Participant information sheet (Abortion care users)

Title: An action plan to integrate abortion care with HIV and Family planning services in Ethiopia.
Researcher: Haile Bekele Adane
Supervisor: Professor LizethRoets

Dear participant

Good day. My name is Haile Bekele a Doctoral (DLitt et Phil) student at the University of South Africa. I want to conduct a study with the title "**An action plan to integrate abortion care with HIV and Family planning services in Ethiopia"**.You, as a person who have made use of this service,is the best person to ask to volunteer to take part in the study. By participating in this study you may not be benefited directly, but it will provide information that might improve the provision of integrated health service at public health facility levels.

I invite you to voluntary take part in this study. I appreciate that you will offer us your valuable time. This questionnaire will only take about 30 minutes of your time. You will not be remunerated but the information you will provide can benefit maternal and child health services in the future. The results of this study might be published, but the information that you provide will be treated as confidential and your identity will not be linked to the questionnaire. Your anonymity will be ensured as your name will not be required on the questionnaire. If you feel that by answering the questions you would like to talk to a person to be supported due to any discomfort, please contact the researcher Mr. Haile Bekele at +251911714569 so that counselling free of charge can be arranged for you. You are free to indicate at any stage of the research that you wish to withdraw from the study without any negative effect. You will still receive the services as usual.

If you agree to participate, your honest response is appreciated.

If you have any questions regarding this research do not hesitate to contact with the following address:

Researcher: Haile Bekele Adane
Tele: +251-911714569 Email: 64142353@mylife.unisa.ac.za or haileb2006@yahoo.com
If you have any concerns about the research, please contact the Health Research Ethics Committee at HSREC@unisa.ac.za.

Your faithfully

Haile Bekele

Consent form (Abortion care users)

Title: An action plan to integrate abortion care with HIV and Family planning services in Ethiopia
Researcher: Haile Bekele Adane
Supervisor: Professor Lizeth Roets

I, the undersigned, agree to participate in the above mentioned research study. I confirm the information is shared with me:

- My participation in this study can benefit the maternal and child health service in the future
- My participation is voluntary and I may discontinue at any stage of the study without penalty.
- I will not be remunerated for my participation,
- If I feel uncomfortable in any way during the completion of a questionnaire, I have the right to decline to answer any further questions,
- Participation involves completing a questionnaire by the participants,
- All information collected will be private and confidential and the researcher will not use personal identifier in his study reports,
- All the data collected for this study will be stored in a cabinet under lock in a secured place and not be shared with any other persons,
- I am fully aware that the results of this study will be used for scientific purpose and may be published.

I understand what is expected from me and give my consent to take part in this study voluntary without feeling pressurized to do so.

If I have any questions about this research, I will contact the person mentioned below:

Researcher: Haile Bekele Adane
Tel: +251911714569
Email: 64142353@mylife.unisa.ac.za or haileb2006@yahoo.com

Participant's Signature Date

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ANNEXURE I: Questionnaire for Abortion care users

Title: An action plan to integrate abortion care with HIV and Family planning services in Ethiopia

Dear participant,

Thank you for your willingness to participate in this study. I will appreciate it if you answer all the questions as honestly as possible.

The questionnaire consists of the following five sections and will take not more than 30 minutes of your time.

Section A: Demographic information

Section B: Access to healthcare services

Section C: Abortion care and reproductive history

Section D: Family planning and HIV services

Section E: Integrating abortion care with FP-HIV services

INSTRUCTIONS:

- ***Please indicate your answer to each question with a tick in the appropriate box.***

Example

Q/No	Questions	Choice	Block	For office use
	What is your sex?	1. Male 2. Female	1 ☒ 2. ☐	☐

- ***Where there is space provided for answers, please write down your answer in the space provided***

IMPORTANT DEFINITION WHEN COMPLETING THE QUESTIONNAIRE:

Safe abortion care in this study is seen as abortion related care provided to clients, on their own request by health workers in public health facilities in accordance with the Ethiopian family health law.

