Supplementary Material

Preferences for the delivery of early abortion services in Australia: a discrete choice experiment

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SUPPLEMENTARY MATERIAL

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1 DCE DEVELOPMENT

1.1 Literature search

It is important to note that the method described below is not intended to be a systematic review of the literature, but as a supplement to expert opinion and knowledge of the local (Australian) context. The databases PubMed (Medline), Embase and CINAHL were searched using these keywords: induced abortion, medical abortion, EMA, MTOP, surgical abortion, general practice, primary care, choice, preferences, Australia. The date range was 2015-2022 to cover the period during which EMA has been available in Australia. Opinion pieces, press releases, descriptive reviews and those articles which focused on the perspective of providers were excluded. No DCE or other preference elicitation research was identified. One survey (Shankar et al 2017[1]) and two qualitative research studies (Hulme-Chambers 2018[2], Doran and Hornibrook 2016[3]) were identified. The following potential attributes were identified: costs, knowledge of abortion, geographical barriers, travel time, support, medical versus surgical abortion. These potential attributes were included in the next stages of the development of the DCE as described below.

1.2 Expert consultations

A list of the potential attributes was presented to the SPHERE group of expert clinicians and researchers in women's sexual and reproductive health (www.spherecre.org); their feedback was used to finalise the levels for the attributes and wording of survey. The final survey was also presented to members of the discrete choice experiment interest group at the Centre for

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[1] Shankar M, Black KI, Goldstone P, Hussainy S, Mazza D, Petersen K, Lucke J, Taft A. Access, equity and costs of induced abortion services in Australia: a cross-sectional study. *Aust N Z J Public Health*. 2017 Jun;41(3):309-314. doi: 10.1111/1753-6405.12641. Epub 2017 Jan 22. PMID: 28110510.

[2] Hulme-Chambers A, Temple-Smith M, Davidson A, Coelli L, Orr C, Tomnay JE. Australian women's experiences of a rural medical termination of pregnancy service: A qualitative study. *Sex Reprod Healthc*. 2018 Mar;15:23-27. doi: 10.1016/j.srhc.2017.11.008. Epub 2017 Nov 21. PMID: 29389497.

[3] Doran FM, Hornibrook J. Barriers around access to abortion experienced by rural women in New South Wales, Australia. *Rural Remote Health*. 2016 Jan-Mar;16(1):3538. Epub 2016 Mar 18. PMID: 26987999.

Health Economics Research and Evaluation for suggestions regarding survey comprehension and sequencing. Responses from the first 50 respondents were checked for survey flow and logic before collection of the full sample commenced.

2 DETAILS ABOUT THE DESIGNED EXPERIMENT

The starting design was the orthogonal array with 80 runs and 11 columns found at http://support.sas.com/techsup/technote/ts723_Designs.txt. As only 7 columns were needed we used columns 1, 2, 3, 5, 6, 9 and 11 with the first 4 of these being converted to be binary and the final one being converted to have 5 levels, in all cases by evaluating the published level modulo the number of levels of the attribute. We then added 8 generators in turn to this initial design, where generator i, i=1,...,7, had a 0 in position i. The eighth generator had all entries non-zero. The actual generators are the rows of the table below. The constraints described in the main manuscript were imposed on all options after the choice sets had been constructed.

Table S1. Generators of the designed experiment

0	1	1	1	1	1	1
1	0	1	1	2	3	2
1	1	0	1	1	1	3
1	1	1	0	3	2	4
1	1	1	1	0	1	1
1	1	1	1	3	0	2
1	1	1	1	1	2	0
1	1	1	1	3	1	3

3 INCLUSION AND EXCLUSION CRITERIA FOR RESPONDENTS

Table S2 displays the inclusion and exclusion criteria used to recruit the final sample of 821 respondents.

Table S2. Inclusion and exclusion of online panel respondents

Inclusion criteria	Exclusion criteria
- Adults aged 18 years or older	- Children and teenagers (1 to 17 years old)
- Consented to participate in the survey	- Did not consent to participate in the survey
- Panel member of Pureprofile	- Duplicate responses from same respondent
- Living in Australia	- Did not finish the complete survey
- English language proficient	- Fast response times
- Access to mobile, tablet, computer to complete survey	- Responses flagged as bots
- 50% males and 50% female respondents	

4 DETAILS ABOUT STATISTICAL MODELS

The models presented in Section 3 of the manuscript are mixed logit models (MIXLs), which can be expressed using the following utility function for individual $\boldsymbol{n}$ from alternative $\boldsymbol{j}$:

$$U_{nj} = X'_{nj}\beta_n + \varepsilon_{nj}$$

where $\boldsymbol{U_{nj}}$ is the utility that individual n receives from choosing alternative $\boldsymbol{j}$, $\boldsymbol{\beta_n}$ is a vector of random parameters that vary across individuals, capturing preference heterogeneity, $\boldsymbol{X'_{nj}}$ is a vector of attributes that relate to alternative $\boldsymbol{j}$, and $\boldsymbol{\varepsilon_{nj}}$ is the error term that includes unobserved factors. Further details can be found in Train 2022[4].

Other models, such as the multinomial logit model (MNL) and latent class analysis (LCA) were also tested but not presented. The MNL does not take into account preference heterogeneity and the LCA identified only one class, making it unsuitable for dividing respondents into distinct subgroups. Therefore, the MIXL was chosen to be the main model for analysis. Table S3 outlines the models conducted during the analysis of the choice data.

