



Community Perception Of Abortion In Margibi And Montserrado Counties

**Research
Paper**

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Disclaimer

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A woman with short, dark, curly hair is shown from the chest up, looking out over a tropical landscape. She is wearing a dark top. The background is a lush green environment with several tall palm trees and dense foliage under a bright sky. The image is slightly blurred, giving it a soft, artistic feel.

Executive Summary

Across the world, induced abortion is common and the vast majority of abortions are necessitated by unintended pregnancies, which typically result from ineffective use or nonuse of contraceptives. There are other important factors that present unintended pregnancy and the decision to have an abortion. Some unintended pregnancies result from rape while others pregnancies become unwanted as a result of changes in life circumstances or because taking a pregnancy to term would have negative consequences on the woman's health and well-being. Consequently, abortion continues to be part of how women in all contexts manage their fertility and their lives, regardless of the laws in their country (Singh et al, 2017).

The perception on abortion remains a source of polarization across societies. Conservatives perceive abortion as an immoral action that forbids the right to life for a proportion of humans who are helpless, defenseless and are denied the right to life. Liberals, to the contrary, hold the perception that abortion is a remedial action that is necessitated by social deviance, or by health imperatives. Anecdotal evidence suggests that a comparative polarization on abortion exists in Liberia. Efforts to validate the degree of polarization have been a lingering desire of community-based organizations including CHI.

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Executive Summary

CHI commissioned a perception study to further understand the perception on abortion held by community dwellers as part of a overall strategy to mitigate the lingering challenge presented by the inaccessibility or limited accessibility to abortion services for deserving care seekers. This report is among maiden efforts undertaken to further understand the degree of polarization among community dwellers towards abortion and to determine what remedial actions could be pursued to increase access to abortion services in Liberia. It was conducted in Margibi and Montserrado counties within four communities.

In Montserrado, the King Gray and Chicken Soup Factory communities were surveyed and both Henry Town and Gban's Town communities were surveyed in Margibi. Findings from the study revealed that negative perception towards abortion services is widespread and entrenched among adherents of this perception for religious convictions and cultural norms. The demand for abortion services was determined to be driven by poverty, the unwillingness of male partners to appreciate pregnancy in co-habitation, fear of social stigma, and cultural norms. Participants in the study reported that abortion services are provided primarily through informal points of service that include non-medical service delivery points available in communities.

These services are provided by tradition healers, induced by compliance to unorthodox methods suggested by friends or associates, or female traditional elders. Formal points of delivery (i.e., hospitals, health centers, etc.) are sought largely by the desire to receive post-abortion care services.

As a consequent this pattern, unsafe abortion methods are common within communities and these methods range from tradition modes such as the "RPG", concoctions from friends and associates, a mixture of non-prescribed drugs, and the ingestion of undefined liquids composed of a strange compound of non-alcoholic beverage, chili pepper extract and sediments from crushed bottles combined with sodium carbonate.

The study also revealed that barriers inhibiting access to abortion services include the legal environment, the inability to provide finances for abortion services, and cultural norms. The primary cultural norm cited as the guidance for the conservative outlook towards abortion was the appreciation for childbearing and the associated value that is pervasive within communities. The study was an exploratory study which was conducted through FGDs with community dwellers in the earmarked communities.

Details of the report are embedded in an executive summary which highlights the core findings of the study, an introduction that provides a background and context to the study, the methodology used to conduct the study which involved the study design, the sampling technique, and the mode of data collection and analysis. Findings from the study are catalogued in alignment with the questionnaire from thr[WU1] FGDs and these are followed up with a conclusion and subsequent recommendations.

Introduction

Gebremedhin et al (2018) cites the rising burden of unsafe abortion and the scale of the severe complications associated with such action constitute a significant public health challenge in sub-Saharan Africa.

Acknowledging this mammoth public health challenge, the WHO (2019) noted that across sub-Saharan Africa, unsafe abortion remains prevalent, accounting for up to 29% of the global burden of unsafe abortions, and about 62% of the 2014 global abortion-related deaths. The high incidence of unsafe abortion belies the growing availability of safer and quality procedures, based on the WHO guidelines, for terminating pregnancies (Singh et al, 2017).

