
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

Subject: Re: (Re)Coding reasons for unmet need
Posted by [Liz-DHS](#) on Mon, 14 Dec 2015 04:04:57 GMT
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Dear User,
Your post has been referred to one of our subject experts. As soon as we have an answer we will post. Thank you!

Subject: Re: (Re)Coding reasons for unmet need
Posted by [jphilbin](#) on Mon, 14 Dec 2015 21:17:21 GMT
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Thank you for the speedy reply! Trevor Croft sent the PI the recodes from Ghana 2014 this weekend, and after looking at them I just would like to know what the code "0" means - were these cases reclassified as not having unmet need? Thank you!

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