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[4] Train K. Discrete Choice Methods with Simulation. Cambridge University Press: 2022 [cited 18 Sep 2024]. Available from: https://eml.berkeley.edu/books/train1201.pdf

Table S3. Statistical analyses of choice data

Model	N	Outcome	Covariates	Type	Random parameters	Location of results
MNL-1	821	Choice between option 1 & 2 (0, 1)	Referral HCP Consultation Test Service provision Follow-up Cost	Dummy variable for each level (0,1)	N/A	Not reported – MIXL more informative
MIXL-1	821	Choice between option 1 & 2 (0, 1)	Referral HCP Consultation Test Service provision Follow-up	Dummy variable for each level (0,1)	Normal	Manuscript: Table 3 (Model 1)
			Cost	continuous	(not specified)	
MIXL-2	821	Choice between option 1 & 2 (0, 1)	Referral HCP Consultation Test Service provision Follow-up Cost	Dummy variable for each level (0,1)	Normal	Manuscript: Table 3 (Model 2)
MIXL-3 (predicted probabilities)	821	Choice between option 1 & 2 (0, 1)	1: Create an out of sample dataset 2: Sample from the estimated distributions of coefficients and variances from MIXL-2 3: Generate predictions using simulated coefficients[5]	Dummy variable for each level (0,1)	Normal	Manuscript: Figure 2
MNL-2 (males)	418	MNL-1	MNL-1	MNL-1	N/A	Manuscript: Figure 3
MNL-3 (females)	403	MNL-1	MNL-1	MNL-1	N/A	Manuscript: Figure 3
MNL-4 (experience)	198	MNL-1	MNL-1	MNL-1	N/A	Manuscript: Figure 4
MNL-5 (no experience)	593	MNL-1	MNL-1	MNL-1	N/A	Manuscript: Figure 4
MNL-8 (urban)	526	MNL-1	MNL-1	MNL-1	N/A	Supplementary: Figure S1
MNL-9 (rural)	143	MNL-1	MNL-1	MNL-1	N/A	Supplementary: Figure S1
MNL-6 (< 45 years)	404	MNL-1	MNL-1	MNL-1	N/A	Supplementary: Figure S2
MNL-7 (≥ 45 years)	417	MNL-1	MNL-1	MNL-1	N/A	Supplementary: Figure S2

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[5] Lancsar E, Fiebig DG, Hole AR. Discrete Choice Experiments: A Guide to Model Specification, Estimation and Software. *Pharmacoeconomics*. 2017;35(7):697-716. doi:10.1007/s40273-017-0506-4

5   DEMOGRAPHICS

Table S2 displays the demographic characteristics of the sample recruited for the survey (N=821). Respondents were representative of the Australian population in terms of age, gender and Aboriginal or Torres Strait Islander status. Compared to the Australian population, a higher proportion of respondents were born in Australia, were more highly educated and had higher incomes.

Table S4. Respondent Demographics

Characteristic	All participants N = 821	Experience with Abortion N = 198, 24%	No experience with Abortion N = 593, 72%	Prefer not to say N = 30, 4%	Australian Population
Age Groups, n (%)[a]					
18 - 24 years	96 (11.7)	8 (4.0)	86 (14.5)	2 (6.7)	11.0%
25 - 29 years	67 (8.2)	12 (6.1)	52 (8.8)	3 (10.0)	9.1%
30 - 35 years	96 (11.7)	31 (15.7)	60 (10.1)	5 (16.7)	9.5%
36 - 39 years	82 (10.0)	23 (11.6)	54 (9.1)	5 (16.7)	9.3%
40 - 44 years	63 (7.7)	12 (6.1)	47 (7.9)	4 (13.3)	8.3%
45 - 49 years	75 (9.1)	22 (11.1)	49 (8.3)	4 (13.3)	8.2%
50 - 54 years	62 (7.6)	17 (8.6)	44 (7.4)	1 (3.3)	8.0%
55 - 59 years	66 (8.0)	20 (10.1)	42 (7.1)	4 (13.3)	7.7%
60 - 64 years	59 (7.2)	15 (7.6)	44 (7.4)	0 (.0)	7.3%
65+	155 (18.9)	38 (19.2)	115 (19.4)	2 (6.7)	21.5%
Country of birth[b]					
Australia	672 (81.9)	-	-	-	70.9
Overseas	149 (18.1)	-	-	-	29.1%
Aboriginal or Torres Strait Islander status[c]					
Yes	28 (3.4)	-	-	-	3.2%
Gender, n (%)[a]					
Male	418 (50.9)	112 (56.6)	293 (49.4)	13 (43.3)	49.6%
Female	400 (48.7)	85 (42.9)	298 (50.3)	17 (56.7)	50.4%
Other	3 (0.4)	1 (0.5)	2 (0.3)	0 (0.0)	-
Education, n (%)[d]					
Year 11 and below	73 (8.9)	20 (10.1)	52 (8.8)	1 (3.3)	21.7%
Year 12	124 (15.1)	24 (12.1)	93 (15.7)	7 (23.3)	17.9%
Certificate (any level)	138 (16.8)	30 (15.2)	103 (17.4)	5 (16.7)	17.2%
Diploma / advanced	129 (15.7)	35 (17.7)	90 (15.2)	4 (13.3)	10.5%
Bachelor / honours	238 (29.0)	58 (29.3)	174 (29.3)	6 (20.0)	20.4%
Post graduate degree	119 (14.5)	31 (15.7)	81 (13.7)	7 (23.3)	12.3%
Annual Household Income, n (%)[e]					
Negative or zero Income	8 (1.0)	0 (0.0)	7 (1.2)	1 (3.3)	0.7%
$1 - $19,999	28 (3.4)	4 (2.0)	24 (4.0)	0 (0.0)	4.0%
$20,000 - $49,999	158 (19.2)	47 (23.7)	107 (18.0)	4 (13.3)	22.7%
$50,000 - $79,999	153 (18.6)	39 (19.7)	108 (18.2)	6 (20.0)	17.8%
$80,000 - $109,999	127 (15.5)	30 (15.2)	91 (15.3)	6 (20.0)	14.5%
$110,000 - $149,999	134 (16.3)	31 (15.7)	98 (16.5)	5 (16.7)	14.7%
$150,000 - $199,999	83 (10.1)	25 (12.6)	57 (9.6)	1 (3.3)	12.0%
$200,000 or more	66 (8.0)	13 (6.6)	52 (8.8)	1 (3.3)	3.7%
Don't know	13 (1.6)	3 (1.5)	10 (1.7)	0 (0.0)	-
Prefer not to say	51 (6.2)	6 (3.0)	39 (6.6)	6 (20.0)	-

