

EMERGE COVID-19 and Gender Questions Family Planning and Reproductive Coercion

Only use if participant is not pregnant and reports vaginal sex with her partner in the past 30 days.

1. Are you or your partner currently doing something or using any method to delay or avoid getting pregnant?
 - a. Yes
 - b. No

2. Which method are you currently using to avoid pregnancy? (indicate method used most often in past 30 days)
 - a. Female sterilization
 - b. Male sterilization
 - c. IUD
 - d. Injectables
 - e. Implants
 - f. Oral Contraceptive Pill
 - g. Male Condom
 - h. Female Condom
 - i. Emergency Contraception
 - j. Standard Days Method
 - k. Lactational Amenorrhea Method
 - l. Rhythm Method
 - m. Withdrawal
 - n. Other Method (please specify _____)

3. Is your current method also your preferred method?
 - a. Yes (if yes, go to question 6)
 - b. No

4. What is your preferred method to avoid pregnancy?
 - a. Female sterilization
 - b. Male sterilization
 - c. IUD
 - d. Injectables
 - e. Implants
 - f. Oral Contraceptive Pill
 - g. Male Condom
 - h. Female Condom
 - i. Emergency Contraception
 - j. Standard Days Method
 - k. Lactational Amenorrhea Method
 - l. Rhythm Method
 - m. Withdrawal
 - n. Other Method (please specify _____)

5. Has the COVID-19 pandemic and the social containment efforts to manage the spread of the virus (lockdown, curfew, and other social distancing efforts) affected your ability to get your preferred method to avoid pregnancy? (select the response that most applies to you)
 - a. Yes, because the pharmacies and family planning counseling clinics are closed
 - b. Yes, because even though the pharmacies and clinics are open, I am not able to get to them due to the social restrictions in place (e.g., curfew, lockdown, no buses) because of the COVID-19 pandemic
 - c. Yes, because my family does not allow me to go out because of the COVID-19 pandemic
 - d. Yes, because even though the pharmacies and clinics are open, they do not have my preferred method available
 - e. No

6. In the past year, has your husband or male partner done any of the following:
 - a. Tried to force or pressure you to become pregnant
 - b. Took away your family planning method
 - c. Kept you from going to the clinic or pharmacy to get your family planning method
 - d. Said he would leave you if you didn't get pregnant
 - e. Physically hurt you because you did not become pregnant
 - f. He made you feel bad or treated you badly because you did not become pregnant

7. If yes, has this happened more, happened less, or not changed since the start of the COVID-19 pandemic and measures to control spread of the virus (lockdowns, curfews, other social distancing measures)?
 - a. These things have happened more
 - b. These things have happened less
 - c. These things have not changed

Source: Taken or adapted from -

- Demographic and Health Surveys. (2017). *Demographic and Health Surveys Model Questionnaire Phase 7: Woman's Questionnaire*. Retrieved from <https://dhsprogram.com/What-We-Do/Survey-Types/DHS-Questionnaires.cfm>.
- Silverman JG, Challa S, Boyce SC, Averbach S, Raj A. Associations of reproductive coercion and intimate partner violence with overt and covert family planning use among married adolescent girls in Niger. *EClinicalMedicine* 2020; 22:100359 <https://doi.org/10.1016/j.eclinm.2020.100359>

To further develop your survey, please refer to the following modules:

- [Partner Violence, Sexual Exploitation and Bystander Behavior](#)
- [Pregnancy, Delivery and Postnatal Care](#)
- [Women and Girls' Agency](#)