# Investigation about Abortion and Postabortion Care "Survey of Health Professionals in Malawi"

Respondent Identification Number:   Region:
Institution where respondent works:
Date of Interview: _ : _:   Time Started: _ _ _
Interview outcome: 1. Completed $\square$ 2. Refused $\square$ 3. Incomplete $\square$ 4. Not available for interview $\square$
Introduction:  My name is and I am working with the Reproductive Health Unit of the Ministry of Health. RHU is carrying out a research project designed to help us better understand the health implications of induced abortion in Malawi. We would like to obtain your professional assessment of certain aspects of this practice.  We would greatly appreciate if you base your answers on your experience and knowledge, or if you lack actual experience, on your perception of the situation. Questions are asked separately about abortion practices in urban and rural areas, and about poor women and women who are relatively well-off (non-poor). If your experience or perceptions are insufficient to enable you to answer questions on a sub-group of women, please feel free to point this out. We urge you, however, to answer as fully as possible because your perceptions and opinions are valuable information where factual data are lacking.
Your responses to this questionnaire will be completely confidential and will be used for purposes of this research only. No personal reference will be made to your participation in this survey of health care professionals. We will combine your responses with those of other health professionals to describe the general picture of induced abortion practice in Malawi.
Do I have your permission to proceed with the interview?YesNo
If you have any questions about this survey or the study please call Dr. Chisale Mhango, Reproductive Health Unit, Ministry of Health. Dr. Mhango may be reached at +265 01756 869 or by email at cmhango@globemw.net.
Thank you.
☐ Yes, Respondent is interested in being contacted with the results of the study.

	Module I: Basic Information				
S.No	Questions and Filters	Responses and Codes			
101	Gender of respondent	1. Male			
		2. Female			
102	Which of the following categories describes your primary	1. Researcher			
	profession?	2. Obstetrician/Gynecologist			
	[Interviewer: If more than one applies, tick the	3. Nurse/Midwife			
	category that accounts for the greatest proportion of the respondent's time.]	4. Clinical officer			
		5. Medical officer			
		6. Health Administrator (e.g. Ministry of Health)□			
		7. Advocate			
		8. Medical assistant			
		8. NGO (specify)			
		10. Other (specify)			
103	In which sector do you work primarily?	1. Private sector			
	[Interviewer: If the respondent works in more than	2. Public sector (government)			
	one sector, tick the category corresponding to the sector where he/she contributes the most time. If the	3. Non-governmental organization			
	respondent works equally in both the private and the public sector, they can fill that in under "Other."]	4. Other (specify)			
104	How long have you been working in this field?	Years			
105	How old are you?	Years			
106	In which area do you <b>currently</b> work?	1. Rural area			
	[Interviewer: If respondent works in both rural and urban areas, tick the category corresponding to the area where he/she contributes the most time.]	2. Urban area			
107	Have you ever worked in a rural area for six months	1. Yes			
	or more in the last five years only?	2. No			
		List the names of the rural areas where you have worked for six months or more in the last five years.			

Very little is known about the provision of induced abortion in Malawi. Nevertheless, we would like to have your opinion about several aspects of this area of reproductive behavior, insofar as you are able to give an informed opinion or an educated guess.

108	Please identify the different situations in which you have encountered the issue of	1. In a public clinic
	abortion.	2. In a private clinic framework
	[Interviewer : Please check all that apply, but do not suggest the answers]	Non-medical framework (research, policy-making, counseling, work in the field of law, etc)
	but do not suggest the answers	(specify)
		4. Through colleagues
		5. Other (specify)

## **Module II: Service Provision**

201

As far as you are aware, what methods are used in urban areas of Malawi to induce abortion?

How about in rural areas?

[Interviewer: Please read out each type of method for urban areas, tick the appropriate response and then repeat the same questions for rural areas. Please tick all that apply from the list below, regardless of the type of practitioner who may use the method.

