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# Rapid Knowledge, Practices and Coverage (KPC) Survey

## Pregnancy Spacing and Family Planning Module



The Maternal and Child Survival Program (MCSP) is a global, United States Agency for International Development (USAID) Cooperative Agreement to introduce and support high-impact health interventions with a focus on 24 high-priority countries with the ultimate goal of ending preventable child and maternal deaths within a generation. The Program is focused on ensuring that all women, newborns and children most in need have equitable access to quality health care services to save lives. MCSP supports programming in maternal, newborn and child health, immunization, family planning and reproductive health, nutrition, health systems strengthening, water/sanitation/hygiene, malaria, prevention of mother-to-child transmission of HIV, and pediatric HIV care and treatment.

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# Contents

<b>1. Overview .....</b>	<b>1</b>
<b>2. Indicators .....</b>	<b>1</b>
Key PS Indicators.....	1
<b>3. Updates to the Module.....</b>	<b>4</b>
<b>4. Notes for Program Managers .....</b>	<b>5</b>
Context Considerations.....	5
Choosing Indicators.....	6
Questionnaire Overview .....	6
Common Survey Question Considerations for Adaptation.....	6
<b>5. Notes for Interviewers.....</b>	<b>7</b>
Asking Questions and Recording Answers.....	7
Filling in Identification Information .....	7
Important Notes About Asking Certain Questions .....	7
<b>6. Tabulation Plan .....</b>	<b>16</b>
<b>7. Suggested Qualitative Research Topics.....</b>	<b>25</b>
General Questions .....	25
Questions for Women.....	26
Questions for Husbands/Spouses.....	27
Questions for Community Influentials.....	27
Questions for Health Workers .....	27
<b>8. Survey Questionnaire .....</b>	<b>28</b>



# I. Overview

The module yields information on knowledge and practices related to healthy timing and spacing of pregnancy (HTSP) and family planning (FP). HTSP is an approach to family planning that helps women and families delay, space, or limit their pregnancies to achieve the healthiest outcomes for women, newborns, infants, and children. HTSP works within the context of free and informed contraceptive choice and takes into account fertility intentions and desired family size.

## 2. Indicators

The following indicators can be calculated using the Pregnancy Spacing (PS) Knowledge, Practice, and Coverage (KPC) questionnaire included with this module. The indicators are divided into three tables:

- PS Practice Indicators
- PS Coverage Indicators
- PS Knowledge Indicators

There are five key indicators that should be reported by all programs implementing a PS component. Tables 1–3 present all recommended indicators on PS practice, coverage, and knowledge, respectively. The indicator tables below contain indicator names and definitions as well as a column that indicates whether an indicator is a Key (KEY) or LiST (LiST) indicator. Numerators and denominators are not included in the tables in this section, but they can be found in the tabulation plan (Section 6). LiST indicators are those that can be input into the Lives Saved Tool (LiST). If the indicator modeled in LiST is similar but somehow different from KPC indicator, the LiST indicator’s definition is noted as a footnote. Program implementers should choose indicators from these tables based on their program needs and then tailor the questionnaire accordingly.

### Key PS Indicators

Indicator 1.1: Modern Contraceptive CPR

Indicator 1.2: Births spaced 36 months apart

Indicator 1.3: Births before the age of 18 years

Indicator 1.4: Births in women older than 34 years

Indicator 1.5: Percentage of mothers of children ages 0–23 months with a parity of four or higher

**Table 1. PS Practice Indicators**

INDICATOR	DEFINITION	KEY OR LIST
1.1 Modern contraceptive prevalence	Percentage of mothers of children ages 0–23 months who are using (or whose partner is using) a modern contraceptive method	KEY/LIST*
1.2 Births spaced 36 months apart	Percentage of the most recent children ages 0–23 months who were born at least 36 months after a preceding birth	KEY
1.3 Births before the age of 18 years	Percentage of mothers of children ages 0–23 months who gave birth before the age of 18 years	KEY
1.4 Births in women over the age of 34 years	Percentage of mothers of children ages 0–23 months who gave birth over the age of 34 years	KEY

## Pregnancy Spacing and Family Planning Module

INDICATOR	DEFINITION	KEY OR LIST
1.5 Pregnancies in high-parity women	Percentage of mothers of children ages 0–23 months with a parity of four or higher	KEY
1.6 Future fertility intentions	Percentage of mothers of children ages 0–23 months who report wanting to wait at least 2 years from now/after the birth of the child they are expecting to have another child	
1.7 Risk of pregnancy	Percentage of mothers of children ages 0–23 months who are at risk for a new pregnancy at the time of the survey	
1.8 Method mix	Percent distribution of modern contraceptive users among mothers of children ages 0–23 months by modern method	
1.9 Method source	Percent distribution of modern contraceptive methods used by mothers of children ages 0–23 months by the most recent source of the method	
1.10 Family planning acceptance via CHWs	Percentage of mothers of children ages 0–23 months who received their modern contraceptive method from a community health worker (CHW)	
1.11 Continuation rate	Percentage of mothers of children ages 0–23 months who have been continuously using a modern contraceptive method for the past 12 months or longer	
1.12 Postpartum family planning acceptance	Percentage of postpartum mothers of children ages 0–23 months who accepted a contraceptive method(s) up to 12 months postpartum when offered	
1.13 Family planning acceptance via integrated services	Percentage of mothers of children ages 0–23 months who attended certain health services (delivery; pre-discharge; postnatal care; child immunization; well-child visits) in the 6 months preceding the survey who accepted a modern contraceptive method either during the time of service delivery or as a follow-up to the referral during that service	
1.14 Correct use of LAM	Percentage of mothers of children ages 0–5 months who report currently using the lactational amenorrhea method (LAM) as a contraceptive method and who report meeting the three criteria	
1.15 Integrated MIYCN-FP counseling	Percentage of mothers of children ages 0–23 months who report having received counseling on both maternal, infant, and young child nutrition (MIYCN) and family planning information or messages during one or more of the following services in the 6 months preceding the survey: <ul style="list-style-type: none"> <li>• Antenatal care</li> <li>• Postnatal care</li> <li>• Child immunization</li> <li>• Well-child visits</li> </ul>	

\* LiST indicator: (1) Specifies married women of reproductive age. (2) Does not specify “modern” contraceptive method.

**Table 2. PS Coverage Indicators**

INDICATOR	DEFINITION	KEY OR LIST
2.1 Discussion of family planning with a health worker	Percentage of mothers of children ages 0–23 months who report discussing family planning with a health worker in the 12 months preceding the survey	
2.2 Family planning integration with other health services	Percentage of mothers of children ages 0–23 months who report receiving: information or messages, referrals, or a contraceptive method during one or more of the following services in the 6 months: antenatal care; delivery; pre-discharge; postnatal care; child immunization; well-child visits	
2.3 Family planning integration with CHWs	Percentage of mothers of children ages 0–23 months who report discussing family planning with a CHW or who were given a referral for family planning services during any of these discussions with the CHW in the 12 months preceding the survey	
2.4 Reasons for nonuse	Percent distribution of mothers of children ages 0–23 months who want to either postpone or avoid their next pregnancy but are not using a contraceptive method, by reasons for nonuse	
2.5 Total unmet need for family planning	Percentage of mothers of children ages 0–23 months who (1) are pregnant and want to either postpone or avoid their next pregnancy, or (2) who are fecund and want to either postpone or avoid their next child but are not using a contraceptive method	
2.6 Unmet need for spacing	Percentage of mothers of children ages 0–23 months who (1) are pregnant and want to postpone their next child, or (2) who are fecund and want to postpone their next child but are not using a contraceptive method	
2.7 Unmet need for limiting	Percentage of mothers of children ages 0–23 months who (1) are pregnant and want to avoid having another child, or (2) who are fecund and want to avoid having another child but are not using a contraceptive method	

**Table 3. PS Knowledge Indicators**

INDICATOR	DEFINITION	KEY OR LIST
3.1 Knowledge of modern family planning methods	Percentage of mothers of children ages 0–23 months who know at least three modern methods of family planning	
3.2 Knowledge of LARC/PM	Percentage of mothers of children ages 0–23 months who know at least one long-acting reversible contraceptive (LARC) or permanent method (PM) of contraception	
3.3 Knowledge of sources of modern contraceptive methods	Percentage of mothers of children ages 0–23 months who know at least one place or person where they can obtain a modern contraceptive method* * Can be disaggregated by source	
3.4 Knowledge of three LAM criteria	Percentage of mothers of children ages 0–23 months who know the three lactational amenorrhea method (LAM) criteria	
3.5 Knowledge of adequate birth spacing	Percentage of mothers of children ages 0–23 months who know that a woman should wait at least 24 months after she gives birth before attempting to become pregnant again	

