

This document includes suggestions from USAID/GH/PRH staff.

Suggestions for Deletion

1. Deletion of Q7.09

- 1) Information need: What are reasons for not using contraceptive methods, when women want to limit or space child bearing?
- 2) Issues in the current question.
 - Selection bias: This question is asked to only women who want to space/delay (want a(nother) child in 24 months or later) or limit childbearing but do not use contraception currently. While it is important to narrow down the denominator based on the fertility intention, current skip pattern leaves out: women who did not give numeric answers about timing of a(nother) child, including those undecided, those who want “after marriage”, etc. The exclusion of “women who want a child after marriage” is especially problematic, since they are young, unmarried, sexually active women who often have higher unmet need than their counterparts. As marriage is delayed and proportion of youth population increases in many countries, this sub-population is increasing in its both absolute and relative sizes.
 - Interpretation of the categories. Since it is an open ended question, responses are coded by interviewers, creating ambiguity. For example, “fear of side effect” can be interpreted in two ways: (1) fear of actual clinical side effects, which implies that FP programs need to address that better by providing more variety of methods, and (2) misconception regarding side effects, which implies that FP programs need to improve knowledge.
 - The eligible women include mixed group of women, and some of them lack agency for contraception use. Those group women may not necessarily think about barriers to contraception use. Unless we can look at the information by women’s agency status, data can be biased.
- 3) Suggestion: delete of the question, but consider including a different question (see below)

2. Deletion of Q717 (skip pattern for Q718, joint decision for FP)

- 1) Issue in the current skip pattern: The questions are asked only to current users. However, joint decision for not using FP is equally important as joint decision for using FP.
- 2) Suggestion: delete Q717 (skip pattern) and ask Q718 to all women (who are eligible after Q716). Change Q718, as needed, so that it can be used for both groups of women (users vs. non-users). Current Q718 can work well in English, but there might be issues when translated into local languages. For example, Q718 can have two versions: “Would you say that using contraception...” and “Would you say that NOT using contraception...”.

3. Deletion of Q315A

- 1) Issue: the question has two components (LAM or Rhythm method). Further, utility of information (even after revision – i.e., separation of the two methods) is unclear.
- 2) Suggestion: delete Q315A

Suggestions for Revision

1. Revision of Q301 (Ever-heard question)

- 1) Issue: inclusion of prompt is not consistent (e.g., LAM), and prompt is unclear for select methods. Any emerging methods at global scale such as SDM need to be included, though specific methods (e.g., Sayana Press) can be added as a country-specific item.
- 2) Suggestion:
 - Include prompt for LAM. (see Fabric, Choi 2013)
 - Include SDM and give an option of opt-out, rather than opt-in, as in LAM, and include prompt that meet SDM criteria. [NOTE: Rhythm method prompt is confusing currently especially SDM. Inclusion of SDM category with prompt can help women distinguish between the two methods]

2. Revision in data collection/recoding for Q304 (Current use question)

- 1) Information need: Contraceptive use dynamic.
- 2) Issue in the current coding: Currently, if women report multiple methods, only the most effective method is recorded according to a hierarchy.
- 3) Suggestion: Allow all methods to be recorded, then create an additional string variable in the recode data file. During the data processing, the current variable v312 can be created, not affecting comparability of estimates that have been used so far. This is a minor change but will provide wealth of data for further research to understand contraceptive use dynamic.

3. Revision of Q326 (exposure to FP information)

- 1) Issue: Current question has two components, and information needs to be separated in order to identify missed opportunities, with increasing importance of community-based health workers across elements/programs in many countries.
- 2) Suggestion: Separate the question into two (as in Q327 & Q328). “In the past 12 months, were you visited by a fieldworker?” and, if yes, “Did the fieldworker talked to you about family planning?”

4. Revision of Q714 (exposure to FP information)

- 1) Suggestion: include a category of mobile phone (either voice or text message)

Suggestions for Addition (in the order of priority)

1. Addition of side effects questions (section 7)

- 1) information need: sides effects are reported as major reasons for not using contraception (Q709). However, it is not clear whether the concern is actual side effects or misconception, and differentiating them has critical programmatic implications for either (1) expanding the range of methods or quality services or (2) addressing misconceptions.
- 2) Suggested questions:
 - Among never users:
 - a) “Are you worried about side effects?”
 - b) “If yes, what are the side effects that you’re worried about?” Open ended question, with structured categories.
 - Among current and ever users:
 - a) “Have you experienced side effects?”
 - b) “If yes, what were they?” Open ended question, with structured categories.

2. Addition to measure method choice (section 7)

- 1) Information need: Method choice is increasing important to measure and monitor in FP, but currently there is no strong indicators or comprehensive data available for analysis. In previous phases of DHS, there was a preference question (“Which contraceptive method would you prefer to use?”), but was deleted because of its hypothetical nature and its distribution similar to current method mix. The suggestion is
- 2) Suggested questions are below. The number of eligible women will be small, thus impact on interview length may not be substantial.
 - Among current users,
 - a) “Are you satisfied with your current method?”
 - b) “If no, would you prefer to using a different method?”
 - c) “If yes, what is it?”
 - d) “How difficult is it for you to get that method?” (provide a scale similar to Q1008’s)
 - Among current non-users who want to delay/space/limit, regardless of reported preferred timing of a(nother) birth,
 - a) “Have you consider using a method?”
 - b) “If yes, what is it?”
 - c) “How difficult is it for you to get that method?” (provide a scale similar to Q1008’s)

3. Adding Women’s Q324 in the Men’s Q as well

- 1) Information need: Given FP programs and policies are aiming to engage men as supportive partners and users, it’s important to understand their basic knowledge, including whether they know where family planning is available.

4. Addition to measure knowledge of return to fertility following birth, miscarriage or abortion, following Q240

- 1) Information need: If men and women were aware of how quickly fertility can return, this could greatly impact FP uptake in the immediate postpartum and post abortion periods. Monitoring such knowledge is important. An indicator, for example, can be “% of women/men with correct knowledge on return to fertility postpartum”.
- 2) Suggested questions, in both men’s and women’s questionnaire:
 - “Do you know if women can become pregnant within 6 months after birth, if women do not breastfeed exclusively and the menstrual period returns?”
 - “Do you know if women can become pregnant within two weeks after a miscarriage or an abortion?”