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Subject: (Re)Coding reasons for unmet need  
Posted by [jphilbin](#) on Wed, 09 Dec 2015 19:06:10 GMT  
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We are analyzing data we got back from an exploratory study of unmet need in Ghana. We would like to compare reasons for unmet need in DHS (V375A) to the responses in our study, and need to know more information about how DHS codes other-specify responses in order to make that comparison. The recodes manual does not have this information.

Key differences between our study and DHS that might have affected the answers we got:

- 1) We asked about reasons for non-use of each of three focus methods - pill, injectable, implant, and condom - which are the most commonly used methods in Ghana, thinking that women may have different reasons for not using different methods, and
- 2) We considered women using traditional methods to have unmet need since the focus is on modern methods.

OK, keeping those caveats in mind, we are wondering how DHS codes (or trains interviewers to code) the following responses:

- Concerns about method failure/distrust of method efficacy (this was very common for the pill)
- "I just don't like it," "I don't like taking medicines," and similar - does DHS consider this to be respondent opposition?
- Scared of placement and/or removal procedure for implant
- Planning to get a method soon
- Satisfied with traditional method (withdrawal, PA, non-exclusive breastfeeding)

Documentation or explanation about what happened for Ghana 2014 would be ideal, but we would be happy to learn more about what this process looks like for any/all DHS countries. Thank you for any help you can offer!

Jesse