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**DETERMINANTS OF UNSAFE ABORTION IN THREE SQUATTER
SETTLEMENTS OF KARACHI, PAKISTAN**

SARAH JAMIL

FARIYAL F. FIKREE

THE AGA KHAN UNIVERSITY

Department of Community Health Sciences, Karachi.

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List of Abbreviations

TBA	Traditional Birth Attendant
D&C	Dilatation and Curettage
AKU	The Aga Khan University
CHS	Community Health Sciences
IEC	Information Education and Communication

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CHAPTER ONE

Introduction

The World Health Organization estimates that about 20 million unsafe abortions occur each year, the vast majority in South and Southeast Asia, Sub-Saharan Africa, Latin America and the Caribbean. As a result of these abortions, estimated 60,000 maternal deaths occur annually.

Abortion is prohibited by law in Pakistan except to save the life of the mother, as a result of which clandestine abortions occur. Information on unsafe abortion from Pakistan is mostly facility-based. Data from obstetrics and gynecology departments of large government and non-government hospitals has estimated 4.5 - 15 percent of maternal mortality amongst the admitted cases as being due to unsafe abortion^{1,2,3}. Community-based data from squatter settlements of Karachi, reveals that 8.8 % of all maternal deaths are due to induced abortions⁴. Another community-based study from squatter settlements of Karachi estimates that out of a total of 282 reported pregnancies, 11% were terminated as induced abortion.⁵

The role of the type of abortion provider is also an important determinant of morbidity and mortality related to unsafe abortion. Very limited information is available from Pakistan on the type of abortion providers and methods used for terminating a pregnancy. Traditional birth attendants (TBAs), physicians, and nurses/ midwives and self induction are some of the reported providers. Methods used by them are generally Dilatation and

¹ Tayyab S, Samad J N. Illegally Induced Abortions: A Study of 37 Cases. JCPSP 1996; 6 (2): 104-106.

² Ashraf T. Maternal Mortality: A Four Year Review. JCPSP 1996; 6 (3): 159-161

³ Najmi S R. Maternal Mortality: A Hospital Based Study. JCPSP 1995; 5 (2): 67-70.

⁴ Fikree F, Gray HR, Bernandes WH, and Karim SM. A community -based nested case-control study of maternal mortality. Int J Gynaecol Obstet 1994; 47: 247-255.

⁵ Fikree F, Rizvi N, Jamil S, and Hussain T. The Emerging Problem of Induced abortions in Squatter Settlements of Karachi. Pakistan. Demography India 1996; 25 (1): 119-130.

curettage (D&C), oral concoctions, and instrumentation. Information from Civil Hospital Karachi on women who reported induced abortion reveals that 35 percent of all procedures being performed are by untrained personnel.¹

In Pakistan where reproductive health services are wanting and where overall maternal mortality is alarmingly high⁶, we found it important to assess the prevalence and reproductive morbidity consequences of induced abortion. In addition, identification of type of abortion provider and methods used for induction of abortion were also investigated. We also wanted to know about the factors leading to a decision to terminate a pregnancy in our restrictive socio-cultural context where abortions are illegal.

Objectives

1. To estimate the prevalence of induced abortion in three squatter settlements of Karachi.
2. To assess the predictors of induced abortion (IA) (e.g. age, parity, socioeconomic status, ethnicity, religion, education status etc.)

⁶ The State of the World's Children. 1998

CHAPTER TWO

Materials and Methods

Study design

We conducted a cross-sectional survey in three squatter settlements of Karachi from June 1997 - August 1997.

Interviews were conducted on 1,214 ever married women belonging to reproductive age group (15-49) with a history of at least one pregnancy. Descriptive information from all respondents irrespective of reporting an induced abortion was obtained on:

1. Reasons for induced abortion
2. Reasons for unplanned pregnancies
3. Methods and providers of induced abortion
4. Harmful effects of induced abortion
5. Cost of providers

Among the sub-group of women who reported an induced abortion information further was sought on:

1. Reasons for opting for an induced abortion
2. Family Planning use before and after the index induced abortion
3. Methods resorted to and providers of the index induced abortion
4. Complications resulting from the index induced abortion

Characteristics Of The Study Sites

Karachi is the largest city of Pakistan with an estimated population of 12 million. Nearly 45 percent of Karachi's population lives in squatter settlements of Karachi. The Aga Khan University (AKU) had operational Primary Health care System in six of these squatter settlements for the past 12 years [1984 - 1996]. This study was conducted in three of these field sites. The reason for the selection of these field sites were the

familiarity and confidence of the residents with the staff from the Department of Community Health Sciences and consequently a better response to the sensitive questions regarding induced abortion was expected than if the study was conducted in a field site where such a relationship had not been built.

Squatter settlement A

The majority of the residents of this squatter settlement are Muslims and belong to Hazara (Hindko speaking) and Pathan ethnic groups. The population consists mainly of the migrants from upcountry: Punjab and North West Frontier Province (NWFP). Generally women are conservative “*pardah*” observing house wives. The major occupation includes unskilled labor, various jobs within the transportation industry and small business. The houses are generally made of bricks (“*pucca*”), and have the facility of electricity and tap water connections. Respondents from this area were initially hesitant to respond to the questions but, once reassured of the confidentiality of their responses, there were few if any non-response.

Squatter settlement B

This is a peri-urban squatter settlement situated near the sea. It is a multiethnic community with almost equal number of Muslims and Christians, and people belonging to other religions living together. Languages commonly spoken here are Balochi, Pushto, and Punjabi. Houses are a mixture of “*katcha*” (mud) and “*pucca*” (concrete) structures. Women belonging to Muslim Pathan and Balochi areas are conservative and “*pardah*” observing as compared to Christian women residents who are more mobile and “*non pardah*” observing. The major occupations were fishing, skilled and unskilled labor and government employment. The community here gave a mixture of responses, certain sects of Muslims were very hesitant to answer to the questions while the Christian community were open on the subject of induced abortions.

Squatter settlement C

Nearly all the residents of this area are Christians and from Punjab. Generally, women are illiterate, more mobile, “*non-purdah*” observing and gainfully employed outside their homes mostly as house maids or as sanitary workers. Even though the employment status of women is better in this area as compared to other two areas, socio-economically the community is the least affluent of the three settlements, the probable reason being the high addiction rate to recreational drugs in this community. Houses are made of “*pucca*” structures with tap water, electricity and open sewerage system. Women here were more open in their responses to questions on induced abortion.

Household survey

Complete listing of the households from these three field sites was available from the Department of the Community Health Sciences, The Aga Khan University. Last updating of the list was done in 1996.

Data collection

Data was collected on 1,214 households from June 1997 - August 1997.

The field team comprised of a field supervisor, and six female interviewers. Field supervisor was a doctor with previous research experience. Interviewers were women who were national health workers of the respective areas and had also previously worked as community health workers for these AKU - PHC field sites

Development of the questionnaire:

Development of the study questionnaire was based on qualitative work based on focus group discussions conducted with women of squatter settlements of Karachi prior to present quantitative work. (Appendix A)) This qualitative research was conducted to

assess the abortion methods, providers, reasons for abortion, and cost of abortion. We conducted ten focus group discussions in various squatter settlements with the group members being ever-married women in reproductive age group (15-49) with history of at least one pregnancy. The main objective of this qualitative research was to list down the responses to be included in the questionnaire for the current project, and to know more about the local terminology for various abortifacients.

The questionnaire was then developed - there were several revisions of the questionnaire prior to pre-testing.

Pre-testing of the questionnaires

Before pre-testing, two different persons translated the questionnaire into the local language (*Urdu*) and back translated into English to check for any discrepancies occurring. Before finalizing the questionnaire for pre-testing I, we interviewed five different women to check for the flow of the questions.

Pre-testing of the questionnaire was conducted in two phases:

Pre-testing I

One day training was given to the interviewers before conducting pre-testing I. We completed 127 interviews (10 percent of the sample size) in this phase. For field training, principal investigator and supervisor of the study accompanied interviewers to the field sites, where interviewers were trained to introduce themselves, and to introduce the purpose of the study. Practical demonstrations were given to them regarding putting up sensitive questions and taking women in confidence so they can respond to these questions.

Following review of the pretesting 1 phase, we identified three questions to be problematic in terms of their phrasing. Another seven questions were selected to check for the responses especially in “others” category. We had decided that if more than 10 responses were elicited in the “others” category then changes will be made in the list of the responses in respective questions such that there will be more categories identified.

Hand tallying of seven selected questions showed that responses to these questions were consistent, and less than 10 responses in “others” category were mostly elicited. Only in one question there were 12 responses in “others” category. List of the responses of this question was reviewed and necessary changes were made. Some other relevant changes were made in other parts of the questionnaire too. For example, two new methods of induced abortion were identified for self termination and were added in the response list.

Pre-testing II

We conducted thirteen more interviews after making changes in the questionnaire subsequent to pre-testing I. Pre-testing II was done in the same locations where pre testing I was conducted. These interviews were conducted by the principal investigator and a research assistant.

Manual of Instruction

We developed a Manual of instructions for training purposes as well as for reference during actual field work for the interviewers. This manual was translated in “Urdu” for the interviewers.

Field procedure

We had approximately 1,200- 1,500 houses listed from each of the three squatter settlements. Before conducting the study we generated a randomly selected list of 406

houses separately from each household list by the help of Epi Info program and marked these houses on the household list map. This list of the households and manual of instruction were provided to each interviewer for the respective study sites.

Interviews were conducted at the houses of the women in privacy. Prior to interviews we asked for the verbal consent from the women. We informed these women that all the information will be kept confidential and their identity will not be disclosed. Interview was started by self introduction by the interviewer, and purpose of the study was told by highlighting women's problems in general and induced abortion in particular. Women were informed that the topic will be discussed in a general way and no judgments will be made about those who have resorted to induced abortions or religious dogmas concerning abortion. An interview was termed incomplete only after making three unsuccessful visits to the household.

We faced no resistance in asking sensitive questions on induced abortion in squatter settlement A and C as the interviewers were from the same area and had good rapport in the community as healthcare providers. In squatter settlement B, though the interviewers were from the same area and were health workers, they faced resistance as they were unmarried girls and it was considered culturally inappropriate that they ask sensitive questions on induced abortions.

Due to time constraints we did not find it feasible to identify other married interviewers from the area and train them anew. Instead, we utilized trained interviewers from community C. In addition to this we also identified female motivators from the area who were either traditional birth attendants or lady health workers to accompany our interviewers to the identified houses. These motivators helped us in identifying the houses and introducing the interviewers to the community. After this strategy we did not face any resistance from the community and were able to complete our estimated sample size.

Supervisory Check on the data collection

To ensure quality of the interviews, a total of 25 interviews at each field site were observed by the research assistant. In addition, 20 to 25 re-interviews per study site were also conducted either by the principal investigator or the research assistant. This was done specifically to recheck the total number of residents, total number of pregnancies, number of abortions etc. It was anticipated that interviewers might not record total number of people due to large families or note fewer abortions in order to complete the interview within as short a time as possible. Of the selected questions few minor discrepancies were identified. For example, on re-interview women reported five methods of abortion instead of the two or three which she had identified earlier. This pattern was observed in four or five women per field site.

During data collection we did field editing daily and feed back was given to the interviewers daily at the field site. These forms were then brought to the central office and a second round of office editing was done by the principal investigator. Any inconsistencies identified in information were marked and forms were returned back for correction on the following day.

Data Entry

Data entry program was formulated under the guidance of the supervisor of the Project and expertise available in the Department of Community Health Sciences on Epi Info version 6. We had two separate data entry operators enter our data.. We checked the data entry errors by running and matching data entries of both operators together and for mismatched entries we pulled out questionnaires and corrected the errors. To check the quality of data entry, ten percent of the forms were entered in the data entry program separately by the principal investigator (PI), and entries by (PI) and data entry operators were run simultaneously to check for any discrepancies. A negligible data entry error rate

(less than 0.3 percent) were identified by this method. We were satisfied by the quality of data entry before we started to analyze our results.

Sample size

For Prevalence

As literature on induced abortion rate is practically non-existent for Pakistan, based on rates from countries where abortion is illegal⁷, and from India⁸ a figure of 4 percent per year was assumed for Pakistan. We further assumed that the proportion of women reporting induced abortion in each of the following age groups [15-24; 25-34; and 35-49] will also be 4 percent. With a margin of error of 2 percent and 95 percent confidence level, our estimated sample size for each of these age groups was 369. Considering a dropout rate of 10 percent in each age group, this sample size was adjusted to a total of 1,218. We completed interviews on 1,214 women.

For comparison purposes:

Our three major risk factors of interest were older women from 25-44 years of age, parity above four, and illiteracy. Information in “Statistical Profile, Women of Sindh” reveals women in this age group (25-44 year) to constitute approximately 20 % of the population of Sindh⁹. Pakistan Demographic and Health Survey indicates 52 percent of women do not desire more than 4 children and nearly 40 percent ever married women in Urban Sindh are illiterate. Assuming the proportion of individuals exposed to any of the above given risk factor amongst women who never had an induced abortion to range between 20 % to 60 percent and to detect an odds ratio of at least 2.5, at the 5 % level of significance and power of at least 80 %, and based on equal sample sizes, we needed 94 cases and 94 controls . Considering a drop out rate of 10 % we adjusted this sample size

⁷ The Role of Contraception in Reducing abortion. In Issues in Brief. The Alan Guttmacher Institute(AGI)

⁸ Chhabra R, Nuna SC. Abortion in India: an overview. New Delhi. Ford Foundation, 1994.

⁹ Statistical Profile, Women of Sindh. Association of Business Professional and Agricultural Women.

to 104 cases and 104 controls. As we assumed 4 % prevalence of induced abortion, our estimated ratio of case to control was 1:24, for this apportionment we needed 52 cases and 1,237 controls. Since no added information is obtained beyond a comparison series of 4 or 6 times relative to the index series our adjusted sample size at a case to control ratio of 1: 6 was 61 cases and 364 controls. Hence we were satisfied that our sample size of 1,218 would be sufficient to estimate prevalence and potential risk factors in women of reproductive age group in these three squatter settlements of Karachi.

Definitions:

Induced abortion:

An attempt for terminating a pregnancy by any means, other than for medical reasons irrespective of outcome. Hence, unsuccessful attempts resulting later on in live birth, miscarriage after 28 weeks of gestation, or still birth were also considered as induced abortion.

Index abortion:

The last induced abortion a woman had during her entire reproductive life was considered as the index abortion.

Cases: Women who reported opting for at least one induced abortion, irrespective of outcome, in the previous three years is termed as cases.

Comparison group: Women with no history of induced abortion.

One hundred women reported having at-least one induced abortion in their entire reproductive life. To control for time dependent factors (for example age of the respondent, duration of marriage, number of pregnancies, number of live births, use of contraceptives etc.) at the time when index abortion was sought, we took cases as women who reported abortion in last three years ($n = 52$), assuming these factors will not change over time.

For descriptive purposes we have used information from all 100 cases.

Analysis

We did descriptive statistics for women's perception about reasons for induced abortion, abortion providers, and methods used. Bivariate analysis was then conducted on assumed risk factors for induced abortion. Crude odds ratios with their confidence intervals were generated for each of the risk factors. Multivariate logistic regression analysis was used to adjust for the simultaneous effect of several risk factors on the risk of women opting for an abortion. Criteria for inclusion of risk factors in multivariate analysis was p-value of ≤ 0.2 and biological relevance of the variable.

For the variables which were included in the main effect model on multivariate analysis interaction terms were formed based on biological importance of the variables and tested for their significance.

The analytical frame work used to assess the predictors of induced abortion in women were based on three models :

Model I (Social Model) : These are the factors which we assumed were independent of biological risk factors. These factors include educational status of the respondent, occupation of the respondent, occupation of their spouses, education of the spouses, religion, socio-economical status, ethnicity, and religion

Model II (Biological Model) : Deals with the variables which are biologically related to the risk of abortion. For example, age of the respondent, age of the spouse, duration of marriage, number of pregnancies, and use of contraceptives.

