Session 8
HPS: Key Outcomes
Sampling (Purposive)
Key Questions

September 28, 2020

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HPS:

Key outcomes

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The purpose of the HPS

- Not all women who have abortions experience complications, or receive treatment in health facilities.

- Some women:
  - Have safe, uncomplicated abortions
  - Experience complications, but receive no care
  - Obtain care outside formal health facilities
  - Die before obtaining care

- To measure the proportion of women having an abortion who did not obtain care in health facilities for whatever reason, we implement the “Health Professionals Survey”

HPS provides information for the multiplier on:

- % distribution of where women get abortions by provider type
  - Maybe separating out misoprostol
- % who have complications by provider type
- % who receive treatment in health facilities

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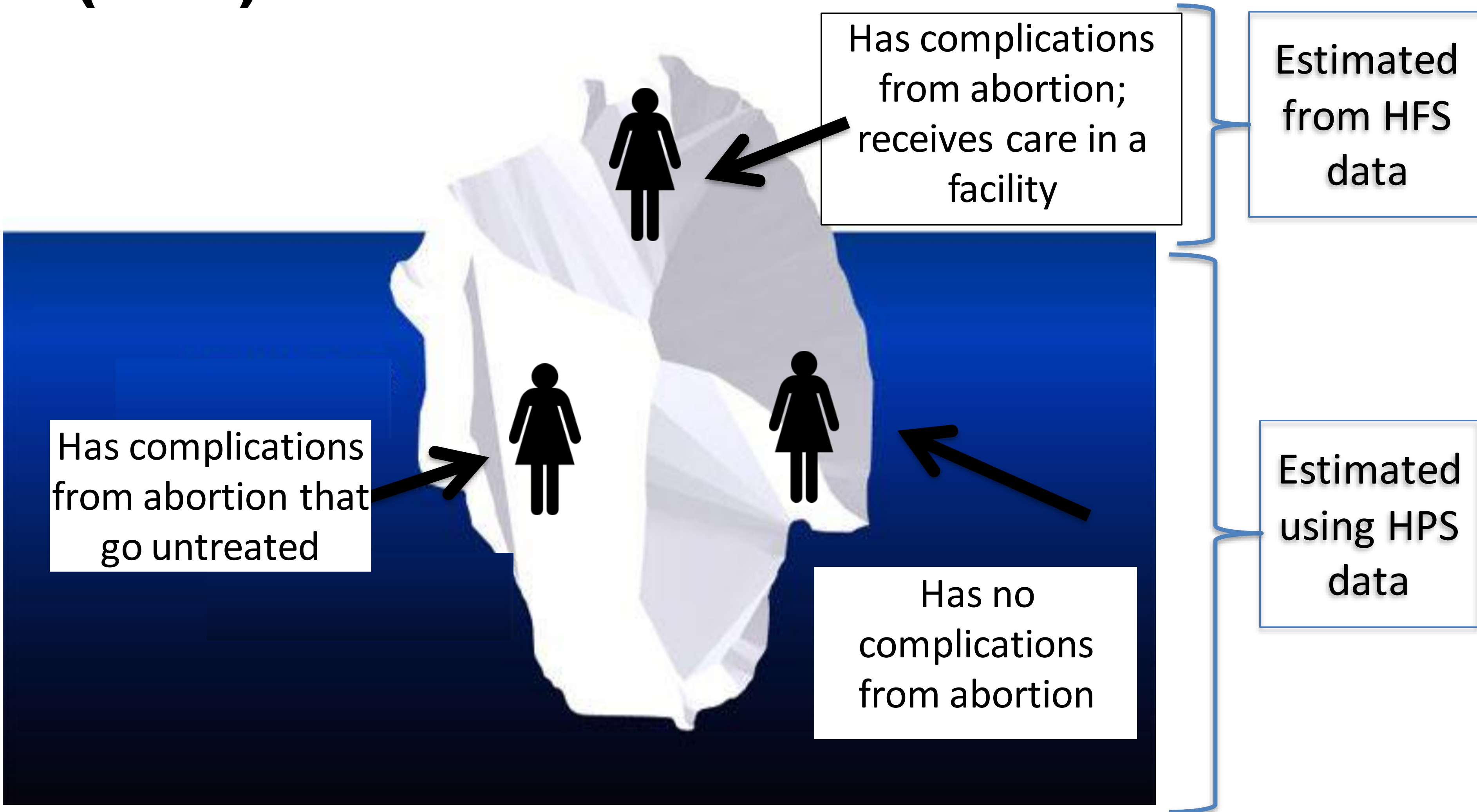
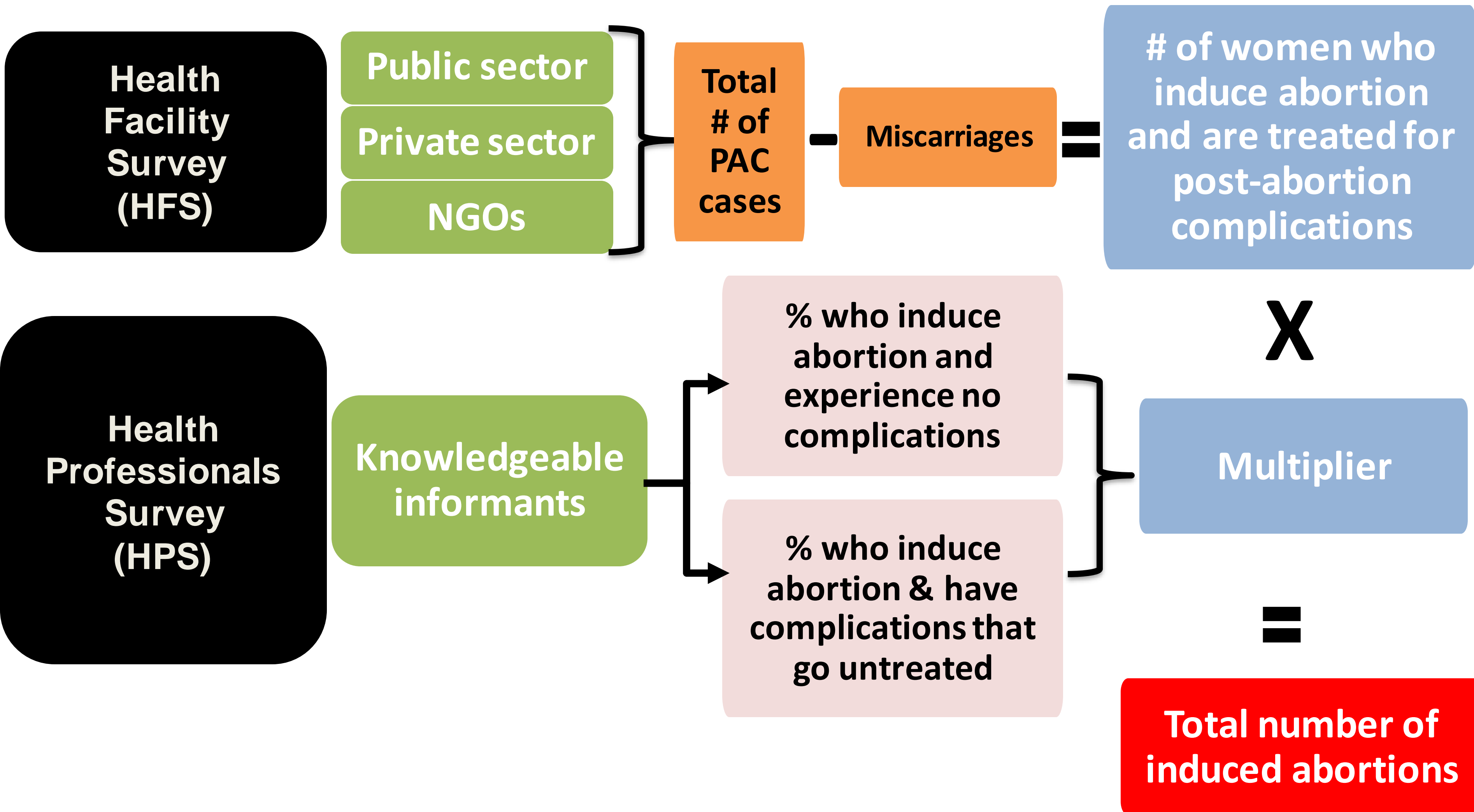
What do you do with the multiplier?

- The multiplier X the number of women treated in health facilities for abortion complications = total number of abortions
  - Can be done separately for each region

Abortion Incidence Complications Methodology (AICM)



OVERVIEW OF AICM



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Calculation steps: hypothetical example

103,322 women hospitalized for post-abortion complications

29% of women are treated for complications: multiplier = 100/29.02 = 3.45

Subtract an estimated 36,349 late miscarriages

66,973 cases of complications were due to induced abortions

MULTIPLY BY 3.45

An estimated 231,057 induced abortions (= 66,973 * 3.45) annually

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HPS:

