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PMA2020 METHODOLOGICAL REPORT NO. 3:

WOMEN'S REPORTING OF CURRENT USE OF CONTRACEPTIVE METHODS IN A POPULATION WITH HIGH STERILIZATION RATES: LESSONS LEARNED FROM PMA2020 RAJASTHAN 2016

PMA2020
Performance Monitoring and Accountability 2020

Johns Hopkins Bloomberg School of Public Health

Bill & Melinda Gates Institute for Population and Reproductive Health

PMA2020 Methodological Report

Title: Women's Reporting of Current Use of Contraceptive Methods in a Population with High Sterilization Rates: Lessons Learned from PMA2020 Rajasthan 2016

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Acknowledgement: The authors are grateful for a valuable internal review by Amy Tsui.

Suggested citation: Khanna, Anoop; Choi, Yoonjoung; Zimmerman, Linnea; Radloff, Scott; Zachary, Blake; Ahmad, Danish. 2017. Women's Reporting of Current Use of Contraceptive Methods in a Population with High Sterilization Rates: Lessons Learned from PMA2020 Rajasthan 2016. Performance Monitoring and Accountability 2020 Methodological Reports No. 3. Baltimore, Maryland, USA: Bill & Melinda Gates Institute for Population and Reproductive Health, Johns Hopkins University Bloomberg School of Public Heatlh, and Indian Institute of Health Management Research (IIHMR University).

Table of Contents

LIST OF TABLES **4**

PREFACE **5**

ABSTRACT **6**

INTRODUCTION **7**

VERIFICATION OF REPORTED MODERN CONTRACEPTIVE USE IN ROUND 1 ..... **9**

REVISION OF QUESTIONNAIRE AND DATA QUALITY CHECKS IN ROUND 2 ..... **11**

DISCUSSION **14**

REFERENCES **16**

APPENDIX **17**

Tables

Table 1 Original and revised data on modern contraceptive use among currently married-women in the 86 verification exercise EAs 11
Table 2 Percent of married women currently using any modern contraceptive method, or using female sterilization by response with and without the sterilization probe question: Rajasthan PMA Round 2 12
Table 3 Reporting of current contraceptive use by background characteristics among married women who are sterilized: Rajasthan PMA Round 2 13

Preface

Performance Monitoring and Accountability 2020 (PMA2020) employs an innovative survey approach to gather population data on family planning and water, sanitation, and hygiene. Data are collected at both the household and health facility levels via mobile phones through a network of local female data collectors, known as Resident Enumerators, stationed throughout the country.

PMA2020 aims to generate high quality, rapid-turnaround data. As such, PMA2020 continues to assess, revise, and publicize the methodology with which the data are gathered. The *Methodological Report* series aims to examine various issues relevant for survey data quality to enhance the understanding and analysis of PMA2020 survey data for researchers, policy makers, and survey specialists.

This report could not have been assembled without the critical contributions of PMA2020 Principal Investigator, Data Managers, Supervisors, and Residenet Enumerators from India who helped assemble information. The PMA2020 project is funded by the Bill & Melinda Gates Foundation, whose support is gratefully acknowledged.

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Abstract

Reporting quality, especially under-reporting, is one of major concerns in surveys measuring modern contraceptive prevalence rate (mCPR) such as Performance Monitoring and Accountability 2020 (PMA2020) surveys. Post data collection of the first round of the PMA2020 survey in Rajasthan, India, a quick review of the data indicated an unexpectedly low mCPR compared to previous estimates and trends in the state. It was indicated that the problem was concentrated in certain enumeration areas (EAs), particularly those having a high proportion of females belonging to Scheduled Tribes and having low education. As part of data quality assurance efforts in the monitoring survey platform, verification re-interviews were carried out among eligible women in selected EAs. Analysis of the verification showed that many women who did not report using contraceptive methods during the original interview reported otherwise when re-interviewed. A majority of women who were sterilized did not report using sterilization as a current method of contraception during the original interview. Consequently, in the selected EAs, the percent of married women using sterilization increased from 4.2% to 20.1% after the re-interviews. The verification exercise during survey provided important insights and lessons for similar surveys and the subsequent rounds of PMA2020 in Rajasthan. An additional probing question was introduced in the second round of thePMA2020 survey in Rajasthan to address this challenge. The probe question was found to be critical in capturing sterilization users, as reported sterilization rates increased from 30% to 39% with the new probe question. The study concludes that training and supervision of enumerators coupled with a questionnaire adaptation specific to the context is critical to measure and monitor contraceptive use indicators.

