILDREN, SKIP TO Q616.

¹ The code "98" for Don't Know in these questions will need to be revised to a numerical value that supercedes the highest reasonable response in the country's particular currency (e.g., "9998").

617. Since you have been ill, have any of your children been able to do any of the following activities?

- a. Attend school? 1—Yes
 2—No → How many days missed? _____
 3—Do not know
 4—No children enrolled in school

- b. Work? 1—Yes
 2—No → How many days missed? _____
 3—Do not know
 4—No children work

618. RECORD THE TIME INTERVIEW ENDS AND CONTINUE TO SECTION 7.

Hour _____
Minutes _____

7. CONSENT FOR MEDICAL INFORMATION AND FOLLOW-UP CONTACT

Thank you again for talking with me. All the information you gave will be used only for research purposes and will not identify you.

701. To learn more about the health problems women suffer and the treatment they receive, we would like your permission to get access to health information that is collected about you at this facility. The information will be linked to your interview by a number and not your name or other identifying information. Again, your participation is completely voluntary and you can refuse access to your information—it will not affect the care you receive here. May I have your permission to get your medical information from this facility?

- 1 — Yes
- 2 — No → *[SKIP TO 702]*

If you agree to permit us to get your medical information from this facility, please sign or write your initials here to show that you understand the information above and that your consent is given voluntarily.

(Respondent)

(Date)

IF PERSON IS UNABLE TO READ OR SIGN:

I [the interviewer] will sign here indicating that the information above was read to you, that you permit us to get your medical information from this facility and that your consent is given voluntarily.

(Interviewer)

(Date)

702. FILTER CHECK: GO TO QUESTION 409.
IF RESPONDENT TRIED TO STOP PREGNANCY (“YES” TO QUESTION 408), CONTINUE TO 703.
IF RESPONDENT DID NOT TRY TO STOP PREGNANCY (“NO” TO 408), END INTERVIEW AND COMPLETE SECTION 8 INTERVIEWER ASSESSMENT.

STUDY NUMBER: _____

703. Finally, I would like to talk to you again in about two weeks about any change in your health and how your life has been since you left here. May we contact you again in about two weeks?

1 — Yes

2 — No → *[THANK RESPONDENT AGAIN AND END INTERVIEW]*

If you agree to be contacted again, please sign or write your initials here to show that you understand the information above and that your consent is given voluntarily.

(Respondent)

(Date)

IF PERSON IS UNWILLING TO INITIAL OR SIGN OR UNABLE TO READ OR SIGN BUT AGREES TO BE A PARTICIPANT:

I [the interviewer] will sign here indicating that the information above was read to you, that you agree to be contacted again and that your consent is given voluntarily.

(Interviewer)

(Date)

704. Where do you want to meet again? At this health facility, your home or another place?

1—Health facility → *[SKIP TO 705]*

2—Home

96—Other (specify): _____

Where is (your home/this place)?

Address/Directions: _____

Phone number (if relevant): _____

705. When would you like you meet at (PLACE)?

(WRITE AGREED UPON DATE AND TIME) _____

706. If we are not successful in meeting, is there someone you will permit me to contact who will know how to reach you? If yes, I would only tell that person that I am from the Ethiopian Society of Obstetricians & Gynecologists and that I need to contact you to ask you some questions about your overall health.

Person's relationship to respondent: _____

Address/Directions: _____

Phone number (if relevant): _____

8. POST-INTERVIEW -- INTERVIEWER ASSESSMENT [FOR A PRE-TEST ONLY]

| 801. Were there questions or sections that you felt were <u>not understood properly</u> by the respondent? | a. Question number or Section number | b. Reasons why | c. Suggestions for improvement (e.g., rewording) |
|--|--------------------------------------|----------------|---|
| | | | |
| | | | |
| | | | |
| | | | |
| 802. Were there questions/sections that <u>caused the respondent to be uncomfortable or hesitant</u> ? | a. Question number or Section number | b. Reasons why | c. Ways discomfort or hesitancy could be overcome |
| | | | |
| | | | |
| | | | |
| | | | |
| 803. Were there questions that the respondent was <u>not willing or refused to respond to</u> ? | a. Question number or Section number | b. Reasons why | c. Suggestions for improvement |
| | | | |
| | | | |
| | | | |