Source: [a]Australian Bureau of Statistics. (2023, June). National, state and territory population. ABS.
https://www.abs.gov.au/statistics/people/population/national-state-and-territory-population/latest-release
[b]Australian Bureau of Statistics. (2022). Australia's Population by Country of Birth. ABS.
https://www.abs.gov.au/statistics/people/population/australias-population-country-birth/latest-release
[c]Australian Bureau of Statistics. (2021). Aboriginal and Torres Strait Islander people: Census. ABS.
https://www.abs.gov.au/statistics/people/aboriginal-and-torres-strait-islander-peoples/aboriginal-and-torres-strait-islander-
people-census/latest-release
[d]Australian Bureau of Statistics. (2023, May). Education and Work, Australia. ABS.
https://www.abs.gov.au/statistics/people/education/education-and-work-australia/latest-release
[e]Australian Bureau of Statistics. (2019-20). Household Income and Wealth, Australia. ABS.
https://www.abs.gov.au/statistics/economy/finance/household-income-and-wealth-australia/latest-release

6   SUBGROUP ANALYSES

6.1   *Urban and rural classifications*

The ABS classifies postal codes into four broad categories; *Bounded locality* and *rural balance* to represent rural areas, and *major urban* and *other urban* to represent urban areas. These categories were collapsed into urban and rural in the analysis of differences in abortion experience and preferences by location[6]. Of the 669 respondents who provided postal codes 78.6% (n=526) were classified as urban and 21.4% (n=143) were classified as rural. Respondents from urban and rural locations had similar preferences, although those in rural locations had stronger preferences for tests to be provided at the doctor's surgery rather than at a pathology or imaging centre.

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[6] Source: Australian Bureau of Statistics. (Jul2021-Jun2026). *Methodology*. ABS.
https://www.abs.gov.au/statistics/standards/australian-statistical-geography-standard-asgs-edition-3/jul2021-
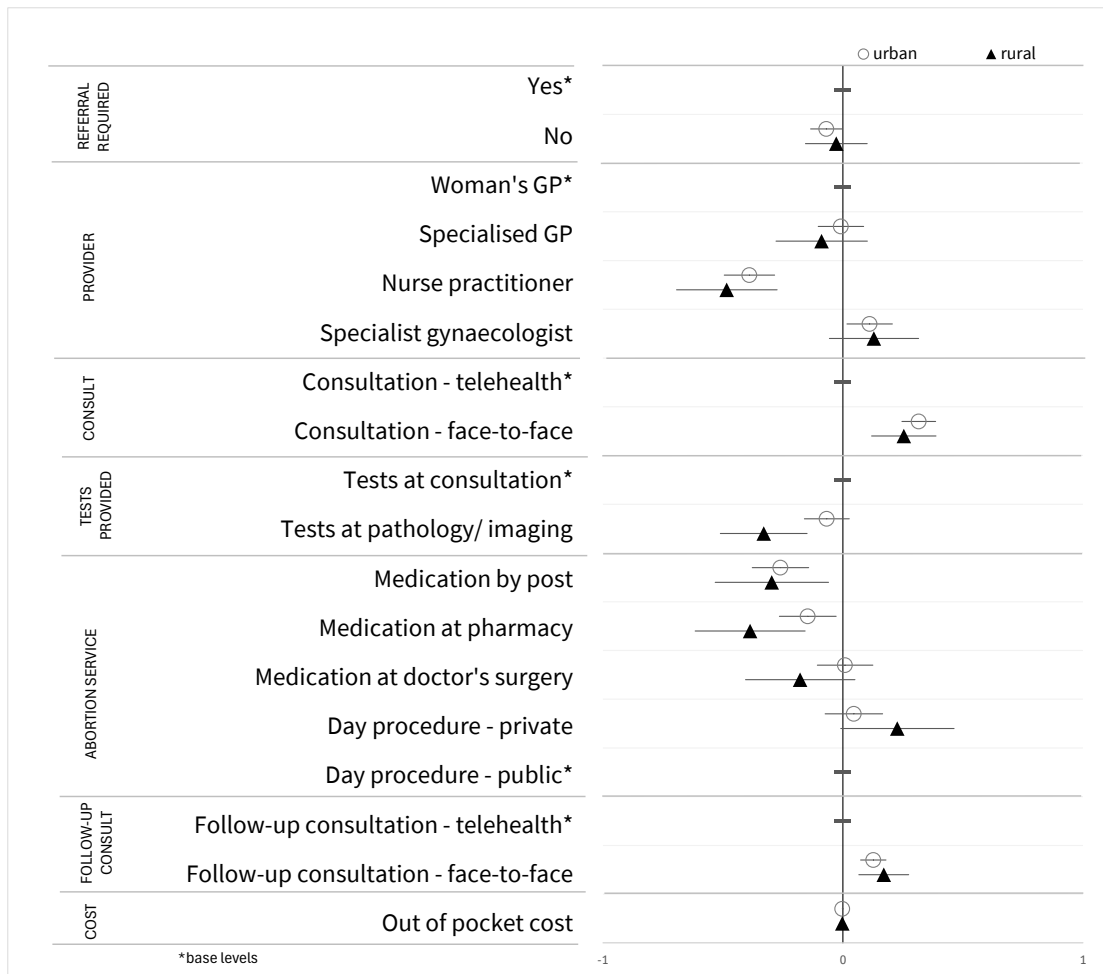jun2026/methodology.