Final Model : Variables from models I and II which showed evidence of association were combined in a single model to assess their relationship to induced abortion.

The model building strategy involved initially selecting variables for the model and subsequently assessing the adequacy of the model in terms of the individual variables and overall fit of the model.

CHAPTER THREE

Results

The results are presented in three parts:

1. Descriptive analysis regarding perceptions of the study subjects on:
 - a. Description of the study population
 - b. Characteristics of the Respondents
 - c. Family Planning use by type of method
 - d. Perceptions about induced abortion
 - e. Reasons for terminating a pregnancy
 - f. Net work of informants for induced abortion
 - g. Abortion methods and providers
 - h. Cost of abortion
 - i. Perception about complications of abortion

2. Descriptive analysis from sub-sample of women who had sought an abortion on :
 - a. Induced abortion rate
 - b. Use of family planning method prior to abortion
 - c. Methods used for termination of pregnancy

3. Determinants of induced abortion
 - a. Univariate analysis
 - b. Multivariate analysis

1. DESCRIPTIVE ANALYSIS

1.1 Description of the study population

We completed interviews on 1,214 households (99.6 %), a small percentage of the women did not agree to participate in the study, or could not be located even after three attempts. (under 1%)

The average size of the household interviewed was 5.5 (\pm 2.8) persons. The mean age of residents in these three squatter settlements was 19.5 (\pm 15.6) years though the median age was 15 years. Fifteen percent of the population comprised of children under five years of age. The dependency ratio was 94.4 percent [Table 1]. The average age of the residents and dependency ratio are consistent within the three study sites.

The respondents lived in “*pucca*” and a mixture of “*kutch*a and *pucca*” houses with electricity, piped water and modern sewerage system. Most of the residents in the study field sites were from Punjab and immigrants from India and Bangladesh (Mohajirs) , but there were variation among field sites, ranging from field site B having 24 percent of Punjabis to 97 percent Punjabis in field site C. (Appendix B Table 1)

Summary of the basic characteristics of the population are presented in Table 2. To compensate for small numbers in each of 12 ethnic categories, these were re-categorized (Appendix B Table 1) into four broad groups based on geographical and cultural distribution. Sindhi, Balochi, Saraiki and Barohi were combined under Sindhis / Balochi. Pushto and Hindko were combined under Pathan whilst Punjabi were retained as same and the remainder were classified as Mohajirs.

Possession of the household durable goods were taken as proxy indicator for wealth of the household. The details of the ownership of the 11 household items are shown in (Appendix B Table 2).

The ownership of the household items were computed as a composite score. Each item was given a score of one if the household reported that they owned the item, else it was given a score of zero. The total of all 11 items were then computed per household. The socioeconomic level was then computed based on the following strategy:

Low	=	< 1 S.D from the mean
Medium	=	\pm 1 S.D
High	=	> 1 S.D

The mean number of items possessed by a household were 6 (\pm 2). Sixty five percent of the population belonged to medium socio-economic status according to these criteria. (Table 2).

Table 1 : Characteristics of Households and Residents of Study Population.
Squatter settlements, Karachi, Pakistan, 1997

Characteristics	n	Percent	Range within sites
Households interviewed	1,214	NA	404 - 406
Total number of residents	7,910	NA	2439 - 2845
Average size of the household	5.5 ± 2.8	NA	5.4 - 5.6
Mean age of the residents	19.5 ± 15.6	NA	18.7 - 20.2
Mean age of the Respondent	32 ± 7.7	NA	31.6 - 32.6
Mean age of the husband	36.8 ± 9	NA	36.4 - 37.5
Number of live Births	4.8 ± 4.5	NA	4.2 - 4.9
Children < one year *	246	3.1	63 - 98
Children < five year **	1212	15.3	417 - 510
Dependency Ratio ***		94.4	89.8 - 98.6

*Percent under one children = $\frac{\text{\# of children under one year of age}}{\text{Total number of residents}} \times 100$

**Percent under Five children = $\frac{\text{\# of children under 5 year of age}}{\text{Total number of residents}} \times 100$

***Dependency ratio = $\frac{\text{\# of children under 15 \& adults 65+}}{\text{Total number of adults (15 -64)}} \times 100$

Table 2: Characteristics of the Study Population
Squatter settlements, Karachi, Pakistan, 1997.

Characteristics	n ¹	Percentage
Ethnicity		
Punjabis	629	51.8
Mohajirs	251	20.6
Pathans	164	13.5
Sindhis	160	13.1
Socio-Economic Status		
High	171	14.1
Medium	790	65.1
Low	253	20.8
Education Status (Self)		
Illiterate	726	59.8
Literate	488	40.2
Education Status (Spouse)²		
Illiterate	354	30.2
Literate	819	69.8
Occupational Status (Self)		
Gainfully Employed	202	16.6
House wife	1012	83.2
Occupational Status (Spouse)³		
Gainfully Employed	1105	93.6
Not Employed	75	6.3
Marital Status (Self)		
Currently married	1182	97.4
Separated	6	0.5
Widowed	26	2.1
Current age (Self)		
≤ 30 years	568	46.8
30 ⁺ years	646	53.2
Current age (Spouse)²		
≤ 30 years	360	30.5
30 ⁺ years	820	69.4
Duration of marriage		
1-9	394	32.4
10 - 19	487	40.1
20 ⁺	333	27.4

1. n = 1214

2. n = 1173 (separated, widowed women and missing information)

3. n = 1180(separated, widowed women and missing information)

1.2 Characteristics of the Respondent

We interviewed a total of 1,214 women. Ninety seven percent of the women were in marital union at the time of interview, average duration of marriage was 14 (\pm 8) years. The mean age of the respondent was 32 (\pm 7.7) years, the spouse was generally older by 4 years (mean age 36.8 (\pm 9) years). Sixty percent of the respondents did not receive any education as compared to 30 percent of their spouses (Appendix B Table 3). Only 16 percent of these women were gainfully employed. Of these women majority were housemaids, or janitresses. A small proportion (3%) of these women were in professional / technical or related jobs [Table 2]. Unemployment was reported for 6 percent of their spouses. Most of the men were service workers. (Appendix B Table 4)

1.3 Family planning

Nearly 25 % of the study subjects responded with a “don’t know” when queried about their general perceptions regarding family planning though 36 % and 29 % responded as a means to limiting family size and spacing respectively. [Table 3]

Information regarding family planning and the method choice was obtained from multiple sources. Specific television advertisements on family planning or television soap operas were the main IEC avenue (89 %) though person to person contact via lady health workers were also frequently reported (78 %). (Appendix B Table 5)

Only four percent of women (48/ 1,214) mentioned that induced abortion was a method of family planning, of which four had reported using induced abortion to terminate their unwanted pregnancy.

Contraceptive prevalence rate

Fifty five percent of the women reported ever use of the modern family planning methods. Condoms were the common method (20 %) ever used.

Generally there was a consistency in the overall reported prevalence rate of ever use of family planning methods at all field sites ranging from 49 % at field site B to 60 % at field site C. Field site A reported 57 % of ever use of contraceptives. At field site A frequently reported methods were condom (28.6%), female sterilization (23.8 %), and IUCD (18.6 %), while, at field site B female sterilization (28.6%), condoms (28.1%), were equally mentioned followed by oral pills (21 %). At field site C, 49 percent of the respondents reported use of condoms, and 20 percent mentioned female sterilization. (Appendix B Tables 6 and 7).

Over all forty three percent of the respondents reported current use of family planning which was identical for individual field sites too. Female sterilization (43.2 %) followed by condom (26 %) were the methods of choice (Appendix B Table 7).

1.4 Perceptions about Induced Abortion

The study subjects, irrespective of their reported induced abortion status were probed on their perceptions regarding various reasons and most important reason for induced abortions, for conceiving an unwanted pregnancy, for various and most successful provider and abortion services. Their perceptions about cost of abortion according to methods and providers were also sought.

1.5 Reasons for conceiving and terminating an unwanted pregnancy

The most frequently mentioned reasons for termination of unwanted pregnancy were “too many children” (50.8 %), and “poverty” (49 %) though when specifically queried about the most important reason “spousal unemployment” (28.8 %) and “poverty” (21 %) were mentioned. [Table 4]

A couple’s and specifically, spousal unwillingness to opt for family planning methods were the most frequently mentioned reasons (14.9 % and 8.6 % respectively) for conceiving an unwanted pregnancy.

For the most important reason to conceive an unwanted pregnancy in addition to the couple's (27.4 %) and spousal (22.7%) unwillingness to use contraceptives "unprotected sex" (16 %) was also mentioned. [Table5]

1.6 Network of informants for induced abortion

Generally husbands, mothers-in-law and other women were the principal informants for eliciting information regarding abortion providers. However, surprisingly, spouses were the first contact (90 %) and much less frequently women friends (1.4 %) and doctors (1.2%) were mentioned as first contact. On the other hand, very few women made an independent decision to seek care (1.7 %). [Table 6]

1.7 Abortion methods and providers

There were various methods identified by women for termination of pregnancy. The most commonly perceived methods by the 1,214 women interviewed were "Dilatation and curettage" (D&C) (31.2 %), home made oral concoctions (16.8%) and eating food with hot properties (12.5 %) though the most common successful method reported was D&C (39 %) . [Table 7]

Amongst the providers in the community , doctors, were mentioned as the most commonly sought and most successful provider. Other providers suggested were nurses, Traditional Birth Attendants (TBAs) and self. (Appendix B Table 8)

1.7.1 Self Termination

For the women who made self attempts to terminate pregnancy, home made oral concoctions (57%), eating food with hot properties (44%), and oral allopathic medicines (16%) were the methods mentioned frequently, but only 25 percent perceived oral home concoction to be the most successful method of terminating pregnancy. [Table 8]

1.7.2 *Traditional Birth attendants*

The methods reported to be frequently used by traditional birth attendants were intravaginal placement of indigenous medicines (30 %), herbal oral concoctions (13.8 %), and indigenous oral medicines (13.4 %) [Table 10], while the most successful method was intravaginal placement of indigenous medicines (23.7 %). [Table 9]

1.7.3 *Nurses/ midwives*

The methods reported to be frequently used by nurses/ midwives were D&C (59 %), injections/drips (54.5 %) and oral allopathic medicines (26.6 %) while the most successful method reported was D&C (39.3%). [Table 10]

1.7.4 *Doctors*

The methods reported to be frequently used by doctors were D&C (70.8 %), injections/ drips (56.4%) and oral allopathic medicines (28.4 %) while most successful method mentioned was D & C (56.4 %). [Table 11]

1.8 *Facility where induced abortions are conducted*

Private and public hospitals, private clinics, Dai's home and family planning centers were the most commonly reported facilities where illegal abortions were conducted. However, women perceived that the most successful places to get induced abortion were private clinics (32.4 %) and private hospitals (30 %). [Table 12]

1.9 *Cost of Abortion According to Methods used*

Cost incurred for terminating pregnancy varied according to the most successful method and provider selected. Cost presented here are for the assumed first successful attempt. The cheapest expenditure was for self termination with “Kara” (Rs 92 (\pm 295), median Rs 40) whilst the most expensive provider was doctor for doing a D&C (Rs 2,683 (\pm 2,638), median Rs 2,000). Nurses charged slightly less compared to doctors for D&C (Rs 1,968 (\pm 1,281), median Rs 2,000).

Health providers charge according to the duration of gestation, highest cost occurring for longer duration of pregnancy. Dai's charged maximum for conducting induced abortions at the third month of pregnancy. Nurses and doctors could risk terminating pregnancies in early second trimester and charged the most. (Appendix B Table 9)

Reasons behind preferring self termination, were “confidentiality” and less cost. For those women who prefer TBAs as a provider, confidentiality, less cost and easy access to the provider were the reasons mentioned. For nurses/ midwife safety and “being sensible as health care providers” were the reasons mentioned for preference. More than half of the women (52 %) considered doctors to be a safe abortion provider. Only negligible proportion of women consider doctors to be easily accessible and less costly. [Table 13]

1.10 *Perceptions about complications of induced abortion*

Heavy vaginal bleeding, (50.3 %), generalized weakness (19 %) and high grade fever (20.2 %) were the most frequently mentioned complications. Surprisingly 12 % of the women did not report any complications. However, when questioned about the most severe complications, nearly 35 % of women reported mortality, weakness (19.6 %) and heavy vaginal bleeding (19 %). [Table 14]

Table 3: Women's perception About Family Planning
Squatter settlements, Karachi, Pakistan, 1997.

Response	n¹	Percent	Range (%) within sites
Spacing	356	29.3	13.9 -47.5
Limiting family size	436	35.9	10.1 - 50.2
Permanent sterilization	130	10.7	1.0 - 21.0
Better health for couple	1	0.1	0 - 0.2
No response	291	23.9	4.9 - 41.1

1. n = 1214

Table 4: Frequency Distribution of Women's Perception Of Terminating A Pregnancy. Squatter settlements, Karachi, Pakistan, 1997.
(n = 1214)

Reasons	Reasons* %	Most Important Reason %
Too many children	50.8	15.6
Poverty	49.0	20.9
Unemployment of husband	47.8	28.8
Short spacing	36.9	9.9
Ill health of mother	20.1	6.5
Grown up children	15.3	4.3
Working women	12.5	1.6
Familial conflicts with in-laws/husband	5.3	1.6
Husband addicted to recreational drugs	3.1	0.7
Extramarital pregnancy	3.5	0.9
Helplessness of the woman	1.2	0.7
Others	1.7	0.6
Don't know	7.0	7.9

*Percentage does not add to 100 percent as these are multiple responses

Table 5: Women's Perceptions For Conceiving Unwanted Pregnancy
Squatter settlements, Karachi, Pakistan, 1997. (n = 1.214)

Reasons	Reasons* %	Most Important Reason %
Couple unwilling to use FP	14.9	27.4
Husband not willing for FP	8.6	22.7
Unprotected sex	2.9	16.1
No knowledge about FP	2.8	3.2
Wife not willing for FP	2.0	2.7
FP method failure	1.4	4.3
Depletion of FP methods stock	0.6	7.2
Breast feeding	0.3	0.7
Helplessness of woman	0.1	0.7
No knowledge from where to get FP methods	0.0	0.1
Access is difficult	0.0	0.0
Others	0.7	1.6
Don't know	6.7	12.9

*Percentage does not add to 100 as these are multiple responses

Table 6. Descriptive Frequency Of Women's Perception About Abortion Informant
Squatter settlements, Karachi, Pakistan, 1997. (n = 1,214)

Persons	Person * Identified %	First Person Contacted %
Husband	86.9	90.2
Friend	28.3	1.4
Mother in law	39.6	0.8
Doctor	25.9	1.2
Dai	21.0	1.0
Nurse	19.1	0.3
Neighbor	16.0	0.2
Husband's elder sister	11.6	0.1
Own decision	5.7	1.7
Husband's elder brother's wife	6.0	0
Own mother	5.5	0.5
Own sister	3.6	0.2
Health worker	1.6	0.2
Others	0.6	0
Don't know	0	2.3

*Percentage does not add to 100 as these are multiple responses

Table 7: Descriptive Frequency Of Women's Perception About Methods For Terminating Pregnancy, Squatter settlements, Karachi, Pakistan, 1997. (n = 1,214)

Methods	Method* %	Commonest method %	Most successful method %
Home made oral concoction	53.2	16.8	10.7
Eating food with hot properties	46.7	12.5	10.1
D&C	43.0	31.2	38.7
Oral allopathic medicine	41.6	5.6	3.8
Injections/ drips	36.3	4.5	3.4
Intravaginal allopathic medicine	16.4	1.1	1.2
Intravaginal indigenous medicine	15.0	1.0	0.8
Herbal oral concoction	11.9	0.3	0.5
Indigenous oral medicine	7.5	0.2	0.1
Lifting heavy weights	7.3	0.9	0.5
Intravaginal placement of stick	4.0	0.5	0.6
Jump from height	1.8	0.1	0
Instrumentation	1.4	0.1	0.1
Oral Balochi medicine	1.0	0.1	0.1
Intravaginal Baloch medicine	1.0	0.3	0.3
Others	2.1	0.1	1.1
Don't Know	20.4	24.6	28.2