Fertility is highly desirable in sub-Saharan Africa (Adtake et al 2019). However, abortion remains highly disapproved and strongly objectionable owing to underpinning religious, moral, ethical, socio-cultural, and medical concerns. Cultural and religious intolerance to abortion, within and among communities continues to drive women and adolescent girls to self-managed abortion procedures or those offered clandestinely mainly by unqualified providers; the foremost manifestations being abortion stigma and the cost of care. Consequently, existing evidence in sub-Saharan Africa establishes high levels of severe maternal outcomes attributable to adverse complications including sepsis, cervical and uterine ruptures, hemorrhage, and death (Adanikin et al, 2019; Prada et al, 2015).

Strong anti-abortion laws have not translated into a reduction in the incidence of abortion; instead, they have increased the magnitude of unsafe abortion (Guillaume et al, 2018).

Notwithstanding the predominance of criminal abortion in Africa implicit in the foregoing, Johnson et al (2018) contends that several countries globally have revised, or are reviewing their abortion laws to embrace more liberal and pro-choice principles.

Abortion in Liberia is legally permissible only in situations where the health of the expecting mother is at risk, limiting the options for women who encounter necessitating circumstances such as unwanted pregnancies occasioned by rape, incest, or other risk factors. Section 16.3 of the Penal Law [LCL revised], abortion beyond the 24th week of pregnancy is illegal. An abortion is legal if it occurs only after a licensed physician determines there is a substantial risk that continuing the pregnancy would gravely impair the mother's physical and/or mental health. An abortion may also be justified if the child would be born with grave physical or mental defects or if the pregnancy was the result of illegal intercourse such as rape. Additionally, the abortion must be sanctioned by two physicians who have certified in writing the reasons why the abortion is necessary. The Penal Law also prohibits a woman from carrying out an abortion herself by any means once beyond the 24th week of pregnancy.



Increased exposure to pregnancy enhanced by early sexual debut remains the core driver for unwanted pregnancy and subsequent abortion. With early sexual activity higher among women 20-49 years who have lower household wealth and little or no education, the risk of unwanted pregnancy is higher among these women rendering them more vulnerable to the incidence of abortion. However, limitations to legal and safe abortion for adolescent girls and women seeking abortion services remain impediments to the sexual and reproductive health of women. Despite the legal restrictions to abortion services, existing anecdotal evidence shows that an increasingly large proportion of women are dependent on these services especially at the community level where they are available at private clinics and pharmacies. These service delivery points are preferred because they shield the identity of those seeking such services in and lower the risk of stigmatization.

Introduction

Understanding the perception of communities on the limitations to abortion services and the lingering effects these limitations have on women and their communities is crucial for advocacy and mitigation. Equally, transforming community perceptions toward abortion can shape access to safe abortion and post-abortion care practices.

First, being knowledgeable of the prevailing views to abortion within communities is fundamental to any change in communal perception. Second, informing the design of community interventions that address gaps in access to safe abortion for women depends on prevailing knowledge of communal perception. Finally, enhancing advocacy and mitigation for increased access to safe abortion services are contingent on both knowledge and activity design.

This study explored community-level perceptions of abortion and examined the various modes of access, availability, barriers, and cultural norms toward abortion in Margibi and Montserrado counties. The significance of this community-level study is the knowledge it provides for advocacy and subsequent mitigation efforts to increase access to safe abortion.

"Equally, transforming community perceptions toward abortion can shape access to safe abortion and post-abortion care practices."

Methodology of the Study

The methodology of the study presents the design that provided the approach for the conduct of the study, the description of the perception of the study participants, and the methodical sequence that guided its implementation.

Finally, the study explored the perception of community dwellers from the following perspectives; perception of abortion, the drivers of abortion services, availability of abortion services, unsafe methods employed for abortion services, barriers to accessing abortion services, and the prevailing cultural norms relative to abortion services within the Liberian society. [WU1] [WU1]Great job describing what a study methodology is, but it might be great adding the research method and linking it to the perspectives you indicated in the second paragraph. Most times, the term methodology encompasses the approach and research design of the study.

Approach for the conduct of the Study

The Human Rights-based approach that considers the rights, respect, and protection of people seeking abortion services was the anchor for the study.



Research Design of the Study

The Exploratory Research design was applied for the study. This design was necessitated by the need for CHI to understand the general perception of communities in its operational areas and gain knowledge on the factors and circumstances that pose lingering challenges to the access and availability of safe abortion services in Liberia as the pathway to identifying possible remedial alternatives that might be pursued through advocacy. Information gathered during the study was acquired from primary and secondary sources.

