0.a. Goal

3 GUARANTEE ACCESS TO QUALITY HEALTH AND PROMOTE WELFARE FOR ALL

0.b. Target

3.7 By 2030, ensure universal access to sexual and reproductive health services, including family planning, information and education, as well as the integration of reproductive health into national strategies and programs

0.c. Indicator

3.7.1 Proportion of women aged 15 to 49 years married / in marital union satisfied with modern methods, according to area of residence and province

0.d. Series

Proportion of women aged 15 to 49 years married / in marital union satisfied with modern methods, according to area of residence and province

0.e. Metadata update

10/19/2020

0.f. Related indicators

Not applicable

0.g. International organisations(s) responsible for global monitoring

Not applicable

1.a. Organisation

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2.a. Definition and concepts

Proportion of women aged 15-49 years married / in a marital union satisfied with modern methods is defined as a group of women who were using contraceptive methods at the time of the survey and saw their family planning needs met.

2.b. Unit of measure

Percentage

3.a. Data sources

Statistics Portugal, Demographic and health survey (IDS)

3.b. Data collection method

The recommended data sources for calculating this indicator are nationally representative household surveys (IDS) that constitute the data source. In either case, the child's height and weight should be measured following the recommended standard measurement techniques (WHO 2008).

The questionnaire for the collection of data from the Demographic and Health Survey was designed and subsequently tested in the field during the training of the interviewers.

For data collection, the methodology of interviews was applied face to face to the households, applying three types of questionnaires:

• Household Questionnaire

• Women's Questionnaire

• Men's Questionnaire.

The Sample Design

The Demographic and Health Survey comprises a probabilistic, stratified and multi-stage sample, selected from the Data and Cartography of the III General Census of Population and Housing, carried out by INE in 2007.

The data collection lasted for five months starting in June 2011, ending in November 2011.

Response rate

Of the 13.964 households interviewed in the survey, a total of 13.871 eligible women were identified. Interviews were conducted with 13,718 of these women, which resulted in a response rate of 99%. Introduction • 13 In one third of the IDS household sample, interviews were also conducted with all eligible men found. Thus, of the 4,130 eligible men identified in the subsample of households selected for the men survey, 4,027 were successfully interviewed, giving a response rate of 98%

3.c. Data collection calendar

2021

3.d. Data release calendar

2022

3.e. Data providers

INE, MISAU

3.f. Data compilers

INE, MISAU

3.g. Institutional mandate

Law 7/96 of 5 July

4.a. Rationale

The proportion of demand for family planning satisfied with modern methods is useful in assessing the general levels of coverage of family planning programs and services. Accessing and using an effective means of preventing pregnancy helps to enable women and their partners to exercise their rights to freely and responsibly decide the number and spacing of their children and to have information, education and the means to do so. it. Meeting the demand for family planning with modern methods also contributes to maternal and child health, preventing unwanted pregnancies and pregnant women with reduced spacing, which are at greater risk of poor obstetric results. Levels of demand for family planning satisfied with modern methods of 75% or more are generally considered high, and values of 50% or less are generally considered to be very low.

4.b. Comment and limitations

Differences in the design and implementation of the survey, as well as differences in the way the questionnaires are formulated and administered, can affect the comparability of the data. The most common differences are related to the variety of contraceptive methods included and the characteristics (age, sex, marital status or union) of the people for whom the prevalence of contraceptives is estimated (base population). The timeframe used to assess the prevalence of contraceptives can also vary. In most surveys, there is no definition of what is meant by "currently using" a contraceptive method. In some surveys, the lack of probing questions, asked to ensure that the respondent understands the meaning of different contraceptive methods, may result in an underestimation of the prevalence of contraceptives, particularly in traditional methods. Sample variability can also be a problem, especially when the prevalence of contraceptives is measured for a specific subgroup (according to the method, age group, education level, place of residence, etc.) or when analyzing trends over time . When data on women aged 15 to 49 are not available, information is reported for women who are married or in union. Illustrations of grassroots populations that are sometimes presented are: married or married women aged 15 to 44, sexually active women (regardless of marital status) or married women. The notes in the data set indicate any differences between the data presented and the standard definitions of contraceptive prevalence or unmet need for family planning or where the data belong to populations that are not representative of women of reproductive age.

4.c. Method of computation

The numerator is the percentage of women of reproductive age (15 to 49 years old) who are currently using, or whose sexual partner is currently using, at least one modern contraceptive method. The denominator is the total demand for family planning (the sum of the contraceptive prevalence (any method) and the unmet need for family planning). The estimates are for married or married women.

4.d. Validation

The field work had close supervision and quality control by the central and provincial technicians, both from INE, MISAU and ICF International staff. In addition, during the data collection, a strict control was established at the level of each team over the collection process, by detecting errors by the field critics, which allowed for immediate correction still on the ground. At the level of central coordination, the data critics carried out a further review of the base data and the problems encountered were communicated to the respective teams.

The interactive and batch processing of information through the CSPro program also allowed, at central level, the periodic obtaining of partial results, for analysis of the data collected until a given moment, through the production of tables for monitoring and quality control. The results of these tabulations were reported in feedback to the interviewers, ensuring data quality.

4.h. Methods and guidance available to countries for the compilation of the data at the national level

The Demographic and Health Survey (IDS) in Mozambique is part of an international survey program (MEASURE DHS) developed by ICF International through a contract with USAID, with the purpose of supporting governments and private institutions in developing countries in conducting national surveys by sampling, in the areas of population and health. The MEASURE DHS Program aims to:

• Support the formulation of policies and implementation of programs in the areas of population and health;

• Increase the international population and health data base for monitoring and evaluation;

• Improve the survey methodology by sampling, and

• Consolidate, in the survey area, the technical capacity of the executing institution in the country participating in the Program.

4.i. Quality management

Quality Management Instrument still to be approved

4.j. Quality assurance

The interactive and batch processing of information through the CSPro program also allowed, at central level, the periodic obtaining of partial results, for analysis of the data collected until a given moment, through the production of tables for monitoring and quality control. The results of these tabulations were reported in feedback to the interviewers, ensuring data quality.

4.k. Quality assessment

Quality Assessment Instrument still to be approved

5. Data availability and disaggregation

Data are available every 5 years and can be disaggregated by specific age group, rural and urban residence area, province, education level and wealth quintile

6. Comparability/deviation from international standards

Estimates of Demographic and Health Surveys are based on standardized methodologies and developed by WHO and UNICEF.

Comparability is guaranteed since the Demographic and Health Survey (IDS) in Mozambique is part of an international survey program (MEASURE DHS) developed by ICF International through a contract with USAID, with the purpose of supporting governments and private institutions in developing countries to carry out national sample surveys in the areas of population and health. The MEASURE DHS Program aims to:

• Support the formulation of policies and implementation of programs in the areas of population and health;

• Increase the international population and health data base for monitoring and evaluation;

• Improve the survey methodology by sampling, and

• Consolidate, in the survey area, the technical capacity of the executing institution in the country participating in the Program.

7. References and Documentation

Ministry of Health (MISAU), www.misau.gov.mz ;

National Statistics Institute (INE), www.misau.gov.mz ;

ICF International (ICFI), www.measuredhs.com