Investigation on Abortion and Postabortion Care (PAC) Survey of Health Professionals in Uganda, 2013

My name is and I am working with Makerere University/School of Public Health. The School in conjuction with the Guttmacher Institute, a USA research organization, is conducting a research project designed to update the conditions and the health implications of induced abortion, and to know how these have changed since 2003 when the first study on the incidence of abortion was carried out in Uganda. 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 separately 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. This interview will take at least 1 hour of your time.

Your responses to this questionnaire will be completely confidential and will be used for research purposes 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 and its health implications in Uganda. Participating in this survey poses little if any risk. Although we expect that the results of this study will help improve the nation's health care system, there will be no direct financial benefit from it to you personally.

Do I have your permission to proceed with the interview?

AGREE	

DO NOT AGREE.....

Thank you

	•	d Postabortion Care (PAC) essionals in Uganda, 2013
001. 002.	Respondent Identification Number: District:	
003. 004. 005.	Region: Institution where respondent works: Date of Interview:	Day Month Year
006. 007. 008.	Time Started: Time Ended: Interviewer's Name:	hr min
	NOTE: TO BE ADMINIST	ERED BY INTERVIEWER ONLY.
009.	Result Code: If not complete, please explain why: [If facility is demolished or closed down, please try to find out when this occurred.]	1Complete2Incomplete3Refusal4Not found
	Supervisor Signature:	
	Interviewer's impression of the respondent's knowledge of rural areas	

	Module 1: E	Basic Information
Q #	Questions and Filters	Responses and Codes
101	Sex of respondent	1 Male 2 Female
102	How old are you?	Years
103	Of the following categories, which describes your primary profession/current work? [Interviewer: READ LIST. If more than one applies, circle the category that accounts for the greatest proportion of the respondent's time.]	1 Researcher 2 OBGYN specialist 3 Nurse 4 Midwife 5 Clinical Officer 6 Medical Officer/GP 7 Health Administrative Officer 8 Lawyer 9 Counselor/Social Work 10 Activist/Advocacy (specify) 96 Other (specify)
104	How long have you been working in this field? [Interviewer: Please record completed years. If less than one year, write "0".]	Years
105	In which of the following sectors do you work primarily? [Interviewer: READ LIST. If the respondent works in more than one sector, circle the category corresponding to the sector where he/she contributes the most time. If the respondent works equally in both the private and the public sector, they can fill that in under "Other".]	1 Public sector (government) 2 Private for profit 3 Private for non-profit (NGO) 96 Other (specify)
106	In which area do you currently worka rural or urban area? [Interviewer: If respondent works in both areas, circle the category of the area where he/she spends the most time. If the respondent works exactly part-time in both areas, then circle "Both"]	1Rural2Urban3Both
107	During the last five years, have you ever worked in a rural area for six months or more?	1 Yes 2 No → SKIP TO Q109
108	In total, how long have you worked in rural areas? [Interviewer: Please record completed years. If less than one year, write "0".]	Years

109	Have you been exposed to information on the practice of abortion	 Through work in a public health facility Through work in a private health facility
		1 Through a non-medical framework (i.e. research,
	[Interviewer: READ THE LIST. Multiple	policy-making, counseling, advocacy, law, etc.) 1 Through colleagues in any of the above settings
	responses allowed. Please circle all that apply.]	96 Other (specify):

Module II: Provision of Induced Abortion

In Uganda, very little is known about the provision of induced abortion—that is, steps taken or procedures done to end a pregnancy. Induced abortion may be done at any gestation, and it may be done by both trained and untrained providers in safe and unsafe conditions. We would like to have your input about several aspects of this area of reproductive behavior, insofar as you are able to give an informed opinion.