Primary sources involved FGDs and secondary sources of information included CHI project documents, local abortion-related statutes, and other published supplementary documents. The study was a qualitative exploratory community-based study conducted to understand the perception level of the communities toward abortion and to describe the concerns surrounding access and use of abortion services in Margibi and Montserrado counties. Peri-urban communities were surveyed within these counties.

The King Gray and Chicken Soup Factory communities were earmarked in Montserrado and Gban's Town and Henry Town were earmarked in Margibi County. Adolescent males and females of reproductive age were organized into Focus Group Discussion of 8-10 participants. Similarly, community leaders were also organized into groups of 8-10 participants for dedicated Focus Group Discussions. Focus Group Discussions were held on December 10-11, 2021 in these communities and the adolescent participants were predominantly students currently enrolled in schools and school drop-outs. Among the community leaders that participated in these discussions, occupation spanned petty traders, teachers, health workers (nurse, nurse aide, and pharmacist), security guard, accountant, and general business owners. Demographic characteristics of the participants of the study was undertaken and disaggregated by gender, age, sex and occupation in the study areas.



Sampling Method of the Study

Sampling for the survey was derived through the purposive sampling technique. [WU1] Montserrado and Margibi counties are operational areas of the CHI project and the communities of King Gray and Chicken Soup Factory in Montserrado, and Gban's Town and Henry Town in Margibi were purposively sampled owing to pervasive socio-economic factors that included population congestion, prevailing poverty, widespread unemployment, limited access to education and inadequate health services.

widespread unemployment, limited access to education and inadequate health services. [WU1] These factors mirror the demand for increased sexual and reproductive health services for adolescents as well as maternal and child health services for women of reproductive age.

"Adolescent males and females of reproductive age were organized into Focus Group Discussion of 8-10 participants."

Ethical Consideration of the Study

The study protocol was approved by the Institutional Review Board of the University of Liberia-Pacific Institute for Research and Evaluation (UL/PIRE). All data and related information for the study was kept confidential. All forms of identification for respondents were removed during data processing and analysis. Benefits and risks associated with the study's participation were explained to respondents and informed consent for participation was requested and only consenting participants were allowed participation.



Findings from the Study

Demographic Characteristics of Respondents

Key Findings

- **Age:** Half of adolescent participants aged 13-17 years old while 1 in 5 (20%) were 60 years old or older.
- **Education:** 2 in 5 (40%) of participants in Margibi had no education and 25% of participants in Montserrado had no education.
- **Sex:** More than half (56%) of community leaders in Montserrado were females and more than half (53%) of community leaders in Margibi were males.
- **Residence:** Over half (52%) of the participants were resident in Margibi and 48% were resident in Montserrado.

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Benefits and risks associated with the study's participation were explained to respondents and informed consent for participation was requested and only consenting participants were allowed participation.

Demographic information is crucial in understanding the background characteristics of study populations. Seventy percent of the adolescent participants in Margibi were in the age group 13-17 years old. [WU1] [WU1] Was there parental consent for these adolescents as they were under 18? Just curious to know more considering the study is anchor on the human rights-based approach.