Introduction

It has become a customary practice to measure and monitor contraceptive use through sample surveys. The estimates are generally based on the responses from a representative sample of eligible women (usually 15 to 45 or 49 years of age) interviewed by female surveyors. The reliability of such responses has always been a concern, but has been assessed relatively rarely. Under-reporting of contraceptive use, though not uncommon, largely remains undetected and unreported due to non-availability of independent data for comparison or verification (Guyavarch, 2006). The issue of under-reporting of contraceptive use gained attention when researchers found discrepancies comparing the responses of men and women (Becker & Costenbader, 2001). The studies have found under-reporting to be a problem specifically in societies where family planning is a sensitive or a stigmatized issue (Ahmed, Schellstede, & Williamson, 1984; Guyavarch, 2006; Population Council, 1998). Evidence suggests that under-reporting may affect not only the total prevalence rate, but that certain methods may be affected more than the others (Ahmed et al., 1984) .This is true not only in the case of women; studies suggest that the estimates of men's contraceptive use may be subject to under-reporting, particularly when their female partner is sterilized (Aiken, Wang, Higgins, & Trussell, 2017).

The Performance Monitoring and Accountability 2020 (PMA2020) survey, of which the modern contraceptive prevalence rate (mCPR) is a key indicator, carried out a verification exercise to address the issue of under-reporting of women's current contraceptive use in the first round of the survey conducted in Rajasthan, India. The exercise was aimed at assessing and assuring data quality from the first-round survey to help identify measures to prevent and minimize under-reporting in the future survey rounds. This report presents the process of verification carried out in Rajasthan and a modification made in the questionnaire in the second round of data collection to address concerns raised in the verification exercise. It discusses the lessons learned for subsequent rounds of the PMA2020 survey in the state as well as for similar surveys capturing information on contraceptive use elsewhere.

PMA2020 Rajasthan

PMA2020 is a multinational survey project that enables frequent and rapid-turnaround monitoring of progress under the Family Planning 2020 initiative, implemented through resident enumerators (REs) equipped with smartphones collecting data every six months or annually. Since 2013, PMA2020 surveys have been implemented in 10 countries. PMA2020 initiated its first round in Rajasthan, India in January 2016. Rajasthan state was chosen based on its high unmet need for family planning and feasibility to apply the PMA2020 approach first, with potential plans to replicate the approach in other states in the country. According to the third National Family Health Survey (NFHS-3) in 2005-06, nearly 14 percent of the married women in India and 16 percent of married women in Rajasthan had unmet need for family planning (STATcompiler.com).[1] Indian

[1] NFHS-3 (2005-06) was the latest NFHS data available at the time of PMA2020 initiation in India. According to NFHS-4 (2015-16), unmet need for family planning among married women was 12% in Rajasthan and 13% in India (NFHS-4 Factsheet 2015-16 http://rchiips.org/NFHS/factsheet_NFHS-4.shtml).

Institute of Health Management Research (IIHMR) University was selected as the implementing partner for PMA2020 Rajasthan.

Employing a two-stage cluster sampling approach, a total sample of 147 enumeration areas (EAs) (110 rural and 37 urban EAs) were selected. EAs were segmented if there were more than 350 households in the EA. Once segmented, listing was conducted in two randomly selected segments only to reach a target size of 200 households. All households within each EA (or segment pair) were listed and 35 were randomly selected. Household occupants were enumerated and all women age 15-49 who were usual members of the household or who slept in the household the night before were eligible for interview. The detailed survey sampling methods are available (PMA2020, 2017; Zimmerman, et al. , 2017)

Major activities began in February 2016 with a two-week training-of-trainers, soon after the appointment of central team staff at IIHMR University and field supervisors. Female REs were selected from each of the 147 EAs, with the requirement of minimum secondary school completion as in the RE recruitment protocol for PMA2020 surveys (Hawes et al., 2017). Enumerator trainings were held for two weeks in Jaipur, Udaipur, and Pushkar between March and April. The intensive training covered the survey objectives and approach, methodology, understanding of tools, interview techniques, capturing data on a smart-phone application, and data submission. The training methods included presentations, discussion, group-exercise, role-play, field-practice, and quizzes at the end of each session. Every participant completed an exam at the end of training and only those with qualifying scores were included in the team for data collection. Separate sessions were organized to train supervisors on the supervisory requirement, procedures, and protocols.

Mapping and listing were carried out by the REs and reviewed by their supervisors. This involved listing all households in the EA and plotting households on a layout map with identifiable landmarks within the EA. Once 35 households were randomly selected by their supervisors based on the complete listing, REs visited sampled households to get consent from heads of the household and eligible female respondents for household and female interviews. Data collection was carried out between June and September 2016.