		1. Urban Areas			2. Rural Areas		
Type of Method	1. Yes	2. No	3. Don't know	1. Yes	2. No	3. Don't know	
a. Manual vacuum aspiration MVA)							
b. Uterine evacuation (Dilation and curettage (D&C))							
c. Oral introduction of drugs, solutions or other substances (e.g. through the mouth)							
i. Hormonal drugs (e.g. contraceptive pills)							
ii. Herbal teas or solutions							
iii. Caustic agent (e.g. washing detergent)							
iv. Overdose of pharmaceuticals (e.g. Quinine, SB3 tablets)							
v. Other (specify)							
d. Injectables							
e. Vaginal introduction of drugs, solutions or other materials							
i. Hormonal drugs (e.g. Cytotec)							
ii. Herbs or solutions (using any form of insertion)							
iii. Catheter							
iv. Stick (e.g. cassava)							
v. Other (specify)							
f. Heavy massage, physical blows, jumping, falling							
g. Other means (specify any additional method/s not listed above)							

What do you think is the MOST common method used by doctors in urban areas of Malawi to induce abortion?	1. Urban areas:
In rural areas?	2. Rural areas:
What do you think is the MOST common method used by other health professionals	1. Urban areas:
areas of Malawi to induce abortion?	2. Rural areas:
In rural areas?	
What is the most common method used by TBA & herbalists?	1. Urban:
In rural areas?	2. Rural:
What do you think is the MOST common method used by Malawian women to self-induce abortion in urban areas?	1. Urban:
In rural areas?	2. Rural:
	method used by doctors in urban areas of Malawi to induce abortion?  In rural areas?  What do you think is the MOST common method used by other health professionals (e.g. nurse/midwives, clinical officers) in urban areas of Malawi to induce abortion?  In rural areas?  What is the most common method used by TBA & herbalists?  In rural areas?  What do you think is the MOST common method used by Malawian women to self-induce abortion in urban areas?

The following questions are asked separately about women who live in urban and rural areas. Each one asks you to consider two broad income groups – the poor and the relatively well-off (non-poor).

[Interviewer: You can mention that there are not exact definitions for "poor" and "non-poor," but by "poor" we mean women with lower income levels/cash incomes.]

#### 206 URBAN AND RURAL AREAS

I will mention the main types of people who could be performing induced abortions in Malawi. Considering first **urban areas**, indicate whether, in your opinion, each type of provider is used commonly (1), used sometimes (2), used rarely (3), or never used (4) by **poor urban** women and then by **non-poor** (relatively well-off) **urban** women seeking an abortion.

Next, respond for **poor** women and then **non-poor** women living in **rural areas**.

[Interviewer: Please read out each type of provider and then mark the appropriate number (1, 2, 3 or 4) for urban poor, urban non-poor, rural poor and rural non-poor.]

1= used commonly 2= used sometimes 3= used rarely

4= never used

Type of Provider	A. Urban Poor	B. Urban Non-Poor	C. Rural Poor	D. Rural Non-Poor
a. Doctor				
b. Clinical officer				
c. Nurse/midwife				
d. Traditional birth attendant/traditional healers				
e. Pharmacist/ dispenser/ drugstore				
f. Woman – self- induced				
g. Other (specify)				

207	How much do you think women in urban areas pay for first trimester abortions, according to the type of
	provider they use?

[Interviewer: Please check with Q 206 and request an amount or price range for only those providers who were rated as used commonly or used sometimes.]

	Amou	ınt Paid
Type of Provider	1. Minimum	2. Maximum
a. Doctor		
b. Clinical officer		
c. Nurse/midwife		
d. Traditional birth attendant/traditional healer		
e. Pharmacist/dispenser/drug store		
f. Other (specify)		

208 What percent of all induced abortions in **urban areas** do you think are being performed by each type of provider for **poor** women? Give an approximate percentage (all providers sum to 100%).

Now let's turn to **non-poor** women who live in **urban areas**.

[Interviewer: Please check with Q206 and request a response for only those providers who were rated as used commonly or used sometimes. Confirm that all providers sum to 100%. If they do not, probe for a correction, and adjust the answers below.]

Type of Provider	1. Urban Poor	2. Urban Non-poor
a. Doctor		
b. Clinical officer		
c. Nurse/midwife		
d. Traditional birth attendant/lay practitioner		
e. Pharmacist/dispenser/drug store		
f. Woman – self-induced		
Total	100%	100%

209 How much do you think women in **rural areas** pay for first trimester abortions, according to the type of provider they use?

[Interviewer: Please check with Q206 and request an amount or price range for only those providers who were rated as used commonly or used sometimes. If they do not, probe for a correction, and adjust the answers below.]

