| Menstrual Regulation and Unsafe Abortion in Bangladesh:<br>Incidence and Impact on Women's Health and Fertility<br>Survey of HEALTH FACILITIES in Bangladesh   |                 |  |                            |  |  |
|--|-----------------|--|----------------------------|--|--|
| 01. Name of facility:  |                 |  |                            |  |  |
| 002. Division: 0   | 003. District:  |  | 004. Upazila:              |  |  |
| 005. Type of facility:         A. Government         1       Medical College Hospital         2       District hospital         3       MCWC         4       Specialized hospital         5       Upazila Health Complex | B. Non-governme | /ledical College Hosp<br>lospital<br>linic | C. Number of Beds:<br>ital |  |  |
| 006. Location of facility           1         Urban         2         Semi-urbar   | n 3 Rural       | 007. Facility ID #:                        |                            |  |  |
| 008. Interviewer's name:   |                 | 009. Interviewer co                        | ode:                       |  |  |
| 010. Date of Interview:  | Year            | 011. Questionaire I<br>012. Batch #:       | D #:                       |  |  |
| 013. Time started:   | ur min          | 014. Time ended:                           | hour min                   |  |  |

|      | Section 1: E  | Sasic I   | nformation  |
|------|---|---|---|
| S.No | Questions and Filters   |   | Responses and Codes   |
| 101  | Person being interviewed<br>[Interviewer: select the category that applies to the<br>respondent. Tick only one category.] | 1<br>2<br>3<br>4<br>5<br>6<br>7<br>8<br>9<br>10<br>11<br>96 | Head of OB-GYN/Professor of OB-GYN<br>Consultant OBGYN<br>Assistant director of clinical contraception (ADCC)<br>Registrar/Residential Medical Officer (RMO)<br>Upazila Health & Family Planning Officer (UH&FPO)<br>Medical officer MCH (MCH-FP) /MO Clinic<br>General physician<br>Clinic Manager<br>Nurse/midwife<br>SACMO/Medical Assistant (UH&FWC/Sub-Center)<br>FWV<br>Other (specify) |
| 102  | Sex of respondent   | 1   | Male<br>Female  |
| 103  | How old are you?  | 1<br>2<br>3<br>4  | 20-29<br>30-39<br>40-49<br>50+  |
| 104  | What is the highest academic qualification that you have?   | 1<br>2<br>3<br>4<br>5<br>96                                 | M.B.B.S. (MPH, DGO, MRCOG, FCPS)<br>Medical Assistant<br>Paramedical Course<br>Diploma in Nursing<br>Post graduate<br>Other (specify)   |

| 105 | For how many years have you worked as a health care provider?  |                                      | Years   |
|-----|--|--------------------------------------|---|
| 106 | Which types of RH services does this facility<br>provide?<br>[Interviewer: Please READ out all relevant<br>categories. Multiple responses are allowed. Tick all<br>that are mentioned] | c<br>d<br>e<br>f<br>y<br>h<br>i<br>x | Specialized (OB-GYN)<br>Maternity and delivery<br>Family planning services (either temporary or permanent)<br>Antenatal care (ANC)<br>Postnatal care (PNC)<br>Immunization<br>Reproductive tract infection/Sexually transmitted infection<br>Post-abortion (post-MR) care<br>MR services<br>Other<br>None of the list above |
| 107 | Does this facility currently possess functional MVA kits or MR syringes?   | 1                                    | Yes<br>No   |
| 108 | Is anyone in this facility trained to use MVA kits or MR syringes?   | 1                                    | Yes<br>No   |

#### **Section 2: Post Abortion or Post-MR Complications Care**

**[INTERVIEWER READ OUT]:** Now, I would like to ask you some questions regarding medical care for patients treated at this facility for abortion complications, irrespective of whether the abortion was spontaneous or induced, as well as for patients with post-MR complications. By complications, we are referring to those consequences that are severe enough to need treatment in a health facility. Abortion complications, 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,". These are usually identified by heavy bleeding, and present a somewhat less severe health risk to the woman, but which, nevertheless, need medical attention and care.

[Interviewer: Please note that the abortion complication questions relate to spontaneous and induced abortions, as well as complications related to menstrual regulation (MR), and to MR using medication (MRM). You should reiterate this as often as possible while completing this section.]

| 201 | Does this facility provide post abortion care?  | 1     | Yes<br>No <b>[If NO go to Section 4]</b>   |
|-----|---|-------|--|
| 202 | In this facility, how are postabortion patients treated?<br>That is, are they treated as outpatients only, or as<br>inpatients only, or both? | 1 2 3 | Both (as outpatient and inpatient)<br>Outpatient only<br>Inpatient only <b>==&gt; [Go to Q205]</b> |

| 203 | In the <b>average month</b> , how many postabortion patients<br>would you estimate are treated as <b><u>outpatients</u></b> in this<br>facility as a whole? Please remember to include all<br>abortion patients, whether they are spontaneous or<br>induced abortions.  | a. Number of outpatients in the average month  |
|-----|---|--|
|     | [Interviewer: Please probe to elicit a response for an<br>average month; if respondent is not able to provide you<br>with that estimate, then probe for the number in an<br>average year. Specify that this is a full calendar year.<br>Please reiterate to the respondent that we want his/her<br>best estimate, that the estimate should include both<br>spontaneous and induced abortion patients, and that it<br>should take into consideration all wards of the facility.]   | <b>OR</b><br>b. Number of outpatients in the average year  |
| 204 | During the <u>past month</u> , how many postabortion<br>patients would you estimate were treated as<br><u>outpatients</u> in this facility as a whole?<br>[Interviewer: Please probe to elicit a response for the past<br>month; if respondent is not able to provide you with that<br>estimate, then probe for the number in the past year.<br>Specify that this is a full calendar year. Please reiterate to<br>the respondent that we want his/her best estimate, that<br>the estimate should include both spontaneous and<br>induced abortion patients, and that it should take into<br>consideration all wards of the facility.] | a. Number of outpatients in the past month<br><b>OR</b><br>b. Number of outpatients in the past year |

|     | [Interviewer: See Q 202. If the Health facility pro   | ovides ONLY outpatient services Go to Q 207.]   |
|-----|---|---|
| 205 | In the <b>average month</b> , how many postabortion patients<br>would you estimate are treated as <b>inpatients</b> at this<br>facility as a whole? Please remember to include all<br>abortion patients, whether they are spontaneous or<br>induced abortions.  |   |
|     | [Interviewer: Please probe to elicit a response for an<br>average month; if respondent is not able to provide you<br>with that estimate, then probe for the number of<br>inpatients in an average year. Specify that this is a full<br>calendar year. Please reiterate to the respondent that we<br>want his/her best estimate, that the estimate should<br>include both spontaneous and induced abortion patients,<br>and that it should take into consideration all wards of the<br>facility. | a. Number of inpatients in the average month OR b. Number of inpatients in the average year |
| 206 | During the <b>past month</b> , about how many post abortion patients would you say were treated as <b>inpatients</b> at this facility as a whole?   | a. Number of inpatients in the past month   |
|     | [Interviewer: Please probe to elicit a response for the past<br>month; if respondent is not able to provide you with that<br>estimate, then probe for the number of inpatients in the<br>past year. Specify that this is a full calendar year. Please<br>reiterate to the respondent that we want his/her best<br>estimate, that the estimate should include both<br>spontaneous and induced abortion patients, and that it<br>should take into consideration all wards of the facility.]       | b. Number of inpatients in the past year  |

|     |  | -                           |
|-----|--|-----------------------------|
| 207 | Just to confirm, from what you have just told me, in an<br><u>average month (</u> or average year) this facility treats<br><u>outpatients</u> and <u>inpatients</u> for abortion                             | Summary in an average month |
|     | complications, for a total of patients.  | a. Number of outpatients    |
|     |  | b. Number of inpatients     |
|     | [Interviewer: Please read out the total number of<br>spontaneous and induced abortion patients seen at this<br>facility as outpatients (Q 203) and as inpatients (Q 205) in<br>an average month.]            | c. Total                    |
|     |  | OR                          |
|     | Is this correct?   | Summary in an average year  |
|     | [Interviewer: If correct, please insert again at right; if not,<br>then correct Q 203 and Q 205 and insert at right.]  | a. Number of outpatients    |
|     |  | b. Number of inpatients     |
| 208 |  | c. Total                    |
| 208 | Just to confirm, from what you have just told me, in the <b>past month</b> (or past year) this facility treated <b>outpatient</b> and <b>inpatients</b> for abortion complications, for a total of patients. | Summary in the past month   |
|     |  | a. Number of outpatients    |
|     | [Interviewer: Please read out the total number of  | b. Number of inpatients     |
|     | spontaneous and induced abortion patients seen at this facility as outpatients (Q 204) and as inpatients (Q 206) in the past month.]   | c. Total                    |
|     |  | OR                          |
|     | Is this correct?   | Summary in the past year    |
|     | [Interviewer: If correct, please insert again at right; if not,<br>then correct Q 204 and Q 206 and insert at right.]  | a. Number of outpatients    |
|     |  | b. Number of inpatients     |
|     |  | c. Total                    |

| 209 | <ul> <li>a. In the <u>last year</u>, did any woman die in this facility from complications of an unsafe abortion or MR?</li> <li>b. [If yes] In your estimate how many died?</li> </ul> |  | 1 | Yes<br>No <i>[if NO go to Q210]</i><br>Number who died |      |
|-----|---|--|---|--|------|
|     |   |  |   |  |      |
| 210 | What percentage of the post-abortion patients at this   |  |   |  | %    |
|     | facility had these complications?   |  | а | Shock  |      |
|     |   |  | b | Sepsis   |      |
|     |   |  | с | Uterine perforation                                    |      |
|     | [Interviewer: Read list and record the percentage of  |  | d | Hemorrhage   |      |
|     | patients with each complication. The percentages must<br>add up to at least 100%. They may add up to more than  |  | е | Incomplete abortion                                    |      |
|     | 100% since a patient may suffer from more than one complication.]   |  | f | Cervical/vaginal lacerations                           |      |
|     |   |  | g | Bladder injury   |      |
|     |   |  | h | Intestinal injury                                      |      |
|     |   |  | х | Other (specify):                                       |      |
|     |   |  |   |  |      |
| ind | Of all patients treated for the specific complication of<br>incomplete abortion, what percent were treated with<br>each of the following techniques: MVA, EVA, D&C and                  |  |   |  | %    |
|     | treatment with medication such as misprostol or mifepristone?   |  |   | a. MVA   |      |
|     |   |  |   | b. EVA   |      |
|     |   |  |   | c. D&C   |      |
|     |   |  |   | d. Treatment with medication                           |      |
|     | [Interviewer: Record percentage after reading each<br>method. The percentages for each of the techniques must<br>add up to 100%]  |  |   | TOTAL  | 100% |
|     |   |  |   |  |      |

| <ul> <li>a. Considering all patients treated in this facility for abortion complications in the past month (both as inpatients and as outpatients), about what percentage do you think had complications because of a menstrual regulation (MR) procedure (which may be done by MVA/syringe or by medication abortion)?</li> <li>b. In the <b>past</b> month, about how many women do you</li> </ul> |                                 | % of post-abortion complication patients due to<br>MR<br>Number of post-MR complication patients in the  |
|--|---------------------------------|--|
| think had complications because of a menstrual<br>regulation (MR) procedure (done by MVA/syringe or<br>medication abortion)?   |                                 | past month   |
| Please indicate which complications resulting from MR<br>procedures using MVA or syringes have been treated<br>at this facility in the past year.<br>[Interviewer: Read list and tick all complications<br>respondent mentions]  | b<br>c<br>d<br>e<br>f<br>g<br>h | Shock<br>Sepsis<br>Uterine perforation<br>Hemorrhage<br>Incomplete MR<br>Cervical/vaginal lacerations<br>Bladder injury<br>Intestinal injury<br>Other (specify): |

|             | Section 3: Post A   | bortion ( | Counseling   |   |     |
|-------------|---|-----------|--|---|-----|
| 301         | Is there an opportunity for patients with<br>postabortion complications to receive counseling<br>at this facility?  | 1         | Yes<br>No <b>[If NO, go to Q.305]</b>                          |   |     |
| 302         | Is it possible at this facility to maintain privacy and confidentiality while offering counseling?  | 1         | Yes<br>No  |   |     |
| 303-<br>304 | What topics of information/counseling are offered   |           | S=Spontaneous response   |   |     |
| 001         | in this facility?   |           | P=Prompted response  |   | 304 |
|             | [Inteviewer: DO NOT read list first, allow respondant<br>to answer spontaneously and tick each response<br>mentioned in the "S" column. For every topic not | а         | Family planning  | S | P   |
|             | spontaneously mentioned by the respondent, specifically ask:]   | b         | Emergency contraception  |   |     |
|             |   | с         | Pain management  |   |     |
|             | Is information/counseling on(family planning, etc) offered in this facility?  | d         | Advice on infection prevention                                 |   |     |
|             |   | е         | Reproductive Tract Infection/Sexually<br>Transmitted Infection |   |     |
|             | [Inteviewer: Tick the box under "P" for each<br>prompted "yes" response]  | f         | Advice to return for a follow up visit                         |   |     |
|             | Are there any other topics of   | x         | Other (specify):   |   | -   |
|             | information/counseling that are offered in this facility?   |           |  |   |     |
|             |   |           |  |   |     |
| 305         | During their stay in this facility, about what percent<br>of abortion complication patients are routinely<br>given family planning counselling?             |           | % of patients routinely given counseling                       |   |     |
|             |   | 98        | l don't know   |   |     |
|             |   |           |  |   |     |

| 306 | Are contraceptive methods offered to abortion complication patients at this facility?  | 1 Yes<br>2 No <b>[If NO, go to SECTION 4]</b>  |
|-----|--|--|
| 307 | a. What percent of abortion complication patients are routinely given any contraceptive method?  | 98 I don't know  |
| 308 | Which methods of family planning are commonly<br>offered to post-abortion cases at this facility?<br>[Interviewer: Do NOT read list. Multiple responses<br>are allowed, tick all that are mentioned] | aPillsbIUCD/Copper TcImplantdInjectableseVaginal methods (diaphragm, cap, sponge, gel)fMale CondomgFemale sterilizationhEmergency contraception pill (ECP) |
| 309 | How often do you run out of family planning<br>supplies?<br>[Interviewer: Read the list and tick the appropriate<br>response]  | 1       Never         2       Sometimes         3       Often         99       Do not have family planning supplies at this facility                       |

|     | Section 4: Menstru  | al Regulation (MR)                           |
|-----|---|--|
| 401 | Does this facility provide MR services?   | 1 Yes<br>2 No <i>[If NO, go to Q.409]</i>    |
| 402 | In the <u>average month</u> , how many MR procedures are<br>performed in this facility?<br>[Interviewer: If respondent cannot answer average month,<br>please ask about average year] | a. Number of MR procedures in average month  |
|     | In the <b>past month</b> , how many MR procedures were  | b. Number of MR procedures in average year   |
| 403 | [Interviewer: If respondent cannot answer for past month,   | a. Number of MR procedures in the past month |
|     | please ask about past year]   | b. Number of MR procedures in the past year  |
| 404 | Does this facility provide MRM (MR using medication,<br>such as mifepristone, misoprostol, or both)?  | 1 Yes<br>2 No                                |
| 405 | Of all the MR services provided at this facility, what<br>percent are performed using the following methods:<br>MVA, EVA and MRM?   | a. MVA<br>b. EVA<br>c. MRM                   |
|     | [Interviewer: Record percentage after reading each<br>method. The percentages for each of the techniques must<br>add up to 100%]  | TOTAL 100%                                   |

| 406 | During their stay in this facility, what percent of<br>MR/MRM patients are routinely given family planning<br>counseling?<br>During their stay in this facility, what percent of<br>MR/MRM patients are routinely given an actual<br>contraceptive method?                                 | 98       I don't know  |
|-----|--|--|
| 408 | Which contraceptive methods are commonly made<br>available to MR/MRM patients?<br>[Interviewer: Do NOT read list. Multiple responses are<br>allowed, tick all that are mentioned.]   | a       Pills         b       IUCD/Copper T         c       Implant         d       Injectables         e       Vaginal methods (diaphragm, cap, sponge, gel)         f       Male Condom         g       Female sterilization         h       Emergency contraception pill (ECP)         z       No contraceptive methods are offered |
| 409 | <ul> <li>a. About how many women have been rejected for MR services at this facility in the past month?</li> <li>[Interviewer: If respondent cannot answer ask:]</li> <li>b. About what % of all women who sought MR services at this facility were rejected in the past month?</li> </ul> | a. Number of women OR b. % of women  |

| 410 | What are some of the reasons women are rejected<br>who come to this facility for MR?<br>[Interviewer: Do NOT read list. Multiple responses are<br>allowed, so tick all that are mentioned.] | a<br>b<br>c<br>d<br>e<br>f<br>g<br>x | Pregnancy above 8-10 weeks<br>No consent from husband<br>Medical reasons<br>Nulliparous/ primigravid/ does not have children<br>Cannot afford fee<br>Patient too young<br>Patient not married<br>Other (specify):     |
|-----|---|--------------------------------------|---|
| 411 | Does this facility provide any counseling to women<br>who are rejected from this facility?  | 1                                    | Yes<br>No <b>[If NO, go to Q.413]</b>   |
| 412 | What topics of counseling are offered to women who<br>are rejected from this facility?<br>[Interviewer: Do NOT read list. Multiple responses are<br>allowed, tick all that are mentioned.]  |                                      | Advice to continue pregnancy<br>Advice not to self-induce<br>Advice not to go to traditional abortionist<br>Consequences on unsafe abortion<br>Family planning<br>Information on other facilities<br>Other (specify): |
| 413 | Does this facility have a copy of the Bangladesh<br>National MR Service Guidelines available for use?   | 1                                    | Yes<br>No   |

