

COST OF UNSAFE ABORTION

INTERVIEWER'S MANUAL

FOR WOMEN'S INTERVIEWS, PROVIDER CASE INTERVIEWS AND FOLLOW-UP IN-DEPTH INTERVIEWS

I. Interview types

There are three types of interviews used to measure the social and economic costs of unsafe abortion at the individual and household level. Each has a different questionnaire format.

A) a structured questionnaire to be conducted with female patients who are being treated for post-abortion complications at the health facility;

B) a structured questionnaire to be conducted with a health provider at the facility about each patient's case; and

C) an in-depth interview (IDI) to be conducted with women who self-report during their interview at the health facility that they tried to stop their pregnancy. The IDI should occur about two weeks after the patient is discharged from the health facility. Only a subset of women will be followed up with an IDI.

A. Women's facility interview

The purpose of interviews at the health facility is to obtain information on the social and economic costs of unsafe abortion to women and their households before they arrived at the health facility as well as during their treatment there.

This questionnaire is carefully structured. Questions should be asked in the exact order and wording as printed. Often, the participant must choose from specific response categories. There are some questions that instruct you not to read the response categories (e.g., 409) and others that instruct you to read aloud all response categories (e.g., 605). In addition, some respondents will not be asked all the questions in the survey. There are some questions that instruct you to skip past other questions, depending on the respondent's answer (e.g., 309, categories 3 and 4).

B. Provider's case interview

The purpose of the interview with a health provider at the health facility about each female patient being treated for post-abortion complications is to obtain 1) the proportion of post-abortion care patients who experience each type of complication and the final diagnosis and 2) serve as a check on the self-reported data from women. The provider's interview occurs only after a woman has given consent for her medical information to be accessed. The resulting information may be selective then of women who grant permission.

C. Follow-up in-depth interviews (IDI)

The purpose of these interviews is to obtain descriptions of the social and economic costs of the respondent's treatment after she is discharged from the health facility. Additionally, we would like to gain insight on her experiences and her perceptions of stigma at the health facility when she was receiving post-abortion care. The questions are mostly open-ended or with several probes to follow-up on the woman's response to find out more about her particular experiences or views.

It is crucial that the interviewer conducting these interviews have a very good rapport with the respondents and be skilled in this type of interview style: that is, a one-on-one conversation (but with the respondent doing most of the talking) and using a set of guiding questions (rather than a formal questionnaire with questions that must be read exactly as worded). It is strongly recommended that the interviewer(s) do at least one round of practice interviews and receive feedback on rapport, flow and tone of questioning.

II. Study sample

A. Recruited from health facilities: Respondents at health facilities will be selected from among all women being seen for post-abortion complications, including complications from both spontaneous and induced abortions. All respondents will have agreed to participate in the interview by giving informed consent (and the interviewer can sign to verify that consent was given).

Contingent on the selection of health facilities, eligible women would include both married and single women and those who reside in urban and rural areas. The interviews are restricted to female patients who are legally considered adults: that is, they are age 18 years or older. There are screener questions (questions 201-202 in the woman's questionnaire) that are used to identify eligible patients and to screen out minors (those age 17 years or younger) from the interview. This restriction can be removed depending on the country context.

B. Follow-up IDIs: A sub-sample of women interviewed at health facility and who self-report having tried to stop their pregnancy will be selected for the follow-up IDI. They will be asked at the end of the interview in the health facility for their consent to be re-contacted and interviewed again about two weeks later.

III. Field implementation

A. Language

Both the health facility interviews and the follow-up IDIs will be conducted in the language in which the respondent is most comfortable speaking.

