

# **Final Report**

## **Characteristics of Female Reversible Method Users in Four Urban Areas of Honduras**



**MEASURE Evaluation**  
**Programas para el Desarrollo de la Infancia y la  
Mujer/PRODIM**

**April 2007**

**WP-07-95**

**Cover photograph**, by Ilene Speizer of MEASURE Evaluation, shows a typical neighborhood in Tegucigala, Honduras.

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# **Characteristics of Female Reversible Method Users in Four Urban Areas of Honduras**

## **Results from the Baseline Survey of the Study of Service Quality, Motivation for Contraceptive Use, and Contraceptive Discontinuation**

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**MEASURE Evaluation** — MEASURE Evaluation strengthens the capacity of host-country programs to collect and use population and health data. We are a key component of the U.S. Agency for International Development's (USAID) Monitoring and Evaluation to Assess and Use Results (MEASURE) framework, and promote a continuous cycle of data demand, collection, analysis and utilization to improve population and health conditions.

Based at the Carolina Population Center at the University of North Carolina at Chapel Hill, MEASURE Evaluation works in partnership with Tulane University in New Orleans, LA; Macro International Inc., based in Calverton, MD; John Snow, Inc., based in Boston, MA; and Constella Futures in Washington.

**PRODIM** — Programas para el Desarrollo de la Infancia y la Mujer (PRODIM) is a private, nonprofit organization based in Tegucigalpa, Honduras. Founded in 1989, it is a leader in the execution of assessment projects and consultancies in the health field whose mission is to contribute to the improvement of health conditions for the Honduran family. PRODIM has specialized in the area of health with a variety of work developed over the past 18 years, executing during this time various projects related to community development. Through these projects PRODIM has gained ample experience in the provision of strategic planning, community training with a focus on health prevention and promotion, the preparation of manuals and educational materials for health promotion, integrated sexual and reproductive health services for women of reproductive age, integrated health services for children, and training in the prevention of HIV/AIDS with women, adolescents, and youth. For more than 10 years, PRODIM has also conducted consultancies, evaluations, and research studies with various populations in both urban and rural settings, and in many different aspects related to health.

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# INTRODUCTION

Hormonal contraceptive discontinuation is a common event, frequently associated with unmet need and unplanned pregnancies. To date, research on contraceptive discontinuation has focused in different areas, such as on the association between the **family planning service environment**, including access, cost and quality of services, and the continued use of contraceptives. While some cross-sectional and longitudinal studies on this topic have revealed statistically significant associations between the local service environment and continuation, their magnitude and programmatic significance has been relatively minor (Steele, Curtis, & Choe, 1999; Koenig, Hossain, & Whittaker, 1997; RamaRao, Lacuesta, Costello, et al., 2003). Other experimental studies about the relationship of service quality and discontinuation show consistently little or no effect. What's more, the expected positive association between continued use of contraceptives with the number of methods available has not been consistently demonstrated (Steele, Curtis, & Choe, 1999).

Another area of research has identified the demographic **characteristics of women** that are most likely to discontinue: these include age, parity, and civil status. Young women, women at higher parity, and women who intend to space rather than limit births are significantly more likely to discontinue than all others (Curtis & Blanc, 1997; Ali & Cleland 1999). Other socio-economic factors tend to have less relevance with discontinuation. However, a large amount of unexplained variation remains, even after controlling for factors for which information is available. Fertility desires and other individual characteristics of the woman, such as the motivation to prevent pregnancies, self-efficacy, and autonomy, are also considered to be directly related with contraceptive continuation and discontinuation (Blanc, 2001).

A third important line of research is on the impact of **fear of (or a bad experience with) side effects**. Side effects are one of the most often cited reasons for discontinuing contraception, particularly hormonal contraception (Blanc, Curtis, & Croft, 2002). What remains unknown is why side effects cause some women to discontinue use altogether, others to switch, and still others to continue using the same method. Notably, fear or experience of side effects could be reduced by improved service delivery. Most studies that focus on this factor, however, concentrate on the prevalence of reported side effects and do not link these to strategies for improved service delivery.

## 1. Objectives

The overall goal of this study is to determine how, together, these three levels of influence (family planning service environment, individual characteristics, and previous experience/fear of side effects) affect contraceptive continuation. While these three levels of influence have all been shown to be important to contraception adoption and continuation, especially for reversible methods, they have not been examined simultaneously to determine how they jointly affect contraceptive continuation, controlling for method used. This study, therefore, goes beyond previous research by assessing the relative importance of and interactions between these three levels of influence on contraceptive continuation. The current report is a description of the study population based on baseline data. The study population is described by contraceptive use and

the factors that have been shown to influence contraceptive continuation (demographic and individual characteristics, including contraceptive use history and experience with side effects, and the quality of family planning services).

The study uses three phases to achieve this goal:

- Phase I collected qualitative data on the decision-making processes around contraceptive adoption/continuation, including the role of providers in this process, perceptions of side effects, perceptions of service providers, usual reactions to side effects, and motivations to continue use when side effects are experienced. The phase entailed the use of eight focus groups, conducted in May 2006 with 73 women from Tegucigalpa, San Pedro Sula, Santa Rosa de Copán, and Gracias. Results from the focus groups were used to inform the survey instrument for phase II of the study.
- Phase II conducted exit interviews with current users of female, reversible contraceptive methods and serves as a baseline for the study. **This report presents the key findings from phase II, the baseline survey of new and continuing users of female, reversible methods.**
- Phase III will undertake follow-up interviews with the women interviewed in phase II after one year, in order to obtain details on their contraceptive continuation, experience with side effects, motivations, and current fertility intentions.

## 2. Methods

Authorization for the study was obtained from the Institutional Review Board (IRB) of the University of North Carolina at Chapel Hill, the Honduran Secretary of Health, and the Honduran Association of Family Planning (ASHONPLAFA). Meetings were also held with local authorities of the selected sites.

The sample consists of 800 women aged 15-44 years presenting at selected hospitals and health clinics (CESAMO) of the Secretary of Health and clinics of ASHONPLAFA in the cities of Tegucigalpa, San Pedro Sula, Santa Rosa de Copán (including La Entrada), and Gracias. Half of the sample consists of women who were continuing use of injectable contraception, oral contraceptive pills, or intrauterine device (IUD). The other half of the women started to use the pill, injection, or IUD for the first time on the day of the interview, or for the first time after a period of discontinued use. The exit interviews were conducted between October 6, 2006, and November 10, 2006.

Women were identified to participate in the study with the help of clinic personnel. An informed consent statement was then read to each selected user prior to the interview. Only women who gave their consent participated in the study. Interviews were carried out after the clinic appointment, in a separate, private location within the clinic. The questionnaire included the following subject areas:

- demographic characteristics
- birth histories



- history of contraceptive use and discontinuation
- perception of service quality
- motivation to avoid pregnancies
- environment of decision-making

At the end of each exit interview, the participants were asked if they could be contacted again for an interview, to be done one year later. If affirmative, contact information was collected, including how and where to find the woman.

The results of the baseline study cover the levels of analysis as outlined in the introduction and are presented in this report in the same order as they appear in the questionnaire (see Appendix). To receive a copy of the questionnaire in Spanish, please e-mail Janine Barden-O’Fallon at the MEASURE Evaluation project, at [bardenof@email.unc.edu](mailto:bardenof@email.unc.edu).

### 3. Study Sites and Limitations

The Secretary of Health is the main public sector service provider of family planning services in Honduras, supplying contraception to nearly 45% of all users (all data from Secretaría de Salud, INE, & Macro International, 2006). The system is based on a network of health clinics: CESARs (Rural Health Centers), staffed by nurses, and CESAMOs (Health Centers with Doctors and Dentists). CESAMOs are the largest suppliers of injectables and IUDs in the country, and the largest public suppliers of oral contraceptive pills. At the top tier of the public health system, Secretary of Health hospitals are main suppliers of the IUD and female sterilization. ASHONPLAFA is the local International Planned Parenthood Federation affiliate. The organization is the country’s main private provider of family planning services, supplying low-cost contraceptives to approximately 25% of the Honduran population. In addition to over 1,700 community-based distribution outlets and booths, ASHONPLAFA has 25 clinics in the country, including six large regional clinics that offer a full range of sexual and reproductive health services. Both ASHONPLAFA and CESAMO clinics provide services to low-income populations. Other main suppliers of contraception in Honduras include pharmacies (the largest suppliers of oral contraceptive pills), private clinics, and Social Security hospitals, covering 13.1%, 7.4% and 4.6% of the population respectively. High volume CESAMO clinics, Secretary of Health hospitals, and ASHONPLAFA clinics were selected as study sites on account of their role as key service providers of reversible female methods in Honduras.

The flow of users in the CESAMOs, network hospitals, and establishments of ASHONPLAFA presented limitations, given that the quantity of people attending these sites showed important differences in the demand for services. The site with the greatest demand for either continuation or adoption of female reversible methods was at the CESAMOs, secondly at ASHONPLAFA, and lastly, with a minimal flow of users of this service, in the hospitals. It is important to observe that within the study’s four chosen regions, the only hospital from the Ministry of Health that was included was that of Gracias; which produced very few interviews over the course of a week. Because of the small number of users, and so that the programmed number of interviews could be reached, the decision was made to move one of the interviewers to work in a CESAMO and ASHONPLAFA clinic in La Entrada, Copán, near Santa Rosa de Copán.

Two interviewers were assigned to each city with a total of eight interviewers. The plan was that each interviewer would cover one establishment and would rotate according to necessity of the demand for care in those establishments and the schedule that functioned at each site. Again in response to user flow, the interviewers had to concentrate more time at the CESAMOs due to the greater volume of women obtaining reversible methods at the CESAMOs, rather than at the ASHONPLAFA clinics or the hospital, where patient demand for these services was quite low.

Table 1 shows the kind of establishments in the each of the study's chosen urban areas that were used to obtain interviews with family planning service users.

**Table 1. Study Sites**

CITY	TYPE OF ESTABLISHMENT (#)	NUMBER INTERVIEWED (Total = 800)
Tegucigalpa	CESAMO (2)	190
	ASHONPLAFA (2)	10
San Pedro Sula	CESAMO (1)	162
	ASHONPLAFA (1)	38
Santa Rosa de Copán*	CESAMO (3)	173
	ASHONPLAFA (2)	110
Gracias	CESAMO (1)	104
	Hospital (1)	13

\*Numbers from Santa Rosa de Copán also incorporate those collected in La Entrada, Copán.

