

Measurement of Abortion Knowledge, Attitudes, Practices, and Intentions (KAPI): Guidance for the application of survey items developed by Ipas



Purpose of the Ipas Abortion KAPI Survey

Improving accurate abortion knowledge, positive attitudes, and supportive practices and intentions towards people seeking abortion care among community members, health workers, and policy stakeholders is essential for building sustainable abortion ecosystems. In such an ecosystem, people have the information they need to make decisions about abortion and reproduction, there is community and political support for human rights and abortion access, and there are laws and policies that support comprehensive abortion care, sexual and reproductive health, and bodily autonomy.

Ipas developed the Abortion Knowledge, Attitudes, Practices, and Intentions (KAPI) Survey and optional add-on supplements to inform design and enable evaluation of interventions to improve knowledge and social support, increase political will and leadership, and strengthen pathways to abortion care. Ipas researchers developed the Abortion KAPI survey items through cognitive testing with community members and policy/advocacy stakeholders in Malawi, Pakistan, Kenya, Bolivia, Nigeria, and DRC to create a core set of survey items covering abortion KAPI outcomes shared by all Ipas interventions. Use of this standard KAPI survey facilitates comparison of intervention models across time and geographies, while also offering flexibility for users to customize the survey using optional add-on supplements designed for project- or research-specific measurement objectives and survey populations.

What's included: Core Survey and Optional Supplements

Abortion KAPI Survey: 17 items relevant for all abortion KAPI surveys and all survey populations. Includes 4 knowledge, 3 attitude, 5 practice, and 5 intention items.

Expanded Knowledge Supplement: 4 knowledge items from the Abortion KAPI Survey with 4 embedded follow-up questions to gain a richer understanding of the state of abortion knowledge among participants. Relevant for all survey populations.

Supportive Practices and Intentions Supplement: 14 items relevant for all survey populations. Includes 7 intention and 7 practice items. Captures individuals' intentions to provide social support to people seeking an abortion, followed by their actual behaviors. Designed specifically to measure changes in behavioral intentions following exposure to an intervention and to evaluate whether behavioral intentions have led to behavior change.

Abortion Workforce Supplement: 21 items relevant for the health workforce, including support staff, who may or may not already provide abortion services. Includes 4 attitude, 5 readiness to provide or assist, 4 practice, and 4 intention items.

Abortion KAPI Survey for Policy & Advocacy Stakeholders: 21 items relevant for policy and advocacy stakeholders. Includes 5 knowledge, 3 attitude, 7 practice, and 6 intention items. Can be used with or without Abortion KAPI Survey. Designed specifically for interventions that aim to influence individuals' capacity to advocate for increased access to abortion and contraception, including to understand and communicate problems and solutions surrounding abortion access, position abortion access to attract political support from key stakeholders, develop an advocacy strategy that includes working with abortion champions and grassroots activists, and identify and seize windows of opportunity for action.

Methodological applications of the Abortion KAPI surveys

There are multiple methodological applications of the Abortion KAPI Survey and optional supplements depending on the measurement objective. These include formative research, activity output monitoring, and program outcome evaluations (Table 1). To effectively use the Abortion KAPI surveys for activity output monitoring and/or program evaluation, the project team must ensure that the specific issues and content covered in the KAPI surveys are also covered in the intervention being evaluated.

In addition to the above applications, the Abortion KAPI Survey has also been adapted for use in evaluation of Ipas's Abortion Values Clarification for Action and Transformation (VCAT) Evaluation. Pre-, post-, and follow-up workshop surveys and guidance for this purpose are included in the VCAT toolkit linked above.