INDICATOR	DEFINITION	KEY OR LIST
3.6 Knowledge of benefits of adequate birth spacing	Percentage of mothers of children ages 0–23 months who know one or more benefits of waiting at least 24 months after giving birth before attempting to become pregnant again	
3.7 Knowledge to wait at least 6 months after an abortion or miscarriage before attempting another pregnancy	Percentage of mothers of children ages 0–23 months who know that a woman should wait at least 6 months after a miscarriage or abortion before attempting to become pregnant again	
3.8 Knowledge of benefits of waiting at least 6 months after an abortion or miscarriage before attempting another pregnancy	Percentage of mothers of children ages 0–23 months who know one or more benefits of waiting at least 6 months after a miscarriage or abortion before attempting to become pregnant again	
3.9 Knowledge of benefits of delaying a pregnancy until the age of 18 years	Percentage of mothers of children ages 0–23 months who know at least one benefit of a woman delaying a pregnancy until the age of 18 years	
3.10 Knowledge of increased risk in pregnancies over the age of 34 years	Percentage of mothers of children ages 0–23 months who know at least one problem that may occur when a woman becomes pregnant when she is over the age of 34 years	
3.11 Knowledge of increased risk for high-parity women	Percentage of mothers of children ages 0–23 months who know at least one problem that may occur when a woman who has four or more children becomes pregnant	

### 3. Updates to the Module

This module was revised in 2014 to make the survey compatible with state-of-the-art indicators for pregnancy spacing and family planning. A concerted effort was made to harmonize the indicators presented here with those already in use by key initiatives, including MEASURE Evaluation, Demographic and Health Surveys (DHS), the Lives Saved Tool (LiST), and the Millennium Development Goals Multiple Indicator Cluster Survey, thus ensuring compatibility between this module and pregnancy spacing and family planning information collected using other questionnaires.

Additions/modifications:

- The “Interviewer Instruction” section has been replaced with a “Notes for Interviewers” section, which is meant to be more concise and only address issues that may arise rather than serve as a question-by-question guide through the questionnaire.
- The “Suggested Qualitative Research Questions” section has been replaced with the “Other Data Sources” section, which includes information about qualitative research topics.
- The “Notes for Program Managers” section has been expanded to include more items for consideration as the baseline KPC survey is being designed.
- The survey questionnaire has been redesigned in Microsoft Excel, which is intended to make the questionnaire more easily adaptable and consistent with the DHS standard template.



## 4. Notes for Program Managers

This section outlines items that program managers and survey leaders need to prepare in advance before they implement the KPC and before they train a data collection team.

### Context Considerations

#### Mapping Existing Family Planning Services

Before conducting a KPC survey, it is essential that program managers and survey leaders map existing family planning services in their target communities. This mapping should include both public and private sector services as well as facility and community-based programs. There may be existing lists of family planning services provided in the target area at the local and/or national levels. Some key stakeholders may include the following:

- Ministry of Health (MOH)
  - Head of reproductive health and/or family planning at the district level
  - Heads of MOH-supported hospitals, health centers, and health units (for all levels of MOH-supported facilities)
- Nongovernmental organizations (NGOs) working in the target area
  - Program managers in charge of family planning programs
- Private clinics in the target area
- Pharmacies that sell family planning commodities and services in the target area (if applicable)
- Churches that provide family planning services in the target area (if applicable)
- Church-run health facilities that provide family planning services in the target area (if applicable)
- Local reproductive health working groups
- Providers of traditional methods in order to better understand where people are seeking out forms of family planning and what methods are locally promoted

### Additional Considerations

- Certain topics are better explored using qualitative research techniques rather than closed-ended questions. Please see Suggested Qualitative Research Topics (Section 7) for more detail.
- For programs focused on mass media campaigns, it is recommended to add indicators on exposure to family planning messages and their comprehension. Specific indicators for this can be found in the MEASURE Evaluation *Family Planning and Reproductive Health Indicators Database*: <http://www.cpc.unc.edu/measure/tools/reproductive-health/family-planning-and-reproductive-health-indicators-database>.
- For programs focused on the lactational amenorrhea method (LAM), it is recommended to add additional LAM indicators, which can be found on the K4H website: <http://www.k4health.org/toolkits/lam/indicators>.

## Choosing Indicators

It is important that program managers recognize that they do not need to collect each and every indicator that is included in this module. As with all surveys, a balance must be struck between the amount of information desired and the limited number of questions that should be asked. Which questions get included in or excluded from a survey should be determined by the scope and focus of the program and the local context.

### For example:

- Programs that focus on community-based family planning should consider including indicators such as
  - 1.16 Family planning acceptance via CHWs
  - 2.3 Family planning integration with CHWs
- Programs that focus on increasing access to LARC/PM should include indicators such as:
  - 1.16 Method Mix
  - 3.10 Knowledge of LARC/PM
  - 3.11 Knowledge of sources of LARC/PM services

When selecting indicators, it is important to consider both the long-term and short-term objectives and how each will be measured. Benchmark indicators, which measure progress made toward achieving greater outcomes, are keys to ensuring that programs and initiatives are on-track to reaching long-term goals.

It is important that programs only choose indicators that their program is planning to address, so as to be able to measure change over time in these indicators. For example, if a program is not planning to integrate family planning with nutrition services, then it does not make sense for them to measure Indicator 1.15, Integrated MIYCN-FP counseling.

## Questionnaire Overview

The Pregnancy Spacing questionnaire is divided into four sections: reproduction, birth history, contraception, and fertility preferences/knowledge of pregnancy timing and spacing.

## Common Survey Question Considerations for Adaptation

Many of the indicators and corresponding questions in this module are based on international standards or current best practices, but some may need to be modified because of national policy, local context, or language. The following table contains common adjustments to consider. *The tabulation plan must be adjusted in parallel.*

Question No.	Consideration
<b>Contraception (Sub-Module PS3)</b>	
PS301(01–12), PS306, PS324, PS327, PS331, PS335	Sub-questions can be altered to reflect methods available in target area
PS307/PS307A/PS307B, and PS316	Adapt list of locations as needed
PS317	Adapt list of providers as needed
PS320	Adapt list of services as needed

## 5. Notes for Interviewers

For this module, questions are asked of mothers of children 0–23 months old about their birth spacing and family planning knowledge and practices and fertility preferences.

### Asking Questions and Recording Answers

It is very important that you *ask each question exactly as it is written* on the questionnaire. In addition to the questions, there are statements that appear in all capital letters, indicating that they are interviewer instructions and should not be read aloud to the mother.

Most questions in this module have pre-coded responses. It is important that you *do not read these response choices aloud to the mother*. When you ask a question, you should listen to the mother's response, then circle the code next to the response option that best matches her answer.

### Filling in Identification Information

To calculate the indicators in this module, the child's date of birth must be recorded. Normally, this module is part of a larger KPC survey, so this information is collected at the beginning of the interview. Please make sure that date of birth, along with other crucial identification information (cluster number or supervision area, household number and record number), is recorded as part of the survey.

### Important Notes About Asking Certain Questions

#### Sub-Module PSI: Reproduction

In this section, information is collected about the woman's current pregnancy status and the births she has had during her life.

**Qs.PS102–PS108:** These questions collect information about all births that the woman has had (no matter who the father is). We want to record all of the respondent's natural births. You should record all children who were born alive (that is, who showed signs of life by crying, breathing, or moving) even if they survived only for a few minutes. We want to know about all the woman's births even if the child no longer stays in the household or if the child is no longer alive.

It is also important to understand which events should *not* be recorded. You must not record adopted or foster children or children of relatives who may be living in the households. You also should not include any of her husband's children to whom the respondent did not give birth herself. Finally, you must not record children who were born dead (stillbirths), miscarriages, or abortions.

**Q.PS102:** Read the question slowly. The sons and daughters being considered should be her *own* natural (biological) children who live with her in her household (which will usually be the household in which the interview is being held, except for women who are visitors).

**Q.PS103:** Fill in the number of total children who live with the respondent. Remember that we are only interested in the respondent's *own* natural (biological) children and not foster children, children of her husband by another woman, or children of a relative. Note that it is not correct to record 00 in the boxes in PS103 if the woman replied YES in PS102.

**Qs.PS104 and PS105:** These questions refer to the respondent's sons and daughters who are alive but not living with her. For example, they may be living with a relative, may be staying in a boarding school, may have been given up for adoption, or may be grown-up children who have left home. Make sure the respondent is

## Pregnancy Spacing and Family Planning Module

not reporting dead children in this question. If the respondent answered YES in PS104, it is not correct to record 00 in the boxes in PS105.

**Qs.PS106 and PS107:** These questions on children who have died are extremely important and are among the most difficult on which to obtain accurate data. Some respondents may fail to mention children who died very young, so if a woman answers NO, it is important to probe by asking, “Any baby who cried or showed signs of life but survived only a few hours or days?” Some respondents may be reluctant to talk about this subject and may become sad or upset that you are asking such questions. Be sympathetic and tactful in such situations. Say that you know the subject is painful but that the information is important.

**Q.PS108:** Add up the numbers in Qs.PS103, 105, and 107 and enter the total in Q.PS108.

### Sub-Module PS2: Birth History

In the birth history table, we want a complete list of all the births the respondent has had in the order in which they occurred starting with her first birth.