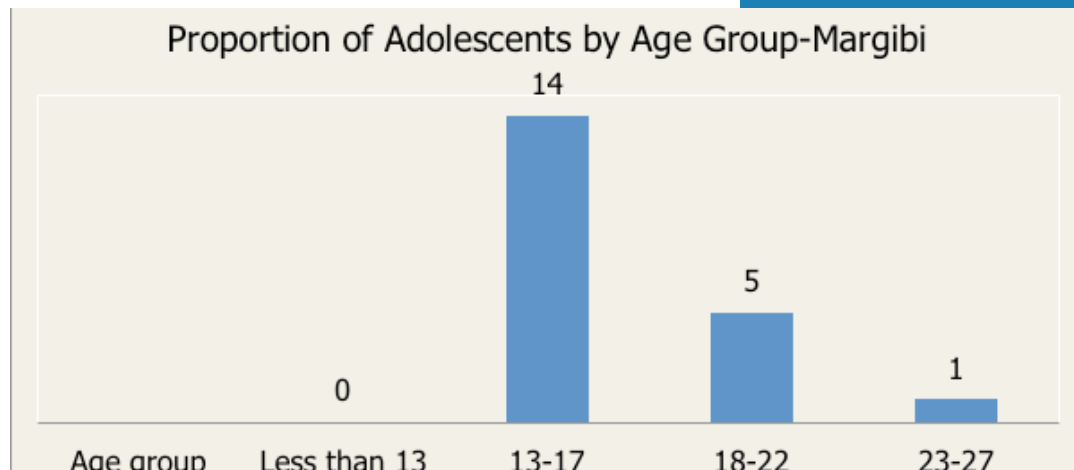
Findings from the Study

One-quarter (25%) laid in the age group 18-22 years while 5% were situated in the age group 23-27. The age distribution of the adolescent participants reflects the youthful population composition of the surveyed communities and seemed to mirror the purposive selection of the communities. In Montserrado, half (50%) of the adolescent participants were aged 13-17 years. Thirty percent were in the age group 18-22 and 15% were below the age of 13 years. Five percent were within the age group 23-27 years. Further examination of the age group of the participants by gender revealed a fairly even distribution between males and females in both counties.

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Those reporting having primary or junior secondary education were 20% respectively and 15% reported having senior secondary school education. Among participating community leaders in Margibi, 5% reported having junior or senior secondary education respectively and 32% reported completion of secondary education.

Twenty-one percent reported being school drop-out while 21% reported having no formal education. In Montserrado, 50% of the participating community leaders reported having completed secondary school, and 13% reported being university graduates. Nineteen percent reported having no education while 18% reported having primary education, junior secondary education or a school drop-out.



"Twenty-one percent reported being school drop-out."

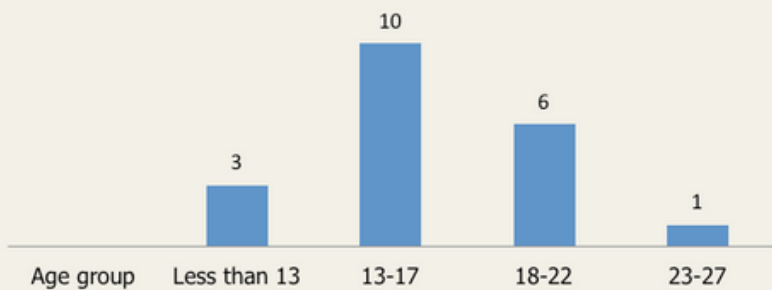
The fairly even distribution of the study participants by gender is reflective of the national ratio of females to males.

The educational status of the participants presents a concerning outlook. In Montserrado, 5% reported having university educational experience, 10% reported having senior secondary education, and 25% junior secondary education. Additionally, 20% reported having primary education while 15% dropped out from school for diverse reasons. One-quarter (25%) reportedly had no education. In Margibi, 40% of the participating adolescents reported having no education while 5% reported being school drop-outs.



Findings from the Study

Proportion of Adolescents by Age Group-Montserrado



Occupationally, 19% of the community leaders in Montserrado reported being business entrepreneurs, and 13% reported teaching [WU1] as occupation. Twenty-five percent reported no technical or vocational occupation and those reporting occupation as petty trader, pharmacist, security guard, nurse aide, accountant, and professional nursing were 6% respectively.

[WU1]There is no numbering for this figure. Please consider better formatting in this report.

In contrast to Montserrado, 21% of the participating community leaders in Margibi reported business entrepreneurship as occupation. Sixteen percent reported having no technical or vocational occupation while those who reported teaching and petty trade as occupation were 10.5% respectively. Others reporting fishing, nursing, certified midwifery, and traditional leadership as occupations also measured 5% respectively. Another 10.5% reported an array of intermittent engagements which were not characteristic of an occupation.



Perception about Abortion

Smith and Son (2013) noted that abortion has long been a divisive and polarizing issue between pro-choice and pro-life advocates. But among the American public, most people hold moderate positions and are not at the ideological extremes. In contrast, Liberians generally hold extreme positions owing either to religion or culture and not ideology.

Participants in the study recognized and acknowledged abortion as a concern in the community. However, the dominant view expressed by both adolescents and community leaders was that abortion is immoral and a deviation from the social norms that are embedded in religious and cultural beliefs.

“I think that abortion is not good biblically because we have to multiply and we are not to destroy life.”

-Community Leader, Male, 50 yrs, Businessman, King Gray, Montserrado

“From a biblical background, it is forbidden and in general it is criminal in nature. We should stop it because it destroys lives.”