Sample

Sample

- Depending on the size of the country, sample includes 120-200 RH professionals selected purposively from across the country:
  - Health providers: OB/GYNs, medical officers, nurse/midwife
  - Researchers, teachers
  - Policy makers, program planners
  - Reproductive health NGO workers
  - Community leaders, welfare officers
  - Activists, lawyers, media practitioners
- They should not be the same as the HFS respondents

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Sample

- They are selected not for their professional qualifications but for their knowledge on abortion
  - E.g. hairdressers, policemen, aunties in the community who are well known for supporting women through abortion
- Identifying the sample takes quite a bit of groundwork and conversation with experts
- If estimating by region, you need a sample of 20-25 respondents per region

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Selecting the right interviewers is critical

- Interviewers should be able to secure time with high status respondents
- Because many respondents are going to be very senior, it works best to have interviewers who are very senior, too
- It's not an easy q'tnaires to administer—they will need to be able to engage in dialogue/discussion

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HPS:

Key questions

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Key Questions

- Asked separately for urban poor; urban non-poor; rural poor; rural non-poor
  - % distribution of all women who obtain an induced abortion according to type of provider
  - Proportion of women likely to experience complications requiring medical care according to provider type
  - Probability that women experiencing complications would receive medical care in a formal health facility

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Why ask separately for different subgroups?

- We obtain the information for these four groups *because the groups are vastly different and findings are likely to be different for the four sub-groups*

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Other topics:

- Background information
  - Age, Gender, Profession, Years of experience in the field, Experience working in rural areas
- Cost of (different kinds of) abortion
- Social and legal context of abortion
  - Recommendations
  - Knowledge of law/recommendations for law change
- Is there any cross-border abortion care happening?

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Challenges in HPS Data Collection

- Identifying a sufficient number of people who are knowledgeable about the conditions of abortion provision in the country (particularly in rural areas)
- Once identified, getting those people to participate in the interview
  - E.g. in Malawi in 2009, 123 potential experts were identified, but only 56 were successfully interviewed
- Some respondents may have trouble estimating proportions (but are confident in their responses)

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And now…

A fun little quiz

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What proportion of unintended pregnancies end in abortion worldwide?

a) 15 percent

b) 40 percent

c) 50 percent

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How many abortions can a woman have in her lifetime?

a) One

b) Two

c) Many

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Does a safe induced abortion impact a woman's future fecundity?

a) Yes

b) No

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Are most women who have abortions unmarried or married?

a) Unmarried

b) Married

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Are most women who have abortions multiparous or nulliparous?

a) Nulliparous

b) Multiparous

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OVERVIEW:

The big picture

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Steps in estimating abortion incidence via the AICM

1. Estimate the number of post-abortion care patients
2. Estimate the number of women treated for complications of illegal induced abortion
3. Estimate the number of illegal abortions

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Step 1. Estimate the number of PAC patients

- HFS obtains these estimates directly by asking about PAC caseloads at facilities
  - Within the past month/average month * 12
  - Apply sample weights to obtain national estimate
- In some countries, NGOs known to have reliable service statistics are asked for national caseload estimates (instead of weighting up a sample from these facilities).
- However, these includes ***all*** PAC patients, including
  - Stemming from legal and illegal abortions
  - Induced and spontaneous
  - Double-counted referrals?

Steps in estimating abortion incidence via the AICM

1. Estimate the number of post-abortion care patients

2. Estimate the number of women treated for complications of illegal induced abortion

3. Estimate the number of illegal abortions

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Step 2. Estimate the number of women treated for complications of illegal induced abortion

- Subtract three things from the estimate in Step 1:

1. **PAC cases stemming from miscarriage**
   - Assume: only late miscarriages (13-21 weeks gestation) will be accompanied by complications requiring care
   - Assume: # of miscarriages requiring care=3.4% # of live births
   - Assume: # women who deliver in facility = % of women with complicated miscarriage who obtain care in a facility
2. **Referral cases** (to avoid double-counting cases)

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Steps in estimating abortion incidence via the AICM

1. Estimate the number of post-abortion care patients
2. Estimate the number of women treated for complications of illegal induced abortion
3. Estimate the number of all abortions

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Step 3. Estimate the number of all abortions

- Step 2 specifies the women who had an illegal induced abortion, experienced a complication, and obtained treatment in a facility
  – Remember the iceberg: these are the "visible" cases.
- To estimate the "invisible" cases, we construct a multiplier from HPS
  – The multiplier represents, for each complication stemming from an illegal induced abortion, how many illegal induced abortions occurred for which treatment was not required or not obtained.
- Applying the multiplier (calculated from data collected in the HPS) to the estimate obtained in Step 2 yields an estimate of all induced abortions in the country.

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