

**Emergency Zika Package IV:
Assessment of Contraceptive Use and Needs,
Puerto Rico, 2016**

Request for OMB approval of an Emergency ICR

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Supporting Statement B

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1. Respondent Universe and Sampling Methods

This contraceptive assessment will collect information from a representative sample of women between 18 and 49 years of age living throughout the island of Puerto Rico. Females younger than 18 will not be interviewed because they are considered to be minors and dealing with the complications to receive parental consent and agency approval to interview minors would slow the process of collecting this urgent information considerably. Females under age 18 accounted for just under 6 percent of births in Puerto Rico in 2013. Information on sexual experience and contraceptive use for 15-17 year-olds from the 2015 Youth Risk Behavior Survey (a Puerto Rico-wide sampling of high school students) will be used to supplement the information obtained in the contraceptive assessment for 18-49 year-olds. Although males play an obvious role in contraception and pregnancy, we felt that the virtually all of the information needed to achieve the objectives of this assessment could be obtained from interviewing women. Including men would have made the process more complicated, costly, and time-consuming without providing essential additional information.

This survey will be conducted by telephone. A face-to-face survey would require considerably greater time, cost, and complexity to carry out, without necessarily any significant gains in terms of the representativeness or reliability of results. Because Puerto Rico's Behavioral Risk Factor Surveillance System (BRFSS) estimates that the cell phone coverage of women of reproductive age in Puerto Rico is over 90 percent, a survey calling only cell phone numbers is planned.

Women without a cellphone will not be represented. We expect that this will not significantly affect the survey results.

A total of 2,500 women between the ages of 18 and 49 will be interviewed for this assessment. This will consist of 2,000 interviews of women between the ages of 22 and 49 and an oversample of 500 women between the ages of 18 and 21, since this is the age group where pregnancies that are not desired are expected to be the most widespread. Calls will only be made to cell phones with Puerto Rico area codes. A listing of all Puerto Rico cell phone prefixes that include non-commercial numbers will be purchased for the survey by CDC's Division of Population Health from the same private company from which they purchase listings for the routine BRFSS. This listing will comprise the sampling frame for this survey. Phone numbers randomly selected from this list will be called. Telephone numbers that are not answered when called the first time will be called at varying times of day and on varying days until eight attempts to contact the number have been made. Only after that would a new number be released to replace the unanswered number. Based on information from the Puerto Rico BRFSS, over 90 percent of 18-49 year-old women in Puerto Rico possess a cell phone. Unfortunately no data exist for Puerto

Rico on reproductive health differences between women with and without cell phones. However, because of the relatively small number of women without cell phones, results for just women with cell phones will be sufficient for the purposes of this collection – to provide information to guide the development and implementation of an emergency response to the Zika virus outbreak in Puerto Rico . The first question asked during the interview will be whether the person answering currently lives in Puerto Rico. If she does not, the interview will be terminated. This will be followed by questions on age and sex in order to make sure only women 18-49 years old are interviewed. A limitation is the fact that residents of Puerto Rico who have cell phones with area codes from outside Puerto Rico will not be reachable.

Assuming response rates similar to those for the routine BRFSS in Puerto Rico of around 75%, it is expected that calls will be made to approximately 2,700 different cell phone numbers belonging to 18-49 year-old women for the core sample, in order to obtain 2,000 completed interviews. For the additional sample of 500 18-21 year-old females, assuming a similar response rate, will require an additional approximately 670 calls. The sample size of 2,000 women in the core sample was based on an estimated 75% of sexually active women currently using contraception and about 80% of women being sexually active, which will yield an acceptable confidence interval of plus or minus 2% around the contraceptive prevalence rate. For 18-21 year-olds the confidence interval will be about plus or minus 3.5%. Some key measures in the survey (such as the proportion of recent pregnancies that women were not intending, will have considerably smaller denominators, so will have somewhat larger confidence intervals.