Figure S1. Preferences for abortion services by urban and rural classification.

6.2   *Age Groups*

Respondents were classified into two age groups for analysis, under 45 and 45 years and older. Compared to their younger counterparts, older respondents had stronger negative preferences regarding medication delivered by post or telehealth consultations. Overall, the under 45s were more accepting of EMA than the over 45 group.
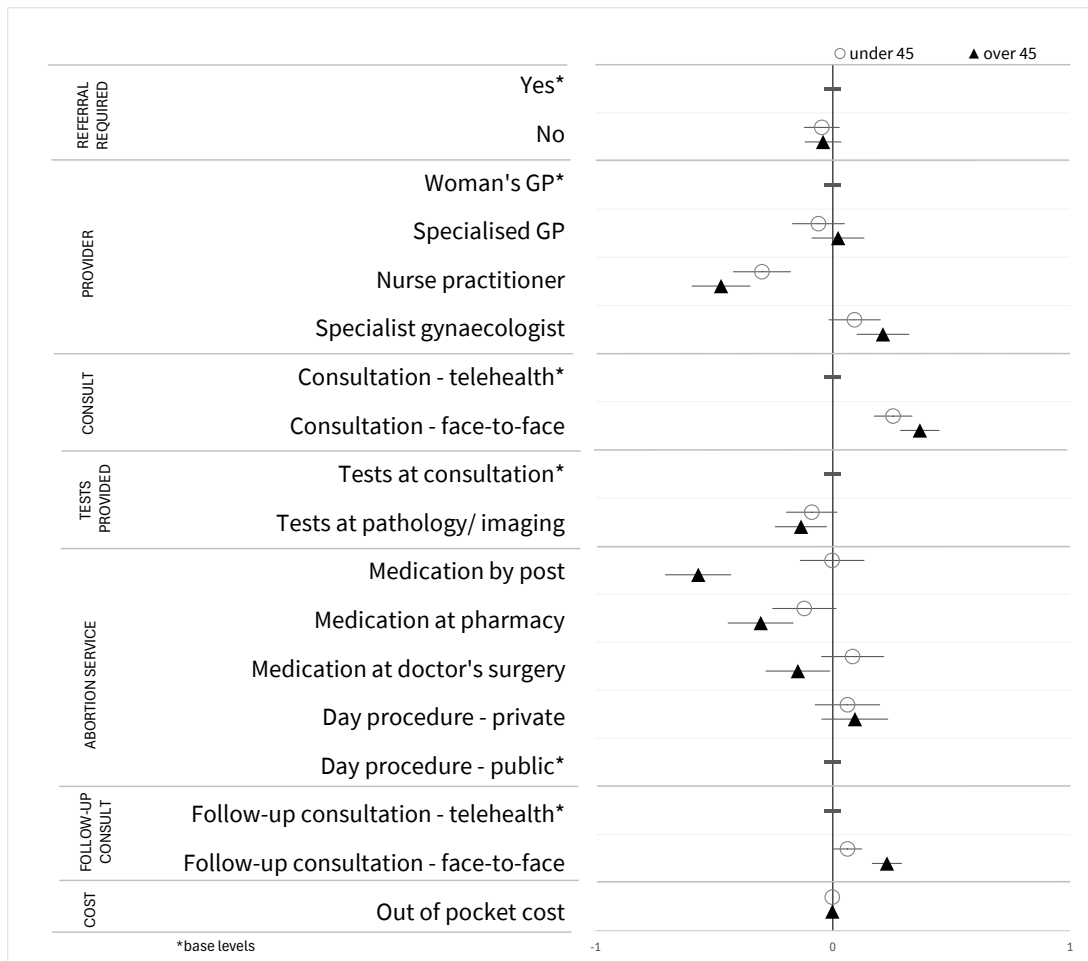
Figure S2. Preferences for abortion services by age groups

6.3 Choice sets with same type of abortion delivery

MNL models were also estimated for the subset of choice sets that compared medical abortion vs medical abortion and surgical abortion vs surgical abortion. Whilst models for both subsets converged, the results did not provide any further insights than the full model of all choice sets.

