

EMERGE Gender Questions Pregnancy Intention and Abortion



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 <u>EMERGE FP webpage</u>).

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.

<u>Desire to Avoid Pregnancy (DAP) Scale</u>¹ 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.

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

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

Unplanned Pregnancy as measured by the <u>London Measure of Unplanned Pregnancy</u>²⁻³: 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.

2.	In the month that I became pregnant (Tick the statement that most applies to you) In terms of becoming a mother (first time or again), I feel that my pregnancy happened at the (Tick the statement	Response Options: 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 Response Options: Right time - 2
	that most applies to you)	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)	Response Options: 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)	Response Options: 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 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.
5.	Before I became pregnant (Tick the statement that most applies to you)	Response Options: 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.	**Before you became pregnant, did you do anything to improve your health in preparation for pregnancy? (Tick all that apply) 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	Response Options: 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 Scale⁴: 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		
 I knew which options were available to me. I knew the benefits of each option. I knew the risks and side effects of each option. I was clear about which benefits matter most to me. I was clear about which risks and side effects matter most. I was clear about which was more important to me (the benefits and risks/side effects) I had enough support from others to make a choice. I chose without pressure from others. I had enough advice to make a choice. I was clear about the best choice for me. I felt sure about what to choose. The decision was easy for me to make. I felt I have made an informed choice. My decision showed what is important to me. I had expected to stick with my decision. 	a. Strongly agree b. Agree c. Neither agree nor disagree d. Disagree e. Strongly disagree		
16. I was satisfied with my decision.			

^{*}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 <u>Dimensions of Abortion Decision Difficulty (DADD) scale</u>⁵ 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	_
pregnant (like joy, feeling proud, or maternal feelings).	b. A little
2. You were afraid you would have severe regrets after the abortion.	c. Somewhat/moderately
3. You thought the abortion procedure could induce infertility.	d. To a high degree
4. You were anxious about having the abortion procedure itself.	e. To a very high degree
5. You were afraid you would develop mental health problems after the a	bortion.
6. You felt that abortion was in general not justified (save exceptional cir	cumstances).
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-cod	ed)
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.	

^{*}reverse-coded

References:

- 4. Ralph LJ, Foster DG, Kimport K, Turok D, Roberts SC. Measuring decisional certainty among women seeking abortion. Contraception 2017; 95(3): 269-78
- 5. 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.

Me	easures Questions /Items	Res	ponse Categories
1. 2. 3.	How many of your close friends and relatives who are married or in sexual relationships do you think have had an abortion? 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? 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?	a. b. c. d.	None Some Most All
4.	How many of your close friends and relatives would criticize or think badly of someone who got an abortion?		

Reference:

Adapted from PMA 2020 survey questionnaire.

Abortion Stigma:

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

Individual-level Abortion Stigma Scale⁶: Now I would like to ask you about the experience of your last abortion.

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

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

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

How much of your community holds the following beliefs?

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

^{*}reverse-coded

Reference:

6. 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 Scale⁷:

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

^{*}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
 - 1. Other private medical sector (specify) _____
 - m. NGO hospital
 - n. NGO clinic
 - o. Other NGO medical sector (specify)_____

	Other (specify) 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 Abortion¹⁰⁻¹¹:

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:

M	easures Questions /Items	Response Categories		
1.	Does your husband/partner know that you have, in the past, terminated a pregnancy?	a. b. c.	Yes No 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. b. c. d.	Within the past 3 months Within the past 12 months Over a year ago Don't know	

References:

- 10. Adapted from: Choiriyyah, 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. <u>Abortion Quality of Care:</u> 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 Abortion¹²: is an adaptation of the original <u>Interpersonal Quality of Family Planning (IQFP) scale</u> 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	a.	No, not at all
2.	Maintained privacy during the interaction	b.	Somewhat/a little bit
3.	Showed (you) care and compassion	c.	Yes, very much
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		

^{*}Only in case of abortion pill method

<u>The Person-Centered Abortion Care (PCAC) Scale¹³</u> 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
Respectful and	How did you feel about the amount of time you waited? Would you say	0, Very short
Supportive	it was: (Time to Care)	1, Somewhat short
Care		2, Somewhat long
		3, Very long
	Did the doctors, nurses, or other staff at this clinic treat you with	0, No, never
	respect? (Treated with respect)	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	0, No, never
	friendly manner? (Friendly)	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	0, No, never
	differently because of any personal attribute - like your age, marital	1, Yes, a few times
	status, number of children, your education, wealth, your connections	2, Yes, most of the time
	with the facility, or something like that? (Treated differently)	3, Yes, all the time
	Did the doctors, nurses, and other staff at this clinic show that they cared	0, No, never
	about you? (Cared)	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	0, No, never
	you, scolded, insulted, threatened, or talked to you rudely? (Verbal	1, Yes, a few times
	Abuse)	2, Yes, most of the time
		3, Yes, all the time
	Did you feel like you were treated roughly like pushed, beaten, slapped,	0, No, never
	pinched, physically restrained, or gagged? (Physical Abuse)	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	0, No, never
	clinic, did you feel other people not involved in your care could hear	1, Yes, a few times
	what you were discussing? (Privacy)	2, Yes, most of the time

		3, Yes, all the time
	Do you feel like your health information was or will be kept confidential	0, No, never
	at this clinic? (Record Confidentiality)	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	0, No, never
	stay in this clinic? (Paid attention)	1, Yes, a few times
	stay in this crime. (I aid attention)	2, Yes, most of the time
	D 4'14 11 14 (60' 4' 1' 1' ' C 0	3, Yes, all the time
	Do you think there was enough health staff in this clinic to care for you?	0, No, never
	(Enough staff)	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	0, No, never
	care of you? (Took best care)	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	0, No, never
	at this clinic with regards to your care? (Trust)	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	0, No, never
	control your pain? (Pain medication given)	1, Yes, a few times
	control your paint. (I aim medication given)	2, Yes, most of the time
		3, Yes, all the time
		4, NA, I had no pain
Communication	During your time in this clinic did the doctors, nurses, or other health	0, No, none of them
and Autonomy	care providers introduce themselves to you when they first came to see	1, Yes, a few of them
ана Ашоноту		
	you? (Introduce Self)	2, Yes, most of them
	ICVES We 'to Constitute of the second of the	3, Yes, all of them
	If YES: Was it a few of them, most of them, or all of them?	0.31
	Did the doctors, nurses, or other health care providers call you by your	0, No, never
	name? (Called by name)	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	0, No, never
	you in decisions about your abortion choice? (Involvement in Care)	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	0, No, never
	permission/consent before doing procedures on you? (Consent before	1, Yes, a few times
	procedures)	2, Yes, most of the time
		3, Yes, all the time
	Did the doctors and nurses explain to you why they were doing	0, No, never
	examinations or procedures on you? (Explain exams)	1, Yes, a few times
	1	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	0, No, never
	medicine, including pain medicine or medicine to start an abortion?	1, Yes, a few times
	(Explain medicines)	2, Yes, most of the time
	(—- <u>r</u>	3, Yes, all the time
	At one maint dening counting at this alimin did do do counting at the	4, NA, I had no pills given
	At any point during your time at this clinic, did the doctors and nurses at	0, No, never
	this clinic talk to you about how you were feeling? (Ask about feeling)	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	0, No, never
	any questions you had? (Ask questions)	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	0, No, never
	pain)	1, Yes, a few times
		2, Yes, most of the time
		3, Yes, all the time
Additional item,	Did the doctors, nurses or other staff at this clinic speak to you in a	0, No, never
not included in	language you could understand? (Language understand)	1, Yes, a few times
the final		2, Yes, most of the time
version		3, Yes, all the time
	During your time at this clinic, did any staff at the facility ask you or	0, No, never
	your family for unofficial cost? (Bribe)	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.