*Percentage does not add to 100 as these are multiple responses

Table 8: Descriptive Frequency Of Women's Perception About Methods for Self Termination of Pregnancy, Squatter settlements, Karachi, Pakistan, 1997. (n = 1214)

Methods	Methods* %	Commonly used	Successful
Home made oral concoction	57.4	38.0	25.2
Eating food with hot properties	44.0	18.9	8.5
Oral allopathic medicine	16.3	6.6	3.7
Lifting heavy weights	7.4	0.9	0.7
Herbal oral concoction	3.3	0.7	1.0
Jump from high	2.2	0.3	0.4
Indigenous oral medicine	1.2	0.3	0.3
Oral Balochi medicine	0.7	0.2	0.1
Intravaginal allopathic medicine	0.1	0.1	0.1
Intravaginal Baloch medicine	0.2	0.1	0.2
Intravaginal indigenous medicine	0.8	0.2	0.2
Intravaginal placement of stick	0.3	0.1	0.1
Instrumentation	0.1	0	0
D&C	0	0	0
Injections / Drips	1.0	0.5	0.6
Others	3.3	1.2	9.2
Don't Know	29.9	32.1	50.3

* Does not add to 1214 due to multiple responses

Table 9: Descriptive Frequency Of Women's Perception About Methods for Termination of Pregnancy Used By TBA, Squatter settlements. Karachi, Pakistan, 1997. (n = 1214)

Methods	methods* %	Commonest method %	Most successful method %
Intravaginal indigenous medicine	29.9	23.1	23.7
Herbal oral concoction	13.8	6.5	4.0
Indigenous oral medicine	13.4	2.3	1.8
Intravaginal allopathic medicine	8.6	0.2	0.3
Intravaginal placement of stick	5.6	4.7	3.9
Eating food with hot properties	5.1	0.9	0.6
Injections / Drips	4.2	1.1	0.8
Intravaginal Baloch medicine	2.6	1.7	1.7
Home made oral concoction	2.3	0.5	0.3
Oral Balochi medicine	2.3	0.7	0.7
D&C	2.3	0.4	1.5
Instrumentation	0.9	0.2	0.3
Oral allopathic medicine	1.0	0.1	0.1
Lifting heavy weights	0.1	0	0
Others	1.8	0.8	1.3
Don't Know	55.4	56.9	59

* percentage does not add to 100 percent because of multiple responses

Table 10: Descriptive Frequency Of Women's Perception About Methods for Termination of Pregnancy By Nurse / Midwife., Squatter settlements, Karachi, Pakistan, 1997. (n = 1214)

Methods	Methods* %	Commonest method %	Most successful method %
D&C	59.0	20.6	39.3
Injections / Drips	54.5	13.3	3.5
Oral allopathic medicine	26.6	1.7	0.7
Intravaginal allopathic medicine	16.8	12.3	3.6
Intravaginal placement of stick	3.8	3.3	0.6
Intravaginal indigenous medicine	0.2	0.1	0
Home made oral concoction	0.2	0	0
Indigenous oral medicine	0.2	0	0
Jump from high	0.2	0	0
Lifting heavy weights	0.2	0	0
Eating food with hot properties	0.1	0.1	0.1
Oral Balochi medicine	0	0	0
Herbal oral concoction	0	0	0
Intravaginal Baloch medicine	0	0	0
Instrumentation	0	0	0
Others	0.3	0.1	0.7
Don't Know	47.3	48.4	51.4

* percentage does not add to 100 percent because of multiple responses

Table 11: Descriptive Frequency Of Women's Perception About Methods for Termination of Pregnancy By Doctors, Squatter settlements, Karachi, Pakistan, 1997. (n = 1214)

Methods	Methods* %	Commonest method %	Most successful method %
D&C	70.8	42.7	56.4
Injections / Drips	56.4	17.9	4.3
Oral allopathic medicine	28.4	1.4	0.9
Intravaginal allopathic medicine	2.9	1.0	0.3
Eating food with hot properties	0.3	0	0
Home made oral concoction	0.2	0	0
Intravaginal indigenous medicine	0.2	0	0
Lifting heavy weights	0.1	0	0
Intravaginal placement of stick	0.5	0.1	0
Others	3.2	0.8	1.5
Don't Know	32.8	36.1	36.6

* percentage does not add up to 100 due to multiple response

Table 12: Descriptive Frequency Of Women's Perception Regarding Locations Where Induced abortions are Performed. Squatter settlements, Karachi, Pakistan, 1997. (n = 1214)

Place	Place* %	Commonly sought place %	Most successful place %
Government Hospitals	38.5	10.8	11.4
Private Hospitals	67.6	19.6	30.0
Clinics	55.9	33.6	32.4
Dai's place	36.5	15.8	6.3
Homes	11.44	4.0	2.8
Family planning center	9.6	6.6	6.9
Maternity homes	2.3	1.0	1.1
Health center	0.57	0.2	0.2
Chemist's shop	0.57	0	0
Others	0.57	0.5	0.7
Don't know	7.2	7.9	8.2

*Percentage does not add to 100 as these are multiple responses

Table 13: Descriptive Frequency Of Women's Perception About Preference of Provider For Terminating A Pregnancy, Squatter settlements, Karachi, Pakistan, 1997. (n = 1214)

Reasons	Self Termination	Dai	Nurse/ midwife	Doctor
Easy access	9.3	11.7	5.8	0.7
Less costly	24.5	15.9	4.3	0.5
Confidentiality	34.3	18.2	5.4	1.6
Less time consuming	0.7	0.9	2.1	3.9
Safe	0.3	1.6	19.1	52.3
Sensible	0	0.6	17.5	9.8
Others	0.8	4	2.4	3.3
Don't Know	30.2	47.2	43.5	28.3

Table 14: Women's Perception about Complications of Induced abortion, Squatter settlements, Karachi, Pakistan, 1997. (n = 1214)

Variable	Complications perceived* %	Most severe complication %
Heavy vaginal bleeding	50.3	19.0
Weakness	42.0	19.6
High grade fever	20.2	0.2
Infertility	15.0	5.0
Inflammation of uterus	13.2	1.6
Death	8.8	34.7
Trauma to uterus	5.0	1.1
Prolapse of uterus	3.6	0.7
Hysterectomy	3.2	2.1
Septicemia	2.9	1.7
Admission in hospital	2.5	0.2
Other	2.2	1.7
Don't Know	27.7	12.4

• does not add to 100 percent as these are multiple responses

CHAPTER FOUR

2. REPORTED INDUCED ABORTION

2.1 *Induced Abortion Rate*

Out of 1,214 women interviewed, 100 (8.2 %) reported ever seeking an abortion to terminate an unwanted or unplanned pregnancy. Thirty one women reported having two or more abortions in their reproductive life. Maximum number of abortions reported by two women were five. Of the two women who reported maximum number of abortions one woman had four still births, and one successful induced abortion as a result of her attempts to terminate these pregnancies, while in second case, except one live birth all other attempts resulted in successful termination of the pregnancy.

Since we collected the information on having an induced abortion during entire pregnancy history, some women reported having this experience as late as 21 years back to as recent as less than one year ago . It is interesting to note that most of the abortions were carried out during last three years since the time of interview, though the maximum number of abortions reported were for the last one year. [Table 15]

The estimated last three year abortion rate was 43 / 1000 women of reproductive age group. Though for the past one year the reported induced abortion rate was 25.5 / 1000 women of reproductive age group. Total abortion rate was calculated by average number of abortions/ woman in her reproductive life x 34.¹⁰ Hence our woman on average, experience 0.86 abortions in their reproductive life.

[Table 16 & 17]

¹⁰ Total abortion rate^a : Refers to the average number of abortions experienced by a woman during her child bearing years. It is calculated either by summing age-specific abortion rates or by multiplying the number of abortions per woman per year aged 15-49 by 34 (the number of years between ages 15 and 49).

a) Kulczycki A, Potts M, and Rosenfield A. Abortion and Fertility Regulation. The Lancet 1996; 1663-8.

For the index abortion successful termination of the pregnancy was reported by 89/ 100 women . Of the eleven women who reported an unsuccessful attempt, the pregnancies of five women terminated in stillbirths, another five had failed attempts and gave birth to live babies whilst one woman was still pregnant at the time of interview after making an unsuccessful attempt to terminate her pregnancy.

Of the women who had their pregnancy confirmed (76/100) before having an abortion, urine test for pregnancy was performed on 41 cases, and in another 34 cases pregnancy was confirmed by physical examination by various health care providers. In only one case ultrasound was used to confirm pregnancy.

Seventy six percent of the women were in agreement with their husbands before terminating their pregnancy, sixteen percent of the women took their own decision. Rest of the persons contacted by these women were women friend, mother-in-law, sister-in-law, mother, and doctors. [Table 18]

Short spacing (45 %) between two pregnancies, “too many children” (15 %) and “maternal ill health” (13 %) of the mother were the most important reasons given for terminating the index abortion [Table 19]. For conceiving the index unwanted pregnancy, 35 % women reported unwillingness on the part of the couples and 18% reported unwillingness of husbands to use family planning methods. Another 15 percent of the women reported “unprotected sex” as a reason for conceiving unwanted pregnancy. (Appendix B Table 10)

2.2 Use Of Family Planning Method Prior To Index Abortion

Family planning use before index abortion was reported by 30 % of the women. Commonly used methods were condoms (56 %), oral pills (13 %) and IUCD (13 %).

Fifty six percent of the women did not report using a family planning method after having the index abortion. Of the 44 women who reported using a family planning method after the index

abortion, 11 % [5/ 44] had tubal ligation, 41 % used condoms, 23 % used injections, 14 % used IUCD, while 4 % were on oral tablets. [Table 20]

2.3 Methods used for termination of pregnancy [Table 21]

Methods used for termination of index pregnancy, knowledge about methods, abortion provider, duration to success, and complications faced as a result of method and provider contacted are presented in this section. Duration of termination of pregnancy is presented for successful cases only.

2.4 Self Termination

Thirty one women tried self termination. Interestingly, seven reported self termination as the successful method. Successful methods used were oral allopathic medicines, oral home made concoction, Oral Baloch medicine, intravaginal placement of allopathic medicine, and drinking turmeric powder in water

Knowledge about these methods were obtained from friends (n= 8), relatives (n=13), health personnel (n=5), self (n=1), and others (n=4). Reasons reported for preferring self termination were mostly methods being less time consuming (29 %), confidentiality (22.6 %), easy access to methods (22.6 %), and less cost (19.4 %). Interestingly, no one talked about the safety of the procedure. Post abortion complications faced by these women were fever (8/31), excessive vaginal bleeding (7/31), blood transfusion (1/31), and 24 hours stay in hospital (1/31).

2.5 Termination of pregnancy by Dai

Ten women contacted Dai as their first provider. Of these five had successful termination. The various methods used by Dais were intravaginal placement of indigenous medicine (30 %),

intravaginal placement of stick¹¹ (40 %), D&C (20%), and injections (10 %). The average duration of time reported for a successful termination was 58 (\pm 45) hours. The average cost incurred was Rs 370 (\pm 286). Reasons for preferring for a Dai were costs (50 %), easy access (20 %), safety (10%) and others (20 %). Post abortion complications were high grade fever (4/10), heavy vaginal bleeding (6/10), needed blood transfusion (3/10), needed longer than 24 hour's stay in hospital (3/10).

2.6 Termination by nurse/ midwife/ LHV

Forty-four women consulted nurse/ midwife/LHV for termination of their pregnancy. Thirty six succeeded in their attempt (82 %). The various methods used for termination of pregnancy by nurses/midwife were D&C (45 %), intravaginal placement of allopathic medicine (29 %), injections/drips (9 %), intravaginal placement of stick (9 %), oral allopathic medicine (4.5 %), and others (2.3). The average time of success to abortion was 29 (\pm 22) hours. The reasons for consulting nurse/ midwife/ LHV were comparatively less cost (28 %), safety (25%), ease of access (19 %), and less time consuming (16 %). The average cost incurred was Rs 940 (\pm 738).

Post abortion complications reported were high grade fever(45%), heavy vaginal bleeding (54 %), needed blood transfusion (7 %), longer than 24 hour's stay in hospital (4.5).

2.7 Termination by Doctor

Forty nine women opted for doctors to terminate their pregnancies, of which 41 were successful. Of these 49 women, doctors were the first health care provider approached by 33 women. Most successful method employed by doctors for termination of pregnancy was D&C. Average duration to success was 13 (\pm 12) hours. Average cost incurred by the doctor was Rs 3,714 (\pm 9,341). Reasons for contacting doctor were safety (53 %) and doctors "being sensible" (12 %). Interestingly ten percent of the women reported that they contacted doctors after deterioration of

¹¹ "The stick" is wooden filament with a black tip. It resembles 'lamanaria tent'. This stick is inserted into the cervix and generally the fetus is aborted within 24 hours.

their condition for unsuccessful attempts. Most frequent complications reported were excessive vaginal bleeding (55 %), and high grade fever (53 %).

Table 15: Total number of abortions and time to abortion, Squatter settlements, Karachi, Pakistan, 1997. (n = 1214)

Time to abortion from date of interview [years]	Number of abortion
1	31
2	11
3	10
4	1
5	7
6	4
7	3
8	7
9	3
10	7
11	3
12	3
13	0
14	2
15	2
16	1
17	2
18	1
21	1
22	1

Table 16: Abortion Rates per 1000 women,
Squatter settlements, Karachi, Pakistan, 1997. (n = 1214)

Time period	Number of Abortions Reported	Abortion Rate	95 % CI
Total abortion rate ¹ per woman (Last one year)	31	0.86	NA
Abortion Rate ² / 1000 women			
Last three years	52	42.8	26.0 - 59.0
Last one year	31	25.5	9.0 - 43.0

1 Total abortion rate^a : Refers to the average number of abortions experienced by a woman during her child bearing years. It is calculated either by summing age-specific abortion rates or by multiplying the number of abortions per woman aged 15-49 by 34 (the number of years between ages 15 and 49).

2 Abortion rates^b : Can be expressed as a *rate* per 1000 population or per 1000 women of reproductive age.

Sources:

- a) Kulczycki A, Potts M, and Rosenfield A. Abortion and Fertility Regulation. *The Lancet* 1996; 1663-8.
- b) Frejka T. Induced abortion and fertility. *Fam Plann Perspect*, 1985; 17(5):230-34.