**Qs.PS201 and PS202:** Begin the section by informing the respondent that we would like to record the names of all of her children, from all marriages and unions, whether or not the children are still alive, from the first to the last. The only births we will not include are stillbirths.

*List and record the names of ALL BIRTHS in Q.PS202 vertically.* Record the name of each child that the respondent mentions on a separate line, beginning with the first born and continuing until the last born. If the woman reports that she had a multiple birth (twins, triplets, etc.), record each of the children on a separate line. If the baby never had a name, either because it is still very young or because it died very young, write “Baby” for the name. If at any time you find that the children are not listed in chronological order, *do not* erase the information. Instead, correct the birth order numbers in Q.PS202 and draw arrows to indicate the correct order.

**Qs.PS203–PS208:** After having listed and recorded the name of all births in Q.PS202, continue *horizontally* for each birth with Qs.PS203–PS208 before going on to the next child.

**Q.PS203:** Circle the sex of the child. Although you can often tell the sex from the name, check with the respondent by saying, for example, “and Joyce is a girl?” Do not assume the sex of the child from the name.

**Q.PS204:** Record the status of each birth (SINGLE or MULTIPLE).

**Q.PS205:** When collecting information on a child’s birth date, try to look at any documents that the respondent may have about her children (e.g., birth certificates or immunization records) to see whether a date of birth was recorded. Before entering a date from these documents, however, check with the respondent to determine whether she believes the date is accurate. In some cases, the information on the document may be the date when the birth was recorded and not the date when the child was born.

If the respondent gives you a year of birth but does not know the month of birth, probe to try to estimate the month. For example, if a respondent says her daughter was born in 1991, but she does not know which month, ask her whether she gave birth in the dry or wet season, whether she remembers if she was pregnant at Christmas or Easter time, or during some other significant event/season of the year to try to determine the month of birth. If after the probing, you still cannot estimate a month, write 98 for MONTH.

If the respondent cannot recall the year when the birth occurred, you need to probe carefully. See if the respondent knows a firm birth date for any other child in the household and relate it to that. For example, if the respondent knows the second child was born in 1989 and the first child was just a year old at that time, enter 1988.

*You must enter a year for all children, even if it is just your best estimate.*

**Q.PS206:** Circle the code for whether the child is still alive or not. If the first born child is dead, go to NEXT BIRTH. If the non-first born child is dead, skip to Q.PS208.

**Q.PS207:** The age of all living children should be recorded in *completed* years. For example, a child who will become three years old next month should be recorded as 02 years today. A child less than one year old will be recorded as age 00 years.

Sometimes, a mother will not know the current age of her child. In this case, you may rephrase the question to, “How many years ago was John born?” You can also use other available information such as relating John’s age to the age of a child she does know. For example, the mother may know that her youngest child was born one year ago and that John was around two years old at that time, in which case John would be three years old now.

*You MUST record an age for all children who are still alive.*

**Q.PS208:** The purpose of this question is to make sure that we have not missed any of the respondent’s own births. For all births except the woman’s first-born, you must ask the respondent whether there were any live births between the previous birth and the birth of that child. If the woman tells you there was *no* other birth, record NO in Q.PS208, and proceed with Q.PS205 for the next birth (or with Q.PS209[02] if you were asking Q.PS208 for the last birth).

If the woman tells you that there was another birth, record YES in Q.PS208. Then draw an arrow showing the birth’s proper location in the history, correct the birth order numbers in Q.PS202 for that child and for all subsequent births in the history. As appropriate, also correct the information recorded in Qs.PS203–PS208. For example, initially a respondent tells you that she has had three births, Michael, David, and Mary. After recording all of the information for Qs.PS202–PS207 for David as appropriate, you ask Q.PS208: “Were there any other live births between the birth of Michael and David?” The woman tells you there was a birth after Michael and before David. Record YES in Q.PS208 and add that birth to the end of the birth history, and add an arrow showing that it should go after David in the order of births in Q.PS202, and then correct the birth order of Michael and Mary.

**Q.PS209:** In this column, you will be calculating the interval between the date of birth of the last-born child age 0–23 months and that of the preceding birth. Please note that this information is not asked of the respondent, so let her know that you will need a few minutes for some calculations. Identify the last-born child age 0–23 months and the preceding birth, then do the calculations according to the instructions below. If necessary, use the margin of the questionnaire to do the calculations.

If the survey is using a software that calculates the birth intervals automatically using the recorded birth dates, you do not need to do the calculations manually and Column PS209 can be deleted.

### Calculations

Go to Q.PS205: Deduct the YEAR of birth of the *preceding* child from the YEAR of birth of the *last-born* child.

**Scenario 1:** If the difference in the number of years of birth is *4 years or more*, record the birth interval in *years* in Q.PS209.

In the example on the next page, David was born in 1994 and Michael was born in 1998. Since 1998-1994 = 4 years, you should record 04 YRS in Q.PS209.

## Pregnancy Spacing and Family Planning Module

PS202	PS203	PS204	PS205	PS206	PS207 IF ALIVE:	PS208	PS209
What name was given to your (first/next) baby?  RECORD NAME.	Is (NAME) a boy or a girl?	Were any of these births twins?	In what month and year was (NAME) born?  PROBE: When is his/her birthday?	Is (NAME) still alive?	How old was (NAME) at his/her last birthday?  RECORD AGE IN COMPLETED YEARS.	Were there any other live births between (NAME OF PREVIOUS BIRTH) and (NAME), including any children who died after birth?	IDENTIFY THE LAST-BORN CHILD AGE 0-23 MONTHS; THEN CALCULATE THE INTERVAL BETWEEN THE LAST BIRTH AGE 0-23 MONTHS AND THE PRECEDING BIRTH. RECORD 'MONTHS' IF INTERVAL IS 3 YEARS OR LESS; 'YEARS' IF INTERVAL IS 4 OR
01 David	BOY 1 GIRL 2	SING ..... 1 MULT ..... 2	MONTH 0 9 YEAR 1 9 9 4	YES.. 1 NO... 2 NEXT ← BIRTH	AGE IN YEARS [ ][ ]		
02 Michael	BOY 1 GIRL 2	SING ..... 1 MULT ..... 2	MONTH 0 6 YEAR 1 9 9 8	YES.. 1 NO... 2 PS208 ↓	AGE IN YEARS [ ][ ]	YES..... 1 ADD ↓ BIRTH NO..... 2 NEXT ↓ BIRTH	MOS [ ][ ] YRS 0 4 NEXT BIRTH ←

**Scenario 2:** If the difference in the number of years of birth is *3 years or less*, record the birth interval in *months* in Q.PS209.

- **Sub-Scenario 2.1:** Both MONTH and YEAR of birth are recorded for the preceding and last births in Q.PS205.
  1. Convert the difference between the year of birth of the *preceding* child from the YEAR of birth of the *last-born* child into months:
    - 1 Year = 12 Months
    - 2 Years = 24 Months
    - 3 Years = 36 Months
  2. If the month of birth of the *last* birth is *before* the month of the of birth of the *preceding* birth, then deduct the difference in the number of months from the converted months explained in (1) above.

*Example:* David was born in September (Month 09) 1995 and Michael was born in April (Month 04) 1998.

    - Deduct 1998-1995 = 3 Years.
    - Convert years into months: 3 Years = 36 Months.
    - Since the month of Michael's birth is *before* the month of David's birth, then deduct the difference of 5 months ( $9-4 = 5$ ) from the number of converted months: 36 Months - 5 Months = 31 Months.
    - Record the final result in Q.PS209: 31 months.

Pregnancy Spacing and Family Planning Module

PS202	PS203	PS204	PS205	PS206	PS207 IF ALIVE:	PS208	PS209
What name was given to your (first/next) baby?  RECORD NAME.	Is (NAME) a boy or a girl?	Were any of these births twins?	In what month and year was (NAME) born?  PROBE: When is his/her birthday?	Is (NAME) still alive?	How old was (NAME) at his/her last birthday?  RECORD AGE IN COMPLETED YEARS.	Were there any other live births between (NAME OF PREVIOUS BIRTH) and (NAME), including any children who died after birth?	IDENTIFY THE LAST-BORN CHILD AGE 0-23 MONTHS; THEN CALCULATE THE INTERVAL BETWEEN THE LAST BIRTH <u>AGE 0-23 MONTHS AND THE PRECEDING BIRTH</u> . RECORD 'MONTHS' IF INTERVAL IS <u>3 YEARS OR LESS</u> ; 'YEARS' IF INTERVAL IS <u>4 OR</u>
01  David	BOY 1  GIRL 2	SING ..... 1  MULT ..... 2	MONTH 0 9 YEAR 1 9 9 5	YES.. 1  NO... 2 NEXT ← BIRTH	AGE IN YEARS  [ ][ ]		
02  Michael	BOY 1  GIRL 2	SING ..... 1  MULT ..... 2	MONTH 0 4 YEAR 1 9 9 8	YES.. 1  NO... 2 PS208 ↓	AGE IN YEARS  [ ][ ]	YES..... 1 ADD ↓ BIRTH NO..... 2 NEXT ↓ BIRTH	MOS 3 1 YRS [ ][ ] NEXT BIRTH ←

If the month of birth of the *last* birth is *after* the month of the birth of the *preceding* birth, then add the difference in the number of months to the converted months explained in (1) above (Example 1).

