



# **EMERGE Gender Questions Health Provider: Family Planning and Abortion**



Center on Gender Health and Equity (GEH)

## EMERGE Gender Questions – Pregnancy Intention and Abortion

This module focuses on the measurement of women’s agency and gender norms as they relate to pregnancy intention and abortion. We include the following key themes as identified through the literature in the field:

- **Pregnancy Intention and Unplanned Pregnancy**
- **Abortion Decision-Making Conviction**
- **Abortion Norms and Stigma**
- **Covert Use of Abortion**
- **Abortion Quality of Care**
- **Abortion Provider Stigma** (for other measures on health providers, kindly refer to the health services module on the [EMERGE FP webpage](#)).

We found covert use and coercion around abortion as important gaps in the field. Measures from this module can be used based on thematic or population focus of your study.

### ***I. Pregnancy Intention and Unplanned pregnancy***

Presently large-scale surveys in family planning, including the Demographic and Health Surveys (DHS) have captured pregnancy intention and unplanned pregnancy using binary measures. While these are useful, the field is moving away from these measures. Two measures capturing pregnancy intention and planning are presented below. These measures demonstrate strong psychometric properties and need to be further tested and adapted in LMIC contexts.

[Desire to Avoid Pregnancy \(DAP\) Scale<sup>1</sup>](#) captures pregnancy intention including thoughts and feelings about getting pregnant in the next three months and one year. This measure asks respondents to imagine how they would feel about becoming pregnant even if they did not think they can become pregnant.

<b><i>Items</i></b>	<b><i>Response Options</i></b>				
	<b><i>Strongly Agree</i></b>	<b><i>Agree</i></b>	<b><i>Neither agree nor disagree</i></b>	<b><i>Disagree</i></b>	<b><i>Strongly Disagree</i></b>
I wouldn’t mind it if I became pregnant in the next 3 months.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
It would be a good thing for me if I became pregnant in the next 3 months.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Thinking about becoming pregnant in the next 3 months makes me feel unhappy.*	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0
Thinking about becoming pregnant in the next 3 months makes me feel excited.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Becoming pregnant in the next 3 months would bring me closer to my main partner.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
I want to have a baby within the next year.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
If I had a baby in the next year, it would be bad for my life.*	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0
It would be a positive addition to my life to have a baby in the next year.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
It would be the end of the world for me to have a baby in the next year.*	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0
Thinking about having a baby within the next year makes me smile.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Thinking about having a baby within the next year makes me feel stressed out.*	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0
I would feel a loss of freedom if I had a baby in the next year.*	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0
If I had a baby in the next year, it would be hard for me to manage raising the child.*	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0
I would worry that having a baby in the next year would make it harder for me to achieve other things in my life.*	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0

**\*Items are reverse-coded. Also note that higher scores reflect a higher desire to avoid pregnancy.**

**Unplanned Pregnancy as measured by the [London Measure of Unplanned Pregnancy](#)<sup>2-3</sup>:** Below are some questions that ask about your circumstances and feelings around the time you became pregnant. Please think of your current (or most recent) pregnancy when answering the questions below.