Table 17: Pregnancy Outcomes Of The Study Population
 Squatter settlements, Karachi, Pakistan, 1997. (n = 1214)

Characteristics	n	Percentage
Pregnancies Reported	6211*	100
Live birth	5607	90.2
Still birth	114	1.8
Induced abortion	131	2.1
Spontaneous abortion	364	5.8

* The total does not add to 6211 because of twin pregnancies counted in live birth

Table 18: Descriptive Frequency Of About Abortion Informant
 Squatter settlements, Karachi, Pakistan, 1997.
 (n = 100)

Persons	First Person Contacted %
Husband	76.2
Own decision	16.0
Doctor	2.0
Friend	1.0
Mother in law	1.0
Nurse	1.0
Husband's elder brother's wife	1.0
Own mother	1.0

Table 19: Descriptive Frequency of Perceived and Actual Reason for Terminating a Pregnancy, Squatter settlements, Karachi, Pakistan, 1997. (n = 1214)

Reasons	Perceived n = 1,114 %	Actual n = 100 %
Unemployment of husband	28.8	5.0
Poverty	20.9	3.0
Too many children	15.6	15.0
Short spacing	9.9	45.0
Ill health of mother	6.5	13.0
Grown up children	4.3	9.0
Working women	1.6	2.0
Husband addicted to recreational drugs	0.7	1.0
Familial conflicts with in laws/husband	1.6	2.0
Extramarital Pregnancy	0.9	0
Helplessness of the woman	0.7	0
Contraceptives failure	0.7	2.0
Others	0.6	3.0*
Don't know	7.9	0

* three women mentioned, difficult birthing process, too many girls, weak youngest child

Table 20: Family Planning Use Amongst Women With Index Abortion
 Squatter settlements, Karachi, Pakistan, 1997. (n = 1214)

Method	Before Index Abortion	After Index Abortion
	n=33 %	n=44 %
Oral pills	13.3	4.5
IUCD	13.3	13.6
Condom	56.7	40.9
Injections	10	22.7
Female sterilization	0	11.4
Others	6.7	6.8

Table 21: Information about Index abortion Squatter settlements, Karachi, Pakistan, 1997. (Successful Attempts n= 89)

Success	Self n=7	Dai n =5	Nurse/ midwife n = 36	Doctor n =41
Method of success				
Home made oral concoction	1	0	0	1
Oral allopathic medicine	3	0	2	0
Oral Baloch medicine	1	0	0	0
Intravaginal allopathic medicine	1	0	9	0
Intravaginal indigenous medicine	0	2	0	0
Intravaginal placement of stick	0	3	3	0
D&C	0	0	19	36
Injections / Drips	0	0	3	4
Others	1	0	0	0
Complications				
High grade fever	3	2	17	24
Excessive vaginal bleeding	4	3	19	25
Blood transfusion	0	0	3	15
Longer than 24 hour's stay in hospital	0	0	2	14

CHAPTER FIVE

3 . DETERMINANTS OF INDUCED ABORTION

3.1 *Univariate analysis*

Current maternal age, gravidity, and duration of marriage were significant risk factors. For example women in age group 26 - 35 years, or multigravid (> 4 pregnancies) women were more likely to opt for terminating their pregnancy as compared to older women (>35 years) or women with fewer than five pregnancies. In addition, maternal education was a significant risk factor with literate women more likely to opt for terminating their pregnancy as compared to illiterate women. (OR 1.9 CI, 1.1 - 3.3) [Tables 22 & 23]

Other risk factors considered such as paternal age, use of family planning prior to index abortion, paternal education or socio-economic (SES) status were not significant factors.

3.2 *Multivariate Analysis*

The predictors included in the multivariate model were maternal education, gravidity, and age of the respondent. In social model, literacy remained as the only significant independent variable. Age of the respondent and gravidity were the variables which retained their significance in the biological model. When these two models were combined in the final model all of these three variables retained their significance. Significant interaction between maternal education, gravidity and age of the respondent were not present.

Table 22. Distribution Of Social Risk Factors Amongst cases¹ [n= 52]and controls² [n=1114]

Risk Factor	Cases (n =52)	Controls (n= 1114)	OR	95 % CI
<u>Education (Self)</u>				
Illiterate	23	670	1.0	
Literate	29	444	1.9	1.1 - 3.3
<u>Education (Spouse)</u>				
Illiterate	15	326	1.0	
Literate	37	788	1.0	0.5 - 1.8
<u>Occupation of the Respondent</u>				
House wife	44	939	1.0	
Gainfully Employed	8	175	0.9	0.4 - 2.1
<u>Occupation of the Husband</u>				
Unemployed	2	67	1.0	
Employed	50	1047	1.5	0.3 - 6.7
<u>Religion</u>				
Muslim	27	605	1.0	
Christian	25	499	1.1	0.6 - 1.9
<u>SES</u>				
High	9	157	1.0	
Medium	36	726	1.6	0.7 - 3.7
Low	7	231	1.9	0.6 - 5.2
<u>Ethnicity</u>				
Mohajirs	14	239	1.0	
Punjabis	29	568	0.8	0.4 - 1.6
Pathans	7	155	0.7	0.3 - 1.9
Sindhis	2	152	0.2	0.05 - 1

¹ Does not add to 1114, as respondent other than Christian and Muslims not included, since no one had induced abortion

1. Women Who Reported Induced Abortion During Past Three Years
2. With Women Who Did Not Report Induced Abortion

Table 23: Distribution Of Biological Risk Factors Amongst cases¹ [n= 52]and controls² [n =1114]

Risk Factor	Who reported induced abortion (n =52)	Who did not report induced abortion (n=1114)	OR	95 % CI
<u>Current age (Self)</u>				
<u>(years)</u>				
15 - 25	7	256	0.9	0.3 - 2.4
26 - 35	35	521	2.2	1.1 - 4.6
> 35	10	337	1.0	
<u>Current age (Spouse)</u>				
≤ 30 years	14	375	1.0	
> 30 years	38	739	1.3	0.7 - 2.5
<u>Current use of Family Planning</u>				
Yes	21	480	1.0	
No	31	634	1.1	0.6 - 2
<u>Gravidity</u>				
≤ 4	13	532	1.0	
4 ⁺	39	582	2.7	1.4 - 5.1
<u>Duration of marriage</u>				
1- 9	13	379	1.2	0.5 - 3
10-19	31	444	2.5	1.1 - 5.6
20+	8	291	1.0	

1. Women who reported induced abortion during past three years
2. Women who did not report induced abortion

Table 24: Multiple Logistic Regression Model for Predictors of Induced Abortion

Risk Factors	Adjusted OR	95 % CI for Adjusted OR
Social Model		
<u>Education (Self)</u>		
Illiterate	1.0	
Literate	1.8	1.0 - 3.1
Biological Model		
<u>Current age (Self)</u> (years)		
15 - 25	2.2	0.7 - 6.8
26 - 35	3.1	1.4 - 6.4
> 35	1.0	
<u>Gravidity</u>		
≤ 4	1.0	
4+	3.4	1.6 - 7.1
Final Model		
<u>Respondent's Education</u>		
Illiterate	1.0	
Literate	2.1	1.2 - 3.8
<u>Current age of the respondent in years</u>		
15 - 25	2.4	0.8 - 7.3
26 - 35	3.0	1.4 - 6.3
> 35	1.0	
<u>Gravidity</u>		
≤ 4	1.0	
4+	3.9	1.9 - 8.2

Initial - 2Loglikelihood function for final model 425

-2 Log Likelihood 396.2

Goodness of fit χ^2 3.8 df 6 p -value 0.69

CHAPTER SIX

Discussion

The high abortion rate estimated by our study indicates that induced abortions are a significant reproductive health problem in Pakistan. Our rates are comparable to the rates of countries where abortions are illegal, and maternal mortality high. Reasons for our high abortion rates being non-provision of safe abortion services, low contraceptive prevalence rates, large unmet need for modern contraceptives and legal restrictions.

Our results illustrate that women who opted for induced abortion were in age group 26-35, literate, and had at least conceived four times.) This is in accordance to what has been reported from studies conducted in Latin America, India, and Bangladesh^{12,13,14}. Also, the characteristic profile of our abortion seeker is similar to what has been presented in interviews of key informants from a community based study from Pakistan, where key informants were women of older age (mean age 34.6 (\pm 7.6) years), illiterate, reporting an average parity of 4.6 (\pm 2.5). The average age of our respondent who reported an induced abortion was 32.6 (\pm 6) years with 5 (\pm 2.7) live births.¹⁵

Pakistan Demographic and Health Survey (1990) reports on parity but not on number of pregnancies. Our results suggest that the women who seek abortions generally do so on achieving their ideal family size and consequently their seeking of methods of terminating their unwanted / unplanned pregnancies may be a mechanism for addressing their unmet need. Female literacy was a major predictor for induced abortion - this, we feel, suggests the advantage of

¹² Paxman JM, Rizo A, Brown L, and Benson J. The Clandestine Epidemic: the practice of un-safe abortion in Latin America. *Stud Fam Plann* 1993; 24 (4): 205-26.

¹³ Chhabra R, Nuna SC. *Abortion in India: an overview*. New Delhi. Ford Foundation, 1994.

¹⁴ Khan AR, Begum SF, Covington DL, Janowitz B and et al. Risks and Costs of illegally induced abortion in Bangladesh. *J Biosoc Sci* 1984; 16: 89-98.

¹⁵ Fikree F, Rizvi N, Jamil S, and Hussain T. The Emerging Problem of Induced abortions in Squatter Settlements of Karachi, Pakistan. *Demography India* 1996; 25 (1): 119-130.

education resulting in women being more aware of the benefits of small family size and therefore consciously terminating unwanted pregnancies.

Regarding the social context of induced abortion, women who never had an abortion perceive 'unemployment of husband' as the most important reason for terminating pregnancy which is in disparity with 'short spacing' reported as the most important reason by women who report an induced abortion. (Generally, induced abortion occur either to terminate unplanned (pre-marital or extramarital) or unwanted or mis-timed pregnancies among married women who have achieved their desired family size.) Studies from Latin America, Asia, India and Bangladesh supports 'spacing' being a reason for termination of mis-timed pregnancy.^{12, 13, 14} . Our data lack information on extramarital pregnancies as we did not probe into this issue amongst the hundred ever-married women who reported opting for an induced abortion. However 3.5 percent of women report that they perceive induced abortion to result from extramarital relationship and nearly 1 percent of all women consider this to be the most important reason. The abortion rate which we present here is only for women in marital union.

Abortion is prohibited by law in Pakistan except to save the life of mother. We could not find religion and ethnicity as an hindrance to induced abortion in our study, suggesting abortions to be a universal need cutting across cultural and religious barriers.

Our results suggest that nearly all types of health providers are consulted for such services, and methods used by them are also very well known amongst the women. Choice of the provider is based on access, availability, safety and cost of the provider. Private medical practitioners are thought to be the most successful and safe provider but also an expensive one. Amongst those women who had an experience of induced abortion, a substantial number of women had doctors as service provider for first choice .

Even though abortion is illegal by law in Pakistan, providers are not deterred by it, probably because of the need in the market for induced abortion and economic gains attached to it. These

findings suggest a large need for the family physicians to be trained for appropriate family planning counseling, post-abortion family planning counseling, and emergency contraceptive use.

Few respondents mentioned government hospitals as a place for seeking abortion. Government hospitals do not provide abortion services, however, they accept cases presenting with history of 'vaginal bleeding'. It has been mentioned by several participants of the focus group discussions which were carried out as a qualitative research preliminary to this study (Appendix A), that in certain situations women would request any provider to initiate bleeding and later present as spontaneous abortion case to public hospital and consequently get a D&C performed

Methods for termination of pregnancy reported by our women are in agreement with what has been reported from other parts of the world, D&C being the most successful method. For self termination of pregnancy a negligible number of women mentioned self instrumentation as a method of abortion (inserting hen's feather or a broom stick) while the main methods reported were D&C, oral concoctions, and eating food with hot properties(Table 7

Despite knowledge of the severity of complications of induced abortion, our women were not deterred from seeking induced abortion once pregnant. Three of every 100 women in our sample had opted for induced abortion in past one year. The main reasons for conceiving an unwanted pregnancy were either couple's or husband's unwillingness to use a contraceptive method or method failure. This rising trend in opting for induced abortion suggest a vast unmet need for contraceptives among married women. None of the women in our study sample mentioned accessibility to a family planning source as being the principal reason for conceiving an unplanned / unwanted pregnancy. Our data was obtained from field sites where family planning services were provided at the door steps of the houses. Through our focus group discussions it became evident that there were highly prevalent misconceptions about contraceptive use in the community which need to be explored further, if we want to address the issue of high unsafe abortion rate in these communities (Appendix A).

The estimated total abortion rate from our study subjects is 0.86 abortions per women. Total fertility rate reported for Pakistan (1996) is 5.6¹⁶ According to John Bongaart's model, proximate determinants of fertility include population in marriage, contraception, abortion and infecundability following birth. Data from various countries suggest contraceptive use as the most important fertility-modifying factor and the marital pattern as the second modifying factor. Fertility inhibiting effect of abortion rises to second position only when the total abortion rate equals two or more. Our estimated total abortion rate of 0.86 may have some fertility inhibiting effect and further reflects the high unmet need of women for modern contraception. If we need to bring our fertility rate and abortion rate down we need to emphasize on appropriate counseling and quality of care for modern contraceptive use.

In summary, unsafe abortion is a serious reproductive health issue in squatter settlements of Karachi. Our women are well aware of the methods and providers of abortion in the community, and despite the knowledge of severe complications they tend to address their unmet need for contraception by opting for induced abortion rather than for a modern method of contraception.

Policy Implications

We suggest that as restrictive laws have failed to control clandestine abortion in the country, an increased emphasis on methods to prevent unwanted pregnancy is needed. This will help in reducing undue maternal morbidity and mortality as well. We suggest a long term plan and a short term plan.

For short term planning we suggest much larger role for health personnel in preventing unsafe abortion.

Prevent unwanted pregnancy

- To increase modern contraceptive use amongst married couples by appropriate counseling and quality of service being offered in the current family planning program

¹⁶ Tinker GA. Improving Women's Health in Pakistan. The World Bank Washington, D. C.

- To raise awareness among policy makers and health planners regarding high induced abortion rates, especially the high risk of post-abortion complications.
- To include men in family planning Information, Education and Communication (FP- IEC) campaigns
- To develop and implement IEC campaigns on the adverse health consequences of clandestine abortions.
- Introduce and implement the concept of emergency contraceptive use in married couples

Prevent unsafe abortion

- Identify avenues of safe abortion services in the community for referral of women in need

Prevent mortality and morbidity from abortion

- Provide emergency treatment for complications of unsafe abortion

For long term, planning we suggest promoting education amongst women and men so they can have more control over their fertility, and can plan number of pregnancies without resorting to induced abortion.

APPENDIX A

APPENDIX A

REPORT ON THE FOCUS GROUP DISCUSSIONS REGARDING UNSAFE ABORTIONS IN KATCHI ABADIS OF KARACHI

Sarah Jamil

MATERIALS AND METHODS

Preliminary to conducting a cross sectional survey to assess the determinants of induced abortion, focus groups were organized in three Katchi Abadis of Karachi to identify and list important social determinants, abortion providers in the community, methods used, and cost of induced abortion. These focus groups were conducted in ever married women belonging to reproductive age group (15-49) with history of atleast one pregnancy.

Before conducting each interview, facilitator introduced the purpose of the discussion. Women were told that the topic will be discussed in a general way and no judgments will be made about the women who have resorted to induced abortions or what religion says. This will be considered as an issue related to women, seeking for the reasons and may be solution to this problem. This comment was found to be very reassuring for the women as they were initially apprehensive about the topic, and were not very open. As the discussion progressed women became more open and shared their own experiences. This strategy was successful in all focus groups conducted. In every group there were atleast three women who had gone an of induced abortion.

The issues explored were women's opinion about : reasons for induced abortion, reasons for unplanned pregnancies, whom women consult first for induced abortion, methods sought, providers sought, harmful effects of having an abortion, methods used for the providers, cost of providers, and advice for post abortion family planning. All the focus groups were conducted by principal investigator, some of the interviews were assisted by the supervisor of the study. Interviews were recorded electronically on two different tape recorders, manual notes were not taken as it was not found necessary.

Study design

Focus group discussions were conducted in three squatter settlements of Karachi namely Azam Basti, Essa Nagri, and Grax. These interviews were conducted either at the homes of the women or of the local health worker of the respective area, one interview was conducted at the house of a Dai who was the mother of the local health worker. Local lady health workers of the respective areas were used to organize the groups. They were briefed about the inclusion criteria of participants i.e. married females with history of atleast one pregnancy. In some sessions women were informed prior to the session about the topic (induced abortion) by health workers. Before conducting each focus group, women were assured that every information will be kept confidential and their identity will not be disclosed. Names, ages and addresses of the women were not asked to gain their confidence and for their assurance.

Sample size

Initially it was decided to conduct atleast 4 focus group interviews at each field site. However after conducting 10 group meetings, it was noted that no new information was being added and so the focus groups were then concluded. In addition to these 10 focus group interviews, 15 in-depth discussions with women who had atleast one induced abortion in their entire reproductive life were conducted to get more insight to the problem. These women were identified at the time of the focus group discussions or by the local health worker of the respective area. No prior sample size was decided for in-depth interviews these were concluded once no new information was being added.

Data collection

A structured questionnaire guide was formed for the focus group discussions. A one hour practice focus group was conducted at one of the katchi abadis to test the guide lines and to make necessary changes. Interviews were recorded in two tape recorders simultaneously. Transcripts

were made in ‘Urdu’ and finally into English. Questions for the focus group were so formed that each question led to the other and probing questions were also placed where required.