Table 1. Recommended Applications by Measurement Objective

Methodology / Design	Recommended use
OBJECTIVE: Learn about abortion KAPI in a target population to inform content and messaging in intervention activities	
<p><u>Formative Research</u></p> <p>Before any interventions begin, collect KAPI survey among a cross-sectional sample of the target population, such as in a household survey. The type of sample and level of rigor may vary (e.g. random, convenience, etc.) based on feasibility, budget, and objective.</p>	<p>When you have a built-in formative research phase or extended design phase in the project. Should only be used if the intervention content is flexible and there are concrete plans to adapt plans based on findings.</p>
OBJECTIVE: Evaluate immediate changes in abortion KAI among participants at an activity level	
<p><u>Output Monitoring</u></p> <p>Pre-/Post-surveys immediately before and after an activity with KAPI-related content and objectives. Used to look at overall changes among the activity participants using averages, not changes at an individual level. Surveys do not need to be matched for this purpose, but they can be.</p>	<p>For monitoring immediate changes in knowledge, attitudes, or intentions at an activity level one time or at multiple activities throughout a project. Enables facilitators to receive immediate feedback on their activity outputs.</p>
OBJECTIVE: Evaluate change in abortion KAPI at an individual level as result of participation in an intervention	
<p><u>Option 1: Non-Experimental Outcome Evaluation</u></p> <p>Pre-/Post-survey design without comparison group. Members of target population are purposively selected for participation in intervention. Surveys are matched at an individual level across waves to measure changes in KAPI over time. To add rigor and assess changes in practices, include multiple post-tests, such as immediately after the intervention and a 6-months follow-up survey.</p>	<p>When randomly selecting participants is not possible, and there is either no possible comparison group or no funding available for one.</p>
<p><u>Option 2: Quasi-Experimental Outcome Evaluation</u></p> <p>Pre-/Post-survey design with comparison group and nonrandom assignment to intervention or comparison group. Surveys are matched at an individual level across waves to measure changes in KAPI over time. To add rigor and assess changes in practices, include multiple post-tests, such as immediately after the intervention and a 6-months follow-up survey.</p>	<p>When randomization of participants to an intervention group is not possible, but there is opportunity and funding to select a comparison group that is similar to the intervention group.</p>
<p><u>Option 3. Randomized Experiment Outcome Evaluation</u></p> <p>Pre-/Post-survey design with comparison group and random assignment to intervention or comparison group. Surveys are matched at an individual level to measure changes in KAPI over time. To add rigor and assess changes in practices, include multiple post-tests, such as immediately after the intervention and a 6-months follow-up survey.</p>	<p>When it is ethical and possible to randomize members of the target population to either the intervention or comparison groups, and there is funding to do so.</p>

Methodology / Design	Recommended use
OBJECTIVE: Evaluate change in abortion KAPI at a community level as result of an intervention	
<p><u>Option 1. Non-Experimental Outcome Evaluation</u></p> <p>Baseline/Endline design without comparison group. Communities (e.g. states, counties, villages) are purposively selected for participation in intervention. Independent cross-sectional surveys are collected among a random sample of community members. To add rigor, conduct multiple waves of data collection before and after the intervention happens, e.g. two baselines 3-6 months apart before the intervention begins and/or a second endline occurring 6-12 months after the end of the intervention to see how any changes in KAPI have been sustained.</p>	<p>When randomly selecting communities is not possible, and there is either no possible comparison group or no funding available for one.</p>
<p><u>Option 2. Quasi-Experimental Outcome Evaluation</u></p> <p>Baseline/Endline design with comparison group and nonrandom assignment to intervention or comparison group. Communities (e.g. states, counties, villages) are purposively selected for participation in intervention. Independent cross-sectional surveys are collected among a random sample of community members. To add rigor, conduct multiple waves of data collection before and after the intervention happens, e.g. two baselines 3-6 months apart before the intervention begins and/or a second endline occurring 6-12 months after the end of the intervention to see how any changes in KAPI have been sustained.</p>	<p>When randomly selecting communities is not possible, but there is opportunity and funding to select a comparison community that is similar to the intervention group.</p>
<p><u>Option 3. Randomized Experiment Outcome Evaluation</u></p> <p>Baseline/Endline design with comparison group and random assignment to intervention or comparison group. Communities (e.g. states, counties, villages) are randomly assigned to either intervention or control groups. Independent cross-sectional surveys are collected among a random sample of community members.</p>	<p>When it is ethical and possible to randomize entire communities to either the intervention or comparison groups, and there is funding to do so.</p>

How to analyze abortion KAPI data

Ipas uses data collected from the Abortion KAPI Surveys to calculate various indicators depending on the purpose and methodological application of the survey items. See Table 2 for detailed guidance by indicator. Table 2 indicators are specific to the Abortion KAPI Survey but can be easily adjusted for use with optional supplements as well.