| 414-<br>415                              | What kinds of barriers do women face in trying to get an MR?   |   |                                      | S=Spontaneous response   | 414 | 415 |
|--|--|---|--------------------------------------|--|-----|-----|
|  |  |   |                                      | P=Prompted response  | S   | Р   |
|  | [Inteviewer: DO NOT read list first, allow respondant to   |   | а                                    | Cost to the woman  |     |     |
|  | answer spontaneously and tick each response mentioned<br>in the "S" column. Then for every barrier not<br>spontaneously mentioned by the respondent, specifically<br>ask:] |   | b                                    | Distance/transportation  |     |     |
|  |  |   | С                                    | Lack of knowledge of gestational age<br>limit/ LMP week limits |     |     |
| Do you think (cost, distance, etc.) is a |  | d | Not able to estimate their gestation |  |     |     |
|  | barrier that women face in trying to get MR services?  |   | е                                    | Hostile/unfriendly provider attitudes                          |     |     |
|  |  |   | f                                    | Lack of information on services                                |     |     |
|  | "yes" response]  |   | g                                    | Husband/family objections                                      |     |     |
|  | Are there any other barriers for MR services that women face that you would like to mention?   |   | h                                    | Fear of poor quality of care                                   |     |     |
|  |  |   | i                                    | Religious/Social Stigma  |     |     |
|  |  |   | x                                    | Other (specify):   |     |     |
|  |  |   |                                      |  |     | _   |
|  |  |   |                                      |  |     |     |

| 416-<br>417              | What barriers do you think women face in trying to get medical care if they have abortion complications?  |                                      | S=Spontaneous response   | 416     | 417 |
|--------------------------|---|--------------------------------------|--|---------|-----|
|                          |   |                                      | P=Prompted response  | S       | Р   |
|                          | [Inteviewer: DO NOT read list first, allow respondant to  | а                                    | Cost to the woman  |         |     |
| the "S" column. Then for | answer spontaneously and tick all barriers mentioned in<br>the "S" column. Then for every barrier not spontaneously<br>mentioned by the respondant, specifically ask:]  | b                                    | Distance/ transportation   |         |     |
|                          |   | с                                    | Stigma (e.g. conceals abortion)  |         |     |
|                          | Do you think (cost, distance, etc.) is a barrier that women face in trying to get medical care if they have abortion complications?   | d                                    | Husband/family objection   |         |     |
|                          |   | е                                    | Fear of poor quality of care   |         |     |
|                          |   | f                                    | Hostile/unfriendly provider attitudes  |         |     |
|                          | [Inteviewer: Tick the box under "P" for each prompted<br>"yes" response]  | g                                    | Lack of information on services  |         |     |
|                          | Are there any other barriers for post abortion care that you would like to mention?   | x                                    | Other (specify):   |         |     |
| -                        | <b>ERVIEWER READ OUT]:</b> Some women who face barries<br>In facility. The following questions are asked to find out a  |                                      |  |         |     |
| 418                      | In your opinion, why do some women prefer to obtain<br>an MR outside of a health facility?<br>[Interviewer: Do NOT read list. Multiple responses are<br>allowed, tick all that are mentioned. If the response is not<br>listed, please record answer in space provided] | a<br>b<br>c<br>d<br>e<br>f<br>g<br>x | Cost<br>Distance to facility<br>Religious/Social stigma<br>Confidentiality<br>Quality of care at facility<br>Brokers influence clients<br>Lack of information about facilities<br>Other (specify): |         | _   |
| 419                      | About what percent of all women who receive MR<br>procedures, obtain them outside of a health facility<br>(i.e. at home, in a providers home, etc)?   | 98                                   | % of women who obtain MR outside of a<br>facility<br>I don't know  | a healt | h   |

|             | Section 5: G   | en | nera | al Opinions   |     |                 |
|-------------|--|----|------|---|-----|-----------------|
| 501         | Do you consider treatment of abortion complications to be a major cost for this facility?  |    | 1    | Yes<br>No   |     |                 |
| 502-<br>503 | In your opinion, how could treatment for abortion<br>or MR complications be improved at this facility?   |    |      | S=Spontaneous response<br>P=Prompted response                 | 502 | <b>503</b><br>P |
|             |  |    | a    | Increase provider training                                    | S   | Р<br>[]         |
|             | [Inteviewer: DO NOT read list first, allow respondant<br>to answer spontaneously and tick each response<br>mentioned in the "S" column. Then for every barrier<br>not spontaneously mentioned by the respondent,<br>specifically ask:] |    | b    | Increase availability of equipment                            |     |                 |
|             |  |    | с    | Increase staffing   |     |                 |
|             |  |    | d    | Increase number of facilities providing post abortion<br>care |     |                 |
|             | Do you think (increased provider   |    | е    | Improve provision of contraceptive services and<br>counseling |     |                 |
|             | training, etc.) could improve treatment for abortion complications at this facility?   |    | x    | Other (specify):  |     |                 |
|             | [Inteviewer: Tick the box under "P" for each<br>prompted "yes" response]   |    | z    | Does not provide post abortion care                           |     |                 |
|             | promptod job rooponooj   |    |      |   |     |                 |

| Please mention any suggestions/<br>recommendations that you feel could be used in<br>Bangladesh to lower the level of unintended | а       | Prevent early marriage  |
|--|---------|---|
| pregnancies.   | b       | Increase availability of family planning services   |
|  | с       | Improve the quality of contraceptive counseling and services  |
| [Interviewer: Do NOT read list. Multiple responses are allowed, tick all that are mentioned.]                                    | d       | Improve the provision of contraceptive counselling post delivery, post MR and post abortion   |
|  | e       | Implement campaigns to educate public about family planning<br>programs and increase support  |
|  | f       | Improve provision of SRH/ sex education in schools, universities and communities  |
|  | x       | Other (specify):  |
|  |         |   |
| 05 Please mention any suggestions/   |         |   |
| recommendations that you feel could be used in<br>Bangladesh to reduce the number of unsafe<br>abortions.                        | а       | Improve the coverage and quality of post abortion care services   |
|  | b       | Publicize the health risk involved in unsafe abortion   |
| [Interviewer: Do NOT read list. Multiple responses   | с       | Improve the quality of contraceptive counseling and services  |
| are allowed, tick all that are mentioned.]   | d       | Improve access to quality MR services   |
|  | e       | No opinion  |
|  | x       | Other (specify):  |
|  |         |   |
| Do you think the government should extend the<br>current limit of weeks after the last menstrual<br>period (LMP) for MR?         | 1       | Yes   |
|  | 2<br>98 | No I don't know I |
| What should the limit be?  |         |   |
| What should the limit be?  |         | weeks after LMP   |

| 508 | The government recently approved the use of<br>MRM (MR using medication). It's possible;<br>however, some women may be purchasing the<br>drug from pharmacies and using it incorrectly. Do<br>you have any suggestions to improve this<br>situation? |  |
|-----|--|--|
| 509 | How can existing MR services be improved in the country?   |  |

# END

**[INTERVIEWER READ OUT]**: Thank you very much for your time. Your views are very important and will help make health services better forwomen. If you are interested in receiving the final publication based on this survey after it is completed, we will be happy to provide it to you. Would you like to be contacted to receive this publication?

1

YES, agrees to be contacted to receive publication

2 NO, does not agree to be contacted

Interviewer observations:

| Menstrual Regulation and Unsafe Abortion in Bangladesh:<br>Incidence and Impact on Women's Health and Fertility<br>Survey of UH&FWCs in Bangladesh |                  |                     |               |  |  |  |  |
|--|------------------|---------------------|---------------|--|--|--|--|
|  | 003. District:   |                     | 004. Upazila: |  |  |  |  |
| 005. Location of facility           1         Urban         2         Semi-urba  | n <u>3</u> Rural | 006. Facility ID #: |               |  |  |  |  |
| 007. Interviewer's name:   |                  | 008. Interviewer co | ode:          |  |  |  |  |
| 009. Date of Interview:  |                  | 010. Questionaire   | ID #:         |  |  |  |  |
| Day Month  | Year             | 011. Batch #:       |               |  |  |  |  |
| 012. Time started:   | ur min           | 013. Time ended:    | hour min      |  |  |  |  |

|      | Section 1: Basic Information  |                  |   |  |  |  |  |
|------|---|------------------|---|--|--|--|--|
| S.No | Questions and Filters   |                  | Responses and Codes   |  |  |  |  |
| 101  | Person being interviewed<br>[Interviewer: select the category that applies to the<br>respondent.] | 1<br>2<br>3      | MOFW/MOMCH<br>FWV / Senior FWV<br>SACMO   |  |  |  |  |
| 102  | Sex of respondent   | 1                | Male<br>Female  |  |  |  |  |
| 103  | How old are you?  | 2                | 20-29<br>30-39<br>40-49<br>50+  |  |  |  |  |
| 104  | What is the highest academic qualification that you have?   | 1<br>2<br>3<br>4 | M.B.B.S. (MPH, DGO, MRCOG, FCPS)<br>Medical Assistant<br>Paramedical Course<br>Diploma in Nursing |  |  |  |  |
| 105  | How many years have you worked as a health care provider?   |                  | Years   |  |  |  |  |
| 106  | Have you ever provided MR services?   | 1                | Yes <b>[Continue]</b><br>No <b>[Go to Section 3]</b>  |  |  |  |  |
| 107  | Do you provide MR services (now?) or (at this time)?  | 1                | Yes <b>[Go to Section 2]</b><br>No <b>[Go to Section 3]</b>                                       |  |  |  |  |

|     | Section 2: Menstru   | al Reg | ula | ition (MR)  |                  |    |
|-----|--|--------|-----|---|------------------|----|
| 201 | In the <u>average month</u> , how many MR procedures do<br>you and any other paramedics posted here perform in<br>this facility?<br>[Interviewer: If respondent cannot answer average month,<br>please ask about average year. |        |     | a. Number of MR procedures<br><b>OR</b><br>b. Number of MR procedures | -                |    |
| 202 | In the <b><u>past month</u></b> , how many MR procedures do you and any other paramedics posted here perform in this facility?   |        |     | a. Number of MR procedures  | in the past mont | th |
|     | [Interviewer: If respondent cannot answer past month, please ask about past year.]   |        |     | b. Number of MR procedures  | in the past year |    |
| 203 | <b>a.</b> What percent of MR patients do you routinely give family planning counseling at this facility?   |        |     | C=Counseling<br>M=Method  | С                | М  |
|     |  |        | 1   | none  |                  |    |
|     | <b>b.</b> What percent are routinely given an actual method?   |        | 2   | 1-24%   |                  |    |
|     | [Interviewer: Do NOT read out categories, tick the %   |        | 3   | 25-49%  |                  |    |
|     | respondent gives]  |        | 4   | 50-74%  |                  |    |
|     |  |        | 5   | 75-99%  |                  |    |
|     |  |        | 6   | all   |                  |    |
|     |  |        | L   |   |                  |    |

| -   |   |                         |                             |
|-----|---|-------------------------|-----------------------------|
| 204 | Which contraceptive methods are commonly made available to MR patients? | a Pills                 |                             |
|     |   | b IUCD/ Copper T        |                             |
|     |   | c Implant               |                             |
|     | [Interviewer: Do <u>NOT</u> read list. Multiple responses are           | d Injectables           |                             |
|     | allowed, tick all that are mentioned.]                                  |                         | aphram, cap, sponge, gel)   |
|     |   | f Male Condom           |                             |
|     |   | g Female sterilization  |                             |
|     |   | h Emergency contrace    | ption pill (ECP)            |
|     |   | x Other (specify):      | ,                           |
|     |   |                         |                             |
|     |   |                         |                             |
|     |   | z No methods are offe   | red==> [Go to Q206]         |
| 205 | How often do you run out of family planning supplies?                   |                         |                             |
|     |   | 1 Never                 |                             |
|     |   | 2 Sometimes             |                             |
|     | [Interviewer: Read the list and tick the appropriate                    | 3 Often                 |                             |
|     | response]   |                         |                             |
|     |   |                         |                             |
| 206 | Does this facility have a copy of the Bangladesh                        |                         |                             |
|     | National MR Services Guidelines available for use?                      | 1 Yes                   |                             |
|     |   | 2 No                    |                             |
|     |   |                         |                             |
| 207 | In the past month, how many women were rejected for                     |                         |                             |
|     | MR services at this facility?   | a. Number of womer      | l                           |
|     |   |                         |                             |
|     | [Interviewer: If respondent cannot answer ask:]                         |                         |                             |
|     |   | OR                      |                             |
|     | Approximately what % of all women who sought MR                         | b. % of women           |                             |
|     | services did you reject?  |                         |                             |
|     |   |                         |                             |
| 208 | What are some of the reasons you reject women who                       |                         |                             |
|     | come for MR?  | a Pregnancy above 8-    | 10 weeks                    |
|     |   | b No consent from hus   | band                        |
|     |   | c Medical reasons       |                             |
|     | [Interviewer: Do <u>NOT</u> read list. Multiple responses are           | d Nulliparous/ primigra | vid/ does not have children |
|     | allowed, tick all that are mentioned.]                                  | e Cannot afford fee     |                             |
|     |   | f Patient too young     |                             |
|     |   | g Patient not married   |                             |
|     |   | x Other (specify):      |                             |
|     |   |                         |                             |
|     |   |                         | _                           |

| 209 | Do you provide any counseling to women who are rejected at this facility?  | 1                     | Yes<br>No <b>[If NO, go to Q.211]</b>   |
|-----|--|-----------------------|---|
| 210 | What topics of counseling are offered to women who<br>are rejected at this facility?<br>[Interviewer: Do NOT read list. Multiple responses are<br>allowed, tick all that are mentioned.]   | b<br>c<br>d<br>e<br>f | Advice to continue pregnancy<br>Advice not to self-induce<br>Advice not to go to traditional abortionist<br>Consequences on unsafe abortion<br>Family planning<br>Information on other facilities<br>Other (specify): |
| 211 | a. Do you refer women who are rejected for MR services to another facility?  | 1                     | Yes<br>No <b>[If NO, go to Q.213]</b>   |
|     | [Interviewer: If respondent refers patients, ask part b]<br>b. Which types of facilities do you refer patients to?   | b                     | Medical college<br>District hospital<br>MCWC  |
|     | [Interviewer: Read the list and tick the appropriate response]   | e<br>f                | UHC<br>Private facility<br>NGO<br>Other (specify):  |
| 212 | How do you handle patients who arrive with post-MR or post-abortion complications?   | a                     | Do not have any post-MR/post abortion patients  |
|     | [Interviewer: Do NOT read list. If respondent refers<br>patients, ask where they refer (what type of place). If<br>respondent treats patients, ask to specify treatment.<br>Multipler responses are allowed. Tick all that apply.] | b                     | Do not treat, turn them away  |
|     |  | с                     | Refer them to another facility (specify the most common type):  |
|     |  | d                     | Provide patient with treatment (specify the most common type):  |
|     |  | x                     | Other (specify):  |

| 213-<br>214 | What kinds of barriers do you think women face in   |   |                        |   |     |     |
|-------------|---|---|------------------------|---|-----|-----|
| 214         | trying to get MR services?  |   |                        | S=Spontaneous response                  | 213 | 214 |
|             |   |   |                        | P=Prompted response                     | S   | Р   |
|             | [Inteviewer: DO NOT read list first, allow respondant to  | а | à                      | Cost to the woman                       |     |     |
|             | answer spontaneously and tick each response mentioned<br>in the "S" column. Then for every barrier not<br>spontaneously mentioned by the respondent, specifically | b | þ                      | Distance/ transportation                |     |     |
|             | ask:]   | с | ;                      | Gestational age limits/ LMP week limits |     |     |
|             |   | d | ł                      | Inadequate training of providers        |     |     |
|             | Do you think (cost, distance, etc.) is a barrier that women face in trying to get MR services?  | е | Э                      | Inadequate equipment at facility        |     |     |
|             |   | f | f                      | Under-staffing at facility              |     |     |
|             | [Inteviewer: Tick the box under "P" for each prompted   | g | )                      | Hostile/unfriendly provider attitudes   |     |     |
|             | "yes" response]   | h | l                      | Lack of information on services         |     |     |
|             | Are there any other barriers to MR services that women face that you would like to mention?   | i | İ                      | Husband/family objection                |     |     |
|             |   | j | j Fear of MR procedure | Fear of MR procedure                    |     |     |
|             |   | k | ¢                      | Religious/ social stigma                |     |     |
|             |   | × | (                      | Other (specify):                        |     | _   |
|             |   |   |                        |   |     |     |
|             |   |   |                        |   |     |     |

| 215- | What barriers do you think women face in trying to get   |   |   |       |      |
|------|--|---|---|-------|------|
| 216  | medical care if they have abortion complications?  |   | S=Spontaneous response  | 215   | 216  |
|      |  |   | P=Prompted response   | S     | Р    |
|      |  | а   | Cost  |       |      |
|      | [Inteviewer: DO NOT read list first, allow respondant to<br>answer spontaneously and tick all barriers mentioned in<br>the "S" column. Then for every barrier not spontaneously  | b   | Distance/transportation   |       |      |
|      | mentioned by the respondant, specifically ask:]  | С   | Stigma (e.g. conceals abortion)   |       |      |
|      |  | d   | Husband/family objection  |       |      |
|      | Do you think (cost, distance, etc.) is a barrier that women face in trying to get medical care if they have abortion complications?  | е   | Fear of quality of care   |       |      |
|      |  | f   | Hostile/unfriendly provider attitudes   |       |      |
|      | [Inteviewer: Tick the box under "P" for each prompted<br>"yes" response]   | g   | Lack of information on services   |       |      |
|      | Are there any other barriers to post abortion care that  | h   | Services are unavailable  |       |      |
|      | women face that you would like to mention?   | x   | Other (specify):  |       | -    |
|      | <b>RVIEWER READ OUT]:</b> Some women who face barriers<br>7. The following questions are asked to find out about MF  |   |   | a hea | alth |
| 217  | In your opinion, why do some women prefer to obtain<br>an MR outside of a health facility?<br>[Interviewer: Do <u>NOT</u> read list. Multiple responses are<br>allowed, tick all that are mentioned. If the response is not<br>listed, please record answer in space provided] | a<br>b<br>c<br>d<br>e<br>f<br>g<br>h<br>x | Confidentiality<br>Cost<br>Lack of information about facilities<br>Religious/Social stigma<br>Brokers influence clients<br>Distance to facility<br>Quality of care at facility<br>Hostile/unfriendly provider attitudes<br>Other (specify): |       |      |
| 218  | Out of every 10 women who receive MR procedures,<br>how many do you think obtain them outside of a health<br>facility (i.e. at home, in a providers home, etc.)?   | 98  | out of 10 women who receive MRs<br>I don't know   |       |      |

| 219 | In addition to the services you provide at this facility, do<br>you provide MR services <b><u>outside</u></b> of this facility (i.e. at<br>your home, or in patients' homes or some other place)? | 1 Yes<br>2 No <i>[If NO, go to END]</i> |
|-----|---|---|
| 220 | How many MR procedures do you provide <u>outside</u> this facility in an <u>average week</u> ?  | MRs in an average week                  |
|     | [Interviewer: If respondent cannot answer average week,<br>please ask about average month.]   | MRs in an average month                 |
| 221 | How many MR procedures do you provide <b>outside</b> this facility in the <b>past week</b> ?  | MRs in the past week                    |
|     | [Interviewer: If respondent cannot answer past week, please ask about past month.]  | OR       MRs in the past month          |

#### **END**

[INTERVIEWER READ OUT]: 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, we will be happy to provide it to you.