	Amount Paid		
Type of Provider	1. Minimum	2. Maximum	
a. Doctor			
b. Clinical officer			
c. Nurse/midwife			
d. Traditional birth attendant/Other lay practitioner			
e. Pharmacist/dispenser/drug store			
f. Other (specify)			

What percent of all induced abortions in **rural areas** do you think are being performed by each type of provider for **poor** women? Give an approximate percentage (all providers sum to 100%).

Now let's turn to non-poor women who live in rural areas.

[Interviewer: Please check with Q206 and request a response for only those providers who were rated as used commonly or used sometimes. Confirm that all providers sum to 100%. If they do not, probe for a correction, and adjust the answers below.]

Type of Provider	1. Rural Poor	2. Rural Non-poor
a. Doctor		
b. Clinical officer		
c. Nurse/midwife		
d. Traditional birth attendant/other lay practitioner		
e. Pharmacist/dispenser/drug store		
f. Woman – self-induced		
Total	100%	100%

## **Module III: Abortion Complications**

Now, I will talk you about abortion complications. As you know, complications that result from induced abortion range in severity. When we speak of abortion complications, we are referring to those consequences **that are severe enough to need treatment in a health facility**, whether or not the woman actually obtains health care. Complications due to abortion, as defined here, include not only the extremely serious cases such as those with sepsis or a perforated uterus, but also those cases which are termed "incomplete abortions," which are usually identified by heavy bleeding, and which present a somewhat less severe health risk to the woman, but which, nevertheless, need hospitalization. In answering the following set of questions concerning abortion complications, please keep this definition in mind.

Doctor officer Midwife practitioner drugstore h  a. Poor Number out of 10 women with abortion complications b. Non-Poor Number out of 10 women	
URBAN AREAS  Think about poor women in urban areas: out of ten poor urban women who have an abortion performe each type of provider that I will mention, how many would experience a medical complication that should receive medical treatment?  What would the number be for non-poor women in urban areas?  [Interviewer: Ask for each type of provider separately; insert a number in each column, even tho might be "0."]  1. 2. 3. 4. 5. Pharmacist/ dispenser/ dispenser/ dispenser/ drugstore  a. Poor  Number out of 10 women with abortion complications  b. Non-Poor  Number out of 10 women  Windows an abortion performe and a poor urban women who have an abortion performe and abortion performe and a poor urban women with abortion complications  b. Non-Poor  Number out of 10 women	_
URBAN AREAS  Think about poor women in urban areas: out of ten poor urban women who have an abortion performe each type of provider that I will mention, how many would experience a medical complication that should receive medical treatment?  What would the number be for non-poor women in urban areas?  [Interviewer: Ask for each type of provider separately; insert a number in each column, even tho might be "0."]  1. 2. 3. 4. 5. Pharmacist/ dispenser/ dispenser/ dispenser/ officer Midwife practitioner drugstore in the might abortion complications  b. Non-Poor Number out of 10 women with abortion complications  b. Non-Poor Number out of 10 women Number out of 10 women	
Think about poor women in urban areas: out of ten poor urban women who have an abortion performe each type of provider that I will mention, how many would experience a medical complication that should receive medical treatment?  What would the number be for non-poor women in urban areas?  [Interviewer: Ask for each type of provider separately; insert a number in each column, even tho might be "0."]  1. 2. 3. 4. 5. Pharmacist/ dispenser/ dispenser/ dispenser/ drugstore  a. Poor Number out of 10 women with abortion complications  b. Non-Poor Number out of 10 women Number out of 10 women Number out of 10 women	
Think about poor women in urban areas: out of ten poor urban women who have an abortion performe each type of provider that I will mention, how many would experience a medical complication that should receive medical treatment?  What would the number be for non-poor women in urban areas?  [Interviewer: Ask for each type of provider separately; insert a number in each column, even tho might be "0."]  1. 2. 3. 4. 5. Pharmacist/ dispenser/ dispenser/ dispenser/ drugstore  a. Poor Number out of 10 women with abortion complications  b. Non-Poor Number out of 10 women Number out of 10 women Number out of 10 women	<del></del>
each type of provider that I will mention, how many would experience a medical complication that should receive medical treatment?  What would the number be for non-poor women in urban areas?  [Interviewer: Ask for each type of provider separately; insert a number in each column, even tho might be "0."]  1. 2. 3. 4. 5. Pharmacist/ dispenser/ dispenser/ dispenser/ dispenser/ drugstore  a. Poor  Number out of 10 women with abortion complications  b. Non-Poor  Number out of 10 women  Windows and the should experience a medical complication that should experience a medica	
Urban Areas  Clinical Nurse/ TBA/lay dispenser/ dispenser/ drugstore  a. Poor Number out of 10 women with abortion complications  b. Non-Poor Number out of 10 women	hould
Doctor Clinical Nurse/ Midwife TBA/lay practitioner drugstore h	6.
Number out of 10 women with abortion complications  b. Non-Poor Number out of 10 women	Woman
with abortion complications	herself
	nerseif
Think about poor women in urban areas: out of 10 poor urban women who experience an abortion complication due to an induced abortion, how many do you think would be treated by a trained person in a health facility?  What would the number be for non-poor women living in an urban area?  Number out of 10 treated in health facility 1. Urban poor:  2. Urban non-poor:	nerseif