Survey data will be weighted according to known distributions of region of residence, age group, and educational level to ensure that differences in response rates do not bias results. Limitations to the representativeness of the sample include the fact that some Puerto Rico residents have cell phones with an area code from a different state and will not be reachable by this methodology and that a small percentage of women will not be reachable by cell phone. We anticipate that these limitations will minimally affect the representativeness of the estimates obtained.

2. Procedures for the Collection of Information

There are several different methodologies that could be used to collect information regarding various facets of contraceptive use and needs and pregnancy planning in Puerto Rico, but all except for the population-based methodologies described herein have major inadequacies for answering all the questions of interest listed in Supporting Statement A.2. Collection of data from contraception providers or family planning programs can provide information on methods adopted by women and couples. However, that approach would not yield any information on non-users of contraception and thus could not provide information on contraceptive prevalence, the level of unmet need for contraception, and other important measures. In addition, that approach does not include information on women using methods not generally provided by programs, such as condoms. Data collected from women who have recently had a baby can provide some very valuable information, but likewise are not representative of all women of reproductive age in the population, since those without recent births (including most contraceptive users) would not be included.

Only population-based surveys that focus on the population of interest can yield answers to all of the questions listed above. Either a household-based face-to-face survey or a telephone survey could provide the representative sample needed for this contraceptive assessment. A large, face-to-face survey of women of reproductive age was ruled out because it would be more costly, more time-consuming, and more complex than a telephone survey.

We felt that overall the best option for providing the information sought rapidly was to conduct an island-wide telephone survey.

The fact that a highly successful Puerto Rico Behavioral Risk Factor Surveillance (BRFSS) is currently carried out annually by the Puerto Rico Department of Health (PRDH) reinforced the decision to carry out a telephone survey. The BRFSS collects information on a wide variety of health related behaviors from an island-wide sample of Puerto Rico residents [OMB Control No. 0920-1061]. Response rates have been at least 75 percent per year, quite high for surveys in the United States. Also, the fact that we are able to use the PR BRFSS platform and leadership to conduct a telephone assessment strengthened the appeal of doing a telephone approach.

Because many of the questions to be asked of respondents will deal with sensitive topics, including sexual activity, pregnancy, and contraception, all interviewers will be female. All will also be Puerto Rican Spanish speakers.

Before data collection begins, the implementing organization will carry out several important tasks. Qualified interviewers will be recruited and hired. Additional space will be identified and rented to house the survey activity. Computers and other necessary equipment will be purchased. The questionnaire will be translated into Puerto Rican Spanish. The questionnaire must be put onto computers and the data entry program written and installed.

3. Methods to Maximize Response Rates and Deal with No Response

Sampled cell numbers will be called repeatedly until someone answers the phone or until the number has been tried at least eight times.

Days of the week and times of day at which calls are made will be varied, including calls on weekends and during the evening.

4. Tests of Procedures or Methods to be Undertaken

The implementing organization will spend one week training interviewers and supervisors in use of the telephone interview system and the questionnaire content. This will include 2-3 days of practice interviews and piloting the system.

The Division of Population Health (DPH) in the National Center for Chronic Disease Prevention and Health Promotion has agreed to perform several essential tasks for the contraceptive assessment. First, they will take the lead in cognitive testing of the elements of the questionnaire that have not been used previously in other surveys. This consists principally of questions directly dealing with Zika-related prevention behaviors and on the ways in which Zika virus has affected women's reproductive behaviors and intentions. DPH will carry out all steps necessary following the completion of data collection to prepare the data files for analysis, including final cleaning, weighting, and readying the data for analysis.

5. Individuals Consulted on Statistical Aspects and Individuals Collecting and/or Analyzing Data

Following preparation of the assessment's data files, data analysis will be carried out by staff detailed to CDC's Emergency Operations Center (EOC). While data collection is taking place, data analysis will be planned. EOC staff will define a set of tabulations to be performed for the assessment and create table shells for the tabulations. It is expected that the principle tabulations will take about two weeks to perform. Those initial tabulations will provide information to answer all of the key questions the

assessment is to address, described above. Any additional analysis that may shed further light on important contraception and pregnancy issues may be performed following the principle tabulations.

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