<sup>1</sup> YES, agrees to be contacted to receive publication

2 NO, does not agree to be contacted

Interviewer observations:

# Section 3: Paramedics not performing MR

**[INTERVIEWER READ OUT]:** In order to improve women's health and to understand services available to them, we would like to ask you a few questions about MR services.

|     |   | -      |  |  |  |  |  |
|-----|---|--------|--|--|--|--|--|
| 301 | What are the reasons that you do not provide MR   |        |  |  |  |  |  |
|     | services?   | а      | Religious or social reasons  |  |  |  |  |
|     |   | b      | Superstitious about effect on their own health                                   |  |  |  |  |
|     | [Interviewer: Do NOT read list. Multiple responses are allowed, tick all that are mentioned.] | с      | Do not like to perform MR  |  |  |  |  |
|     |   | d      | Does not have adequate training  |  |  |  |  |
|     |   | е      | Insufficient equipment/supplies  |  |  |  |  |
|     |   | f      | Lack of support staff  |  |  |  |  |
|     |   | g      | Lack of space at facility  |  |  |  |  |
|     |   | x      | Other (specify):   |  |  |  |  |
|     |   |        |  |  |  |  |  |
| 302 | Do you refer women who come to you seeking MR services to another facility or provider?       | 1      | Yes<br>No <b>[If NO, go to Q304]</b>   |  |  |  |  |
| 303 | To whom or where do you refer patients?   |        |  |  |  |  |  |
| 303 |   | a<br>b | Paramedic working in the same facility<br>Paramedic working in a nearby facility |  |  |  |  |
|     | [Interviewer: Do NOT read list. Multiple responses are allowed, tick all that are mentioned.] | c<br>x | Doctor<br>Other (specify):   |  |  |  |  |
|     | [Interviewer: FILTER Go to Q306]  |        |  |  |  |  |  |
|     |   |        |  |  |  |  |  |

| 304 | In this union, are there other providers of MR services?<br>What other provider(s) do you think women use in this<br>area to get MR services?<br>[Interviewer: Do NOT read list. Multiple responses are<br>allowed, tick all that are mentioned.] | 1       Yes         2       No         98       Don't know         98       Don't know         1       If NO or Don't know, go to Q306J         98       Don't know         1       If NO or Don't know, go to Q306J         1       If NO or Don't know, go to Q306J         1       If NO or Don't know, go to Q306J         1       If NO or Don't know, go to Q306J         1       If NO or Don't know, go to Q306J         1       If NO or Don't know, go to Q306J         1       If NO or Don't know, go to Q306J         1       If NO or Don't know, go to Q306J         1       If NO or Don't know, go to Q306J         1       If NO or Don't know, go to Q306J         1       If NO or Don't know, go to Q306J         1       If NO or Don't know, go to Q306J         1       If NO or Don't know, go to Q306J         1       If NO or Don't know, go to Q306J         1       If NO or Don't know, go to Q306J         1       If NO or Don't know, go to Q306J         1       If NO or Don't know, go to Q40J         1       If NO or Don't know, go to Q40J         1       If NO or Don't know, go to Q40J         1       If NO or Don't know, go |
|-----|---|---|
| 306 | Do you provide any counseling to women who seek MR services?  | 1 Yes<br>2 No <i>[If NO, go to Q308]</i>  |
| 307 | What topics of counseling are offered to women who<br>seek MR services?<br>[Interviewer: Do NOT read list. Multiple responses are<br>allowed, tick all that are mentioned.]   | a       Advice to continue pregnancy         b       Advice not to self-induce         c       Information about other facilities         d       Advice not to go to traditional abortionist         e       Consequences on unsafe abortion         f       Family planning         x       Other (specify):  |
| 308 | In this union, are there providers of abortion?   | 1     Yes       2     No       98     Don't know         98     Don't know  |
| 309 | What types of providers of abortion are there?<br>[Interviewer: Do NOT read list. Multiple responses are<br>allowed, tick all that are mentioned.]  | a FWV or paramedic<br>b Doctor<br>c Traditional birth attendant (TBA)/Dai<br>d Aya<br>x Other (specify):  |

| 310         | How do you handle patients who arrive with post-MR or post-abortion complications?   |   |   |
|-------------|--|---|---|
|             |  | а | Do not receive any post-MR/post abortion patients   |
|             | [Interviewer: Do NOT read list. Multiple responses are allowed. Tick all that are mentioned. If respondent refers  |   |   |
|             | patients, ask where they refer (what type of place). If<br>respondent treats patients, ask to specify treatment]   | b | Do not treat, turn them away                        |
|             |  | с | Provide patient with treatment (specify treatment): |
|             |  | d | Refer them to another facility (specify what type): |
|             |  |   | Other (specify):                                    |
|             |  | x |   |
|             |  |   |   |
| 311-<br>312 | What kinds of barriers do you think women face in trying to get MR services?   |   | S=Spontaneous response 311 312                      |
|             |  |   | P=Prompted response S P                             |
|             |  | а | Cost to the woman                                   |
|             | [Inteviewer: DO NOT read list first, allow respondant to<br>answer spontaneously and tick each response mentioned<br>in the "S" column. Then for every barrier not | b | Distance/ transportation                            |
|             | spontaneously mentioned by the respondent, specifically ask:]  | с | Gestational age limits                              |
|             |  | d | Inadequate training of providers                    |
|             | Do you think (cost, distance, etc.) is a barrier that women face in trying to get MR services?   | e | Inadequate equipment at facility                    |
|             | and women have in aying to get wirk services?  | f | Under-staffing at facility                          |
|             |  | g | Hostile/unfriendly provider attitudes               |
|             | [Inteviewer: Tick the box under "P" for each prompted<br>"yes" response]   | h | Lack of information on services                     |
|             | Are there any other barriers to MR services that women face that you would like to mention?  | i | Husband/family objection                            |
|             |  | j | Fear 🗌  |
|             |  | x | Other (specify):                                    |
|             |  |   |   |

| 313-<br>314 | What barriers do you think women face in trying to get medical care if they have abortion complications?   |   |   | S=Spontaneous response                | 313 | 314 |
|-------------|--|---|---|---------------------------------------|-----|-----|
|             |  | _ |   | P=Prompted response                   | S   | Ρ   |
|             |  |   | а | Cost                                  |     |     |
|             | [Inteviewer: DO NOT read list first, allow respondant to   |   | b | Distance/transportation               |     |     |
|             | answer spontaneously and tick all barriers mentioned in<br>the "S" column. Then for every barrier not spontaneously<br>mentioned by the respondant, specifically ask:] |   | с | Stigma (e.g. conceals abortion)       |     |     |
|             |  |   | d | Husband/family objection              |     |     |
|             |  |   | е | Fear of quality of care               |     |     |
|             | Do you think (cost, distance, etc.) is a barrier that women face in trying to get medical care if they have abortion complications?                                    |   | f | Hostile/unfriendly provider attitudes |     |     |
|             | [Inteviewer: Tick the box under "P" for each prompted<br>"yes" response]   |   | g | Lack of information on services       |     |     |
|             | jee responsej  |   | h | Services are unavailable              |     |     |
|             | Are there any other barriers to post abortion care that<br>women face that you would like to mention?  |   | x | Other (specify):                      |     | _   |
|             |  |   |   |                                       |     |     |

| 315- | What other services from a trained health provider do  |     | 5   | S=Spontaneous response   |     |     |
|------|--|-----|---|--------------------------|-----|-----|
| 316  | you think women need and are not able to obtain in this union?   |     |   | P=Prompted response      | 315 | 316 |
|      |  |     |   |                          | S   | Р   |
|      | [Inteviewer: DO NOT read list first, allow respondant to   | а   | a F   | Family planning services |     |     |
|      | answer spontaneously and tick all barriers mentioned in<br>the "S" column. Then for every service not spontaneously<br>mentioned by the respondant, specifically ask:] | b   | ר כ   | Treatment for infections |     |     |
|      |  | c   | ; (   | Care during pregnancy    |     |     |
|      | Do you think women need and are unable to  | d   | A k   | Attendance at delivery   |     |     |
|      | obtain (family planning services, etc) in this locality?   | e   | d     Attendance at delivery       e     Care after delivery       x     Other (specify): |                          |     |     |
|      |  | ×   | , (   | Other (specify):         |     | -   |
|      | [Inteviewer: Tick the box under "P" for each prompted<br>"yes" response]   |     | Ē   |                          |     |     |
|      | Are there any other services that women need but are<br>unable to obtain that you would like to mention?   |     |   |                          |     |     |
|      |  | END |   |                          |     |     |

**[INTERVIEWER READ OUT]:** 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, 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

Interviewer observations:

| Menstrual Regulation and Unsafe Abortion in Bangladesh:<br>Incidence and Impact on Women's Health and Fertility<br>Survey of HEALTH FACILITIES in Bangladesh - UHC with MCH unit |                     |   |                     |  |  |
|--|---------------------|---|---------------------|--|--|
| 001. Name of facility:   |                     |   |                     |  |  |
| 002. Division:   | 003. District:      |   | 004. Upazila:       |  |  |
| 005. Number of Beds:   | 006. Location of fa | <b>cility</b><br>Urban<br>Semi-urban<br>Rural | 007. Facility ID #: |  |  |
| 008. Interviewer's name:   |                     | 009. Interviewer cc                           | ode:                |  |  |
| 010. Date of Interview:  |                     | 011. Questionaire                             | ID #:               |  |  |
| Day Month  | Year                | 012. Batch #:                                 |                     |  |  |
| 013. Time started:   | our min             | 014. Time ended:                              | hour min            |  |  |

|             | Section 1: Basic Information   |   |  |  |  |  |  |
|-------------|--|---|--|--|--|--|--|
|             | [Interviewer: Questions in Sections 1-5  | should b  | e asked of a key informant in the UHC]   |  |  |  |  |
| <b>S.No</b> | Questions and Filters<br>Person being interviewed<br>[Interviewer: select the category that applies to the<br>respondent. Tick only one category.] | 1<br>2<br>3<br>4<br>5<br>6<br>7<br>8<br>9<br>10<br>11<br>96 | Responses and Codes         Head of OB-GYN/Professor of OB-GYN         Consultant OBGYN         Assistant director of clinical contraception (ADCC)         Registrar/Residential Medical Officer (RMO)         Upazila Health & Family Planning Officer (UH&FPO)         Medical officer MCH (MCH-FP) /MO Clinic         General physician         Clinic Manager         Nurse/midwife         SACMO/Medical Assistant (UH&FWC/Sub-Center)         FWV         Other (specify) |  |  |  |  |
| 102         | Sex of respondent  | 1   | Male<br>Female   |  |  |  |  |
| 103         | How old are you?   | 1<br>2<br>3<br>4  | 20-29<br>30-39<br>40-49<br>50+   |  |  |  |  |

| 104 | What is the highest academic qualification that you have?  | 1<br>2<br>3<br>4<br>5<br>96                         | M.B.B.S. (MPH, DGO, MRCOG, FCPS)<br>Medical Assistant<br>Paramedical Course<br>Diploma in Nursing<br>Post graduate<br>Other (specify)   |
|-----|--|---|---|
| 105 | For how many years have you worked as a health care provider?  |   | Years   |
| 106 | Which types of RH services does this facility<br>provide?<br>[Interviewer: Please read out all relevant categories.<br>Multiple responses are allowed. Tick all that are<br>mentioned] | a<br>b<br>c<br>d<br>e<br>f<br>g<br>h<br>i<br>x<br>z | Specialized (OB-GYN)<br>Maternity and delivery<br>Family planning services (either temporary or permanent)<br>Antenatal care (ANC)<br>Postnatal care (PNC)<br>Immunization<br>Reproductive tract infection/Sexually transmitted infection<br>Post-abortion (post-MR) care<br>MR services<br>Other<br>None of the list above |
| 107 | Does this facility currently possess functional MVA kits or MR syringes?   | 1   | Yes<br>No   |
| 108 | Is anyone in this facility trained to use MVA kits or MR syringes?   | 1   | Yes<br>No   |

### Section 2: Post Abortion or Post-MR Complication Care

**[INTERVIEWER READ OUT]:** Now, I would like to ask you some questions regarding medical care for patients treated at this facility for abortion complications, irrespective of whether the abortion was spontaneous or induced, as well as for patients with post-MR complications. By complications, we are referring to those consequences that are severe enough to need treatment in a health facility. Abortion complications, 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,". These are usually identified by heavy bleeding, and present a somewhat less severe health risk to the woman, but which, nevertheless, need medical attention and care.

[Interviewer: Please note that the abortion complication questions relate to spontaneous and induced abortions, as well as complications related to menstrual regulation (MR), and to MR using medication (MRM). You should reiterate this as often as possible while completing this section.]

| 201 | Does this facility provide post abortion care?  | 1     | Yes<br>No <b>[If NO go to Section 4]</b>   |
|-----|---|-------|--|
| 202 | In this facility, how are postabortion patients treated?<br>That is, are they treated as outpatients only, or as<br>inpatients only, or both? | 1 2 3 | Both (as outpatient and inpatient)<br>Outpatient only<br>Inpatient only <b>==&gt; [Go to Q205]</b> |

| 203 | In the every menth, how ments posts better and  |   |
|-----|---|---|
|     | In the <b>average month</b> , how many postabortion patients<br>would you estimate are treated as <b>outpatients</b> in this<br>facility as a whole? Please remember to include all<br>abortion patients, whether they are spontaneous or<br>induced abortions.   | a. Number of outpatients in the average month   |
|     | [Interviewer: Please probe to elicit a response for an<br>average month; if respondent is not able to provide you<br>with that estimate, then probe for the number in an<br>average year. Specify that this is a full calendar year.<br>Please reiterate to the respondent that we want his/her<br>best estimate, that the estimate should include both<br>spontaneous and induced abortion patients, and that it<br>should take into consideration all wards of the facility.] | OR  |
| 204 | During the <b>past month</b> , how many post abortion<br>patients would you estimate were treated as<br><b>outpatients</b> in this facility as a whole?   |   |
|     | [Interviewer: Please probe to elicit a response for the past<br>month; if respondent is not able to provide you with that<br>estimate, then probe for the number in the past year.<br>Specify that this is a full calendar year. Please reiterate to<br>the respondent that we want his/her best estimate, that<br>the estimate should include both spontaneous and<br>induced abortion patients, and that it should take into<br>consideration all wards of the facility.]     | a. Number of outpatients in the past month      OR      b. Number of outpatients in the past year |
|     |   |   |

|     | [Interviewer: See Q 202. If the Health facility pro  | ovides ONLY outpatient services Go to Q 207.] |
|-----|--|---|
| 205 | In the <b>average month</b> , how many postabortion patients<br>would you estimate are treated as <b>inpatients</b> at this<br>facility as a whole? Please remember to include all<br>abortion patients, whether they are spontaneous or<br>induced abortions.   |   |
|     |  | a. Number of inpatients in the average month  |
|     | [Interviewer: Please probe to elicit a response for an<br>average month; if respondent is not able to provide you<br>with that estimate, then probe for the number of<br>inpatients in an average year. Specify that this is a full  | OR  |
|     | calendar year. Please reiterate to the respondent that we<br>want his/her best estimate, that the estimate should<br>include both spontaneous and induced abortion patients,<br>and that it should take into consideration all wards of the<br>facility.   | b. Number of inpatients in the average year   |
| 206 | During the <b>past month</b> , about how many post abortion patients would you say were treated as <b><u>inpatients</u></b> at this facility as a whole?   |   |
|     | [Interviewer: Please probe to elicit a response for the past month; if respondent is not able to provide you with that   | a. Number of inpatients in the past month     |
|     | estimate, then probe for the number of inpatients in the<br>past year. Specify that this is a full calendar year. Please<br>reiterate to the respondent that we want his/her best<br>estimate, that the estimate should include both<br>spontaneous and induced abortion patients, and that it<br>should take into consideration all wards of the facility.] | b. Number of inpatients in the past year      |
|     |  |   |

| <u>i</u> | Just to confirm, from what you have just told me, in an<br>average month (or average year) this facility treats<br>outpatients and inpatients for abortion                                      | Summary in an average month |
|----------|---|-----------------------------|
| (        | complications, for a total of patients.   | a. Number of outpatients    |
|          |   | b. Number of inpatients     |
| s<br>f   | Interviewer: Please read out the total number of spontaneous and induced abortion patients seen at this facility as outpatients (Q 203) and as inpatients (Q 205) in                            | c. Total                    |
| á        | an average month.]  | OR                          |
|          | Is this correct?  | Summary in an average year  |
|          | [Interviewer: If correct, please insert again at right; if not,<br>then correct Q 203 and Q 205 and insert at right.]   | a. Number of outpatients    |
|          |   | b. Number of inpatients     |
|          |   | c. Total                    |
| 9        | Just to confirm, from what you have just told me, in the <b>past month</b> (or past year) this facility treated <b>outpatients</b> for abortion   | Summary in the past month   |
|          | complications, for a total of patients.   | a. Number of outpatients    |
|          |   | b. Number of inpatients     |
| f        | [Interviewer: Please read out the total number of<br>spontaneous and induced abortion patients seen at this<br>facility as outpatients (Q 204) and as inpatients (Q 206) in<br>the past month.] | c. Total                    |
|          |   | OR                          |
|          | Is this correct?  | Summary in the past year    |
|          | [Interviewer: If correct, please insert again at right; if not,<br>then correct Q 204 and Q 206 and insert at right.]   | a. Number of outpatients    |
|          |   | b. Number of inpatients     |
|          |   | c. Total                    |

