

DATA AND METHODS

Data

Data for this study were obtained from the first wave of the 2000 Malawi Pregnancy and Sexually Transmitted Infection (STI) Risk Perception and Avoidance Study, a prospective cohort study in which weekly interviews were conducted by trained research assistants in Chichewa for six consecutive weeks among 737 men and 1014 women. A multistage cluster sample design was used to sample households wherein all eligible women and men were selected for interviews. During the second week, respondents were also asked if they were part of any type of group in their community – regardless of whether the group was informal (such as a group of women who gather firewood together daily) or of a more formal nature (such as a political group). In the sixth week of the study, women were asked about their knowledge about abortions, the types of abortions they had heard of, and whether they had ever had an abortion. By the sixth week, only 835 women (82% retention) remained in the sample.

Variables

Dependent. There are four dependent outcomes examined in this paper: 1) have heard of abortion, 2) have heard of dilation and curettage (D&C) and/or manual vacuum aspiration (MVA) to abort, 3) have heard of overdosing on medications to abort, and 4) have heard of using traditional medicines to abort. Specifically, women who responded positively to having ever heard of ways that women can stop a pregnancy were asked what methods they had heard of. The various types of methods were not read to them – they answered spontaneously, and they were able to respond about more than one method. All of these are coded as dichotomous variables.

Independent. The independent variable of interest in these models is participation in any type of group (dichotomous variable: member of a group versus not a member). Duration of group membership was also included in the models because it was hypothesized that the effect of group membership on abortion knowledge would also depend on the length of time that a woman had been a group member.

Individual-level control variables included age (using 5 year age groupings), education (none vs. at least some primary/secondary education), number of live children (0 children, 1 to 2, or 3 or more), marital status (married/regular partner or not), and wealth (continuous weighted variable created using factor analysis based on ownership of radio, bicycle, car, boat or canoe, and fishing net; material of roof, walls, and floor).

Three community characteristics were also included in the models. The 12 enumeration areas (EA) were rated on a scale of 1 to 5 for three different characteristics that were identified as distinguishing the various communities: proximity to school, proximity to a health center, and mobility of the population. The rating for proximity to a health center received the highest score if the EA was close to a hospital (“5”), and slightly lower if it was close to a health center. For proximity to a school, those EAs that have or are near to a good school received the highest rating. And finally, the EAs were rated on how mobile the population is.

Multivariate Methods

Multivariate logistic models were used to test the hypotheses of this paper. For each of the four outcomes, the independent variables included any group membership, five individual characteristics, and three community characteristics.

**TABLE 1. BACKGROUND INFORMATION ABOUT THE SAMPLE,
REPORTED AS PERCENTAGES**

Individual Characteristics	All Women	Group Members	Not Group Members
Percent (N)	% (N=835)	% (N=273)	% (N=562)
<i>Abortion Related Outcomes</i>			
Heard of Abortion	69.3 (579)	76.2** (208)	66.01 (371)
Heard of Abortion through D&C and/or MVA	7.2 (60)	10.6** (29)	5.5 (31)
Heard of Aborting by Overdosing on Medication	43.0 (359)	57.1** (156)	36.1 (203)
Heard of Aborting by Using Traditional Medicines	35.9 (300)	44.7** (122)	31.7 (178)
<i>Individual Characteristics</i>			
Age			
15-19 ^a	21.6 (180)	22.0 (60)	21.4 (120)
20-24	28.5 (238)	26.4 (72)	29.5 (166)
25-29	30.1 (251)	33.3 (91)	28.5 (160)
30-34	19.9 (166)	18.3 (50)	20.6 (116)
Education			
None ^b	48.7 (407)	33.0** (90)	56.4 (317)
Primary or Secondary	51.3 (428)	67.0** (183)	43.6 (245)
Number of Children			
0 ^c	21.4 (179)	20.2 (55)	22.1 (124)
1-2	46.7 (390)	47.3 (129)	46.4 (261)
3 or more	31.9 (266)	32.6 (89)	31.5 (177)
Has partner ^d	78.0 (651)	73.6* (201)	80.1 (450)

* $p < .05$; ** $p < .01$ Chi-square calculated comparing women who were group members to those who were not group members.

^a Reference group for multivariate models.

^b Reference group for multivariate models.

^c Reference group for multivariate models.

^d Reference group is having no partner.

**TABLE 2. LOGISTIC REGRESSION RESULTS FOR THE ASSOCIATION
BETWEEN GROUP MEMBERSHIP AND ABORTION KNOWLEDGE (N=835)**

	Heard of Abortion OR	D&C or MVA OR	Medication Overdose OR	Tradicional Medicine OR
Group Membership				
Group Member	1.158	2.990*	2.420**	1.289
Duration of Membership (logged)	1.044	0.753	0.894	1.033
Individual Characteristics ^a				
<i>Age</i>				
20-24	1.383	0.936	1.057	2.133**
25-29	1.736*	1.495	1.311	2.336**
30-34	1.567	2.412	1.015	2.707**
<i>Education</i>				
Primary or secondary	2.119**	2.774*	1.795**	1.303
<i>Number of Children</i>				
1-2 children	2.593**	2.365**	2.054**	1.334
3 or more children	2.606**	1.332	1.634*	1.339
Partner	1.398*	0.780	1.279**	1.158
Household Wealth	1.000	1.014	1.078	1.037
Community Characteristics				
Close to School	1.388**	1.588*	1.632*	1.870**
Mobility	0.935	1.301	0.840	1.312
Close to Health Center	1.060	1.319**	0.959	1.113
Log pseudo-likelihood	-472.859	-190.808	-513.123	-494.326
Pseudo R²	0.0812	0.1157	0.1007	0.0934

* $p < .05$; ** $p < .01$

^a Reference groups for various individual characteristics are marked in Table 1.