*Example:* David was born in September (Month 09) 1995 and Michael was born in December (Month 12) 1998.

- Deduct 1998-1995 = 3 Years.
- Convert years into months: 3 Years = 36 Months.
- Since the month of Michael's birth is *after* the month of David's birth, then add the difference of 3 months (12-9 = 3) to the number of converted months: 36 Months + 3 Months = 39 Months.
- Record the final result in Q.PS209: 39 months.

## Pregnancy Spacing and Family Planning Module

PS202	PS203	PS204	PS205	PS206	PS207 IF ALIVE	PS208	PS209
What name was given to your (first/next) baby?  RECORD NAME.	Is (NAME) a boy or a girl?	Were any of these births twins?	In what month and year was (NAME) born?  PROBE: When is his/her birthday?	Is (NAME) still alive?	How old was (NAME) at his/her last birthday?  RECORD AGE IN COMPLETED YEARS.	Were there any other live births between (NAME OF PREVIOUS BIRTH) and (NAME), including any children who died after birth?	IDENTIFY THE LAST-BORN CHILD AGE 0-23 MONTHS; THEN CALCULATE THE INTERVAL BETWEEN THE LAST BIRTH AGE 0-23 MONTHS AND THE PRECEDING BIRTH. RECORD 'MONTHS' IF INTERVAL IS 3 YEARS OR LESS; 'YEARS' IF INTERVAL IS 4 OR
01 David	BOY 1 GIRL 2	SING ..... 1 MULT ..... 2	MONTH 0 9 YEAR 1 9 9 5	YES.. 1 NO... 2 NEXT BIRTH ←	AGE IN YEARS [ ] [ ]		
02 Michael	BOY 1 GIRL 2	SING ..... 1 MULT ..... 2	MONTH 1 2 YEAR 1 9 9 8	YES.. 1 NO... 2 PS208 ↓	AGE IN YEARS [ ] [ ]	YES..... 1 ADD BIRTH ↓ NO..... 2 NEXT BIRTH ↓	MOS 3 9 YRS [ ] [ ] NEXT BIRTH ←

- Sub-Scenario 2.2:** The month of birth is missing for the last birth and/or for the preceding birth, and the year is recorded for both births in Q.PS205.
  - Convert the difference between the year of birth of the *preceding* child from the year of birth of the *last-born* child into months:
    - 1 Year = 12 Months
    - 2 Years = 24 Months
    - 3 Years = 36 Months
  - Record the answer in months in Q.PS209.

### Sub-Module PS3: Contraception

**Qs.PS301A** and **PS301B:** The contraceptive table is used to record the information that the respondent provides about her knowledge of specific contraceptive methods. First read the introductory sentence at the top of the table. Then, starting at the top of the list, ask “Have you ever heard of \_\_\_\_\_?” Circle 1 if she knows the method and 2 if she does not know the method. The respondent may not always understand what you are talking about when you describe a particular method. In such cases, repeat the description. If she still does not understand, you may need to explain the method in different words or in slightly greater detail.

After you have recorded all the methods that the respondent knows in Q.PS301A, record the sum of the YES responses in **Q.PS301B** for knowledge of modern methods 301A(01) TO 301A(11). If the method specified in 301A(12) (OTHER) is a modern contraceptive, then add 1 to the sum of known modern methods that you will record in Q.PS301B.



**Qs.PS302 and PS303:** First, check Q.PS301A(09) if the woman has heard about LAM. If YES, ask Q.PS303 and record an answer for each question (a) through (d).

**Q.PS304:** Filter for pregnancy status.

**Qs.PS305 and PS306:** These questions refer to *current use* of contraception are very important. Depending on the method a respondent mentions, you may need to probe to determine that the method is being used *currently*.

For example, coitus-related methods such as condoms, vaginal methods, and withdrawal are used with each act of intercourse, so current users of these methods should have used them during the most recent acts of intercourse. Current users of the pill should be taking pills daily.

Other methods provide ongoing protection without daily or regular action by the woman. Contraceptive injections may have been administered 2–6 months earlier and still provide protection, while implants provide protection for up to 5 years, or until removed. An IUD, once inserted, protects against pregnancy until it is removed or expelled.

Female and male sterilization provide permanent protection against pregnancy. If the woman’s current partner has been sterilized, you will record MALE STERILIZATION as the current method. If, however, she is no longer married to (or living with) a partner who had a vasectomy, this should *not* be noted as the current method.

If the woman mentions more than one method, circle the code for all methods that are currently being used. If more than one method is circled, follow the skip instruction for the highest method on the list and ask the subsequent questions about that method.

**Note:** Abstinence is not a contraceptive method. If, for example, a young woman answers YES to Q.PS305 and then, in response to Q.PS306, says the current method she is using is abstinence, this will not be counted as a method of contraception, and the respondent will be considered the same as a person who is not using a method of contraception. Instead, circle NO in Q.PS305 and skip to Q.PS315.

Check to be sure that the response to Q.PS306 is consistent with the responses to Q.PS301A. For example, the respondent may say that she is using the pill but reported in Q.PS301A(06) that she did not know the pill. If this happens, probe further and correct the responses in Q.PS301A to Q.PS306 as necessary.

**Q.PS307/307A/307B:** These questions ask about where the respondent obtained the method the last time. If the respondent does not know whether the place is public or private, record the name of the place and inform your supervisor. Your supervisor will find out and record the type of source the facility is.

**Q.PS308:** Check Q.PS306. If the current method is A or B (Female or Male Sterilization), you will ask the question on the left-hand side about the timing of the sterilization. If the current method in Q.PS306 is C through X, you will ask the question on the right-hand side about the time when the respondent started using the method without stopping. Make sure you probe to get a month and year for this question.

**Qs.PS309–PS314:** These series of questions refer to current use of LAM (1) last born child is younger than 6 months old; (2) the woman is exclusively or fully breastfeeding her last-born child and is breastfeeding day and night, whenever the child is hungry; and (3) her menses have not returned.<sup>1</sup>

These questions are only asked of women who report current use of LAM in PS306 (Filter PS309) and whose last-born child is younger than 6 months old (Filter PS310).

<sup>1</sup> <http://www.k4health.org/toolkits/lam>.

## Pregnancy Spacing and Family Planning Module

In Qs.PS311–PS313, you will ask whether the woman is still breastfeeding her last-born child, whether she is exclusively fully breastfeeding (i.e., giving breast milk and plain water only), and whether she is breastfeeding day and night, whenever the child is hungry.

In Q.PS314, you will ask whether respondent’s menstrual period has returned since the birth of her last-born child.

**Qs.PS315 and PS316:** Qs.PS315 and PS316 ask all women about their knowledge of contraceptive sources. These questions may sound redundant for women who are currently using a method and reported the source where they last obtained their method in Q.PS307/307A/307B. However, we want to make sure that we capture women’s knowledge of all the contraceptive sources. Please explain to women that this information is important for the family planning programs to address the needs of the population. Women who report in Q.PS315 that they are aware of a place where they can get contraception are asked in Q.PS316 to name the place or places that they know. It is important to find out all of the sources that a woman may know. So be sure to use the probe (“Any other place?”) after recording any source the woman mentions spontaneously.

**Qs.PS317 and PS318:** Question PS317 is asked to ascertain whether the respondent discussed family planning with a health worker in the last 12 months and with whom. If the woman answers YES, ask she discussed family planning with and circle all the responses mentioned. If the woman discussed family planning with a CHW, she is asked in Q.PS318 whether she was given a referral for family planning services during any of these discussions.

**Qs.PS319–PS336:** These series of questions seek to capture family planning acceptance via integrated services; postpartum family planning acceptance; and integrated maternal, infant, and young child nutrition (MIYCN) and family planning counseling during antenatal, postnatal, or well-child visits.

Follow the instructions and skip patterns for each question carefully.

- In Q.PS320, if code A (antenatal care) is one of the multiple codes circled, continue to PS321. Follow the skip to PS323 only if code A is not among the multiple codes circled.
- Filters PS323, PS325, PS329, and PS333 are designed carefully so that the right questions are asked for each type of service recorded in Q.PS320. Please check the codes circled in Q.PS320 for each of these filters and follow the skip patterns accordingly.

## Sub-Module PS4: Fertility Preferences and Knowledge of Pregnancy Timing and Spacing

This section gathers information on desires for additional children, preferred birth intervals, attitudes toward family planning, and knowledge about pregnancy timing and spacing.

**Filters PS401–PS402:** In Filter PS401, you are asked to check Q.PS306 whether the woman or her partner are sterilized or not. If YES, you will skip to Q.PS409. In Filter PS402, you are asked to check Q.PS201 whether the woman is currently pregnant or not. If she is not currently pregnant or not sure, you will skip to Q.PS404.

**Qs.PS403–PS408:** These questions are asked to determine women’s future fertility preferences. Q.PS403 is asked of currently pregnant women and Q.PS404 of women who are not pregnant or who are not sure about their current pregnancy status. If the woman responds in Qs.PS403 or PS404 that she wants to have another child, you will proceed with Q.PS405 by asking how long she would like to wait before the birth of another child. The wording of this question will depend on the woman’s current pregnancy status. Note that the answer can be given in months or years. Make sure to record the answer in the appropriate boxes.

Filter PS406 asks you to check Q.PS305 whether the woman is currently using a method or not. For women who are not using a method, you will proceed with Filter PS407 and will check their fertility preferences in Qs.PS404 and PS405. Women who want to delay their next child for 2 or more years or who do not want any more children will be asked the reasons why they are not using a contraceptive method. Note that the wording is different depending on the woman's future fertility preferences. Mark the appropriate box and ask the question underneath the box.

There may be many reasons that a person may not be using contraception, so listen to your respondent carefully. Record as many reasons as the woman mentions. The following are some guides to use in deciding which code(s) to mark:

- Code INFREQUENT SEX if the respondent says she is not sexually active enough to be using a method. NOT HAVING SEX would be the appropriate code if she says she is not sexually active at all.
- MENOPAUSAL means she is no longer menstruating and therefore cannot get pregnant, and HYSTERECTOMY is an operation to remove her uterus.
- Code CAN'T GET PREGNANT, if the respondent says she thinks she cannot get pregnant for reasons other than she is menopausal or has had a hysterectomy.
- Code NOT MENSTRUATED SINCE LAST BIRTH if the respondent says her period has not returned since her last birth.
- UP TO GOD/FATALISTIC means that the respondent feels that the pregnancy is predetermined by fate and she has no control over pregnancy.
- RESPONDENT OPPOSED means that the respondent herself does not approve of family planning. If her husband or partner is opposed to family planning, circle the code for HUSBAND/PARTNER OPPOSED. If she says she is not using because someone other than her husband or partner tells her they are opposed to her using family planning, code OTHERS OPPOSED.
- RELIGIOUS PROHIBITION means that she feels her religion does not allow the use of family planning.
- SIDE EFFECTS/HEALTH CONCERNS: Side effects are undesirable consequences of using a method that do not adversely affect the health of the user. For example, side effects may be spotting or bleeding with the pill. Health concerns include consequences of using a method the respondent thinks may affect her health. For example, the respondent may say she heard the pill may be linked to breast cancer.
- INCONVENIENT TO USE would be if she considers the contraceptive methods to be too troublesome to use, such as being messy. This means inconvenient to use, but not inconvenient to get the method, since LACK OF ACCESS/TOO FAR is a separate category.
- If the woman's main reason is not listed as a response, write her response on the OTHER line and circle X. If the woman does not know at all why she is not using contraception, record DON'T KNOW.

**Qs.PS409–PS417:** These questions aim to gauge women's knowledge on pregnancy timing and spacing—more specifically, knowledge of adequate birth spacing (Qs.PS409–PS411); knowledge to wait at least 6 months after an abortion or miscarriage before attempting another pregnancy (Q.PS412–PS414); knowledge of benefits of delaying a pregnancy until the age of 18 years (Q.PS415); knowledge of increased risk in pregnancies over the age of 34 years (Q.PS416); and knowledge of increased risk for high-parity women (Q.PS417). Please read these questions carefully and record all answers mentioned.

## 6. Tabulation Plan

### PS Practice Indicators

Indicator	How to Calculate the Indicator
<p><b>1.1 Contraceptive prevalence</b></p> <p>Percentage of mothers of children ages 0–23 months who are using (or whose partner is using) a modern contraceptive method</p>	<p>Number of mothers of children ages 0–23 months who are using (or whose partner is using) a modern contraceptive method</p> <p>[A] Modern methods excluding LAM: PS306 = [A–; L–X]  [B] Correct LAM users: ONLY CHILD/LAST BORN CHILD IS YOUNGER THAN 6 MONTHS FROM PS205) AND [(PS311 = 1) AND (PS312 = A OR Z) AND (PS313 = 1) AND (PS314 = 2)]</p> $\frac{[A] \text{ AND } [B]}{\text{Number of mothers of children ages 0–23 months in the survey}} \times 100$
<p><b>1.2 Adequate birth spacing</b></p> <p>Percentage of the most recent children ages 0–23 months who were born at least 24 months after a preceding birth</p>	<p>Number of the most recent children ages 0–23 months* who were born at least 24 months after a preceding birth</p> <p>PS209 [Last row] <math>\geq 24</math> MONTHS OR <math>\geq 4</math> YEARS</p> $\frac{\text{PS209 [Last row]} \geq 24 \text{ MONTHS OR } \geq 4 \text{ YEARS}}{\text{Number of the most recent children ages 0–23 months}^*} \times 100$ <p>* Single children should be excluded from both the numerator and the denominator</p>
<p><b>1.3 Births in women before the age of 18 years</b></p> <p>Percentage of mothers of children ages 0–23 months who gave birth before the age of 18 years</p>	<p>Number of mothers of children ages 0–23 months who had at least one birth before the age of 18 years</p> <p>[A] Live Children: Number of Mothers of Live Children Whose Age from BG102 - Age of Any Live Children from PS207 &lt; 18  [B] Dead Children: Number of Mothers of Dead Children for Whom Year of Birth of Any Dead Children from PS205 - Mother's Year of Birth from BG102 &lt; 18</p> $\frac{[A] \text{ OR } [B]}{\text{Number of mothers of children ages 0–23 months in the survey}} \times 100$
<p><b>1.4 Births in women over the age of 34 years</b></p> <p>Percentage of mothers of children ages 0–23 months who gave birth over the age of 34 years</p>	<p>Number of mothers of children ages 0–23 months who had at least birth over the age of 34 years</p> <p>[A] Live Children: Number of Mothers of Live Children Whose Age from BG102 - Age of Any Live Children from PS207 &gt; 34  [B] Dead Children: Number of Mothers of Dead Children for Whom Year of Birth of Any Dead Children from PS205 - Mother's Year of Birth from BG102 &gt; 34</p> $\frac{[A] \text{ OR } [B]}{\text{Number of mothers of children ages 0–23 months in the survey}} \times 100$

Indicator	How to Calculate the Indicator
<p><b>I.5 Pregnancies in high-parity women</b></p> <p>Percentage of mothers of children ages 0–23 months with a parity of four or higher</p>	<p>Number of mothers of children ages 0–23 months with a parity of four or higher</p> $\frac{\text{PS108} \geq 4 \text{ BIRTHS}}{\text{Number of mothers of children ages 0–23 months in the survey}} \times 100$
<p><b>I.6 Future fertility intentions</b></p> <p>Percentage of mothers of children ages 0–23 months who report wanting to wait at least 2 years from now/after the birth of the child they are expecting to have another child</p>	<p>Number of mothers of children ages 0–23 months who report wanting to wait at least 2 years from now/after the birth of the child they are expecting to have another child</p> $\frac{\text{PS405} \geq 24 \text{ MONTHS OR} \geq 2 \text{ YEARS}^*}{\text{Number of mothers of children ages 0–23 months in the survey}} \times 100$ <p>* Only one response category should have been recorded in this question. In calculating this indicator, be sure not to double count cases for which both MONTHS and YEARS are recorded. Use the instruction in CAPS to decide which is the correct response: MONTHS IF 2 YEARS OR LESS (0–24 MONTHS); YEARS IF 3 OR MORE YEARS</p>
<p><b>I.7 Risk of pregnancy</b></p> <p>Percentage of mothers of children age 0–23 months who are at risk for a new pregnancy at the time of the survey</p>	<p>Number of mothers of children ages 0–23 months who are at risk for a new pregnancy at the time of the survey</p> <p>[A]: Women Not using Contraception: PS305 = 2</p> <p>[B]: Women Who Report Using LAM But Don't Meet the 3 Criteria: PS306 = K AND (ONLY CHILD/LAST BORN CHILD IS 6 MONTHS OR OLDER FROM PS205 OR PS311 = 2 OR PS312 = [B OR C] OR PS313 = 2 OR PS314 = 1)</p> $\frac{[A] \text{ OR } [B]}{\text{Number of mothers of children ages 0–23 months who are not pregnant at the time of the survey}} \times 100$ <p>PS101 = [2 OR 8]</p>
<p><b>I.8 Method mix</b></p> <p>Percent distribution of modern contraceptive users among mothers of children ages 0–23 months by modern method</p>	<p>Number of mothers of children ages 0–23 months who report currently using contraception by modern method</p> $\frac{\text{PS306} = [A-X]}{\text{Number of mothers of children ages 0–23 months who are currently using contraception}} \times 100$ <p>PS305 = 1</p>
<p><b>I.9 Method source</b></p> <p>Percent distribution of modern contraceptive methods used by mothers of children ages 0–23 months by most recent source of the method</p>	<p>Number of mothers of children ages 0–23 months who report currently using a modern method by most recent source of the method</p> $\frac{\text{PS307/307A/307B} = \text{Any Code}}{\text{Number of mothers of children ages 0–23 months who are currently using a modern method}} \times 100$ <p>PS306 = [A–X]</p>

Indicator	How to Calculate the Indicator
<p><b>1.10 Family planning acceptance via CHWs</b></p> <p>Percentage of mothers of children ages 0–23 months who received their modern contraceptive method from a CHW</p>	<p>Number of mothers of children ages 0–23 months who received their modern contraceptive method from a CHW</p> $\frac{\text{PS307/307A/307B} = 15 \text{ OR } 25}{\text{Number of mothers of children ages 0–23 months who are currently using a modern method}} \times 100$ <p><math>\text{PS306} = [\text{A} - \text{X}]</math></p>
<p><b>1.11 Continuation rate</b></p> <p>Percentage of mothers of children ages 0–23 months who have been continuously using a modern contraceptive method for the past 12 months or longer</p>	<p>Number of mothers of children ages 0–23 months who have been continuously using a modern contraceptive method for the past 12 months or longer</p> <p><b>Month/Year of Interview from Cover Page - Month/Year Since Woman Started Using Method without Stopping OR Month/Year Since Woman Was Sterilized from PS308 <math>\geq</math> 12 Months*</b></p> $\frac{\text{Number of mothers of children ages 0–23 months who are currently using a modern method}}{\text{Number of mothers of children ages 0–23 months who are currently using a modern method}} \times 100$ <p><math>\text{PS306} = [\text{A} - \text{X}]</math></p> <p>* If year of interview is not the same as the year since woman started using method without stopping or when she was sterilized, convert the difference in years into months and add them to the number of months.</p> <p><b>Example 1: Years are the same</b> If the woman is interviewed on <b>21 July 2014</b> and she has been using the method without stopping or was sterilized in <b>January 2014</b>, the number of months since she started using the method/since sterilized is:</p> <p><b>7 months</b> (July is the 7th month) - <b>1 month</b> (January is the 1st month) = <b>6 months</b> continuous use/since sterilized</p> <p><b>Example 2: Years are not the same</b> If the woman was interviewed on <b>21 July 2014</b> and she has been using the method without stopping or was sterilized in <b>April 2013</b>, the number of months since she started using the method is:</p> <p><b>7 months in 2014</b> (July is the 7th month) + <b>8 months in 2013 since April</b> (April is the 4th month; 12-4 = 8 month) = <b>15 months</b> continuous use/since sterilized</p>

Indicator	How to Calculate the Indicator
<p><b>I.12 Postpartum family planning acceptance</b></p> <p>Percentage of postpartum mothers of children ages 0–23 months who received a contraceptive method(s) up to 12 months postpartum</p>	<p>Number of postpartum mothers of children ages 0–23 months who received a contraceptive method(s) up to 12 months postpartum</p> <p>Month/Year since Woman Started Using Method without Stopping OR Month/Year since Woman Was Sterilized from PS308 - Month/Year of Birth of Last Child from Cover Page - Month/Year since Woman Started Using Method without Stopping OR Month/Year since Woman Was Sterilized from PS308 &lt; 12 Months*</p> <hr/> <p>Number of mothers of children ages 0–23 months who are currently using a modern method</p> <p><b>PS306 = [A–X]</b></p> <p>* If year of child's birth is not the same as the year since woman started using method without stopping or when she was sterilized, convert the difference in years into months and add them to the number of months.</p> <p><b>Example1: Years are the same</b> If the woman has been using the method without stopping since <b>21 July 2014</b> and her last child was born in <b>January 2014</b>, the number of months postpartum that she has been using the method/she has been sterilized is:</p> <p><b>7 months</b> (July is the 7th month) - <b>1 month</b> (January is the 1st month) = <b>6 months</b> postpartum that she has been using the method/has been sterilized</p> <p><b>Example2: Years are not the same</b> If the woman has been using the method without stopping since <b>21 July 2014</b> and her last child was born in <b>April 2013</b>, the number of months postpartum that she has been using the method/she has been sterilized is:</p> <p><b>7 months in 2014</b> (July is the 7th month) + <b>8 months in 2013 since April</b> (April is the 4th month; 12-4 = 8 month) = <b>15 months</b> postpartum that she has been using the method/has been sterilized</p>
<p><b>I.13 Family planning acceptance via integrated services</b></p> <p>Percentage of mothers of children ages 0–23 months who attended certain health services (delivery; pre-discharge; postnatal care; child immunization; well-child visits) in the 6 months preceding the survey who accepted a modern contraceptive method either during the time of service delivery or as a follow-up to the referral during that service</p>	<p>Number of mothers of children ages 0–23 months who attended certain health services (delivery; pre-discharge; postnatal care; child immunization; well-child visits) in the 6 months preceding the survey who accepted a modern contraceptive method either during the time of service delivery or as a follow-up to the referral during that service</p> <hr/> <p>Number of mothers of children ages 0–23 months who attended delivery/pre-discharge or postnatal care or child immunization or well-child visits in the 6 months preceding the survey</p> <p><b>[1] PS324 = [D–E] × 100</b> PS320 = B</p> <p><b>[2] PS324A = [D] × 100</b> PS320 = B</p> <p><b>[3] (PS327 [C–X] OR PS328 = 1) × 100</b> PS320 = C</p> <p><b>[4] (PS331 = [C–X] OR PS332 = 1) × 100</b> PS320 = D</p> <p><b>[5] (PS335 = [C–X] OR PS336 = 1) × 100</b> PS320 = E</p> <hr/> <p><i>Note: Each of the above five components and their respective denominators should be shown in separate columns in a table titled Family Planning Acceptance via Integrated Services.</i></p>

Indicator	How to Calculate the Indicator
<p><b>1.14 Correct use of LAM</b></p> <p>Percentage of mothers of children ages 0–5 months who report currently using the LAM as a contraceptive method and who report meeting the three criteria</p>	<p>Number of mothers of children ages 0–5 months who report currently using the LAM as a contraceptive method and who report meeting the three criteria</p> <p><b>(ONLY CHILD/LAST BORN CHILD IS YOUNGER THAN 6 MONTHS FROM PS205) AND [(PS311 = 1) AND (PS312 = A OR Z) AND (PS313 = 1)] AND (PS314 = 2)</b></p> <hr/> <p>Number of mothers of children ages 0–23 months who report currently using the lactational amenorrhea method (LAM)</p> <p><b>PS306 = K</b></p> <p style="text-align: right;">× 100</p>
<p><b>1.15 Integrated MIYCN-FP counseling*</b></p> <p>Percentage of mothers of children ages 0–23 months who report having received counseling on both MIYCN and FP information or messages during one or more of the following services in the 6 months preceding the survey:</p> <ul style="list-style-type: none"> <li>• Antenatal care</li> <li>• Postnatal care</li> <li>• Child immunization</li> <li>• Well-child visits</li> </ul>	<p>Number of mothers of children ages 0–23 months who report having received counseling on both MIYCN and FP information or messages during one or more of the following services in the last 6 months:</p> <ul style="list-style-type: none"> <li>• Antenatal care</li> <li>• Postnatal care</li> <li>• Child immunization</li> <li>• Well-child</li> </ul> <hr/> <p>Number of mothers of children ages 0–23 months who attended antenatal care, postnatal care, child immunization or well-child visits in the 6 months preceding the survey</p> <p><b>[1] (PS321 = 1 AND PS322 = 1) × 100</b> PS320 = A</p> <p><b>[2] (PS326 = 1 AND PS327 = B) × 100</b> PS320 = C</p> <p><b>[3] (PS330 = 1 AND PS331 = B) × 100</b> PS320 = D</p> <p><b>[4] (PS334 = 1 AND PS335 = B) × 100</b> PS320 = E</p> <hr/> <p><i>Note: Each of the above four components and their respective denominators should be shown in separate columns in a table titled Integrated MIYCN-FP Counseling.</i></p> <p style="text-align: right;">× 100</p>

## PS Coverage Indicators

Indicator	How to Calculate the Indicator
<p><b>2.1 Discussion of family planning with a health worker</b></p> <p>Percentage of mothers of children ages 0–23 months who report discussing family planning with a health worker in the 12 months preceding the survey</p>	<p>Number of mothers of children ages 0–23 months who report discussing family planning with a health worker in the 12 months preceding the survey</p> <p><b>PS317 = [Any A–Y]</b></p> <hr/> <p>Number of mothers of children ages 0–23 months in the survey</p> <p style="text-align: right;">× 100</p>



Indicator	How to Calculate the Indicator
<p><b>2.2 Family planning integration with other health services</b></p> <p>Percentage of mothers of children ages 0–23 months who report receiving: information or messages, referrals, or a contraceptive method during one or more of the following services in the 6 months: antenatal care; delivery; pre-discharge; postnatal care; child immunization; well-child visits</p>	<p>Number of mothers of children ages 0–23 months who attended certain health services (antenatal; delivery; pre-discharge; postnatal care; child immunization; well-child visits) in the 6 months preceding the survey who report receiving information or messages, referrals, or a contraceptive method during that services</p> <hr/> <p>Number of mothers of children ages 0–23 months who attended delivery/pre-discharge or postnatal care or child immunization or well-child visits in the 6 months preceding the survey</p> <p style="text-align: right;">X 100</p> <p>[1] PS322 = I × 100 PS320 = A</p> <p>[2] PS324 = [A–F; X] × 100 PS320 = B</p> <p>[3] PS324A = [A–D; X] × 100 PS320 = B</p> <p>[4] PS327 [A–X] × 100 PS320 = C</p> <p>[5] PS331 = [A–X] × 100 PS320 = D</p> <p>[6] PS335 = [A–X] × 100 PS320 = E</p> <hr/> <p><i>Note: Each of the above six components and their respective denominators should be shown in separate columns in a table titled Family Planning Integration with Other Health Services.</i></p>
<p><b>2.3 Family planning integration with CHWs</b></p> <p>Percentage of mothers of children ages 0–23 months who report discussing family planning with a CHW or who were given a referral for family planning services during any of these discussions with the CHW in the 12 months preceding the survey</p>	<p>Number mothers of children ages 0–23 months who report discussing family planning with a CHW or who were given a referral for family planning services during any of these discussions with the CHW in the 12 months preceding the survey</p> <p style="text-align: center;"><b>PS317 = A AND PS318 = I</b></p> <hr/> <p>Number of mothers of children ages 0–23 months in the survey</p> <p style="text-align: right;">X 100</p>
<p><b>2.4 Reasons for nonuse</b></p> <p>Percent distribution of mothers of children ages 0–23 months who want to either postpone or avoid their next child but are not using a contraceptive method, by reasons for nonuse</p>	<p>Number of mothers of children ages 0–23 months who want to either postpone or avoid their next child but are not using a contraceptive method, by reasons for nonuse</p> <p style="text-align: center;"><b>PS408 = Any Code</b></p> <hr/> <p>Number of mothers of children ages 0–23 months who are not pregnant at the time of the survey and who want to either postpone or avoid their next child but are not using a contraceptive method</p> <p style="text-align: center;"><b>(PS101 = [2 OR 8]) AND (PS 305 = 2) AND (PS404 = 2 OR PS405 = ≥ 24 MONTHS)</b></p> <p style="text-align: right;">X 100</p>

Indicator	How to Calculate the Indicator
<p><b>2.5 Total unmet need for family planning*</b></p> <p>Percentage of mothers of children ages 0–23 months who (1) are pregnant and want to either postpone or avoid their next child, or (2) who are fecund and want to either postpone or avoid their next child but are not using a contraceptive method</p>	<p>Number of mothers of children ages 0–23 months who (1) are pregnant and want to either postpone or avoid their next child, or (2) who are fecund and want to either postpone or avoid their next child but are not using a contraceptive method</p> <hr/> <p>Number of mothers of children ages 0–23 months in the survey</p> <p><b>[1] (PS101 = 1) AND (PS403 = 2 OR PS405 = ≥ 24 MONTHS/≥ 2 YEARS)</b>  <b>PS101 = 1</b></p> <p><b>[2] (PS101 = [2 OR 8]) AND (PS404 = 2 OR PS405 = ≥ 24 MONTHS/≥ 2 YEARS) AND (PS305 = 2)</b>  <b>PS101 = [2 OR 8]</b></p> <p><b>Total unmet need for family planning = ([1] + [2]) × 100</b></p> <hr/> <p><i>*This is a compound indicator. Total unmet need for family planning is made up of two components: (1) for pregnant women; (2) for nonpregnant women. Each component needs to be calculated separately. All components should be added up to calculate total unmet need for family planning. Unmet need for all postpartum women, despite their current pregnancy status, is calculated prospectively, looking at woman's future fertility preferences. The prospective unmet need reflects more accurately the needs among postpartum women and it is almost always higher than the retrospective unmet need from the DHS.</i></p>
<p><b>2.6 Unmet need for spacing</b></p> <p>Percentage of mothers of children ages 0–23 months who (1) are pregnant and want to postpone their next child, or (2) who are fecund and want to postpone their next child but are not using a contraceptive method</p>	<p>Number of mothers of children ages 0–23 months who (1) are pregnant and want to postpone their next child, or (2) who are fecund and want to postpone their next child but are not using a contraceptive method</p> <hr/> <p>Number of mothers of children ages 0–23 months in the survey</p> <p><b>[1] (PS101 = 1) AND (PS405 = PS405 = ≥ 24 MONTHS/≥ 2 YEARS)</b>  <b>PS101 = 1</b></p> <p><b>[2] (PS101 = [2 OR 8]) AND (PS405 = PS405 = ≥ 24 MONTHS/≥ 2 YEARS) AND (PS305 = 2)</b>  <b>PS101 = [2 OR 8]</b></p> <p><b>Total unmet need for family planning = ([1] + [2]) × 100</b></p> <hr/> <p><i>*This is a compound indicator. Unmet need for spacing is made up of two components: (1) for pregnant women; (2) for nonpregnant women. Each component needs to be calculated separately and added up to calculate unmet need for spacing. Unmet need for all postpartum women, despite their current pregnancy status, is calculated prospectively looking at woman's future fertility preferences. The prospective unmet need reflects more accurately the needs among postpartum women and it is almost always higher than the retrospective unmet need from the DHS.</i></p>

Indicator	How to Calculate the Indicator
<p><b>2.7 Unmet need for limiting</b></p> <p>Percentage of mothers of children ages 0–23 months who (1) are pregnant and want to avoid having another child, or (2) who are fecund and want to avoid having another child but are not using a contraceptive method</p>	<p>Number of mothers of children ages 0–23 months who (1) are pregnant and want to avoid having another child, or (2) who are fecund and want to avoid having another child but are not using a contraceptive method</p> <hr/> <p>Number of mothers of children ages 0–23 months in the survey</p> <p style="text-align: right;">X 100</p> <p>[1] (PS101 = 1) AND (PS403 = 2) PS101 = 1</p> <p>[2] (PS101 = [2 OR 8]) AND (PS404 = 2 AND (PS305 = 2)) PS101 = [2 OR 8]</p> <p>Total unmet need for family planning = ([1] + [2]) × 100</p> <hr/> <p><i>*This is a compound indicator. Unmet need for limiting is made up of two components: (1) for pregnant women; (2) for nonpregnant women. Each component needs to be calculated separately and added up to calculate unmet need for limiting. Unmet need for all postpartum women, despite their current pregnancy status, is calculated prospectively looking at woman's future fertility preferences. The prospective unmet need reflects more accurately the needs among postpartum women and it is almost always higher than the retrospective unmet need from the DHS.</i></p>

### PS Coverage Indicators

Indicator	How to Calculate the Indicator
<p><b>3.1 Knowledge of modern family planning methods</b></p> <p>Percentage of mothers of children ages 0–23 months who know at least three modern methods of family planning</p>	<p>Number of mothers of children ages 0–23 months who know at least three modern methods of family planning</p> <p style="text-align: center;"><b>PS301B = ≥ 3 MODERN METHODS</b></p> <hr/> <p>Number of mothers of children ages 0–23 months in the survey</p> <p style="text-align: right;">X 100</p>
<p><b>3.2 Knowledge of LARC/PM</b></p> <p>Percentage of mothers of children ages 0–23 months who know at least one long-acting reversible contraceptive (LARC) or permanent method (PM) of contraception</p>	<p>Number of mothers of children ages 0–23 months who know at least one LARC or PM of contraception</p> <p style="text-align: center;"><b>PS301A [01] OR [02] OR [03] OR [05] = 1</b></p> <hr/> <p>Number of mothers of children ages 0–23 months in the survey</p> <p style="text-align: right;">X 100</p>
<p><b>3.3 Knowledge of sources of modern contraceptive methods</b></p> <p>Percentage of mothers of children ages 0–23 months who know at least one place or person where they can obtain a modern contraceptive method</p>	<p>Number of mothers of children ages 0–23 months who know at least one place or person where they can obtain a modern contraceptive method*</p> <p style="text-align: center;"><b>PS316 = Any Code [A–O]</b></p> <hr/> <p>Number of mothers of children ages 0–23 months in the survey</p> <p style="text-align: right;">X 100</p> <p><i>* Can be disaggregated by source</i></p>