- Adolescent, Male, 15 yrs, Student, Henry Town, Margibi



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“I think it is destroying a person’s life. In the process of abortion, you yourself life is at risk.”

–Community Leaders, Female, 42 yrs, Accountant, King Gray, Montserrado.

“It is not good because it can lead to death.”

–Community Leader, Male, 36 yrs, Fisherman, Henry Town, Margibi

Among adolescents, the negative perception on abortion seemed much stronger and more embedded in religious and cultural persuasions. Some of these perceptions were expressed as follow:

“It abortion is not a good habit and it should be stopped.”

–Adolescent, Male, 24 yrs, Student, Henry Town, Margibi

Considering the negative community opinions related to pregnancy termination, and the fear of shame and stigma resulting from it, women who are exposed as having had an abortion are ostracized, labeled and stigmatized as murderers. They are often perceived as bad examples to younger women and often socially shunned during community activities. Despite the overwhelming negative perception regarding abortion, there were some modified perceptions that appeared to provide for flexibility or tolerance.

A community leader attempted to separate criminal abortion from medical abortion.

“There is criminal abortion and medical abortion. With the criminal abortion, it is when you do not want a child. But medical abortion, it has to do with your life. When you cannot cope with the pregnancy then the doctor will abort that pregnancy and treat you medically before being pregnant normally.”

–Community Leader, Female, 48 yrs, Nurse, King Gray

Discussions with adolescents and community leaders revealed that there is a stronger perception against abortion than may have been considered. Notwithstanding this heightened intolerant perception, there remains the possibility of tolerance for exercise of safe abortion provided adequate educational and service delivery services are pursued within the context of sexual and reproductive health and rights.

Reasons for seeking Abortion Care

“It is because they [women/girls] have unstable sexual life.”

-Adolescent, Male, 16 yrs, Student, Gban’s Town, Margibi

Several reasons were provided by the participants why women and girls seek abortion care. Prominent among the reasons provided were poverty, intolerance towards pregnancy from partners, social stigma, disruption to education, unwanted pregnancy, and fear of PMTCT.

“Abortion is not correct, but some women can abort pregnancy due to some reasons like no support from the partner.”

-Adolescent, Female, 27 yrs, Drop-out, King Gray, Montserrado

“Sometimes abortion is done because some parents encouragement because the mothers want to hide their children sexual deeds.”

-Community Leader, Male, 49 yrs, Nurse Aide, King Gray, Montserrado

“It is because of unwanted pregnancy by being rape, or denying of pregnancy.”

-Adolescent, Female, 19 yrs, Student, Gban’s Town, Margibi



Figure-2: Factors for seeking Abortion Care

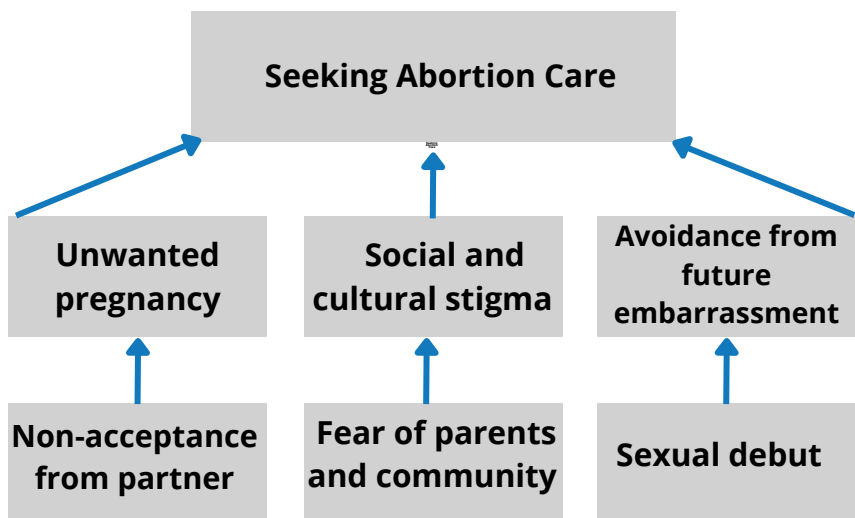


Figure-2 outlines selected factors that are drivers for the pursuit of women and girls for abortion care. Though not exhaustive, the diagram presents three core pathways that more often than not would lead to the search for abortion care.