The data collection process was closely monitored by the supervisors, regional coordinators, and the central team. The monitoring involved spot-checks and back-checks for a sample of 10 percent of the total households surveyed, as well as tracking of key errors based on field check tables generated during the fieldwork. The field check tables included information on response rates, duplicate records, mismatch of household and women records, age-heaping, etc. Based on the field check tables, the supervisors and REs were provided with feedback on a regular basis to prevent such errors. However, the result of key indicators, like mCPR, were not included in the field-check tables in order to avoid any bias in the field supervision.

Verification of reported modern contraceptive use in Round 1

Post data collection, a quick review of the data was conducted before analysis to produce dissemination materials. The management team noted that the contraceptive prevalence rate was unexpectedly low compared to previous levels and trends in the state. The mCPR among married women was found to be 32.5%, while it was 44.4% according to NFHS-3 (IIPS, 2006).[2] Even considering differences in sample size[3] and the time gap between the two surveys, the difference was considered unexpected, especially since the latest round of the Annual Health Survey (2012-13) indicated a substantially higher mCPR in the state (http://censusindia.gov.in/2011-common/AHSurvey.html). The IIHMR University team discussed with the supervisors and REs about the probable reasons and suspected that there could be a problem of under-reporting in some areas due to the sensitivity of the issue. The management team at IIHMR University, in consultation with the PMA2020 team at Johns Hopkins University Bloomberg School of Public Health, carried out a verification exercise, in addition to the 10 percent post-enumeration back-check. The teams felt it appropriate to verify women's reported use of contraceptive methods immediately as part of data quality assurance efforts and take corrective actions, as required.

Methods

There were two potential strategies to carry out the verification exercise: (a) to take a random sample of EAs, carry out verification, estimate a correction factor, and statistically apply the correction factor to obtain modified estimates, or (b) to identify the problematic EAs, identify the errors, take corrective action, and re-estimate the mCPR. We opted for the second strategy, with a view that besides verification, it would help in identifying REs with performance challenges and build their capacities and skills for the future rounds of data collection. It was important to reduce performance related challenges as REs are retained in subsequent rounds of PMA2020.

Based on the collected data, an EA-level analysis was conducted to observe patterns regarding the number of modern contraceptive users. It was noted that the problem was concentrated in certain EAs, particularly those having a high proportion of females belonging to Scheduled Tribes (various officially designated groups of historically disadvantaged people in India), having low education, and in poor households. Nearly 50 EAs had unexpectedly low numbers of users (i.e., five or fewer) among females in the 35 households interviewed. Further, considering that the NFHS-3 mCPR for Rajasthan was 35.7% among all women,[4] we would expect 12 users in each EA on average. Hence, the lower threshold was extended from five to 10 users. In total, 86 out of 147 EAs (58%) were identified as having fewer than 10 contraceptive users in the entire EA and were included in the verification.

[2] NFHS-4 (2014-2015) results for Rajasthan was not available at this time, but later released to be 53.5% (NFHS-4 Factsheet 2015-16 http://rchiips.org/NFHS/factsheet_NFHS-4.shtml).
[3] In PMA2020, sample size is determined to estimate mCPR with 3% margin of error. For PMA2020 Rajasthan Round 1 survey, the target sample size was 5,014 households. In NFHS-3, the sample size was calculate to estimate HIV prevalence at a regional level (i.e., aggregated states), resulting in 3,388 households sampled in Rajasthan (IIPS 2006).
[4] Estimate is based on authors' calculation using the individual recode dataset.

A one-day orientation workshop was organized for the supervisors who had at least one EA selected for the verification exercise. The workshop covered the gap in the data, points of probing on current contraceptive use, and procedures for conducting the verification exercise in the selected EAs. The supervisors and their respective Regional Coordinators then organized a one-day orientation for the REs in their respective region. The major emphasis was on reminding the REs of the correct way of asking and probing on the questions related to contraceptive use–especially sterilization and coitally-dependent methods, as was emphasized in the initial training.

REs then re-interviewed all women who reported currently not using any contraceptive methods and currently not pregnant during the first interview in their EA. Other than the eligibility criteria, REs did not have access to the initially collected data. The same female questionnaire was used for the verification interview in its entirety, not just questions regarding contraception, because the exercise was considered part of capacity building for both REs and supervisors. After a set of questions about awareness of individual contraceptive methods with a probe on each of the methods, women were asked, “Are you or your partner currently doing something or using any method to delay or avoid getting pregnant?” and, among those who reporting using something, they were asked “Which method or methods are you using?” (Annex 1). No probe was provided about the methods currently used.

The verification exercise was completed in two weeks during the month of September 2016. A total of 2,294 women in the 86 EAs were eligible for the verification exercises (i.e., neither pregnant nor currently using any methods) and reinterviewed. In the absence of true goldstandard information, we assumed the second re-interviewed data correct, considering the interviewers were better trained and monitored. Thus, for re-interviewed women, information obtained from the verification interview was taken as official survey data. Self-reported contraceptive use data were compared between the original and verification interviews.

Results

Analysis of the verification data showed that many women (n=701) who did not report using contraceptive methods during the original interview reported otherwise when re-interviewed (Table 1). For example, some women did not readily identify a sterilization performed several years or even decades before as “currently doing something”. Likewise, some users of coitally-dependent methods like condoms did not consider this method as “current". About half of the additional reported users were women who were sterilized (n=353). Another 22% and 18% reported using male condoms and pill, respectively. As a result, the mCPR among married women in the verification EAs (n=2199) increased substantially after re-interview. Table 1 shows the change in the number of women using modern methods and the contraceptive prevalence rate by method, comparing the original and the revised results after re-interview.

Table 1. *Original and revised data on modern contraceptive use among currently married-women in the 86 verification exercise EAs (n=2199)* [5]

Method	Number of women using a method			Contraceptive prevalence rate		
	Original	Revised	Increase	Original (%)	Revised (%)	Increase (% point)
Any modern method	253	954	701	11.9	43.4	31.5
By method						
Female sterilization	89	442	353	4.2	20.1	15.9
Male sterilization	3	10	7	0.1	0.4	0.3
implants	4	4	0	0.2	0.2	0
IUD	9	45	36	0.4	2	1.6
Injectable	3	10	7	0.1	0.4	0.3
Pill	67	194	127	3.2	8.8	5.6
Emergency Contraception	5	6	1	0.2	0.3	0
Male condoms	69	221	152	3.3	10.1	6.8
Female condoms	3	4	1	0.1	0.2	0
Beads	0	17	17	0	0.8	0.8
LAM	1	1	0	0	0	0

Revision of questionnaire and data quality checks in Round 2

Based on results from the verification exercise, it was decided that better ascertainment of sterilization status would improve data accuracy in the Round 2 survey on current modern method use in Rajasthan. Thus, an additional question specific to sterilization was added in the Round 2 survey, implemented in February-April 2017. Immediately following questions regarding current method use status and type of method (Annex 1), "Have you ever been sterilized?" was asked to any women who did not report being sterilized. With this additional question, the survey can identify women who may not have reported currently using sterilization (based on standard questions, Annex 1), but who in fact have been sterilized. This enables an estimation of mCPR with and without the probe and an assessment of the difference.

In addition to the questionnaire change (i.e., adding the sterilization probe question), other data quality checks were introduced in the Round 2 survey. Tracking of data on contraceptive users was included in the monitoring indicators by the central team. To avoid introducing biases during fieldwork, the data were not shared with the REs or supervisors. They were used by the central team at IIHMR University to conduct verification during the supervisory visits, specifically to verify cases in which the women reported her most recent birth was more than two years ago, and was not currently using any method. In addition, though not directly a result of the verification exercise,

[5] The number of married women in the 86 EAs was 2121 in the original data. However, additional 78 women were identified to be eligible for the PMA2020 women's interview (i.e., 15-49 years of age) during the verification exercise, after re-conducting household interviews in selected households with suspected age displacement (i.e., women reported to be 14 or 50 years old). Thus, contraceptive prevalence rates were calculated using the respective denominator: 2121 in original and 2199 in revised.

a system of 'PMA Analytics'' was introduced during the Round 2 fieldwork. PMA Analytics provided paradata to better understand the interview process, including the time spent by REs in administering each question and the time taken to complete the entire interview. This is helpful in identifying REs who followed a continuous pattern of unexpectedly short durations for a question, set of questions, or entire interviews. It provided additional information for data quality monitoring during fieldwork.

In Round 2, 30% of married women reported using sterilization as a current method, and, with the probe, another 9% of married women reported having been sterilized. The female sterilization rate rose from 30% to 39%, resulting in an upward shift in mCPR from 47% to 55% among married women (Table 2). Additionally, of the 1,773 married women who were identified as sterilized, 78% reported using any method–including and predominantly sterilization, when asked about current use of contraceptive method. Table 3 shows differential reporting in current contraceptive use by background characteristics among the sterilized women. There was no difference in correct reporting by age, residential area, education, or religion. However, sterilized women who belong to lower wealth quintile households and the general caste were significantly less likely to report using a contraceptive method without the probe, compared to their counterparts.

Table 2. *Percent of married women currently using any modern contraceptive method, or using female sterilization by response with and without the sterilization probe question: Rajasthan PMA Round 2 (n=4560)**

	Based on responses without sterilization probe	**Based on responses with sterilization probe**
Any modern method	46.9	55.4
Female sterilization	30.0	38.6

*Estimates adjusted for sampling weight

Table 3. *Reporting of current contraceptive use by background characteristics among married women who are sterilized: Rajasthan PMA Round 2 (n=1,773)*

Background characteristics	Number of women sterilized*	Percent of sterilized women		Chi-square test, p-value
		Who reported sterilization without the additional probe	Who reported sterilization only with the additional probe	
Age				
15-19	4	75.0	25.0	
20-24	94	79.8	20.2	
25-29	272	80.5	19.5	
30-34	399	79.5	20.5	
35-39	402	77.1	22.9	
40-44	352	80.4	19.6	
45-49	250	79.6	20.4	0.92
Residential area				
Urban	353	77.9	22.1	
Rural	1,420	79.6	20.4	0.48
Education				
No education	1,093	78.5	21.5	
Primary education	450	81.6	18.4	
Secondary or higher	230	78.7	21.3	0.37
Household wealth quintile				
Lowest	304	68.8	31.3	
Second lowest	357	76.7	23.3	
Middle	433	79.9	20.1	
Second highest	375	84.5	15.5	
Highest	304	85.6	14.4	0.00
Caste				
Schedule Caste	441	79.6	20.4	
Scheduled Tribe	314	78.0	21.0	
Other Backward Class	702	82.6	17.4	
General	313	72.5	27.5	0.00
Religion				
Hindu	1,631	79.1	20.9	
Muslim	115	80.0	20.0	
Other	27	85.2	14.8	0.72

*Unweighted number of women

Discussion

The verification exercise during the Round 1 survey provided important insights and lessons for similar surveys and the subsequent rounds of PMA2020 data collection in Rajasthan. Substantial under-reporting of contraceptive use, primarily among women who were sterilized, was found. To address the issue, the female questionnaire was modified for the Round 2 survey and subsequent rounds. With the additional question on sterilization, we found that only 78% of sterilized women reported using any method when asked about current use of contraceptive methods. By using the ever-sterilized information, a mCPR of 55% was calculated, compared to 47%, which would have been the estimate without the probe question. This is comparable with the NFHS-4 mCPR of 53.5% among married women. Caste and household wealth were associated with under-reporting of current contraceptive use among sterilized women. It should be noted, however, the questionnaire modification was aimed at addressing the major issue identified in Round 1 (i.e., under-reporting of sterilization), and not all challenges in measuring current use of contraceptive methods.

In areas like Rajasthan, the topic of contraception and family planning is considered a personal matter by a respondent and she may feel embarrassed to talk about it, despite a relatively high level of contraceptive use in the area. Earlier studies in North India also noted under-reporting of contraceptive use by women, and concluded that women's under-reporting may be traced to the subordinate status of women within the family and society in conjunction with normative values that are opposed to contraception(Koenig, Simmons, & Misra, 1984). A study in India by Hall et.al (2008) also noted that women were likely uncomfortable with subject of contraception. They also found that some women might be using contraception, but they use it secretly. Sterilization, and to a lesser extent condom and pill use, are sometimes not reported when asked about the method of current use, which may be a result of imprecision in the understanding of the word 'current'. It has been suggested that refining the time metric for what entails 'current use' would lead to greater accuracy in reporting of contraceptive use (Becker, Hossain, & Elizabeth, 1998). In such cases, the interviewer needs to probe while asking questions about sterilization or long-acting reversible methods that women adopted in the distant past.

Since contraceptive use is considered a sensitive and personal issue, the way the questions are structured, worded, and sequenced in the questionnaire may influence the reliability of responses. In NFHS, departing from the standard questionnaire for Demographic and Health Surveys (DHS), the questions related to 'ever use' are placed before the questions related to 'current use'.[6] In this case, if a woman reports her sterilization when asked about ever-use (i.e., "Have you ever had an operation to avoid having any more children?"), she is not subsequently asked about 'current use'. Such sequencing of questions is likely to reduce the inconsistencies and under-reporting of sterilization. In the PMA2020 survey, following the standard DHS questionnaire, questions on current use are asked before the questions on ever-use. However, ever-use is included as a yes or no question, without specifying the methods used. In addition, a 'reproductive calendar' is another

[6] In NFHS-3 (2005-06), ever use was asked separately for any method and for each method including sterilization, i.e. "Have you ever had an operation to avoid having any more children?". In NFHS-4 (2015-16), ever use was asked with un-prompted responses, i.e. "What have you used or done?".

tool used in NFHS and is helpful to cross-check the consistency based on the lifecycle of reproductive and contraceptive method use events. Such a tool, however, is currently not feasible to employ in PMA2020 due to limitations of the data collection software and challenges in quality of reproductive calendar data even with intensive training and monitoring (Bradley, Winfrey, & Croft, 2015).

We also note other limitations in the validation exercise and our use of the verification data. First, the verification exercise was a quality assurance effort and was carried out in 86 purposely selected EAs, where we believe we could capture most of the unreported users. However, there might still be potential under-estimation in the remaining EAs, though the magnitude of the under-reporting would be smaller. A further study could be conducted to examine the effect of the non-random selection of the EAs in estimating overall and method specific contraceptive prevalence rates in the Round 1 survey. Second, women who were reclassified as a modern method user based on reported condom use during the verification exercise might have been true non-users at the time of the main fieldwork considering the one to fourmonth time gap between the fieldwork and verification. Any magnitude of over-correction can be assessed by further analysis of timing of adoption of the current method. Finally, the relatively large change in pill use (from 4.0% to 7.0%) was unexpected, as women take pills every day and it is a method that is expected to be less ambivalent in reporting 'current' status.

In conclusion, the verification exercise was conducted to identify potential under-reporting of sterilization as a data quality assurance exercise and to improve training during the Rajasthan PMA 2020 Round 1 survey. Most women who were sterilized did not report using sterilization as a current method of contraception during the original interview, but were later identified as sterilized during verification. In the verification EAs, the percent of married women using sterilization increased from 4.2% to 20.1% after the re-interview. An additional question was introduced in the Round 2 survey to address this challenge, and that question was found to be critical in capturing sterilization users. Training and supervision of enumerators coupled with a questionnaire adaptation specific to the context is critical to measure and monitor contraceptive use indicators.

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Appendix A. *PMA Rajasthan Round 1 questionnaire (Section on Contraception) for female interview*

Section 3 – Contraception
भाग - 3 गर्भ निरोध

अब मैं आपसे परिवार नियोजन के बारे में बात करना चाहती हूँ - ऐसे विभिन्न उपाय/विधियाँ जिनसे दम्पति गर्भधारण को टाल/देरी कर सकते हैं।

Now I would like to talk about family planning - the various ways or methods that a couple can use to delay or avoid a pregnancy.

कुछ तरीकों के लिए एक छवि स्क्रीन पर दिखाई देगी। यदि उत्तरदाता कहे कि उसे इस विधि के बारे में नहीं सुना है अथवा वह उत्तर देने में संकोच करे तो जोर से पढ़े और जोर देकर पूछें और यदि उपलब्ध हो तो छवि दिखाऐं।

An image will appear on the screen for some methods. If the respondent says that she has not heard of the method or if she hesitates to answer, read the probe aloud and show her the image, if available.

19	**क्या आपने कभी महिला नसबंदी के बारे में सुना है?** **Have you ever heard of female sterilization?** और यह ऑपरेशन महिला करवा सकती है जिससे और आगे बच्चे पैदा करने को रोका जा सकता है। PROBE: Women can have an operation to avoid having any more children. (कोई तस्वीर नहीं) [NO IMAGE]	हाँ/Yes ..... 1 नहीं/No ..... 0 कोई जवाब नहीं/No response ..... -99	
19	**क्या आपने कभी पुरूष नसबंदी के बारे में सुना है?** **Have you ever heard of male sterilization?** यह ऑपरेशन पुरूष करवा सकते है जिससे और आगे बच्चे पैदा करने को रोका जा सकता है। PROBE: Men can have an operation to avoid having any more children. (कोई तस्वीर नहीं) [NO IMAGE]	हाँ/Yes ..... 1 नहीं/No ..... 0 कोई जवाब नहीं/No response ..... -99	

19	**क्या आपने गर्भनिरोध इम्प्लांट लगवाने के बारे में सुना है?** **Have you ever heard of the contraceptive implant?** विवरण: महिलाऐं अपनी डॉक्टर या नर्स से अपनी ऊपरी भुजा में एक या कई छोटे छड़ रख सकती हैं जो एक या अधिक वर्षों के लिए गर्भ धारण को रोक सकते हैं। विधि की छवि स्क्रीन पर दिखाई देगी PROBE: Women can have one or several small rods placed in their upper arm by a doctor or nurse, which can prevent pregnancy for one or more years. [IMAGE OF METHOD WILL APPEAR ON SCREEN]	हाँ/Yes ..... 1 नहीं/No ..... 0 कोई जवाब नहीं/No response ..... -99	
19	**क्या आपने कभी आई.यू.डी के बारे में सुना है?** **Have you ever heard of the IUD?** विवरण: महिलाऐं अपने डॉक्टर या नर्स की मदद से गर्भाशय के अंदर ज् के आकार की कोपर धातु की छड रख सकती है [विधि की छवि स्क्रीन पर दिखाई देगी] PROBE: Women can have a loop or coil placed inside them by a doctor or a nurse. [IMAGE OF METHOD WILL APPEAR ON SCREEN]	हाँ/Yes ..... 1 नहीं/No ..... 0 कोई जवाब नहीं/No response ..... -99	
19	**क्या आपने कभी गर्भनिरोधक इंजेक्शन (इन्जेक्टिबल्स) के बारे में सुना है?** **Have you ever heard of injectables?** विवरण: महिलाऐं अपनी स्वास्थ्य सेवा प्रदाता द्वारा एक इंजेक्शन लगवा सकती हैं जो एक या अधिक महीनों के लिए गर्भधारण को रोक सकता है। [विधि की छवि स्क्रीन पर दिखाई देगी] PROBE: Women can have an injection by a health provider that stops them from becoming pregnant for one or more months. [IMAGE OF METHOD WILL APPEAR ON SCREEN]	हाँ/Yes ..... 1 नहीं/No ..... 0 कोई जवाब नहीं/No response ..... -99	

19	**Have you ever heard of the (birth control) pill?** **क्या आपने कभी (जन्म नियन्त्रण) गोली के बारे में सुना है?** विवरण: महिलाऐं गर्भवती होने से बचने के लिए हर दिन एक गोली ले सकती हैं। [विधि की छवि स्क्रीन पर दिखाई देगी] PROBE: Women can take a pill every day to avoid becoming pregnant. [IMAGE OF METHOD WILL APPEAR ON SCREEN]	हाँ/Yes ..... 1 नहीं/No ..... 0 कोई जवाब नहीं/No response ..... -99	
19	**क्या आपने कभी आपातकाल गर्भनिरोधक के बारे में सुना है?** **Have you ever heard of emergency contraception?** विवरण: असुरक्षित संभोग के बाद गर्भावस्था को रोकने के लिए महिलाऐं एक आपातकालीन उपाय के रूप में ये विशेष गोलियाँ 5 दिनों के भीतर किसी भी समय ले सकती हैं। [कोई तस्वीर नहीं] PROBE: As an emergency measure after unprotected sexual intercourse women can take special pills at any time within five days to prevent pregnancy. [NO IMAGE]	हाँ/Yes ..... 1 नहीं/No ..... 0 कोई जवाब नहीं/No response ..... -99	
19	**क्या आपने कभी कंडोम के बारे में सुना है?** **Have you ever heard of condoms?** विवरण: पुरूष सम्भोग से पहले अपने लिंग पर एक पतली झिल्ली चढ़ा सकते हैं। [विधि की छवि स्क्रीन पर दिखाई देगी] PROBE: Men can put a rubber sheath on their penis before sexual intercourse. [IMAGE OF METHOD WILL APPEAR ON SCREEN]	हाँ/Yes ..... 1 नहीं/No ..... 0 कोई जवाब नहीं/No response ..... -99	
19	**क्या आपने कभी महिला कंडोम के बारे में सुना है?** **Have you ever heard of female condoms?** विवरण: महिलाऐं संभोग से पहले उनकी योनी में एक झिल्ली डाल सकती हैं। [विधि की छवि स्क्रीन पर दिखाई देगी]	हाँ/Yes ..... 1 नहीं/No ..... 0 कोई जवाब नहीं/No response ..... -99	

	PROBE: Women can put a sheath in their vagina before sexual intercourse. [IMAGE OF METHOD WILL APPEAR ON SCREEN]		
19	**क्या आपने कभी मानक दिवस विधि अथवा मासिक चक्र बिन्दु के बारे में सुना है?** **Have you ever heard of the standard days method or Cycle Beads?** विवरण: एक औरत कौन से दिनों में गर्भवती हो सकती है। यह पता करने के लिए एक रंगीन मोती की माला का उपयोग किया जा सकता है। जिन दिनों में वह गर्भधारण कर सकती है उन दिनों में संभोग के दौरान कंडोम का इस्तेमाल करें अथवा संभोग ना करें। [विधि की छवि स्क्रीन पर दिखाई देगी] PROBE: A Woman can use a string of colored beads to know the days she can get pregnant. On the days she can get pregnant, she and her partner use a condom or do not have sexual intercourse. [IMAGE OF METHOD WILL APPEAR ON SCREEN]	हाँ/Yes ..... 1 नहीं/No ..... 0 कोई जवाब नहीं/No response ..... -99	
19	**क्या आपने कभी स्तनपान अन्तराल विधि (लैम) के बारे में सुना है?** **Have you ever heard of the Lactational Amenorrhea Method or LAM?** [कोई विवरण नहीं: कोई तस्वीर नहीं] [NO DESCRIPTION; NO IMAGE]	हाँ/Yes ..... 1 नहीं/No ..... 0 कोई जवाब नहीं/No response ..... -99	
19	**क्या आपने कभी लय विधि (रिदममेथड) के बारे में सुना है?** **Have you ever heard of the rhythm method?** विवरण: जिन दिनों में गर्भ धारण हो सकता है उनमें संभोग नहीं करके महिला गर्भधारण से बच सकती है। [कोई तस्वीर नहीं] PROBE: Women can avoid pregnancy by not having sexual intercourse on the days of the month they think they can get pregnant. [NO IMAGE]	हाँ/Yes ..... 1 नहीं/No ..... 0 कोई जवाब नहीं/No response ..... -99	
19	**क्या आपने कभी बाह्य स्खलन विथड्रावलद्ध विधि के बारे में सुना है?** **Have you ever heard of the withdrawal method?**	हाँ/Yes ..... 1 नहीं/No 0	

	विवरण: पुरूष सावधान रह सकते हैं और चरमोत्कर्ष के समय बाहर निकाल सकते हैं? [कोई तस्वीर नहीं] PROBE: Men can be careful and pull out before climax. [NO IMAGE]	कोई जवाब नहीं/No response .....-99	
19	**क्या आपने कभी किन्हीं अन्य विधियों के बारे में सुना है, महिला या पुरूष जिनका उपयोग करके गर्भधारण टाल सकते हैं।** **Have you ever heard of any other ways or methods that women or men can use to avoid pregnancy?**	हाँ/Yes.....1 नहीं/No .....0 कोई जवाब नहीं/No response .....-99	
	14 की जाँच करें: वर्तमान में गर्भवती हैं? **CHECK 14:** Currently pregnant?	हाँ/Yes.....1 नहीं/No 0	अगर हाँ तो 23 पर जाऐं / Skip to 23 if yes
20	**क्या आप या आपके साथी वर्तमान में गर्भवती होने से टालने के लिए या देरी करने के लिए कुछ कर रहे हैं या किसी भी विधि का उपयोग कर रहे हैं?** **Are you or your partner currently doing something or using any method to delay or avoid getting pregnant?**	हाँ/Yes.....1 नहीं/No .....0 कोई जवाब नहीं/No response .....-99	अगर नहीं तो 23 पर जाऐं / Skip to 23 if No
21	**आप कौन सी विधि या विधियों का उपयोग कर रही हैं?** **Which method or methods are you using?** **पूछें: कोई और?** **Probe: Anything else?** *उल्लिखित सभी तरीकों का चयन करें। सभी विकल्प देखने के लिए नीचे स्क्रॉल करें।* *Select all methods mentioned. Be sure to scroll to bottom to see all choices.*	महिला नसबंदी / Female sterilization.....1 पुरुष नसबंदी / Male sterilization .....2 छड़ (इम्प्लांट) / Implant .....3 आईयूडी / पिपिआईयूडी / IUD.....4 इंजेक्शन / Injectables.....5 गोली / Pill .....7 आपातकालीन गर्भनिरोधक / Emergency Contraception.....8 पुरुष कंडोम / निरोध / Male condom / Nirodh .....9 महिला कंडोम / Female condom .....10 मानकदिन / साइकिल बीड्स / Standard Days / Cycle beads .....13 लैम / LAM.....14 रिदम मेथड / Rhythm method.....30 बाह्य स्खलन (विदड्रावल) / Withdrawal.....31 अन्य पारंपरिक तरीके / Other traditional method.....39 कोई जवाब नहीं / No response.....-99	सबसे प्रभावी पद्धति पर आधारित नाम एफएस या एमएस = 1 तो 22 पर जाऐं / Skip based on most effective method only If LAM, FS, and MS=0, skip to 27 If FS or MS=1,

			skip to 22
Question below was added in Round 2, immediately following the above questions.			
LCL 301	क्या आपने कभी नसबंदी करवायी है? Have you ever been sterilized?	हाँ/Yes ..... 1 नहीं/No ..... 0 कोई जवाब नहीं/No response ..... -99	302a = 0 OR 302b ≠ female sterilization