Indicator	How to Calculate the Indicator
<p><b>3.4 Knowledge of three LAM criteria</b></p> <p>Percentage of mothers of children ages 0–23 months who know the three LAM criteria</p>	<p>Number of mothers of children ages 0–23 months who know the three LAM criteria</p> $\frac{\text{PS301A(09) = 1 AND w(PS303(A) = 1 AND (PS303(B) = 1 AND (PS303(C) = 1) AND (PS303(D) = 1))}}{\text{Number of mothers of children ages 0–23 months in the survey}} \times 100$
<p><b>3.5 Knowledge of adequate birth spacing</b></p> <p>Percentage of mothers of children ages 0–23 months who know that a woman should wait at least 24 months after she gives birth before attempting to become pregnant again</p>	<p>Number of mothers of children ages 0–23 months who know that a woman should wait at least 24 months after the woman gives birth before attempting to become pregnant again</p> $\frac{\text{PS409} \geq 24 \text{ MONTHS}}{\text{Number of mothers of children ages 0–23 months in the survey}} \times 100$
<p><b>3.6 Knowledge of benefits of adequate birth spacing</b></p> <p>Percentage of mothers of children ages 0–23 months who know one or more benefits of waiting at least 24 months after giving birth before attempting to become pregnant again</p>	<p>Number of mothers of children ages 0–23 months who know one or more benefits of waiting at least 24 months after giving birth before attempting to become pregnant again</p> $\frac{\text{PS411} = \text{Any Code [A–D]}^*}{\text{Number of mothers of children ages 0–23 months in the survey}} \times 100$ <p><small>*Add the OTHER response category (code [X]) if the specified benefit falls under any code [A–F]</small></p>
<p><b>3.7 Knowledge to wait at least 6 months after an abortion or miscarriage before attempting another pregnancy</b></p> <p>Percentage of mothers of children ages 0–23 months who know that a woman should wait at least 6 months after a miscarriage or abortion before attempting to become pregnant again</p>	<p>Number of mothers of children ages 0–23 months who know that a woman should wait at least 6 months after a miscarriage or abortion before attempting to become pregnant again</p> $\frac{\text{PS412} = \geq 6 \text{ MONTHS}}{\text{Number of mothers of children ages 0–23 months in the survey}} \times 100$
<p><b>3.8 Knowledge of benefits of waiting at least 6 months after an abortion or miscarriage before attempting another pregnancy</b></p> <p>Percentage of mothers of children ages 0–23 months who know one or more benefits of waiting at least 6 months after a miscarriage or abortion before attempting to become pregnant again</p>	<p>Number of mothers of children ages 0–23 months who know one or more benefits of waiting at least 6 months after a miscarriage or abortion before attempting to become pregnant again</p> $\frac{\text{PS414} = \text{Any Code [A–D]}^*}{\text{Number of mothers of children ages 0–23 months in the survey}} \times 100$ <p><small>*Add the OTHER response category (code [X]) if the specified benefit falls under any code [A–D]</small></p>

Indicator	How to Calculate the Indicator
<p><b>3.9 Knowledge of benefits of delaying a pregnancy until the age of 18 years</b></p> <p>Percentage of mothers of children ages 0–23 months who know at least one benefit of a woman delaying a pregnancy until the age of 18 years</p>	<p>Number of mothers of children ages 0–23 months who know at least one benefit of a woman delaying a pregnancy until the age of 18 years</p> $\frac{\text{PS415} = \text{Any Code [A–I]}^*}{\text{Number of mothers of children ages 0–23 months in the survey}} \times 100$ <p><i>*Add the OTHER response category (code [X]) if the specified benefit falls under any code [A–I]</i></p>
<p><b>3.10 Knowledge of increased risk in pregnancies over the age of 34 years</b></p> <p>Percentage of mothers of children ages 0–23 months who know at least one health problem that may occur when a woman becomes pregnant when she is over the age of 34 years</p>	<p>Number of mothers of children ages 0–23 months who know at least one health problem that may occur when a woman becomes pregnant when she is over the age of 34 years</p> $\frac{\text{PS416} = \text{Any Code [A–H]}^*}{\text{Number of mothers of children ages 0–23 months in the survey}} \times 100$ <p><i>*Add the OTHER response category (code [X]) if the specified problem falls under any code [A–H]</i></p>
<p><b>3.11 Knowledge of increased risk for high-parity women</b></p> <p>Percentage of mothers of children ages 0–23 months who know at least one health problem that may occur when a woman who has four or more children becomes pregnant</p>	<p>Number of mothers of children ages 0–23 months who know at least one health problem that may occur when a woman who has four or more children becomes pregnant</p> $\frac{\text{PS417} = \text{Any Code [A–E]}^*}{\text{Number of mothers of children ages 0–23 months in the survey}} \times 100$ <p><i>*Add the OTHER response category (code [X]) if the specified problem falls under any code [A–E]</i></p>

## 7. Suggested Qualitative Research Topics

Certain topics are better explored using qualitative research techniques rather than closed-ended questions. A qualitative research component will yield important information on community knowledge, beliefs, and normative practices related to pregnancy spacing and family planning. As a formative research technique, findings from focus group discussions could be used to modify the questionnaire to reflect local terms, concepts, and customs. In addition, upon completion of the KPC survey, there may be additional areas that need to be explored. Thus, qualitative methods can be employed once again to provide explanations for phenomena that were identified but not sufficiently explained by the KPC. Please note that while potential topics are provided, the KPC tools do not include guidance on how to conduct qualitative studies.

The following qualitative topics are organized into the following categories: (1) general questions, (2) questions for women, (3) questions for husbands/spouses, (4) questions for influential community members, and (5) questions for health workers.

### General Questions

- What do you see as the benefits of using family planning?
- How long should a woman/couple wait after giving birth before the next pregnancy, for the health of mother and baby?

## Pregnancy Spacing and Family Planning Module

- What are some of the problems that can occur if births are spaced too closely together?
- What are barriers that prevent some women in your community from using family planning?
- Are there any common myths, perceptions or beliefs around FP that may affect whether women in this community use family planning methods?
- In your opinion, is there a relationship between family planning and infant growth and health? Explain.
- In your opinion, is there a relationship between breastfeeding and fertility return? Explain.

## Questions for Women

- Have you discussed family planning and ideal family size with your husband/spouse? Why or why not?
- Are you currently using a family planning method?
  - If **YES**:
    - Which method? For how long have you been using it?
    - Are you satisfied with the method you are currently using?
    - Where did you go for the family planning services? What was your opinion of these services that were provided?
    - Why did you start using this family planning method? What was it that motivated you?
    - Was your husband involved in the decision to use family planning?
    - How long after your baby was born did you start using a family planning method? Why?
  - If **NO**:
    - What are your reasons for not using a family planning method?
    - Do you think you are currently at risk of pregnancy? Why or why not?
    - Do you intend to use a family planning method in the future? When?
- Since your baby was born, have you even discontinued or switched family planning methods? If yes, what was the reason for discontinuation or switching?
- When do you think a woman can become pregnant again after delivery? When should she start using a family planning method after delivery? Why?
- Is it possible for a woman to become pregnant before her menses returns? Why or why not?
- Have you heard of the LAM method of family planning?
  - If **YES**:
    - What are the three criteria?
    - If a woman decides to use LAM, when should she transition to another modern method?
    - What is your opinion of LAM?
  - Do you intend to have another baby in the future? If yes, when do you plan to start the next pregnancy? If no, have you considered options for limiting future pregnancies?

## Questions for Husbands/Spouses

- Have you discussed family planning and ideal family size with your wife/spouse? Why or why not?
- Are you and your wife currently using a family planning method?
  - If **YES**:
    - Which method? For how long have you been using this method?
    - Are you satisfied with the method?
    - Did you go with your wife to a health facility for this family planning method?
    - What motivated you and your wife to use a family planning method? Did your family and friends support the decision?
  - If **NO**:
    - What are your reasons for not using a family planning method?
    - Do you think your wife is currently at risk of pregnancy? Why or why not?
    - Do you and your wife intend to use a family planning method in the future? If yes, when?
- Who in your community do you go to for information about family planning?

## Questions for Community Influentials

- In this community, where do men and women get information about family planning?
- What advice do you give to people in this community about birth spacing and using family planning? When and where do you provide this advice?
- Generally, in this community, who within a couple makes the decision of whether or not to use a family planning method? Do you think husbands and wives should make decisions together about family planning? Why or why not?

## Questions for Health Workers

- What are the main counseling points you discuss with women/couples about family planning?
- What specific points about family planning do you discuss with postpartum women?
- When do you think a woman can become pregnant again after delivery? By what point after delivery do you recommend that women should be using a family planning method? Why?
- Is it possible for a woman to become pregnant before her menses returns? Why or why not?
- Have you heard of the LAM method of family planning?
  - If **YES**:
    - Do you routinely counsel postpartum women on LAM? Why or why not?
    - What are the three criteria?
    - If a woman decides to use LAM, when should she transition to another modern method?
    - What is your opinion of LAM?
- When providing post-partum family planning (PPFP) counseling, do you generally counsel on the benefits of exclusive breastfeeding for the mother and baby?

## Pregnancy Spacing and Family Planning Module

- In your experience, what strategies have been successful in motivating women with children under 2 years to adopt family planning methods?
- When women with young child come for family planning services, do they usually come for other services either for themselves or their babies? If yes, what other services do they most commonly come for?

## 8. Survey Questionnaire

[See Excel file XXX.]