The first pathway is lack of, or limited sexual education for adolescents at puberty. The direct result of this void is unsafe sex at first sexual encounter. Pregnancies from sexual debuts for adolescent girls are usually unwanted and a source of personal and emotional discomfort.

The second pathway is social and cultural conformance. Childbearing is the product of marriage in most cultures and social associations including the family, and community. Therefore, pregnancy outside of the social and cultural norms is scorned, frowned upon, and a source of stigma both socially and culturally.

The third pathway is social interactions. Social interactions are either fraternal or intimate. Intimate social interactions are the bedrock for the maintenance of the family in societies. Hence, the unwillingness of the male partner to accept or appreciate the emergence of a new member to the family and subsequently the society presents an imbalance within such relationships. Ultimately, women and girls are likely to seek abortion care when the support required to their partners during the period of pregnancy is uncertain or will not be forthcoming.

Places for Abortion Care

“Some are going to hospital for now; but some are matching glass bottle.”

–Adolescent, Male, 13 yrs, Drop-out, Chicken Soup Factory, Montserrado”

Participants cited two main sources or points where abortion care is sought: formal service delivery points and informal service delivery points. The formal service delivery points include hospitals, pharmacies, drug stores, or from professional health practitioners who provide such service at unorthodox premises. The informal service delivery points involve traditional healers, concoctions from friends or associates, and health practitioners residing within the communities

Owing to the high negative perception towards abortion, women and girls seeking abortion care are likely to seek abortion from the informal points of service delivery as priority in contrast to the formal points of service delivery. This trend is occasioned by the social and cultural stigma associated with abortion care within communities. In instances when abortion care is sought from the formal points of service delivery, it is usually an effort to acquired post-abortion care services following the emergence of complications acquired from informal abortion care services



Unsafe Abortion Methods

“The traditional method (RPG). The medical guy can inject the placenta and the child [fetus] will die inside you after few days which can sometime kill you in the process.”

–Community Leader, Female, 48 yrs, Nurse, King Gray, Montserrado

Unsafe abortion methods seemed bountiful and easily accessible to women and girls in demand of such services. Participants enumerated an array of unsafe abortion methods which were intriguing but provided an insight into the risks, length and depth that pose no hindrance to care seekers. These methods included a mix of medicinal and non-medicinal components. Some of these were recorded as:

- “RPG, glass bottle and country soda”
- “Cassava stick, glass bottle and country soda.”
- “ASA, Paracetamol, Septrin and kwee soda.”

In addition to these unsafe methods, participants also noted unorthodox medicinal treatment for abortion care.

“...antibiotics mixed with coke [Coca-Cola].”



Barriers faced in accessing Abortion Service

“Abortion is forbidden on a broad-base level in Liberia.”

–Community Leader, Female, 42yrs, Accountant, King Gray, Montserrado

“Fear for death.”

–Community Leader, Female, 50yrs, Church Mother, Gban’s Town, Margibi

The legal environment appears to be the core barrier to accessing abortion services in Liberia. The participants outlined three main barriers to accessing this service; law, finance or the lack thereof, and communal stigma. Chapter 16 of the Penal Law [Title 26] forbids characterizes abortion as an offense against the family. Its citation reads:

“.. Under Section 16.3, abortion beyond the 24th week of pregnancy is illegal. An abortion is legal if it occurs only after a licensed physician determines there is a substantial risk that continuing the pregnancy would gravely impair the mother’s physical and/or mental health. An abortion may also be justified if the child would be born with grave physical or mental defects or if the pregnancy was the result of illegal intercourse such as rape. Additionally, the abortion must be sanctioned by two physicians who have certified in writing the reasons why the abortion is necessary. The Penal Law also prohibits a woman from carrying out an abortion herself by any means once beyond the 24th week of pregnancy.”

Though there is an allowance under this statute for women and girls to access abortion services, the conditionality that requires two physicians to sanction such service makes access to abortion services more intermittent than routine.

Health services are more routine than otherwise and this includes services for sexual and reproductive health as well as maternal and child health services. Ultimately, a review of this statute is required if the barriers to abortion services are to be rolled back.

Additionally, the medical determination that a child would be born with physical or mental defects is a requirement that implies specialized medical expertise which is uncommon in Liberia. Secondly, Lingering and widespread poverty inhibits women and girls from acquiring the required finances needed to cover the costs for abortion services. “No cash” was highlighted as an impediment that continues to hinder women and girls from accessing abortion services.