1. In the month that I became pregnant... (Tick the statement that most applies to you)	<b>Response Options:</b> I/we were not using contraception - 2 I/we were using contraception, but not on every occasion - 1 I/we always used contraception, but knew that the method had failed (i.e. broke, moved, came off, came out, not worked etc) at least once - 1 I/we always used contraception - 0
2. In terms of becoming a mother (first time or again), I feel that my pregnancy happened at the... (Tick the statement that most applies to you)	<b>Response Options:</b> Right time - 2 Ok, but not quite the right time - 1 Wrong time - 0
3. Just before I became pregnant... (Tick the statement that most applies to you)	<b>Response Options:</b> I intended to get pregnant - 2 My intentions kept changing - 1 I did not intend to get pregnant - 0
4. Just before I became pregnant... (Tick the statement that most applies to you)	<b>Response Options:</b> I wanted to have a baby - 2 I had mixed feelings about having a baby - 1 I did not want to have a baby - 0 <i>In the next question, we ask about your partner - this might be (or have been) your husband, a partner you live with, a boyfriend, or someone you've had sex with once or twice.</i>
5. Before I became pregnant... (Tick the statement that most applies to you)	<b>Response Options:</b> My partner and I had agreed that we would like me to be pregnant - 2 My partner and I had discussed having children together, but hadn't agreed for me to get pregnant - 1 We never discussed having children together - 0
6. <b>**Before you became pregnant, did you do anything to improve your health in preparation for pregnancy? (Tick all that apply)</b> Took folic acid Stopped or cut down smoking Stopped or cut down drinking alcohol Ate more healthily Sought medical/health advice Took some other action, please describe I did not do any of the above before my pregnancy	<b>Response Options:</b> Two or more actions - 2 One action - 1

Total scores range from 0 to 12. Increasing scores represent increasing pregnancy planning/intention. Score cut-offs are suggested as follows: 10-12=Planned; 4-9=Ambivalent; 0-3=Unplanned

**References:**

1. Rocca CH, Ralph LJ, Wilson M, Gould H, Foster DG. Psychometric evaluation of an instrument to measure prospective pregnancy preferences: the desire to avoid pregnancy scale. *Medical care*. 2019 Feb;57(2):152.
2. Barrett G, Smith SC, Wellings K. Conceptualisation, development, and evaluation of a measure of unplanned pregnancy. *Journal of Epidemiology & Community Health*. 2004 May 1;58(5):426-33.
3. Rocca CH, Krishnan S, Barrett G, Wilson M. Measuring pregnancy planning: An assessment of the London Measure of Unplanned Pregnancy among urban, south Indian women. *Demographic research*. 2010 Aug 6;23:293.

**Other measures of interest:**

- Moreau C, Bohet A, Le Guen M, Loilier AR, Bajos N, FECOND group. Unplanned or unwanted? A randomized study of national estimates of pregnancy intentions. *Fertility and sterility*. 2014 Dec 1;102(6):1663-70.
- Kågesten A, Bajos N, Bohet A, Moreau C. Male experiences of unintended pregnancy: characteristics and prevalence. *Human Reproduction* 2015; **30**(1): 186-96.
- Frost JJ, Lindberg LD, Finer LB. Young adults' contraceptive knowledge, norms and attitudes: associations with risk of unintended pregnancy. *Perspectives on Sexual and Reproductive Health* 2012; **44**(2): 107-16.

## II. Abortion Decision-Making Conviction

These measures relate to decision-making agency and an understanding of inner conflicts experienced by women and arising from their beliefs and values around abortion. This is a measure of an individual's inner conflict on the issue of abortion and not a measure of relative decision-making with partner and family.

**Decisional Conflict Scale**<sup>4</sup>: Now, I want to ask you some questions on the issues involved while deciding on getting or not getting an abortion. Please indicate how much you agree or disagree with each of the following statements. The original measure aimed at getting the flu shot can be viewed [here](#).

Measures Questions /Items	Response Categories
1. I knew which options were available to me. 2. I knew the benefits of each option. 3. I knew the risks and side effects of each option. 4. I was clear about which benefits matter most to me. 5. I was clear about which risks and side effects matter most. 6. I was clear about which was more important to me (the benefits and risks/side effects) 7. I had enough support from others to make a choice. 8. I chose without pressure from others. 9. I had enough advice to make a choice. 10. I was clear about the best choice for me. 11. I felt sure about what to choose. 12. The decision was easy for me to make. 13. I felt I have made an informed choice. 14. My decision showed what is important to me. 15. I had expected to stick with my decision. 16. I was satisfied with my decision.	a. Strongly agree b. Agree c. Neither agree nor disagree d. Disagree e. Strongly disagree

**\*One of the criticisms of this measure is the lack of consideration regarding who else was involved.**

Abortion decision-making conviction may also be measured by [Dimensions of Abortion Decision Difficulty \(DADD\) scale](#)<sup>5</sup> that includes beliefs and emotional conflicts associated with making the decision regarding abortion. It includes questions that the respondent may have considered while coming to a decision on getting or not getting an abortion.

Measures Questions /Items	Response Categories
1. Even though the pregnancy was unintended, you had positive feelings about being pregnant (like joy, feeling proud, or maternal feelings). 2. You were afraid you would have severe regrets after the abortion. 3. You thought the abortion procedure could induce infertility. 4. You were anxious about having the abortion procedure itself. 5. You were afraid you would develop mental health problems after the abortion. 6. You felt that abortion was in general not justified (save exceptional circumstances). 7. You felt that many women take the choice for abortion too lightly. 8. You fantasized about your life with a child. 9. It was completely your own decision to have an abortion. (reverse-coded) 10. You felt pressured (by others) to have the abortion. * 11. You have difficulty with decision making in general. 12. You think you are an indecisive person.	a. Not at all b. A little c. Somewhat/moderately d. To a high degree e. To a very high degree

\*reverse-coded

### References:

- Ralph LJ, Foster DG, Kimport K, Turok D, Roberts SC. Measuring decisional certainty among women seeking abortion. *Contraception* 2017; 95(3): 269-78
- van Ditzhuijzen J, Brauer M, Boeije H, van Nijnatten CH. Dimensions of decision difficulty in women's decision-making about abortion: A mixed methods longitudinal study. *PLoS one* 2019; 14(2): e0212611.



### III. Abortion Norms and Stigma

#### Abortion Norms:

In the next few items ask about what you think your close friends and relatives are doing in terms of their use of abortion.

Measures Questions /Items	Response Categories
1. How many of your close friends and relatives who are married or in sexual relationships do you think have had an abortion? 2. How many of your close friends and relatives who are married or in sexual relationships do you think can get an abortion if they needed or wanted one? 3. How many of your close friends and relatives who are married or in sexual relationships do you think can get an abortion if they needed or wanted one, even when their partner does not want it? 4. How many of your close friends and relatives would criticize or think badly of someone who got an abortion?	a. None b. Some c. Most d. All

#### Reference:

Adapted from [PMA 2020 survey questionnaire](#).

#### Abortion Stigma:

The following measures capture individual-level and community-level abortion stigma.

**Individual-level Abortion Stigma Scale<sup>6</sup>:** Now I would like to ask you about the experience of your last abortion.

Measures Questions /Items	Response Categories
1. Other people might find out about my abortion 2. My abortion would negatively affect my relationship with someone I love 3. I would disappoint someone I love 4. I would be humiliated 5. People would gossip about me 6. I would be rejected by someone I love 7. People would judge me negatively	a. Not worried b. A little worried c. Quite worried d. Extremely worried
8. I have had a conversation with someone I am close with about my abortion* 9. I was open with someone that I am close with about my feelings about my abortion* 10. I felt the support of someone that I am close with at the time of my abortion*	a. Never b. Once c. More than once d. Many times

*Please indicate how much you agree or disagree with each of the following statements.*

11. I can talk to the people I am close with about my abortion* 12. I can trust the people I am close to with information about my abortion* 13. When I had my abortion, I felt supported by the people I was close with* 14. I felt like a bad person 15. I felt confident I had made the right decision* 16. I felt ashamed about my abortion 17. I felt selfish 18. I felt guilty	a. Strongly disagree b. Disagree c. Neither agree nor disagree d. Agree e. Strongly agree
---	---

*How much of your community holds the following beliefs?*

19. Abortion is always wrong. 20. Abortion is the same as murder	a. No one b. A few people c. About half the people d. Many people e. Most people
---	--

\*reverse-coded

#### Reference:

- Cockrill K, Upadhyay UD, Turan J, Greene Foster D. The stigma of having an abortion: development of a scale and characteristics of women experiencing abortion stigma. *Perspectives on Sexual and Reproductive Health* 2013; 45(2): 79-88.



**Community-level Abortion Stigma Scale<sup>7</sup>:**

Please indicate how much you agree or disagree with each of the following statements.

Measures Questions /Items	Response Categories
1. Women with children who choose to have an abortion do it to give the kids they already have a better life	a. Strongly agree
2. A woman who has an abortion is doing what is right to not throw her life away	b. Agree
3. Women who have abortions because they feel unprepared to have children are responsible	c. Neither agree nor disagree
4. It is ok that a woman has an abortion only because she does not want to have children at that moment	d. Disagree
5. Women who have an abortion are stupid	e. Strongly Disagree
6. Women who have an abortion are easy/will sleep with anyone	
7. Women who have an abortion are rejected	
8. Men who allow their partners to have an abortion are rejected	
9. Women who have an abortion deserve to be rejected	
10. Women who have an abortion do not deserve to have a family	
11. A man prefers to marry a woman who has never had an abortion	
12. A decent woman would never have an abortion	
13. An abortion causes a family shame	
14. A woman is always at fault in an unwanted pregnancy	
15. A woman without children is an incomplete woman	
16. Women who have abortions will be punished by God	
17. Women who have abortions will receive divine punishment	
18. Women who have abortions should ask for forgiveness for their actions*	
19. Resorting to more than one abortion is never justifiable	
20. If you or your partner had an abortion, you would keep it a secret	
21. Women who have an abortion should not tell anyone	
22. Resorting to an abortion should be kept a secret as it is personal	
23. If a woman had an abortion, she should not tell her future partners	

\*This item has been adapted

**References:**

7. Sorhaindo, A. M., Karver, T. S., Karver, J. G., & Garcia, S. G. (2016). Constructing a validated scale to measure community-level abortion stigma in Mexico. *Contraception*, 93(5), 421-431

**IV. Recent Abortion Experience and Covert Use:**

Now, I would like to ask you a few questions about the last abortion:

1. How many months pregnant were you when you went for the abortion?  
Number of months: \_\_\_\_\_
  
2. Where was the abortion performed?
  - a. Your home
  - b. Another home
  - c. Public hospital
  - d. Public health center
  - e. Family planning clinic
  - f. Mobile clinic
  - g. Other public sector (specify) \_\_\_\_\_
  - h. Private hospital
  - i. Private clinic
  - j. Private doctor's office
  - k. Mobile clinic
  - l. Other private medical sector (specify) \_\_\_\_\_
  - m. NGO hospital
  - n. NGO clinic
  - o. Other NGO medical sector (specify) \_\_\_\_\_

- p. Other (specify) \_\_\_\_\_
- q. Don't know

3. Who performed the abortion?

- a. Doctor
- b. Nurse
- c. Community Health Worker
- d. Family Member/Relative/Friend
- e. Yourself
- f. Other (please specify): \_\_\_\_\_

8. If it was by yourself, why did you opt for the self-medicated abortion rather than going to the health facility?

- a. Did not require
- b. Easily available in medical shops
- c. Previous experience of abortions
- d. Stigma
- e. Husband did not allow
- f. Mother in law did not allow
- g. Fear of legal actions
- h. Others (please specify): \_\_\_\_\_

9. From where did you get the abortion pills?

- a. Pharmacy/chemist
- b. Public health facility
- c. Private health facility
- d. Others (please specify): \_\_\_\_\_

**Reference:**

Adapted from IHAT's Uttar Pradesh Technical Support Unit - Integrated Family Planning Survey: 2020

**Covert Use of Abortion<sup>10-11</sup>:**

*Sometimes women may not feel safe to discuss their decisions on abortion with their immediate family and/or support system. Please help us understand your situation in this regard:*

Measures Questions /Items	Response Categories
1. Does your husband/partner know that you have, in the past, terminated a pregnancy?	a. Yes b. No c. Don't know
2. If no, when was the most recent time that you decided to terminate a pregnancy without telling your husband/partner?	a. Within the past 3 months b. Within the past 12 months c. Over a year ago d. Don't know

**References:**

- 10. Adapted from: Choiriyah, I. and Becker, S. (2018), Measuring Women's Covert Use of Modern Contraception in Cross-Sectional Surveys. *Studies in Family Planning*, 49: 143-157. <https://doi.org/10.1111/sifp.12053>
- 11. Adapted from [EMERGE's module on women's agency and FP](#).

- V. **Abortion Quality of Care:** This is a growing field and available measures need efforts for further adaptation and testing across contexts. Available measures include the Interpersonal Quality in Family Planning focused on Abortion and the Person-Centered Abortion Care Scale.

**Interpersonal Quality in Family Planning focused on Abortion<sup>12</sup>:** is an adaptation of the original [Interpersonal Quality of Family Planning \(IOFP\) scale](#) to assess the quality of care related to abortion counseling using a limited number of items. Respondents were asked about their experiences with abortion counselling.

Measures Questions /Items	Response Categories
1. Respected you as a person/ treated you with respect 2. Maintained privacy during the interaction 3. Showed (you) care and compassion 4. Let you say what mattered to you about your abortion 5. Gave you an opportunity to ask questions 6. Took your preferences about your abortion seriously 7. Considered your personal situation when advising you about your abortion 8. Worked out a plan for your abortion with you 9. Gave you enough information to make the best decision about your abortion 10. Told you how to take your abortion pills most effectively* 11. Told you the benefits and risks of different abortion methods	a. No, not at all b. Somewhat/a little bit c. Yes, very much

\*Only in case of abortion pill method

**The Person-Centered Abortion Care (PCAC) Scale<sup>13</sup>** provides a detailed understanding of abortion quality of care and includes the sub-scales of (a) Respectful and Supportive Care and (b) Communication and Autonomy.

Sub-Scales	Items	Response Options
<i>Respectful and Supportive Care</i>	How did you feel about the amount of time you waited? Would you say it was: (Time to Care)	0, Very short 1, Somewhat short 2, Somewhat long 3, Very long
	Did the doctors, nurses, or other staff at this clinic treat you with respect? (Treated with respect)	0, No, never 1, Yes, a few times 2, Yes, most of the time 3, Yes, all the time
	Did the doctors, nurses, and other staff at this clinic treat you in a friendly manner? (Friendly)	0, No, never 1, Yes, a few times 2, Yes, most of the time 3, Yes, all the time
	During your time in this clinic, would you say you were treated differently because of any personal attribute - like your age, marital status, number of children, your education, wealth, your connections with the facility, or something like that? (Treated differently)	0, No, never 1, Yes, a few times 2, Yes, most of the time 3, Yes, all the time
	Did the doctors, nurses, and other staff at this clinic show that they cared about you? (Cared)	0, No, never 1, Yes, a few times 2, Yes, most of the time 3, Yes, all the time
	Did you feel the doctors, nurses, or other health providers shouted at you, scolded, insulted, threatened, or talked to you rudely? (Verbal Abuse)	0, No, never 1, Yes, a few times 2, Yes, most of the time 3, Yes, all the time
	Did you feel like you were treated roughly like pushed, beaten, slapped, pinched, physically restrained, or gagged? (Physical Abuse)	0, No, never 1, Yes, a few times 2, Yes, most of the time 3, Yes, all the time
	When you were speaking to the doctors, nurses or other staff at this clinic, did you feel other people not involved in your care could hear what you were discussing? (Privacy)	0, No, never 1, Yes, a few times 2, Yes, most of the time



		3, Yes, all the time
	Do you feel like your health information was or will be kept confidential at this clinic? (Record Confidentiality)	0, No, never 1, Yes, a few times 2, Yes, most of the time 3, Yes, all the time
	Did you feel the doctors and nurses paid attention to you during your stay in this clinic? (Paid attention)	0, No, never 1, Yes, a few times 2, Yes, most of the time 3, Yes, all the time
	Do you think there was enough health staff in this clinic to care for you? (Enough staff)	0, No, never 1, Yes, a few times 2, Yes, most of the time 3, Yes, all the time
	Did you feel the doctors, nurses or other staff at this clinic took the best care of you? (Took best care)	0, No, never 1, Yes, a few times 2, Yes, most of the time 3, Yes, all the time
	Did you feel you could completely trust the doctors, nurses or other staff at this clinic with regards to your care? (Trust)	0, No, never 1, Yes, a few times 2, Yes, most of the time 3, Yes, all the time
	In general, did you feel safe in this clinic? (Safe)	0, No, never 1, Yes, a few times 2, Yes, most of the time 3, Yes, all the time
	Do you feel the doctors or nurses did everything they could to help control your pain? (Pain medication given)	0, No, never 1, Yes, a few times 2, Yes, most of the time 3, Yes, all the time 4, NA, I had no pain
<i>Communication and Autonomy</i>	During your time in this clinic did the doctors, nurses, or other health care providers introduce themselves to you when they first came to see you? (Introduce Self)	0, No, none of them 1, Yes, a few of them 2, Yes, most of them 3, Yes, all of them
	If YES: Was it a few of them, most of them, or all of them?	
	Did the doctors, nurses, or other health care providers call you by your name? (Called by name)	0, No, never 1, Yes, a few times 2, Yes, most of the time 3, Yes, all the time
	Did you feel like the doctors, nurses or other staff at this clinic involved you in decisions about your abortion choice? (Involvement in Care)	0, No, never 1, Yes, a few times 2, Yes, most of the time 3, Yes, all the time
	Did the doctors, nurses or other staff at this clinic ask your permission/consent before doing procedures on you? (Consent before procedures)	0, No, never   1, Yes, a few times 2, Yes, most of the time 3, Yes, all the time
	Did the doctors and nurses explain to you why they were doing examinations or procedures on you? (Explain exams)	0, No, never 1, Yes, a few times 2, Yes, most of the time 3, Yes, all the time
	Did the doctors and nurses explain to you why they were giving you any medicine, including pain medicine or medicine to start an abortion? (Explain medicines)	0, No, never 1, Yes, a few times 2, Yes, most of the time 3, Yes, all the time 4, NA, I had no pills given
	At any point during your time at this clinic, did the doctors and nurses at this clinic talk to you about how you were feeling? (Ask about feeling)	0, No, never 1, Yes, a few times

		2, Yes, most of the time 3, Yes, all the time
	Did you feel you could ask the doctors, nurses or other staff at the clinic any questions you had? (Ask questions)	0, No, never 1, Yes, a few times 2, Yes, most of the time 3, Yes, all the time
	Did the doctors and nurses ask how much pain you were in? (Ask about pain)	0, No, never 1, Yes, a few times 2, Yes, most of the time 3, Yes, all the time
<i>Additional item, not included in the final version</i>	Did the doctors, nurses or other staff at this clinic speak to you in a language you could understand? (Language understand)	0, No, never 1, Yes, a few times 2, Yes, most of the time 3, Yes, all the time
	During your time at this clinic, did any staff at the facility ask you or your family for unofficial cost? (Bribe)	0, No, never 1, Yes, a few times 2, Yes, most of the time 3, Yes, all the time

**References:**

12. Donnelly, K. Z., Dehlendorf, C., Reed, R., Agusti, D., & Thompson, R. (2019). Adapting the Interpersonal Quality in Family Planning care scale to assess patient perspectives on abortion care. *Journal of patient-reported outcomes*, 3(1), 3.
13. Sudhinaraset M, Landrian A, Afulani PA, Phillips B, Diamond-Smith N, Cotter S. Development and validation of a person-centered abortion scale: the experiences of care in private facilities in Kenya. *BMC women's health*. 2020 Dec;20(1):1-1.

