



Identifying Adopters of Family Planning in Client Exit Interviews: Does Recall Period Matter?

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Background:

As programs strive to contribute to the FP2020 goal of expanding family planning to 120 million additional women by 2020, careful consideration must be given to the full picture of contraceptive use. It is important for organizations to take baseline contraceptive use into account when estimating their contribution to additional users or estimating the resources needed to reach a certain number of additional users. Among their clients who use family planning, program leaders need to distinguish between those who are adopting family planning for the first time versus those who have used it before but have lapsed in use, those who are new to their program but who are already using a method they received elsewhere, and those who have been using a method provided by their program and continue to do so. For more information on terminology, please read [“New Users” are Confusing Our Counting: Reaching Consensus on How to Measure “Additional Users” of Family Planning](#) by Dasgupta, et al. Client profile is key to capturing this information. While there are many ways to capture client profile, this information is typically collected through exit interviews, which are conducted retrospectively among women who have just accessed services.

Continuing users and provider-changers contribute to baseline contraceptive use at the national level, while adopters—those who were not using a method before receiving one from the program—contribute to additional users. No standard exists for the wording of questions used in exit interviews to determine a client’s status as an adopter of family planning.

Some organizations place a timeframe on the question, asking a client whether she or her partner were doing anything in the past 3 months to avoid or delay pregnancy. Other organizations may ask a client if she or her partner were doing anything before the day of her visit. In efforts to standardize the assessment of client profile across programs, it was unclear whether placing a timeframe on this question made a difference in how clients answered and thus the resulting client profile estimated by the program.

Methods:

International Planned Parenthood Federation (IPPF) proposed an opportunity to assess this question within their current program activities. To test how the temporal wording impacts client answers and thus client profile within a program, IPPF included two versions of the question in exit interviews administered at IPPF Member Association clinics



in Kenya ([Family Health Options Kenya](#)) and Nigeria ([Planned Parenthood Federation of Nigeria](#)):

1. “Before your visit today, were you or your partner doing anything to prevent or delay getting pregnant?”
2. “In the past 3 months, were you or your partner doing anything to avoid or delay getting pregnant?”

With protocol and analysis support from Metrics for Management, IPPF conducted a study to assess whether these questions are answered differently by individual clients and whether any response differences caused a significant shift in the resulting client profile assessed by the survey.

Exit interviews were administered at clinics with a high volume of family planning clients in the cities of Eldoret, Nakuru and Nairobi in Kenya, and in Ibadan, Nigeria, from December 2016 to January 2017. A convenience sample of nine clinics was selected, including five static clinics and four outreach clinics. Exiting family planning clients who had received services were approached by trained interviewers and asked to participate in the study. Clients were interviewed face-to-face. Responses were recorded on paper and later entered into an online survey platform. Clients who did not receive a family planning method on the day of the visit were excluded. Of the 672 clients approached, analysis was conducted on a total sample of 590. Sample-wide answers to the two questions were compared using percentage agreement paired with a kappa statistic. Chi-squared tests were used to assess impacts on the likelihood of responding the same to both questions. A two-sample test of proportions assessed differences in the number of adopters based on the wording of the questions.

Results:

A basic description of the respondents is seen in Table 1, below. Across the sample, there was 89.15% agreement in answers to the two versions of the question (kappa = 0.7133). A client’s likelihood of responding the same way to both questions was not impacted by age, or the type of method received ($p = 0.050$ and $p = 0.970$, respectively).

Clients in Nigeria were more likely to respond differently to the two versions of the question than clients in Kenya (OR = 6.31, $p < 0.001$). Among clients in Kenya, there was 96.33% agreement in answers to the two versions of the question (kappa = 0.6473). In Nigeria, there was 80.63% agreement (kappa = 0.6132).

In both Kenya and Nigeria, clients interviewed in static clinics were more likely to respond differently to the two versions of the question than clients interviewed in outreach clinics

(OR: 2.75, $p < 0.001$). Among clients in outreach clinics, there was 93.80% agreement in answers to the two versions of the question ($\kappa = 0.7910$). In static clinics, there was 84.59% agreement ($\kappa = 0.6484$).

There was no significant difference in the number of adopters identified based on the wording of the two questions ($z = 0.4629$, $p = 0.6434$).

Location		
	<i>Kenya</i>	56%
	<i>Nigeria</i>	44%
Clinic Type		
	<i>Static</i>	48%
	<i>Outreach</i>	52%
Method Type		
	<i>SARC¹</i>	65%
	<i>LAPM²</i>	35%
Sex		
	<i>Female</i>	94%
	<i>Male</i>	6%
Mean age (years)		30.9

¹ Short acting or reversible methods include hormonal pills, injectable, and barrier methods

² Long acting or permanent methods include IUD, implants, and sterilization

Discussion:

Neither of the questions tested here is considered standard, and our understanding of the differences found in the answers to these questions is limited by the design of the present study; however, there is some evidence that longer recall periods are associated with less accurate patient-reported estimates and more recall error (Bhandari & Wagner, 2006; Kjellsson, Clarke, & Gerdtham, 2014; Stull, Leidy, Parasuraman, & Chassany, 2009). Therefore, in order to generate comparable estimates of additional users across surveys, while minimizing recall bias, we recommend that programs seeking guidance on how to phrase the question of whether the client has previously taken any steps to prevent or delay a pregnancy use the phrasing that indicates a shorter timeframe: **“Before your visit today, were you or your partner doing anything to prevent or delay getting pregnant?”**



Programs assessing their contribution to additional users should take into consideration how their client profile will be collected. Exit interviews are a valuable tool that many family planning programs use to assess client profile. Yet surveying clients as they leave the clinic, after receiving family planning services, may introduce an element of ambiguity in how a client defines whether they were doing anything to prevent or delay a pregnancy. Having just received services, a client may interpret a question that begins “before today” to include that particular visit and any methods that may have been received during the visit. However, it is also possible that a client will interpret “in the past 3 months” to also include the visit on that day. Asking a client the same question before their visit may result in less variation.

We recommend—given the potential for ambiguity in either phrasing of the question—that programs emphasize how to help clients interpret the question’s intent during interviewer training.

It is also important to acknowledge that there are some differences in the way that these two versions of the question are answered among sub-populations. Notably, we found that responses varied by country, and by clinic type; however, there was no significant difference in the number of adopters calculated as the result of asking this question two different ways. Nevertheless, further study may be called for so that programs may ultimately choose to use the question that is most appropriate for their clients.

[Calculate additionality via Marie Stopes International’s Impact 2 calculator.](#)

References:

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