Section A: Demographic information				
Q/No	**Questions**	**Choice**	**Block**	**For office use**
A01	Please indicate your age in completed years (e.g. 26)	----------years		☐
A02	What is your religion?	1. Orthodox 2. Muslim 3. Protestant 4. Catholic 5. Other specify---------- ----------	1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐	☐
A03	Where is your place of residence?	1. Urban 2. Rural	1 ☐ 2 ☐	☐
A04	Indicate your highest level of education	1. Cannot read or write 2. Able to read and write 3. Elementary school 4. High school (10th or 12th completed) 5. TVET/diploma level 6. Basic degree 7. Master's degree 8. Other specify----------	1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐	☐
A05	What is your ethnicity?	1. Sidama 2. Wolaita 3. Gamo. 4. Goffa 5. Hadiya 6. Amhar 7. Other (specify)----------	1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐	☐
A06	What is your occupation?	1. Housewife 2. Farmer 3. Self-employed 4. Civil servant 5. Private employee 6. Entrepreneur 7. Other, specify----------	1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐	☐

A07	What is your marital status?	1. Single 2. Married 3. Divorced 4. Widowed 5. Separated 6. Unmarried but in a relationship	1 2 3 4 5 6	
A08	How old is your partner in completed years? (e.g. 32)	----------years of age		
A09	What is the occupation of your partner?	1. Farmer 2. Self-employed 3. Civil servant 4. Private employee 5. Entrepreneur 6. Other, specify----------	1 2 3 4 5 6	
A10	How much is the total average monthly income of your family (household)? (e.g. 3,200 ETB)	Average monthly income in ETH birr----------		
		Section B. Access to healthcare services		
B01	What is the main reason for visiting this health care facility? (Mark all that is/are relevant please)	1. To receive abortion care 2. To receive family planning service 3. To receive HIV/AIDS service 4. Other specify---------- ----------	1 2 3 4	
B02	How much time did it take you from the time you left home to the time that you arrive at the healthcare facility?	1. 0-15 minutes 2. 16-30 minutes 3. 31-45 minutes 4. 46-60 minutes 5. 61-90 minutes 6. More than 90 minutes	1 2 3 4 5 6.	
B03	What was the main means of transport that you have used to get to the healthcare facility?	1. Walking 2. Public bus 3. Taxi 4. Private vehicle 5. Other, Specify_____	1 2 3 4 5	

B04	For how long did you wait to receive the abortion care after you reached to the healthcare facility?	1. 0-15 minutes 2. 16- 30 minutes 3 31-45 minutes 4 46-60 minutes 5 61-90 minutes 6 More than 90 minutes	1 2 3 4 5 6.	
B05	How do you perceive the time that you had to wait to receive abortion care in the service providing unit?	1. Appropriate. 2. Moderate 3. Too long 4. Other specify----------	1 2 3 4	
B06	Would you prefer to wait long and receive more than one service in one facility (For example abortion care and family planning or HIV at one time)	1. Yes 2. No	1. 2.	
B07	Please motivate your answer for question B06	---------- ---------- ---------- ---------- ----------		
B08	How was your service charge settled?	1. Received the service free of charge 2. Paid in cash 3. Covered by health insurance 4. Others, specify---------- ----------	1 2 3 4	
Section C: Abortion care and reproductive history				
C01	How many times have you been pregnant? This current pregnancy included (e.g. 4)	Number of pregnancies_____		
C02	How many times have you given birth to a baby? (e.g. 3)	Number of live births_____		
C03	Did you ever have an abortion before the current episode?	1. Yes 2. No	1 2	

