Self-managed Abortion Advocacy



Knowledge, Attitude & Practice (KAP) Assessment

May 2024

**Overview**

The Knowledge, Attitude and Practice (KAP) Assessment Tool was created as part of the Self-managed Abortion Advocacy (SMAA) led by the International Federation of Gynecology and Obstetrics (FIGO) and the Zambia association of gynaecologists & obstetricians (ZAGO).

The KAP is intended to gather information on Providers knowledge, Attitudes and Practice as they provide self-managed (medical) abortion care services.

**Who is this tool for?**

The KAP is intended to record information on Providers Knowledge, Attitude and Practice in abortion care service provision. The Data Collectors will need to engage a selected number of trained Providers to gather this information.

**How do I use this tool?**

The KAP is used at the start of the project to get detailed information on Providers Knowledge, Attitude and Practice. The tool can also be repeated at the end of project implementation to assess changes that may have taken place.

**SECTION – ONE: DEMOGRAPHIC INFORMATION**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **S/N** | **Questions** | **Response**  | **Code**  | **Skip** |
| 1.1 | Gender | 1. Female
2. Male
 |  |  |
| 1.5 | Profession  | 1. Obs/Gyn
2. Medical Officer
3. Nurse (Diploma)
4. B.Sc. Nurse
5. Midwife (Diploma)
6. Midwife BSc
7. Medical Licentiate/Clinical Officer
8. Officer (specify) \_\_\_\_\_\_\_\_\_\_\_
 |  |  |
| 1.6 | Years of professional experience since graduation |  1. Less than one year  2. One to three years  3. Three to five years  4. Five to ten years  5. More than 10 years |  |  |
| 1.6 | Years of experience since trained to provide Comprehensive Abortion Care (CAC)? |  1. I have not been trained to provide CAC. 2. Less than one year  3. One to three years  4. Three to five years  5. Five to ten years  6. More than 10 years |  |  |
| 1.7 | What kind of Health facility do you work in? | 1. Health Post
2. Health Centre/Clinic
3. First Level Hospital
4. General Hospital
5. Central Hospital
6. University Teaching Hospital
 |  |  |

**SECTION TWO: KNOWLEDGE OF HEALTH PROFESSIONALS ON SELF-MANAGED ABORTION CARE**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **S/N** |  **Questions**  | **Response**  | **Code** | **Skip** |
| 2.1. | Are you aware of the National guidelines for self-managed medical abortion? | 1. Yes
2. No
 |  |  |
| 2.2 | Are you familiar with the health facility protocols on self-managed medical abortion, if available? | 1. Yes
2. No
 |  |  |
| 2.3 | Who do you think can perform self-managed medical abortion care up to 12 weeks of pregnancy according to the national standards and guidelines? (More than one choice is possible) | 1. Physicians/GPs
2. Medical Licentiates/Clinical Officers
3. Midwives
4. Nurses
5. I don’t know
 | Multiple Choice |  |
| 2.4 | According to the national guidelines, when are women and girls eligible for self-managed medical abortion? | 1. Pregnancies that are less than 10 weeks
2. First trimester pregnancies only
3. First & second trimester pregnancies
4. Any stage of pregnancy
5. I don’t know
 |  |  |

