

MATERNAL HEALTH: FERTILITY AND CONTRACEPTIVE USE

Rationale

The collection of data on fertility using the aggregate childbearing experience of the respondents followed by a detailed retrospective birth history has been a standard practice for several decades. The DHS program, initiated in the mid-80s has become the standard and the questionnaires proposed here for the modules on fertility and contraceptive used are based on the DHS core questionnaire.

Two sets of questions are needed to estimate fertility (childbearing experience and birth history) and five to estimate contraceptive use and demand for family planning (desire for current pregnancy, current use of contraception, desire for the last pregnancy in the last 5 years, marriage, and fertility preferences in the future).

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Experience and Evidence

Experience

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Evidence

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Indicators on Fertility and Contraceptive Use

The Maternal Health: Fertility and Contraceptive Use indicators included in the Global Reference List of Core Health Indicators (WHO: Geneva, 03 October 2014) are included in the following table.

No.	Type	Name	Definition
20	Core	Adolescent fertility rate	Number of births to adolescent females, aged 15-19 occurring during a given reference period per 1,000 adolescent females.
20A	Core	Total fertility rate	Number of children born to women according to the current fertility rates
80	Core	Demand for family planning satisfied with modern methods	Percentage of women of reproductive age (15-49 years), who are sexually active, who have their need for family planning satisfied with modern methods
81	Additional	Modern contraceptive prevalence rate	Percentage of women of reproductive age (15-49 years), sexually active, who are currently using, or whose sexual partner is currently using, at least one contraceptive method, regardless of the method used (modern or traditional)

Contents of the Long Module

The questionnaire proposed here for the module on fertility and contraception includes two sections to estimate fertility and five to estimate contraceptive use and demand for family planning. The numbering of the questions is the original in the DHS questionnaire but will be made sequential for the final version of the modules.

Sections to estimate fertility

Childbearing experience. The aggregate childbearing experience of the respondent (questions 201-210) includes the number of sons and daughters who live in the household, who live elsewhere, and who died.

Birth history. The section on childbearing experience is followed by a detailed retrospective birth history in which data are obtained on sex, date of birth, survivorship status, and current age or age at death of each of the respondent's live births (questions 211-223). The full birth and child survival history is used to calculate age-specific (including the adolescent fertility rate) and total fertility rates for recent periods prior to a survey and to derive cohort-period rates that can be used to infer trends.

Sections to estimate contraceptive use and demand for family planning¹

Desire for current pregnancy. Women are asked if they are pregnant. If the woman reports that she is pregnant, she is asked how many months. The planning status of that pregnancy is then determined in order to provide information on contraceptive failure and to help estimate the current need for contraception.

¹ The module for family planning is based on the revised definition of unmet need and corresponding questions suggested in Bradley, Sarah E. K., Trevor N. Croft, Joy D. Fishel, and Charles F. Westoff. 2012. *Revising Unmet Need for Family Planning*. DHS Analytical Studies No. 25. Calverton, Maryland, USA: ICF International.

Current use of contraception. The respondent is considered to be a current user if she is doing something or using any method with the intent of delaying or avoiding pregnancy even if her method is ineffective. The questions permit the calculation of method-specific prevalence rates and rates of modern and traditional method use.

Desire for the last pregnancy in the last 5 years. Women are asked if they wanted to get pregnant at that time. They are also asked if their menstrual period has returned.

Marriage. These questions are used for clarifying the marital status of the respondent. “Married” includes women in both formal and informal unions so that respondents are asked if they are currently married or are living with a man. Respondents who report that they were previously married but are not currently married are asked if they are widowed, divorced, or separated.

Fertility preferences in the future. These questions are used for classifying women by their reproductive preferences. There are two dimensions to these preferences: limiting (702), and spacing or timing of the next birth (703). This information is especially important for the measurement of unmet need for family planning because it identifies women who want no more children or who want to postpone their next birth.