| 209 | <ul> <li>a. In the <u>last year</u>, did any woman die in this facility from complications of an unsafe abortion or MR?</li> <li>b. [If yes] In your estimate how many died?</li> </ul> |  | 1 | Yes<br>No <b>[if NO go to Q210]</b> |      |
|-----|---|--|---|-------------------------------------|------|
|     |   |  |   | Number who died                     |      |
| 210 | What percentage of the post-abortion patients at this   |  |   |                                     | %    |
|     | facility had these complications?   |  | а | Shock                               |      |
|     |   |  | b | Sepsis                              |      |
|     | [Interviewer: Read list and record the percentage of patients with each complication. The percentages must  |  | с | Uterine perforation                 |      |
|     |   |  | d | Hemorrhage                          |      |
|     | add up to at least 100%. They may add up to more than   |  | е | Incomplete abortion                 |      |
|     | 100% since a patient may suffer from more than one complication.]   |  | f | Cervical/vaginal lacerations        |      |
|     |   |  | g | Bladder injury                      |      |
|     |   |  | h | Intestinal injury                   |      |
|     |   |  | х | Other (specify):                    |      |
|     |   |  |   |                                     |      |
| 211 | Of all patients treated for the specific complication of<br>incomplete abortion, what percent were treated with<br>each of the following techniques: MVA, EVA, D&C and                  |  |   |                                     | %    |
|     | treatment with medication such as misprostol or   |  |   | a. MVA                              |      |
|     | mifepristone?   |  |   | b. EVA                              |      |
|     |   |  |   | c. D&C                              |      |
|     |   |  |   | d. Treatment with medication        |      |
|     | [Interviewer: Record percentage after reading each<br>method. The percentages for each of the techniques must<br>add up to 100%]  |  |   | TOTAL                               | 100% |
|     |   |  |   |                                     |      |

| 212 | a. Considering all patients treated in this facility for<br>abortion complications in the past month (both as<br>inpatients and as outpatients), about what percentage<br>do you think had complications because of a menstrual<br>regulation (MR) procedure (which may be done by<br>MVA/syringe or by medication abortion)? |                                 | % of post-abortion complication patients due to<br>MR  |
|-----|---|---------------------------------|--|
|     | b. In the <b>past</b> month, about how many women do you<br>think had complications because of a menstrual<br>regulation (MR) procedure (done by MVA/syringe or<br>medication abortion)?  |                                 | Number of post-MR complication patients in the past month  |
| 213 | Please indicate which complications resulting from MR<br>procedures using MVA or syringes have been treated<br>at this facility in the past year.<br>[Interviewer: Read list and tick all complications<br>respondent mentions]   | b<br>c<br>d<br>e<br>f<br>g<br>h | Shock<br>Sepsis<br>Uterine perforation<br>Hemorrhage<br>Incomplete MR<br>Cervical/vaginal lacerations<br>Bladder injury<br>Intestinal injury<br>Other (specify): |

|             | Section 3: Post A   | bortion ( | Counseling   |                 |                 |
|-------------|---|-----------|--|-----------------|-----------------|
| 301         | Is there an opportunity for patients with postabortion complications to receive counseling at this facility?  | 1         | Yes<br>No <b>[If NO, go to Q.305]</b>                          |                 |                 |
| 302         | Is it possible at this facility to maintain privacy and confidentiality while offering counseling?  | 1         | Yes<br>No  |                 |                 |
| 303-<br>304 | What topics of information/counseling are offered in this facility?   |           |  |                 |                 |
|             |   |           | S=Spontaneous response<br>P=Prompted response                  | <b>303</b><br>S | <b>304</b><br>P |
|             | [Inteviewer: DO NOT read list first, allow respondant<br>to answer spontaneously and tick each response<br>mentioned in the "S" column. For every topic not | а         | Family planning  |                 |                 |
|             | spontaneously mentioned by the respondent, specifically ask:]   | b         | Emergency contraception  |                 |                 |
|             |   | с         | Pain management  |                 |                 |
|             | Is information/counseling on(family planning, etc) offered in this facility?  | d         | Advice on infection prevention                                 |                 |                 |
|             |   | е         | Reproductive Tract Infection/Sexually<br>Transmitted Infection |                 |                 |
|             | [Inteviewer: Tick the box under "P" for each<br>prompted "yes" response]  | f         | Advice to return for a follow up visit                         |                 |                 |
|             | Are there any other topics of   | x         | Other (specify):   |                 | _               |
|             | Are there any other topics of<br>information/counseling that are offered in this<br>facility?   |           |  |                 | _               |
|             |   |           |  |                 |                 |
| 305         | During their stay in this facility, about what percent<br>of abortion complication patients are routinely<br>given family planning counselling?             |           | % of patients routinely given counseling                       |                 |                 |
|             |   | 98        | l don't know   |                 |                 |
| L           |   |           |  |                 |                 |

| 306 | Are contraceptive methods offered to abortion complication patients at this facility?  | 1 Yes<br>2 No <i>[If NO, go to SECTION 4]</i>  |  |
|-----|--|--|--|
| 307 | a. What percent of abortion complication patients are routinely given any contraceptive method?  | % of patients routinely given contraception  |  |
| 308 | Which methods of family planning are commonly<br>offered to post-abortion cases at this facility?<br>[Interviewer: Do NOT read list. Multiple responses<br>are allowed, tick all that are mentioned] | a       Pills         b       IUCD/ copper T         c       Implant         d       Injectables         e       Vaginal methods (diaphragm, cap, sponge, gel)         f       Male Condom         g       Female sterilization         h       Emergency contraception pill (ECP) |  |
| 309 | How often do you run out of family planning<br>supplies?<br>[Interviewer: Read the list and tick the appropriate<br>response]  | 1       Never         2       Sometimes         3       Often         99       Do not have family planning supplies at this facility   |  |

|     | Section 4: Menstru   | al Regulation (MR)                                     |
|-----|--|--|
| 401 | Does this facility provide MR services?  | 1 Yes<br>2 No <i>[If NO, go to Q.409]</i>              |
| 402 | In the <b>average month</b> , how many MR procedures are performed in this facility? Do not include MR procedures provided in the attached MCH unit. | a. Number of MR procedures in average month            |
|     | [Interviewer: If respondent cannot answer average month,<br>please ask about average year]   | OR       b. Number of MR procedures in average year    |
| 403 | In the <b>past month</b> , how many MR procedures were performed in this facility? Do not include MR procedures provided in the attached MCH unit.   | a. Number of MR procedures in the past month           |
|     | [Interviewer: If respondent cannot answer for past month, please ask about past year]  | OR         b. Number of MR procedures in the past year |
| 404 | Does this facility provide MRM (MR using medication, such as mifepristone, misoprostol, or both)?  | 1 Yes<br>2 No  |
| 405 | Of all the MR services provided at this facility, what<br>percent are performed using the following methods:<br>MVA, EVA and MRM?                    | a. MVA<br>b. EVA                                       |
|     | [Interviewer: Record percentage after reading each<br>method. The percentages for each of the techniques must<br>add up to 100%]                     | c. MRM<br>TOTAL 100%                                   |

| 406 | During their stay in this facility, what percent of<br>MR/MRM patients are routinely given family planning<br>counseling?<br>During their stay in this facility, what percent of<br>MR/MRM patients are routinely given an actual<br>contraceptive method?  | 98       I don't know         98       Ø of patients routinely given counseling         98       I don't know         98       Ø of patients routinely given contraception         98       I don't know   |
|-----|---|--|
| 408 | Which contraceptive methods are commonly made<br>available to MR/MRM patients?<br>[Interviewer: Do NOT read list. Multiple responses are<br>allowed, tick all that are mentioned.]  | a       Pills         b       IUCD/Copper T         c       Implant         d       Injectables         e       Vaginal methods (diaphragm, cap, sponge, gel)         f       Male Condom         g       Female sterilization         h       Emergency contraception pill (ECP)         z       No contraceptive methods are offered |
| 409 | <ul> <li>a. About how many women have been rejected for MR services at this facility in the past month?</li> <li>[Interviewer: If respondent cannot answer the number, then ask:]</li> <li>b. About what % of all women who sought MR services at this facility were rejected in the past month?</li> </ul> | a. Number of women   |

| 410 | What are some of the reasons women are rejected<br>who come to this facility for MR?<br>[Interviewer: Do NOT read list. Multiple responses are<br>allowed, so tick all that are mentioned.] | b N<br>c M<br>d N<br>e C<br>f P<br>g P | Pregnancy above 8-10 weeks<br>No consent from husband<br>Medical reasons<br>Nulliparous/ primigravid/does not have children<br>Cannot afford fee<br>Patient too young<br>Patient not married<br>Other (specify):      |
|-----|---|--|---|
| 411 | Does this facility provide any counseling to women<br>who are rejected from this facility?  |  | ∕es<br>No <b>[If NO, go to Q.413]</b>   |
| 412 | What topics of counseling are offered to women who<br>are rejected from this facility?<br>[Interviewer: Do NOT read list. Multiple responses are<br>allowed, tick all that are mentioned.]  | b A<br>c A<br>d C<br>e F<br>f Ir       | Advice to continue pregnancy<br>Advice not to self-induce<br>Advice not to go to traditional abortionist<br>Consequences on unsafe abortion<br>Family planning<br>Information on other facilities<br>Other (specify): |
| 413 | Does this facility have a copy of the Bangladesh<br>National MR Service Guidelines available for use?   |  | /es<br>No   |

| 414- | What kinds of barriers do women face in trying to get   |  |   | S=Spontaneous response                        |   |     |
|------|---|--|---|---|---|-----|
| 415  | an MR?  |  |   | P=Prompted response                           |   | 415 |
|      |   |  |   |   | S | Р   |
|      | [Inteviewer: DO NOT read list first, allow respondant to<br>answer spontaneously and tick each response mentioned<br>in the "S" column. Then for every barrier not<br>spontaneously mentioned by the respondent, specifically<br>ask:]  |  | а | Cost to the woman                             |   |     |
|      |   |  | b | Distance/transportation                       |   |     |
|      |   |  | с | Lack of knowledge of gestational age<br>limit |   |     |
|      | Do you think (cost, distance, etc.) is a<br>barrier that women face in trying to get MR services?<br>[Inteviewer: Tick the box under "P" for each prompted<br>"yes" response]<br>Are there any other barriers to MR services that<br>women face that you would like to mention? |  | d | Not able to estimate their gestation          |   |     |
|      |   |  | е | Hostile/unfriendly provider attitudes         |   |     |
|      |   |  | f | Lack of information on services               |   |     |
|      |   |  | g | Husband/family objections                     |   |     |
|      |   |  | h | Fear of poor quality of care                  |   |     |
|      |   |  | i | Religious/social stigma                       |   |     |
|      |   |  | x | Other (specify):                              |   |     |
|      |   |  |   |   |   | _   |
|      |   |  |   |   |   |     |

| 416- |   |    | S=Spontaneous response                         |         |           |  |
|------|---|----|--|---------|-----------|--|
| 417  | medical care if they have abortion complications?   |    | P=Prompted response                            | 416     | 417       |  |
|      |   |    |  | S       | Р         |  |
|      | [Inteviewer: DO NOT read list first, allow respondant to<br>answer spontaneously and tick all barriers mentioned in   | а  | Cost   |         |           |  |
|      | the "S" column. Then for every barrier not spontaneously<br>mentioned by the respondant, specifically ask:]   | b  | Distance/ transportation                       |         |           |  |
|      |   | с  | Stigma (e.g. conceals abortion)                |         |           |  |
|      | Do you think (cost, distance, etc.) is a barrier  | d  | Husband/family objection                       |         |           |  |
|      | that women face in trying to get medical care if they have abortion complications?  | е  | Fear of poor quality of care                   |         |           |  |
|      |   | f  | Hostile/unfriendly provider attitudes          |         |           |  |
|      | [Inteviewer: Tick the box under "P" for each prompted<br>"yes" response]  | g  | Lack of information on services                |         |           |  |
|      | Are there any other barriers to post abortion care  | x  | Other (specify):                               |         |           |  |
|      | services women have that you would like to mention?   |    |  |         | _         |  |
|      |   |    |  |         |           |  |
|      |   |    |  |         |           |  |
| -    | <b>RVIEWER READ OUT]:</b> Some women who face barrier<br>y. The following questions are asked to find out about M<br>In your opinion, why do some women prefer to obtain<br>an MR outside of a health facility? [Interviewer: Do NOT read list. Multiple responses are<br>allowed, tick all that are mentioned. If the response is not<br>listed, please record answer in space provided] |    |  |         | ealth<br> |  |
| 419  | About what percent of all women who receive MR<br>procedures, obtain them outside of a health facility<br>(i.e. at home, in a providers home, etc)?   | 98 | % of women who obtain MR outside of a facility | a healt | h         |  |

|             | Section 5: 0   | Sen | nera        | al Opinions   |                 |                 |
|-------------|--|-----|-------------|---|-----------------|-----------------|
| 501         | Do you consider treatment of abortion complications to be a major cost for this facility?  |     | 1<br>2<br>3 | Yes<br>No<br>Does not provide post abortion car <b>e=&gt;[Go to Q504]</b> | 1               |                 |
| 502-<br>503 | In your opinion, how could treatment for abortion<br>or MR complications be improved at this facility?   |     |             | S=Spontaneous response<br>P=Prompted response                             | <b>502</b><br>S | <b>503</b><br>P |
|             |  |     | а           | Increase provider training  |                 |                 |
|             | [Inteviewer: DO NOT read list first, allow respondant<br>to answer spontaneously and tick each response<br>mentioned in the "S" column. Then for every barrier |     | b           | Increase availability of equipment  |                 |                 |
|             | not spontaneously mentioned by the respondent, specifically ask:]  |     | с           | Increase staffing   |                 |                 |
|             |  |     | d           | Increase number of facilities providing post abortion care                |                 |                 |
|             | Do you think (increased provider   |     | е           | Improve provision of contraceptive services and<br>counseling             |                 |                 |
|             | training, etc.) could improve treatment for abortion complications at this facility?   |     | x           | Other (specify):  |                 |                 |
|             | [Inteviewer: Tick the box under "P" for each<br>prompted "yes" response]   |     |             |   |                 |                 |

| 504 | Please mention any suggestions/<br>recommendations that you feel could be used in   | _ |              |  |
|-----|---|---|--------------|--|
|     | Bangladesh to lower the level of unintended pregnancies.  |   | a            | Prevent early marriage   |
|     |   | ł | b            | Increase availability of family planning services  |
|     |   | Q | g            | Improve the quality of contraceptive counseling and services                               |
|     | [Interviewer: Do NOT read list. Multiple responses are allowed, tick all that are mentioned.]   |   | d            | Improve the provision of contraceptive counseling post delivery, post MR and post abortion |
|     |   |   | е            | Implement campaigns to educate public about family planning programs and increase support  |
|     |   | 1 | f            | Improve provision of SRH/sex education in schools, universities and communities            |
|     |   | , | x            | Other (specify):   |
|     |   |   |              |  |
| 505 | Please mention any suggestions/   |   |              |  |
|     | recommendations that you feel could be used in<br>Bangladesh to reduce the number of unsafe<br>abortions.<br>[Interviewer: Do NOT read list. Multiple responses |   | a            | Improve the coverage of post abortion care services  |
|     |   | t | b            | Improve the quality of post abortion care  |
|     |   |   | с            | Publicize the health risk involved in unsafe abortion                                      |
|     |   | ( | d            | Improve the quality of contraceptive counseling or services                                |
|     | are allowed, tick all that are mentioned.]  |   | е            | Improve access to quality MR services  |
|     |   | - | f            | No opinion   |
|     |   | , | x            | Other (specify):   |
|     |   |   |              |  |
| 506 | Do you think the government should extend the<br>current limit after the last menstrual period (LMP)<br>for MR?   |   | 1<br>2<br>98 | Yes<br>No <b>[If NO or I DON'T KNOW, go to Q.508]</b><br>I don't know                      |
| 507 | What should the limit be?   |   |              |  |
| 507 |   |   |              | weeks after LMP  |

| 508 | The government recently approved the use of<br>MRM (MR using medication). It's possible;<br>however, some women may be purchasing the<br>drug from pharmacies and using it incorrectly. Do<br>you have any suggestions to improve this<br>situation? |  |
|-----|--|--|
| 509 | How can existing MR services be improved in the country?   |  |

END

**[INTERVIEWER READ OUT]:** Thank you very much for your time. Your views are very important and will help make health services better forwomen. If you are interested in receiving the final publication based on this survey after it is completed, we will be happy to provide it to you. Would you like to be contacted to receive this publication?