6.4 Probit analysis of follow-up questions after choice tasks

After each choice task, respondents were asked to answer yes or no to the following questions; "Do you think the option that you chose is worth providing?" and "Would you prefer that both of the services described above be provided?". Table S3 provided the results of a probit analysis, in which respondents indicated that they were in favour of both options being provided.

Table S5. Probit analysis of follow-up questions

	Coefficients (se)
Referral not required	-0.081 (0.027)**
Specialist GP	0.052 (0.035)
Nurse practitioner	-0.172 (0.034)***
Specialist gynaecologist	0.077 (0.035)*
Consultation face to face	0.250 (0.028)***
Tests at local pathology/ imaging	-0.068 (0.034)*
Medication by post	-0.351 (0.045)***
Medication at pharmacy	-0.159 (0.046)***
Medication at doctor's surgery	-0.184 (0.046)***
Day procedure in public clinic	0.011 (0.046)
Follow-up face to face	0.093 (0.023)***
OOP cost to the woman - $350	-0.458 (0.038)***
OOP cost to the woman - $580	-0.727 (0.037)***
OOP cost to the woman - $775	-1.007 (0.037)***
Intercept	1.943 (0.068)***
Sigma	1.343 (0.033)***
Log likelihood	-8981.73

Significance codes: p-value *** < 0.001; ** < 0.01; * < 0.05. Base case reference levels: referral from woman's GP required, consult with woman's GP, telehealth consultation, test at consultation, day procedure in public clinic, follow-up by telehealth, $0 out of pocket costs to the woman.

7 RELATIVE ATTRIBUTE IMPORTANCE

The relative attribute importance (RAI) of each attribute was calculated using the mixed logit model with cost categorical. This was conducted by computing the range of part-worth utilities for each attribute and dividing the range by the sum of all ranges. The standard errors around the RAI for each attribute was estimated using the delta method (Table S4). The results indicate that out of pocket costs was the most important attribute considered followed by the health professional and service delivery.

Table S6. RAI of attributes from mixed logit model

Attribute	Range	RAI	Range se	RAI se	LowerCI	UpperCI
Referral required from woman's GP	0.070	1.182	0.050	0.845	0.000	2.838
Health professional	0.940	15.878	0.110	1.858	12.236	19.520
Type of consultation	0.470	7.939	0.050	0.845	6.284	9.595
Tests required	0.210	3.547	0.060	1.014	1.561	5.534
Service delivery	0.600	10.135	0.150	2.539	5.158	15.112
Follow-up consultation	0.230	3.885	0.040	0.676	2.561	5.209
Out of pocket costs	3.400	57.432	0.177	2.988	51.575	63.290

8 FEEDBACK RESPONSES

8.1 *Most important / least important attributes*

Table S5 shows a cross-tabulation of the attributes that were deemed most and least important to respondents in the feedback section of the survey. Note that 11 respondents chose the same attribute as both most and least important.

Table S7. Respondents' stated preferences of the most and least important attributes

		Least Important							
		Referral from GP	Health Care Provider	Consult-ation type	Where tests are provided	Where service is provided	Type of follow-up	Cost	**Totals N (%)**
Most Important	Referral from GP	2	10	14	19	19	35	28	**127 (15.5)**
	Health Care Provider	22	2	8	25	13	25	39	**134 (16.3)**
	Consultation type	31	3	2	23	9	24	31	**123 (15.0)**
	Where tests are provided	8	2	1	1	1	8	5	**26 (3.2)**
	Where service is provided	25	8	15	13	3	10	18	**92 (11.2)**
	Type of follow-up	2	3	1	4	2	1	7	**20 (2.4)**
	Cost	71	29	46	72	21	60	0	**299 (36.4)**
	Totals N (%)	**161 (19.6)**	**57 (6.9)**	**87 (10.6)**	**157 (19.1)**	**68 (8.3)**	**163 (19.9)**	**128 (15.6)**	

8.2 Other factors suggested in the open text feedback question

Respondents were asked in the survey if there were any factors that were not included in the choice tasks which may be important in their decision making. Table S6 presents the responses.

Table S8. Respondent suggestions

	All participants (N = 821) n (%)
Blank	**235 (26.8)**
Everything included / No, none	**363 (44.2)**
Unsure, don't know	**40 (4.9)**
Undecipherable comments	**24 (2.9)**
Comments provided*	**169 (20.6)**
Cost, affordability, financial impact, Medicare rebates	39 (4.8)
Mental health support, counselling, psychological support	30 (3.7)
Face-to-face consultations	21 (2.6)
Privacy, non-judgmental	14 (1.7)
Accessible, assistance for travel, ease, convenience	13 (1.6)
Choices, flexible model	12 (1.5)
Time of process, Waiting times, number of visits, less barriers	10 (1.2)
Specialist level or GP, no nurses	10 (1.2)
Location of clinic, testing services, proximity	8 (1.0)
Beliefs, reason for abortion	6 (0.7)
No medication by mail or pharmacy	6 (0.7)
Safety	4 (0.5)
Gender of health professional	3 (0.4)
Education	3 (0.4)
Other	18 (2.2)