CO4	If the answer to question C03 was yes, how many times have you had an abortion? This current abortion included (e.g. 2 times)	Number of abortions----------		☐
C05	Who made the decision that you have to receive an abortion for the current pregnancy in this healthcare facility?	1. Myself 2. Partner/spouse 3. Parents 3. Other (specify)---------- ----------	1 ☐ 2 ☐ 3 ☐	☐
CO6	If the request was by yourself, please indicate the reason (mark all that is/are appropriate please)	1. The Pregnancy endangered my health 2. There was a problem on the growing fetus 3. A close relative made me pregnant 4. Pregnancy results from rape 5. The pregnancy was not planned 6. It is due to contraceptive failure 7. Others specify---------- ---------- ----------	1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐	☐
C07	Who accompanied you to receive abortion care? (mark all that is/are relevant please)	1. Partner/spouse 2. Friends 3. Relative 4. Parents 5. Neighbors 6. Other (specify) ----------	1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐	☐
C08	In your community, why do women normally request abortion care? (mark all that is/are relevant please)	1. Don't want more children 2. To space pregnancies 3. Premarital pregnancy 4. Personal health problems 5. Contraceptive failure 6. Financial implications 7. I don't know 8. Other (specify) ---------- ----------	1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐	☐

C09	Are you aware of a law in Ethiopia that allows or disallows abortion care on request?	1. Yes 2. No	1. ☐ 2 ☐	☐
C10	If the answer was yes, under what conditions does the current Ethiopian penal code allow abortion on request (safe abortion care)? (mark all that is/are relevant please)	1. Pregnancy resulted from rape 2. Pregnancy resulted from a close relative 3. Continuation of the pregnancy endangers the health and life of the mother or the fetus 4. The woman has a physical or mental disabilities 5. The fetus has an incurable and serious deformity 6. Other (specify) ---------- ----------	1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐	☐
C11	What do you think are the possible harmful effects of having an abortion? (mark all that is/are relevant please)	1. Possible infection 2. Bleeding 3. Mother can be weak 4. May not conceive again 5. Death 6. I don't know 7. Any other specify---------- ----------	1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐	☐
C12	How do you perceive the skill or competency of the health workers who assisted you with the abortion care?	1. Very skillful 2. Moderate skillful 3. Not skillful 4. Other (specify)---------- ----------	1 ☐ 2 ☐ 3 ☐ 4 ☐	☐
Section D: Family planning and HIV services				
D01	Please indicate which of the following family planning method/s do you know of? (mark all that is/are relevant please)	1. Oral contraceptive pills 2. Male condom 3. Female condom 4. Emergency contraceptives 5. Injectable	1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐	☐

		6. Implants 7. IUCDs 8. Permanent methods 9. Others, specify----------	6 7 8 9	
D02	Did you receive education on family planning from one or more of the following persons? (mark all that is/are relevant please)	1. Nurses 2. Your Partner 3. Your friends 4. Family members 5. Other, specify ---------- ----------	1 2 3 4 5	
D03	Have you ever used a family planning service before this abortion care?	1. Yes 2. No	1 2	
D04	Please motivate your answer to question D03	---------- ---------- ----------		
D05	Have you received contraceptives after the last abortion care?	1. Yes 2. No	1 2	
D06	If the answer to question D05 was no, please motivate your answer	---------- ---------- ----------		
D07	Please indicate the challenges to use family planning or contraceptive methods (mark all that is/are relevant please)	1. Religion 2. Cultural barriers 3. Beliefs 4. Misconceptions 5. Minimal access to family planning 6. Cost of family planning 7. Lack of knowledge 8. Not any of the above 9. Others, specify---------- ---------- ----------	1 2 3 4 5 6 7. 8. 9	

D08	Have you ever heard about HIV/AIDS?	1. Yes 2. No	1 2	
D09	If the answer to question D08 was yes, what was the source of information?	1. Through health education in the healthcare facility 2. Through health extension workers in the communities 3. Radio messages 4. Television message 5. Leaflet 6. Others, specify----------	1 2 3 4 5 6	
D10	Have you received HIV/AIDS-related service in this specific healthcare facility?	1. Yes 2. No	1 2	
D11	If the answer to question D10 was yes, what kind of HIV/AIDS-related service(s) have you received? (mark all that is/are relevant please)	1. Voluntary HIV counselling servcie 2. Voluntary HIV testing 3. HIV counsellig & testing 4. Provider initiated HIV coounselling service 5. Provider initiated HIV testing service 6. Antiretroviral therapy 7. Others, specify----------	1 2 3 4 5 6 7.	
Section E: Integrating abortion care with FP-HIV services				
E01	Have you received any other services such as family planning and/or HIV services at the time that you have received abortion care in this healthcare facility?	1. Yes 2. No	1 2	
E02	If the answer to question E01 was yes, where did you get	1. Abortion care unit 2. Integrated HIV-FP unit	1 2	