## RESULTS

The sites where the study was developed included four urban areas of Honduras that have different characteristics; two urban areas with the largest population in the country and where a greater diversity of contraceptive services are offered and two urban areas with less population density and where the services offered are less diverse. The two smaller urban areas are located in Copán and Lempira, which are departments of focus for activities supported by the U.S. Agency for International Development mission in Honduras (USAID/Honduras). The regional differences provide the basis to highlight some comparisons about women's contraceptive behavior in relation to the areas of investigation.

### 1. Demographic Characteristics of Study Population by Region

According to the latest survey data, 65% of all Honduran women in union are current users of contraception (all data from Secretaría de Salud, INE, & Macro International, 2006). Female sterilization continues to be the most common method, accounting for 32.5% of users, followed by the injectable (21.2%), the oral contraceptive pill (17.3%), and the IUD (10.1%). Use of

modern contraception is highest among educated women, women with more economic resources, and among those living in the largest cities of Tegucigalpa and San Pedro Sula. However, the increase in contraceptive prevalence from 62% in 2001 to 65% in 2005/2006 is attributed to increases in use in rural areas and among women with little or no education. Given the popularity of sterilization as a method for limiting births, it was anticipated that the study population would largely represent women using female, reversible methods to space births.

Table 2 shows some selected demographic characteristics of the study population. Some of the highlights are as follows:

- This group of users is young; with an average age of 24.6 years. Over 95% of the study population is 36 years old or younger. This is an expected age pattern, given the tendency for early childbirth and the popularity of reversible methods to space births.
- The overwhelming majority of these users are married or in union and have one to four children.
- The age, marital, and parity patterns correspond to use of contraception for spacing.
- There are slight differences by education across the regions studied. Surveyed women in Tegucigalpa and San Pedro Sula were the most educated, followed by those in Santa Rosa de Copán and Gracias, likely reflecting the increased exposure to educational opportunities that are available in the larger cities.
- Gracias had a majority of women coming to the clinics from rural areas, while the other sites mainly served women living in surrounding urban areas.
- Overall, the surveyed population had a large percentage of users with very low monthly incomes. This was most pronounced in Gracias, where over three-fourths of users reported earning a household monthly income of 3000 Lempiras (about U.S. \$159) or less.
- Differences in religious affiliation were seen across the cities. Catholics and Protestants were fairly evenly represented in Tegucigalpa and San Pedro Sula, whereas Catholics had a stronger presence in Santa Rosa de Copán and a much stronger presence in Gracias. Women reporting no religious affiliation accounted for almost 20% of the sample, although in San Pedro Sula this group accounted for 36% of the sample.

**Table 2. Demographic Characteristics of Study Population (N= 800)**

Characteristic	Tegucigalpa (n=200) %	San Pedro Sula (n=200) %	S.R. Copán* (n=283) %	Gracias (n=117) %
<b>Age (years)</b>				
17 or less	7.0	5.0	6.7	15.4
18 to 19	16.0	16.0	11.7	10.3
20 to 24	38.0	32.0	32.5	36.8
25 to 29	25.5	27.0	25.1	22.2
30 to 34	7.0	12.5	17.6	12.0
35+	6.5	7.5	6.4	3.4
<b>Marital status</b>				
Currently married	13.5	18.0	28.3	15.4
Living with a man	82.5	75.0	63.3	81.2
Not in a relationship	4.0	7.0	8.4	3.4
<b>No. of living children</b>				
0	1.0	0.5	0.0	0.0
1–2	76.7	75.0	69.1	66.4
3–4	19.8	18.3	23.8	26.6
5+	2.5	6.2	7.1	7.0
<b>Education</b>				
None/Preschool	0.5	6.0	9.9	10.3
Primary	61.5	61.5	64.7	70.9
Secondary+	38.0	32.5	25.4	18.8
<b>Residential area</b>				
Urban	97.0	95.5	83.4	24.8
Rural	3.0	4.5	16.6	75.2
<b>Family monthly income (Lps.)</b>				
3,000 or less	39.0	37.5	54.4	77.8
3,001 to 5,000	31.0	34.0	29.3	17.9
5,001+	30.0	28.5	16.3	4.3
<b>Religion</b>				
Catholic	40.5	30.0	49.5	63.2
Protestant	42.5	34.0	36.0	26.5
None	16.5	36.0	13.8	10.3
Other	0.5	0.0	0.7	0.0

\*Numbers from Santa Rosa de Copán also incorporate those collected in La Entrada, Copán.

## 2. Birth Histories of Study Population by Region

The study collected information on women's fertility and recent birth histories. Selected fertility characteristics are shown in Table 3. Of note is that the overwhelming majority of users in these regions have given birth at least one time. This suggests that most reversible method use is for spacing rather than for delaying a first birth. Other highlights include the following:

- Users in Gracias were the youngest at the birth of their first child; 50% of these women were 17 years or younger at the birth of their first child. In contrast, women from Tegucigalpa were the oldest at their first birth, having the highest percentage of women in the 20-24 year age group.
- Overall, more than 75% of these women have given birth within the last three years. Women from Santa Rosa de Copán and San Pedro Sula were the least likely to have had a recent birth.
- Reported pregnancy loss, abortion, or stillbirth ranged from 12% to 20% in these regions, and the highest percentage of pregnancy loss is found among sampled users from Santa Rosa de Copán.

**Table 3. Fertility of Study Population (N=800)**

Characteristic	Tegucigalpa (n=200) %	San Pedro Sula (n=200) %	S.R. Copán* (n=283) %	Gracias (n=117) %
<b>Has had a baby</b>				
Yes	98.5	96.0	93.6	99.1
<b>Age when had first child (N=770)</b>				
17 or less	35.5	41.1	38.5	50.0
18 to 19	21.8	27.6	23.7	20.7
20 to 24	37.1	27.1	30.0	26.7
25 to 29	5.6	4.2	5.7	1.7
30 to 34	0.0	0.0	1.1	0.9
35+	0.0	0.0	0.0	0.0
<b>Number of children born in last 3 years (N=770)</b>				
0	14.2	22.9	24.5	17.2
1	76.1	65.6	64.2	68.1
2+	9.7	11.5	11.3	14.7
<b>Ever experienced pregnancy loss, abortion, or stillbirth</b>				
Yes	12.5	14.5	20.1	14.5

\* Numbers from Santa Rosa de Copán also incorporate those collected in La Entrada, Copán.

### 3. History of Contraceptive Use and Discontinuation by Region

Table 4 presents the findings on prior experience with contraceptive use among sampled women. As indicated in the table, the majority of these women have used some form of contraception to avoid pregnancy in the past. The methods most commonly used included injections, pills, and the IUD. However, a smaller percentage of women in Santa Rosa de Copán and Gracias have ever used the IUD, perhaps reflecting less access to this method. Table 4 also shows the following:

- On average, only 12% of these women have ever used condoms as a method of birth control, although only 5.5% of women report past condom use in San Pedro Sula. In addition, there is very little experience with traditional contraceptive use in this group of users.
- While 20% of these women began using contraception before the birth of their first child, the majority of contraceptive use began after the birth of the first or second child.
- The age pattern at first use is stable across all four regions, with almost half of users at these clinics using contraception before their 20<sup>th</sup> birthday. This corresponds to the fact that the majority of women had their first birth before the age of 20.

Table 4 also includes information on contraceptive discontinuation:

- The majority of women have discontinued the use of their first method. The most important motives stated by the participants on why they stopped using the first method were side effects and the wish to become pregnant.
- The most commonly reported side effects of women who discontinued their first method because of side effects, in order of importance, were heavy bleeding, headaches, and nausea/vomiting. In San Pedro Sula, where IUD use was more prevalent, the top three side effects were heavy bleeding, uterine pain, and the absence of menstrual bleeding.

**Table 4. Description of Contraceptive Use of Study Population (N=800)**

Characteristic	Tegucigalpa (n=200)	San Pedro Sula (n=200)	S.R. Copán* (n=283)	Gracias (n=117)
	%	%	%	%
<b>Has ever used contraception to avoid pregnancy</b>				
Yes	79.5	85.5	90.8	88.9
<b>Methods ever used to avoid pregnancy (N=691)</b>				
Pills	33.0	25.5	35.3	17.1
Injections	49.0	47.5	79.2	76.1
IUD	27.0	50.5	20.5	12.8
Condom	13.0	5.5	11.3	13.7
Traditional†	7.5	3.0	10.6	3.4
Other	1.0	0.0	0.7	0.0
<b>Number of children when used birth control first time (N=691)</b>				
0	20.8	18.1	23.3	13.5
1	55.9	49.7	45.1	49.0
2	13.2	19.9	19.5	18.3
3 – 4	8.8	10.0	9.0	15.4
5+	1.3	2.3	3.1	3.8
<b>Age when used first method (N=691)</b>				
17 or less	27.7	26.9	24.5	30.8
18 to 19	23.2	18.7	25.3	22.1
20 to 24	33.4	40.4	34.2	29.8
25 to 29	12.6	10.5	10.6	15.4
30 to 34	1.8	2.3	4.2	1.9
35+	1.3	1.2	1.2	0.0
<b>Have discontinued using first method (N=691)</b>				
Yes	79.3	80.1	77.8	63.5
<b>Reasons to discontinue using first method (N=529)‡</b>				
Wanted to get pregnant	31.8	33.6	29.5	22.3
Got pregnant using it	10.3	5.8	15.0	3.0
Companion didn't approve	2.4	2.9	1.5	16.7
Wanted more effective method	3.2	2.9	7.5	4.6
Worried about health issues	4.8	5.8	7.0	7.8
Experienced side effects	38.9	42.3	36.0	24.2
Other**	15.2	9.5	19.0	24.2

\* Numbers from Santa Rosa de Copán also incorporate those collected in La Entrada, Copán.