Contents of the Short Module

[To be determined]

Questionnaire for the Long Module

CHILDBEARING EXPERIENCE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP								
201	Now I would like to ask about all the births you have had during your life. Have you ever given birth?	YES 1 NO 2	→ 206								
202	Do you have any sons or daughters to whom you have given birth who are now living with you?	YES 1 NO 2	→ 204								
203	How many sons live with you? And how many daughters live with you? IF NONE, RECORD '00'.	SONS AT HOME <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> DAUGHTERS AT HOME <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>									
204	Do you have any sons or daughters to whom you have given birth who are alive but do not live with you?	YES 1 NO 2	→ 206								
205	How many sons are alive but do not live with you? And how many daughters are alive but do not live with you? IF NONE, RECORD '00'.	SONS ELSEWHERE <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> DAUGHTERS ELSEWHERE <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>									
206	Have you ever given birth to a boy or girl who was born alive but later died? IF NO, PROBE: Any baby who cried or showed signs of life but did not survive?	YES 1 NO 2	→ 208								
207	How many boys have died? And how many girls have died? IF NONE, RECORD '00'.	BOYS DEAD <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> GIRLS DEAD <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>									
208	SUM ANSWERS TO 203, 205, AND 207. ENTER TOTAL. IF NONE, RECORD '00'.	TOTAL BIRTHS <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>									
209	CHECK 208: Just to make sure that I have this right: you have had in TOTAL _____ births during your life. Is that correct? YES <input type="checkbox"/> NO <input type="checkbox"/> → PROBE AND CORRECT 201-208 AS NECESSARY.										
210	CHECK 208: ONE OR MORE BIRTHS <input type="checkbox"/> NO BIRTHS <input type="checkbox"/> →		→ 226								

BIRTH HISTORY

211 Now I would like to record the names of all your births, whether still alive or not, starting with the first one you had. RECORD NAMES OF ALL THE BIRTHS IN 212. RECORD TWINS AND TRIPLETS ON SEPARATE ROWS. (IF THERE ARE MORE THAN 7 BIRTHS, USE AN ADDITIONAL QUESTIONNAIRE, STARTING WITH THE SECOND ROW).

212	213	214	215	216	217 IF ALIVE:	218 IF ALIVE:	219 IF ALIVE:	220 IF DEAD:	221	
What name was given to your (first/next) baby? (NAME)	Is (NAME) a boy or a girl?	Were any of these births twins?	In what month and year was (NAME) born? PROBE: What is his/her birthday?	Is (NAME) still alive?	How old was (NAME) at his/her last birthday? RECORD AGE IN COMPLETED YEARS.	Is (NAME) living with you?	RECORD HOUSE-HOLD LINE NUMBER OF CHILD (RECORD '00' IF CHILD NOT LISTED IN HOUSE-HOLD).	How old was (NAME) when he/she died? IF '1YR', PROBE: How many months old was (NAME)? RECORD DAYS IF LESS THAN 1 MONTH; MONTHS IF LESS THAN TWO YEARS; OR YEARS.	Were there any other live births between (NAME OF PREVIOUS BIRTH) and (NAME), including any children who died after birth?	
01	BOY . . 1 GIRL . 2	SING . . 1 MULT . 2	MONTH <input style="width: 20px; height: 20px;" type="text"/> YEAR <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	YES . . 1 NO . . . 2 ↓ 220	AGE IN YEARS <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	YES . . . 1 NO 2	LINE NUMBER <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> ↓ (NEXT BIRTH)	DAYS . . . 1 MONTH: 2 YEARS . 3 <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>		
02	BOY . . 1 GIRL . 2	SING . . 1 MULT . 2	MONTH <input style="width: 20px; height: 20px;" type="text"/> YEAR <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	YES . . 1 NO . . . 2 ↓ 220	AGE IN YEARS <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	YES . . . 1 NO 2	LINE NUMBER <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> ↓ (GO TO 221)	DAYS . . . 1 MONTH: 2 YEARS . 3 <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	YES 1 ADD ↓ BIRTH NO 2 NEXT ↓ BIRTH	
. . .										
07	BOY . . 1 GIRL . 2	SING . . 1 MULT . 2	MONTH <input style="width: 20px; height: 20px;" type="text"/> YEAR <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	YES . . 1 NO . . . 2 ↓ 220	AGE IN YEARS <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	YES . . . 1 NO 2	LINE NUMBER <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> ↓ (GO TO 221)	DAYS . . . 1 MONTH: 2 YEARS . 3 <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	YES 1 ADD ↓ BIRTH NO 2 NEXT ↓ BIRTH	
222	Have you had any live births since the birth of (NAME OF LAST BIRTH)? IF YES, RECORD BIRTH(S) IN TABLE.					YES NO				
223	COMPARE 208 WITH NUMBER OF BIRTHS IN HISTORY ABOVE AND MARK: NUMBERS ARE SAME <input style="width: 20px; height: 20px;" type="checkbox"/> <input style="width: 20px; height: 20px;" type="checkbox"/> NUMBERS ARE DIFFERENT <input style="width: 20px; height: 20px;" type="checkbox"/> → (PROBE AND RECONCILE)									
224	CHECK 215: ENTER THE NUMBER OF BIRTHS IN 2010 (1) OR LATER.					NUMBER OF BIRTHS <input style="width: 20px; height: 20px;" type="text"/>			NONE 0 → 226	

