
Subject: Re: (Re)Coding reasons for unmet need
Posted by [Trevor-DHS](#) on Wed, 16 Dec 2015 05:24:44 GMT
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In answer to your first post, I think you are mixing up the classification of unmet need (V626A) and the categorization of reasons for not using contraception (V3A08A-V3A08Z). V375A is not used for Ghana DHS 2014.

The interviewer's manual (page 98) provides some information on the coding of this question (now number 810 in the new DHS core questionnaire). It does not provide explanations of how to code the specific categories that you mention. The general consensus here is that they would likely be coded as follows:

- Concerns about method failure/distrust of method efficacy (this was very common for the pill) - code O: Side effects/health concerns
- "I just don't like it," "I don't like taking medicines," and similar - does DHS consider this to be respondent opposition? - code I: Respondent Opposed.
- Scared of placement and/or removal procedure for implant - code O: Side effects/health concerns
- Planning to get a method soon - code X: Other
- Satisfied with traditional method (withdrawal, PA, non-exclusive breastfeeding) - In DHS this question is not asked if they are using a traditional method.

However, note that the coding is generally dependent on the interviewer as we encourage interviewers to record responses in existing categories as much as possible, and to use the category "other" when they don't feel that a response fits an existing category. Thus the coding is subject to some variability, depending on the interviewer's understanding of the response.

In answer to your second post, in the classification of other answers given, the code 0s were codes that were not re-classified - that is they remained as "Other". The recoding to produce the unmet need variable does not use question 709, except for the category "Menopausal/Had hysterectomy" which is used in the classification of women as being infecund. To see how Unmet Need is calculated please see AS25: Revising Unmet Need for Family Planning