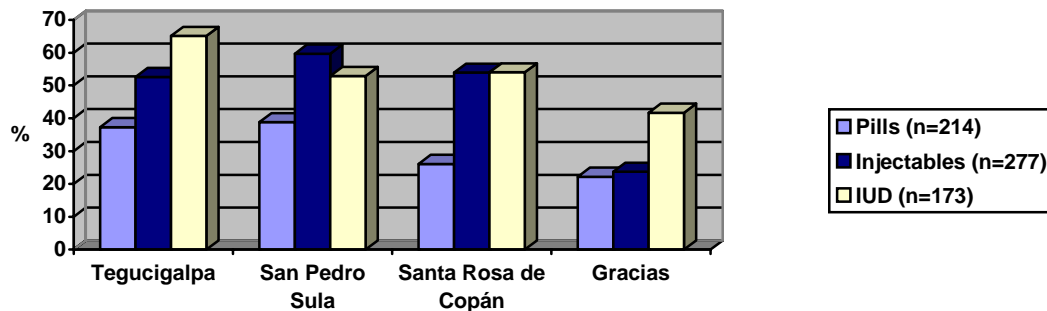
† Traditional methods include lactational amenorrhea method (LAM), rhythm, and withdrawal.

‡ Percentages may total more than 100% due to the potential for giving more than one reason.

\*\* Category includes infrequent sex, difficulties with access, cost, inconvenient to use, difficulty getting pregnant/menopause, matrimonial dissolution/separation, etc.

Overall, reports of temporary discontinuation were much higher among pill and IUD users than among injection users. The probability of discontinuation due to reasons related to method failures (became pregnant using it), wanting a more effective method, and inconvenience in using it was much higher among pill users than among those who used IUD and injections (data not shown).

Among women who have ever discontinued the use of pills, injectables or the IUD, the main reason for discontinuation was side effects. Figure 1 shows the percentage of users of these methods who discontinued due to side effects.

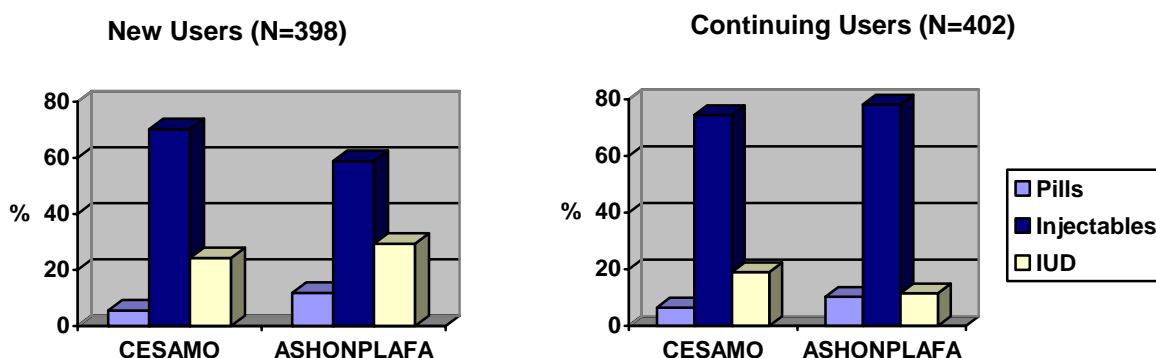


**Figure 1. Percentage of users who have ever discontinued use of pills, injectables, or the IUD reporting side effects as the reason for the discontinuation.**



#### 4. Quality of Family Planning Service by User and Provider

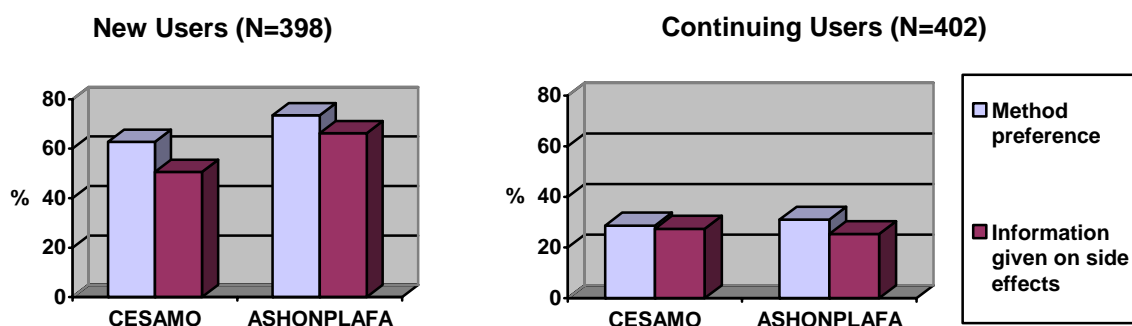
As shown in Figure 2, the overwhelming majority of the reversible method users in this sample received an injection on the day of their clinic appointment. This was true for both new and continuing users.



**Figure 2. Method received on day of appointment by service provider.**

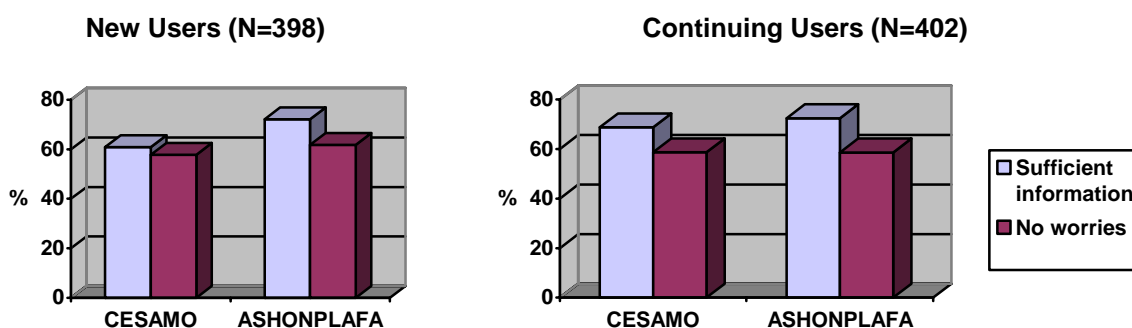
Clients were asked a number of questions relating to their family planning appointment. Some of the findings include the following:

- Clients of the CESAMOs tended to travel longer for their appointments compared to ASHONPLAFA clients; it took less than 30 minutes to arrive at the clinic for 39% of CESAMO clients compared to 70% of ASHONPLAFA clients.
- Clients of the CESAMOs also tended to wait longer to be seen after arriving to the clinic compared to ASHONPLAFA clients; 39% of CESAMO clients were seen within 60 minutes compared to 97% of ASHONPLAFA clients. In addition, 45% of CESAMO clients waited longer than two hours to be seen.
- Approximately half of CESAMO and ASHONPLAFA clients were asked about their personal preference for their present method. The differences by clinic and new user verses continuing user are shown in Figure 3.
- In relation to obtaining information from the personnel regarding side effects related to their method, as many users in the CESAMO (60.8%) as in the clinics of ASHONPLAFA (56.8%) did not have side effects discussed. The differences by clinic, and by new user verses continuing user are shown in Figure 3.
- Among ASHONPLAFA clients, 84.5% had no recommendations for improvements in service. Among those with recommendations, the most commonly mentioned improvement was to receive more information on methods. In contrast, only 44% of CESAMO clients report no improvements necessary; and among recommendations commonly mentioned were cleaner facilities (47%), more information on methods (45%), and shorter waiting times (28%).



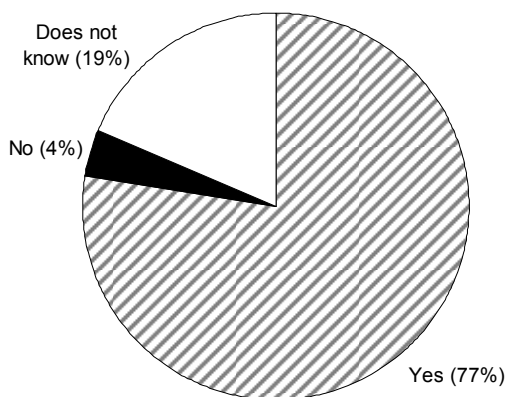
**Figure 3.** Percentage of new and continuing users who report that providers discussed method preference and side effects during their appointment.

Figure 4 shows that there is little difference between new and continuing users on whether they feel they have sufficient information to use their method correctly. The same can be said for the percentage of users that have no worries about the use of their method. However, there is still a significant percentage of women who do not feel that they have sufficient information to use the method correctly (15% do not, 20% are not sure). A significant percentage of women also have worries about the correct use of the method (42%). Of the 42% of women reporting worries about the use of their method of contraception, the most commonly mentioned worries were the fear of side effects (71%) and other health concerns (25%).



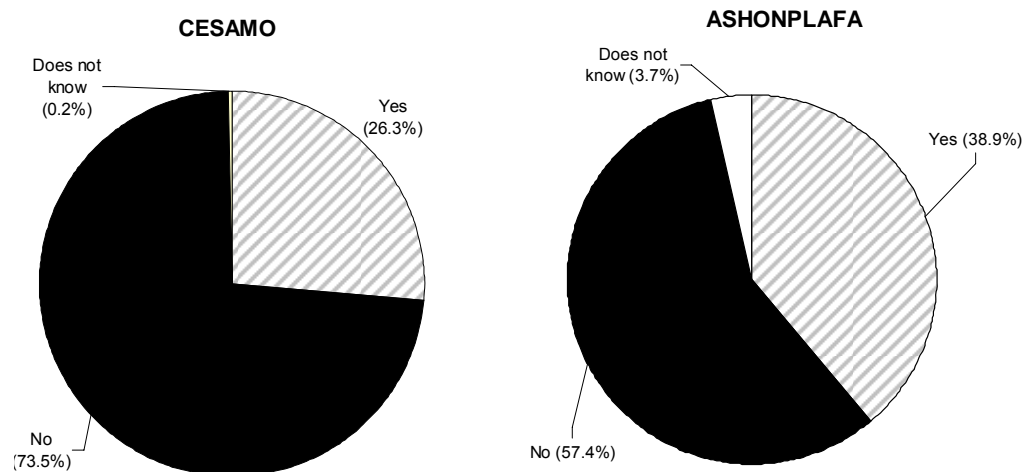
**Figure 4.** Percentage of new and continuing users who feel they have sufficient information to use the method correctly and percentage having no worries about the use of the method

Despite having any concerns over the use of the method, the overwhelming majority of sampled users intend to use their method for another year, as shown in Figure 5.



**Figure 5. Percent of women who intend to use their method of contraception for another year (N=800).**

Though most women in this sample of users received an injection on the day of their appointment, the majority did not receive information about what to do if they miss an injection (Figure 6). While this was better in the ASHONPLAFA clinics, where 39% of users received information compared to 26% in CESAMOs, both types of clinics could improve the counseling provided.