(1) Year of fieldwork is assumed to be 2015. For fieldwork beginning in 2016 or 2017, the year should be 2011 or 2012, respectively.

DESIRE FOR CURRENT PREGNANCY

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP								
226	Are you pregnant now ?	YES 1 NO 2 UNSURE 8	↓ → 238								
227	How many months pregnant are you? RECORD NUMBER OF COMPLETED MONTHS.	MONTHS <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>									
228	When you got pregnant, did you want to get pregnant at that time?	YES 1 NO 2	→ 238								
229	Did you want to have a baby later on or did you not want any (more) children?	LATER 1 NO MORE 2									
238	When did your last menstrual period start? _____ (DATE, IF GIVEN)	DAYS AGO 1 WEEKS AGO 2 MONTHS AGO 3 YEARS AGO 4 IN MENOPAUSE/ HAS HAD HISTERECTOMY ... 994 BEFORE LAST BIRTH 995 NEVER MENSTRUATED 996	<table border="1" style="margin-left: auto; margin-right: auto;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table>								

CONTRACEPTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
302	<p>CHECK 226:</p> <p style="text-align: center;"> NOT PREGNANT OR UNSURE <input type="checkbox"/> PREGNANT <input type="checkbox"/> </p> <p style="text-align: center;">↓</p>		→ 314
303	<p>Are you currently doing something or using any method to delay or avoid getting pregnant?</p>	<p>YES 1</p> <p>NO 2</p>	→ 313
304	<p>Which method are you using? (1)</p> <p>Any other method?</p> <p>CIRCLE ALL MENTIONED.</p>	<p>FEMALE STERILIZATION A</p> <p>MALE STERILIZATION B</p> <p>IUD C</p> <p>INJECTABLES D</p> <p>IMPLANTS E</p> <p>PILL F</p> <p>CONDOM G</p> <p>FEMALE CONDOM H</p> <p>DIAPHRAGM I</p> <p>FOAM/JELLY J</p> <p>LACTATIONAL AMEN. METHOD ... K</p> <p>RHYTHM METHOD L</p> <p>WITHDRAWAL M</p> <p>OTHER MODERN METHOD X</p> <p>OTHER TRADITIONAL METHOD ... Y</p>	
312	<p>CHECK 304:</p> <p style="text-align: center;"> NOT USING A METHOD <input type="checkbox"/> ANY METHOD USED <input type="checkbox"/> </p> <p style="text-align: center;">↓</p>		→ 314
313	<p>Have you ever used anything or tried in any way to delay or avoid getting pregnant?</p>	<p>YES 1</p> <p>NO 2</p>	
314	<p>GO TO 401</p>		

(1) Other commonly used methods can be added to the list

DESIRE FOR LAST PREGNANCY IN LAST FIVE YEARS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
401	CHECK 224: ONE OR MORE BIRTHS IN 2010 (1) OR LATER <input type="checkbox"/> NO BIRTHS IN 2010 (1) OR LATER <input type="checkbox"/>		601
404	NAME AND SURVIVAL STATUS OF LAST BIRTH FROM QUESTIONS 212 AND 216. NAME _____ LIVING <input type="checkbox"/> DEAD <input type="checkbox"/>		
405	When you got pregnant with (NAME), did you want to get pregnant at that time?	YES 1 (SKIP TO 447) ← NO 2	
406	Did you want to have a baby later on, or did you not want any (more) children?	LATER 1 NO MORE 2	
447	Has your menstrual period returned since the birth of (NAME)?	YES 1 NO 2	

(1) Year of fieldwork is assumed to be 2015. For fieldwork beginning in 2016 or 2017, the year should be 2011 or 2012, respectively.

MARRIAGE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
601	Are you currently married or living together with a man as if married?	YES, CURRENTLY MARRIED 1 YES, LIVING WITH A MAN 2 NO, NOT IN UNION 3	→ 604
602	Have you ever been married or lived together with a man as if married?	YES, FORMERLY MARRIED 1 YES, LIVED WITH A MAN 2 NO 3	→ 615
603	What is your marital status now : are you widowed, divorced, or separated?	WIDOWED 1 DIVORCED 2 SEPARATED 3	→ 609
604	Is your (husband/partner) living with you now or is he staying elsewhere?	LIVING WITH HER 1 STAYING ELSEWHERE 2	
609	Have you been married or lived with a man only once or more than once?	ONLY ONCE 1 MORE THAN ONCE 2	
610	<p>CHECK 609:</p> <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> <p>MARRIED/ LIVED WITH A MAN <input type="checkbox"/></p> <p>ONLY ONCE ↓</p> <p>In what month and year did you start living with your (husband/partner)?</p> </div> <div style="text-align: center;"> <p>MARRIED/ LIVED WITH A MAN <input type="checkbox"/></p> <p>MORE THAN ONCE ↓</p> <p>Now I would like to ask about your first (husband/partner). In what month and year did you start living with him?</p> </div> </div>	<p>MONTH <input style="width: 40px; height: 20px;" type="text"/></p> <p>DON'T KNOW MONTH 98</p> <p>YEAR <input style="width: 60px; height: 20px;" type="text"/></p> <p>DON'T KNOW YEAR 9998</p>	→ 615
611	How old were you when you first started living with him?	AGE <input style="width: 40px; height: 20px;" type="text"/>	
615	<p>When was the <u>last</u> time you had sexual intercourse?</p> <p>IF LESS THAN 12 MONTHS, ANSWER MUST BE RECORDED IN DAYS, WEEKS OR MONTHS. IF 12 MONTHS (ONE YEAR) OR MORE, ANSWER MUST BE RECORDED IN YEARS.</p>	<p>DAYS AGO 1</p> <p>WEEKS AGO 2</p> <p>MONTHS AGO 3</p> <p>YEARS AGO 4</p>	→ 701

FERTILITY PREFERENCES IN THE FUTURE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
701	CHECK 226: MARK CORRESPONDING BOX	PREGNANT <input style="width: 20px; height: 20px;" type="checkbox"/> NOT PREGNANT OR UNSURE <input style="width: 20px; height: 20px;" type="checkbox"/>	→ 704
703	Now I have some questions about the future. After the child you are expecting now, would you like to have another child, or would you prefer not to have any more children?	HAVE ANOTHER CHILD 1 NO MORE 2 UNDECIDED/DON'T KNOW 8	→ 705 → 710
704	Now I have some questions about the future. Would you like to have (a/another) child, or would you prefer not to have any (more) children?	HAVE (A/ANOTHER) CHILD 1 NO MORE/NONE 2 SAYS SHE CAN'T GET PREGNANT... 3 UNDECIDED/DON'T KNOW 8	→ 707 → 710
705	CHECK 701: NOT PREGNANT OR UNSURE <input style="width: 20px; height: 20px;" type="checkbox"/> ↓ How long would you like to wait from now before the birth of (a/another) child? PREGNANT <input style="width: 20px; height: 20px;" type="checkbox"/> ↓ After the birth of the child you are expecting now, how long would you like to wait before the birth of another child?	MONTHS 1 <input style="width: 20px; height: 20px;" type="checkbox"/> YEARS 2 <input style="width: 20px; height: 20px;" type="checkbox"/> SOON/NOW 993 SAYS SHE CAN'T GET PREGNANT 994 AFTER MARRIAGE 995 OTHER 996 (SPECIFY) DONT KNOW 998	→ 710 → 710
706	CHECK 701: NOT PREGNANT OR UNSURE <input style="width: 20px; height: 20px;" type="checkbox"/> ↓ PREGNANT <input style="width: 20px; height: 20px;" type="checkbox"/> →		→ 710
707	CHECK 303: USING A CONTRACEPTIVE METHOD NOT CURRENTLY USING <input style="width: 20px; height: 20px;" type="checkbox"/> ↓ CURRENTLY USING <input style="width: 20px; height: 20px;" type="checkbox"/> →		→ 710
708	CHECK 705: NOT ASKED <input style="width: 20px; height: 20px;" type="checkbox"/> ↓ 24 OR MORE MONTHS OR 02 OR MORE YEARS <input style="width: 20px; height: 20px;" type="checkbox"/> ↓ 00-23 MONTHS OR 00-01 YEAR <input style="width: 20px; height: 20px;" type="checkbox"/> →		→ 710

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
709	<p>CHECK 704:</p> <p>WANTS TO HAVE A/ANOTHER CHILD <input type="checkbox"/></p> <p>↓</p> <p>You have said that you do not want (a/another) child soon. Can you tell me why you are not using a method to prevent pregnancy?</p> <p>Any other reason?</p> <p>WANTS NO MORE/NONE <input type="checkbox"/></p> <p>↓</p> <p>You have said that you do not want any (more) Can you tell me why you are not using a method to prevent pregnancy?</p> <p>Any other reason?</p> <p>RECORD ALL REASONS MENTIONED.</p>	<p>NOT MARRIED A</p> <p>FERTILITY-RELATED REASONS</p> <p>NOT HAVING SEX B</p> <p>INFREQUENT SEX C</p> <p>MENOPAUSAL/HYSTERECTOMY D</p> <p>CAN'T GET PREGNANT E</p> <p>NOT MENSTRUATED SINCE LAST BIRTH F</p> <p>BREASTFEEDING G</p> <p>UP TO GOD/FATALISTIC H</p> <p>OPPOSITION TO USE</p> <p>RESPONDENT OPPOSED I</p> <p>HUSBAND/PARTNER OPPOSED ... J</p> <p>OTHERS OPPOSED K</p> <p>RELIGIOUS PROHIBITION L</p> <p>LACK OF KNOWLEDGE</p> <p>KNOWS NO METHOD M</p> <p>KNOWS NO SOURCE N</p> <p>METHOD-RELATED REASONS</p> <p>SIDE EFFECTS/HEALTH CONCERNS O</p> <p>LACK OF ACCESS/TOO FAR P</p> <p>COSTS TOO MUCH Q</p> <p>PREFERRED METHOD NOT AVAILABLE R</p> <p>NO METHOD AVAILABLE S</p> <p>INCONVENIENT TO USE T</p> <p>INTERFERES WITH BODY'S NORMAL PROCESSES U</p> <p>OTHER _____ X (SPECIFY)</p> <p>DON'T KNOW Z</p>	
710	GO TO NEXT MODULE		