Respondents could suggest multiple factors

9   THE DIRECT CHECKLIST

Table S9. Checklist for reporting discrete choice experiments in health

Section item		Page and Paragraph
Purpose and Rationale		
1	Describe the real-world context and decision-maker that the hypothetical choice context seeks to replicate or inform	Manuscript: Introduction
2	Provide a rationale for using a DCE to answer the research question	Manuscript: Introduction, last paragraph
Attributes and levels		
3	Describe how attributes and levels were derived (e.g. literature review, interviews, focus groups, expert input)	Manuscript: Section 2.2 – DCE development, Supplementary material: Section 1.1 – Literature search
4	Provide the final list of attributes and levels	Manuscript: Table 1
Experimental design		
5	Report the number of alternatives per choice set and whether they were labelled or unlabelled	Manuscript: Section 2.3 - Designed experiment, Figure 1 – Example of choice task
6	Describe response options (e.g. forced choice, opt-out, status quo)	Manuscript Section 2.3 - Designed

		experiment
7	Describe the type of experimental design (e.g. orthogonal, D-efficient, Bayesian efficient, partial profile)	Supplementary material: Section 2 – Details about the designed experiment
8	Describe which effects are identified in the design (e.g. main effects, higher order interactions, functional form)	Supplementary material: Section 2 – Details about the designed experiment
9	Describe the number of choice sets, blocks and choice sets per block	Manuscript: Section 2.3 - Designed experiment, Supplementary material: Section 2 –Details about the designed experiment
10	Indicate how the experimental design was obtained (software, catalogue, other)	Supplementary material: Section 2 – Details about the designed experiment
Survey design		
11	Provide a sample choice set and the instructions and background information given to respondents (e.g. providing the survey as an appendix)	Manuscript: Section 2.4. – Survey design, Box 1- Vignette, Figure 1– Example of choice task
12	Report any randomisation (e.g. choice set order, attribute order, alternative order, framing effects)	Manuscript: Section 2.3 - Designed experiment
13	Describe what was checked in piloting (e.g. understanding, respondent burden, timing, wording)	Manuscript: Section 2.4. – Survey design
14	Report whether information from the pilot was used to update the experimental design (e.g. priors, functional form of attributes) or survey design functional form of attributes) or survey design	Manuscript: Section 2.4. – Survey design
Sample and data collection		
15	Report respondent inclusion/exclusion criteria	Manuscript: Section 2.4.1 – Study participants, Supplementary material: Section 3 – Inclusion / exclusion criteria
16	Describe how data were collected (e.g. mail, personal interview, web survey)	Manuscript: Section 2.4.1 – Study participants
17	Report the response rate or cooperation rate, if possible	Not provided by survey provider
18	Report the final sample size and how the sample size was determined	Manuscript: Section 2.4.1 – Study participants
19	Describe respondent characteristics and representativeness of target population, if known	Supplementary material: Section 5 – Respondent demographics
Econometric analysis		
20	Indicate coding of data (e.g. effects, dummy, continuous) including definitions	Manuscript: Section 2.5- Statistical analysis
21	Report whether any respondents were removed and why (e.g. suspected fraudulent responses, rationality tests)	Manuscript: Section 3.1 - Respondents
22	Provide the rationale for model choice (e.g. conditional logit, mixed logit, latent class) and assumptions (e.g. error variance)	Manuscript: Section 2.5- Statistical analysis
23	Report model specification	Supplementary material: Section 4
Reporting of results		
24	Report the model performance, goodness of fit (if comparing models)	Manuscript: Section 3.3 – Results of the analysis of the choice tasks, Table 3
25	Describe methods used for analysis of model results (e.g. calculation of marginal rate of substitution, attribute relative importance, welfare gain)	Manuscript: Section 2.5 – Statistical analysis, Supplementary material: Sections 5-7
26	Report measures of precision for the output(s) of interest (e.g. confidence intervals) and how these were derived	Manuscript: Table 3 – Results of the MIXL models, Section 2.5 – Statistical analysis

Source: Ride J, Goranitis I, Meng Y, LaBond C, Lancsar E. A Reporting Checklist for Discrete Choice Experiments in Health: The DIRECT Checklist. *Pharmacoeconomics*. 2024;42(10):1161-1175. doi:10.1007/s40273-024-01431-6

10 EXAMPLE OF A VERSION OF THE FULL SURVEY

Survey: EMA Discrete Choice Experiment
Survey provider: Survey Engine GmbH
Date of collection: September 2021
Conducted by: Centre for Health Economics Research and Evaluation (CHERE), University of Technology Sydney

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Thank you for taking the time to complete this survey. We appreciate your input into our research.

What is the research study about?

The purpose of this research is to gain an understanding of the preferences of people in Australia regarding the delivery of early abortion services. Your responses to hypothetical scenarios about the provision of early abortion services will be used to help inform decision-makers in Australia. This survey is open to anyone aged 18 and over.

Who is conducting this research?

Professor Marion Haas, Professor Deborah Street, and Dr Jody Church from the Centre for Health Economics Research and Evaluation (CHERE) at the University of Technology Sydney. The research is funded by an NHMRC research grant (SPHERE: Sexual and Reproductive Health for Women: Achieving better outcomes through primary care), which aims to improve the quality, safety, and capacity of sexual and reproductive health care services to achieve better outcomes for women.

Do I have to take part in this research study?

Participation in this study is voluntary. It is completely up to you whether or not you take part. If you decide to participate, please continue with the survey by clicking on NEXT. If you begin, you can change your mind at any time and stop the survey.

Are there any risks?

We don't expect this questionnaire to cause any harm or discomfort.

What will happen to the information collected?