Table 2. Abortion KAPI indicators and analysis guidance

Indicator	When to use	How to calculate
# and % of <i>participants</i> * with improved abortion knowledge following intervention	<p>For activity- or intervention-level outcome evaluation using matched participant pre, post, and follow-up surveys. Can be a census or sample of intervention participants. Note: For activity-level reporting, abortion practices indicators require follow-up surveys collected with sufficient time following the activity, e.g. 6-months follow-up survey. A pre/post-activity survey design alone will not be sufficient to capture changes in practices. Knowledge, attitudes, and intentions can be calculated with or without follow-up surveys.</p>	<p>Compare responses from pre-survey to post- or 6-month follow-up survey, calculating the number of questions in the related section (i.e., items AK1-AK4 for knowledge indicator; items AA1-AA3 for attitudes indicator; items AP1-AP5 for practices indicator; AI1-AI5 for intentions indicator) with responses of agree or strongly agree. Improvement is defined as any increase in number of relevant questions with agreement by the participant. Denominator is total number of participants included in the sample.</p>
# and % of <i>participants</i> * with improved abortion attitudes following intervention		
# and % of <i>participants</i> * with improved abortion intentions following intervention		
# and % of <i>participants</i> * with improved abortion practices following intervention		
Average abortion knowledge score among <i>target population</i> *	<p>For activity- or intervention-level outcome evaluation using one or more waves of data. Can be a census or sample of the target population, e.g., using a household survey.</p>	<p>For each respondent with complete data, calculate the average score for all questions in the related section (i.e., items AK1-AK4 for knowledge indicator; items AA1-AA3 for attitudes indicator; items AP1-AP5 for practices indicator; AI1-AI5 for intentions indicator), where strongly disagree = 1 and strongly agree = 5. After respondent-level averages are calculated, calculate the average score across all respondents. Respondents missing one or more questions in the relevant section should be excluded from the analysis and reported alongside the indicator (i.e., #/% of respondents with incomplete data). Possible scores range from 1 to 5, with higher scores indicating more accurate knowledge / positive attitudes, practices, or intentions.</p> <p>To calculate “% change in average abortion [knowledge / attitudes / practices / intentions] score” indicators, repeat the above for each wave of data and calculate the percent change for the average score. Positive percents indicate improved [knowledge / attitudes / practices / intentions].</p>
Average abortion attitudes score among <i>target population</i> *	<p>Can additionally report “% change in average abortion [knowledge / attitudes / practices / intentions] score” when multiple waves of data are available. In this instance, samples could be matched or unmatched at the respondent level (e.g., multiple cross-sectional samples).</p>	
Average abortion intentions score among <i>target population</i> *		
Average abortion practices score among <i>target population</i> *		

*Participants and target population may be replaced with specific intervention population, e.g. community members, health workforce, or policy and advocacy stakeholders

Item-specific analysis guidance

In addition to the indicators above which summarize abortion KAPI results across the domains of knowledge, attitudes, practices, and intentions, we recommend analyzing average scores on each individual KAPI item included in any survey. For each item, calculate the average score across all participants in the sample at each wave of data collection [scores range from 1 to 5 with higher scores being more positive]. Doing this at baseline facilitates identification of specific items with poorer performance in the sample, which should be used to inform specific intervention components and messaging. For example, if a sample has a relatively high score on item “AK2. Abortion can be a safe procedure”, but has a lower score on “AK3. I know where someone in my community can get a safe abortion”, you may prioritize mass media and/or community education identifying where locals can access a safe abortion.

