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Subject: Re: Informed choice and contraceptive discontinuation

Posted by [Bridgette-DHS](#) on Mon, 28 Jun 2021 15:45:50 GMT

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Following is a response from Senior DHS Specialist, Kerry MacQuarrie:

You are correct that the information for the MII is only collected of current users rather than past episodes of use, and so cannot be analyzed for its association with discontinuation. While it is commonly hypothesized that the MII (or quality of care more generally) and discontinuation are linked, this linkage is typically only analyzed with prospective data rather than retrospective data as found in the DHS contraceptive calendar.

The variables v3a02-v3a05, which go into the MII, are asked of users of modern methods (pills, IUD, injectables, female sterilization, implants, EC, other modern methods) except condoms and LAM--which do not require a health provider but can be purchased from a shop or used on one's own. The last variable which goes into the MII, v3a06--told about other FP methods, is asked of users of all modern and traditional methods, alike. For users of the methods in v3a02-v3a05, the question is, "At that time [that you got the method], were you told about other methods of family planning that you could use?" For the other methods, the question is, "Were you ever told by a health or family planning worker about other methods of family planning that you could use?"

After creating your event file and merging with the IR file, you would have the MII data for each woman and this information would be attached to the record for each episode of use. That is, if a woman contributes multiple episodes of use to the dataset, the MII would be attached to each episode. But it would pertain ONLY to the most recent, not discontinued episode/method. For example, consider a woman is a current pill user. Her contraceptive history in her calendar indicates that she had an earlier episode of pill use that she discontinued (episode 1), followed at some later point by an episode of condom use that she also discontinued (episode 2), followed at some later point by an episode of pill use that she used continuously until the time of the survey. This woman would contribute 3 episodes to the discontinuation analysis (2 discontinued, 1 not discontinued). The MII data would be present for all 3 episodes but only describes her experience when she obtained her current method of pills. Those data attached to the earlier 2 episodes should be ignored.