1 YES, agrees to be contacted to receive publication

<sup>2</sup> NO, does not agree to be contacted

Interviewer observations:

[Interviewer: Please CONTINUE to PART B. Questions in this section should be administered to a paramedic in the attached MCH unit]

|               | Part B: MCH Unit  |                  |   |  |  |  |
|---------------|---|------------------|---|--|--|--|
| [Inte         | [Interviewer: Questions in Part B (sections 6 through 8) should be asked of a paramedic in the attached<br>MCH unit.] |                  |   |  |  |  |
| Section 6: Ba |   |                  | nformation  |  |  |  |
| S.No          | Questions and Filters   |                  | Responses and Codes   |  |  |  |
| 601           | Person being interviewed<br>[Interviewer: select the category that applies to the<br>respondent.]                     | 1<br>2<br>3<br>4 | MOFW/MOMCH<br>FWV / Senior FWV<br>SACMO<br>Assistant FWO  |  |  |  |
| 602           | Sex of respondent   | 1                | Male<br>Female  |  |  |  |
| 603           | How old are you?  | 1<br>2<br>3<br>4 | 20-29<br>30-39<br>40-49<br>50+  |  |  |  |
| 604           | What is the highest academic qualification that you have?   | 1<br>2<br>3<br>4 | M.B.B.S. (MPH, DGO, MRCOG, FCPS)<br>Medical Assistant<br>Paramedical Course<br>Diploma in Nursing |  |  |  |
| 605           | How many years have you worked as a health care provider?   |                  | Years   |  |  |  |
| 606           | Have you ever provided MR services?   | 1                | Yes <b>[Continue]</b><br>No <b>[Go to Section 8]</b>  |  |  |  |
| 607           | Do you provide MR services (now?) or (at this time)?  | 1                | Yes [Go to Section 7]<br>No [Go to Section 8]   |  |  |  |

|     | Section 7: Menstru   | al Reg | ula | tion (MR)                                  |                 |    |
|-----|--|--------|-----|--|-----------------|----|
| 701 | In the <b>average month</b> , how many MR procedures do you and any other paramedics posted here perform in this facility? |        |     | a. Number of MR procedures in<br><b>OR</b> | n average mon   | th |
|     | [Interviewer: If respondent cannot answer average month, please ask about average year.                                    |        |     | b. Number of MR procedures in              | n average year  |    |
| 702 | In the <b>past month</b> , how many MR procedures do you and any other paramedics posted here perform in this facility?    |        |     | a. Number of MR procedures in<br><b>OR</b> | n the past mon  | th |
|     | [Interviewer: If respondent cannot answer past month, please ask about past year.]   |        |     | b. Number of MR procedures in              | n the past year |    |
| 703 | <b>a.</b> What percent of MR patients do you routinely give family planning counseling at this facility?                   |        |     | C=Counselling<br>M=Method                  | С               | м  |
|     | [Interviewer: Do NOT read out categories, tick the % respondent gives]   |        | 1   | none                                       |                 |    |
|     |  |        | 2   | 1-24%                                      |                 |    |
|     | <b>b.</b> What percent are routinely given an actual method?   |        | 3   | 25-49%                                     |                 |    |
|     |  |        | 4   | 50-74%                                     |                 |    |
|     |  |        | 5   | 75-99%                                     |                 |    |
|     |  |        | 6   | all  |                 |    |
|     |  |        |     |  |                 |    |

| 704 | Which contraceptive methods are commonly made available to MR patients?                       |       |   |
|-----|---|-------|---|
|     |   | а     | Pills   |
|     |   | b     | IUCD/ Copper T                                  |
|     |   | с     | Implant   |
|     | [Interviewer: Do NOT read list. Multiple responses are allowed, tick all that are mentioned.] | d     | Injectables                                     |
|     | anoweu, nek an that are mentioneu.]   | е     | Vaginal methods (diaphragm, cap, sponge, gel)   |
|     |   | f     | Male Condom                                     |
|     |   | g     | Female sterilization                            |
|     |   | h     | Emergency contraception pill (ECP)              |
|     |   | x     | Other (specify):                                |
|     |   |       |   |
|     |   |       |   |
|     |   | z     | No methods are offered==> [Go to Q706]          |
|     |   |       |   |
| 705 | How often do you run out of family planning supplies?   |       |   |
|     |   | 1     | Never   |
|     |   | 2     | Sometimes                                       |
|     | [Interviewer: Read the list and tick the appropriate  | 3     | Often   |
|     | response]   |       |   |
|     |   |       |   |
| 706 | Does this facility have a copy of the Bangladesh  |       |   |
|     | National MR Services Guidelines available for use?  | 1     | Yes   |
|     |   | 2     | No  |
|     |   |       |   |
| 707 | In the past month, how many women were rejected for   |       |   |
|     | MR services at this facility?   |       | a. Number of women                              |
|     |   |       |   |
|     | [Interviewer: If respondent cannot answer ask:]   |       | OR  |
|     |   |       | UK  |
|     | Approximately what % of all women who sought MR   |       | b. % of women                                   |
|     | services did you reject?  | • · · |   |
|     |   |       |   |
| 708 | What are some of the reasons you reject women who   |       |   |
|     | come for MR?  | а     | Pregnancy above 8-10 weeks                      |
|     |   | b     | No consent from husband                         |
|     | [Interviewer: Do NOT read list. Multiple responses are  | С     | Medical reasons                                 |
|     | allowed, tick all that are mentioned.]  | d     | Nulliparous/ primigravid/Does not have children |
|     |   | е     | Cannot afford fee                               |
|     |   | f     | Patient too young                               |
|     |   | g     | Patient not married                             |
|     |   | ×     | Other (specify):                                |
|     |   |       |   |
|     |   |       |   |

| 709 | Do you provide any counseling to women who are rejected at this facility?  | 1                | Yes<br>No <b>[If NO, go to Q.711]</b>   |
|-----|--|------------------|---|
| 710 | What topics of counseling are offered to women who<br>are rejected at this facility?<br>[Interviewer: Do NOT read list. Multiple responses are<br>allowed, tick all that are mentioned.] | b<br>c<br>d<br>f | Advice to continue pregnancy<br>Advice not to self-induce<br>Advice not to go to traditional abortionist<br>Consequences on unsafe abortion<br>Family planning<br>Information on other facilities<br>Other (specify): |
| 711 | <ul> <li>a. Do you refer women who are rejected for MR services to another facility?</li> <li>[Interviewer: If respondent refers patients, ask part b]</li> </ul>                        | 1<br>2           | Yes<br>No <b>[If NO, go to Q.713]</b>   |
|     | <b>b</b> . Which types of facilities do you refer patients to?   | b<br>c           | Medical college<br>District hospital<br>MCWC<br>UHC   |
|     | [Interviewer: Read the list and tick the appropriate response]   | f                | Private facility<br>NGO<br>Other (specify) :  |
| 712 | How do you handle patients who arrive with post-MR or post-abortion complications?   | а                | Do not have any post-MR/post abortion patients  |
|     | [Interviewer: Do NOT read list. If respondent refers patients, ask where they refer (what type of place). If   | b                | Do not treat, turn them away  |
|     | respondent treats patients, ask to specify treatment.<br>Multiple responses are allowed. Tick all that are<br>mentioned.]  |                  | Refer them to another facility (specify the most common type):  |
|     |  |                  | Provide patient with treatment (specify the most common type):  |
|     |  | x                | Other (specify):  |

| 713-<br>714 | What kinds of barriers do you think women face in trying to get MR services?  |   |   | S=Spontaneous response                |     |     |
|-------------|---|---|---|---------------------------------------|-----|-----|
|             |   |   |   | P=Prompted response                   | 713 | 714 |
|             |   | _ |   |                                       | S   | Ρ   |
|             | [Inteviewer: DO NOT read list first, allow respondant to<br>answer spontaneously and tick each response mentioned<br>in the "S" column. Then for every barrier not  |   | а | Cost to the woman                     |     |     |
|             | spontaneously mentioned by the respondent, specifically ask:]   |   | b | Distance/ transportation              |     |     |
|             |   |   | с | Gestational age limits                |     |     |
|             |   |   | d | Inadequate training of providers      |     |     |
|             | Do you think (cost, distance, etc.) is a barrier<br>that women face in trying to get MR services?<br>[Inteviewer: Tick the box under "P" for each prompted<br>"yes" response]<br>Are there any other barriers to MR services that women<br>face that you would like to mention? |   | е | Inadequate equipment at facility      |     |     |
|             |   |   | f | Under-staffing at facility            |     |     |
|             |   |   | g | Hostile/unfriendly provider attitudes |     |     |
|             |   |   | h | Lack of information on services       |     |     |
|             |   |   | i | Husband/family objection              |     |     |
|             |   |   | j | Fear of MR procedure                  |     |     |
|             |   |   | k | Religious/ Social stigma              |     |     |
|             |   |   | x | Other (specify):                      |     | -   |
|             |   |   |   |                                       |     |     |

| 715-<br>716 | What barriers do you think women face in trying to get medical care if they have abortion complications?  |   | S=Spontaneous response<br>P=Prompted response | <b></b> | 716 |
|-------------|---|---|---|---------|-----|
|             |   | а | Cost  | S       | P   |
|             | [Inteviewer: DO NOT read list first, allow respondant to<br>answer spontaneously and tick all barriers mentioned in<br>the "S" column. Then for every barrier not spontaneously   | b | Distance/transportation                       |         |     |
|             | mentioned by the respondant, specifically ask:]   | с | Stigma (e.g. conceals abortion)               |         |     |
|             |   | d | Husband/family objection                      |         |     |
|             |   | е | Fear of quality of care                       |         |     |
|             | Do you think (cost, distance, etc.) is a barrier that women face in trying to get medical care if they have abortion complications?   | f | Hostile/unfriendly provider attitudes         |         |     |
|             |   | g | Lack of information on services               |         |     |
|             | [Inteviewer: Tick the box under "P" for each prompted<br>"yes" response]  | h | Services are unavailable                      |         |     |
|             | Are there any other barriers that women face that you would like to mention?  | x | Other (specify):                              |         | _   |
|             | ERVIEWER READ OUT]: Some women who face barriers<br>by. The following questions are asked to find out about MF<br>In your opinion, why do some women prefer to obtain<br>an MR outside of a health facility?<br>[Interviewer: Do NOT read list. Multiple responses are<br>allowed, tick all that are mentioned. If the response is not<br>listed, please record answer in space provided] |   |   |         |     |

| 718 | Out of every 10 women who receive MR procedures,<br>how many do you think obtain them outside of a health<br>facility (i.e. at home, in a providers home, etc.)?                            | out of 10 women who receive MRs |
|-----|---|---------------------------------|
| 719 | In addition to the services you provide at this facility, do you provide MR services <b><u>outside</u></b> of this facility (i.e. at your home, or in patients' homes or some other place)? | 1 Yes                           |
| 720 | How many MR procedures do you provide <u>outside</u> this facility in an <b>average week</b> ?  | MRs in an average week          |
|     | [Interviewer: If respondent cannot answer average week, please ask about average month.]  | MRs in an average month         |
| 721 | How many MR procedures do you provide <u>outside</u> this facility in the <u>past week</u> ?  | MRs in the past week            |
|     | [Interviewer: If respondent cannot answer past week, please ask about past month.]  | MRs in the past month           |

## END

**[INTERVIEWER READ OUT]:** 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, we will be happy to provide it to you.

\_\_\_\_\_

ES, agrees to be contacted to receive publication

Interviewer observations:

## Section 8: Paramedics not performing MR

**[INTERVIEWER READ OUT]:** In order to improve women's health and to understand services available to them, we would like to ask you a few questions about MR services.

| 801 | What are the reasons that you do not provide MR   |          |  |
|-----|---|----------|--|
|     | services?   | а        | Religious or social reasons                    |
|     |   | b        | Superstitious about effect on their own health |
|     | [Interviewer: Do NOT read list. Multiple responses are allowed, tick all that are mentioned.] | с        | Do not like to perform MR                      |
|     |   | d        | Does not have adequate training                |
|     |   | е        | Insufficient equipment/supplies                |
|     |   | f        | Lack of support staff                          |
|     |   | g        | Lack of space at facility                      |
|     |   | x        | Other (specify):                               |
|     |   |          |  |
| 802 | Do you refer women who come to you seeking MR services to another facility or provider?       |          |  |
|     | services to another facility of provider?   | 1        | Yes  |
|     |   | 2        | No <b>[If NO, go to Q804]</b>                  |
| 803 | To whom or where do you refer patients?   |          |  |
|     |   | а        | Paramedic working in the same facility         |
|     |   | b        | Paramedic working in a nearby facility         |
|     | [Interviewer: Do NOT read list. Multiple responses are  | с        | Doctor   |
|     | allowed, tick all that are mentioned.]  | x        | Other (specify):                               |
|     |   |          |  |
|     |   |          |  |
|     | [Interviewer: FIL]  | TER Go t | co Q806]                                       |

| 804 | In this union, are there other providers of MR services?  | 1     Yes       2     No       98     Don't know         98     Don't know   |
|-----|---|--|
| 805 | What other provider(s) do you think women use in this<br>area to get MR services?<br>[Interviewer: Do NOT read list. Multiple responses are<br>allowed, tick all that are mentioned.] | a Another FWV or paramedic<br>b Doctor<br>c Traditional birth attendant (TBA)/Dai<br>d Aya<br>x Other (specify):   |
| 806 | Do you provide any counseling to women who seek MR services?  | 1 Yes<br>2 No <i>[If NO, go to Q808]</i>   |
| 807 | What topics of counseling are offered to women who<br>seek MR services?<br>[Interviewer: Do NOT read list. Multiple responses are<br>allowed, tick all that are mentioned.]           | a       Advice to continue pregnancy         b       Advice not to self-induce         c       Information about other facilities         d       Advice not to go to traditional abortionist         e       Consequences on unsafe abortion         f       Family planning         x       Other (specify): |
| 808 | In this union, are there providers of abortion?   | 1     Yes       2     No       98     Don't know         98     Don't know   |
| 809 | What types of providers of abortion are there?<br>[Interviewer: Do NOT read list. Multiple responses are<br>allowed, tick all that are mentioned.]                                    | a FWV or paramedic<br>b Doctor<br>c Traditional birth attendant (TBA)/Dai<br>d Aya<br>x Other (specify):   |

| 810         | How do you handle patients who arrive with post-MR or post-abortion complications?  |   |   |          |          |
|-------------|---|---|---|----------|----------|
|             |   | а | Do not receive any post-MR/post aborti    | on pati  | ents     |
|             | [Interviewer: Do NOT read list. If respondent refers<br>patients, ask where they refer (what type of place). If<br>respondent treats patients, ask to specify treatment.<br>Multiple responses are allowed. Tick all that are | b | Do not treat, turn them away              |          |          |
|             | mentioned.]   | с | Provide patient with treatment (specify t | treatme  | ent):    |
|             |   | d | Refer them to another facility (specify w | hat typ  | ):<br>   |
|             |   | x | Other (specify):                          |          |          |
|             |   |   |   |          |          |
| 811-<br>812 | What kinds of barriers do you think women face in trying to get MR services?  |   | S=Spontaneous response                    | 014      | 040      |
|             |   |   | P=Prompted response                       | 811<br>S | 812<br>P |
|             |   | а | Cost to the woman                         |          |          |
|             | [Inteviewer: DO NOT read list first, allow respondant to<br>answer spontaneously and tick each response mentioned<br>in the "S" column. Then for every barrier not  | b | Distance/ transportation                  |          |          |
|             | spontaneously mentioned by the respondent, specifically ask:]   | с | Gestational age limits (past LMP limit)   |          |          |
|             |   | d | Inadequate training of providers          |          |          |
|             | Do you think (cost, distance, etc.) is a barrier that women face in trying to get MR services?  | e | Inadequate equipment at facility          |          |          |
|             | that women face in trying to get wirk services:   | f | Under-staffing at facility                |          |          |
|             | [Inteviewer: Tick the box under "P" for each prompted<br>"yes" response]  | g | Hostile/unfriendly provider attitudes     |          |          |
|             |   | h | Lack of information on services           |          |          |
|             | Are there any other barriers to MR services that women face that you would like to mention?   | i | Husband/family objection                  |          |          |
|             |   | j | Fear of MR procedure                      |          |          |
|             |   | x | Other (specify):                          |          |          |
|             |   |   |   |          |          |

| stance/transportation                | S                    | P                    |
|--------------------------------------|----------------------|----------------------|
| stance/transportation [              |                      |                      |
|                                      |                      |                      |
|                                      |                      |                      |
| igma (e.g. conceals abortion)        |                      |                      |
| usband/family objection              |                      |                      |
| ear of quality of care               |                      |                      |
| ostile/unfriendly provider attitudes |                      |                      |
| ck of information on services        |                      |                      |
| ervices are unavailable              |                      |                      |
| her (specify):                       |                      |                      |
|                                      | r of quality of care | r of quality of care |

| 815-<br>816 | What other services from a trained health provider do you think women need and are not able to obtain in this union?   |   | S=Spontaneous response   | 815 | 816 |
|-------------|--|---|--------------------------|-----|-----|
|             |  |   | P=Prompted response      | S   | Р   |
|             | [Inteviewer: DO NOT read list first, allow respondant to<br>answer spontaneously and tick all barriers mentioned in<br>the "S" column. Then for every service not spontaneously<br>mentioned by the respondant, specifically ask:]<br>Do you think women need and are unable to<br>obtain (family planning services, etc) in<br>this locality? | а | Family planning services |     |     |
|             |  | b | Treatment for infections |     |     |
|             |  | С | Care during pregnancy    |     |     |
|             |  | d | Attendance at delivery   |     |     |
|             |  | е | Care after delivery      |     |     |
|             |  | x | Other (specify):         |     |     |
|             |  |   |                          |     |     |
|             | [Inteviewer: Tick the box under "P" for each prompted<br>"yes" response]   |   |                          |     |     |
|             | Are there any other services that women need but are unable to obtain that you would like to mention?  |   |                          |     |     |

## **END**

[INTERVIEWER READ OUT]: 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, 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

Interviewer observations:

| Menstrual Regulation and Unsafe Abortion in Bangladesh:<br>Incidence and Impact on Women's Health and Fertility<br>Survey of HEALTH PROFESSIONALS in Bangladesh |  |  |  |  |  |  |
|---|--|--|--|--|--|--|
| 001. Respondent identification number   |  |  |  |  |  |  |
| 002. Division: 003. District:   | 004. Upazila:                                      |  |  |  |  |  |
| 005. Institution where the respondent works:  | 006. Interviewer's name:<br>007. Interviewer code: |  |  |  |  |  |
| 008. Date of Interview:   | Year   |  |  |  |  |  |
| 009. Questionnaire ID #:  | 010. Batch #:                                      |  |  |  |  |  |
| 011. Time started:  | 012. Time ended:                                   |  |  |  |  |  |

|            | Section 1: Basic Information   |  |  |  |  |  |
|------------|--|--|--|--|--|--|
| S.No       | Questions and Filters  |  | Responses and Codes  |  |  |  |
| 101<br>102 | Gender of respondent<br>Which of the following categories describes your<br>primary profession?  |  | Male<br>Female<br>General physician  |  |  |  |
|            | [Interviewer: If more than one applies, tick the category<br>accounting for the greatest proportion of the<br>respondent's time.]  | 3<br>4<br>5<br>6<br>7<br>7<br>8<br>9<br>10<br>11<br>11 | Head of OB-GYN Professor OB-GYN Associate Professor OB-GYN Assistant Professor OB-GYN Consultant OB-GYN Other medical professional ( <i>specify</i> ): Program manager/health administration Policy maker/policy advisor Activists Researcher Lawyer Other ( <i>specify</i> ): |  |  |  |
| 103        | In which sector do you primarily work?<br>[Interviewer: If the respondent works in more than one<br>sector, tick the sector where he/she contributes the most<br>time.]<br>How long have you been working in this field? | 2<br>3   | Public sector (government)<br>Private sector<br>Non-governmental organization<br>Other ( <i>specify</i> )  |  |  |  |
|            |  |  | Years  |  |  |  |
| 105        | What is the highest academic degree that you have,<br>and in what subject area?  | 2<br>3<br>4  | FCPS, DGO, MCPS, MCH<br>MD<br>MPH<br>MBBS<br>Other ( <i>specify</i> )  |  |  |  |

| 400 |  |   |
|-----|--|---|
| 106 | How old are you?<br>[Interviewer: If the respondent does not give his/her exact  | 1 20-29   |
|     | age, read the age ranges listed]   | 2 30-39<br>3 40-49<br>4 50+   |
| 407 |  | 4 50+   |
| 107 | In which area do you <b>currently</b> work?<br>[Interviewer: If respondent works in different areas, tick<br>the area where he/she contributes the most time.] | 1         Rural ==>[GO TO Q108b]           2         Urban           3         Semi-urban |
|     |  |   |
| 108 | <b>a.</b> In your professional career, have you ever worked in rural areas?  | 1 Yes   |
|     | [Interviewer: If yes, ask part b]  | 2 No ==> [If NO, go to SECTION 2]   |
|     | <b>b</b> . How many years in total have you worked in rural areas?   | Years   |
|     | [Interviewer: Round to 0 if less than 6 months, round to 1<br>if 6 months or more]   |   |
| 109 | Have you ever worked in a rural area for six months or more during the last five years?  | 1 Yes   |
|     |  | 2 No  |

|                                     | Section 2: MR Services and Complications   |                              |                        |  |                 |          |  |
|-------------------------------------|--|------------------------------|------------------------|--|-----------------|----------|--|
| the pi<br>rural :<br>medic<br>1) Pe | <b>RVIEWER READ OUT]:</b> Now we would like to talk about<br>roviders they use, what access barriers exist, and the hea<br>settings. When we refer to MR in this section, we mean th<br>ration) that are:<br>rformed by a legal provider (a doctor, paramedic or nurse,<br>ID performed within the legal limit for the number of weeks | lth coi<br>e proc<br>) eithe | mplio<br>cedu<br>er at | cations women may experience in both ures MVA, EVA or MRM (MR performed the facility where they practice OR outside the facility where they practice OR outside the facility where they practice OR outside the facility where they practice the practice the the facility where the practice the p | irban a<br>with | and      |  |
| 201                                 | What do you think one the meeting ortent howing to   |                              |                        |  | -               |          |  |
| 201-<br>202                         | What do you think are the most important barriers to women seeking MR services?  |                              |                        | Q.201: S=Spontaneous response<br>Q.202: P=Prompted response  | 201<br>S        | 202<br>P |  |
|                                     | [Interviewer: DO NOT read list first, allow respondent to<br>answer spontaneously and tick each response mentioned<br>in the "S" column. Then, for every reason not  |                              | а                      | Cost to woman  |                 |          |  |
|                                     | spontaneously mentioned by respondent, ask if each is barrier.]  |                              | b                      | Distance/ transportation   |                 |          |  |
|                                     |  |                              | С                      | Gestational age limits/LMP week limits   |                 |          |  |
|                                     |  |                              | d                      | Inadequate training of providers   |                 |          |  |
|                                     | Do you think (cost, etc) is an important barrier to women seeking MR services?   |                              | е                      | Inadequate equipment at facility   |                 |          |  |
|                                     |  |                              | f                      | Under-staffing at facility   |                 |          |  |
|                                     | [Interviewer: Tick the box under "P" for each prompted "yes" response]   | -                            | g                      | Hostile/unfriendly provider attitudes  |                 |          |  |
|                                     |  | -                            | h                      | Lack of patient information on services  |                 |          |  |
|                                     | Are there any other important barriers you would like to mention?  |                              | i                      | Husband/family objections  |                 |          |  |
|                                     |  | _                            | j                      | Fear of MR procedure   |                 |          |  |
|                                     |  |                              | k                      | Lack of confidentiality  |                 |          |  |
|                                     |  |                              | Ι                      | Lack of hygiene/cleanliness at facility  |                 |          |  |
|                                     |  |                              | x                      | Other ( <i>specify</i> ):  |                 | _        |  |

| 203- | What do you think would help eliminate these barriers   |   |   | Q.203: S=Spontaneous response                                |     |     |
|------|---|---|---|--|-----|-----|
| 204  | to women seeking MR services?   |   |   | Q.204: P=Prompted response                                   | 203 | 204 |
|      |   |   |   |  | S   | Р   |
|      | [Interviewer: Allow respondent to answer without reading<br>list. Tick the box under "S" for each response<br>spontaneously mentioned. Then, for every reason not | а | ı | Reduce cost  |     |     |
|      | spontaneously mentioned by respondent, ask:   | b | ) | Increase services in rural areas                             |     |     |
|      |   | с | • | Inform women about gestational age<br>limits/LMP week limits |     |     |
|      |   | d | I | Improve provider training                                    |     |     |
|      | Do you think (reducing costs, etc) is a way to eliminate this barrier to women seeking MR services?   | е | ; | Provide better privacy/confidentiality                       |     |     |
|      |   | f |   | Provide more or better equipment                             |     |     |
|      |   | g | I | Improve hygiene at facilities                                |     |     |
|      | [Interviewer: Tick the box under "P" for each prompted<br>"yes" response]   | h | 1 | Increase staffing  |     |     |
|      |   | i |   | Retrain providers to change attitudes                        |     |     |
|      | Are there any other important ways to eliminate barriers you would like to mention?   | j |   | Provide information to women on where to receive MR          |     |     |
|      |   | x | ( | Other ( <i>specify</i> ):                                    |     | _   |
|      |   |   |   |  |     |     |
| 205  | a. Out of 10 <b>urban</b> women who seek an MR procedure,<br>how many do you estimate are rejected from receiving<br>this service?                                |   |   | of 10 <b>urban</b> women are rejected                        |     |     |
|      | b. How about <b>rural</b> women?  |   |   | of 10 <b>rural</b> women are rejected                        |     |     |

| 206 |                | rou think the training that MR providers receive is quate?  | 1                               | Yes<br>No  |
|-----|----------------|---|---------------------------------|--|
| 207 | are o          | ise indicate which complications resulting from MR<br>common in Bangladesh.<br>rviewer: Do NOT read list. Multiple responses are<br>ved, tick all that are mentioned. ]                                       | b<br>c<br>d<br>e<br>f<br>g<br>h | Shock<br>Sepsis<br>Uterine perforation<br>Hemorrhage<br>Incomplete MR<br>Cervical/vaginal lacerations<br>Bladder injury<br>Intestinal injury<br>Other (specify): |
| 208 | in bo<br>perfo | <b>ERVIEWER READ OUT]:</b> I am now going to ask you oth urban and rural areas. What percent of all womer brmed by medical doctors, paramedics and nurse/m ider, keeping in mind that all should sum to 100%. | n obtaining                     | g MRs in urban areas do you think are being  |
| 209 |                | nt about women obtaining MRs who live in <b>rural area</b><br>e/midwife?  | <b>is</b> ? What                | percentage go to a medical doctor, paramedic or  |
|     | prov           | rviewer: Please read out each type of provider. Please<br>iders listed in the footnotes. Confirm that all providers<br>inswers below.]  | -                               |  |
|     |                |   | Q208                            | Q209   |
|     |                | Type of Provider  | Urban                           | Rural  |
|     |                | a. Medical doctor*  |                                 |  |
|     |                | b. Paramedics (FWV, SACMO, MA)  |                                 |  |
|     |                | c. Nurse/midwife  |                                 |  |
|     |                | Total   | 100%                            | 100%   |
|     |                | * includes obstetrician/gynecologists and general practitioners   |                                 |  |

| 210 | experie<br>compli | <b>RVIEWER READ OUT]</b> : I am now going to ask you ab<br>enced from MRs performed by the provider types I me<br>ications, I am referring to those that are serious enoug<br>omen actually receives treatment. | ntioned in bot        | h urban and ru                      | ıral areas. By       | ot     |
|-----|-------------------|---|-----------------------|-------------------------------------|----------------------|--------|
|     | estimat           | 10 women who live in <b>urban areas</b> and have an MR perform<br>te would experience a medical complication that should rece<br>edics? And nurse/midwives?   |                       |                                     |                      |        |
|     | -                 | ewer: Ask for each type of provider separately; insert a numbe<br>t be "0."]  | r in each provid      | er box for urban                    | women, even the      | ough   |
| 211 | [Intervie         | bout women who live in <b>rural areas</b> ?<br>ewer: Repeat same set of questions , but this time for every 10<br>er and record the number in appropriate box]  | <u>rural</u> women wł | no receive an MR                    | from each type       | of     |
|     |                   |   | a. Medical<br>doctor* | b. Paramedic<br>(FWV, SACMO,<br>MA) | c. Nurse/<br>midwife | ,      |
|     |                   | <b>210</b> . Number out of 10 <b>urban</b> women with medical omplications  | /10                   | /10                                 | /10                  |        |
|     |                   | <b>211.</b> Number out of 10 <b>rural</b> women with medical omplications   | /10                   | /10                                 | /10                  | ,<br>, |
|     | * ir              | ncludes obstetrician/gynecologists and general practitioners  |                       |                                     |                      |        |

## **Section 3: Induced Abortion**

| teps<br>iffer<br>irth<br>icluo | <b>ERVIEWER READ OUT]:</b> In Bangladesh, very little taken or procedures done to end a pregnancy. The ent types of providers and under different conditions attendant in their home, or self-induced by a woman ded in what we refer to as illegal induced abortions. of reproductive behavior, insofar as you are able to a self-induced by a self to a self to be a se | se are abo<br>, for examp<br>herself. N<br>We would l     | rtions carri<br>ble, by a do<br>/IR proced<br>ike to have      | ied out illeg<br>octor in a h<br>ures perfo<br>e your opin   | gally, and i<br>nealth facili<br>rmed withi<br>nion about           | may be do<br>ity or by ar<br>n legal lim<br>several as | ne by<br>h traditional<br>its are not                |  |  |  |  |  |  |  |
|--------------------------------|---|---|--|--|---|--|--|--|--|--|--|--|--|--|
| 01-<br>06                      | 301-302. What do you think is the <b>MOST</b> common method used by <u>medically trained providersdoctors, nurses,</u><br><u>midwives and paramedics</u> to induce abortion in <b>urban</b> areas? What about in <b>rural</b> areas?<br>303-304. What is the most common method used in <b>urban</b> areas among <u>non-physicians or non-medically trained</u>   |   |  |  |   |  |  |  |  |  |  |  |  |  |
|                                | <ul> <li>providers, such as pharmacists, drug dispensers, ayas, or traditional birth attendants? What about in rural areas?</li> <li>305-306. Finally, what is the most common method used among women in urban areas to self induce abortions? What about rural areas?</li> <li>[Interviewer: For each provider type, read each method and then record the one MOST common method used for urban and then rural areas. Circle only one method. If necessary, remind the respondent what each provider group includes]</li> </ul>   |   |  |  |   |  |  |  |  |  |  |  |  |  |
|                                |   |   |  |  |   |  |  |  |  |  |  |  |  |  |
|                                |   | essary, remi  | nd the resp  | pondent where wher |   | ovider grou<br>Wo                                      |  |  |  |  |  |  |  |  |
|                                | and then rural areas. Circle only one method. If nece   | essary, remi  | nd the resp  | pondent where wher | nat each pr   | ovider grou<br>Wo                                      | up includes  |  |  |  |  |  |  |  |
|                                | and then rural areas. Circle only one method. If nece   | Medicall<br>prov  | nd the resp<br>y trained<br>iders<br>Q.302.                    | No<br>physicia<br>medicall<br>Q.303.   | on-<br>ins/non-<br>y trained<br>Q.304.                              | wo<br>(self ir<br>Q.305.                               | man<br>nduce)<br><b>Q.306.</b>                       |  |  |  |  |  |  |  |
|                                | and then rural areas. Circle only one method. If nece<br>Method type  | Medicall<br>prov<br>Q.301.<br>urban                       | nd the resp<br>y trained<br>iders<br>Q.302.<br>rural           | Na<br>physicia<br>medicall<br>Q.303.<br>urban  | on-<br>ins/non-<br>y trained<br>Q.304.<br>rural                     | Wo<br>(self ir<br>Q.305.<br>urban                      | man<br>nduce)<br><b>Q.306.</b><br>rural              |  |  |  |  |  |  |  |
|                                | and then rural areas. Circle only one method. If nece<br>Method type<br>a. MVA/EVA  | Medicall<br>provi<br>Q.301.<br>urban<br>1                 | nd the resp<br>y trained<br>iders<br>Q.302.<br>rural<br>1      | No<br>physicia<br>medicall<br>Q.303.<br>urban  | on-<br>ins/non-<br>y trained<br>Q.304.<br>rural                     | Wo<br>(self ir<br><b>Q.305.</b><br>urban               | man<br>nduce)<br>Q.306.<br>rural<br>1                |  |  |  |  |  |  |  |
|                                | and then rural areas. Circle only one method. If nece<br>Method type<br>a. MVA/EVA<br>b. D&C/ D&E<br>c. Medication such as misoprostol, mifepristone,   | Medicall<br>prov<br>Q.301.<br>urban<br>1<br>2             | nd the resp<br>y trained<br>iders<br>Q.302.<br>rural<br>1<br>2 | No<br>physicia<br>medicall<br>Q.303.<br>urban<br>1   | on-<br>ins/non-<br>y trained<br>Q.304.<br>rural<br>1<br>2           | Wo<br>(self ir<br>Q.305.<br>urban<br>1<br>2            | man<br>nduce)<br>Q.306.<br>rural<br>1<br>2           |  |  |  |  |  |  |  |
|                                | and then rural areas. Circle only one method. If nece<br>Method type<br>a. MVA/EVA<br>b. D&C/ D&E<br>c. Medication such as misoprostol, mifepristone,<br>or Cytotec<br>d. Other oral methods (e.g. herbs, tonics or   | Medicall<br>provi<br>Q.301.<br>urban<br>1<br>2<br>3       | y trained<br>iders<br>Q.302.<br>rural<br>1<br>2<br>3           | No physicia<br>medicall<br>Q.303.<br>urban<br>1<br>2<br>3  | on-<br>ins/non-<br>y trained<br>Q.304.<br>rural<br>1<br>2<br>3      | Wo<br>(self ir<br>Q.305.<br>urban<br>1<br>2<br>3       | man<br>nduce)<br>Q.306.<br>rural<br>1<br>2<br>3      |  |  |  |  |  |  |  |
|                                | and then rural areas. Circle only one method. If nece<br>Method type<br>a. MVA/EVA<br>b. D&C/ D&E<br>c. Medication such as misoprostol, mifepristone,<br>or Cytotec<br>d. Other oral methods (e.g. herbs, tonics or<br>potions, administered orally)<br>e. Other vaginal methods (e.g. herbs, tonics or   | Medically<br>provi<br>Q.301.<br>urban<br>1<br>2<br>3<br>4 | y trained<br>iders<br>Q.302.<br>rural<br>1<br>2<br>3<br>4      | No physicia<br>medicall<br>Q.303.<br>urban<br>1<br>2<br>3<br>4   | on-<br>ins/non-<br>y trained<br>Q.304.<br>rural<br>1<br>2<br>3<br>4 | Wo<br>(self ir<br>Q.305.<br>urban<br>1<br>2<br>3<br>4  | man<br>nduce)<br>Q.306.<br>rural<br>1<br>2<br>3<br>4 |  |  |  |  |  |  |  |

**[INTERVIEWER READ OUT]:** Now we want to understand the distribution of all women having illegal induced abortions, regardless of source or provider, according to groups of methods: medication abortion, surgical abortion and other types of procedures. The question is asked separately about women who live in urban and rural areas and for you to consider two broad income groups – the **poor** and the **relatively well-off (non-poor)**.

[Interviewer: Please mention that there are not exact definitions for "poor" and "non-poor," but by "poor" we mean women with lower income levels and/or less education than average.]

a. Thinking about all illegal induced abortions among <u>poor women in urban areas</u>, how many out of every 10 abortions do you think are medication abortion? By medication abortion, we mean use of mifepristone and misoprostol, or misoprostol alone.

b. How many out of every 10 illegal induced abortions among <u>poor women in urban areas</u> do you think are surgical abortions? By surgical abortions, we mean methods such as vacuum aspiration (MVA or EVA) or dilation and curettage (D&C).

c. How many out of every 10 illegal induced abortions among <u>poor women in urban areas</u> do you think are other types of abortions? By other types of abortion, we mean oral or vaginal introduction of other substances, vaginal introduction of drugs, solutions, or other materials, physical methods, or any other means than medical or surgical abortion.

[Interviewer: Please ensure all answers total to 10. If not, please ask respondent to adjust numbers. After asking about poor women in urban areas, go back through and repeat questions for each of the other subgroups.]

|                            |                  | Q.307. |  |     | Q.308.<br>Urban non-poor<br>women |    |  | Q.309.<br>Rural poor women |  |    |  | Q.310.<br>Rural non-poor<br>women |  |  |     |
|----------------------------|------------------|--------|--|-----|-----------------------------------|----|--|----------------------------|--|----|--|-----------------------------------|--|--|-----|
| Type of abortion           | Urban poor women |        |  |     |                                   |    |  |                            |  |    |  |                                   |  |  |     |
| a. Medication abortion     |                  |        |  | /10 |                                   |    |  | /10                        |  |    |  | /10                               |  |  | /10 |
| b. Surgical abortion       |                  |        |  | /10 |                                   |    |  | /10                        |  |    |  | /10                               |  |  | /10 |
| c. Other types of abortion |                  |        |  | /10 |                                   |    |  | /10                        |  |    |  | /10                               |  |  | /10 |
| TOTAL                      |                  | 10     |  | 10  |                                   | 10 |  |                            |  | 10 |  |                                   |  |  |     |

**[INTERVIEWER READ OUT]:** The following questions are asked separately about women who live in urban and rural areas. Each one again asks you to consider two broad income groups in each of these areas – the poor and the relatively well-off (non-poor).

I will first ask questions about poor and non-poor women who live in URBAN areas

| How much do you think <b>poor</b> women in <u>urban</u><br>of provider they use?        | areas pay (in raka) for first till  |                                  |
|---|-------------------------------------|----------------------------------|
| What about <u>non-poor</u> women who live in <u>urba</u><br>abortions?                  | <u>n</u> areas? How much do you thi | ink they pay for first trimester |
| Type of Provider  | Q.311.                              | Q.312.                           |
|   | Urban Poor                          | Urban Non-Poor                   |
| a. Medical doctor*  | Tk                                  | Tk                               |
| b. Nurse/midwife  | Tk                                  | Tk                               |
| c. Paramedics (FWV, SACMO, MA)  | Tk                                  | Tk                               |
| d. Traditional provider**   | Tk                                  | Tk                               |
| e. Pharmacist/dispenser/drug store  | Tk                                  | Tk                               |
| f. Woman (self- induced)  | Tk                                  | Tk                               |
| f. Woman (self- induced) * includes obstetrician/gynecologists and general practitioner |                                     | Tk                               |

|        | [INTERVIEWER READ OUT]: Now,<br>but of every 10 are performed by var<br>because we are asking about all type   | rious types                      | s of provid                | ders. /                                       |                                |                                  |                                   |  |  |  |  |  |  |  |  |  |  |  |  |
|--------|--|----------------------------------|----------------------------|---|--------------------------------|----------------------------------|-----------------------------------|--|--|--|--|--|--|--|--|--|--|--|--|
| a<br>F | First I will refer to <b>poor</b> women living<br>a medication abortion go to a medica<br>paramedics? What about traditional<br>to a pharmacist or drug store? | al doctor?                       | How ma                     | ny out  | of 10 go                       | to a nu                          | urse or m                         | idwife?  | What about other   |  |  |  |  |  |  |  |  |  |  |
| t      | [Interviewer: Please check that for Q3 <sup>;</sup><br>that the sum must total to 10. You do i<br>induced).]   | •                                |                            | •   |                                |                                  |                                   |  | · ·  |  |  |  |  |  |  |  |  |  |  |
| a      | and ensure that they sum to 10. You was abortion methods (Q315) and should e   | vill ask abo                     | ut sub-qu                  | estion  | "f" (won                       | nen, sel                         | f induced                         | ) only v   | [Interviewer: Repeat question for surgical and other abortion methods. For Q314 you will only ask for sub-questions a-d<br>and ensure that they sum to 10. You will ask about sub-question "f" (women, self induced) only when referring to other<br>abortion methods (Q315) and should ensure that the rows a-f sum to 10. Remind the respondent that you are only<br>referring to poor urban women.] |  |  |  |  |  |  |  |  |  |  |
|        |  |                                  |                            |   |                                |                                  |                                   |  |  |  |  |  |  |  |  |  |  |  |  |
|        | URBAN POOR WOM   | EN                               | Q.31:<br>Medica<br>abortic | tion  | <b>Q.3</b> 1<br>Surgi<br>abort | ical                             | <b>Q.31</b><br>Other ty<br>aborti | pe of  |  |  |  |  |  |  |  |  |  |  |  |
|        | URBAN POOR WOM<br>Medical doctor*  | EN<br>a.                         | Medica                     | tion  | Surgi                          | ical                             | Other ty                          | pe of  |  |  |  |  |  |  |  |  |  |  |  |
|        |  |                                  | Medica                     | tion<br>on                                    | Surgi                          | ical<br>iion                     | Other ty                          | pe of<br>ion   |  |  |  |  |  |  |  |  |  |  |  |
|        | Medical doctor*  | a.                               | Medica                     | tion<br>on<br>/10                             | Surgi                          | ical<br>ion<br>/10               | Other ty                          | pe of<br>ion<br>/10                                    |  |  |  |  |  |  |  |  |  |  |  |
|        | Medical doctor*<br>Nurse/midwife   | a.<br>b.                         | Medica                     | tion<br>on<br>/10<br>/10                      | Surgi                          | ical<br>ion<br>/10<br>/10        | Other ty                          | pe of<br>on<br>/10<br>/10                              |  |  |  |  |  |  |  |  |  |  |  |
|        | Medical doctor*<br>Nurse/midwife<br>Paramedics<br>Traditional provider**<br>Pharmacist/dispenser   | a.<br>b.<br>c.<br>d.<br>e.       | Medica                     | tion<br>on<br>/10<br>/10<br>/10               | Surgi                          | ical<br>ion<br>/10<br>/10<br>/10 | Other ty                          | /10<br>/10<br>/10                                      |  |  |  |  |  |  |  |  |  |  |  |
|        | Medical doctor*<br>Nurse/midwife<br>Paramedics<br>Traditional provider**   | a.<br>b.<br>c.<br>d.             | Medica<br>abortio          | tion<br>on<br>/10<br>/10<br>/10<br>/10<br>/10 | Surgi<br>abort                 | ical<br>/10<br>/10<br>/10<br>/10 | Other ty<br>aborti                | pe of<br>/10<br>/10<br>/10<br>/10<br>/10<br>/10<br>/10 |  |  |  |  |  |  |  |  |  |  |  |
|        | Medical doctor*<br>Nurse/midwife<br>Paramedics<br>Traditional provider**<br>Pharmacist/dispenser   | a.<br>b.<br>c.<br>d.<br>e.<br>f. | Medica<br>abortio          | tion<br>on<br>/10<br>/10<br>/10<br>/10<br>/10 | Surgi                          | ical<br>/10<br>/10<br>/10<br>/10 | Other ty                          | pe of<br>/10<br>/10<br>/10<br>/10<br>/10<br>/10<br>/10 |  |  |  |  |  |  |  |  |  |  |  |

316 318
 About how many out of every 10 nonpoor urban women who have a medication abortion go to a certified medical doctor?

[Interviewer: Follow with the abortion providers b-e for medication abortion, reminding respondent that the population group is non-poor urban women and that for Q316, the sum of each row should total to 10. You do not need to ask about medication abortion for sub-question "f" (woman, self induced).

[Interviewer: Repeat question for surgical and other abortion methods. For Q318 you will only ask for sub-questions a-d and ensure that they sum to 10. You will ask about sub-question "f" (women, self induced) only when referring to other abortion methods (Q319) and should ensure that the rows a-f sum to 10. Remind the respondent that you are only referring to non-poor urban women.]

| URBAN NONPOOR WO       | URBAN NONPOOR WOMEN |  | <b>Q.316.</b><br>Medication<br>abortion |     |  | Q.317.<br>Surgical<br>abortion |     |  | Q.318.<br>Other type of<br>abortion |     |  |
|------------------------|---------------------|--|---|-----|--|--------------------------------|-----|--|-------------------------------------|-----|--|
| Medical doctor*        | a.                  |  |   | /10 |  |                                | /10 |  |                                     | /10 |  |
| Nurse/midwife          | b.                  |  |   | /10 |  |                                | /10 |  |                                     | /10 |  |
| Paramedics             | C.                  |  |   | /10 |  |                                | /10 |  |                                     | /10 |  |
| Traditional provider** | d.                  |  |   | /10 |  |                                | /10 |  |                                     | /10 |  |
| Pharmacist/dispenser   | e.                  |  |   | /10 |  |                                |     |  |                                     | /10 |  |
| Woman(self-induced)    | f.                  |  |   |     |  |                                |     |  |                                     | /10 |  |
| Total                  |                     |  | 10                                      |     |  | 10                             |     |  | 10                                  |     |  |

\* includes obstetrician/gynecologists and general practitioners

\*\*includes trained and untrained traditional birth attendants, ayas, quacks, village doctors, homeopathic doctors and traditional healers

**[INTERVIEWER READ OUT]:** Now I am going to ask the same series of questions about poor and non-poor women who have induced abortions in **RURAL** areas.

## **RURAL AREAS**

<sup>319</sup> How much do you think **poor** women in **rural areas** pay (in Taka) for first trimester abortions, according to the type of provider they use?

What about <u>non-poor</u> women who live in <u>rural</u> areas? How much do you think they pay for first trimester abortions, according to the type of provider they use?

| Type of Provider                        |    | Q.319.     |    | Q.320.         |
|---|----|------------|----|----------------|
| .,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |    | Rural Poor |    | Rural Non-Poor |
| a. Medical doctor*                      | Tk |            | Tk |                |
| b. Nurse/midwife                        | Tk |            | Tk |                |
| c. Paramedics (FWV, SACMO, MA)          | Tk |            | Tk |                |
| d. Traditional provider**               | Tk |            | Tk |                |
| e. Pharmacist/dispenser/drug store      | Tk |            | Tk |                |
| f. Woman (self- induced)                | Tk |            | Tk |                |

\* includes obstetrician/gynecologists and general practitioners

\*\*includes trained and untrained traditional birth attendants, ayas, quacks, village doctors, homeopathic doctors and traditional healers

| <sup>3</sup> app                    | TERVIEWER READ OUT]: Now, I<br>proximately how many out of every<br>ponses must total to 10 for each m   | •                                       | •                                    |                                  |                            |                               |                                      |                                   |  |
|-------------------------------------|--|---|--------------------------------------|----------------------------------|----------------------------|-------------------------------|--------------------------------------|-----------------------------------|--|
|                                     |  |   |                                      |                                  |                            |                               |                                      | (this tim                         | e for <u>rural</u> areas).               |
| me<br>par                           | at I will refer to <b>poor</b> women living i<br>dication abortion go to a medical d<br>amedics? What about traditional p<br>a pharmacist or drug store?   | octor? H                                | ow many                              | out of                           | 10 go to                   | a nurs                        | se or mid                            | wife? \                           | What about other                         |
| that<br>indu<br>[Into<br>and<br>abo | erviewer: Please check that for Q32<br>the sum must total to 10. You do no<br>uced).]<br>erviewer: Repeat question for surg<br>ensure that they sum to 10. You wil<br>rtion methods (Q323) and should er | ot need to<br>ical and o<br>Il ask abou | ask abou<br>ther abort<br>ut sub-que | t medic<br>tion me<br>estion '   | thods. Fo                  | ortion<br>or Q32<br>en, sel   | for sub-q<br>2 you will<br>f induced | uestion<br>I only as<br>) only w  | "f" (woman, self<br>sk for sub-questions |
| refe                                | rring to poor rural women.]  |   |                                      |                                  |                            |                               |                                      |                                   | that you are only                        |
| ſref€                               | RURAL POOR WOME  | N                                       | Q.321<br>Medicat<br>abortic          | ion                              | Q.322<br>Surgic<br>abortic | al                            | <b>Q.32</b><br>Other ty<br>aborti    | pe of                             | that you are only                        |
| ∣ref€                               |  | N<br>a.                                 | Medicat                              | ion                              | Surgic                     | al                            | Other ty                             | pe of                             | that you are only                        |
| refe                                | RURAL POOR WOME  |   | Medicat                              | ion<br>n                         | Surgic                     | al<br>on                      | Other ty                             | pe of<br>ion                      | that you are only                        |
| ſref€                               | RURAL POOR WOME  | a.                                      | Medicat                              | ion<br>n<br>/10                  | Surgic                     | al<br>on<br>/10               | Other ty                             | pe of<br>ion<br>/10               | that you are only                        |
| refe                                | RURAL POOR WOME<br>Medical doctor*<br>Nurse/midwife  | a.<br>b.                                | Medicat                              | ion<br>in<br>/10<br>/10          | Surgic                     | al<br>on<br>/10<br>/10        | Other ty                             | /10<br>/10                        | that you are only                        |
| refe                                | RURAL POOR WOME<br>Medical doctor*<br>Nurse/midwife<br>Paramedics  | a.<br>b.<br>c.                          | Medicat                              | ion<br>n/10<br>/10<br>/10        | Surgic                     | al<br>on<br>/10<br>/10<br>/10 | Other ty                             | pe of<br>on<br>/10<br>/10<br>/10  | that you are only                        |
| refe                                | RURAL POOR WOME<br>Medical doctor*<br>Nurse/midwife<br>Paramedics<br>Traditional provider**  | a.<br>b.<br>c.<br>d.                    | Medicat                              | ion<br>y/10<br>/10<br>/10<br>/10 | Surgic                     | al<br>on<br>/10<br>/10<br>/10 | Other ty                             | pe of<br>/10<br>/10<br>/10<br>/10 | that you are only                        |

Now I will ask you the same set of questions for <u>non-poor</u> women in <u>rural</u> areas. About how many out of every 10 non-poor rural women who have a medication abortion go to a certified medical doctor?

[Interviewer: Follow with the abortion providers b-e for medication abortion, reminding respondent that the population group is non-poor urban women and that for Q324, the sum of each row should total to 10. You do not need to ask about medication abortion for sub-question "f" (woman, self induced).

[Interviewer: Repeat question for surgical and other abortion methods. For Q325 you will only ask for sub-questions a-d and ensure that they sum to 10. You will ask about sub-question "f" (women, self induced) only when referring to other abortion methods (Q326) and should ensure that the rows a-f sum to 10. Remind the respondent that you are only referring to non-poor urban women.]

| RURAL NONPOOR WC       | RURAL NONPOOR WOMEN |  | <b>Q.324</b><br>edicati<br>bortio | ion | <b>Q.325.</b><br>Surgical<br>abortion |    |     | <b>Q.326.</b><br>Other type of abortion |    |     |
|------------------------|---------------------|--|-----------------------------------|-----|---------------------------------------|----|-----|---|----|-----|
| Medical doctor*        | a.                  |  |                                   | /10 |                                       |    | /10 |   |    | /10 |
| Nurse/midwife          | b.                  |  |                                   | /10 |                                       |    | /10 |   |    | /10 |
| Paramedics             | C.                  |  |                                   | /10 |                                       |    | /10 |   |    | /10 |
| Traditional provider** | d.                  |  |                                   | /10 |                                       |    | /10 |   |    | /10 |
| Pharmacist/dispenser   | e.                  |  |                                   | /10 |                                       |    |     |   |    | /10 |
| Woman(self-induced)    | f.                  |  |                                   |     |                                       |    |     |   |    | /10 |
| Total                  |                     |  | 10                                |     |                                       | 10 |     |   | 10 |     |

\* includes obstetrician/gynecologists and general practitioners

\*\*includes trained and untrained traditional birth attendants, ayas, quacks, village doctors, homeopathic doctors and traditional healers