The survey is anonymous, and your identity can never be linked to your answers. Submission of this online questionnaire is an indication of your consent to the research team collecting and using your answers to the questions for the research project. At the end of this research, we will store the survey data for future use in research projects that are an extension of this one, developing methods for the evaluation of health care treatments and choice surveys. The data will remain the responsibility of the researchers named above and will always be treated confidentially. We plan to publish the results of this research in academic journals and reports for medical organisations and health departments.

What if I have concerns or a complaint?

If you have concerns about the research that you think we can help you with, please feel free to contact Marion Haas at marion.haas@uts.edu.au or Jody Church at jody.church@uts.edu.au.

If you would like to talk to someone who is not connected with the research, you may contact the Research Ethics Officer on 02 9514 9772 or Research.ethics@uts.edu.au and quote this number ETH18-2507.

This survey is about planning the provision of early abortion services in Australia.

In Australia, there are two methods of abortion available to women up to 63 days (9 weeks) gestation: **medical and surgical.**

Below is a description of the main differences between early abortion (up to 9 weeks pregnancy), both surgical and medical:

Surgical Abortion *Vacuum aspiration*	**Medical Abortion** *Using medications*
• Day-surgery procedure • Procedure takes 5-15 minutes • Proportion of women who require further intervention for incomplete abortion: up to 2% • Performed under intravenous (twilight) sedation (local anaesthetic an option) • Light bleeding at home • Period-like pain symptoms • A support person is needed to take you home • You cannot drive for 24 hours after the procedure	• Combination of two medications taken at home over 2-3 days • Proportion of women who require further intervention for incomplete abortion: up to 5% • Heavy bleeding for a few hours then bleeding for 7 to 10 days • Pain is variable from period-like to very painful • A support person is recommended to be with you at home

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This research is on the topic of abortion. If the topic evokes negative feelings or you become distressed, the following support services can be contacted.

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Pregnancy Help Australia:

- https://pregnancyhelpaustralia.org.au/
- 24/7 Helpline: 1300 139 313

My options - Victoria

- https://www.1800myoptions.org.au/
- 10am-4pm Mon to Fri: 1800 696 784

Lifeline

- 13 11 14
- https://www.lifeline.org.au/

Do you agree to be part of this research and for the results of this survey to be published in a form that does not identify you?

Select only one answer

◯ Yes
◯ No

The survey is divided into 4 sections:

Section 1 : Background questions
Section 2 : Questions about any experience you have had with abortion
Section 3 : Choice questions about abortion provision
Section 4 : Follow-up questions

We expect the survey will take you about 15 minutes to complete.

Section 1
The following questions will ask about you and your background.

1. Where were you born?

Select only one answer

◯ Australia
◯ Other (please specify) [_____]

2. Are you of Aboriginal and/or Torres Strait Islander origin?

Select only one answer

◯ Yes
◯ No

3. What is your **current age** in years?

Select only one answer

-- select one -- ⌄

4. What is your gender?

Select only one answer

- ○ Female
- ○ Male
- ○ Other

5. What is the highest level of education you have attained?

Select only one answer

- ○ Year 11 and below
- ○ Year 12
- ○ Certificate (any level including trade certificate)
- ○ Diploma / advanced diploma
- ○ Bachelors or honours degree
- ○ Postgraduate degree (Masters or doctorate)

What is the postcode of the area in which you currently live?

Enter text below

[   ]

7. Before tax and other deductions are taken out, what is the **combined yearly income** of everyone in your household? (Include wages, investments and government pensions / benefits)

Select only one answer

-- select one --

8. What is your current work status?

Select only one answer

○ Employed full-time

○ Employed part-time

○ Not employed but looking for work

○ Retired

○ Home duties

○ Non-working student

○ Other (please specify) [   ]

9. In general, would you say your health is:

Select only one answer

Excellent	Very good	Good	Fair	Poor
○	○	○	○	○

Section 2
The following questions will ask about your attitude to and experience with abortion. If you prefer not to answer the questions, simply choose the 'prefer not to say' / 'unsure' option.

Do keep in mind that your responses are anonymous, and your answers can never be linked with your identity.

Your attitude to abortion:

1. Is abortion always wrong?

Select only one answer

○ Yes

○ No

○ Unsure

Your experience with abortion:

2. Have you or any of your sexual partners ever had an abortion?

Select only one answer

○ Yes

○ No

○ Prefer not to say

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3. What method of abortion was available?

Select only one answer

○ Surgical abortion

○ Medical abortion (using tablets taken at a clinic or home)