Ipas Abortion KAPI Surveys and Optional Supplements

Abortion KAPI: Core Survey Items

Abortion Knowledge, Attitudes, Practices, and Intentions (KAPI) Survey						
<i>INTERVIEWER READS ALOUD: I am going to read a series of statements about abortion. Please tell me if you strongly disagree, disagree, are unsure, agree, or strongly agree with each statement. For this survey, “women” includes married and unmarried women of all ages. While we focus on women in this survey, Ipas recognizes that transgender men and non-binary people may also get pregnant and seek abortion care.</i>						
Q #	KNOWLEDGE STATEMENTS	CIRCLE RESPONSE (SELECT ONE)				
		STRONGLY DISAGREE	DISAGREE	UNSURE	AGREE	STRONGLY AGREE
AK1	Abortion is allowed in certain situations in my country.	1	2	3	4	5
AK2	Abortion can be a safe procedure.	1	2	3	4	5
AK3	I know where someone in my community can get a safe abortion.	1	2	3	4	5
AK4	Women have the human right to have an abortion regardless of the laws in my country.	1	2	3	4	5
<i>INTERVIEWER READS ALOUD: Now I’m going to ask you about your attitudes about safe abortion. When I say, “safe abortion”, I mean the type of care which does not put a woman’s health at risk. Please tell me if you strongly disagree, disagree, are unsure, agree, or strongly agree with each statement. As a reminder, for this survey, “women” includes married and unmarried women of all ages.</i>						
Q #	ATTITUDES STATEMENTS	CIRCLE RESPONSE (SELECT ONE)				
		STRONGLY DISAGREE	DISAGREE	UNSURE	AGREE	STRONGLY AGREE
AA1	I think women should be able to get a safe abortion.	1	2	3	4	5
AA2	I think women seeking safe abortion care deserve to be treated with respect.	1	2	3	4	5
AA3	I respect a woman’s decision to have an abortion.	1	2	3	4	5
<i>INTERVIEWER READS ALOUD: In these next few questions, I am going to read statements about your practices, or actions, related to abortion. Please tell me if you strongly disagree, disagree, are unsure, agree, or strongly agree with each statement.</i>						
Q #	PRACTICES STATEMENTS	CIRCLE RESPONSE (SELECT ONE)				
		STRONGLY DISAGREE	DISAGREE	UNSURE	AGREE	STRONGLY AGREE
AP1	I have openly discussed safe abortion with someone I know.	1	2	3	4	5
AP2	I have helped someone get safe abortion information or services.	1	2	3	4	5
AP3	I treat women who have had an abortion with respect.	1	2	3	4	5
AP4	I have tried to stop the spread of false information about abortion in my community.	1	2	3	4	5
AP5	I have challenged someone about their negative views on abortion.	1	2	3	4	5

INTERVIEWER READS ALOUD: Now I'm going to ask you to think about the future and your intentions to do certain things related to abortion. Please tell me if you strongly disagree, disagree, are unsure, agree, or strongly agree that you would do the following things if you had the opportunity.

Q #	INTENTIONS STATEMENTS	CIRCLE RESPONSE (SELECT ONE)				
		STRONGLY DISAGREE	DISAGREE	UNSURE	AGREE	STRONGLY AGREE
AI1	I would openly discuss safe abortion with someone I know.	1	2	3	4	5
AI2	I would help someone get safe abortion information or services.	1	2	3	4	5
AI3	I will treat women who have had an abortion with respect.	1	2	3	4	5
AI4	I will try to stop the spread of false information about abortion in my community.	1	2	3	4	5
AI5	I would challenge someone about their negative views on abortion.	1	2	3	4	5

Expanded Knowledge Segment

Abortion Knowledge: Expanded

INTERVIEWER READS ALOUD: I am going to read a series of statements about abortion. Please tell me if you strongly disagree, disagree, are unsure, agree, or strongly agree with each statement. For this survey, "women" includes married and unmarried women of all ages. While we focus on women in this survey, Ipas recognizes that transgender men and non-binary people may also get pregnant and seek abortion care.

Q #	KNOWLEDGE STATEMENTS	CIRCLE RESPONSE (SELECT ONE)				
		STRONGLY DISAGREE	DISAGREE	UNSURE	AGREE	STRONGLY AGREE
AK1	Abortion is allowed in certain situations in my country.	1	2	3	4	5
AX1	<i>If Agree or Strongly Agree to AK1:</i> Under what situations is abortion legally allowed in this country? <i>(Do not read list.)</i>	<i>(Write in response if self-administered; circle all that apply answers from country-specific options if interviewer-administered.)</i>				
AK2	Abortion can be a safe procedure.	1	2	3	4	5
AX2	<i>If Disagree or Strongly Disagree to AK2:</i> What do you think are the negative health consequences of safe abortion? <i>(Do not read list.)</i>	<i>(Write in response if self-administered; circle all that apply answers from country-specific options if interviewer-administered.)</i> <i>Recommended response options:</i> <ul style="list-style-type: none"> • Infertility • Infection • Contagion • Other, specify: _____ 				
AK3	I know where someone in my community can get a safe abortion.	1	2	3	4	5