Field procedure

Interviews were conducted at the houses of the women in privacy. Prior to interviews verbal consent was taken from the group and permission was sought to record the discussion. Women were informed that all the information will be kept confidential and their identity will not be disclosed. Discussion was started by introducing the study team to the group and by highlighting women’s problems in general and induced abortion in particular. It was made clear that this will be a general discussion and no judgments will be made about resorting to induced abortions or women who go for induced abortion.

In Azam Basti a woman was anxious to know if this will be reported to police. Similarly in Essa Nagri where women were generally very open about the topic took some time before they frankly participated in discussions. In Grax in first focus group discussion younger women were reluctant to participate, in the presence of 2 elderly ladies who were most vocal and later turned out to be traditional birth attendants of the area.

Azam Basti

In total 30 women participated in all 4 focus group discussions. In first focus group there were 8 women (two left during the discussion), in second focus group 10 women participated, in third 8 women, and in fourth group 6 women participated. All participants were Muslims and belonged to Hazara (Hindku speaking) and Pathan ethnic groups. Generally these were a group of conservative purdah observing women, most of them being house wives. It took a little longer in these groups to start a frank discussion, but once the ice was broken, discussions went well. In the fourth focus group, women even started discussing issues related to their marital life and spousal relationship. The ages, addresses and educational status of the women were not asked.

Essa Nagri

Three focus groups were conducted , with 24 women participating. In first focus group 8 women participated, in second there were 6 women and in the third group 10 women participated. All women were Punjabi speaking Christians. In this community addiction to drugs like heroin amongst the males is common and some of them are also involved in drug trafficking.

Participants were very open on the topic of discussion. Most of the insight about the factors leading to induced abortion were identified from these groups. Issues like aborting a pregnancy out of wedlock was mentioned here, but not in other areas. Community here belonged to sanitary workers, females are more mobile, non-purdah observing and are hired as maids in the near by houses. The ages, addresses and educational status of the women were not asked.

Grax

Three focus groups with 21 participants were conducted in Grax. In first group 8 women participated, in second focus group 7 women and in third group 6 women participated. It is a multi-ethnic community with almost equal number of Muslims and Christians living together. Languages commonly spoken are Balochi, Pushto, and Punjabi. In the group dynamics Balochis and Pathans were found to be more conservative and shy in their responses as compared to the Christian Punjabis.

Data preparation

Interviews were recorded on two tapes simultaneously. Transcripts were made in Urdu and later in English. During transcription tapes were listened by the two persons separately so that any missing information was added. During transcription in English it was decided to use the Urdu terminology where it was felt that translation is losing the information given, most close meaning is given in parentheses.

Results

Reasons for undergoing an induced abortion

Reasons given from all the field sites were more or less similar, except addiction of husbands to narcotics which was not mentioned in Azam Basti. Essa Nagri is notorious for drug trafficking and high prevalence of drug addiction. In Grax which is situated near the shore of sea the main profession is fishing, and smuggling through launches is usual. '*Majboori*' was the common term mentioned in every focus group denoting 'helplessness' of women for having no other option but to go for induced abortion once pregnant. When probed for reasons for helplessness reasons turned out to be generally, poverty, too many children, increasing living cost, family and spousal conflicts (see Appendix 1 for details).

Familial and spousal conflicts were mentioned in every group discussions. Women when felt humiliated by the in-laws or husbands, in rage and revenge would go for induced abortion putting their lives in danger. This happened a week ago in the lane where we conducted our first focus group in Essa Nagri where a young woman bled to death after having an abortion due to familial conflicts. This was mentioned by the participants. One of the participants in another group discussion who was quite dominating, and mentioning husbands permission and good relationship as an important factor for good marital relationship, later in in-depth interview cried bitterly, confiding that she is having difficult marital relationship with her husband. So after having another conflict she terminated her 5 months pregnancy by the help of a Dai and will never forget the pain and psychological trauma she went through.

Poverty, increasing cost of living, already a young child under one year of age, still breast feeding a young child were other reasons mentioned. Expensive education of children was another important reason identified, this issue was of great concern in a focus group discussion in Azam Basti and one of the groups in Essa Nagri.

Reasons for unplanned pregnancies

This question was always received with chuckles from the groups. Commonest reasons mentioned were uncooperation from husbands regarding use of family planning methods, husbands refraining from unprotected sex, side effects of family planning methods, lack of decision power of women. Incidences were mentioned when women were physically or emotionally abused for not wanting sex such as daily household expenses being withheld by husbands or being blamed for having extramarital affairs. It was also mentioned that raising children is taken as a woman's responsibility in what ever expenses provided by the husband. 'God's will' as a reason for unplanned pregnancies was mentioned by one women who was curtly cut short by another woman commenting that it is first the couples will which later becomes God's will. It was suggested in some of the groups to ask this question and have these discussions with husbands. 'Ghalti ho gai' (made a mistake) was another coy response given in many of the groups. This denoted un-planned pregnancy occurring as a result of intercourse performed for the enjoyment of sex without realizing the repercussions. Side effects and misconceptions about family planning methods were also mentioned frequently, these hinder their use resulting in unwanted pregnancies. These responses were based either on their own experiences or from some one known to them.

Whom women will consult first to terminate pregnancy

Ninety percent of the women responded that they will consult their husbands first and usually it is done with the knowledge of the husbands. A woman friend or neighbor is another person who are consulted frequently. In-laws are not frequently sought for such advice. At times when there are familial or spousal conflicts them women take their own decision.

Different methods known for terminating pregnancies

House hold remedies like making a concoction of dried dates, raisins, and ajwain are common practice. Lifting heavy weights, heavy physical work, and jumps from heights (three to four feet)

are other household remedies. Reaching for doctors, traditional birth attendants (TBAs) and nurses and midwives are also common. Oral tablets and indigenous medicines are also easily available from local medical stores (on prescription or on verbal request) and grocery shops. Nearly all women were well aware of the different method used by TBAs, doctors and nurses.

Harmful effects of having an induced abortion

Women were aware of excessive bleeding, septicemia, weakness, etc.(see details in Appendix 1). but few mentioned death and pain. Infertility, prolapse of uterus and inflammation of uterus were also mentioned. In one of the discussions one woman commented that abortions are not at all dangerous. I had three abortions done and nothing has happened to me. In Essa Nagri a woman's death was mentioned in a group discussion, but when this question was asked during discussion no one mentioned death, when this was pointed out, few women said she died of anemia (*khoon kee kami*) not of abortion.

About abortion providers from the community

Doctors, TBAs and nurses and midwives are the providers. Chemists running drug stores are the silent providers who either through TBAs or prescription or on verbal request provide oral tablets, injections or lamenaria tent like sticks (sticks are given to professionals only). Indigenous medicines and herb are available from grocery shops on request. Doctors usually use two injections, oral tablets and D&C as methods for abortion, some perform ultrasound before conducting an abortion either to confirm pregnancy (identification of sex of the pregnancy was not mentioned prior to abortion by women). TBAs used oral concoctions, wooden stick, indigenous medicines, intravaginal placement of medicines, few trained TBAs who have received training from some institutions also use drips and injections. Nurses and midwives use a combination of all methods and are not so popular as they charge more. Few nurses used IUCDs to initiate bleeding later to be followed by D&C.

In one of the focus groups in Azam Basti it was mentioned women would request to initiate bleeding only so that they could then go to any government hospitals where they are accepted as cases of inevitable abortion with relatively less expenses. Induced abortion is illegal in Pakistan except to save the life of mother and generally cases for induced abortion are not accepted. Doctors and TBAs charge according to the months of gestation for example Rs 1000 for first month , Rs 2000 for two months of pregnancy and so on.

Choice for the provider

Choice for the selection of provider is based on individual preferences like cost, ease of access, safety to life.

Post abortion family planning advice is offered by doctors only but nit by other providers.

APPENDIX B

APPENDIX B

Table :1 Main Language Spoken in Households of Study Population, Squatter settlements, Karachi, 1997. (n = 1,214)

Main Language Spoken	n	Percent	Range (%) within sites
Urdu	275	20.3	1.5 - 39.2
Balochi	75	6.2	0 - 18.3
Sindhi	33	2.7	0.2 - 18.3
Hindko	69	5.7	0.2 - 16
Barohi	2	0.2	0 - 0.2
Farsi	1	0.1	0 - 0.1
Punjabi	629	51.8	24.6 - 97.3
Pushto	96	7.9	0.5 - 13.1
Saraiki	49	4.0	0 - 8.9
Gujrati	3	0.2	0 - 0.5
Memoni	9	0.7	0 - 2.2
Others	1	0.1	0 - 0.1

Table 2: Distribution of Household Durable Goods, Squatter settlements, Karachi, 1997. (n = 1,214)

Household Durable Goods	n	Percent	Range (%) within sites
Radio/ Cassette	891	73.4	63.1 - 89.4
Television	1047	86.2	79.2 - 95.1
VCR	253	20.8	13.9 - 26.4
Refrigerator	596	49.1	29.2 - 67.7
Washing Machine	850	70.0	55.9 - 84.7
Sewing Machine	937	77.2	64.6 - 89.4
Motor Bike	207	17.1	7.4 - 32.0
Car	49	4.0	2.5 - 5.7
Bicycle	346	28.5	23.3 - 32.3
Electric fan	1200	98.8	97.5 - 99.8
Iron	1142	94.1	88.9 - 98.5

Table 3 : Distribution of Education Level for Ever Married Women and their Spouses Squatter settlements, Karachi, 1997. (n = 1,214)

Education Level	n	Percent	Range (%) within sites
<u>Self</u>			
Illiterate (including Madrasa)	726	59.80	50.7 - 71.0
Can read newspaper & write letter	32	2.6	2.5 - 2.7
Pre-school	5	0.41	0.5 - 0.7
Class I to IV	11	0.90	0.7 - 1
Class V to X	90	7.4	5.4 - 10.3
Class XI to XII	306	25.20	17.3 - 30.8
Graduate and Postgraduate	2.8	-	1.0 - 4.7
Technical diploma	10	0.82	0 - 2.5
<u>Spouse</u>			
Illiterate	354	30.2	21.1 - 42.3
Can read newspaper & write letter	59	5.0	0.8 - 7.4
Pre-school	23	1.2	1.8 - 2.3
Class I to IV	92	7.8	7.0 - 8.3
Class V to X	513	43.7	36.3 - 47.6
Class XI to XII	86	7.3	3.1 - 11.3
Graduate and Postgraduate	45	3.8	1.8 - 6.5
Technical diploma	1	0.1	0 - 0.3

Table 4: Distribution of Occupation for Ever Married Women and their Spouses, Squatter settlements, Karachi, 1997.

Occupation	n	Percent	Range (%) within sites
<u>Respondents (1214)</u>			
Gainfully Employed	204	16.8	5.2 - 37.1
Not Gain fully Employed	1010	83.2	63.0 - 94.8
<u>Occupation Type</u>			
Professional, technical and related works	36	3.0	2 - 3.7
Administrative and managerial	0	0	0
Clerical and related workers	0	0	0
Sales workers	2	0.2	0 - 0.2
Service workers	147	12.1	2 - 32.2
Farmer or fisherman	0	0	0
Production workers	14	1.2	0.2 - 2.7
Housewife	1012	83.4	63.4 - 95.1
Student	1	0.1	0 - 0.1
<u>Husbands (1180)</u>			
Gainfully Employed	1105	94.0	91.0 - 96.8
Not Gain fully Employed	76	6.4	4.3 - 9.0
<u>Occupation Type</u>			
Professional, technical and related works	41	3.5	2.8 - 4.3
Administrative and managerial	8	0.7	0 - 1.3
Clerical and related workers	33	2.8	1 - 4
Sales workers	26	2.2	1.0 - 3.8
Service workers	546	46.3	38.0 - 60.8
Farmer or fisherman	7	0.6	0 - 2
Production workers	314	26.6	18.6 - 34.0
Retired	7	0.6	0 - 1.0
Businessman	121	10.3	7.5 - 28.0
Information missing	1	0.1	0 - 1.0

Table 5: Sources of Knowledge about Family Planning (FP), Squatter settlements, Karachi, 1997. (n= 1,214)

Source	n	Percentage	Range (%) within sites
Radio			
Yes	732	60.3	34.7 - 94.3
No	482	39.7	5.7 - 65.3
TV			
Yes	1085	89.4	83.2 - 97.0
No	129	10.6	3.0 - 16.8
Printed media			
Yes	283	23.3	10.9 - 37.4
No	931	76.7	62.6 - 89.1
Health care provider			
Yes	952	78.4	70.0 - 91.1
No	262	21.6	8.9 - 30.0
Others			
Yes	222	18.3	11.9 - 26.8
No	992	81.7	73.2 - 83.9
Abortion a method of FP			
Yes	48	4.0	0.7 - 8.2
No	1166	96	91.8 - 99.3s

Table 6: Knowledge and Practice of Family Planning, Squatter settlements, Karachi, 1997. (n = 1,214)

Family Planning	n	Percent	Range (%) within sites
Ever use of FP			
Yes	672	55.4	49.3 - 59.9
No	542	44.6	40.1 - 50.7
Method Used			
Oral pills	68	10.1	2.0 - 10.4
IUCD	70	10.4	3.2 - 10.6
Jelly/ foam/ diaphragm	1	0.1	0 - 0.2
Condom	241	35.9	13.9 - 29.5
Injection	83	12.4	4.7 - 9.4
Norplant	6	0.9	0 - 1.0
Female sterilization	161	24.0	12.1 - 14.1
Indigenous method	5	0.6	0 - 0.7
Withdrawal /BF/ abstinence	37	5.5	1.7 - 8.4
Current use of FP (532)			
Yes	532	43.2	35.6 - 51.2
No	682	56.2	48.8 - 64.4
Method Used			
Oral pills	26	4.9	0.5 - 3
IUCD	45	8.5	1.0 - 7.6
Condom	138	25.9	7.9 - 14
Injection	33	6.2	2.0 - 3.5
Norplant	3	0.6	0 - 0.5
Female sterilization	230	43.2	13.5 - 23.8
Indigenous method	12	2.3	0.2 - 2.2
Withdrawal /BF/ abstinence	45	8.5	1.5 - 5

Table 7: Knowledge and Practice of Family Planning According to study sites and methods Squatter settlements, Karachi, 1997. (n = 1,214)

Ever use of FP			
Method Used	Field site A n = 231 %	Field Site B n =199 %	Field site C n=242 %
Oral pills	7.8	21.1	3.3
IUCD	18.6	6.5	5.8
Jelly/ foam/ diaphragm	0.4	0	0
Condom	28.6	28.1	49.2
Injection	11.3	9.5	15.7
Norplant	0.9	2.0	0
Female sterilization	23.8	28.6	20.2
Others	8.6	4.0	1.2
Current use of FP			
Method Used	Field site A n = 231 %	Field Site B n =199 %	Field site C n=242 %
Oral pills	6.6	8.3	1.0
IUCD	17.1	2.8	4.8
Condom	27.6	22.2	27.1
Injection	6.1	5.5	6.8
Norplant	1.1	0.7	0
Female sterilization	30.4	54.9	46.4
Others	11.1	5.6	14.1

Table 8: Descriptive Frequency Of Women's Perception About Providers for Induced Abortion Squatter settlements, Karachi, 1997. (n = 1,214)

Provider	Provider* %	Commonly sought provider %	Most successful provider %
Doctors	80.5	55.3	60.3
Nurse	61.4	20.5	22.5
Midwife / LHV	1.56	0.3	0.3
Dai	63.4	16.8	9.1
Chemist	0.9	0.2	0.2
Self	11.2	0.6	0.1
Others	0.9	0.2	0.0
Don't know	5.18	6.1	6.8

*Percentage does not add to 100 as these are multiple responses

Table 9: Descriptive Frequency Of Women's Perception About Cost (Rupees) Incurred By The Type Of Provider, Squatter settlements, Karachi, 1997. (n = 1,214)

Provider	Cost in Rupees		
	Mean \pm SD	Median	Mode
Self termination	92 \pm 295	40	50
Dai	682 \pm 719	500	500
Nurse/ midwife	1968 \pm 1281	2000	2000
Doctor	2683 \pm 2638	2000	2000

Table 10: A Comparison of Most Important Reasons for Conceiving an Unwanted Pregnancy , Squatter settlements of Karachi, 1997.