**SECTION THREE: ATTITUDES OF HEALTH PROFESSIONALS ON SELF-MANAGED ABORTION**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **S/N** | **Questions** | **Response** | **Code**  | **Skip**  |
| 3.1 | Do you think self-managed medical abortion care might be beneficial for women and girls?  | 1. Yes
2. No
3. I don’t know
 |  |  |
| 3.2 | What do you think are reasons why self-managed abortion might be beneficial for women and girls? (More than one option possible) | 1. Reduces on distance women endure
2. Reduces workload on providers
3. Reduces cost on the service users (women and girls)
4. Other(specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 | Multiple Choice |  |
| 3.3 | Do you think self-managed medical abortion care might be beneficial to healthcare facilities and healthcare providers? | 1. Yes
2. No
3. I don’t know
 |  |  |
| 3.4 | What do you think are some of the reasons why self-managed abortion might be better for healthcare providers/hospital? (More than one option possible) | 1. Reduces on workload on providers
2. Enhances continuity of care
3. Other(specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 | Multiple Choice |  |
| 3.5 | Would you like to be able to offer women self-managed medical abortion care? | 1. Yes 2. No  |  |  |
| 3.6 | If no to 3.5, why not? | 1. Outside of the scope of my practice 2. Against my religious practice 3. Against my Personal value 4. I am not trained to provide the service, but am willing5. I don’t know6. Other(specify)\_\_\_\_\_\_\_\_\_ | Multiple Choice | If Yes to 3.5, SKIP |
| 3.7 | The 2022 WHO guidelines state that women can be provided with full drug course with instructions to take the drugs at home and only return to the facility in case of complications. Are you supportive of this?  | 1. Yes 2. No 3. I Don’t know |  |  |
| 3.8 | On a scale of 1-5 (where 1 is very low and 5 is very high), how confident are you in a woman’s ability to self-assess their eligibility for self-managed medical abortion? | **Scale of 1-5**1. Not confident at all
2. Somehow confident
3. Moderately confident
4. Confident
5. Very confident
 |  |  |
| 3.9 | On a scale of 1-5 (where 1 is very low and 5 is very high), how confident are you in a woman’s ability to take self-managed medical abortion medicines at home? | **Scale of 1-5**1. Not confident at all
2. Somehow confident
3. Moderately confident
4. Confident

Very confident  |  |  |
| 3.10 | On a scale of 1-5 (where 1 is very low and 5 is very high), how confident are you in a woman’s ability to assess if the self-managed medical abortion was successful and identify any complications? | **Scale of 1-5**1. Not confident at all
2. Somehow confident
3. Moderately confident
4. Confident

5. Very confident  |  |  |

**SECTION FOUR: PRACTICE OF HEALTH PROFESSIONALS ON SELF-MANAGED ABORTION**

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| --- | --- | --- | --- | --- |
| **S/N** | **Questions** | **Response** | **Code**  | **Skip**  |
| 4.1 | Do you provide women and girls with abortion care services in your daily work? | 1. Yes
2. No
 |  |  |
| 4.2 | Are you trained to support women and girls to self-manage aspects of medical abortion care? (i.e. to enable them to take medical abortion medication at home and assess success and complications)? | 1. Yes 2. No  |  |  |
| 4.3 | If your answer is No for 4.2, why haven’t you been trained? (More than one answer possible) | 1. No training offered
2. Not allowed to go for training
3. Not available due to work
4. Not interested in training
5. Other (Specify)

……………………………………… | Multiple Choice | If yes to 4.2, SKIP |
| 4.4 | Do you allow women and girls to self-assess eligibility for self-managed medical abortion? | 1. Yes
2. No
 |  |  |
| 4.5 | Do you prescribe medical abortion pills to women and girls to be taken at home for self-managed abortion care? | 1. Yes
2. No
 |  |  |
| 4.6 | Do you allow women and girls to determine effectiveness or if there are problems without following up at the health facility? | 1. Yes
2. No
 |  |  |
| 4.7 | Currently, what type of medical abortion do you provide? (More than one response possible) | 1. Mifepristone + misoprostol
2. Misoprostol only
3. Other (Specify)

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| 4.8 | How often do you refer to existing guidelines, protocols and job aids on self-managed abortion such as the 2017 National Standards and Guidelines on abortion care? | 1. Never – am fully comfortable with the practice
2. Never – I am not aware of guidelines, protocols and job aids for self-managed abortion
3. As often as possible
4. Sometimes/occasionally
5. Only when I am not too sure
6. Other (specify)…………………………….
 |  |  |
| 4.9 | Under what circumstances would you refer women and/or girls who request self-managed medical abortion care to other providers of hospital? (more than one response possible) | 1. Never
2. When hospital has no drugs
3. When client demands referral
4. When pregnancy is too big
5. When client is familiar to me
6. Other (specify)
7. ………………………………………
 |  |  |
| 4.10 | How often do you provide detailed instructions to women and girls taking self-managed medical abortion, including when to return to the facility? | 1. Never
2. When client asks for details
3. Sometimes only
4. All the time
5. Other (specify)

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| 4.11 | If you provide medical abortion for women and girls to take at home, how often do they return for follow up? | 1. Always
2. Sometimes
3. Infrequently
4. Only if there are complications
5. Never
 |  |  |