**Figure 6. Percent of women receiving injection who also received information about what to do if an injection is missed (N=574)**

## 5. Fertility Motivations of Study Population by Region

Table 5 presents some of the motivational factors that influence contraceptive use. Some highlights from the table include the following:

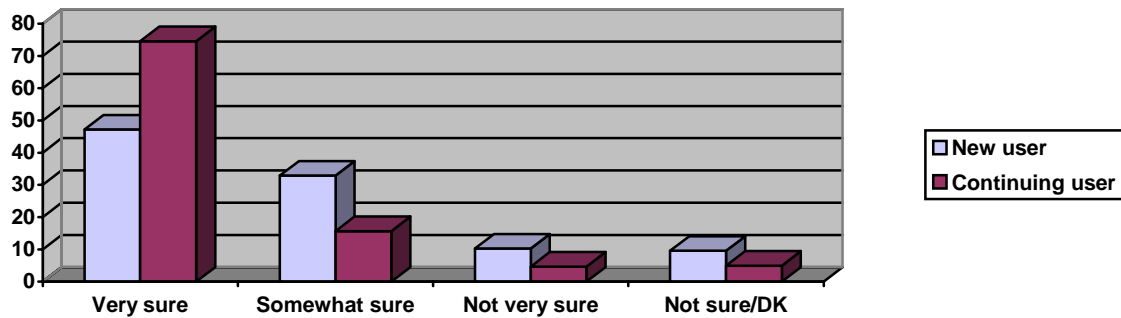
- Sixty percent of clients would like to have another child, with little variation across regions. Of those who want another child, most want to wait two or more years. These figures again indicate that for these women, most contraceptive use is for spacing births.
- Forty-two percent of the sample feel that their husbands want another child within the next two years.
- While 54% of users feel that getting pregnant in the next few weeks would be a “big problem,” more than one out of every four felt it would be “no problem,” indicating a certain degree of ambivalence toward pregnancy, even among this group of users.

**Table 5. Description of Fertility Motivations of Study Population (N=800)**

Characteristic	Tegucigalpa (n=200)	San Pedro Sula (n=200)	S.R. Copán* (n=283)	Gracias (n=117)
	%	%	%	%
<b>Desire to have another child</b>				
Have another child	59 .0	61 .5	64 .0	49 .6
No more children	37 .0	35 .0	25 .8	46 .2
Unsure/does not know	4 .0	3 .5	10 .2	4 .3
<b>Amount of time wanted to wait to have another child from day of interview (N=480)</b>				
Soon, now	0 .0	0 .0	0 .0	0 .0
Less than two years	7 .6	11 .8	10 .5	2 .6
Two years or more	91 .6	87 .4	88 .4	47 .0
Does not know	0 .8	0 .8	1 .1	50 .4
<b>States that spouse/companion wants another child within two years</b>				
Yes	48 .0	44 .0	37 .1	46 .2
No	44 .0	42 .0	51 .9	40 .2
No spouse/companion	4 .0	7 .5	8 .5	3 .4
Does not know	4 .0	6 .5	2 .5	10 .3
<b>Opinion if pregnancy where to happen in next few weeks</b>				
Big problem	56 .0	49 .0	56 .5	56 .4
Small problem	19 .0	22 .5	15 .2	21 .4
No problem	25 .0	28 .5	28 .3	22 .2

\* Numbers from Santa Rosa de Copán also incorporate those collected in La Entrada, Copán.

Figure 7 shows the percent of new and continuing users who are sure about being able to use their method of contraception to avoid pregnancy successfully. The figure indicates that while the majority of users are very sure of being able to use their method successfully, there is more doubt among new users. In fact, fewer than one out of every two new users is very sure of her ability to use the method successfully to avoid a pregnancy.



**Figure 7.** Percent of new and continuing users who are sure of being able to use their method of contraception successfully to avoid pregnancy (N=800).

## **6. Decision-Making Environment of Study Population**

Decision-making about the use of contraception was, to a large degree, a joint decision of the couple (average of 72.8%), and was similar across regions. The decision was made solely by the woman less often, ranging from 10.5% in San Pedro Sula to 24.5% in Tegucigalpa. In contrast, decision-making solely by the spouse/companion was only reported by 3% of women.

Women discuss family planning with their spouses/companions — 46% had discussed the issue one or two times in the last 12 months, while 43% had discussed it more often. Equally, side effects and other health concerns related to contraceptive use were also discussed by couples — 35% of women discussed them one or two times in the last 12 months, and 32% discussed them more often.

Women also discussed contraceptive side effects and health worries with their friends, neighbors, and family members in recent months. This was reported by 44% of respondents. The side effects most commonly discussed were headaches (29.8%), weight gain (23.3%), and irregular bleeding/spotting (18.6%).

Some women also report ambivalence about the use of contraception — about one in five of these users felt that use of the IUD, oral contraceptives, or injectables was sinful.

## CONCLUSIONS

The baseline study provided a profile of female, reversible method use among women from four urban areas in Honduras. This information will be used to determine the key demographic, motivational, and service quality characteristics that contribute to contraceptive discontinuation after the next round of data collection in late 2007.

The findings indicate that sexual activity begins early in Honduras, and that many women become mothers during adolescence. Some of these women use contraception to avoid a first birth, often choosing less-effective, user-dependent methods; while the majority use female, reversible methods for spacing after the birth of a first or second child. The majority of women in this sample would like to wait at least two more years to have another child or have no more children at all. Nevertheless, there does appear to be some differences in the level of motivation to avoid pregnancy. This is evidenced by the fact that one-quarter of respondents felt that getting pregnant within the next few weeks would be “no problem.”

Experience of side effects is the most common reason women gave for the discontinuation of their first method of contraception, as well as for previous episodes of discontinuation of use of oral contraceptives, injectables, or the IUD. Most bothersome to women were headaches, changes in menstrual bleeding (including irregular bleeding/spotting and the lack of menstrual bleeding), and uterine pain. Forty-two percent of women reported feeling worried about the use of their method, mostly due to the fear of side effects or other health concerns.

This baseline study also highlights some issues related to the provision of family planning services in urban Honduras. Particularly significant is the lack of questioning by family planning service providers relating to past experience with contraceptives, method preferences, and satisfaction with current method. The majority of women receiving injections were not told what to do if they missed an appointment for their next injection. This study also reveals problems in communicating information on possible side effects and their potential to contribute to discontinuation. All of these issues are especially important to communicate to new users of contraception and those who are switching methods.





## REFERENCES

- Ali M, Cleland J. Determinants of contraceptive discontinuation in six developing countries. *J Biosoc Sci* 1999. 31(3):343-360.
- Blanc AK. The effect of power in sexual relationships on sexual and reproductive health: an examination of the evidence. *Stud Fam Plann* 2001. 32(3):189-213.
- Blanc AK, Curtis SL, Croft TN. Monitoring contraceptive continuation: links to fertility outcome and quality of care. *Stud Fam Plann* 2002. 33(2):127-140.
- Curtis SL, Blanc AK. *Determinants of Contraceptive Failure, Switching, and Discontinuation: An Analysis of DHS Contraceptive Histories* [DHS Analytical Reports No. 6]. Calverton, MD: Macro International, Inc.; 1997.
- Koenig MA, Hossain MB, Whittaker M. The influence of quality of care upon contraceptive use in rural Bangladesh. *Stud Fam Plann* 1997. 28(4):278-289.
- RamaRao S, Lacuesta M, Costello M, et al. The link between quality of care and contraceptive use. *Intern Fam Plann Perspect* 2003. 29(2):76-83.
- Secretaría de Salud [Honduras], Instituto Nacional de Estadística (INE) y Macro International. *Encuesta Nacional de Salud y Demografía 2005-2006*. Tegucigalpa, Honduras: INE y Macro International; 2006.
- Steele F, Curtis SL, Choe M. The impact of family planning service provision on contraceptive dynamics in Morocco. *Stud Fam Plann* 1999. 30(1):28-42.

## APPENDIX

An English translation of the questionnaire follows. For a copy of the Spanish, please contact Janine Barden-O’Fallon at the MEASURE Evaluation project, at [bardef@unc.edu](mailto:bardef@unc.edu).

## Study of service quality, motivations to use contraception, and contraceptive continuation in Honduras

IDENTIFICATION			
<p>COMMUNITY: TEGUCIGALPA.....1  SAN PEDRO SULA.....2  SANTA ROSA DE COPAN.....3  GRACIAS.....4</p> <p>NAME OF FACILITY _____</p> <p>FACILITY IDENTIFICATION NUMBER.....__ __</p> <p>TYPE OF FACILITY:  MINISTRY OF HEALTH HOSPITAL.....1  MINISTRY OF HEALTH CLINIC (CESAMO) .....2  ASHONPLAFA CLINIC .....3</p> <p>RESPONDENT IDENTIFICATION NUMBER .....__ __ __</p>			
SURVEY RESULTS			
<p>*RESULT CODES:</p> <div style="display: flex; justify-content: space-between;"> <div> 1 COMPLETED  2 INCOMPLETE  3 REFUSED </div> <div> 4 OTHER: _____  (SPECIFY) </div> </div>			
<p style="text-align: center;">SUPERVISOR</p> <p>NAME _____</p> <p>DATE _____</p>	<p style="text-align: center;">FIELD EDITOR:</p> <p>NAME _____</p> <p>DATE _____</p>	<p style="text-align: center;">OFFICE EDITOR:</p>	<p style="text-align: center;">KEYED BY:</p>

## Section 1: Demographics

#	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
101	RECORD THE TIME. (USE MILITARY TIME)	HOUR.....__ __ MINUTES.....__ __	
102	Where do you currently live?  (WRITE NAME OF TOWN OR NEIGHBORHOOD)	LOCALITY:  MUNICIPALITY:  _____	
103	AREA OF RESIDENCE. (BASED ON THE LOCATION GIVEN, CIRCLE URBAN OR RURAL)	URBAN.....1 RURAL .....2	
104	How long have you been living continuously in your locality?  IF LESS THAN ONE YEAR RECORD "00" YEARS	YEARS.....----- ALWAYS .....95	
105	In what month and year were you born?	MONTH.....__ __  DON'T KNOW MONTH.....98  YEAR.....__ __ __ __  DON'T KNOW YEAR ..... 9998	
106	How old were you at your last birthday?  COMPARE AND CORRECT 105 AND/OR 106 IF INCONSISTENT.	AGE IN COMPLETED YEARS.....__ __	
107	What religion are you?	CATHOLIC.....1 PROTESTANT.....2 NONE.....3 OTHER .....6 (SPECIFY)	
108	Have you ever attended school?	YES .....1 NO .....2	→ 110

109	What was the highest level of school you attended?  PROBE: IF SECONDARY: Common or diversified cycle? IF HIGHER: University or not university?	<div> <div>LEVEL</div> <div>GRADE</div> </div> PRESCHOOL.....1 _____ PRIMARY.....2 _____ SECONDARY COMMON CYCLE.....3 _____ DIVERSIFIED SECONDARY.....4 _____ NOT ABOVE UNIVERSITY.....5 _____ ABOVE UNIVERSITY.....6 _____ POSTGRADUATE UNIVERSITY.....7 _____	
110	Are you currently married or living with a man?	YES, CURRENTLY MARRIED....1 YES, LIVING WITH A MAN.....2 NO, NOT IN UNION.. .....3	→ 112 → 112
111	Have you ever been married or lived with a man although it may have been for a short while?	YES, FORMERLY MARRIED .....1 YES, FORMERLY LIVED WITH A MAN.....2 NO .....3	→ 113
112	Have you been married or lived with a man only once, or more than once?	ONCE.....1 MORE THAN ONCE.....2	
113	Have you worked in the last 12 months?	YES ..... 1 NO ..... 2	→ 117
114	Do you usually work throughout the year, or do you work seasonally, or only once in a while?	THROUGHOUT THE YEAR ..... 1 SEASONALLY/PART OF THE YEAR ..... 2 ONCE IN A WHILE ..... 3	
115	On average, how much of your household's expenditures do your earnings pay for: almost none, less than half, about half, more than half, or all?	ALMOST NONE ..... 1 LESS THAN HALF ..... 2 ABOUT HALF..... 3 MORE THAN HALF ..... 4 ALL ..... 5 NONE, HER INCOME IS ALL SAVED. .... 6	
116	Who mainly decides how the money you earn will be used?: you? your partner (husband/partner)? someone else? both you and the other person decide? Read the options.	RESPONDENT DECIDES.....1 PARTNER DECIDES.....2 JOINTLY.....3 SOMEONE ELSE DECIDES.....4 JOINTLY SOMEONE ELSE.....5	
117	How much household income do you make each month?	INCOME:	

## Section 2: Respondent's Birth History

#	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	→ 212		
202	How many births have you had, including those in which the baby was born alive but did not survive?  IF NONE, RECORD '00'.	TOTAL NUMBER OF BIRTHS.....__ __			
203	How many living children do you have?  IF NONE, RECORD '00'.	TOTAL NUMBER OF CHILDREN .....__ __			
204	How old were you when you had your first child?	AGE.....__ __			
205	How many of your children have been born in the last three years (since 2003)?  IF '00', CONTINUE TO QUESTION 212	NUMBER OF CHILDREN SINCE 2003.....__ __			
	<b>READ:</b> Now I would like to ask you some questions about the health of all your children born in the last three years (since 2003). We will talk about each separately. <b>BEGIN WITH THE MOST RECENT BIRTH. DO NOT TAKE INFORMATION ON ANY CHILD BORN BEFORE 2003. RECORD TWINS AND TRIPLETS ON SEPARATE LINES.</b>				
	<b>Birth History since 2003</b>				
		Most recent live birth	Second most recent live birth	Third most recent live birth	Fourth most recent live birth
206	Name of child:	A. _____	B. _____	C. _____	D. _____
207	In what month and year was (NAME) born?	A. MONTH..__ __  DON'T KNOW MONTH.....98  YEAR.20__ __  DON'T KNOW YEAR.....9998	B. MONTH..__ __  DON'T KNOW MONTH.....98  YEAR.20__ __  DON'T KNOW YEAR.....9998	C. MONTH..__ __  DON'T KNOW MONTH.....98  YEAR.20__ __  DON'T KNOW YEAR.....9998	D. MONTH..__ __  DON'T KNOW MONTH.....98  YEAR.20__ __  DON'T KNOW YEAR.....9998
208	Is (NAME) a boy or girl? 1. Boy 2. Girl	A. BOY.....1 GIRL.....2	B. BOY.....1 GIRL.....2	C. BOY.....1 GIRL.....2	D. BOY.....1 GIRL.....2

209	Is (NAME) still alive? 1. Yes 2. No	A. YES.....1 NO.....2	B. YES.....1 NO.....2	C. YES.....1 NO.....2	D. YES.....1 NO.....2	
210	At the time you became pregnant with (NAME), did you want to become pregnant <b>then</b> , did you want to wait until <b>later</b> , or did you <b>not want</b> to have any (more) children at all?	A.  THEN.....1  LATER.....2  NOT AT ALL.....3	B.  THEN.....1  LATER.....2  NOT AT ALL.....3	C.  THEN.....1  LATER.....2  NOT AT ALL.....3	D.  THEN.....1  LATER.....2  NOT AT ALL.....3	
211	IF LATER....  How much longer would you like to have waited?	A. MONTHS..... ...1_____ YEARS..... .....2_____ DON'T KNOW .....998	B. MONTHS..... .....1_____ YEARS..... .....2_____ DON'T KNOW .....998	C. MONTHS..... .....1_____ YEARS..... .....2_____ DON'T KNOW .....998	D. MONTHS..... .....1_____ YEARS..... .....2_____ DON'T KNOW .....998	
COMPARE THE TOTAL NUMBER OF BIRTHS FROM QUESTION 205 WITH THE TOTAL FROM QUESTIONS 206A-206D AND MARK:						
212	Have you ever had a pregnancy that miscarried, was aborted, or ended in a stillbirth?	YES.....1 NO.....2				

### Section 3: Contraceptive Use History

#	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
	<p>READ:</p> <p>Now I would like to talk to you about family planning, that is, the various ways or methods that a couple can use to delay or avoid a pregnancy.</p>		
301	<p>Have you or your partner ever used or tried to use some method to delay or avoid a pregnancy?</p> <p>IF "NO" PROBE: This includes any method of family planning, including pills, injections, condoms, Billings, collar, or other...</p>	<p>YES.....1</p> <p>NO.....2</p>	→ 310
302	<p>What methods have you used or what have you done to avoid getting pregnant?</p> <p>CIRCLE ALL METHODS MENTIONED</p>	<p>PILL.....A</p> <p>INJECTABLE.....B</p> <p>IUD.....C</p> <p>CONDOM.....D</p> <p>DIAPHRAGM.....E</p> <p>EMERGENCY CONTRACEPTIVE PILL.....F</p> <p>MALE STERILIZATION.....G</p> <p>FEMALE STERILIZATION .....H</p> <p>IMPLANTS/NORPLANT.....I</p> <p>TABLET, VAGINAL RING, FOAM OR JELLY.....J</p> <p>COLLAR METHOD.....K</p> <p>LACTATIONAL AMENORRHEA.....L</p> <p>RHYTHM (BILLINGS, PERIODIC ABSTINENCE.....M</p> <p>WITHDRAWAL.....N</p> <p>OTHER _____X</p> <p>(SPECIFY)</p>	
303	<p>Now I would like to ask you about the first time that you did something or used some method to avoid becoming pregnant.</p> <p>How many living children did you have when you first tried to avoid a pregnancy?</p>	<p>NUMBER OF LIVING CHILDREN.....__ __</p>	
304	<p>How old were you when you first started using this method?</p>	<p>AGE AT FIRST USE.....__ __</p>	





309	<p>IF ANSWER TO 308 IS "SIDE EFFECTS":</p> <p>What side-effects did you have while using this method?</p> <p>CIRCLE ALL MENTIONED.</p>	<p>IRREGULAR BLEEDING          SPOTTING.....A          PERIOD DID NOT COME.....B          TOO MUCH BLEEDING.....C          GAINED WEIGHT.....D          LOST WEIGHT.....E          FACIAL SPOTTING.....F          HEADACHES.....G          GOT INFECTION(S).....H          NAUSEA/VOMITING.....I</p> <p>OTHER _____X          (SPECIFY)</p>	
310	<p>What method did you receive today?</p>	<p>PILL.....A          INJECTABLE.....B          IUD.....C          OTHER _____X          (SPECIFY)</p>	
311	<p>When did you start using this method?</p> <p>PROBE: In what month and year did you start using this method?</p>	<p>TODAY ..... 9997          MONTH.....__ __</p> <p>DON'T KNOW MONTH.....98</p> <p>YEAR.....__ __ __</p> <p>DON'T KNOW YEAR.....9998</p>	
312	<p>Did you use any other method before you started using this one?</p>	<p>YES.....1          NO.....2</p>	→ 316
313	<p>Which method were you using?</p> <p>CIRCLE ALL MENTIONED</p>	<p>PILL.....A          INJECTABLE.....B          IUD.....C          CONDOM.....D          DIAPHRAGM.....E          EMERGENCY CONTRACEPTIVE          PILL.....F          MALE STERILIZATION.....G          FEMALE STERILIZATION .....H          IMPLANTS/NORPLANT.....I          TABLET, VAGINAL RING, FOAM          OR JELLY.....J          COLLAR METHOD.....K          LACTATIONAL          AMENORRHEA.....L          RHYTHM (BILLINGS, PERIODIC          ABSTINENCE.....M          WITHDRAWAL.....N          OTHER _____X          (SPECIFY)</p>	

314	<p>When did you start using this other method?</p> <p>PROBE: In what month and year did you start using this other method?</p>	<p>TODAY ..... 9997</p> <p>MONTH.....__ __</p> <p>DON'T KNOW MONTH.....98</p> <p>YEAR.....__ __ __ __</p> <p>DON'T KNOW YEAR.....9998</p>		
315	<p>Why did you stop using this method?</p> <p>CIRCLE ALL MENTIONED</p>	<p>WANTED TO BECOME PREGNANT.....A</p> <p>INFREQUENT SEX/HUSBAND AWAY.....B</p> <p>BECAME PREGNANT WHILE USING.....C</p> <p>HUSBAND/PARTNER DISAPPROVED.....D</p> <p>WANTED MORE EFFECTIVE METHOD.....E</p> <p>HEALTH CONCERNS.....F</p> <p><b>SIDE EFFECTS.....G</b></p> <p>LACK OF ACCESS/TOO FAR....H</p> <p>COSTS TOO MUCH.....I</p> <p>INCONVENIENT TO USE.....J</p> <p>DIFFICULT TO GET PREGNANT/MENOPAUSAL.....K</p> <p>MARITAL DISSOLUTION/SEPARATION....L</p> <p>OTHER.....M</p> <p>(SPECIFY)</p> <p>DON'T KNOW.....X</p>		
<p><b>PILL TAKING BEHAVIOR</b></p> <p>ASK THE FOLLOWING SECTION OF QUESTIONS IF QUESTION 302_03=1 (SI), OTHERWISE GO TO QUESTION 319</p>				
316	<p>You say you used the pill.</p> <p>Did you ever stop using the pill for any amount of time?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>DON'T KNOW .....8</p>	<p>→ 318</p> <p>→ 318</p>	
317	<p>The last time you stopped using the pill for any amount of time, why did you stop?</p>	<p>WANTED TO BECOME PREGNANT.....A</p> <p>INFREQUENT SEX/HUSBAND AWAY.....B</p> <p>BECAME PREGNANT WHILE USING.....C</p> <p>HUSBAND/PARTNER DISAPPROVED.....D</p> <p>WANTED MORE EFFECTIVE METHOD.....E</p> <p>HEALTH CONCERNS.....F</p> <p>SIDE EFFECTS.....G</p> <p>LACK OF ACCESS/TOO FAR....H</p>		

		COSTS TOO MUCH.....I INCONVENIENT TO USE.....J DIFFICULT TO GET PREGNANT/MENOPAUSAL.....K MARITAL DISSOLUTION/SEPARATION....L OTHER.....M (SPECIFY) DON'T KNOW.....X	
318	The first time that you ever used the pill, did you consult a doctor or nurse?	YES ..... 1 NO ..... 2 DON'T KNOW/CAN'T REMEMBER.....8	
319	[IF 310=A AND Q311 IS A DATE BEFORE TODAY, THEN CONTINUE WITH THIS QUESTION, OTHERWISE SKIP TO INJECTION TAKING BEHAVIOR QUESTION 323]  At any time in the past month, have you Had spotting or bleeding more than once? Missed having a menstrual period when expected? Experienced headaches, nausea or vomiting? Run out of pills? Had any other problems?  READ EACH PROBLEM AND CIRCLE 'YES' , 'NO', OR 'DON'T KNOW'.	<div style="text-align: right;">YES NO DK</div> SPOTTING/BLEEDING.....1 2 8  PERIOD DID NOT COME..1 2 8 HEADACHES, ETC.....1 2 8 RAN OUT OF PILL.....1 2 8 OTHER _____ (SPECIFY)	
320	At any time in the past month, did you fail to take a pill for even one day for any reason?	YES.....1 NO.....2 DON'T KNOW.....8	→ 323 → 323
321	What was the main reason you failed to take the pill?	SPOTTING/BLEEDING.....01 OTHER ILLNESS.....02 PERIOD DID NOT COME.....03 RAN OUT OF PILLS .....04 FORGOT/MISPLACED .....05 NOT SEXUALLY ACTIVE .....06  OTHER _____ 96 (SPECIFY)	
322	What did you do the last time you forgot to take the pill?	NEVER FORGOT..... 1 TOOK ONE PILL THE NEXT DAY.....2 TOOK TWO PILLS THE NEXT DAY.....3 USED ANOTHER METHOD .....4  OTHER _____ 6 (SPECIFY)	

	<b>INJECTION TAKING BEHAVIOR</b> ASK THE FOLLOWING SECTION OF QUESTIONS IF QUESTION 302_05=1 (SI), OTHERWISE GO TO QUESTION 326		
323	You said that you used injectables in the past.  Have you ever stopped using the injection for any amount of time?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	→ 325 → 325
324	The last time you stopped using the injection for any amount of time, why did you stop?	WANTED TO BECOME PREGNANT.....A INFREQUENT SEX/HUSBAND AWAY.....B BECAME PREGNANT WHILE USING.....C HUSBAND/PARTNER DISAPPROVED.....D WANTED MORE EFFECTIVE METHOD.....E HEALTH CONCERNS.....F SIDE EFFECTS.....G LACK OF ACCESS/TOO FAR....H COSTS TOO MUCH.....I INCONVENIENT TO USE.....J DIFFICULT TO GET PREGNANT/MENOPAUSAL.....K MARITAL DISSOLUTION/SEPARATION....L OTHER.....M (SPECIFY) DON'T KNOW.....X	
325	Think back to the first time you got an injection.  Where did you obtain information about the injection before you first started using it?  CIRCLE ALL MENTIONED	DOCTOR/NURSE .....A OTHER HEALTH WORKER.....B INFORMATION PAMPHLET.....C HOSPITAL.....D HEALTH CLINIC.....E PHARMACIST.....F FAMILY MEMBER/RELATIVE....G FRIEND.....H ASHONPLAFA CLINIC.....I FAMILY PLANNING POST.....J RADIO/TV PROGRAMS.....K OTHER.....L (SPECIFY) DON'T KNOW/CAN'T REMEMBER.....X	

326	<p>IF THE ANSWER TO QUESTION 310 IS "INJECTABLES" AND 311 IS A DATE BEFORE TODAY, THEN CONTINUE WITH THIS QUESTION. OTHERWISE SKIP TO QUESTION 329.</p> <p>At any time in the past six months, have you:</p> <p>Had spotting or bleeding more than once?</p> <p>Missed having a menstrual period when expected?</p> <p>Experienced headaches, nausea or vomiting?</p> <p>Missed or forgot to get an injection?</p> <p>Had any other problem?</p> <p>READ EACH PROBLEM AND CIRCLE 'YES', 'NO', OR DON'T KNOW.</p>	<p>YES NO DK</p> <p>SPOTTING/BLEEDING.....1 2 8</p> <p>PERIOD DID NOT COME..1 2 8</p> <p>HEADACHES, ETC.....1 2 8</p> <p>MISSED/FORGOT NEXT INJECTION.....1 2 8</p> <p>OTHER _____</p> <p>(SPECIFY)</p>	
327	Have you ever missed an appointment for your follow-up injection?	<p>YES.....1</p> <p>NO.....2</p>	→ 329
328	What did you do to protect against pregnancy at that time (DON'T READ ANSWERS)?	<p>USED A CONDOM/OTHER METHOD.....1</p> <p>DIDN'T HAVE SEX.....2</p> <p>WANTED TO GET PREGNANT...3</p> <p>DIDN'T MIND GETTING PREGNANT.....4</p> <p>HAD INJECTION AT OTHER SITE.....5</p> <p>OTHER.....6</p>	
	<p><b>IUD USE QUESTIONS</b></p> <p>ASK THE FOLLOWING SECTION OF QUESTIONS IF QUESTION 302_03=1 (SI), OTHERWISE GO TO QUESTION 331</p>		
329	<p>You said that you used the IUD in the past,</p> <p>Have you ever had your IUD removed?</p>	<p>YES ..... 1</p> <p>NO .....2</p> <p>DON'T KNOW .....8</p>	<p>→ 331</p> <p>→ 331</p>
330	The last time you had your IUD removed, what was your reason for having it removed?	<p>WANTED TO BECOME PREGNANT.....A</p> <p>INFREQUENT SEX/HUSBAND AWAY.....B</p> <p>BECAME PREGNANT WHILE USING.....C</p> <p>HUSBAND/PARTNER DISAPPROVED.....D</p> <p>WANTED MORE EFFECTIVE METHOD.....E</p> <p>HEALTH CONCERNS.....F</p> <p>SIDE EFFECTS.....G</p>	

		LACK OF ACCESS/TOO FAR....H COSTS TOO MUCH.....I INCONVENIENT TO USE.....J DIFFICULT TO GET PREGNANT/MENOPAUSAL.....K MARITAL DISSOLUTION/SEPARATION....L OTHER.....M (SPECIFY) DON'T KNOW.....X	
331	Before your visit today, were you ever told by a health or family planning worker about side effects or problems you might have with the method of family planning you were using?	YES ..... 1 NO ..... 2 NOT USING MODERN METHOD OF FAMILY PLANNING.....3 NOT USING METHOD IN LAST THREE MONTHS.....7 DON'T KNOW.....8	
332	Are you a new user of this method or have you used it before?  (CHECK: Have you ever used this method before?)	NEW USER.....1 CONTINUING/RETURNING.....2	
333	Before today, were you ever told what to do if you experienced side effects or problems?	YES ..... 1 NO ..... 2 DON'T KNOW.....8	→335 →335
334	What were you told to do?	COME TO CLINIC OR SEEK MEDICAL COUNSEL.....1 SWITCH TO OTHER METHOD....2 TAKE MEDICATION.....3 STOP USING METHOD.....4 TAKE PREGNANCY TEST.....5 OTHER.....6 (SPECIFY) DON'T KNOW/NOT SURE.....8	
335	Have you experienced any side effects from using this method?	YES ..... 1 NO.....2 DON'T KNOW/RECEIVED METHOD TODAY.....8	→401 →401
336	What side effects?  CIRCLE ALL MENTIONED DO NOT READ	IRREGULAR BLEEDING SPOTTING.....A LACK OF PERIOD.....B HEAVY BLEEDING.....C WEIGHT GAIN.....D WEIGHT LOSS.....E FACIAL SPOTTING.....F HEADACHES.....G INFECTIONS.....H NAUSEA/VOMITING.....I OTHER.....X (SPECIFY)	

337	Of the side effects mentioned, which one bothers you the most?	IRREGULAR BLEEDING SPOTTING.....01 LACK OF PERIOD.....02 HEAVY BLEEDING.....03 WEIGHT GAIN.....04 WEIGHT LOSS.....05 FACIAL SPOTTING.....06 HEADACHES.....07 INFECTIONS.....08 NAUSEA/VOMITING.....09  OTHER _____ 96 (SPECIFY)	
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## Section 4. Perceived Quality of Care Received Today

	<p>READ: Now I would like to ask you some questions about your experience at today's appointment...</p>	
401	<p>How long did it take for you to arrive at this clinic today?</p> <p>IF LESS THAN 60 MINUTES, ENTER "00" HOURS AND THE NUMBER OF MINUTES</p>	<p>HOURS.....__ __ AND MINUTES.....__ __</p>
402	<p>After arriving here, how long did you wait for your appointment?</p> <p>IF LESS THAN 60 MINUTES, ENTER "00" HOURS AND THE NUMBER OF MINUTES</p>	<p>HOURS.....__ __ AND MINUTES.....__ __</p>
403	<p>Is this your first time coming to this clinic/hospital to get a family planning method?</p>	<p>YES .....1 NO .....2</p>
404	<p>Did you come more than once to get this appointment?</p>	<p>YES .....1 NO .....2</p>
405	<p>How satisfied are you with the level of cleanliness at this clinic- very satisfied, somewhat satisfied, neither satisfied or unsatisfied, somewhat unsatisfied, or very unsatisfied?</p>	<p>VERY SATISFIED.....1 SOMEWHAT SATISFIED .....2 NEITHER.....3 SOMEWHAT UNSATISFIED.....4 VERY UNSATISFIED.....5</p>
406	<p>Do you feel you had enough privacy during your appointment today?</p>	<p>YES .....1 NO .....2 DON'T KNOW.....8</p>
407	<p>What methods of family planning did the provider discuss with you today?</p> <p>CIRCLE ALL MENTIONED.</p>	<p>PILL.....A INJECTABLE.....B IUD.....C CONDOM.....D DIAPHRAGM.....E EMERGENCY CONTRACEPTIVE PILL.....F MALE STERILIZATION.....G FEMALE STERILIZATION .....H IMPLANTS/NORPLANT.....I TABLET, VAGINAL RING, FOAM OR JELLY.....J COLLAR METHOD.....K LACTATIONAL AMENORRHEA.....L RHYTHM (BILLINGS, PERIODIC</p>

		ABSTINENCE.....M WITHDRAWAL.....N DON'T KNOW/NO METHOD IN MIND.....O OTHER _____X (SPECIFY)	
408	What method did you <u>want</u> to receive when you came to your appointment today?  (PROBE: What method did you have in mind when you came to your appointment today?)	PILL.....A INJECTABLE.....B IUD.....C CONDOM.....D DIAPHRAGM.....E EMERGENCY CONTRACEPTIVE PILL.....F MALE STERILIZATION.....G FEMALE STERILIZATION.....H IMPLANTS/NORPLANT.....I TABLET, VAGINAL RING, FOAM, OR JELLY.....J COLLAR METHOD.....K LACTATIONAL AMENORRHEA.....L RHYTHM (BILLINGS, PERIODIC ABSTINENCE).....M WITHDRAWAL.....N DON'T KNOW/NO METHOD IN MIND.....O OTHER _____X (SPECIFY)	→411
409	Why did you want this method?  CIRCLE ALL MENTIONED.	ALREADY USING.....A RECOMMENDED BY FRIEND OR FAMILY MEMBER.....B EFFECTIVE/WORKS WELL.....C EASY TO USE.....D EASY TO GET.....E NO SIDE EFFECTS.....F COST.....G HUSBAND APPROVES OF METHOD.....H OTHER _____X (SPECIFY)	
410	CHECK IF 408 AND 310 ARE DIFFERENT IN WHICH CASE ASK THE FOLLOWING QUESTION, IF THE SAME SKIP TO QUESTION 411  Why didn't you receive the method you wanted to get?	CHANGED MY MIND BY INFORMATION GIVEN IN PAMPHLET.....01 DISCUSSION WITH PROVIDER.....02 DISCUSSION WITH OTHER WOMEN AT CLINIC.....03 CLINIC DIDN'T HAVE MY METHOD.....04 CLINIC DIDN'T HAVE MY BRAND.....05 MEDICAL INELIGIBILITY.....06 PROVIDER WOULD NOT	

		PRESCRIBE PREFERRED METHOD.....07 OTHER.....08 (SPECIFY) METHODS SAME.....09 DON'T KNOW.....98	
411	<b>CHECK 332 ABOVE IF CONTINUING USER, ASK QUESTIONS, OTHERWISE SKIP TO 416</b>  What are the advantages of using your method?  CIRCLE ALL MENTIONED	EFFECTIVE/WORKS WELL.....A EASY TO USE.....B EASY TO GET.....C NO SIDE EFFECTS.....D COST.....E HUSBAND APPROVES OF METHOD.....F LONG TERM METHOD.....G OTHER.....X (SPECIFY)	
412	Did the provider ask you about your prior experience with contraception?	YES ..... 1 NO ..... 2 DON'T KNOW.....8	
413	Did the provider ask you today about your satisfaction with the method you are using?	YES ..... 1 NO ..... 2 DON'T KNOW.....8	
414	What is your level of satisfaction with the method? Are you very satisfied, somewhat satisfied, neither satisfied or unsatisfied, somewhat unsatisfied, or very unsatisfied?	VERY SATISFIED.....1 SOMEWHAT SATISFIED.....2 NEITHER.....3 SOMEWHAT UNSATISFIED.....4 VERY UNSATISFIED.....5	
415	Would you recommend this method to other women?	YES ..... 1 NO ..... 2 DON'T KNOW.....8	
416	Did the provider ask you today what method you prefer to use?	YES ..... 1 NO ..... 2 DON'T KNOW.....8	
417	Which type of provider did you see today?  CHECK ALL MENTIONED	DOCTOR.....A PROFESSIONAL NURSE.....B AUXILIARY NURSE.....C HEALTH WORKER.....D FAMILY PLANNING COUNSELOR.....E OTHER.....F	

418	How satisfied are you with the way you were treated by this provider? Are you very satisfied, somewhat satisfied, neither satisfied or unsatisfied, somewhat unsatisfied, or very unsatisfied?	VERY SATISFIED.....1 SOMEWHAT SATISFIED.....2 NEITHER.....3 SOMEWHAT UNSATISFIED.....4 VERY UNSATISFIED.....5	
419	Did you feel comfortable to openly discuss any of your questions or concerns with the provider?	YES .....1 SOMEWHAT .....2 NO .....3	
420	Did the provider give you information about:  The advantages and disadvantages of the method you received today? How to use the method you received today? The required visits for the method you received today?	<div style="text-align: right;">YES NO DK</div> ADVANTAGES AND DISADVANTAGES.....1.....2.....8 HOW TO USE.....1.....2.....8 REQUIRED VISITS.....1.....2.....8	
421	Did the provider inform you about possible side effects or problems related to this method?	YES .....1 NO .....2	→ 423
422	According to the provider, what are the possible side effects or problems related to the use of this method?  CIRCLE ALL MENTIONED	IRREGULAR BLEEDING SPOTTING.....A LACK OF PERIOD.....B HEAVY BLEEDING.....C WEIGHT GAIN.....D WEIGHT LOSS.....E FACIAL SPOTTING.....F HEADACHES.....G INFECTIONS.....H NAUSEA/VOMITING.....I  OTHER _____ X (SPECIFY)	
423	Were all your questions about the method you received today answered by the provider?	YES .....1 NO .....2 NO QUESTIONS.....3	→ 425  → 425
424	If not, what questions do you still have?  (MENTION THE MOST IMPORTANT.)	_____ _____ _____ _____ _____ _____ _____	
425	What would improve your opinion of the care that you received today?	BETTER TREATMENT BY PROVIDER/STAFF.....A MORE PRIVACY.....B MORE INFORMATION ON METHODS AVAILABLE.....C	

	CIRCLE ALL MENTIONED	GREATER CHOICE OF METHODS.....D LESS WAITING TIME.....E CLEANER FACILITIES.....F MORE CONVENIENT HOURS...G LESS EXPENSIVE SERVICES/METHODS.....H MORE MATERIALS AND EQUIPMENT.....I NO IMPROVEMENT NEEDED...J OTHER.....K (SPECIFY) DON'T KNOW.....98	
426	Overall, are you satisfied with the care that you received today?	YES .....1 NO.....2	
427	Now I'd like to ask you some questions about your expectations for using this method:  Do you feel that you have enough information to use this method correctly?	YES .....1 NO .....2 NOT SURE/DON'T KNOW.....8	
428	Do you have any concerns about using this method?	YES .....1 NO.....2	→ 430
429	What concerns do you have?  CIRCLE ALL MENTIONED	FEAR OF SIDE EFFECTS ..... A OTHER HEALTH CONCERNS.. B UNSURE OF PROPER USE.....C UNSURE ABLE TO REMEMBER TO USE PROPERLY.....D HUSBAND DOESN'T KNOW OR APPROVE OF USE.....E OTHER.....F NO CONCERNS.....G	
430	Do you plan to continue using this method for another year?	YES .....1 NO.....2 DON'T KNOW.....8	
431	FOR WOMEN WHO OBTAINED <b>PILLS TODAY</b> [VERIFY 310=1], OTHERWISE SKIP TO QUESTION 435.  How many packets of pills did you receive today?	NUMBER OF PACKETS...__ __	
432	Did the provider talk to you about what to do if you miss a pill?	YES .....1 NO .....2 DON'T KNOW.....3	→434 →434

433	What were you told to do if you miss a pill?  CIRCLE ALL MENTIONED	TAKE TWO PILLS THE NEXT DAY.....A USE OTHER METHOD OF PROTECTION.....B ABSTAIN FROM SEX.....C MAKE CLINIC APPOINTMENT....D OTHER.....E DON'T KNOW/CAN'T REMEMBER.....X	→439
434	What do think you should do if you miss a pill?	TAKE TWO PILLS THE NEXT DAY.....A USE OTHER METHOD OF PROTECTION.....B ABSTAIN FROM SEX.....C MAKE CLINIC APPOINTMENT....D OTHER.....E DON'T KNOW/CAN'T REMEMBER.....X	→439
435	FOR WOMEN WHO OBTAINED AN <b>INJECTION</b> TODAY [VERIFY 310=2], OTHERWISE SKIP TO QUESTION 439. Did you receive a three-month or one-month injection?	THREE MONTH.....1 ONE MONTH.....2 DON'T KNOW.....8	
436	Did the provider talk to you about what to do if you miss a shot?	YES.....1 NO.....2 DON'T KNOW.....8	→438 →438
437	What were you told to do if you miss a shot?  CIRCLE ALL MENTIONED	USE OTHER METHOD OF PROTECTION.....A ABSTAIN FROM SEX.....B MAKE CLINIC APPOINTMENT....C OTHER.....D DON'T KNOW/CAN'T REMEMBER.....X	→439
438	What do think you should do if you miss a shot?	USE OTHER METHOD OF PROTECTION.....A ABSTAIN FROM SEX.....B MAKE CLINIC APPOINTMENT....C OTHER.....D DON'T KNOW/CAN'T REMEMBER.....X	

439	<p>ASK TO PILL AND INJECTION USERS ONLY- OTHERWISE IF IUD USER, SKIP TO QUESTION QUESTION 501.</p> <p>Do you think you will return to this facility to get a refill or another injection?</p>	<p>YES ..... 1</p> <p>NO.....2</p> <p>DON'T KNOW.....8</p>	→ 441
440	<p>If NO or DON'T KNOW, where do you think you will go to get refills/injections?</p>	<p>THIS CLINIC/HOSPITAL.....1</p> <p>ANOTHER CLINIC/HOSPITAL.....2</p> <p>PUESTO.....3</p> <p>PHARMACY.....4</p> <p>HEALTH WORKER.....5</p> <p>OTHER.....6</p> <p>IUD USER.....7</p> <p>DON'T KNOW.....8</p>	→ 501
441	<p>Why do you think you will go there?</p>	<p>TRUST SERVICE.....1</p> <p>CONVENIENCE.....2</p> <p>COST.....3</p> <p>OTHER.....6</p> <p>DON'T KNOW.....8</p>	

## Section 5. Motivations to Avoid Pregnancy

	READ: Now I'd like to find out about your plans to have (more) children.	
501	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 UNDECIDED/DON'T KNOW ..... 8 → 503 → 503
502	How long would you like to wait from now before the birth of (a/another) child?	MONTHS ..... 1 ____ YEARS ..... 2 ____ SOON ..... 993 OTHER ..... 996 (SPECIFY) DON'T KNOW ..... 998
503	Does your husband/partner want to have another child within two years?	YES ..... 1 NO ..... 2 NO HUSBAND/PARTNER ..... 7 DON'T KNOW ..... 8
504	If you could start over and choose the ideal number of children to have in your lifetime, how many would that be?	NONE ..... 00 NUMBER ..... ____ DON'T KNOW ..... 98
	For the following statements, please say whether you strongly agree, moderately agree, neither agree or disagree, moderately disagree, or strongly disagree:  CODE ANSWERS AS FOLLOWS:  STRONGLY AGREE ..... 1 MODERATELY AGREE ..... 2 NEITHER AGREE OR DISAGREE ..... 3 MODERATELY DISAGREE ..... 4 STRONGLY DISAGREE ..... 5 DON'T KNOW ..... 6 NO HUSBAND/PARTNER ..... 7	
505	A I will use (my current method of) contraception to avoid becoming pregnant within the next 12 months.	1    2    3    4    5    6
	B My husband/partner agrees that I should continue utilizing this method of contraception for the next 12 months.	1    2    3    4    5    6 NO HUSBAND/PARTNER ..... 7
	C My husband/partner expects me to use contraception.	1    2    3    4    5    6 NO HUSBAND/PARTNER ..... 7
	D My family expects me to use contraception.	1    2    3    4    5    6



E	My husband/partner would be upset if I became pregnant.	1      2      3      4      5      6 NO HUSBAND/PARTNER.....7	
F	My family would be upset if I became pregnant.	1      2      3      4      5      6	
G	I am using contraception because there are negative consequences to getting pregnant now.	1      2      3      4      5      6	
H	I would feel anxious or guilty if I became pregnant now.	1      2      3      4      5      6	
I	Using contraception allows me to control when I get pregnant.	1      2      3      4      5      6	
J	Using contraception allows me to give better care to my family.	1      2      3      4      5      6	
K	Using contraception allows me to pursue educational and/or employment opportunities.	1      2      3      4      5      6	
506	Are there any other reasons why you use contraception?	YES.....1 NO.....2	→ 508
507	What are these reasons?	_____ _____ _____ _____ _____ _____	
508	In the next few weeks, if you discovered that you were pregnant, would that be a big problem, a small problem, or no problem for you?	BIG PROBLEM.....1 SMALL PROBLEM.....2 NO PROBLEM.....3	
509	How confident are you that you will be able to successfully use your method of contraception to avoid pregnancy?	VERY CONFIDENT.....1 SOMEWHAT CONFIDENT .....2 NOT VERY CONFIDENT.....3 DON'T KNOW/NOT SURE.....8	

## Section 6. Decision-Making Environment

601	Would you say that using contraception is mainly your decision, mainly your husband's/partner's decision or did you both decide together?	MAINLY RESPONDENT ..... 1 MAINLY HUSBAND/PARTNER.. 2 JOINT DECISION..... 3 NO HUSBAND/PARTNER.....4  OTHER _____ 6 (SPECIFY)	→ 609
602	Now I want to ask you about your husband's/partner's views on family planning.  Do you think that your husband/partner approves or disapproves of couples using a contraceptive method to avoid pregnancy?	APPROVES..... 1 DISAPPROVES..... 2 DON'T KNOW ..... 8	
603	How often have you talked to your husband/partner about family planning in the past year?	NEVER ..... 1 ONCE OR TWICE ..... 2 MORE OFTEN ..... 3 DON'T KNOW.....8	
604	How often have you talked to your husband/partner about side effects or health concerns related to your use of contraception in the past year?	NEVER..... 1 ONCE OR TWICE ..... 2 MORE OFTEN ..... 3 NO SIDE EFFECTS OR HEALTH CONCERNS.....7 DON'T KNOW.....8	
605	Do you think your husband/partner wants the same number of children that you want, or does he want more or fewer than you want?	SAME NUMBER.....1 MORE CHILDREN.....2 FEWER CHILDREN.....3 DON'T KNOW.....8	
606	Does your husband/partner know that you had a clinic appointment today to receive a method of family planning?	YES ..... 1 NO ..... 2 DON'T KNOW.....8	
607	Does your husband/partner know that you are using this method of family planning?	YES ..... 1 NO ..... 2 DON'T KNOW.....8	
608	In general, if you disagree with your husband/partner should you keep quiet or speak up?	SPEAK UP ..... 1 KEEP QUIET ..... 2 DON'T KNOW.....8	
609	Who usually makes decisions about your health care: you, your husband/partner, you and your husband/partner jointly, or someone else?	RESPONDENT.....1 HUSBAND/PARTNER.....2 RESPONDENT AND HUSBAND/PARTNER JOINTLY.....3 SOMEONE ELSE.....4 OTHER.....6	

610	Who usually makes decisions about making purchases for daily household needs?	RESPONDENT.....1 HUSBAND/PARTNER.....2 RESPONDENT AND HUSBAND/PARTNER JOINTLY.....3 SOMEONE ELSE.....4 OTHER.....6	
611	Sometimes a husband is annoyed or angered by things that his wife does. In your opinion, is a husband justified in hitting or beating his wife in the following situations: If she goes out without telling him? If she neglects the children? If she argues with him? If she refuses to have sex with him? If she burns the food?	YES NO DK GOES OUT.....1.....2.....8 NEGL CHILDREN.....1.....2.....8 ARGUES.....1.....2.....8 REFUSES SEX.....1.....2.....8 BURNS FOOD.....1.....2.....8	
612	In the last few months, have you discussed any health concerns or side effects from family planning use with your friends, neighbors, or relatives?	YES ..... 1 NO ..... 2	→ 615
613	With whom? Anyone else?  RECORD ALL PERSONS MENTIONED	HUSBAND/PARTNER.....A MOTHER.....B FATHER.....C SISTER(S).....D BROTHER(S).....E DAUGHTER.....F SON.....G MOTHER-IN-LAW.....H FRIENDS/NEIGHBORS.....I  OTHER _____ X (SPECIFY)	
614	What side-effects or health concerns were discussed with these friends or family members?  CIRCLE ALL MENTIONED	IRREGULAR BLEEDING SPOTTING.....A LACK OF PERIOD.....B HEAVY BLEEDING.....C WEIGHT GAIN.....D WEIGHT LOSS.....E FACIAL SPOTTING.....F HEADACHES.....G STOMACH ACHES.....H INFECTIONS.....I NAUSEA/VOMITING.....J  OTHER _____ _____ _____ _____ X (SPECIFY)	

615	<p>Sometimes people are opposed to the use of contraception.</p> <p>Do you feel that using an IUD, oral contraceptives, or injectables are in any way sinful?</p>	<p>YES .....1</p> <p>NO .....2</p> <p>DON'T KNOW.....8</p>	
616	RECORD THE TIME.	<p>HOUR.....__ __</p> <p>MINUTES.....__ __</p>	

**FOR FOLLOW-UP (KEEP SEPARATE FROM QUESTIONNAIRE)**

COMMUNITY: TEGUCIGALPA.....1  
SAN PEDRO SULA.....2  
SANTA ROSA DE COPAN.....3  
GRACIAS.....4

**FOLLOW-UP INFORMATION FOR INTERVIEWS IN 2007:**

NAME OF WOMAN\_\_\_\_\_

ADDRESS\_\_\_\_\_

\_\_\_\_\_

LOCATION/DIRECTIONS TO HOME\_\_\_\_\_:\_\_\_\_\_

\_\_\_\_\_

PHONE NUMBER(S):\_\_\_\_\_

BEST TIME OF DAY TO CONTACT..... \_\_\_\_:\_\_\_\_ A.M./ P.M.

SPECIAL CONTACT INSTRUCTIONS\_\_\_\_\_:\_\_\_\_\_

\_\_\_\_\_

IS THERE ANYONE WE CAN CONTACT THAT WILL KNOW HOW TO REACH HER IN 12 MONTHS? IF YES, PROVIDE CONTACT INFORMATION FOR THIS/THESE PERSON/S:

\_\_\_\_\_

\_\_\_\_\_

DOES RESPONDENT INTEND TO MOVE WITHIN NEXT 12 MONTHS? .....YES NO

IF YES; DOES SHE KNOW WHERE SHE MIGHT BE MOVING TO?

\_\_\_\_\_

\_\_\_\_\_

**FACILITY IDENTIFICATION NUMBER**.....\_\_ \_\_

**RESPONDENT IDENTIFICATION NUMBER**.....\_\_ \_\_ \_\_

### **INTERVIEWER OBSERVATIONS**

(To be filled out immediately after the end of the interview)

Comments about the interview:

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Comments about specific questions::

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Any other comments:

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### **SUPERVISOR OBSERVATIONS**

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Name of supervisor: \_\_\_\_\_ Date: \_\_\_\_\_

### **FIELD EDITOR OBSERVATIONS**

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Name of field editor: \_\_\_\_\_ Date: \_\_\_\_\_