○ Both

4. How many abortions have you or your partner had?

Select only one answer

○ One

○ Two

○ More than two

○ Prefer not to say

5. Thinking about your most recent abortion, what type of abortion was performed?

Select only one answer

○ Surgical abortion

○ Medical abortion

○ Prefer not to say

6. What was the reason for the most recent abortion?

Select only one answer

○ Unintended pregnancy

○ Foetal abnormality

○ Other

○ Prefer not to say

7. When was the most recent abortion performed?

Select only one answer

○ Before 13 weeks of pregnancy

○ At 13 weeks of pregnancy or later

○ Not sure

○ Prefer not to say

8. Where did you/your partner get the information about where to go for an abortion?
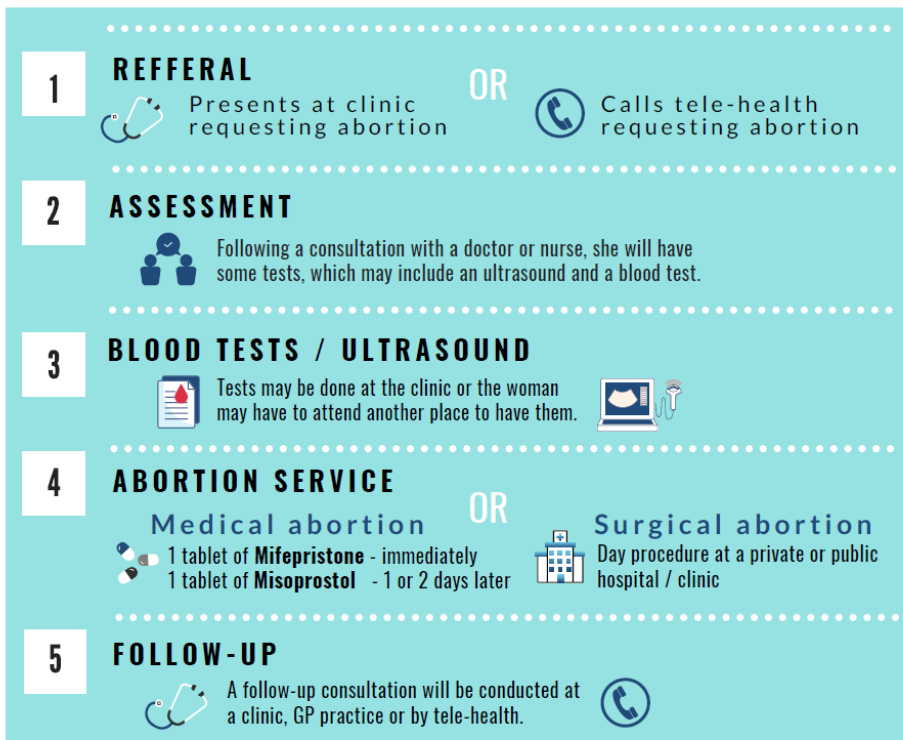
Select all that apply

☐	Online
☐	Sex education at school
☐	Family member/s or friend/s
☐	Partner
☐	GP
☐	Pharmacy
☐	Sexual health/family planning clinic
☐	Telephone service
☐	Other

Section 3

In the following section, we are interested in understanding people's preferences on the provision of early abortion.

Currently, in all Australian states and territories, abortion is legal. Two types of early abortion procedures are available (up to 9 weeks pregnancy): **surgical** and **medical.**

Below is an illustration of the steps a woman seeking an early abortion would typically follow.

1 REFFERAL
Presents at clinic requesting abortion OR Calls tele-health requesting abortion

2 ASSESSMENT
Following a consultation with a doctor or nurse, she will have some tests, which may include an ultrasound and a blood test.

3 BLOOD TESTS / ULTRASOUND
Tests may be done at the clinic or the woman may have to attend another place to have them.

4 ABORTION SERVICE
Medical abortion OR Surgical abortion
1 tablet of **Mifepristone** - immediately
1 tablet of **Misoprostol** - 1 or 2 days later
Day procedure at a private or public hospital / clinic

5 FOLLOW-UP
A follow-up consultation will be conducted at a clinic, GP practice or by tele-health.

$ Most women will need to pay some costs for tests, consultations, procedure and medications. However, costs will vary widely, depending on type of abortion, who provides the service and number of tests required.

Your task:

For the purposes of the study, we will ask you to **imagine that you are helping your local health service plan the future provision of abortion services** that would best meet women's needs.

You will be shown the profiles of two different abortion options and asked to choose the option you think your local health service should provide.

The scenarios we describe in Section 3 are hypothetical and do not represent any particular abortion services provided in Australia.

You will be asked to do this on 16 different occasions. Please remember there are **no right or wrong answers**, we are simply interested in your opinions.

Question 1 of 16

If the local health service can only provide one of the two options below, which do you think is the better service to provide?
Please choose one of the two options below.

	Service A	Service B
Referral from woman's GP required	No	Yes
Health care professional who conducts initial consultation	Woman's GP	Specialist Gynaecologist
Consultation type	Telehealth	Face-to-face
Tests provided	At a local pathology / imaging service	At a local pathology / imaging service
Provision of service	Day procedure - private clinic	Medication delivered by post
Follow-up consultation	Telehealth	Face-to-face
Out of pocket costs to the woman	$350	$350
Which service do you prefer?	◯	◯

1. Do you think the option that you chose is worth providing?
Select only one answer

◯ Yes	◯ No

2. Would you prefer that both of the services described above be provided?
Select only one answer

◯ Yes	◯ No

< Respondents then completed choice tasks 2 to 16, where the attribute levels for Service A and B varied according to the experimental design >

Section 4

This is the final section of the survey.
We appreciate any comments or feedback you provide.

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1. Please rate how easy or difficult it was to complete the 16 choice questions.

Select only one answer

Extremely easy	Easy	Neither easy nor difficult	Difficult	Extremely difficult
○	○	○	○	○

2. When making your choice, which factor was **most important**, and which factor was **least important**, to you?

Select one response from each row

Most important	-- select one -- ⌄
Least important	-- select one -- ⌄

3. Are there any other features of abortion services that would have influenced your decision and we did not include in the choice tasks?

Please list any features you think we missed.

Enter text below

[   ]

4. Do you have any other comments about this survey?

Enter text below

[   ]

Thank You!

The survey is now complete.

We appreciate your help with our research.

Please press 'submit answers and finish' below to end the survey.