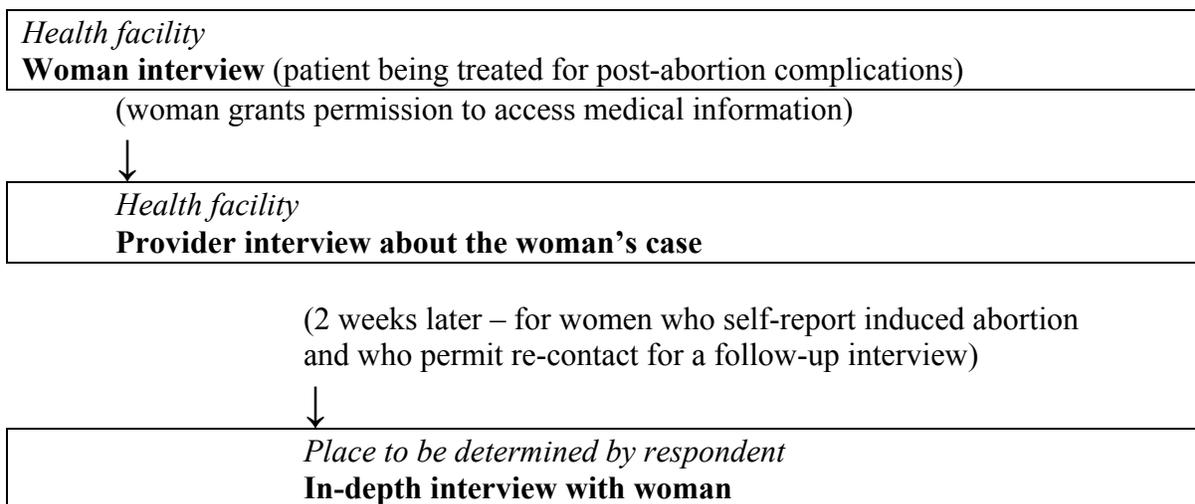
B. Venue and time

1) Women’s facility interview: The interviews with women at the health facility must be conducted in a neutral, quiet place. They must be conducted after the respondent has received treatment, but the actual time will ultimately be determined by the health condition of the patient.

2) Provider’s case interview: The interview with the health provider about the woman’s case must occur after the woman has been interviewed since her consent to permit access to her medical record information must first be granted.

3) Follow-up in-depth interviews (IDI): The follow-up IDI will be carried out about two weeks later in a location that the respondent will choose at the end of her interview at the health facility. For the follow-up IDI, it is important to inform the respondent about the use of an audio recorder and obtain permission for recording before an IDI can be conducted.

The boxes below show the order for data collection:



E. Transcribing and translation

Translation of the study instruments into different languages is dependent on the country context. Audio files should all be transcribed.

F. Ethical issues

The prospective respondent has the right to decline participation in any of the interviews. She also may choose not to respond to a question and is not obliged to provide any reason for her decision. It is important for the interviewers to explain the purpose of the study to the participant (it is stated in the consent forms).

If a woman does not agree to participate in the interview at the health facility, no interview should take place.

If a woman does not agree to permit access to her medical record, then no provider interview for her case should take place.

If a woman does not agree to be re-contacted following her health facility interview, no effort to re-contact should take place.

IV. Specific instructions for women's facility interview

The structured questionnaire has six sections.

Section 1 is the cover sheet. The first section is called "Patient identification." The "identification number" is the number the health facility has assigned to the woman and it is crucial that it be recorded correctly as it will be used, upon the woman's consent at the end of the interview, to link to her medical record (i.e., the separate interview with the provider can be correctly linked to her case). The nature of the identifying information collected will vary depending on the country context in terms of how patient files are identified and labeled.

Section 2: This is the informed consent page and it is very important to read the text slowly so that the woman understands what the interview is about. If she declines to participate, thank her for her time.

Questions 201-202 are used to identify respondents who are age 17 years or younger. If a respondent is a minor, the instruction in question 202 is to thank the respondent for her time, explain that the study is focusing on the experiences of those who are of age and end the interview in a nice way. Again, this restriction may be eliminated depending on the country context.

Section 3: Asks for the respondent's socio-demographic and household characteristics. A number of the questions refer to the respondent's "household." A household is a person or a group of persons who usually live and eat together. This is not the same as a family. A family includes only people who are related, but a household includes any people who live together, whether or not they are related. For example, two unrelated friends who live and cook meals together would not be considered one family, but they would be considered one household. A member of the household is any person who usually lives in the household.

Question 306

This question asks whether toilet facilities are used only by the respondent's household or are shared with people from other households. See definition of a household in the paragraph above.

Question 307

This is a set of questions about different things the household has or owns. The question about land for agricultural use refers to land owned by any household member for agricultural use. The list of items can be changed to fit the country context, but the list should be kept relatively short given limited time for the interview.¹

Section 4: Focuses on the woman's recent pregnancy that brought her to the health facility for post-abortion complications. These questions help to introduce the topic of the expenses associated with her attempts to stop her pregnancy. A short set of questions is asked about how wanted the recent pregnancy is and whether others encouraged the woman to stop the pregnancy. A direct question about whether the woman did anything to stop the pregnancy is only asked towards the end. Induced abortion is a sensitive and sometimes stigmatizing experience, so the direct question is asked only after other questions.