[Interviewer: For this module, remind the respondent that all questions are to be answered with respect to the entire country. If the respondent indicates that he/she is unable to estimate on that level, then encourage the respondent to respond at a regional level, then denote in the margins that respondent has answered the question at a regional level. This should only be done if the respondent is <u>completely unable</u> to provide a country level response

201 There are various methods currently used in Uganda to try to induce abortion. From the list of methods I will read, please tell me which methods you know that are used within this country, regardless of the type of practitioner who may use it. I will first ask you about methods used in urban areas and then I will repeat the list for rural areas. Please let me know if there are any other methods you would like to specify.

[Interviewer: Please READ out each type of method for urban areas, circle the appropriate response for all that apply and then repeat the same list of methods for rural areas.]

DK=Do not kno	w Q.2)1		Q.20)2	
Turne of Mothed	Urk	an A	reas		al Ar	
Type of Method	Yes	No	DK	Yes	No	DK
Standard methods						
a. Manual vacuum aspiration (MVA)	1	2	98	1	2	98
 b. Dilation and curettage (D&C) 	1	2	98	1	2	9
c. Dilation and Evacuation (D&E)	1	2	98	1	2	9
Oral introduction of drugs, solutions or other substances (i.e. through	gh the mouth)					
d. Misoprostol (e.g. Cytotec)	1	2	98	1	2	9
e. Other hormonal drugs (i.e. contraceptive pills)	1	2	98	1	2	ç
f. Herbs /Teas /Solutions	1	2	98	1	2	ę
Vaginal introduction of drugs, solutions or other materials						
g. Misoprostol (e.g. Cytotec)	1	2	98	1	2	g
h. Other hormonal drugs (i.e. contraceptive pills)	1	2	98	1	2	g
i. Herbs/Teas/ Solutions (Using form of insertion)	1	2	98	1	2	g
j. Catheter	1	2	98	1	2	ç
k. Caustic agents (e.g. Washing detergent)	1	2	98	1	2	g
I. Overdose of pharmaceuticals (e.g. Quinine, Fansider)	1	2	98	1	2	ç
m. Other solid objects (<i>urban</i>)	1	2	98	1	2	ę
Other solid objects (rural)						
Physical methods						
n. Heavy massage or pressure on abdomen, physical blows, falling	1	2	98	1	2	ç
o. Excessive exercise	1	2	98	1	2	g
	· ·	-			_	
Other methods					-	1
p. Injectables specify	1	2	98	1	2	9
q. Other means (Specify) any additional method/s not listed above)	1	2	98	1	2	ŝ
(urban)						
(rural)						
What do you think is the MOST common method used by:	Q203. Urban Are	as	Q20	04. Rural	Area	as
TBA/Traditional healer						
Clinical officer/Nurse/Midwife						
Doctor						
Woman herself (self-induction)						
[Interviewer:use the letters in Q.202 or enter "98" if the perso	n connot provido		nonco	1		

The following questions are asked separately about women who live in urban and rural areas. Each one asks you to consider two broad socioeconomic groups – the poor and the relatively well-off (non-poor). **Considering this country as a whole, I want you to give us your opinion on the following.**

[Interviewer: There are no exact definitions for "poor" and "non-poor," but by "poor" we mean women with seven or less years of schooling. **Only if necessary**, explain that poor women are those who have economic difficulties to afford the costs of a safe abortion.

		UR	BAN	ARE	AS						
	[Interviewer: Please read out each type of provider for urban poor then reread list for urban non-poor. Probe for an answer if "don't know".] C=Commonly, S=Sometimes, R=Rarely, N=Never, DK=Don't know	Q.205 Considering first URBAN areas, indicate whether, in your opinion, each of the following types of provider is commonly, sometimes, rarely or never used by poor women seeking an abortion.						AN we her ea der is / or ne	omen ach of comr ever u	the follo	indicate wing types of ometimes, non poor
	Type of provider			Urbar	poor wo	men		Url	ban n	on-poor v	vomen
	a. Doctor b. Clinical officer c. Nurse d.Certified/Trained Midwife e. Pharmacist/Dispenser/drugstore/chemist f. TBA/traditional healer g. Woman - self-induced h. Other (poor):		C 1 1 1 1 1 1 1 1 1 1	S 2 2 2 2 2 2 2 2 2 2 2 2 2	R/N 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	DK 98 98 98 98 98 98 98 98 98 98 98 98 98 98 98 98 98		C 1 1 1 1 1 1 1 1 1	S 2 2 2 2 2 2 2 2 2 2 2 2 2 2	R/N 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	DK 98 98 98 98 98 98 98 98 98 98 98 98 98 98 98 98 98
207 208	Other (non-poor): [Interviewer: Please check with <u>Q 205 an</u> request an amount or price range for onl providers who were rated as used comm <u>sometimes.</u> Probe if the respondent answ know."]	y tho only	<u>se</u> or us	ed	think po URBAN first-trim weeks c	How much do for women in a reas pay fo lester abortior or less) from e illowing provid	ora n (14 each	poor you t trime	worr hink t ster a	hen . How hey pay	urn to non- v much do for first- from each of
	Type of Provider				Urb	an poor wome	en		Urbar	non-poo	or women
	a. Doctor b. Clinical officer c. Nurse d.Certified/Trained Midwife e. Pharmacist/Dispenser/drugstore/chemist f. TBA/traditional healer g. Woman - self-induced h. Other (poor): Other (non-poor):										

	[Interviewer: Please read out each type of provider. Confirm that all providers sum to 100%. If they do not, probe for a correction, and adjust the answers below.]	abortions do you think are being performed by the following providers for poor URBAN women? Please							performed by the following provider							
	Type of Provider		ι	Jrban	poor	womer	n		Urban non-poor women							
	a. Doctor					%							%			
	b. Clinical officer	†				%							%			
	c. Nurse					%							%			
	d.Certified/Trained Midwife					%							%			
	e. Pharmacist/Dispenser/drugstore/chemist	-				%							%			
	f. TBA/traditional healer	-				%							%			
	g. Woman - self-induced					%				%						
	h. Other (poor):					%							%			
	Other (non-poor):					70							70			
	TOTAL	-			100%				100%							
	The next set of questions f		0.00.14	omo			ral	raaa i	n Llac	ndo		100%				
	The next set of questions h					<i>j 1</i> u	1 a 1 a	ieas i	n Oya	nua.						
212	[Interviewer: Please read out each type of provider for rural poor then reread list for rural non-poor. Probe for an answer if "don't know".] C=Commonly, S=Sometimes, R=Rarely, N=Never, DK=Don't know	Q.211 Please indicate if each of the following types of provider is commonly, sometimes, rarely or never used by poor rural women seeking an abortion.						Q.212 Now considering non-p RURAL women. Please indica whether each of the following ty provider is commonly, sometim rarely or never used by non poor women seeking an abortion.						e of		
	Type of provider	Rural poor women						Rural non-poor women								
			С	S	R/N		DK			С	S	R/N		DK		
	a. Doctor		1	2	3		98			1	2	3		98		
	b. Clinical officer		1	2	3		98			1	2	3		98		
	c. Nurse		1	2	3		98			1	2	3		98		
	d.Certified/Trained Midwife		1	2	3		98			1	2	3		98		
	e. Pharmacist/Dispenser/drugstore/chemist		1	2	3		98			1	2	3		98		
	f. TBA/traditional healer		1	2	3		98			1	2	3		98		
	g. Woman - self-induced		1	2	3		98			1	2	3		98		
	h. Other <i>(poor)</i> :		1	2	3		98			1	2	3		98		
	Other (non-poor):			<u> </u>	10.01											
	[Interviewer: Please check with <u>Q 211 an</u> request an amount or price range for onl providers who were rated as used comm <u>sometimes</u> Probe for an answer if the respondent an know."]	l <u>y tho</u> Ionly	<u>se</u> or us	<u>ed</u>	think RUR first t week	poor AL are rimesters s of le	wom eas pa er ab ss) fr	en in ay for ortion om ea					nuch do you or first trimester			
	Type of Provider					Rural p	oor w	/omen	1		Rural	non-p	oor wo	omen		
	a. Doctor															
	b. Clinical officer				<u> </u>											
	c. Nurse				<u> </u>											
	d.Certified/Trained Midwife				<u> </u>											
	e. Pharmacist/Dispenser/drugstore/chemist															
	f. TBA/traditional healer				<u> </u>											
	g. Woman - self-induced															
	h. Other <i>(poor)</i> :															
					r										_	

[Interviewer: Please read out each type of provider. Confirm that all providers sum to 100%. If they do not, probe for a correction, and adjust the answers below.]	Q.215 What percent of all induced abortions do you think are being performed by the following providers for poor RURAL women? Please note that all percentages must add to 100%	Q.216 Now, let's turn to non-poor women. What percent of all induced abortions do you think are being performed by the following providers for non- poor RURAL women?
Type of Provider	Rural poor women	Rural non-poor women
a. Doctor	. %	%
b. Clinical officer	%	%
c. Nurse	%	%
d.Certified/Trained Midwife	%	%
e. Pharmacist/Dispenser/drugstore/chemist	%	%
f. TBA/traditional healer	%	%
g. Woman - self-induced	%	%
h. Other <i>(poor)</i> : Other <i>(non-poor)</i> :	%	%
TOTAL	100%	100%

Module III: Abortion Complications

Now, I would like to talk to you about abortion complications. As you know, complications from an induced abortion range in severity. When we speak of abortion complications, we are referring to those consequences **severe enough to need treatment in a health facility,** regardless of whether the woman obtains health care. We define complications to include not only extremely serious cases such as sepsis or a perforated uterus, but also those cases termed "incomplete abortions." Incomplete abortions are usually identified by heavy bleeding and present a somewhat less severe health risk to the woman, but still require hospitalization. In answering the following questions, please keep this definition in mind.

301	Considering urban areas, please indica	C=commonly; S= N=never												
	short term health complications apart fr			С	S	Ν	С	S	Ν					
	commonly, sometimes or never from in	duced abortion	in	a. Incomplete abortion			2	3	1	2	3			
	Uganda.			b. Excessive loss of blood		1	2	3	1	2	3			
		c . Infection of the u surrounding areas	terus and/or	1	2	3	1	2	3					
	Now considering rural areas in Ugand	la		d. Sepsis or septic	shock	1	2	3	1	2	3			
	[Interviewer: Please read each type of co	mplication and		e. Damage to gut (ntestines)	1	2	3	1	2	3			
	circle the respondent's answers for each	type of		f. Damage to vagin	1	2	3	1	2	3				
	complication]	g . Damage to uteru Perforation)	1	2	3	1	2	3						
			h . Pain in lower ab	domen	1	2	3	1	2	3				
			i. Other		1	2	3	1	2	3				
				(specify, urban)										
			(specify rural)					_						
	We are now asking a	a set of question	ns about wo	men living in urba	n areas in Ug	gand	a.							
		UF	RBAN ARE	AS										
303	[Interviewer: Ask for each type of provider separately; insert a number for each type of provider, even though it might be '0'.]	Q.302 Think a areas. Out of 1 have an aborti provider that I experience a n should receive facility?	Now, consider non-poor N women. Out of 10 non-p who have an abortion ned by the following provide any would experience and al complication that should e medical treatment in a hea ?											
	- Destas	Out of 10	poor urba	n women	omen Out of 10 non-poor urban wo									
	a. Doctor													
	b. Clinical officer													
	c. Nurse													
	d.Certified/Trained Midwife													
	e. Pharmacist/ Dispenser /drugstore/chemist													
	f. TBA/traditional healer													
	g. Woman - self-induced													
	h. Other <i>(poor)</i> :													
	Other (non-poor):													
304	 a. Think about poor women in URBAN women who experience a medical con abortion, how many do you think actua person in a health facility? b. What would the number be for non-p URPAN would the number be for non-p 		rban poor w ealth facility rban non-pc	oor w										
I	URBAN area?			in	a health faci	iiity								

305-	[Interviewer: Read out each type of f	acility	Q.30	5 Hov	v oftei	n do p	oor	URBAN	Q.30	6 No	w thi	nking	j abou	ut non-poor		
	for both urban poor and urban non-p									to URBAN women. How often do they go						
	Probe for an answer if "don't know",	only		eated					to the these places to be treated for							
	accept if necessary.]		complications that result from						medical complications that result from							
	C=commonly R=rarely		induced abortion: commonly, sometimes, rarely/never?					nly,	induced abortion: commonly, sometimes, rarely/never?							
	S=sometimes N=never		00111		, iuio	, iy/110			sometimes, rarely/never?							
	DK=don't know															
	Type of provider/facility			С	S	R/N	DK			С	S	R/N	DK			
	a. Doctor			1	2	3	98			1	2	3	98			
	b. Clinical officer			1	2	3	98			1	2	3	98			
	c. Nurse			1	2	3	98			1	2	3	98			
	d.Certified/Trained Midwife			1	2	3	98			1	2	3	98			
	e. Pharmacist/Dispenser/drugstore/che	mist		1	2	3	98			1	2	3	98			
	f. TBA/traditional healer			1	2	3	98			1	2	3	98			
	g. Woman - self-treated			1	2	3	98			1	2	3	98			
	h. Other <i>(poor)</i> :			1	2	3	98			1	2	3	98			
	Other (non-poor):		I			1		I				1				
	We are now as	king a set	of qu	estior	is abc	out wo	omen	living in r	ural a	reas.						
			RU	JRAL	ARE	AS										
	[Interviewer: Ask for each type of	Q.307 Th												n-poor		
	provider separately; insert a	areas. Ou												10 non-poor		
	number in each column, even	have an a												ortion		
	though it might be '0'.]													ng providers,		
									how many would experience and medical complication that should							
		facility?												nt in a health		
		-							facility?							
		Out	t of 10 poor rural women						Out of 10 non-poor rural women							
	a. Doctor			P C C					Out of 10 non-poor rural women							
	b. Clinical officer															
	c. Nurse															
	d.Certified/Trained Midwife															
	e. Pharmacist/ Dispenser					1						<u> </u>				
	/drugstore/chemist															
	f. TBA/traditional healer															
	g. Woman - self-induced															
	h. Other <i>(poor)</i> :															
	Other (non-poor):															
309	a. Think about poor women in RURAL															
	women who experience a medical com										men	out o	of 10	treated in a		
	abortion, how many do you think actual person in a health facility?	ly get trea	atea	by a tr	aineo			heal	th fac	ility						
	person in a nearr raolity :															
	b. What would the number be for non-p	oor wome	en livi	ng in a	a RUF	RAL		Rura	al noi	n-poc	or wo	men	out o	f 10 treated in		
	area?			J						acility						
								L								