AX3	<p><i>If Agree or Strongly Agree to AK3:</i></p> <p>Where can someone in your community get a safe abortion? (Do not read list.)</p>	<p><i>(Write in response if self-administered; circle all that apply answers from country-specific options if interviewer-administered.)</i></p> <p><i>Recommended response options:</i></p> <ul style="list-style-type: none"> • Public health facility/provider • Private health facility/provider • Pharmacy/Pharmacist • Informal drug seller or shop • Community health worker/volunteer • Family member • Friend/neighbor/acquaintance • Traditional healer/Information health care provider • Internet • Telephone hotline • Mobile application • Other, specify: _____ 				
AX4	<p><i>Ask all participants:</i></p> <p>What abortion methods are you aware of? (Do not read list.)</p>	<p><i>(Write in response if self-administered; circle all that apply answers from country-specific options if interviewer-administered.)</i></p> <p><i>Suggested response options:</i></p> <ul style="list-style-type: none"> • Taking medical abortion pills (MA) obtained in a health facility • Taking medical abortion pills (MA) obtained outside of a health facility • Manual vacuum aspiration (MVA) • Sharp curettage / D&C • Drinking or inserting herbs • Taking other substance (herbs, homemade concoction, etc.) • Use of force (hitting stomach, massage, etc.) • Inserting objects • Other, specify: _____ 				
AK4	<p>Women have the human right to have an abortion regardless of the laws in my country.</p>	1	2	3	4	5

Supportive Intentions and Practices Supplement

Social Support Intentions						
<p><i>INTERVIEWER READS ALOUD: I am going to read a series of statements about how you would support someone in getting a safe abortion. Please imagine a situation where someone you know is considering or planning to have an abortion. This person could be your friend, family member, spouse, or anyone else you know. Tell me whether you strongly disagree, disagree, are unsure, agree, or strongly agree with each statement. For this survey, “women” includes married and unmarried women of all ages. While we focus on women in this survey, Ipas recognizes that transgender men and non-binary people may also get pregnant and seek abortion care.</i></p>						
Q #	SOCIAL SUPPORT INTENTIONS STATEMENTS	CIRCLE RESPONSE (SELECT ONE)				
		STRONGLY DISAGREE	DISAGREE	UNSURE	AGREE	STRONGLY AGREE
SSI1	I would be available to listen to her thoughts and feelings about her pregnancy.	1	2	3	4	5
SSI2	I would express empathy or that I understand her situation.	1	2	3	4	5
SSI3	I would help her pay for costs associated with her abortion.	1	2	3	4	5
SSI4	I would help her with transportation to seek care.	1	2	3	4	5
SSI5	I would help her with things she is unable to do while she is seeking care.	1	2	3	4	5
SSI6	I would give her advice to help her decide what to do about her pregnancy.	1	2	3	4	5
SSI7	I would encourage her to not give up on her desire to have an abortion.	1	2	3	4	5

Social Support Practices						
SSB0	<p>Since your participation in [refer to intervention activity], has anyone you know had an abortion or considered having an abortion?</p> <p>This could be a friend, family member, spouse, or anyone else in your life.</p>	<ul style="list-style-type: none"> • Yes → [Interviewer: Continue survey.] • No → [Interviewer: Thank respondent for their time and end the survey.] 				
<p><i>INTERVIEWER READS ALOUD: I am going to read a series of statements about how you supported that woman during their abortion care-seeking experience. When answering these questions, please think about the same woman you thought about when you answered my last question. Tell me whether you strongly disagree, disagree, are unsure, agree, or strongly agree with each statement.</i></p>						
Q #	SOCIAL SUPPORT PRACTICES	CIRCLE RESPONSE (SELECT ONE)				
		STRONGLY DISAGREE	DISAGREE	UNSURE	AGREE	STRONGLY AGREE
SSB1	I was available to listen to her thoughts and feelings about her pregnancy.	1	2	3	4	5
SSB2	I expressed empathy or that I understood her situation.	1	2	3	4	5
SSB3	I helped her pay for costs associated with her abortion.	1	2	3	4	5
SSB4	I helped her with transportation to seek care.	1	2	3	4	5

SSB5	I helped her with things she was unable to do while seeking care.	1	2	3	4	5
SSB6	I gave her advice to help her decide what to do about her pregnancy.	1	2	3	4	5
SSB7	I encouraged her to not give up on her desire to have an abortion.	1	2	3	4	5

Abortion Workforce Supplement

Abortion Attitudes

INTERVIEWER READS ALOUD: I am going to read a series of statements about safe abortion. When I say, “safe abortion”, I mean the type of care which does not put a woman’s health at risk. Please tell me if you strongly disagree, disagree, are unsure, agree, or strongly agree with each statement. For this survey, “women” includes married and unmarried women of all ages. While we focus on women in this survey, Ipas recognizes that transgender men and non-binary people may also get pregnant and seek abortion care.