Reasons	Without Induced abortion n=1,214		With Index abortion n =
	n	%	100 %
Couple unwilling to use FP	298	26.7	35
Husband not willing for FP	258	23.1	18
Unprotected sex	180	16.1	15
Depletion of FP methods stock	81	7.2	7
FP method failure	45	4.3	7
No knowledge from where to get FP methods	1	0.08	0
No knowledge about FP	33	2.9	6
Wife not willing for FP	32	2.8	1
Helplessness of woman	8	0.7	1
Breast feeding	8	0.7	3
Access is difficult	0	0	0
Others	18	1.6	3
Don't know	152	13.6	4

APPENDIX C

R

ID Code: -----/-----/-----

INDUCED ABORTION STUDY QUESTIONNAIRE: COMMUNITY BASED

1. Field Site 1. Azam Basti
 2. Grax
 3. Essa Nagri

2. Name of Respondent: _____

3. Marital Status: 1. Married 2. Divorced
 3. Separated 4. Widowed

4. Name of Husband: _____

5. Religion 1. Christian 2. Muslim 3. Hindu 4. Other (specify)
Firqa (mission) a) Catholic b) Protestant c) Shia d) Sunni

Self Husband

6. AKU-CHS House # _____
 Sector House #

7. Address _____

8. Name of Interviewer _____

ID Code: -----/-----/-----

Visit #	Date	Status
1	___ / ___ / ___	1 - complete 2 - incomplete 3 - refusal 4 - not at home
2	___ / ___ / ___	1 - complete 2 - incomplete 3 - refusal 4 - not at home
3	___ / ___ / ___	1 - complete 2 - incomplete 3 - refusal 4 - not at home

LIST OF THE PERMANENT RESIDENTS OF THE HOUSEHOLD

SHEET NO. 1

ID Code: -----/-----/-----

Total residents

A	B Name	C Age			D Relationship to the respondent	E Educ- -ation	F Occupation
		Days	Mths	Yrs			
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							
17							
18							
19							
20							

Codes: Column D

- 1 Self
- 2 Husband
- 3 Mother-in-law
- 4 Father-in-law
- 5 Brother-in-law
- 6 Sister-in-law
- 7 Son
- 8 Daughter

Codes: Column E

- 1. Illiterate (including Madrasa)
- 2. Can just read a newspaper
- 3. Can read newspaper & write letter
- 4. Pre-school
- 5. Class I to IV
- 6. Class V to X
- 7. Class XI to XII
- 8. Graduate and Postgraduate

Codes: Column F

- 1. Professional, technical and related works
- 2. Administrative and managerial
- 3. Clerical and related workers
- 4. Sales workers
- 5. Service workers
- 6. Farmer or fisherman
- 7. Production workers
- 8. Housewife

9. Other male relative

9. Technical diploma

9. Student

10. Other female relative

10. Retired

11. Unemployed

12. Others

99. Kids less than 6 years old

COLUMN C

1. In days if less than one month

2. In months if \geq to 1 month but less than one year

3. In months and years if ≥ 1 but < 2 years

4. In years if ≥ 2 years

99. Don't know

ID Code: ----/----/----

A. FAMILY INFORMATION				
#	Questions and Filters	Coding categories	Skip to	Answers
<i>Refer to the face sheet. Check the woman's total number of children and confirm by saying: "As I understand, you have — sons and — daughters living with you."</i>				
Q1	Do you have any children who do not live with you?	1. Yes— 2. No—	Q2 Q4	
Q2	How many of your sons are alive but do not live with you?	97. Not Applicable		
Q3	How many of your daughters are alive but do not live with you?	97. Not Applicable		
Q4	Have you ever given birth to a child who was alive at the time of birth but died later?	1. Yes 2. No	Q5 Q7	
Q5	How many sons died?	97. Not Applicable		
Q6	How many daughters died?			
<i>Refer to the face sheet to check the total number of children the woman has listed. Add these to the number of children given as answers from Q2, Q3, Q5 and Q6. This gives you her total number of live birth</i>				
TOTAL # OF LIVE BIRTHS		<input style="width: 50px; height: 20px;" type="text"/>		

Q. #	Questions and filters	Coding categories	Skip to	Answers
Q.7	What is the main language that you speak at home?	1. Urdu 2. Baluchi 3. Sindhi 4. Hindko 5. Brohi 6. Persian 7. Punjabi 8. Pushto 9. Saraiki 10. Gujrati 11. Kathiawari 12. Memoni 95. Others (Specify)		
Q.8	Do you own this house?	1. Yes 2. No, live on rent 3. No, office accommodation 4. Others ----- (specify)		
Q.9	Do you own a radio/cassette player?	1. Yes 2. No		
Q.10	Do you own a TV?	1. Yes 2. No		
Q.11	Do you own a grinder/blender?	1. Yes 2. No		
Q.12	Do you own a refrigerator?	1. Yes 2. No		
Q.13	Do you own a washing machine?	1. Yes 2. No		

Q. #	Questions and filters	Coding categories	Skip to	Answers
Q.14	Do you own a cycle?	1. Yes 2. No		
Q.15	Do you own a motor bike/scooter?	1. Yes 2. No		
Q.16	Do you own a sewing machine?	1. Yes 2. No		
Q.17	Do you own a pedestal/ceiling fan?	1. Yes 2. No		
Q.18	Do you own an iron?	1. Yes 2. No		
Q.19	Do you own a VCR?	1. Yes 2. No		
Q.20	Do you own a car?	1. Yes 2. No		
Q.21	Do you work to earn money?	1. Yes 2. No	Q25	
Q.22	Do you work inside or outside the home?	1. Inside 2. Outside 3. Both		
Q.23	Do you earn a regular income?	1. Yes 2. No		
Q.24	What amount do you earn per month? Please probe			Min RS----- Max Rs-----
Q.25	What amount does your husband earn per month? Please probe	98 . If husband is not earning		Min RS----- Max Rs-----

<p><u>TABLE A</u></p>	<p>Who takes decisions in your home for the following</p> <ol style="list-style-type: none"> 1. Mother-in law 2. Husband 3. Self 4. Other (specify)----- <p>(Multiple Responses Accepted)</p>	<p>Can you take decisions to go to any of these places alone without asking any one?</p> <ol style="list-style-type: none"> 1. Yes 2. No 3. Depends
<p>To go to the local market?</p>	<p><u>47</u></p>	<p><u>54</u></p>
<p>To go to the doctor/ local health center for your treatment?</p>	<p><u>48</u></p>	<p><u>55</u></p>
<p>To go to the doctor/ local health center for your child's treatment?</p>	<p><u>49</u></p>	<p><u>56</u></p>
<p>To go to the home of relatives/ friends?</p>	<p><u>50</u></p>	<p><u>57</u></p>
<p>To go to your parents house?</p>	<p><u>51</u></p>	<p><u>58</u></p>
<p>For you to use a family planning method?</p>	<p><u>52</u></p>	<p><u>59</u></p>
<p>For you to have an induced abortion?</p>	<p><u>53</u></p>	<p><u>60</u></p>

85

D. FAMILY PLANNING					
#	Questions and Filters	Coding Categories	Skip to	Answers	
Q.26	What in your opinion is the most significant meaning of Family planning? (One response only, see manual of instruction)	1. Spacing 2. Limiting family size 3. Use of permanent method of sterilization 4. Other specify)-----		Spontaneous	Probed
Q.27	Have you ever heard about family planning on the radio?	1. Yes 2. No 3. Do not listen to radio			
Q.28	Have you ever seen family planning ads on TV?	1. Yes 2. No 3. Do not watch T.V.			
Refer to the face sheet. If the woman is literate and is able to read, then ask her Q29. If she is illiterate and cannot read, then move to Q30.					
Q.29	Have you ever read about family planning in newspaper/ magazines?	1. Yes 2. No			
Q.30	Have you ever heard of family planning from health care providers?	1. Yes 2. No			
Q.31	Any other source from where you have heard of family planning?	1. Yes 2. No	Q.32 Q.33		
Q.32	If Yes then specify the source please (List all)				Source
Q.33	Have you ever used any family planning method?	1. Yes 2. No	Q.35		
Q.34	What is the last method you used?	1. Oral Pill 2. IUD 3. Diaphragm/Jelly/Foam 4. Condom 5. Injection 6. Norplant 7. Female Sterilization 8. Male Sterilization 9. Induced abortion 95. Other Method (Specify)			
Q.35	Are you currently using any Family planning method?	1. Yes 2. No	Q. 36 Q. 38		

Q#	Questions and filters	Coding categories	Skip to	Answers
Q.36	What is the method you are using?	1. Oral Pill 2. IUD 3. Diaphragm/ Jelly/ Foam 4. Condom 5. Injection 6. Norplant 7. Female Sterilization 8. Male Sterilization 9. Induced abortion 95. Other Method (Specify) 97. Not applicable		
Q.37	For how long have you been continuously using this method? (write down clearly the duration in months or years)	97. Not applicable		Days/Months/Years
Q38	Did you use any family planning method after your last pregnancy?	1. Yes 2. No	Q. 41	
Q.39	For how long did you continuously use any family planning method after your last delivery? (please write response in months)	97. Not applicable		Days/Months/Years
Q.40	Has your husband ever forbidden you or asked you not to use a contraceptive method?	1. Yes 2. No 3. Have never discussed this topic. 97. Not applicable		
Q 41	Has your mother-in-law ever forbidden you or asked you not to use a contraceptive method?	1. Yes 2. No 97. Not applicable		
Q 42	Do you think induced abortion is one of the methods for family planning?	1. Yes 2. No 99. Don't know		

INDUCED ABORTION (GENERAL)				
Q.#	Questions and filters	Coding categories	Skip to	Answers
<p><i>These are general questions which deal with women's perceptions about induced abortion, raising children or dealing with illness, when not related to women only. Optimized performance is made to ensure a woman has to face some of the listed conditions such as ill health, poverty, and some of the listed reasons. We would like to ask certain questions on this issue from you to make this problem more deeply. These are general questions with no intentions to make any judgments or blame anyone. If your cooperation is highly appreciated, please contact us at the following address.</i></p>				
Q-43	<p>In your opinion what are the various reasons when a woman would think about having an induced abortion?</p> <p>(multiple responses accepted) Please see manual of Instruction</p>	<ol style="list-style-type: none"> 1. Too many children 2. Short spacing 3. grown up children 4. Poverty 5. Working woman 6. Unemployed husband 7. Husband is an addict 8. Health of mother 9. Conflict with in-laws/ husband 10. Illegitimate child 11. Women is helpless(specfy) 12. Do not want to continue with present marriage 95. Other(specify)----- 99. Don't Know 		
Q-44	<p>In your opinion what is the main reason for terminating pregnancy.</p> <p>(Single Response Only)</p>	<ol style="list-style-type: none"> 1. Too many children 2. Short spacing 3. grown up children 4. Poverty 5. Working woman 6. Unemployed husband 7. Husband is an addict 8. Health of mother 9. Conflict with in-laws/ husband 10. Illegitimate child 11. Women is helpless(specfy) 12. Do not want to continue with present marriage 95. Other(specify)----- 99. Don't Know 		
Q-45	<p>In your opinion what could be the various reasons for unplanned pregnancies?</p> <p>(multiple responses accepted)</p>	<ol style="list-style-type: none"> 1. No knowledge about FP methods 2. Don't know where to get Fp methods 3. Health center not accessible 4. FP method failure 5. Do not want to use FP methods 6. Husbands unwillingness for FP use 7. Women's unwillingness for FP 8. Failure to get FP methods when supply is finished. 9. Husbands do not refrain from sex 10. Women have no say (majboori) 11. Women was breast feeding 95. Other(specify)----- 99. Don't Know 		

Q.#	Questions and filters	Coding categories	Skip to	Answers
Q.46	<p>In your opinion what is the main reason for this unplanned pregnancy to occur.</p> <p>(Single Response Only)</p>	<ol style="list-style-type: none"> 1. No knowledge about FP methods 2. Don't know where to get Fp methods 3. Health center not accessible 4. FP method failure 5. Do not want to use FP methods 6. Husbands unwillingness for FP use 7. Women's unwillingness for FP 8. Failure to get FP methods when supply is finished. 9. Husbands do not refrain from sex 10. Women have no say (majboori) 11. Women was breast feeding 95. Other(specify)----- 99. Don't Know 		
Q.47	<p>Whom do you think woman generally consults before terminating a pregnancy?</p> <p>(multiple responses accepted)</p>	<ol style="list-style-type: none"> 1. Husband 2. Friend 3. Neighbour 4. Mother in-law 5. Bari Jithani 6. Bari nand 7. Mother 8. Sister 9. Health worker 10. Doctor 11. Nurse 12. Dai 13. Decides by herself 95. Others (specify)----- 99. Don't know 		

Q.#	Questions and filters	Coding categories	Skip to	Answers
Q-48	In your opinion who is the person a woman would consult first? (Single Response Only)	1. Husband 2. Friend 3. Neighbour 4. Mother in-law 5. Bari Jithani 6. Bari nand 7. Mother 8. Sister 9. Health worker 10. Doctor 11. Nurse 12. Dai 13. Decides by herself 95. Others (specify)----- 99. Don't know		
Q-49	In your opinion what are the various methods of terminating pregnancy? (multiple responses accepted)	1. Home remedies(choaray,ajwan,gajar kay beej, khopra etc) 2. Herbal Kara 3. Jump from a height 4. Lift heavy weights 5. Eating warm things 6. Oral tablets (allopathic) 7. Oral tablets (local) 8. Oral tablets (Baluchi) 9. Intravaginal allopathic medicine 10. Intravaginal Baluchimedcine 11. Intravaginal local medicine 12. Intravaginal placement of stick 13. Use of instruments 14. D&C 15. Injections 16. Drips 95. Others 99. Don't Know		

Q.#	Questions and filters	Coding categories	Skip to	Answers
Q.50	In your opinion what could be the most commonest method used for terminating pregnancy? (one response only)	1. Home remedies(choaray,ajwan,gajar kay beej, khopra etc) 2. Herbal Kara 3. Jump from a heighth 4. Lift heavy weigths 5. Eating warm things 6. Oral tablets (allopathic) 7. Oral tablets (local) 8. Oral tablets (Baluchi) 9. Intravaginal allopathic medicine 10. Intravaginal Baluchimedicine 11. Intravaginal local medicine 12. Intravaginal placement of stick 13. Use of instruments 14. D&C 15. Injections 16. Drips 95. Others 99. Don't Know		
Q.51	In your opinion what could be the most successful method used for terminating pregnancy? (Single Response Only)	1. Home remedies(choaray,ajwan,gajar kay beej, khopra etc) 2. Herbal Kara 3. Jump from a heighth 4. Lift heavy weigths 5. Eating warm things 6. Oral tablets (allopathic) 7. Oral tablets (local) 8. Oral tablets (Baluchi) 9. Intravaginal allopathic medicine 10. Intravaginal Baluchimedicine 11. Intravaginal local medicine 12. Intravaginal placement of stick 13. Use of instruments 14. D&C 15. Injections 16. Drips 95. Others 99. Don't Know		
Q.52	In your opinion who are the various abortion providers ? (multiple responses accepted)	1. Doctor 2. Nurse 3. Midwife 4. Traditional birth attendant(Dai) 5. Chemist /pharmacist 6. Self treatment 95. Other (specify)----- 99. Don't know		
Q.53	In your opinion who is the most commonly sought abortion provider? (Single Response Only)	1. Doctor 2. Nurse 3. Midwife 4. Traditional birth attendant(Dai) 5. Chemist /pharmacist 6. Self treatment 95. Other (specify)----- 99. Don't know		

Q.#	Questions and filters	Coding categories	Skip to	Answers
Q.54	In your opinion who is the most successful abortion provider? (Single Response Only)	1. Doctor 2. Nurse 3. Midwife 4. Traditional birth attendant(Dai) 5. Chemist /pharmacist 6. Self treatment 95. Other (specify)----- 99. Don't know		
Q.55	In your opinion what are the various places from where women could seek abortion? (multiple responses accepted)	1. Government Hospital 2. Private Hospital 3. Clinic 4. FP center 5. Maternity center 6. Own home 7. Dai's home 8. Health Center 9. Shop(chemist, punsari) home 95. Other (specify)----- 99. Don't know		
Q.56	In your opinion which is the most common place from where women could seek abortion? (Single Response Only)	1. Government Hospital 2. Private Hospital 3. Clinic 4. FP center 5. Maternity center 6. Own home 7. Dai's home 8. Health Center 9. Shop(chemist, punsari) home 95. Other (specify)----- 99. Don't know		
Q.57	In your opinion which is the most successful place from where women could seek abortion? (Single Response Only)	1. Government Hospital 2. Private Hospital 3. Clinic 4. FP center 5. Maternity center 6. Own home 7. Dai's home 8. Health Center 9. Shop(chemist, punsari) home 95. Other (specify)----- 99. Don't know		

Q#	Questions and filters	Coding Categories	Skip to	Answers
Q.58	In your opinion what are the different methods which a woman uses <u>herself</u> to terminate pregnancy? (Multiple Responses Accepted)	1. Home remedies(choaray,ajwan,gajar kay beej, khopra etc) 2. Herbal Kara 3. Jump from a heighth 4. Lift heavy weigths 5. Eating warm things 6. Oral tablets (allopathic) 7. Oral tablets (local) 8. Oral tablets (Baluchi) 9. Intravaginal allopathic medicine 10. Intravaginal Baluchimedicine 11. Intravaginal local medicine 12. Intravaginal placement of stick 13. Use of instruments 14. D&C 15. Injections 16. Drips 95. Others 99. Don't Know		
Q.59	In your opinion which is the most common method a woman uses <u>herself</u> to terminate a pregnancy? (Single Response Only)	1. Home remedies(choaray,ajwan,gajar kay beej, khopra etc) 2. Herbal Kara 3. Jump from a heighth 4. Lift heavy weigths 5. Eating warm things 6. Oral tablets (allopathic) 7. Oral tablets (local) 8. Oral tablets (Baluchi) 9. Intravaginal allopathic medicine 10. Intravaginal Baluchimedicine 11. Intravaginal local medicine 12. Intravaginal placement of stick 13. Use of instruments 14. D&C 15. Injections 16. Drips 95. Others 99. Don't Know		
Q.60	In your opinion which is the most successful method a woman uses <u>herself</u> to terminate a pregnancy? (Single Response Only)	1. Home remedies(choaray,ajwan,gajar kay beej, khopra etc) 2. Herbal Kara 3. Jump from a heighth 4. Lift heavy weigths 5. Eating warm things 6. Oral tablets (allopathic) 7. Oral tablets (local) 8. Oral tablets (Baluchi) 9. Intravaginal allopathic medicine 10. Intravaginal Baluchimedicine 11. Intravaginal local medicine 12. Intravaginal placement of stick 13. Use of instruments 14. D&C 15. Injections 16. Drips 95. Other 99. Don't Know		

Q#	Questions and filters	Coding Categories	Skip to	Answers
Q.61	In your opinion what is the average duration for this successful _____ method to terminate pregnancy?	95. Others(specify) 99. Don't Know		- ---/---/--- D M Y
Q.62	In your opinion what could be the Total cost for _____ used for <u>self</u> termination?	95. Others(specify) 99. Don't Know		
Q.63	Why do you think a woman would prefer to self terminate the pregnancy rather than getting help from some other provider? (Single Response Only)	1. Ease of access 2. Low cost 3. Matter of confidentiality 4. Less time 5. Safety of methods used 95. Others(specify) 99. Don't Know		
Q.64	In your opinion what are the various methods which a <u>Dai</u> uses to terminate a pregnancy? (Multiple Responses Accepted)	1. Home remedies(choaray,ajwan.gajar kay beej, khopra etc) 2. Herbal Kara 3. Jump from a heigth 4. Lift heavy weights 5. Eating warm things 6. Oral tablets (allopathic) 7. Oral tablets (local) 8. Oral tablets (Baluchi) 9. Intravaginal allopathic medicine 10. Intravaginal Baluchimedicine 11. Intravaginal local medicine 12. Intravaginal placement of stick 13. Use of instruments 14. D&C 15. Injections 16. Drips 95. Others 99. Don't Know		

Q#	Questions and filters	Coding Categories	Skip to	Answers
Q.65	In your opinion which is the commonest method a Dai uses to terminate a pregnancy? (Take one response only)	1. Home remedies(choaray,ajwan,gajar kay beej, khopra etc) 2. Herbal Kara 3. Jump from a heighth 4. Lift heavy weights 5. Eating warm things 6. Oral tablets (allopathic) 7. Oral tablets (local) 8. Oral tablets (Baluchi) 9. Intravaginal allopathic medicine 10. Intravaginal Baluchimedicine 11. Intravaginal local medicine 12. Intravaginal placement of stick 13. Use of instruments 14. D&C 15. Injections 16. Drips 95. Others 99. Don't Know		
Q.66	In your opinion which is the most successful method a Dai uses to terminate a pregnancy? (Take one response only)	1. Home remedies(choaray,ajwan,gajar kay beej, khopra etc) 2. Herbal Kara 3. Jump from a heighth 4. Lift heavy weights 5. Eating warm things 6. Oral tablets (allopathic) 7. Oral tablets (local) 8. Oral tablets (Baluchi) 9. Intravaginal allopathic medicine 10. Intravaginal Baluchimedicine 11. Intravaginal local medicine 12. Intravaginal placement of stick 13. Use of instruments 14. D&C 15. Injections 16. Drips 95. Others 99. Don't Know		
Q.67	In your opinion what is the average duration for this successful _____ method to terminate pregnancy by Dai ?	99. Don't know		---/---/--- D M Y
Q.68	In your opinion what could be the Total cost for this successful method _____ used for termination of pregnancy by Dai ?	99. Don't Know		Min----- Max-----

Q#	Questions and filters	Coding Categories	Skip to	Answers
Q.69	[For a Dai]for which month of pregnancy the cost for termination is highest?			-----
Q.70	Why do you think a woman would prefer to go to Dai rather than getting help from some other provider ?	<ol style="list-style-type: none"> 1. Ease of access 2. Low cost 3. Matter of confidentiality 4. Less time 5. Safety of methods used 95. Others(specify) 99. Don't Know 		
Q.71	In your opinion what are the various methods which a <u>Nurse/ midwife/ LHV</u> <u>uses</u> to terminate a pregnancy? (multiple responses accepted) -----	<ol style="list-style-type: none"> 1. Home remedies(choaray,ajwan,gajar kay beej, khopra etc) 2. Herbal Kara 3. Jump from a heigth 4. Lift heavy weigths 5. Eating warm things 6. Oral tablets (allopathic) 7. Oral tablets(local) 8. Oral tablets (Baluchi) 9. Intravaginal allopathic medicine 10. Intravaginal Baluchimedicine 11. Intravaginal local medicine 12. Intravaginal placement of stick 13. Use of instruments 14. D&C 15. Injections 16. Drips 95. Others 99. Don't Know 		

Q#	Questions and filters	Coding Categories	Skip to	Answers
Q 72	In your opinion which is the commonest method a <u>Nurse/ midwife/ LHV</u> uses to terminate a pregnancy? (Take one response only)	1. Home remedies(choaray,ajwan,gajar kay beej, khopra etc) 2. Herbal Kara 3. Jump from a heighth 4. Lift heavy weigths 5. Eating warm things 6. Oral tablets (allopathic) 7. Oral tablets (local) 8. Oral tablets (Baluchi) 9. Intravaginal allopathic medicine 10. Intravaginal Baluchimedicine 11. Intravaginal local medicine 12. Intravaginal placement of stick 13. Use of instruments 14. D&C 15. Injections 16. Drips 95. Others 99. Don't Know		
Q 73	In your opinion which is the successful method a <u>Nurse/ midwife/ LHV</u> uses to terminate a pregnancy? (Take one response only)	1. Home remedies(choaray,ajwan,gajar kay beej, khopra etc) 2. Herbal Kara 3. Jump from a heighth 4. Lift heavy weigths 5. Eating warm things 6. Oral tablets (allopathic) 7. Oral tablets (local) 8. Oral tablets (Baluchi) 9. Intravaginal allopathic medicine 10. Intravaginal Baluchimedicine 11. Intravaginal local medicine 12. Intravaginal placement of stick 13. Use of instruments 14. D&C 15. Injections 16. Drips 95. Others 99. Don't Know		
Q 74	In your opinion what is the average duration for this successful method _____ to terminate pregnancy by <u>Nurse/ midwife/ LHV</u> ?	99. Don't know		----/----/---- D M Y
Q 75	In your opinion what could be the Total cost for this successful method _____ used for termination of pregnancy by <u>Nurse/ midwife/ LHV</u> ?	95. Others (specify) 99. Don't Know		Min----- Max-----
Q 76	Why do you think a woman would prefer to go to <u>Nurse/ midwife/ LHV</u> rather than getting help from some other provider?	1. Ease of access 2. Low cost 3. Matter of confidentiality 4. Less time 5. Safety of methods used 95. Others(specify) 99. Don't Know		

Q#	Questions and filters	Coding Categories	Skip to	Answers
Q.77	[For a Nurse/ midwife/ LHV] for which month of pregnancy the cost for termination is highest?			-----
Q.78	In your opinion what are various methods which a Doctor uses to terminate pregnancy?	<ol style="list-style-type: none"> 1. Home remedies(choaray,ajwan.gajar kay beej, khopra etc) 2. Herbal Kara 3. Jump from a height 4. Lift heavy weights 5. Eating warm things 6. Oral tablets (allopathic) 7. Oral tablets (local) 8. Oral tablets (Baluchi) 9. Intravaginal allopathic medicine 10. Intravaginal Baluchi medicine 11. Intravaginal local medicine 12. Intravaginal placement of stick 13. Use of instruments 14. D&C 15. Injections 16. Drips 95. Others 99. Don't Know 		
Q.79	In your opinion which is the commonest method a Doctor uses to terminate a pregnancy? Take one response only	<ol style="list-style-type: none"> 1. Home remedies(choaray,ajwan.gajar kay beej, khopra etc) 2. Herbal Kara 3. Jump from a height 4. Lift heavy weights 5. Eating warm things 6. Oral tablets (allopathic) 7. Oral tablets (local) 8. Oral tablets (Baluchi) 9. Intravaginal allopathic medicine 10. Intravaginal Baluchi medicine 11. Intravaginal local medicine 12. Intravaginal placement of stick 13. Use of instruments 14. D&C 15. Injections 16. Drips 95. Others 99. Don't Know 		

Q.80	In your opinion which is the successful method a <u>Doctor</u> uses to terminate a pregnancy? Take one response only	<ol style="list-style-type: none"> 1. Home remedies(choaray,ajwan,gajar kay beej, khopra etc) 2. Herbal Kara 3. Jump from a height 4. Lift heavy weights 5. Eating warm things 6. Oral tablets (allopathic) 7. Oral tablets (local) 8. Oral tablets (Baluchi) 9. Intravaginal allopathic medicine 10. Intravaginal Baluchimedicine 11. Intravaginal local medicine 12. Intravaginal placement of stick 13. Use of instruments 14. D&C 15. Injections 16. Drips 95. Others 99. Don't Know 		
Q.81	In your opinion what is the average duration for this successful _____ method to terminate pregnancy by <u>Doctor</u> ?	99. Don't know		Days/Mont -hs/Years
Q.82	In your opinion what could be the total cost for _____ used for termination of pregnancy by <u>Doctor</u> ?	95. Others (specify) 99. Don't Know		
Q.83	[For a <u>Doctor</u>] for which month of pregnancy the cost for termination is highest?			
Q.84	Why do you think a woman would prefer to go to doctor rather than getting help from some other provider?	<ol style="list-style-type: none"> 1. Ease of access 2. Low cost 3. Matter of confidentiality 4. Less time 5. Safety of methods used 95. Others(specify) 99. Don't Know 		
Q.85	Have you ever heard of any woman having health problems after termination of pregnancy?	1. Yes 2. No	Q.87 Q.88	
Q.86	What happened? (Multiple answers accepted)	<ol style="list-style-type: none"> 1. Fever 2. Heavy vaginal bleeding 3. Infertility 4. General weakness 5. Hospitalized 6. Uterine Prolapse 7. Sepsis 8. Soreness of uterus 9. Swelling of uterus 10. Hysterectomy 11. Death 95. Any other(specify)----- 99. Don't know 		

Q.87	What is the most serious problem that can occur after termination of pregnancy?	1. Fever 2. Heavy vaginal bleeding 3. Infertility 4. General weakness 5. Hospitalized 6. Uterine Prolapse 7. Sepsis 8. Soreness of uterus 9. Swelling of uterus 10. Hestectomy 11. Death 95. Any other(specify)----- 99. Don't know		
Q.88	Amongst all the providers discussed whom do you think a woman would prefer for abortion services? (single response only)	1. Doctor 2. Nurse\ midwife\ LHV 3. Dai 4. Other (specify)----- 99. Don't Know		
Q.89	What is the reason for your preference? (multiple responses)	1. Ease of access 2. Low cost 3. Matter of confidentiality 4. Less time 5. Safety of methods used 95. Others(specify) 99. Don't Know		

SCREENING QUESTIONNAIRE

(for screening of women with induced abortion)

For the purpose of the study of abortion or pregnancy outcome sheet, continue with this sheet. Thank you and go to the next respondent.
 We are grateful for your cooperation and willingness to help us, we would like to know in more detail about the abortions and how your experience will help us to understand this problem more deeply. We would like to assure you that we have no intentions to make any judgment or blame anyone. Your cooperation is highly appreciated.

Q#	Questions and filters	Coding Categories	Skip to	Answers
Q 90	For how long have you been married? (note response in years)			
Q 91	What was your age at the time of marriage? (note age in years)			
Q 92	After how many years of being married your first child was born?			
Q 93	You have told us that you had ----- abortions, how many of these abortions were spontaneous? (look back at the pregnancy outcome sheet and say the numbers of abortion)			
Q 94	How many of these abortions were induced?			
Q 95	Did you get any complications after having your last spontaneous abortion?	1. Yes 2. No	Q. 96	
Q 96	What happened? (Multiple answers accepted)	1. Fever 2. Heavy vaginal bleeding 3. Infertility 4. General weakness 5. Hospitalized 6. Uterine Prolapse 7. Sepsis 8. Soreness of uterus 9. Swelling of uterus 10. Hysterectomy 11. Death 95. Any other(specify)----- 99. Don't know		

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**G. INDUCED ABORTION QUESTIONNAIRE (SPECIFIC)
FOR LAST INDUCED ABORTION**

We will be asking you more detailed questions on induced abortions you had. We assure you that that we have no intentions to make any judgments or blame any one. All the information given by you will be strictly kept confidential and will not be disclosed. Your cooperation is highly appreciated.

At first we would like to ask about all induced abortions you had and then we will ask more in detail about the last abortion.

Instruction for Interviewer:

For more than one abortion please fill Sheet no 1 about the all successful and unsuccessful attempts first and then complete questionnaire for index abortion till Q90. Then fill Sheet no 2 on number of attempts taken for last index abortion. Lastly complete the rest of the questionnaire according to the successful or failed attempts as told by the respondent. Explain to the respondent that this is the way you are going to ask for the information

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Sheet 3

H. Induced successful and Induced unsuccessful Abortion details
(Include Index abortion as well)

IA #	A	B	C			D			E	F	G	H	I	J	K	L
Most recent first	Age of mother (in yrs).	Total No. of children at the time of abortion	Eldest child's			Youngest child's			Last abortion Provider	Last Method used	Out come of attempts made	IP use before IA	IP use after IA	Reasons for abortion	Complications if any after abortion	Total Cost Incurred
			Age	SEX		Age	SEX									
			D	M	Y	D	M	Y								
1																
2																
3																
4																

Codes

A. Age of mother in years

B. Include also those children who are not alive

C&D. Age of child In days if less than one month

In months if > = to 1 month but less than one year

In months and years if >= 1 but less than 2 years

In years if >=2 years

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Sex 1. Male 2. Female

103

- E. 1. Doctor 2. Nurse/ midwife 3. Dai 4. Self 4. Any other (specify)

I.