Where can women who live in **urban areas** go to be treated for abortion complications that result from induced abortion? Please indicate whether indicate whether, in your opinion, each type of provider is used commonly (1), used sometimes (2), used rarely (3) or never used (4) by **poor urban** women and then by **non-poor** (relatively well-off) **urban** women suffering from complications due to abortion.

Now let's turn to poor women and then non-poor women living in rural areas.

[Interviewer: Please read out each type of provider and then tick the appropriate section (commonly, sometimes, rarely, never) mentioned for urban poor, urban non-poor, rural poor and rural non-poor, respectively.]

[Interviewer: Please read out each type of provider and then mark the appropriate number (1, 2, 3 or 4) for urban poor, urban non-poor, rural poor and rural non-poor.]

1= used commonly 2= used sometimes

3= used rarely

4= never used

Type of Provider	1. Urban Poor	2. Urban Non-Poor	3. Rural Poor	4. Rural Non-Poor
a. Doctor				
b. Clinical officer				
c. Nurse/midwife				
d. Traditional birth attendant/traditional healers				
e. Pharmacist/ dispenser/ drugstore				
f. Woman – self- induced				
g. Other (specify)				

### 305 RURAL AREAS

Think about **poor women** in **rural areas**: Out of ten poor rural women who have an abortion performed by each type of provider that I will mention, how many would experience a abortion complication that should receive medical treatment?

What would the number be for **non-poor women** in **rural areas**?

[Interviewer: Ask for each type of provider separately; insert a number in each column, even though it might be "0."]

	1.	2.	3.	4. Pharmacist/	5.	6.
Rural Area	Doctor	Clinical officer	Nurse/ midwife	dispenser/ drugstore	TBA/lay practitioner	Woman herself
a. Poor					•	
Number out of 10 women with						
abortion complications						
b. Non-Poor						
Number out of 10						
women with						
abortion						
complications						

306	Think about <b>poor women</b> in <b>rural areas</b> : out of 10 <b>poor rural</b> women who experience <b>an abortion complication</b> due to an induced abortion, how many do you think would be treated by a trained person in a health facility?	Number out of 10 treated in health facility		
		1. Rural poor: _		
	What would the number be for <b>non-poor women</b> living in <b>rural areas</b> ?	2. Rural non-poor: _		

Module IV: Postabortion Counseling				
401	Do you offer postabortion contraceptive counseling services to all, some, or no abortion patients at this facility?  To whom do you give postabortion	1. All		
402	contraceptive counseling?	<ol> <li>Those who have many children</li></ol>		
403	As you know, some women become pregnant while they are using contraceptive methods.  From your experience, which methods were women with unwanted pregnancies commonly using at the time of conception?	1. Pills         2. Injectables         3. Implants         5. IUD         6. Male condom         7. Female condom		
	[Interviewer: Multiple responses are allowed. Do not prompt.]  Press for other methods	8. Diaphragm		
404	Do you think that all abortion patients should be offered postabortion contraceptive counseling while they are still at the health facility?	1. Yes		
405	Do you think that all abortion patients should be offered a contraceptive method while they are still at the health facility?	1. Yes		

106	What topics should be covered in the counseling on contraception during their stay in the hospital?  [Interviewer: Multiple responses allowed. Do not prompt.]	1. Instructions on correct use of all methods
	Are there any other comments you would li	ike to give us.

END: Thank you for your cooperation

Time Ended:	
Interviewer's Name:	-
Interviewer commentary on respondent's knowledge of rural a	reas
1. Knows very well	
2. Knows moderately well	
3. Knows passably well	
4. Doesn't know	
3. If the interviewer has any additional observations, please mark the	em down here: