

# STUDY OF ABORTION AND WOMEN'S HEALTH IN MALAWI



# **HEALTH FACILITIES SURVEY**

	ITIFICATION	TIT	UTE
NAM	E OF HEALTH FACILITY:ID number		$\Box$
M1	HEALTH ZONE A. North B. Central-West C. Central-East D. Southwest E. Southeast		
M2	DISTRICT		
M3	TYPE OF HEALTH FACILITY (Please circle the appropriate number.)  1		_
M4	OWNERSHIP (Ask respondent, and circle the appropriate number.)  1 Public/government 2 Private for-profit 3 Private not-for-profit 4 CHAM 5 BLM 6 Other NGO: 7 Other:		<u> </u>
M5	INTERVIEWER'S NAME		
М6	SUPERVISOR'S NAME	L	
М7	DATE OF INTERVIEW  day month Year		
M8	TIME STARTED      h    m		
	Complete rest of this page after the informed consent (and interview, if accepted) is complete.		
М9	TIME ENDED   h   m		
M10	INTERVIEW OUTCOME  1 Completed 2 Refused - no incentive 3 Refused - any other reason Incomplete 5 Not available for interview 6 Health facility not functional (closed, nonexistent)		
	Commentary:		
	INTERVIEWER SIGNATURE (after interview):		
	DATA MANAGER SIGNATURE (after data entry):		_

	Modu	ıle 1	: Bas	sic Inf	formation
No.	No. Questions and Filters				Responses
101	What is your position at this facility?  [Interviewer: circle the category the applies to the respondent.]			01 02 03 04 05 06 07 96	Gynecologist-obstetrician General practitioner Clinical officer Medical assistant Nurse-midwife technician/enrolled nurse midwife Registered nurse midwife Other nurse (e.g., community health nurse) Other (specify):
102	Gender of the respondent [Interviewer: circle the category the applies to the respondent. Do not this question aloud.]			2	Male Female
103	How old are you?				Years
104	How many years have you worked in your current profession?				Years
	[If less than 12 months, enter "0".			1	
105	How many years have you worked in this facility?  [If less than 12 months, enter "0".				Years
	in less than 12 months, enter 0.	J	Gvna	ecolo	gical obstetric services offered:
106	Which of the following gynecologica	I	No	Yes	91041 020101110 001 11000 01101041
	and obstetric services does this	а	0	1	Gynaecological services
	facility offer?	b	0	1	Maternity and delivery services
	[Interviewer: Please read out all	С	0	1	Antenatal care
	relevant categories. Multiple	d	0	1	Postnatal care
	responses are allowed.]	e	0	1	Family planning services
		†	0	1	HIV testing and counseling
		<u>g</u>	0	1	ART services
		h i		1	STI services PMTCT services
		-  -	0	1	Cervical cancer screening
		m	0	1	Immunization
		I	0	1	Other (specify, limit to 2-3):  None of the above

107	Which of the following items are		No	Yes	
	available <u>and</u> functional at this	а	0	1	Operating room
	facility?	b	0	1	Instrument preparation room
	[Interviewer: Please read out all	С	0	1	Outpatient department (OPD)
	relevant categories. Multiple	d	0	1	Recovery room
		е	0	1	Drug store
	•	f	0	1	Laboratory
	NOTE: Functionality applies to	g	0	1	Blood transfusion service
	day of interview, that is, if the	h	0	1	Intensive care unit (ICU)
	equipment is not working that	i	0	1	Sonogram (scanning)
	day, it is not functional (0). For electricity, if there is a temporary	j	0	1	Local anaesthetics (numbs one area)
	power outage but the electricity	k	0	1	General anaesthetics (sedates patient)
	will come back on when ESCOM	I	0	1	Water
	returns it, then electricity is	m	0	1	Electricity / solar power
	functional; otherwise, it is not.]	n	0	1	Blood pressure machine
		0	0	1	Intravenous fluids
		р	0	1	Telephone or radio communication
108	Which of the following essential	а	0	1	Oxytocin/ergometrine
	drugs and tests are available	b	0	1	Antibiotics
	at this facility?	С	0	1	Analgesics
	[Interviewer: Read each item on	d	0	1	Sedatives
	the list.	е	0	1	IV fluids
		f	0	1	Hemoglobin test
	NOTE: Again, availability refers to	g	0	1	Syphilis test
	the day of interview. If the	h	0	1	HIV test
	drug/test is not available the day	i	0	1	Pregnancy test
	you are there, please code it as	j	0	1	Blood grouping test
	No (0).]				

## **Module 2: Postabortion Care**

Now, I would like to ask you some questions regarding *medical care for patients treated at this facility with abortion complications, irrespective of whether the abortion was spontaneous or induced.*Among other things, I will ask about *the number of patients treated for such complications at your facility.* By abortion complications, we are referring to those complications 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," which are usually identified by heavy bleeding, and which present a somewhat less severe health risk to the woman, but which, nevertheless, need hospitalization. In answering the following set of questions concerning abortion complications, please keep this definition in mind.

[Interviewer: Please note that the abortion-complication questions relate to both spontaneous and induced abortions. You should reiterate this as often as possible while completing this section.]

The following questions refer to all cases of abortions that are underway (spontaneous or induced), incomplete abortions and postabortion care.

201	On average about how many deliveries take place at your facility each month?								
		a. De	eliverie	es per	month				
	[Interviewer: if respondent can't answer			OR					
	for average month, probe for the total number in 2014.]	_			of deliveries calendar year				
202	Does this facility treat women with spontaneous abortions or complications from induced abortions?			0	No -> [END INTER\ Yes	/IEW.	]		
203	In which areas of this health facility are		No	Yes					
	patients with abortion complications treated?	a.	0	1	General outpatient of				
		b.	0	1	Outpatient maternal	-child	clini	С	
		c.	0	1	Outpatient gynaecol		ıl clin	ic	
		d.	0	1	General surgical wa				
	[Interviewer: Please read out the list of	e.	0	1	Gynaecological/Obs	tetric	ward	b	
	wards and circle all that apply.]	f.	0	1	Intensive care unit (	ICU)			
		g.	0	1	Emergency ward				
		h.	0	1	Other ward (specify)	):			
204	In your facility, are post-abortion patients treated as outpatients (i.e., are not admitted,			1 2	Inpatient only -> GO Outpatient only	то	<b>Q207</b>	•	
	day cases) only, inpatients only (i.e., are admitted, stay overnight), or both?			3	Both				

205	During an average month, about how many post-abortion care patients would you estimate are treated as outpatients in this facility as a whole? Please remember to include all patients treated for abortion complications, whether they are spontaneous or induced.  [Interviewer: Please probe to elicit a response for an average month; if respondent is not able to provide you with that estimate, then probe for the number of outpatients on average per year. Specify that this is a full calendar year (i.e. from January to December). Please reiterate to the respondent that the number is for spontaneous and induced abortion patients, and should take into consideration all wards of the facility.]	a.	Number of postabortion care outpatients in an average month  OR  Number of postabortion care outpatients in an average year	
206	In the past month, about how many post- abortion care patients were treated as outpatients in this facility as a whole? Please remember to include all patients treated for abortion complications, whether they are due to spontaneous or induced abortions.	a.	Number of postabortion care outpatients in the past month	
	[Interviewer: Please probe to elicit a response for the past month; if respondent is not able to provide you with that estimate, then probe for the number of outpatients during the year 2014. Please reiterate to the respondent that the number should take into consideration all wards of the facility.]	b.	OR  Number of postabortion care outpatients last calendar year (2014)	

[Inter	viewer: See Q. 204. If the Health Facility p	rovid	les ONLY outpatient ser	vices, go to Q. 209.]
207	During an average month, about how many post-abortion care patients would you estimate were treated as <u>inpatients</u> at this facility as a whole? Please remember to include all patients treated for abortion complications, whether they are due to spontaneous or induced abortions.	a.	Number of postabortion care inpatients in an average month	
	[Interviewer: Please probe to elicit a response for an average month; if respondent is not able to provide you with that estimate, then probe for the number of inpatients on average per year. Specify that this is a full calendar year (i.e. from January to December). Please reiterate to the respondent that the number is for spontaneous and induced abortion patients, and should take into consideration all wards of the facility.]	b.	OR  Number of postabortion care inpatients in an average year	
208	In the past month, about how many post- abortion care patients were treated as inpatients in this facility as a whole? Please remember to include all patients treated for abortion complications, whether they are due to spontaneous or induced abortions.	a.	Number of postabortion care inpatients in the past month  OR	
	[Interviewer: Please probe to elicit a response for the past month; if respondent is not able to provide you with that estimate, then probe for the number of inpatients during the year 2014. Please reiterate to the respondent that the number should take into consideration all wards of the facility.]	b.	Number of postabortion care inpatients last calendar year (2014)	

209	[Interviewer : Refer to the previous	Summary of average per month:
	figures before asking the respondent	
	about the patient totals.]	a. Outpatients (Q205)
	Just to confirm what you have just told me,	(4.23)
	in an average month (or year), your facility	b. Inpatients
	treated	(Q207)
	outpatients (Q205)	
	inpatients (Q207).	OR
	[Interviewer: Please read out the total number of spontaneous and induced abortion patients seen at this facility in an average month (Q 205 and Q 207).]  Is this number correct?  [Interviewer: If correct, please insert again at right; if not, then correct Q 205 and Q 207 and insert at right.]	Summary on average per year:  c. Outpatients (Q205)  d. Inpatients (Q207)
210	[Interviewer : Refer to the previous	Summary of number in past month:
	figures before asking the respondent about the patient totals.]	a. Outpatients
		(Q206)
	Just to confirm what you have just told me, in the past month (or during the year	h Innationto
	2014), your facility treated	b. Inpatients Q208)
	outpatients (Q206) and	
	inpatients (Q208)	OR
	[Interviewer: Please read out the total number of spontaneous and induced	Summary of number in year 2014:
	municular di Spontaneous ana maucea	
	abortion patients seen at this facility last month (Q 206 and Q 208).]	c. Outpatients (Q206)
	abortion patients seen at this facility last	
	abortion patients seen at this facility last month (Q 206 and Q 208).]	(Q206) d. Inpatients

211	Thinking about patients you have treated at					%
	your facility in the past 1 year (12 months),					70
	what percentage of the post-abortion			A	Hemmorhagic shock	
	patients at this facility had the following			В	Septic shock	
	complications?			C	Sepsis	
				<u>D</u>	Uterine perforation	
	[Interviewer: Read each complication			E	Hemorrhage	
	aloud. The percentages must add up to at			F	Incomplete abortion	
	least 100%. They may add up to more			G	Cervical/vaginal	
	than 100% since a patient may suffer				lacerations	
	from more than one complication.]			Н	Visceral injury (ie.	
					bladder, intestine)	
					Other (specify):	
				Х		
				, ,		
						100+
212	a. Last year (2014), did any woman		_			
	die in your facility from any of these	0	No			
	abortion-related complications?	1	Yes			
	b. If yes, please estimate					
	how many died?				number who died	
213	Out of all the patients you treated in the past				•	
	month, how many were referred to your	ı.			d from another	
	facility after having been treated at a lower	heal	th facili	ty in	the <b>past month</b>	
	level facility?	OR				
	(0)   (1)   (	Total	laumb	or of	nootobortion core	
	(ONLY if they don't know/can't estimate for				postabortion care d from another	
	past month:) Or in the year 2014?	ı.			the year 2014	
	DIOTE 160 : 1 10/11: 0044 /1 1:	liicai	uriaciii	ty III	tile year 2014	
	[NOTE: If 0, circle "Y" in Q214, then skip					
	to Q215.]					
244	What recease were given by the constant		Madia	ol ros	none (fover lawer abders	inal pain
∠14	What reasons were given by the escorts or in the referral records of patients referred to	Α			asons (fever, lower abdom e (or anemia), perforation	
	•		<b></b>		· · · · · · · · · · · · · · · · · · ·	or uterus)
	you for postabortion care?	В			nsive care	
	Illutamilarram Da wat research Circle -!!				ood transfusion	
	[Interviewer: Do not prompt. Circle all				uipment, drugs, consumat	
	that apply.]	E	4	<del>.</del>	alified personnel/medical e	expertise
		F	Family			
		Х	Other	(spec	cify):	
		Υ	Recei	ved n	o referrals	

	215	Out of all the post-abortion care patients treated at your facility in the <b>past month</b> , how many have you referred to another level facility for adequate coverage, <b>after</b> having treated them for postabortion care (either as inpatients or outpatients)?	in the past month					
		inputonte of outputonte).		OR				
		(ONLY if they don't know/can't estimate for past month, or if they say there were no referrals in the past month:) Or in the year 2014?  Note: If 0, circle "Y" in 216, then skip to Q217.	b. To	tal number of patients red for postabortion care e year 2014				
ĺ	216	What are the medical reasons (indications)		Medical reasons (fever, lower abdominal pain,				
		for transfering a postabortion care case to a		hemorrhage (or anemia), perforation of uterus)				
		higher level facility?		Comprehensive care				
		Untanciawari Da not prompt. Cirola all	-	Need for blood transfusion				
		[Interviewer: Do not prompt. Circle all that apply.]	-	Lack of equipment, drugs, consumables, etc				
		that appry.]		Lack of qualified personnel/medical expertise				
				Family planning Other (specify):				
			x	Other (specify).				
			Y	Does not apply (don't refer patients)				
İ	217	What are the various procedures and	Α	Evacuation with a sharp curette (D&E, D&C)				
		measures used to treat abortion-	В	MVA (manual vacuum aspiration)				
		complication patients at this facility?	-	Electric vacuum aspiration				
				Surgery (e.g. laparotomy, repair injured viscera, hysterectomy)				
				Misoprostol				
			-	Blood transfusion				
		[Interviewer: Do not prompt. Circle all	-	Antibiotics				
		that apply.		Injectable uterotonic (e.g. Oxytocin, ergometrine)  IV fluids				
			Х	Other (specify):				
۱			i 1					

210	In this facility, what percentage of postabortion care patients are treated by the following procedures?  [Interviewer: If the respondent has trouble with 100%, you can ask "How			%		
	many out of 10" instead, as long as you convert to percentages by multiplying each response by 10.]	Α	Evacuation with a sharp curette (D&E, D&C)			
	. , ,	В	MVA (manual vacuum aspiration)			
		С	Electric vacuum aspiration			
		D	Surgery only (e.g. laparatomy)			
	[Interviewer: Read each procedure to the respondent. After you have completed	E	Misoprostol			
	the list, make sure all numbers add up to at least 100. There can be 0% for certain procedures, but there must be a number in each box. It is OK if the sum is more than 100 because some patients might receive more than 1 procedure.]	x	Other (specify):			
				100+		
	Out of every 10 women treated in this facility for abortion complications, how many, in your opinion, had a spontaneous abortion or miscarriage?	abor	ber of spontaneous tions out of every 10 PAC tabortion care) cases	100+		
220	for abortion complications, how many, in your opinion, had a spontaneous abortion or	abor (pos Num preg	tions out of every 10 PAC	100+		

	Module 3: General							
301	Do you consider treatment of abortion complications to be a burden for your facility?	0	No <b>[Go to 302]</b> Yes					
	If yes, ask: "In what respect does treatment of abortion complications pose a burden for		Too many patients  Lack of equipment/ supplies					
	your facility?" [Do not read. Circle all that apply.]	C	It is morally unacceptable because of religious considerations  Lack of staff/ qualified personnel					
		Е	Facility does not have adequate space (e.g.theatre too small)					
		X	Other (specify):					
302	In your opinion, how could treatment		Have a private room for postabortion care patients					
	for abortion complications be improved at this facility?		Improve/expand infrastructure Have more trained people available					
	improved at this lability:	D	Have more lower level facilities equipped to provide PAC (postabortion care).					
	[Do not read]	_	Have more commodities available (MVA equipment, antibiotics, blood, pain medication)					
	Circle all that apply.		Provide information on contraception and give methods Provide protocols for caring for postabortion patients					
		Н	Provide more incentives to staff (e.g. financial, refresher courses, material)					
		ı	Nothing is needed, current treatment is adequate					
		Χ	Other (specify):					
303	Currently in Malawi, the law only allows abortion to save a woman's life. Do you think the abortion laws in Malawi should be changed?	0 1 8	No Yes Don't know, no opinion, or not sure					

304	Do you think the law should allow		Υ	N	U
	abortion in the following situations?	a. if the woman's physical health is at risk	1	0	8
		b. if the woman is mentally incapacitated	1	0	8
	[U = unsure, undecided, "it	m	1	0	8
	depends." U is a catch-all	d. if the girl or woman is still in school	1	0	8
	category for nuanced or	e. if a girl is under age 18	1	0	8
	ambivalent opinions.]	f. economic reasons (e.g. cannot care for the child)	1	0	8
	Blocks and a second	g. If the woman or girl is unmarried  h. if pregnancy is from rape  i. if pregnancy is from incest  1		0	8
	[Interviewer: Please read each			0	8
	reason and record response.]			0	8
		j. If pregnancy is from contraceptive failure	1	0	8
		k. if baby would be handicapped/foetal anomaly	1	0	8
		I. if the woman doesn't want the pregnancy	1	0	8
		x. other (specify)	1	0	8
305	Has your facility ever provided an abortion to save a woman's life (within the Malawian law)?	No [Go to module 4] Yes			
306	How many times has this happened during the last 6 months, during the last 12 months, and during the last 5 years?	a. During the last 6 months  b. During the last 12 months			
		c. During the last 5 years			

Module 4: Abortion reporting			
401	Do you keep or compile records on the number of women treated for abortion	0	No [End interview here.] Yes
	complications at this facility?	_ '	i les
402	How are these records kept?	1 2	Paper-based log book Electronic, just in facility
	[If the facility keeps more than one type of records, circle the one that is the most	3	Electronic, centralised in national or regional database
	complete and up-to-date.]	4	Other (specify):
403	Is there any written information about the number of women treated in this health facility (for abortion complications) that you can give me?	0 1	No [End interview] Yes
	[Interviewer: Record details at right and indicate if you are attaching additional information. It's best to obtain the information after the interview so as not to interrupt the interview right now. Obtain a photocopy of actual records, if available.]		IF YES: Details: Number of women treated for complications of abortion:  a. In the last month:  Dutpatients Inpatients Total  b. In the last quarter: Inpatients Inpatients Inpatients Inpatients Inpatients Total  c. During the year 2014: Inpatients
END: Thank the respondent for their time.			
(Interview: Remember to note time on title page)			