	[Interviewer: Read out each type of facility for both rural poor and rural non-poor. Probe for an answer if "don't know", only accept if necessary.] C=commonly R=rarely S=sometimes N=never	worr be tr com indu	Q.310 How often do poor RURAL vomen go to the following places to be treated for medical complications that result from induced abortion: commonly, sometimes, rarely/never? Q.311 Now thi RURAL wome to the these pl medical comp induced aborti sometimes, rarely/never?									ten de e trea nat re nonly,	o they ted fo sult fr	y go or
	Type of provider/facility a. Doctor b. Clinical officer c. Nurse d.Certified/Trained Midwife e. Pharmacist/Dispenser/drugstore/chemist f. TBA/traditional healer g. Woman - self-treated h. Other (poor):	-	C 1 1 1 1 1 1 1 1 1	S 2 2 2 2 2 2 2 2 2 2 2 2	R/N 3 3 3 3 3 3 3 3 3 3	DK 98 98 98 98 98 98 98 98			C S 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2	R/N 3 3 3 3 3 3 3 3 3 3 3 3	DK 98 98 98 98 98 98 98 98			
312	Of all urban women who deliver a live born child i	vate facility that is staffed with a trained provider to assist 1. Ur								births a omen	1	ded ii Rural		nen
313	For the following, please indicate whether it is never/rarely, sometimes, or always a barrier to th use of post abortion care services. [Interviewer: READ THE LIST and indicate in each case (A) Always, (S) Sometimes, (R) Rarely, or (N) Never	e	Barriers for use of PAC servicesa.Cost to womanb.Distance/ transportationc.Inadequate training of providersd.Inadequate space/equipment at facilitye.Under-staffing at facilityf.Hostile/unfriendly provider attitudesg.Lack of patient information on servicesh.Husband/family objectionsi.Fear/stigmaj.Delay in identifying danger signsk.Other (specify):						A 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	S 2	R/N 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	DK 98		

	Module IV	: Use of I	misopros	stol		
	prostol (or Cytotec) is increasingly becoming avai nber of purposes. I would like to ask your views a					ed for
401	As far as you are aware, is misoprostol currently in Uganda to induce abortion?	y being used	1 Ye 2 No 98 Do	-	SKIP TO SECTIO SKIP TO SECTIO	
402	For how long has misoprostol been used in Uga induce abortion? [Interviewer: If less than one year, write "0"]	inda to		ars ago n't know		
403	As far as you are aware, where do you think mis most commonly used: in urban areas, rural area both?	-	2 Mc 3 Eq	ore in urban areas ore in rural areas ually in both area n't know		
404	As far as you are aware, where do you think mis provided or sold? [Interviewer: Do not read list. Multiple respo allowed. Please circle all that apply.]		1 Cli 1 Nu 1 Tra 1 Ph 1 Ch 1 Ho 96 Ott	ctors' private prac nical Officers' priv rses'/midwives' p aditional birth atte armacies emist/Drug vendi spitals/Health fac ner (specify): n´t know	vate practice rivate practice ndants/Herbalists ng stores ility	
405	Regardless of urban or rural area, how frequent a pregnancy by the following people: commonly [Interviewer: Read each person listed below	y, sometimes, r	arely or never	?	d" to terminate	
	Type of Provider a. Medical doctor b. Clinical Officer c. Nurse/midwife d. Traditional birth attendant e. Pharmacist f. Chemist/drug vendor g. Woman (self-induced) h. Partner/Spouse i. Friends/family member j. Other (specify):	Commonly 1 1 1 1 1 1 1 1 1	Sometimes 2 2 2 2 2 2 2 2 2	Rarely/ Never 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	Don't Know 98 98 98 98 98 98 98 98 98 98 98 98 98	