## Section 4: Abortion Complications

| [INTERVIEWER READ OUT]: Now, I will talk you about abortio          |   |
|---|---|
| from induced abortion range in severity. When we speak of med       |   |
| consequences that are severe enough to need treatment in            |   |
| obtains health care. Medical complications, as defined here, ind    |   |
| with sepsis or a perforated uterus, but also those cases which a    | •   |
| identified by heavy bleeding, and which present a somewhat les      |   |
| nevertheless, need treatment in a health facility. In answering the | the following set of questions concerning medical |
| complications, please keep this definition in mind.                 |   |
|   |   |
|   |   |
|   |   |
|   |   |
|   |   |
|   |   |
|   |   |
| 401 Please indicate which complications resulting from              |   |
| abortion (induced and spontaneous) are common in                    | a Shock   |
| Bangladesh.   |   |
|   | b Sepsis  |
|   | c Uterine perforation                             |
|   | d Hemorrhage                                      |
|   | e Incomplete abortion                             |
| [Interviewer: Read out list. Multiple responses are allowed.        | f Cervical/vaginal lacerations                    |
| Tick all that apply.]   | g Bladder injury                                  |
|   | h Intestinal injury                               |
|   | x Other (specify):                                |
|   |   |
|   | · · · · · · · · · · · · · · · · · · ·             |
|   |   |

| UR  | RBAN AREAS  |  |   |                             |                         |   |  |
|---|---|--|---|-----------------------------|-------------------------|---|--|
| <b>[INTERVIEWER READ OUT]:</b> I am now going to<br>10) who experience a medical complication that a<br>induced abortion. I will ask about this for each of<br>each of three categories of procedures. The cat<br>and all other types of abortion methods. Please<br>not MR procedures. | ask you for your<br>should receive tro<br>f the four subgrou<br>tegories of proce | eatme<br>ups of<br>dures               | ent in a hea<br>women we<br>are medica    | Ith face<br>have<br>ation   | cility<br>e bee<br>abor | after ha<br>en discu<br>tion, su              | aving an ille<br>ussing, and<br>rgical abort |
| a. Out of 10 <b>urban poor women</b> who visit a me experience complications?   | dical doctor for a  | <u>medi</u>                            | ication abo                               | <u>rtion</u> ,              | how                     | many o  | do you think                                 |
| b.Out of 10 <u>urban poor women</u> who visit a med experience complications?   | ical doctor for a   | surgic                                 | al abortion                               | , how                       | mar                     | ny do yo                                      | ou think                                     |
|   |   |  |   |                             |                         |   |  |
| c. Out of 10 <u>poor urban women</u> who visit a med<br>surgical abortion), how many do you think experi<br>[Interviewer: Repeat questions a-c for all providers f  | ence complicatio  |  | r type of ab                              | ortior                      | <u>ı (</u> no           | t medic                                       | ation, not                                   |
| surgical abortion), how many do you think experi  | ence complicatio  |  |   | ortior                      | <u>ı (</u> no           |   | ation, not                                   |
| surgical abortion), how many do you think experi  | ence complicatio  | tion                                   | r type of ab<br>b.<br>Surgica<br>abortion | 1                           | Oth                     | t medic<br>c.<br>er type<br>bortion           |  |
| surgical abortion), how many do you think experi<br>[Interviewer: Repeat questions a-c for all providers f  | ence complicatio  | tion                                   | b.<br>Surgica<br>abortioi                 | 1                           | Oth                     | c.<br>er type                                 |  |
| surgical abortion), how many do you think experi<br>[Interviewer: Repeat questions a-c for all providers f<br>URBAN POOR WOMEN  | ence complicatio  | tion<br>on                             | b.<br>Surgica<br>abortio                  | l<br>1                      | Oth                     | c.<br>er type<br>bortion                      |  |
| surgical abortion), how many do you think experi<br>[Interviewer: Repeat questions a-c for all providers f<br>URBAN POOR WOMEN<br>Q.402. Medical doctor*  | ence complicatio  | tion<br>on<br>/10                      | b.<br>Surgica<br>abortion                 | ן<br>ז<br>10/10             | Oth                     | c.<br>er type<br>bortion<br>/10               |  |
| surgical abortion), how many do you think experi<br>[Interviewer: Repeat questions a-c for all providers f<br>URBAN POOR WOMEN<br>Q.402. Medical doctor*<br>Q.403. Nurse/midwife  | ence complicatio  | tion<br>on<br>/10<br>/10               | b.<br>Surgica<br>abortio                  | l<br>1<br>/10<br>/10        | Oth                     | c.<br>er type<br>bortion<br>/10               | 0<br>0<br>0                                  |
| surgical abortion), how many do you think experi<br>[Interviewer: Repeat questions a-c for all providers f<br>URBAN POOR WOMEN<br>Q.402. Medical doctor*<br>Q.403. Nurse/midwife<br>Q.404. Paramedics (FWV, SACMO, MA)  | ence complicatio  | tion<br>5n<br>/10<br>/10<br>/10        | b.<br>Surgica<br>abortio                  | l<br>1<br>/10<br>/10<br>/10 | Oth                     | C.<br>er type<br>bortion<br>/10<br>/10        |  |
| surgical abortion), how many do you think experi<br>[Interviewer: Repeat questions a-c for all providers f<br>URBAN POOR WOMEN<br>Q.402. Medical doctor*<br>Q.403. Nurse/midwife<br>Q.404. Paramedics (FWV, SACMO, MA)<br>Q.405. Traditional provider**                                 | ence complicatio  | tion<br>on<br>/10<br>/10<br>/10<br>/10 | b.<br>Surgica<br>abortio                  | l<br>1<br>/10<br>/10<br>/10 | Oth                     | C.<br>er type<br>bortion<br>/10<br>/11<br>/11 |  |

|    | of 10) who experience a medical complication that sho<br>illegal induced abortion with each type of method.  | uld red | ceive trea                | atmer                      | nt in a h                | nealt        | h faci         | ility af               | ter ha | aving an   |  |
|----|--|---------|---------------------------|----------------------------|--------------------------|--------------|----------------|------------------------|--------|------------|--|
|    | a. Out of 10 <u>urban non-poor</u> women who visit a medie<br>experience complications?  | cal doo | ctor for a                | <u>med</u>                 | ication                  | <u>abo</u> i | <u>rtion</u> , | how                    | many   | √ do you   |  |
|    | b. Out of 10 <u>urban non-poor</u> women who visit a medical doctor for a <u>surgical abortion</u> , how many do you think experience complications?   |         |                           |                            |                          |              |                |                        |        |            |  |
|    | c. Out of 10 <u>urban non-poor</u> women who visit a medi<br>surgical abortion), how many do you think experience  |         |                           | anoth                      | er type                  | <u>of a</u>  | bortic         | <u>on (</u> nc         | ot me  | dication   |  |
|    | [Interviewer: Repeat questions a-c for all providers for Q.4   | 08-413  | .]                        |                            |                          |              |                |                        |        |            |  |
|    | URBAN NON-POOR WOMEN   |         | a.<br>dication<br>portion |                            | b.<br>Surgica<br>abortio |              |                | c.<br>ner ty<br>aborti |        |            |  |
|    | Q.408. Medical doctor*   |         | /10                       |                            |                          | /10          |                |                        | /10    |            |  |
|    | Q.409. Nurse/midwife   |         | /10                       |                            |                          | /10          |                |                        | /10    |            |  |
|    | Q.410. Paramedics (FWV, SACMO, MA)   |         | /10                       |                            |                          | /10          |                |                        | /10    |            |  |
|    | Q.411. Traditional provider**  |         | /10                       |                            |                          | /10          |                |                        | /10    |            |  |
|    | Q.412. Pharmacist/dispenser  |         | /10                       |                            |                          |              |                |                        | /10    |            |  |
|    | Q.413. Woman(self-induced)   |         |                           |                            |                          |              |                |                        | /10    |            |  |
|    | * includes obstetrician/gynecologists and general practitioners<br>**includes trained and untrained traditional birth attendants, ayas, quacks, village doctors, homeopathic doctors, and traditional h  |         |                           |                            |                          |              |                |                        |        |            |  |
|    |  |         |                           |                            |                          |              |                |                        |        |            |  |
| 14 | a. Think about <b>poor women</b> in <b>urban areas</b> : out of 10 poor women in urban areas who experience a <b>medical complication</b> due to an induced abortion, how many do you think actually get treated by a trained person in a health facility (public or private)? |         |                           | of 10 <b>p</b><br>ith faci |                          | men          | in <b>urb</b>  | oan are                | eas ar | re treated |  |

| RU   |   | S  |  |                               |               |  |                               |  |
|--|---|--|--|-------------------------------|---------------|--|-------------------------------|--|
| For each provider I will mention, please give mey<br>experience a medical complication that should re<br>abortion by medication abortion, surgical abortion  | ceive treatme                                 | ent in a h   | ealth facili                                 | ty aft                        | er ha         |  |                               |  |
| a.Out of 10 <u>rural poor</u> women who visit a medica experience complications?   | al doctor for a                               | medica   | tion aborti                                  | <u>on</u> , h                 | ow m          | iany do                                      | o you think                   |  |
| b. Out of 10 <u><b>rural poor</b></u> women who visit a media<br>experience complications?   | cal doctor for                                | a <u>surgic</u>  | al abortior                                  | <u>n</u> , hov                | v mai         | ny do y                                      | ou think                      |  |
| c. Out of 10 <u><b>rural poor</b></u> women who visit a medical doctor for <u>another type of abortion</u> (not medication, not surgical abortion), how many do you think experience complications?  |   |  |  |                               |               |  |                               |  |
| surgical abortion), how many do you think experie  | ence complica                                 |  | <u>type of ab</u>                            | ortior                        | <u>n</u> (not | t medic                                      | cation, not                   |  |
| surgical abortion), how many do you think experie  | ence complica<br>or Q.415-420.]               | ations?  |  | ortior                        | <u>n</u> (not |  | cation, not                   |  |
| surgical abortion), how many do you think experie  | ence complica<br>or Q.415-420.]<br>a<br>Media |  | <u>type of ab</u><br>b.<br>Surgic<br>abortic | al                            | Oth           | c.<br>c.<br>abortio                          | be                            |  |
| surgical abortion), how many do you think experie  | ence complica<br>or Q.415-420.]<br>a<br>Media | ations?<br>a.<br>cation                                      | b.<br>Surgic                                 | al                            | Oth           | c.<br>ner typ<br>abortio                     | be                            |  |
| surgical abortion), how many do you think experie<br>[Interviewer: Repeat questions a-c for all providers for<br>RURAL POOR WOMEN  | ence complica<br>or Q.415-420.]<br>a<br>Media | ations?<br>a.<br>cation<br>rtion                             | b.<br>Surgic                                 | al<br>on                      | Oth           | c.<br>ner typ<br>abortio                     | pe<br>pn                      |  |
| surgical abortion), how many do you think experie<br>[Interviewer: Repeat questions a-c for all providers for<br>RURAL POOR WOMEN<br>Q.415. Medical doctor*  | ence complica<br>or Q.415-420.]<br>a<br>Media | ations?<br>a.<br>cation<br>rtion<br>/10                      | b.<br>Surgic                                 | al<br>on<br>/10               | Oth           | c.<br>ner typ<br>abortio                     | be<br>on<br>/10               |  |
| surgical abortion), how many do you think experie<br>[Interviewer: Repeat questions a-c for all providers for<br>RURAL POOR WOMEN<br>Q.415. Medical doctor*<br>Q.416. Nurse/midwife  | ence complica<br>or Q.415-420.]<br>a<br>Media | ations?<br>a.<br>cation<br>rtion<br>/10<br>/10               | b.<br>Surgic                                 | al<br>on<br>/10<br>/10        | Oth           | c.<br>ner typ<br>abortio<br>/<br>/           | pe<br>pn<br>(10               |  |
| surgical abortion), how many do you think experie<br>[Interviewer: Repeat questions a-c for all providers for<br>RURAL POOR WOMEN<br>Q.415. Medical doctor*<br>Q.416. Nurse/midwife<br>Q.417. Paramedics (FWV, SACMO, MA)                                  | ence complica<br>or Q.415-420.]<br>a<br>Media | ations?<br>a.<br>cation<br>rtion<br>/10<br>/10<br>/10        | b.<br>Surgic                                 | al<br>on<br>/10<br>/10<br>/10 | Oth           | c.<br>her typ<br>abortio<br>/<br>/<br>/      | be<br>on<br>(10<br>(10        |  |
| surgical abortion), how many do you think experie<br>[Interviewer: Repeat questions a-c for all providers for<br>RURAL POOR WOMEN<br>Q.415. Medical doctor*<br>Q.416. Nurse/midwife<br>Q.417. Paramedics (FWV, SACMO, MA)<br>Q.418. Traditional provider** | ence complica<br>or Q.415-420.]<br>a<br>Media | ations?<br>a.<br>cation<br>rtion<br>/10<br>/10<br>/10<br>/10 | b.<br>Surgic                                 | al<br>on<br>/10<br>/10<br>/10 | Oth           | C.<br>her typ<br>abortio<br>/<br>/<br>/<br>/ | be<br>on<br>(10<br>(10<br>(10 |  |

| 421-<br>426 | Next, consider <b><u>non-poor women</u></b> who live in <u><b>rural area</b></u> women (out of 10) who experience a medical complicat having an illegal induced abortion with each type of met   | ion that sh             | -                 | -                      |              |                |                            |                    |
|-------------|--|-------------------------|-------------------|------------------------|--------------|----------------|----------------------------|--------------------|
|             | a. Out of 10 <u>rural non-poor</u> women who visit a medica experience complications?  | l doctor fo             | ra <u>m</u>       | edication              | <u>abort</u> | <u>ion</u> , h | iow many                   | do you think       |
|             | b. Out of 10 <u>rural non-poor</u> women who visit a medica experience complications?  | al doctor fo            | or a <u>s</u>     | urgical at             | ortion       | <u>ı,</u> hov  | v many do                  | you think          |
|             | c. Out of 10 <u>non-poor rural</u> women who visit a medica<br>surgical abortion), how many do you think experience c<br>[Interviewer: Repeat questions a-c for all providers for Q.42   | omplicatio              |                   | other type             | <u>of ab</u> | ortion         | <u>ı</u> (not med          | ication, not       |
|             | RURAL NON-POOR WOMEN   | a.<br>Medica<br>abortic |                   | b.<br>Surgio<br>aborti |              |                | c.<br>ner type<br>abortion |                    |
|             | Q.421. Medical doctor*   |                         | /10               |                        | /10          |                | /10                        |                    |
|             | Q.422. Nurse/midwife   |                         | /10               |                        | /10          |                | /10                        |                    |
|             | Q.423. Paramedics (FWV, SACMO, MA)   |                         | /10               |                        | /10          |                | /10                        |                    |
|             | Q.424. Traditional provider**  |                         | /10               |                        | /10          |                | /10                        |                    |
|             | Q.425. Pharmacist/dispenser  |                         | /10               |                        |              |                | /10                        |                    |
|             | Q.426. Woman(self-induced)   |                         |                   |                        |              |                | /10                        |                    |
|             | <ul> <li>* includes obstetrician/gynecologists and general practitioners</li> <li>**includes trained and untrained traditional birth attendants, aya</li> </ul>  | s, quacks, v            | village           | doctors, ho            | omeopa       | athic d        | loctors, and               | traditional healer |
| 427         | a. Think about <b>poor rural women</b> : out of 10 poor<br>urban women who experience a <b>medical</b><br><b>complication</b> due to an induced abortion, how many<br>do you think actually get treated by a trained person in<br>a health facility (public or private)? |                         | out of            | f 10 poor ri           | ural wo      | omen t         | treated in a               | health facility    |
|             | b. What would the number (out of ten) be for <b>non-</b><br>poor rural women?  |                         | out of<br>facilit | -                      | oor rur      | al wor         | men treated                | in a health        |

**[INTERVIEWER READ OUT]:** The following set of questions are about the likelihood of urban and rural women with **SPONTANEOUS abortions** to seek treatment in a health facility. By spontaneous abortion we mean pregnancy loss or miscarriage in the first or second trimester which is unprovoked by the woman or anyone else.

| 428 | a. In your opinion, out of every 10 <b>urban</b> women<br>(either poor or non-poor) who have a spontaneous<br>abortion in the <u>second trimester</u> (13-22 weeks), how<br>many are likely to seek care in a health facility? | of 10 <b>urban</b> women are likely to seek care in a facility.                   |
|-----|--|---|
|     | b. How many out of every 10 <b>rural</b> women?  | of 10 <b>rural</b> women are likely to seek care in a facility.                   |
| 429 | In your opinion, out of every 10 <b>urban</b> women (either poor or non-poor) who have a spontaneous abortion in the <u>first trimester</u> , how many are likely to seek care in a health facility?                           | of 10 <b>urban</b> women are likely to seek care and be treated<br>in a facility. |
|     | b. How many out of every 10 <b>rural</b> women?  | of 10 <b>rural</b> women are likely to seek care and be treatedin<br>a facility.  |

| Section 5: General Opinions |   |  |   |  |  |  |  |  |
|-----------------------------|---|--|---|--|--|--|--|--|
| 501                         |   |  |   |  |  |  |  |  |
|                             | Please mention any suggestions/ recommendations that you feel could be used in Bangladesh to lower the level of unintended pregnancies. |  | а | Prevent early marriage   |  |  |  |  |
|                             |   |  | b | Increase availability of family planning services  |  |  |  |  |
|                             | [Interviewer: Do NOT read list. Multiple response are allowed. Tick all that are mentioned.]  |  | С | Improve the quality of contraceptive counseling and services                                 |  |  |  |  |
|                             |   |  | d | Improve the provision of contraceptive counselling post delivery, post MR and post abortion. |  |  |  |  |
|                             |   |  | е | Implement campaigns to educate public about family<br>planning programs and increase support |  |  |  |  |
|                             |   |  | f | Improve provision of SRH/sex education in schools, universities and communities              |  |  |  |  |
|                             |   |  | x | Other ( <i>specify</i> ):  |  |  |  |  |
| 502                         | Please mention any suggestions/ recommendations   |  |   |  |  |  |  |  |
|                             | that you feel could be used in Bangladesh to reduce the number of unsafe abortions.   |  | а | Improve the coverage and quality of post abortion care services                              |  |  |  |  |
|                             |   |  | b | Publicize the health risk involved in unsafe abortion  |  |  |  |  |
|                             | [Interviewer: Do NOT read list. Multiple response are allowed. Tick all that are mentioned.]  |  | с | Improve access to family planning  |  |  |  |  |
|                             |   |  | d | Improve access to quality MR services  |  |  |  |  |
|                             |   |  | е | No opinion   |  |  |  |  |
|                             |   |  | x | Other (specify):   |  |  |  |  |
|                             |   |  |   |  |  |  |  |  |

| 503 | Do you think the government should extend the current<br>limit in regards to the number of weeks after the last<br>menstrual period (LMP) for MR?   | 1 | Yes<br>No<br>I don't know | [If NO or I DON'T KNOW, go to<br>505] |  |  |
|-----|---|---|---------------------------|---------------------------------------|--|--|
| 504 | What should the limit be?   |   | weeks after LMP           |                                       |  |  |
| 505 | The government recently approved the use of MRM<br>(MR through medication). It's possible; however, some<br>women may be purchasing the drug from pharmacies<br>and using it incorrectly. Do you have any suggestions<br>to improve this situation? |   |                           |                                       |  |  |
| 506 | How can existing MR services be improved in the country?  |   |                           |                                       |  |  |
|     | END   |   |                           |                                       |  |  |

[INTERVIEWER READ OUT]: 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, we will be happy to provide it to you. Would you like to be contacted to receive this publication?

1 YES, agrees to be contacted to receive publication

<sup>2</sup> NO, does not agree to be contacted

| TO BE FILLED OUT BY INTERVIEWER AFTER QUESTIONNAIRE IS COMPLETED |   |        |   |  |  |  |  |  |
|--|---|--------|---|--|--|--|--|--|
| Section 6: Interviewer Observations                              |   |        |   |  |  |  |  |  |
| 601  | Did the respondent initially agree to be interviewed?   |        | Immediately agreed<br>Needed some persuasion<br>Was very reluctant  |  |  |  |  |  |
| 602  | Did the respondent complain about the length of the interview?  | 1<br>2 | Yes<br>No   |  |  |  |  |  |
| 603  | In your opinion, did the respondent answer the<br>questions seriously and to the best of his/her ability? | _      | Was serious and considered his/her answers carefully<br>Answered quickly with little or no thought<br>Other (specify) |  |  |  |  |  |

Additional observations: