

Refugee Reproductive Health Needs Assessment:

Survey (for Analysis by Hand) and Notes on Survey Questions

This guide to gathering survey data for a needs assessment for reproductive health in refugee settings is designed to be processed and analyzed without using a computer. It is arranged as follows.

Left-Hand Page: Notes on the Questions	Right-Hand Page: Model for Mini-Survey Questions
<p>The left-hand page contains Notes on the questions in the survey. The Notes appear opposite each question.</p>	<p>The right-hand page contains the questions themselves.</p>
<p>The Notes can be used for adapting the question or the responses, and for training and supervision. Once the questionnaire is finalized, the Notes are no longer needed.</p>	<p>All the questions are closed. Most questions require Yes/No answers; or have at most 4 choices. With such limits, hand tabulation of the results is possible.</p>
<p>Standard abbreviations are used throughout the survey:</p>	<p>The interviewer will circle the response given by the woman being interviewed. A trained supervisor will review each completed questionnaire.</p>
<p>DK Don't know NR No response NA Not applicable</p>	<p>The circled answers will be entered on the data entry sheet (attached) designed for the mini-survey. Analysis is limited to frequencies, i.e., simple counts of the number of people giving each possible response.</p>

Identification Number

Each questionnaire should have a unique ID number that matches the data entry record.



Refugee Reproductive Health Needs Assessment: Survey (for Analysis by Hand)









Notes on Survey Questions

Survey Logistics







Keeping track of the flow of a questionnaire is important, for logistical purposes. In a mini-survey, this information would not be entered on the data entry form.



Notes

<p>Purpose of the Introduction The respondent should be put at ease. She should feel confident that the interview is necessary and confidential, and that responses will not be traced to individual respondents. Plan to hold a feedback session for the respondents and others who are interested. This should be done soon after the interviewing is complete, even if only preliminary results are available. Refer to the Introduction for additional information. <i>NOTE: Q1-Q6 may be sensitive, or difficult for the respondent to answer. If so, you may choose to put them at the end of the interview, after a rapport has been established and the respondent is more comfortable.</i></p>	
<p>Q1 Age It is best to ask the age in years. Then the mean age can be calculated.</p>	
<p>Q2 Education In a fairly well-educated group, this question might be changed to, "Did you go beyond primary school?"</p>	
<p>Q3 Length of time in camp Duration in a camp (or in whatever type of settlement exists) may affect knowledge and use of camp services. In all the questions, use the actual place name instead of "this camp." Use a time frame (e.g., 3 months, 6 months, 1 year, or other) that makes sense for the group being interviewed.</p>	
<p>Q4 Head of household This question is asked to determine whether the woman bears principal responsibility for household support.</p>	
<p>Q5 Number of children In the interviewers' training, it must be made clear that this question refers to live births.</p>	
<p>Q6 Current pregnancy In early pregnancy, it is hard for a woman to be sure if she is in fact pregnant. If she answers, "I don't know" or "I am not sure, but I doubt it," treat her as a "DK." If she says, "I am not sure, but I think so," treat her as a "Yes."</p>	
<p>Q7 Antenatal care The purpose of this question is to determine if women have used antenatal care services since arriving in camp.</p>	

Notes

<p>Q8 Source of antenatal care Surveys often ask about <i>last</i> source used (instead of all sources used) for several reasons. It is easier to tabulate (one answer instead of many); it is a more specific, and therefore easier, question to ask and answer; and it gives most recent behavior. Across the whole sample, it gives a good indication of the pattern of use. Rather than the categories listed, you might use names of specific facilities in the area, and "Other."</p>	
<p>Q9 Place of delivery In this question, we want to know whether the woman delivered in a health facility or not.</p>	
<p>Q10 Major complications "Major complications" has a specific definition in safe motherhood programs. However, a woman answering this question may well say she experienced nausea and tiredness, which may be major to her but which do not fit the specific definition. Interviewers must be trained in how to handle these situations. For example, after verifying that nausea and tiredness are the only problems a woman had, the interviewer should circle "No" as the answer to Q10. But she can still sympathize with the woman.</p>	
<p>Q11 Breastfeeding This is not a reproductive health question, per se, since it is about the child's rather than the woman's health. If it is relevant to your program, you may want to include it. As written, the question uses a breakoff point of 12 months. Use a point relevant to your program. For example, if your early information suggests that women breastfeed for a short time, use a breakoff point of 6 months.</p>	
<p>Q12 Additional children desired The proportion of women who say they want no more children may be an indication of the unmet need for family planning. The wording of this question depends on the woman's current number of children. For example, if she already has at least 1 child and is not currently pregnant, it becomes, "Do you want to have more children?"</p>	
<p>Q13 Desired timing of pregnancy Women who answered in Q12 that they wanted additional children, but say in Q13 that they want to wait a year or more, may be another group with unmet demand for family planning, for spacing purposes.</p>	

Questions

ID _____

Q8 Where did you go *the last time* you saw a health care provider during [this OR your last] pregnancy?

Government health facility

NGO health facility

Other _____

DK,NR,NA

Q9 Thinking back to the last time you were pregnant, where did you deliver?

In a health facility

Not in a health facility

DK,NR

Q10 Thinking about that pregnancy, did you have any major problems during pregnancy, labor or delivery?

Yes

No

DK,NR

Only circle "Yes" if she had any of the following: heavy bleeding; prolonged (>12 hours) or obstructed labor; infection; convulsions (pre-eclampsia/eclampsia); abortion, miscarriage.

Q11 How long did you breastfeed the last child you weaned?

Did not breastfeed
12 months or longer

Less than 12 months
DK,NR,NA

Q12 Do you want to have [more] children [*if pregnant, 'after this one is born'*]?

Yes

No

DK,NR






Q13 When would you like to become pregnant?

Within 1 year

After 1 year

DK,NR,NA

Notes

<p>Q14 Female genital mutilation If it is known that FGM is not and was never practiced by the ethnic group, this question is probably irrelevant. If it was practiced at home, however, you will want to know if it is also practiced in the camp. Such information may be easily obtained from informants, hospital records or may be common knowledge. But, if it is limited to some groups or is intentionally being kept secret, this question may uncover some useful information.</p>	
<p>Q15 Family planning knowledge A basic family planning knowledge question is most useful in a place where knowledge is low. Then, a program objective may be to increase knowledge, and this question can serve as a baseline measure. If knowledge is moderate or high (e.g., over 75% of people can name 1 or 2 modern contraceptives), this question is probably not needed.</p> <p>Note: In all the family planning questions, use the terms the women use. For example, in some places, the IUD is called "the coil." Rhythm is sometimes called "the calendar method."</p>	
<p>Q16 Ever use of family planning Ever use is an indicator of exposure and openness to family planning.</p>	
<p>Q17 Current use of family planning If your program will include family planning, this is an important baseline measure.</p>	
<p>Q18 Family planning supplies [in camp] The wording of this question depends on the method. Some methods rely on supplies (e.g., pills, condoms, injectables). Others rely on a visit (e.g., IUD, sterilization, implant). Others depend on learning (e.g., rhythm, withdrawal, perhaps traditional methods).</p> <p>Q18b In interviewer training, the appropriate way of asking Q18b to get at the desired information (where did the woman go for services the last time) should be clarified.</p> <p>Q18c The purpose of this question is to determine if women are being asked to pay for services that should be free.</p>	

Questions

ID _____

Q14 Does your community practice circumcision on girls or boys here in [the camp]?
(Circle all that apply.)

Yes, on girls

Yes, on boys

No

DK, NR

Now I would like to ask you about family planning.

Q15 What family planning methods have you ever heard of? (Listen to her responses, then circle appropriate answer.)

1 or 2 methods

3 or more methods

No method, DK, NR

Q16 Have you ever used any family planning method?

Yes

No

DK, NR

Q17 Are you using a family planning method now? (If "Yes," write in method.)

Yes _____

No

DK, NR

Q18a Have you gotten any family planning method or supplies since you arrived in [this camp]?

Yes

No

DK, NR

b Yes --> Where did you get your method or supplies the last time?

Government health facility

NGO health facility

Other _____

DK, NR, NA

c Did you pay for these services?

Yes

No

DK, NR

Notes

Q19 and Q20 Abortion

It is not uncommon for women to become pregnant when they do not want to be, and try to end that pregnancy if possible. Abortions occur in virtually every country, regardless of whether it is legal or not, culturally accepted or not. There are many reasons women seek abortions: the pregnancy may have occurred outside of marriage; it may be the result of forced sex; it may be due to contraceptive method failure; or the woman may be too economically unstable to care for a child. Refugees can be more likely to face these circumstances than other women.

When denied access to safe abortion services, many women turn to unskilled providers to help them terminate an unwanted pregnancy. This can lead to complications and death. Because unsafe abortion is a major cause of mortality and morbidity among women, it is useful to learn as much as we can about it. This series of questions is included in the survey to help planners assess the need for life-saving treatment of abortion complications. It should be noted that treatment of abortion complications is a service virtually every government provides, whether or not abortion is legal.

Depending on the legal and/or social acceptance of abortion in your site, asking these questions may or may not be possible. If abortion is, in fact, legal, or at least openly discussed, you may have gotten the information in the earlier questions on family planning. On the other hand, abortion may be too sensitive to ask about in a survey — group discussions or in-depth interviews may be better methods to use.

Note: Unless abortion is quite accepted, Q20 is unlikely to give you accurate data on women who have had an abortion. It will, however, give you a minimum number, which may be informative.



Questions

ID _____

Now, I would like to ask you about unwanted pregnancy in this community, and what girls and women do when they have an unwanted pregnancy. We want to know about this so that we can try to prevent the health problems that some girls and women experience.

Q19 If a woman finds she is pregnant but does not want to have the baby, is there something she can do or someone she can go to stop the pregnancy?

Yes

No

DK, NR






Q20 Have you yourself ever gone to someone or done something to stop a pregnancy that you did not want?

Yes





No

DK, NR

Notes

<p>Q21 AIDS awareness This is a screening question for the series of questions on AIDS. If you find that virtually everyone has heard of AIDS, you can skip it.</p>	
<p>Q22 and Q23 Sources of HIV infection These 2 questions show 2 different ways of asking questions about knowledge of transmission routes. You can ask an open question, such as Q22, and only note the particular answer you are interested in. (In this case, the interviewer would only note if sexual transmission is mentioned by the woman. The woman could give other correct answers, such as blood transfusion, for example, but this would not be noted.) Q23 shows a direct question about the specific route of transmission you want to know about, such as maternal-fetal transmission. The questions should reflect the routes of transmission the program may do something about. The open question (like Q22) may avoid what is sometimes found in surveys: that people are more likely to answer "Yes" than "No" to knowledge questions.</p> <p>NOTE: It is important to correct any misinformation <i>after</i> the interview (not during it). If a woman gives an answer that is not correct (e.g., she might say you can get AIDS from mosquitos), the interviewer should give her correct information after the interview has ended.</p>	
<p>Q24 Feelings of vulnerability Responses to this question can give you a sense of whether the level of concern matches the reality (which you might know based on clinic records or other studies). If the woman says she has AIDS, or thinks she may have AIDS, it is important to refer her for health services and counseling, if it exists. She should also be followed up. It is unethical to ask these questions, collect the information, and leave the woman with no assistance.</p>	
<p>Q25 Actions to avoid AIDS As in Q22, you can ask this as an open question, or you can ask directly, "Do you think that condoms can prevent AIDS?"</p>	
<p>Q26 Sexually transmitted diseases This questions does not ask if the woman has ever <i>had</i> a sexual infection, because studies have shown that women are not good at identifying infections. They should know whether they have been treated for one, however. Use a term (it may not be "sexual infection") that your pre-test shows most women will understand.</p>	

Notes

<p>Q27 Sexual and gender violence: Rape How this topic is introduced and the wording of the questions are clearly important. This first question in the series is intended to get at overt acts of rape. The longer version of the questionnaire includes a question on whether boys and men are affected too, which can be added if that is relevant in your situation.</p>	
<p>Q28 Sexual and gender violence: Coercion This question asks about coercive sex — i.e., sex traded for basic needs. Some might not consider this to be the same as rape, so it can be useful to ask about it separately.</p>	
<p>Q29 Feelings of vulnerability This can indicate the level of concern women feel in the camp. If the woman says she has been raped, it is important to refer her for health services and counseling, if it exists. She should also be followed up. It is unethical to ask these questions, collect the information, and leave the woman with no assistance.</p>	
<p>Q30 Domestic violence Try to find a way to speak about domestic violence that will be clear to local women. There should be a distinction between domestic violence (i.e., beating by someone known to the woman, usually a husband, boyfriend or family member) and other violence (e.g., rape by a stranger, even if it occurs in her own home). If she says she has experienced domestic violence, she should be referred for health services and counseling, and followed up.</p>	
<p>Goodbye and Thank You There are a few important points the interviewer must cover before leaving.</p> <ul style="list-style-type: none"> ▶ She must thank the woman. ▶ Correct any misinformation the woman has about the topics that have been discussed. Leave printed educational material behind, if possible. ▶ Tell her where to go for further information and services, and encourage her to go and to tell her friends. ▶ If you are holding a feedback session, repeat the invitation. 	