2. Home remedies(choaray,ajwan,gajar kay beej etc
3. Herbal Kara
4. Jumping from a height
5. Lifting heavy objects
6. Eating warm things
7. Oral Tablets
8. Injections
9. Drips
10. Intravaginal placement of allopathic medicines
11. Intravaginal placement of Local medicine
12. Intravaginal placement of Stick
13. D&C
95. Any other (specify)-----
99. Don't Know

G.

1. Abortion complete
2. Still Birth
3. Live Birth
4. Unsuccessful attempt ,currently pregnant
95. Others(specify)

H

1. Yes
2. No
97. Not applicable

I

1. Yes
2. No
97. Not applicable

104

J

1. Too many children
2. Short spacing
3. Grown up Children
4. Poverty
5. Working woman
6. Jobless husband
7. Husband is an addict
8. Health of mother
9. Conflict with Husband or family
10. Illegitimate Child
11. Women are helpless
12. Do not want to continue with present marriage
13. Failure of FP method
95. Any other (specify
99. Don't Know

K

1. Fever
 2. Heavy vaginal bleeding
 3. Infertility
 4. General weakness
 5. Hospitalized
 6. Death
 7. Any other(specify)-----
99. Don't know

105

INDUCED ABORTION QUESTIONNAIRE (SPECIFIC) FOR INDUCED ABORTION				
	Questions and filters	Coding Categories	Skip to	Answers
Q.97	How did you learn about this pregnancy which led to abortion?	1. Menses overdue or late 2. Felt Nausea /vomiting 3. Felt dizzy 4. When movements were felt 5. Any other (specify)-----		
Q.98	Did you get this pregnancy confirmed?	1. Yes 2. No	Q. 100	
Q99	What was the last method you used to confirm your pregnancy?	1. By urine examination 2. By ultrasound 3. Doctor confirmed it 4. Dai confirmed it 95. Any other(specify)-----		
Q100	Whom did you consult first to discuss termination of this pregnancy?	1. Husband 2. Friend 3. Neighbor 4. Mother in-law 5. Elder Brother-in-law's Wife 6. Elder Sister-in-law 7. Mother 8. Sister 9. Health worker 10. Doctor 11. Nurse 12. Dai 13. Self decision 95. Others (specify)----- 99. Don't Know 100. Do not remember		
Q101	What were your reasons for terminating this pregnancy ?	1. Too many children 2. Short spacing 3. Grown up Children 4. Poverty 5. Working lady 6. Jobless husband 7. Husband is an addict 8. Health of mother 9. Conflict with in-laws/ husband 10. Illegitimate Child 11. Women are Helpless 12. Do not want to continue with present marriage 13. Failure of FP methods 95. Any other (specify)----- 99. Don't know		
Q102	Were you using any family planning methods before conceiving this pregnancy?	1. Yes 2. No	Q. 106	
Q103	For how long have you been using this method continuously before conceiving this pregnancy?			- / - / - D M Y

	Questions and filters	Coding Categories	Skip to	Answers
Q104	What was the method you were using?	1. Oral Pill 2. IUD 3. Diaphragm/Jelly/Foam 4. Condom 5. Injection 6. Norplant 7. Female Sterilization 8. Male Sterilization 9. Induced Abortion 95. Other Method (Specify)		
Q105	Did you use any method of family planning after the termination of this pregnancy?	1. Yes 2. No	Q. 106 Sheet # 4	
Q106	What was the family planning method you used after termination of this pregnancy?	1. Oral Pill 2. IUD 3. Diaphragm/Jelly/Foam 4. Condom 5. Injection 6. Norplant 7. Female Sterilization 8. Male Sterilization 9. Induced Abortion 95. Other Method (Specify)		

Sheet 4

Information about attempts taken for Index abortion

# of Attempts	A Self	B (out come for A)	C Dai	D (Out come for C)	E Mid wife/ Nurse	F (Out come for E)	G Doctor	H (Out come for E)	I Any othe
First attempt									
Second attempt									
Third attempt									

Please follow manual of instruction

A. C. E. G. 1 = Yes 2 = No (if "2" ask for other number of attempts till out come is successful)

B. D. F. H. 1 = Successful 2 = Failed 3 = Only Consulted

For B, D, F. OR H please go the relevant section of Form "H" According to the provider

H-T Self Attempt

Outcome

1. Successful

2. Failed

Q#	Questions and filters	Coding Categories	Skip to	Answers
Q.107	<p>What were the various methods you used to terminate this pregnancy?</p> <p>(List all possible responses)</p>	<ol style="list-style-type: none"> 1. Home remedies(choaray,ajwan,gajar kay beej. khopra etc) 2. Herbal Kara 3. Jump from a heighth 4. Lift heavy weigths 5. Eating warm things 6. Oral tablets (allopathic) 7. Oral tablets (local) 8. Oral tablets (Baluchi) 9. Intravaginal allopathic medicine 10. Intravaginal Baluchimedicine 11. Intravaginal local medicine 12. Intravaginal placement of stick 13. Use of instruments 14. D&C 15. Injections 16. Drips 95. Others 99. Don't Know 		
Q.108	<p>Was the attempt successful?</p>	<ol style="list-style-type: none"> 1. Yes 2. No 		
Q.109	<p>What was the attempt?</p>	<ol style="list-style-type: none"> 1. Home remedies(choaray,ajwan,gajar kay beej. khopra etc) 2. Herbal Kara 3. Jump from a heighth 4. Lift heavy weigths 5. Eating warm things 6. Oral tablets (allopathic) 7. Oral tablets (local) 8. Oral tablets (Baluchi) 9. Intravaginal allopathic medicine 10. Intravaginal Baluchimedicine 11. Intravaginal local medicine 12. Intravaginal placement of stick 13. Use of instruments 14. D&C 15. Injections 16. Drips 95. Others 99. Don't Know 		
Q.110	<p>From where did you learn about this method?</p> <p>Only one response</p>	<ol style="list-style-type: none"> 1. Told by a friend 2. Told by husband 3. Told by mother 4. Told by mother-in-law 5. Told by a neighbor 6. Told by Da 95. Any other (specify)----- 		

Q#	Questions and filters	Coding Categories	Skip to	Answers
Q.111	What was the duration for the last _____ method to terminate pregnancy?	99. Don't know		---/---/--- D M Y
Q.112	What was the total cost incurred for using this method?	95. Others (specify) 99. Don't Know		
Q.113	Why did you prefer self termination rather than getting help from some other provider?	1. Ease of access 2. Low cost 3. Matter of confidentiality 4. Less time 5. Safety of methods used 95. Others(specify) 99. Don't Know		
Q.114	Did you have fever afterwards?	1. Yes 2. No		
Q.115	Did you have heavy vaginal bleeding afterwards?	1. Yes 2. No		
Q.116	Did you have a blood transfusion?	1. Yes 2. No		
Q.117	Did you have to be hospitalized because of any problem related to this?	1. Yes 2. No		
Q.118	Did you have to stay in the Hospital for more than 24 hours?	1. Yes 2. No		
Q.119	Was D & C done on you?	1. Yes 2. No		
Q.120	Did you have any other problem?	1. Yes (please specify) 2. No		
Q.121	When did this happen to you?			---/---/--- D M Y

Outcome

1. Successful

2. Failed

H. 2. For Induction by Dai

Q#	Questions and filters	Coding Categories	Skip to	Answers
Q.122	<p>What were the various methods which Dai used to terminate this pregnancy?</p> <p>(Multiple Responses Accepted)</p>	<ol style="list-style-type: none"> 1. Home remedies(choaray,ajwan,gajar kay beej, khopra etc) 2. Herbal Kara 3. Jump from a heighth 4. Lift heavy weigths 5. Eating warm things 6. Oral tablets (allopathic) 7. Oral tablets (local) 8. Oral tablets (Baluchi) 9. Intravaginal allopathic medicine 10. Intravaginal Baluchimedicine 11. Intravaginal local medicine 12. Intravaginal placement of stick 13. Use of instruments 14. D&C 15. Injections 16. Drips 95. Others 99. Don't Know 		
Q.123	<p>Was the attempt successful?</p>	<ol style="list-style-type: none"> 1. Yes 2. No 		
Q.124	<p>What was the attempt used by the Dai to terminate this pregnancy?</p> <p>(Take one response only)</p>	<ol style="list-style-type: none"> 1. Home remedies(choaray,ajwan,gajar kay beej, khopra etc) 2. Herbal Kara 3. Jump from a heighth 4. Lift heavy weigths 5. Eating warm things 6. Oral tablets (allopathic) 7. Oral tablets (local) 8. Oral tablets (Baluchi) 9. Intravaginal allopathic medicine 10. Intravaginal Baluchimedicine 11. Intravaginal local medicine 12. Intravaginal placement of stick 13. Use of instruments 14. D&C 15. Injections 16. Drips 95. Others 99. Don't Know 		
Q.125	<p>What was the duration for the _____ method to terminate pregnancy by Dai?</p>	<ol style="list-style-type: none"> 99. Don't know 		<p>----/----/----</p> <p>D M Y</p>

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Q#	Questions and filters	Coding Categories	Skip to	Answers
Q.126	What was the total cost incurred for methods used by Dai ?	95. Others (specify) 99. Don't Know		
Q.127	Why did you preferred Dai for termination rather than getting help from some other provider?	1. Ease of access 2. Low cost 3. Matter of confidentiality 4. Less time 5. Safety of methods used 95. Others(specify) 99. Don't Know		
Q.128	Did you have fever afterwards?	1. Yes 2. No		
Q.129	Did you have heavy vaginal bleeding afterwards?	1. Yes 2. No		
Q.130	Did you have a blood transfusion?	1. Yes 2. No		
Q.131	Did you have to be hospitalized because of any problem related to this?	1. Yes 2. No		
Q.132	Did you have to stay in the Hospital for more than 24 hours?	1. Yes 2. No		
Q.133	Was D & C done on you?	1. Yes 2. No		
Q.134	Did you have any other problem?	1. Yes (please specify) 2. No		
Q.135	When did this happen to you?			---/---/--- D M Y

H.3. For Induction by Nurse \ Midwife \ LHV

Outcome

1. Successful

2. Failed

Q#	Questions and filters	Coding Categories	Skip to	Answers
Q.136	<p>What were the various methods which <u>Nurse\midwife</u> used to terminate this pregnancy?</p> <p>(Multiple Responses Accepted)</p>	<ol style="list-style-type: none"> 1. Home remedies(choaray,ajwan,gajar kay beej, khopra etc) 2. Herbal Kara 3. Jump from a heigth 4. Lift heavy weigths 5. Eating warm things 6. Oral tablets (allopathic) 7. Oral tablets (local) 8. Oral tablets (Baluchi) 9. Intravaginal allopathic medicine 10. Intravaginal Baluchimedicine 11. Intravaginal local medicine 12. Intravaginal placement of stick 13. Use of instruments 14. D&C 15. Injections 16. Drips 95. Others 99. Don't Know 		
Q.137	<p>Was the attempt successful?</p>	<ol style="list-style-type: none"> 1. Yes 2. No 		
Q.138	<p>What was the attempt made by <u>Nurse\midwife/ LHV</u> to terminate this pregnancy?</p> <p>(Take one response only)</p>	<ol style="list-style-type: none"> 1. Home remedies(choaray,ajwan,gajar kay beej, khopra etc) 2. Herbal Kara 3. Jump from a heigth 4. Lift heavy weigths 5. Eating warm things 6. Oral tablets (allopathic) 7. Oral tablets (local) 8. Oral tablets (Baluchi) 9. Intravaginal allopathic medicine 10. Intravaginal Baluchimedicine 11. Intravaginal local medicine 12. Intravaginal placement of stick 13. Use of instruments 14. D&C 15. Injections 16. Drips 95. Others 99. Don't Know 		
Q.139	<p>What was the duration for the _____ method to terminate pregnancy by <u>Nurse\midwife</u>?</p>	<ol style="list-style-type: none"> 99. Don't know 		<p>---/---/---</p> <p>D M Y</p>

Q#	Questions and filters	Coding Categories	Skip to	Answers
Q.140	What was the total cost incurred for methods used by Dai ?	95. Others (specify) 99. Don't Know		
Q.141	Why did you prefer <u>Nurse/midwife/LHV</u> for termination rather than getting help from some other provider?	1. Ease of access 2. Low cost 3. Matter of confidentiality 4. Less time 5. Safety of methods used 95. Others(specify) 99. Don't Know		
Q.142	Did you have fever afterwards?	1. Yes 2. No		
Q.143	Did you have heavy vaginal bleeding afterwards?	1. Yes 2. No		
Q.144	Did you have a blood transfusion?	1. Yes 2. No		
Q.145	Did you have to be hospitalized because of any problem related to this?	1. Yes 2. No		
Q.146	Did you have to stay in the Hospital for more than 24 hours?	1. Yes 2. No		
Q.147	Was D & C done on you?	1. Yes 2. No		
Q.148	Did you have any other problem?	1. Yes (please specify) 2. No		
Q.149	When did this happen to you?			---/---/--- D M Y

H-4 For Induction by Doctor

Outcome

1. Successful

2. Failed

Q#	Questions and filters	Coding Categories	Skip to	Answers
Q.150	What were the various methods which Doctor used to terminate this pregnancy?	1. Home remedies(choaray.ajwan.gajar kay beej, khopra etc) 2. Herbal Kara 3. Jump from a heighth 4. Lift heavy weigths 5. Eating warm things 6. Oral tablets (allopathic) 7. Oral tablets (local) 8. Oral tablets (Baluchi) 9. Intravaginal allopathic medicine 10. Intravaginal Baluchimedicine 11. Intravaginal local medicine 12. Intravaginal placement of stick 13. Use of instruments 14. D&C 15. Injections 16. Drips 95. Others 99. Don't Know		
Q.151	Was the attempt successful?	1. Yes 2. No		
Q.152	What was the attempt which Doctor used to terminate this pregnancy? Take one response only	1. Home remedies(choaray.ajwan.gajar kay beej, khopra etc) 2. Herbal Kara 3. Jump from a heighth 4. Lift heavy weigths 5. Eating warm things 6. Oral tablets (allopathic) 7. Oral tablets (local) 8. Oral tablets (Baluchi) 9. Intravaginal allopathic medicine 10. Intravaginal Baluchimedicine 11. Intravaginal local medicine 12. Intravaginal placement of stick 13. Use of instruments 14. D&C 15. Injections 16. Drips 95. Others 99. Don't Know		
Q.153	What was the duration for the _____ method to terminate pregnancy by Doctor ?	99. Don't know		----/----/---- D M Y
Q.154	What was the total cost incurred for methods used by Doctor	95. Others (specify) 99. Don't Know		

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Q#	Questions and filters	Coding Categories	Skip to	Answers
Q.155	Why did you prefer Doctor for termination rather than getting help from some other provider?	1. Ease of access 2. Low cost 3. Matter of confidentiality 4. Less time 5. Safety of methods used 95. Others(specify) 99. Don't Know		
Q.156	Did you have fever afterwards?	1. Yes 2. No		
Q.157	Did you have heavy vaginal bleeding afterwards?	1. Yes 2. No		
Q.158	Did you have a blood transfusion?	1. Yes 2. No		
Q.159	Did you have to be hospitalized because of any problem related to this?	1. Yes 2. No		
Q.160	Did you have to stay in the Hospital for more than 24 hours?	1. Yes 2. No		
Q.161	Was D & C done on you?	1. Yes 2. No		
Q.162	Did you have any other problem?	1. Yes (please specify) 2. No		
Q.163	When did this happen to you?			----/----/---- D M Y

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