Section 5: Asks the respondent about the expenses incurred by her and her household prior to arriving at the health facility. Note that this section is ONLY administered to women who said they tried to stop their pregnancy (question 408).

Questions 504 to 508

These are the most important questions within section 5. In order to fill out these questions you need information the respondent provides in question 502 (the number of attempts she made to stop her pregnancy). If the woman made 5 or more attempts, you should ask 504-508 for the first attempt, and then repeat the questions for the second, third and fourth attempts. You should stop asking this set of questions after the fourth attempt. In these questions we are asking for a total amount spent in each attempt and the total amount of income lost by the woman or members of her household. It is not necessary to obtain a breakdown of expenses here.

For each expense or loss of income the respondent experienced, probe for her best estimate about the amount. If she does not know even after probing for her best estimate, tick the box "Don't know."

¹ See, for example, the article "Development of a proxy wealth index for women utilizing emergency obstetric care in Bangladesh" by E. Pitchforth, E. van Teijlingen, W. Graham and A. Fitzmaurice. 2007. Health Policy and Planning 22: 311-319.

Section 6: This section contains a set of questions about the expenses associated with her treatment at the facility.

Questions 605 to 613

These are the most important questions within section 6. In these questions we ask for specific expenses incurred by the respondent or members of her household during her stay at the health facility. Please make sure the participant includes all of her expenses, including those incurred outside the health facility; for example, the medicines she needed to buy or the supplies she needed to bring (cotton, gauze, alcohol, bedding, etc.) to the facility. If there are any additional expenses not included in the specific response categories, please record them in the space provided in the “other costs” category.

For each expense the respondent has experienced, probe for her best estimate about the amount. If she does not know even after probing for her best estimate, circle code “98” for Don’t know. 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”).

Section 7: Concerns consent to get access to a woman’s medical information and, for women who self-reported trying to stop their pregnancies, permission to re-contact them for an in-depth interview.

Questions 701 to 706

After ending the interview, there is a section for recording consent from the woman to 1) obtain her medical information from the health facility and 2) contact her for a follow-up interview.

Only women who reported that they tried to stop the pregnancy are eligible for a follow-up interview. Filter check #702 helps you identify these women. If the respondent agrees to be re-contacted, you will ask her where and when she prefers to be interviewed.

Section 8: This final section is ONLY FOR THE INTERVIEWER. This section should be completed away from the respondent and after the interview has ended. It should also be completed as soon as possible after the interview has ended when your impressions from the interview are still “fresh.”

The purpose of this section is to determine which questions and instructions can be improved. The interviewer feedback in section 8 will thus be used to show what changes need to be made following a pretest.

Questions 801 to 803

Please identify questions that the respondent seemed to have problems understanding and your impressions for why this was the case. Also identify questions that seemed to make the respondent uncomfortable or hesitant. Finally, we want to know the questions the respondent did not want to answer (respondents have the right to skip questions they do not want to answer).

V. Specific instructions for follow up IDI

Several items of information must be transcribed from the woman's questionnaire from the facility and the provider's interview to the cover page of the IDI.

101: The patient identification information from the woman's questionnaire (question 101) should be written in on the cover sheet of the IDI (also question 101) so the information can be linked anonymously.

102: Transcribe from the provider interview for this patient the date the respondent was discharged from the health facility (this is question 211 in the provider's case interview).

104: Transcribe from the woman's questionnaire the number of days or weeks she reported having waited before arriving to the health facility (question 601).

107 is the formal log of how difficult it was to make re-contact with eligible respondents for a follow-up interview. Please note each attempt made for re-contact and the date the attempt was made.

108 is the FINAL result code for the IDI: either no interview occurred despite up to 3 re-contact attempts (circle the reason) or a complete or incomplete interview occurred.

Section C has questions about the ways that people have treated the respondent with respect to her having had an abortion. Though not asked specifically, if the woman is married or living with a man as if married, we want to find out how this relationship in particular has changed, if at all, for better or worse (e.g., what kinds of positive or negative changes in her husband's behavior? Is she cared for in the same manner? How has her position at home changed, if at all?)