406	How much do you think a woman in Uganda pays for an abortion performed using misoprostol from each of the following sources?						
	Type of Provider		Amount in Shillings		Don't Know		
	a. Medical doctor			98			
	b. Clinical Officer			98			
	c. Nurse/midwife			98			
	d. Traditional birth attendant				98		
	e. Pharmacist			98			
	f. Chemist/drug vendor			98			
	g. Other (specify):				98		
	correct dose: commonly, sometimes, rarely or [Interviewer: Read each provider/person an Type of Provider		oropriate respor	Rarely/	Don't		
	- Madiant de stan	1	2	Never	Know 98		
	a. Medical doctor	$\frac{1}{1}$	2	3			
	b. Clinical Officer			3	98		
	c. Nurse/midwife	$-\frac{1}{4}$	<u></u>	3	98		
	d. Traditional birth attendant	= <u>1</u>	2	3	98		
	e. Pharmacist	1	2	3	98		
	f. Chemist/drug vendor	1	2	3	98		
	f. Chemist/drug vendor g. Woman (self-induced)	1	2	3	98		
	f. Chemist/drug vendor g. Woman (self-induced) h. Partner/Spouse	$ \begin{array}{c} \hline 1 \\ \hline 1 \\ \hline 1 \end{array} $	2 2 2	$\frac{3}{3}$	98 98		
	f. Chemist/drug vendor g. Woman (self-induced) h. Partner/Spouse i, Friends/family member	$ \begin{array}{c} 1 \\ 1 \\ 1 \\ $	$\begin{array}{c} 2 \\ 2 \\ 2 \\ 2 \\ 2 \\ 2 \\ 2 \\ 2 \\ 2 \\ 2 $		98 98 98		
	f. Chemist/drug vendor g. Woman (self-induced) h. Partner/Spouse	$ \begin{array}{c} \hline 1 \\ \hline 1 \\ \hline 1 \\ \hline 1 \\ 1 \end{array} $	$\begin{array}{c} 2 \\ 2 \\ 2 \\ 2 \\ 2 \\ 2 \\ 2 \\ 2 \end{array}$		98 98		
18	f. Chemist/drug vendor g. Woman (self-induced) h. Partner/Spouse i, Friends/family member j. Other <i>(specify)</i> :	1			98 98 98		
8	f. Chemist/drug vendor g. Woman (self-induced) h. Partner/Spouse i, Friends/family member j. Other (<i>specify</i>): Out of ten women who have an abortion by the	e use of	2	3	98 98 98 98	lications	
8	 f. Chemist/drug vendor g. Woman (self-induced) h. Partner/Spouse i, Friends/family member j. Other (specify): Out of ten women who have an abortion by the misoprostol, how many do you think would expredical complication that should receive medical complexity of the section o	1 e use of perience a	2	3	98 98 98	lications	
8	 f. Chemist/drug vendor g. Woman (self-induced) h. Partner/Spouse i, Friends/family member j. Other (<i>specify</i>): Out of ten women who have an abortion by the misoprostol, how many do you think would exp 	1 e use of perience a	2	3	98 98 98 98	lications	
8	 f. Chemist/drug vendor g. Woman (self-induced) h. Partner/Spouse i, Friends/family member j. Other (specify): Out of ten women who have an abortion by the misoprostol, how many do you think would expredical complication that should receive medical complexity of the section o	1 e use of perience a cal treatment in	2	3	98 98 98 98	lications	
	f. Chemist/drug vendor g. Woman (self-induced) h. Partner/Spouse i, Friends/family member j. Other (specify): Out of ten women who have an abortion by th misoprostol, how many do you think would exp medical complication that should receive medi a health facility? [Interviewer: Please refer to definition of co	1 e use of perience a cal treatment in omplications in	2	3	98 98 98 98	ications	
8	f. Chemist/drug vendor g. Woman (self-induced) h. Partner/Spouse i, Friends/family member j. Other (specify) : Out of ten women who have an abortion by th misoprostol, how many do you think would exp medical complication that should receive medi a health facility? [Interviewer: Please refer to definition of co the beginning of Section 3]	1 e use of perience a cal treatment in omplications in complication prostol, how	2 Wom	3 en out of 10 e>	98 98 98 98		