Q #	ATTITUDES STATEMENTS	CIRCLE RESPONSE (SELECT ONE)				
		STRONGLY DISAGREE	DISAGREE	UNSURE	AGREE	STRONGLY AGREE
HA1	I think women should be able to get a safe abortion for gestational ages up to 12 weeks.	1	2	3	4	5
HA2	I think women should be able to get a safe abortion for gestational ages at or after 13 weeks.	1	2	3	4	5
HA3	I think women seeking postabortion care deserve to be treated with respect.	1	2	3	4	5
HA4	I think women seeking induced abortion care deserve to be treated with respect.	1	2	3	4	5

Readiness to Provide/Assist Abortion

NOTE TO INTERVIEWER [DO NOT READ ALOUD]: The following statements ask about either provision or assistance of abortion services. When interviewing a healthcare provider that is legally authorized to provide abortion services, only say the word “providing” in the statements below. When interviewing a healthcare provider that is only legally authorized to assist abortion services, such as in a support staff role, only say the word “assisting”.

INTERVIEWER READS ALOUD: I am going to read a series of statements about safe abortion. When I say, “safe abortion”, I mean the type of care which does not put a woman’s health at risk. Please tell me if you strongly disagree, disagree, are unsure, agree, or strongly agree with each statement. For this survey, “women,” includes married and unmarried women of all ages. While we focus on women in this survey, Ipas recognizes that transgender men and non-binary people may also get pregnant and seek abortion care.

Q #	READINESS TO PROVIDE/ASSIST ABORTION STATEMENTS	CIRCLE RESPONSE (SELECT ONE)				
		STRONGLY DISAGREE	DISAGREE	UNSURE	AGREE	STRONGLY AGREE
HR1	I feel comfortable assisting/providing postabortion care services.	1	2	3	4	5
HR2	I feel comfortable assisting/providing induced abortion services.	1	2	3	4	5
HR3	I feel comfortable assisting/providing women with a medication abortion.	1	2	3	4	5

HR4	I feel comfortable openly discussing the abortion services I provide/assist.	1	2	3	4	5
HR5	I feel comfortable working to make safe abortion available in my country.	1	2	3	4	5

Abortion Practices

NOTE TO INTERVIEWER [DO NOT READ ALOUD]: The following statements ask about either provision or assistance of abortion services. When interviewing a healthcare provider that is legally authorized to provide abortion services, only say the word “providing” in the statements below. When interviewing a healthcare provider that is only legally authorized to assist abortion services, such as in a support staff role, only say the word “assisting”.

INTERVIEWER READS ALOUD: In these next few questions, I am going to ask about your practices related to abortion as a healthcare provider.

Q #	PRACTICES STATEMENTS	CIRCLE RESPONSE (SELECT ONE)		
		YES	NO	UNSURE
HP1	Do you currently assist/provide induced abortion up to 12 weeks?	1	2	88
HP2	Do you currently assist/provide induced abortion at or after 13 weeks?	1	2	88
HP3	Do you currently assist/provide postabortion care for all gestational ages?	1	2	88
HP4	Are you currently working to make safe abortion available in your country?	1	2	88

Abortion Intentions

NOTE TO INTERVIEWER [DO NOT READ ALOUD]: The following statements ask about either provision or assistance of abortion services. When interviewing a healthcare provider that is legally authorized to provide abortion services, only say the word “providing” in the statements below. When interviewing a healthcare provider that is only legally authorized to assist abortion services, such as in a support staff role, only say the word “assisting”.

INTERVIEWER READS ALOUD: Now I'm going to ask you to think about the future and your intentions to do certain things related to abortion. Please tell me whether you strongly disagree, disagree, are unsure, agree, or strongly agree that you would do the following things if you had the opportunity.