Finally, the fear of stigma from family and community are too high a risk to be undertaken by women and girls desiring abortion services. As a result, most abortion services are pursued discretely by women and girls to safeguard their reputation and those of their families. The obligation to protect cultural and religious integrity also adds another layer of expectation.

Cultural Norms about Abortion

“My tradition believes that it [abortion] is not good.”

– Adolescent, Male, 16yrs, Gban’s Town, Margibi



Conclusion from the Study

The study findings also show that perception of cultural norms about abortion hinges on pressure to align with the negative perspective on abortion. Culturally, children are valuable manifestation of vibrancy and prosperity. Therefore, the family lineage is believed to be culturally preserved through childbearing and the absence of children in marriage could result to dissolution of the marriage. Consequently, the cultural norm around abortion is non-conformity.

Abortion is not accepted culturally and avoiding abortion within the cultural setting is required from all members of the community. To the contrary, the community as a cultural norm that is expected is increased childbearing and the maintenance of a large family. This is significant when considering the critical significance of providing access to abortion services to communities and its members particularly women and girls.

A closer review of this perspective suggests that the provision of sexual and reproductive health and rights for increased access to abortion services might be less gradual than anticipated.

Abortion and the provision of abortion services in Liberia remain culturally sensitive, legally inhibiting, and programmatically aspirational. The lingering impact of this reality is continued pursuit of unsafe abortion methods and limited access to formal abortion services. Findings from the study indicate that the high

negative perception to abortion at community level is embedded in legal impediments, financial limitations, and pressure from cultural norms. As a consequence, abortion services remain an unmet need for sexual and reproductive health and rights as well as the lack of access for the steadily growing demand for these services. The pathways to unsafe abortion methods would continue to be desirable options to formal abortion services if significant considerations are not accorded crucial drivers for abortion services such as early sexual debut, rape, incest, and the legal environment.

Recommendations

It is anticipated that findings from the study will present opportunities for programmatic considerations, sustained strategic planning and heightened advocacy. Hence, several recommendations are hereby proposed;

1. That CHI begin the assembly of a cohort of sexual and reproductive health and rights advocates to begin the review and consideration of strategies and actions that would be pursued to scale back the prevailing impediments to abortion and abortion services. A rallying fulcrum for a strategic consideration should be the DHS 2020 report which cites median age for first sexual debut of women 20-49 years at age 16 in urban areas and age 15 in rural areas. With this median age being unchanged since 2013, it is undoubtedly likely that the median age of sexual debut of these women would decrease with increasing economic pressures on homes and families.



2. That CHI considers the establishment of adolescent sexual and reproductive health and rights service centers in communities within its operational areas. Such centers would begin the process of sexual and reproductive health education to adolescents within these communities for increased knowledge against unsafe abortion and its effects and provide guidance to adolescents seeking abortion services as such demands become desirable.



3. That CHI undertakes additional studies on the perception on access to abortion services to better understand the full scale of unsafe abortion practices. Such study should be focused on professional health bodies (i.e., LMDC, LNMA, LNBA, etc.) to begin the process of building support for the review of the current abortion law.



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Qualitative Interview Guide

FGD IDNO:

Interview Start Time:

Date of Interview:

Interview End Time:

County:

District:

Community:

Number of participants:

Language of Interview:

Moderator:

Note-taker:

ENROLLMENT FORM

Participant ID #	Age	Sex	Languages spoken	Level of Education	Occupation
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

Introduction

Good afternoon/morning everyone, my name is _____ and my colleague is _____. (Note-taker says his/her name).

We are conducting a study on abortion perception within communities of focus of CHI.
Hint: Ask if anyone has a question before commencing the interview. Ensure that everyone has signed their Individual Consent Form

- 1.What do you think about abortion?
2. State reasons why women and girls seek abortion care.
- 3.Where do most women/girls seek care for abortion?
- 4.What methods are used to do unsafe abortion?(Probe for different unsafe methods)
- 5.What challenges/barriers (problems) do women/girls face in accessing abortion services?
- 6.What are the cultural norms about abortion in Liberia?

GENERAL RECOMMENDATIONS

- 1.What do you recommend CHI do to improve abortion services in your community?
- 2.What is your recommendation to the government about improving abortion care in Liberia?

Do you have any question(s)?

Announce end time. Close interview.