	Module V: Postabort	ion	Co	ounselling
501	As you know, some women become pregnant while they are using contraceptive methods. In your opinion, which methods were women with unintended pregnancies using at the time of conception? [Interviewer: DO NOT PROMPT. Multiple responses are allowed.] Probe for other methods. (Are there other methods? What else)		1 1 1 1 1 1 1 1 1 1 1 1	Pills Injectables Implants IUD Male condom Female condom Diaphram Tubal ligation (Female sterilization) Vasectomy (Male sterilization) Vasectomy (Male sterilization) Withdrawal Rhythm method (e.g. Moon beads) Spermicides Emergency contraception Abstinence No method Lactational amenorrhea/Breast feeding Other (specify):
502	Do you think providers of PAC services offer contraceptive counselling to all, some, or none of their patients?		1 2 3	All Some 98 Don't know None
503	Do you think that all abortion patients should be offered postabortion contraceptive counselling while they are still at the health facility?		1 2	Yes No
504	Do you think that all abortion patients should be offered a contraceptive method while they are still at the health facility?		1 2 3	Yes No Sometimes
505	In your opinion, which methods are most appropriate for post abortion care patients? [Interviewer: DO NOT PROMPT. Multiple responses are allowed.] Probe for other methods. (Are there other methods? What else)		1 1 1 1 1 1 1 1 1 1 1 1	Pills Injectables Implants IUD Male condom Female condom Diaphram Tubal ligation (Female sterilization) Vasectomy (Male sterilization) Withdrawal Rhythm method (e.g. Moon beads) Spermicides Emergency contraception Abstinence No method Other (specify):

Module VI: Opinions

601 Comparing the problem of medical complications due to unsafe abortion with other health problems of pregnant women in Uganda, would you say that unsafe abortion is:

[Interviewer: Read list and circle one response.]

1	A serious	problem

- 2 A minor problem
- 3 Not a problem

602 I am going to read some of the most common reasons women in Uganda seek to have an induced abortion. Please rate each reason as a frequent, somewhat frequent or infrequent reason for abortion.

[Interviewer: Please read each reason and ask its frequency]

Reason	Frequent	Somewhat frequent	Infrequent	Don't know
a. The woman is unmarried	1	2	3	98
b. Economic reasons	1	2	3	98
c. The pregnancy is unplanned or unwanted	1	2	3	98
d. The pregnancy may affect the woman's health	1	2	3	98
e. The pregnancy threatens the woman's life	1	2	3	98
f. Indication that child will have mental or physical anomalies	1	2	3	98
g. Pregnancy resulted from incest	1	2	3	98
h. The pregnancy is the result of rape	1	2	3	98
i. Other (specify):	1	2	3	98

603 Please indicate if any of the recommendations I am going to list could be used in Uganda to reduce the number of unsafe abortions and to lower the level of abortion in general:

[Interviewer: Please read each recommendation.]	Yes	No	Maybe	Don't know
a. Improve sex education in schools	1	2	3	98
b. Promote abstinence	1	2	3	98
c. Publicize the health risks involved in unsafe abortion	1	2	3	98
d. Provide contraceptive counselling post-delivery and postabortion	1	2	3	98
e. Increase availability of family planning services	1	2	3	98
f. Improve access to effective contraception for young and unmarried women	1	2	3	98

604 Are there any other recommendations that you would make to reduce the number of unsafe abortions in Uganda? What are they? [Interviewer: Record response(s) in the space

[Interviewer: Record response(s) in the space provided. If no other recommendations, write "None."]

605	Do you feel that the laws of Uganda on abortion should
	be modified?

 1
 Yes

 2
 No
 [END]

 3
 No opinion
 [

[END]

606 Under what circumstances do you think that	Abortion should be provided:				
abortion should be provided?	1 On demand (if the woman requests for it)				
	1 If the woman's health is at risk				
[Interviewer: DO NOT READ the list and	1 If the girl is still in school				
circle all that apply. Multiple responses are	1 Unmarried girl/woman				
allowed.]	1 If the girl/woman cannot care for the child				
	1 If the mother is HIV+				
	1 Pregnancies after incest				
	1 Pregnancies after rape				
	1 Contraceptive failure				
	1 Abortion should not ever be provided				
[Interviewer: Record other response(s) in the space	96 Others (Specify)				
provided.]					
Thank you very much for your time. Your views are very important and will help make health services better for women. If you are interested in receiving the final publication based on this survey after it is completed, for women.we will be happy to provide it to you. 1 YES, agrees to be contacted to receive publication 2 NO, does not agree to be contacted to receive publication in a place separate from the questionnaire]					
Interviewer observations:					