Q #	INTENTIONS STATEMENTS	CIRCLE RESPONSE (SELECT ONE)				
		STRONGLY DISAGREE	DISAGREE	UNSURE	AGREE	STRONGLY AGREE
HI1	I will assist/provide induced abortion up to 12 weeks.	1	2	3	4	5
HI2	I will assist/provide induced abortion at or after 13 weeks.	1	2	3	4	5
HI3	I will assist/provide postabortion care for all gestational ages.	1	2	3	4	5
HI4	I will work to make safe abortion available in my country.	1	2	3	4	5

Abortion KAPI for Policy & Advocacy Stakeholders

Abortion Knowledge, Attitudes, Practices, and Intentions (KAPI) Survey for Policy & Advocacy Stakeholders						
<i>INTERVIEWER READS ALOUD: I am going to read a series of statements about abortion. Please tell me if you strongly disagree, disagree, are unsure, agree, or strongly agree with each statement.</i>						
Q #	KNOWLEDGE STATEMENTS	CIRCLE RESPONSE (SELECT ONE)				
		STRONGLY DISAGREE	DISAGREE	UNSURE	AGREE	STRONGLY AGREE
PK1	International health and human rights frameworks support abortion.	1	2	3	4	5
PK2	Policies that restrict access to abortion contribute to stigma (negative attitudes and beliefs) about abortion.	1	2	3	4	5
PK3	Opposition groups spread false information to disrupt access to abortion.	1	2	3	4	5
PK4	Removing legal restrictions to abortion is critical, but not enough to ensure access to abortion.	1	2	3	4	5
PK5	Ensuring access to abortion relies on the participation of many different stakeholders.	1	2	3	4	5
<i>INTERVIEWER READS ALOUD: Now I'm going to ask you about your attitudes about abortion. Please tell me if you strongly disagree, disagree, are unsure, agree, or strongly agree with each statement.</i>						
Q #	ATTITUDES STATEMENTS	CIRCLE RESPONSE (SELECT ONE)				
		STRONGLY DISAGREE	DISAGREE	UNSURE	AGREE	STRONGLY AGREE
PA1	Forcing people to continue unwanted pregnancies is a violation of human rights.	1	2	3	4	5
PA2	People seeking abortion care should not have to fear legal or social consequences.	1	2	3	4	5
PA3	People providing abortion care should not have to fear legal or social consequences.	1	2	3	4	5
<i>INTERVIEWER READS ALOUD: In these next few questions, I am going to read statements about your practices, or actions, related to abortion advocacy. Please tell me if you strongly disagree, disagree, are unsure, agree, or strongly agree with each statement.</i>						
Q #	PRACTICES STATEMENTS	CIRCLE RESPONSE (SELECT ONE)				
		STRONGLY DISAGREE	DISAGREE	UNSURE	AGREE	STRONGLY AGREE
PP1	I am confident in my ability to advocate for abortion in my community.	1	2	3	4	5
PP2	I have taken action to advocate for abortion in my community.	1	2	3	4	5
PP3	I monitor media coverage and public statements about abortion in the places where I work.	1	2	3	4	5
PP4	I have challenged biased media coverage or public statements about abortion.	1	2	3	4	5
PP5	I use credible evidence in my abortion advocacy work.	1	2	3	4	5

PP6	I work with partners to advocate for abortion.	1	2	3	4	5
PP7	I work within my networks to include sexual and reproductive health (SRHR) and abortion in advocacy efforts.	1	2	3	4	5

INTERVIEWER READS ALOUD: Now I'm going to ask you to think about the future and your intentions to do certain things related to abortion. Please tell me if you strongly disagree, disagree, are unsure, agree, or strongly agree that you would do the following things if you had the opportunity.

Q #	INTENTIONS STATEMENTS	CIRCLE RESPONSE (SELECT ONE)				
		STRONGLY DISAGREE	DISAGREE	UNSURE	AGREE	STRONGLY AGREE
PI1	I will take action to advocate for abortion in my community.	1	2	3	4	5
PI2	I will monitor media coverage and public statements about abortion in the places where I work.	1	2	3	4	5
PI3	I will challenge biased media coverage or public statements about abortion.	1	2	3	4	5
PI4	I will use credible evidence in my abortion advocacy work.	1	2	3	4	5
PI5	I will work with partners to advocate for abortion.	1	2	3	4	5
PI6	I will work within my networks to include sexual and reproductive health (SRHR) and abortion in advocacy efforts.	1	2	3	4	5