	the family planning and/or HIV/AIDS service(s)?	3. Out-patient department 4. HCT unit 5. PMTCT/ANC unit 6. Delivery unit 7. Postnatal unit 8. Others, specify ----------	3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐	☐
E03	If you did receive another service, how were the services provided?	1. In the same room by the same service provider 2. In the same room by different service providers 3. In different rooms by different service providers 4. Others, specify_____ ----------	1 ☐ 2 ☐ 3 ☐ 4. ☐	☐
E04	If you did not receive another service, why not? (mark all that is/are relevant please)	1. Did not need another service 2. Health workers are not willing to provide the service 3. Long waiting time 4. I didn't know about that the availability of other healthcare services 5. I did not want this integrated service 6. The integrated service is expensive 7. Others, specify----------	1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6. ☐ 7 ☐	☐
E05	Will you prefer to receive integrated family planning-HIV and abortion care at the same time?	1. Yes 2. No	1 ☐ 2 ☐	☐

E06	Please motivate the answer in question E05 ---------- ---------- ---------- ----------			☐
E07	How would you prefer to receive the integrated abortion with FP-HIV service in the future?	1. In the same room by the same service provider 2. In the same room by different service providers 3. In different rooms by different service providers 4. Other specify---------- ----------	1 ☐ 2 ☐ 3 ☐ 4 ☐	☐
E08	What do you think maybe some of the disadvantages of receiving HIV and FP services while receiving abortion care? (mark all that is/are relevant please)	1. Increased waiting time 2. Increased workload for healthcare providers 3. Fear of stigma and discrimination 4. Fear of loss of confidentiality 5. Decreased quality of services 6. Embarrassment to discuss HIV and/or FP with the provider 7. Don't know 8. Others, specify---------- ---------- ----------	1. ☐ 2 ☐ 3. ☐ 4 ☐ 5. ☐ 6. ☐ 7. ☐ 8. ☐	☐
E09	What are the challenges or problems that you have observed with the integrated HIV and/or FP with abortion services? (mark all that is/are relevant please)	1. Increased waiting time 2. The integrated service is expensive 3. The health workers do not give the required quality care to both HIV as well as family planning services 4. The services are not available in the health facility 5. Others, specify---------- ---------- ----------	1 ☐ 2 ☐ 3 ☐ 4 ☐ 5. ☐	☐

E10	Please indicate what you think can help to improve the integration of abortion care with FP and/or HIV services in public healthcare facilities? (mark all that is/are relevant please)	1. The facility set up need to be well equipped and furnished 2. The facility needs to have an integrated FP-HIV service 3. The facility must be accessible to the community 4. Both family planning and HIV services are given free of charge at the health facilities 5. Strengthening of internal referral system 6. Others, specify---------- ----------	1 ☐ 2 ☐ 3 ☐ 4 ☐ 5. ☐ 6. ☐	☐
E11	What do you think will be the benefits of receiving HIV and family planning services at the same time in the abortion care unit? (mark all that is/are relevant please)	1. Make fewer trips to the facility 2. Reduced transportation costs 3. Reduced waiting time 4. The efficient way to access several services 5. Reduces stigma towards accessing HIV services 6. Reduce stigma towards accessing FP services 7. Don't know 8. Others, specify ---------- ---------- ----------	1. ☐ 2 ☐ 3. ☐ 4 ☐ 5. ☐ 6. ☐ 7. ☐ 8. ☐	☐
E12	Please list your suggestions on how to improve the integration of abortion care with family planning and HIV services at the healthcare facility level? ---------- ---------- ---------- ----------			☐

This is the end of the questions

Thank you for your willingness and participation in the study!